



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE
Continuing Professional Development

Poster Abstracts

Indigenous Health Conference

Walking Together

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Poster Abstracts

P01

Breastfeeding Art Expo – The En’owkin Centre Experience and Working Towards Baby-Friendly Initiative Accreditation in a First Nation Health Centre

(Submission ID: 411657)

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Together let’s improve breastfeeding support for women. We will focus on: A unique Art Expo on the topic of breastfeeding (www.breastfeedingartexpo.ca) that opened up important health conversations. One of the Breastfeeding Art Expo’s desired outcomes to help achieve Baby-Friendly Initiative (BFI) accreditation.

The Indigenous-Focused Breastfeeding Art Expo At En’owkin: En’owkin Centre is an Indigenous arts and training program located at Penticton Indian Band. We will highlight the Breastfeeding Art Expo’s amazing Indigenous art and share stories.

The Breastfeeding Art Expo Across Interior British Columbia: The En’owkin Art Expo was part of a larger six year travelling Expo that is a partnership between Interior Health and KCR-Community Resources, and funded by five organizations. It included 15 community art projects, 65 independent artworks and 20 short videos. There are 35 community partners, and the project is led by a ten-member Steering Committee, including two Indigenous members. The Expo includes a full-colour Art Catalogue and a Teacher’s Guide. At our presentation we will have free copies of the Art Catalogue to share.

Baby-Friendly Initiative (BFI) Accreditation: The Art Expo has created a supportive environment to talk about how can we implement best practices to support breastfeeding. BFI has been proven to support women to breastfeed successfully. It is based on UNICEF/WHO Ten Steps that include a breastfeeding policy, staff training, and appropriate community support for mothers. We will present our early plans for BFI accreditation process within a regional hospital and health centre, and including a First Nation community.

Keyword(s): breastfeeding; baby-friendly initiative; art expo; En’owkin; Interior Health; Penticton Indian Band; Ten Steps; skin-to-skin

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P02

Indigenous Mothers’ Experiences of Accessing Primary Health Care in Hamilton to Meet Infant Health Needs

(Submission ID: 421527)

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Background

Indigenous infants experience significantly higher rates of birth complications and infant mortality rates than non-Indigenous infants regardless of where they live. Indigenous women experience poor access to health services for numerous reasons, including racism and a lack of support for traditional medicine. As mothers typically act as gatekeepers to health care for their children, it is important to understand how Indigenous mothers experience selecting and using health services to meet the health needs of their infants.

Methodology

Using Interpretive Description, interviews with 19 mothers were conducted. Results will be confirmed by a focus group with mothers. Results: Themes were derived from the data relating to the use of Primary health care, enabling factors and barriers to access.

Discussion

Results show that wait times are uniquely problematic for infants. Mothers describe facing judgement, racism and discrimination from health providers and receptionists. Living in bad neighbourhoods is associated with health risks; transportation barriers to children’s hospital and reduced ability to be active after dusk. Finally, mothers do not see evidence of health providers’ meeting emotional, mental or spiritual health needs of their infants.

Conclusions

Future interviews with health providers will provide additional context related to service provision, specifically related to Indigenous patients. The results of this study will help inform health service delivery aimed at improving the access and experience of health service use for Indigenous mothers and infants. Improved access to health care is one important way to assist in improving health outcomes for Indigenous infants and their families.

Keyword(s): Health Service Delivery Indigenous mother & infant health

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P03

An evaluation of the Healthy Weights Connection: A mixed-methods case study in Midland-Penetanguishene

(Submission ID: 426847)

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Background and Purpose/Objectives

Healthy Weights Connection (HWC) was a population-based intervention aiming to prevent overweight and obesity among Indigenous children living in communities outside of First Nations reserves. Our aim was to evaluate the effectiveness of the HWC intervention in Midland-Penetanguishene over time (2013-2017).

Methodology

A mixed-methods case study was employed for the evaluation of the HWC intervention. Quantitative findings were gathered at the community level, where the parents and caregivers were interviewed at two time points, to gain a sense of how children's program and service use changed over the course of the HWC intervention. To complement these data, qualitative findings were gathered from focus groups among employees from key organizations offering services in Midland-Penetanguishene.

Results/Impact/Outcomes

Quantitative results indicate that the HWC intervention contributed to some positive changes among children, especially with respect to their sugary-beverage consumption and week-end physical activity. Qualitative findings reveal a gap in the provision of comprehensive mental health services for children and youth in the community, and confirm that the main facilitator to service access and use in Midland-Penetanguishene is cultural sensitivity among providers.

Conclusions

Community- and organization-level findings shed light on the complexity of the systems and services that influence healthy weights among Indigenous children, and point towards a need for health intervention efforts that aim to increase access to and use of community-based services. These findings have potential to inform further investigations and interventions aimed at promoting healthy weights among First Nations and Métis children and youth in Canada.

Keyword(s): Childhood obesity; Indigenous determinants of health; community health

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P04

A Qualitative Review of First Nation Youth Experiences with the ACHWM

(Submission ID: 434295)

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Background and Purpose

The ACHWM (Aboriginal Children's Health and Well-being Measure) is a self-reported, tablet based survey for children 8 to 18 years of age. This survey is used to gain insights from children about their health, and promote well-being. This study examined verbal feedback from First Nations children regarding their personal experiences with the ACHWM.

Methodology

Children from Wiikwemkoong Unceded Territory completed the ACHWM in 2016-2017. Immediately following their survey, each child was asked: What did you think about the survey? Responses were reviewed and coded to identify themes, and explore variations by age, gender and well-being scores.

Results

A total of 164 First Nations children completed the ACHWM, 152 (93%) provided qualitative feedback, and 95% of these comments suggested that they enjoyed or valued the survey. A total of 40 different themes were identified. The 8 most common themes were: good (48%); liked questions (9%); alright (6%); easy (6%); interesting (4%); valuable (4%); OK (4%); and cool (3%). There were some trends worthy of future exploration: impact of gender (positive feedback from 92% of boys vs. 98% of girls); and well-being scores (mean ACHWM summary score was 77 for the positive feedback group vs. 72 for negative feedback). There were no differences related to gender.

Conclusions

These results suggest that the ACHWM is well received by children. This was very encouraging given the length of the survey (63 multiple-choice and 3 open-ended questions) and is most likely attributable to the child-centric methods used in its development and design.

Keyword(s): Indigenous, Health, Child Perspectives

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P05

Hospitalization of Aboriginal children and youth in Canada

(Submission ID: 435780)

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Co-Author Gisele, Carriere; Co-Author Dafna, Kohen

Background/Objectives

Research that has examined Aboriginal children's hospitalization rates at the national level has been limited to analyses of areas with large percentages of Aboriginal residents, rather than of Aboriginal individuals. This study used linked census and hospital administrative data to describe hospitalization patterns among Aboriginal children and youth aged 0 to 19, for all provinces and territories (except Quebec).

Methodology

The 2006 Census was linked to the 2006/2007-to-2008/2009 Discharge Abstract Database, which contains hospital records from all acute care facilities (except Quebec). Hospital records were examined by Aboriginal identity according to the most responsible diagnosis. Age-standardized hospitalization rates (ASHRs) were calculated per 100,000 population, and age-standardized rate ratios (RRs) were calculated for Aboriginal groups (on- and off-reserve First Nations, Métis and Inuit) relative to non-Aboriginal people. Results: ASHRs were consistently higher among Aboriginal children (aged 0 to 9) and youth (aged 10 to 19) relative to their non-Aboriginal counterparts; rates for children were 1.3 to 1.8 times higher; for youth, 2.0 to 3.8 times higher. For all children, the leading cause of hospitalization was "diseases of the respiratory system but RRs for Aboriginal children ranged from 1.7 to 2.5. Disparities between Aboriginal and non-Aboriginal youth were pronounced for injuries due to assaults (RRs from 4.8 to 10.0), self-inflicted injuries (RRs from 2.7 to 14.2), and pregnancy, childbirth and the puerperium (RRs from 4.1 to 9.8).

Keyword(s): First Nations, Inuit, Métis, on reserve, respiratory, assaults, self-inflicted injuries

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P06

Investigating the Role of the HNF-1 α G319S Polymorphism in Early-Onset Type 2 Diabetes (T2D) in Indigenous Youth

(Submission ID: 440224)

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Prasoon Agarwal; Cuilan Nian; Vernon Dolinsky; Francis Lynn

Background

Manitoba Indigenous youth have the highest rates of T2D in Canada. This epidemic coincided with a shift away from land-based food strategies. Moreover, 40% of Manitoban youth with T2D carry a polymorphism in the hepatocyte nuclear factor-1 α (HNF-1 α G319S) gene. HNF-1 α is a factor that controls levels of other genes thereby regulating the secretion of insulin from pancreatic β -cells.

Objective

To define how the G319S variant accelerates T2D onset, situated in the context of colonial impacts on traditional food systems.

Methodology

CRISPR/Cas9 was used to knock-in the G>A. 955 nucleotide substitution into clonal MIN6 β -cells and a C57/BL6 mouse model. In vitro and in vivo studies including immunoblotting, qPCR, glucose-stimulated insulin secretion (GSIS) assays, and glucose tolerance tests were performed.

Results

HNF-1 α protein expression was reduced ~40% in G319S-MIN6 cells concomitant with a 4-fold downregulation in glucokinase (glucose metabolism) and a 2-fold upregulation in carnitine palmitoyltransferase-1A (fatty-acid beta-oxidation). G319S-MIN6 did not affect GSIS; however, basal insulin secretion decreased 4-fold relative to control MIN6. G319S-MIN6 cells maintained 15-fold insulin secretion under lipotoxic stress, which impaired GSIS in control MIN6. Male heterozygous mice fed a high-carbohydrate diet spontaneously developed glucose intolerance and fasting hyperglycemia.

