



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO
Continuing Professional Development

December 3-5, 2020

Digital Conference

Indigenous Health Conference

Building Our Future

www.cpd.utoronto.ca/indigenoushealth/



Program Abstracts

A Message from the Conference Chairs

Dear Friends and Colleagues,

Welcome to our 4th biennial Indigenous Health Conference (IHC) – 2020: Building our Future. In this era of uncertainty due to COVID-19, we have transformed IHC into a digital conference. While this limits our face-to-face interactions, it expands the reach of IHC to communities and individuals across Canada who would otherwise not be able to participate and provides an opportunity for quality learning and engagement in an online format.

More Canadians are becoming aware of the historical trauma that the Residential school system and other assimilative policies inflicted upon Indigenous peoples in this post Truth and Reconciliation period. Recent healthcare incidents continue to expose the ongoing systematic racism and barriers that Indigenous peoples experience. As systemic racism against Indigenous peoples remains a historical and contemporary issue, we must strive to address the health disparities in collaboration with our Indigenous partners and work towards equity.

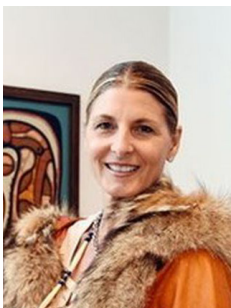
IHC 2020 recognizes that youth will play a role in this change and has engaged youth as critical partners in this year's conference. Youth speakers, participants, performers, and digital storytellers have been integrated throughout the program. The program also includes a number of great speakers and sessions. We are privileged to have Michèle Audette sharing her insights from her role as a commissioner on the National Inquiry into Missing and Murdered Indigenous Women and Girls. We will learn about traditional medicine and ways of knowing contributing to healing and hear from Knowledge keeper Tom Porter and other elders on the Elder's panel. Drs. Rodney Haring and Karen Hill will also speak about using traditional medicine to heal.

We look forward to the rich discussion from our youth, Elder and suicide prevention panels. These dialogues will touch on both longstanding and contemporary issues and will inform the ongoing work related to health equity. It is hoped that this will ultimately contribute to more positive health outcomes for First Nations, Inuit and Métis people.

In the spirit of reconciliation and celebration of the diverse traditions and resiliency of Indigenous peoples and on behalf of the conference committee, we warmly welcome you to Indigenous Health Conference 2020: Building our Future.



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CPD Conference Chair, Indigenous and Refugee Health
Associate Professor
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Métis-Algonquin
President, Kakekalanicks
Associate Director, Landscape of Nations 360° Indigenous Education Platform
Artistic Director, Celebration of Nations Gathering & Strawberry Moon Festival
Director, Moccasin Talks Speaker Series

Conference Co-Chairs

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Family Medicine Resident
Bruyère Family Medicine Centre
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Class of 2021
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Senior Project Manager, Guiding Directions Implementation
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Métis
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Métis Nation of Ontario

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Associate Scientific Director
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with a cross-appointment to the
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Jason Pennington MD MSc FRCSC
The Huron-Wendat Nation
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Indigenous Health Education
University of Toronto
General Surgeon
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Inuit
2017 McCall MacBain Loran Scholar
Genetics and Physiology
University of British Columbia

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Inuit
Program Coordinator
Tungasuvvingat Inuit

Fatima Uddin MD CCFP
Staff Physician
Anishnawbe Health Toronto

Melissa Whaling BA MA
Master's Degree in Health Geography
Project Coordinator and Research Assistant
Faculty of Sciences

Invited Speakers

Michèle Audette
Commissioner
National Inquiry into Missing and Murdered
Indigenous Women and Girls

Susan Aglukark
Inuit
Artist
Founder and chair of the Arctic Rose Foundation
Advisor on the Collateral Damage Project

Carrie Bourassa BA MA PhD
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Scientific Director, Institute of Indigenous Peoples' Health
Canadian Institutes of Health Research
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Bimaadzwin Inc.
Former AFN Health Portfolio

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Assistant Professor, Indigenous Health Lead
Faculty of Health Science, McMaster University

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Child Psychiatrist
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Beaver Clan, Seneca Nation
Director
Center for Indigenous Cancer Research
Roswell Park Comprehensive Cancer Center

Karen Hill MD CCFP
Mohawk, Grand River First Nation
Lead Physician
Juddah's Place

Brian Kon RRT-AC MBA
Métis
Indigenous Knowledge Carrier
President, Sterling Frazer Associates
Accessible Niagara

Stacey LaForme
Chief of the Mississaugas of the New Credit First Nation
(MNCFN)

Hon. Marc Miller TPC MP
Minister of Indigenous Services

James Makokis MD

Kehewin Health Services
Medical Director at Shkaabe Makwa, CAMH
Assistant Clinical Professors
Faculty of Medicine & Dentistry – Family Medicine Dept
University of Alberta

Tom Porter

Bear Clan Elder of the Mohawk Nation in Akwesasne
Founder Director and Spiritual Leader of the Traditional
Mohawk Community of Kanatsioharè:ke

Youth Panelists

Allyson Dill MD

Mi'kmaq
Family Medicine Resident
Bruyère Family Medicine Centre
University of Ottawa

Jordyn Playne

Métis

Sila Rogan

Inuit

Semiah Smith

Mohawk Nation, Turtle Clan, Six Nations Grand River
Territory

Joshua Stribbell

Inuit
Program Coordinator
Tungasuvvingat Inuit

Liette Vasseur PhD

President
Canadian Commission for UNESCO
Professor, Department of Biological Sciences
Brock University

Trevor Young MD PhD FRCPC FCAHS

Dean, Temerty Faculty of Medicine and
Vice Provost, Relations with Health Care Institutions

Elders' Panel

Barney Batise

Matachewan First Nation

Raymond Bergie

Métis Senator

Verna Porter Brunelle

Métis Senator

Meeka Kakudluk MEd

Inuit

Accreditation

The College of Family Physicians of Canada

The College of Family Physicians of Canada – MainPro+This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by Post MD Education – Continuing Professional Development Temerty Faculty of Medicine, University of Toronto for up to 19.0 Mainpro+ credits.

Royal College of Physicians and Surgeons of Canada - Section 1

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by Post MD Education – Continuing Professional Development Temerty Faculty of Medicine, University of Toronto. You may claim up to a maximum of 19.0 hours (credits are automatically calculated).

American Medical Association – AMA PRA Category 1 Credit™

Through an agreement between the Royal College of Physicians and Surgeons of Canada and the American Medical Association, physicians may convert Royal College MOC credits to AMA PRA Category 1 Credits™. For more information on the process to convert Royal College MOC credit to AMA credits please see: <https://www.ama-assn.org/education/earn-credit-participation-international-activities>.

European Union for Medical Specialists (EUMS) ECMEC® Credit

Live educational activities recognized by the Royal College of Physicians and Surgeons of Canada as Accredited Group Learning Activities (Section 1) are deemed by the European Union of Medical Specialists (UEMS) eligible for ECMEC®.

Letters of Accreditation/Attendance

An email with instructions about your accreditation letter will be sent 2 to 3 weeks post-conference.

Interactive Learning

As part of the Post MD Education – Continuing Professional Development Temerty Faculty of Medicine, University of Toronto (CPD) Office’s mission to help you improve the health of individuals and populations through the discovery, application and communication of knowledge, CPD designs its programming with interactive elements to encourage audience participation. By actively engaging with presenters, fellow attendees and the session materials, you retain increased amount of content and can discover new ways to apply the knowledge gained. The interactive components for each type of session at this conference are as follows:

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It is the policy of the Post MD Education Continuing Professional Development Temerty Faculty of Medicine, University of Toronto to ensure balance, independence, objectivity, and scientific rigor in all its individually accredited or jointly accredited educational programs. All speakers, moderators, facilitators, authors and scientific planning committee members participating in University of Toronto accredited programs, are required to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program. This pertains but is not limited to relationships within the last FIVE (5) years with for-profit organizations, not-for-

Keynotes:

Each 30-minute session, includes a 10 min Q & A
Each 45-minute session, includes a 15-minute Q & A

Workshops:

All 60-minute workshop sessions are designed to encourage active discussion throughout the session. A 15-minute period will be reserved at the end for any remaining questions the audience may have.

Oral Abstract Presentations:

Each 15-minute oral presentation is comprised of a 10-minute presentation followed by a 5-minute Q & A. All oral presentations are grouped by topic into one-hour timeslots. If there is time left at the end of the hour, the audience may ask further questions of all the presenters.

profit and public sector sponsors and donors, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict of interest should be identified openly so that the listeners may form their own judgements about the presentation with the full disclosure of facts. It remains for the audience to determine whether the speaker’s outside interests may reflect a possible bias in either the exposition or the conclusions presented.

Program Thursday, December 3, 2020

0745	Digital Platform Orientation			
0800	Opening Remarks	Anna Banerji		
	Blessing	Elder Barney Batise		
	Welcome	Anna Banerji and Michèle-Elise Burnett		
	Dance Performance	Miyopin Cheechoo		
	Land Acknowledgement and Welcome	Stacey Laforme		
	Welcome	Trevor Young		
	Housekeeping Notes	Anna Banerji		
0845	Opening Keynote	Moderators: Anna Banerji Michèle-Elise Burnett		
	For the Love of Joyce	Michèle Audette		
0930	Plenary Session I			
	Keynote: Making our circle whole again - creating an inclusive space for Two-Spirit Peoples	James Makokis		
1015	Morning Break			
1030	Concurrent Workshops - Session 1		Submission #	Moderators
W01	Challenging the Delayed Diagnosis of Fetal Alcohol Spectrum Disorder Among Indigenous Children	Brenda Stade	55406	Joanne Meyer
W02	Honouring Story to Promote Resiliency in Therapy	Joanne Ginter Elaine	55386	Daniela Graziano
W03	Fetal Alcohol Spectrum Disorder: Background, Challenges and Ways Forward	Alex Drossos	57013	Lindsey Fechtig
W04	Exploring Considerations of True Ally Ship With Indigenous Community Members in Health Research and Policy Development	Angie Morris	55512	Earl Nowgesic
W05	Elder Guided Mental Wellness Pathways in a Faith-Based Hospital	Bill Hill Ro'nikonkatste	55435	Peter Jensen
W06	Engaging Indigenous Communities to Improve Healthcare Environments: Is Reconciliation Within Hospital Spaces Possible?	Vanessa Ambtman-Smith Renee Linklater	55783	Allison Crawford
1130	Health Break			

1145	Oral Abstracts - Session 1		Submission #	Moderators
Children's Health	000 A Silver Lining? First Nations and Metis Views on Silver Diamine Fluoride to treat Early Childhood Caries	Grace Kyoon-Achan	55448	Susan Edwards
	001 Partnering to Mobilize Indigenous Knowledge for Child and Youth Health	Margot Latimer Angela Naveau John Sylliboy Rachel VanEvery	53865	
	002 Improving Access to Child Health Knowledge Among Inuit Families in Ottawa: A Needs Assessment	Daniel Bierstone Brian Hummel	55427	
Traditional Ways and Self-Determination	003 Urban Land Based Healing: A Northern Intervention Strategy	Nicole Redvers	52756	Rodney Haring
	004 Healthcare Rooted in Anishnaabe Ways: Traditional Healing Practices in Primary Health Care Settings	Mariette Sutherland	55509	
Reconciliation in Health Care	005 The Journey to Becoming a Nurse: Supporting Indigenous Students to Succeed in the Nursing Program at the University of Manitoba	Audrey Richard Tyla Turman	53121	Daniela Graziano
	006 The Meaning of "Engagement" and Promising Practices in TB Care with Inuit: A Systematic Review of the Literature	Linda Juergensen Ursula Tkacz	55416	
Mental Health	007 Weaving Métis Knowledge into the Development of a Suicide Knowledge Awareness Training Program	Barb Drader Marya Leslie Melissa Scott	55492	Alex Drossos
	008 Valuing Community Knowledge and Insights: Building Capacity in Indigenous Youth Mental Wellness	Zaida Rahaman	55520	
Caregiving; Spirituality and Aging	009 Caregivers' Stories From Kahnawake: Finding Strength and Support Through Our Cultural Spirituality, Traditional Beliefs, Ceremonies, and Medicines	Candida Rice	54596	Melissa Whaling
	010 Resistance, Resilience, and Relationship: Indigenous Older Adults and Aging in the City	Lauren Brooks-Cleator Sean Hillier	55473	
Research, Data, Information and Knowledge	011 The Development of a Genetics and Biological Specimen Survey for Three American Indian and Alaska Native Communities: A Cognitive Interview Study	Julie Beans	55438	Earl Nowgesic
	012 Understanding Aging and Cognition in Indigenous Populations in Canada	Megan Van Every	55440	
	013 Collaborative Data Governance to Support First Nations: Led Overdose Surveillance and Data Analysis in British Columbia	Soha Sabeti	55476	

Healthcare Systems and Disaster Management	014 Changing Landscapes: A Snapshot of Health System Transformation in Rural Manitoba	Alicia Powell	55524	Darlene Kitty
	015 A Health Systems Response to the Health Impacts Among Indigenous Communities and Evacuees Following a Major Natural Disaster	Kayla Fitzpatrick Stephanie Montesanti	55887	
	016 As a Native Person in Canada You Have to Learn How to Be Strong, It's Innate in Us to Cope: Indigenous Stories of Coping Following a Wildfire Disaster in Alberta, Canada	Kayla Fitzpatrick Stephanie Montesanti	55888	
1230	Join our Lunch Activities:			
	Healing Circle	Audra Maloney		
	Exhibits			
	Posters			
1330	Concurrent Workshops - Session 2		Submission #	Moderators
W07	Nothing About Us Without Us: An Experience-Based Program to Increase Knowledge About Indigenous Peoples in Canada	Lorrie Gallant Amy Montour Joyce Zazulak	55521	Darlene Kitty
W08	Strong Medicine: Holding Space for Empowering Conversation About HIV	Trevor Stratton	55890	Susan Edwards
W09	Supporting the Journey to Mental Wellness for Métis in Ontario	Stephanie Humphries Wendy Stewart	60978	Joanne Meyer
W10	Empowering Well-Being of Indigenous Youth in Foster Care	Lily Ieroniawakon Deer	55894	Joshua Stribbell
W11	Colonization and Racism: How Legal Structures Affect the Health of Indigenous Peoples	Benjamin Brookwell Cathy Guirguis	55140	Alex Drossos
W12	Indigenous Harm Reduction; Sharing Values and Best Practices	Denise Baldwin	53099	Rodney Haring
1430	Health Break			
1445	Community-based Approaches to Life Promotion and Suicide Prevention			Moderator
	Panelists: Allison Crawford, Alex Drossos, Joshua Stribbell and Isadore Day			Renee Linklater
1615	Afternoon Break			
1630	Plenary Session II			Moderator
	Noojimo Mikana: A Healing Path - Protecting our Home Fires in an Era of COVID-19	Carrie Bourassa		Earl Nowgesic
1715	Closing Remarks			
	Anna Banerji, Michèle-Elise Burnett, Elder Barney Batise			
1730	End of Day			

Program Friday, December 4, 2020

0800	Morning Remarks & Performance			
	Morning Remarks	Anna Banerji		
	Métis Blessing	Senator Raymond Bergie		
	Métis Fiddler Quartet	Alyssa Delbaere-Sawchuk Conlin Delbaere-Sawchuk		
0830	Plenary Sessions II	Moderators: Anna Banerji, Michèle-Elise Burnett		
	Healed Enough	Susan Aglukark		
	Indigenous Health: Creating Peace, Courage and Cultural Resilience	Rodney Haring		
1005	Morning Break			
1020	Concurrent Workshops - Session 3		Submission #	Moderators
W13	Lessons Learned Regarding Harm Reduction in Northwestern Ontario	Bob King Becky Shorrock	55882	Jason Pennington
W14	Providing Culturally Safe Support Regarding Breastfeeding and Infant Feeding to Indigenous Families	Yolande Lawson	52855	Lindsey Fechtig
W15	Delivering Social Supports to Métis in Ontario for Over 25+ Years	Amanda Desbiens Jason Jamieson	60979	Joanne Meyer
W16	Indigenous Land-Based Healing Programs	Simon Brascoupe	52496	Michèle-Elise Burnett
W17	Water is Healing: The Two Row on the Grand Paddle Journey	Kelly Gordon Ellie Joseph	55513	Peter Jensen
W18	Cancer Among the Haudenosaunee in New York State	Dean Seneca	55807	Rodney Haring
1120	Health Break			
1135	Oral Abstracts - Session 2		Submission #	Moderators
Children's Health	017 Medicine Wheel Balance App: Complimentary Component to the Aaniish Naa Gegii: Children's Health and Well-Being Measure (ACHWM)	Marnie Anderson	55499	Allyson Dill
	018 Aaniish Naa Gegii: Children's Health and Well-Being Measure (ACHWM)	Marnie Anderson	55506	
	019 Further Strengthening Child and Family Health Through Aboriginal Head Start in Urban and Northern Communities	Jennifer Corbiere	55883	

Traditional Ways and Self-Determination	020	Developing an Innu CBPR Framework for Health Research: The Canoe Trip as a Metaphor for a Collaborative Approach Centred on Valuing Indigenous Knowledges	Mary Janet Hill Leonor Ward	54893	Sila Rogan
	021	Bringing Hearts and Minds Together	Cheryl Kinzel	55848	
Determinants of Health and Cultural Competency and Safety	022	Health Leadership for Reconciliation: Enabling Cultural Safety in Health Systems - Wise Practices and Lessons Learned from the Promoting Life Together (PLT) Collaborative	Kelly Brownbill Despina Papadopoulos	55425	Jason Pennington
	023	Monitoring Indigenous Health Using the Pan-Canadian Health Inequalities Reporting Initiative	Nicolas de Guzman Chorny	55861	
	024	Inuusinni Aqqusaaqtara: Inuit Cancer Project	Savanah Ashton	55403	
Women's Health	025	Bringing Birth Home: Restoring Indigenous Midwifery	Tamara Cascagnette Marla Monague	53201	Darlene Kitty
	026	Revitalizing Culture and Healing: Resources to Advance Collaborative Action on FASD Prevention in Indigenous Communities	Toni Winterhoff Lindsay Wolfson	53614	
Healthcare Systems and Determinants of Health	027	Supporting Indigenous Wellness Through Wholeness: The Best Practice Spotlight Organization® (BPSO®) Journey for Indigenous Communities	Greta Meekis Grace Suva Cheryl Yost	55488	Rodney Haring
	028	Supporting Commercial Tobacco Interventions with Indigenous Women, Families and Communities	Heather Cameron Grace Suva Jessica Tiboni	55489	
	029	Stand up for Indigenous Health: A Simulation-Based Tool for Educating Family Medicine Residents About the Social Determinants of Health of Indigenous Peoples Living in Canada	Amanda Sauve	55431	
Research, Data, Information and Knowledge	030	The Right to Retire: Mortality Experiences of 59 First Nations in Northern Ontario	Marilyn McLeod Jen Walker	60245	Earl Nowgesic
	031	Knowing Ourselves, Lighting the Way: Kahnawá:ke's Path to Access, Understanding and Use Health Surveillance Information	Colleen Fuller	55369	
1220	Join our Lunch Activities:				
	Exhibits				
	Posters				

1320	Concurrent Workshops - Session 4		Submission #	Moderators
W19	Engaging for Change: Developing a Framework for Health Service Provider Cultural Safety Training	Chantel Antone Stephanie McConkey Lana Ray Lloy Wylie	55528	Lindsey Fechting
W20	Why Indigenous Midwifery Matters: Core Competencies that Distinguish our Work	Claire Dion Fletcher	55443	Jason Pennington
W21	Home	Dominic Charlie	53367	Peter Jensen
W22	Building a Future on the Foundation of Tradition: Indigenous Drowning Prevention Methods and Strategies	Chris Wagg Lisa Hanson Ouellette Lindsey Kirby-McGregor Emily Francis	55378	Susan Edwards
W23	Preparing for Our Journey Home	Renée Thomas-Hill	55471	Allyson Dill
W24	Measuring and Monitoring Health Inequalities to Support Health Equity in Canada: A Dialogue on the Use of Indigenous, Racialized and Ethnic Population Data in Healthcare	Amy Nahwegahbow Dana Rileye	55458	Earl Nowgesic
1420	Health Break			
1435	Elder's Panel: Words of Wisdom for the Future Generations			Moderators
	Panelists: Elder Meeka Kakudluk, Senator Verna Porter-Brunell, Elder Barney Batise			Peter Jensen
1605	Afternoon Break			
1620	Plenary Session IV			Moderators
1620	Exploring transformative change or back to basic?	Liette Vasseur		Michèle-Elise Burnett
1700	The Federal Government's Role in Supporting the Development of New Approaches to Indigenous Health Care	Mark Miller		Anna Banerji Michèle-Elise Burnett
1745	Closing Remarks	Anna Banerji Senator Raymond Bergie Michèle-Elise Burnett		
1800	End of Day			

Program Saturday, December 5, 2020

0800	Morning Remarks & Performance			
	Morning Remarks	Anna Banerji Michèle-Elise Burnett		
	Blessing	Elder Meeka Kakudluk		
0830	Plenary Sessions V		Moderators	
0830	The Métis: A Distinct Indigenous People in Canada	Brian Kon	Anna Banerji Michèle-Elise Burnett Rodney Haring	
0915	Juddah's Place: An Indigenous Evaluation. Traditional Medicine and Primary Care	Bernice Downey Karen Hill		
1000	Morning Break			
1020	Concurrent Workshops - Session 5		Submission #	Moderators
W25	Exploring Self-Determination Among Cree Women After the Invasion of Sexual Boundaries	Josie Auger Lorraine Cardinal Angela James Sharon Loonskin	55686	Allison Crawford
W26	Surgical Care in Indigenous Populations: Myths and Truths	Jason Pennington	60975	Allyson Dill
W27	Healing Circle	Audra Maloney	55886	Michèle-Elise Burnett
W28	How Can Service Providers Improve Their Support for Indigenous Women and Men Who Experience Intimate Partner Violence?	Marion Maar Lorrilee McGregor Roger Pilon Maurianne Reade	55020	Sila Rogan
1120	Health Break			
1135	Oral Abstracts - Session 3		Submission #	Moderators
Children's Health	032 Indigenous Parents Acceptance of Silver Diamine Fluoride to Treat ECC	Herenia Lawrence	55391	Allyson Dill
	033 Surveying Childhood Adversity and Resiliency Among Indigenous University Students in Canada	Alex Luther	55477	
	034 Methods to Benefit First Nations Children's Health Using Jordan's Principle Funding	Samantha Hill Kurtis Martin	52315	

Determinants of Health	035 Links Between Health Literacy and Masculinities Among Young Aboriginal and Torres Strait Islander Males	Jesse Fleay James Smith	53123	Joshua Stribbell
	036 The Development of a Promising Practice Guide for Improving the Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Youth: Implications for Policy and Practice	James Smith	54833	
	037 Standing in the Matriarchal Footsteps of our Cree Ancestral Grandmothers	Kathleen McMullin	55395	
Mental Health	038 An Examination of Adverse Childhood Experiences and Post-Traumatic Stress Among First Nations Adults Seeking Substance Use Treatment	Jessie Lund Elaine Toombs	55371	Allison Crawford
	039 Designing Supports for Mental Wellness and Crisis Support Teams	Brenda Restoule	55437	
Women's Health	040 Mature Cree Women's Strategies for Aging Well: Community Based Participatory Research (CBPR) in Maskwacis, Alberta - The Sohkitehew (Strong Heart) Group	Luwana Listener	55400	Elisa Levi
	041 Growing Together: Creating "Trees of Knowledge" to Explore the Lived Experiences of Métis Women in Pregnancy, Childbirth, and Motherhood	Claire Cordingley	55450	
	042 Anishinaabe Motherhood: The Act of Resistance by Resurging Traditional Pregnancy and Maternal Care	Amy Shawanda	55880	
Environmental Health & Healthcare Systems	043 Elevated Blood Lead Levels in Children - Outreach and Education, Partnerships, and Tackling Sub-Standard Housing	Shannon Seneca	55410	Earl Nowgesic
	044 The Cedar Project WeTel mHealth Program for HIV-related health and Wellness Among Young Indigenous People Who Have Used Drugs	Kate Jongbloed Sherri Pooyak	55503	
Cultural Competency and Safety	045 Privileged Perspectives: Working With Vulnerable/Marginalized Populations in an Intercultural Context	Greg Riehl	55482	Lindsey Fechtig
	046 Wabishki Bizhiko Skaanj: A Learning Pathway to Foster Better Indigenous Cultural Competence Within Canadian Health Care and Research	Mary Beaucage Arlene Desjarlais	55491	
	047 Cultural Strength-Based Approach Used Within a Clinical Setting	Michelle Keightley Randy White Chrysta Wood	55518	

Navigating the Healthcare System, Health Surveillance, and Healthcare Systems	O48 A Qualitative Study to Understand the Experiences of Inuit Who Navigate the Healthcare System From the Inuit Nunangat Region of Nunavut to Receive Cancer Care in an Urban Setting	Janet Jull	55426	Jason Pennington
	O49 “You Just Have to Have Other Models, Our DNA Is Different”: The Experiences of Indigenous People Who Use Illicit Drugs and/or Alcohol Accessing Substance Use Treatment	Jennifer Lavalley	55367	
1220	Lunch Break			
	Mindfulness Meditation and Gentle Yoga for Every Body	Allyson Dill		
	Exhibit Hall			
	Posters			
1320	Concurrent Workshops - Session 6		Submission #	Moderators
W29	Indigenous Sovereignty is Sustainability	Shannon Waters	55396	Peter Jensen
W30	Jordan's Principle from Navigator's Prospective	Leeann Shimoda	55351	Alex Drossos
W31	Translating Indigenous Community Knowledge into Clinician Curriculum	Margot Latimer John R. Sylliboy	55368	Darlene Kitty
W32	Indigenous Harm Reduction = Reducing the Harms of Colonialism	Trevor Stratton	55380	Earl Nowgesic
W33	Culture as Foundation	Mary Deleary	55478	Elisa Levi
1435	Plenary Sesion VI	Moderators		
	Youth Panel: What do Indigenous Youth Need to Succeed?	Joshua Stribbell		
	Panelists: Jordyn Playne, Sila Rogan, Semiah Smith, Allyson Dill			
1605	Afternoon Break			
1620	Plenary Sesion VI Continuation			Moderators
	And Grandmother Said...Elder Wisdom from the Past for the Future	Tom Porter		Rodney Haring
1650	Closing Remarks	Anna Banerji Michèle-Elise Burnett Elder Meeka Kakudluk		
1700	Conference Concludes			

0 01 Submission No. 53865

Partnering to Mobilize Indigenous Knowledge for Child and youth Health

Angela Naveau, De dwa da dehs nye>s Aboriginal Health Centre
Rachel VanEvery BScN., MPH, PhD Student, McMaster University
Margot Latimer RN., MN, PhD, Dalhousie University
John Sylliboy BA., MA, PhD Student, McGill University
Sharon Rudderham BA, Eskasoni Health Centre

Background/Rationale

Background: Indigenous people in Canada are a strong and resilient population that have the fastest growing cohort of children. Children and families want to have positive experiences when they seek care to support their health yet due to the impacts of colonization and untaught history health clinicians are unaware of Indigenous Peoples ways of knowing and doing. The Truth and Reconciliation Commission (2015) called to offer more relevant and culturally safe care to Indigenous people. Using the Two-eyed Seeing approach (Marshall, 2009) a research partnership developed between De dwa da dehs nye>s Aboriginal Health Centre and the Chronic Pain Network's Aboriginal Children's Hurt and Healing Initiative to better understand children and youth's experience balancing their health from a pain and hurt perspective. Presenters will share the co-learning approach, methods and knowledge gathered from art, conversation sessions with Elders, youth and clinicians as well as the health care utilization data. The team learned that youth are eager to engage and can describe the predictors and indicators of imbalance yet also identify ways they can maintain or re-establish a balance in their health. Care considerations for clinicians involved a newly developed approach using the acronym LISTEN. This study identifies Indigenous knowledge to promote and inform how to support youth to achieve health.

Objectives

1. Increase awareness of the impacts of colonization on the dimensions of health for Indigenous children and youth
2. Recognize how youth describe and express ways they want to maintain and establish balance according to the medicine wheel.
3. Understand how a co-learning approach can benefit both research and health care practices
4. Increase awareness of the importance of infusing culture and building relationships in Indigenous health

Instructional Methods

Presentation, engagement of audience to reflect and participate, video and art display.

Keywords

Children & Youth, Culturally safe care, Pain & Healing

0 02 Submission No. 55427

Improving Access to Child Health Knowledge among Inuit Families in Ottawa: a Needs Assessment

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Background and Purpose/Objectives

Ottawa is home to the largest Inuit population outside Inuit Nunangat. One issue previously identified by Indigenous leaders and front-line community workers across Canada is a need for improved access to child health and parenting knowledge. Community-based initiatives have been shown to improve Indigenous maternal and child health outcomes. Our study aimed to describe Ottawa Inuit parents' perspectives on accessing child health knowledge to guide development of Inuit-specific health knowledge-sharing initiatives.

Methodology

We conducted a needs assessment through four focus groups at the Inuuqatigiit Centre for Children, Youth and Families in Ottawa, designed with local community partners. 24 parents and caregivers of Inuit children participated. Inductive thematic analysis was used to identify participants' sources of health knowledge, barriers and facilitators to accessing health knowledge, and health topics that participants hoped to learn more about.

Results/Impact/Outcomes

Several themes were identified during analysis. Social networks, online resources, and Indigenous-specific community organizations were among sources of health knowledge. Factors affecting access to health knowledge included mistrust of healthcare providers, cultural differences and discrimination, unfamiliarity with available services, modes of knowledge delivery (e.g. in-person vs. written or audio) and logistics (e.g. scheduling). Key health topics included seasonal health issues (e.g. vaccination), nutrition, parenting, mental health, and sexual education for adolescents.

Conclusions and Discussion

Our results reveal important factors affecting access to child health knowledge among Ottawa Inuit families. Informed by these findings and with help from our community partners, we are co-developing child health knowledge-sharing initiatives specific to the needs of the Ottawa Inuit community.

Keywords

Community-based research, children's health, health knowledge

0 03 Submission No. 52756

Urban Land Based Healing: A Northern Intervention Strategy

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Donald Prince, Arctic Indigenous Wellness Foundation

Background and Purpose/Objectives

Urban Indigenous populations face significant health and social disparities across the nation. With often high rates of homelessness and substance abuse, there are often few options for Urban Indigenous peoples to access land-based healing programs. In May 2018, the first urban land-based healing camp opened in Yellowknife, Northwest Territories, one of the first to our knowledge in Canada or the United States. We seek to present preliminary outcome data on this intervention in a high-risk user setting with reflections presented for challenging logistical and methodological considerations for applications elsewhere.

Methodology

We developed with knowledge holders a healing camp in an urban setting that was reflexive to the needs of at-risk populations. An evaluation tool was subsequently developed to collect descriptive and basic outcome data on a per camp visit basis which was administered during our first data collection period.

