INDIGENOUS HEALTH CONFERENCE
Towards Health and Reconciliation

May 26-27, 2016
Hilton Mississauga Meadowvale Hotel

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A Message from the Conference Chair

During the Indigenous Health Conference 2014: Challenging Health Inequities, the urgent need for action in addressing the huge disparities between Indigenous and non-Indigenous peoples was discussed. Conference members united in the belief that a genocide against Indigenous people was the result of actions undertaken by the government of Canada and the 2014 Toronto Declaration was announced.

Substantial changes have occurred since 2014. Canada has a new government who has sought to reach out to Indigenous peoples on a Nation to Nation basis. The Truth and Reconciliation committee’s (TRC) final report affirmed that in fact a cultural genocide did occur. There has been an awakening of the general Canadian consciousness. Canadians are now starting to accept how Canadian government policies have contributed to historical traumas and the persistent health inequities.

While there have been significant changes to the political landscape, many things remain unchanged. Suicide epidemics continue to plague Indigenous communities. Many Indigenous people are still living in substandard housing and lack access to clean safe water and nutritious foods. Knowing this reality, what steps can health care providers take, in keeping with the TRC mission, move towards health, healing, and reconciliation?

A good start is participating in the Indigenous Health Conference: Towards Health and Reconciliation. Over the next two days, the history, barriers and challenges that Indigenous peoples have faced in Canada will be discussed. While celebrating the resiliency and strength of Indigenous peoples, participants will learn the role they can play in helping to move towards health equity. Through open dialogue and active listening, we can learn from each other’s experience and expertise and create solutions that move us closer to health and reconciliation.

On behalf of the conference committee, I warmly welcome you to Indigenous Health Conference 2016: Towards Health and Reconciliation.

Anna Banerji, O.Ont MD MPH FRCP C DTM&H
Chair, Indigenous Health Conference: Towards Health and Reconciliation
Planning Committee

Anna Banerji  OOut MD MPH FRCPC DTM&H
Conference Director
Director, Global and Indigenous Health
Continuing Professional Development,
Faculty of Medicine, University of Toronto

Vanessa Ambtman-Smith
Métis-Cree
Aboriginal Health Lead & Co-Chair,
Provincial Aboriginal LHIN Network (PALN)
South West Local Health Integration Network

Ellen Blais
Oneida Nation of the Thames
Aboriginal Health Lead and Communications Consultant
Toronto Central Local Health Integration Network

Alex Drossos MD MBA MEd
Psychiatry Resident
Child and Adolescent Psychiatry Fellow
Department of Psychiatry and Behavioural Neurosciences
McMaster University

Daniela Graziano MSc
Global Health Management, Indigenous Health Equity
Faculty of Health Sciences, McMaster University

Peter Jensen
Tyendinaga Mohawk
Partner Jensen Group

Darlene Kitty MD CCFP
Chisasibi Cree First Nation
Director, Indigenous Physicians Association of Canada
Faculty of Medicine, University of Ottawa

Barry Lavallee MD CCFP FCFP MClSc (UWO)
Métis/First Nations
Director, Centre for Aboriginal Health Education
Section of First Nation, Inuit and Métis Health
Faculty of Health Sciences, University of Manitoba

Cheyenne Mary  RN MPH CCHN(C)
Mi’kmaq
Community Health Nurse
Aboriginal Nurses Association of Canada

Melanie Morningstar
Garden River First Nation – Ojibway
Senior Policy Analyst
Assembly of First Nations

Marianna Ofner  PhD MHSs BScN RN
Adjunct Professor
Dalla Lana School of Public Health and
Bloomberg Faculty of Nursing, University of Toronto
Light Patrol (Street Health Unit – Toronto)

Jason J. Pennington MD MSc FRCSC
The Huron-Wendat Nation
Curricular Co-Lead in Indigenous Health Education
Faculty of Medicine, University of Toronto
General Surgeon, The Scarborough Hospital

Lisa Richardson MD FRCPC
Anishnaabe/Scottish
Clinician-Teacher
Division of General Internal Medicine
University of Toronto
Curricular Co-Lead in Indigenous Health Education
Faculty of Medicine, University of Toronto

Storm J. Russell PhD
Senior Policy and Research Analyst
Métis Nation of Ontario

Anna Claire Ryan MPH
Inuit Tapiriit Kanatami

Fatima Uddin MD CCFP
Staff Physician, Anishnawbe Health Toronto

Stacie Bellemare  MEd
Event Planner
Continuing Professional Development
Faculty of Medicine, University of Toronto
Plenary Speakers

Evan Adams  MD MPH
Sliammon First Nation
Chief Medical Officer of Health, BC First Nations Health Authority

Evan Tlesla II Adams is a Coast Salish actor and physician from the Tla’amin First Nation near Powell River, BC, Canada.

Evan stars as Thomas Builds-The-Fire in ShadowCatcher Entertainment’s SMOKE SIGNALS, written by Sherman Alexie and directed by Chris Eyre. He also won Best Actor awards from the American Indian Film Festival, and from First Americans in the Arts, and a 1999 Independent Spirit Award for ‘Best Debut Performance’. He won a 2011 Gemini Award for co-hosting the National Aboriginal Achievement Awards along with Adam Beach.

Aside from his career in the arts, Evan has completed a Medical Doctorate from the University of Calgary in 2002, and a residency in the Aboriginal Family Practice program at St. Paul’s Hospital in Vancouver, BC. Dr. Adams has a Masters of Public Health (2009) from Johns Hopkins University in Baltimore, MD. He was the first-ever Aboriginal Health Physician Advisor in the Office of the Provincial Health Officer, BC Ministry of Health (2007-2012). He was the Deputy Provincial Health Officer for the province of BC from 2012 to 2014. He is currently the Chief Medical Officer of the First Nations Health Authority.

Cindy Blackstock  PhD
Gitxsan First Nation
Executive Director of the First Nations Child and Family Caring Society of Canada
Associate Professor, University of Alberta and Director of FN CARES

A member of the Gitxsan First Nation, Cindy has 25 years of social work experience in child protection and Indigenous children’s rights. As Director of the First Nations Children’s Action Research and Education Service (FN CARES) at the University of Alberta, her research interests are Indigenous theory and the identification and remediation of structural inequalities affecting First Nations children, youth and families.

Her promotion of culturally based and evidence informed solutions has been recognized by the Nobel Women’s Initiative, the Aboriginal Achievement Foundation, Frontline Defenders and many others.

An author of over 50 publications and a widely sought after public speaker, Cindy has collaborated with other Indigenous leaders to assist the United Nations Committee on the Rights of the Child in the development and adoption of a General Comment on the Rights of Indigenous children. She also recently worked with Indigenous young people, UNICEF and the United Nations Permanent Forum on Indigenous Issues to produce a youth friendly version of the United Nations Declaration on the Rights of Indigenous Peoples.

Cindy is currently completing a Master of Jurisprudence in Children’s Law and Policy at the Loyola University Chicago.
Margaret Froh
President, Métis Nation of Ontario

Margaret Froh is a Métis lawyer and educator whose career has focused on promoting and supporting strong and healthy Métis, First Nation and Inuit organizations and communities through effective governance, institutions, law, policy and reconciliation processes.

Ontario Regional Chief Isadore Day
Wiindawtegowini, Serpent River First Nation Ontario Regional Chief, Assembly of First Nations National Health Portfolio

Ontario Regional Chief Isadore Day is from Serpent River First Nation, Ontario, which is located in the North Channel of Lake Huron. Born in Elliot Lake and raised in the North, Regional Chief Isadore Day worked in construction, commercial fishing, and in the social services setting. Regional Chief Day’s post-secondary education consists of Social Work, Business and Public Administration and Governance. He and his partner Angela raise their girls in the North and are committed to ensuring Chief Day’s post-secondary education consists of Social Work, Business and Public Administration and Governance. He and his partner Angela raise their girls in the North and are committed to ensuring children remain a key grounding in their lives. He is strong in his commitments to his community and all treaty regions.

Margaret Froh
President, Métis Nation of Ontario

Margaret Froh is a Métis lawyer and educator whose career has focused on promoting and supporting strong and healthy Métis, First Nation and Inuit organizations and communities through effective governance, institutions, law, policy and reconciliation processes.

Regional Chief Day is an Anishinabe with strong values and ideals about his heritage and has a strong ability to bridge contemporary mainstream ideals and traditional insights and teachings. He has a very strong affinity and connection to the land.

Margaret has guest lectured in a variety of settings, has taught as adjunct faculty at the University of Toronto Faculty of Law, and is a lead faculty member for the Banff Centre’s Indigenous Leadership & Management Program teaching in the areas of Indigenous governance, leadership and management.

Malcolm King
PhD
Mississaugas of the New Credit First Nation, Scientific Director, CIHR Institute for Aboriginal People’s Health

Dr. Malcolm King, a member of the Mississaugas of the New Credit First Nation, is a health researcher at Simon Fraser University, joining the Faculty of Health Sciences in September 2012. In his career in pulmonary research, beginning at McGill University and then at the University of Alberta, Dr. King has developed new approaches to treat emus with inflammation and lung disease, and is now working on addressing issues in airborne disease transmission, as well as research aimed at dealing with the respiratory health inequities facing Aboriginal people.

At the University of Alberta, he served as Chair of the Aboriginal Healthcare Careers Committee from 1993 to 2009; this training program has graduated more than 70 health professionals. Dr. King served as President of the Canadian Thoracic Society in 1999-2000, and from 2000-2004 was a member of the Governing Council of the Canadian Institutes of Health Research. In his role as Scientific Director of the CIHR, Institute of Aboriginal Peoples’ Health, he leads the development of a national health research agenda aimed at improving wellness and achieving health equity for First Nations, Inuit, and Métis Peoples. His achievements have been recognized by the Alberta Lung Association (1999), the National Aboriginal Achievement Foundation (1999), and the University of Alberta Board of Governors (2003).
Barry Lavallee  MD CCFP FCFP MCIs(UWO)
Saulteaux/Métis Manitoba
Director, Centre for Aboriginal Health Education, University of Manitoba

Dr. Barry Lavallee is a member of Manitoba First Nation and Métis communities, and is a University of Manitoba trained family physician specializing in Indigenous health and northern practice. His clinical work has focused on the health and healing needs of First Nation and Métis communities. He has a Masters of Clinical Sciences from the University of Western Ontario. His research and clinical areas are chronic diseases, transgenerational trauma, impact of colonization on Indigenous communities and international Indigenous health. He is the Director of Student Support and Education for the Centre for Aboriginal Health Education, University of Manitoba and Indigenous Health UGME Curriculum Lead for the University of Manitoba.

Chief Wilton Littlechild  LLB BPhEd MPPhEd
Ermineskin Cree Nation
Commissioner, Truth and Reconciliation Commission of Canada

In 1976, Chief Wilton Littlechild had the distinction of being the first Treaty First Nation person to acquire his law degree from the University of Alberta. He received his Bachelor of Physical Education Degree in 1967 and his Master’s Degree in Physical Education in 1975. In June of 2017, the University of Alberta bestowed the Doctor of Laws Degree on Chief Littlechild for his outstanding achievements. An avid sportsman and athlete, Chief Littlechild has won more than fifty provincial, national and international championships. He has served as a coach and organizer of sports events – being a founder of the North American Indigenous games; and has been inducted into seven Sports Halls of Fame. Chief Littlechild is a respected lawyer and operates the law firm of J. Wilton Littlechild, Barrister and Solicitor, which is situated in the Ermineskin Reserve. He is a strong advocate for the rights of Indigenous Peoples and the need for justice in the criminal justice system in the province of Saskatchewan.

Chief Littlechild served as a Member of Parliament from 1988 – 1993 for the riding of Wetaskiwin-Rimby. He served on several senior committees in the House of Commons and was a parliamentary delegate to the United Nations. Chief Littlechild organized a coalition of Indigenous Nations that sought and gained consultative status with the Economic and Social Council of the United Nations. He was re-appointed by the E.C.O.S.O.C. President to represent North America and has completed his second and final term as the North American representative to the UN Permanent Forum on Indigenous Issues.

Chief Littlechild was honoured by being appointed the Honourary Chief for the Maskwacis Crees and also honoured by the Chiefs of the Confederacy of Treaty Six First Nations as the International Chief for Treaty No. 6 Confederacy.

Elected by the Chiefs of Treaties 6, 7, 8 (Alberta) as the Regional Chief for the three Treaty territories in October of 2006 to serve a three-year term. He is married to Helen Peacock, and is the father of three children: Teddi, Neil and Megan.

Ian Mosby  PhD
Author and Historian on Nutritional Experiments at First Nations Residential Schools

Dr. Ian Mosby is an award winning historian of food, health and colonialism in twentieth century Canada and is currently a Postdoctoral Fellow at McMaster University’s L.R. Wilson Institute for Canadian History. He recently made international headlines for his work on the history of human biomedical experimentation in a number of residential schools and First Nations during the 1940s and 1950s. You can read more about his research at www.ianmosby.ca.

Natan Obed  President, Inuit Tapiriit Kanatami (ITK)

Natan Obed is the President of Inuit Tapiriit Kanatami, the national voice of Canada’s 60,000 Inuit. He is originally from Nain, the northernmost community in Labrador’s Nunatsiavut region, and now lives in Ottawa. For 10 years he lived in Iqaluit, Nunavut, and worked as the Director of Social and Cultural Development for Nunavut Tunngavik Inc., the organization that represents the rights of Nunavut Inuit. He has devoted his career to working with Inuit representational organizations to improve the well being of Inuit in Canada.

Thomas Wong  MD MPH CCFP FRCP
Chief Medical Officer of Public Health & Executive Director for the Office of Population and Public Health, First Nations and Inuit Health Branch, Health Canada

Dr. Thomas Wong, MD, MPH, CCFP, FRCPC is the Chief Medical Officer of Public Health and the Executive Director for the Office of Population and Public Health at the First Nations and Inuit Health Branch of Health Canada. He was trained in family medicine, internal medicine, infectious diseases and public health at McGill, Harvard and Columbia. His public health work includes engagement with Indigenous Communities, HIV, hepatitis C, sexually transmitted infections, tuberculosis, influenza, vaccine preventable diseases, antimicrobial resistance, chronic diseases, mental health, addiction and health disparities. Dr. Wong sits on multiple national and international committees and has academic appointments at both the University of Ottawa and the University of Toronto.
Plenary Panel
The Land is Life: The Importance of Healthy Watersheds to Sustaining the Health and Wellbeing of Indigenous Communities in Canada’s North

Friday, May 27, 2016 1:00pm
Graydon Hall

Chief Simon Fobister, Sr. of Grassy Narrows

Chief Simon Fobister Sr. has been Chief of Grassy Narrows First Nation for most of the last decade and during the 1980’s. He has been a strong advocate for mercury justice, and for control over Grassy Narrows’ forests and community affairs. He brings a depth of knowledge and first hand experience as a leader in a community that has been hit hard by mercury poison and has emerged as a leading voice for environmental justice and indigenous rights. He is the father of 5 sons and many grandchildren. He is a hunter/trapper and knows the land very well and is also a very gentle man.

Professor Donna Mergler

Dr. Donna Mergler, PhD is a Professor Emerita at the Université du Québec à Montréal (UQAM), where she had been a professor in the Department of Biological Sciences. She is a member of the research group CINBIOSE (Centre de recherche interdisciplinaire sur la biologie, la santé, la société et l’environnement), a World Health Organisation and Pan-American Health Organisation Collaborating Centre for the Prevention of Occupational and Environmental Illnesses. The primary focus of her research is on early neurotoxic effects of exposure to occupational and environmental pollutants, including manganese, methyl mercury, persistent organic pollutants, solvents and pesticides. Over the past twenty years, she has made a major contribution to the development of an ecosystem approach to study environmental health issues. This approach is grounded in methods, which involve community participation, combining quantitative and qualitative information, and gender and social equity, with a view to bringing about concrete and lasting solutions to problems of environmental degradation and pollution. Her team used this approach to examine methyl mercury exposure in fresh-water fish-eating communities in the Brazilian Amazon, where they identified not only the sources of exposure and effects, but also elements in the traditional diet that reduced mercury absorption and toxicity. She has worked with First Nation communities in Canada on health effects of methyl mercury and persistent organic pollutants. She has published over 150 peer-reviewed articles, given many keynote conferences and won several awards for her work.

Dr. David Suzuki

Dr. David Suzuki PhD is the co-founder of the David Suzuki Foundation and an award-winning scientist, environmentalist and broadcaster. He is renowned for his radio and television programs that explain the complexities of the natural sciences in a compelling, easily understood way. He has won numerous academic awards and holds 25 honorary degrees in Canada, the U.S. and Australia. He was elected to the Royal Society of Canada and is a Companion of the Order of Canada. Dr. Suzuki has written 52 books, including 19 for children. He has received consistently high acclaim for his thirty years of award-winning work in broadcasting, including as the host of CBC’s The Nature of Things with David Suzuki. Dr. Suzuki is also recognized as a world leader in sustainable ecology. He is the recipient of UNESCO’s Kalinga Prize for Science, the United Nations Environment Program Medal, UNEP’s Global 500 and in 2009 won the Right Livelihood Award that is considered the Alternative Nobel Prize.

Chief Lynette Tsakoza of Prophet River

Chief Lynette Tsakoza was born and raised in Prophet River, in northeastern British Columbia. She has been elected Chief of Prophet River First Nation for the last 7 years and is currently in her third term. Prior to this she was a schoolteacher for 10 years, having worked in my Community School during that time. She graduated with a diploma in Early Childhood Education from the University of Victoria in 2002. Chief Tsakoza loves her job as the Chief of Prophet River First Nation. It gives her an opportunity to make a difference with the community and its members. Travelling gives her exposure to a variety of businesses and other First Nations Communities. This in turn helps her and her council in improving their community.

Chief Roland Willson of West Moberly

Chief Roland Willson is the Chief of the West Moberly Lake First Nations in northeastern British Columbia. He has been involved in the legal protection of Treaty Rights under Treaty # 8. Treaty 8 territories are facing massive resource extraction challenges from forestry, oil and gas, mining, large-scale hydroelectric dams, pipelines, wind-farms and other development. The community has been struggling to maintain a balance between development, economic and business opportunities and the protection of their Treaty rights and self-preservation. Chief Willson sits on a number of boards and councils throughout the Province, including the BC First Nation Energy and Mining Council, and the Pacific Trails Pipeline First Nation’s Limited Partnership. He is also a founding director of the North-East Aboriginal Business and Wellness Centre, and is a member of the Boreal Leadership Council. The West Moberly First Nations have negotiated Impact Benefit Agreements with Oil and Gas Producers, Mining, Forest Companies, Wind Energy Producers, as well as a 15 year Economic Benefits Agreement with the Provincial Government that reflects collaborative-management. In 2011 the Nation successfully challenged the Province and First Coal in court to protect the habitat of the last remaining 7 caribou of the Burnt-Pine caribou herd. Sadly the Burnt-Pine herd was extirpated by the mining activities that took place during the court case.

Moderator: Dr. Faisal Moola

Dr. Faisal Moola, PhD is a respected environmental scientist and advocate. His research in conservation science and environmental policy has been published in numerous academic journals and award-winning books and he is a regular contributor to the opinion pages of Canada’s leading newspapers. For the past decade Faisal has led an expert team of scientists, policy experts and community organizers at the David Suzuki Foundation, in support of the protection of Canada’s cherished wild spaces and endangered species, as well as the greening of our towns and cities. He is Director General for the Ontario and Canada’s North Department at the David Suzuki Foundation and has adjunct faculty appointments at the University of Toronto and York University.
Invited Workshops Presenters

Dr. Karen Hill  MD CCFPC
Mohawk Nation
Family Physician, Juddah’s Place, Six Nations

Dr. Earl Nowgesic  RN PhD
Gull Bay First Nation
Interim Director, Waakebiness-Bryce Institute for Indigenous Health
Dalla Lana School of Public Health, University of Toronto

Dr. Kent Saylor  MD FRCPC
Kahnawake Mohawk
Paediatrician, Northern & Native Child Health Program, Montreal Children’s Hospital

Dr. Brenda Stade  NP PhD
Lead, FASD Clinic,
St. Michael’s Hospital, Toronto

Accreditation

The College of Family Physicians of Canada
This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited by Continuing Professional Development, Faculty of Medicine, University of Toronto, for up to 14.0 Mainpro-M1 credits.

Royal College of Physicians and Surgeons of Canada
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, approved by Continuing Professional Development, Faculty of Medicine, University of Toronto, up to a maximum of (14.0 hours).

The American Medical Association
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™. Information on the process to convert Royal College MOC credit to AMA credit can be found at www.ama-assn.org/go/internationalcme

European Union for Medical Specialists (EUMS)
Live educational activities, occurring in Canada, 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
Letters of accreditation/attendance will be available online following the Indigenous Health Conference. The CPD Office does not mail out accreditation letters. Participants will be emailed information approximately two weeks after completion of the course specifying how to obtain their letters online.

Faculty Disclosure
It is the policy of University of Toronto, Faculty of Medicine, Continuing Professional Development to ensure balance, independence, objectivity, and scientific rigor in all its individually accredited or jointly accredited educational programs. Speakers and/or planning committee members, participating in University of Toronto accredited programs, are expected 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 to relationships within the last FIVE (5) years with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. 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 should be identified openly so that the listeners may form their own judgments 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.

Social Media
Follow the activities of the conference at:
cpd.utoronto.ca/indigenoushealth
facebook.com/indigenousconf
Follow us on Twitter: #indigenousconf
Wifi network: hilton-meeting
Wifi password: health
Floor Plan

Main Floor Plan

North Tower
Floor 1

Floor 2

South Tower

Lower Floor Plan

Lower Lobby

Floor Plan
# Program Agenda

**Thursday, May 26, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>7:00 AM</td>
<td>Conference Registration &amp; Continental Breakfast</td>
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<td></td>
<td>Graydon Hall Foyer and McCallion Ballroom</td>
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<tr>
<td>8:00 AM</td>
<td>Welcome and Opening Ceremony</td>
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<td></td>
<td>Inuit Throat singing and drumming by Naulaq LeDrew and Simeonee Michael</td>
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<td>Blessing by Dr. Malcolm King, Mississaugas of the New Credit</td>
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<td>Dr. Anna Banerji</td>
<td>Dean Trevor Young</td>
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<tr>
<td>8:30 AM</td>
<td>Opening Keynote – Ontario Regional Chief Isadore Day</td>
<td>Isadore Day</td>
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<td>Room: Graydon Hall</td>
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<tr>
<td>9:15 AM</td>
<td>Keynote - Natan Obed, President, Inuit Tapiriit Kanatami</td>
<td>Natan Obed</td>
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<td>Room: Graydon Hall</td>
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<tr>
<td>10:00 AM</td>
<td>Keynote - Margaret Froh, President, Métis Nation of Ontario</td>
<td>Margaret Froh</td>
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<td>Room: Graydon Hall</td>
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<tr>
<td>10:45 AM</td>
<td>Refreshment Break, Posters and Exhibits</td>
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<td>Graydon Hall Foyer and McCallion Ballroom</td>
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## Workshops Session #1: 12 Concurrent Sessions

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<tr>
<th>Time</th>
<th>Workshop Session</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>11:00 AM</td>
<td>W01 Health and cultural differences among Indigenous children in Canada</td>
<td>Kent Saylor</td>
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<td>Room: Britannia</td>
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<td>11:00 AM</td>
<td>W02 Creating a Culturally Competent Health System</td>
<td>Sharon Clarke</td>
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<td>Room: Club Studio 1</td>
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<td>11:00 AM</td>
<td>W03 Meeting the Health Needs of Urban Inuit</td>
<td>Connie Siedule</td>
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<td>Room: Club Studio 3</td>
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<td>11:00 AM</td>
<td>W04 Open-Dialogue to Inform Cancer Screening Practices for Indigenous Communities in Canada</td>
<td>Suneet Sandhu</td>
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<td>Room: South Studio 1</td>
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<td>11:00 AM</td>
<td>W05 The Impact of Canadian Laws on the Mental Health of Indigenous Peoples</td>
<td>Alex Drossos</td>
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<td>Room: South Studio 2</td>
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<tr>
<td>11:00 AM</td>
<td>W06 APPEAR (Aboriginal Peoples Project for Empowerment Advancement and Restoration)</td>
<td>Warren Lewis</td>
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<td>Room: Patio Studio 1</td>
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<tr>
<td>11:00 AM</td>
<td>W07 Aboriginal Midwives: Partners in the health and healing of our communities</td>
<td>Alisha Nicole Apale</td>
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<td>Room: South Studio 3</td>
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### Program Agenda

**Thursday, May 26, 2016**

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>11:00 AM</td>
<td>W08 Indigenous Women’s Experiences of Leaving and/or Staying with an Abusive Partner: “The Crushing Burden of Decision-Making”</td>
<td>Victoria Smye</td>
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<tr>
<td></td>
<td>Room: Patio Studio 2</td>
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<tr>
<td>11:00 AM</td>
<td>W10 Diagnosing and Treating Aboriginal Children and Youth with Fatal Alcohol Spectrum Disorder: When Will It Happen?</td>
<td>Brenda Stade</td>
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<td>Room: Garden Studio 1</td>
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<td>11:00 AM</td>
<td>W11 Ogiimaawabiitong/Kenora Chiefs Advisory MHA: A Model of Anishinabe ways of healing &amp; helping in relationship with Mainstream evidence based practices.</td>
<td>Sherry Copenace</td>
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<td>Room: Garden Studio 2</td>
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<tr>
<td>11:00 AM</td>
<td>W12 In This Heaven / Rings of Fire - Documentary Film</td>
<td>Candida Paltiel</td>
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<td>Room: Graydon Hall</td>
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<tr>
<td>12:00 PM</td>
<td>Buffet Lunch, Posters, Dessert with Exhibitors</td>
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<td></td>
<td>Graydon Hall Foyer and McCallion Ballroom</td>
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<tr>
<td>1:00 PM</td>
<td>Keynote Speaker: Dr. Tom Wong Supporting First Nations and Inuit in addressing health inequities</td>
<td>Dr. Tom Wong</td>
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<td>Room: Graydon Hall</td>
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<tr>
<td>1:45 PM</td>
<td>Keynote Speaker: Dr. Ian Mosby Hunger, Human Experimentation and the Legacy of Residential Schools</td>
<td>Dr. Ian Mosby</td>
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<td>2:30 PM</td>
<td>Refreshment Break, Posters and Exhibits</td>
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<td>Graydon Hall Foyer and McCallion Ballroom</td>
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<td>3:00 PM</td>
<td>W13 Woven Blanket Model of Care</td>
<td>Angela Recollet</td>
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<td>3:00 PM</td>
<td>W14 Reconciliation and Cultural Safety Training: Improving health outcomes for Indigenous People</td>
<td>Vanessa Ambtman-Smith</td>
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<td>W15 The Use and Misuse of Tobacco Among Indigenous Children and Youth in Canada</td>
<td>Radha Jetty</td>
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<td>W16 Indigenous Voices: Stories of Serious Illness and Grief</td>
<td>Shelly Cory</td>
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<td>W17 Welcoming future generations: culturally safe and competent care throughout the ceremony of birth</td>
<td>Roberta Pike</td>
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<td>W18 ‘I wanted to meet an Elder’: Indigenous peoples, HIV antiretroviral therapy and culture</td>
<td>Earl Nowgesic</td>
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<td>W19 Extending the Aboriginal Men’s Dudes Club Program: Applying Lessons Learned from Establishment of Three Pilot Sites in British Columbia</td>
<td>Lyana Patrick</td>
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<td>W20 Improving Capacity to Meet the Needs of Indigenous Canadians Living with Arthritis</td>
<td>Rachel Shupak</td>
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<td>W21 What was he thinking? The Justice’s Reflections on the Hamilton Health Sciences Case of “J.J.”</td>
<td>Justice Gethin B. Edward</td>
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<td>W22 The First Nations Mental Wellness Continuum Framework: A Coordinated, Comprehensive Approach to Mental Health and Addictions Programs and Services</td>
<td>Brenda Restoule</td>
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<td>W23 Building Capacity - Cancer Prevention &amp; Screening Education Resources</td>
<td>Susan Bale</td>
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<td>W48 Nicotine Addiction and Indigenous Peoples</td>
<td>Monica Bennett</td>
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<td>4:00 PM</td>
<td>Keynote Speaker Dr. Barry Lavallee Removing Culture from Cultural Safety: Structural Challenges to Addressing Indigenous Health in Canada</td>
<td>Dr. Barry Lavallee</td>
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<td>Reflections of the Day</td>
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<td>5:30 PM</td>
<td>Reception &amp; Blessing by Métis Senator Joseph Poitras</td>
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<td>6:30 PM</td>
<td>Formal Elders Meeting</td>
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# Program Agenda