Conclusions

HNF-1 α G319S confers resistance to lipotoxicity without affecting GSIS in MIN6 β -cells, while a high-carbohydrate diet induced a diabetic phenotype in heterozygous mice. Our findings suggest the effects of a colonized diet combined with G319S could impair basal insulin secretion and accelerate T2D development. Future studies will examine how altered dietary composition affects T2D onset in G319S-expressing mice.

Keyword(s): Early-onset type 2 diabetes, glucose metabolism, basic science

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P07**Supporting Children's Health Through a Teacher Mentorship Model in Indigenous Schools**

(Submission ID: 440718)

*Emily Rand, Sport for Life Society***Background**

Physical literacy is the development of skills, confidence and motivation to be physically active for life. The Human Capital Model provides evidence that physically active individuals have greater capacity to positively contribute to their individual capacity and community in areas such as education and employment, economic, and traditional knowledge and language.

Purpose

To use a mentorship model to enhance physical literacy and activity in children in grades K-5, assist knowledge and training in the teachers, improve school effectiveness, and incorporate cultural teachings into lesson plans.

Methodology

Two First Nations schools in BC and two in Alberta are involved with this pilot program. Mentor teachers and local delivery partners are working with the teachers and schools to enhance their physical literacy knowledge and delivery. Pre and post assessments are being completed with the children, including measurements of physical literacy and academic performance. Elders and cultural advisors are helping incorporate traditional activities into lesson plans.

Results

Data collection is ongoing and will be completed by May. Anticipated outcomes include: more physically literate and active children; more trained and confident teachers who can deliver quality physical and health education curriculum; improved school effectiveness; and the celebration and transfer of language, identify and historical teachings. Developing strong, healthy citizens starts with strong, healthy children; the movement skills that they learn now, the confidence they develop and the motivation that grows will carry with them throughout their lifespan. Lessons learned through this program can be shared with other health professionals working with Indigenous children.

Keyword(s): physical activity, traditional knowledge, teaching

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P08**Strengthening Indigenous voices in Diabetes Prevention Peer Leadership**

(Submission ID: 433124)

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Purpose

As part of the implementation of the Toronto Indigenous Health Strategy, Toronto Public Health (TPH) has been asked by the Toronto Indigenous Health Advisory Circle to lead action in supporting new and existing public health promotion programs to be culturally appropriate through meaningful partnerships with Indigenous Peoples. TPH's Diabetes peer leadership (DPL) program is developing a model for such a partnership. With this, we hope to foster relationships of mutual understanding and respect as outlined by the Truth and Reconciliation Commission Calls to Action.

Methodology

The DPL program focuses on building community capacity through a train-the-trainer model in which peers from diverse communities of Toronto are trained on the prevention of diabetes in the hopes of implementing their learnings into their own communities. DPL program content and training curriculum are under development through guidance from Elders, knowledge keepers and the community to incorporate Indigenous worldviews and health practices. Through this model, the DPL program aims to acknowledge how the Social Determinants of Indigenous Health (Stewart, 2017) impact the lived experience of Indigenous Peoples and the risk- factors of type 2 diabetes.

Results/Impact/Outcome

The DPL program will be delivered throughout the diverse communities of Toronto, including Indigenous peoples. This programming will include Indigenous content and considerations, building cultural safety and community capacity through its delivery with the goal of preventing the development of Type 2 diabetes.

Conclusion and Discussion

This project highlights the implementation of the Toronto Indigenous Health Strategy at TPH.

Keyword(s): partnerships, community capacity, cultural safety

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P09**Type 2 diabetes mellitus in the Aboriginal population of Canada: the role of cultural disruption and next steps**

(Submission ID: 436927)

Fawad Khan, Queen's University; Jacalyn Duffin, Queen's University

Background and Purpose

The historical context of diabetes in the Aboriginal population is a sensitive and potentially controversial subject. Type 2 diabetes mellitus is one of the leading causes of morbidity and mortality in Aboriginal populations in Canada. Cultural disruption has been identified as one of the root causes for the ongoing diabetes epidemic. A 2015 report generated by the Truth and Reconciliation Commission of Canada (TRC) outlines several “Calls to action” – one of which states that we must “...acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies...and to recognize and implement the health-care rights of Aboriginal people...”

Methodology and Results

Through a review of medical and historical studies and the TRC report, we trace the impact of sociocultural disruption on Aboriginal health, focusing on the role of cultural displacement in generating the burden of diabetes. One example relates to colonization and associated disruption in traditional lifestyles, including a change from a traditional Aboriginal diet to a Western diet, which has contributed to the increased prevalence of diabetes in the Aboriginal population.

Conclusions

We advocate a holistic approach to diabetes prevention in the Aboriginal population that will address and reverse the historical and sociocultural causes of ill health. Interventions incorporating the socioecological framework value the participation of Aboriginal communities in the promotion of culturally competent diabetes care and in addressing all health inequities of the Aboriginal population in Canada.

Keyword(s): Aboriginal, type 2 diabetes mellitus, cultural disruption

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P10

Exploring the relations with intergenerational IRS exposure, age, and gender in relation to the number of diagnosed physical chronic conditions

(Submission ID: 440563)

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Background

The health of Indigenous peoples in Canada continues to be negatively affected by various aspects of colonization, with one of the most harmful collective experiences being the Indian Residential School (IRS) system. Evidence suggests that those

intergenerationally affected by IRSs are at greater risk for certain physical health issues, but it is unclear how familial IRS attendance is associated with multimorbidity and how this potential link varies by age and gender.

Methods

Data from the 2008–2010 First Nations Regional Health Survey was used to carry out analyses to assess how parent and/or grandparent attendance at IRS was associated with the number of diagnosed physical chronic conditions. Regression analyses assessed the relations between parental IRS attendance and multimorbidity, and how these associations varied by age and gender. Cross-tabulations further explored the nature of any significant interactions.

Results

A total of 4558 First Nations adults (18 years of age and older) living on-reserve were included in the analysis, 60% of whom reported having a parent and/or grandparent who attended IRS. Familial IRS attendance was associated with the number of diagnosed chronic physical health conditions, which interacted with age such that this effect was particularly strong among older adults.

Conclusions

Familial IRS attendance was linked with an increased mean number of diagnosed physical chronic conditions, a relation that appears to become stronger over the lifespan. The current results suggest the need for continued healing and wellness programming for those affected by residential schools, including those aimed at improving physical health outcomes.

Keyword(s): Indigenous, Multimorbidity, Indian Residential School

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P11

Effectiveness of current curricula in adequately preparing Dalhousie University health professional students to work with Indigenous peoples

(Submission ID: 417021)

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Background/Purpose

Indigenous peoples across Canada continue to face unequal access to culturally-safe health care, and have poorer health outcomes as a result. Mandating the inclusion of content related

to Indigenous peoples' health within the training of health professionals was called for by the Truth and Reconciliation Commission as a necessary step towards improving health care services for Indigenous peoples. This study sought to understand the perspectives of faculty who teach in the medicine, dentistry, nursing, pharmacy, and social work programs at Dalhousie University with respect to the current Indigenous health content in curricula.

Methodology

One-on-one semi-structured interviews were conducted in 2016-17 with 32 faculty/lecturers across the aforementioned programs. Thematic analysis revealed a consensus that the current curricula were insufficient in providing a foundation of knowledge for students to work safely with Indigenous peoples in healthcare settings.

Results

Four main themes emerged: (1) more Indigenous content is needed, (2) there needs to be an Indigenous voice represented throughout the development and delivery of curricula, (3) support for improved content needs to "come from the top" of the institution, and (4) the content needs to be developed and implemented methodically, not merely to "check a box".

Conclusions

Improving the quality of Indigenous health education is crucial for producing culturally competent healthcare professionals who can serve Indigenous peoples and communities. Reforming health profession curricula to include sufficient content related to Indigenous health is therefore foundational in reducing the health inequities experienced by Indigenous peoples across Canada.

Keyword(s): Indigenous health, Pedagogy, Health professions curriculum

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P12

Raised Up or Pushed Down? Exploring the Birthing Experiences of Indigenous Women in Urban Settings

(Submission ID: 432612)

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Background and Purpose/Objectives

Majority of Indigenous women are less satisfied with their healthcare experiences and have higher birthing complications than the general Canadian population. A paucity of research exists related to the challenges, successes and overall needs of

Indigenous women living and giving birth in urban settings. This study aimed to hear the experiences and recommendations of Indigenous women who live and give birth in urban centres.

Methodology

A qualitative descriptive study was conducted using Community Based Participatory Research and Indigenous Methodology. Data were collected through one-to-one, semi-structured, in-depth interviews lasting approximately 60 minutes. Data were analyzed using qualitative thematic analysis.

Results/Impacts/Outcomes

Eight birthing experiences were explored with four Indigenous mothers. Two alternate worlds were created by the care the healthcare team provided, resulting in two contrasting birthing experiences: being "raised up" or "pushed down". A model was created from the findings. Healthcare behaviours that raise up include: (a) feeling like the team's number one priority, (b) going the extra mile with support and knowing, (c) healing through honouring traditions, and (d) feeling viewed and cared for as an individual. Healthcare behaviours that push down include: (a) not being a priority to the team, (b) feeling alienated/alone, (c) failing to honour cultural traditions, and (d) being stigmatized.

Conclusions and Discussion

It is imperative that Indigenous mothers are supported and respected through culturally safe, person-centered care. This leads to a positive and uplifting care experience. Non-culturally safe, non-person-centered care results in an overall negative, belittling, frightening and alienating birthing experience.

