

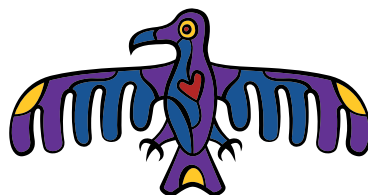
Wiidosem Dabasendizowin | Walking With Humility:  
**Looking to the Southern Direction**

N'DOO'OWE BINESI | SJCG INDIGENOUS HEALTH

2022-2024



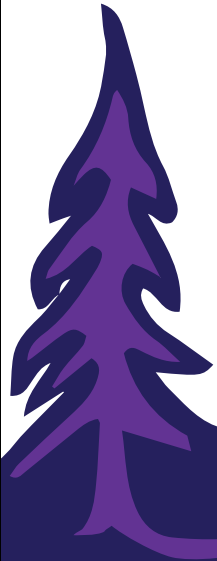
ST. JOSEPH'S CARE GROUP



N'DOO'OWE BINESI

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# Land Acknowledgement

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. We also acknowledge the traditional name, Animkii Wiikwedoong, which loosely translates to Thunder Bay, the city in which we are located.

## Prayer

Ke Manito Minaan (Creator or Great Mystery)

We give thanks for the unlimited grace You provide Us, daily.

Along with all your Helpers in all directions.

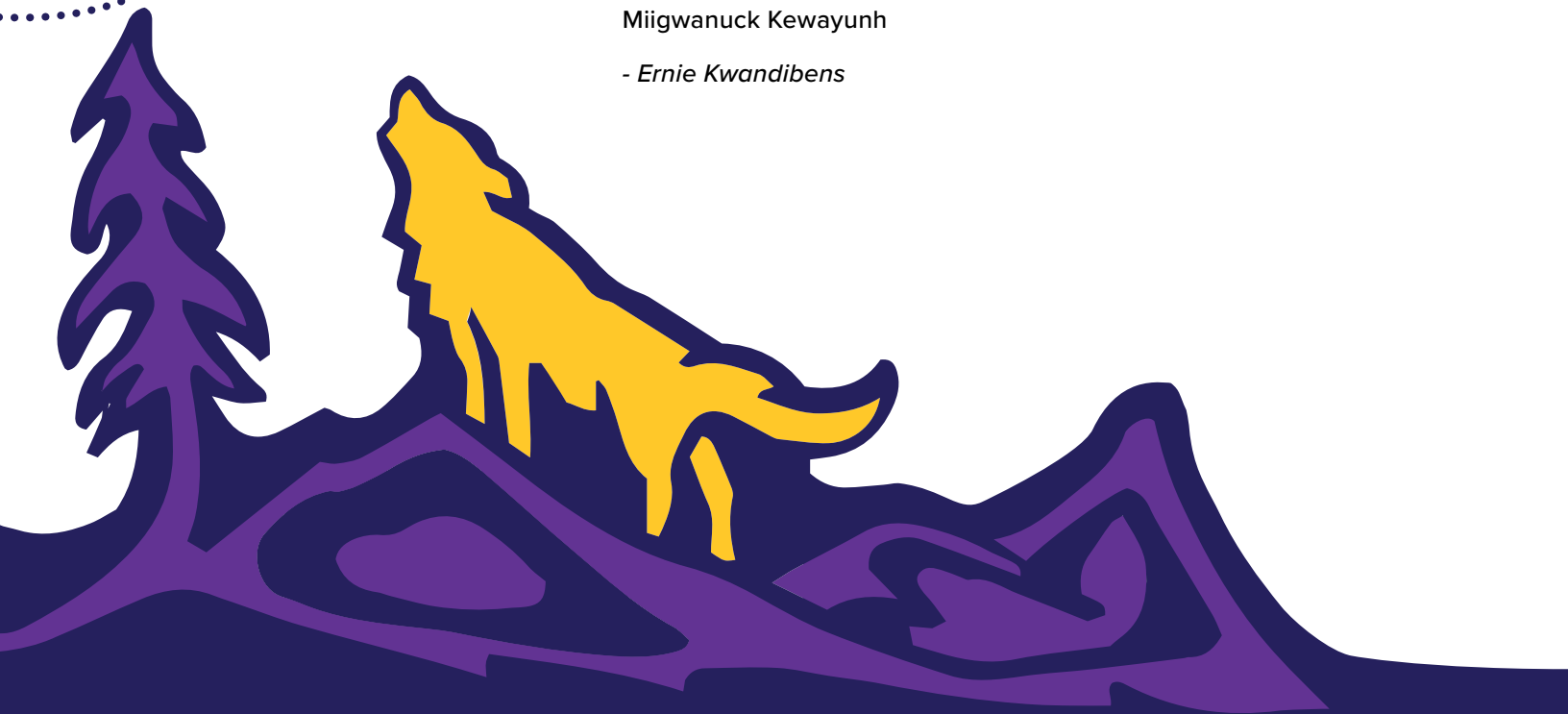
Help Us walk through this with grace, helping all People who seek help, to be kind to all of your creation, past, present, and future.

And to remember all our ancestors and future relatives.

