

# “Wiidosem Dabasendizowin: Walking With Humility”

A Plan to Develop Relationships and Practices  
with Indigenous Peoples 2018 – 2021



ST. JOSEPH'S CARE GROUP



INDIGENOUS SERVICES



The cover of this report is of an original artwork titled 'Spiritual Gathering' by local artist Benjamin Morrisseau, a painting commissioned by St. Joseph's Care Group in January 2019. 'Spiritual Gathering' was unveiled June 17, 2019, during the rededication of St. Joseph's Hospital's sacred space called Nagishkodaadiwin, the 'Spiritual Gathering Lodge.'

Central to the painting is Animkii, the Thunderbird - an important figure in the Anishinaabeg culture. Thunderbirds are supernatural and powerful Manitou (spirits), and are looked upon as protectors and healers to help restore balance here on Mother Earth. There are many stories and understandings of the Animkig (Thunderbirds) amongst the Anishinaabeg. The painting depicts people coming together for healing with help from the animals such as the bear and moose, the water beings of fish and the turtle, and spirit beings from the spiritual realm, all under the watch and protection of the Thunderbird.

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# Land Acknowledgment

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*St. Joseph's Care Group acknowledges the sacred land on which it operates. The land is the territory of the Anishinaabek Nation and it is home to Fort William First Nation, one of the signatories of the Robinson Superior Treaty of 1850.*

# Acknowledgements

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It is proper protocol to introduce myself and where I come from in my Anishinaabe culture, Ahnii/Boozhoo/, Shkode ndishnikaz, mukwa nindoodem, Mndoo Msing nindoonjii. In Anishinaabemowin, I introduced myself identifying my spirit name, and that I am from the bear clan and my roots come from Manitoulin Island.

Born and raised in Thunder Bay, my parents grew up on Manitoulin Island in Little Current, my late mother Lana was of mixed European heritage and my father Paul Sr. is Odawa (Anishinaabe).

I am also a member of Wiikwemikong Unceded Territory, which is part of the Three Fires Confederacy. Most importantly, I am a father to Royal, Harlow, Ailee and adopted son Tristan, with my wife Kyla.

In my second week of employment here at SJCG, I was asked to map out what we could accomplish in the next two years through the Indigenous Health Working Group. I'd like to thank Vice President of People, Mission & Values, Myrna Holman for asking that question and for being very supportive and providing her wisdom throughout writing this report. I would also like to thank Michelle Allain, Bioethicist for her feedback and edits.

I would also like to thank all past and present members of the Indigenous Health Working Group, along with Kim Callaghan, Director Communications, Engagement & Client Relations and her team for their expertise. President & Chief Executive Officer, Tracy Buckler and the Leadership Team for their support and understanding.

Diane Smylie, Provincial Director and her team from the Ontario Indigenous Cultural Safety for their guidance, Michele Parent-Bergeron, and Leila Monib for taking the time to review and provide comments on the report.

Laura Gagnon, Manager, Aboriginal Workforce Development at the Centre for Addictions and Mental Health (CAMH), my friend and colleague for her time, advice and edits.

Finally I would like to thank Elders Ernie Kwandibens, Luke Sagutch, and Brenda Mason for their spiritual guidance and all they do for the People.

GCHI'MIIGWECH



**Paul Francis Jr.**  
Director of Indigenous Relations  
St. Joseph's Care Group

# Message from the Chief Executive Officer

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At St. Joseph's Care Group, we recognize that the history and treatment of Indigenous people in Canada, including government policy and residential schools, is directly correlated to the current health status of Indigenous peoples.

We affirm the right of Indigenous people to practice their traditional medicines and to have equitable access, without discrimination, to all social and health services. Additionally, as the second largest employer in Thunder Bay, we acknowledge our opportunity to increase the number of Indigenous people working in the health care field. These two areas - the right to traditional medicines, social and health services and, the employment of Indigenous people in health care - support the specific Truth and Reconciliation Calls to Action which we can most directly influence.

This report outlines the steps we have taken and the progress we will make in the next three years. We recognize that Indigenous initiatives, within non-Indigenous organizations, must be led and guided by Indigenous people and their community. The action items, supported by an Indigenous Client and Family Advisory Committee as well as an Advisory Council of Elders and Youth, are ambitious by design and reflect our commitment to developing relationships and practices with Indigenous peoples.