**Friday, May 27, 2016**

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<td>7:00 AM</td>
<td>Breakfast, Posters, Exhibits</td>
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<td>8:00 AM</td>
<td>Blessing by Inuit Elder David Ruben Pigtoukun</td>
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<td>Keynote Speaker: Chief Wilton Littlechild</td>
<td>Chief Wilton Littlechild</td>
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<td>Keynote Speaker: Dr. Cindy Blackstock</td>
<td>Dr. Cindy Blackstock</td>
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<td>9:30 AM</td>
<td>Keynote Speaker: Dr. Evan Adams 2-eyed Seeing – Resistance &amp; Partnership in Indigenous Public Health in BC</td>
<td>Dr. Evan Adams</td>
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<td>Refreshment Break, Posters and Exhibits</td>
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<tr>
<td>10:30 AM</td>
<td>O01 Community based treatment for prescription drug abuse in remote communities in northwestern Ontario: innovations in collaboration and community engagement</td>
<td>Sharon Cirone</td>
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<td>10:45 AM</td>
<td>O02 We Still Need to be Cared for: Experiences Accessing Healthcare among Indigenous People who use illicit Drugs and/or illicit Alcohol</td>
<td>Nicole Markwick</td>
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<td>11:00 AM</td>
<td>O03 Exploring Improved Models of Care for Women with Problematic Substance-Use in Pregnancy Across Disparate Geographies</td>
<td>Sheona Mitchell</td>
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<td>11:15 AM</td>
<td>O04 Frontline Care Provider Attitudes to Women Struggling with Substance-Use in Pregnancy: Developing Strategies to Improve Cultural Safety in Northern BC</td>
<td>Sheona Mitchell</td>
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<td>O05 Our Health Counts: Access to health risk factors and its relationship to diabetes in an urban First Nations population</td>
<td>Michael Beckett</td>
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<td>O06 The Status of Oral Health Among Canada’s First Nations Peoples and Inuit</td>
<td>Amir Azarpazhooh</td>
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**Program Agenda**

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<td>O07 Cancer among descendants of Indian Residential School survivors</td>
<td>Maike van Niekerk</td>
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<td>10:45 AM</td>
<td>O08 Exploring cancer screening among First Nations in Northwestern Ontario</td>
<td>Laura Senese</td>
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<td>O09 Cancer Care Ontario Aboriginal Relationship and Cultural Competency (ARCC) Courses</td>
<td>Michelle Rand</td>
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<td>11:15 AM</td>
<td>W23 Bridging the Gap - Mobile Cancer Screening in Indigenous Communities</td>
<td>Lauren Beach</td>
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<td>11:30 AM</td>
<td>O11 Cancer Risk Factors and Screening in First Nations in Ontario: collaboration between the Chiefs of Ontario and Cancer Care Ontario</td>
<td>Maegan Prummel, Alexander Yurkiewich</td>
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<td>W25 Mobile Cancer Screening and First Nation Populations in Ontario. Is this the road to screening uptake?</td>
<td>Joshua Tobias</td>
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<td>10:30 AM</td>
<td>O12 Haudenosaumeen Wellness Model: Honouring our Ways of Healing</td>
<td>Caitlin Davey</td>
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<td>10:45 AM</td>
<td>O13 Mino Aya Ta Win (Helping Ourselves Heal)</td>
<td>Lori Flinders</td>
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<td>11:00 AM</td>
<td>O14 From Default to Deliberation: Inuit Qaujimajatuqangit and Deliberative Democracy</td>
<td>D McKee</td>
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<td>O15 Iqaqiluta – “Let’s Be a Family” Program, Nunavik</td>
<td>Faisca Richer</td>
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<td>O16 Engaging community using culture as the basis and respect as the lens</td>
<td>Claire Phelan</td>
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<td>11:45 AM</td>
<td>O17 Creating a Climate Change: Cultural Competency and Safety in Nursing Education</td>
<td>Lisa Perley-Dutcher</td>
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<td>10:30 AM</td>
<td>O18 Working Together to Achieve Healthier Lifestyles in Yukon &amp; Northwest Territories’ Communities</td>
<td>Katelyn Friendship</td>
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<td>O19 Visioning Our Future Dwelling Together: Health and Housing in Indigenous Housing</td>
<td>Shelagh McCartney</td>
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<td>O21 Boiling over: A descriptive analysis of drinking water advisories in First Nations communities in Ontario, 2004-2013</td>
<td>Lindsay Galway</td>
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<td>11:15 AM</td>
<td>O22 The Indigenous Water Co-Governance Project: Community-Based Research in Action</td>
<td>Carrie Bourassa</td>
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<td>10:30 AM</td>
<td>023 Evaluating and Extending the Aboriginal Men’s Dudes Club Program: A Sub-Study of the ‘Masculinities and Men’s Depression and Suicide Network’</td>
<td>Lyana Patrick</td>
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<td>024 Lifetime suicidal thoughts among First Nations living off reserve, Métis and Inuit aged 26 to 59: Prevalence and associated characteristics</td>
<td>Mohan Kumar</td>
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<td>11:00 AM</td>
<td>025 Mediation in Mental Health: Cultural competency guidelines and practice</td>
<td>Rachel Merlet</td>
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<td>026 Partnering to fight Depression and Suicide: A Community-Based Educational Initiative for First Nation youth.</td>
<td>Gerald McKinley</td>
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<td>027 Creating a more inclusive educational environment through mentorship: An Aboriginal Nursing Students’ Initiative.</td>
<td>Josephine Etowa</td>
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<td>028 Exploring Aboriginal Nursing Students’ Capacity to Succeed in a Baccalaureate Nursing Program</td>
<td>Amanda Reid</td>
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<td>029 Advancing Aboriginal Cultural Competency in Dietetics</td>
<td>Lee Rysdale</td>
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<td>030 Country Food Guidelines Project: Increasing access to traditional food in facilities and programs in Nunavut</td>
<td>Emily Murray</td>
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<td>031 Mapping Inuit Food Security Initiatives</td>
<td>Lauren Goodman</td>
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<td>11:00 AM</td>
<td>032 Indigenous Community Food Security in Yukon Territory, Canada</td>
<td>Katelyn Friendship</td>
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<td>11:15 AM</td>
<td>033 Community-based participatory exploration of staff-identified facilitators and barriers of First Nation school nutrition policy adoption</td>
<td>Kris Murray</td>
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<td>034 The State of Vitamin D, Iron and Folic Acid in Nunavut</td>
<td>Emily Murray</td>
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<td>035 Circle and Triangle Experiential Exercise</td>
<td>Janis Jonassen</td>
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<td>036 Dispelling Myths: Challenges in Advancing the Health Agenda in First Nation Communities</td>
<td>Andrea Johnston</td>
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<td>037 Surveillance and the Settler State: Monitoring structures that impede well-being</td>
<td>Bjorn Stine</td>
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<td>038 (Re)Imagining Our Community</td>
<td>Jeffrey Herskovits</td>
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<td>039 Developing an Urban Indigenous Health Centre in Canada: A How-To Guide</td>
<td>Cheryl Currie</td>
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<td>040 Comparing ART interruption, time to virologic suppression and mortality between Indigenous peoples and people of other ethnicities living with HIV</td>
<td>Anita Benoit</td>
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<td>041 Building Bridges: A Model for Community Engagement in Epidemiology Research</td>
<td>Anita Benoit</td>
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<td>042 Death Investigation For The Aboriginal/First Nation Population In Ontario, Canada: Analysis Of A 5 Year Period From 2010 To 2014</td>
<td>Kona Williams</td>
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<td>043 Sharing Our Wisdom: Indigenous health research in action</td>
<td>Keisha Charnley</td>
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<td>044 Understanding Food Security in Inuit Communities: The Experience of Baker Lake, Nunavut</td>
<td>Kristeen McTavish and Clara Noah</td>
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<td>045 Self Determination: Indigenous Research Initiatives at the Ontario HIV Treatment Network (OHTN)</td>
<td>Jessica Demeria</td>
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<td>046 Health Literacy for Indigenous Populations: Diaspora of Indigenous Knowledge and need for Harmonization Approach</td>
<td>Bernice Downey</td>
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<td>047 Decolonizing Health Care Practice: Perspectives from the ‘Sharing our Wisdom’ project</td>
<td>Teresa Howell</td>
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<td>048 Holonizing Indigenous Wellness in Medicine and Health Practices</td>
<td>Amber Seye</td>
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<td>050 The Way of The Medicine Horse</td>
<td>Tina Barnes</td>
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<td>051 Keeping Our Traditions: “What do we do at the fish camp when there is no fish?”</td>
<td>Katelyn Friendship</td>
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<td>052 Applying an Indigenous Lens to the Canadian Blood Services’ Cord Blood Bank</td>
<td>Jenny Morgan</td>
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<td>11:45 AM</td>
<td>053 Healthy, Happy and Safe Inuit Children and Families: The Goal of Inuit Early Childhood Development</td>
<td>Anna Claire Ryan</td>
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#### Friday, May 27, 2016

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<td>11:15 AM</td>
<td>054 FASD diagnostics and reconciliation in Northwestern Alberta, a case study.</td>
<td>Vanessa Norris</td>
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<td>11:30 AM</td>
<td>056 Reclaiming our Sacredness Project</td>
<td>Mandy Mack</td>
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<td>11:45 AM</td>
<td>057 Parental feeding practices, nutrition knowledge and early childhood caries risk in young Indigenous children. PEN® (Practice-based Evidence in Nutrition) Guidelines</td>
<td>Lee Rysdale</td>
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<td>Time: Youth Empowerment</td>
<td>Patio Studio 1</td>
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<td>058 Cuystwi (Let’s Go!): Indigenous Youth Wellness</td>
<td>Nancy Laliberte</td>
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<td>059 Skatne Ikonwatehiahrontie</td>
<td>Megan Kanerathenhawt Whyte</td>
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<td>060 Telling Stories of Youth Empowerment: The Alberta’s Future Leaders Program</td>
<td>Tessa Jourdain</td>
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<td>061 Using Photovoice to Empower Indigenous Youth in a Southern Labrador Inuit Community</td>
<td>Chelsea Gabel</td>
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<td>062 Youth Empowerment and capacity building through Community Healing Murals</td>
<td>Jessica Barudin</td>
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<td>063 Trauma-Sensitive Yoga Therapy to enhance mental health and emotional balance for Indigenous men and women</td>
<td>Jessica Barudin</td>
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<td>12:00 PM</td>
<td>Lunch and Posters</td>
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<td>12:00 PM</td>
<td>Lunch Session: Yukon Hospitals First Nations Health Programs: Providing Culturally Safe Care for First Nations, Metis and Inuit Patients and Their Families</td>
<td>Stacey McDiarmid</td>
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<td>Pow Wow Boot Camp by Kaha.wi Dance Theatre</td>
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<td>1:00 PM</td>
<td>Keynote Panel Discussion: Chief Roland Willison of West Moberly, Chief of Lynette Tsakoza of Prophet River, Chief Simon Fobister Sr. of Grassy Narrows, with Dr. David Suzuki and Professor Donna Mergler</td>
<td>Moderator: Dr. Faisal Moola</td>
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<td>Refreshment Break, Posters and Exhibits</td>
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<td>Aboriginal Nutrition Network lead by Elisa Levi</td>
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<td>Workshops Session #3: 11 Concurrent Sessions</td>
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<td>W26 Healthy Roots: Connecting our Roots with the Future of Haudenosaunee Wellness</td>
<td>Kelly Gordon</td>
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<td>W27 Improving Palliative Care and End-of-Life Care in the North Shore Tribal Council member First Nation communities</td>
<td>Janet McElhaney</td>
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<td>W28 Indigenous Perspectives on Suicide Prevention and Postvention</td>
<td>Alex Drossos</td>
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<td>W29 Enacting Reconciliation: A Reflective Journey Initiated by the Anishnabek in Wiikwemikong Unceded Indian with Debaejehmujig Storytellers</td>
<td>Marion Maar</td>
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<td>W30 Community Based Approach to Prevention/Management of Gestational Diabetes within Indigenous Communities</td>
<td>Ashley Lamothe</td>
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<td>W31 Mental Health First Aid Canada - First Nations course</td>
<td>Rhonda Ross</td>
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<td>W32 Root causes of the Indigenous-Settler health gap</td>
<td>Michael Dan</td>
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<td>W33 Self-Determination Applied to Research: FNIGC and the Principles of OCAP®</td>
<td>Maria Santos</td>
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<td>W34 Evidence- and culture-based approaches to improving Métis health</td>
<td>Storm Russell</td>
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<td>W35 Learnings from the Talking Circle: Strategies to Improve Health among Indigenous People who use Illicit Drugs and/or Illicit Alcohol</td>
<td>Nicole Markwick</td>
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<td>W36 Path to Prevention – Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis</td>
<td>Michelle Rand</td>
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<td>W37 Reclaiming Our Spirits: A Health Promotion Intervention for Indigenous Women Who have Experienced Violence</td>
<td>Colleen Varcoe</td>
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<td>Workshops Session #4: 11 Concurrent Sessions</td>
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<td>W37 Tobacco Interventions for First Nations, Inuit and Métis Populations: An Indigenous eLearning Approach</td>
<td>Megan Barker</td>
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<td>W38</td>
<td>Approaches to Community Wellbeing: Moving Towards Implementation</td>
<td>Emily Paterson</td>
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<td>W39</td>
<td>Micro-reconciliation: reconciliation in the everyday practice of health care delivery to First Nations, Métis, and Inuit peoples</td>
<td>Caroline Tait</td>
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<td>W40</td>
<td>Transforming practices: How healthcare and service providers can foster Indigenous women’s reproductive justice</td>
<td>Holly McKenzie</td>
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<td>W41</td>
<td>Reconciliation as a pathway to Indigenous health equity through multi-directional capacity strengthening and mentoring</td>
<td>Malcolm King</td>
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<td>W42</td>
<td>Indigenous Men’s Health Narratives: A Thousand Words</td>
<td>Victoria Smye</td>
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<td>W43</td>
<td>Food As Medicine: Including Pulses in Traditional Diets for Cardiometabolic</td>
<td>John Sievenpiper</td>
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<td>W44</td>
<td>Traditional Indigenous Medicine and Western Primary Care Practice in Harmony: Possible, Necessary and Reproducible.</td>
<td>Karen Hill</td>
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<td>W45</td>
<td>Grassroots Community-Based Addictions Treatment on a Shoestring Budget - The Fort Hope Experience</td>
<td>Fatima Uddin</td>
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<td>W46</td>
<td>The importance of addressing the gendered aspects of health for Indigenous peoples</td>
<td>Colleen Varcoe</td>
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<td>Closing Blessing Dr Malcolm King, Mississaugas of the New Credit</td>
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**Oral Abstracts**

**O01**

Community based treatment for prescription drug abuse in remote communities in northwestern Ontario: Innovations in collaboration and community engagement

*(Submission ID: 159750)*

Shannon Crome; Michael Franklin

**Background and Purpose/Objectives**

First Nations communities in NW Ontario are experiencing very high rates of opioid dependence. In 2009, the regional chiefs described this as an “epidemic” (NAN 2009). Sixteen of the 31 remote First Nations communities in NW Ontario have initiated addiction healing programs, including opiate substitution therapy with buprenorphine. These community-based programs value culturally appropriate management and aftercare.

We will describe some of the components of the programs and outcomes measures. Treatment program retention rates are up to 90% at twelve months, and urine sampling for illicit opioid use shows abstinence rates of close to 90%. Earlier research (Jowa 2008) discussing community-based treatment programs identified four components for a successful program:

1. Strong leadership within the community
2. Robust community-member engagement
3. Funding and organization
4. Ability to develop infrastructure for long-term stability

We shall discuss these community-based programs and their components of success.

**Methodology**

Other research has identified blended Western science and traditional healing practices (“two-eyed seeing”) (Marsh 2008) discussing community-based treatment programs identified four components for a successful program:

1. Community-based programs value culturally appropriate management and aftercare.
2. The learner will understand the components of a successful program.
3. The learner will become familiar with measures of community wellness and other outcome measures to evaluate community-based treatment programs.
4. The learner will understand the community-based efforts.

**Results / Impact / Outcomes**

Participants expressed that their health needs were unmet by existing healthcare and addictions services. Pain, trauma and loss were foremost in participants’ experiences, yet many healthcare services and providers failed to recognize or address the trauma that underlies their substance use. Instead, participants related multiple ways in which substance use resulted in loss were foremost in participants’ experiences, yet many healthcare and addictions services and personnel. Participants expressed a strong preference for culturally based addictions and healthcare treatment rooted in a harm reduction approach.

**Conclusions and Discussion**

Greater availability is needed of culturally safe and relevant, low-barrier, harm reduction-focused services for IPWUD/A.
Conclusions and Discussion

Engaging practitioners and stakeholders across the continuum of care has resulted in tangible progress within the health region to improve cultural competency training and focus on cultural safety of care. Further steps are being taken to develop methods of sharing resources and information between community and tertiary care centers and to provide a 24-hour staffed supportive housing option for women with perinatal substance-use at community sites.

Keyword(s): substance-use, pregnancy, health care systems

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O04

Frontline Care Provider Attitudes to Women Struggling with Substance-Use in Pregnancy: Developing Strategies to Improve Cultural Safety in Northern BC

(Submission ID: 155019)

Sheena Mitchell, Northern Medical Program, University of British Columbia; Carolyn Emon, University of Northern British Columbia

Background and Purpose/Objectives

The Northern Health Authority in British Columbia has the highest aboriginal population in the province; 18% of that total population. Women struggling with substance-use in pregnancy across Northern BC experience complex barriers in attending prenatal care. Frontline care providers are a critical link to engaging with the unique group of care seekers at the intersection of these populations: Indigenous women experiencing substance use in pregnancy. Practitioner perceptions of women with problematic substance-use in pregnancy may contribute to increasing barriers to care.

Methodology

Key stakeholders, knowledge users and health care practitioners along the continuum of care participated in a strategic dialogue. Based on current evidence presented and the context of northern BC, participants identified and ranked priority areas that would have significant impact on improving the quality of care for women with substance-use in the perinatal period.

Results / Impact / Outcomes

Priority areas identified for focus were 1) trauma-informed practice/culturally competent care; 2) the continuum of care with a focus on increasing communication and collaboration in care transition points and 3) the development of dedicated supportive housing with a focus of incorporating Aboriginal grandmothers as mentors.

O05

Our Health Counts: Access to health risk factors and its relationship to diabetes in an urban First Nations population

(Submission ID: 155339)

Michael Beckett, Michael Rotond, Jenyl Smeye, Dalla Lana School of Public Health, University of Toronto; Centre for Research on Inner City Health - Well Living House; Department of Family and Community Medicine, University of Toronto; Michelle Firestone, Centre for Research on Inner City Health - Well Living House, Constance McKnight

Background and Purpose/Objectives

The purpose of this study was to examine the relationship between health access measures and diabetes diagnosis in an urban First Nations population in Canada.

Methodology

Data were collected from a self-identified urban First Nations population, using respondent-driven sampling (RDS). We tested logistic regression modeling approaches for RDS, advancing the methods in this area. Using survey procedures and linear mixed models, we explored the relationship between diabetes and factors of interest, including access to healthcare, food, housing and socioeconomic factors.

Results / Impact / Outcomes

First Nations adults who deemed their health care culturally appropriate had increased odds of diabetes when compared to community providers, as well as with maternity versus neonatal care providers.

Conclusions and Discussion

There is a critical need for continuing medical education that incorporates trauma-informed care and cultural safety practice for frontline maternity care providers. Targeted specifically at tertiary and acute care centers to address gaps in practitioner knowledge and perceived judgment, this would lay a foundation for increased engagement in care for women who struggle with substance-use in pregnancy.

Keyword(s): pregnancy, care provider attitudes, substance-use

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O06

The Status of Oral Health Among Canada’s First Nations Peoples and Inuit

(Submission ID: 184921)

Amir Azarpazhooh, Faculty of Dentistry, University of Toronto; Dick Is, Faculty of Dentistry, University of Toronto

Background

Oral diseases in children are important public health concerns due to their high prevalence, their effects on the functional, psychological and social dimensions of a child’s well-being, and their high cost of treatment. Despite the gains in Canada in reducing the burden of oral disease, Canadian children continue to have a high rate of dental disease, and this burden of illness is disproportionately represented by children in Aboriginal communities. For example, young children of First Nations and Inuit ancestry are 8.6 times more likely to have early childhood tooth decay treated under general anesthesia in hospital than other Canadian children. More than 85% of Aboriginal children 3 to 5 years of age have experienced tooth decay with an average of 7 to 8 teeth affected. Not only young children, but First Nations peoples and Inuit across all age groups have poorer oral health compared to other Canadians. As with dental decay, the need for treating gum disease, was more than eight times higher in the Aboriginal than for the non-Aboriginal population. High prevalence and severity of oral diseases in indigenous populations further compromises their nutrition, overall health, quality of life, and educational and work potential, exacerbating socioeconomic and health disparities. This presentation examines the current data on the oral health status of First Nations Peoples and Inuit.

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Cancer among descendants of Indian Residential School survivors

(Submission ID: 135464)
Maike van Niekerk, Dalhousie University; Amy BomBay, Dalhousie University

Background and Purpose/Objectives
Aboriginal peoples have been and continue to be subjected to multiple traumas and stressors that contribute to their greater risk for a variety of health problems. Among these health issues, cancer has been identified as the third leading cause of death in the First Nations population, and survival rates are lower because many are not diagnosed until it is too late. Due to the high prevalence and mortality rates of cancer, its diagnosis and treatment commonly evoke extreme psychological distress that can have significant implications for treatment and recovery. Having a greater understanding of risk factors that contribute to individual differences in psychological responses to cancer will help identify vulnerable populations and facilitate the development of culturally appropriate interventions. The present study assessed how familial Indian Residential School (IRS) attendance is linked with psychological distress among those with and without cancer in a representative sample of First Nations adults living on-reserve.

Methodology
Statistical analyses were carried out using data from the 2008-10 First Nations Regional Health Survey (RHS), a representative survey of 4,934 First Nations living on-reserve from across Canada (excluding Nunavut).

Results / Impact / Outcomes
Analyses revealed that having a parent who attended IRS post First Nations adults diagnosed with cancer at greater risk for psychological distress relative to those without this family history.

Conclusions and Discussion
These findings point to the need for culturally safe cancer care for First Nations individuals and communities that have been affected by Residential Schools and other historical trauma events.

Keyword(s): cancer, psychological distress, Indian Residential Schools

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O08 Exploring cancer screening among First Nations in Northwestern Ontario

(Submission ID: 155464)
Laura Senese, Sunnybrook Research Institute; Cancer Care Ontario; Jacqueline Gagnon, Wequapedge Lodge of Thunder Bay; Alfred Kwonyah, Cancer Care Ontario; Charles Morris, Wequapedge Lodge of Thunder Bay; Fred Sky, Wequapedge Lodge of Thunder Bay; Shannon Wisley; Colleen Collern, Wequapedge Lodge of Thunder Bay; Suzanne Jaksom, University of Toronto; Diane Gzimit, University of Toronto; Jill Timmolds, Sunnybrook Research Institute

Background and Purpose/Objectives
Cancer is a leading cause of death among First Nations (FN) in Canada. Cancer Care Ontario (CCO) has developed “ideal-state” breast, cervical and colorectal cancer screening pathways in order to optimize performance in Ontario’s three screening programs. Cancer screening is a key priority in CCO’s Aboriginal Cancer Strategy III. This community-based participatory research project focuses on cancer screening among remote FN communities in Northwestern Ontario (NWO).

Methodology
Wequapedge Lodge of Thunder Bay, CCO’s Aboriginal Cancer Control Unit and Sunnybrook Research Institute are equal partners in this qualitative study, which explores how FN in NWO understand and experience breast, cervical and colorectal cancer screening. The team conducted semi-structured, in-depth interviews with 22 diverse cancer screening stakeholders, including FN community members, community health representatives and health directors; and nurses and physicians who work with FN communities in NWO. Interviews were transcribed verbatim and analyzed with attention to CCO’s screening pathways using thematic analysis.

Results / Impact / Outcomes
The breast, cervical and colorectal cancer screening pathways were mapped for NWO First Nations and compared to the “ideal-state” screening pathways developed by CCO. Key areas of discrepancy between the FN pathways and the “ideal-state” pathways include: accessing and communicating with health care providers about cancer screening, availability of culturally relevant/meaningful cancer screening information, and inconsistent follow-up on cancer screening test results.

Conclusions and Discussion
Important bottlenecks and gaps in the cancer screening pathways exist for FN in NWO. These findings will be incorporated into an action plan to improve cancer screening for FN in the province.

Keyword(s): cancer screening, CBPR, health systems

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O09 Cancer Care Ontario Aboriginal Relationship and Cultural Competency (ARCC) Courses

(Submission ID: 151274)
Michelle Rand, CCO, Cancer Care Ontario

Background and Purpose/Objectives
First Nations, Inuit and Métis (FNIM) peoples bear a disproportionately high cancer burden and face a number of health disparities, barriers and gaps to health services. One barrier to FNIM receiving adequate cancer care is the experience of culturally insensitive healthcare and discrimination in the healthcare system. Cancer Care Ontario has developed Aboriginal Relationship and Cultural Competency (ARCC) courses that stress the importance for frontline healthcare professionals to understand and apply FNIM cultural safety to provide effective care.

Methodology
The development of the courses included a needs assessment involving Regional Aboriginal Cancer Leads and Aboriginal Navigators. Nine courses were developed based on themes that emerged from the needs assessment and are hosted on CCO’s e-learning site. The courses are accredited by the College of Family Physicians of Canada and the Ontario Chapter, are free for anyone to take and available on a computer, tablet or smartphone. An extensive evaluation plan captures registration and quiz statistics, feedback surveys and google analytics results.

Results / Impact / Outcomes
Since the e-learning site launched in September 2015, nearly 600 people have registered on the site and 500 people registered for an ARCC course, with an overall 60 per cent completion rate. The majority of the people registered on the e-learning site are family physicians, followed by registered nurses.

Conclusions and Discussion
The ARCC courses cover a variety of topics and were developed to foster stronger cultural safety in order to improve person-centred care, and ensure a more positive effect on health outcomes and patient experience for FNIM people.

Keyword(s): e-learning, Cultural-competency, Healthcare

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O10 Building Capacity - Cancer Prevention & Screening

Education Resources

(Submission ID: 152355)
Susan Bale, Thunder Bay Regional Health Sciences Centre - Prevention and Screening Services; Kelly-Jo Gillis, Prevention and Screening Thunder Bay Regional Health Sciences Centre

Background and Purpose/Objectives
Indigenous people in Northwestern Ontario experience cancer risk factors at a higher rate than the rest of the province. It is estimated that overall cancer incidence can be reduced by up to 50% through regular prevention and screening measures. Five year survival rates for some cancers are the lowest in the province and Northwestern Ontario, residents typically present in later stages of cancer diagnosis. Minore, B., et al. (2005) has demonstrated that barriers for cancer screening in Northwestern Ontario include lack of awareness of cancer risk factors and the benefits of screening, lack of access to screening and lack of culturally appropriate resources, programs and services.

Culturally appropriate resources have been developed with our partners to provide education and awareness by engaging health workers and community members increasing their knowledge and screening participation.

Methodology
Through engagement with our partners, created are culturally sensitive videos, toolkits and presentations that utilize visual aids for cancer screening for Indigenous men and women with a goal to increase education and awareness and build capacity among health care workers. Education and awareness are key factors to increasing access to organized cancer screening opportunities.

Results / Impact / Outcomes
This workshop will provide an overview of the cancer screening engagement resources available in our region, while sharing the successes, impacts and lessons learned.

By engaging communities and building capacity to reduce the impact of cancer through effective screening and early detection for adults, the burden of developing cancer is lessened.

Conclusions and Discussion
Capacity

Keyword(s): Building, Engaging

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O11 Cancer Risk Factors and Screening in First Nations in Ontario: collaboration between the Chiefs of Ontario and Cancer Care Ontario

(Submission ID: 151751)
Mayaan Proumcel, Cancer Care Ontario, Aboriginal Cancer Control Unit, Alexander Yurickovich, Chiefs of Ontario, Nuar Jumal, Cancer Care Ontario, Aboriginal Cancer Control Unit, Abigail Amartey, Cancer Care Ontario, Aboriginal Cancer Control Unit, Carmen Jones, Chiefs of Ontario, Louise Merrell, Cancer Care Ontario, Aboriginal Cancer Control Unit, University of Toronto, Dallas Lyons School of Public Health

For more information contact:
Submiting Author: Mayaan Proumcel mayaan.proumcel@cancercare.on.ca
Background and Purpose/Objectives
A significant lack of good quality, comprehensive and First Nations-specific health data limits our understanding of cancer risk and burden in First Nations. In April 2014, the Chiefs of Ontario and Cancer Care Ontario agreed to work collaboratively to measure factors that impact risk of cancer between First Nations (on- and off-reserve) and non-Aboriginal Ontarians as comparably as possible using two separate health surveys.

Methodology
Our collaboration has resulted in a comprehensive report containing selected factors with sufficient comparability between survey questions and response categories. Estimates for on-reserve First Nations were measured using the First Nations Regional Health Survey Phase 2 (2008-10), while estimates for off-reserve First Nations and non-Aboriginal Ontarians were measured using the Canadian Community Health Survey (2007-2013). All estimates were age-standardized to the 2006 Ontario Aboriginal identity population, stratified by age, sex, education, geography.

Results / Impact / Outcomes
This collaborative report will provide essential evidence that communities, organizations and groups committed to improving the health of First Nations in Ontario can use to support cancer prevention and screening. Highlights include that significantly more on- and off-reserve First Nations were current smokers and obese compared to non-Aboriginal Ontarians across all levels of age, education and geography. Pap test uptake was similar across all groups, while First Nation women living on-reserve were significantly less likely to have had a recent mammogram.

Conclusions and Discussion
Our limited ability to understand cancer risk and burden in First Nations is an ongoing challenge. Much more information on the health of First Nations is needed.

Keywords:
Cancer, First Nations

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For more information contact: Submitting Author: Lori Flinders lflinders@fftahs.com

O12 Haudenosaunee Wellness Model: Honouring our Ways of Healing

(Submission ID: 149182)

Caitlin Davey, Six Nations Mosotal Health Services; Kelly Gordon, Six Nations Health Services

Background and Purpose/Objectives
Six Nations Health Services has identified that western practices/philosophies are not meeting community needs and that a new approach is necessary. As a result, the Haudenosaunee Wellness Model (HWM) was created, which takes a trauma-informed perspective and is grounded in Haudenosaunee culture. The model is in line with the First Nations Mental Wellness Continuum Framework. The project objectives are: (1) to evaluate if/how the HWM is being implemented across Health Services and identify barriers for implementation and (2) to develop a program evaluation process to be applied to Health Services programming.