Keyword(s): Indigenous Mothers; Urban; Birthing Experiences; Cultural Competency/Safety; Indigenous Methodology

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P13

Challenges Faced by Indigenous Nursing Students - Learning About Their Experience at Thompson Rivers University School of Nursing, BC, Canada

(Submission ID: 433572)

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Background and Purpose/Objectives

Despite recent efforts to address cultural competency and safety within the post-secondary education system, the impacts of postcolonial effects are demonstrated by the attrition rates of Indigenous students remaining disproportionately higher than that of non-Indigenous students (Alexitch, 2010; Harder, Astle,

Grypma, & Voyageur, 2016; Statistics Canada, 2016). The purpose of this research study is to gain insights into the lived experiences of Indigenous nursing students at Thompson Rivers University. Secondly, it is to identify the major challenges and barriers which prevent Indigenous students from excelling academically, and as leaders within the program.

Methodology

An interpretive research approach is used to explore the aims and is suitable for small-scale qualitative studies (Harder et al., 2016). Data collection methods are semi-structured face to face interviews and a socio-demographic questionnaire that provides opportunity to describe their experiences and express more detailed contextual information.

Results/Impacts/Outcomes

Research findings will increase understanding of contextual factors including financial issues, social isolation, racism, cultural and familial responsibilities of Indigenous students. Further, the findings provide nursing schools with seminal, student-centered information to implement effective, culturally-safe interventions addressing the challenges and barriers facing Indigenous nursing students.

Conclusions and Discussions

Research findings inform the advancement of the nursing curriculum and faculty from the students' voices as viewed through an Indigenous lens. Indigenous ways of knowing and being are integral to insure cultural safety, wellbeing, and ultimately lead to retention and success of Indigenous nursing students.

Keyword(s): Indigenous, nursing education, students

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P14

Trauma-informed care to improve health and wellness for Indigenous Peoples: A scoping review

(Submission ID: 434125)

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Background and Purpose

Trauma-informed care recognizes that many Indigenous Peoples in Canada have experienced historical and intergenerational trauma due to colonization, discrimination, and racism. In 2013, the First Nations Health Authority (FNHA) assumed responsibility for planning, management, service delivery and funding of health programs for First Nations in British Columbia (BC) formerly handled by Health Canada. The FNHA

envisions a culturally safe and trauma-informed health system, as outlined in its Cultural Safety and Humility policy statement. The FNHA made a commitment on Orange Shirt Day in 2016, a day honouring Residential School survivors, to train all staff in trauma-informed care. The FNHA is conducting a scoping review on trauma-informed care and knowledge gathered will inform care delivery.

Methodology

A scoping review design was used, following the PICO (Population, Intervention, Control and Outcome) model: Indigenous populations, self-identified, from around the world; any trauma-informed care intervention or practice; no control group; and all health outcomes. Indexed, non-indexed and grey literature (limited to Canada) published until November 2017 was considered, supported by guidance from key informants. The Well Living House Quality Appraisal tool and a narrative synthesis will be used. The Research Advisory Committee includes First Nations Elders, content experts and an Indigenous studies librarian.

Results

A total of 263 peer-reviewed studies from indexed databases have been screened. Forthcoming results will be presented, contributing to evidence-based decision making and FNHA's transformation of programs and services.

Conclusions and Discussion

Results will guide FNHA and other health providers to implement trauma-informed care in local settings.

Keyword(s): Trauma-informed care, scoping review, Residential School

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P15

Evaluating the Impact of Indigenous health curriculum: The Northern Ontario School of Medicine Cultural Awareness and Safety Tool (NOSM CAST)

(Submission ID: 440238)

Marion Maar, Medical Anthropology, Northern Ontario School of Medicine, Sudbury, ON, Canada; Kristen Jacklin; Diana Urajnik; Geoffrey Hudson; Sam Senecal; Wayne Warry; Roger Strasser

Background and Purpose/Objectives

To improve health equity, it is suggested that cultural competence and cultural safety be taught as part of the formal medical curriculum in undergraduate classrooms as well as through continuing professional education. Therefore, medical education on cultural safety is an important way to address health

equity and begin to improve health outcomes for marginalized populations. However there is little critical research that examines the learners' progression towards acquiring cultural competency and cultural safety or how to measure the quality of cultural competency curriculum. We address this significant gap in knowledge with our research designed to validate an instrument to measure the impact of cultural competence and cultural safety curriculum at NOSM.

Methodology

The development of the instrument consisted of two phases of content validation. In phase 1 the authors drafted an instrument with face validity which was further validated in phase 2 as construct validity and was tested with three cohorts of NOSM students using statistical factor analysis.

Results/Impact/Outcomes

Based on the factor analysis, the validated tool consists of 33 questions, sub-divided into five constructs of knowledge/awareness, confidence/preparedness, attitude, racism/discrimination and self-reflection.

Conclusions and Discussion

The NOSM CAST uses a 5 point Likert Scale. It measures the impact of the Indigenous health curriculum on medical students' cultural competency and progression in their ability to provide culturally safe care. We argue that the tools should next be tested in CME.

Keyword(s): Health provider education; cultural competency; cultural safety; curriculum

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P16

First Nation community service provider collaborations as a response to the opioid crisis: Naandwe Miikaan

(Submission ID: 440249)

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Background

Wiikwemikoong Unceded Territory, a large First Nation community, is mobilizing to address the opioid crisis from a culturally-based approach. Moving away from a punitive approach to opioid addictions has developed a culturally-based opioid replacement therapy clinic at the community level. This community owned, culturally safe approach to opioid replacement therapy called Naandwe Miikaan (Healing Path) supports

addicted community members from an Indigenous wellness perspective. A major component of this program includes traditional counselling and land-based activities to support recovery. However, service providers know that even greater collaboration is necessary with all sectors in the community in order to effectively support recovery at the community level.

Methods

We have conducted in-depth interviews with health, child and social service providers as well as police and justice sector professionals in the community to gain a better understanding of their perceptions of the necessary elements of a whole community approach to the opioid crisis.

Results/Impact/Outcomes

Staff discussed issues affecting clients' road to wellness based on their experience. Access to continuum of services at the community level is needed. Referral and collaboration protocols are needed. Staff also commented on the traditional and culturally-based healing methods that are useful in addictions treatment at Naandwe Miikaan as well as remaining barriers to wellness.

Conclusions and Discussion

Community programs that address opioid addictions require significant commitment to a culturally informed approach and a spectrum of collaboration among service providers in order to be effective.

Keyword(s): Cultural safety; opioid addiction; Indigenous wellness

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P17

Impacts of Climate Change on Inuit Traditional Knowledge and Food Security in Nunavut, Canada: a Systematic Review

(Submission ID: 440306)

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Background and Purpose/Objectives

As the Arctic cryosphere changes, traditional livelihoods and cultures of societies in the circumpolar north, such as the Inuit of Nunavut, Canada, are under duress. Traditional knowledge (TK) is central to harvesting, including hunting and fishing, that supports their food security. Climate change and other phenomena imperil these activities. The aim of this review

was to identify and synthesize the impacts of climate change on TK, subsistence culture, and food security as well as how Inuit communities are adapting to these impacts.

Methodology

We applied a systematic review strategy using both academic and non-academic search engines. Records met inclusion if they focused on Nunavut and three key concepts: climate change, food security, and TK.

Results/Impact/Outcomes

Eight dimensions of Inuit TK were found to be impinged upon by climate change: 1) routes and physical access to hunting and fishing sites, 2) animal behavior and migration, 3) animal health and country food safety, 4) knowledge of local species and speciation, 5) weather and seasonality, 6) water and sea ice, 7) food storage and preparation practices, and 8) the stability and value of TK. As the safety and feasibility of hunting and fishing activities decline, food security becomes jeopardized.

Conclusions and Discussion

Climate change, in conjunction with non-climatic forces, is driving rapid adaptation of millennia-long traditional subsistence practices and food security in Nunavut. Additional community-based research is needed to support these populations as they make critical, time-sensitive decisions about their livelihoods, food security, and health.

Keyword(s): Climate change, Inuit traditional knowledge, food security

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P18

Transforming Nursing Education by Incorporating Culturally Inclusive Teaching Strategies

(Submission ID: 408480)

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Program Background

Aboriginal nurses have been identified as an essential group in the delivery of quality health services. Sadly, there exists a significant deficiency in the number of indigenous nurses working in Northwestern Ontario. Although the indigenous student enrollment has increased, their attrition rate in the traditional schools of nursing is exceptionally high.

Objective

Through a partnership with Canadore College, Seven Generations Education Institute (SGEI) in Kenora, Ontario is responding to the critical need for indigenous nurses by delivering a

culturally inclusive Practical Nursing Program with future plans to deliver a nursing degree program.

Methodology

The Practical Nursing program uses student centred, face to face teaching in all of their classes. Some of the best practice indigenous-friendly pedagogies used include learning circles, storytelling, culturally relevant simulation and case base instruction. These approaches are essential for the indigenous student to translate theoretical components into practice. To eliminate learning barriers that the indigenous learner may face, intense student supports such as flexible tutoring, counselling, and Elder services are provided.

Results

SGEI's Nursing Program has an extremely high satisfaction and student retention rate.

Conclusion

By offering quality, culturally inclusive education, SGEI's Practical Nursing Program is respecting the indigenous ways of learning. As a result, SGEI is confident that their program will positively impact the recruitment and retention of indigenous nurse graduates in Northwestern Ontario as well as improve the quality of health care delivery within the province.