Miigwech

Miigwanuck Kewayunh

- Ernie Kwandibens



# Acknowledgements

This past November a special ceremony was held that provided significant direction to our work with the *Walking with Humility Plan*. The Elders Advisory Council received the name, Ogichidaa Onaakonigewin, which loosely translates to Elders Law or respecting the wisdom of the Elders. The Traditional Healing Program also received the name Nanaandawe'ewin, which loosely translates to someone looking for/seeking healing. Much more guidance came from this ceremony but will take time to carry out and be shared at a later time.

I wish to thank the Indigenous Health Education Committee (IHEC) members, particularly Nancy Black, Vice President of Addiction and Mental Health for her leadership and for being Co-Chair. Also to Nancy and Jessica Saunders, Client & Community Relations Coordinator, for their work in leading the development of the Ally Principles of Conduct for the non-Indigenous members of the IHEC. I would also like to wish Nancy a well deserved retirement.

While there is much work ahead to achieve health equity and culturally safe care, it is important to recognize how far we have come within our organization. This would not be possible without the support of our Leadership Team and Board of Directors. I say miigwech for your continued understanding and devotion to our values of care, compassion, and commitment.

Much can be accomplished with a strong team and I would like to acknowledge our Indigenous Health Team for your dedication and compassion to our client's day in and day out throughout this pandemic.

We continue to meet quarterly or seasonally with the Elders to share and ensure we are headed in the right direction. Our significant progress to date has been guided by our Ogichidaa Onaakonigewin who continue to grow as a group to provide leadership, support, and mentorship that we are gratefully indebted to.

To Adam Shaen, Vice President People, Mission & Values, Kim Callaghan, Director of Communications, Engagement & Client Relations, and President & CEO, Kelli O'Brien, thank you for your time with edits and direction for this updated plan *Looking to the Southern Direction*.

Gchi' Miigwech



**Paul Francis Jr.**

Director of Indigenous Relations, N'doo'owe Binesi  
St. Joseph's Care Group



## Message from the Chief Executive Officer

Less than one month after joining St. Joseph's Care Group, I had the honor of participating in my very first traditional Ceremony. Alongside members of the Indigenous Health Team, the Leadership Team, Board members, staff and community members, I was invited to participate in the Sunrise Ceremony for a four-day Sacred Fire, led by Elder Gerry Baxter.

It was a powerful experience, the impact of which is hard to put into words. We had gathered in remembrance of all the children who didn't make it home from residential schools, the survivors, and Indigenous People working through the intergenerational impacts. It was one of many firsts for me as I continue to learn about Indigenous Peoples, traditions and culture, and our past.

As a Catholic healthcare provider, we must be honest about our past, and humble in our responsibility to be truthful about our history and the impact of our actions on the health status of Indigenous Peoples.

*Walking with Humility 2: Looking to the Southern Direction 2022-2024* is our second formalized plan for building relationships and practices with Indigenous Peoples. We will lean into the strong roots that grew from the collective learning and actions of our first plan as we confront Indigenous-specific racism and discrimination within our organization and the broader healthcare system.

Our plan is deliberately ambitious, reflecting our commitment to as well as our understanding of the urgent and immediate need for change. Our path will continue to be guided and supported by Elders, Knowledge Keepers, Indigenous Clients, the Indigenous Health Team and the Indigenous Health Education Committee, and for this, we are grateful.

*Respectfully,*

A handwritten signature in white ink that reads "Kelli O'Brien". The signature is fluid and cursive, with a large initial "K".

**Kelli O'Brien**  
*President & CEO*





# Executive Summary





Building health equity for Indigenous People during a global pandemic has not been easy. COVID-19 has further highlighted the disparities and challenges Indigenous People experience in a colonial healthcare system. Despite the current situation, at St. Joseph's Care Group (SJCG) we have made significant progress on this journey we began in 2018.

Looking to the Southern Direction 2022 -2024 is an update to the Walking with Humility plan and aligns to SJCG's refreshed 2020 – 2024 *Strategic Plan, Here for You When You Need Us*. We have made some important first steps in our journey and it is important to sustain and nurture what we have accomplished.

Cultural safety and ensuring Indigenous clients receive safe and culturally sensitive care is at the heart of our work. To do this we must confront the truth of Indigenous-specific racism and discrimination within the healthcare system and our organization. Indigenous teachings such as the Medicine Wheel and 7 Grandfather Teachings have and will continue to guide this difficult work.

As we reflect where we have been and look ahead as a Catholic organization, our core values of *Care, Compassion and Commitment* align with our plan and will sustain us well into the future.



# Acknowledging Our History

In late May 2021, we lowered the flags across all sites to respect and remember the children who attended the Kamloops Indian Residential School and who did not return home. As the search for unmarked graves continues across Canada at former Indian Residential School sites, much pain and sorrow will continue to surface.

On September 24, 2021 the Canadian Conference of Bishops issued a *Statement of Apology by the Catholic Bishops of Canada to the Indigenous Peoples of This Land*. The apology highlights “the suffering experienced in Canada’s Indian Residential Schools, which led to the suppression of Indigenous languages, culture, and spirituality, failing to respect the rich history, traditions and wisdom of Indigenous Peoples.” It also acknowledged the “ongoing trauma and the legacy of suffering and challenges faced by Indigenous

Peoples that continue to this day.” The statement goes on to say that they are “fully committed to the process of healing and reconciliation...and pledge to undertake fundraising... for a new era of reconciliation” (Canadian Conference of Catholic Bishops [CCCCB], 2021).