Results/Impact/Outcomes

Between April 1 and June 30, 2019, 159 individuals who attended the camp were included in the analyses. The results of the McNemar's Chi-Square test found a statistically significant difference in the proportion of participants who felt better by visiting the camp between the pre- and post-tests

Conclusions and Discussion

Our Urban Land-based healing program is distinguished by an innovative approach to health and wellness intervention that uses the land as a healing place promoting protective factors identified in the literature as enhancing Indigenous well-being. This northern effort affords us ample opportunity for expanding the existing knowledge base for Land-based healing applied to an urban Indigenous high-risk setting.

Keywords

Indigenous health, Land-based healing, Northwest Territories

0 04 Submission No. 55509

Healthcare Rooted in Anishnaabe Ways: Traditional Healing Practices in Primary Health Care Settings

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Background and Purpose/Objectives

Traditional Indigenous healing providers are exempt from governmental regulation. This is respectful of the autonomy of Indigenous people, but doesn't give insight to how traditional medicine might be integrated within primary care. The Anishnaabe Health Plan, developed at the direction of the Sioux Lookout Area Chiefs, identifies the importance of developing a healthcare model rooted in Anishnaabe ways, including Ooweechiwaywin (traditional specialists).

Methodology

A community-driven participatory approach was undertaken to help understand how to integrate traditional healing within the primary healthcare system, and involved the establishment of a working group, based on cultural values, including the gift of tobacco. The group co-designed culturally safe Indigenous research methods aimed at: Building knowledge and understanding of traditional healing practices currently used; Identifying which practices to integrate into the healthcare system; and Developing traditional healing services that respond to the needs of individual communities.

Results/Impact/Outcomes

Rooting the inquiry in traditional values and privileging the voices of Indigenous people and traditional practitioners was found to be key to the success of the development process of this healthcare model. Re-connecting youth with traditional healing practices was identified as a priority.

Conclusions and Discussion

A respectful process of discovery designed around community protocols, local Indigenous ways of knowing as well as community driven and determined approaches yielded important learnings about the way forward towards inclusion and integration of traditional healing practices in a clinical setting. This approach reflects a holistic view of health and encourages the use of Anishnaabe traditions, language, ways of knowing, showing, respect and caring.

Keywords

Traditional Healing, Ooweechiwaywin

0 05 Submission No. 53121

The Journey to Becoming a Nurse: Supporting Indigenous Students to Succeed in the Nursing Program at the UofM

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Audrey Richard

Audrey Richard BSW MEd., University of Manitoba

Background and Purpose/Objectives

In order to address institutional racism, the system needs more practitioners that are culturally sensitive and understanding of the effects of historical trauma. At the University of Manitoba, we have the Aboriginal Nursing Cohort Initiative that supports Indigenous students to achieve the prerequisites to gain admission to the College of Nursing. ANCI also supports these students throughout their schooling and in achieving their goal of obtaining their nursing degree. With more indigenous nurses providing care in the health care system, we can begin to support Indigenous patients to receive more culturally sensitive care.

Methodology

We reviewed the data from the past 10 years to see the retention, success, and attrition rate of students in ANCI. We also evaluated what the reasons were for those who did not complete the program.

Results/Impact/Outcomes

With the ANCI program, students receive tutoring, academic and social support, and create a sense of community with other students interested in pursuing nursing as a career choice. Having an access program in a means to increase the success of Indigenous nurses in the work force, and also in building reconciliation in health care.

Conclusions and Discussion

Having the Aboriginal Nursing Cohort Initiative has helped to address equity in nursing school access and success of Indigenous students. We will bring a few students to share their story of how ANCI has supported their educational journey, and we will share our plan to continue with this initiative and in supporting indigenous students to enter the health care workforce.

Keywords

Nursing Indigenous Support

0 06 Submission No. 55416

The Meaning of "Engagement" and Promising Practices in TB Care with Inuit: A Systematic Review of the Literature

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Background and Purpose/Objectives

Tuberculosis (TB) is a preventable disease, but the rates of TB infection among Inuit in the Arctic are among the highest in the world. Higher rates of TB among Inuit can be traced to inequities in the social determinants of health, a legacy of colonization in Inuit Nunangat, and past public health practices such as the mass medical evacuations of Inuit to sanatoriums in the 1940s-60s, which have resulted in a reluctance among Inuit to come forward for TB screening and treatment. In order for public health interventions to be effective, both the health inequities and the legacy of trauma at the root of the on-going TB epidemic need to be addressed. Therefore, the question guiding this study is, "What is the meaning of 'engagement' in public health practices in TB care in Inuit Nunangat?"

Methodology

A systematic literature review was conducted using Covidence software to examine how engagement has been conceptualized in public health responses to TB with Inuit since 1970 and analyze the outcomes. The findings were evaluated in the context of the Inuit-specific Tuberculosis Strategy (Inuit Tapiriit Kanatami, 2013) as well as Indigenous understandings of guest-host relations, reconciliation and decolonization.

Results/Impact/Outcomes

The study identified gaps in culturally safe care as well as promising practices to assist public health in forming more effective partnerships with Inuit when implementing the Inuit-specific action plan.

Conclusions and Discussion

Public health policies and practices should be reoriented from their organization around biomedical indicators, and centre Indigenous knowledges in TB care to reconcile relations with Inuit and "stop TB."

Keywords

Tuberculosis care with Inuit; Reconciliation in public health; Systematic literature review

0 07 Submission No. 55492

Weaving Métis Knowledge into the Development of a Suicide Knowledge Awareness Training Program

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Background and Purpose/Objectives

Métis people are a constitutionally-recognized Indigenous people of Canada, however, existing Indigenous suicide prevention programs are not specific to the context and experiences of Métis people. To address this gap, the Métis Nation of Alberta (MNA) and the University of Alberta's School of Public Health have collaborated to develop a Métis-Specific Suicide Knowledge Awareness Training Program.

Methodology

Our project is guided by the Principles of Ethical Métis Research, which prioritize Métis self-determination and governance within the research process. In alignment with these principles, MNA governance committees comprised of community members, Elders, and youth from each of the MNA's six provincial regions were engaged in discussions on suicide as it related to their experiences and communities. Alongside engagements, a critical scoping review of academic and grey literature was performed to examine how Indigenous knowledge has been integrated into the development and implementation of suicide prevention programs across the globe.

Results/Impact/Outcomes

Findings from engagement sessions with MNA governance committees highlighted cultural connections and experiences as fundamental sources of strength for Métis people across all age categories. Inclusion of Métis culture and knowledge within suicide prevention programming was considered essential. It is anticipated that implementation of this program will increase mental health literacy and address related stigma in Métis communities.

Conclusions and Discussion

Our approach has allowed our research team to weave the perspectives of Métis Albertans with best practices from the evidence to develop content for a Métis-Specific Suicide Knowledge Awareness Training Program that contains, and responds to, the voices of Métis Albertans.

Keywords

Métis, Suicide, Knowledge

0 08 Submission No. 55520

Valuing Community Knowledge and Insights: Building Capacity in Indigenous Youth Mental Wellness

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Background and Purpose/Objectives

With an alarming call of need for action across the Northern Canadian landscape, Indigenous communities are grappling with mental health distress for youth. Suicide disproportionately affects Innu and Inuit populations in Labrador; and, suicide rates were high among male youths and Inuit females. In working towards strengthening community development, it is important to bring forward community knowledge in helping to deliver responsive care to this matter.

Methodology

A series of public engagement events were conducted in Northern Ontario. The purpose of the activities was to meet with Elders and key stakeholders in various roles throughout the community in effort to gain a better understanding of the mental health needs of the youth. Knowledge development was gained about some of the vital issues that youth are struggling with daily, and ways to help youth feel connected within their communities.

Results/Impact/Outcomes

Although there are various programs for youth to be involved in throughout their community, it is important for there to be a connection between the resources, and as well there needs to be an opportunity for feeling a sense of belonging. Local programming needs to be meaningful, and help youth learn more about themselves and help foster a sense of identity.

Conclusions and Discussion

Communities have a wealth of knowledge and insights, and we must help to bring forward their understandings to light. In moving forward with innovative policies and practices, knowledge transfer with external partners and collaborators can be used to help communities strengthen their community-based public health interventions for youth with local relevance.

Keywords

Health promotion, Indigenous health equity, and community development

0 09 Submission No. 54596

Caregivers' stories from Kahnawake: Finding strength and support through our cultural spirituality, traditional beliefs, ceremonies, and medicines

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Chad Hammond PhD, University of Ottawa

Roanne Thomas PhD, University of Ottawa

Background/Rationale

Support across the cancer care continuum is lacking in many First Nations communities on Turtle Island. The relative lack of resources and programs puts additional strains on those within communities who provide formal and/or informal care to people living with cancer. Kateri Memorial Hospital Centre partnered with the University of Ottawa to learn about the challenges and strengths of people who care for those with cancer in the Mohawk community of Kahnawake, QC.

Objectives

The objectives of the workshop will be to: 1) Demonstrate the importance of spirituality and culture to the work and well-being of caregivers in First Nations 2) Demonstrate the power and impact of digital storytelling on caregivers and their communities

Instructional Methods

The workshop will involve a brief introduction to the project, screening of 1-2 of the caregivers' digital stories, and some discussion about the impact of the project.

Keywords

Caregiving; Storytelling; Participatory

O 10 Submission No. 55473

Resistance, Resilience, and Relationship: Indigenous Older Adults and Aging in the City

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Background and Purpose/Objectives

As the Indigenous older adult population living in larger urban centres in Canada continues to grow, it is important to understand Indigenous older adults' experiences of aging in a city. Therefore, in this presentation, we address the questions "what is aging for Indigenous older adults living in cities, particularly in the context of 1) a growing Indigenous older adult population that is increasingly diverse and increasingly urban and 2) settler colonialism?"

Methodology

Working with one Indigenous organization in both Toronto and Ottawa, and one non-Indigenous organization in Ottawa that supports Indigenous clients, the project used an embedded case study design. Data from semi-structured interviews with 13 Indigenous older adults and five staff members representing the three organizations were analyzed using thematic analysis.

Results/Impact/Outcomes

The results indicate that settler colonialism continues to impact Indigenous older adults' aging experiences through loss of culture, experiences with poverty and racism, disconnection from families, and forced migration away from traditional home communities and

territory; however, aging experiences are also positively shaped by their relationships with people, place, and organizations in the urban community.

Conclusions and Discussion

Decolonization in relation to aging includes establishing equitable conditions for aging, at the levels of systems, policy, and practice, grounded in Indigenous older adults' knowledge, culture, and self-identified needs. It also involves critically examining how existing systems, policies, and practices reinforce settler colonialism resulting in inequitable conditions for aging.

Keywords

aging, urban, settler colonialism

O 11 Submission No. 55438

The development of a genetics and biological specimen survey for three American Indian and Alaska Native communities - a cognitive interview study

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Background and Purpose/Objectives

Background: Past research with American Indian/Alaska Native (AIAN) communities demonstrated interest in genetic research when individual and group harm protections are present. Ensuring clear communication regarding genetics and biological specimens in AIAN communities is a key component for successful outcomes.

Methodology

Methods: Trained AIAN interviewers conducted 52 cognitive interviews (CI) at 3 AIAN communities to assess survey item quality in the development of survey assessing AIAN knowledge and attitudes on genetics and biological specimens. Analysis indicated potential sources of response error, issues with item interpretation, and face validity using an adjusted form of Tourangeau's model of cognitive processing. Pattern and type of cognitive processing problem were identified and used to assess where the instruction, item, and/or scale were working as intended, and then used to make improvements to the resultant survey.

Results/Impact/Outcomes

Results: Overall the instruction, items and scales generated no cognitive difficulties. Problems noted included participants being unfamiliar with some terms used describing genetic and biological specimens. In several cases, participants' written response in the survey and verbal response in the interview did not align. A resultant 52 item survey for use in AIAN

communities was finalized. Participants expressed gratitude contributing to the development of the survey.

Conclusions and Discussion

Conclusions: The CI results reinforce the importance of performing CI's prior to survey deployment as several items were reworded to increase comprehension. The CI process is a method to validate a survey instrument's face validity, enhance confidence in item interpretation as well as a method to engage communities in the research process.

Keywords

Genetics, biological specimens, cognitive interviews

0 12 Submission No. 55440

Understanding aging and cognition in Indigenous populations in Canada

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 Chaneesa Ryan MA, Native Women's Association of Canada
 Jennifer D. Walker PhD, Laurentian University

Background and Purpose/Objectives

Indigenous communities require relevant and accurate information to plan for their health service and program needs as their populations age. Unfortunately, health information that highlights Indigenous perspectives of wellbeing, socio-historical contexts, health service use and needs, and other social determinants of health is limited. In collaboration with university researchers, the Native Women's Association of Canada successfully applied to access and analyze data collected from the Canadian Longitudinal Study on Aging (CLSA). The CLSA is a national longitudinal study on adult development and offers a unique opportunity to understand aging through Indigenous-led analysis of Indigenous data.

Methodology

An Elder Advisory Circle set the direction of the study and refined and confirmed its objectives. A cross-sectional study of all older Canadian adults who completed the baseline data collection for the CLSA was conducted. There were no exclusion criteria. Multivariate analyses that compared socio-demographic data, self-reported chronic conditions and some cognitive measures between those who self-identified as Indigenous and the remaining participants was conducted. The Elder Advisory Circle vetted the findings and provided recommendations.

Results/Impact/Outcomes

The findings from the CLSA analysis were described by the Elder Advisory Circle to be irrelevant or contradictory to the lived experiences of Indigenous older adults; a discrepancy they attributed to

the use of a conventional survey and the limited sampling in Indigenous communities. These challenges are common in general population surveys and are not unique to the CLSA.

Conclusions and Discussion

The findings from this study speak to a broad need for Indigenous-led data collection using a distinction-based approach.

Keywords

Data; Indigenous-led; CLSA

0 13 Submission No. 55476

Collaborative data governance to support First Nations-led overdose surveillance and data analysis in British Columbia

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Background and Purpose/Objectives

First Nations peoples in BC have been disproportionately affected by the overdose crisis. When a public health emergency was declared in BC in April 2016 in response to a rise in drug overdoses and deaths, new surveillance systems were required to identify trends in overdoses in the province as a whole, and for First Nations peoples. Data sharing, and analysis processes that adhered to the principles of OCAP®, and the Truth and Reconciliation Commission's Calls to Action required development.

Methodology

The First Nations Health Authority (FNHA), BC Centre for Disease Control, Provincial Health Officer, and Ministry of Health worked collaboratively to facilitate identification of First Nations persons in surveillance data for appropriate analysis by FNHA. We outline the data stewardship and governance context, principles, and operational considerations of creating overdose surveillance systems for measuring overdose events among First Nations peoples in BC.

Results/Impact/Outcomes

The emergency catalyzed the development of First Nations-led surveillance systems. Collaboration and relationship building was instrumental in supporting the creation an overdose surveillance system,

and to build data governance, analysis, and knowledge translation capacity within FNHA. Providing full ownership of First Nations data to FNHA supports appropriate context-setting, language, and dissemination strategies.

Conclusions and Discussion

The creation of the overdose surveillance system was complex and resource intensive. Lack of timely surveillance data severely impacted the ability to efficiently plan for the fluctuating state of the crisis. In the future, access to real-time data must be prioritized over the creation of a historical dataset for retrospective evaluation. Despite best efforts to adhere to the OCAP® principles, it was not possible at the time for FNHA to house and manage the overdose data due to legislative restrictions. Work is needed to ensure the development of platforms which allow physical possession and direct access of First Nations data by FNHA and other First Nations organizations.

Keywords

Overdose, Opioid, First Nations Data Governance

O 14 Submission No. 55524

Changing Landscapes: A snapshot of health system transformation in rural Manitoba

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Background and Purpose/Objectives

The impact of health policy on rural communities is understudied within Canada, particularly in the prairies, where Indigenous communities are often the majority of the population. Beginning in 2013, government research in Manitoba supported a significant healthcare system transformation to improve fiscal sustainability, service delivery and population health in the province, which lagged behind all others on most health indicators. The result of this transformation, a centralized health authority, has led to the impending closure of dozens of ambulance stations in rural and northern reaches of Manitoba. Rural and Indigenous communities face uncertainty in emergency care, indicating a lack of inclusion in provincial decision-making. This research identifies the challenges, fears and strengths of these communities and healthcare providers that serve them as system change unfolds.

Methodology

This research utilizes document analyses of key government reports regarding health system transformation in Manitoba. Utilizing a community engaged research approach, semi-structured interviews were conducted with community members and healthcare service providers from a rural community in western Manitoba, which provides health services to local First Nation and Metis communities.

Results/Impact/Outcomes

Findings suggest that rural and Indigenous peoples were actively ignored in the process of transformation, and fear the repercussions of system changes within their communities. Rural physicians indicate frustration as they strive to champion the communities they serve.

Conclusions and Discussion

Healthcare system transformation cannot occur within a vacuum. Rural and Indigenous communities experience health and service disparities when compared with urban counterparts. Along with rural service providers, they must be respectfully consulted and included in transformational decision-making.

Keywords

rural Canada, Indigenous health, healthcare systems

O 15 Submission No. 55887

A Health Systems Response to the Health Impacts among Indigenous Communities and Evacuees Following a Major Natural Disaster

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Background and Purpose/Objectives

Following the 2016 Horse River Wildfire in northern Alberta, the provincial health authority, the ministry of health, Red Cross, the municipality and local community-based service agencies mobilized to address the growing health and psychological concerns among evacuees by allocating funding to health and wellness services. Among the communities and residents that experienced significant devastation and loss included First Nation and Métis residents in the region. This funding was allocated to create new recovery positions and support pre-existing health and social programs. The objectives of the research were to qualitatively describe the health systems response to the health impacts following the wildfire from the perspective of services providers who were directly responsible for delivering or organizing health and mental wellness services and supports to Indigenous residents.

Methodology

Semi-structured qualitative interviews were conducted with 15 Indigenous and 10 non-Indigenous service providers from the RMWB. A maximum variation sampling strategy was used to guide the selection and recruitment of service provider participants, which was based on our interest in gaining diverse perspectives and experiences from service providers across the region. Interviews were completed by the principle investigator and a community research assistant. Interviews were transcribed verbatim and imported into the qualitative data analysis software program QSR NVivo for analysis. We began with a constant

comparative analysis that involved an iterative process of moving backwards and forwards between transcripts and memos, coding and analyzing passages.

Results/Impact/Outcomes

The health system responded by creating temporary funded service provider positions which failed to address mental and physical health concerns within the Indigenous population that predated the wildfire. Service providers elaborated on this point to describe that temporary positions were unable to effectively treat the root causes of the mental and physical health problems that were exasperated following the wildfire. In addition, services providers were critical of organizations that adapted existing services and programs for Indigenous communities that were not culturally-appropriate or addressed community needs.

Conclusions and Discussion

The knowledge gained from this research can help inform future disaster management, as well as policy and decision makers. Future recovery and response efforts should consider identifying and addressing underlying mental and emotional concerns in order to be more effective in assisting with healing of Indigenous communities following a disaster.

Keywords

Indigenous, Wildfire, Service Providers

016 Submission No. 55888

"As a Native person in Canada you have to learn how to be strong, it's innate in us to cope": Indigenous stories of coping following a wildfire disaster in Alberta, Canada

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 Kayla Fitzpatrick BSc. MSc., University of Alberta
 Tara Azimi BA, C.C.C, University of Alberta
 Tara McGee PhD, University of Alberta

Background and Purpose/Objectives

In May 2016, the Horse River wildfire devastated the northern Alberta region of Wood Buffalo causing a mandatory evacuation of an estimated 88,000 residents. Impacts from the wildfires include individual and community level trauma, as well as negative consequences on mental and emotional well-being. Indigenous people may be particularly vulnerable to disasters due to historical trauma, colonization, and limited access to resources and culturally appropriate supports to aid in recovery. The Regional Municipality of Wood Buffalo (RMWB) houses 6 Métis Locals and 5 First Nations bands. The objective of this study was to qualitatively explore the lived experience of Indigenous residents following the 2016 Horse River wildfire.

Methodology

This participatory research relied on recruitment from community partnerships. Urban and rural perspectives as well as elder, adult and

youth representation were included. Using storytelling as a research method, we explore Indigenous perspectives of resilience through sharing circles. Four sharing circles were held with a total of 34 Métis and First Nations residents to capture: 1) Indigenous perspectives of resilience; 2) individual and community-level factors of Indigenous resilience during and after the wildfire; and 3) intergenerational experiences of resilience among Métis and First Nations in the RMWB. A qualitative descriptive analytical approach was used to identify common themes from the sharing circles.

Results/Impact/Outcomes

Three common themes emerged (1) personal and community isolation; (2) exclusion from mainstream responses and recovery; (3) community strengths and cohesion. Intergenerational stories of resilience during and after the fire highlighted similar lived experiences and feelings among elders, adults and youth such as loss, separation, exclusion. For many residents, the sharing circles were the first time they openly spoke about their lived experiences of the wildfire.

Conclusions and Discussion

Our research captures Indigenous perspectives on resilience through stories of the wildfire. For Indigenous evacuees, resilience lies in their connection to land, culture and relationship with family and community. Furthermore, this research highlights the value of Indigenous perspectives on resilience for future preparation, response, and recovery from a natural disaster.

Keywords

Indigenous, Wildfire, Resilience

017 Submission No. 55499

Medicine Wheel Balance App: Complimentary Component to the Aaniish Naa Gegii: Children's Health and Well-being Measure (ACHWM)

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 Mary Jo Wabano BA MHK, Naandwechige-Gamig, Wikwemikong Health Centre
 Paul Pomerleau, Laurentian University

Background and Purpose/Objectives

The Aaniish Naa Gegii: Children's Health and Well-being Measure (ACHWM) is a comprehensive health assessment for Indigenous youth between the ages of 8-18. The ACHWM covers key health concepts: spiritual, emotional, physical and mental. A creative design was needed to facilitate sharing of results in a way that would resonate with children and support a conversation with local mental health staff.

Methodology

A new App was developed to incorporate the 4 health concepts, celebrate individual strengths and foster discussion for growth towards a balanced well-being. The ACHWM results are typically presented as numeric scores for each of the 4 health concepts. The Medicine Wheel visual was selected as it is non-numeric and First Nation children have a strong cultural understanding and connection to the Medicine Wheel.

Results/Impact/Outcomes

We programmed a new Application for Android tablets that generates a colourful illustration of ACHWM scores in the form of a Medicine Wheel. The image displays coloured quadrants, with the size of each quadrant representing the individual's results. This visual of their ACHWM results is a catalyst to support local health staff in identifying and celebrating a child's current strengths while working to achieve balance in their well-being.

Conclusions and Discussion

The ACHWM Balance App is designed to provide local health staff the opportunity to visually display ACHWM scores in a unique manner that resonates with children. This new Balance app helps direct conversation by both celebrating current strengths and illustrating where opportunities to grow may reside in order to establish a balance among the 4 health quadrants.

Keywords

Indigenous Youth, Health and Wellness

0 18 Submission No. 55506

Aaniish Naa Gegii: Children's Health and Wellbeing Measure (ACHWM)

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Background/Rationale

There are emerging opportunities to improve the health of Indigenous children and youth. The Aaniish Naa Gegii: Children's Health and Well-being Measure (ACHWM) is a culturally relevant and holistic tool to measure the health and well-being of First Nation, Inuit and Métis children between the 8-18 years of age. The goal of this tool is to offer a safe and engaging opportunity for children to voice their feelings and reduce the barriers (e.g., stigma) to accessing support earlier than might typically occur without the measure, thereby allowing for earlier intervention and improved health outcomes. The measure was developed in collaboration with children, based on the Medicine Wheel framework. This workshop will introduce the interactive measure as a tool for population health assessment; for program evaluation; or for mental health screening.

Objectives

We hope to address current challenges facing the sector of Indigenous child and youth mental health while offering a holistic health perspective and providing a resource, offering an opportunity for audience members to engage with the ACHWM tool. After this workshop, audience members will have a clear understanding of the origin of the ACHWM, how the ACHWM can act as an effective screening tool, the evidence-based benefits of the measure, the importance of early identification of depression specific to Aboriginal children and youth, the importance of youth collaboration in both research and the organizational level, and the practicality of implementing the tool in First Nations communities.

Instructional Methods

This The first part of the workshop will be done with a traditional explanation of the material via PowerPoint. The second part will take more of a participatory action style where the participants will be encouraged to practice the ACHWM measure on one of the tablets provided at each table.

Keywords

Indigenous Youth, Health and Wellness

0 19 Submission No. 55883

Further strengthening child and family health through Aboriginal Head Start in Urban and Northern Communities

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Diana Gresku
Stephanie Cerutti

Background and Purpose/Objectives

A study completed by the Public Health Agency of Canada (PHAC) analyzed program stories provided by Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program sites across Canada to obtain information about promising community-based practices and early intervention strategies to support Indigenous early childhood education and improved health outcomes. This study highlighted that the AHSUNC program is an early childhood intervention that is culturally appropriate and applies a strengths based and empowerment approach by including parents in decision making with links to community partners.

Methodology

This qualitative study with 134 AHSUNC sites across Canada, used data driven and theory driven codes to derive construct driven themes that emerged from qualitative analysis of site stories -told mainly by site coordinators, parents and caregivers.

Results/Impact/Outcomes

The study found that AHSUNC sites strengthen child health and development, parental and family involvement as well as community involvement, promote social support as well as Indigenous culture and language. Stories also conveyed how programming is locally-driven, needs-based and centered on Indigenous ways of knowing. As well stories conveyed how sites offer high-quality early learning and child care environments. Finally AHSUNC, sites were found to strengthen Indigenous community resilience.

Conclusions and Discussion

The AHSUNC program is assisting Indigenous children, families and the broader community to effectively respond to adversity and challenges, fostering community resilience and setting the path for improved health and wellbeing.

Keywords

Healthy child development, Indigenous community action intervention, promising community-based practices

0 20 Submission No. 54893

Developing an Innu CBPR framework for health research: The canoe trip as a metaphor for a collaborative approach centred on valuing Indigenous knowledges

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Samantha Wells, Centre for Addiction and Mental Health (CAMH)

Anita Olsen Harper PhD, National Aboriginal Circle Against Family Violence, Kahnawake, Quebec

Background and Purpose/Objectives

Indigenous communities increasingly assert their right to self-determination by requiring that research approaches value and prioritize Indigenous knowledges. We describe our experience and results developing a community-based participatory research (CBPR) framework for health research with the Labrador Innu.

Methodology

Innu leaders directed that Innu knowledge be vital in the research. This led the research team, composed of Innu and non-Innu researchers, to return to the deep theoretical foundations of CBPR and to develop, through continued dialogue, an Innu-specific framework for health research that focuses on the relational space that exists between researchers.

Results/Impact/Outcomes

We illustrate this framework through a metaphor – proposed by Innu partners – of canoeing together through Innu lands via waters. The canoe, the items taken by the Innu researcher and the method of loading the canoe represent Innu knowledge. The knowledge of the non-Innu partner is represented by the items taken for the trip. The water represents receptivity and relationships as foundational to CBPR. The harmonious canoe paddling by the Innu and non-Innu researchers represents collectivity and reciprocity as a way of knowing. The framework outlines practices that non-Innu researchers need to demonstrate which include questioning their own assumptions about their knowledge. From there, other behaviours will follow in a mutually reinforcing manner to establish relational spaces that include both paddlers.

Conclusions and Discussion

Our approach is useful for Indigenous leaders, health practitioners, and researchers who seek community solutions to Indigenous health and wellbeing through research that aims at integrating Indigenous and Western methods in collaborative inquiry.

Keywords

community-based participatory research, Indigenous ways of knowing, Indigenous health

0 21 Submission No. 55848

Bringing Hearts and Minds Together

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Background and Purpose/Objectives

Bringing Hearts and Minds Together was a collaborative effort between Bow Valley College and Kainai Board of Education to co-create lifelong learning materials for caregivers of Indigenous children. It is recognized that many Indigenous children and families experience high levels of stress related to the effects of colonialism, which have had devastating effects. The aim of this research project was to address this through presenting the Brain Story education tool developed by the Alberta Family Wellness Initiative that explores the latest research in brain development.

Methodology

Through Sharing Circles, we worked to translate that knowledge into culturally appropriate understandings. The Sharing Circles, included entire project team: early childhood educators, Kainai Nation Elders, early childhood development subject matter experts, Indigenous researchers, and school administrators. The Sharing Circles fostered cooperative learning, mutual respect, openness, self-direction, and critical reflection for two-way learning and supported community-led goals.

Results/Impact/Outcomes

The Sharing Circles indicated that the Brain Story course, although articulated in a Western academic manner, supports traditional Blackfoot cultural practices for developing a healthy child. However, consistent community practice of these traditional cultural ways of being, knowing, and doing has been lost due to the legacy of colonization and the Indian Residential School System.

Conclusions and Discussion

It was decided that traditional child-rearing practices must be shared with the community in a culturally appropriate way in the Blackfoot language. This led to the creation of a short video and the development of a series of posters that articulate the principles of the Brain Story in culturally congruent Blackfoot ways.

Keywords

Kainai Traditional Knowledge; Colonialism; Early Childhood Development

0 22 Submission No. 55425

Health Leadership for Reconciliation: Enabling Cultural Safety in Health Systems - Wise Practices and Lessons Learned from the Promoting Life Together (PLT) Collaborative

Despina Papadopoulou, Canadian Foundation for Healthcare Improvement
Kelly Brownbill, Canadian Foundation for Healthcare Improvement

Background/Rationale

The Promoting Life Together (PLT) Collaborative brought together teams from across Canada to support the development of meaningful partnerships between health organizations and Indigenous communities to develop life promotion initiatives within communities. A Guidance Group of mental health organizations, Elders, youth and Indigenous leaders was established to ensure co-design and delivery, development of guiding principles, reflective practices, and a coaching model, to support learning and enhance capacity for cultural safety, relationship building and partnership. Preliminary results indicate that this collaborative supported the development of new or improved relationships, spread of the First Nations Mental Wellness Continuum Framework, and implementation of policies/processes that increase cultural safety and support reconciliation.

Objectives

Reconciliation efforts are increasing, as healthcare leaders gain understanding of the historic wrongdoings that have shaped the current disparities in health of Indigenous people. The presenters will share how the PLT Collaborative resulted in a fundamental change in how health organizations partner with Indigenous communities in the design and

delivery of life promotion initiatives, and how that can lead to health system transformation. The workshop will be grounded in culture and ceremony; it will be facilitated in circle and begin with an opening prayer and smudge. Introductions to foster trust and safety will follow, providing an opportunity to practice working in relational/reciprocal ways. Critical self-reflection to foster analysis of assumptions and questioning of behaviors/experiences within a broad context of issues will also be emphasized.

Instructional Methods

At the conclusion of the workshop participants will have enhanced understanding of: 1. Readiness for reconciliation to support relationship building and partnerships. 2. Application of wise practices for life promotion, Indigenous mental wellness frameworks, and culturally safe practices.

Keywords

Reconciliation, Life promotion, Cultural safety

0 23 Submission No. 55861

Monitoring Indigenous health using the Pan-Canadian Health Inequalities Reporting Initiative

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Background and Purpose/Objectives

Health inequalities monitoring and reporting systems are critical for informing effective action to improve the health of Indigenous populations. The Pan-Canadian Health Inequalities Reporting Initiative (HIRI), a collaborative undertaking by the Public Health Agency of Canada and FNIGC, among others, aims to establish the capacity for routine national surveillance and reporting of health inequalities in Canada.