Keyword(s): Keywords: culturally inclusive, student centered, learning barriers, indigenous learner

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P19

Engaging Medical Students in Indigenous Health Advocacy: The 2018 CFMS Day of Action on Indigenous Mental Wellness

(Submission ID: 428902)

Charles Yin, Western University; Amanda Sauvé, Canadian Federation of Medical Students; Mergim Binakaj, University of Alberta; Yipeng Ge, Canadian Federation of Medical Students

Background and Purpose

The Canadian Federation of Medical Students (CFMS) holds an annual Day of Action, where medical students engage with politicians and policy advisors in Ottawa on critical issues in Canada's health care system and advocate for thoughtful change in health policy. In response to the ongoing mental health and suicide crisis that has impacted many Indigenous communities across the country, the CFMS passed a position paper on "Mental Health and Suicide in Indigenous Communities in Canada" and committed to a 2018 Day of Action on Indigenous Mental Wellness.

Methodology

A committee of medical students has developed a policy document and coordinated a nationwide community engagement process to seek input on priorities regarding unmet mental health needs. Qualitative analysis was performed on consultation feedback, using an inductive approach to identify common themes.

Impact/Outcomes

The Day of Action will be a statement that medical students recognize that there are serious issues in the healthcare system that has led to the current Indigenous mental health crisis. To date, more than 27 community consultations have taken place with Indigenous community leaders and healthcare experts. Emerging themes identified include: “cooperation and communication”, “land and community” and “addressing colonization”.

Conclusions and Discussion

A central component of the reconciliation process is nation-to-nation dialogue between Indigenous and non-Indigenous peoples in Canada. Through the 2018 CFMS Day of Action, we intend to bring medical students, who will be tomorrow’s physicians and healthcare leaders, into this dialogue as respectful and passionate allies of Indigenous peoples.

Keyword(s): mental health, health advocacy, community engagement

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P20

Doctors of the World – Health care services for Urban Indigenous populations in Montréal, Québec

(Submission ID: 433542)

Faisca Richer, Institut national de santé publique du Québec; Penelope Boudreault, Médecins du Monde; Jaëlle Rivard, Doctors of the world

Background and Purpose/Objectives

Doctors of the world mandate is to As part of our local projects, Project Montréal’s, we collaborate with multiple local NGO’s catering to vulnerable urban Indigenous populations in the City. Our objective will be to present an overview of the services provided as well as initiate a reflection on the multiple barriers which Indigenous peoples face when accessing health care services in Montreal.

Methodology

Services for Indigenous clients in Montreal started in, with a clinic based at the local Native Friendship Center. This clinic is staffed with a nurse and a physician who visit the center on a

weekly basis. These services quickly expanded to other organizations catering to Indigenous populations in Montreal as well as the development of a mobile clinic. Evaluation of the services is planned for 2018-2019.

Results/Impact/Outcomes

Participation data will be presented (including number of patients/year, and type of conditions most frequently seen). Main observations pertain to the structural barriers to access to services which urban Indigenous patients face, including multi-jurisdictional issues and the consequences of historical trauma. Conclusions and

Discussion

Final discussion points will include the need for specific health care services for vulnerable urban Indigenous patients in Montreal, considering the multiple systemic barriers these peoples face when access conventional health care services.

Keyword(s): Indigenous populations, health care access, historical trauma

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P21

Emergency Department Designed with First Nations in Mind

(Submission ID: 434485)

Laura Salmon, Yukon Hospitals; Krystal Olito, Yukon Hospitals

Background

Yukon Hospitals recently completed a major renovation that includes a new Emergency Department. First Nations Health Programs has been part of Yukon Hospitals for 25 years and is now seamlessly integrated into the emergency department which will provide not only safe and excellent patient care but appropriate and accessible care specific to self-identified First Nations, Inuit and Metis patients in the new space.

Purpose/Objectives

Improvements intended with the renovation will benefit all clients but specific considerations for First Nations further enhance Cultural Safety from triage/registration to admission/discharge. New systems will enable more consistent identification of needs and consultation of FNHP Health & Social Liaison workers who contribute to culturally appropriate service and equitable outcomes.

Methodology

Development of new systems including: an ‘ED tracker’ with customized patient view screens and new-patient alerts; dedicated space for comfort items, e.g., Traditional Food, was done

in partnership with the First Nations service providers and administrators. Implementation: the new ED opened on January 9th (first patient day) which marks the beginning of new evaluation cycle.

Results/impact/outcomes

Data provided by the new system will enable analysis of quality and equity including wait times, response times for service and involvement of the First Nations Health and Social service providers. Changes create efficiencies which lead to greater ability to meet holistic health needs.

Conclusion/Discussion

The goals of providing timely, appropriate and effective services are more easily met because of space and system changes but also more easily monitored with First Nations vs. non-First Nations sub-analysis.

Keyword(s): self-identification, hospital liaisons, emergency department

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P22

Participatory Photo-mapping: A culturally safe methodology empowering children to participate in community-based injury prevention programming

(Submission ID: 419263)

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Background and Purpose/Objectives

Indigenous children experience higher rates of injury mortality and morbidity, relative to non-Indigenous children in Canada. These disparities are rooted in Canada's legacy of discrimination against Indigenous peoples, which has resulted in a lack of meaningful injury prevention interventions for Indigenous children. Respectful, collaborative and culturally sensitive approaches are required to address these injury discrepancies. This study details a methodological approach called participatory photo-mapping (PPM), outlining how this method can provide Indigenous communities with a means to generate evidence that will inform meaningful injury prevention interventions.

Methodology

PPM is a methodological approach that captures three dimensions of participants' lived experience of injury and places. Participants receive digital cameras and a GPS unit to photograph

and identify safe and unsafe places in their communities. They attach narratives to their photos and share them through group discussions. The qualitative and spatial data generated can be presented to policymakers to help guide effective social change and policies. PPM has also been successfully used by children, giving voice to their unique perceptions and experiences.

Results/Impact

PPM empowers children through photographs and storytelling, and promotes their relationship to the land by linking their insights about injury to places and spaces. Therefore, this approach demonstrates fulfillment of the values and goals of cultural safety, which gives the community more than data – it gives them evidence to inform meaningful action.

Conclusion

PPM is an ideal methodology to successfully inform effective and culturally safe injury prevention programs for Indigenous children of Canada.

Keyword(s): Injury prevention, participatory photo-mapping, cultural safety

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P23

Indigenous Health Programs' Attributes of Success, Barriers, and Frontline Worker Input in the Health Program Process: A Literature Review

(Submission ID: 429538)

Charlene Thompson; Michael Szafron

Background and Purpose/Objectives

To address the burden of Indigenous health inequity it is important to include authentic Indigenous engagement to understand how Indigenous health programs (IHPs) can be implemented effectively. Community input, including the input of frontline workers (FLWs), can actualize Indigenous inclusion and is essential to successfully implementing health programming. The purpose of this literature review is to identify the attributes of success and barriers of IHP implementation and examine the inclusion of FLWs in Indigenous communities.

Methodology

Scholarly data bases and grey literature sources were searched. Search terms included "health programs"; "intervention"; "health intervention", combined with Indigenous search filters; "Indigenous"; "American Indian"; and "Aboriginal".

Results

Findings from the literature suggest: (1) attributes associated with program success include community engagement, cultural con-

siderations, community ownership, and a community-based/multi-sectoral approach; (2) challenges to successful programs include contextual, resource, and community barriers; (3) FLWs have been left out of health program decision-making and their level of inclusion could be improved; and (4) the input of local FLWs increases the likelihood of programs to align with local community values and Indigenous knowledge resulting in more positive health outcomes.

Conclusions and Discussion

FLWs hold local community knowledge that can potentially contribute to the attributes of success and the modification of some program barriers. The findings from this literature review may be used to inform the IHP process and possibly foster program success. Additionally, this review will inform a larger research project involving on-reserve frontline workers and IHPs.

Keyword(s): Indigenous health, health programs, frontline workers

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P24

Developing an Indigenous research curriculum

(Submission ID: 430550)

Alexandra Kilian; Ayelet Kuper; Cynthia Whitehead; Lisa Richardson

Background

There is a need for medical schools to familiarize students with (1) historical events that have shaped Indigenous peoples' relationship with research and (2) current frameworks that have been proposed by Indigenous scholars to help address and prevent the occurrence of similar harms in contemporary research projects.

Objectives/Purpose

In response to this need, we developed an undergraduate medical research curriculum that promotes post-colonial, culturally safe, and community-based research practices among students.

Methodology

Through a collaborative process involving Indigenous physicians and researchers, medical students and other leaders in medical education, the results of a literature review were translated into several elements within the research curriculum.

Results

Firstly, 10-minute video module was developed for the Health Sciences Research course. Secondly, a handbook for researchers was developed and integrated into the curriculum as an optional resource for students, and as a requirement for any current

and new researchers conducting projects in Indigenous health research. This handbook was summarized into a tutor guide for HSR tutorials; where students were encouraged to critically appraise several examples of past and contemporary projects in Indigenous health, using an Indigenous research paradigm.

Conclusion

The Indigenous research curriculum presented here is a multi-faceted, accessible and evidence-based approach that targets medical students, physician-educators, and practicing researchers. We emphasize that this curriculum has broad applicability; the shift towards patient-centered care will require patient-centered research. Indigenous research paradigms can increase participant engagement and safety, for all participants.

Keyword(s): #research #education #collaboration

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P25

Can-SOLVE CKD Network: Indigenous Peoples' Engagement and Research Council

(Submission ID: 431123)

Mary Beaucauge; Helen Robinson-Settee; Cathy Woods

Background and Purpose

Kidney disease has a strong impact on the health of Indigenous communities; therefore, a national strategy to improve kidney health must include meaningful, culturally appropriate engagement with Indigenous peoples. The Can-SOLVE CKD Network is a patient-oriented kidney research initiative that is working to improve the health of all Canadians and bring Indigenous ways of knowing into health research.

