

2026-27

Truth and ReconciliACTION Plan

Cambridge Memorial Hospital

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APPROVED

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What is CMH's 26/27 Success Goal for Indigenous Truth and Reconciliation?

CMH's goal for 2026/27 is to move from relationship-building to transformational action by working alongside Indigenous partners to co-create CMH healthcare experiences that are culturally safe, equitable, and responsive to the needs of Indigenous patients, families, and communities. Through sustained partnerships, education, accountability, and measurable outcomes, CMH will advance reconciliation and contribute to improved Indigenous health and wellness across Waterloo Region.



Indigenous Advisory Circle members and CMH governors & leadership

As we continue our Truth and Reconciliation journey, CMH is committed to improving Indigenous health equity through proactive collaboration, inclusive education, economic reconciliation, and strategic recruitment/retention efforts. Together, alongside Indigenous communities, we pledge to drive tangible change in healthcare outcomes, data equity, and patient support. By cultivating strong partnerships and fostering continuous dialogue, we will dismantle barriers and nurture a healthcare environment grounded in equity and respect.



Why is CMH Prioritizing Indigenous Health Equity?

Indigenous Peoples continue to experience poorer health outcomes due to the ongoing impacts of colonization, systemic racism and inequities in the social determinants of health.

Why inequities persist

- Income, housing, education, food security and access to culturally safe care all influence health.
- Intergenerational trauma and discrimination continue to affect access, trust and outcomes.

Waterloo Region

- First Nations, Métis and Inuit residents experience more chronic conditions at younger ages.
- Disparities in income, employment, housing and education affect health.
- Access to health care and Indigenous traditional healing remains limited.

Across Canada

- Life expectancy is up to 12 years shorter than the Canadian average.
- Preventable chronic diseases occur at disproportionately higher rates.
- Past assimilation policies continue to negatively affect health.

Why this matters for CMH

CMH has a responsibility and an opportunity to reduce health inequities by providing culturally safe care, strengthening Indigenous partnerships, and improving outcomes for Indigenous patients and families.

L.E.A.R.N.: Listen, Explore, Add, Read, Notice

CMH's Work 2018/9 to 2025/6

In **2018**, CMH introduced an Aboriginal acknowledgement for use in the organization, which later morphed into a land acknowledgement in **May 2019**, and finally, a territorial acknowledgement in **January 2022**.

In **2020**, Clarence Cachagee gifted CMH a hawk feather to celebrate the opening of Wing A. We have since hosted hawk feather re-energizing ceremonies at the hospital.
Survey in **2020** identified 2% of Indigenous staff at CMH (approx. 25% of staff completed the survey)

In **2021**, CMH rolled out San'Yas Cultural Safety Training for leaders, with 100% of senior leaders completing the training. CMH also started formally participating in Orange Shirt Day events which have continued to grow each year (ex. more shirts sold each September, more recognition given to September 30th)

In **2021**, SOAHAC opened a centre across the street from CMH, which signalled the start of a new partnership and working with an Indigenous patient navigator. In **Spring 2024**, a CMH physician started working with SOAHAC clients to support mental health services.

In **2022**, CMH leaders started preparing Truth and Reconciliation reflections. This requires one leader to reflect on their personal journey to Truth and Reconciliation.

In **2022**, CMH opened the San'Yas training up to staff, and 80% of the leadership team completed the San'Yas training. As of **December 2022**, 100+ staff members completed this training

In **August 2023**, CMH introduced an Indigenous Projects Coordinator to support Truth & Reconciliation work across the hospital. CMH updated its smudging policy and procured a smudging kit.

In **September 2023**, the L.E.A.R.N. challenge was introduced.

In **December 2023**, CMH held its inaugural Indigenous Council meeting. This group guided the development of this Truth and ReconciliACTION Plan for 24/25.

Work in **2024** included the approval of the Indigenous Council's Terms of Reference, attending GRH's Sacred Fire Ceremony, engaging in the development of a Regional Advisory Circle, and meetings with local Indigenous leaders to talk about regional Truth & Reconciliation work, as well as CMH's journey moving forward.