**Tracy Buckler**  
President and CEO  
St. Joseph's Care Group

# Executive Summary

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St. Joseph's Care Group is a Catholic organization that identifies and responds to the unmet needs of the people in Northwestern Ontario, as a way of continuing the healing mission of Jesus in the tradition of the Sisters of St. Joseph of Sault Ste. Marie.

Founded by the Sisters of St. Joseph of Sault Ste. Marie in 1884, St. Joseph's Care Group (SJCG) has responded to the unmet needs of the community for over 135 years. Continuing our Mission, SJCG acknowledges the unique unmet needs of Indigenous peoples. Also impacting the Indigenous situation are the social determinants of health, coupled with racism and discrimination which is present in all health care systems in the province and beyond. The *First Peoples, Second Class Treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*, speaks to the transformation and dialogue needed to address these health disparities (Allan & Smylie, 2015, p.12).

There are numerous examples of the progress SJCG is making towards more effectively meeting the needs of the Indigenous people we serve. In 2013, the Indigenous Health Working Group (IHWG) was established and has worked to make changes to our services and environments to better meet the needs of the Indigenous people. Making SJCG sites more welcoming through signage, artwork, and the creation of new spaces like the **Nagishkodaadiwin** the 'Spiritual Gathering Lodge' in the new East Wing of St. Joseph's Hospital, are further examples of our efforts. This past year, the creation of the Indigenous Cultural Health Associate position within St. Joseph's Hospital is helping Indigenous clients with cultural/spiritual care, navigation, and advocacy. Understanding the need for partnership,

SJCG Mental Health Outpatient Program lends support with Cultural and Spiritual Services to all students, staff and faculty at Oshki Wenjack. SJCG also partners with Anishinabek Employment & Training Services to recruit Indigenous employees. Another exciting partnership with the Matawa First Nations Management supports the Matawa Learning Centre's high school students with health care, mental health and addiction services.

Progress as noted above has been important, yet the reality for Indigenous clients remains bleak. As noted in "*Honouring the Truth, Reconciling for the Future; Summary of the Final Report of the Truth and Reconciliation Commission of Canada*". For over a century, the central goals of Canada's Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal people to cease to exist as distinct legal, social, cultural, religious and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described as "cultural genocide" (Truth and Reconciliation, 2015, pg.1). This Canadian legacy has resulted in intergenerational trauma, and the indicators of socioeconomic, health and education clearly distinguish Indigenous clients from non-Indigenous. It means that organizations such as SJCG need to be open to assessing our services, culture, and approaches to determine how we may inevitably be contributing to further trauma or barriers to effective services. Cultural Safety Training, for example, teaches us that intake processes with probing direct questions can be reminiscent of trauma through the residential school experience.

## THE FOLLOWING INFORMATION EXPLAINS SOME OF THE CONCEPTS AND DIFFERENCES AROUND CULTURAL SAFETY:

### Cultural Awareness

An attitude that includes awareness about differences between cultures.

### Cultural Sensitivity

An attitude that recognizes the differences between cultures and that these differences are important to acknowledge in health care.

### Cultural Competency

An approach that focuses on practitioners attaining skills, knowledge, and attitudes to work in more effective and respectful ways with Indigenous clients.

### Cultural Humility

An approach to health care based on humble acknowledgement of oneself as a learner when it comes to understanding a person's experience.

### Cultural Safety

An approach that considers how social and historical contexts, as well as structures and interpersonal power imbalances, shape health and health care experiences.

Assessments and testing for dementia and other illnesses can lead to non-valid results if we do not make sure that our tools are culturally sound. Our staff, who reflect the general population of Thunder Bay, require education to understand the dynamics and history at play when we serve Indigenous clients. *Responding to Anti-Indigenous Racism in the Health Care System (2017)* has identified the most common harmful behaviours in health care as: less effort, misdiagnosis, improper procedure, no medication/no treatment, condition minimized, delay/denial of service, and withholding pain medication.

The need for a long range strategy, which we have named “**Wiidosem Dabasendizowin: Walking with Humility**,” specifically addresses the unmet needs of Indigenous clients, and gives staff the tools and understanding required to improve the health outcomes for our Indigenous clients.