Methodology

As part of the Can-SOLVE CKD Network, Indigenous patients, caregivers, researchers, and community leaders created an Indigenous Peoples' Engagement and Research Council (IPERC). This council sits at the centre of the network and supports collaboration grounded in traditional values and partnerships with Indigenous communities. Using an ethical framework that encompasses the principles of ownership, control, access and possession and the elements of participatory research, IPERC is mandated to guide Can-SOLVE CKD research projects in respectful engagement of Indigenous communities.

Outcomes

IPERC has created a culturally safe space for Indigenous individuals to participate in all aspects of patient-oriented kidney research. The council has instituted guidelines on ceremony and Elder participation that ensure recognition of traditional

knowledge and territories. IPERC is also creating a cultural safety learning pathway, including a training module for health researchers and policy-makers.

Conclusions and Discussion

Through IPERC, the Can-SOLVE CKD Network offers a model for respectful engagement of Indigenous communities in health research. By adopting Indigenous ways of knowing and fostering cultural competency, the network is working to close the gaps in kidney health outcomes between Indigenous and non-Indigenous communities.

Keyword(s): chronic kidney disease, patient-oriented research, cultural safety

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P26

Improving Indigenous Health Research in Canada: An Introduction to Methodological Issues and Considerations

(Submission ID: 432825)

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Background and Purpose

The history of Indigenous health research is tainted by atrocities, and remains frequently poorly aligned with the goals and values of Indigenous peoples. In the present era of reconciliation in Canada, discussion of the Indigenousization of health research is critical, and will contribute to the deconstruction of colonial control over Indigenous people. We describe the historical and present context, as well as an approach to conducting culturally safe and inclusive Indigenous health research.

Methodology

This narrative provides an analysis of key concepts and relevant example cases in Indigenous health research. After exploring historical and present day challenges in the field, we provide an introductory level discussion of Indigenous methodologies and methods, the importance of community-based participatory approaches, deficit-based research and the perpetuation of stereotypes, and allyship in the context of health research.

Impact

The discussion of the aforementioned key topics in the field of Indigenous health research is intended to function as a starting point for further thought, reflection, and learning for researchers, particularly non-Indigenous, interested in conducting ethical, respectful, and transformative research in this field.

Conclusions

Inclusion of Indigenous methods, methodologies and epistemologies, and leadership of Indigenous scholars, are valuable tools to improve research practices. Ethical guidelines and community-based and partnership approaches are transforming how researchers approach Indigenous health research. Moving forward, it is imperative to remain reflexive in our attempts to act as allies, and continue listening to Indigenous colleagues and communities when they share concerns and offer guidance.

Keyword(s): research, allyship, Indigenousization

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P27

Explaining Aboriginal and Torres Strait Islander Youths' Participation in Sport.

(Submission ID: 433681)

Huw Peacock

Background

The data that are available suggest that Aboriginal and Torres Strait Islanders Youth are less likely to be participating in sport than non-Indigenous Youth. This is a problematic as health research literature has long indicated that participating in sport and physical activity promotes healthy Individuals, families and communities: and the positive effects of sport participation and physical activity are replicated, uniquely, with Aboriginal and Torres Strait Islander youth. There is currently only limited research available on Aboriginal and Torres Strait Islander Youth's sporting participation, yet what data are available suggest that Aboriginal and Torres Strait Islander youth are less likely to be participating in sport than non-Indigenous youth.

Methodology

This paper presents findings from an investigation of Aboriginal and Torres Strait Islander children's sporting participation using data from the longitudinal study of Australian Youth (LSAY).

Results

The analysis identified a number of key factors, cultural and socio-economic, that influence Aboriginal and Torres Strait Islander participation in organised sport, inclusive of culture, racism, family and life events, as well as gender, geographic location, health and socio-economic status are all predictive of sporting participation.

Discussion/conclusion

The results suggests that organised sport in Australia may not currently be configured in a way that meets the needs of Aboriginal and Torres Strait Islander youth.

Keyword(s): Aboriginal and Torres Strait Islander, Sport, Youth, Health

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P28

Country Food Contaminant Advisories: Assessing Awareness and Preferences of Health and Risk Communication Messages in the Sahtú Region, NWT

(Submission ID: 434206)

Danielle Brandow, University of Waterloo; Kelly Skinner, University of Waterloo; Brian Laird, University of Waterloo

Background and purpose/objectives

Elevated concentrations of heavy metals in fish and in moose within the Sahtú Region of the Northwest Territories resulted in a series of food consumption advisories that suggested people limit their consumption of country foods in the region. This project has several objectives: to assess the risk perceptions and awareness of current contaminant advisories; to provide baseline data to evaluate the impact of contaminant advisories over time; and to begin to develop more effective health and risk communication dissemination strategies with Dene communities in the Sahtú region.

Methodology

As part of a larger biomonitoring project, this study uses a collaborative and participatory mixed-methods approach with community co-researchers, a terminology workshop, a Health Messages survey, interviews, and a focus group with key stakeholders.

Results/Impact/Outcomes

The terminology workshop with community members helped to build important understanding around relevant terms and facilitate more meaningful language use. The Health Messages survey gathered information on health behaviours and country food consumption for those who had heard or seen contaminant advisories as well as who community members would trust for information and their health messaging preferences. Interviews and the stakeholder focus group provided context for the responses to the Health Messages survey.

Conclusion

Long-term objectives of the study are to help create more effective public health communication strategies to reduce contaminant exposure, maximize nutrient status, while also endorsing country food consumption for Dene communities in the Sahtú region of the NWT.

Keyword(s): Health Communication Advisory Risk Perception Country Food Contaminants SubArctic Northern

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P29

Rooting Ourselves in the Land, Responsibility, and Story: Transformative Learning and Two-Eyed Seeing in the Atlantic Indigenous Mentorship Network

(Submission ID: 434216)

Debbie Martin; Amy Bombay, Dalhousie University Department of Psychiatry & School of Nursing; Jane McMillan; Ashlee Cunsolo; Iona Worden-Driscoll; Nathaniel Pollock; Catherine Hart

Background and Purpose/Objectives

The goal of the five-year AIM Network is to expand and augment research capacity, skills, and career trajectories of Indigenous early career researchers and trainees at all post-secondary levels in Indigenous health research within Atlantic Canada.

Methodology

The five activities of our Network, guided by spirit, ceremony, and storytelling, include the: 1) Atautsik Nipik Collaborative, involving Elder and Knowledge Holder, Health Scholar, and Peer Mentorship; 2) Health Research Portal, a website to communicate and connect; 3) Atlantic Indigenous Co-Learning Initiative, involving Summer Institutes, 'Land-as-Mentor' Field Schools, and an Indigenous-centred Learning Series targeting academics, university administrators, and health care professionals; 4) Kausattumi Student Grants Program; 5) Needs Assessment.

Results/Impact/Outcomes

AIM is impacting the Indigenous health research field by: 1) Supporting the next generation of Indigenous health researchers; 2) Leveraging the mentorship capacity of our large Network of researchers and Indigenous community health partners; 3) Embedding our activities in a Two-Eyed Seeing framework that promotes and centres Indigenous languages and ways of knowing, being, and doing; 4) Facilitating the implementation of Indigenous knowledge(s) and support for Indigenous health research within institutions of higher learning in Atlantic Canada; and, 5) Creating a supportive environment that welcomes, encourages, and builds capacity for Indigenous trainees.

Conclusions and Discussion

Through an innovative and ambitious program of activities to support Indigenous health research, the AIM Network is creating space for Two-Eyed Seeing and reconciliatory research and education by transforming the Indigenous health research environment in Atlantic Canada and Indigenous health professional programs and institutions.

Keyword(s): Two-Eyed Seeing; Mentorship; Indigenous health research; Transformative learning; Atlantic Canada

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P30

Results from ‘Assessing the efficacy of a traditional Haudenosaunee lifestyle (the ‘Healthy Roots’ intervention) on cardio-metabolic factors, a pilot study.’

(Submission ID: 434363)

Kelly Gordon, Six Nations Health Services; Russell deSouza, McMaster University

The initial purpose of the Healthy Roots initiative was to increase community and individual wellbeing by encouraging Six Nations of the Grand River community members to incorporate Traditional Haudenosaunee foods and activities into their daily lives. This was a holistic approach to improving physical, mental, emotional and spiritual wellbeing towards growing stronger roots in each the individual and within the community. The first phase of Healthy Roots, launched in January 2015, has continued to engage the community with a variety of events, education sessions, challenges and workshops that acknowledge and increase the use and integration of our Haudenosaunee food and food ways. The success of the Healthy Roots community initiative provided the motivation for a partnership between Six Nations Health Services and McMaster University to measure changes in cardiometabolic risk factors—such as body weight, fat distribution, and blood lipids and glucose- and the gut microbiome, in response to 3 months of the program. Our poster will highlight the process of collaboration which has brought together inherent Haudenosaunee knowledge with state-of-the art research methods to build and strengthen wellbeing within an Indigenous community

Keyword(s): Haudenosaunee Traditional food

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P31

Homicide and Indigenous Canadians in Ontario; a 10 Year Retrospective Study (2005-2015)

(Submission ID: 440776)

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Background and Purpose

Homicides are investigated by the Office of the Chief Coroner and the Ontario Forensic Pathology Service. On average, there

are approximately 211 homicides each year in Ontario. The purpose of this research is to compare homicide rates in Indigenous and non-Indigenous Canadians in Ontario from 2005 to 2015 to identify if there is a difference in the victimization of the two groups, as well as to identify any susceptible groups within Indigenous Canadian populations.

Methodology

Homicides of Canadians who were 15 years of age or older were analyzed over a ten-year period from 2005 to 2015. Information was obtained from the database of the Coroner’s Information System.