During National Catholic Health Care Week (October 3-9, 2021), the Catholic Health Alliance of Canada (CHAC) acknowledged that “Across Canada, we serve and walk with many survivors who continue to demonstrate strength and resilience while also grappling with wounds and scars of Residential School trauma, loss and suffering carried down through generations. As Catholic health care providers, we are committed to the long journey with First Nations, Métis and Inuit Peoples towards the shared and long-lasting reconciliation we all long for—anchored in authentic healing and restoration, mutual understanding, trust and community” (Catholic Health Alliance of Canada, 2021).

As part of this commitment, the theme for the *2022 CHAC National Conference*, held virtually on May 12-13, 2022, was *Looking Within: Creating Culturally Safe Environments of Care for Indigenous Peoples*, and was hosted by SJCG in Thunder Bay, Ontario.

Acknowledgement from the Canadian Conference of Bishops, and planning undertaken by the Catholic Health Alliance of Canada, are all important steps in the broader acknowledgment pertaining to the history of the treatment of Indigenous People and the realities we face today. These actions support and reinforce the importance of our annual reporting on progress related to the Walking with Humility Plan.





# Continuing On Our Journey

The journey of healing at SJCG in relation to Indigenous Peoples, our past and our desired future is an important one. The book documenting the Care Group's 125 years in the community of Thunder Bay, *“Responding to the Unmet Needs: 125 Years of Care in the Community”* (2009), first identified the unmet needs of Indigenous People of Northwestern Ontario.

Later in 2009, SJCG established the Aboriginal Health Working Group (now evolved to the Indigenous Health Education Committee [IHEC]) “to explore the strategies to improve the care we provide to Aboriginal people and their families.” The strategies identified were to:

- To build a foundation of comprehensive, inclusive and welcoming care
- Engage with Aboriginal agencies
- Establish an Advisory Committee for Aboriginal Health
- Increase the knowledge of our staff about the history, culture, traditions and needs of Aboriginal people
- And modify our programs and services accordingly  
(St. Joseph's Care Group, 2010)

Today, many of those priorities remain, but are now led and guided by the Elders Advisory Council and the Indigenous Health Department, N'doo'owe Binesi (Healing Thunderbird). Together we continue to respond to the challenges and opportunities that lay ahead for Indigenous Peoples and the health inequalities faced.

***We will journey in the Southern direction looking to grow in our ability to meet the unmet needs of Indigenous Peoples within healthcare, and plan in partnership with Indigenous people for the next steps in our journey.***

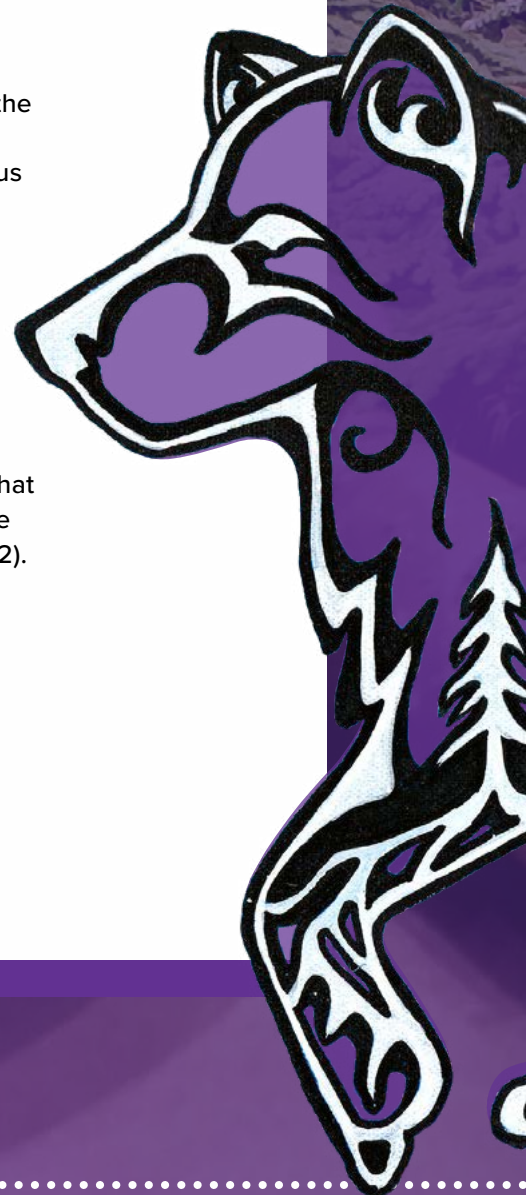


WIIDOSEM DABASENDIZOWIN  
– WALKING WITH HUMILITY:

# Looking to the Southern Direction

The southern direction in Anishnaabemowin is “Zhaawanong.” Zhaawanong represents the stage of life known as adolescence and the season of summer. In summer everything is thriving, awake, new and growing fast. “*N’doo’owe Binesi*” (Healing Thunderbird), the Indigenous Health Department at SJCG, is also experiencing exponential growth. The late grandmother, Lillian Pitawanakwat (Anishinabe Elder), left us a teaching of the youth stage; “to be mindful in our struggles, to remember our humble beginnings and to nurture ourselves, because we are still growing and in need of guidance and protection” (Four Directions Teachings, 2012). Pitawanakwat also teaches us that the gift of cedar was given to help us in this direction, and that cedar is a cleansing medicine. “Grandmother Cedar helps us; with her medicine she takes from us all those things that we don’t need on our journey. Once we are ready to give them up, she takes them from us and makes anew” (Four Directions Teachings, 2012).