# Acknowledging Our History

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Throughout Canada, more than 150,000 Indigenous children were separated from their families and forced to attend residential schools between the 1800s and their final closure in 1996. A number of Indian Residential Schools operated in Northwestern Ontario, and their legacy continues to impact the health status Indigenous peoples. We acknowledge that our history is connected to the Indian Residential Legacy.

As noted in the Canadian Geographic: Indigenous Peoples Atlas of Canada (2018): “There also must be the recognition that the current state of Indigenous health across Canada is a direct result of the residential schools and aggressive assimilation policies of Canada. Repairing the complicated damage inflicted within and between families and restoring a sense of healthy community and family life in accordance with Indigenous principles and practices is also at the heart of this healing journey.”



# Wiidosem Dabasendizowin: Walking with Humility

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***“I believe you understand what you think I said, but I’m not sure you realize that what you heard is not what I meant” (Robert McCloskey).***

*Dabasendizowin* is one of the Anishinaabek Seven Sacred Laws, also known as the Seven Grandfathers Teachings. Dabasendizowin at first glance is translated as Humility, but looking deeper into the cultural and world view of the Anishinaabek, the word holds a much deeper meaning. Dabasendizowin, broken down means “he or she thinks low of themselves.” As Ojibwe educator & linguist James Vukelich “Kaagegaabaw” explains from an outsider’s perspective, one might think this would be referring to someone with low self-esteem. However, in Anishinaabemowin if you look into the spiritual beliefs and practices of the Anishinaabek such as fasting or the vision quest – you can begin to better understand this concept (Vukelich, 2017).

Dabasendizowin or Humility is understood through the Anishinaabek worldview. In general, the Indigenous worldview exists from our relationship with our land, language, people, ancestors, animals, stories, knowledge, medicine, culture, and spiritual environments (Linklater, 2015, p.27). Dabasendizowin then, for SJCG, is a good place to start and a way to move forward on this journey of reconciliation.

## DABASENDIZOWIN

*“To Think Lower of Oneself (in relation to All That Sustains Us).”*

**DABAS • END • IZI • WIN**



Low,  
Lower



Pertaining  
to thought.



State or  
Condition.



A way it  
is done.

(Seven Generations Education Institute, 2015).

The Seven Teachings are: Truth, Humility, Respect, Love, Honesty, Courage and Wisdom.

# Our Journey

## A PLAN TO DEVELOP RELATIONSHIPS AND PRACTICES WITH INDIGENOUS PEOPLES

In 2013, St. Joseph's Care Group formed the Indigenous Health Working Group (IHWG). The purpose of the IHWG was to collaborate with clients and their families, staff, volunteers, physicians, community partners, and other stakeholders to develop services and environments that meet the needs of Indigenous peoples. The IHWG adopted the Truth and Reconciliation Commission Report (2015) Calls to Action. Seven calls were related to health, with two most related to the work of SJCG:

**#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.**

**#23) We call upon all levels of government to:**

- 1. Increase the number of Aboriginal professionals working in the health care field;**
- 2. Ensure retention of Aboriginal health-care providers in Aboriginal communities;**
- 3. Provide cultural competency training for all health-care professionals.**

On May 24, 2018, at a SJCG Board Retreat, the Board of Directors identified the importance of having cultural humility when moving forward in relationships with Indigenous peoples. Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. "Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience," (Cultural Humility, n.d.).



IHWG member Shirley Slipperjack visiting the construction site at St. Joseph's Hospital to see first-hand how input is being applied.