In **2025**, CMH undertook review of Women's & Children's care and began implementation of recommendations

In **June 2025**, CMH launched an Indigenous Lunch & Learn series

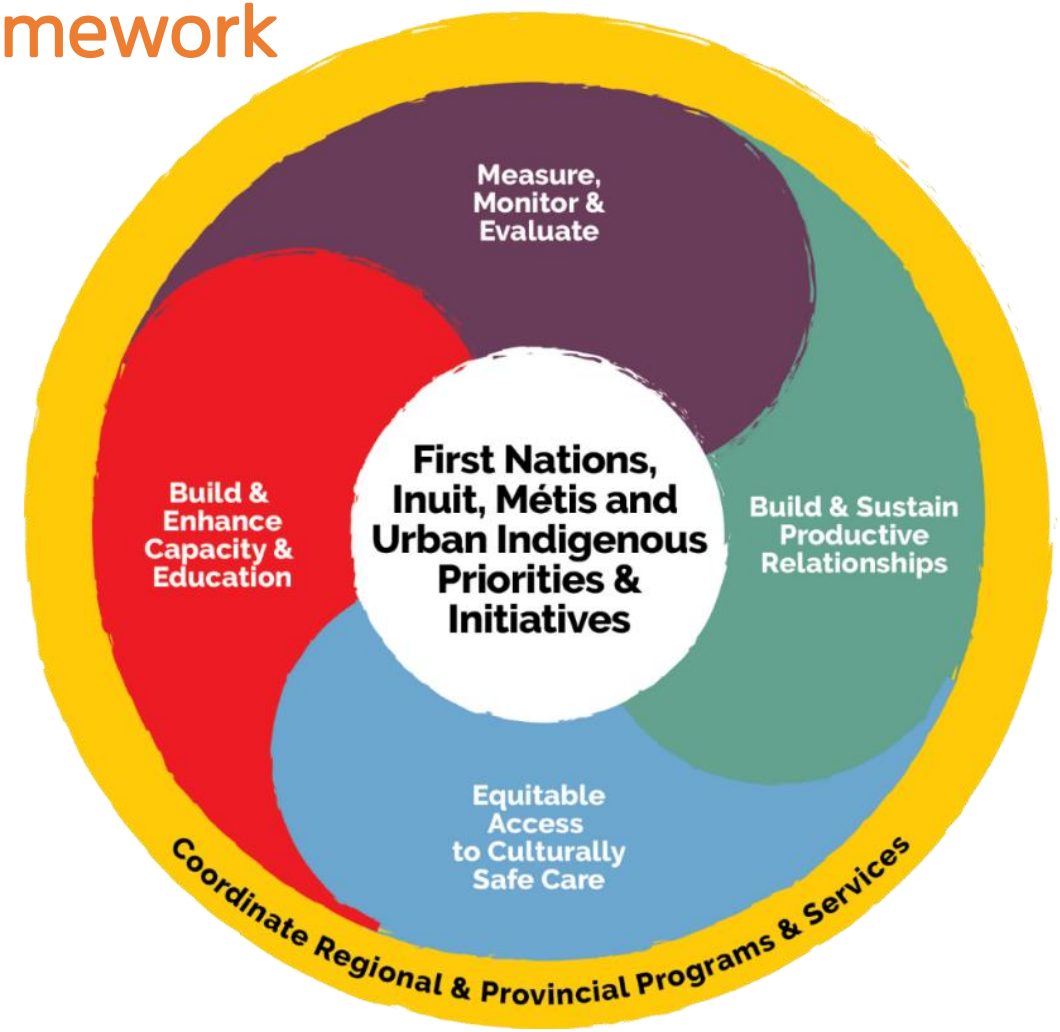
In **August 2025**, CMH installed the Four Seasons art murals in Wing A

In **November 2025**, CMH finalized the design for an Indigenous outdoor space



CMH's Truth and ReconciliACTION Framework

CMH uses the Ontario Health framework to structure its efforts.



More information about the First Nations, Inuit, Métis and Urban Indigenous Health Framework can be found at https://www.ontariohealth.ca/about-us/our-programs/provincial-equity-indigenous-health/indigenous-health-equity-coordination/indigenous-health-framework

The "Coordinate Regional & Provincial Programs & Services" part of the Ontario Health framework falls outside the scope of the CMH plan.