Methodology
Regarding objective (2): Individual interviews were conducted with supervisors across Health Services and 2-3 staff from each service. Regarding objective (2): Staff and community sharing groups as well as interviews with Elders were conducted.

Results / Impact / Outcomes
Preliminary results regarding objective (1) suggest that individuals across Health Services are using the HWM in some ways or are trying to understand/consider the concepts involved. There is some resistance to using the model for reasons including discomfort with concepts and lack of time. Preliminary results regarding objective (2) suggest that the evaluation should be community-based and incorporate culturally safe methods.

Conclusions and Discussion
This project has the potential to challenge mainstream application of health services to Indigenous contexts in Canada through implementing and evaluating a model of health that is trauma-informed and grounded in culture. We believe that culture is healing and our goal is to use the HWM to further increase program effectiveness for those we serve at Six Nations Health Services.

Keywords:
Haudenosaunee, trauma-informed care, evaluation

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O13 From Default to Deliberation: Inuit Qaumajajutanganiit and Deliberative Democracy

(Submission ID: 154862)

D. Beverly McKay, Cynthia J. Alexander, Aalutaq University

Background and Purpose/Objectives
This a framework for a journey moving from Default (D2) mode of Engagement, conceived to assist non-Indigenous health professionals in developing an understanding of and respect for Indigenous epistemology.

Methodology
The D2 framework has been conceived to identify the process, stages and steps to gain insight into the “gravitational pull” of the default mode, and shed light on the implication of dominant narratives, faulty assumptions and dis-information that can jeopardize one’s effort to learn about the contemporary relevance and applicability of ancient Indigenous knowledge systems and ways of being that continue to evolve. The D2 framework is designed to provide a self-reflective process to illustrate how epistemological hegemony contributes to denial and delusion shared about the persistence of Canada’s colonial roots. The D2 framework provides insight into the distinction between “mere tolerance of” and “acknowledgment of” Indigenous peoples knowledge systems. Further, D2 framework provides insight into consciousness raising that needs to happen, individually and collectively, to move from “awareness of” towards “interest in” and “understanding of” Indigenous knowledge systems and the implications for the delivery of health care.

Results / Impact / Outcomes
This framework assists in highlighting how Canada’s colonial roots have led to a place of depersonalization, desensitizations and disempowering and how the gravitational pull of the Default Mode can interfere with health care providers moving towards a place of reciprocity with Indigenous Knowledges.

Conclusions and Discussion
The goal is for non-Indigenous health professionals to develop an awareness of and respect for Indigenous epistemology.

Keywords:
Default, Deliberative

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O15 Ilagilluita – “Let’s Be A Family” Program, Nunavik

(Submission ID: 159980)

Futos Ricker

Background and Purpose/Objectives
Most health inequities between Inuit and other Quebec families are the result of the cumulative effects of social determinants of health such as poverty, overcrowded housing and structural obstacles to socioeconomic development. Improving the health of Inuit families, therefore, calls for a multi-faceted approach addressing all the social determinants of health allowing the target population to take an active role in identifying issues and solutions.

Ilagilluita’s main objective is to promote Inuit families resiliency by offering supportive services which type and intensity depends on the family needs.

Methodology
Ilagilluita is implemented in pilot communities which aims to adapt to the Inuit values and ways of working. In Kuujjuaq, the team is composed of 3 non-Inuit health professionals, and 3 Inuit workers and works closely with the traditional midwives in reaching out to families through home visits, drop-ins, and family wellness activities, such as community soup kitchens, traditional crafts and child development. The program also partners with the men’s association to promote father-child activities.
O16 Engaging community using culture as the basis and respect as the lens

(Submission ID: 132268)
Clarie Philan, South Eastern Sydney Local Health District; Margaret Broadbelt

Background and Purpose/Objectives
Oral health is a major issue for Aboriginal people deserving of attention from every single health professional. Art is a place that all people can relate to and can be a powerful tool in communicating health messages. Our aim was to foster a more inclusive health care system by engaging community using culture as the basis and respect as the lens. Engaging community using culture as the basis and respect as the lens.

Conclusions and Discussion
The project embodied the core values of:
- Collaboration, being based on extensive community engagement;
- Openness, with regular feedback to and ongoing community consultation;
- Respect, as demonstrated by culturally respectful artwork and message sticks; and
- Empowerment, through increased employment opportunities and access to dental services for Aboriginal people.

O17 Creating a Climate Change: Cultural Competency and Safety in Nursing Education

(Submission ID: 151756)
Lisa Perley-Dutcher, University of New Brunswick; Kathy Wilson, University of New Brunswick

Background and Purpose/Objectives
To create a culturally relevant and safe learning environment for Aboriginal nursing students and to assist all students to develop the skills and abilities required to provide culturally safe care, the Faculty of Nursing (FoN) at the University of New Brunswick has integrated learning outcomes to promote the development of cultural competence and safety throughout the curriculum.

Methodology
A community based approach in working collaboratively with community partners, including Elders, Aboriginal organizations and the FoN to examine ways to address the issues of recruitment and retention of Aboriginal nursing students.

Results / Impact / Outcomes
The development of the Aboriginal Nursing Initiative (ANI) has resulted in an increase in recruitment and retention of Aboriginal nursing students in the nursing program. Nine Aboriginal students, graduated from UNB in 27 years prior to ANI and 24 have graduated since beginning the ANI (2004). Students of Aboriginal ancestry now comprise 20 percent of the freshman class. The increase is attributed to efforts of ANI, including the creation of designated admission seats for Aboriginal students, a collaborative bridging program with the MI Know Wolastoqy Centre, an orientation for first-year Aboriginal students, an “Aboriginal Health Issues” course, peer mentorship and ongoing faculty development regarding cultural competence.

O18 Working Together to Achieve Healthier Lifestyles in Yukon & Northwest Territories’ Communities

(Submission ID: 153162)
Kathlyn Friendship, Arctic Institute of Community-Based Research; Jody Butler Walker, Arctic Institute of Community-Based Research

Background and Purpose/Objectives
AICBR is leading a four-year community-based project involving both Yukon and Northwest Territories. It has an overarching theme of inter-sectoral collaboration from a rural, remote and Northern perspective, with an objective to build a network of inter-organizational partnerships from multiple sectors, linked to healthy eating, active living, and health literacy.

Methodology
Using a strengths-based approach, the project is focused on identifying, supporting, and evaluating community-based activities, aimed at reducing health inequalities, with a particular focus on obesity. The project is working to enhance and strengthen collaboration between multiple sectors. As project lead and support, AICBR is following a collective impact approach, working with those who share a common agenda, offer mutually reinforcing activities, and is facilitating continuous communication between partners.

Results / Impact / Outcomes
We will report on our approach and findings to date on efforts to enhance and strengthen collaboration between and within multiple sectors in both territories, with a focus on healthy eating, active living and health literacy. We are looking to understand factors of sustainability and scalability of successful health interventions through a community-based research lens. By improving the understanding of factors that influence sustainability we will be better positioned to identify how community-based partnerships can enhance facilitators and reduce barriers, which may influence the success or failure of programs within a rural, remote, northern context.

O19 Visioning Our Future Dwelling Together: Health and Housing in Indigenous Housing

(Submission ID: 152313)
Shelagh McCartney, Ryerson University; +City Lab; Jeffery Henkervitz, +City Lab; Katherine Tnaraisky, +City Lab

Background and Purpose/Objectives
Relationships between health and housing in Canada’s Indigenous communities are understood by the Canadian government destructively— as sites of disease and sickness. Rather than focusing on housing adequacy (e.g. units reaching government mandated standards), targeting appropriateness allows for holistic understanding of housing in community health. Community values and assets translated into housing systems (e.g. the homes themselves and methods of planning and construction) create opportunities for housing to reduce individual health risks and contribute to community health.

Methodology
A multidisciplinary and global literature review uncovers solutions for more equitable housing delivery systems. Community-based solutions are explored in other marginalized peoples, providing understanding of how to engage communities in finding solutions. Special attention is given to Indigenous worldviews of land management, participatory community-based planning; and Indigenous planning. In partnership with Eabametoong First Nation, we have developed design capacity and an understanding of how local values can be reflected in community planning and housing.

Results / Impact / Outcomes
- Housing is understood as the site of significant and positive change to Indigenous physical and mental ill health;
- Developing design and planning capacity within communities inspires engagement and breaks down barriers to the housing systems; and
- Bringing Indigenous Planning worldview to the broader planning profession.

Conclusions and Discussion
We anticipate outcomes from this project will shed new light on the importance of inter-sectoral collaboration for influencing sustainability and scalability of successful programs, and for contributing to long-term community health outcomes.

Keyword(s): Sustainability, Inter-sectoral Collaboration, Scalability

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Emergency Response Systems and Services in Remote First Nations Communities in Northern Ontario:
An Environmental Scan

(Submission ID: 151149)
Stephen Ritchie, Emma Mtyei, David VonderBurgh, Jason Bandy, Aaron Ohkin

Background and Purpose/Objectives
Over 25,000 Ontario First Nations (FN) communities with no road access. These people live in a subset of 49 Nishnawbe Aski Nation (NAN) communities. There is limited available information on the status of emergency care in these communities. This environmental scan aims to understand the status of emergency response systems, services, and training in these communities.

Methodology
An environmental scan (ES) compiled information to portray the emergency response capacity in remote NAN communities. The primary component of the ES involved the analysis of data collected from informant interviews (n=10) and a multi-stakeholder roundtable meeting in October 2013. This data was supplemented by: (a) literature review of emergency response services in remote First Nations communities, and (b) review of known existing provincial and non-governmental emergency services from publicly available data sources.

Results / Impact / Outcomes
Qualitative analysis identified five main issues related to emergency response systems and training in NAN communities: (1) inequity in response capacity and services, (2) unreliable tele-communication, (3) turnover and burnout in volunteer emergency first responders, (4) lack of consistent training for primary operators, and (5) challenges related to First Aid training. Approximately 30 remote NAN communities have no access to a formal paramedic or 911 service. Existing first response, paramedical and ambulance service models may not meet the unique needs of these communities.

Conclusions and Discussion
Emergency response systems and services are inadequate in most remote NAN communities. Novel, sustainable, and community-based emergency care systems are desperately needed in remote First Nations.

O22
The Indigenous Water Co-Governance Project: Community-Based Research in Action

(Submission ID: 150214)
Caleb Belon, Keepers of the Water Society, Janna Tierk, First Nations University of Canada, Carrie Bonnasa

Background and Purpose/Objectives
Program on Water Governance (PoWG) at UBC (www.water-governance.ca) is currently conducting a study of Indigenous water co-governance in Canada, focusing on BC and Alberta. This study is funded by a grant from the Water Economics, Policy and Governance network. Our partners include not only UBC and West Moholy First Nation but also First Nations University of Canada and Northwestern Indian College. We recently signed a research agreement outlining our research relationship and methodological approach (see below).

Methodology
Working in partnership with the Indigenous-led NGO Keepers of the Water, our project focuses on three questions: (1) How are co-governance (e.g. legal, regulatory) regimes for Indigenous water rights evolving? (2) What are the advantages, disadvantages, and impacts on decision-making; and (3) how could distributed governance and collaboration, in the context of emerging and evolving legal regimes for Indigenous water rights, enhance sustainable water governance?

O23
Evaluating and Extending the Aboriginal Men’s Dudes Club Program: A Sub-Study of the ‘Masculinitities and Men’s Depression and Suicide Network’

(Submission ID: 154457)
Lynne Patrick, University of British Columbia; Iloradanon Efimoff, University of British Columbia

Background and Purpose/Objectives
In Canada, there are few health promotion programs for men, particularly those focused on Indigenous men marginalized by social and structural inequities. The Dudes Club is a community-driven men’s health initiative that seeks to fill this gap by building brotherhood and solidarity within the community while providing a connection to primary care and health screening. Program evaluation of the Dudes Club provides the opportunity to promote effective and appropriate models of health care delivery for Indigenous men.

Methodology
A community-based logic model approach was used to develop an evaluation survey and guiding questions for focus groups. Eligibility included previous attendance in dudes club meetings and being able to provide informed consent. Thematic analysis using NVivo was applied to qualitative data from focus groups.
indigenous communities of upper Maroni to take charge of their health and well-being. The goals are to develop an original mediation strategy, to ensure a multidisciplinary and multicultural network, to raise awareness partners and inhabitants of cultural safety.

Results / Impact / Outcomes
The interventions must be adapted to the context, to inhabitants who wish to understand and have tools to act. The inhabitants must have an interlocutor, whom they trust, who speaks the native language and from the culture to assure the link between them and the mental health care institutions. They do not want to make of the representation but want to be actors involved in the well-being of their youth. They want to understand how it works. This demand can inscribed in intercultural mediation approach in mental health based on decentralization, understanding of others, negotiation/mediation and cultural safety.

Conclusions and Discussion
The mental health is a question of public health. Decision-making, efforts, participation in the answers to be brought must be shared and based on trust and mutual respect. The mediation has to allow this work by insuring the link between inhabitants and institutional from which habits, values, representations in health are different.

Keyword(s): Native health, Cultural safety, Mediation
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O26
Partnering to fight Depression and Suicide: A Community-Based Educational Initiative for First Nation youth

Background and Purpose/Objectives
Utilizing community-based participatory research this novel project is working to develop and implement a strength-based educational initiative on depression awareness and suicide prevention in partnership with Mnaamodzawin Health Services for First Nations Youth from northern Ontario. The purpose of the research was to focus on increased resiliency and protective factors at the community level.

Methodology
This project applies multi-level, culturally-appropriate community engagement that support youth and their families during pre-crisis (primary and secondary prevention) to ultimately reduce suicide rates, and minimize the secondary consequences of suicide on First Nations communities. This involves making community presentations, youth photovoice projects, developing educational programs and partnering with local health authorities to identify and respond to suicide crises. Research initiatives on biomarkers of suicidality can be incorporated at the request of the community. The combined community-based ethnographic and lab-based strategy is a unique Methodology that provides a targeted, multi-factorial approach towards reducing suicide rates.

Results / Impact / Outcomes
Expected impacts are increased community capacity development within suicide prevention networks, building educational material with the community, and increasing the availability of long-term supports to improve the recognition, prevention, and intervention of immediate suicide risk.

Conclusions and Discussion
By partnering community perspective on protective and risk factors with biomarkers of depression and suicide it is expected that the effectiveness of knowledge translation programming will be increased for First Nations communities.

Keyword(s): Community-based suicide prevention, Depression awareness
For more information contact:
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O27
Creating a more inclusive educational environment through mentoring: An Aboriginal Nursing Students’ Initiative

Background and Purpose/Objectives
Despite the Aboriginal population is currently the fastest growing population in Canada, Aboriginal nurses represent less than one percent of the registered nursing workforce. Over the past few years, schools of nursing have implemented recruitment programs to increase the number of Aboriginal students of Aboriginal descent. However, these efforts have not translated into significant increase in the number of Aboriginal students in nursing programs. Access to mentoring is one way to improve retention of students in university nursing programs. The study examined the barriers and facilitators that influence undergraduate Aboriginal nursing students’ success using a descriptive qualitative research approach.

Methodology
This paper will present the findings of a study that explored the experiences of Aboriginal nursing students and their mentors who participated in an Aboriginal students’ mentoring initiative in a Canadian University undergraduate nursing program. Data was collected through interviews and focus group, and thematic analysis method was used to facilitate data analysis and interpretation.

Keywords: Suicide ideation, Prevalence, Risk factors and Inuit.

Methodology
The prevalence of lifetime suicidal thoughts was estimated, and significant differences between estimates for off-reserve First Nations, Métis and Inuit aged 26 to 59. It also examines associations between suicidal thoughts and mental health, socio-demographic and other characteristics.

Results / Impact / Outcomes
Prevalence estimates of lifetime suicidal thoughts for off-reserve First Nations, Métis and Inuit and non-Aboriginal populations are presented. Also, health and socio-demographic factors that are associated with suicidal thoughts, either across all Aboriginal groups or in some groups and sexes, are presented.

Conclusions and Discussion
These results could inform further research that can be used to guide suicide prevention programs among First Nations, Métis and Inuit. The rate of suicide is almost always preceding attempts and completed suicides. Little is known on the authorship: Rachel Merlet merrachel@hotmail.com

O25
Mediation in Mental Health: Cultural competency guidelines and practice

Background and Purpose/Objectives
In upper Maroni in French Guiana, suicide was found to be more prevalent among indigenous peoples. The rate of suicide is 10 times higher than in France. The reasons are pluri-dimensional and require multidisciplinary and multicultural network.

Methodology
A participatory action research with a community-based health approach was initiated by ADER NGO. It aims to empower indigenous peoples of upper Maroni to take charge of their health and well-being. The goals are to develop an original mediation strategy, to ensure a multidisciplinary and multicultural network, to raise awareness partners and inhabitants of cultural safety.

Results / Impact / Outcomes
The interventions must be adapted to the context, to inhabitants who wish to understand and have tools to act. The inhabitants must have an interlocutor, whom they trust, who speaks the native language and from the culture to assure the link between them and the mental health care institutions. They do not want to make of the representation but want to be actors involved in the well-being of their youth. They want to understand how it works. This demand can inscribed in intercultural mediation approach in mental health based on decentralization, understanding of others, negotiation/mediation and cultural safety.

Conclusions and Discussion
The mental health is a question of public health. Decision-making, efforts, participation in the answers to be brought must be shared and based on trust and mutual respect. The mediation has to allow this work by insuring the link between inhabitants and institutional from which habits, values, representations in health are different.

Keyword(s): Native health, Cultural safety, Mediation
For more information contact:
Submitting Author: Rachel Merlet memerle@hotmail.com

O26
Partnering to fight Depression and Suicide: A Community-Based Educational Initiative for First Nation youth

(Submission ID: 151888)
Gerald McKinley, Tekiha Fonouka, University Health Network, St. Michael’s Hospital; Tony Jacko, Julie Morin, Kirk Nylund, Joanna Yu, Jenine Jenine; Susan Rotzinger; Sidney Kennedy

O25
Mediation in Mental Health: Cultural competency guidelines and practice

(Submission ID: 151672)
Rachel Merlet, ADER

O28
Exploring Aboriginal Nursing Students’ Capacity to Succeed in a Baccalaureate Nursing Program

Background and Purpose/Objectives
A research project was conducted at the University of New Brunswick (UNB) to understand the experiences of Aboriginal nursing students and how they developed the capacity to succeed in a baccalaureate nursing program. The purpose of the study was to examine the differences that existed between those who have lived primarily in an urban environment compared to those who have lived primarily in an Aboriginal community prior to enrolling in the nursing program. Another objective of the research was to better understand the experiences of Aboriginal nursing students including the barriers they encountered and the supports students required to succeed in the UNB nursing program.

Methodology
The proposed study used a participatory action design and was grounded in an interpretive phenomenological approach to help
facilitate the co-construction of meaning of the lived experience of being in the world (van Maanen, 1997).

Results / Impact / Outcomes
The research was able to explore Aboriginal nursing student's experiences in a baccalaureate nursing program, including the barriers and helpful intervention that helped them to succeed. The research provided some recommendations to help address barriers and promote success for Aboriginal nursing students in the program.

Conclusions and Discussion
This presentation will discuss the preliminary findings of the study and future interventions to help Aboriginal students succeed in the program.

Keyword(s): Aboriginal Nursing Students, Urban, Rural
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O29 Advancing Aboriginal Cultural Competency in Dietetics
(Submission ID: 143432)
Lee Rydale, Northern Ontario School of Medicine; Jill Ingibelli, Northern Ontario Dietetic Internship Program; Paige Hupke, Northern Ontario Dietetic Internship Program

Background and Purpose/Objectives
Little has been published on cultural competency curriculum from the dietetic profession, considering the diverse practice settings of Registered Dietitians (RDs), how integral food-related beliefs and behaviours can be in a given culture and how strongly they can impact health. Also accrediting and licensing bodies have introduced cultural competency standards that impact dietetic education, training and practice. With almost half (40%) of the province's Aboriginal population living in Northern Ontario and the social accountability mandate of the Northern Ontario School of Medicine (NOSM), the Northern Ontario Dietetic Internship Program (NODIP) curriculum ensures graduates have the requisite attitudes, knowledge and skills to deliver culturally competent services to meet the diversity of Aboriginal populations and dietetic practice settings.

Methodology
As a mandatory component of NODIP's 46-week post graduate practicum, cultural competency curriculum includes self-directed and facilitated learning activities and intentional, focused placements. Building on five core competencies developed and validated for NOSM's allied health professional learners, additional food and nutrition domains were recently validated with a national sample of RDs (n=120) who work in and/or have an interest in Aboriginal Health. National consultations also took place to inform integration of this curriculum across Canadian dietetic internships.

Results / Impact / Outcomes
Core cultural competencies including food and nutrition domains have been validated; dietetic interns and preceptor tools and resources have been refined; and, preceptor training has been piloted using a variety of strategies.

Conclusions and Discussion
Well-defined dietetic cultural competencies and cultural self-efficacy can improve the capabilities of RDs to address the complex and significant nutrition issues amongst Aboriginal peoples.

Keyword(s): curriculum
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O30 Country Food Guidelines Project: Increasing access to traditional food in facilities and programs in Nunavut
(Submission ID: 145521)
Sara Statham, Amy Canghey, Naida Gonzalez; Dr. Jan Sangame; Allison MaRury, Government of Nunavut

Background and Purpose/Objectives
Food insecurity is a significant concern in Nunavut, and access to country food (traditional food) is central to achieving food security. The Government of Nunavut encourages government-operated facilities and community-based programs to serve country foods. These settings, which include long-term care facilities, boarding homes, hospitals, and schools, provide an opportunity to support access to vulnerable Nunavummiut. However a lack of clear guidelines for serving country food in facilities and programs is a barrier.

The purpose of the Country Food Guidelines project is to help facilities and programs serve more country food by providing guidance for acquiring, storing, preparing and serving country food. The project considers Inuit harvesting practices, traditional food preferences, wildlife health and sustainability, food safety practices, and nutritional needs.

Methodology
We completed a literature review and key informant interviews (n=30) to examine the prevalence and risks of zoonotic diseases in Arctic wildlife. We consulted Inuit hunters as well as hunters, program workers, and facility managers are receptive to knowing more about zoonoses and reducing risks. Hunters in Nunavut are supportive of country foods being served in facilities and programs, and are interested in working towards this.

Conclusions and Discussion
Having clear guidelines should increase the amount of country food being served in Nunavut facilities and programs.

Keyword(s): Inuit, Country Food, Food Security
For more information contact: Submitting Author: Emily Murray emurray@gov.nu.ca

O31 Mapping Inuit Food Security Initiatives
(Submission ID: 154968)
Inuit Food Security Working Group

Background and Purpose/Objectives
Food insecurity is a critical issue for Canadian Inuit that requires urgent attention. In order to improve food insecurity, a wide range of initiatives are being undertaken at the community level. The Inuit Food Security Initiatives Mapping Tool is an interactive web-based system designed to showcase the food security projects that are being implemented in the Inuit regions.

Methodology
The Inuit Food Security Initiatives Mapping Tool is being developed by the Inuit Food Security Working Group. This mapping tool will be the first interactive resource available on food security initiatives in Inuit communities. Initiatives will be displayed on an online map with detailed project information including a summary, target audience, and contact information.

Complimentary content will be available including information on Inuit food security, resources and funding opportunities. The site will also feature the ability for individuals to add initiatives to the map to ensure information remains relevant.

Results / Impact / Outcomes
The main purpose of the project is to provide the opportunity for community members involved in food security initiatives to connect with one another and share best practices. The site also aims to illustrate areas that lack targeted initiatives, assist with the prioritization of programming and serve as a resource for those interested in Inuit food security initiatives.

Conclusions and Discussion
The Inuit Food Security Initiatives Mapping Tool will be launched in spring 2016. The project represents a unique approach to bringing attention to the food insecurity experience for Inuit while highlighting the initiatives that work to combat its effects on communities.

Keyword(s): Food Security, Mapping, Community Initiatives
For more information contact: Submitting Author: Laurens Goodman goodman@ntle.ca

O32 Indigenous Community Food Security in Yukon Territory, Canada
(Submission ID: 153166)
Norma Kasis, Arctic Institute of Community-Based Research, Katelyn Friendship, Arctic Institute of Community-Based Research

Background and Purpose/Objectives
With changing climate and environmental conditions and increasing costs for food, food security is of increasing concern in Yukon Canada. Yukon First Nations’ Elders have been advising their communities for some time that hard times are coming and that it is time to plan for long-term changes related to food security. To that end, the Arctic Institute of Community-Based Research has been working in partnership with communities to develop locally based food security strategies.

Methodology
Using a case study example, our presentation will focus on the community-based approach we follow to engage with Indigenous communities in a respectful and ethically responsible manner. Youth participation and capacity building, culturally appropriate research design and methods, Elder participation, traditional knowledge, community research capacity development, and community engagement are some examples of our methods.

Results / Impact / Outcomes
It is evident that for long term food sustainability and security, communities want clear plans that they can build from; which include being more self sufficient by increasing local food production, building community gardens, increasing animal husbandry, building micro enterprises, and returning to ancient methods of sharing and wildlife management. Our presentation will focus on key results from one particular community’s food security strategy, Klusna First Nation, and will share how they are implementing the recommendations of the strategy into action.

Conclusions and Discussion
All in all, following a community-based approach has resulted in tangible, relevant food security strategies tailored to meet the needs of each community circumstances and cultural heritage.

Keyword(s): Food Security, Community-Based, Resilience
For more information contact: Submitting Author: Katelyn Friendship katelyn@culture.ca
O33 Community-based participatory exploration of staff-identified facilitators and barriers of First Nation school nutrition policy adoption
(Submission ID: 150648)
Kris Murray, University of Alberta, Yvonne Anand, Alexandra First Nation Education, Noreen Willson, University of Alberta; Anna Farmer, University of Alberta, Katrina Maximenos, University of Alberta

Background and Purpose/Objectives
Little research exists regarding the contextual factors related to school nutrition policy implementation that arise in a First Nation community setting. Using an exploratory case study design, the objective of this research was to understand school staff perceptions of the barriers and facilitators of adopting a school nutrition policy in a First Nation community school in Alberta.

Methodology
This community-based participatory research was done collaboratively with the community research committee. A staff survey generated quantitative data and semi-structured individual interviews generated qualitative data. Results were integrated to produce a rich comprehension of phenomena and to increase the validity of the findings. An ecological framework was used to assign facilitators and barriers to four levels: staff, student, school, and cultural, behavioural, and community.

Results / Impact / Outcomes
Facilitators of policy adoption included previously mentioned nutrition and health-oriented programming at the school which established a foundation for policy adoption, and modifications to the school food environment that supported healthy eating such as dietitian-approved menus. A barrier to policy adoption identified by school staff was the discordance between the foods served at community cultural events and the healthy school nutrition policy.

Conclusions and Discussion
Findings indicated that successful school nutrition policy implementation requires more than a supportive school environment. A community’s food environment and food culture must also support the adoption of healthy foods at school. Our study demonstrates the important contextual considerations required for successful implementation and adoption of a school nutrition policy in a First Nation school.

Keywords(s): School Nutrition Policy, Aboriginal Health, CBPR
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O34 The State of Vitamin D, Iron and Folic Acid in Nunavut
(Submission ID: 155038)
Emily Murray, Government of Nunavut, Alliston MacRae, Government of Nunavut

Background and Purpose/Objectives
Maternal, infant and child nutrition is a priority issue for the Department of Health in Nunavut. Evidence indicates rates of rickets, iron deficiency and some congenital anomalies are much higher than the Canadian average. The status of vitamin D, iron and folic acid are linked to these outcomes.

Methodology
This presentation will review the state of knowledge of three key nutrients related to maternal and child health in Nunavut.

Results / Impact / Outcomes
Vitamin D, iron and folic acid all play a role in having a healthy pregnancy, a healthy baby and healthy children.

Conclusions and Discussion
Vitamin D deficiency is a concern in the territory with 24 suspected cases of rickets in 2012 alone (Department of Health, 2014). The majority of Inuit women < 40 years old are considered deficient in vitamin D (IHS, 2007-2008). Prevalence data for iron status varies and indicates that anywhere from 30% of infants and 19.2% of 3 to 5 year olds are affected by iron deficiency (Christofides, Schauer & Zlotkin, 2005). There are not many data on folic acid status; however prevalence of some congenital defects such as cleft palate and congenital heart defects is much higher in Nunavut than the rest of Canada (PHAC, 2013).

Keywords(s): Inuit, Nutrition, Maternal Child Health
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Submitting Author: Emily Murray emurray@gov.nu.ca

O35 Circle and Triangle Experiential Exercise
(Submission ID: 137989)
Jannis Jonassen, Sam Letsonnens, Jannis Jonassen Consulting

Background and Purpose/Objectives
This experiential exercise was originally designed by Jaan Derick in the 1990’s. It has been a very powerful and effective tool in the BC region for demonstrating “what happened” to Indigenous people in Canada. The workshop is always well received and we receive very positive post workshop assessment feedback. I work full time with residential school survivors for over 15 years so I know the importance of providing a safe and welcoming environment for all who attend.

Methodology
A set of pan-BC indicators of wellness was created, consistent with the structural determination of health, facilitated by exploring recognized commitments to addressing the ongoing sources of oppression.