# Alignment with SJCG's Strategic Plan

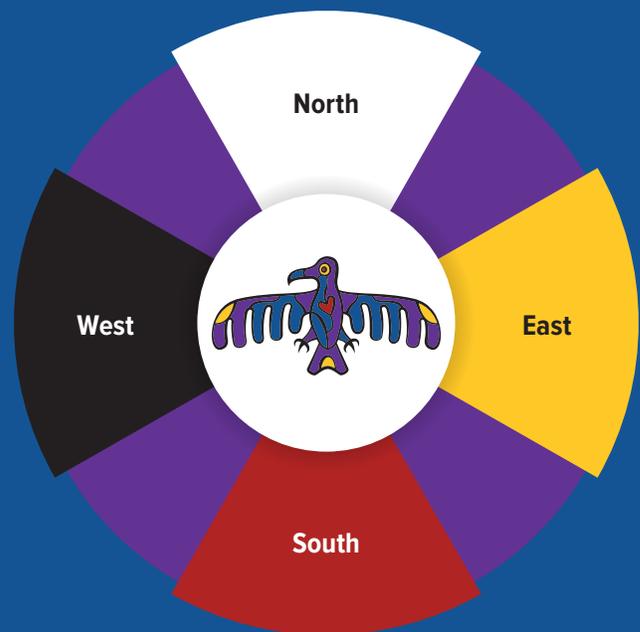
*Wiidosem Dabasendizowin: Walking with Humility – A Plan to Develop Relationships and Practices with Indigenous Peoples*, will be consistent with the SJCG 2016-2020 Strategic Plan and will align with the plan's four key Strategic Directions: *Here for Our Clients, Here for Our Partners, Here for Our People, and Here for Our Future.*

This plan has also incorporated the September 27, 2017 Conference Summary "*Partners in Reconciliation: Recognizing and Respecting Indigenous Health (2017)*" which identified how to implement the Truth and Reconciliation Commission's health-related calls to actions. The following were the main areas of focus:

- The Need for Healing
- Understanding the Effect of Trauma
- Racism in Health Systems
- Traditional Medicine
- Culturally Competent Care
- Changes to Training
- Indigenous Providers and Voices
- Social Determinants of Health (Public Policy Forum, 2017)

Also included in our strategy is the use of the Medicine Wheel.

## The Medicine Wheel



The Medicine Wheel is used by many Indigenous Nations within Turtle Island (North America), along with various understandings and teachings. At its core of teachings is that all humans are created equal. It also helps us to understand the natural world such as the four directions and four seasons. Also included in the understanding is human development such as the four stages of life and the four aspects of the human such as physical, mental, emotional and spiritual.

# Here for Our Clients

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## ACTION #1 – HONOURING INDIGENOUS KNOWLEDGE

***“I like the fact that St. Joseph’s Care Group has sharing circles. It gives you an opportunity to meet others, share beliefs and stories.” SJCG Client***

### Context

The Medicine Wheel Eastern direction in Indigenous cultures represents new beginnings. For SJCG we have begun this new journey of *Wiidosem Dabasendizowin: Walking with Humility*.

In order to not repeat the mistakes of the past, Indigenous knowledge and ways of doing must be incorporated into the mainstream health care system. We recognize that Indigenous philosophies and cultural practices provide the most appropriate and successful therapeutic techniques for individual and community healing (Linklater, 2014, p.25). We acknowledge that it is important that Indigenous initiatives within non-Indigenous organizations are led and guided by Indigenous people and community.



St. Joseph's Care Group's Client Satisfaction Survey of 2017, conducted by the Centre for Applied Health Research, surveyed a sample of 1066 clients with 8.95% self-identifying as Indigenous. With 24,000 clients served annually, a conservative estimate puts the number of Indigenous clients at 2,148.

In order for SJCG to improve programs and services for Indigenous clients, it is important to build trust with Indigenous clients and community to enhance the rate of self-identification. Currently, SJCG is collecting identification of Indigenous clients at the time of admission in areas such as St. Joseph's Hospital, Inpatient Mental Health, Long-Term Care, and the Balmoral Centre. However, the questions and data collected across SJCG needs to be consistent and developed by looking at best practices such as Lakehead University's Aboriginal Identification process. We may also learn from the Ministry of Education Aboriginal Student Self-Identification resource called *"Building Bridges to Success for First Nation, Métis, and Inuit Students – Developing Policies for Voluntary, Confidential Aboriginal Student Self-Identification: Successful Practices for Ontario School Boards."*

By honouring Indigenous knowledge and ways of doing, SJCG can begin working towards the approach and guiding principle of "Two-Eyed Seeing". Coined by Mi'kmag Elder Albert Marshall, he describes Two-Eyed Seeing as *"learn to see from your eye with the best or the strength in the Indigenous knowledge and ways of knowing...and learn to see from your other eye with the best or the strength in the mainstream (Western or Eurocentric) knowledge and ways of knowing...but most importantly, learn to see with both eyes together for the benefit of all"* (deLeeuw, Greenwood & Lindsey, 2018).