Healthcare Excellence Canada (HEC) – Cultural Safety Pathway

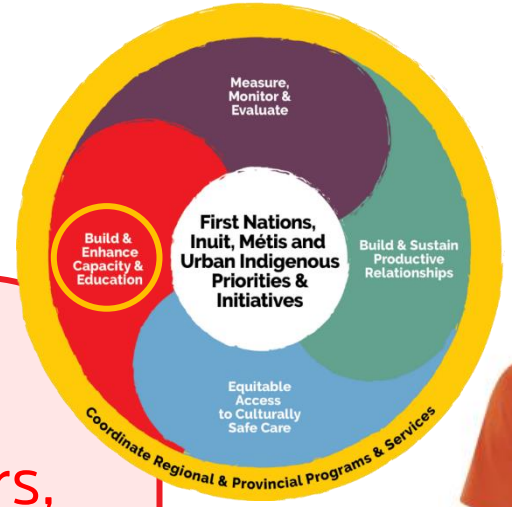


TIMELINES, ACTIVITIES AND DELIVERABLES*

TIMELINES	ACTIVTIES	DELIVERABLES
September 2026	Orientation webinar	Attendance and participation
October 2026	In-person gathering (location to be confirmed)	Attendance and participation (Executive leader team member from the Organization)
March 26, 2027	Organizational assessment tool	Completed assessment tool
March 2027	End of fiscal evaluation	Completed survey
June 2027	Improvement charter	Completed improvement charter
September 2026 – August 2028	Virtual learning events and coaching sessions	Attendance and participation
January 2027 – August 2028	Site visits (to be confirmed)	Attendance and participation
September 2027	Mid-point evaluation (focus groups)	Attendance and participation
March 2028	End of fiscal evaluation	Completed survey
May 2028	Feedback on Cultural Safety Pathway and resources	Completed survey and/or interview
August 2028	End of program evaluation	Completed final survey End of project report
January 2029	Sustainability evaluation	Completed survey
Quarterly from September 2026 – August 2028	Quarterly progress reporting	Completed survey

With IAC support, CMH & WRHN, are participating in HEC's Cultural Safety Pathway collaborative

CMH's Truth and ReconciliACTION Goals



Build & Enhance Capacity and Education

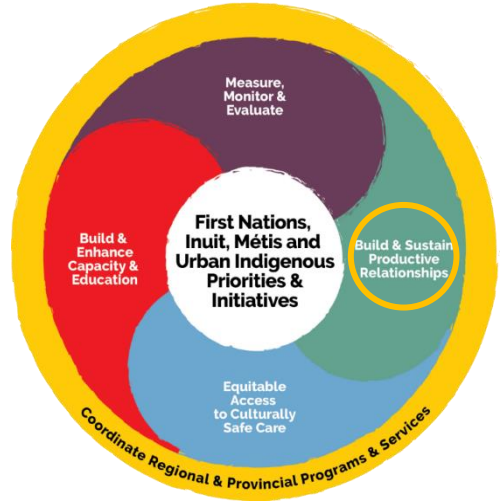
- CMH will provide access to San'yas Indigenous Cultural Safety Training to Board members, leaders, staff, physicians and midwives
- CMH will hold Indigenous Lunch & Learns to support ongoing learning across the organization
- CMH will recognize and enhance Indigenous days/months of significance
- CMH will launch an Indigenous Employee Resource Group
- CMH will update the territorial acknowledgement with Indigenous guidance





SAN'YAS
Indigenous-Specific Anti-Racism Training

CMH's Truth and ReconciliACTION Goals



Build & Sustain Productive Relationships

- CMH will collaborate with the regional Indigenous Advisory Circle ensuring Indigenous voices are heard, and T&R work is done together with Indigenous consultation and partnership
- With support and guidance from IAC, CMH will hold a commitment ceremony
- CMH will foster stronger relationships with community partners including SOAHAC and Crow Shield Lodge
- CMH will establish meaningful collaboration opportunities with healthcare partners on region-wide T&R initiatives (e.g., smudging guidelines and a regional Indigenous calendar)