Results / Impact / Outcomes
An indicator set was identified including elements articulated in the RCAP and TRC reports that chronicle ways Canada continues to fail to address remnant of historical, cultural, and administrative
treaties; systematic discrimination against Indigenous peoples; marginalization; and disempowerment of Indigenous leadership; failure to address remnants of historical warfare, murder, and assimilation.

Conclusions and Discussion
Indicators of structural change can be operationalized into measures routinely assessed through comprehensive surveillance. Canadian governing bodies have achieved little progress toward justice for Indigenous Nations over recent decades. Therefore, active measurement and reporting provides a framework facilitating action consistent with the settler state’s responsibility to relinquish occupation in support of Indigenous self-determination.

Keywords(s): surveillance, oppression, self-determination
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O36 Surveillance and the Settler State: Monitoring structures that impede well-being
(Submission ID: 153875)
Bjorn Stime, University of British Columbia; Nancy Laliberte; Shannon Waters

Background and Purpose/Objectives
Growing recognition of Indigenous jurisdiction over land, resources and well-being present an opportunity to rethink conventional approaches to health surveillance. In BC, the evolving relationship between the province, federal government and First Nations has increased the pressure to “report back” to governments on health status in an expedited and imposed pan-BC approach, ignoring the distinctiveness and autonomy of First Nations. The value of focusing common indicators across First Nations in BC is disputed, what is clearly common to all is ongoing colonization and dispossession of land, central to settler colonial pathology. In an effort to dismantle mechanisms of colonialism, we explore the framing of indicators monitoring elimination of oppressive policies and structures by the settler state.

Methodology
This presentation is on a rheumatology screening clinic being piloted in Fort Hope (a remote fly in First Nations (FN) Nations Communities in Northwestern Ontario.

O37 Piloting a New Model of Care in working with Remote First Nations Communities in Northwestern Ontario
(Submission ID: 155169)
Noel Heath, St. Joseph’s Care Group

Background and Purpose/Objectives
Life with Arthritis in Canada: A personal and public health challenge 2010 surveillance report (Public Health Agency Canada) states that FN populations living on remote, rural reserves face barriers (high transportation costs, language issues and lack of available services) in accessing medical care. The report also holds that arthritis prevalence is 1.3-1.6 times higher among these FN populations than the national estimate. Further, onset is at least 10 years younger than in most Caucasian populations so the burden of disease is longer.

Methodology
This presentation is on a rheumatology screening clinic being piloted in Fort Hope (a remote fly in First Nations (FN) community in Northwestern Ontario) using the skills of an Advanced Clinician Practitioner in Arthritis Care (ACPAC) to triage, screen and follow up FN patients with rheumatic diseases. The ACPAC therapist visits the FN community assessing and following clients identified as “at risk” and then liaises with rheumatologists in the hub community (Thunder Bay). Evidence clearly shows early access to care means improved health outcomes in people with inflammatory arthritis.

Results / Impact / Outcomes
Earlier access to rheumatologist for new clients suspected of having inflammatory arthritis, follow up care and education, triage to needed services.
Conclusions and Discussion
The barriers to accessing care for remote indigenous people have negatively affected health outcomes. New methods of service delivery need to be considered to improve access and optimize health outcomes.

Keywords: Arthritis, Model of Care, Remote
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O39
Developing an Urban Indigenous Health Centre in Canada: A How-To Guide

Jeffrey Herskovits, City Lab; Kathryn Trnavsky, City Lab; Shielaagh McCarthy

Background and Purpose/Objectives
A growing number of Indigenous-led health centres are being organised around the country to ensure urban Indigenous populations are being served in culturally competent, holistic, and self-determined ways. The purpose of this study was to understand key steps needed to successfully develop and maintain urban Indigenous-led health centres in Canada. We sought to understand the various ways in which urban communities mobilized for this purpose, identify best practices in management and program delivery, and highlight recommendations that established centres had for communities beginning this work.

Methodology
This qualitative study involved in-depth interviews with 22 individuals who initiated, organized and/or currently led 11 full-service Indigenous health centres in Canadian cities, including Indigenous physicians, nurses, healers, Elders, and health care managers. We also conducted document and website reviews for supplementary information. Data are being organized and analyzed into qualitative themes.

Results / Impact / Outcomes
Findings highlight the importance of community consultation, and the creation of a non-profit organization early in the process to move forward successfully from the planning stage. The selection of a centralized urban location and the adoption of a two-eyed seeing approach that considers the whole person – physical, mental, spiritual, and emotional – when considering the suite of services to be offered was also highlighted by most centres. Results continue to be analyzed and will be presented in full during this presentation.

Conclusions and Discussion
This is the first comprehensive study of urban Indigenous-led health centres in Canada.

Keywords: Youth Engagement, Indigenous Planning, Community Planning
For more information contact: Submitting Author: Jeffrey Herskovits jeffery@gowtylab.com

O40
Comparing ART interruption, time to virologic suppression and mortality between Indigenous peoples and people of other ethnicities living with HIV

Jeffrey Herskovits, City Lab; Kathryn Trnavsky, City Lab; Shielaagh McCarthy

Background and Purpose/Objectives
Building Bridges was a community-based research collaboration among Indigenous and allied stakeholders and the Canadian HIV Observatory Collaborative Research Team.

Methodology
An Indigenous Health Epidemiology Model guided the research process. Participants are treatment-naïve and initiated antiretroviral therapy (cART) after 1/1/2000. The effect of ethnicity on time to VS was evaluated with Fine and Gray models. Cox proportional hazard models were used to estimate the effect of ethnicity on time to death. Models were adjusted for age, gender, injection drug use, hepatitis C, men who have sex with men status, province, VL measurement rate, baseline VL and CD4 count, ARV class and cART initiation year.

Results / Impact / Outcomes
Among 9300 participants, 498 Indigenous participants were included in the analysis. Indigenous participants were less likely to achieve VS than Caucasian participants (aHR=0.71 [95%CI:0.62-0.81]), and were at increased risk of a TI compared to Caucasian participants who had lower five year survival (76.7% vs 93.6%, p < .0001) and were more likely to die (aHR=2.29 [95%CI:1.80-2.91]).

Conclusions and Discussion
Indigenous methodologies introduced additional context to the analysis and identified research questions of community importance. Consistent with previous studies, Indigenous peoples were less likely to achieve VS after initiating cART and rates of TIs and death were higher. Further research should identify protective factors to improve HIV-related outcomes among Indigenous peoples.

Keywords: HIV health outcomes, Indigenous Health Epidemiology, Community-based research
For more information contact: Submitting Author: Anita Benoit anita.benoit@usoha.ca
O42 Death Investigation For The Aboriginal/First Nation Population In Ontario, Canada: Analysis Of A 5 Year Period From 2010 To 2014
(Submission ID: 153790)
Kona Williams; Michael Pellenze, University of Toronto

Conclusions and Discussion
- The inability to access enough healthy food is an issue that continues to persist among many Indigenous populations around the world and here in Canada. Indigenous households in this country experience levels of food insecurity that are greater than twice the national level (27% versus 12.3%, respectively). This is a critical public health issue to address, as food insecurity has serious and negative implications for physical and mental health, increasing the risk of chronic conditions such as depression, heart disease, and diabetes.

Methodology
- In response to high levels of food insecurity among Indigenous communities, a number of processes (e.g. community-led food assessment) have emerged that help guide communities and decision makers in trying to understand and address this issue. Within these processes there are a variety of tools used to collect information on aspects of food security and provide evidence on possible actions that can be taken at various scales. Using examples from the action research experiences of team members, this workshop will present, reflect on, and discuss experiences with community-led food assessment processes, and associated food security assessment tools used in Canadian Indigenous communities.

Results / Impact / Outcomes
- In this workshop, participants can expect short presentations and handouts on different processes and tools used to explore food security within Indigenous communities. The workshop will also include short practical activities relating to processes and tools used by the team members within this research and opportunities for open discussions.

Conclusions and Discussion
- Food security
- Keyword(s): Indigenous communities, Process Evaluation
- For more information contact: Submitting Author: Emily Willson emilywillson@trentu.ca

O45 Self Determination: Indigenous Research Initiatives at the Ontario HIV Treatment Network (OHTN)
(Submission ID: 153835)
Jessica Demeria, The Ontario HIV Treatment Network (OHTN), Margaret Robinson, Randy Jackson

Background and Purpose/Objectives
- In 2014, The AIDS Bureau and the OHTN produced a report "The Current State of the HIV epidemic among Indigenous People in Ontario." The Indigenous Research Initiative (IRI) emerged from findings and two sharing circles held with Indigenous people living with HIV, Elders, researchers, service organization staff, and leaders to identify ways to address HIV. An Indigenous Research Steering Committee (IRSC) was developed and guides the Initiative. The IRSC includes diverse Indigenous identities (e.g., First Nations, Metis, 2-Spirited).

Keywords:
- Indigenous identities (e.g. First Nations, Metis, 2-Spirited)
- Methodology
- Analysis of the two sharing-circles with stakeholders, action items from the IRSC meetings, community input and ongoing community building activities inform the IRI.

Results / Impact / Outcomes
- A toolkit is being developed to disseminate the situation report and part of the KTE Strategy. Two Pilot Indigenous Student Mentorship Training Awards were given in 2015. Two CIHR Catalyst grants were submitted and approved; one to develop an “Indigenized funding mechanisms” and the other to develop a culturally safe intervention for Indigenous youth at risk of incarceration. A website is the KTE centerpiece of the Initiative. A process evaluation is in progress and considers Indigenous values, honoring Elder knowledge, transparency and consensus.

Conclusions and Discussion
- The IRI is brand new and will evolve to respond to HIV rates and needs among Indigenous peoples in Ontario.

Keywords:
- Indigenizing, Empowerment, HIV/STIBIs
- For more information contact: Submitting Author: Jessica Demeria jdemeria@ohn.on.ca

O46 Health Literacy for Indigenous Populations: Diaspora of Indigenous Knowledge and need for Harmonization Approach
(Submission ID: 155104)
Brence Downey, McMaster University

Background and Purpose/Objectives
- An associated risk factor related to the prevalence of cardiovascular disease for Indigenous populations is the gap between patient - practitioner understanding of heart disease. Biomedical understandings of cvd makes little room for Indigenous knowledge. Self-management of care is a central component to effective cardiovascular disease management. This requires a working knowledge and understanding of cvd medications, and an ability to effectively communicate with healthcare practitioners.

Methodology
- Research was embedded in larger international study. Semi-structured, in-depth, qualitative individual interviews were held with patient participants across both sites who met the recruitment criteria. Second component included interviews with McMaster healthcare providers and Elders.

Keywords:
- Indigenous identities (e.g. First Nations, Metis, 2-Spirited)
- Methodology
- Analysis of the two sharing-circles with stakeholders, action items from the IRSC meetings, community input and ongoing community building activities inform the IRI.

Results / Impact / Outcomes
- A toolkit is being developed to disseminate the situation report and part of the KTE Strategy. Two Pilot Indigenous Student Mentorship Training Awards were given in 2015. Two CIHR Catalyst grants were submitted and approved; one to develop an “Indigenized funding mechanisms” and the other to develop a culturally safe intervention for Indigenous youth at risk of incarceration. A website is the KTE centerpiece of the Initiative. A process evaluation is in progress and considers Indigenous values, honoring Elder knowledge, transparency and consensus.

Conclusions and Discussion
- The IRI is brand new and will evolve to respond to HIV rates and needs among Indigenous peoples in Ontario.

Keywords:
- Indigenizing, Empowerment, HIV/STIBIs
- For more information contact: Submitting Author: Jessica Demeria jdemeria@ohn.on.ca
Results / Impact / Outcomes
Findings demonstrate that Indigenous people primarily have a biomedical understanding of their heart disease and most are unaware of how socio-historical and socio-cultural factors are linked to their heart disease. This situation can be attributed to an Indigenous knowledge diaspora experience that includes the severance of access to Indigenous knowledge and Indigenous languages and the dominance of biomedicine in health care service delivery.

Conclusions and Discussion
The concept of ‘diaspora health literacy’ is critically discussed as a potential tool to address the Indigenous knowledge diaspora barrier. It is proposed that Indigenous people with heart disease can enhance their self-care when culturally relevant health literacy approaches are available to them. In turn, healthcare practitioners can broker an ‘Indigenous therapeutic relational space’ with their Indigenous patients by initiating a culturally relevant health literacy assessment and a harmonized implementation model.

Keyword(s): Indigenous, harmonization, health literacy
For more information contact: Submitting Author: Benice Dywuye@sympatico.ca

O47
Decolonizing Health Care Practice: Perspectives from the ‘Sharing our Wisdom’ project
(Submission ID: 150087)
Teresa Howell, Indigenous Research Partnerships; Tanya Gomez, Vancouver Coastal Health; Kesila Chanery, University of British Columbia; LFS Indigenous Research Partnerships; Monique Auger, Indigenous Research Partnerships

Background and Purpose/Objectives
The process of colonization has greatly weakened the health of Indigenous peoples, but we have survived and so have our healing strategies. Meeting the needs of the urban Aboriginal populations expands beyond the biomedical health care system and must include access to traditional practices, ceremony, spiritual healers, experiences on the land, and more. Our research sought to understand how access to traditional Indigenous health care practices improves the health of urban Aboriginal peoples. With Elder and community guidance, we created and provided 7 holistic health circles to urban Aboriginal community members (workshops provided teachings from different Indigenous healing approaches) and gathered information concerning their experiences.

Methodology
The objectives are: 1) present our decolonizing approach to traditional healthcare research, 2) present the findings of our research, 3) engage in a dialogue about decolonization and how to move forward in validating traditional health care practices/creating more traditional healthcare services. Key points: learning about the value of developing relationships between all those involved in healthcare and healthcare research; learning about the role of traditional healthcare practices within “mainstream” healthcare; how to implement traditional ways.

Results / Impact / Outcomes
We will sit together in a circle and learn about key concepts of Indigenous wellness such as identity, relationships to land, protocols, and ceremony. It will be an interactive workshop and participants will be able to share their wisdom. An example of a questions we might discuss is: What can we do, organizationally/ systemically, to support the inclusion of traditional healthcare practices.

Conclusions and Discussion
Traditional healthcare practices
Keyword(s): Decolonizing health care, Holistic health and wellness
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O48
Hamonizing Indigenous Wellness in Medicine and Health Practices
(Submission ID: 155114)
Amber Skye, Dalla Lana School of Public Health; Six Nations Community Member; Lori Davis Hill, Six Nations Health Services

Background and Purpose/Objectives
Increasingly, Indigenous people are requesting Indigenous medicine to manage their health care needs. Recent national attention to the cases of two First Nations families who opted to utilize Indigenous medicine and healing practices to treat their children’s cancer has highlighted this need. As the home to one of the families who fought to use traditional Indigenous medicine, Six Nations was compelled to improve dialogue, education and relationship building with the mainstream health care system to advance both knowledge systems together.

Methodology
Through partnerships with McMaster Children’s Hospital and a number of provincial partners, Six Nations hosted “Moving Forward Together: A Conference about Harmonizing Indigenous Wellness in Medicine and Health Practices.” Leading up to the conference a series of focus groups were conducted with key stakeholders including, Primary Care Physicians, Hospice Leaders, Medical Residents, Frontline Staff, Child Welfare Workers, Six Nations Community Members and Indigenous medicine practitioners to discuss needs for traditional medicine as it relates to health policy and practice.

Results / Impact / Outcomes
Themes from focus groups included: Decolonization, Relationship Building, Pathways to Traditional Medicine, Cultural Competency, Creating a Safe Space, and Indigenous Medicine Practitioner Training. These themes were discussed in large group breakout sessions at the conference to further facilitate dialogue among stakeholder groups and the community.

Conclusions and Discussion
The dialogue created from this conference has led to a number of recommendations aimed at harmonizing Indigenous wellness both locally and provincially, however commitment to policy change at both the local and provincial level is needed.
Keyword(s): Traditional medicine and healing
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O49
Holistic health and self-determination in an urban Indigenous context: Outcomes from a traditional Indigenous healthcare initiative in Vancouver, Canada
(Submission ID: 143288)
Monique Auger, Teresa Howell

Background and Purpose/Objectives
Although access to Indigenous traditional healthcare has been cited as equally or more important than western healthcare for many Indigenous peoples, the majority of Indigenous peoples living in urban areas face considerable barriers to accessing traditional healthcare practices. This study aimed to understand the role that Indigenous traditional healthcare practices can play in increasing self-determination over healthcare and improving health outcomes in the urban Indigenous community of Vancouver, BC.

Methodology
This project included the creation and delivery of holistic workshops to engage community members in learning about different aspects of traditional healthcare practices. Using a participatory action framework, this grounded theory study involved data collection through focus groups and surveys; data were transcribed, reviewed, thematically analyzed, and presented to an Indigenous working group for validation.

Results / Impact / Outcomes
Participants described barriers to care that they had experienced in accessing Western healthcare, as well as the benefits of traditional healthcare. All of the participants noted that they had increased ownership over their choices around, and access to, healthcare, inclusive of both western and traditional options. They stressed that increased access to traditional healthcare is crucial within urban settings.

Conclusions and Discussion
This research demonstrates that self-determination within Indigenous urban communities and ownership for individuals is a key determinant of health for urban Indigenous communities. As well, the findings illustrated that access to traditional healing can enhance ownership for community members. Overall, there is a continued and growing need for support to aid urban Indigenous peoples in accessing traditional health care supports.
Keyword(s): Ownership and self-determination, Traditional Indigenous healthcare, Urban communities
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O50
The Way of The Medicine Horse
(Submission ID: 150111)
Tina Barnes, International Academy of Medicine Horses; Jon Shortt Greene, International Academy of Medicine Horses; Marnie Slavnik, International Academy of Medicine Horses

Background and Purpose/Objectives
Historically, Medicine Horses have played a role in Indigenous cultures as work mates, teachers and healers. Equine therapy programs are popular due to scientific studies validating the benefits of the horse as a healer, especially for those suffering emotionally or psychologically. Most of these programs use the horse as a tool, powerful beasts over which to gain control. We recognize the bi-directional healing energies to which these popular equine therapy programs give little or no consideration.

The cultural aspects, the sacredness of the horse and ‘awakening spirit’ are key and the reason that First Nations peoples seek us out for traditional healing. The Way of the Medicine Horse utilizes and honors the powerful healing energies that the Medicine Horses engender. Medicine Horses have a genetic mutation on their X chromosomes which causes them to have significantly larger hearts meaning they can move volumes of energy effortlessly. Many First Nations Elders compare the work of the Medicine Horses to that of having a powerful shaman perform a ‘brushing off’. References include social workers, health professionals, psychologists, MDs and chiropractors.

Methodology
The objective of the workshop is to make those working in Indigenous health aware of this culturally sensitive, culturally driven and culturally inclusive healing modality. We will speak about herd dynamics, healing techniques and how this form of traditional therapy differs from conventional “talk therapy”, making it beneficial for the non-verbal especially autistic children and traumatized Elders.

Results / Impact / Outcomes
Slide/powerpoint presentation, commentary and discussion.


O51 Keeping Our Traditions: “What do we do at the fish camp when there is no fish?”

(Submission ID: 153216)
Marilyn Van Bibber, Antic Institute of Community-Based Research, Norma Kasi, Antic Institute of Community-Based Research

Background and Purpose/Objectives
Cultural and traditional practices are essential resources for mitigating inter-generational trauma and promoting health and well-being amongst Indigenous peoples. Fish camps are central for traditional practices of Selkirk First Nation people in Yukon, Canada. Recently fish camps have been underutilized due to restrictions on harvesting salmon. This project is developing a community-based adaptation strategy for keeping SFN traditions alive for the mental health and well-being of youth and future generations.

Methodology
Following community-based participatory and Indigenous approaches, the project includes interviews, focus groups, youth engagement and capacity building methods. The research brings together scientific research with traditional and community knowledge to address climate change and health issues.

Results / Impact / Outcomes
Northern Tutchone knowledge related to fish camps, climate change challenges, and ideas related to keeping the practice of fish camps alive was collected. The research indicates it is very difficult to get youth engaged with land-based activities. Elders are concerned about how fast youth are changing their ways and are urgent to get youth back on the land and waters. This is challenging with the effects of climate change and changes to resources. The project is developing a community-based cultural resource to promote youth engagement at the fish camps.

Conclusions and Discussion
Fish camps are a major source of traditional knowledge and a key resource for protecting SFN traditions. Increased self-confidence on the land will motivate youth to participate in cultural land-based activities, which will in turn improve overall mental health with the youth, and the community as a whole.

Keyword(s): Resilience, Youth, Climate Change
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O52 Applying an Indigenous Lens to the Canadian Blood Services’ Cord Blood Bank

(Submission ID: 152677)
Jenny Morgan, Becky Luk

Background and Purpose/Objectives
Canadian Blood Services’ Cord Blood Bank offers an opportunity for pregnant women to donate their babies’ cord blood. BC Women’s Hospital & Health Center is one of 5 collection sites in Canada. Cord blood is rich in stem cells and may be used to treat over 80 diseases such as leukemia, lymphoma and aplastic anemia. While the best chance of finding a match comes within from a patient’s own ancestral group, Indigenous registrants are severely under-represented on the national and international stem cell registries. Indigenous patients usually have more difficulty finding the matching stem cell. The need for community engagement, building trust, and socio-historical informed approaches with Indigenous communities for donor recruitment will be examined, along with an Indigenous recipient/recipient presenting their experience with the public cord blood bank.

Methodology
The Director for Indigenous Health at the BC Women’s Hospital + Health Centre and the Collection Supervisor of the Canadian Blood Services’ Cord Blood Bank, both located in Vancouver, will share their collaborative approach to building the Canadian Blood Services’ Cord Blood Bank. A background of the program will be provided with an update on the progress at the BCWH site. Important insight on the need for community engagement, building trust, and examples of using socio-historical informed approaches to incorporate this work with Indigenous communities will be shared. In addition, an Indigenous patient/recipient will participate in the workshop, providing their story and experience as a recipient of a cord blood donation.

Results / Impact / Outcomes
In their report, the Truth and Reconciliation Commission’s Calls to Action identify the development of culturally appropriate early childhood education programs for Indigenous families as a critical component of reconciliation. This presentation will highlight the integrated, collaborative approach Inuit in Canada have taken to raise awareness and provide input into national policy and programs planning in Inuit early childhood development.

Conclusions and Discussion
The Inuit Early Childhood Development Strategy envisions Inuit early childhood development as encompassing “Inuit culture, Inuit language and Inuit way”. The ultimate goal of Inuit early childhood development is to achieve healthy, happy and safe Inuit children and families.

Keyword(s): Blood, Donation
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O53 Healthy, Happy and Safe Inuit Children and Families: The Goal of Inuit Early Childhood Development

(Submission ID: 155070)
Anna Claire Ryan, Inuit Tapirini Kanatami (ITK)

Background and Purpose/Objectives
Quality early childhood development is a fundamental social determinant of Inuit health. Inuit have been collaborating on national policy and program development in Inuit early childhood development for nearly two decades. This session will highlight the critical importance of Inuit-specific Early Childhood Development (ECD) and describe what this means for Inuit as a indicator of lifelong health and wellness.

Methodology
With the creation of an Inuit Early Childhood Development Strategy in 2004, the Inuit Early Childhood Development Working Group works together to advocate for Inuit children across Canada to have access to culturally and linguistically appropriate child care and early learning programs incorporating values and traditions of their families and communities. The presentation will share the major accomplishments in this work since 2004, highlighting the recommendation “Investing in the Early Years” in the National Strategy on Inuit Education and present current national priority areas.

Results / Impact / Outcomes
In their report, the Truth and Reconciliation Commission’s Calls to Action identify the development of culturally appropriate early childhood education programs for Indigenous families as a critical component of reconciliation. This presentation will highlight the integrated, collaborative approach Inuit in Canada have taken to raise awareness and provide input into national policy and programs planning in Inuit early childhood development.

Conclusions and Discussion
The Inuit Early Childhood Development Strategy envisions Inuit early childhood development as encompassing “Inuit culture, Inuit language and Inuit way”. The ultimate goal of Inuit early childhood development is to achieve healthy, happy and safe Inuit children and families.

Keyword(s): Blood, Donation
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O54 FASD diagnostics and reconciliation in Northwestern Alberta, a case study

(Submission ID: 153854)
Vanessa Norris, NW Alberta FASD Network

Background and Purpose/Objectives
Statistics of FASD prevalence in Canada is estimated at 1 in 100 people or 350,000 Canadians. The term FASD is a medical diagnosis describing an organic brain injury resulting from alcohol exposure in utero. The brain injury is often invisible, and therefore, left un-diagnosed and un-treated. In 2015 the Truth and Reconciliation Commission (TRC) recognized that there is strong concern for Aboriginal Canadians affected by FASD in sections 33 and 34 of the TRC’s “Calls to Action” paper. The paper calls on collaborating with Aboriginal people for addressing and preventing FASD.

Methodology
The Northwest Alberta FASD Network implements and evaluates FASD programming based on three focused goals: coordinated assessments and diagnosis, targeted prevention, and support services for people with FASD as well as their caregivers.

Results / Impact / Outcomes
This oral presentation will give the audience a brief snapshot of a working collaboration between the Northwest FASD Network and the Awenwiche Winewak Nation, focusing on how the collaboration provides a rough model to the TRC’s call for FASD ‘programs that can be delivered in a culturally appropriates manner’.

Conclusions and Discussion
The presentation aims to promote discussion around addressing FASD as relevant and culturally appropriate manners throughout Canada.

Keyword(s): FASD Prevention, FASD Diagnostics, FASD Supports
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O55 Ethical Space, Community Engagement and Culturally Sensitive Cervical Cancer Screening: Lessons from the ACCSS Project

(Submission ID: 155153)
Pamela Wokewich, Lakehead University, Ingeborg Zehbe, Lakehead University and Thunder Bay Regional Research Institute

Background and Purpose/Objectives
While cervical cancer deaths have dropped significantly in Canada, First Nations women are 2 to 20 times more likely to develop cervical cancer and have higher rates of cervical cancer death. The Anishinabek Cervical Cancer Screening Study (ACCSS) is an ongoing community-engaged research collaboration investigating facilitators and barriers to cervical cancer screening with First Nations women in NW Ontario aimed at reducing this important health inequity.
Methodology
Beginning with a single community pilot study in 2009 and expanding to a 10 community mixed methods project (in-depth interviews, talking circles, arts-based workshops, and a clinical trial assessing preferences for HPV self-sampling vs. PAP screening), over the past six years the interdisciplinary ACCSS team has been working closely with our partner communities to improve screening uptake and education. Ermine’s concept of dialogue across ethical spaces and continued community engagement are central to ACCSS.

Results / Impact / Outcomes
We have learned that low screening rates for First Nations women in NW Ontario are related to the impact of colonial legacy, its generational effects, socio-economic inequities, transportation barriers, and limited access to culturally appropriate care. Our trial participants showed a strong preference for DNA self-sampling over PAP screening, however some groups of women remain hard to reach. At recent reflective community consultations participants shared a variety of innovative ideas for educational initiatives which would include boys and men, be tailored to specific age groups and sensitive to individual community challenges, resources and preferences.

Conclusions and Discussion
Ethical space and community engagement are important to cervical screening.

Keywords: cervical cancer, Indigenous women, community engagement

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O56 Reclaiming our Sacredness Project
(Submission ID: 153630)
Mandy Mack; Kerrigan Beavers; Anita Benoit

Background and Purpose/Objectives
The Reclaiming our Sacredness (ROS) Project was born in response to providing a cultural and holistic approach to the sexual health needs of Indigenous women through restoring traditional rites of passage in relation to womanhood as our ancestors. Objectives were to educate, support and empower women who are living with or at risk of HIV and other sexually transmitted infections (STIs). The project also fostered healthy relationships with self and others.

Methodology
In our project we used Indigenous methodologies and were guided by the Seven Grandfather and Medicine Wheel teachings with the aim to achieve a holistic approach to healing the mental, physical, spiritual and emotional wellbeing of Indigenous Women at risk of or affected by HIV. ROS was facilitated by four peers; one two-Spirited youth, one grandmother, one two-Spirited woman living with HIV. The first ROS activity consisted of 10 weekly sharing circles to discuss the teachings around sexual health and secondly community outreach.

Results / Impact / Outcomes
ROS created a safe space for all women by meeting them were they were at and including women of different gender and sexual identities. ROS empowered women to reclaim their sacredness and enhanced their sexual health knowledge including increasing HIV knowledge. Through community outreach and information sharing ROS was able to fill gaps in HIV care, better women living with HIV, increase HIV stigma and increase HIV awareness around transmission.

Conclusions and Discussion
Acknowledging the lived experiences of ROS clients allowed for everyone to feel like an equal contributor to the project’s success.

Keywords: Sexual health, Empowering Indigenous women

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O58 Cayutwi (Let’s Go!): Indigenous Youth Wellness

Conclusions and Discussion
Cayutwi seeks to inform health promotion programming for Indigenous youth emphasizing that it must be developed with them to effectively meet their needs. Health promotion for Indigenous youth must be culturally relevant and decolonizing in nature.

Keywords: wellness, youth, health promotion

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O59 Skatne Ionkwatiahronhte
(Submission ID: 152475)
Megan Kavenwabanhk Whyte, Skatne Ionkwatiahronhte; Vienne Waltz, Skatne Ionkwatiahronhte

Background and Purpose/Objectives
Skatne ionkwatiahronhte® is a youth-run grassroots program dedicated to supporting young families in parenting and child care. Its purpose is to explore reproductive health, including attachment parenting, menstruation, healthy relationships, and sexuality through an interactive and arts-based format. Cultural safety, decolonization, harm reduction, support of attachment parenting and Haudenonwahse seven rights of passage ceremonies and creation stories informs its core. Objectives include reducing isolation and stigma, increasing access to personal strengths, traditional medicines and Indigenous perspectives, and improving reproductive health and parenting skills.