## Plan

1. Improve Indigenous (First Nation, Métis and Inuit) voluntary self-identification process throughout all intake/admission entry points at SJCG.
2. Pilot an Indigenous Healing and Medicines Support Program (IHMSPP) within SJCG, which would provide services and work in collaboration with all SJCG programs and services. This support program should also have its own unique identity (logo) and name in the Anishinaabemowin.
3. Begin assessing departments and programming service areas with high Indigenous client numbers, and look at re-profiling positions. For example as Social Work positions become available, ensure that consideration is given to qualified Indigenous Social Workers. Currently, Universities such as Wilfrid Laurier and the University of Manitoba have developed graduate programs that train Social Workers to understand Indigenous worldviews and helping practices.



# Here for Our Partners

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## ACTION #2 – RESPECTING DIVERSE INDIGENOUS IDENTITIES

### Context

An important element is to identify key stakeholders and develop strong relationships with various partners. The Indigenous community is diverse and will need to include clients and representatives from local and regional governments and organizations. In an era of reconciliation, reciprocity is key and currently Indigenous professionals, community members, and Elders are becoming tapped to capacity and support is limited. Therefore, participation becomes incredibly critical to ensure engagement is meaningful for themselves and SJCG.

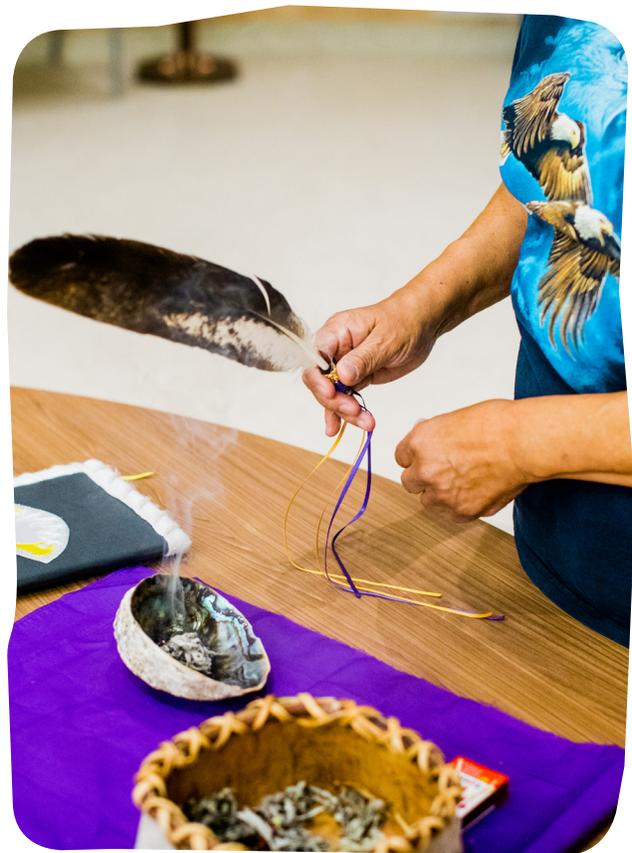
Education sessions could be used as a way to provide knowledge regarding what SJCG has done to improve services for Indigenous people and to engage with the Indigenous community to gather information for the ongoing development and future initiatives. This establishes a partnership model where Indigenous peoples have a say in the design, development, implementation, and evaluation of SJCG initiatives.

It would also be beneficial to annually bring in one high level key note speaker to help with engagement sessions, and attract participation from the Indigenous community.

As mentioned, SJCG currently has partnerships with Anishinabek Employment and Training Services, Matawa Learning Centre, and Oshki-Wenjack Education & Training Institute, and will continue to build on and develop new partnerships.

### Plan

1. SJCG will host one engagement session annually.
2. SJCG will develop an Indigenous Client & Family Partner Committee.
3. SJCG will continue to build community partnerships and connections.