Southwest Ontario Aboriginal Health Access Centre

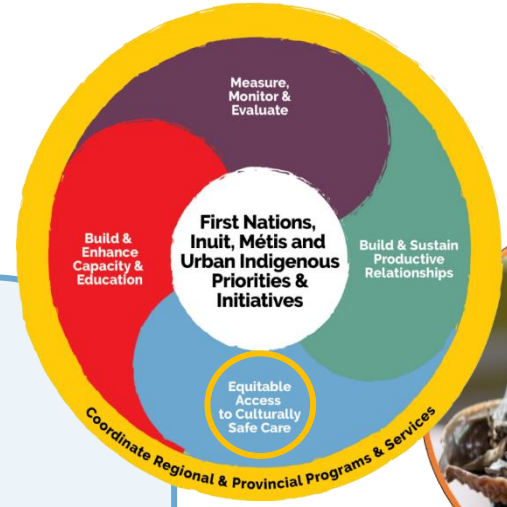


Indigenous Advisory Circle

CMH's Truth and ReconciliACTION Goals

Equitable Access to Culturally Safe Care

- CMH will work with local Indigenous artists to expand the art series in Wing A, Level 1 to Wing B, Level 1
- CMH will develop an Indigenous resources page on the hospital's Internet site and explore other avenues to increase awareness of available resources, services and tools for Indigenous patients, families and community members
- CMH will develop an Indigenous resources page on CMHNet
- CMH will revise the smudging policy and develop smudging guidelines to support staff and enable easy access for patients
- CMH will work with SOAHAC and the Regional Indigenous Cancer Care Program to facilitate care at CMH





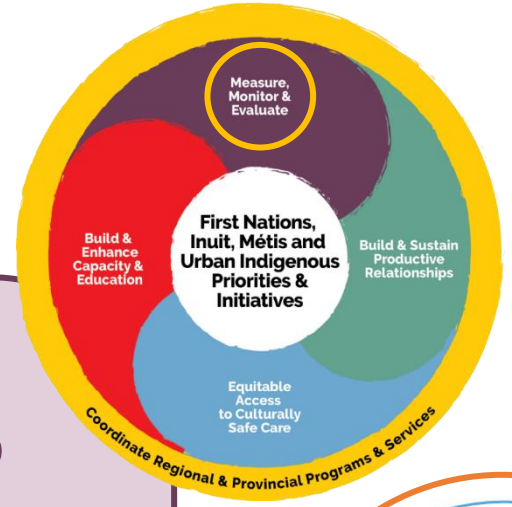


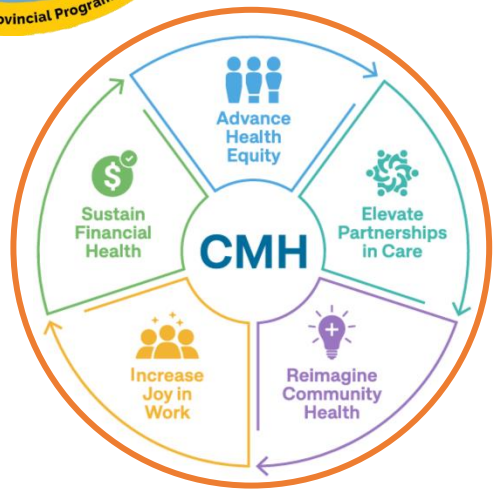


CMH's Truth and ReconciliACTION Goals

Measure, Monitor & Evaluate

- CMH will report on progress on the plan to Ontario Health as per the obligations as outlined in our 2026/27 Service Accountability Agreements
- CMH will ensure the success of the Indigenous Truth & ReconciliACTION Plan is measured, monitored and evaluated
- CMH will undertake and submit an organizational assessment through Healthcare Excellence Canada





The Indigenous Truth & ReconciliACTION Plan is housed under the Advance Health Equity Pillar.