The Anishinaabek Seven Sacred Laws, also known as the Seven Grandfather Teachings continues to guide the Walking with Humility Plan. The past two years we have brought in Elders and community members to share what the Seven Grandfather Teachings mean to Anishinaabe people and how we can apply them within our organization and improve client-centred care.







## The Seven Sacred Gifts

1. **TRUTH** - Debwewin  
*(speak the truth through your own lens)*
2. **HUMILITY** - Dabaadendizowin  
*(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 have seen/learned in life)*
5. **RESPECT** - Manaaji'idiwin  
*(to go easy on someone or something [not too harsh])*
6. **HONESTY** - Gwayakwaadizi  
*(to live life in a straightforward way)*
7. **LOVE** - Zaagi'idiwin  
*(unconditional)*

*The Seven Teachings have been adopted into the Elders Advisory Council and the Indigenous Health Education Committee terms of reference.*

## Alignment With Our Strategic Plan

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Looking to the Southern Direction, will build on the work started and remains consistent with the SJCG 2020-2024 Strategic Plan, *Here for You When You Need Us*.

The Strategic Plan includes the Walking with Humility Plan with a focus on ensuring clients receive safe and culturally sensitive care, by developing and implementing multi-year divisional workplans to achieve the recommendations of SJCG's *Walking with Humility Plan*.

Further, we will promote a culture of diversity and inclusion by supporting staff, physicians and volunteers to work in the spirit of reconciliation and uphold the rights of Indigenous Peoples.

This plan continues to utilize the Medicine Wheel teachings to guide our journey.

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## Action 1 - Integration of Indigenous Knowledge & Healing Practices

*N'doo'owe Binesi* (Healing Thunderbird), the Indigenous Health Department at SJCG, has grown during the past year. With 10 team members composed of the Director, Clinical Manager, Traditional Healing Coordinator, (3) Cultural Practitioners, Indigenous Counselor, Mental Health Support Worker, Indigenous Cultural Health Associate and the Indigenous Transitions Coordinator, we are well-positioned to meet our goals. Our Indigenous Health Team is strategically located in St. Joseph's Hospital and accessible to Indigenous clients and families needing support. Clinical Manager Marinna Read points out the early success and work to develop the team "providing clinical approaches, navigation, advocacy, sharing cultural knowledge with clients and allowing for support and safety." Read also states that "the team engages SJCG staff and works collaboratively to address any challenges that may arise and integrates Indigenous knowledge into care plans for clients."

In relation to the Traditional Healing Program at SJCG, there is a need for greater awareness and appreciation to understand the depth and sophistication of Indigenous Knowledge and traditional healing approaches. Dr. James Makokis, a Cree physician, was recently appointed at the Centre for Addiction and Mental Health (CAMH) as the first Medical Director of Shkaabe Makwa. He explains, "When we talk about Indigenous medicine and Indigenous ceremonies, those form the foundation of our health system. The original medicines on this continent, on Turtle Island, are Indigenous medicines. They are not 'alternative' medicine" (Portalewska, 2019). Colonialism has had a profound impact on Indigenous ways of life and in order to restore health and wellness, traditional healing should be front and centre; it needs to be nurtured and developed. In order to rebuild traditional healing practices and integrate them into western biomedicine, we must acknowledge the past efforts to ban these practices and educate our clinicians on the benefits and rights of Indigenous Peoples to access these practices.

Indigenous naturopathic doctor Nicole Revers, author of *The Science of the Sacred: Bridging Global Indigenous Medicine Systems and Modern Scientific Principles*, clarifies Traditional Medicine is "evidence informed; that is, it utilizes generations of verbal and written data and experiences to assess response and continued applicability and safety in the context of a holistic model of care" (Redvers, 2019, p.20). Indigenous Peoples have a distinct worldview and the foundation of this is traditional healing and the cultural components that need to be valued and recognized. Early on, SJCG has taken small steps to demonstrate how both biomedicine and traditional healing can coexist.

Traditional Healing can be loosely defined as health practices, approaches, knowledge and beliefs incorporating First Nation healing and wellness while using ceremony, plant, animal or mineral-based medicines, energetic therapies, or physical/hands on techniques (First Nations Health Authority, n.d.).

Further understanding of traditional healing practices can come from the language, such as the Anishinaabemowin word *Andaaw'iwewin*, healing approaches and practices based on wholeness,



and not just Kiigewin, the healing of a wound or injury, or a care-giving in this physical sense of healing (Meno Ya Win Health Centre, n.d.).