# Here for Our People

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## ACTION #3 – CULTURAL HUMILITY AS A JOURNEY

**“Racism is part of the social landscape of Thunder Bay. It is recognized to be an issue, and many people in the city have been standing up against it for years.” (McNeily, 2018, p.22).**

### Context

Cultural competency of health care organizations is critical for the delivery of client-centred health care. *First Peoples, Second Class Treatment: the role of racism in the health and well-being of Indigenous peoples in Canada*, provides a historical overview and contemporary contexts of racism, and the ways in which racism is fundamentally responsible for the alarming disparities in health between Indigenous and non-Indigenous peoples. (Allan & Smylie, 2015, p.4). Some of the key messages found in the report are as follows:

- Racism and colonization are intertwined and together deeply impact the health of Indigenous peoples;
- Indigenous people have been managing racism and its impacts on health and well-being for hundreds of years;
- Stories of Indigenous health in Canada told in the mainstream are generally not authored by Indigenous people;
- Indigenous health cannot be understood outside colonial policies and practices both past and present;
- Colonization and racism is ongoing and entrenched and cuts across the social determinants of health, impacting access to education, housing, food, security, and employment.

*Evidence Brief: Wise Practices for Indigenous-specific Cultural Safety Training Programs (2017)* considered both peer-reviewed and grey literature with respect to designing and implementing Indigenous cultural safety programs for health care professionals in Ontario. The lessons learned will be effective to assist SJCG and the IHWG in developing its own initiatives. The Evidence Brief highlighted seven wise practices for developing culturally safe training programs:

1. Need to be evaluated;
2. Need detailed descriptions in order to be consistently reliably implemented and evaluated;
3. Would benefit from curriculum that focuses on power, privilege, and equity; is grounded in decolonizing, anti-racist pedagogy; and is based on principles from transformative education theory;
4. Must be led by trained facilitators;
5. Must be offered in effective learning spaces that both challenge resistance from non-Indigenous peoples, and support non-Indigenous peoples to learn from their discomfort;
6. Need to prioritize support for Indigenous learners;
7. Cannot work in isolation; systems level support is required for accountable and organizational transformation (Churchill et al, 2017).

SJCG is currently the second largest employer in Thunder Bay, over 2,200 employees. To move across the continuum of learning and see transformative change will take time and resources. The first wave of initiatives will include a combination of on-line courses, development of an in-house Indigenous Trauma Informed Workshop (two-days), and other ongoing initiatives internally.

The CAMH Aboriginal Engagement and Outreach team has developed a two day “*Foundation for Understanding Trauma and the Health of Aboriginal Peoples*” course that looks at how intergenerational trauma has had direct, indirect, and vicarious experiences have impacted the well-being of Indigenous peoples. This training is also accredited by the Indigenous Certification Board of Canada.



## Plan

1. Engage in discussion with the CAMH Aboriginal Engagement and Outreach team to develop a more cost effective course, similar to the two day “*Foundation for Understanding Trauma and the Health of Aboriginal Peoples*” (see attached), but customize it to meet SJCG needs and deliver in house.
2. Senior Leadership to take the one day “Creating Transformation in Service Settings – Getting to the Roots of Tolerance” workshop offered by the Ontario Indigenous Cultural Safety Program. This will also be open to the Board of Directors.
3. Corporate Learning to continue to support monthly opportunities similar to the Indigenous Education Project and the “First Contact – A Cultural Awareness Discussion.”
4. Continue with the online Indigenous Cultural Safety (ICS) Program - an interactive and facilitated online training program for all professionals working in the Ontario health and social service systems. The Core ICS courses provide 8 -11 hours of online, instructor-facilitated learning over an 8 week period. Define for whom this is mandatory.
5. Develop an internal certificate program or Passport to Cultural Safety program. It could include a combination of the above mentioned initiatives around Cultural Safety.
6. Partner with the Ontario Indigenous Cultural Safety Team to deliver and facilitate various workshops for both management and frontline staff, ensuring the progress is monitored with key indicators.
7. Implement the KAIROS Blanket Exercise™, which is a unique, interactive, and participatory history lesson that was developed in collaboration with Indigenous Elders, knowledge keepers, and educators. The 90 minute workshop aims to foster understanding about our shared history as Indigenous and non-Indigenous peoples. An option is available for SJCG to enter into a Memorandum of Understanding between KAIROS – the cost is associated with the number of staff trained within one year.

# Here for Our Future

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## ACTION #4 – ENGAGING IN INDIGENOUS RESEARCH AND EVALUATION

### Context

The Centre for Addiction and Mental Health (CAMH) in December of 2017 featured an article in their publication *Discovers Quarterly* titled “*The Changing Landscape of Indigenous Research*.” The article highlighted two significant changes; the first being the First Nations Information Governance Centre’s (OCAP®) principles of ownership, control, access, and possession, with respect to information collected in First Nation communities; and, the second being, the 2010 federal policy governing research which includes a section about research involving First Nation, Inuit, and Métis, ensuring researchers engage with and obtain approval from Indigenous communities to conduct research before any research begins.