Methodology
Program development incorporated the support of health allies to foster a holistic approach and a supportive educational environment for young parents. The project was implemented via diverse art activities, peer-led supportive discussion, sharing of traditional knowledge, Kanere:kha language and ceremony, and workshop play. Outcomes were measured qualitatively using participant surveys.

Results / Impact / Outcomes
Three series of 8–12 workshops were offered in Kahnawake in 2015: Improved caregiver and individual – child relationships, a sense of community, traditional knowledge, self confidence and an increased sense of self and cultural identity were reported. All participants from the first series returned for subsequent offerings, suggesting that the initiative is beneficial to this community.

Conclusions and Discussion
These results are important in the context of the residential school legacy, stigma for young parents and the current foster care system, which do not involve the voices of the young adults and children. This work has implications for healing and empowerment in other communities and ultimately for reconciliation.
O61 Using Photovoice to Empower Indigenous Youth in a Southern Labrador Inuit Community

Chelsea Gabel, McMaster University, Jessica Paré

Background and Purpose/Objectives
This research focuses on exploring one southern Labrador Inuit community's intergenerational relationships with a focus on youth perspectives and understandings of health and well-being. This knowledge can inform us about how to address, adapt and respond to social and demographic change to ensure a continued ability to provide for future generations.

Methodology
Our research uses a community-based participatory research (CBPR) paradigm and a qualitative, arts-based Methodology, photovoice. Participants in this study, 6 sensors and 6 youth from St. Lewis, Labrador, were provided with cameras and were asked to take photographs to represent how their lived experiences relate to the research questions.

Results / Impact / Outcomes
Our findings demonstrate strong relationships between older and younger generations, particularly within families in St. Lewis. We speculate that these relationships contribute positively to the overall health and well-being of the community in several ways.

Conclusions and Discussion
Little is known about how youth and seniors in Indigenous communities perceive one another and their respective roles in a contemporary context. Our research suggests that learning more about the factors that shape youth-senior interaction and communication in St. Lewis has the potential to lead to interventions that will support intergenerational contact and, hence, promote cultural continuity and increase overall health and well-being. This is of particular importance in Indigenous communities given the disruption of culture due to colonialism and the finding that Indigenous communities with high levels of cultural continuity, as well as self-determination, have been shown to be healthier.

Keywords: Youth Empowerment, Intergenerational relationships, Photovoice

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O62 Youth Empowerment and capacity building through Community Healing Murals

Jessica Banduin, Cedar and Gold, Vincent Dumoulin, Cedar and Gold

Background and Purpose/Objectives
Developing a Healing Community Mural by engaging youth and creating an empowering space for participants to integrate cultural teachings and wisdom in a modern and artistic context. This approach is effective for organizations to establish and share values, stories and traditional wisdom for children and at-risk youth. These mural projects are ideal for nation building and strengthening, curriculum development for school-aged children and youth, and honouring a person in the community who has passed on to the spirit world.

Methodology
• Creation of Mural is delivered through a 3-5 day inter-active cultural program engages elders, youth, educators, community leaders and families in the process. Opening prayer and healing circle
• Establish theme of mural and working groups
• Create sketches / concepts relating to the theme
• Outline finalized sketch on wall (indoors or outdoors)
• Paint mural in groups

Results / Impact / Outcomes
• Effective community engagement: Every member of the group is involved in realization of the mural from start to finish
• Transmission of stories, values and cultural themes expressed through the mural making, writing, songs, dances, and documentation via video and photos
• Create a sense of pride by the youth by providing tools, techniques and team-building through artistic expression

Conclusions and Discussion
• Improving other communities to use this model of youth empowerment in existing and future youth programs
• Inviting integration of artists in health programming as mentors, leaders and facilitators
• How culture and community engagement is a key component to capacity building from start to finish

Keywords: Community, Art, Culture

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O63 Trauma-Sensitive Yoga Therapy to enhance mental health and emotional balance for Indigenous men and women

Jessica Banduin, Cedar and Gold

Background and Purpose/Objectives
The process of being traumatized involves a fundamental lack of choice and disempowerment. Trauma-sensitive Yoga therapy restores the individual’s ability to connect with his or her body and experience the internal sensations with choice and control over their body. Yoga is a promising treatment or adjunctive therapy for addressing the cognitive, emotional, and physiological symptoms associated with trauma. Specifically, Trauma-Sensitive Yoga (TSY) therapy may be provided by allied health professionals as a technique for trauma survivors to engage with, including war veterans, rape survivors, at-risk youth, and survivors of chronic childhood abuse and neglect. The therapist or practitioner will learn to utilize invitational language, environment and gentle movements to encourage clients to make choices around what feels best in their body to connect with their body in a safe and meaningful way towards a path of healing.

Methodology
• Trauma-sensitive yoga offers an additional approach for working with individuals suffering from complex traumas
• This practice helps to re-orient clients towards the sensa-tion of their body, which may help unlock pain and stored trauma
• Focus on the internal experience of the body and breath may provide a more effective entry point with survivors of traumatic experiences than talk / cognitive-based therapies

Results / Impact / Outcomes
The first segment of the workshop will be lecture based, followed by instruction and demonstrations with participants. The final component will be application with a presented case study: Indigenous ways of knowing will be integrated throughout the workshop.

Conclusions and Discussion
Trauma
Key: Yoga, Therapy

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Conclusions and Discussion

Methodology

There is much debate over the ways in which to address the capacity issues of First Nations (Missens, 2008). McCalin and Boyer (2009) argued that a systematic review needs to start with colonialism, where “Healing means setting out on un-walked paths to decolonization”. Missens (2008) refers to rebuilding of Indian governments, and ultimately reaching self-determination, but caveat this with the need to develop capacity, such by performing an assessment of the framework in which sovereign First Nations government can implement effective and efficient systems of government – where, “This new framework must be centered on the First Nations people, their government’s sovereign obligations, their responsibility to the international community, and most importantly in respect to the Creator’s laws.”

We will examine government policies, theories, and Ways Tried and True (Best Practices) combined with our knowledge (over 10 years as a Health Director and 20 years as an Indigenous Evaluator). In our work we have found that one cannot pursue coordination where reconciliation does not exist – it cannot be a one-way street. We will look at the barriers which are not documented and shunned from discussions.

Methodology

1. Fundamental understanding of the mistakes which are made in the literature and government policies with regard to addressing issues related to advancing the Health Agenda in First Nations communities.

2. Substantial grasp of the tools which will support the advancement of the Health Agenda in First Nations communities.

Results / Impact / Outcomes

- Prezi
- Story
- Draft Framework
- Knowledge, Skills and Readiness assessments and exercises

Conclusions and Discussion

Background and Purpose/Objectives

Healing means setting out on un-walked paths to decolonization. This new framework must be centered on the First Nations people, their government’s sovereign obligations, their responsibility to the international community, and most importantly in respect to the Creator’s laws.”

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Workshop Abstracts

W03

Meeting the Health Needs of Urban Inuit

(Submission ID: 155479)

Ann Duggan, Akausivik Inuit Family Health Team (AIFFT)

Background and Purpose/Objectives

Ottawa contains the largest population of Inuit outside of the north, and its population is rapidly expanding. The Akausivik Inuit Family Health Team (AIFFT) first opened its doors in March 2011 in response to the Inuit Community in Ottawa lobbying for a clinic to provide culturally competent and safe health care. Inuit residing in Ottawa prior to the AIFFT start-up showed complex medical needs and high use of emergency rooms, including 97% of the population having no primary care provider.

Methodology

To understand our community led health care model, established through engagement and leadership by the Inuit population, resulting in a culturally sensitive holistic health care center. Additional challenges are very high rates of poverty, addictions, exposure to violence, insecure housing, and complex psychological trauma. Continuity of care and the ability to access appropriate care in a timely manner were identified as priorities.
Conclusions and Discussion

Inuit

Keyword(s): Primary Care, Population Health,

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Results / Impact / Outcomes

In this workshop we will provide an overview of:

- how our clinic was established (community assessment, community prioritization of needs, and community leadership) and continues to be guided.
- The basic principles that provide the foundation of the clinic and how they are operationalized in holistic broad definition of health considering all social determinants, language of choice, flexible appointment structure, inclusive patient centered, one stop shop etc
- the multiple layers of successful partnerships with community groups, shelters, treatment programs, hospitals, public health, and other key partners.

Conclusions and Discussion

Inuit

Keyword(s): Duty to consult, Mental Health, Section 35 of the Canadian Constitution.

Peoples. This workshop explores how improved mental health can lead to reunification and ultimately reconciliation. This begins with the adoption of the UN Declaration on the Rights of Indigenous Peoples, but goes far beyond and can even be applied to how Canada’s current laws negatively affect the health and mental health of Indigenous Peoples. This workshop explores how improved mental health can result from changes to existing laws such as Mental Health Act statutes, the Criminal Code (e.g. Gladour courts), the Indian Act and Section 35 of the Canadian Constitution.

Methodology

Objectives:

- Gain an understanding of the Canadian legal framework as it applies to the mental health of Indigenous Peoples
- Suggest how laws that apply to mental health can be changed for the better by including Indigenous legal traditions

Key Points:

1. Existing Canadian laws are a (negative) determinant of mental health
2. The duty to consult is entrenched in Treaty and Aboriginal Rights, and this can even apply to mental health
3. Incorporating Indigenous legal traditions into mental health related laws can improve the mental health of all Canadians, including Indigenous Peoples

Results / Impact / Outcomes

Audience participation and involvement will be a priority in this workshop. This will be accomplished through a combination of interactive discussion and debate, case examples, videos, and the use of the Poll Everywhere software/app.

Conclusions and Discussion

Indigenous legal traditions

Keyword(s): duty to consult, mental health,

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APPEAR (Aboriginal Peoples Project for Empowerment Advancement and Restoration)

The APPEAR (Aboriginal Peoples Project for Empowerment Advancement and Restoration) Workshop is designed to empower our people to overcome historical trauma by offering a new way of thinking and being. In this workshop, APPEAR Workshops can be a source of empowerment and unification for our people to be able to address our social determinants of health, our educational system, our economic outlook and advance our people as a whole and be able to sustain our forward momentum once and for all.

Methodology

The points of the APPEAR Workshop would be as follows:

1. I believe that we are stuck as a people and don’t know how to move past our historical trauma and the empowerment teachings that I provide can be a practical way to get unstuck and start the healing process. 2. I believe that we can’t turn our anger against each other and don’t understand each other and this leads to conflict so the relationship teachings that I provide offer a way to understand ourselves and others better. 3. I believe that we are a people divided for numerous reasons and that true and lasting change can only be achieved through unification and our peoples working as one for the good of all.

Results / Impact / Outcomes

I would use the following instructional methods to enhance the learning in the workshop: Visual (powerpoint with the material), Intra-personal (independent work and reflection with the material), and Inter-personal (group work and discussion of the material).

Conclusions and Discussion

Empowerment

Keyword(s): Development, Unification

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Results / Impact / Outcomes

- Power-point presentation
- Narrative/ story-telling
- Print and web resources

Conclusions and Discussion

Keeping traditions strong

Keywords: Protective and transformative practices, Leadership

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W08

Indigenous Women’s Experiences of Leaving and/or Staying with an Abusive Partner: “The Crushing Burden of Decision-Making”

(Submission ID: 154887)

Victoria Sinye, University of Ontario Institute of Technology, Faculty of Health Sciences; Annette Bourque, UBC; Madeline Dion Stout, UBC School of Nursing; Colleen Varcoe, UBC School of Nursing; Roberta Price, Vancouver Native Health Society; Nadine Nadine; Marilyn Ford-Gilboe, Nursing, University of Western Ontario, Lorraine Davies, University of Western Ontario

Background and Purpose/Objectives

Understanding the complexities of ‘leaving’ an abusive partner from the perspectives of Indigenous women who are in the process of leaving and/or who have left an abusive partner is critical to the development and redesign of accessible, culturally safe, health and social services and supports. Drawing on photo-voice data from a larger participatory ethnographic study with women, this workshop will build upon the women’s narratives to deepen our understanding of their experiences and what are deemed by the women to be effective responses.

Methodology

We discuss one of the key research findings: that although Indigenous women’s experiences of decision-making related to ‘leaving’ are similar to those of non-Indigenous women, they are differently shaped by the intersections of social inequities, ageism, sexism, classism, racism, ableism and the differing historical legacies that impact Indigenous women’s experiences of decision-making related to leaving. There is an Inuit saying, “Those who know how to play can easily leap over the adversities of life.” (Beaudry, 1988, p. 276). Acting out! But in a good way is a decade long collaborative research partnership of Indigenous and settler scholars and the File Hills Qu’Appelle Tribal Council Health Services in southern Saskatchewan. We use the arts as a method of applied research and as programming to develop participants’ relationships in the physical, intellectual, social/emotional, and spiritual domains, in accordance with an Indigenous holistic view of health.

Methodology

This workshop will focus on “games of presence” that refer to activities categorized as warm-ups, energizers, and exercises in applied theatre programs. The physical release of bodily movement combined with quick pace of interaction in games enables decision-making to be perceived as fun so youth are more willing to engage and take positive risks. These games and other methods de-normalize unhealthy behaviours and develop the confidence to try out new, more positive, behaviours, thus centering the body in a process of decolonization. Qualitative methods used to analyze the impact of drama ‘games of presence’ on youth illuminated empowerment as one of the outcomes.

Results / Impact / Outcomes

1. Share a short film produced with the participants from this research entitled, ‘From a Dark Room……’ to engage participants in dialogue.

2. In groups, focus on questions associated with key messages conveyed by the women: (a) what was meaningful to women in their journey; (b) what elements of support made a positive difference in their lives; and (c) what structures and practices require attention to support health and well-being. Presenters will provide wrap-up comments with the audience.

Conclusions and Discussion

Women

Keywords: Violence, Intersectionality

For more information contact: Submitting Author: Victoria Sinye victoria.sinye@ualberta.ca

W09

WITHDRAWN

Games of presence and drama: A process of Indigenous youth empowerment

(Submission ID: 154901)

W09

Games of presence and drama: A process of Indigenous youth empowerment

Wen bin, Concordia University; Linda Goulet, Indigenous Education, First Nations University of Canada

Background and Purpose/Objectives

By understanding our relationships to one another as human beings and to all of Creation, we work towards Minoyawin by utilizing both Anishinaabe and Mainstream evidence based practices.

Methodology

This workshop will focus on “games of presence” that refer to activities categorized as warm-ups, energizers, and exercises in applied theatre programs. The physical release of bodily movement combined with quick pace of interaction in games enables decision-making to be perceived as fun so youth are more willing to engage and take positive risks. These games and other methods de-normalize unhealthy behaviours and develop the confidence to try out new, more positive, behaviours, thus centering the body in a process of decolonization. Qualitative methods used to analyze the impact of drama ‘games of presence’ on youth illuminated empowerment as one of the outcomes.

Results / Impact / Outcomes

1. Share a short film produced with the participants from this research entitled, ‘From a Dark Room……’ to engage participants in dialogue.

2. In groups, focus on questions associated with key messages conveyed by the women: (a) what was meaningful to women in their journey; (b) what elements of support made a positive difference in their lives; and (c) what structures and practices require attention to support health and well-being. Presenters will provide wrap-up comments with the audience.

Conclusions and Discussion

Play

Keywords: Wellbeing, Arts

For more information contact: Submitting Author: Wen bin wen.bin@concordia.ca

W10

Diagnosing and Treating Aboriginal Children and Youth with Fetal Alcohol Spectrum Disorder: When Will It Happen?

(Submission ID: 184915)

James Gilmore, Mesanawace Core First Nation; FASD Consultant, individual living with FASD; Brenda Stade, NP-Pediatrics, PhD, Lead – FASD Clinic, St. Michael’s Hospital; Toronto; FASD Consultant Fetal Alcohol Spectrum Disorder and the leading cause of developmental problems among Canada’s children. Early diagnosis has been shown to improve outcomes of children with FASD. But Aboriginal children and youth, not living in large Canadian cities, often cannot access diagnosis and management strategies readily. These children may wait years to receive appropriate diagnosis, interventions and services.

This presentation will focus on 3 topics: 1) outline the barriers to diagnosis and management; and present methods for receiving a timely diagnosis; 2) present appropriate strategies that can be used for Aboriginal children and youth diagnosed with FASD; 3) discuss current services that can be adapted to serve the needs of children and youth with Fetal Alcohol Spectrum Disorder.

For more information contact: Submitting Author: Brenda Stade

W11


(Submission ID: 148503)

Sherry Copenae, Ogimaawabiitong/Kenora Chiefs Advisory; Colleen Atlee, Ogimaawabiitong/Kenora Chiefs Advisory

Background and Purpose/Objectives

Anishinaabe (Ojibway) peoples have our own ways of understanding the world, understood in part through a complex but simple Way of Life that is founded on sacred and eternal instructions which are defined by relationship.

By understanding our relationships to one another as human beings and to all of Creation, we work towards Minoyawin: holistic well-being. At KCA we strive towards helping our families attains Minoyawin by utilizing both Anishinaabe and Mainstream evidence based practices.

Methodology

We will share and describe the evolution and continued growth of the MHA program and its services continuum: Prevention, Early Identification, Assessment, Counselling, Case Management and After Care; Crisis Response and counselling. KCA’s Mental Health and Addiction Program provide services to 13 First Nation communities in the Northern part of Treaty #3. Ogimaawabiitong-Kenora Chiefs Advisory is an Anishinaabe Health service organization and is an alliance of 8 independent, participating First Nations in Treaty #3 and incorporated since 1995. The mandate is to provide programs and services to the First Nations in the field of health, education and social services in a holistic, traditional way ensuring the survival of the Anishinaabe way in the present and future generations.

Ogimaawabiitong is dedicated and committed to “Excellence in all that we do.” The 7 sacred teachings are the values that speak to how the organization operates. Those ethics and teachings reflect in both the decision making and service delivery of KCA.

Results / Impact / Outcomes

Power point presentation, Experiential: smudge and 4 original medicines, feather, hand drum and songs.

Conclusions and Discussion

Anishinaabe healing

Keywords: Relationship, circle,

For more information contact: Submitting Author: Sherry Copenae sherry.copenae@kenonchiefs.ca

W12

In This Heaven / Rings of Fire - Documentary Film

(Submission ID: 177983)

Candice Pahiel, Mining Stories Productions; Mae Katt

Background and Purpose/Objectives

In This Heaven highlights the realities of remote Nishnawbe Aski Nation communities facing systemic neglect and focuses on the challenges of opioid addiction and treatment in these communities, the urgency for adequately resource community based treatment and aftercare, while depicting the dignity and resilience of community members seeking transformative change. The film reflects on the history and root causes of addiction in these communities, including the need for land based and culture based treatment. It also illustrates how resource development negotiations are happening against the backdrop of a health and suicide crisis.

The film makes it clear that the TRC Call to Action must move forward for the wellbeing of all First Nation communities.
Methodology
In This Heaven documents the tireless efforts of Mae Katt a First Nation Nurse Practitioner, as she runs a mobile drug addiction treatment program (opioid agonist treatment delivery with Suboxone) in underserved Matawa First Nations communities in Northern Ontario. In some Matawa communities up to 80% of the population is addicted to opioids. The filmmaker follows Mae and her team to Marten Falls and Nes Kentoga, two formerly invisible, remote communities negotiating future mining developments in the massive mineral find known as the Ring of Fire, situated on their pristine territorial homelands. The film reveals the dual struggle of Matawa communities to reclaim their health and determine the shape of their future on their land.

Results / Impact / Outcomes
Screening and discussion on film’s themes with Mae Katt PHCNP and director Candida Palziel.

Conclusions and Discussion
Residential Schools
PHCNP and director Candida Paltiel.

Results / Impact / Outcomes
W13

Keywords: Cultural Safety, Health Outcomes

Conclusions and Discussion
Culture as Treatment
For more information contact:

Subheading: Angéla Recollet, angela.recollet@skhc.ca

W14

Reconciliation and Cultural Safety Training: Improving health outcomes for Indigenous People

(Submission ID: 176429)

Diane Smylie; Gette La Moisie; Vanessa Ambrose; Jesa Bear

Background and Purpose/Objectives
The Truth and Reconciliation Commission of Canada (TRC) calls for all health professionals to be trained in cultural competency. Furthermore, the Premier of Ontario recently announced mandatory training in Indigenous cultural competency and anti-racism for all sixty-five thousand provincial public servants. These developments represent hope that Indigenous specific health outcomes for Indigenous People

Methodology
Implicit bias and unconscious racism among health care providers poses one of the greatest risks to the health of Indigenous people in Canada today. The workshop will explore processes to link training interventions to health outcomes. Highlights will include the importance of relationship between educators, Indigenous health scholars and Indigenous health service providers in addressing systemic racism and the value of creating an Indigenous cultural safety framework for Ontario. It will also feature recent pilot evaluation findings that show progress in our collective goals.

Results / Impact / Outcomes
Presenters from the Southwest Ontario Aboriginal Health Access Centre (SOAHAC), Indigenous Cultural Safety Program will share their experiences over the last three years as they initiated a highly collaborative partnership with multiple funding agencies, Indigenous service providers, inter-provincial educators and Indigenous health scholars to develop meaningful training interventions to uproot racism against Indigenous people within the Ontario healthcare system. The Ontario Indigenous Cultural Safety Training Program targets health care providers in priority sectors of the health system, where Indigenous people experience the most harm.

Conclusions and Discussion
Reconciliation
Keywords: Cultural Safety, Health Outcomes

W15

The Use and Misuse of Tobacco Among Indigenous Children and Youth in Canada

(Submission ID: 137765)

Radaa Jett, University of Ottawa

Background and Purpose/Objectives
While tobacco is sacred in many Canadian Indigenous cultures, the recreational use of commercial tobacco is highly addictive and harmful. Smoking rates for Canadian Indigenous youth and their families have reached alarming levels, putting the health, quality of life and life expectancy of their communities in danger. The especially alarming rates of smoking in northern Canadian Indigenous youth are not captured in the national tobacco monitoring surveys such as the Canadian Tobacco Use Monitoring Survey. Awareness of this crisis needs to be raised. Prevention and cessation strategies need to recognize the traditional and ceremonial use of tobacco when appropriate and be culturally appropriate. High rates of addiction are closely linked to the trauma that Indigenous communities have and continue to face. We have put reconciliation in action as outlined in the Truth and Reconciliation Commission of Canada Calls to Action to close the gaps in health outcomes among Canadian Indigenous children and youth.

Methodology
Understand the distinction between traditional and commercial tobacco use and how it applies to some and not all Canadian Indigenous groups. Recognize the impact of high smoking rates in Canadian Indigenous youth and the paucity of data resulting from the exclusion of the most high-risk Northern Canadian regions from national tobacco use surveys

Initiate culturally appropriate smoking prevention and cessation interventions for Canadian Indigenous youth, their parents, and pregnant women.

Results / Impact / Outcomes
Power point presentation
Live real-time interactive poll for multiple choice questions
Case-based examples

Conclusions and Discussion
Children
Keywords: Tobacco, Prevention/Cessation, Education

For more information contact:

Submiting Author: Radha Jett, rjett@uottawa.ca

W16

Indigenous Voices: Stories of Serious Illness and Grief

(Submission ID: 155003)

Carrie Bonnass; Audrey Logan, Windsor Regional Hospital; Shelly Cory, Canadian Virtual Hospice; Kali Leary, CancerCare Manitoba; Brenda Hanson, Canadian Virtual Hospice

Background and Purpose/Objectives
Cancer is among the top three causes of death in First Nations, Inuit and Metis populations. Despite development efforts, there continues to be a lack of cancer awareness, culturally relevant educational materials, and limited expertise to support patients and their families. Funded by the Canadian Partnership Against Cancer a team of Indigenous researchers, clinicians, home and community care workers and family members, collaborated with Canadian Virtual Hospice to develop new resources to assist in addressing these gaps. With meticulous attention to OCAP principles, First Nations, Inuit and Metis living with cancer, their families and health care providers spoke about their experiences of living with advanced illness, end of life and after death. These personal narratives share their experiences of living their culture in practice at end of life. The stories are presented in a series of videos and have informed print materials. Four themes emerged: Ceremony, tradition and spirituality at end of life; Palliative Care: Caring for the patient and family; A good death: Helping a loved one die at home; After death ceremonies and grief.

Methodology
1. Increase awareness of the new video and print tools to support Indigenous people at end of life
2. Increase awareness of materials that help build capacity in providing culturally safe and inclusive care at end of life
3. Participate in the dissemination and evaluation of the tools and offer suggestions for future tool development.

Results / Impact / Outcomes
Interactive demonstration of selected videos, review of print materials, along with discussion.

Conclusions and Discussion
Indigenous
Keywords: Serious Illness, Palliative Care

For more information contact:

Submiting Author: Shelly Cory shelly@cancerca.ca
Background and Purpose/Objectives

Human Immunodeficiency Virus (HIV) can be managed effectively with antiretroviral treatment (ART) therapy. However, Indigenous peoples living with HIV (IPLWH) in Canada are less likely than non-Indigenous peoples living with HIV to access and adhere to ART therapy. To date, most studies examining this issue aim for statistical generalization and do not focus enough on contextual factors.

Methodology

This workshop will discuss the empirical findings of the Indigenous Red Ribbon Storytelling Study (IRRSS) and in particular, the value of addressing the use of ART therapy by IPLWH from a holistic perspective on care. Holism in this context includes addressing Indigenous cultural values, beliefs and traditions, as well as co-morbidities that IPLWH may be living with, including, in the case of the vast majority of participants in the IRRSS, a substance use disorder. The IRRSS findings suggest that there is a dynamic interplay among biomedical, behavioural and social factors affecting ART therapy use.

Results / Impact / Outcomes

This workshop will include an interactive lecture and inquiry-guided learning.

Conclusions and Discussion

HIV

For more information contact:
Submiting Author: Earl Nowgesic earl.nowgesic@utoronto.ca

W19
Extending the Aboriginal Men’s Dudes Club Program: Applying Lessons Learned from Establishment of Three Pilot Sites in British Columbia

(Lessons ID: 154699)
Lanya Patrick, University of British Columbia; Paul Cazes, UBC and Vancouver Native Health Society; Sandy Lambert, University of British Columbia/AHA Centre/CAAN/RRHAN; Iloradanon Efimoff, University of British Columbia, Victoria Sney, University of Ontario Institute of Technology, Faculty of Health Sciences; Henry Charles, University of British Columbia

Background and Purpose/Objectives

There is little research on Canadian Indigenous men’s mental health and the factors affecting access to and effectiveness of available services and supports. With regards to mental health, Indigenous men are at greater risk for depression and suicide and suffer a disproportionate burden of other mental health issues compared to the general population. The Dudes Club, established in 2010 at Vancouver Native Health Society, represents a paradigm shift in health care services where men can proactively address their health needs in a non-threatening, inclusive environment.

Methodology

With grant support from the Movember Foundation, the Vancouver Dudes Club has been rigorously evaluated and extended to three pilot sites in Northern British Columbia: Prince George, Smithers and Moricetown (First Nations community). This workshop will explore how such a model of health promotion can be adapted to the unique social and cultural context of different communities. Key points will include: 1) outlining the development of the Dudes Club programs, 2) the elements that make the Dudes Clubs in British Columbia so successful, and 3) ways communities can replicate this model while addressing their own unique circumstances (e.g., capacity, needs, cultural context).

Results / Impact / Outcomes

Dudes Club elders and the research team will lead participants through a series of exercises to consider how a model like the Dudes Club can be applied within their own community. With guidance from the participants, facilitators will gain an understanding of the challenges and opportunities involved in establishing innovative, culturally appropriate programming for Indigenous men.

Conclusions and Discussion

Men's Health

For more information contact:
Submiting Author: Lanya Patrick lanya.patrick@alumni.ubc.ca

W20
Improving Capacity to Meet the Needs of Indigenous Canadians Living with Arthritis

(Submission ID: 159474)
Rachel Shupak, Associate Professor, Medicine, University of Toronto; Katie Landom, Continuing Professional Development, University of Toronto

Background and Purpose/Objectives

Rationale/Background: Arthritis is recognized to be a major chronic health problem among Canada’s Aboriginal people. There is increasing incidence and prevalence of inflammatory arthritis in this population and access to arthritis healthcare is known to be reduced. New interprofessional models need to be developed to specifically resolve access disparities. At a post licensure level, the Advanced Clinician Practitioner in Arthritis Care (ACPAC) program provides training to existing experienced health professionals to develop expanded arthritis related skills and knowledge which enable shared responsibility of care (triaige/comanagement). Since 2005, there have been 54 graduates from the ACPAC program who currently practice in urban, community including eight in remote/rural settings across Canada. Opportunities exist to incorporate ACPAC-trained extended role practitioners (ERPs) to improve delivery of arthritis care to Indigenous Canadians.

Methodology

At the end of this session, participants will be better able to:
1. Understand the broad knowledge/skills provided by the ACPAC program that enable ACPAC trained ERPs to manage gaps in arthritis care
2. Consider how an ACPAC ERP has the potential to change access to quality arthritis care for the Indigenous population (using Ontario as an example).

Results / Impact / Outcomes

This session may include didactic, audio/video clips, and will be interactive in nature.

Conclusions and Discussion

Arthritis

For more information contact:
Submiting Author: Rachel Shupak shupakr@smh.ca

W21
What was he thinking? The Justice’s Reflections on the Hamilton Health Sciences Case of “J.J.”