Like many cultural practices, traditional healing was purposefully and forcefully prohibited as a colonization tactic. Both the Government of Canada and Christian Missionaries reinforced this, driving these practices underground and separating Indigenous Peoples from their culture and traditions. The involvement of traditional medicine and culturally rooted practices is essential in the treatment of mental health and addictions, alongside Indigenous trauma-informed and clinically-sound services.



SJCG’s Cultural Practitioner, Teresa Trudeau (2021) states, “Traditional healing complements western medicine and the partnership created while benefiting the health and wellbeing of individuals.” Trudeau also points out it is important to note that “the Midwewin Lodge” is found only in the Anishinaabe Nation and is considered a school of medicine where knowledge is transferred.”

Traditional Healing Coordinator, Reena Larabee (2021) notes some examples to date: “One Cultural Practitioner was called to support a client and family in palliative care, while singing and drumming the client transitioned to the spirit world. On another occasion, a client requested to have a sacred item made for him and he was able to hold the item while passing. We have also witnessed Indigenous clients develop a sense of community, especially during the pandemic with some clients having very little family support and far from their home communities.”

Elder Gerry Baxter Cloud Moving Away (2021) reinforces the importance of Indigenous clients having access to traditional healing supports. He explains, “Especially when people are sick, to get connected to the healing sounds of the drum, prayer songs, that provides hope and opens doorways for people in a state of darkness and it can provide a spark of hope.”

We have taken small steps at SJCG to recognize the value of traditional healing and the impact it can have on client-centred care. Many Indigenous clients receiving traditional healing services at SJCG signal the commitment and respect of the *United Nations Declaration on the Rights of Indigenous Peoples* which received Royal Assent on June 21, 2021. We have also formed a committee to start the early work of Voluntary Indigenous Self Identification to improve data, to address health inequities, and connect clients with important cultural services.

Throughout 2022-2024, we will continue to expand opportunities to incorporate Indigenous knowledge, culture, and healing practices into SJCG programs and services in collaboration with Indigenous partners and communities we serve.

**1** Maintain the sustainability and continued growth of the Traditional Healing Program & Indigenous Health Team

**2** Identify unmet needs and increase access to culturally appropriate programs and services

**3** Increase awareness, access and education of the Traditional Healing Program to all staff, including physicians.

**4** Develop and execute an evaluation of the Indigenous Health department’s services.

## Action 2 - Cultural Humility As A Journey

The summary of the *Final Report of the Truth and Reconciliation Commission of Canada*, released in 2015, concluded that the destructive legacy of residential schools, and the attempted cultural genocide of Indigenous People within Canada's history and borders, calls for changes that are both far ranging and fundamental within Canadian culture and society. As stated in the Truth and Reconciliation Commission of Canada final report;

“(Reconciliation) requires that the paternalistic and racist foundations of the residential school system be rejected as the basis for an ongoing relationship. Reconciliation requires that a new vision, based on a commitment to mutual respect, be developed. It also requires an understanding that the most harmful impacts of residential schools have been the loss of pride and self-respect of Aboriginal people, and the lack of respect that non-Aboriginal people have been raised to have for their Aboriginal neighbours. Reconciliation is not an Aboriginal problem; it is a Canadian one. Virtually all aspects of Canadian society may need to be reconsidered” (Truth and Reconciliation Commission of Canada, 2015, p.vi).

With almost 7 years since the release of the *94 Calls to Action*, it is difficult to assess how much progress we have made, but it would seem we are just beginning to learn the dark truths of our country as well as Indigenous people's treatment within Canada's healthcare system. We must continue to focus attention on the specific calls related to healthcare, recognizing and valuing Indigenous-healing practices in collaboration with Elders, as well as recruiting and retaining an increased number of Indigenous professionals in our workforce.

In healthcare, very little is known about the history of Indian Hospitals, which operated similar to the residential schools. Author Maureen K Lux, author of, *Separate Beds: A History of Indian Hospitals in Canada, 1920-1980's*, investigates the complicated history of Indian Hospitals in Canada. The book speaks to the challenges that lay ahead in order to transform a healthcare system that has marginalized Indigenous People. Lux states Indian hospitals were “underfunded, poorly staffed, and racially segregated institutions” (Lux, 2016, p.191).

This past year the report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Healthcare* was released. The report was developed based on consultation with nearly 9,000 people, including 2,780 Indigenous people and 5,440 health care workers. The findings were of widespread systemic racism against Indigenous peoples in the British Columbian healthcare system, and also highlighted that Indigenous healthcare workers face racism and discrimination in their work environments.

As we proceed with education initiatives, we need to be cautious, as the *Elaboration of the In Plain Sight Report* observed how, “despite strong leadership acknowledgement of Indigenous-specific racism and cultural safety and humility, a shared understanding







of critical terms and concepts across the health system is lacking and is a major impediment to change at individual and systemic levels; without it, efforts to address racism commonly elicit reactions marked by discomfort, resistance, and fear” (In Plain Sight: Elaboration on the review 2021 p.84).