All of this has led to positive changes with highly collaborative models for conducting Indigenous research. CAMH’s Julie Bull suggests five Rs that can serve as guiding principles when developing partnerships: *respect, responsibility, reciprocity, relevance, and relationships*. Perhaps the most important point of the article is that “research should always result in an action to do, give the history of colonialism and intergenerational trauma – and amounts to better research and better outcomes for communities.”

### Plan

1. Develop an engagement and relationship strategy to identify potential research/evaluation opportunities.
2. Develop a research ethics protocol for working with Indigenous communities and clients that is in alignment with OCAP principles and other Indigenous ways of knowing and being.

## ACTION # 5 – POLICIES AND PROCEDURES PERTAINING TO INDIGENOUS CLIENTS

Policies establish boundaries for acceptable behaviour and guidelines for best practices. Policy also contributes to the overall culture of the organization and helps to instill the values. SJCG’s policies and procedures impact the quality of care for Indigenous clients.

### Plan

1. Develop a SJCG staff handbook for working with Indigenous peoples to include what is culture, Indigenous Worldview, Elders, What is a Treaty, the Medicine Wheel, Anishnabwe Doodem (Clans), The Circle, etc.

## ACTION #6 – LEADERSHIP & GOVERNANCE

### Context

In order to begin this new journey of Walking with Humility, SJCG's Leadership and Board of Directors must be fully committed. The final report of the Truth and Reconciliation (2015) report spoke to the challenges of reconciliation and sent a strong message "For reconciliation to thrive in the coming years, Canada must move from apology to action." Resources, time and organizational changes need to be committed to addressing experiences of systematic racism and making significant improvements to Indigenous health.

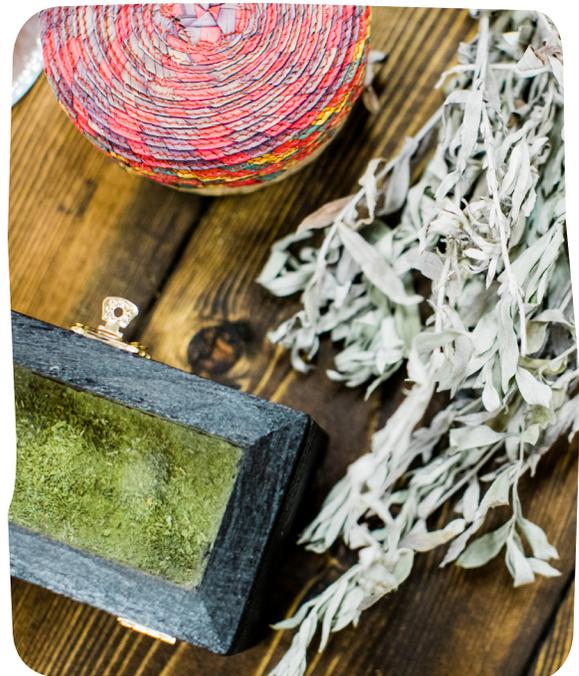
### Plan

1. Create an Indigenous position of Director of Indigenous Programs and Relations, accountable to the CEO, which directs and leads Indigenous initiatives within SJCG.
2. Develop a small Advisory Council, consisting of Elders and Youth to support the work of the Director of Indigenous Programs and Relations and the CEO.
3. Consideration should be given to the further recruitment of Indigenous Board members in addition to an annual report to the Board.

## ACTION #7 – COMMUNICATIONS STRATEGY (INTERNAL & EXTERNAL)

### Plan

1. Add a section on SJCG website under Programs and Services to include information about the new Indigenous Cultural Health Associate; information on the work of the Indigenous Health Working Group, the Client and Family Partner Committee, the Advisory Council of Elders and Youth, and other resources or information.
2. Work with the SJCG library to continue to build on existing Indigenous resources, books, journals, videos, etc. Also include books and resources that debunk stereotypes about Indigenous people.
3. Improve external communications regarding Indigenous successes and initiatives (develop an Indigenous communications strategy).