Results

Of the 1984 homicides that met the criteria, 102 were that of Indigenous Canadians (5.1%), however approximately 2.5% of the population of Ontario is comprised of Indigenous Canadians. Of these victims, 17 were female and 85 were male. The most common death factors for Indigenous Canadians were beating/assault (40%) and sharp force trauma (44%). Of the 102 Indigenous Canadian homicides, 40 occurred in the Kenora district (39%). With regards to age, a higher percentage (21.6 %) of the victims were between the ages of 25 to 34.

Conclusion

This data shows that Indigenous Canadians are over-represented as victims of homicide. It also highlights subsets of the Indigenous Canadian population who are more vulnerable to homicide. These results can then be used to shape public policies that will protect the vulnerable and address why Indigenous Canadians are over-represented.

Keyword(s): Homicide, Vulnerable populations, Ontario

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P32

Incorporating Inuit Ways of Knowing into Tuberculosis Treatment

(Submission ID: 440682)

Caroline Mitchell, University of Toronto Scarborough

Background and Purpose/Objectives

Currently, the Inuit tuberculosis rate is over 270 times that of the Canadian-born non-indigenous population. A major issue contributing to this is the lack of access to culturally relevant health care. Although campaigns to increase awareness and testing in Inuit communities do help the biomedical aspect of the illness, they do not address social barriers to adequate care. Isolation, lack of cultural understanding and the individualistic nature of treatment can cause negative effects on the mental health of tuberculosis patients, especially for those already suf-

fering from comorbid health issues. Incorporating Inuit ways of knowing can address some of the social challenges associated with tuberculosis treatment faced by the Inuit population.

Methodology

I propose incorporating ideas and strategies from the Healy et al. (2016) paper, The Eight Ujarait (Rocks) Model: Supporting Inuit Adolescent Mental Health With an Intervention Model Based on Inuit Ways of Knowing, into tuberculosis treatment for the Inuit population.

Results/Impact/Outcomes

In the Eight Ujarait study, participants completed hands-on activities, engaged in self-reflection and developed social relationships, which resulted in ameliorated physical and mental wellness while increasing cultural pride and identity. In addition, it has been shown that having social support and including culturally relevant activities in tuberculosis treatment increases adherence and improves psychosocial rehabilitation.

Conclusions and Discussion

A biosocial approach to tuberculosis treatment that incorporates Inuit knowledge into the current strategy can achieve an improved patient experience, in addition to potentially reducing the current Inuit tuberculosis rate owing to increased treatment adherence and completion.

Keyword(s): Tuberculosis; Inuit; Indigenous Ways of Knowing

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P33

Defining and Addressing High Incidence and Outbreaks of Tuberculosis in First Nations Communities in Canada

(Submission ID:)

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Background

Indigenous individuals, especially those residing in Northern regions, are disproportionately affected by tuberculosis (TB) in Canada. Health Canada's (HC) Strategy Against Tuberculosis for First Nations (FN) On-Reserve targets TB prevention and control toward individuals at the greatest risk, including those living in FN communities with ongoing TB outbreaks. However, measuring the burden of disease and evaluating the impact of departmental programming was difficult without a standard approach to operationalise these definitions to high TB incidence communities (HTBIC).

Methodology

In response, definitions were developed to identify HTBIC. These definitions were included in HC's Monitoring and Performance Framework for Tuberculosis Programs for First Nations On-Reserve. A reporting tool with predetermined thresholds was developed to calculate a range of surveillance measures to facilitate the identification of HTBIC.

Results/Outcomes

The definitions were validated with simulated and actual data and the reporting tool is being used by four regional offices. Preliminary results have shown feasibility of this approach and prompted further analyses of and tailored responses to factors underlying the ongoing high rates of TB in FN communities.

Conclusion

Developing and operationalising standardized definitions in a reporting tool ensures that regional offices identify outbreaks and report HTBIC in a consistent manner allowing systematic analyses for departmental program evaluation, development of targeted interventions and supporting regionalization of TB service provision. While this process enabled a standard approach to identifying HTBIC, it is important that TB prevention and control efforts be maintained in low incidence areas as part of the effort to eliminate TB in FN communities

Keyword(s):

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P34

Rural Mi'kmaw Youth Mental Health: Toward an Integrative Practice Model

(Submission ID: 427676)

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Purpose

To explore understandings of mental health among rural Mi'kmaw youth and identify Indigenous community initiatives to promote the mental health of Mi'kmaw youth.

Methodology

Qualitative study informed by community based participatory research (CBPR) principles. Data collection consisted of 27 individual storytelling sessions with youth, service providers, parents, teachers, and Elders; 5 talking circles, with youth and Elders; a community forum; participant observation; and field notes. In keeping with CBPR tenets, a Community Advisory Committee (CAC) comprising of youth and adults were a key part of the research process including data analysis. Thematic analysis facilitated data interpretation. The CAC's participation in the analysis strengthened the credibility of the findings as common patterns and themes were identified. Atlas ti was utilized to manage data.

Results

Three major themes included; 1) Living my Life Well; Msit no'kmaq, (All My Relations), based on youth findings; 2) Adults' Understanding of Rural Mi'kmaw Youth Mental Health; Wholistic and Relational, 3) Navigating, Negotiating and Creating a Sense of Self. An integrated action plan to foster Mi'kmaw youth mental health and well-being was co-created with participants, and the CAC

Conclusion

Mi'kmaw youth mental health is understood in relation to how their lives are intrinsically interwoven within the community, and is rooted in historical, socio-economic and political inequities. Findings support the relevance of listening to and engaging youth in community development as well as incorporating an integrative primary health care approach to practice. These findings will be presented as they relate to Mi'kmaw youth mental health.

Keyword(s): Mi'kmaw Youth Mental Health, Community Based Participatory Research, Youth Engagement

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P35

A Path Toward Mental Health Care with Northern and Indigenous Peoples of Canada

(Submission ID: 430035)

Azaad Kassam

Background

Northern and Indigenous communities of Canada have been deeply affected by colonization, which created the historical

traumatic conditions leading to mental health issues in Northern populations. Recovery for Northern peoples involves efforts that include, but go beyond, the provision of equitable, adequate mental health care.

Purpose

To determine the most useful and sustainable approach to improving mental health in Northern and Indigenous populations.

Methodology

A thorough review of literature was conducted as part of the effort to generate a book chapter for a larger collaborative piece.

Results

Cultural safety, idioms of distress, conceptions of the ecocentric self, and social conditions must be considered. Mental health practices must be rethought and adapted to the local social and cultural realities of the North. Northern institutions play a pivotal role in empowering and facilitating long term change, which is equitable, responsive and innovative. Pluralism in mental health care offers greater choice and opportunity to draw upon the best of different traditions for health and healing. Engaging with Indigenous knowledge with genuine curiosity and openness will facilitate progression from mere tolerance of other forms of knowing to the integration of health systems. Listening to communities and facilitating them to direct their own services will help them to be most responsive to their own needs. Successful initiatives tend to be those that are sustainably funded, community driven, creative, infused with Northern and Indigenous skills, and value culture as the foundation of healing. Ultimately, all mental health practice is cultural, all healing is spiritual.

Keyword(s): Mental Health, Recovery Services, Indigenous, Northern Trauma Culture, Pluralism, Spiritual

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P36

Improving the Social and Emotional Well-being of Aboriginal men with Bush Adventure Therapy

(Submission ID: 438762)

Jacob Prehn

The mental and physical health outcomes of Aboriginal men are the worst of any group in Australia. The average life expectancy of Aboriginal males is approximately 12 years less than non-Indigenous men and Aboriginal men are 2.4 times more likely to be hospitalised due to poor health. More than 20 percent of Aboriginal men report high or very high levels of psychological distress in the previous 12 months. Each year billions of dollars are committed by Australian governments to addressing

the poor health of Aboriginal people but very little is directed towards programs that specifically address social-emotional well-being for Aboriginal men. Of the few programs that are supported, most have not been formally evaluated for effectiveness or cultural appropriateness. This study examines the impact and efficacy of Bush Adventure Therapy as a way of supporting good mental and physical health for Aboriginal men. The study included a systematic review of Aboriginal men's health literature which suggests that Bush Adventure Therapy, is well positioned, to improve the social and emotional well-being of Aboriginal men. The next phase of the study explores the holistic therapeutic benefits of Bush Adventure Therapy program. This program which is designed, developed and conducted by Aboriginal men for Aboriginal men, incorporated traditional palawa cultural practices and customs. Initial findings from qualitative data suggest that connecting to country and incorporating cultural practices acts as protective factors for Indigenous men, within a Bush Adventure Therapy framework provide unique benefits and positive sense of social and emotional well-being.

Keyword(s): Aboriginal Men's Health Social and Emotional Well-being Bush Adventure Therapy

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P37

Exploring Pharmacogenetic Testing for the Treatment of Depressive Symptoms in an Ethnographically diverse Canadian population

(Submission ID: 440680)

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Current "trial-and-error" method for prescribing medications for treatment of mental disorders often results in non-response and/or side effects, leading to patient non-adherence or more serious complications. Personalized prescribing may help optimize treatment -- avoiding unpleasant and potentially harmful side effects. The primary objective of this pilot study is to demonstrate and compare the clinical validity of pharmacogenetics testing in a Canadian ethnographically-diverse psychiatric population.