This past September we launched training to the SJCG management team called *Repairing the Sacred Circle: An Indigenous Cultural Awareness and Education Primer*. The 3 hours session involves two facilitators (1 Indigenous and 1 non-Indigenous), which is considered a wise practice in cultural safety training. The training introduces participants to the use of Indigenous knowledge such as the sharing circle, the use of medicines, and the support of an Elder or Knowledge Keeper. *Repairing the Sacred Circle* also introduces concepts to participants such as colonization, race, racism, common stereotypes and how they contribute to health inequalities.

A recent study titled *It’s a Journey Not A Check Box, Indigenous Cultural Safety: From Training to Transformation* highlights the importance of learning from Indigenous Peoples lived experiences, having multifaceted approaches and ensuring mandates and accountabilities. Further recommendations to improve competencies of health care providers include introducing Indigenous cultural safety training in the early stages of health professional education, having multiple modalities (online, in-person, and community engaged learning), ensuring health care practitioners to have concrete tools to inform their practice, confirming that training is specific to local Indigenous communities, and ensuring learning from lived experience of Indigenous people and include awareness of local challenges (Wylie et al., 2021).

Through ongoing education, relationship building and commitment to reconciliation, our desired outcome is that all sites and programs within SJCG will be free of racism and discrimination, such that Indigenous people accessing our services or who work within SJCG are respected and feel safe.

## ACTION 2 PLAN

- 1 **Secure financial resources to fund the Joint Proposal to Eliminate Indigenous Specific Racism and Inequity in Healthcare in Northwestern Ontario.**

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- 2 **Develop internal capacity, structures and resources to address Indigenous-specific racism and discrimination (for example; staff orientation, staff appraisals etc.).**

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- 3 **Extend the Repairing the Sacred Circle: An Indigenous Cultural Awareness and Education Primer training to frontline staff.**

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- 4 **Continue the development of the “Foundations of Understanding Trauma and the Health of Indigenous People.”**

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- 5 **Continue the development and work of the Indigenous Health Education Committee.**

## Action 3 - Prioritize Indigenous Health

Malcom King states, “The inequities in the health of First Nations, Inuit and Métis are well known and long-standing. They are built on Canada’s colonial past, and fed by the ongoing resistance to reconcile with the injustices of the past and the present. Reconciliation as a pathway to Indigenous health equity requires relationship building between Indigenous and non-Indigenous people, as well as fostering better understanding of each other’s world views and ways of knowing” (Herbert, 2017).

Along with the Walking with Humility plan, N’doo’owe Binesi, the Indigenous Health Department, has provided a solid foundation within SJCG to improve health outcomes for Indigenous clients. Building capacity within the department and consultation on new Indigenous programs, projects, and initiatives will be important moving forward.

The Ontario government is in the midst of making significant changes to the province’s healthcare system, with a focus on system integration. For First Nations people in our region, health transformation is also underway for Grand Council Treaty #3, Nishnawbe Aski Nation and the Anishinabek Nation. SJCG has played an important role regionally and hopes to serve as a key partner to improve health system change for all Indigenous People.

A local community based study titled *Our Health Counts Thunder Bay* highlights the challenges in healthcare for Indigenous People. The study developed by Well Living House, a research center based out of Toronto, points out that the population in Thunder Bay may be two to four times larger than estimated by Statistics Canada. The report also highlights other challenges such discrimination and experiences with racism, mental health, chronic health conditions and housing. Over 1 in 4 Indigenous adults in Thunder Bay had unmet health needs and the reasons included lack in trust in the healthcare provider, long wait lists and inability to get transportation (Well Living House, 2020).

As one of our strategic directions is to be a collaborative partner, it is essential to create leading change in our healthcare environment and prioritize Indigenous health locally and regionally. As such, we will work towards enhancing relationships and collaboration to contribute to improved outcomes for Indigenous peoples and to create more a culturally appropriate system of care.



### ACTION 3 PLAN

1

**Increase opportunities to collaborate with Thunder Bay Regional Health Sciences Centre and other health organizations in the region to improve Indigenous Health.**

2

**Nurture existing partnerships while exploring new potential partners with First Nations and Indigenous organizations.**

3

**Play a leadership role focusing on improving Indigenous Health initiatives within Catholic Healthcare in Canada.**





#### ACTIONS 4-7

## Here for Our Future

Indigenous cultures have always planned for the future. Part of good planning means you know your history and you think about the generations yet to be born. Ensuring sustainability and thinking about future systems changes within healthcare, and the inclusion of Indigenous voices is crucial to the transformation we are experiencing.





## Action 4



# Continued Engagement in Indigenous Research & Evaluation

Exciting new initiatives at Lakehead University this past year included the announcement in July 2021 that Dr. Lana Ray was named Lakehead University's Indigenous Research Chair in Decolonial Futures, with a vision of strengthening research that is grounded in Indigenous Knowledge and culturally appropriate methodologies.



**1 Continue to explore and engage in Indigenous research and evaluation opportunities that advance the work of Walking with Humility.**

## Action 5



# Indigenous Leadership & Governance

The Elders Advisory Council has been impactful and will continue to serve as an important Indigenous governance structure.