Methodology

HIRI draws on 14 national data sources, including the First Nations Regional Health Survey. Data have been consolidated for over 70 indicators of health status and determinants of health, stratified by 14 sociodemographic variables. Results are available for Indigenous populations for about 85% of the indicators, and almost 75% of indicators can be disaggregated by First Nations (on reserve), Inuit, and Métis populations.

Results/Impact/Outcomes

HIRI products include an online, interactive Health Inequalities Data Tool of the 70+ indicators. Users can retrieve, visualize, and explore the data using different measures of inequality by topic and population of interest. Another HIRI product is the "Key Health Inequalities in Canada" report, which provides a narrative interpretation of results for

a subset of 22 key indicators that represent particularly pronounced and widespread health inequalities in Canada, covering a range of domains, including social and structural determinants of health.

Conclusions and Discussion

HIRI supports the Government of Canada's commitment to implementing the Truth and Reconciliation Commission Recommendations, including measuring, reporting on, and monitoring gaps in health outcomes and social determinants of health between Indigenous and non-Indigenous peoples.

Keywords

health inequalities, social determinants of health, Truth and Reconciliation Commission Recommendations

O 24 Submission No. 55403

Inuusinni Aqqusaaqtara: Inuit Cancer Project

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Sipporah Enuaraq, Pauktuutit Inuit Women of Canada
Tracy Torchetti, Canadian Cancer Society

Background and Purpose/Objectives

Cancer is a leading cause of death among Inuit populations. Compared to the general population of Canada, Inuit have a higher incidence of cancers. Pauktuutit Inuit Women of Canada is developing culturally appropriate cancer awareness tools and a toolkit to support community health representatives, health care providers and Inuit cancer patients.

Methodology

Inuusinni Aqqusaaqtara - My Journey - is a collection of cancer resources developed for Inuit patients, caregivers, and health care providers with the aim of helping increase patient's health literacy and understanding of the disease, their diagnosis and treatment. Along with existing multi-lingual cancer glossaries, personal journals and information booklets, two new e-learning modules have also been created for both patients and health care providers. One e-learning module engages patients and caregivers through videos, what to expect during the cancer journey and other helpful information. The other engages health care providers around cultural sensitivity, how to include the Inuit cancer resources into their practice and other key learnings.

Results/Impact/Outcomes

The goal is to increase knowledge about cancer, to improve communication between Inuit cancer patients and non-Inuit health care providers, help dispel fear of cancer, enhance culturally appropriate care from health care providers, promote mental wellness for newly diagnosed Inuit cancer patients, and improve overall quality of life of Inuit communities.

Conclusions and Discussion

Pauktuutit Inuit Women of Canada and the Canadian Cancer Society are working in collaboration to develop meaningful ways to support better health, reduce cancer incidence, and increase prevention and early detection in the Inuit population.

Keywords

cancer, Inuit, e-learning

O 25 Submission No. 53201

Bringing Birth Home: Restoring Indigenous Midwifery

Marla Monague , Association of Ontario Midwives
Tamara Cascagnette , Association of Ontario Midwives

Background and Purpose/Objectives

Background and Purpose: to educate on the movement to restore Indigenous midwifery in First Nation communities. Increasing public awareness and garner interest from community health leaders to begin thinking about how Indigenous Midwifery is beneficial for the health of their community population, fitting into the wholistic principles of Indigenous health care.

Methodology

Methodology: Research and consultation efforts at the Association of Ontario Midwives resulted in the funding of the Indigenous Midwifery department and subsequently, allocated funding for First Nation communities to operate Indigenous Midwifery programs. Through an Indigenous midwifery gathering and a strategic planning session with experts and traditional knowledge keepers, recommendations around education and increasing awareness were determined as priorities.

Results/Impact/Outcomes

Results/Impact/Outcomes: Ultimately, we aim to have more Indigenous Midwifery programs in Ontario. Indigenous midwives are not only primary health care providers, but they provide culturally safe care, directly in the community. Bringing birth back to communities is a foundational step towards rebuilding nationhood and reclaiming Indigenous practices and protocols around pregnancy and birth, infant teachings and family preservation. It also saves on healthcare costs by avoiding contemporary evacuation methods often used as the only way to provide maternal and obstetric care.

Conclusions and Discussion

Conclusion: our goal is that the audience understands that Indigenous Midwifery is embedded in original ways, it is a practice that belongs to our nations, and has evolved to maintain standards of current primary health care, whilst applying Indigenous knowledge and practices, that are led by core competencies that are responsive to the Indigenous community.

Keywords

Restoration, Reclamation, Resurgence

O 26 Submission No. 53614

Revitalizing Culture and Healing: Resources to Advance Collaborative Action on FASD Prevention in Indigenous Communities

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Nancy Poole PhD, Centre of Excellence for Women's Health
Alexa Norton, First Nations Health Authority
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Background and Purpose/Objectives

Historically, pregnancy, childbirth, and mothering were an important part of continuing Indigenous languages and cultural traditions. Residential schools and subsequent assimilatory policies disrupted families and communities; preventing the transmission of child-rearing practices and perpetuating the misconception that Indigenous families and communities were unable to raise their children. The resulting intergenerational trauma manifested in communities in many ways, including high rates of substance use and addiction.

Methodology

In March 2019, Advancing Collaborative Action on FASD Prevention brought together community leaders and leading experts in interdisciplinary FASD prevention to share what is known about community-based, community-led FASD prevention programs in Indigenous communities. This meeting provided the opportunity for participants to discuss and advance Indigenous-led prevention program development, implementation, and evaluation. Workshop participants collaboratively developed a booklet to support existing and future prevention program planners and providers.

Results/Impact/Outcomes

The booklet, entitled *Revitalizing Culture and Healing: Indigenous Approaches to FASD Prevention*, articulates the diverse approaches to Indigenous wellness and FASD prevention programming taken by communities and affirms the role of Indigenous knowledge systems, language, culture, and holistic wellness approaches in addressing substance use and pregnancy. The varied approaches highlight the ways in which programs have been funded and developed to meet communities' needs.

Conclusions and Discussion

The booklet highlights the ways in which Indigenous communities have implemented Indigenous wellness and FASD prevention programs, acknowledging the role of culture in responding to the impacts of colonization and promoting wellness, healing, and

Indigenous ways of knowing at the individual, family, and community levels.

Keywords

Wellness, Healthy Beginnings, Fetal Alcohol Spectrum Disorder

O 27 Submission No. 55488

Supporting Indigenous Wellness through Wholeness: The Best Practice Spotlight Organization® (BPSO®) Journey for Indigenous Communities

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Greta Meekis, Sandy Lake First Nations
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Doris Grinspun RN, MSN, PhD, RNAO
Tanya Costa, RNAO

Background/Rationale

Indigenous communities in Canada are disproportionately affected by social determinants of health (SDOH), leading to higher rates of morbidity and mortality. To advance the needs of Indigenous peoples', the Registered Nurses' Association of Ontario (RNAO) is collaborating with eight Indigenous communities across Ontario to create a tailored program which honours Indigenous ways of knowing, and supports wholistic community wellness. Adapting the internationally renowned and successful Best Practice Spotlight Organization® BPSO methodology, partners are co-creating evidence-based environments that integrate traditional and western knowledge to improve wellness amongst their people and communities.

Objectives

This interactive workshop will highlight successes of the Indigenous Focused BPSO methodology using the Knowledge-to-Action framework and Social Movement Action, to integrate Indigenous knowledge and practices with mainstream evidence-based practices. Interactive discussions involving the presenters and participants will focus on: a) integration of traditional and indigenous ways of knowing when using wise (evidence-based best) practices; b) methods of integrating community through social movement action into shaping their health outcomes through BPSO; and c) building capacity amongst health and social service providers at the individual, community, organization and system level.

Instructional Methods

The workshop will use a dynamic, facilitated approach to understand the knowledge-to-action framework alongside Indigenous ways of knowing. Participants will engage in activities to develop strength based approaches to health and wellness. Through the use of an opportunity analysis and priority matrix, participants will be able to identify areas

Keywords

Health System, Social Determinants of Health, Indigenous Communities, Best Practices

0 28 Submission No. 55489

Supporting Commercial Tobacco Interventions with Indigenous Women, Families and Communities

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Background and Purpose/Objectives

Indigenous communities in Canada are disproportionately affected by social determinants of health (SDOH) leading to higher rates of morbidity and mortality. Commercial tobacco use is a contributing factor and a symptom of social inequities, and nurses can help co-create meaningful and culturally relevant interventions. The Registered Nurses' Association of Ontario (RNAO) and eight Ontario Indigenous communities co-created and co-lead a program to support reductions in commercial tobacco use, focusing on pre and post natal women and their families, given that they experience higher prevalence rates and risk for incremental harm.

Methodology

The program addressing SDOH is driven by Indigenous values, beliefs and rights to self-determination. It includes three major components. First, an Indigenous partner reference group with leadership from various Indigenous associations. Second, development of a best practice guideline (BPG) focused on pregnant women and their families, co-led by Indigenous practitioners and researchers experts on tobacco cessation. It follows RNAO's well established BPG development methodology. Third, implementation of the BPG by Indigenous communities who have joined RNAO's Best Practice Spotlight Organization (BPSO) program tailored to local needs.

Results/Impact/Outcomes

Results are being evaluated through local data collection using both qualitative and quantitative methods. This presentation will highlight evaluation outcomes, key learnings and the outcomes achieved through program components including the critical role of nurses in closing health inequities.

Conclusions and Discussion

Through our practice nurses' in partnership with Indigenous communities can lead changes in health and social policies at the local, regional and national levels.

Keywords

Social Determinants of Health, Health Systems and Best Practices

0 29 Submission No. 55431

Stand Up for Indigenous Health: A Simulation-based Tool for Educating Family Medicine Residents about the Social Determinants of Health of Indigenous Peoples Living in Canada

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Latif Murji MD, University of Toronto

Background and Purpose/Objectives

Stand Up for Indigenous Health (SU4IH) is a simulation-based tool for promoting intercultural competency. It consists of a 2-hour immersive simulation navigating health and healthcare as an Indigenous person in Ontario. The simulation is followed by a facilitated debrief in small groups to discuss participant experiences and public health implications. This tool was developed using a community-based participatory approach. The aim of this proof of principle study was to assess whether SU4IH is effective in promoting intercultural empathy and enhancing knowledge of the social determinants of Indigenous health.

Methodology

Using a pre-post intervention study design, we collected quantitative and qualitative data on Family Medicine residents' change in empathy towards Indigenous people (primary outcome), knowledge of the social determinants of Indigenous health (secondary intervention) and motivation to engage with Indigenous populations (secondary outcome). We used the abridged Scale of Ethnocultural Empathy (aSEE) to quantify residents' change in empathy pre- and post-simulation. Family Medicine residents were recruited from two training sites: Niagara (n = 16) and Barrie (n = 13). We facilitated SU4IH at their respective sites in January 2019. Local Indigenous community members were included to provide input during the simulation and debrief.

Results/Impact/Outcomes

Residents' mean scores on the aSEE were statistically significantly increased after participation in SU4IH (p

Conclusions and Discussion

SU4IH shows promise as a tool for building medical trainees' intercultural empathy and motivation to engage with Indigenous people in Ontario. It enhances medical trainees' knowledge of the social determinants of Indigenous health. These outcomes have the potential to address an important gap in medical education and may improve current and future physicians' ability to provide culturally safe care to Indigenous patients.

Keywords

Social Determinants of Health, Medical Education, Cultural Safety

O 30 Submission No. 60245

The right to retire: Mortality experiences of 59 First Nations in Northern Ontario

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Background and Purpose/Objectives

Mamow Ahyamowen (www.mamowahyamowen.ca) is a Northern Ontario epidemiology partnership that formed in 2016 to provide the health information our communities need to achieve health equity. This session presents results of the first ever analysis of the mortality experience of many Northern Ontario First Nations. This session will enable participants to: 1. Identify causes of death and chronic conditions present at the time of death 2. Describe why regional statistics can lead to poor decision making

Methodology

Following community consultation, 59 First Nations chose to participate in a descriptive quantitative analysis. Analyses were conducted using multi-linked datasets held at the Institute for Clinical Evaluative Sciences (ICES).

Results/Impact/Outcomes

61% of deaths occurred before retirement age compared to 22% for Ontario. Premature mortality increased 98% from 1992-2014 while decreasing 21% across Ontario. Proportions of premature deaths varied by community from 41% to 81%. Injuries were the most common cause of death (27 per 1,000 population). This was 3.8 times Ontario's rate. There was high community level variation in Injury related deaths. For example, six communities (10%) had no suicides reported over the 23 years analyzed while several communities had rates much higher than Ontario and Mamow Ahyamowen averages.

Conclusions and Discussion

This is the first time that many Northern Ontario First Nations have ever seen their data on the most basic and universally recognized health indicators. Aggregated data provides important time trends, age, and sex disaggregation. Community level data highlights unique community

health experiences that are important for program planning but faces population size limitations.

Keywords

Mortality, Epidemiology, Chronic Disease

O 31 Submission No. 55369

Knowing ourselves, lighting the way: Kahnawa:ke's path to access, understanding and use health surveillance information.

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Background and Purpose/Objectives

Kahnawà:ke is a large Mohawk community in Quebec. Like many First Nation communities, it has made great efforts to establish and maintain preventive services and health promotion programs by, with and for Mohawk people, at times with some collaboration from provincial and federal agencies, and at times without. Even so, the ability to focus, evaluate and improve these public health services and programs has been impeded by a lack of health surveillance information specific to the community.

Methodology

We will describe our process of developing a partnership with our regional public health department and leveraging an existing relationship with ISC-FNIHB to access and use health surveillance data pertinent to the community. We will discuss how OCAP principles were applied to health surveillance and how we created our first community health portrait Onkwaná:ta/Our Community, Onkwatákarí:te/Our Health. http://kmhc.ca/CHP/kahnawake_health_portrait.pdf

Results/Impact/Outcomes

In 2018, Kahnawà:ke published the first volume of a comprehensive community health portrait Onkwaná:ta/Our Community, Onkwatákarí:te/Our Health. It has been presented to and used by many community members and agencies to better understand community health needs and to improve on services. It has been accessed over 2000 times.

Conclusions and Discussion

The process Kahnawà:ke has used in creating its health portraits can serve as a roadmap for other communities and their partner institutions. This process demonstrates the unique needs of Indigenous communities and the roles for regional, provincial & federal public health institutions in participating in a community-driven collaborative approach to ensure accurate, timely and actionable information is available to inform community health priorities and actions.

Keywords

OCAP, Data, health surveillance

O 32 Submission No. 55391

Indigenous Parents Acceptance of Silver Diamine Fluoride to Treat ECC

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Background and Purpose/Objectives

Understand and measure Indigenous parents' perceptions and decision-making regarding the acceptance of Silver Diamine Fluoride (SDF) for arresting early childhood caries (ECC).

Methodology

A mixed-methods convergent design using Indigenous Learning Circles (LCs) and a structured 13-item survey questionnaire. LCs were conducted as part of the Nishtam Niwiiipitan (My First Teeth) Study in four First Nations (FNs) communities in Ontario and Manitoba. Purposive sampling recruited 42 participants. LCs presented images and videos explaining ECC, how general anesthesia (GA) is used to treat ECC, and how SDF works. LC discussions followed, were recorded and later transcribed for thematic analysis. Questionnaires were completed at the end of LCs.

Results/Impact/Outcomes

Two themes emerged: acceptance of SDF and concerns over dental staining resulting from SDF applications. Factors favoring SDF acceptance included: reduction in dental pain and risks associated with GA treatment; preference for SDF on posterior teeth; geographic location, and; oral-health education. Concerns included staining as a sign of parental negligence and peer bullying/stigma that were mainly reported among parents in FNs located near urban centers. Converged findings: 73.7% would choose SDF instead of GA; parents from remote FNs were 6.3 times as likely to agree/strongly agree that SDF staining on front teeth would be acceptable as parents in rural/urban FNs; 71.4% agreed/strongly agreed that LCs made them more likely to choose SDF.

Conclusions and Discussion

ECC experience, remoteness and oral-health education contributed to parental acceptance of SDF, with remote FNs demonstrating the highest acceptance rates. Caregiver education is vital to SDF acceptance in Indigenous communities.

Keywords

Early Childhood Caries; Indigenous Peoples; Silver Diamine Fluoride

O 33 Submission No. 55477

Surveying Childhood Adversity and Resiliency among Indigenous University Students in Canada.

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Background and Purpose/Objectives

Adverse childhood experiences (ACE) are associated with health-risk behaviours and chronic disease development. Although valuable, conventional ACE surveys may fail to adequately capture the range of adversities that some communities experience. As a result, we wanted to investigate whether Indigenous people living in Canada identified domains of ACE not captured by conventional ACE surveys. In addition, we wanted to understand potential sources of resiliency and healthy coping.

Methodology

Qualitative interview and focus group methodologies were used; notably, we integrated aspects of the nominal group technique with core elements of First Nations Sharing Circles. The data were thematically analyzed and organized by their impact as perceived by participants.

Results/Impact/Outcomes

Participants shared 35 types of ACE that Indigenous youth may experience, and these were organized into five domains: historical trauma, lack of infrastructure and public services, household and community dysfunction, gender-based adversities, and racial discrimination. Four domains of resiliency and health coping were identified, including healing from trauma, improving cultural connections, strengthening social networks, and developing skills and knowledge.

Conclusions and Discussion

Our findings show the need to appreciate the sociological and historical experiences of communities, regardless of direct personal exposure, when surveying ACE among Indigenous youth. In addition, to strengthen resiliency, our participants indicated that support should be directed to Indigenous-based counselling and programming, networking opportunities, and skill development. We hope that our work will show the value of trauma-informed approaches when considering the development of health, social, and legal services for Indigenous communities.

Keywords

Assessment, Adversity, Resiliency

O 34 Submission No. 52315

Methods to benefit First Nations children's health using Jordan's Principle funding

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Background and Purpose/Objectives

First Nations children face challenges and barriers beyond what most Canadians face. Those in a child's circle of care can mobilize Jordan's Principle funding to help these children in almost every aspect of their life, including: health, social and education. While the understanding of the issues facing First Nations children is far reaching, the ways in which support is available isn't fully understood, especially in relation to the wide funding umbrella that is Jordan's Principle.

Methodology

We will discuss who is covered, and how Jordan's Principle can be implemented. Along with this, four case examples will be provided to show the range of opportunities.

Results/Impact/Outcomes

We will show four case examples of how the funding has benefited children of Six Nations. This will demonstrate the large range of applications for which assistance has been provided.

Conclusions and Discussion

Discussion will focus on specific outcomes of Jordan's Principle implementation, especially relating to benefits provided on Six Nations of the Grand River.

Keywords

Children, Solutions, Funding

O 35 Submission No. 53123

Links between Health Literacy and Masculinities among young Aboriginal and Torres Strait Islander Males

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Background and Purpose/Objectives

Health literacy and gender are seen as critical social determinants of health impacting on the lives of Indigenous people worldwide. Yet, very little is known about how these concepts shape the identities of young Indigenous men. The aim of this study was to explore the interplay between health literacy, gender (specifically masculinities) and cultural identity among young Aboriginal and Torres Strait Islander males aged 14-24 years living in the Northern Territory (NT), Australia.

Methodology

This is a mixed-methods study involving a combination of validated surveys, yarning sessions and photo-voice methods. The qualitative components are consistent with decolonising methods frequently advocated in Indigenous research contexts. Ethics approval was obtained through the Charles Darwin University Human Research Ethics Committee. The fieldwork was undertaken within urban and remote settings in the Top End of the NT.

Results/Impact/Outcomes

This multi-faceted research provides an empirical baseline about health literacy among young Aboriginal and Torres Strait Islander males in the NT. It unpacks the ways in which hegemonic masculinity is resisted as a colonial construct, yet simultaneously embraced as a cultural construct tied to being strong, resilient and disciplined. As such, our findings show alternative masculinities are constructed by young Aboriginal and Torres Strait Islander males in the NT in relation to the way they understand and negotiate their health and wellbeing.

Conclusions and Discussion

It is envisaged these research findings will guide more culturally relevant and targeted programs and policies tailored to the needs and emerging gender identities of young Aboriginal and Torres Strait Islander males.

Keywords

health literacy, culture, Indigenous

O 36 Submission No. 54833

The development of a promising practice guide for improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander youth: Implications for policy and practice

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Background and Purpose/Objectives

Youth mental health and suicide prevention is considered a significant national health priority in Australia, with multiple investments noted over the past few years. However, youth mental health concerns are disproportionately noted among Aboriginal and Torres Strait Islander (Aboriginal) youth. It is therefore important that programs and services are tailored to meet the needs of this population, and that strategies are grounded in culturally responsive practices that incorporate Indigenous conceptualisations of social and emotional wellbeing (SEWB).

Methodology

This presentation will draw on outputs from a four-phase research process involving (a) a literature review of both grey and academic literature about promising practice approaches to improving the SEWB for Aboriginal young people; (b) a document analysis of mental health services and programs commissioned by Primary Health Networks (PHN) across Australia that specifically target Aboriginal youth; (c) the documentation of case studies that exemplify promising and innovative SEWB programs and services targeting Aboriginal youth; and (d) the development of a promising practice guide which aims to provide guidance to PHNs that commission primary health care services aimed at improving the SEWB of Aboriginal youth.

Results/Impact/Outcomes

At present, there are very few documented examples of promising practices that meet the needs of Aboriginal youth. This presentation documents a project undertaken throughout 2019 to identify and document promising practice service approaches for improving SEWB among Aboriginal youth. Both youth, and Indigenous, investigators were involved in the development and implementation of the project.

Conclusions and Discussion

We will primarily showcase the promising practice guide throughout this presentation.

Keywords

Indigenous youth; social and emotional wellbeing; mental health

0 37 Submission No. 55395

Standing in the Matriarchal Footsteps of our Cree Ancestral Grandmothers

Kathleen McMullin BEd., MEd., Phd Candidate, University of Saskatchewan

Background and Purpose/Objectives

Indigenous families engaged in a mixed bush and modern economy have often adapted to over-crowded substandard permanent houses. The separation of Sacred space from matriarchal homes to the residential schools culturally disrupted the traditional environment. This

research describes Cree perceptions of living in self-built dwellings and how federal government homes impacted traditional concepts of home in two Woodland Cree First Nations; Lac La Ronge Indian Band and Montreal Lake Cree Nation, Saskatchewan.

Methodology

The over-arching question gleans practices in individual, family and home health: 'Would you please share with me, where you grew up and what it was like growing up in your house(s) and the values your family followed in your homes?' An integrated knowledge translation approach utilizing reciprocal learning circles and storytelling explores the values inherent in the Indigenous health promotion of homes.

Results/Impact/Outcomes

Prior to contact, Cree tipi and migawap teachings were and remain the foundational values of self-governance and self-determination since they are the ethical codes of conduct that guide the people. The stories capture how Woodland Cree families created reflections of themselves in their children and the interplay of home. Participants speak the language of possibility in co-creating healthy families and communities.

Conclusions and Discussion

The home fires of residential school or 60s scoop survivors were often extinguished by government policies. Survivor stories are critical to understanding how they were prevented from enjoying individual and community well-being. The decolonized home requires that modern dwellings be re-conceptualized to traditionally represent the kinship patterns and values of its peoples.

Keywords

matriarchal, dwellings, decolonization

0 38 Submission No. 55371

An Examination of Adverse Childhood Experiences and Post-Traumatic Stress among First Nations Adults Seeking Substance Use Treatment

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Elaine Toombs MA, Lakehead University

Tina Bobinski, Dilico Anishinabek Family Care

Meagan Drebit, Dilico Anishinabek Family Care

John Dixon, Dilico Anishinabek Family Care

Christopher Mushquash, Lakehead University and Dilico Anishinabek Family Care

Background and Purpose/Objectives

Treatment providers have anecdotally expressed that First Nations clients seeking residential substance use treatment in Canada report high rates of adverse childhood experiences (ACEs) and present with high rates of post-traumatic stress symptoms (PTSS). To date, no known studies have documented the rates of ACEs experienced among this

population. Similarly, little is known regarding the prevalence of PTSS among First Nations clients seeking substance use treatment, or how this relates to previous experiences of childhood adversity.

Methodology

As part of a larger study on ACEs among First Nations adults seeking residential substance use treatment in Northwestern Ontario, participants completed the Post-Traumatic Stress Disorder Checklist 5 (PCL-5) and the ACE questionnaire which involves self-report items pertaining to the types of ACEs participants experienced.

Results/Impact/Outcomes

Among participants, the mean number of ACEs was 5.24 (SD = 2.93). The mean PCL-5 score was 37.92 (SD=16.77; PCL-5 clinical cut off scores = 33). A linear regression analysis revealed that the number of ACEs was associated with PCL score, such that the more ACEs participants had experienced, the more severe their presenting PTSS at time of treatment.

Conclusions and Discussion

These findings can be used to inform treatment programming, with an emphasis on the need for culturally-based and evidence-informed treatments that address the longstanding effects of intergenerational trauma as a result of colonialism. This includes further examination of the role of culture as a protective factor in relation to the development of PTSS and substance use problems among Indigenous peoples.

Keywords

Adverse childhood experiences; substance use; post-traumatic stress

O 39 Submission No. 55437

Designing Supports for Mental Wellness and Crisis Support Teams

Brenda Restoule PhD, C. Psych, First Peoples Wellness Circle

Background/Rationale

Mental Wellness and Crisis Response Team have been established across the country to support First Nations by providing a community-driven, cultural strengths-based model to increase access to a range of mental wellness services including outreach, assessment, treatment, counselling, case management, referral and aftercare. These teams are often premised on a mix of clinical and community elements that have a strong foundation on cultural knowledge and evidence. The expansion of these teams across the country in the last few years has led to the recognition that a network of supports is necessary to support the expansion, provide opportunities to highlight best and promising practices and to support the ongoing capacity development of these teams to meet the high demand for culturally relevant services. This workshop will discuss the needs assessment undertaken by the First

Peoples Wellness Circle and the proposed network of comprehensive supports to be offered to Mental Wellness Teams.

Objectives

1. Highlight mental wellness services provided in First Nation communities.
2. Explore strategies to promote the development and implementation of Mental Wellness Teams.
3. Identify early learnings in creating a network for mental wellness workers in First Nation communities.

Instructional Methods

Powerpoint Presentation will be used to present findings of report as well as support services available to teams.

Keywords

Mental Wellness/Crisis Response Team

O 40 Submission No. 55400

Mature Cree Women's Strategies for Aging Well. Community Based Participatory Research (CBPR) in Maskwacis, Alberta: The Sohkitehew (Strong Heart) Group

Luwana Listener, University of Alberta
Sue Ross PhD, University of Alberta
Cora Voyageur PhD, University of Calgary

Background and Purpose/Objectives

Our goals were to explore strategies used by women to attain and maintain wellness as they age, and to communicate these successful strategies widely in the community.

Methodology

The Sohkitehew (Strong Heart) Group, including seven women Elders (four Cree Bands) guides the research. Three sharing circles were each facilitated by two researchers. The discussion topic was wellness strategies that women themselves find helpful as they age. Discussion was prompted using the four aspects of the Medicine Wheel - Physical, Mental, Emotional, Spiritual. Detailed notes from the sharing circles, were analysed using descriptive content analysis to identify useful strategies. From this information, we developed a booklet describing practical strategies for aging well. The booklet was discussed with Elders and presented for comment at two Community Feedback sessions.

Results/Impact/Outcomes

The Sharing Circles were attended by 36 community members. Practical strategies for aging well were identified, for example: Mental - learn new skills to nourish your mind; Physical - keep active to remain well; Emotional - laugh, cry, be happy; Spiritual - practicing nehiyawewin traditional ways. Some women commented that

balancing the four aspects is necessary to achieve wellness. The booklets have been well accepted and are being further refined for wider community use.

Conclusions and Discussion

Our CBPR research helped empower First Nations women to identify successful strategies for aging well and to produce booklets suggesting practical ways to do so. Future work will include developing a Cree language version of the booklet.

Keywords

indigenous health, women's wellness, aging well

O 41 Submission No. 55450

Growing together: Creating "trees of knowledge" to explore the lived experiences of Métis women in pregnancy, childbirth, and motherhood

Claire Cordingley BSc, Métis Nation of Alberta

Ana Belon PhD, University of Alberta

Kelsey Bradburn, Métis Nation of Alberta

Chelsea Gabel PhD, McMaster University

J. Cindy Gaudet PhD, University of Alberta

Ashton James BA, Métis Nation of Alberta

Maria Ospina PhD, University of Alberta

Background and Purpose/Objectives

Despite being one of Canada's three constitutionally recognized Indigenous peoples, Métis experiences are largely absent from health literature, particularly related to maternal and perinatal health. This presentation explores the creation of "trees of knowledge" through a project in partnership with the Métis Nation of Alberta and academics to better understand the experiences of Métis women during pregnancy and childbirth, and how social determinants shape these experiences.

Methodology

This project incorporates Métis and Western ways of knowing, and prioritizes Métis self-determination, which privileges the voices of Métis women. Six gatherings, using conversational methods and traditional teachings to emphasize connectedness and exchange of knowledge in a respectful and reciprocal manner, were held across Alberta. Gatherings were concluded by generating "trees of knowledge" that centre the voices of Métis women. These trees summarize the overarching experiences and themes discussed in each gathering, as defined by participants, displayed as branches on a tree.

Results/Impact/Outcomes

A total of 61 Métis women contributed to the creation of six "trees of knowledge". Women identified branches related to how colonialism has created systemic barriers to accessing care and resources. Despite these struggles, women also identified branches related to "reclaiming

Métis identity" through traditional teachings, and reflected on diverse community and kinship support systems, including the role of men in pregnancy and childbirth, and creating spaces to share stories among women.

Conclusions and Discussion

The creation of "trees of knowledge" is an Indigenous methodology that visually demonstrates and preserves knowledge created by Métis women through shared relationships and experiences during pregnancy, childbirth, and motherhood.

Keywords

Métis, maternal, health

O 42 Submission No. 55880

Anishinaabe Motherhood: The Act of resistance by resurging traditional pregnancy and maternal care

Amy Shawanda Ph.D. Candidate, Trent University

Background and Purpose/Objectives

My research focuses on empowering Anishinaabek Kwewag (Ojibwe/Odawa Women) where they are in position to revitalize several traditional birthing ceremonies that connect land and language. My intent is to weave in storytelling, language, and traditional teachings around maternity and post-natal care. It aims to reduce the health inequality gap for Indigenous women. Once the data results are complete, it will be shared with participants and other Indigenous communities that would like to access it. I will utilize an Indigenous research framework with Western methods while utilizing a Giizhigowaatik Debaajmoowin (cedar tree story) metaphor to share the methods. The origin story of the cedar tree runs in parallel with my research because the cedar is birthed to Mother Earth from Gzhe-Mnidoo (Creator/Great Mystery) to assist with the Anishinaabek. We use the cedar to open the line of communication between the physical and spiritual doorway (Genuisz, 2009). This is like the umbilic cord that we use to sustain life. The cedar story grounds the research in Anishinaabek understandings while still using a mixed-method approach to incorporate Western ways of knowing. Currently, there is a scholarly gap regarding Anishinaabek midwifery and minimal Anishinaabemowin around the birthing process and ceremonies. I provide a framework to revive this knowledge as it is the foundational step for language, culture, traditions, and life itself.