The Individualized Medicine: Pharmacogenetic Assessment & Clinical Treatment (IMPACT) is a research study at the Psychiatric Neurogenetics Research section of the Centre for Addiction and Mental Health (CAMH), which uses genetic testing to assay six liver enzymes and two serotonin system genes related to the action of psychiatric medications. Within the IMPACT study, patients were referred by their physicians and received the

GeneSight Pharmacogenetic Test report. These patients were assessed for depressive symptom severity using the Beck Depression Inventory at baseline, 4 weeks, and 8 weeks. We find variable rates of extreme metabolizers (either Poor or Ultra-Rapid Metabolizers) when examining subsets of study participants based on their diverse ethnic backgrounds. Particularly, 19% of subjects that reported to be of Indigenous (or Native American) backgrounds had Poor or Ultra-Rapid metabolizer status for the CYP2C19 live enzyme gene. 21% of those of European backgrounds were also extreme metabolizers. Overall, across our diverse subject population we find a 25% improvement in depressive symptoms from pharmacogenetic testing.

Our preliminary findings support the use of pharmacogenetic testing to improve treatment outcomes in patients of diverse ethnic backgrounds.

Keyword(s): Cytochrome enzymes Pharmacogenetics Personalized Medicine Psychiatry Psychiatric Medications

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P38

Chronic Kidney Disease, Dietary Restrictions and the Limitations of Food Access in Northern Communities

(Submission ID: 440484)

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Background and Purpose/Objectives

Food insecurity and inadequate access to health care can lead to poorer health outcomes and can negatively impact Indigenous people living with chronic kidney disease (CKD) in remote First Nations. Illness management and prevention of secondary complications require strict adherence to complicated renal diets. This study examines the difficulty of therapeutic diet adherence for those living remotely with CKD through consideration of the Revised Northern Food Basket (RNFB). The RNFB comprises foods subsidized under the Nutrition North Canada (NNC) program intended to lower prohibitively high food costs.

Methodology

NNC uses the RNFB as a tool to measure the cost of 67 standard food items representing a nutritionally adequate diet for a family of four for one week. We examined the nutritional composition of these food items with calculations to determine whether they exceeded the potassium, sodium, and phosphorus limits and guidelines for people with stages 4 and 5 CKD.

Results/Impact/Outcomes

Meat and alternatives in the RNFB demonstrate excessive quantities of potassium, sodium and phosphorus, with ~50% exceeding the phosphorus limits for people with CKD. Forty-three percent of the protein sources exceed sodium recommendations and 70% of the meat and alternatives contained >5% of the daily intake of potassium for those with CKD.

Conclusion

Given that both food insecurity and renal failure disproportionately affect Indigenous populations, food programs should begin to explore the challenges of maintaining therapeutic diets in northern communities with a particular focus on lower sodium and phosphorus protein sources, such as wild meat.

Keyword(s): Food insecurity; Chronic kidney disease; Therapeutic diet

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P39

Canadian medical schools: Summary of admissions and support programs for Indigenous students

(Submission ID: 417005)

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Background and Purpose

Indigenous people are under-represented in medical schools and in the medical profession. Efforts differing in nature and scope have been made at the university level to address these disparities at Canadian medical schools. This study sought to understand and compare the initiatives at Canadian medical schools aimed to increase the recruitment, admissions, and success of Indigenous students in their medical programs.

Methodology

Data were collected from each of the 17 Canadian medical schools in the form of an environmental scan. An open-ended questionnaire and/or a one-on-one semi-structured follow up interview was also conducted with stakeholders from each university. All data were collated into a report that was reviewed by each university prior to finalization.

Results

Admissions and support programs for Indigenous students at Canadian medical schools were highly variable. Compared to a similar report published in 2010 by the Indigenous Physicians Association of Canada and the Association of Faculties of Medicine, most schools have not made significant updates to their

admissions processes or programming. This is despite the Calls to Action of the Truth and Reconciliation Commission (TRC) stating that medical schools must increase the number of Indigenous professionals working in the healthcare field.

Conclusions

Tracking the efforts of medical schools is critical to ensuring accountability and action towards the TRC recommendations. This report is a helpful tool for medical schools to identify both gaps and best practices in relation to admissions, policies, and programs for Indigenous students.

Keyword(s): Indigenous health Medical school Policy

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P40

Caring About Racism: Early Career Nurses' Experiences with Indigenous Cultural Safety

(Submission ID: 434580)

Pamela Walker

Purpose/Objectives

In the last five years, national nursing and health care organizations have joined CINA in recommending that all nursing students receive cultural safety education during their nursing programs. In this poster presentation, Dr. Walker will share the findings of her recently completed doctoral research, in which she examined the experiences of early career nurses translating knowledge of cultural safety into nursing practice. The purpose of this study was to understand how cultural safety education was influencing the practice of early career nurses with Indigenous people in health care.

Methodology

20 nurses were interviewed as part of this qualitative research study. Situational Analysis was used to make visible the colonial discourses and racism depicted by the nurses in their stories. Mapping is a key technique in Situational Analysis, and reproductions of the original maps from this study will be displayed as part of this poster presentation.

Results

Findings from Dr. Walker's study demonstrate that cultural safety is understood by the nurses as a relational concept, one that guides them into respectful relationships with their Indigenous patients. Using a cultural safety lens also helps nurses resist dominant colonial discourses and develop the skills and confidence to address racism in health care.

Conclusions

Cultural safety in higher education lays the foundation for reconciliation in health care relationships

Keyword(s): Reconciliation, Cultural Safety, Nursing Education

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P41

Nitaa We Gi Owsowin

(Submission ID: 400304)

Chrysta Wood; Danielle Peebles

The purpose of our project is to provide support to Indigenous (First Nation, Inuit and Metis) women who have had birthing experiences in the urban hospital setting within the last four years. We want to speak to Indigenous traditional knowledge holders, elders and women over the age of 18 years old and get their perspectives and experiences in their birthing process. We also plan to share our birthing stories with our co-facilitators and talk to our grandmothers and mothers about their birthing experiences. We plan to hold 7 sessions and ask 13 questions geared to inquiring about the process and what this experience has been like for them, 2 questions per session in regards to their experiences in their prenatal care, labor, delivery and short postpartum time in the hospital setting. In our 7 sessions we plan to offer a creative activity that will range from ribbon skirt making, beading, painting, dream catcher making etc. so that our participants have something creative to take from each session as a form of healing, we would like to document what is created by taking photographs of what our co-facilitators create and what their experience of birthing has been like in the urban medical system and its influence and impact on the experience of birth. Our hope at the end of our sessions is to develop and publish a book of stories and photographs of the participation in our sessions and creating art to take from our sessions as a form of healing.

Keyword(s): Indigenous women's health birthing pregnancy labor and delivery post-partum

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P42

Culturally Safe Perinatal Housing for Women Struggling with Substance-use: Qualitative exploration of residents' goals to determine outcomes for evaluation

(Submission ID: 418806)

Tarissa Alec, University of British Columbia; Lucille Duncan, Central Interior Native Health; Maria Brouwer, Harmony House; Deena Latta, Phoenix Transition Society; Karen Underhill, Phoenix Transition Society; Jane Inyallie, Central Interior Native Health; Sheona Mitchell-Foster, University of British Columbia

Background

Harmony House (HH) Perinatal Program offers culturally safe perinatal housing to women struggling with substance-use. It is located in northern British Columbia and serves local and outlying communities in the North. HH aims to provide culturally safe care through incorporation of Indigenous traditions and consultation with Aboriginal grandmothers. It follows a harm reduction model and provides comprehensive services and wrap around care. While similar programs exist in larger urban centers, HH is a pilot program in the north focused on serving rural and Indigenous women. The purpose of this project is to determine residents' goals during their stay at Harmony House in order to define outcomes for evaluation. Outcomes will be evaluated in an iterative manner, with all of the information gathered being put towards program improvement. Evaluation will utilize Indigenous methodologies and a participatory approach.

Methodology

One-to-one key-informant interviews were conducted with residents during their participation in the HH Perinatal Program. Interviews followed a semi-structured conversational style. Data were analyzed inductively, with thematic analysis producing overarching themes, which were then member-checked with select residents.

Results

The following themes emerged: resident goals and definitions of success, resources and barriers to care, HH as a resource, beliefs about health and wellbeing.

Discussion

Results were presented during a gathering with residents, Aboriginal grandmothers, and key stakeholders. The group collectively decided upon the most pertinent outcomes to be analyzed, methods of analysis, and dissemination of results. Questions of appropriateness of using conventional research methods as part of Indigenous methodologies require further discussion.

Keyword(s): culturally safe housing; perinatal; substance-use; mental health; Indigenous methodology; outcomes

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P43**The Sohki Teyhew (Strong Heart) Group - Increasing Mature Women's Wellness in an Indigenous Community through Community-Based Participatory Research**

(Submission ID: 434475)

Cora Voyageur, Department of Sociology, University of Calgary; Sue Ross, Department of Obstetrics and Gynecology, University of Alberta; Margaret Montour, Samson Cree First Nation; Bonny Graham, Maskwacis Health Services; Luwana Listener, Department of Obstetrics and Gynecology, University of Alberta; Seth Heckman, Alberta Health Services, Maskwacis Health Services, University of Alberta; Richard Oster, University of Alberta

Background

In collaboration with the large Cree community of Maskwacis, Alberta, preliminary community-based participatory research (CBPR) exploring women's experience of menopause led to the formation of the Sohki Teyhew Group (involving community women, Elders, healthcare staff, and university-based researchers). The Group's interests now include urinary incontinence and pelvic organ prolapse, conditions that significantly impact quality of life, yet are often considered taboo in the community.

Methodology

This CBPR research will develop activities that are culturally-based and result in sustainable strategies to improve the wellness of mature women and their families: 1. COMMUNITY WORKSHOPS will be held to raise community awareness about the research and mature women's health issues, identify women who may wish to participate, and generate preliminary data to develop discussion guides for other types of data collection. 2. KITCHEN TABLE TALKS are small group discussions, that will highlight women's beliefs and needs associated with urinary incontinence and pelvic organ prolapse. 3. FACE-TO-FACE INTERVIEWS will explore wellness techniques that are identified as being relevant and helpful in dealing with urinary incontinence and pelvic organ prolapse. Qualitative content analysis will compare research processes and outputs across different wellness topics to identify patterns and assess the effectiveness of the ongoing processes to inform mature women's health policy.