Accreditation is a way to assess national standards for quality and safety, and helps organizations to continually improve care by identifying what is working well and what needs to be improved. However, accreditation frameworks and standards may not be culturally appropriate. In British Columbia, a *First Nations, Métis, and Inuit Cultural Safety and Humility* standard was developed. The standard presents criteria and guidelines to help organizations meet, measure, and achieve preliminary requirements for cultural safety and humility goals and outcomes. The Saskatchewan Health Authority pioneered an integrated model of accreditation, designed to meet their unique needs, called the Circle of Change model.



**1 Create a full-time Elder in Residence position.**



**2 Continue to strengthen the Elders Advisory Council by broadening the role and scope within the organization.**



**3 Explore how Accreditation can support the work of the Walking with Humility Plan.**

## Action 6 Communications

The Communications, Engagement & Client Relations department has helped to communicate, internally and externally, the transparency and accountability necessary to improve relationships with Indigenous clients and family, community, and partners.

1

**Enhance Indigenous engagement and representation for Client and Family Partners.**

2

**Enhance Feedback and Complaints Process to improve the process to receive, review, and address patient quality concerns and complaints, including experiences of racism, in a safe, effective, and culturally relevant way.**

## Action 7 A Healing Way Forward

Healing is not just an individual process but can be a community and organization process as well. The work we engage in must be understood and rooted in a healing lens. Healing is an essential aspect in the Walking with Humility journey. An example of this healing was the 4-day Sacred Fire that took place September 27-30, 2021, leading up to the first National Day for Truth and Reconciliation. Over the course of the 4 days, each Elder, who are all residential school survivors, from our Elders Advisory Council, shared some of their stories and wisdom to help SJCG and our Indigenous community move forward together.

1

**Place healing in the centre of the Walking with Humility work, through the use of ceremony and Elders teachings.**

2

**Have SJCG leadership and staff, especially those related to Indigenous health and wellness, participate in Indigenous cultural and community events, either publicly or by special invitation.**



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# APPENDIX

# Key Definitions

**Anti-racism** is the practice of identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being “not racist”.

**Colonialism** occurs when groups of people come to a place or country, steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples, violently suppress their governance, legal, social, and cultural structures, and force them to conform with the colonial state.

**Cultural humility** is a life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment.

A **culturally safe** environment can only be defined by the Indigenous person receiving care and does not profile or discriminate against the person but is experienced as respectful, safe and allows meaningful communication and service. It is a physically, socially, emotionally and spiritually safe environment, without challenge, ignorance or denial of an individual’s identity

**Indigenous-specific racism** refers to the unique nature of stereotyping, bias and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices.



# APPENDIX 1

**Prejudice** refers to a negative way of thinking and attitude toward a socially defined group and toward any person perceived to be a member of the group.

**Profiling** is creating or promoting a pre-set idea of the values, beliefs and actions of a group in society and treating individuals who are members of that cohort as if they fit a pre-set notion, often causing them to receive different and discriminatory treatment.

**Race** refers to a group of people who share the same physical characteristics such as skin tone, hair texture and facial features. Race is a socially constructed way to categorize people and is used as the basis for **discrimination** by situating human beings within a hierarchy of social value.

**Racism** is the belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to **discriminatory** behaviours and policies that oppress, ignore or treat racialized groups as ‘less than’ non-racialized groups.

**Substantive equality** refers to the requirement to achieve equality in opportunities and outcomes, and is advanced through equal access, equal opportunity and, the provision of services and benefits in a manner and according to standards that meet any unique needs and circumstances, such as cultural, social, economic and historical disadvantage.

This is **systemic racism** – where acceptance of these discriminatory and prejudicial practices has become normalized across our society and institutions.

*Definitions from, “In Plain Sight Summary -Addressing Indigenous Specific Racism and Discrimination in BC health care” (2020).*



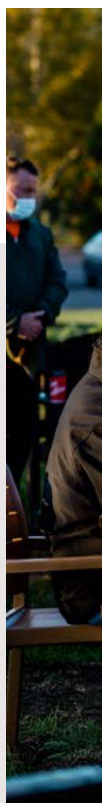


# Terminology Guide

**Aboriginal** is a general term that collectively refers to First Nations, Métis and Inuit people in Canada, and is found in the Canadian constitution. This distinction legalized in 1982 when the Constitution Act came into being. Section 35 (2) of the Act states, “Aboriginal Peoples of Canada” includes the Indian, Inuit and Métis peoples of Canada.

**Anishinaabe** (other variants Anishnawbe, Nishnawbe etc.) refers to a group of culturally and linguistically related First Nations that live in both Canada and the United States, concentrated around the Great Lakes. The Anishinaabek (plural) are also known Ojibway/Ojibwe/Oji-Cree, Chippewa, Odawa, Potawatomi. Translated literally to a person, a human being.

**First Nations** · Most, but not all, reserve-based communities in Canada refer to themselves as ‘First Nations’. For informal documents, use ‘First Nation,’ or, collectively in referring to reserve-based communities, ‘First Nations,’ but in specific references, it is more preferential to use the name that the community (or First Nation) uses publicly. The term ‘First Nations’ can be applied to individuals, but, technically refers only to those who have Indian status under Canadian law as part of a recognized community. Many Aboriginal people in Canada do not have this formal connection, and those who are Métis or Inuit should never be referred to as ‘First Nations.’ Sometimes, the term ‘Nation’ is more generally applied to a whole cultural group, e.g., “the Mohawk Nation.”