Methodology

My focus is on Indigenous research methodology and the storytelling method that took me on a long (both time and distance) journey to find the cedar story. I knew the narratives of sage, sweetgrass, and tobacco, but never heard the cedar story. I ventured out in Anishinaabe country to incorporate it into my research. Once I found the story, I was able to integrate it into my thesis on Anishinaabe Motherhood. I focus on

Storytelling method in a semi-structured interviews that focuses on personal, historical, and mythical narratives. The purpose is to give voice to Anishinaabe mothers as their voice and focus on the act of resistance to become mothers in a western world. I structure the data around conception, pregnancy, birth, and motherhood and how this can be incorporated into hospitals.

Results/Impact/Outcomes

The outcome is highlight how Indigenous women can employ Anishinaabe ways of knowing and language into the delivery room to empower women to be self-advocates in their child-rearing and care for themselves.

Conclusions and Discussion

The purpose is to have a health care facility that supports Indigenous women within their institutions to better support them on their cultural practices as this will assist in reducing long-term health effects.

Keywords

Motherhood, resurgence, resistance

0 43 Submission No. 55410

Elevated blood lead levels in children - Outreach and education, partnerships, and tackling sub-standard housing

Shannon Seneca PhD REHS/RS, Seneca Nation Health System

Background/Rationale

It is imperative to bring awareness of the dangers of lead in our environment. Lead poisoning is preventable although it is not easily reversible. It is crucial to engage in respectful discussions to maximize lead poisoning prevention potential. This topic reaches across many areas so it is important to build trust and support the development of networks and partnerships to reduce elevated blood lead levels in children. The Seneca Nation Health System's (SNHS) Environmental Health Unit is responsible for the Seneca Nation's Lead Poisoning Prevention Program. SNHS Environmental Health is a founding member of a Lead (Pb) Smart partnership, which spans across the Southern Tier in western New York. This partnership consists of county and state health departments to work together to reduce lead poisoning in children. We are also a key participant among a number of Seneca Nation departments in the management of a Tribal Healthy Homes grant that recognizes correcting unhealthy conditions in the home can help to bring about better health for all who live there.

Objectives

The Seneca Nation community, like many other First Nations, harbors feelings of mistrust with outside agencies. It is important to recognize that the more minds that are at the table increases the potential for success. Even though many First Nations are developing their own

health care systems, they are lacking experience and may strongly benefit from the expertise of others. The workshop will have two primary objectives. The first is to examine lead poisoning in children. The second intention is to consider the value in creating partnerships. The key points of discussion will be how children become poisoned with lead, the impacts that it has, to what we can do to combat it; as well as the importance of working together for the betterment of our children's future. The deliberation of these aspects among people that have been working in lead poisoning prevention for decades still occurs. Although most lead poisoning has no obvious, immediate symptoms, children's ability to learn and lifelong problems can occur due to the ingestion of small amounts of lead so prevention is of utmost importance.

Instructional Methods

The utilization of a power point presentation to provide a background and facilitate discussion will be the center point of the workshop. The goal is to have participants learning from one another while using our work as an example that may be replicated elsewhere.

Keywords

children environmental health

0 44 Submission No. 55503

The Cedar Project WelTel mHealth Program for HIV-related health and wellness among young Indigenous people who have used drugs

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 Patricia M Spittal PhD, University of British Columbia

Background and Purpose/Objectives

Evidence suggests that using mobile phones for health (mHealth) is effective for supporting engagement in care and ancillary services. To our knowledge, no previous studies have tested two-way supportive text messaging mHealth to support HIV-related health and wellness among young Indigenous people who have used drugs.

Methodology

Cedar Project's WelTel mHealth program consisted of a bundle of supports, including mobile phone, long-distance plan, and supportive

text messaging with case managers. It was offered to 131 (52 HIV+) young Indigenous people who have used drugs involved in the Cedar Project cohort in Prince George and Vancouver. Each Monday, a 'how's it going?' text was sent automatically. Case managers responded to all participants and followed up with those who replied with a specific need.

Results/Impact/Outcomes

In total, 5217 'how's it going?' texts were sent September 2014–January 2016, of which 3982 (76.3%) received a response. The mHealth program facilitated family connections and its flexibility allowed it to be self-determined and participant-led. Among participants with HIV, receiving mHealth was associated with 2.09 (95%CI: 1.15–3.79; $p=0.016$) increase in odds of HIV treatment success (viral suppression) compared to the pre-program period. Among all participants, mHealth was associated with slightly higher mean resilience score (adjusted coefficient=3.02; 95%CI:0.34–5.69; $p=0.027$).

Conclusions and Discussion

Supportive mHealth that includes ability to call and connect with family and circles of care, as well as structured weekly interactions with a case manager, represents a feasible and valued response to HIV among young Indigenous people who use drugs, and who live with or are at risk of HIV.

Keywords

mHealth; HIV; substance use

O 45 Submission No. 55482

Privileged Perspectives: Working with vulnerable/marginalized populations in an intercultural context.

Greg Riehl RN BScN MA, Wellness Wheel

Background/Rationale

Marginalized and privileged people co-exist in all areas of society, and it is in this co-existence where humanity comes together. Efforts should be made to identify privilege when working with vulnerable, marginalized, and at risk people. Recognizing privilege is one way dominant cultures can build healthy relationships and building cultural humility. Whether you are working or doing research in areas where you are in a position of power, knowing how to communicate effectively supports better outcomes and builds better communities overall. The term marginalized has evolved over the years from its early reference to minority groups to more currently being linked to many diverse groups, cultures, populations outside the mainstream, dominant, privileged in society. As a person of privilege, a recognition of power imbalance has to be recognized, navigated, and often discussed early on in any working relationship to start in a 'good way'. Working with, not to, or for ... marginalized and vulnerable populations, has been a

journey that has taught me that I am the one that has had to grow, and learn from the people I thought I was supposed to be helping. Working in intercultural contexts as a collaborator, and as a partner, with vulnerable and marginalized clients, students, peers, and peer mentors has been an invaluable. Exploring our multiple identities is one way to find common ground to move forward in a good way to move past the Golden Rule and embrace the Platinum Rule.

Objectives

- I will describe the bronze, silver, gold, platinum rules and why I embrace the Platinum Rule.
- I will describe who vulnerable and marginalized populations are in an intercultural context.
- How does white privilege impact working with marginalized and vulnerable people and who are those people?

Instructional Methods

Story-telling, PPT presentation of materials, lecture style, group discussion, question and answer, sharing circle if the group is an appropriate size.

Keywords

Privilege, marginalized, Culture

O 46 Submission No. 55491

Wabishki Bizhiko Skaanj: A learning pathway to foster better Indigenous cultural competence within Canadian health care and research

Mary Beaucage, Can-SOLVE CKD Network
Arlene Desjarlais, Can-SOLVE CKD Network

Background/Rationale

Kidney disease has a strong impact on the health of Indigenous communities in Canada. It is therefore imperative that strategies to improve kidney health include culturally appropriate engagement with Indigenous peoples. The Can-SOLVE CKD Network is a patient-oriented kidney research initiative across Canada that has created a new learning pathway, Wabishki Bizhiko Skaanj ("White Horse" in Anishinaabemowin), to enhance researchers' knowledge of racial biases, Indigenous voices and stories, the impact of colonization, and culturally safe health research practices.

Objectives

This workshop will introduce the Wabishki Bizhiko Skaanj Learning Pathway and its core components to demonstrate a novel approach to advancing Indigenous cultural safety in Canadian health research. Through enhanced knowledge, self-awareness and strengthened cultural competency, this learning pathway will support all partners in health care and research to close the gaps in health outcomes between Indigenous and non-Indigenous communities. While Wabishki Bizhiko Skaanj was developed in the context of kidney health, the

learning pathway can be adopted by networks and institutions across Canada to help minimize and ultimately eliminate the racism that Indigenous people face within the health care system.

Instructional Methods

The presenters will share their personal journeys with kidney disease to reflect upon the institutional biases and misconceptions about Indigenous people that persist in Canadian health care and research. The presenters will outline how patient perspectives helped shape the format and content of the Wabishki Bizhiko Skaanj Learning Pathway.

Keywords

chronic kidney disease, cultural safety, storytelling

O 47 Submission No. 55518

Cultural Strength-Based Approach used within a Clinical Setting

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Randy White MC, Registered Psychotherapist (Qualifying), Kenora Chiefs Advisory/Firefly

Michelle Keightley C. Psych, Northwestern Ontario FASD Diagnostic Clinic

Background/Rationale

The Northwestern Ontario Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Clinic operates on the lands and territories of the Anishinaabeg, Mushhkegowuk, and the Métis peoples. Treaties 3, 5, and 9 were signed upon these lands. Our geographical service area is approximately the size of France, with 9 municipalities and 56 First Nations communities, many of which are remote and accessed by air and/or winter road only. We acknowledge that FASD is a global issue and not an Indigenous issue. "The continued surveillance, stigmatization, and stereotyping of Indigenous populations may contribute to the misbelief that FASD is over-represented in these communities, and pursuing this dialogue without sound research evidence could further perpetuate the marginalization experienced by Indigenous child, women, families and communities" (Flannigan, Unsworth, Harding, CANFASD, August 2018). It is with this understanding that we strive to work from a place of cultural humility, and incorporate critical reflection throughout our practice with the goal of delivering culturally safe services. The Northwestern Ontario FASD Diagnostic Clinic has come to understand the importance of relationships in all aspects of what we do. Communities, families and colleagues of diverse backgrounds continually challenge our team to adopt and deepen our understanding and commitment to a culturally safe and strengths based approach. This informs how we define and develop our clinical practice within a unique rural/remote setting. We seek to honour the relationships we have with clients, families, agencies and communities. We believe every person has gifts. We want to

encourage and highlight these gifts through a variety of support services and initiatives. This includes an Anishinaabe Bi-cultural clinician, a FASD worker and a caregiver support group. We are flexible in supporting the complex needs of our clients within the traditional medical model of diagnostic services. Our commitment to a strengths based, trauma informed approach is a continual challenge as the diagnostic framework and the majority of assessment tools are deficit based. There is also the challenge of assessing with assessment tools that are not culturally appropriate, and as a result, may not accurately reflect individuals' abilities and capacity. In recognition of these challenges, we continue to advocate for culturally safe and appropriate supports in our region. Through community partnerships, advocacy, education, and team building, we hope to bring greater awareness and supports of those with FASD in our region. Relationship in many forms, create the essence of our clinic. The clinic is a partnership of 11 different agencies, Indigenous and Non-Indigenous.

Objectives

The participant will develop a deeper understanding of the importance of nurturing and fostering relationships in a clinical setting. This session will help participants to create balance by starting from a place of cultural humility with the goal of delivering culturally safe diagnostic services.

Instructional Methods

sharing of experiences, knowledge and learning

Keywords

cultural humility, critical reflection, relationships

O 48 Submission No. 55426

A qualitative study to understand the experiences of Inuit who navigate the health care system from the Inuit Nunangat region of Nunavut to receive cancer care in an urban setting

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Carolyn Roberts RN, The Ottawa Hospital Indigenous Navigator Program

Theresa Koonoo

Background and Purpose/Objectives

There are cultural, geographic and support barriers that cause Inuit who live in Inuit Nunangat to face significant health challenges. Key health

services such as oncology, dialysis, and obstetrics force Inuit to travel thousands of kilometers to large urban centres in southern Canada and navigate a complex, Western bureaucracy with little or no personal support. Like many Indigenous populations, Inuit face high and worsening health burdens, in relation to others across Canada. Furthermore, Inuit experience the highest cancer mortality rates from lung cancer in the world with increasing rates of other cancers in addition to other health issues such as tuberculosis. Historical and ongoing events related to colonization have undermined opportunities for Inuit to exercise self-determination. There is an urgent need to improve Inuit opportunities to access and participate in appropriate health care. In the work presented here, our study objective was twofold: 1) to understand the experiences of Inuit in the health care system, who must travel from the Inuit Nunangat region of Nunavut, specifically from Qikiqtaaluk (Baffin Island) to receive their cancer care in Ottawa, Ontario; and, 2) how these experiences may impact opportunities to participate in decisions during the cancer care journey. The ultimate aim is to understand how to best enhance and support Inuit to participate in health care decision making, during the cancer care journey.

Methodology

The research partnership was structured to ensure inclusion of those who would use or be impacted by the research ("knowledge users"), throughout the entire research study, from conceptualization of ideas through to the dissemination of the findings. Our work builds on a previous series of studies conducted in full partnership with Inuit service organizations and community member partners, and adheres to a mutually agreed upon partnership and ethics framework. We conducted a study in full collaboration with an interdisciplinary and multi-jurisdictional team who are active in Inuit healthcare systems and communities of the Qikiqtaaluk region (Baffin region of Nunavut) and Ottawa, Ontario. The team partnerships and research process center on Inuit values and ways of knowing and are based on a foundation of the Inuit *Qaujimagatuqanigit* guiding principles. The Inuit *Qaujimagatuqanigit* principles are Inuit societal values that promote self-determination and self-reliance, and are a guide for collaboration and knowledge development that is appropriate for Inuit. Qualitative methods were identified to align with and uphold collaborative approaches to research in a way acceptable to the team and community partners. In qualitative research, the use of storytelling, or 'narrative' methods adds depth to cultural orientation for those who are outside the health care client experience. During interviews, participants were invited to describe their experiences that led up to their receiving cancer care. Transcribed interviews were analysed using the methods of process mapping and thematic analysis.

Results/Impact/Outcomes

We describe the research governance and relationships with Inuit service and community partners. We report on client and medical escort (n=14) experiences about navigating the health care system to receive cancer care and opportunities to participate in their health care decisions. The research findings include: 1) a map of the journey and

2) themes that align with points where opportunities exist to support participation in health care decisions. Our study relates the experiences of Inuit clients and medical escorts who travel from the rural and remote areas of Qikiqtaaluk region of Nunavut to the urban setting of Ottawa, Ontario for cancer care. These experiences are mapped to depict the participant (client and medical escort) journey to receive cancer care, and are described in four themes: 1) People enter the cancer system in an unexpected way; 2) People learn how to navigate the cancer care system by themselves; 3) There is a duty to family and community; 4) The lack of knowledge makes the journey harder than it needs to be. The findings of this study will be used to guide and further develop shared decision making interventions with Inuit to enhance their opportunities for participation in their health care. We have been developing a shared decision making strategy and we report on how shared decision making can be used to promote self-determination of Inuit in health care.

Conclusions and Discussion

Inuit have a strong culture that guides them in their everyday life, close ties to the land, and dedication to family and community and self-reliance that is evident in activities of self-governance and decision making, and that are evident in our research. Inuit must navigate a complex biomedical health care system that has an additional layer of complexity when receiving cancer care. The journey to receive cancer care can be viewed as a "decision chain", a series of events in which decisions are made during the health care journey to the urban setting where health care is delivered. Participant experiences show how people journey to receive cancer care unprepared to participate in the series of health system events. Our study shows how Western-oriented health care systems that are premised on biomedical approaches to health care can fail to deliver service in ways that are client-centred, and make it difficult for people to actively engage in the journey to receive cancer care. We highlight the role of key documents to guide actions that promote engagement of people in their health care journey. Participant stories show the importance of collaboration between the recipient of care and those who facilitate the journey to receive cancer care. Approaches that foster collaboration in health care systems are in alignment with and hold promise to revitalize Inuit ways of working together for the common good.

Keywords

Inuit, collaborative research, health care system

049 Submission No. 55367

"You just have to have other models, our DNA is different": The experiences of Indigenous people who use illicit drugs and/or alcohol accessing substance use treatment

Jennifer Lavalley MSW, PhD Student, University of British Columbia / BC Center on Substance Use

Background and Purpose/Objectives

In Canada, and elsewhere, Indigenous people who use illicit drugs and/or alcohol (IPWUID/A) commonly experience vulnerability and a disproportionate burden of harm related to substance use. In Vancouver, Canada, there are concerns that inequitable access, retention, and post treatment care within substance use treatment programs may exacerbate these harms. This study sought to understand the policies and practices with potential to produce inequities and vulnerabilities for IPWUID/A in substance use treatment, situate the vulnerabilities of IPWUID/A in substance use treatment within the context of wider structural vulnerability of IPWUID/A, and generate recommendations for culturally-safe treatment options.

Methodology

This research employed a qualitative Indigenous-led community-based approach using the Indigenous methodology of talking circles to explore experiences with substance use treatment. Under the participatory research framework, community researchers led the study design, data collection and analysis. Talking circles elicited peers' experiences of substance use treatment, and were audio recorded and transcribed.

Results/Impact/Outcomes

The talking circles identified three key themes that illustrated the experiences IPWUID/A when accessing substance use treatment: (a) barriers to accessing detox and substance use treatment; (b) incompatible and culturally inappropriate structure, policies, and procedures within treatment programs, such as forced Christianity within treatment settings; and (c) the importance of culturally-relevant, peer-led substance use treatment programming.

Conclusions and Discussion

Our work demonstrates that some IPWUID/A have limited access to or retention in mainstream treatment due to excessive waiting times, strict rules, and lack of cultural appropriate care while in treatment. However, IPWUID/A narratives revealed strategies that can improve IPWUID/A access and experiences, including those informed by the diverse perspectives of IPWUID/A, and those that include, trauma-informed and culturally safe practices.

Keywords

community-based participatory research; Indigenous methodologies; substance use treatment

W 01 Submission No. 55406

Challenging the Delayed Diagnosis of Fetal Alcohol Spectrum Disorder Among Indigenous Children

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James Gideon YW, Kenabutch Family Centre
Kirsten Lewis RN, MSc, Think Research
Baza Daniel RN(s), Think Research

Background/Rationale

The incidence of Fetal Alcohol Spectrum Disorder (FASD) is 1 in 100 live births. FASD is the leading cause of developmental and cognitive disabilities among Ontario's children. Indigenous children are diagnosed with FASD later in childhood than non-Indigenous children. The delay in diagnosis has led to negative outcomes including higher prevalence of school failure, more significant behavioural, social, and mental health problems, and decreased quality of life. The delay in diagnosis of Indigenous children has also resulted in increased societal costs. Stade, B., Caccamo, B., Barco, A., Zefkic, V. & Lewis, K. Burden of Prenatal Exposure to Alcohol: 2018 Revised Measurement of Costs. *Paediatrics & Child Health*, Volume 24, Issue Supplement 2, June 2019, Pages e34-e35.

Objectives

The objectives for this workshop are to: 1) present what hinders early diagnosis of FASD among Indigenous children; 2) describe a Framework that was developed to ensure Indigenous children receive timely diagnosis and appropriate treatment of FASD. Key Points: Inequalities in FASD diagnostic services for Indigenous children have gone on for too long. Lack of culturally appropriate services is a key variable for the delay in diagnosis of Indigenous children with FASD. A Framework for conducting timely diagnosis was developed from May to September 2019 and was trialed successfully in October 2019. The Framework could be used both in Indigenous communities and in urban areas. Decreasing this health inequality has significant potential for preventing negative long-term outcomes among Indigenous children.

Instructional Methods

Pictures, and story will first be used to present the development and successful trial of the Framework for diagnosing children in one Indigenous Community in Northern Ontario. Participants will then be asked to work together, and present how this Framework could be used in their communities.

Keywords

FASD; Children; Inequality

W 02 Submission No. 55386

Honoring Story to Promote Resiliency in Therapy

Joanne Ginter MA, Sundancer Psychological Services
Elaine McIvior BS

Background/Rationale

The foundations of narrative medicine identified by Dr. Lewis Mehl-Madrona seeks an understanding "who we are"; "where we came from"; "why are we here" and "where are we going"? This practice has been followed by First Nations people throughout history. With colonialization and the adoption of the conventional medicine, many of these practices were abandoned by First Nation people. Thankfully the emergence of spirituality into the therapeutic discourse has also opened the door for a new honoring of the sacred and traditional healing in therapy. This presentation and workshop are based in the principles of traditional healing, narrative therapy, and focuses on the building blocks of intercultural resiliency. Intercultural resiliency has been defined as a meaning making process whereby all resources are shared and included in the healing process. The presentation will outline the building blocks of intercultural resiliency: the self, mentor, and community of care, through the hearing of one woman's story, Elaine, Muskego Cree woman currently living in Calgary. Elaine's story identifies the building blocks of resiliency as she reconnected to traditional healing practices, e.g. elders, prayer, and art, family and community to understand who she is and where she is going. As a workshop, participants will engage in identifying their individual paths to developing resiliency and ways to include traditional healing and spirituality to what might be defined as conventional therapy

Objectives

1. How to support traditional ways in therapy
2. How to honor telling storytelling
3. Ways to use the building blocks to develop intercultural resiliency

Instructional Methods

Lecture and recognition of a healing story; Activity to identify one's resiliency story; Participant sharing in pairs

Keywords

Intercultural Resiliency; Traditional Healing; Storytelling

W 03 Submission No. 57013

Fetal Alcohol Spectrum Disorder: Background, Challenges and Ways Forward

Alex Drossos MD MBA MEd, McMaster University
Kaitlyn McLachlan Ph.D. C.Psych., University of Guelph

Background/Rationale

Numerous challenges exist for individuals with Fetal Alcohol Spectrum Disorder (FASD), which is a complex Neurodevelopmental Disorder with significant barriers to assessment, diagnosis and management. As such, greater understanding of the disorder, the cause, common comorbidities, the typical presentation/common features and ongoing challenges is an important way forward in terms of Indigenous communities being able to support individuals living with FASD as well as their families.

Objectives

This workshop will be split into two, approximately equal components: 1. A background and primer to FASD from a diagnostic, epidemiological, and management perspective. 2. A solution-focused review and discussion of the most significant challenges facing Indigenous Communities regarding FASD.

Instructional Methods

This will be an interactive workshop, with plenty of opportunities for discussion, debate as well as review of the current state of FASD, with a focus on children and the developmental period.

Keywords

FASD, Alcohol, Development

W 04 Submission No. 55512

Exploring considerations of true ally-ship with Indigenous community members in health research and policy development

Angie Morris, Sioux Lookout First Nations Health Authority
Ariel Root MSc, Sioux Lookout First Nation Health Authority

Background/Rationale

Most Indigenous research and health policy development in Canada has been performed by non-Indigenous people. Given the 2015 Truth and Reconciliation Commission's calls to action (particularly item 19) related to closing health gaps in Indigenous health outcomes, Indigenous-knowledge users (e.g. researchers, policy analysts) must explore their notions of 'ally-ship' to ensure they truly understand, honour, and incorporate local traditional knowledge. While many non-Indigenous knowledge-users intend to meaningfully engage with Indigenous community members, their approach is often misguided by Eurocentric academic approaches, timelines, and frameworks that do not truly incorporate community-specific expertise or ways of knowing

Objectives

The purpose of this workshop is to highlight considerations for allied knowledge-users (e.g. researchers, policy analysts, health-care providers) regarding participatory research in Indigenous communities. The workshop will provide an Anishinabe-perspective on how to meaningfully incorporate community-specific expertise and ways of

knowing, while providing audience members and opportunity to explore their perceived barriers to true ally-ship.

Instructional Methods

This workshop will combine an oral presentation regarding community engagement, with ongoing interactive live question polls (e.g. DirectPoll) to explore audience members' practices of community engagement. Audience members will be asked to share examples of their best practices in small groups and the audience.

Keywords

Indigenous knowledge; ally-ship; participatory research; community-driven

W 05 Submission No. 55435

Elder Guided Mental Wellness Pathways in a faith based hospital

Bill Hill - Ro'nikonkatste RPN, MSW, B.Ed, Atlohsa Family Healing Services and Parkwood Institute Mental Health

Background/Rationale

Canada's Truth & Reconciliation Commission has called on health care institutions to build culturally safe care and offer traditional healing services for Indigenous patients as an "Act of Reconciliation." Biigajiisakaan Indigenous Pathways to Mental Wellness is a unique program co-led by Atlohsa Family Healing Services and Parkwood Institute Mental Health Care that aims to answer that call in the region of Southwestern Ontario. Biigajiisakaan aims to ensure Indigenous people experiencing mental illness and addiction get the care they need. The goal is to provide services that are hostile-free, culturally-safe and Indigenous-led. Services will be offered at a land-based site at Parkwood hospital in London, and in the community through a mobile outreach team. Services will include traditional medicine, Elder-guided care, ceremony, psychiatric treatment and Western medicine. The mobile outreach team will consist of an Indigenous Elder/Traditional Healer, psychiatrist, social worker, nurse, Shkaabewis mental wellness worker and an addictions specialist. Biigajiisakaan is guided by the Thunderbird Partnership Foundation's First Nations Mental Wellness Continuum Framework (FNMWC), a national framework to address mental wellness among First Nations by identifying ways to improve service coordination and culturally safe services. Co-led by Atlohsa, Biigajiisakaan will be a foundation for a care model that includes traditional healing and clinical care both in hospital and in the community.

Objectives

Implementing Traditional Teachings and Indigenous Mental Health perspectives as part of treatment in a mental health specific hospital setting
Discussing 'Culture' as Care and 'Identity' as a form of

Treatment Dismantling barriers and creating Indigenous led Pathways to Wellness

Instructional Methods

Circle format presentation to discuss the importance of community and cultural inclusion when delivering mental health services to Indigenous people.

Keywords

Mutual Validation, Traditional Knowledge, Dismantling Barriers

W 06 Submission No. 55783

Engaging Indigenous community to improve healthcare environments: Is reconciliation within hospital spaces possible?

Vanessa Ambtman-Smith, Western University - London, ON
Renee Linklater PhD, Centre for Addiction and Mental Health

Background and Purpose/Objectives

In 2015, the Truth and Reconciliation Commission (TRC) of Canada stated that "collective efforts from all peoples are necessary to revitalize the relationship between Aboriginal peoples and Canadian society", including healthcare environments. To support such efforts, the TRC called on hospitals to build more 'culturally safe' care and offer 'traditional healing' services for Indigenous patients. In Ontario, a handful of hospitals, including the Centre for Addiction and Mental Health (CAMH), have taken up these calls to action and created 'traditional healing' rooms, yet the impact of these spaces on patients has not been examined. This research employs a community-engaged methodology with the Centre for Addictions and Mental Health (CAMH) to examine 1) What are Indigenous [and non-Indigenous] peoples' relationships to traditional healing spaces within hospital settings; and, 2) What do these spaces mean for health and healing among those who access these spaces? This topic bears important scholarly and policy relevance. Not only do Indigenous people suffer the poorest health outcomes in Canada, they also experience ongoing institutional and structural trauma, much of which is experienced in hospital environments. Indigenous realities of racism and differential access to care in Canadian healthcare institutions are unparalleled, such that hospitals have been described as unsafe spaces for Indigenous people.

Methodology

Using Indigenous, community-based participatory research, Indigenous peoples' experiences and realities are at the centre of this qualitative case study. This research emerges from an Indigenous health geography perspective to examine the broader meaning and context of Indigenous peoples' relationships to 'traditional healing' spaces within Canada's oldest mental health institution, asking 1) What are Indigenous [and non-Indigenous] peoples' relationships to traditional healing spaces;

and, 2) What do these spaces mean for health and healing? This study privileges Indigenous patient voices through the use of digital storytelling to document peoples' experiences within these unique cultural spaces as part of their hospital treatment. Rooted in Indigenous methodology, this research will examine diverse perspectives derived from hospital staff and clinician interviews (n= 25), and will be combined with 10 unique, digital stories from patients to produce a useful, in-depth case study from which institutions can draw from to guide future transformations, and enhance reconciliation efforts that are guided by and for Indigenous people.

Results/Impact/Outcomes

To support reconciliation efforts, the TRC (2015) calls on Canadian hospitals to offer 'culturally safe' care, including 'traditional healing' services for Indigenous patients. In Ontario, many hospitals have taken up these calls to action and built 'traditional healing' rooms, yet the impact of these spaces has not been examined. Rooted in Indigenous methodology, this research examines diverse perspectives derived from hospital staff, clinicians, and most importantly, Indigenous patients who use these cultural, traditional healing spaces in their mental health treatment. The results of this research produce a useful, in-depth case study from which hospitals and other institutions can draw from to enhance reconciliation efforts, guide future space transformations and identify concrete ways to engage in culturally safe relationships with Indigenous people and their families.

Conclusions and Discussion

This topic bears important scholarly and policy relevance. Not only do Indigenous people suffer the poorest health outcomes of any population, they also experience ongoing structural trauma, much of which is experienced in hospital environments. Indigenous realities of racism and differential access to care in healthcare institutions are unparalleled, such that hospitals have been described as unsafe places for Indigenous peoples. Health care systems and structures are interested in concrete ways to support enhanced quality of care and experiences for Indigenous people. This case study demonstrates that there are opportunities in place to redress historic and contemporary harms and trauma, and that we must turn to Indigenous community to guide the way in understanding the impact and cultural safety of these changes.

Keywords

Traditional Healing; cultural safety; hospital reconciliation

W 07 Submission No. 55521

Nothing About Us Without Us: An experience-based program to increase knowledge about Indigenous Peoples in Canada

Amy Montour MD, CCFP(PC), Department of Family Medicine,
McMaster University

Lorrie Gallant, Department of Family Medicine, McMaster University

Joyce Zazulak MSc, MD, FCFP, Department of Family Medicine, McMaster University

Background/Rationale

The McMaster University Department of Family Medicine is committed to healing and strengthening our relationship with Indigenous people and communities, and to ensuring all aspects of our work are culturally safe, reflecting awareness of Indigenous history and experience and lived in accordance with the core principle of "nothing about us without us". In 2018, we introduced a unique and engaging opportunity for faculty, clinicians, administrators and staff to increase their own knowledge about Indigenous peoples in Canada through visual art and culture awareness at the Woodland Cultural Centre and the former Mohawk Institute (Brantford), one of the last remaining residential school buildings still standing in Ontario. This experience-based program has been co-created by Indigenous and non-Indigenous members of our Department and the joint efforts of Woodland Cultural Centre. Ultimately, knowledge about Indigenous history and experience in Southern Ontario and Canada will allow the members of the Department of Family Medicine to better understand and support Indigenous patients, teach and support students and colleagues, and will contribute to all in our own personal growth.

Objectives

In this workshop we will describe our day-long, reflective, reflexive, experience-based program and present examples of works of art created in response to the program. Workshop participants will be given the opportunity to engage in a number of the same activities done during the day-long program aimed at increasing awareness of the long-standing impact of residential schools.

Instructional Methods

Our workshop includes a brief powerpoint presentation of the program, incorporates storytelling and participant interaction through the creation of art. The authors also role model the co-design and collaboration that underpins the concept of allyship.