# Summary of Actions

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## HERE FOR OUR CLIENTS

### Action #1 – Honouring Indigenous Knowledge

1. Improve Indigenous (First Nation, Métis and Inuit) voluntary self-identification process throughout all intake/admission entry points at SJCG.
2. Pilot an Indigenous Healing and Medicines Support Program (IHMSp) within SJCG, which would provide services and work in collaboration with all SJCG programs and services. This support program should also have its own unique identity (logo) and name in the Anishinaabemowin.
3. Begin assessing departments and programming service areas with high Indigenous client numbers, and look at re-profiling positions. For example as Social Work positions become available, ensure that consideration is given to qualified Indigenous Social Workers. Currently, Universities such as Wilfrid Laurier and the University of Manitoba have developed graduate programs that train Social Workers to understand Indigenous worldviews and helping practices.

## HERE FOR OUR PARTNERS

### Action #2 – Respecting Diverse Indigenous Identities

1. SJCG will host one engagement session annually.
2. SJCG will develop an Indigenous Client & Family Partner Committee.
3. SJCG will continue to build community partnerships and connections.



## HERE FOR OUR PEOPLE

### Action #3 – Cultural Humility as a Journey

1. Engage in discussion with the CAMH Aboriginal Engagement and Outreach team to develop a more cost effective course, similar to the two day “Foundation for Understanding Trauma and the Health of Aboriginal Peoples” (see attached), but customize it to meet SJCG needs and deliver in house.
2. Senior Leadership to take the one day “Creating Transformation in Service Settings – Getting to the Roots of Tolerance” workshop offered by the Ontario Indigenous Cultural Safety Program. This will also be open to the Board of Directors.
3. Corporate Learning to continue to support monthly opportunities similar to the Indigenous Education Project and the “First Contact – A Cultural Awareness Discussion”.
4. Continue with the online Indigenous Cultural Safety (ICS) Program - an interactive and facilitated online training program for all professionals working in the Ontario health and social service systems. The Core ICS courses provide 8 -11 hours of online, instructor-facilitated learning over an 8 week period. Define for whom this is mandatory.
5. Develop an internal certificate program or Passport to Safety program. It could include a combination of the above mentioned initiatives around Cultural Safety.
6. Partner with the Ontario Indigenous Cultural Safety Team to deliver and facilitate various workshops for both management and frontline staff, ensuring the progress is monitored with key indicators.
7. Implement the KAIROS Blanket Exercise™, which is a unique, interactive, and participatory history lesson that was developed in collaboration with Indigenous Elders, knowledge keepers, and educators. The 90 minute workshop aims to foster understanding about our shared history as Indigenous and non-Indigenous peoples. An option is available for SJCG to enter into a Memorandum of Understanding between KAIROS – the cost is associated with the number of staff trained within one year.

## HERE FOR OUR FUTURE

### Action #4 – Engaging in Indigenous Research and Evaluation

1. Develop an engagement and relationship strategy to identify potential research/evaluation opportunities.
2. Develop a research ethics protocol for working with Indigenous communities and clients that is in alignment with OCAP principles and other Indigenous ways of knowing and being.

### Action # 5 – Policy and Procedures

1. Develop a SJCG staff handbook for working with Indigenous peoples to include what is culture, Indigenous Worldview, Elders, What is a Treaty, the Medicine Wheel, Anishnawbe Doodem (Clans), The Circle, etc.



### Action #6 – Leadership & Governance

1. Create an Indigenous position of Director of Indigenous Programs and Relations, accountable to the CEO, which directs and leads Indigenous initiatives within SJCG.
2. Develop a small Advisory Council, consisting of Elders and Youth to support the work of the Director of Indigenous Programs and Relations and the CEO.
3. Consideration should be given to the further recruitment of Indigenous Board members in addition to an annual report to the Board.

### Action #7 – Communications (Internal & External)

1. Add a section on SJCG website under Programs and Services to include information about the new Indigenous Cultural Health Associate; information on the work of the Indigenous Health Working Group, the Client and Family Partner Committee, the Advisory Council of Elders and Youth, and other resources or information.
2. Work with the SJCG library to continue to build on existing Indigenous resources, books, journals, videos, etc. Also include books and resources that debunk stereotypes about Indigenous people.
3. Improve external communications regarding Indigenous successes and initiatives (develop an Indigenous communications strategy).

# References

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