Impact/Outcomes

This research will produce community-driven wellness interventions to enhance mature women's wellness in Maskwacis, and possibly other Indigenous communities. The research will also provide experience for women in the community and the Sohki Teyhew Group in developing and implementing culturally-sensitive wellness interventions.

Keyword(s): Culturally based wellness interventions; Urinary incontinence and pelvic organ prolapse;

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P44**Primary Health Care Perspectives on Intimate Partner Violence On Manitoulin Island First Nations Communities**

(Submission ID: 439242)

Kristin Rizkalla; Marion Maar, Medical Anthropology, Northern Ontario School of Medicine; Maurianne Reade

Background/Purpose

Intimate Partner Violence (IPV) is any physical, psychological, emotional, financial, or sexual violence experienced in any intimate relationship. During our research collaborations in 2016, several First Nations on Manitoulin Island identified the detrimental effects of IPV on the individual lives of Indigenous women, families, and communities. The pervasive health and social issues linked to IPV require strategic attention in the healthcare system. The purpose of this current research project is to determine the role of primary care providers (PCP) in IPV in First Nations.

Methodology

PCP were identified alongside local community partners to participate in qualitative research. Inclusion criteria include adults who are traditional knowledge holders, healthcare providers, and mental health workers, all of whom provide services to First Nation people on Manitoulin. Service providers were provided with results from previous research, which explains the pervasiveness of IPV and the experience of Indigenous women with IPV on Manitoulin.

Outcomes

The results from this study will expectantly inform and improve primary health care services, as they will have a better understanding of the nature IPV, the impact on health care access and provision as well as the role of PCP in general. With this enhanced understanding, PCP will be in a better position to identify and support clients and patients who may be experiencing IPV.

Conclusion

IPV must be addressed on Manitoulin Island, given the myriad of its adverse effects on Indigenous women. By providing PCP with effective strategies to address IPV, the effects of IPV may be mitigated.

Keyword(s): Indigenous women Manitoulin Island Intimate Partner Violence Primary Care Providers

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P45

James Bay Cree youth perspectives on youth health and engagement in health planning

(Submission ID: 428345)

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Background

In 2014, the Cree Board of Health and Social Services for James Bay (CBHSSJB) supported the Iiyuu Ahtaawin Miyupimaatiisiiu Planning (IAMP) initiative to stimulate local prioritization and plans for Miyupimaatiisiiu (health and wellbeing) change across the region. While many healthcare challenges defined through IAMP are specific to youth (under 25 years of age), engagement of youths' perspectives in the IAMP health planning evaluation to date has been limited.

Objectives

To (1) review the evidence of Indigenous youth voices and engagement in health planning across Canada, and (2) understand how Cree youth perceive youth engagement, health, and engagement in health planning across the region.

Methodology

As part of a CBHSSJB-McGill partnership to evaluate IAMP, we use a qualitative descriptive study design with a community-based participatory research approach. Following a review of the literature, ten Cree youth participated in two focus groups; eight key informant interviews will be conducted with Cree youth community leaders. Thematic (qualitative descriptive) analysis was conducted.

Results

The youth perspectives offer important structural information Cree youth engagement levels and media in the region, and offer important insights to better engage Cree youth in health planning across the region. These findings will help create new and adapt existing material to assist local and regional leadership in planning and priority setting.

Keyword(s): Youth engagement, Indigenous health, health planning, Cree

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P46

The Healers of Tomorrow Gathering

(Submission ID: 433093)

Carolyn Sturge Sparkes; Amy Pieroway, Western Health

Background/Purpose/Objectives

The Healers of Tomorrow Gathering has evolved as one of the pathway programs offered through the MUN, Faculty of Medicine, Aboriginal Health Initiative. The Gathering aims to provide Indigenous secondary school students the opportunity to increase their knowledge about various health care professions. The underlying purpose of the Gathering is to respond to two sections of the Call to Action, recommendation number 23 of the Truth and Reconciliation Commission report which states ...We call upon all levels of government to:i). Increase the number of Aboriginal professionals working in the health-care field;ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.The catalyst for the offering is the belief that we may contribute to shaping the lives of youth from the Indigenous communities so that they believe in their own abilities to succeed in a health care profession of their choosing. Within a camp-like setting, Indigenous knowledge keepers also share their wisdom. Over time, the Gathering may have a positive impact on the health and wellbeing of Indigenous communities through capacity building, thereby, mitigating disparities in health care services (Curtis, Wikaire, Stokes, & Reid, 2012).

Methodology

Program content is determined in consultation with a planning committee including representatives from various Indigenous communities throughout the province. In the presentation we will focus on the decisions leading to the camp offerings.

Results/Impact/Outcomes

Triangulated evaluation of student experience is collected through pre-camp and post-camp surveys, photovoice journal and talking circles.

Conclusion

Suggestions for improving content will be highlighted.

Keyword(s): Youth, Health, Professions

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P47

Students as Partners in Experiential Learning: A Collective Education Mentorship Model in Indigenous Health

(Submission ID: 433484)

Sharon Yeung; Yipeng Ge, Canadian Federation of Medical Students; Alexandra Liu; Deepti Shanbhag; Bernice Downey, School of Nursing, McMaster University

Background and Purpose

The Collective Education Mentorship Model (CEMM) is an experiential learning placement model for Indigenous health that involves shared supervision of students by diverse collaborators (instead of assigning students to a single supervisor). This model aims to reduce supervisor burden common to Indigenous scholars and teachers who have experienced an influx of student interest in working with them.

Methodology

The CEMM was designed for a full-semester experiential learning undergraduate course that took place between January and April 2015. The CEMM was designed by four students and heavily informed by an Indigenous scholar (Bernice Downey).

Impact/Outcomes

This model allowed the students to simultaneously participate in diverse activities unique to each collaborator, including clinical encounters, population health research, and educational development. This model increased students' diversity of experiences by reducing the limitations imposed by having a single supervisor. Consequently, students were able to engage with a greater number of dimensions of Indigenous health pertaining to their own interests and develop more interdisciplinary understandings. From the perspective of supervisors (termed 'collaborators' in this model), the CEMM alleviated the burden of assigning full-time responsibilities to students and of evaluating them on their performance. Overall, this model integrated values of collaboration, mentorship, reciprocity, and capacity building absent from traditional models of experiential learning.

Conclusions and Discussion

Based on reflections from the students and the collaborators involved in this model, the CEMM is a promising means of enhancing student exposure to Indigenous health topics and autonomy in their education, while minimizing supervisor burden.

Keyword(s): mentorship, education, Indigenous health, community engagement, experiential learning

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P48

Deer Hunting: An Innovative Teaching Paradigm to Educate Indigenous Youth about Physical Fitness and Health

(Submission ID: 434544)

Sidney Paul; Gareth Jones

Background and Purpose

Understanding the contribution of physical fitness and health required for deer hunting, an Indigenous traditional experience. As a young Secwepemc adult with first hand observational experience and practice with Indigenous health, I aspired to understand the physiological demands, both active and sedentary, of deer hunting. My experiences could be used to teach other young Indigenous men and women about physical fitness and health through traditional methods and ways of knowing. Hunting is an excellent outlet for preserving traditional culture while receiving the health benefits of physical activity in the natural environment. Deer hunting involves both physical activity and sedentary behaviours. Physical activity contribution was almost 8-10 times higher, in one day, than values recommended by Canada's Physical Activity Guidelines (150 min/wk). However, the contribution of sedentary behaviour time was higher (~90 min) than accumulated physical activity. Experiential learning opportunities, like this, provide an opportunity to learn about physical activity and sedentary behaviours. Deer hunting exceeds physical activity thresholds required to maintain health, despite large portions of the hunt being sedentary. This innovative teaching paradigm is as a model program that could strengthen the young Indigenous community resilience through competencies in traditional and fitness methods. Knowledge translation of the health benefits of increasing physical activity and reducing sedentary behaviours through traditional cultural activities, such as hunting, provides an opportunity for meaningful learning.

Keyword(s): Hunting, Daily Active Living, Sedentary Activity, Youth Empowerment, Indigenous Health

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P49

Analyzing the Effect of the Energy Sector on Public Health Outcomes in Indigenous Communities through an Indigenous Youth Engagement Strategy

(Submission ID: 440611)

Raina Crasto, Ministry of Energy

Background

This engagement strategy recognizes the importance of a collaborative, youth centered approach to addressing the impacts of the energy sector on the distribution of health services, health outcomes and, in breaking down systemic barriers in government programming.

Methodology

The development stage maps program data that affects social determinants of health, including energy, environmental and educational programs offered by the provincial government. It identifies communities who have not accessed funding programs, and seeks to map barriers to program access through meaningful youth engagement. The implementation stage engages in partnership with youth to create a youth centered toolkit. This toolkit is intended to empower Indigenous youth by communicating the importance of youth perspectives as a key approach to informing better policy and program development. Finally, process evaluation methods will evaluate if the program delivered is as intended to the target recipient.

Impact/Outcomes

The inclusion of Indigenous youth voices will serve to:

- Foster collaboration and unification amongst Indigenous youth.
- Identify internal strengths and resources of communities to uncover potential solutions to existing service or program gaps.
- Build on relationships with government, sector and external agencies.

Conclusion/Discussion:

Discussions may relate to:

The role of energy as a social determinant of health.

The relationship between energy, health programming and reconciliation.

Meaningful engagement between Indigenous youth, government and organizations, as it relates to walking together.

Keyword(s): Reconciliation, Youth Empowerment, Social Determinants of Health

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