Healthcare Excellence Canada

Build & Enhance Capacity and Education

CMH's Truth and ReconciliACTION Tactics for 2026/27

Q1 (Apr-Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)
Indigenous Calendar: Commemorate Red Dress Day (May 5), Bear Witness Day (May 10) National Indigenous History Month (June), and National Indigenous Peoples Day (June 21) **Indigenous Lunch & Learn**: SOAHAC **Hospital Wide Orientation (HWO):** Update T&R section **Indigenous ERG:** Form Indigenous ERG, plan for National Indigenous History Month/September **Territorial Acknowledgement:** Hold circle to update language and approach	**Indigenous Calendar:** Annual Feather Reenergizing Ceremony **Organization-wide Training:** Open San'yas Cultural Safety Training registration **Indigenous Lunch & Learn**: Women's Health **HWO:** Finalize T&R section **Learning:** Educate Nursing Advisory Council on smudging, **National Day for Truth & Reconciliation (NDTR) (Sept 30)** Commemorate Orange Shirt Day/National Day for Truth & Reconciliation (Sept 30) **Territorial Acknowledgement:** Launch updated acknowledgement and approach	**Indigenous Calendar:** Commemorate Indigenous Veterans Day (Nov 8), Winter Solstice (Dec 21) **Organization-wide Training:** Staff complete the San'yas Cultural Safety Training **Indigenous Lunch & Learn**: TBD (potential topics: smudging or territorial acknowledgement)	**Indigenous Calendar:** Spring Solstice (Mar 21) **Indigenous Lunch & Learn**: TBD

Key Performance Metrics: Lunch and learn engagements, San'yas registrants, Indigenous Council & ERG membership and engagement, sales (Red Day Dress pins, Orange Shirt Day pins & shirts), updated territorial acknowledgement

Build & Sustain Productive Relationships

CMH's Truth and ReconciliACTION Tactics for 2026/27

Q1 (Apr-Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)
Regional T&R Touchpoints: Attend monthly meetings and revise regional project timelines **IAC:** Support and participate in the monthly meetings **Ontario Health Community of Support:** Attend meetings			
Develop and implement Crow Shield Lodge Service Agreement **Commitment Ceremony:** Continue discussion with governors & at IAC **Indigenous Advisory Circle (IAC):** Facilitate IAC Retreat in partnership with WRHN	**Commitment Ceremony:** Continue consultation with governors & at IAC **Indigenous Advisory Circle (IAC):** Host mental health patient journey education .	**Commitment Ceremony:** Continue consultation with governors & at IAC to determine scope and timing **Attend Traditional Healing Knowledge Exchange, hosted by OHA:** Attend & consider application to CMH **Develop and implement SOAHAC MOU Agreement:** Develop and execute MOU for use of space and approach to services **HEC Cultural Safety Pathway:** Participate in gathering/kick off	**Commitment Ceremony:** Conduct ceremony

Key Performance Metrics: Strong IAC engagement, agreements in place and successfully executed, commitment ceremony held

Equitable Access to Culturally Safe Care

CMH's Truth and ReconciliACTION Tactics for 2026/27

Q1 (Apr-Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)
Smudging: Begin consultation on revisions to smudging policy **Indigenous Art:** Launch Indigenous art products in CMHF's on-line store **Cancer Program:** Promote resources for patients	**Smudging:** Develop draft staff smudging policy and begin consultation **Indigenous Resources:** Post resources on CMH Net and Internet **Indigenous Art:** Expand Indigenous art products in CMHF's on-line store; Install Wing B, Level 1 art; Edit and launch video series **Indigenous Clinical Recommendation Project:** Continue work **Mental Health:** Launch MH huddles **Cancer Program:** Promote resources for patients	**Smudging:** Launch updated patient smudging policy, including decentralized bundles; Launch smudging education series (through staff huddles); Finalize approach to on-call smudging model; **Indigenous Art:** Install plaques/signage **Indigenous Clinical Recommendations Project:** Continue work **Cancer Program:** Promote resources for patients	**Smudging:** Launch staff smudging policy **Indigenous Community and Staff Outdoor Space:** Review plans considering the hospital's master plan, and consider options for 2027/28 **Cancer Program:** Promote resources for patients

Key Performance Metrics: Updated smudging policy, new staff smudging policy, availability of resources for patients and community, art installed, women's & children's care enhancements