Keywords

Indigenous Cultural Safety

W 08 Submission No. 55890

Strong Medicine: Holding Space for Empowering Conversation about HIV

Trevor Stratton, Canadian Aboriginal AIDS Network (CAAN)
Christie Johnston, CATIE

Background/Rationale

Indigenous people in Canada are disproportionately affected by HIV. Indigenous people make up approximately 12.2% of new HIV infections and 8.9% of those living with HIV. Only 37% of Indigenous

people in Canada have been tested. Because of HIV treatment, HIV is now a chronic, manageable illness. However, many Indigenous people with HIV (PLHIV) face significant barriers to accessing and staying on treatment, which is critical to health and to achieving prevention benefits of treatment. Support for accurate HIV treatment information among Indigenous communities to encourage those at risk to access testing and those living with HIV to start and stay on treatment is needed. To this end, a powerful film called Strong Medicine was developed in 2018 and a facilitation guide to support the film was developed in 2020. The film shares the stories of seven Indigenous-people living with HIV and highlights the benefits of getting HIV treatment. The guide embraces the lessons from this film, which focus on the contributions of western and Indigenous ways of knowing. It also supports practitioners to "hold space" or facilitate discussions about HIV that weave together the two worldviews. This session will focus on HIV among Indigenous people in Canada and how practitioners can use the Strong Medicine guide to engage in thoughtful discussion about HIV and treatment with their Indigenous clients and communities.

Objectives

Increase knowledge of the role of HIV treatment in health and prevention
Increase understanding of how cultural teachings and western knowledge can be woven together to support wellness
Increase ability to use the facilitation guide and film to engage in empowering and educational discussion about HIV

Instructional Methods

Brief introduction to HIV among Indigenous people and the importance of HIV treatment for health and prevention; followed by brief film section screening; followed by overview of facilitation guide; followed by activities to workshop the guide and engage in discussions that might come up in the community.

Keywords

Holding space, HIV, Indigenous

W 09 Submission No. 60978

Supporting the Journey to Mental Wellness for Métis in Ontario

Wendy Stewart
Stephanie Humphries

Background/Rationale

The enhanced mental health and addictions service delivery model that has been funded combines tele-mental health with community-based programming supports to greatly reduce or remove wait-times, provide greater access to specialists, and provide more options for mental health therapy that is talk-based or psychotherapeutic as opposed to heavily pills-based approaches for our Métis communities. The Métis Nation of Ontario (MNO) also takes a lifespan approach to mental health and

well-being, one focused on early intervention and primary and secondary prevention. The model of collaborative clinical and cultural care planning has also allowed the MNO to leverage resources and forge partnerships with MCYS And education and training programming – resulting in the expansion of services, that for the first time in its history, the MNO now has services that are inclusive of the needs of Métis children and youth, youth-in-transition, LGBTQ2S, mentally ill offenders and older adults within Métis communities experiencing mental health and addictions issues – all “at-risk” populations. The enhanced MNO mental health and addictions programming has provided a forum of accessing services while facilitating a Métis culture-based approach to Métis mental health and well-being – addressing the unique cultural differences of different Indigenous groups, in particular Métis culture, which is often missing in FNMI culture-based care.

Objectives

Participants will learn about the services that this program offers, how it incorporates mental health and addictions professional, cultural and community support to deliver wholistic services and supports to Métis Citizens across the province of Ontario. Additionally, as this program is still in its infancy, learn about how this program has grown its services and is utilizing evidence base practices to consult with its communities and demonstrate to funders it's efficiency and effectiveness.

Instructional Methods

Participants will receive a PowerPoint presentation and discussion, co-presented by staff of the Métis Nation of Ontario's Mental Health and Addictions Program as well the organization's Chief Operating Officer

Keywords

Métis, Child and Youth Mental Health and Addictions, Adult Mental Health and Addictions

W 10 Submission No. 55894

Empowering Wellbeing of Indigenous Youth in Foster Care

Lily Ieroniawakon Deer BA, McGill University

Background/Rationale

This workshop aims to discuss the importance of empowering Indigenous youth in foster care and their wellbeing. The child welfare system removes all autonomy of children, including their self-determined needs for wellbeing. With the explosion of news outlets post-win of the First Nations Child and Family Caring Society's case against Canada through the Canadian Human Rights Tribunal, the abuses and deaths of Indigenous children in child welfare systems in Canada has become more of a public discussion. This workshop will be based on the Haudenosaunee worldview that children have knowledge and are experts in their needs for their own wellbeing, and briefly draw from the personal experiences of presenter. The workshop will bring

together participants to think about how they can support the self-determined wellbeing of Indigenous children currently in or who were in the child welfare system from their respective professional and personal approaches.

Objectives

The objectives of the workshop are: 1) To assert Indigenous youth in foster care are knowledge holders and experts on their self-determined needs for their own wellbeing 2) To begin a discussion on those interacting with Indigenous youth in foster care on how they can facilitate the self-determined needs for wellbeing of Indigenous youth 3) To create a list of possible implementations to support the wellbeing of Indigenous youth in foster care.

Instructional Methods

Consensus decision making process (Haudenosaunee style).

Keywords

Indigenous youth, foster care, self-determined wellbeing

W 11 Submission No. 55140

Colonization and Racism: how legal structures affect the health of Indigenous peoples

Benjamin Brookwell Associate, Olthuis, Kleer, Townshend LLP
Cathy Guirguis Partner, Olthuis, Kleer, Townshend LLP

Background/Rationale

In our legal practice, we see how the appropriation of Indigenous land and its occupation by European settlers was, and is still, built on a system of belief where Indigenous peoples are characterized as mysteriously damaged, and inferior people (typically alcoholic). This persistent myth is the basis of colonial legal regimes that saw Indigenous people removed from their lands, placed under the "paternal care" of the state, and subject to unequal health care services. In this workshop, we will explore how the law has created a system of knowing and relating to Indigenous patients as those who are always on the brink of dying, a people on whom care would be wasted.

Objectives

We have two objectives for our workshop. First, to show the participants the need for funding for First Nations to deliver their own health services. Second, we want to convey that colonization and racism is a factor in why medical personnel treating Indigenous patients can fail to grasp the seriousness of the medical situations they confront.

Instructional Methods

We will make a power point presentation that will highlight examples from our experience in the practice of law where Indigenous peoples have run into barriers engaging with the health care system. We will

discuss our view on the source of those barriers and then enter into a question and

Keywords

N/A

W 12 Submission No. 53099

Indigenous Harm Reduction - Sharing Values and Best Practices

Denise Baldwin, South Riverdale Community Health Centre
Les Harper, South Riverdale Community Health Centre

Background/Rationale

Indigenous Harm Reduction is a response to the war on drugs and the ongoing colonial violence and trauma that is perpetuated by way of systemic racism and oppression related to the genocide of Indigenous people of Turtle Island and that directly affect Indigenous people who use drugs and substances. Indigenous harm reduction responds to drug and substance use by using holistic practices by creating low barrier access to cultural programming, primary care and creating safer spaces for the Indigenous drug using community.

Objectives

Participants will gain an understanding and knowledge of the colonial determinants of health associated with Indigenous people who use drugs and the community response to this health crisis. The presentation will include discussion around the impact of overdose prevention sites within the Indigenous drug using community; examples of Indigenous harm reduction cultural programming and building meaningful community partnerships. Participants will leave with a clearer perspective of what Indigenous harm reduction is, how to advocate for policies that reflect Indigenous drug users as well as strategies that can be designed and implemented to meet the needs of Indigenous peoples who use drugs and substances within their organization and community.

Instructional Methods

The instructional methods for this workshop will be a short power point presentation, video and a sharing circle. The intention for these methods is to increase knowledge exchange by providing information as well as having participants engage by sharing their experiences and challenges around harm reduction and substance use.

Keywords

Harm Reduction, Substance use, Culture

W 13 Submission No. 55882

Lessons Learned regarding Harm reduction in Northwestern Ontario

Bob King MD FRCPC, Kenora Association for Community Living
Jonny Grek MD, Compassionate Kenora
Becky Shorrock, Compassionate Kenora

Background/Rationale

The Dual Diagnosis Program of the Kenora Association for Community Living is a regional program providing diagnostic assessments and ongoing mental health supports to individuals, in Northwestern Ontario with Intellectual Disabilities, Fetal Alcohol Spectrum Disorders or Autism Spectrum Disorders and co-morbid mental health concerns, including Poly substance Dependence. The Community of Kenora is currently facing a crystal methamphetamine epidemic, particularly amongst homeless Indigenous individuals. The gravity of this situation has required the development of community-based partnerships, with an acknowledgement that traditional abstinence based approaches to recovery and office-based provision of Western mental health support are not able to address this situation wholeheartedly. This presentation with focus on :- The need to adopt a trauma-based approach to optimally support individuals experiencing Complex Post-Traumatic Stress Disorders arising in the context of Inter Generational Trauma .2- The value of harm reduction strategies, including the prescription of medical marijuana and other off-label medications, will be reviewed.3- The value of utilizing objective charting mechanisms to record response to supports offered will be illustrated with case discussions.

Objectives

To review the diagnosis of Complex Post Traumatic Stress Disorder in Indigenous Individuals exposed to Intergenerational trauma To introduce harm reduction strategies noted to be helpful to address Polysubstance Dependence in this population

Instructional Methods

A power point presentation will be utilized with an emphasis on the use of case discussions to promote an interactive dialogue interactive discussion

Keywords

Harm Reduction, Complex Post Traumatic Stress Disorder, Inter generational trauma

W 14 Submission No. 52855

Providing culturally safe support regarding breastfeeding and infant feeding to Indigenous families.

Yolande Lawson RN, MPH. IBCLC, Best start by Health Nexus
Candi Edwards IBCLC, Sioux Lookout First Nations Health Authority

Background/Rationale

This workshop will introduce the practitioner to culturally safe and people-centred principles when supporting breastfeeding and infant feeding with Indigenous families. Practical suggestions will be provided on how to incorporate these principles in your practice. We will also share some of the traditional teachings regarding birth and breastfeeding.

Objectives

1) Explaining what is culturally safe and people-centred care in regards to supporting breastfeeding and infant feeding in Indigenous communities. 2) Look at the LEARN model in providing breastfeeding support. 3) Examine the traditional teachings regarding birth and breastfeeding. 4) Share some Indigenous resources that are available for service providers and families.

Instructional Methods

A combination of slides, personal stories, items used for teaching and supporting families, and a video clip will be used during the workshop.

Keywords

cultural-safety; infant feeding; traditional teachings

W 15 Submission No. 60979

Delivering Social Supports to Métis in Ontario for over 25+ years

Amanda Desbiens
Jason Jamieson

Background/Rationale

This session will provide insight into the social service programs and services being delivered daily to Métis, by Métis in the province of Ontario. You will learn about these culturally designed key supports, how they are delivered, maintained and measured to ensure positive impacts for individuals, families and communities. This interactive session is intended to help build the understanding for participants as well as create further intrigue about the Métis Nation of Ontario overall.

Objectives

The purpose of this session is to provide a presentation which will orient the audience to a brief history of how MNO healing and wellness developed and will progress into a description of the primary needs and current services available to support Metis communities.

Objectives: 1. To increase participants knowledge of Metis Communities and their needs. 2. To provide awareness of the program and services available.

Instructional Methods

Oral Traditional presentation and Q&A

Keywords

N/A

W 16 Submission No. 52496

Indigenous Land-Based Healing Programs

Simon Brascoupe M.A., CFNHM, CAPA, Adjunct Research Professor, Department of Sociology and Anthropology, Carleton University

Background/Rationale

Land based healing is an emerging field of study to address mental health, health and wellness issues in Indigenous communities. Land based programs have been identified by Indigenous elders as a priority to reconcile the fundamental problems caused colonization, assimilation and residential schools. Land-based healing is rooted in decolonization, reconnection to the land and building resilience and identity. Indigenous Peoples are the land and their culture, language and values come from the land. For example, Dene means - De means flow, ne means land; flowing from the land. Case studies will be examined as a set of principles, standards, policies and constraints that guide the design, development, deployment, operation and evaluation of these services. These Models are rooted in principles and standards from an Indigenous lens, thus ensuring community specific cultural protocols and integrity are reflected in the standards of practice. The land is central to Indigenous culture and healing. This session will survey land-based service delivery models from an Indigenous perspective across Canada.

Objectives

To examine Indigenous land-based healing programs in Canada To review the evidence based for land-based healing programs To look at the emerging best practices for land-based healing

Instructional Methods

Presentation and small group discussions on emerging field of study, evidence base and best practices.

Keywords

land-based healing, traditional knowledge and healing, environmental education

W 17 Submission No. 55513

Water is Healing- The Two Row on the Grand Paddle Journey

Kelly Gordon RD, Six Nations Health Services
Ellie Joseph, Two Row on the Grand

Lori Davis Hill MHS, Six Nations Health Services

Background/Rationale

A collaboration of presenters, including members of the the grassroots Two Row on the Grand (TROTG) committee, health care providers and community participants will share out on their experiences from being involved in the Two Row on the Grand (TROTG) nine day paddle journey along the Grand River. This workshop will highlight key impacts on each body, mind and spirit and and demonstrate how water is healing. This workshop will also include sharing out on strategies for how land based healing can be evaluated and further impact well being and community based programming.

Objectives

-To highlight from various perspectives a successful example of land based programming within Six Nations of the Grand River -To acknowledge the impact of our physical environment, including discussing how water can 'heal' and promote wellness within our community -To discuss opportunities for increased methods of evaluating well being especially within land based programming, explore impacts of current models - To better understand the history of the two row wampum treaty and how it's teachings inspired the Two Row on the Grand journey

Instructional Methods

Presenters will share stories using voice and digital media to describe impact on how this large community event promoted healing and wellness. The presenters will navigate the workshop participants through conversations of opportunities for methods of evaluation and measures of impact that can translate to other land based healing projects.

Keywords

Water, Healing, Haudenosaunee

W 18 Submission No. 55807

Cancer among the Haudenosaunee in New York State

Dean Seneca MPH, MCURP, Seneca Scientific Solutions+
Rodney Haring PhD, Seneca Scientific Solutions+

Background/Rationale

According to the 2013-2017 American Cancer Survey 5-Year Estimates, an estimated 13,475 Haudenosaunee reported residing on the Seneca, Oneida, Onondaga, Saint Regis Mohawk, Tonawanda, and Tuscarora Nation territories. The Haudenosaunee (People of the Longhouse) are the largest Confederacy of Tribes in the Northeast, whose bloodlines are distinctly related through clan systems, language, and traditional practices. We will provide an overview of the leading cancer sites among the Haudenosaunee who reside in New York State (NYS).

Objectives

Haudenosaunee-specific cancer data provide a crucial framework for Tribal Nation health centers, AI/AN urban centers, and those who work with the Haudenosaunee population. Previously published aggregated data for all AI/AN in the IHS Nashville Area, though helpful, do not accurately capture the cancer burden among the Haudenosaunee in NYS. There were 1,515 Haudenosaunee cases, 5,294 AI/AN cases in the IHS Nashville Area, and 5,288,133 NHW cases in the US for 1999-2016. Among males, incidence rates for all cancer sites combined was 516.1 (per 100,000 persons) for Haudenosaunee, 355.2 for IHS Nashville Area AI/AN, and 537.0 for US NHW. Among females, incidence rates for all cancer sites combined was 441.9 for Haudenosaunee, 299.3 for IHS Nashville Area AI/AN, and 436.5 for US NHW.

Instructional Methods

The United States Cancer Statistics (USCS) American Indian and Alaska Native Incidence Analytic Database (AIAD) was used to analyze cancer incidence data for the Haudenosaunee in NYS. The USCS AIAD includes cancer surveillance data that has been linked to the Indian Health Service (IHS) to improve race classification.

Keywords

Cancer, Haudenosaunee, American Indian, New York State

W 19 Submission No. 55528

Engaging for Change: Developing a framework for health service provider cultural safety training

Lloy Wylie BA, MA, PhD, Western University
Chantel Antone RN, London Health Sciences Centre
Stephanie McConkey MPH, MSc, Well Living House
Lana Ray, Lakehead University

Background/Rationale

Research has demonstrated a range of gaps in addressing the varied health care needs of Indigenous people. The aim of this workshop is to demonstrate ways to build competencies among health professionals to advance Indigenous health equity. Although there are more opportunities for online training, research has shown that health providers need additional supports in order to implement culturally safe practice. There is a need to build on the knowledge from online training through targeted educational initiatives to ensure they have the skills required to practice in culturally safe ways. The objective of this workshop is to share strategies for enhancing culturally safe practices, through in-person training that helps people understand and correct their own biases and improve their knowledge about and relationships with the communities they work with. In addition, we explore ways to help people operationalize their learning into their own practice setting, and recommend system-wide supports that can facilitate culturally safe and appropriate care. The facilitators will illustrate a range of challenges

facing Indigenous people, both within the health care system and more broad social determinants of health. The workshop will present the impetus, delivery modes, outcomes and effectiveness of training in Indigenous health, drawing on the results from an environmental scan of Indigenous health training approaches in Thunder Bay and London, within a context of the evidence over the past 20 years of Indigenous health training in the USA and Canada.

Objectives

Participants will work in teams to explore the issues in the cases, reflecting on determinants of health through role play exercises, and exploring ways to respond to these cases in culturally safe ways. This workshop will explore the benefits of experiential learning opportunities to build concrete skills among health professionals. The facilitators will run a group dialogue about how these strategies resonate with participants, and reflect on ways these can be adapted to different settings, using examples brought forward by participants. We will reflect on the development of specific competencies in providing culturally safe, quality health care for Indigenous people in different health and care contexts. The workshop facilitators will guide a reflection on the process and explore ways participants can apply this approach in their own settings. 1. To identify the range of challenges that undermine health equity for Indigenous people. 2. To demonstrate evidence based exercises that can improve health care providers' attitudes, knowledge and skills in promoting culturally safe changes in health care delivery. 3. To support participants in developing educational and workplace strategies applicable to their own setting

Instructional Methods

The session will provide interactive learning exercises that demonstrate effective strategies for experiential learning in Indigenous health, using storytelling, role play and interactive case exercises. Narratives drawing on examples from public health and health care experiences that demonstrate challenges will be presented.

Keywords

Cultural Safety, Health Professional Education, experiential learning

W 20 Submission No. 55443

Why Indigenous Midwifery Matters: Core Competencies that Distinguish our Work

Claire Dion Fletcher RM, National Aboriginal Council of Midwives

Background/Rationale

The National Aboriginal Council of Midwives (NACM) is the national voice of Indigenous midwifery. Our vision is to see Indigenous midwives in every Indigenous community. Indigenous midwives are autonomous primary health care providers responsible for the clinical management and care throughout pregnancy, labour, birth, and postpartum. This workshop will focus on NACM's Core Competency

Framework for Indigenous Midwifery. The Framework lists over 50 competencies that distinguish the work of an Indigenous midwife and serves as a National Occupation Standard (NOS) for the education and training of Indigenous midwives. In addition to providing clinically excellent care, we have unique practices and competencies that differ from those of non-Indigenous midwives. Indigenous midwives restore the sacredness of birth and disrupt practices and processes that sever family and community bonds and enable the medicalization of birth. Embedded within Competency Areas are competencies related to ceremony, family advocacy, and food security, and many more that are needed to improve community wellness. Indigenous midwives enhance the capacity of a community to heal from historical and ongoing traumas, addictions, and violence. Indigenous midwives draw from a rich tradition of language, Indigenous knowledge, and cultural practice as they work to restore health within Indigenous families and communities.

Objectives

This workshop aims to educate delegates about why the framework is important, what distinguishes Indigenous midwifery, and what allied health professionals, policy makers, and community leaders need to know about the role of Indigenous midwives in restoring health and wellbeing to our communities.

Instructional Methods

This workshop will begin with a slideshow presentation about Indigenous midwifery knowledge and skills, followed by discussion and activities where we will explore the impact of Indigenous midwifery on community health and well-being. The publication "Indigenous Midwifery Knowledge and Skills: A Framework of Competencies" available for reference throughout the talk.

Keywords

Indigenous midwifery, core competencies, cultural safety

W 21 Submission No. 53367

Home

Dominic Charlie BA, Coast Salish People

Background/Rationale

Pre-contact, Indigenous people made their homes based on survival instinct. Contact, things became more restrictive and in 1758 Indian Reservations were created. By 1857 it was in the National interest to assimilate Indians to the European culture. With the last Canadian residential school closing in 1996 the Indigenous home was shattered. Assimilation may have failed but this process created a wrecking ball. Lateral Violence has dominated Indigenous communities for far too long. Children are looked at as prey, and they have to navigate through a childhood filled of abuse. Parents, Grandparents, other family members, community leaders including Chiefs are individuals children

should be able to turn to for help and safety. But, in most cases these individuals are the perpetrators. These children turn to drugs and alcohol to cope and sadly far too many turn to suicide as their only escape. Home, should be a safe haven filled with love and support.

Objectives

The main objective is to focus on Group Dynamics to identify the current Norms, Roles, and Relationships among Indigenous communities and families. Once this is established, it is time to present the framework to restore healthy Group Dynamics in order to build healthy communities and families.

Instructional Methods

Step 1 - Provide a brief description of current Group Dynamics. Step 2 - Define the goal, which is to restore healthy communities and families where children can feel safe to grow and develop into healthy adults. Step 3 - Explaining how we achieve our goal.

Keywords

Suicide, Lateral Violence

W 22 Submission No. 55378

Building A Future on the Foundation of Tradition: Indigenous drowning prevention methods and strategies

Christine Wagg, Canadian Drowning Prevention Coalition
Lisa Hanson Ouellette MA, Canadian Drowning Prevention Coalition

Lindsey Kirby-McGregor MEd, BSW, MA candidate, Calian Emergency Management

Background/Rationale

The Canadian Drowning Prevention Coalition and Calian are seeking to better understand and improve health outcomes for Indigenous peoples through a reduction in drowning and improved emergency management. This can only be achieved through genuine and respectful relationships with Indigenous communities. Indigenous peoples have a preventable drowning rate that is substantially higher than that of non-Indigenous Canadians. Indigenous communities are growing and there is a high proportion of young community members under the age of 30. Indigenous communities dominate the population in the three Territories, which have the highest drowning rates in Canada. Part of the solution is in learning from traditional and local knowledge linked to drowning. To start the conversation, and begin to address and eliminate this disparity, this workshop will focus on providing space in which participants share traditional and local drowning-related stories/methods/strategies/interventions. The Coalition will listen to learn about and seek to comprehend traditional understandings of drowning (e.g., boating, ice, swimming, etc.) from Indigenous leaders, elders, and community members. Collected stories will be shared with IHC2020 planners (for distribution to delegates) and through Coalition

publications. Participants should come prepared to share perspectives on collecting and applying traditional knowledge to drowning prevention.

Objectives

To provide space for sharing stories focused on local drowning prevention methods/strategies/interventions relevant to communities. To select stories to share with IHC2020 planners and Canadian Drowning Coalition publications. To review options for drowning risk reduction and culturally acceptable approaches for groups identified as being at a high drowning risk - Indigenous people - in Canada.

Instructional Methods

A small, interactive group discussion in which participants share stories and experiences about drowning prevention methods and strategies including traditional community-based drowning prevention interventions. The Coalition also welcomes Indigenous delegates to come by our display to share their stories in conversation, writing, (paper/pens available), or through video.

Keywords

Indigenous Drowning Prevention

W 23 Submission No. 55471

Preparing for our Journey Home

Renée Thomas-Hill Elder, Indigenous Diabetes Health Circle

Background/Rationale

In this interactive presentation, respected Elder, Grandmother Renée Thomas-Hill, takes participants on the wellness journey - from Seed of Life to Journey Home - through the lens of our Original Instruction. Experience directly the Indigenous world view that includes and connects all of creation. Consider how the Cycles of the Moon, the Four Seasons, the Sky World, Mother Earth - and Body, Mind, Heart and Spirit - each support all phases of life. Be gifted with a map of how to optimize your Seed of Wellness. Witness the work of an Elder, develop a deep sense of Gratitude, and take away practical coping skills for Life's Journey.

Objectives

Coping skills for Life's Journey Holistic, Original Instruction v Western World View Cycles of Human Development How to Achieve Peace, Power and Righteousness

Instructional Methods

Interactive discussion with participants, discussion of Original Instruction, and application to health

Keywords

Original Instruction; Cultural Wisdom; Health

W 24 Submission No. 55458

Measuring and Monitoring Health Inequalities to Support Health Equity in Canada: A dialogue on the use of Indigenous, racialized and ethnic population data in healthcare

Dana Riley MA PhD, Canadian Institute for Health Information
Amy Nahwegahbow, First Nations Information Governance Centre

Background/Rationale

The Canadian Institute for Health Information (CIHI) is an independent, non-profit organization that provides essential information on Canada's health systems and population health. CIHI's equity program of work aims to promote the measurement and reporting of health indicators by population sub-groups (e.g. low income). This approach illuminates health inequalities that would otherwise be masked by an overall population average. Health inequalities exist among Indigenous, racialized and ethnic populations, however there's limited ability to routinely monitor these inequalities due to a lack of standardized data across the health system.

The First Nations Information Governance Centre is an incorporated non-profit operating with a special mandate from the Assembly of First Nations' Chiefs in Assembly, FNIGC leads national-level research, including designing and implementing the longstanding and influential First Nations Regional Health Survey and other region-by-region national surveys, and provides OCAP® and information governance education and training. FNIGC envisions that every First Nation will achieve data sovereignty in alignment with its distinct worldview.

Through engagement and discussion, CIHI and FNIGC will explore (1) how data on Indigenous, racialized and ethnic populations may be appropriately collected and used to support the identification of inequalities related to healthcare access, quality and outcomes; (2) key considerations to avoid the misuse of information in a way that perpetuates discrimination and racism; and 3) concept of First Nations sovereignty over data and information.

The workshop will seek participant perspectives on the risks/benefits of collecting and using Indigenous, racialized and ethnic population data in health systems.

Objectives

Presentation will focus on:

- Discussing concepts of race and ethnicity and evidence on their relation to health and healthcare inequalities
- Key learnings on First Nations Data Sovereignty and its application to data collection, analysis and interpretation
- Existing standards for collection and analysis of Indigenous, racialized, and ethnic data in Canada, including strengths and limitations

Facilitated audience discussion on:

- Experiences/perceptions of risks and benefits with collecting, analyzing, reporting and/or using data on Indigenous, racialized and ethnic populations.
- Strategies to ensure appropriate use of Indigenous, racialized, and ethnic population data.

Instructional Methods

15min oral presentation by CIHI

45min facilitated discussion with audience:

- Breakout groups to discuss experiences related to the collection and/or use of data on Indigenous, racialized and ethnic populations. Use sticky notes to gather risks and benefits.
- Identify possible strategies to mitigate identified risks.

Keywords

Equity, Discrimination, Healthcare

W 25 Submission No. 55686

Exploring Self-Determination Among Cree Women After the Invasion of Sexual Boundaries

Josie Auger Ph.D., Athabasca University
Lorraine Cardinal, Community Member and Nehiyaw Cultural Practitioner
Sharon Loonskin B.Ed. and Nehiyaw Cultural Practitioner, Community Member
Angela James M.Ed., B.Ed., Community Member and Nehiyaw Cultural Practitioner

Background/Rationale

Background: Deer (2015) confronts the difficult topic of rape among Native American women and questions the impact of rape on sovereignty. Smith (2005) also addresses sexual violence and American Indian Genocide. As an Indigenous scholar I am building on my published dissertation, that addressed STI/HIV prevention using popular theatre and action research. In "My People's Blood: Indigenous Sexual Health Recovery," (2014) I stated that, "Aboriginal sexuality is affected by political, historical, cultural, psychological, and social factors" (Auger, 2014, p. 11). Furthermore, some sexual experiences were identified as rapes or unconsented sex.

Objectives

Content: Discussing the invasion of sexual boundaries with eleven female traditional knowledge holders allowed me to answer the question of inquiry: As Indigenous peoples, can we have healthy sovereignty if we have not determined our sexual experiences? The purpose of this presentation is two-fold: 1) to explain the ethical approval involved in using an Indigenous Research Methodology to

develop an open and flexible research design that includes utilizing respectful cultural protocol to answer research questions, and; 2) to discuss themes that came out from this research in a Cree and English workshop setting. The lived experiences of traditional Indigenous women provides a unique perspective on self-determination and sovereignty.

Instructional Methods

Instructional Methods: The researcher shall use PowerPoint slides to share Cree concepts stemming from research on the Invasion of Sexual Boundaries, in three communities in Northern Alberta, for the purpose of expanding on Indigenous concepts of justice, self-determination and sovereignty.

Keywords

Rape, spirituality, self-determination

W 26 Submission No. 60975

Surgical Care in Indigenous Populations: Myths & Truths

Jason Pennington MD MSc FRCSC, Scarborough Health Network

Background/Rationale

Surgeons, and the care they provide, are depicted in society as being brisk, invasive and definitive. The practice would seem quite rigid and should not leave itself to significant differences in outcomes between populations with similar co-morbidities. Yet, multiple studies have demonstrated that Indigenous Peoples do experience worse outcomes from surgery than their non-Indigenous counterparts. The contributing factors can be quite focal and individual but also much broader and systemic. To address these issues requires personal, local and society-wide interventions to help develop a better therapeutic relationship between Indigenous Peoples and surgical health care teams.

Objectives

1) Dispel myths and stereotypes about surgery 2) Acknowledge the surgical outcomes of Indigenous Patients 3) Understand the factors contributing to this disparity 4) Consider ways to mitigate these factors

Instructional Methods

This workshop will examine the medical literature, with some clinical and personal experiences, to elucidate and discuss the multiple factors contributing to this health care disparity. We will then consider interventions and policies that could help remedy discrepancies in surgical care. Finally, we will identify some concrete steps that surgeons, health care teams and patients can take today to improve surgical care of Indigenous Patients.

Keywords

Surgery

W 27 Submission No. 55886

Healing Circle

Audra Maloney BEdAAE, Traditional Healer

Background/Rationale

As a traditional Mi'kmaq healer and consultant, I have had the opportunity to bring together traditional healers from across Canada to envision how our traditional ways of healing might complement Western medical modalities. Although many Indigenous organizations bring in Traditional Healers to bring optimal natural wellness and balance to our community members, the Western mainstream medical community has not had the chance to experience the potential. I believe that we can work in a symbiotic relationship for the betterment of Indigenous people everywhere. We know that the strength of the whole community resides in the strength of its individual members. Meaning that when one person heals a part of themselves then that healing ripples out like a stone on water, improving the lives of themselves, their families, their community, their ancestors and the seven generations of children yet to come.

Objectives

This workshop will take participants through various traditional healing modalities and discuss ways to promote natural wellness. The participants will gain hands on perspective of traditional healing and a deeper understanding of how traditional healing can address Indigenous wellness in areas such as youth suicide prevention, mental health, life promotion, recovering from trauma, holistic wellness and work hand in hand with Western mainstream medical modalities.

Instructional Methods

The instructional method will consist of a combination of discussion and hands on experience by the workshop participants.

Keywords

Indigenous Healing Circle, Natural Wellness, Reconciliation

W 28 Submission No. 55020

How can Service Providers improve their support for Indigenous Women and Men who experience Intimate Partner Violence?

