



Brant Community Healthcare System

Indigenous Health Strategy

2025 - 2028



THANKSGIVING

Before we begin, it is important to acknowledge and give thanks to all things in creation.

As Onkwehón:we (Iroquois people) we say the Ohèn:ton Karihwatéhkwen or the Ganyohanyohk, respectively referred to as the Words Before all Else and the Thanksgiving Address.

As Anishnaabe (Ojibway people) we give thanks and burn sacred medicines such as sage, sweet grass and tobacco to send our prayers of thanksgiving to the Creator.

These words and actions always precede the “work” we do as collectives of people, families, communities, and even nations. We honour these Indigenous ways before we begin to lay out this strategy on the following pages.

It is equally important that we send our greetings, love and respect to the many Indigenous patients and families, BCHS employees, professional staff, volunteers, and learners, First Nations communities, and Urban organizations that contributed to the development of BCHS’ Indigenous Health Strategy (IHS). Nia:wen and miigwech (thank you) for sharing your honest words and your important stories.



PLANTING THE SEED

In the fall of 2024, answering the Truth and Reconciliation Calls to Action, BCHS committed to develop an Indigenous Health Strategy for both Brantford General Hospital and the Willett. The strategy is the result of six months of working together with local urban and reserve Indigenous communities and BCHS staff to identify seven areas that parallel with the BCHS overall strategic pillars: Patients People, Partners, and Progress.

The 3-year Indigenous Health Strategy represents a committed effort to advance Brant Community Healthcare System’s relationship with the local Indigenous communities whose Territory both the Brantford General Hospital and the Willett are located. These communities are the Anishnaabe (Ojibway) of the Mississaugas of the Credit First Nation and the Onkwehón:we (Iroquois) of Six Nations of the Grand River Territory.

Relationship building grounded in the **Two Row Wampum Agreement*** will be the cornerstone upon which we will build the success of the strategy.

Guided by Indigenous voices, traditions, and values, the plan outlines a comprehensive approach across seven pillars:

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| 1 Creating a Culture of Safety through Cultural Education and Awareness | 4 Patient Activities and Holistic Wellness |
| 2 Traditional Indigenous Medicine | 5 Strategic Communications |
| 3 Patient Care | 6 Indigenous Recruitment and Workforce Development |
| | 7 Community Engagement and Circle of Care |

Through engagement with employees, professional staff, First Nation communities (both rural and urban), Indigenous patients, and families, this strategy aims to foster trust, improve care for Indigenous patients, and create a truly effective and inclusive circle of care.



**The Two Row Wampum is a treaty belt symbolizing an agreement between the Haudenosaunee (Six Nations) and the Dutch in 1613 and later adopted as a model for relationships with other nations. It depicts two parallel lines, representing the separate but equal paths of Indigenous and non-Indigenous peoples, travelling together in friendship and peace, but not interfering in each other's affairs. The wampum belt serves as a visual reminder of the principles of respect, non-interference, and mutual benefit.*

PREPARING THE SOIL

As with any garden we must first prepare the soil. Together, BCHS, along with Indigenous communities will demonstrate a respectful interdisciplinary health approach that is committed to understanding and supporting the Kaswentha (Two Row Wampum) relationship between Onkwehón:we staff and community members alongside BCHS leaders and staff.

Because this equitable relational approach envisioned by the Onkwehón:we have yet to be realized in Canadian institutions such as healthcare it may not be enough to measure success or failure solely on healthcare experiences. BCHS needs to be aware of Indigenous history and contemporary realities that have hindered its realization. The Two Row philosophy exemplifies the potential for truly interdisciplinary and cross-cultural work that upholds quality healthcare while supporting the healing needs for Indigenous patients.

To see this relationship and strategy unfold in a good way we provide **four key recommendations for BCHS:**

- 1** to acknowledge that traditional approaches and processes for healing alongside healthcare are necessary,
- 2** to engage in collaborations across sectors, for example ecological, spiritual,
- 3** commit to policy changes for enhanced patient care and safety as advised by Indigenous allies, and
- 4** dedicate appropriate funding for the implementation of the strategy.

There is immense value in understanding these connections, particularly for First Nations communities as we seek strength-based approaches. Imploring healthcare staff, professionals, and patients to embrace the Two Row philosophy and learn from Indigenous partnerships that advance understandings of healthcare relationships in ways that honour Indigenous traditional ways.