Measure, Monitor & Evaluate

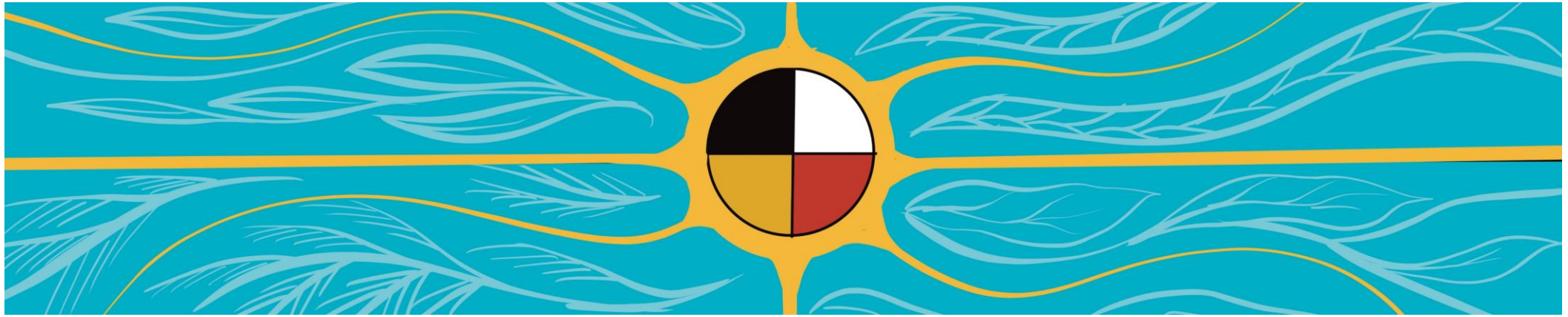
CMH's Truth and ReconciliACTION Tactics for 2026/27

Q1 (Apr-Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)
	Service Accountability Agreements (SAA): Submit 2025/26 report to Ontario Health	**Healthcare Excellence Canada – Cultural Safety Pathway:** Submit quarterly report	**Service Accountability Agreements (SAA):** Evaluate the status of 2026/27 obligations **Healthcare Excellence Canada – Cultural Safety Pathway:** Submit organizational assessment and quarterly report

Key Performance Metrics: SAA obligations, HEC organizational assessment & quarterly reports

Next Steps

In 2026/27, CMH will continue to prioritize strengthening relationships with Indigenous Peoples, communities, and partners while advancing the transformation of the Indigenous patient care experience. Through authentic engagement, meaningful collaboration, and open dialogue, CMH will work alongside Indigenous communities to identify shared priorities, strengthen partnerships, and foster regional alignment. These efforts will support culturally safe care, advance health equity, and contribute to meaningful actions toward Truth and Reconciliation.



References

Truth and Reconciliation Commission of Canada. 2015. Calls to Action.
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Population Health Profile on First Nations, Metis and Inuit Peoples in Waterloo Region
https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/FirstNation_Metis_Inuit_PopulationProfile.pdf

Understanding the social determinants of health among Indigenous Canadians: priorities for health promotion policies and actions. Fariba Kolahdooz, Forouz Nader, Kyoung J. Yi & Sangita Sharma. 2015
https://www.tandfonline.com/doi/full/10.3402/gha.v8.27968

Ontario Health First Nations, Inuit, Métis and Urban Indigenous Health Framework
https://www.ontariohealth.ca/about-us/our-programs/provincial-equity-indigenous-health/indigenous-health-equity-coordination/indigenous-health-framework

Truth and Reconciliation Commission's Calls to Action in Health Care

In 2015, The TRCC released 94 Calls to Action with the aim of improving reconciliation between Canada and Indigenous, Metis and Inuit peoples. The Calls to Action (Calls 18-24) highlighted in this plan target healthcare specifically. CMH is using these to help further reconciliatory efforts within our hospital.

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

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Truth and Reconciliation Commission of Canada: Calls to Action - NCTR

Truth and Reconciliation Commission of Canada

Truth and Reconciliation Commission's Calls to Action in Health Care (continued)

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

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.

Truth and Reconciliation Commission of Canada

[Truth and Reconciliation Commission of Canada: Calls to Action - NCTR]

Truth and Reconciliation Commission's Calls to Action in Health Care (continued)

23. We call upon all levels of government to: 1)increase the number of Aboriginal professionals working in the health care field, 2) ensure the retention of Aboriginal health care providers in Aboriginal communities, 3) provide cultural competency training for all health care professionals

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Truth and Reconciliation Commission of Canada

[Truth and Reconciliation Commission of Canada: Calls to Action - NCTR]