Marion Maar PhD, Northern Ontario School of Medicine
Lorrilee McGregor PhD, Northern Ontario School of Medicine
Roger Pilon PhD, Laurentian University
Maurianne Reade MD, Northern Ontario School of Medicine

Background/Rationale

One legacy of colonial history and multigenerational trauma is that Indigenous women and men experience higher rates of intimate partner

violence (IPV) and the physical violence experienced is often severe. But IPV also includes psychological, emotional, financial, sexual, or spiritual violence that affects the health and well-being of Indigenous women, men, families, and communities. Trusted primary care and social services providers may represent a lifeline for these clients, yet providers' training to confidently provide this support is often limited. Our own research with family health teams and First Nations on Manitoulin Island shows:- Providers identified the consequences of IPV as chronic and acute injuries, poor mental health, substance abuse, child apprehension, and high rates of school drop out.- First Nations want to address IPV with culturally based approaches including shelters, health promotion initiatives and research.- Care providers are unsure how to best address IPV in a clinical or service setting. Difficulties stem from fear of jeopardizing patient-provider relationships; multiple-role relationships and confidentiality dilemmas in small communities; lack of referral network and gaps due to jurisdictional issue; and lack of training. We have developed case scenarios to help providers reflect on and improve their ability to support Indigenous women and men who experience IPV, with an emphasis on strengths-based approaches and community resilience.

Objectives

- Identify system barriers in a clinical or services setting to support Indigenous clients/patients and strategies to address barriers.- Assess personal skills to support clients/patients and develop new skills to address IPV through case scenarios.

Instructional Methods

Participants will discuss their training, experience and challenges encountered when serving Indigenous people who experience IPV. Findings from our primary research will be presented. Participants are invited to apply the new knowledge by reflecting on video recorded case scenarios in small groups facilitated by community-based researchers and primary care providers.

Keywords

Intimate partner violence; clinical setting; resilience

W 29 Submission No. 55396

Indigenous Sovereignty is Sustainability

Shannon Waters MD MHSc FRCPC, Island Health

Background/Rationale

Indigenous communities live in relationship with the land, water, animals and plants that surround us. This reciprocal relationship spanned generations upon generations and was sustainable. Western contact, and enactment of laws starting with the Doctrine of Discovery, enabled removal, seizure, and theft of land from Indigenous peoples contributing to disconnection. Recognition of this history and its impact is growing - particularly the Truth and Reconciliation Report

(2015) and the adoption of the UN Declaration on the Rights of Indigenous Peoples (2016) call for repudiation of concepts justifying European sovereignty over Indigenous lands, such as the Doctrine of Discovery, and for recognition of Indigenous peoples' right to maintain & strengthen their distinctive spiritual relationship with their traditional owned or otherwise occupied & used lands. The United Nations is starting to recognize the value of Indigenous land management with its 2019 global assessment report on biodiversity and ecosystem services. As an Indigenous public health and preventive medicine specialist, working in her home territory as a Medical Health Officer, the presenter/storyteller will share experiences of the Hul'qumi'num people in enacting "meaningful say" in 100% of their traditional territory. Over 80% of the traditional territory is privately owned thus over the past decade a method for being "architects of a sustainable future for our lands" has included Cowichan Tribes co-chairing the Cowichan Watershed Board with the Cowichan Valley Regional District. Recently local governments have declared "climate emergencies" and it is imperative to extend co-management models beyond the watershed to other areas, such as forestry.

Objectives

The objectives are: 1. to understand and acknowledge disconnection from the land as an integral issue behind environmental disruption (biodiversity collapse and climate change) and 2. to inspire attendees to act on this knowledge in their daily work.

Key messages for attendees to act on are: 1. repudiate laws, governance structures, and policies that continue to rely on Doctrine of Discovery 2. create spaces/promote models in their work that re-establish connection, ownership, control, management and co-governance of lands by Indigenous peoples and 3. create a new doctrine of "Indigenous sovereignty is Sustainability".

Instructional Methods

The instructional method is storytelling with three versions of a story shared. First the story is shared in an archetypal format, starting from time immemorial. Next the story is shared in a "western-based" international/national context, starting from 1493. Lastly the story is shared in a local, modern context.

Keywords

Sovereignty, Climate Change, Biodiversity Collapse

W 30 Submission No. 55351

Jordan's Principle from Navigator's Prospective

Leeann Shimoda RSSW, Independent First Nations Jordan's Principle Navigator

Background/Rationale

Who is eligible
When and where to apply
How to apply
What can be applied for
The application and review process
Pros and cons - the impacts on a community

Objectives

The purpose is to increase the awareness of Jordan's Principle and to increase the number of children and youth applying
The second purpose is to still the rumors and clarify the misunderstanding of what Jordan's Principle is
The third purpose is to illustrate the ease of applying

Instructional Methods

I will use power point, discussion and flip charts

Keywords

Jordan's Principle Navigation

W 31 Submission No. 55368

Translating Indigenous Community Knowledge into Clinician Curriculum

John R. Sylliboy Phd Student, McGill University
Margot Latimer PhD, Dalhousie University

Background/Rationale

Indigenous people in Canada are a strong and resilient population and they are the fastest-growing cohort of children. These children and families want to have positive experiences when they seek care in our healthcare system, yet due to a tragic past and mostly untaught history, health clinicians are unaware of Indigenous Peoples' ways of knowing and doing. As a result of a community-based research initiative, Indigenous knowledge was used to create a culturally-appropriate and safe curriculum to be offered to pre-licensure health professions students at an Eastern Canadian university located in Mi'kma'ki. This presentation will review why and how the evidence-based curriculum was developed and the plan for implementation into the curriculum.

Objectives

- Increase awareness of the dimensions of health for Indigenous People
- Recognize how colonizing events such as IRS impacted Indigenous Peoples current health
- Understand why and how to meaningfully engage Indigenous communities in research and decolonizing the curriculum
- Increase awareness of a culturally safe curriculum for Indigenous Peoples in a university setting.

Instructional Methods

It is an Interactive workshop with presentation slides, content delivered by video, and group discussions with scenarios. The aim is to extend the theory into practice by permitting time for groups to look at case scenarios between clinicians, trainees, and community health practitioners and researchers.

Keywords

Indigenous health curriculum

W 32 Submission No. 55380

Indigenous Harm Reduction = Reducing the Harms of Colonialism

Trevor Stratton, Canadian Aboriginal AIDS Network (CAAN)
Kate Alexander, Interagency Coalition on AIDS and Development (ICAD)

Background/Rationale

Mainstream harm reduction practices such as needle exchange programs, naloxone distribution and Opioid Substitution Therapy (OST) have been established as a main approach in the prevention of HIV, hepC, and overdoses. While these approaches are lifesaving, they are not enough to make a meaningful difference within Indigenous communities. For Indigenous communities, harm reduction = reducing the harms of colonialism. This means that Indigenous harm reduction is not tethered to substance use but is a way of life, embedded within traditional knowledge systems that see the spiritual world, the natural world, and humanity as inter-related. Decolonizing policy and program environments to support the restoration of these relationships is critical to restoring the health and wellness of Indigenous communities.

Objectives

By exploring the key findings of the report, Indigenous Harm Reduction = Reducing the Harms of Colonialism, the workshop will draw out the key tenants of mainstream harm reduction and Indigenous-centred harm reduction and create a dialogue on how leaders, organizations and individuals can incorporate Indigenous approaches into their programming, policies and efforts to support the self-defined, self-determined, and distinctions-based health and wellness of Indigenous Peoples. Highlights include how harm reduction is a response to the symptoms of colonization running parallel to Indigenous value systems and Indigenous ways of knowing. Indigenous harm reduction policies, programs, and practices are: Decolonizing. Indigenizing. Holistic and Wholistic. Inclusive. Innovative and Evidence Based.

Instructional Methods

A conversational and interactive approach will be used. Formal presentation will be limited and focus more on interactive tools and methodologies, such as real-time survey tools and a sharing circle setting, to assist in guiding the critical dialogue.

Keywords

Indigenous harm reduction, HIV HCV and STBBIs, Culture and healing

W 33 Submission No. 55478

Culture as Foundation

Mary Deleary BA, Thunderbird Partnership Foundation

Background/Rationale

This workshop builds upon a project inspired by Elders and treatment centre project partners, to work with First Nations' people connected to NNADAP (National Native Alcohol and Drug Abuse Program) and YSAP (Youth Solvent Addiction Program) on the path to wellness guided by cultural interventions. Honouring Our Strengths: Culture as Intervention in Addictions Treatment is a three-year study funded by the Canadian Institutes of Health Research. The study examined the strengths of First Nations culture in drug and alcohol treatment and was a result of a partnership between the Assembly of First Nations, Centre for Addiction and Mental Health, National Native Addictions Partnership Foundation and the University of Saskatchewan. If all our work begins from culture as foundation and recognizes strengths and cultural resiliency, we build a strong foundation upon to contribute to the generations coming behind us.

Objectives

Participant understanding of concepts of wellness such as the belief in one's connection to language, land, beings of creation, and ancestry, supported by a caring family and environment. Integral to this understanding is the inclusion of First Nations culture acknowledged and addressed in all work with Indigenous Peoples.

Instructional Methods

45 minute powerpoint presentation with 15 minute question and answer period.

Keywords

culture, land, healing

P 01 Submission No. 52257

A Strategy to Address the Reconciliation Commissions Calls to Action # 23: Increase the Number of Aboriginal Professionals Working in the Health-Care Field.

Brigitte Loeppky RN, BScN, MN, Seven Generations Education Institute

Background and Purpose/Objectives

Indigenous 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. Seven Generations Education Institute (SGEI) has partnered with an Ontario University to deliver the All Nation Nurses Entry Program (ANNEP). This preparatory program is a positive step forward in addressing indigenous health and education inequities; and directly answers to the Truth and Reconciliation Commissions Calls to Action, specifically Calls to Action # 23 We call upon all levels of government to: "Increase the number of Aboriginal professionals working in the health-care field."

Methodology

A synchronized (blended) teaching model is being used to deliver ANNEP. Specifically, the University professor presents the curriculum and the SGEI instructor reinforces these teachings by using best practice, culturally inclusive pedagogies infused with Anishinaabe content that resonates with the indigenous student thus optimizing learning. In addition, SGEI offers student counselling and financial support services, breakfast programs, access to Elders and free tutoring in a culturally safe and welcoming learning environment.

Results/Impact/Outcomes

ANNEP is being offered in two campuses: Fort Frances and Kenora . Each campus is equipped with a state of the art simulation lab to maximize student learning. Telepresence is being used to deliver the program. This video deploys greater technical sophistication and improved fidelity of both sight and sound than in traditional videoconferencing. The outcome of this initiative is that there will be indigenous students that meet the prerequisites to gain entry into the the Bachelor of Science in Nursing (BScN) Program. SGEI and their partner University 's intent is to deliver the BScN program in the fall of 2020 using the same delivery model.

Conclusions and Discussion

SGEI's ANNEP and the subsequent BScN Program delivery will allow for the Indigenous individual who aspires to be Registered nurses to successfully do so while remaining In their own communities. This will positively impact the recruitment and retention of indigenous nurse graduates in Northwestern Ontario thus addressing Reconciliation

Commissions Calls to Action, specifically Calls to Action # 23: Increase the number of Aboriginal professionals working in the health-care field.

Keywords

Indigenous, Registered Nurses, Truth & Reconciliation

P 02 Submission No. 52710

Cultural Humility: Essential Foundations when Working with Indigenous Clients

Crystal Hardy NP-PHC, PhD Student, MPH, Lakehead University

Background/Rationale

Cultural humility is a process of life-long self-reflection that incorporates aspects of cultural awareness, sensitivity, competence and safety. This workshop is discuss how to embrace cultural humility when working with Indigenous clients through relationality and reflective practices.

Objectives

Discuss the path to cultural humility.Explore the concepts of relationality and self-reflection.

Instructional Methods

Direct instruction and indirect instruction through reflective discussion.

Keywords

cultural humility; relationality; reflective practice

P 03 Submission No. 53257

Missing, missed, and missing the boat: Teen mental health and the struggles of Native families

Hilary Weaver MSW, DSW, University at Buffalo, State University of New Yor

Background and Purpose/Objectives

Colonization sets the stage for violence, trauma, and associated risks including substance misuse, homelessness, and Missing and Murdered Indigenous Women. When our youth disappear into the night, get lost in intoxicants, or mutilate themselves trying to feel something, they are missing; emotionally and psychologically, if not physically. One day they may leave and not return. We miss our lost children. Systems that are supposed to help are often ineffective. Professionals miss the boat. This is the story of those who are missing and missed, and those who miss the boat. It is the story of families struggling with trauma. While the roots of trauma go deep into history, violence continues, often perpetrated by individuals hurt as children. Trauma is exacerbated by systems and service providers, ostensibly there to help.

Methodology

A case example describes a Native family grappling with inter-generational sexual abuse, subsequent mental health diagnoses, and hospitalizations. Long-term interactions with medical, mental health, and child protective systems fostered stigma and deteriorating well-being for all family members.

Results/Impact/Outcomes

The presentation centers the experiences of family members of a youth diagnosed with PTSD and major depressive disorder. It describes how a traditional Lakota story helped the family grapple with issues of responsibility, blame, understanding, and move toward healing.

Conclusions and Discussion

This presentation describes how colonial legacies shape contemporary well-being, offers insight into experiences of family members of youth with mental health issues, and illustrates how traditional practices can offer healing.

Keywords

trauma, families, PTSD

P 04 Submission No. 53606

Indigenous Youth Mentorship Program: Essential Characteristics of Successful Multi-Sited Community University Partnerships with Indigenous Communities

Sabrina Lopresti PhD c. , University of Alberta
Noreen Willows PhD, University of Alberta
Kate Storey PhD, University of Alberta
Tara McHugh PhD, University of Alberta
IYMP National Advisory Team

Background and Purpose/Objectives

The Indigenous Youth Mentorship Program (IYMP) is a peer-led school-based healthy living program grounded in the teachings of Indigenous scholars, Drs. Verna Kirkness and Martin Brokenleg. IYMP is delivered as a multi-sited community-university partnership (CUP) with 13 Indigenous communities across Canada. IYMP aims to reduce risk factors for obesity and diabetes and empower youth and communities. The purpose of this study was to describe the essential characteristics of this multi-sited CUP as perceived by the IYMP principal investigators.

Methodology

A descriptive qualitative method guided this research. Key informant interviews were conducted with 5 IYMP principal investigators (2 male and 3 female; 2 Indigenous and 3 non-Indigenous). Interview transcripts were analyzed using content analysis. To enhance rigor, findings were reviewed with the IYMP National Advisory Council

which includes Indigenous knowledge keepers and by several IYMP investigators.

Results/Impact/Outcomes

Findings identified the overarching theme was forming a community of practice (CoP) as described by Wenger-Trayner & Wenger-Trayner, 2015. There were 4 sub-themes: shared interest for Indigenous health/wellbeing; relationships, mentorship, and taking a decolonizing research approach.

Conclusions and Discussion

Those with shared interests in Indigenous health and partnership with Indigenous communities could consider forming a CoP. Relationships and mentorship can then be developed through discussion and activities. CoP members should acknowledge the impact that colonial policies and practices have had on generations of Indigenous communities. The characteristics of the IYMP CoP contributed to the successful implementation of IYMP across regions. Results of this research may be used to inform other multi-sited CUPs with Indigenous communities and future IYMP CUPs.

Keywords

Implementation, community, research

P 05 Submission No. 53855

The Role of the Indigenous Patient Navigator Internationally: A Scoping Review

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Andrea Baumann B.Sc.N., M.Sc.N., PhD, McMaster University
Bernice Downey PhD
Ruta Valaitis PhD
Amy Montour MD
Pat Mandy

Background and Purpose/Objectives

Canada's healthcare system is complex and as a result patients and families experience fragmentation of services. Indigenous populations experience increasingly, disproportionate health disparities compared to non-Indigenous populations. Patient navigation is known as a patient-centered approach to enable and empower individuals and families to overcome health and social service barriers. Although the Indigenous patient navigator (IPN) role has been implemented in many countries to address Indigenous health and social inequities, no international reviews have been completed to date, necessitating this scoping review.

Methodology

A methodological framework by Arksey and O'Malley (2003) was used to map the current state the IPN role internationally within Canada, United States, Australia and New Zealand.

Results/Impact/Outcomes

Fourteen articles were selected for review including qualitative, quantitative, and mixed methods studies. The majority of articles focused on the specific healthcare setting of cancer care. All articles were based in North America, the majority within the United States. Role ambiguity was identified within the description of the IPN role. The major themes surrounding the IPN role included logistics, support, communication, health assessments, document completion, and recruitment. This research will assist decision and policy makers to make informed choices surrounding funding the IPN role and understand how to address health and social service barriers experienced by Indigenous communities across Canada.

Conclusions and Discussion

A need exists for further research of the IPN role. This review provides a starting point to work with Indigenous communities and reinforce IPN roles to bridge the gap of health and social inequities experienced by Indigenous community members.

Keywords

Indigenous, Healthcare, Navigation

P 06 Submission No. 55542

Learning Across Communities through Annual Gatherings - enhancing the scaling up of Learning Circles: Local Healthy Food to School in four Indigenous Communities.

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Louise Watson McEachern MSc, School of Public Health and Health Systems, University of Waterloo

Renata Valaitis PhD, School of Public Health and Health Systems, University of Waterloo

Barbara Zupko MSc, School of Public Health and Health Systems, University of Waterloo

Rhona Hanning PhD RD, School of Public Health and Health Systems, University of Waterloo

Tania Dick RN, BC Nurse Practitioner Association

Background and Purpose/Objectives

Learning Circles: Local Healthy Food to School (LC:LHF2S) is an innovative project funded by CIHR's Pathways to Health Equity for Aboriginal Peoples in four participating communities. In the four communities, a Learning Circle Evaluation Facilitator (LCEF) worked with interested community members to plan and implement activities aimed at enhancing access to local, healthy and traditional foods for school communities. Learning across communities was facilitated through a gathering in each community beginning before the project was funded.

Methodology

Data were collected after annual gatherings between 2015–2019, and included semi-structured interviews with attendees (n=35) including community members, evaluation facilitators, partners and researchers. Data were analysed thematically.

Results/Impact/Outcomes

Interviews after annual gatherings revealed the importance of nurturing the relationships of partners across communities, partners and the research team through in-person meetings. Greater insights into learning for improving the annual gatherings were gathered after trust began to be established between community members, local evaluation facilitators, partners and researchers. Furthermore, tensions that impacted the project related to colonisation surfaced only after participants felt safe within the group at an annual gathering which illustrated the importance of sustained relationships through annual face-to-face gatherings. It was only after these tensions surfaced that authentic sharing of solutions for dealing with them could be established.

Conclusions and Discussion

Trust can be developed with community members, partners and researchers and nurtured through annual face-to-face meetings across communities so that meaningful learning can enhance lessons and scale up of learning circles to increase access to local, healthy, and traditional foods.

Keywords

Local healthy traditional foods; scaling up; community partnerships; annual gatherings, knowledge exchange

P 07 Submission No. 54631

Approaching Non-Alcoholic Fatty Liver Disease through Nutrition and Physical Activity from an Indigenous Perspective

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Background and Purpose/Objectives

The prevalence of Non-Alcoholic Fatty Liver Disease (NAFLD) is on the rise alongside obesity, current recommendations for addressing NAFLD focuses on lifestyle changes. In response to the high prevalence of NAFLD in Manitoba's Island Lake region, Red Sucker Lake First Nation was chosen to gain the community's perspective on what resources and supports are needed for the development of community interventional programs concentrating on nutrition and physical activity.

Methodology

A survey from an initial study (The Ookwin study) showed that 70.62% of individuals wanted to lose weight, followed by eating less junk food (62.89%) as a way of addressing their NAFLD. Twenty-four individuals were selected from the Ookwin study and community to interview about resources, making this an entirely community-driven intervention.

Results/Impact/Outcomes

44% of responses indicated an exercise facility and safe walking paths (24%) was what the community wanted for nutrition resources. Interview responses showed interest in cooking classes (25%) and nutrition education (23%). When the individuals were asked what supports they anticipated needing to achieve their goals, the majority responded (53%) that transportation was the number one issue hindering people from attending programming. Second to transportation was childcare (29.4%). The most significant barrier to nutrition in Red Sucker Lake was cost and poor food quality and variety.

Conclusions and Discussion

The desired result is to lower the burden of disease through education and open the door to increasing resources to allow individuals the means to make the necessary lifestyle changes to decrease their risk and slow progression of NAFLD and other chronic conditions.

Keywords

NAFLD, Nutrition, Exercise

P 08 Submission No. 55067

Indigenous Writing Retreats

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Background and Purpose/Objectives

Writing retreats are becoming an integral part of the academic literature world. Retreats often provide a period away from distractions and are dedicated to writing papers, manuscripts, grant applications, etc. A unique characteristic of writing retreats includes the composition of diverse learners, educational backgrounds, creativity, and community participation. Writing retreats often include on-site mentorship and writing tutors which are critical in that they provide the on-demand guidance and support needed to finish projects.

Methodology

Included are two case studies and data. These include experiences from a national Native American scholar's cohort (n=6) and from Indigenous writing retreats in Mohawk Country (n=22).

Results/Impact/Outcomes

From multiple writing retreats, results included protected writing times which were beneficial for those needing the time for uninterrupted writing and providing space/environment for productive work. Core values of Indigenous communities were also identified. Feedback after each writing retreat endorses the feasibility of continued review for enhancement of future writing retreats.

Conclusions and Discussion

The next steps include continued growth and advocacy of Indigenous writing retreats across Indian country to benefit both Native scholars and community members in and out of academia. Core values related to a community-based participatory research framework learned from a confederacy of tribes and their urban partners were also shared. Writing retreats are a teaching and learning process that helps the development of an academic or professional. Indigenous writing retreats solely help the development of Indigenous peoples and to help them thrive in a way that is congruent with their traditional beliefs.

Keywords

Indigenous, writing retreat, education

P 09 Submission No. 55089

Quality improvement recommendations: Clinical trial recruitment strategies for Indigenous men.

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Background and Purpose/Objectives

Explore new recruitment strategies to engage Native American men in a health education program by addressing as many common barriers as possible.

Methodology

Health education was implemented weekly for eleven sessions over a four month period in conjunction with a community sporting league for Indigenous men. Each week teams were selected to receive a fifteen minute health education presentation followed by a Q&A. The

following week, the remaining teams in the sporting league were selected to receive the same education. Health topics changed bi-weekly. Men were then asked to participate in quality improvement feedback groups following the conclusion of the health education program.

Results/Impact/Outcomes

On average, forty-three men attended weekly sessions the highest amount reached being n=54, and the lowest n=25. Indigenous men although slow to warm up to this "in the community classroom", eventually expressed gratitude for a mobile class in the comfort of their community. Implementing a health education program in a location utilized most often by Indigenous men may improve overall recruitment.

Conclusions and Discussion

Addressing possible barriers at the outset of any health initiative is critical within Indigenous communities. Indigenous men are particularly susceptible to these barriers leaving them underrepresented. By implementing creative and culturally tailored solutions, Indigenous men are more likely to participate in health education programs. Cultivating this environment could possibly remedy common barriers and potentiate better representation. Future health programs should consider the limitations conventional recruitment strategies have among Indigenous men.

Keywords

Clinical trial, Native American, Recruitment

P 10 Submission No. 55361

International Perspectives on the Role of Indigenous Fathers in Supporting the Health of Their Infants: A Scoping Review

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Background and Purpose/Objectives

Effective early childhood development (ECD) interventions require a thorough understanding of the roles of parents in supporting their infants' health. Yet, the role of Indigenous fathers is not well illustrated within Canadian literature. This scoping study synthesizes what is known of the roles that Indigenous fathers have in promoting the health of their infants using an international perspective (Canada, United States, New Zealand and Australia). Findings support future research to develop effective ECD parenting interventions that address the needs of Indigenous families.

Methodology

Scoping methodology (Arksey & O'Malley) was undertaken with inclusion criteria stipulating English literature, involving infants less than two years of age, and describing the role of Indigenous fathers (or grandfathers) in supporting the health of their infants. Following screening, included literature underwent data extraction and synthesis using descriptive and pattern coding. Ongoing collaboration with Indigenous community partners (Hamilton Regional Indian Centre) from study conception has ensured ethical research conduct and findings framed within Indigenous ways of knowing.

Results/Impact/Outcomes

Preliminary findings suggest fathers have important roles in promoting maternal mental health, breastfeeding, participation in ECD programming, and selecting healthy foods. At times grandfathers were also noted to enact father-figure roles.

Conclusions and Discussion

This review is the first to synthesize the literature pertaining to the role of Indigenous fathers in supporting the health of their infants. Findings provide important insights into the roles of Indigenous fathers promoting their infants' health and highlight the necessity for researchers to consider extended family (such as grandfathers) when developing ECD interventions to support Indigenous families.

Keywords

Indigenous Parenting, Early Childhood Development, Infants

P 11 Submission No. 55366

Qualitative assessment of mental health services for First Nations' youth

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Background and Purpose/Objectives

Indigenous youth often have reduced accessibility to mental health services. This study is part of a larger project to develop a mental health treatment for First Nations' youth in collaboration with an Anishinabek community-based mental health service delivery organization. A Two-Eyed Seeing approach is being used to incorporate a First Nations' model of wellness with empirical research to develop a culturally relevant treatment. This study describes the qualitative interviews conducted to incorporate community knowledge of experiences, needs, and strengths.

Methodology

Semi-structured interviews were conducted with youth, parents or caregivers of youth, as well as stakeholders (i.e., treatment providers, cultural consultants, Elders, etc.). Interviews assessed experiences with previous mental health services, strategies helpful for coping with emotions, organizational barriers to implementing services, and the integration of cultural practices in services. Descriptive qualitative analysis identified common underlying themes.

Results/Impact/Outcomes

Stakeholders and youth reported that land-based activities were useful for engagement as well as developing a sense of permanent connection. Youth reported that engaging in creative activities (e.g., drawing, writing, colouring) made them feel happier. Caregivers and stakeholders reported that flexibility in treatment delivery contributed to greater success. Stakeholders stated that engaging caregivers in treatment was also key to treatment success. Stakeholders and caregivers reported that they would like to integrate cultural practices and traditions, although accessing these services and knowledge was difficult.

Conclusions and Discussion

The integration of specific cultural skills and traditions into treatment can address a community identified needs.

Keywords

Qualitative, Youth, Mental Health

P 12 Submission No. 55372

Indigenous pedagogies on childhood: Consultations with two Anishinabeg communities of Long Point First Nation and Rapid Lake, Quebec

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Background and Purpose/Objectives

Background and Purpose: Ongoing colonial practices in Canadian child-focused professional services risk devaluing Indigenous knowledge, contributing to worse health outcomes for young Indigenous peoples. Improving child-focused professional practice responds to the TRC's Calls to Action, thereby supporting reconciliation efforts in Canada. A recent international scoping review on child-focused professional education identified that Indigenous Pedagogy is rarely included in curricular development. We carried out the scoping review's consultation phase in the Anishinabeg communities of Long Point First Nation and Rapid Lake, Quebec. We aimed to answer the following questions: What are Anishinabeg perspectives on and experiences of child-focused professional practices?

How should child-focused professionals be prepared to work with young Anishinabeg peoples?

Methodology

Methodology: Qualitative descriptive methodology was used to elicit rich data from group and individual interviews with 10 young and 11 adult Anishinabeg leaders, and 15 child-focused professionals from multiple disciplines. We analyzed transcripts using inductive and deductive thematic analysis.

Results/Impact/Outcomes

Results: Participants highlighted the importance of professionals learning Indigenous history and Anishinabe culture, partaking in cultural activities outside of professional interactions, having field-based education, and engaging children with hands-on activities. Professionals encountered Indigenous-specific content most often in continuing education settings.

Conclusions and Discussion

Conclusions and Discussion: Our findings suggest Indigenous ways of knowing can and should be honored in child-focused professional practices, supporting the development of effective and culturally-safe relationships between professionals and Indigenous peoples. Ultimately, our project aims to inform developments in practice and policy that contribute to reconciliation and promote the wellbeing of Indigenous children.

Keywords

Anishinabe, pedagogy, children

P 13 Submission No. 55373

Exposure to environmental contaminants related to hydraulic fracturing in pregnant women from Northeastern British Columbia: results from a pilot study and future perspectives

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Background and Purpose/Objectives

Background. Northeastern British Columbia is an area of hydraulic fracturing and concerns have been raised by communities and First Nations regarding potential health effects resulting from exposure to contaminants, such as adverse birth outcomes. Objective. Through a close partnership with the communities, we aimed to evaluate exposure to benzene, toluene, and 19 trace metals in pregnant women from Northeastern British Columbia and raise awareness in the targeted population.

Methodology

Methodology. We recruited 29 pregnant women (21-41 yo) during their prenatal follow-up. Participants provided spot urine samples over five days and one hair sample, and answered a questionnaire on life habits. We measured metabolites of benzene (trans,trans muconic acid (tt-MA), S-phenylmercapturic acid (S-PMA)) and toluene (S-benzyl-N-acetylcysteine (S-BMA)) in urine samples, and trace metals in urine and hair samples.

Results/Impact/Outcomes

Results. Median urinary S-PMA level was similar to that of the general Canadian population, while the median urinary tt-MA level was 3.5 times higher; in Indigenous women (n=14), t,t-MA median level was 6 times higher. Median hair concentrations of manganese, barium, aluminum and strontium were respectively 2, 16, 3 and 6 times higher than those of a reference population. For barium and strontium, hair concentrations were 1.5 and 2 times higher in Indigenous participants compared to non-Indigenous participants.

Conclusions and Discussion

Conclusions. Our results suggest potential elevated gestational exposure to contaminants in these participants. Indigenous people's knowledge, including their advice and concerns, informed multiple stages of this biomonitoring study. Indigenous and community knowledge, with biomonitoring data, can contribute to learning about potential health impacts of hydraulic fracturing.

Keywords

hydraulic fracturing, gestational exposure, environmental justice

P 14 Submission No. 55376

The Native Wellness Assessment(TM): Measuring the effect of culture on wellness

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Background and Purpose/Objectives

The Native Wellness Assessment™ (NWATM) is an instrument developed by First Nations people using Indigenous-based knowledge to measure impact of culture on wellness over time among youth and adult populations. The NWA can be used in treatment centres or community programs that implement Indigenous culture-based programs.

Methodology

The assessment measures wellness across the four areas of spiritual, emotional, mental, and physical well-being. For evaluation, a Self-Report Form and an Observer Rating Form are used at three-timepoints (entry, midpoint and exit of treatment or community program). The instrument has 66 independent statements and 52 cultural intervention practices. Clients and observers rate their connection to culture using three lists of cultural practices. The Self-Report Form is used to measure the clients' cultural knowledge and experiences. The Observer Rating Form is used by someone who is knowledgeable about a client's treatment progress.

Results/Impact/Outcomes

From 2017-2018, there were 2679 NWA assessments implemented by National Native Alcohol and Drug Abuse Program (NNADP) treatment centres across Canada. After participating in culture-based programs in treatment centres, clients self-reported scores increased in Hope, Belonging, Meaning, and Purpose from entry to exit timepoints by 9.05, 8.85, 6.7% 12.97%, respectively. There were slight increases in the aggregate entry and exit scores for client's connection to cultural practices found.

Conclusions and Discussion

The NWA is an Indigenous knowledge-based instrument that demonstrates the positive effects of First Nations culture as a health intervention in addressing substance use and mental health concerns. The NWA demonstrates that culture is necessary for restoring and maintaining wellness.