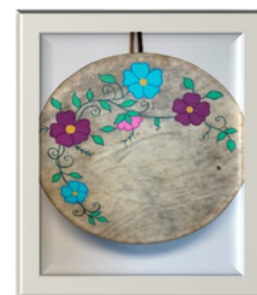
To accomplish this, it's important to note that changes to current funding systems are needed to ensure pathways for sustainable Indigenous health. Finally, Indigenous health is respecting all connections, that includes ecological, spiritual, mental, and physical. Together this Two Row strategy demonstrates respecting both Indigenous healing and Western healthcare.

THE SEEDS (PILLARS)



Creating a “Culture of Safety” at BCHS through Cultural Education and Awareness

GOAL: Implement ongoing Indigenous cultural safety training and cultural awareness sessions for all BCHS staff.



Year 1 (2025-2026)

- BCHS Leadership will engage in the “Culture of Safety” circle series designed to create capacity to foster the Two Row relationship and the implementation of this strategy.
- Partner with the Indigenous Health Learning Lodge – McMaster University to offer the on-line Culture of Safety curriculum as a mandatory training for all staff.
- Host monthly “Ask the Doctor” sessions geared to staff.
- Integrate cultural awareness training and introduction to the Indigenous Health Service and Medicine Division into onboarding for new staff.
- Hire a part time Educator to coordinate events, deliver ad hoc sessions, support all aspects of the strategy.

Year 2 (2026-2027)

- Evaluate staff attitudes and knowledge via pre- and post-training assessments.

Year 3 (2027-2028)

- Partner with McMaster University to facilitate face to face advanced “Culture of Safety” training for new leadership staff.
- Publicly report on cultural training outcomes and make improvements based on feedback.
- Partner with academic institutions (e.g., Wilfred Laurier University, Introduction to Indigenous Matters) to offer certified Indigenous health training.
- Develop advanced/role-specific training modules on Halogen (e.g., clinicians, administration, support staff).
- Host seasonal (quarterly) “Indigenous Health Days” with guest speakers and cultural sessions such as tobacco burning, sunrise ceremony, Full Moon ceremony.
- Begin implementing peer-led cultural safety discussion groups.

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Enhance Traditional Indigenous Medicine at the Hospital

GOAL: Increase access to and respect for traditional medicines and Medicine Helpers within and extend to the grounds of the hospital (e.g., circle space).



Year 1 (2025-2026)

- Expand the current Indigenous Medicine Divisions provision of Traditional Medicine supports for in-patients by creating a healing space (BGH, A-Wing, Level 2) within the hospital.
- Formalize partnerships with local and regional Indigenous Knowledge Keepers and Medicine Helpers.
- Create protocols for offering traditional medicines in inpatient care (with consent).
- Offer “country foods” one day per week for in-patients and their families.

Year 2 (2026-2027)

- Offer regular visits from Knowledge Keepers and Medicine Helpers for ceremonies and teachings for Indigenous staff and patients.
- Collaborate with the Indigenous Health Learning Lodge (IHLL) to design methods for culturally appropriate documentation of patient outcomes involving traditional practices.
- Offer staff sessions on traditional medicine concepts and collaborative care.

Year 3 (2027-2028)

- Begin documenting patient outcomes as designed collaboratively with the IHLL in year 2.
- Evaluate the impact of the traditional medicine clinical space on the wellness of Indigenous patients and staff.
- Develop clinical guidelines for collaborative care between Indigenous and Western treatments for in-patient care.



Optimize Indigenous Patient Care

GOAL: Provide culturally responsive quality care for Indigenous patients.

Year 1 (2025-2026)

- Create a clinical space near the healing space to provide culturally safe care to Indigenous patients without a family doctor who seek care via the emergency department 2 half days per week.
- Collaborate with the Brantford Indigenous Health Hub (BIHH) Residency program to deliver a resident clinic 2 mornings per week supported by the Indigenous Physician Lead.
- Recruit added Indigenous Physicians to support clinical work of the Indigenous Patient Navigator.
- Ensure patients who identify as Indigenous are added to the Indigenous Patient Roster on Meditech.
- Apply for funding through the OHA to deliver Lower Limb Amputation Prevention and Care for Indigenous patients living with or at risk of developing diabetes who also experience homelessness, mental health and/or addiction issues.