(Submission ID: 181537)
Justice Getha Edwards, Ontario Court of Justice, Brantford

Background and Purpose/Objectives

In November 2014, the Ontario Court of Justice in Brantford, Ontario ruled that an 11-year-old aboriginal girl from Six Nations, known as J.J., could not be forced to undergo chemotherapy. The evidence indicated that J.J.’s mother, D.H., and her family are “committed traditional longhouse believers”, and that she believed that discontinuing chemotherapy to pursue traditional medicine would help heal J.J. The Court concluded that the decision of J.J.’s mother to pursue traditional medicine is an Aboriginal right protected by section 35 of the Constitution Act, 1982. The Court held: “…D.H.’s decision to pursue traditional medicine was an Aboriginal right protected by section 35 of the Constitution Act, 1982 . The Court held: “…D.H.’s decision to pursue traditional medicine was an Aboriginal right protected by section 35 of the Constitution Act, 1982 . The Court held: “…D.H.’s decision to pursue traditional medicine was an Aboriginal right protected by section 35 of the Constitution Act, 1982.”

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Section 35 Aboriginal Rights

Conclusions and Discussion

While federal, provincial, and territorial mental wellness programs and services seek to address mental wellness challenges faced by many First Nations (FN) communities, there are gaps between and among these services: they could be better coordinated, and are not always delivered in a culturally safe manner. A joint process was undertaken by Indigenous organizations and federal departments to map existing mental health and addictions programs and identify program strengths, gaps, and emerging priorities. Key stakeholders from FN communities, provinces or territories, and federal departments were directly engaged in knowledge gathering and consensus building activities that ultimately led to a comprehensive framework of mental wellness services. This recognizes the important role of culture in improving the mental wellness of FN and outlines opportunities to build on community strengths and control of resources to improve existing mental wellness programming for FN communities. The framework will support communities to design and implement programs that build on community strengths and control of resources.

Results / Impact / Outcomes

A high degree of interactivity and sharing will be encouraged, woven into the story telling approach of the presenters.

Conclusions and Discussion

Section 35 Aboriginal Rights

Keyword(s): Traditional Medicine, Child Protection

W22

The First Nations Mental Wellness Continuum Framework: A Coordinated, Comprehensive Approach to Mental Health and Addictions Programs and Services

(Submission ID: 151610)

Brenda Restoule, First Peoples Wellness Circle; Carol Hopkins, Thunderbird Partnership Foundation; Patricia White, Health Canada; Kasandra Woods, Assembly of First Nations

Background and Purpose/Objectives

While federal, provincial, and territorial mental wellness programs and services seek to address mental wellness challenges faced by many First Nations (FN) communities, there are gaps between and among these services: they could be better coordinated, and are not always delivered in a culturally safe manner. A joint process was undertaken by Indigenous organizations and federal departments to map existing mental health and addictions programs and identify program strengths, gaps, and emerging priorities. Key stakeholders from FN communities, provinces or territories, and federal departments were directly engaged in knowledge gathering and consensus building activities that ultimately led to a comprehensive framework of mental wellness services. This recognizes the important role of culture in improving the mental wellness of FN and outlines opportunities to build on community strengths and control of resources to improve existing mental wellness programming for FN communities. The framework will support communities to design and implement programs that build on community strengths and control of resources.

Methodology

1. Increased knowledge of the First Nation Mental Wellness Continuum Framework;

2. Increased understanding of how the Framework can help guide the design of mental wellness programming that meets First Nations (FN) community needs and priorities;

3. Learned about the importance of collaboration and partnership with FN to strengthen coordination and effectiveness of mental wellness programs and services.

Results / Impact / Outcomes

Panel presentation with audience discussion

Conclusions and Discussion

Mental Wellness

Keyword(s): Culture as Foundation, Indigenous ownership

For more information contact:

Submitting Author: Brenda Restoule brendar@fpwcnet.net

W23

Bridging the Gap - Mobile Cancer Screening in Indigenous Communities

(Submission ID: 152548)

Lauren Beach, Thunder Bay Regional Health Sciences Centre

Background and Purpose/Objectives

Indigenous populations are more likely to experience health inequities compared to non-indigenous individuals. The Screen for Life Mobile coach addresses these barriers by providing culturally sensitive screening services for breast, cervical and colorectal cancers in communities across Northwestern Ontario. The coach is a 45ft bus that has been retrofit into a state-of-the-art healthcare office on wheels, equipped with a digital mammography unit and nurse exam room. Based out of Thunder Bay, the coach travels over 17,000kms each year from Wawa to the Manitoba border, stopping in over 75 different locations, many of which are First Nation communities. On its yearly route, a two person team provides 6000 mammograms, over 600 Pap tests and distribute over 800 FOBT kits.

Methodology

Prevention & Screening Services has been working with First Nation Communities in the Northwest since the inception of the program; however as of 2014 has a renewed approach to mobile screening is measured to account for the importance of relational healthcare office on wheels, equipped with a digital mammography unit and nurse exam room. Based out of Thunder Bay, the coach travels over 17,000 ksm each year from Wawa to the Manitoba border, stopping in over 75 different locations, many of which are First Nation communities. On its yearly route, a two person team provides 6000 mammograms, over 600 Pap tests and distribute over 800 FOBT kits.

Methodology

Prevention & Screening Services has been working with First Nation Communities in the Northwest since the inception of the program; however as of 2014 has a renewed approach to building lasting relationships with communities focusing on meaningful engagement, capacity building and partnership sustainability. Strong foundations with the communities are established to ensure long term partnerships are built. The goal is to inspire and enable communities to take action and have a preventative health focus.

This workshop will discuss the dynamic model employed at the community level and the positive impact of community driven approaches on the understanding of cancer screening and community screening volumes. In addition, we will look at evaluation techniques and feedback loops established to ensure consistent communication.

Results / Impact / Outcomes

Interactive oral presentation, powerpoint, video

Conclusions and Discussion

Meaningful engagement

Keyword(s): capacity building, relationship sustainability

For more information contact:

Submitting Author: Lauren Beach beachl@tbh.net

W25

Mobile Cancer Screening and First Nation Populations in Ontario: Is this the road to screening uptake?

(Submission ID: 154221)

Joshua Tobias, Sunnybrook Research Institute; Jill Timmounth, Sunnybrook Research Institute; Laura Sense, Sunnybrook Research Institute, Cancer Care Ontario; Mark Debow

Background and Purpose/Objectives

Mobile cancer screening in Ontario is presented as means through which barriers pertaining to the accessibility and convenience are addressed, increasing accessibility to the province’s three organized cancer screening programs for eligible women living within the serviced regions. This includes coordinated screening events held in First Nation Communities located within two of Ontario’s 14 Local Health Integration Networks. This presentation explores perceptions regarding Ontario’s mobile cancer screening initiative (Screen For Life) as it pertains to increasing screening participation among First Nation and Métis populations within the province.

Methodology

In-depth interviews were conducted with 45 stakeholders operating at various scales within the Ontario Aboriginal cancer policy system. Results were analyzed thematically using QSR NVivo software for computer assisted data qualitative data analysis.

Results / Impact / Outcomes

Overall, participants favored mobile cancer screening as a means of increasing participation in screening among the under served Aboriginal population. It was believed that uptake of mobile screening was slowly increasing in the communities where the services were provided. Further results also point to issues of cultural safety, equitable distribution of the service, the need to service the male population, and the importance of continuing to address accessibility amongst populations where mobile screening is not a viable option.

Conclusions and Discussion

Criticaps surrounding the implementation of this initiative are underscored by the need to approach Aboriginal cancer policy development and implementation in non-conventional ways. This includes altering the ways that the success of mobile screening is measured to account for the importance of relational building between communities and service providers.

Keyword(s): Cancer, Mobile Screening, Policy

For more information contact: Submitting Author: Joshua Tobias josh.tobias@cancercentre.on.ca

W26

Healthy Roots: Connecting our Roots with the Future of Haudenosaunee Wellness

(Submission ID: 152169)

Kelly Gordon, Six Nations Health Services; Chanda Mansle, Kakhwa’wan/wet/Re:al People Eat Real Food, Advance Łiakers, Our Sustenance

Background and Purpose/Objectives

The purpose of the Healthy Roots initiative is to increase community and individual wellbeing by encouraging Six Nations community members to incorporate Traditional Haudenosaunee foods and activities into their daily lives. This is what inspired a 90 day community challenge called Healthy Roots. This challenge envisions a more sustainable, self-sufficient, and healthy community like that of our ancestors, who enjoyed a communal and cooperative agricultural lifestyle. Healthy Roots is a collaboration of community organizations at Six Nations including: Six Nations Health Services, Our Sustenance Greenhouse and Market, the Two Row Times, Kakhwa’wan/wet/Re:al People Eat Real Food and the Dreamcatcher Foundation.

Methodology

The workshop will begin by planting the seeds for our roots; providing an overview of the history of food in our community. We will then explain how to grow the seeds through thought, process and collaboration and finally discuss how to harvest this into something sustainable.

Objectives:

• Participants will understand how Healthy Roots can serve as a model and inspiration to other communities looking to reconnect to their local environments and Indigenous ways of life.

• Participants will understand the implementation of Healthy Roots principles to community based programs and how it can support a community food strategy.

• Participants will gain knowledge of how to integrate Indigenous lifestyle practices into existing models of care.

Results / Impact / Outcomes

Through a storytelling approach, participant sharing, and Traditional activities, this interactive workshop will feed the participants’ necessity to be actively engaged throughout the workshop and afterwards within their community.
Conclusions and Discussion
Healthy Roots

Keyword(s): Community Health, Haudenosaunee
For more information contact:
Submitting Author: Kelly Gordon kygordon@cienation.ca

W27
Improving Palliative Care and End-of-Life Care in the North Shore Tribal Council member First Nation communities

(Submission ID: 154882)
Edith Mesineni, Maanweytinghesh Shore Community Health Services; Gloria Duchyshin, Maanweytinghesh Shore Community Health Services; Marion Briggs, Northern Ontario School of Medicine; Carole Meyer, Health Sciences North; Janet McElhaney, Advanced Medical Research Institute of Canada and Northern Ontario School of Medicine

Background and Purpose/Objectives
Chronic diseases and related disability have become epidemic amongst Indigenous peoples in Canada and at a much earlier age. Indigenous individuals aged 55-64 report three or more chronic conditions at rates 3.5 times higher than non-Aboriginal people. This “multi-morbidity” is a driver of disability whereby 45% of Indigenous peoples age 65 years and older report their health as fair to poor, and 69% experience activity limitations. These frail older adults are particularly vulnerable to functional decline, and have complex and greater service needs particularly in the area of palliative and end-of-life care.

Methodology
A community-based program and team will support community members who require palliative and end-of-life care, including more culturally relevant choices, better care for Elders within the community, and training of health care staff, community members and family caregivers. The objective is to create a coordinated system of community-based palliative and hospice care that can be delivered to persons with life-limiting illnesses and involve their families and caregivers. Our integrated Knowledge Translation (IKT) brings together First Nations community members, Indigenous health care leaders and providers, and researchers to advance collaborative care models for palliative and end-of-life care.

Results / Impact / Outcomes
Participants will have an opportunity to explore 1) Appreciative Enquiry as a way of identifying critical success factors, 2) the application of Developmental and Realist Evaluation methods in their own context, and 3) how these methods can be used to address the unique challenges and opportunities in approaching health care systems in Indigenous Communities.

Conclusions and Discussion
palliative and end-of-life care
Keyword(s): collaborative care, community engagement
For more information contact:
Submitting Author: Janet McElhaney jmcelhaney@uman.ca

W28
Indigenous Perspectives on Suicide Prevention and Postvention

(Submission ID: 179015)
Alex Donos, McMaster University; Jennifer Ward, Canadian Mental Health Association, Peel Region; Megan Schellenberg, Mental Health Commission of Canada

Background and Purpose/Objectives
There are currently multiple suicide crises in Indigenous communities across Canada. Oftentimes programs and services to support these crises are insufficient or not timely enough. Furthermore, for any given suicide or suicide attempt, many other family and community members are directly affected. A “survivor” of suicide loss can be understood as someone who “experiences a high level of self-perceived psychological, physical and/or social dislocation at a considerable length of time after exposure to the suicide of another person” (Jordan and McIntosh, 2011). Within an Indigenous context this becomes even more complex and interconnected especially when rates, or clusters, of suicides in small communities can be both incomprehensible and unacceptable given Canada’s wealth. Some Indigenous groups have developed plans and strategies for suicide prevention and postvention in order to address the sometimes staggering impacts of suicide in their communities, but a National Suicide Prevention Strategy does not yet exist in Canada.

Methodology
We aim to enhance cross-cultural understanding of values and beliefs by offering a place where people can reflect, explore, and overcome. We argue that performance art can support reconciliation through its ability to enhance observations, foster reflection and communicate the unsayable.

Methodology
Debabajehmiguy Storytellers, an Indigenous theatre group, are creating an arts-based reconciliation project in Wikwemikong that includes a natural site, comprised of seven lodges, one dedicated to each of seven sacred Odawa values. For this workshop, the storytellers have collaborated with medical educators to adapt this community-based reconciliation to the health sector participants in an exploration of four foundational Odawa values: patience, compassion, truth and trust.

Results / Impact / Outcomes
Divided into four breakout groups, participants will learn Anishinabek understandings of these values and be invited to reflect on their meaning related to their own experiences within the health care setting. An Anishinabek Elder will facilitate whole group discussion to contextualize experiences through an Indigenous cultural lens. Reconciliation is a process and lessons learned from this reconciliation dialogue with health care providers will assist participants and Debabajehmiguy to strengthen their agency in reconciliation. This session is recorded.

Conclusions and Discussion
Suicide Prevention
Keyword(s): Suicide Postvention, Survivors of suicide loss and attempts
For more information contact:
Submitting Author: Alex Donos adonos@mcmaster.ca

W29
Enacting Reconciliation: A Reflective Journey Initiated by the Anishnabek in Wikwemikong Unenced Indian with Debabajehmiguy Storytellers

(Submission ID: 151878)
Joe Ouawabine, Debabajehmiguy Theatre Group; Bruce Naaskwesigig, Debabajehmiguy Theatre Group; Joshua Berti; Debabajehmiguy Theatre Group; Manisamie Rea, Northern Ontario School of Medicine; Manion Maq, Northern Ontario School of Medicine

Background and Purpose/Objectives
Calls to explore the practical steps towards reconciliation between Indigenous and Non-Indigenous Canadians are filtering through arts, education, health, social services, culture and heritage. Reconciliation requires shared critical reflection on ourselves and the world to facilitate a shared vision of health and equitable sharing of decision making in our journey towards wellness for Indigenous and Non-Indigenous relations. We aim to enhance cross-cultural understanding of values and beliefs by offering a place where people can reflect, explore, and overcome. We argue that performance art can support reconciliation through its ability to enhance observations, foster reflection and communicate the unsayable.

Methodology
Debabajehmiguy Storytellers, an Indigenous theatre group, are creating an arts-based reconciliation project in Wikwemikong that includes a natural site, comprised of seven lodges, one dedicated to each of seven sacred Odawa values. For this workshop, the storytellers have collaborated with medical educators to adapt this community-based reconciliation to the health sector participants in an exploration of four foundational Odawa values: patience, compassion, truth and trust.

Results / Impact / Outcomes
Divided into four breakout groups, participants will learn Anishinabek understandings of these values and be invited to reflect on their meaning related to their own experiences within the health care setting. An Anishinabek Elder will facilitate whole group discussion to contextualize experiences through an Indigenous cultural lens. Reconciliation is a process and lessons learned from this reconciliation dialogue with health care providers will assist participants and Debabajehmiguy to strengthen their agency in reconciliation. This session is recorded.

Conclusions and Discussion
Suicide Prevention
Keyword(s): Suicide Postvention, Survivors of suicide loss and attempts
For more information contact:
Submitting Author: Alex Donos adonos@mcmaster.ca
Conclusions and Discussion

Gestational Diabetes
Key word(s): Pregnancy Wellness, Cultural Safety
For more information contact:
Submitting Author: Ashley Lamotte  

W31 
Mental Health First Aid Canada - First Nations course
(Submission ID: 147833)
Rhonda Ross, Mental Health First Aid Canada; Sjor Reijers, Mental Health First Aid Canada

Background and Purpose/Objectives

Mental Health First Aid is a spark that awakens the courage to have open and honest conversations about mental health with family, friends, and others. It is part of the ongoing journey that helps strengthen the connections within communities. The evidence-based course is for adults and is best experienced in a First Nations community setting. It is designed to speak to mental health with family, friends, and others. It is part of the ongoing journey that helps strengthen the connections within communities.

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Methodology

The workshop will demonstrate how OCAP® is integrated into the development and administration of FNIGCC’s national surveys, how it is applied when requesting and accessing data at the First Nations Data Centre, and how it is fundamentally tied to self-determination and to the preservation and development of First Nations culture.

Results / Impact / Outcomes

Infographics, videos, an interactive on-line tool and stories are used to promote the surveys and disseminate outcomes. Returning information to First Nations in an understandable format is key to self-determination so that First Nations can make informed policy decisions for building their communities and nations.

Conclusions and Discussion

OCAP®

Key word(s): data, self-determination.
For more information contact:
Submitting Author: Rhonda Ross  

W32 
Root causes of the Indigenous-Settler health gap
(Submission ID: 1531204)
Michael Dan

Background and Purpose/Objectives

Few non-Indigenous health practitioners are familiar with the full extent of Canada’s impact on the social determinants of Indigenous health. In order to understand how we got to where we are today, we have to go back to before first contact. Without a proper understanding of the history of colonialism, reconciliation cannot be achieved.

Methodology

To describe the gap in health status between Indigenous and Settler communities in Canada. To provide some historical insights into why it exists.

Results / Impact / Outcomes

Slide deck

Conclusions and Discussion

Assimilation

Key word(s): Genocide, Residential Schools.
For more information contact:
Submitting Author: Michael Dan  

W33 
Self-Determination Applied to Research: FNIGCC and the Principles of OCAP®
(Submission ID: 1521357)
Maria Santos, First Nations Information Governance Centre; Jerry Lamottet, First Nations Information Governance Centre

Background and Purpose/Objectives

The First Nations principles of OCAP® are a set of standards that establish how First Nations data can be collected, protected, used or shared. Standing for ownership, control, access and possession, OCAP® reflects First Nations’ commitment to use and share information in a way that brings benefit to the community, while minimizing possible harm.

OCAP® means that First Nations control data collection processes in their communities, and that they own, protect and control how their information is used. Access to First Nations data is important and First Nations determine, under appropriate mandates and protocols, how access to external researchers is facilitated and respected.

The First Nations Information Governance Centre (FNIGCC) is the premier source of information about First Nations living on reserve and in northern communities. As the data stewar, FNIGCC houses national databases such as the First Nations Regional Health Survey, the Regional Early Childhood, Education and Employment Survey and the Community Survey.

Methodology

This workshop will demonstrate how OCAP® is integrated into the development and administration of FNIGCC’s national surveys, how it is applied when requesting and accessing data at the First Nations Data Centre, and how it is fundamentally tied to self-determination and to the preservation and development of First Nations culture.

Results / Impact / Outcomes

Infographics, videos, an interactive on-line tool and stories are used to promote the surveys and disseminate outcomes. Returning information to First Nations in an understandable format is key to self-determination so that First Nations can make informed policy decisions for building their communities and nations.

Conclusions and Discussion

OCAP®

Key word(s): data, self-determination.
For more information contact:
Submitting Author: Rhonda Ross  

W34 
Evidence- and culture-based approaches to improving Métis health
(Submission ID: 160215)
Storm Russell, Métis Nation of Ontario; David Henry, Institute for Clinical Evaluative Sciences; Martin Cooke, University of Waterloo, Department of Sociology & Legal Studies and School of Public Health and Health Systems; Shelley Cameron, Métis Nation of Ontario; Saba Khan, Institute for Clinical Evaluative Sciences; Whitney Montgomery, Métis Nation of Ontario; Cindy Cody, Métis Nation of Ontario; Lorena Maret, Cancer Care Ontario, Aboriginal Cancer Control Unit, University of Toronto, Dalla Lana School of Public Health

Background and Purpose/Objectives

Métis health data and Métis communities, while minimizing possible harm.

OCAP® means that First Nations control data collection processes in their communities, and that they own, protect and control how their information is used. Access to First Nations data is important and First Nations determine, under appropriate mandates and protocols, how access to external researchers is facilitated and respected.

The First Nations Information Governance Centre (FNIGCC) is the premier source of information about First Nations living on reserve and in northern communities. As the data stewar, FNIGCC houses national databases such as the First Nations Regional Health Survey, the Regional Early Childhood, Education and Employment Survey and the Community Survey.

Methodology

This workshop will demonstrate how OCAP® is integrated into the development and administration of FNIGCC’s national surveys, how it is applied when requesting and accessing data at the First Nations Data Centre, and how it is fundamentally tied to self-determination and to the preservation and development of First Nations culture.

Results / Impact / Outcomes

Infographics, videos, an interactive on-line tool and stories are used to promote the surveys and disseminate outcomes. Returning information to First Nations in an understandable format is key to self-determination so that First Nations can make informed policy decisions for building their communities and nations.

Conclusions and Discussion

OCAP®

Key word(s): data, self-determination.
For more information contact:
Submitting Author: Rhonda Ross  

W35 
Path to Prevention – Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis
(Submission ID: 152584)
Michelle Rand, CCO, Cancer Care Ontario; Umaran Aslam

Background and Purpose/Objectives

CCO and Public Health. Ontario published the 2012 report Taking Action to Prevent Chronic Disease which examined the leading chronic diseases. The report identified opportunities to reduce population-level exposure to four key risk factors: healthy eating, active living, alcohol consumption and tobacco use. One of the 22 recommendations from this report was to “ensure that the actions to address risk factors associated with chronic diseases consider the barriers to health faced by Aboriginal people in Ontario”. The 2016 report Path to Prevention – Recommendations for Reducing Chronic Disease in First
Nations, Inuit and Métis (FNIM) provides recommendations through strategies, policies and initiatives needed to address the many health challenges and high burden of chronic diseases faced by FNIM communities. The 22 recommendations put forward to the government were developed through extensive collaboration with FNIM stakeholders and then validated and reviewed to ensure the recommendations accurately reflected the communities’ priorities.

Methodology

The objectives are for the participants to understand the need for health equity policies and the process for developing such policies through collaboration and validation that reflect the priorities of the FNIM communities. Additionally, participants will comprehend how the social determinants of health are related to chronic disease for FNIM and affect the physical, emotional, mental and spiritual health.

Results / Impact / Outcomes

Instructional methods will include an overview of the Methodology in collecting qualitative data to inform the recommendations, followed by a highlight of the report, with time for small group discussions on implementation of the priority recommendations identified by FNIM communities.

Conclusions and Discussion

The objective is for the participants to understand of collaborative engagement and a culturally relevant instructional design approach impacted the quality of the learner experience by sharing course outcomes.

Results / Impact / Outcomes

We will engage participants by practicing culturally appropriate pedagogical activities used in the online course and include a facilitated discussion on principles of collaborative engagement.

Conclusions and Discussion

Indigenous Pedagogy

Keywords: Collaborative Engagement, e-learning.

For more information contact:

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W38

Approaches to Community Wellbeing: Moving Towards Implementation

(Submission ID: 154794)

Natalie Bocking, Janet Gordon, Emily Paterson

Background and Purpose/Objectives

In First Nations communities in northwestern Ontario, access to public health services is limited due to a variety of these challenges, and the heavy burden of illnesses faced by First Nations in northwestern Ontario, the Sioux Lookout First Nations Health Authority (SLFNHA), in partnership with First Nations communities, Tribal Councils, and levels of government, developed a regional, integrated, public health system for 31 First Nations communities. The model, called the Approaches to Community Wellbeing, is an unique approach to providing public health services to remote First Nations communities. Instead of transitioning existing services from Health Canada to SLFNHA, the model looks at providing services in culturally appropriate ways that will work for the communities. This approach provides valuable lessons to other organizations and communities looking to change the way services are provided. Furthermore, the legislative challenges that SLFNHA is currently working through can also help others in their journey towards community wellbeing.

Methodology

The goal of this presentation is to model a process of collaborative engagement with FNIM stakeholders, healthcare practitioners, and community members, to develop an eLearning course in tobacco cessation. We will highlight the benefits as well as the challenges to ongoing and authentic engagement and steps taken to address this. The presentation will foster an understanding of Indigenous approaches to e-learning through the demonstration of culturally appropriate instructional techniques reflective of traditional ways of knowing, healing and recovery. Participants will hear how collaborative engagement and a culturally relevant instructional design approach impacted the quality of the learner experience by sharing course outcomes.

Results / Impact / Outcomes

We will engage participants by practicing culturally appropriate pedagogical activities used in the online course and include a facilitated discussion on principles of collaborative engagement.

Conclusions and Discussion

Indigenous Pedagogy

Keywords: Collaborative Engagement, e-learning.

For more information contact:

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W39

Micro-reconciliation: reconciliation in the everyday practice of health care delivery to First Nations, Métis, and Inuit peoples

(Submission ID: 155030)

Caroline Tait, University of Saskatchewan, William Mussell, Sal’I’cham Institute

Background and Purpose/Objectives

The goal of a micro-reconciliation framework is to provide training for healthcare providers who have Indigenous peoples as clients. Historically painful truths have created conflict and deep feelings of guilt, shame, and mistrust as people, Indigenous and non-Indigenous, are unable to make sense of why things happened as they did. Damages can be unravelled through processes of reconciliation; through the acknowledgement of the wrongdoings, experiences, and evidences, through witnessing the ways in which underlying assumptions of racism and micro-aggression can continue to undermine good health care practices, by empowering people with knowledge and understanding, and by participating in truth telling; and by building the moral courage in individuals, Indigenous and non-Indigenous, to become champions of reconciliation. We provide four spheres of micro-reconciliation that offer a foundation for teaching and learning at an individual practitioner level.

Methodology

We address the Calls to Action of the Truth and Reconciliation Commission of Canada. We identify reconciliation in Canada is not about Indigenous people only, rather it implicates every Canadian.

Methodology

• Understand a First Nations approach to public health in Ontario
• Understand the legislative barriers to implementing public health in First Nations communities in Northwestern Ontario
• Understand the potential barriers, opportunities, and roles for a public health and preventive medicine physician in a First Nations governed public health system.

Results / Impact / Outcomes

Presenters will provide a PowerPoint presentation outlining the Approaches to Community Wellbeing model, and stage of implementation. Presenters will use real life scenarios to demonstrate the barriers to implementation, as well as the opportunities for success.

Conclusions and Discussion

Micro-reconciliation

Keywords: Public Health

For more information contact:

Submitting Author: Emily Paterson emily.paterson@slfnha.com

W40

Transforming practices: How healthcare and service providers can foster Indigenous women’s reproductive justice

(Submission ID: 155176)

Holly McKenzie, Janisia Hokvin, Melika Poppy, Melissa Brown

Background and Purpose/Objectives

Women of colour, including Indigenous feminists, have long pointed to the limitations of mainstream reproductive rights movement and worked to foster reproductive justice among women of colour and all women. Reproductive justice is often defined by activists and academics as the rights to being able to determine whether or not to have children, and to raise the children we do have in safe and healthy environments free from violence (Siliman et. al., 2004). This workshop will relate and build on results co-generated during the first phase of a collaborative, action-based research project with urban Indigenous women and allies living on traditional Métis homelands and Treaty 1 (Winnipeg), Treaty 4 (Regina), and Treaty 6 (Saskatoon) territories, which explores how communities, policies, and practices can change to foster Indigenous women’s reproductive justice.

Methodology

The objectives of this workshop are:

a) To foster understanding of Indigenous women’s understandings of reproductive justice; and

b) To engage in thoughtful conversations about how service providers can transform their practice.
In this study, Indigenous women and allies emphasize the relationships among Indigenous women’s bodily autonomy over sexual experiences and expression, reproduction and autonomy over living and housing conditions, food sovereignty, community relationships, cultural practices and teachings, and rights to Indigenous land. Collaborators discussed how colonial narratives continue to compromise Indigenous women’s rights to reproductive justice and how service providers can engage in culturally safe practice.

Results / Impact / Outcomes

This workshop will use textual, audio, and video methods to relate stories and theories co-generated during this project to prompt collaborative discussions.

Conclusions and Discussion

Reproductive justice

Keywords(): culturally safe

For more information contact:
Submitting Author: Holly McKenzie hollymc7@mail.ubc.ca

W43

Food As Medicine: Including Pulses in Traditional Diets for Cardiometabolic Health

(Submission ID: 155132)

John Sievenpiper

Background and Purpose/Objectives

Obesity, diabetes, and their downstream cardiometabolic complications represent the most important untapped prevention and treatment challenges facing indigenous communities. Diet and lifestyle are universally seen as the cornerstone of any prevention and treatment strategies. Although early studies showed that carbohydrate from dietary pulses was absorbed very slowly resulting in a low glycemic index, diets high in dietary pulses have remained relatively unappreciated in this role. Recent systematic reviews and meta-analyses of prospective cohort studies and randomized controlled trials have begun to address the need for high quality evidence to inform clinical practice guidelines and public health policy. Pooled analyses have shown that diets high in dietary pulses are associated with decreased incident cardiovascular disease and lead to clinically meaningful improvements in intermediate risk factors including glycerol control, established lipid targets, blood pressure, and body weight. These data make a compelling case for the benefits of traditional diets that include dietary pulses as a low-cost strategy to promote cardiometabolic health.