# APPENDIX 1

**Indigenous** is an umbrella term for First Nations (status and non-status), Métis and Inuit. “Indigenous” refers to all of these groups, either collectively or separately, and is the term used in international contexts, e.g., the ‘United Nations Declaration on the Rights of Indigenous Peoples’ (UNDRIP). Recently, it has been associated more with activism than government policy and so has emerged, for many, as the preferred term.

**Inuit** are another Aboriginal group, historically located in the Arctic and legally and culturally distinct from First Nations or legally-defined Indians and Métis. The singular of ‘Inuit’ is ‘Inuk,’ and because the translation of Inuit is ‘the people,’ it is redundant to add ‘people’ after it. Do not use ‘Eskimo,’ which the Inuit consider a derogatory term.

**Métis** are a specific Indigenous (and Aboriginal) group in Canada with a very specific social history. Until very recently, they have not been regarded as ‘Indians’ under Canadian law and are never considered ‘First Nations.’ The term ‘Métis’ may be used as singular or plural, and refers to individuals or groups, e.g., “Tom, a Métis student, is attending Queen’s University,” or “The Indian Act does not govern the Métis.” Please be sure to use the acute accent over the ‘e’ in Métis unless quoting a name or source in which it is not used.

*Terminology gathered from, Queens Office of Indigenous Initiatives and University of Waterloo, Indigenous Initiatives*





# AT A GLANCE

## Wiidosem Dabasendizowin: Walking With Humility

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



### First Steps Report

June 16, 2021



N'DOO'OWE BINESI

## 22 ACTIONS



**June 17, 2019**

Appointment of Director of Indigenous Relations- Paul Francis Jr.

## Indigenous Health Education Committee

**February 5, 2021**

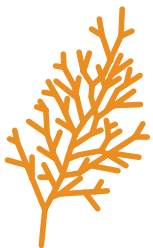
First Indigenous Health Education Committee meeting held.



**Committee Focus:**

Educational needs (Indigenous health and increasing internal capacity).

## Development of Traditional Healing Program (THP)



**April 1, 2019**

*Traditional Medicines and Indigenous Healing Practices* presentation to Leadership Team and Medical Directors.

Led to creation of Traditional Healing Coordinator position. Ensures all Indigenous clients have a pathway to care that is rooted in traditional healing.



**Events:**

5 or more Indigenous Education events annually across 8 SJCG sites (National Indigenous Peoples Day, Treaties Week, Orange Shirt Day etc.)

## Elder's Advisory Council

**April 6, 2019**

First Meeting: Senior Leadership + Director of Indigenous Relations + Elders



**December 14-18, 2020**

Anishinaabe Storytelling Series

**March 7, 2021**  
Seven Grandfather Teaching Series



APPROX. **10**  
ELDERS + KNOWLEDGE KEEPERS IN T.H.P

**48** REFERRALS RECEIVED  
October 2020-March 2021  
(Primarily at St. Joseph's Hospital)

### Traditional Healing Referral Process

- 01** Traditional Healing Coordinator receives the referral
- 02** Client is visited within 7 days of original referral
- 03** Spiritual Care Assessment is completed with the client
- 04** Client is connected with the appropriate Elder





## Honouring Indigenous Knowledge



**October 2019**

Hosted first Drum Social in the Spiritual Gathering Lodge together with Anishnawbe Mushkiki Aboriginal Health Access Centre.

“With over 2,400 employees, cultural safety is one of the most challenging components of our work.”

**68**

**2018-2020:**

SJCG staff have completed the core training and 8 staff have completed the advanced *Bystander to Ally* course.



Corporate Learning has assumed coordination of the *San'yas Indigenous Cultural Safety Program*.

## Indigenous Health Team

Received funding for the following staff:

- Clinical Manager
- Cultural Practitioner
- Indigenous Counselor
- Transitions Coordinator



## Engaging in Indigenous Research and Evaluation



**March 2, 2021**

SJCG's Centre for Applied Health Research and Indigenous Relations co-hosted a virtual research panel at Lakehead University's Research & Innovation week.

**2021**

Developed & approved *Global Policy: Smudging and Ceremonial Events and Nookwezhigan: The Tradition of Smudging* education accompanying the policy.



**January - March 2021**

**18**

staff and Research Ethics Board (REB) members completed training on *The Fundamentals of OCAP® (Ownership, Control, Access, and Possession)*.

Provided an introduction, information governance, and Indigenous data sovereignty.

## Next Steps on our Walking with Humility Journey



Currently in the Eastern direction of the Medicine Wheel.



Our next steps guides us in the Southern direction - known as *Zhaawanong*.

## *Walking with Humility 2.0*

is currently in development and will align with *SJCG 2020-2024 Strategic Plan*.

## Wiidosem Dabasendizowin: Walking With Humility

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



### First Steps Report

June 16, 2021





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Hogarth Riverview Manor  
(807) 625-1110

Sister Leila Greco Apartments  
(807) 625-1126

Sister Margaret Smith Centre  
(807) 684-5100

St. Joseph's Health Centre  
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St. Joseph's Heritage  
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