Year 2 (2026-2027)

- Deliver a Lower Limb Amputation Prevention and Care clinic in collaboration with the BIHH residents, De dwa da dehs nye, Grand River Community Health Center and Indigenous surgeon dependent on funding received.
- Collaborate with Grand River CHC to offer outreach to hard to serve Indigenous patients identified in the Lower Limb Amputation Prevention program – regardless of funding from OHA proposal.
- Gather input from Indigenous Working Group to guide further clinic activities.
- Expand the Resident clinic to 2 full days per week with potential to work on the outreach component of care.

Year 3 (2027-2028)

- Expand the Resident clinic to full time and/or after hours/weekends.
- Hire a part-time Navigator to expand the Navigation role to include after hours/weekends.
- Attract and provide stipend for Indigenous physicians to support the delivery of the Resident Clinic.
- Hire a Registered Practical Nurse to support the clinic.
- Assess need for additional space to deliver Traditional Medicine



Coordinate Patient Activities and Holistic Wellness

GOAL: Provide culturally meaningful activities that promote healing and connection.

Year 1 (2025-2026)

- Conduct patient focus groups to identify culturally appropriate activities (e.g., drumming, crafts, smudging, storytelling).
- Pilot weekly Indigenous wellness programming in partnership with community facilitators.

Year 2 (2026-2027)

- Expand programs based on patient engagement and feedback.
- Develop a volunteer program to include Indigenous cultural mentors and community members.

Year 3 (2027-2028)

- Evaluate outcomes (e.g., patient satisfaction, participation rates, wellness scale).
- Include activities as part of care plans in Indigenous patient pathways.



Collaboratively Develop a Communication Strategy

GOAL: Increase awareness of Indigenous health and medicine programs.

Year 1 (2025-2026)

- Develop a culturally appropriate communications strategy with Indigenous advisors.
- Launch a dedicated section on the hospital website for Indigenous Health Services.
- Create educational materials (videos, brochures, social media) highlighting services and stories.
- Engage and participate in First Nations communities' health events and activities (e.g., radio, print, health fairs, etc.)

Year 2 (2026-2027)

- Initiate monthly Indigenous Health newsletters for internal and external audiences.
- Share success stories, community events, and wellness tips.

Year 3 (2027-2028)

- Evaluate reach and engagement of communications.
- Implement feedback mechanisms from Indigenous patients and families to improve messaging.

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Recruit Indigenous Workforce

GOAL: Assist in recruitment and retention of Indigenous healthcare professionals.



Year 1 (2025-2026)

- Establish partnerships with Indigenous post-secondary programs and health career fairs.
- Begin offering student placements, mentorships, and summer internships for Indigenous youth.

Year 2 (2026-2027)

- Offer scholarships or bursaries for Indigenous students pursuing healthcare careers.
- Create an Indigenous Staff Affinity Group for peer support and leadership development.
- Hire Indigenous Educator, Registered Nurse, Social Worker, and half time Navigator.

Year 3 (2027-2028)

- Set annual Indigenous hiring goals and include in organizational reporting.
- Create leadership pathways for Indigenous staff in clinical and administrative roles.

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Engage with Communities and Circles of Care

GOAL: Build strong relationships with both urban and rural Indigenous communities.

Year 1 (2025-2026)

- Map local and regional Indigenous communities, organizations, and leaders.
- Engage in relationship building using the principles of the Two Row Wampum with key communities and organizations.
- Invite key members of communities and organizations as needed to the current Indigenous Health working group.

Year 2 (2026-2027)

- Hold annual community roundtables to hear stories, understand needs, and establish trust.
- Facilitate mobile outreach visits with Elders and staff to First Nations communities.

Year 3 (2027-2028)

- Engage in evaluation and strategy revision in collaboration with all community and organizational partners.



NOURISHING THE SEEDS

As we move forward, this strategy highlights the need to follow the original teachings of the Two Row Wampum and building relationships. Building relationships with one another and building a relationship with healthcare and healing. We are confident that this strategy will continue to be a valuable pathway for building trust within BCHS and all the Indigenous patients and families engaged.

Nya:wen, Nia:wen, Miigwetch

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