Methodology

This workshop will provide an overview of pulses as healthy components of dietary patterns that align with traditional diets of First Nations people. Knowledge translation of the scientific evidence will narrow an understanding of the impact that moderate levels of dietary pulses can have on risk factors for CVD and obesity. The workshop aims to communicate an appreciation for the versatility of pulses and their efficacious and cost-effective incorporation into healthy traditional dietary patterns.

Results / Impact / Outcomes

The informational portion of the workshop will be underpinned by a 30 min seminar by Dr. John Sievenpiper. In addition to discussion around diet-heart disease prevalence among Indigenous populations, using epidemiological, clinical and meta-analytic data, Dr. Sievenpiper will provide an overview of the effects of pulses on risk factors for CVD, diabetes and obesity. Food samples will also be provided and highlight the versatility of pulses and support their incorporation into traditional Indigenous diets.

Conclusions and Discussion

Pulses

Keywords(): Nutrition, Chronic Disease

For more information contact:
http://foodamed.ca/workshops-and-live-conferences/

W44

Traditional Indigenous Medicine and Western Primary Care Practice in Harmony: Possible, Necessary and Reproducible

(Submission ID: 163366)

Karen Hill, Dave Martin-Hill, McMaster University; Bronce Downey, McMaster University

Background and Purpose/Objectives

Rationale: Reconciliation in medicine is a process of bringing together Indigenous and Western ways of healing and requires practice, research and models that can be translated into the wider health care system. The three presenters will demonstrate how collegial relationships among traditional knowledge keepers and Indigenous practitioners and scholars can work together and lead the way in reconciliation.

Methodology

An overview of Juddah’s Place collaborative practice of traditional Indigenous medicine and western medical practice, the research behind its inception, and the research that will take this model into the wider health care system. The overall objective is to demonstrate how the work of individuals can be a synergistic catalyst to meaningful reconciliation through fostering relationships among each other and within the communities each one represents.

Results / Impact / Outcomes

Panel presentation

Conclusions and Discussion

The recent national debate over western and Indigenous medicine’s treatment of childhood cancer thrust Juddah’s Place - the collaborative practice of Dr. Karen Hill and Traditional Medicine Practitioner Elva Janieson - into the centre of Indigenous people For more information contact:
Submitting Author: Karen Hill karen.mannore@gmail.com

W45

Grassroots Community-Based Addictions Treatment on a Shoestring Budget - The Fort Hope Experience

(Submission ID: 144629)

Claudette Chase, Sioux Lookout Meno Ya Win Health Centre; Ann Wawza, Wanda Sugarhead; Fatima Uddin

Background and Purpose/Objectives

In 2010, in response to a growing prescription drug abuse crisis, Eabamotong First Nation in remote northwestern Ontario developed a grassroots community-based opioid dependence treatment program for its people. Truly innovative in its ability to provide treatment for opioid dependence in the con-
To health and social inequities. Adopting a sex and gender lens encourages us to look more carefully, to dig deeper and to ask more thoughtful and challenging questions concerning the health priorities identified by Indigenous populations. We propose a workshop that aims to promote the importance of sex and gender considerations in the context of health and health research program development to promote health in partnership with Indigenous people.

Results / Impact / Outcomes

Colleen Varcoe and Annette Browne have significant expertise working in partnership with Indigenous organizations and populations in gendered health-related issues. Drawing on their joint programs of research, Colleen Varcoe will run the workshop. Participants will consider practical ways to integrate a decolonizing lens with a sex and gender lens in policies, clinical practice and research. This workshop will benefit researchers, health care providers and policy-makers who are invested in achieving improved health outcomes for Indigenous peoples.

Conclusions and Discussion

gendered health

W47

Granting Our Spirits: A Health Promotion Intervention for Indigenous Women Who Have Experienced Violence

(Submission ID: 154236)

Colleen Vance, UBC; Roberta Price, Vancouver Native Health Society; Marilyn Ford-Gilboe, Nursing, University of Western Ontario; Annette Browne, UBC

Background and Purpose/Objectives

Indigenous women experience higher levels of intimate partner violence than women in the general population in Canada. Many Indigenous women also experience racism and other forms of structural violence. Theory-based health promotion interventions have shown promise, but have not been developed specifically for Indigenous women.

Methodology

The objective of the workshop is to deepen understanding of strategies for health care organizations and providers to work in partnership with Indigenous women who have experienced violence. Guided by a steering committee of Indigenous women with expertise in violence and women’s health, the HIEAL (intervention for health enhancement after leaving), a health promotion intervention for women who have left abusive partners, was adapted for Indigenous women in urban contexts. Our goals were to see whether the intervention could improve women’s health and to enhance public understanding about the lives of Indigenous women. Indigenous women (n=128) worked with Elders and nurses in Circles and in 1:1 ‘home visits.’ The study illustrates what is required to a) work with women as active partners in their own health, b) support women’s healing and sense of control, and c) promote accessibility, particularly for Indigenous women in urban contexts.

Results / Impact / Outcomes

This presentation will feature excerpts from a documentary about the intervention, followed by small group activities and discussion.

Conclusions and Discussion

Interpersonal violence

Keyword(s): systemic violence, intervention

W48

Nicotine Addiction and Indigenous Peoples

(Submission ID: 155028)

Monica Bennett, Canadian Cancer Society Smokers’ Helpline

Background and Purpose/Objectives

Nicotine addiction is a chronic, relapsing condition with a pediatric onset and should be treated like any other serious chronic health disorder: early treatment, utilizing every option available with community and medical support. Early screening, brief interventions and compassionate, evidence-based treatment can save lives and health care dollars.

Methodology

Commercial tobacco misuse is the leading cause of preventable death in the developed world. It has many meanings for its users and affects physical, mental, social, and spiritual health. This session will explore these meanings, its effects and the many reasons that there is a higher incidence of its use for Indigenous people. The majority of commercial tobacco users want to quit. Those who work with Indigenous people are in a uniquely powerful position to help them make a quit attempt. In this session participants will explore to understand commercial tobacco misuse and then practice appropriate and effective ways to assist their clients’ use Indigenous tobacco.

Participants will learn

• How and why commercial tobacco misuse affects Indigenous people

Conclusions and Discussion

Addiction

Keyword(s): Brief intervention, Commercial tobacco

For more information contact: Submitting Author: Monica Bennett mbennett@ontario.cancer.ca

W35

Learnings from the Talking Circle: Strategies to Improve Health among Indigenous People who use Illicit Drugs and/or Illicit Alcohol

(Submission ID: 152605)

Sheila Kasten, Martin Steward, John Skidah, Louise Lagimodiere, Nicole Markwick

Background and Purpose/Objectives

Previous research has described the many socioeconomic and systemic barriers that shape the health and healthcare experiences of Indigenous people in Canada. However, there has been little research conducted on the experiences of Indigenous people who use illicit drugs and/or illicit alcohol (IPWUD/A) within large urban centres, and this research has rarely directly involved IPWUD/A in determining the research process. In response, the Western Aboriginal Harm Reduction Society (WAHRS), a Vancouver-based organization of IPWUD/A, recently collaborated with the British Columbia Centre for Excellence in HIV/AIDS to conduct a unique peer-led community-based participatory study. Using talking circles, WAHRS members explored their peers’ experiences with HIV/AIDS, accessing healthcare and addictions treatment.

Methodology

During the research, WAHRS members articulated various lived experiences on the topic of HIV/AIDS, healthcare, and addictions treatment, which will be shared with workshop participants. Presenters will highlight key finding themes, provide information about the collaboration process, and share their suggestions for improving the health and healthcare experiences of IPWUD/A. This presentation seeks to encourage open, respectful dialogue between IPWUD/A and those working with this community around the issues that affect IPWUD/A’s health and wellbeing.
Results / Impact / Outcomes
Following a presentation by WAHRS members about the research process and findings, workshop participants will join a talking circle. WAHRS members will facilitate the talking circle in a manner similar to that used in their research process, thus giving workshop participants firsthand experience with WAHRS’ research methods. The circle will conclude with questions and answers.

Conclusions and Discussion
Indigenous people who use illicit drug and/or illicit alcohol
Keyword(s): Talking circles, Peer-led
For more information contact:
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Poster Abstracts

P01
The Journey Forward: Reconciliation in Action through a multigenerational model of healing
(Submission ID: 140655)
Jessica Barudin, Cedar and Gold, Vincent Damouslin, Cedar and Gold

Background and Purpose/Objectives
A multigenerational model of educating and sharing ethical space to create a dialogue focused on reconciliation, Indigenous ways of knowing and intergenerational and intercultural healing practices. Our approach served to preserve Indigenous voices, build resistance to dominant discourses, and understand effects of trauma to strengthen the capacity of community-based healing.

Methodology
Development of the program drew from Indigenous methodologies, decolonized trauma practices, cultural sharing of ceremonies and protocol, and story telling of Residential School Survivors and Intergenerational survivors. Indigenous and non-Indigenous participants engaged in a holistic, sharing circle framework to experience traditional foods, plant medicines, teachings, meditation, prayer and guidance from Elders.

Results / Impact / Outcomes
Impacts: Understanding the intergenerational legacy of residential schools to survivors and their kin. Integrating cross-cultural perspectives to understanding trauma. Experiential learning of Indigenous healing practices and traditional knowledge through ceremony. Creation of a grass-roots network of people dedicated to understanding and change through the process of reconciliation.

Conclusions and Discussion
This program modelled the need for ethical spaces to listen and relate to the voices of Indigenous peoples who were directly and indirectly affected by the legacy of Residential schools in Canada. Ceremonial practices enables individuals to experience traditional approaches to healing, meditation and conflict resolution.
Keyword(s): Reconciliation, Traditional wisdom, Intergenerational healing
For more information contact:
Submitting Author: Jessica Barudin jessica@cedarandgold.ca

P02
Smoking trends among Inuit in Canada: Findings from the Aboriginal Peoples Survey
(Submission ID: 142685)
Evelyne Bougie, Statistics Canada; Dafna Kohen, Statistics Canada

Background and Purpose/Objectives
Daily smoking rates among Inuit are more than twice that of the non-Aboriginal population. Inuit are also twice as likely to be exposed to second-hand smoke in the home. Given the well-established relationship between smoking and many adverse health effects, this study’s objective is to investigate smoking trends and some health and socioeconomic correlates of smoking among Inuit.

Methodology
Data are from the 1991, 2001, and 2012 Aboriginal Peoples Survey, a national cross-sectional survey. Analyses examine smoking trends among Inuit aged 15+ by gender, age, and region. Analyses also describe the associations between daily smoking and physical and mental health, income, education, employment, food security, crowding, and living arrangements.

Results / Impact / Outcomes
Daily smoking rates were lower in 2012 compared with every preceding survey period. From 1991 to 2012, the prevalence of daily smoking decreased for those living inside and outside Inuit Nunangat, however, this decrease was more important outside Inuit Nunangat. There was a decrease in daily smoking from 1991 to 2012 for both Inuit men and women as well as among Inuit in all age groups except those aged 45 to 54. Daily smoking rates were higher among Inuit with poorer self-reported physical and mental health. Higher daily smoking rates were observed among Inuit in more disadvantaged socioeconomic conditions.

Conclusions and Discussion
Daily smoking rates among Inuit are higher than the rates observed in the non-Aboriginal population, but appear to be decreasing. Understanding the characteristics of Inuit who are more likely to smoke is informative for smoking cessation and prevention programs.
Keyword(s): Tobacco, Social determinants, Health
For more information contact:
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P03
Engaging Indigenous patients in addressing cultural safety in an emergency department: a pilot initiative
(Submission ID: 145386)
Evelyn Dell, Department of Medicine, University of Toronto; Michelle Firestone, Center for Research on Inner City Health - Well Living House; Janet Smylie, Dalla Lana School of Public Health, University of Toronto; Centre for Research on Inner City Health - Well Living House, Department of Family and Community Medicine, University of Toronto; Wanda Whitebird, Ontario HIV/AIDS Strategy; Sam Vail-lancourt, Division of Emergency Medicine - Department of Medicine, St. Michael’s Hospital
Background and Purpose/Objectives

Cultural safety is integral to good clinical care, particularly for Indigenous patients, but remains poorly defined in emergency department care (ED). Practitioners at an urban ED serving a significant Indigenous population sought to engage with the community to define areas for improvement in culturally safe ED care.

Methodology

A participatory action approach was used. A Steering Committee, including emergency clinicians and Indigenous health researchers, collaborated with recruitment with an Indigenous health study (Our Health Counts). Indigenous community organizations were engaged via email and personal visits. Recruitment posters were placed in common areas at community sites and the ED. Convene and snowball sampling was used - potential participants called an ED research coordinator and inclusion criteria were confirmed (self-identify as Indigenous, >18 years old, ED visit within past year). Eligible participants were invited to a focus group facilitated by an Indigenous Elder.

Results / Impact / Outcomes

31 individuals called to enrol for a total of 4 potential focus groups. 1 was successfully held; 5 participants were confirmed, 2 attended. Many recruitment challenges were identified, including difficulty maintaining contact, follow-up with a transient population, poster dissemination before recruitment start date, and potential participant safety concerns regarding non-Indigenous contact point.

Conclusions and Discussion

Our initiative highlights challenges in engaging vulnerable populations in a large city. Focus groups may be logistically difficult and the provision of culturally appropriate services, and increasing awareness of Indigenous history to reduce racism and discrimination.

Conclusions and Discussion

Health care professionals should join lobbying groups to advocate for changes to health policy, including increasing the number of Indigenous health care professionals, and supporting self-determination and self-government of Indigenous peoples across Canada. Finally, researchers should collaborate with the Indigenous communities to address knowledge gaps, and identify effective interventions. These changes may have important impacts on access to health care, and ultimately, health outcomes.

Keywords: Indigenous women’s health, Culturally appropriate health services.

For more information contact:

Submission Author: Amy Wright

P05

How Indigenous Women Experience Accessing Health Care Services in Canada

(Submission ID: 144921)

Amy Wright, McMaster University; Susan Jack, McMaster University; bullshit, Holland Blooreview Kids Rehabilitation Hospital; Chelsea Gabel, McMaster University; Susan Jack, McMaster University.

Background and Purpose/Objectives

Indigenous people in Canada experience poor access to health services. Even with increasing Indigenous migration to urban areas, poor access to health care persists. Access to primary health care is especially important as it has been linked to improved health outcomes and a reduction in health inequities. In particular, access to primary health care for childbearing women is important, to ensure their own health, and the health of their newborns.

Methodology

This integrative review will describe, critique and synthesize the literature concerning access to primary health care for Canadian Indigenous women of childbearing age living off-reserve in urban areas, using the Whittenmore and Knaff approach. Penchansky and Thomas’ Access Model of FIT has been used to organizing the resulting 15 themes.

Results / Impact / Outcomes

Primary health care services are largely delivered by nurses, whose presence has been associated with improved access to health care and outcomes. The results suggest nurses have a unique opportunity to impact access at the service delivery level, through the promotion of culturally appropriate services, and increasing awareness of Indigenous history to reducing racism and discrimination.

Conclusions and Discussion

Health care professionals should join lobbying groups to advocate for changes to health policy, including increasing the number of Indigenous health care professionals, and supporting self-determination and self-government of Indigenous peoples across Canada. Finally, researchers should collaborate with the Indigenous communities to address knowledge gaps, and identify effective interventions. These changes may have important impacts on access to health care, and ultimately, health outcomes.

Keywords: Indigenous women’s health, Culturally appropriate health services.

For more information contact:

Submission Author: Amy Wright

P06

Community-Based Emergency Care: Addressing Remote First Nations Communities

(Submission ID: 146981)

Aamon Oskin, Stephen Ritchie, Emma May, David VanderBugg

Background and Purpose/Objectives

In about 30 remote Ontario First Nations communities, there are no local paramedical services—ill or injured patients are transported to local nursing stations by friends, family, or volunteer first response teams. Health services are accessible only by air transport.

Methodology

This project incorporates the development, implementation, and public dissemination of a Community-Based Emergency Care (CBEC) program in Sachigo Lake First Nation, leading to broad strategic planning related to emergency care in remote northern settings.

CBEC transfers healthcare by equipping lay bystanders in remote, fly-in First Nations communities to deliver essential healthcare interventions to ill or injured patients, allowing for a community response to health crises. Following local consultations and needs assessments, team members developed a custom first aid curriculum. Over a two-year period, an inter-disciplinary group of physicians, paramedics, medical learners, and researchers delivered two intensive emergency care courses to approximately 5% of residents. The program was evaluated through community-based methods.

First Nations leaders, government representatives, researchers, and clinicians participated in a strategic roundtable to develop CBEC programs and plan for regional program expansion.

Conclusions and Discussion

CBEC may provide a model for timely on-scene healthcare delivery in remote and underserved communities in Ontario and abroad.

Keywords: Emergency care

For more information contact:

Submission Author: Aamon Oskin

P07

Food security status is associated with hunting and gathering practices among Aboriginals living in Canada

(Submission ID: 147481)

Hillery Montbél, McGill University; David Ahmad, McGill University; Hugo Melgar-Quintanilla

Background and Purpose/Objectives

Aboriginal Peoples living in Canada encounter a high prevalence of household food insecurity that exceeds the prevalence observed in the general Canadian population. Traditional foods and practices have an important role in Aboriginal culture and Aboriginal people are more likely to incorporate into food security strategies. In this study, the main objective was to determine if there was an association between food security status and reliance on hunting, fishing, trapping and gathering wild plants for income and support.

Methodology

Data from the 2012 Aboriginal Peoples Survey, which included 24,903 individuals throughout Canada, were analyzed. Descriptive, bivariate and multivariable logistic regressions were performed with food security status as the dependent variable and hunting, fishing, trapping, and gathering wild plants as independent variables.
the independent variables. Contextural factors were used in the multinomial logistic regression analysis.

Results / Impact / Outcomes
Food security status was found to be higher among individuals hunting, fishing, trapping and gathering wild plants for money (OR 1.433, 95% CI: 1.152 - 1.782). Food security was also higher among individuals with long-term health conditions (OR 1.698, 95% CI: 1.434 - 2.050), females (OR 1.362, 95% CI: 1.007 - 1.842), individuals with a higher income (OR 0.763, 95% CI: 0.700 - 0.832) and individuals with higher education levels (OR 0.761, 95% CI: 0.688 - 0.843).

Conclusions and Discussion
This study demonstrates that hunting and gathering practices can protect against food insecurity. Strategies for Aboriginal food security must consider the significance that traditional practices have in improving outcomes.

Keyword(s): Food Security, Traditional Food, Hunting
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P08
Exploring nursing researchers’ experiences and preun-derstandings that sparked an evaluative initiative of the Indigenous content within a Nurse Practitioner program.

(Submission ID: 147770)
Mary Smith, Ontario Primary Health Care Nurse Practitioner Program; Michelle Spadoni, AMH Phoenix Fellow; Sandra Kobe, Queen’s University

Background and Purpose/Objectives
To explore the perceptions and insights that led three nurse researchers with strong Indigenous bonds to partner and develop an evaluative assessment of Indigenous content within a Primary Health Care Nurse Practitioner Program (PHCNPP). The researchers themselves belong to Metis and First Nation communities and families and share their personal insights within nursing education.

Methodology
The study incorporates a hermeneutic philosophy where the researchers themselves explore their unique and common experiences in relation to their upbringings and experiences within the Indigenous family and communities. The conception of preunderstandings as fundamental to research approaches that brings historians traditions within the realm of health care.

Results / Impact / Outcomes
For more information contact:
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P09
Walk the Talk Health & Wellness Program

(Submission ID: 148122)
Kathleen LaFemme, Southern Ontario Aboriginal Diabetes Initiative; Crystal Bomberry, Southern Ontario Aboriginal Diabetes Initiative

Background and Purpose/Objectives
Since 1997 SOADI has strived to provide the latest information on preventing and managing Type II Diabetes in our First Nations, Métis, and Inuit communities. In doing so we have always felt we needed to be a leader in promoting health and wellness and helping our communities return to the good health of our Ancestors.

The rates of overweight and childhood obesity are alarmingly on the rise in Aboriginal communities. The rates of Type 2 diabetes are on the rise as well as cancer, heart disease and other chronic conditions.

Diabetes was unheard of in Aboriginal Communities before 1940, and has risen dramatically after 1950, and is now in epidemic proportions. At Type 2 diabetes is generally known as an adult disease, our children and youth are developing Type 2 diabetes at alarming rates.

In our fast paced lifestyles and programming, traditional mind sets and health care providers. This online resource is freely available and provided relevant information.

A participatory model was used and focused groups and interviews were held with 9 Indigenous mothers and 9 professionals who work with Indigenous families throughout Ontario to determine course design and content. The resource was created and reviewed by 10 Indigenous mothers and 6 professionals.

Results / Impact / Outcomes
An innovative online breastfeeding resource was created which included culturally appropriate images, games, quizzes, videos, and animations, as well as links to culturally appropriate resources. The Indigenous mothers and professionals who reviewed the revised course indicated the resource was culturally appropriate and provided relevant information.

Conclusions and Discussion
An online breastfeeding resource was created for Indigenous families based on the recommendations of Indigenous mothers and health care providers. This online resource is freely available for families to access. This resource may increase breastfeeding knowledge and rates among Indigenous families. Future research plans include continuing to evaluate the resource and Indigenous populations and determining the effectiveness of the resource in increasing breastfeeding and infant health outcomes.

Keyword(s): Breastfeeding, Education, Online resources
For more information contact:
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P11
Designing an Online Breastfeeding Resource for Indigenous Families

(Submission ID: 150333)
Jennifer Abbass-Dick, Joanne Hucings, Durham Region Health Department; Ander Ney muster, Durham Region Health Department; Fangli Xie, Durham Region Health Department

Background and Purpose/Objectives
Breastfeeding is important to the health of mothers and infants. Although breastfeeding is the recommended infant feeding method, rates remain suboptimal in Indigenous populations.

Breastfeeding education has been found to increase breastfeeding outcomes. Breastfeeding resources currently target the general population and may not meet the cultural needs of Indigenous populations.

Designing culturally appropriate resources targeting Indigenous populations may increase parents’ desire to utilize these educational resources. The purpose of this project was to create a culturally appropriate online breastfeeding resource for Indigenous families.

Methodology
A participatory model was used and focus groups and interviews were held with 9 Indigenous mothers and 9 professionals who work with Indigenous families throughout Ontario to determine course design and content. The resource was created and reviewed by 10 Indigenous mothers and 6 professionals.

Results / Impact / Outcomes
An online breastfeeding resource was created which included culturally appropriate images, games, quizzes, videos, and animations, as well as links to culturally appropriate resources. The Indigenous mothers and professionals who reviewed the revised course indicated the resource was culturally appropriate and provided relevant information.

Conclusions and Discussion
An online breastfeeding resource was created for Indigenous families based on the recommendations of Indigenous mothers and health care providers. This online resource is freely available for families to access. This resource may increase breastfeeding knowledge and rates among Indigenous families. Future research plans include continuing to evaluate the resource and Indigenous populations and determining the effectiveness of the resource in increasing breastfeeding and infant health outcomes.

Keyword(s): water, contamination, Alberta
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P10
Water & Health: Environmental Concerns of First Nations in Northern Alberta

(Submission ID: 150062)
Joanna Dowdell, University of Toronto, Faculty of Medicine; Thomas Satherly-Thompson, Leanne Mendossa, Dansew Cross, University of Toronto

Background and Purpose/Objectives
In August 2015, the Keepers of the Water Gathering IX was hosted at Basin River near High Level, Alberta, by the Deh Tha’ First Nation. The Gathering also brought together individuals from the DelCho First Nation, the Beaver Lake Cree First Nation, the West Moherly First Nation, the Cold Lake First Nations, and more individual representatives. This research project outlines the main reports of environmental health complications identified and presented at the Gathering, by individuals who spoke from all of the above First Nations.

Methodology
This research project compiles the essence of first-hand accounts of environmental health complications, identified and presented at the Gathering IX, by individuals from all of the above First Nations.

Results / Impact / Outcomes
There were three main environmental concerns relating to health that were discussed at the Gathering. The first was contaminated water contaminations leading to constant boil advisories, which were notably to be especially long for the Treaty 8 First Nations. The second concern was increasing rates of diseases including cancer, believed to be a result of oil sands tailings ponds leaking and contaminating local water sources. Finally, many First Nations representatives expressed alarm over low water table levels, which they stated were moving wildlife further away from usual hunting limits, and thus affecting traditional diets.

Conclusions and Discussion
These major three environmental health concerns, articulated by the First Nations representatives, had solutions proposed that centered on policy changes in environmental management in order to respect sacred traditional lands.
P12
Changing Lenses in Contracting for Indigenous Mental Health & Addictions Care
(Submission ID: 150556)
Viviane Josewski, Simon Fraser University

Background and Purpose/Objectives
Although ‘contracting’ with Indigenous organizations is employed as a key mechanism for fostering Indigenous participation in health care and access to culturally safe services, little is known about cross-cultural approaches to contracting in Canada. The purpose of this study is to explore Indigenous experiences of contracting as a policy strategy to improve equity and cultural safety in mental health and addictions care.

Methodology
A qualitative design that is guided by an Indigenous Advisory and uses ethnographic methods of in-depth interviews with mental health and addictions providers, administrators and decision-makers from funding and Indigenous organization within one Canadian province, and critical document and contract review. Drawing on critical theories, data were thematically coded and analyzed using NVivo, and reviewed with participants.

Results / Impact / Outcomes
Findings support the claim that ‘contracting’ serves as an important vehicle for implementing Indigenous rights to develop and own organizations’ ‘capabilities’ for mission-driven, programmatic delivery of mental health and addictions services at the same time as they expanded the options of others.

Conclusions and Discussion
The study offers important insights about the deeper meaning of, and vision for an ethical space of engagement, reconciliation and cross-cultural contracting in mental health and addictions as an extension of these social and structural relations. Policy and practice implications are discussed.

Keywords(s): Equity, Contracting, Mental Health
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P13
Exploring the Birthing Experiences of Indigenous Women in Urban Settings
(Submission ID: 151042)
Victoria Maich, McMaster University; Chloeaw Gabel, McMaster University

Background and Purpose/Objectives
The majority of Indigenous women are less satisfied with their healthcare experiences and have higher birthing complications than the general Canadian population. This current study aimed to hear the experiences and recommendations of Indigenous women who live and give birth in urban centres with the intent to enhance the birthing experiences of future women and those in generations to come.

Methodology
A qualitative descriptive study was conducted in collaboration with an Indigenous health centre. Community Based Participatory Research and Indigenous Methodology were used. Data were collected through one-to-one, semi-structured, in-depth phone or in-person interviews. Data were analyzed using qualitative thematic analysis.

Results / Impact / Outcomes
Eight birthing experiences were explored with four Indigenous mothers. The women resided and gave birth (within the last five years) in urban settings. Two alternate worlds were created by the care the healthcare team provided. This resulted in two contrasting birthing experiences: being “raised up” or “pushed down”. Central to healthcare behaviours that raise up is culturally safe, person-centered care, which includes: (a) feeling like a priority to healthcare team, (b) going the extra mile, (c) honouring traditions, and (d) feeling viewed and cared for as an individual. Non-culturally safe, non-person-centered care is central to healthcare behaviours that push down. This includes: (a) not being a priority to healthcare team, (b) feeling alienated and alone, (c) failing to honour cultural traditions, and (d) being stigmatized.

Conclusions and Discussion
It is imperative that Indigenous mothers are supported and respected through culturally safe, person-centered care.

Keywords(s): Cultural competency and safety, Indigenous women, Birthing experiences
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P14
Update of Cancer in ontology Métis people: Risk Factors and Screening Behaviours
(Submission ID: 151174)
Sehar Jamal, Cancer Care Ontario, Aboriginal Cancer Control Unit; Caroline Cawley, Cancer Care Ontario, Aboriginal Cancer Control Unit; University of Toronto, Abigail Ananw, Cancer Care Ontario, Aboriginal Cancer Control Unit; Storm Russell, Métis Nation of Ontario, Whitney Montgomery, Métis Nation of Ontario, Morgan Prummond, Cancer Care Ontario, Aboriginal Cancer Control Unit; Diane Eiseng, Cancer Care Ontario, Aboriginal Cancer Control Unit; University of Toronto, Dalia Luma School of Public Health, Laiseau Massett, Cancer Care Ontario, Aboriginal Cancer Control Unit; University of Toronto, Dalia Luma School of Public Health

Background and Purpose/Objectives
In 2015, a report on the prevalence of cancer risk factors and screening uptake in Métis Ontarians compared with non-Aboriginal Ontarians was produced in collaboration with the Métis Nation of Ontario (MNO). The Canadian Community Health Survey (2007-2009) was used to estimate the prevalence of cigarette-smoking, second-hand-smoke exposure, obesity, sedentary behaviour, fruit and vegetable consumption, and participation in breast, cervical and colorectal cancer screening. The objective of the present work is to update these estimates through 2014 to support ongoing strategic planning.

Methodology
Data will be updated to include two additional survey years (2013, 2014). There were 1,375 Ontario Métis in the 2007-2012 sample; 502 will be added for 2013-2014. Prevalence estimates were standardized to the Ontario Aboriginal identity population (2006 census) and stratified by sex, age-groups, geographies, education, income. Smoking and obesity were also measured over time.

Results / Impact / Outcomes
Preliminary updated results indicate prevalence of smoking remains significantly higher among Métis adults (32%); however, it is significantly decreasing over time. Second-hand smoke exposure in home/vehicle was significantly higher in Métis teens (37%) than non-Aboriginal teens (17%). Obesity was significantly more common among Métis (25%) adults than non-Aboriginal (18%) adults. Cancer screening participation was similar in both populations. This presentation will include updated results, including stratification by age, geography, education, income.