Keywords

Indigenous knowledge, Assessment, Wellness

P 15 Submission No. 55377

First Nations peoples' physical activity and eating behaviours in urban area: A mixed-methods approach

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Background and Purpose/Objectives

In the Quebec Province, a majority of Indigenous adults suffer of multiple chronic health conditions. Diet and physical activity have a significant influence on health and well-being, and they are related to several chronic diseases. In order to gain a better understanding of the perceptions and beliefs underlying these worrying statistics, this study has two objectives: 1) to examine eating and physical activity (PA) behaviours among First Nations peoples, and 2) to explore the associated health representations.

Methodology

A mixed method, including a questionnaire (n = 32) and a semi-structured interview (n = 15), was used to explore participants' lifestyle profiles and health representations. The questionnaire focused on eating and PA behaviours as well as their underlying motivations. The interview investigated health views of diet and PA behaviours based on the conceptual framework of health and its determinants.

Results/Impact/Outcomes

First Nations people from urban area were sampled. Participants considered health as the autonomy to live without pain, as a balance between physical and psychological aspect, as well as between eating well and doing exercise. Family and work influence participants' PA and eating behaviours, and almost 40% adhere to the Canadian recommendations concerning PA.

Conclusions and Discussion

These findings present the reality of First Nations peoples living in urban area and health professionals should encourage them to maintain a healthy lifestyle despite multiple chronic health conditions. Exploring these people's beliefs and perceptions as well as the motivation underlying their health behaviours could help to create cultural safety.

Keywords

First Nations peoples; lifestyle; health behaviour

P 16 Submission No. 55398

Developing a Regional Diabetes Strategy for the Sioux Lookout Area

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Background and Purpose/Objectives

The high burden of diabetes in the Sioux Lookout Area (SLA) and associated health system challenges prompted the Sioux Lookout First Nations Health Authority (SLFNHA) to embark on developing a Regional Diabetes Strategy, to help improve diabetes prevention and care through better integration and collaboration of regional service providers.

Methodology

Strategy development was a multi-step process that involved the following: 1) environmental scan to understand context, 2) service mapping including a survey to elicit program offerings, 3) key informant interviews to gather insight from community members, 4) design and delivery of two regional fora to understand operational challenges from community representatives and local service providers, and to identify opportunities for improved service coordination.

Results/Impact/Outcomes

Strategy development was informed by the following community consultations efforts: surveys responded by seven service providers; interviews conducted with four community Health Directors and Tribal Councils, and one Diabetes Program Manager. Two regional forums were also held with 52 participants combined. Contributors included community representatives, service providers, regional stakeholders and members of the project team. Participants emphasized areas of the health system that require attention, including enhanced community capacity and improved collaboration of care across the various service providers. The integration of traditional knowledge and improved cultural competency was also recommended.

Conclusions and Discussion

The Regional Diabetes Strategy is a call to action that highlights the need for a coordinated response to diabetes in the SLA and incorporates a shared vision for the region. SLFNHA plans to continue to undertake advocacy efforts to fulfill implementation of the strategy.

Keywords

Diabetes, Strategy, Operation

P 17 Submission No. 55399

Evaluating the effectiveness of Indigenous health curricula on first year health professional students perceived causes of health inequities and attitudes towards Indigenous peoples

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Background and Purpose/Objectives

This study seeks to assess the degree to which Health Professional (HP) students enrolled in a mandatory 10-hour Indigenous health course believe that health inequalities facing Indigenous peoples can be attributed to historical and ongoing structural factors associated with colonization. Further, how these beliefs are linked to 1) perceived importance of learning about Indigenous peoples' rights; 2) perceived causes of inequities; and, 3) future HPs blaming attitudes towards Indigenous peoples for health inequities.

Methodology

HP students enrolled in the course will be invited to complete a pre- and post- survey. Learners socio-demographic data will be collected at baseline but quantitative measures looking at the 1) the perceived importance of the course; 2) perceived causes of inequities; and, 3) blaming attitudes towards Indigenous peoples for health inequities will be collected at baseline and at 3-months post-course.

Results/Impact/Outcomes

It is expected that this course will not be sufficient in preparing students to provide culturally safe care. However, it is expected that it will elicit a better understanding of the structural determinants of health which is expected to improve students' attitudes towards the perceived causes of inequities and the importance of learning more.

Conclusions and Discussion

Findings will provide guidance for additional training in Indigenous health and the provision of culturally safe care within undergraduate HPs. The results will allow us to identify if the current curriculum is effective in achieving its goals of correcting false beliefs and fostering a commitment to seek out further education to better understand causes of Indigenous health inequities.

Keywords

Cultural Competency and Safety, health professional education, and anti-oppressive education

P 18 Submission No. 55401

Diabetes Prevalence, Incidence and Complication Rates in Remote Communities in the Sioux Lookout Area

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Background and Purpose/Objectives

Although little data exists on the current prevalence of diabetes among First Nations communities in the Sioux Lookout Area, it is well understood that the burden of diabetes contributes significantly to poor health outcomes in the region. This study examined the incidence and prevalence of diabetes, and the rate of complications from diabetes among residents in 30 First Nations rural and remote communities.

Methodology

Data were obtained from administrative data holdings at the Institute for Clinical Evaluative Sciences. The time frame for the analysis was 2006/07 to 2015/16. This project received ethics approval from the Research Ethics Board of Meno-Ya-Win Health Centre. Although data was anonymized, we preserved community level indicators for individual reports back to community leaders.

Results/Impact/Outcomes

Diabetes prevalence was 12.9% and incidence was 1.0%. Mortality rate among diabetes patients was 1.3% per year. In 2015/16, 5.4% of diabetes patients developed a major complication such as a heart attack, stroke, surgery for diabetic retinopathy, hospital admission for high blood sugar, or surgery for poor leg circulation (e.g. amputation) and 0.7% of diabetic patients were on dialysis at any given moment.

Conclusions and Discussion

The prevalence of diabetes was almost double the Canadian average of 6.8%. The incidence rate of diabetes suggests that there is one new person per year diagnosed with diabetes per 100 people. Complication rates are similarly high. There is an urgent need to address diabetes prevention and care in the Sioux Lookout Area.

Keywords

Diabetes, prevalence, incidence

P 19 Submission No. 55402

Implementation of the Learning Circle: Local Healthy Food to School Initiative in the Northerly Community of Hazelton, British Columbia - A Descriptive Case Study.

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Background and Purpose/Objectives

Learning Circles: Local Healthy Food to School (LC:LHF2S) is an innovative project funded by CIHR's Pathways to Health Equity for Aboriginal Peoples. In each of four participating communities, a Learning Circle Evaluation Facilitator (LCEF) worked with interested community members to plan and implement activities aimed at enhancing access to local, healthy, and traditional foods for school communities. The context, process and outcomes of LC:LHF2S in one of the communities, Hazelton, in northern British Columbia, is described here.

Methodology

Data were collected between 2016–2019, and included semi-directed interviews with community members and LCEF (n=18); process reporting (e.g. LCEF reports, emails, conference calls, menu procurement and tracking data); photographs, video footage, and photovoice. Data were analysed thematically.

Results/Impact/Outcomes

The LC in Hazelton centred on three schools, reaching ~550 students. Teachers, farmers, school cooks, local chiefs, and representatives from NGOs connected at the LC, which met four times. Actions included adding salad bars to high school lunch programs and establishing or enhancing school gardening, with the assistance of external grants. School-based skills workshops, led by elders and focusing on traditional practices, were very popular. A community dinner, supported by local food producers and chefs, was effective in celebrating and raising funds for the program.

Conclusions and Discussion

In spite of challenges sourcing program funds, LC activities were perceived as successful in engaging community and enhancing school foods and student food skills. Enthusiastic community champions are essential, and Indigenous leadership particularly important when navigating existing tensions relating to colonisation and building on community strengths.

Keywords

Local healthy foods; school-based programs; community partnerships

P 20 Submission No. 55404

Tavva: Developing Inuit-Specific Sexual Health Indicators

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Background and Purpose/Objectives

Inuit in Canada are experiencing high rates of sexually transmitted and blood-borne infections (STBBI). While there is limited Inuit-specific statistical information, we know that chlamydia, gonorrhoea and syphilis rates in Inuit regions are high. A central approach to reducing STBBI among Inuit communities is to ensure there effective methods of data collection relevant to Inuit communities to show progress and strengths in programming.

Methodology

All levels of Canadian government are committed to developing indicators and targets that will permit the measurement of progress and guide respective priorities for the Pan-Canadian STBBI Framework for Action. These indicators allow governments to report regularly on progress toward meeting targets for STBBI reduction. Current measures and indicators of sexual health largely focus on prevalence and incidence of STBBI – implying absence of infections is 'sexual health'. We found it was important to identify positive aspects of Inuit sexual health and sexuality in a strengths-based approach that go beyond. Measures of culture are often missing in pan-Canadian data sets – language, cultural activities, country food, on the land programming, etc. – that are important measures of the social determinants of Inuit sexual health.

Results/Impact/Outcomes

The development of Inuit-specific indicators is essential for assessing sexual health among this unique population. One of the Strategic Priorities that guide the Inuit Sexual Health Network is "Enhance Inuit-Specific Research and Surveillance" through developing Inuit-specific indicators for the accurate measurement and understanding of relevant sexual health issues, infections and diseases.

Conclusions and Discussion

Valid, reliable, specific, measurable, cost effective and culturally relevant Inuit specific indicators of sexual health that go beyond measuring incidence and prevalence, resulting in the ability to better measure and guide progress in STBBI awareness and prevention in Inuit Nunangat.

Keywords

Inuit, indicators, data

P 21 Submission No. 55405

Cannabis in Our Communities: A Focus on Inuit Youth and Maternal Health and Well-being

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Background and Purpose/Objectives

Pauktuutit is responding to the need for public education, awareness, harm reduction and prevention initiatives that align with the social context of Inuit knowledge, attitudes, and behaviours (KAB) around cannabis consumption. Reliable data on KAB around cannabis use among Inuit youth is not available, and there is a lack of data on cannabis use during pregnancy.

Methodology

Phase I of the project has involved establishing a National Inuit Cannabis Advisory Committee (NICAC). With advice and guidance from the NICAC we will conduct 18 Focus Groups on KAB of Cannabis Use in each of the four regions of Inuit Nunangat with 3 in Nunavut and 3 in urban cities, among two demographics of Inuit, firstly pregnant women and their partners and secondly youth. In phase 2 we will use info collected to create awareness and prevention resources to disseminate throughout Inuit Nunangat. In Phase 3 we will repeat the focus groups to determine the changes, if any, in the KAB of Inuit toward Cannabis Use.

Results/Impact/Outcomes

Accurate and culturally relevant baseline data from which to design targeted public education and awareness messaging along with harm-reduction strategies, policies and programs aimed at promoting responsible cannabis use.

Conclusions and Discussion

Inuit have access to an evidence-informed and harm reducing approach to health promotion and prevention campaigns around cannabis use.

Keywords

cannabis, Inuit, harm reduction

P 22 Submission No. 55409

Fetal Alcohol Spectrum Disorder - Supporting Inuit Families and Communities

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Background and Purpose/Objectives

Reliable data on rates of Fetal Alcohol Spectrum Disorder (FASD) among Inuit is not readily available. Program evaluations of Indigenous-specific FASD prevention programs are also scarce. Despite this gap in Inuit-specific literature, heavy alcohol use is highly prevalent within Inuit communities, particularly among youth. Inuit communities are young and continue to have high birth rates. This project seeks to understand Inuit community knowledge, attitudes and practices around the consumption of alcohol during pregnancy, map existing FASD-related prevention activities and services and identify gaps in the service landscape, so that the effectiveness of prevention efforts can be assessed.

Subsequently, the project will develop targeted health promotions to raise awareness about the risks of alcohol use in pregnancy and FASD.

Methodology

Pauktuutit is conducting focus groups and key informant interviews—one in each of the four regions of Inuit Nunangat, as well as three urban centres—with individuals living with FASD, women of childbearing age and those working on the frontlines of health promotion. This information will be amalgamated with an environmental scan of FASD resources to create a comprehensive report.

Results/Impact/Outcomes

Accurate baseline data that will inform the creation and distribution of FASD multimedia resources. These are expected to reach and transfer this knowledge to Inuit and multi-level stakeholders to guide decision making, practices and behavior changes.

Conclusions and Discussion

The gathering of FASD, Inuit specific knowledge and subsequent dissemination of resources will increase capacity (culturally-specific knowledge, information) to raise awareness of the risks of alcohol use during pregnancy, as well as reduce the stigma associated with FASD.

Keywords

FASD, stigma, Inuit

P 23 Submission No. 55413

Importance of Fish for Food and Nutrition Security among First Nations in Canada

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Background and Purpose/Objectives

To explore the relationships between fish/seafood consumption patterns and food security status among on-reserve First Nations (FN) in Canada. We estimated the contribution of fish/seafood to the daily nutrient requirements. Barriers to traditional food (TF) access including fish were also summarized.

Methodology

Data were collected by the First Nations Food Nutrition and Environment Study, a 10-year cross-sectional study (2008–2018). The sample comprised of 6258 randomly selected FN adults. Fish/seafood consumption was estimated with a food frequency questionnaire. Food security status was assessed with the Household Food Security Survey Module. The contribution of fish/seafood to protein, omega-3 polyunsaturated fatty acid (n-3 PUFA), vitamin (A, B12, D, niacin) and mineral (selenium, zinc) requirements was assessed with Dietary Reference Intakes.

Results/Impact/Outcomes

Regional differences were observed in fish/seafood consumption patterns by food security status. In Ontario, Quebec and the Atlantic region, food insecure FN tend to rely more on fish/seafood and other TF whereas in the western regions (British Columbia, Alberta, Saskatchewan and Manitoba), higher financial constraints limit their access to both market and TF. Fish/seafood provided good sources of selected nutrients among both food-secure and food-insecure individuals. However, high cost of hunting equipment, industry-related activities and climate change prevent many FN from traditional harvesting activities.

Conclusions and Discussion

Fish/seafood continues to be vital to the diet and nutritional health of FN. Improving access to fish/seafood has the potential to promote food security and sustainable livelihood. Future policies should focus on socioeconomic determinants of food insecurity, support traditional harvesting and sustainable fisheries in FN communities.

Keywords

First Nations, food insecurity, traditional fish consumption

P 24 Submission No. 55415

A 20-year comparison; Identifying the strengths and gaps in cancer services for First Nations, Inuit, Métis and urban Indigenous people in Ontario

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Background and Purpose/Objectives

In 2002, the Indigenous Cancer Care Unit (ICCU) conducted a Needs Assessment that focused on an Indigenous perspective of cancer care needs and services in order to determine and examine relevant programs, services, training, education, readiness and awareness required for culturally appropriate cancer care. The study was designed to define those needs and identify gaps in cancer services, based on the perspective of Indigenous people themselves. Research and anecdotal evidence suggested that cancer services provided in 2002 did not meet the needs of Indigenous people in Ontario. Given that the original Needs Assessment was conducted 17 years ago, the ICCU is now updating the findings through an Impact Assessment.

Methodology

The first step is to engage First Nations, Inuit, Métis and urban Indigenous leadership, organizations or communities. If there is a willingness for the organization or community to participate in the Impact Assessment, then follow up is arranged to sort out the logistics of the data collection. The data collection is either a survey or focus group for the majority of the participants and occurs at a location(s) selected by the organization or community. Data will be reviewed for themes and trends with a lens to compare findings of the 2002 Needs Assessment. The results will be reported back to those who participated and key people will be involved to help us implement outcomes of the report.

Results/Impact/Outcomes

Considering the study is still ongoing, this will be the second time that we show and present the results.

Conclusions and Discussion

A provincial report will be produced, which will include collated findings from the data collected (surveys and focus groups). Summaries will be made available to regions, organizations and other groups where possible.

Keywords

Cancer, Cancer Services, Renal Services

P 25 Submission No. 55417

Creating pathways to healthcare education with Indigenous youth

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Background and Purpose/Objectives

The Truth and Reconciliation Commission of Canada has called upon all levels of government to increase the number of Indigenous professionals working within healthcare. In response, medical schools have undertaken initiatives to address application-specific barriers to medical education. These initiatives overlook upstream barriers that Indigenous peoples face in pursuing healthcare education. The Indigenous MedLINC program at Schulich School of Medicine & Dentistry aims to address upstream factors that influence individuals to pursue a career in healthcare.

Methodology

Over several years, the Indigenous MedLINC's program has coordinated the delivery of engaging, healthcare-related programming to Indigenous youth in Neyaashiinigiing. Continuity of the relationship the medical school has fostered with the community has created an opportunity for youth to explore their interest in healthcare professions. Programming includes wilderness first aid, suturing, and casting. Program evaluation is performed using pre- and post-programming surveys.

Results/Impact/Outcomes

Beyond hands on learning, these activities create discussion around the perceived barriers to post-secondary education for Indigenous youth. By sparking an interest in healthcare and building confidence and self-efficacy related to helping, we believe that youth who take part in our programs are more likely to consider a career in healthcare. We administered pre- and post-programming surveys and measured an increase in both interest in healthcare (18% increase) and helping-related self-efficacy (45% increase).

Conclusions and Discussion

The relationship that Schulich has built with neighbouring Indigenous communities is a model that can be adapted by medical schools across Canada in an effort to establish pathways and opportunities for Indigenous youth to consider careers in healthcare.

Keywords

youth engagement; medical education; healthcare reconciliation

P 26 Submission No. 55429

Applications of Two-Eyed Seeing in Primary Research Focused on Indigenous Health: A Scoping Review

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Background and Purpose/Objectives

Mi'kmaq Elder Albert Marshall coined 'Two-Eyed Seeing' in 2004, an Indigenous concept that emphasizes integrating the strengths of multiple perspectives to address complex challenges in ways that benefit all. In 2011, Two-Eyed Seeing became a policy of the Canadian Institutes of Health Research-Institute of Aboriginal Peoples' Health (IAPH), as a part of its 5-year plan, and in 2012, CIHR funding was directed towards supporting efforts that apply the concept of Two-Eyed Seeing to research. However, little is known about how Two-Eyed Seeing has been operationalized in research. To address this ambiguity, a scoping review was conducted to map the key concepts involved when researchers intend to follow Two-Eyed Seeing guiding principles to study Indigenous health topics. This scoping review aimed to answer three questions: 1) What are the general characteristics (e.g., location of

study, health topic studied, etc.) of primary research that has attempted to apply 'Two-Eyed Seeing' when studying Indigenous health topics? 2) How did researchers operationalize the concept of 'Two-Eyed Seeing' when they applied it to primary studies regarding Indigenous health topics? 3) What process-related elements were present in Two-Eyed Seeing studies that accomplished their objectives?

Methodology

Arksey and O'Malley's (2005) 5-step scoping review methodology, enhanced by Levac, Colquhoun & O'Brien (2010), and Braun and Clarke's (2019) six-step approach to conducting a reflexive thematic analysis (supplemented by reflexivity), were used to accomplish the objectives of this study. The search strategy for this scoping review consisted of three parts: (a) a forward and backward citation-chaining of three influential Two-Eyed Seeing-related papers [1) Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledge and ways of knowing (Bartlett, Marshall, & Marshall, 2012); 2) Two-Eyed Seeing: A framework for understanding Indigenous and non-Indigenous approaches to Indigenous health research (Martin, 2012); and 3) The ethical space of engagement (Ermine, 2007)]; (b) a search in three indexed databases that include a focus on studying human health - Medline (Ovid), CINAHL, and Dissertations & Theses (ProQuest); and (c) a search of CIHR-funded research projects in the CIHR database. Inclusion criteria were applied to the select relevant sources including (a) a source's title had to indicate a focus on Indigenous human health and be predominately written in English to be included; (b) the research had to conduct a primary study; (c) the research had to be guided by Indigenous knowledge(s) and Western science; and (d) papers had to explicitly state they intend to follow Two-Eyed Seeing guiding principles. Ten data items were used to record relevant information from the selected sources. Thematic analysis identified process-related elements in the included 'Two-Eyed Seeing' studies that accomplished their objectives.

Results/Impact/Outcomes

Results indicate there is an increasing trend in Two-Eyed Seeing-related peer-reviewed publications since its formal introduction by Mi'kmaq Elder Albert Marshall. The selected Two-Eyed Seeing-related projects were predominately conducted in Canada and published between 2011 and 2019. Projects predominately incorporated a community-based (participatory) research approach and qualitative/Indigenous methods, and six core process-related themes/elements were identified: (i) power was shared, (ii) culturally safe spaces were fostered, (iii) institutional and community ethics were followed, (iv) research projects were transformative, (v) rigour was maintained, and (vi) the structure of western academia and traditional policy decision making processes provided challenges for research teams, and community partners, respectively.

Conclusions and Discussion

Twenty-two projects were identified to have met the inclusion criteria for this scoping review regarding 'Two-Eyed Seeing' primary studies of

Indigenous health topics. Most studies operationalized the concept of Two-Eyed Seeing in the form of descriptive case studies that embody community-based (participatory) principles and implemented qualitative methods that were either grounded in Indigenous epistemologies or grounded in Western ontologies/epistemologies/methodologies that are philosophically congruent with Indigenous epistemologies. Several research teams emphasized the importance of research projects involving Indigenous communities/peoples to be guided by an Elder or Knowledge Holder/Keeper; someone who can ensure proper cultural protocols are respected throughout the research process. One research team specifically emphasized that Elders must be involved if the research is to be based on Aboriginal knowledge. Mixed feedback on incorporating cultural practices into research projects further suggest the importance of (local) Indigenous knowledge holders leading the incorporation of cultural protocols within a research project. Involving local knowledge holders and understanding community ethics will enhance a research team's capacity to know what harms or enhances the well-being of community partners; increasing the chances of successfully creating an 'ethical space' and following Two-Eyed Seeing guiding principles in an ethical manner. The six themes identified during the thematic analysis offer insights that can contribute to further conceptualizing the concept of 'Two-Eyed Seeing' within research. Ultimately, this scoping review aimed to identify process-related elements associated with research projects that incorporated 'Two-Eyed Seeing' guiding principles and inform future research efforts that intend to follow 'Two-Eyed Seeing' guiding principles.

Keywords

"Two-Eyed Seeing" "Scoping Review" "Indigenous Health"

P 27 Submission No. 55453

Culturally safe cancer survivorship care - Experiences from Algonquins of Pikwàkanagàn First Nation

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Background and Purpose/Objectives

Prevalence of cancer among First Nations people is increasing faster than overall Canadian rates. Historical trauma from colonization and lack of culturally safe, responsive healthcare contributes to poor health outcomes and low five-year survival rates among First Nations Peoples. This study explored culturally safe healthcare practices that support cancer survivorship healing in Pikwàkanagàn First Nation, an Algonquin community in Ontario, and barriers and supports to receiving culturally safe practices.

Methodology

Two focus group discussions were held with cancer survivors and family members (n=16) and healthcare providers (n=12). Journey mapping procedures were used to conceptualize culturally safe cancer survivorship care and barriers and supports to receiving it. Semi-structured individual interviews (n=13) were then held to further explore patient journeys. Discussions and interviews were audio and video-recorded, transcribed verbatim and analyzed thematically.

Results/Impact/Outcomes

Themes for culturally safe care encompassed: 1) broad definitions of family 2) the need for care for caregivers; 3) trauma-informed bereavement; 4) culture as healing; 5) stories of client experiences are cultural teachings and the basis for culturally safe care. Barriers included lack of early and well-connected services and supports within and between hospital and community.

Conclusions and Discussion

Historical and ongoing trauma exists in communities and the development of culturally safe approaches in partnership with communities are needed for cancer survivorship healing. Sharing stories can create a legacy for individual and community healing. Innovative approaches are required for reciprocal culturally safe transitions between western healthcare systems and Indigenous communities with well-connected support systems.

Keywords

Cultural safety; Cancer healing; Cancer survivorship

P 28 Submission No. 55457

Systematic review of evaluated knowledge translation (KT) processes and practices in Indigenous health research contexts: Findings and recommendations

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Background and Purpose/Objectives

KT efforts in health research are often intended to facilitate or inform improved health outcomes for specific populations. Just as mainstream academic research methodologies are not always appropriate or effective in Indigenous community contexts, neither are mainstream KT

practices, approaches, and theories. Our systematic review of evaluated KT processes and practices in Indigenous health research reveals important differences between mainstream and Indigenous KT assumptions, approaches, and practices.

Methodology

An Indigenous health research Advisory Team guided a systematic review of published and grey literature of evaluated KT initiatives in Indigenous health research contexts. Included documents reported on research that: 1) focused on Indigenous peoples; 2) linked to Indigenous health and wellness; 3) identified KT goals, activities, and rationale; 4) evaluated KT activities or outcomes; and 5) scored six or more on an Indigenous research critical appraisal tool. All tools were tested and findings were reviewed by the Advisory Team and Indigenous scholars were involved in every phase of this systematic review.

Results/Impact/Outcomes

We will share findings on effective KT processes and designs, KT tools for communicating knowledge to relevant rights/stakeholders, KT team compositions, the use of Indigenous (traditional) knowledge, KT evaluation methods and methodologies, outcomes from KT on Indigenous health and wellness, as well as lessons learned.

Conclusions and Discussion

This review offers examples of wise practices for KT in Indigenous health research, identifies areas of concern, raises important ethical issues around the value and use of Indigenous knowledge in KT, and suggests that KT evaluation frameworks are needed.

Keywords

Knowledge translation, evaluation, systematic review

P 29 Submission No. 55462

The Effects of Climate Change on Traditional Activities, Food Security, and Health of a Northern Ontario First Nation

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Background and Purpose/Objectives

My objectives for this research are to 1) inquire if members of a First Nation are experiencing changes in their environment due to climate change, and 2) determine how these changes are affecting people's ability to participate in traditional activities, and thus how they are affecting food security and health.

Methodology

Data was collected from fifteen members (fourteen elders and one adult) of a Northern Ontario First Nation through semi-structured interviews. Interviews were audio recorded and later transcribed verbatim. Transcriptions were then coded and analysed using the qualitative analysis software NVivo to identify recurring themes, observations, impacts, and experiences.

Results/Impact/Outcomes

Almost all participants had experienced some form of changes in their environment due to climate change. Some participants experienced such significant changes that their ability to participate in traditional activities and/or their success during these has been compromised. These activities include hunting, fishing, trapping, and gathering, which supplement members' food supply and/or income. Some members have thus turned to include more western foods in their diet which may be negatively affecting their health. Some members have also experienced or witnessed direct affects to health due to climate change including increased cases of severe sunburns and skin cancer.

Conclusions and Discussion

As climate change progresses, it has the potential to drastically compromise food security, health, and the right to practice traditional activities of First Nations. Governments should be enacting more policies to mitigate and adapt to the effects of climate change so that First Nations peoples can continue to practice traditional lifestyles.

Keywords

Climate change, food security, Indigenous Health

P 30 Submission No. 55465

Two Community-Guided Initiatives Using Dried Blood Spot Sample Gathering for Community-Wide HCV/STBBI Testing

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Background and Purpose/Objectives

Background: Hepatitis C Virus (HCV), a leading cause of death by infection, is likely 2.5x higher in Indigenous people. Now curable, obstacles to HCV elimination are testing and linkage to care. Testing in remote communities presents challenges and opportunities. Aim: Evaluate widespread community testing for HCV, using dried blood

spots (DBS) gathered by health care workers and community members in two remote indigenous communities.

Methodology

Method:Communities engaged as follows: presentations to Chief and Council; formation of local team of planners/testers; development of community-specific approaches; DBS training of team; linkage to care.Advertising highlighted endorsement by Chief and Council, using flyers, radio, Facebook, posters; incentives: coffee-cards, phone-cards, food, raffled gifts. House-to-house flyer delivery, used in Community-1, was unacceptable in Community-2. Instead, a 30km walk-a-thon raised awareness. Community-1's Health Director dedicated time and seven staff. Community-2: events organized by HCV nurse and Indigenous nursing student; testers included 3 paid community members.

Results/Impact/Outcomes

Results:Each community has ~1000 members. Community-wide DBS testing was piloted in Community-1. 226 people tested, averaging 65/day. Community-2, considerably more remote, had 484 tested, averaging 37/day. HCV seroprevalence >10x higher in Community-2. Feedback from both was positive. Community-2 surveys indicated food and Facebook were most important features attracting participants.

Conclusions and Discussion

Conclusions:This was a marriage between medical professionals and community members--who concretely directed implementation of this initiative. The model's strength was highlighted by the satisfaction expressed in both communities; by successful ideas from Community-2's nursing student, and empowerment she says she experienced; plus the opportunity to recruit community members as staff.

Keywords

HCV, DBS, Community-driven

P 31 Submission No. 55475

Community resilience in the face of research funding cuts and ongoing local challenges

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Background and Purpose/Objectives

A First Nation community was impacted by a ministry funded research project that promised to build knowledge and develop a wellness strategy, but was terminated prematurely.

Methodology

The research-to-action project led by researchers at the Centre for Addiction and Mental Health involved three modes of data collection, including a community-wide survey, interviews with people with lived experience, and a focus group with service providers, followed by participatory action research to develop a community wellness strategy, informed by local data. Half-way through its implementation, termination of the project was announced and the team was given six months to wind it down. This announcement revived a long history of community mistrust in research, where data are collected but no clear benefits to communities are seen, putting the entire initiative at risk.

Results/Impact/Outcomes

Careful discussions were held among the research team and community members and consideration was given to whether and how the project would proceed in the community with the remaining funds. The community advisory circle, in consultation with Chief and Council, elected to proceed with the initiative. Despite ongoing challenges within the community, the research was used to identify a priority area for a community wellness initiative and data are informing its development through photo-voice. Stories of strengths and resilience are guiding a path forward for community wellness.

Conclusions and Discussion

This work highlights the importance of building and maintaining strong and trusting relationships in research and that secure funding for ethical and responsible mental health research that builds community capacity is needed in Indigenous communities.

Keywords

funding, research, community resilience

P 32 Submission No. 55479

Developing a Smudging Ceremony Procedure for Indigenous Patients at The Ottawa Hospital

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Background and Purpose/Objectives

Building on the work of Indigenous communities and hospitals across Canada, The Ottawa Hospital (TOH) has implemented a Smudging Ceremony procedure ("Smudging SOP") with the goal of improving the wellbeing and cultural safety of Indigenous patients. The objective of this presentation is to share information and feedback about

developing and implementing a Smudging procedure at a large, multi-campus, academic hospital.

Methodology

Since October 2017, the Smudging SOP has supported more than 30 Smudging Ceremonies. The SOP defines when, where, and how Smudging Ceremonies can be performed to maximize access while ensuring hospital occupant safety. Staff education and socialization has also been emphasized to ensure staff are confident providing access.

Results/Impact/Outcomes

Patients, family, and staff have reported that the Smudging SOP has had a positive impact on patient experience, especially in palliative and end-of-life care contexts. There were many lessons that may be of value to other large institutions interested in implementing a Smudging procedure: • Importance of community engagement, • Key change management strategies, • Cultural sensitivity and awareness of staff, • Health & safety risks considerations.

Conclusions and Discussion

The Smudging SOP has been overwhelmingly positively received by patients, family, and staff, with self-reports of an increased sense of respect and inclusion. With increased policy awareness, improvement to access of these important ceremonies can be achieved. Future program improvements include: 1) Streamline process based on feedback. 2) Continue policy and cultural safety education with staff to ensure seamless implementation/access. 3) Continue to explore inclusion of other cultural practices (especially Inuit cultural practices) at TOH.

Keywords

Smudging, Policy, Holistic Health

P 33 Submission No. 55480

Facilitating Indigenous Research Through Relationship Building

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Background and Purpose/Objectives

The history of research in Indigenous communities is one of abuse and exploitation. Western research is often viewed as a mechanism of colonization, and is distrusted. The Truth and Reconciliation Commission of Canada called on the government "...to identify and close the gaps in health outcomes between Aboriginal and non-

Aboriginal communities...". In order to conduct culturally sensitive and valid research in Indigenous communities, there must be a focus on relationship building and cultural respect.

Methodology

We undertook to conduct research in partnership with Indigenous people to explore barriers to accessing bariatric care. We employed a decolonized approach by seeking out community involvement. An Indigenous Elder, Indigenous physician and Indigenous researcher came together to form an Indigenous Advisory Group (IAG). The knowledge shared by the IAG was used to iteratively shape our study.

Results/Impact/Outcomes

Relationship building with the Indigenous community is an ongoing, ever-evolving process. We began the study over a year ago and with the IAGs guidance, we have created a research study that emphasizes Indigenous cultural values and traditions. We have adapted our initial focus groups into sharing circles facilitated by the Elder harnessing the power of ceremony and tradition. We have learned to incorporate tobacco offerings, smudges, sharing circles, sacred items and Indigenous teachings.

Conclusions and Discussion

Health research in Indigenous communities is essential in order to identify and close the gaps in access and health outcomes. Understanding the importance of relationship building and respecting tradition and ceremony are crucial elements to the overall success and validity of research studies within Indigenous communities.

Keywords

Research, Relationship, Tradition

P 34 Submission No. 55490

Genomics and Ethics Program for Native Students (GEN): A Model for Indigenous-based, Mentor-linked Learning

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Background and Purpose/Objectives

Background: American Indian and Alaska Native (AIAN) people continue to be underrepresented in all aspects of STEM training and research, which contributes to the lack of Native students completing degrees and entering careers in health, science (National Research Council, 2011), and especially genomics. Efforts to address these educational disparities require early learning interventions that foster

sustainable support networks and meaningful research experiences that integrate values and learning approaches responsive to the needs of Indigenous students. Purpose: The Genomics & Ethics Program for Native Students (GEN) is a research and training program designed to foster collaborative learning communities for the advancement of Native students in the ethical, social and legal implications of genetics and society.

Methodology

Methodology: The GEN program represents a dynamic cohort-based learning community that fosters extended support networks for Native students. The GEN program's first year of implementation included face-to-face trainings, field site visits, individual and group check-ins, team building activities, multi-site learning exchanges, and student/mentor pairing.

Results/Impact/Outcomes

Results/Impact/Outcomes: The GEN Program has established a unique learning community comprised of students, program staff, mentors, community partners, and others committed to the goal of shaping the field of genomics in ways that speak to and create spaces for Indigenous experiences.

Conclusions and Discussion

Conclusions and Discussion: The GEN program serves as a model for building community-based educational interventions as a means to move Indigenous perspectives to the forefront of genomics training. This program is an example of Indigenous-based, mentor-linked learning that may be useful for academic, community, and service-based organizations.

Keywords

student, training, genomics

P 35 Submission No. 55493

Nohkom (k) Knowledge Workshops: Sharing Traditional Knowledge to Increase Intergenerational Cohesion

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Background and Purpose/Objectives

The Sohkitehew Group involves Cree female Elders from Maskwacis, Alberta who identified a need for younger women (who are disconnected from their culture as a result of colonization) to reconnect with their culture. This cultural reconnection can strengthen identity and improve individual and community health. Nohkom's (K) Knowledge Workshop series were designed to connect younger women who wish to learn traditional, cultural practices and skills with female Elders who wish to share their knowledge. This CIHR-funded

research builds on the needs expressed by participants in our earlier "aging well" sharing circles.

Methodology

Nohkom's (K) Knowledge Workshop series are delivered in a variety of settings throughout the community to enable younger women to receive valuable traditional teachings. Three craft workshops involve making medicine bags, beaded rope work and hand-sewn ribbon skirts. Elders and other community experts with the necessary cultural and traditional knowledge will attend the workshops to introduce relevant cultural teachings associated with the crafted item. Data is collected using self-administered questionnaires and face-to-face interviews about women and Elders' health, wellbeing and connectedness to community and culture.

Results/Impact/Outcomes

Planning is well under-way: we have venues and dates planned for the initial workshops, which will commence in January 2020.

Conclusions and Discussion

This project brings together the wisdom and compassion of the female Elders with younger women may help increase intergenerational cohesion, cultural and traditional knowledge and identity augmentation.

Keywords

traditional teachings, women's wellness, intergenerational communication

P 36 Submission No. 55496

Quality of Preventative Oral Health Services in Indigenous Communities (Q-POHSIC) - A Measurement Tool

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Background and Purpose/Objectives

Partnering with Norway House Cree Nation, Manitoba and funded by CIHR-IAPH/IMHA (Grant: PI1-151324), this study aims to: (1) understand how Indigenous parents/caregivers and community-based oral health decision-makers perceive "quality of preventative oral health (POH) services"; (2) develop a quantitative scale (tentatively named Q-POHSIC) based on these perceptions to assess the quality of POH services for Indigenous communities; (3) pilot and test the Q-POHSIC scale for sensibility (face/content validity and feasibility).

Methodology

This study uses an exploratory sequential mixed-methods design with a concept mapping approach to survey development (establish conceptual framework, develop scale items, then perform psychometric assessment). Phase 1 (Concept Mapping) consists of the development of the "quality of POH services" framework. In Phase 2 (Scale Development), the resulting framework is translated into a measurement tool to evaluate the quality of POH services for Indigenous communities, followed by pilot testing in a community taking part in the Nistam Nipita (My First Teeth) study and sensibility assessment.

Results/Impact/Outcomes

The resulting framework presents themes similar to and distinct from those seen in existing oral health care satisfaction scales, including: Character of dental providers; Involvement of patients in dental care; Dental workers impact on the environment; Knowledge for working with community; Accessibility to appointments; and Building staff capacity.

Conclusions and Discussion

This study provides insights into existing gaps, trends, and actionable items in oral health services to improve the overall POH in Indigenous populations. In conclusion, this study aims to conceptualize and develop a quantitative survey tool that Indigenous communities may use for evaluation and planning purposes.

Keywords

Quality of care, preventative oral health care, measurement

P 37 Submission No. 55500

Fulfilling visions of the past for the futures of tomorrow; the implementation of a Culturally Enhanced Chronic Kidney Wellness Initiative

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Background/Rationale

Contemporary Traditional Knowledge Keepers told empirical stories about how cultural leaders approached Treaty Four Chiefs and Councils to envision a structure joining Traditional and Spiritual Institutes with western medicine to provide physical, mental, emotional and spiritual wellness for all. The All Nations' Healing Hospital (ANHH) encompasses this vision through a progressive, culturally central and community responsive model of care. What was known by the Knowledge Keepers then, was an evolving crisis of Chronic Kidney Disease in their communities as a consequence of diabetes. ANHH leadership undertook to respond to this health crisis. ANHH concluded

a community needs assessment in 2015 to guide the development of an initiative to address chronic kidney disease and bring dialysis services closer to home. Proceeding with the recommendations from community and stakeholder engagement Pasikow Muskwa Healing Center was designed and built to deliver an innovative, culturally enhanced Chronic Kidney Wellness Program. Pasikow Muskwa Healing Centre offers primary care services across the spectrum of kidney wellness, from prevention to treatment of kidney disease. A multidisciplinary team provides chronic disease management, outreach services, early screening and detection for kidney disease, satellite hemodialysis, Independent hemodialysis and support for home dialysis. Integral to the program is the access to Traditional medicines and healing.

Objectives

This model presents an innovative and unique approach to address the needs of clients, families and communities impacted by chronic kidney disease. This presentation will share the development and successes of this program to strengthen local capacity and facilitate cultural healing. An evaluation will be conducted to inform further program enhancements.

Instructional Methods

Guided by prayer, the presenters through engaged lecture with visual and auditory aides, will highlight the contextual background and cultural history that mobilized the community and leadership to implement an enhanced chronic kidney wellness initiative.

Keywords

Enhanced Kidney Wellness

P 38 Submission No. 55502

The Ookwin Study

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Background/Rationale

Globally, non-alcoholic fatty liver disease (NAFLD) is the most common liver disease, affecting 25-30% of the population and causing substantial morbidity and mortality. There is no data on how common or how severe NAFLD is in Indigenous communities. Hence, this study grew from a unique partnership between academic researchers and Indigenous community, and is designed to examine NAFLD burden among rural Indigenous and non-Indigenous Manitobans, to assess how mild or severe it is, to determine short-term outcomes and to develop community-led sustainable educational and prevention programs. The research occurs in community settings, and is conducted by a community of individuals with diverse skills and backgrounds. It was the development and mutual engagement of this community of Study

stakeholders and participating members that made the implementation of the NAFLD Study possible.

Objectives

The objectives of this workshop is to demonstrate a real life successful partnership between academic researchers and indigenous community in conducting medical research with the goals of improving health of individual members and enhancing the wellbeing of the Indigenous community by engaging the community in conducting the research and taking a lead role in research process. community by engaging the community in conducting the research and taking a lead role in research process. Key points: To be successful, the health problem has to be relevant to the community, the community is engaged in the early stages of designing the proposal, developing the research plan and action plan, and through the process, researchers and community are the equal partners in research.

Instructional Methods

Power point presentation, narratives, video from research clinics and conversation with the audience

Keywords

research partnership, community engagement, NAFLD

P 39 Submission No. 55507

The Cedar Project: Intergenerational child apprehension and HIV among young Indigenous people who have used drugs in British Columbia

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Background and Purpose/Objectives

Wellbeing is eroded when Indigenous children are removed from families, as they have been through Canada's residential school and child apprehension systems. We explored how intergenerational child apprehension experiences shaped HIV health/wellness among young Indigenous people who have used drugs in two Canadian cities.

Methodology

This exploratory sequential mixed-methods study took place within the Cedar Project cohort. In-depth interviews with 12 participants living with HIV were open-ended to facilitate sharing of stories they felt were important. Interpretive description identified themes. Based on qualitative findings, longitudinal generalized linear mixed effects models involving 52 HIV-positive sub-study participants tested for relationships between child apprehension and HIV viral suppression using data collected between 2011-2014.

Results/Impact/Outcomes

Child apprehension experiences were a central concern; 78.8% had been apprehended as children and, among parents, 60.5% experienced their own child(ren) being apprehended. Themes highlighting intersections with HIV included: (1) impact of removal from families on long-term health and wellbeing; (2) re/connecting with family; (3) intersections of substance use, apprehension, and HIV; (4) stress and demands of maintaining/regaining custody; and (5) traditional wellness practices being valued but complicated. Being apprehended (aOR: 0.23; 95%CI: 0.06-0.82) and having a child apprehended (aOR: 0.24; 95%CI: 0.07-0.77) were significantly associated with reduced odds of HIV treatment success (viral suppression).

Conclusions and Discussion

Respecting Indigenous rights to self-determination over child welfare processes is urgent. HIV care for young Indigenous people who have used drugs must acknowledge and address ongoing impacts of intergenerational child apprehension experiences. Supporting parenting and family connections are a critical part of culturally-safe, healing-centered HIV care.

Keywords

child apprehension; substance use; HIV

P 40 Submission No. 55515

Incorporating Indigenous Knowledge in Suicide Prevention Programs: A Scoping Review

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Background and Purpose/Objectives

Despite significant improvements to mental health programs in Canada, suicide prevention services fail to address the unique mental health needs of Indigenous people. Suicide rates remain disproportionately higher in Indigenous populations and there is a sizeable gap in

community-based, culturally safe suicide prevention resources for Indigenous populations in Canada.

Methodology

A scoping review of academic and grey literature has been conducted to examine relevant evidence on how Indigenous knowledge has been incorporated in suicide awareness programs. A two-step process has been taken to better align with ethical standards of research involving Indigenous peoples, and to enable Indigenous knowledge to inform the evidence appraisal and interpretation: 1) Indigenous and non-Indigenous co-authors are synthesizing the evidence; and 2) input is being sought from a reference group of Indigenous community leaders with expertise in Indigenous knowledge systems.

Results/Impact/Outcomes

Evidence synthesis and analysis are in progress. Preliminary findings indicate a scarcity of suicide awareness interventions or programs tailored to specific Indigenous populations in Canada. This is particularly true for Métis people. Indigenous knowledge is not explicitly defined in the literature. Implicitly, Indigenous knowledge is incorporated by designing culturally sensitive programs in full collaboration with local community stakeholders through community-based participatory research methods. The majority of included studies highlight the importance of understanding and incorporating local values and customs.

Conclusions and Discussion

Developing a culturally sensitive and contextually applicable suicide prevention program is key to addressing suicide in Indigenous communities across Canada. Findings of this review will guide the development of culturally appropriate suicide awareness programs across Canada.

Keywords

Indigenous knowledge, suicide awareness programs, suicide prevention

P 41 Submission No. 55516

"It's a constant process of engagement that we've been a part of to bring the evaluation to life": Evaluating the Aboriginal Stream of Ontario's Healthy Kids Community Challenge

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Background and Purpose/Objectives

From 2015 to 2018, six Aboriginal Health Access Centres/Community Health Centres (AHACs/ACHCs) participated in Ontario's Healthy Kids Community Challenge (HKCC). HKCC interventions were

delivered by AHACs/ACHCs and their partners and encouraged healthy behaviours embedded in the AHAC/ACHC model of holistic wellbeing. To date, limited research has focused on understanding or evaluating health promotion programs in Indigenous contexts. This poster will provide an overview of the community-partnered and participatory evaluation of the Aboriginal Stream of the HKCC.

Methodology

Our main evaluation question was "What changed, if anything, as a result of the Healthy Kids Community Challenge?" We first used Concept Mapping to identify desired program outcomes with each AHAC/ACHC and their partners. Then, the impact evaluation was collaboratively designed to explore how the program improved health at the child, family and community levels. Interviews (n=16) were conducted with program providers to understand implementation, and 28 digital stories were created with participating families to understand impact.

Results/Impact/Outcomes

Synthesized Concept Mapping results will be shared to show the desired outcomes of the program and how those informed the evaluation's design. Community engagement and digital storytelling processes will be highlighted, and tablets will be available for viewing digital stories created by participating children and families.

Conclusions and Discussion

Our work describes the evaluation of a multi-year, multi-site health promotion program. As a result of the community-engaged approach, novel methods, and limited work in this area, our evaluation will be of interest to policy and program specialists, researchers, students, and community members.

Keywords

evaluation, methods, engagement

P 43 Submission No. 55534

Building Local Capacity Through Strengths-Based and Community-Based Participatory Research

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Background/Rationale

Current measures used to assess the wellness of Indigenous communities are inadequate and further oppressive. Our project aimed to facilitate

the creation of a strengths-based, community-driven framework of wellness according to the priorities of Indigenous communities. Considering the central role of relationships and community for wellness, we understood that these concepts should also be central to the methodology of this project. In order to decolonize research, we recognize that research must be done for and with the communities, and that we must eliminate the dichotomy between the community and the researchers. Building non-hierarchical relationships and partnerships between the community and the academic members is needed to conduct community-based participatory projects.

Objectives

We will be sharing a case study from a project involving five Indigenous communities from Ontario, Manitoba, and Quebec, and using a mixed methods approach for engaging communities and conducting community-relevant research. Methods used consisted of consultations, gatherings, Photovoice, Talking Circles, and Concept Mapping. The communities were involved through participatory data collection and analysis, and through the training and collaboration with community research assistants for the development of culturally grounded methodology, coordination of the research activities, translation in the preferred language of the community, and dissemination of the results.

Instructional Methods

Explanation of the process and rationale of this project will be interwoven with testimonies from the graduate students and community research assistants working on this project.

Keywords

community-based participatory research; community involvement

P 44 Submission No. 55540

Health Impact Assessment

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Background and Purpose/Objectives

Project, policy and program decisions made in sectors whose primary aim is not health, e.g., the waste management sector, do not generally consider the potential impacts on human health. This often results in unintended negative consequences as well as missed opportunities to improve health. The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). Based on this definition the potential impacts that projects in various sectors can have on health can be extremely broad.

Methodology

Health Impact Assessment (HIA) is an emerging tool used to holistically, systematically and comprehensively evaluate the potential positive and negative health impacts of a project, policy or program on

the health of a community and the distribution of the impacts within the community. By viewing a proposed project through a health lens, HIAs provide evidence-based recommendations that can identify and enhance the potential benefits of the project, while minimizing any potential negative impacts.

Results/Impact/Outcomes

In order to scope the assessment, an HIA uses the determinants of health and well-being identified by the community as most relevant to a given project.

Conclusions and Discussion

HIA also offers the opportunity to include traditional knowledge, spiritual, social, and economic aspects of projects, all of which add significant value to the assessment and benefit communities, including First Nations. Moreover, as community engagement is one of its foundational pillars, an HIA provides an opportunity to address community concerns in a meaningful way through rightsholder or stakeholder engagement initiatives.

Keywords

holistic, health impact, determinants of health

P 45 Submission No. 55695

Bridging the cancer divide: Leveraging community strengths and optimizing technology use to improve screening for Indigenous women in northern BC through HPV self-collection

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Background and Purpose/Objectives

Long-term persistent infection with a high-risk type of the Human Papillomavirus (HPV) is well established as the cause of cervical cancer. Screening using HPV testing is gaining global acceptance as a more effective strategy to prevent cervical cancer. Given significant disparities in rates of invasive cervical cancer among Indigenous women in British Columbia, there is a critical need to engage Indigenous women in cervical cancer screening in ways that overcome challenges created by disparate geographies, health care provider shortages, and a dark legacy of colonialism. Using innovative technology and culturally appropriate engagement strategies, our program is reducing barriers and supporting women in engaging in their health journey with the goal of reducing cervical cancer.

Methodology

The program works in partnership with 11 Carrier Sekani Family Service communities located in Northern Central Interior British Columbia. With extensive community engagement, health staff from each community are trained to engage women and support their involvement in the program. The approach involves offering self-collected cervical cancer screening using mailed self-sampling kits for HPV testing under-screened women.

Results/Impact/Outcomes

This program began in February 2019 and has had 32 women participate thus far with all 32 receiving results and 5 women requiring follow-up care. This is an ongoing program that aims to engage between 75 and 100 women.

Conclusions and Discussion

This program has been well-received and we continue to work with community health staff to engage women in participating. The importance of using strength-based approaches to empowering women to engage in their own care has been a central theme.

Keywords

HPV, women, technology

P 46 Submission No. 55816

A Case Report of Successful Reconciliation to Healthcare: Exploring Adverse Childhood Experiences Improved Health Outcomes in an Indigenous Elderly Patient

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Background and Purpose/Objectives

To report a case of behavioural symptoms in an elderly patient from the Metis/Cherokee community who responded well to treatment after involving an "Elder" from the community in her care, thereby incorporating reconciliation to healthcare.

Methodology

A 75-year-old woman of unknown descent was admitted due to lack of improvement at stroke rehabilitation. She had delirium due to underlying pneumonia and urinary tract infection. She also had SIADH for which sodium supplementation was initiated. The underlying causes of delirium were treated, and consciousness improved. However, the patient continued to have labile mood and agitation. She was verbally aggressive with false accusations. A clinical diagnosis of pseudobulbar affect was established by psychiatry. The patient's family was contacted, and we were informed of her Metis and Cherokee descent. Together,

we concluded that psychosocial support with aboriginal focus could be beneficial. A community Elder was contacted and smudging was arranged. The patient discussed trauma of assimilation into boarding school and past experiences of physical and emotional abuse. Following the intervention, Dementia Observational System (DOS) showed reduced aggression and she became compliant with medications. Future meetings with Metis community services were arranged.

Results/Impact/Outcomes

By implementing culturally sensitive approaches and involving indigenous navigators, we observed significant improvement in patient's symptoms evidenced by, improved compliance with medication, improved serum sodium levels, stable mood, and reduced aggression on DOS.

Conclusions and Discussion

This case underlines the importance of conducting future research to develop structured and culturally appropriate approaches that enable healthcare providers to address the burden of ACEs in Indigenous elderly.

Keywords

Reconciliation to healthcare, Elder's health, Adverse Childhood Experiences

P 47 Submission No. 55852

Barriers to Culturally Safe Care for Indigenous Peoples: A Key Informant Perspective

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Background/Rationale

Indigenous Peoples worldwide continue to experience health inequities, due in part to the ongoing impacts of colonization. The health inequities arising from the effects of colonization include social exclusion, disparities in the social determinants of health and marginalization in the health care system. Recently there has been some literature examining the barriers to accessing health care that Indigenous people experience, which has cited several factors including power imbalances in health care, limited access, and racism. Culturally safe care, free from discrimination, racism and prejudice, may be key in addressing health inequities. In these environments, the health professional is cognizant of the inherent power differentials and can provide care that is considerate of the unique cultural needs of their patient. This research project will explore the challenges associated with providing culturally safe care for Indigenous Peoples of Canada, and Māori of Aotearoa/New Zealand through the perspectives of key informants.

Objectives

Data will be collected through semi-structured interviews conducted via phone or Zoom video conference. Interview questions will be related to understandings of cultural safety, challenges to providing care, and implementation of cultural safety. Following collection, interview data will be analyzed for themes and coded using NVivo software.

Instructional Methods

This project aims to identify barriers/facilitators to the provision of culturally safe care and contributing factors. This information can be used towards changing health policy, improving professional competency requirements, and developing wise practices to ultimately address the health inequities faced by Indigenous peoples.

Keywords

Cultural Safety, Health Inequity, Indigenous Peoples

P 48 Submission No. 55865

Indigenous Epistemologies, Worldviews, and Theories of Power

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Background and Purpose/Objectives

The purpose of the study is to understand Indigenous epistemologies of power from the standpoint of Indigenous participants who are originally from or currently living in the Sudbury and Manitoulin Island areas of Ontario, Canada. Comparisons between the Indigenous epistemological concept of power and the Western theories of power of mainstream academia are made, as are relevant criticisms of Western epistemology.

Methodology

The research is community-based, guided by Indigenous Elders, and an Indigenous research paradigm is privileged throughout.

Results/Impact/Outcomes

The findings indicate that there are many forms and manifestations of power which are related to each other. The source of power is in the interrelatedness of everyone to everything else that is known and unknown. Humility, harmony and balanced relationships produce the healthiest and most magnificent manifestations of power.

Conclusions and Discussion

Power imbalances are inherent to colonial systems and have devastating health effects on Indigenous peoples. The paper argues that understanding more about epistemologies of power will help illuminate a pathway by which Indigenous peoples and Canadians of settler ancestry can better understand one another, creating the shift in these relationships that is required in order to gather large-scale support for the co-creation of health equity in Canada. The research promotes

understanding between the Canadian state and Indigenous Nations, and it proposes that reconciliation can be achieved by increasing understanding about the value of Indigenous epistemologies through the education system.

Keywords

power. Indigenous epistemology

P 49 Submission No. 55891

Rates of new HIV diagnoses among Indigenous peoples in Canada, Australia, New Zealand, and the United States: 2009-2017

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Background and Purpose/Objectives

Indigenous peoples in OECD countries have experienced similar histories of colonization and resistance to health impacts of ongoing oppression, but few cross-national comparisons of HIV diagnoses have been conducted. We compare rates and trends of HIV diagnoses among Indigenous peoples in Canada (First Nations, Métis, Inuit, and Other Non-Specified), Australia (Torres Strait Islanders and Aboriginal), the USA (American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islanders), and New Zealand (Māori).

Methodology

We employed publicly available surveillance data from 2009-2017 to estimate the rate per 100,000 of HIV diagnoses. Population estimates from respective census programs were used as rate denominators. We calculated the estimated annual percent change (EAPC) in diagnosis rates using Poisson regression for total Indigenous peoples.

Results/Impact/Outcomes

As of 2017, rates of HIV were highest in Canada (16.22, 95% CI: 14.30, 18.33) and lowest in New Zealand (1.36, 95% CI: 0.65, 2.50). Australia had a rate of 3.81 (95% CI: 2.59, 5.40) and the USA 3.22 (95% CI: 2.85, 3.63). HIV diagnosis rates among the total Indigenous population decreased in Canada (-7.92 EAPC, 95% CI: -9.34, -6.49) and in the USA (-4.25 EAPC, 95% CI: -5.75, -2.73), but increased in Australia (5.10 EAPC, 95% CI: 0.39, 10.08). No significant trends over time were observed in New Zealand (2.23 EAPC, 95% CI: -4.48, 9.47).

Conclusions and Discussion

While there are limitations to conducting cross-national comparisons, there are substantial differences in HIV diagnosis rates in these four countries. These differences may reflect divergent country-level policies and systems that affect the health of Indigenous peoples.

Keywords

Global health, HIV diagnosis, epidemiology

P 50 Submission No. 55896

Advancing Primary Health Care for Indigenous Peoples in Alberta

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Background and Purpose/Objectives

Indigenous people continue to experience greater burdens of disease and health disparities compared to non-Indigenous people. Current systems of primary health care (PHC) are under-resourced and often ill-equipped to address the root causes of health disparities experienced by Indigenous peoples. The TRC Calls to Action envision how health equity might be achieved through transforming health services to be better equipped to address the social and political contexts driving health inequities. To address this within the province of Alberta, the Indigenous Primary Health Care and Policy Research (IPH CPR) Network facilitated two formal roundtable meetings in Edmonton and Calgary, bringing together over 65 stakeholders to provide direction for PHC innovation. The objectives were to explore and discuss opportunities for PHC innovation and PHC research based in themes arising from TRC health legacy Calls to Action.

Methodology

A multi-modal approach was used where roundtable attendees generated and prioritized directions for the IPH CPR Network. There were three guiding questions asked: Considering existing gaps and needs, what PHC resources are critical to advocate for in your location? How can PHC be better equipped to address the upstream social causes of poor health? If healing involves addressing impacts from multigenerational adverse life experiences, what is needed for PHC to play a key role in this healing?

Results/Impact/Outcomes

Key themes emerged from the roundtable dialogues included Indigenous Ways of Knowing, Equity, Education, Evaluation, and Engagement.

Conclusions and Discussion

The knowledge synthesized from this research may help to critically explore policy alternatives that inform the delivery of PHC for Indigenous peoples in Alberta.

Keywords

PHC, Indigenous, Health

P 51 Submission No. 55543

Reconciliation in Health: Reconciling the disparities

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Background/Rationale

Engaging in discussion on building trust. Changing the way we view Aboriginal Healing by considering the traditional values within Aboriginal Culture . A culture that includes all races of men.

Objectives

Promoting Indigenous World View Addressing historical issues colonization

Instructional Methods

The workshop will provide information regarding contemporary models of healing. The discussion will then provide a new approach to health from an Aboriginal perspective. The perspective will be presented incorporating Aboriginal traditions and how it a concept of health for all people, as the Aboriginal view incorporates all people. Discussion.

Keywords

Aboriginal Health Redefined

P 52 Submission No. 55555

Toronto Notes: Collaborative Efforts to Increase Indigenous Health Content

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Background and Purpose/Objectives

The Toronto Notes are a widely recognized medical reference textbook that have been in circulation for over 34 years. They are some of the most well-regarded textbooks in Canada and are also used abroad. The editorial team for the Toronto Notes made a deliberate decision to expand the equity content in its 2021 edition to address gaps from previous editions. In order to do so, they recruited members from various student organizations to serve on a content review committee. Through an iterative process which involved considerable consultation, the Toronto Notes was able to increase the Indigenous health content expanding it more than twelve-fold in comparison to previous editions.

Methodology

There was a sequential and deliberate methodology by which a diverse team was assembled to help greatly expand equity content within the Toronto Notes. In early January, the editors of the Toronto Notes contacted various student groups from traditionally underrepresented communities to serve in a content review committee. The position would be financially compensated. Specifically, the editors recruited members from Out in Medicine which addresses LGBTQ+ health, the Black Medical Students' Association and the student coordinators for the Indigenous Health Elective (IHE). Students from these groups applied to join the committee and after they were selected, they were also asked to suggest names of faculty advisors or community experts who could assist with reviewing the Toronto Notes material.

From March until August 2020, the content review committee read through the Toronto Notes, made suggestions for additional content, researched and wrote new sections. Those suggestions were sequentially reviewed four times with other editors, faculty experts and community members including Indigenous physicians and community leaders.

Results/Impact/Outcomes

The newest edition of the Toronto Notes contains more than 12 times as much Indigenous health content as previous editions. It focuses on 5 main themes: history, how history and colonialism have contributed to current health inequities, laws, ethics, and resiliency and Indigenous community resources.

History: Content was added to address gaps in Indigenous history. For example, the previous edition began a timeline about Canadian healthcare starting with the British North America Act. This newest edition actually starts the timeline by explaining how Indigenous people developed local knowledge and medicines (e.g. the use of cedar to treat scurvy). It also aims to shift the lens away from centering Canadian history around the arrival of settlers and does so by discussing pre-colonial history.

Historical and Colonial Contributions to Current Health Inequities: The newest edition focuses on the pervasiveness of negative implicit biases in healthcare, impact of colonialism on social determinants of health, intergenerational trauma, residential schools, and how previous injustices have sown mistrust in the healthcare system.

Ethics: There is a section on the First Nations Principles of OCAP™ (Ownership, Control, Access and Possession) to address ethics of engaging in research alongside First Nations communities.

Resilience and Resources: A section includes Indigenous-led initiatives in the realm of child services, healthcare, mental health and other areas.

Conclusions and Discussion

By collaboratively working on a diverse content review committee, the Toronto Notes was able to substantially increase its equity-focused content, particularly in Indigenous health. It was also able to expand content on Black health and LGBTQ+ health. A conscious effort was made to address critical gaps in knowledge left by traditional medical education while also ensuring that the information was applicable to a medical reference textbook. There was also a concern that an

overemphasis on historical injustices and current inequities would lead to a single narrative focus whereby Indigenous peoples would only be viewed through the lens of vulnerability. To avoid this, there was an emphasis placed on historical resilience, strength within communities, and current resources.

Keywords

Indigenous health, medical education, equity

P 53 Submission No. 54153

Community Electronic Medical Record System (EMR) Implementation in Keewatinoook Okimakanak First Nation Tribal Council and its communities - Progress Amidst Challenges

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Background and Purpose/Objectives

Health care data management has been improving in First Nations in Canada by the use of electronic medical record systems. If deployed effectively, the information technology can mitigate many gaps in healthcare services. The purpose of this article is to discuss the experiences associated with an implementation of electronic medical record system in KO First Nation Tribal Council in North-West Ontario through sharing stories and lessons learned from the process of implementation.

Methodology

A qualitative analysis of experiences of project management, IT and health staff

Results/Impact/Outcomes

Despite the existence of major challenges during the planning and implementation, the EMR system provides opportunities to improve health services in First Nations.

Conclusions and Discussion

Despite the existence of major challenges during the planning and implementation, the EMR system provides opportunities to improve health services in First Nations.

Keywords

Data Management, Digital Health Solutions, Information Technology