Conclusions and Discussion
Métis Ontarians experience high prevalence of cigarette-smoking and obesity. The 2015 report emphasized the need for more health data for the Métis population. Updating results increases the collective ability to accurately determine and effectively address cancer prevention priorities in the Métis population.

Keywords(s): Métis, Cancer
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P15
Disparities in cancer survival between Indigenous and non-Indigenous adults in Canada: Linkage of the 1991 Census and Canadian Cancer Registry
(Submission ID: 151343)
Diane Witlows, Cancer Care Ontario, Aboriginal Cancer Control Unit; University of Toronto, Dalia Luma School of Public Health, Louise Marrett, Cancer Care Ontario, Aboriginal Cancer Control Unit; University of Toronto, Dalia Luma School of Public Health, Michael Tjepkema, Statistics Canada; Diane Nishri, Cancer Care Ontario, Aboriginal Cancer Control Unit; Jason Pole, Pediatric Oncology Group of Ontario

Background and Purpose/Objectives
A lack of ethnic identifiers in Canadian cancer registries limits understanding of cancer burden in ethnic subgroups. We use a census-registry linkage to compare cancer survival of First Nations, Métis and non-Indigenous adults in Canada.

Methodology
The cohort comprises a 15% sample of the Canadian population derived from the 1991 Long Form Census. Cohort members are followed for cancers and deaths from 1992 to 2009. We measured site-specific age-standardized 5-year relative survival using age-, sex-, ethnicity- and calendar time-specific life tables. Flexible parametric modeling was used to estimate the excess mortality rate ratio (EMRR) for First Nations (FN) and Métis compared to their non-Indigenous peers.

Results / Impact / Outcomes
Cancer survival was significantly poorer for FN than for non-Indigenous Canadians for 9 of 15 cancers examined. EMRRs ranged from 1.00 (95%CI: 0.68-1.47) for multiple myeloma to 2.39 (95%CI: 1.63-3.30) for prostate cancer. Taking mortality and income into account reduced EMRRs slightly but they remained elevated for 7 out of 15 cancers. Among Métis, there was a consistent trend toward poorer survival for all 4 cancers examined, with the greatest disparity for prostate cancer.

Conclusions and Discussion
Indigenous people in Canada experience poorer survival than their non-Indigenous peers, even after accounting for differences in income and mortality, supporting the need for: 1. additional research to understand why; 2. additional investments in culturally appropriate initiatives to reduce cancer burden; and 3. creation of databases for ongoing monitoring of cancer burden. This will require novel methodologies and appropriate data sharing, collaboration and capacity-building arrangements with Indigenous organizations.
P16 Indigenous based sexual health program

(Submission ID: 151375)
Michelle Dieclenence; Jowell McArthur
Background and Purpose/Objectives
This is a program we have created to help Indigenous youth become culturally relevant while incorporating the sexual health information provided by Planned Parenthood. This program uses the holistic approach while combining historic and contemporary teachings and issues.

Methodology
This is a program aimed at Indigenous sexual health and the focal point being making community connections and partnerships. However we did conduct a needs assessment at the beginning of the program, and planned to conduct an evaluation at the end of the program to make sure the needs were met.

Results / Impact / Outcomes
This program will empower the youth in regards to self respect and self esteem, with these two key factors in place there should be a healthier next generation of Indigenous youth. The outcome is to have a program that can be used and shared with all communities that have Indigenous youth or want to be educated about the Indigenous population, cultural knowledge, and sexual health.

Conclusions and Discussion
I am looking to make connections and get feedback from agencies or organizations that may have already have a program similar to this one. I would like to discuss the benefits of having a sexual health program designated for Indigenous youth, and how to keep the teachings and sexual health information relevant and up to date.

Keyword(s): Indigenous Sexual Health, Cultural Empowerment, Youth Education
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P17 Disparities in Cancer Incidence between Indigenous and Non-Indigenous Adults in Canada: Linkage of the 1991 Census and Canadian Cancer Registry

(Submission ID: 151383)
Loraine Marrett, Cancer Care Ontario, Aboriginal Cancer Control Unit; University of Toronto, Dalla Lana School of Public Health, Toronto; University of Ottawa
Methodology
The overall prevalence of T2D in Ontario FNs was 23%. Significant positive association between rate of consumption and T2D (OR=1.15;95%CI:0.9-1.03-1.22). Fish samples were analyzed for the presence of contaminants and mental contaminants which could potentially be a risk factor. Our results show that PCBs and DDE were risk factors while omega-3-FAs were protective against T2D. The recommendations for FNPs are to eat more fish with low level of contaminants and cognitive capacity-building interventions with Indigenous organizations.

Keyword(s): cancer, Metis, First Nations
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P18 Association between fish consumption and type 2 diabetes among First Nations living on reserves in Ontario

(Submission ID: 151453)
Loraya Manwahke, University of Ottawa; Laurie H.M. Chan, University of Ottawa
Methodology
Using data from the First Nations Food Nutrition and Environment Study, a cross-sectional study of 1429 FNs adults living in 18 communities across 4 ecozones in 2012. Social and lifestyle data were collected using household interviews. The consumption of fish was assessed with a Food Frequency Questionnaire. Fish samples were analyzed for the presence of contaminants including DME and PCBs. Multiplicative logistic regression models adjusted for potential covariates were used.

Results / Impact / Outcomes
The overall prevalence of T2D in Ontario FNs was 23%. Significant positive association between rate of consumption and T2D (OR=1.15;95%CI:0.9-1.03-1.22). Fish samples were analyzed for the presence of contaminants and mental contaminants which could potentially be a risk factor. Our results show that PCBs and DDE were risk factors while omega-3-FAs were protective against T2D. The recommendations for FNPs are to eat more fish with low level of contaminants and cognitive capacity-building interventions with Indigenous organizations.

Keyword(s): cancer, Metis, First Nations
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P19 Partnering with Elders to Improve Mental Health Outcomes of Indigenous People in a Canadian Inner City: Baseline Patient Demographics

(Submission ID: 151524)
Roberta Price, Vancouver Native Health Society; Bonnie Hanuse, Vancouver Native Health Society; Maria Davie, Vancouver Native Health Society; Roberta Price, Vancouver Native Health Society; Jennifer Delaney, Vancouver Native Health Society; Zsaba Rentulla, Vancouver Native Health Society; UBC
Methodology
This study examines the impact of Vancouver Native Health’s Indigenous Elders program. The program allows patients to book 1-2 appointments with Elders for mental health, cultural or other support and attend weekly. Elders led cultural teaching circles in the same place that they receive medical care. This study will measure the effectiveness of this intervention on depression and suicidality (primary outcome). Secondary measures include substance use, resilience, wellness, and quality of life. This presentation will describe baseline patient demographic and clinical characteristics in advance of post-intervention outcomes.

Results / Impact / Outcomes
A total of 33 indigenous patients have been enrolled (64% female, and a mean age of 50 years). 30% have attended Residential School or other support and attend weekly. Elders led cultural teaching circles in the same place that they receive medical care. This study will measure the effectiveness of this intervention on depression and suicidality (primary outcome). Secondary measures include substance use, resilience, wellness, and quality of life. This presentation will describe baseline patient demographic and clinical characteristics in advance of post-intervention outcomes.

Categories and Discussion
Participants have a high burden of affective symptoms and substance use, but also exhibit high levels of resilience. Interventions are needed to address affective disorders & substance use and capitalize on intrinsic resilience. We anticipate improved mental health outcomes as a result of providing access to Traditional Elders and cultural healing practices within the next 6 months.

Keyword(s): Elders, cultural competency, mental health
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P20

The Prevalence of Mental Illness and Substance Use among Indigenous Post-Secondary Students in Canada

(Submission ID: 151732)

Nolan Hop Wo, The University of Western Ontario; Kelly Anderson, The University of Western Ontario; Lly Wylly, The University of Western Ontario; Althea McDougall, The University of Western Ontario

Background and Purpose/Objectives

To estimate the prevalence of mental illness and substance use among Indigenous students attending Canadian post-secondary institutions.

Methodology

We obtained data from the National College Health Assessment - American College Health Association Spring 2013 data, which includes 34,039 participants in 32 post-secondary institutions across Canada. We calculated prevalence estimates with 95% confidence intervals (CI). We compared Indigenous and non-Indigenous students using age- and sex-adjusted prevalence ratios (PR) obtained from Poisson regression models.

Results / Impact / Outcomes

Of the total participants, 1,110 (3.3%) post-secondary students self-identified as Indigenous. Within the past 12 months, Indigenous students were more likely to have intentionally injured themselves (PR=1.53, 95%CI=1.27–1.84), seriously considered suicide (PR=1.32, 95%CI=1.12–1.56), attempted suicide (PR=1.74, 95%CI=1.16–2.62) or had been diagnosed with depression (PR=1.26, 95%CI=1.08–1.47) when compared with non-Indigenous students. Indigenous students were also more likely to indicate having ever received a diagnosis of depression (PR=1.31, 95%CI=1.17–1.47) when compared with non-Indigenous students. A higher likelihood of bingeing on alcohol (PR 1.10, 1.02–1.19), use of marijuana (PR 1.21, 1.06–1.37), and other recreational drug (not including marijuana) (PR 1.32, 1.06 – 1.63) were also reported by Indigenous students compared to non-Indigenous students.

Conclusions and Discussion

This study demonstrates that Indigenous students at post-secondary institutions across Canada report experiencing higher rates of mental illness and related issues versus the non-Indigenous student population. Such information can be used to advocate for the necessary mental health resources and support for Indigenous students attending post-secondary institutions.

Keyword(s): Indigenous, university students, mental health

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P21


(Submission ID: 152188)

Magaret Latimer, Dalhousie University, Centre for Pediatric Pain Research; IWK Health Centre; Sharon Rudderham, Eskasoni First Nation; John Sylliboy, Centre for Pediatric Pain Research, IWK Health Centre; Paul Kane, Dalhousie University; Allen Finchy, Centre for Pediatric Pain Research, IWK Health Centre; Dalhousie University; Katherine Kethraine, Dalhousie University; Daphne Daphne, Eskasoni First Nation; Lisa Bresley-Datta, University of New Brunswick

Background and Purpose/Objectives

Background: Aboriginal children and youth experience high rates of pain-related conditions yet are least likely to receive treatment for them. Untreated pain is detrimental to optimal development and can interfere with learning, social activities, mental health and life achievement. This presentation will share details of the “Aboriginal Children’s Hurt & Healing Initiative” (ACHH, pronounced ‘ache’).

Methodology

Aim: The ACHH is gathering both Indigenous and Western knowledge to better understand how children and youth from 4 First Nation communities express their pain/hurt and how we can better assess and treat it. Using mixed methods, including art, conversation and health care utilization data the ACHH Initiative integrates community members’ experiences and perspectives to develop knowledge for better healthcare. The ACHH is also addressing Truth and Reconciliation Recommendations (TRC) and developing specific communication exchange mechanisms, such as an ACHH app and health provider curriculum to improve knowledge about culturally respectful pain care. ACHH has an extensive network of community, regional (Confederacy of Mainland Mi’kmaq) and agency (Art Gallery Nova Scotia, Canadian Pediatric Society) collaborators, and is developing capacity by engaging First Nation students in health research.

Workshop Objectives

1. To share the ACHH Initiative rationale, aims and how they address the TRC.
2. To share the knowledge gathered related to youth art and pain expression.
3. To share and discuss the current ACHH app and health provider curriculum related to specific pain and hurt assessment.

Results / Impact / Outcomes

Presentation will include a powerpoint, art work, ACHH mini documentary and audience discussion of relevance of the ACHH findings.

Conclusions and Discussion

Two-eyed seeing

Keyword(s): Children, pain

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P22

Burning bridges to reconciliation: Media representations of Makayla Sault and JJ during their cancer journeys

(Submission ID: 152222)

Chad Hammond, School of Rehabilitation Sciences, University of Ottawa; Adam Thompson, University of Saskatchewan

Background and Purpose/Objectives

Two pediatric oncology cases at McMaster Hospital broke headlines in late 2014. Two First Nation girls with leukemia had stopped chemotherapy treatments to pursue alternative and/or non-treatment, which led to highly litigated public and private conflict between the hospital, child services, and the girls’ families. We explored how these cases were represented within online news media, and whether the media fostered a supportive environment for publicly discussing Indigenous issues in cancer care.

Methodology

A critical discourse analysis was conducted on 28 news reports published online (12 on each case separately and 4 reports covering both cases).

Results / Impact / Outcomes

Several problematic representations of the two First Nation families were identified: 1) moral judgments on their pursuits of traditional medicines and alternative treatments; 2) uncritical endorsement of the hospital’s appeal for child services intervention; and 3) dismissal of the families’ claims to be exercising their Indigenous rights. Most reports failed to mention larger historical issues that encouraged the colonial oppression of Indigenous health practices and the residential school system in which institutions used judicial power to take children from their families.

Conclusions and Discussion

We describe how these cultural protocols of knowledge translation carry forward and reproduce health inequalities.

Keyword(s): Knowledge translation, Community-based research, Cancer care services

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P23

An Indigenous Knowledge Translation Strategy toward Improved Health of First Nation Cancer Survivors

(Submission ID: 152231)

Chad Hammond, School of Rehabilitation Sciences, University of Ottawa; Wendy Gifford, Reanne Thomas, Janet Jell, Ian Graham; Gwen Barton

Background and Purpose/Objectives

Across the globe, common barriers to cancer treatment among Indigenous populations include: cultural insensitivities; socioeconomic disadvantages; mistrust of mainstream health systems founded upon historical and ongoing marginalization; and complexities associated with healthcare systems, procedures, and services. First Nation peoples living with cancer confront several important inequities related to physical and psychosocial health. The purpose of this presentation is to describe the theoretical and methodological beginnings of an Indigenous Knowledge Translation (KT) strategy proposed to implement culturally responsive cancer survivorship strategies and supports for First Nation peoples.

Methodology

Our strategy builds on a national study that engaged >40 cancer survivors, caregivers and Elders through sharing sessions, individual interviews and participatory, arts-based activities. Our team includes representatives of Akwesasne, a Mohawk community of approximately 12,000 people, and the Ottawa Hospital Aboriginal Cancer Program.

Results / Impact / Outcomes

Indigenous KT calls for integration of local knowledge and traditional values (e.g., spirituality, nature in healing) with a variety of community dissemination practices such as story-telling, kinship networks, and ceremonies; and an explicit recognition of historical impacts of colonization, marginalization and discrimination.

Conclusions and Discussion

First Nation peoples have a long and established history of transmitting their knowledge onto actions through oral traditions, experiential learning, sharing circles, and cultural engagement. We describe how these cultural protocols of knowledge translation may be used in hospital as well as community health settings to improve First Nation experiences of cancer survivorship.

Keyword(s): Knowledge translation, Community-based research, Cancer care services

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P24
Skatne Ionkwatehiahrontie
(Submission ID: 152481)
Megan Kanuk'tenasen W’anye, Skatne Ionkwatehiahrontie, Vivienne Walz, Skatne Ionkwatehiahrontie

Background and Purpose/Objectives
Skatne Ionkwatehiahrontie is a youth-run grassroots program dedicated to supporting young families in parenting and child-care. Its purpose is to explore reproductive health, including attachment parenting, menstruation, healthy relationships, and sexuality through an interactive and arts-based format. Cultural safety, decolonization, harm reduction, support of attachment parenting and Hand Looseau -sera right of passage ceremonies and creation stories inform its core. Objectives include reducing isolation and stigma, increasing access to personal strengths, traditional medicines and Indigenous perspectives, and improving reproductive health and parenting skills.

Methodology
Program development incorporated the support of health allies to foster a holistic approach and a supportive educational environment for young parents. The project was implemented via diverse arts activities, peer-led supportive discussion, sharing of traditional knowledge, and ceremonial, and workshop play. Outcomes were measured qualitatively using participant surveys.

Results / Impact / Outcomes
Three series of 9-12 workshops were offered in Kahnawake in 2015. Improved care provider and individual—child relationships, a sense of connection to traditional knowledge, self-sufficiency and increased sense of self and cultural identity were reported. All participants in the first series returned for subsequent offerings, suggesting that the initiative is beneficial to this community.

Conclusions and Discussion
These results are important in the context of the residential schools legacy–stigma for young parents and the current foster care system, which disproportionately involves Indigenous families and children. This work has implications for helping and empowerment in other communities and ultimately for reconciliation.

Keywords:
Reproductive Health, Art-Therapy, Cultural Safety

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P25
Mothers are not always to blame: How a father’s environment influences the health of his children
(Submission ID: 152658)
Janice Bailey, Centre de recherche en reproduction, développement et santé intégrationnelle, Université Laval; Chériddle Maurice, Health Canada, Serge McCune, Université de Montréal; Romain Lambeau, McGill University; Nancy Côté, CRIC/CPIC; Donivan Chan, McGill University; Arnaud Amadou, Université Laval; Jacquetta Traud, McGill University; Sarah Kimmins, McGill University

Background and Purpose/Objectives
A mother’s exposures can affect child health, but recent disturbing reports indicate that environmental effects can be transmitted by fathers, causing health problems in their children. A likely pathway for paternal transmission of environmental information is via his sperm. The sperm is a group of tags on DNA that signal genes when to turn on or off. After fertilization, the sperm genome is critical in directing embryo development. Due to natural weather currents, organochlorine contaminants (e.g. PCBs, DDT) bioaccumulate in the Arctic where they have never been used. Thus, Inuit populations have a high body burden of environmental organochlorines, which may contribute to the major health disparity between Inuit and non-Aboriginal Canadians. The impact of a father’s exposures to Arctic contaminants on the health of his children is unknown.

Methodology
The objectives of this workshop will be to discuss experimental evidence that paternal exposure to an environmentally relevant Arctic organochlorine mixture induces developmental pathologies in offspring with pertinent health care workers, policy makers, public health specialists and community members. Our key points pertain to: (1) the father’s role in child health; (2) the concept of epigenetic transmission across generations; and (3) strategies to minimize the negative environmental health effects of paternal exposures, thereby improve the health of boys, men, and their future generations.

Results / Impact / Outcomes
The workshop use a Lecture-Discussion instructional method, combining a research-based lecture with a series of short exchange periods with participants. Our aim is to foster knowledge translation.

Conclusions and Discussion
Paternal
Keywords: Environment, Epigenome

For more information contact: Submitting Author: Janice Bailey janice.baily@fossu.ulaval.ca

P26
Mi’kmaq Women’s Experiences with Gestational Diabetes Mellitus: A Concern for Health Disparities
(Submission ID: 152708)
Joanne Whitty-Rogers, St. Francis Xavier University

Background and Purpose/Objectives
Aboriginal women experience a higher incidence of gestational diabetes mellitus (GDM) than the general population. GDM ranges from 8 to 18% in the Aboriginal population, and 3.5 to 3.8% in non-Aboriginal women. These statistics are concerning because GDM is a serious medical condition that can create complications for women and babies during pregnancy and postpartum such as hypertension, higher caesarean section and spontaneous preterm delivery rates, pre-eclampsia, and hypoglycemia as well as potential long-term adverse outcomes for both groups. Women diagnosed with GDM have an increased risk of developing Type II diabetes in later years. The purpose of the study was to provide new knowledge about Mi’kmaq women’s experiences with GDM.

Methodology
Participatory and Indigenous principles were the backbone of the study. Conversational interviews were held with Mi’kmaq women who experienced GDM in addition to talking circles with participants and other community members. Hermeneutic phenomenology using the work of van Manen was chosen for data analysis.

Results / Impact / Outcomes
Using the social determinants of health as a framework, the women’s stories informed the health care providers about the complexities of their lives. The major themes included: a) Revealing the Experiences of GDM; b) Access to Health Care c) Social Support and d) Taking Action.

Conclusions and Discussion
Important conversations about improving health and social practices in Mi’kmaq women’s communities have begun. The lived experiences of the women gave further insight into health resources and health disparities from their perspective. The women want to address actions identified in the study and to build collaborative relationships.

Keywords:
Aboriginal, diabetes, disparities

For more information contact: Submitting Author: Joanne Whitty-Rogers j.whitty-rogers@sfu.ca

P27
Indigenous health resources in social media: An analysis of Canadian Facebook pages and groups
(Submission ID: 152990)
Mohammad Al Mamun, Department of Public Health, General Directorate of Health Affairs in Tabuk Region, Ministry of Health, Kingdom of Saudi Arabia; Hanca Omer, Department of Public Health, General Directorate of Health Affairs in Tabuk Region, Ministry of Health, Kingdom of Saudi Arabia; Kankun Pervin , Department of Public Health, School of Health & Life Sciences, North South University, Dhaka, Bangladesh; Yameen Tanin, 1. Department of Family Medicine, University of Calgary, Calgary, Alberta, Canada; 2. Department of Community Health Sciences, University of Calgary, Calgary, Alberta, Canada

Background and Purpose/Objectives
Social media are increasingly being used as a support platform for various health care programs/systems. This study was conducted to identify and characterize existing Canadian-based Facebook pages and groups related to indigenous health.

Methodology
We searched Facebook (www.facebook.com) for relevant pages and groups using the keywords “indigenous health Canada”, “aboriginal health Canada”, “First Nations health Canada”, “Mi’kmaq health Canada”, and “Inuit health Canada”. Pages and public groups having a focus on Canadian indigenous health were included in this study. We extracted pertinent data from each page’s and group’s content, and performed descriptive and thematic analyses.

Results / Impact / Outcomes
A total of 35 pages and 1 public group were identified. Major topics of the pages were operated from Ontario (41.2%) and British Columbia (14.2%). Facebook pages addressed general health issues (42.9%), students’ educational matters (14.3%), research (11.4%), mental health (8.6%), women’s health (5.7%), chronic diseases (5.7%), child health (2.9%), alternative/holistic health (2.9%), health management (2.9%), and health law (2.9%). A total of 26,770 Facebook users liked these pages, and the median number of ‘likes’ per page was 248 (IQR: 79–919). About 37.1% of top–displayed timeline–posts in Facebook pages were focused on event promotion, whereas one-fourth of posts addressed health awareness information. The only Facebook group identified was Coast Salish Territory based, containing 93 group members, having an objective of promoting indigenous women’s health.

Conclusions and Discussion
Though the presence of likes on timelines of Facebook pages indicates interest in Canada based indigenous health issues by a segment of Facebook users, the potential of this social medium to promote indigenous health resources is still underutilized.
Cancer risk factors and screening among Inuit populations living outside of Northern Canada  

(Submission ID: 153078)

Caroline Cawley, Cancer Care Ontario, Aboriginal Cancer Control Unit; University of Toronto; Megan Prunmel, Cancer Care Ontario, Aboriginal Cancer Control Unit; Suhail Jamal, Cancer Care Ontario, Aboriginal Cancer Control Unit; Abigail Amartey, Cancer Care Ontario, Aboriginal Cancer Control Unit; Loraine Marrett, Cancer Care Ontario, Aboriginal Cancer Control Unit; University of Toronto; Dalla Lana School of Public Health

Background and Purpose/Objectives

Many of the most common cancers diagnosed among the Inuit population in the north (e.g., lung, colon/rectum, breast, nasopharynx, and kidney and renal pelvis) can be largely attributed to modifiable risk factors. Because of the small number of Inuit living in Ontario, little is known about their risk factor profile. Exploratory work using Canadian Community Health Survey (CCHS) data in Ontario suggests high prevalence of cigarette smoking and overweight/obesity, but prevalence estimates are not reportable for most risk factors. This study will investigate using CCHS data for Canadian Inuit living outside Northern Canada (i.e. resident in a province) as proxy.

Methodology

Combining multiple waves of CCHS respondents living in the provinces, we will estimate the prevalence of smoking, obesity, alcohol consumption, physical activity, diet, and colorectal, breast and cervical screening uptake. Where possible, we will compare these with comparable estimates for Ontario Inuit. A meta-analysis will be presented for the Inuit living outside of Northern Canada (living in Ontario, Quebec, and off reserve), Inuit and Métis people accessing medical care in Thunder Bay.

Conclusions and Discussion

Findings from this study can help support actions and interventions targeting the reduction of cancer risk factors among Inuit living in Ontario. Future work will continue exploring methods to best estimate cancer risk factor prevalence among Ontario’s Inuit population.

Keyword(s): Cancer, Risk Factors, Inuit

For more information contact: Submitting Author: Megan Prunmel, mgprunmel@unicon.ca

P29

Wequedong Lodge Opportunistic Cancer Screening Program

(Submission ID: 153130)

Susan Bule, Thunder Bay Regional Health Sciences Centre - Prevention and Screening Services; Lauren Beach, Thunder Bay Regional Health Sciences Centre

Background and Purpose/Objectives

The burden of cancer for Indigenous adults in Northwestern Ontario is significant, and expected to increase over time. Wequedong Lodge has responded to this burden by building capacity for their eligible clients to access culturally appropriate opportunistic cancer screening and follow-up services while staying at Wequedong Lodge. Wequedong is a hub for many of the North communities for referral services to First Nations (on and off reserve), Inuit and Métis people accessing medical care in Thunder Bay.

Many of these clients often do not have regular or timely access to primary health care providers in their communities, so it is necessary to look at different ways to provide organized cancer screening options. Education and awareness of cancer and cancer screening in communities is limited therefore increased awareness and early detection will help reduce the number of people having cancer and the risk of developing cancer lessen.

Methodology

The Cancer Screening Program is supported by Cancer Care Ontario, THBRHSC and Wequedong Lodge. It offers a culturally safe, competent and sensitive cancer screening program and clinic space where clients receive education and awareness to the organized cancer screening programs in Ontario. “One Stop Shopping” so to speak. Translation services provided.

Results / Impact / Outcomes

We will provide an overview of the program model, supports, challenges, successes and future goals of the program. To reduce the impact of cancer through opportunistic screening and early detection and by building partnerships with physicians and communities to increase cancer screening.

Conclusions and Discussion

Opportunistic

Keyword(s): Cancer, Screening

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P30

Indigenous Peoples and Health in Canadian Medical Education: Action Areas

(Submission ID: 154134)

Ryan Genex, University of Toronto, Max Declerq, University of Ottawa, Reid Morgenstern, Northern Ontario School of Medicine; Madeleine Askle, Western University; Danielle Nelson, Queen’s University; Amanda Sauvé, Western University, Kelita Kelita, McGill University; Jason Pennington, University of Toronto; Lisa Richardson, University of Toronto

Background and Purpose/Objectives

Canada’s Indigenous population lies below the Canadian average in an alarming number of health indicators. Medical schools in Canada are beginning to adopt policies and change curricula to start addressing these inequities. We evaluate current practices in Indigenous health in medical education and recommend interventions to begin the process of decolonization within Canadian medical schools.

Methodology

Policy research, including literature review, interviews and consensus building.

Results / Impact / Outcomes

Although practices vary substantially between schools, we found that 1) Canada’s healthcare and medical education systems directly and indirectly contribute to the continued colonization of Indigenous people and their health, 2) Consensus, respectful partnerships and Indigenous self-representation are imperative in decolonizing healthcare and education, 3) Indigenous health is relevant throughout undergraduate medical education, and 4) Current standards and practices within medical education inadequately address topics in Indigenous medical education.

Conclusions and Discussion

We recommend the following: 1. Increase recruitment of Indigenous students through a targeted, culturally safe and comprehensive pipeline approach 2. Develop policies that promote increased admission of Indigenous students 3. Implement mandatory, culturally safe Indigenous health curricula during pre-clerkship 4. Implement Indigenous health experiential learning into pre-clerkship 5. Implement robust clinical electives in Indigenous health during clerkship 6. Promote student participation and leadership in Indigenous health-focused extracurricular activities 7. Prioritize the employment of Indigenous physicians, Elders and support staff in medical faculties 8. Ensure Indigenous cultural safety competency in all educators and support staff

9. Increase accountability to Indigenous communities through an administrative structure that ensures meaningful engagement.

Keyword(s): Medical education, Cultural safety, Engagement

For more information contact: Submitting Author: Madeleine Askle malks2018@med.ualberta.ca

P31

Factors affecting breastfeeding and breastfeeding duration among Indigenous children in Canada: An analysis of the 2006 Aboriginal Peoples Survey

(Submission ID: 154164)

Isabella Romano, University of Waterloo, School of Public Health and Health Systems; Martin Cooke, University of Waterloo, Department of Sociology & Legal Studies and School of Public Health and Health Systems; Pierre Wilk, University of Western Ontario, Department of Epidemiology and Biostatistics

Background and Purpose/Objectives

Breastfeeding is beneficial to child health in a number of ways, but previous research indicates that prevalence and duration of breastfeeding among Indigenous infants are substantially lower than among the general Canadian population. We examined the predictors of breastfeeding of Indigenous infants, including income, geography, and Indigenous identity, as well as familial residential school experience.

Methodology

Binary logistic regression analysis of the 2006 Aboriginal Peoples Survey was used to examine the bivariate and multivariable relationships between several variables and (1) likelihood of having ever been breastfed and (2) duration of the breastfeeding period. Data were collected from proxies (usually parents) who reported on aspects of the child’s health, development, and household. The analysis sample consisted of 3419 Indigenous children ages six to 14, living off-reserve.

Results / Impact / Outcomes

Indigenous children from families with higher household incomes and higher education levels were more likely to have been breastfed as infants, and more likely to have been breastfed for at least six months. Significant regional differences in breastfeeding rates were identified. We also find evidence of intergenerational effects of residential schooling on breastfeeding.

Conclusions and Discussion

This research is grounded in the benefits of breastfeeding as a preventive practice for healthy outcomes throughout the life course. By identifying the characteristics linked to breastfeeding amongst Indigenous children in Canada, this research can help inform frameworks for targeted promotion activities and other strategies to improve breastfeeding prevalence and duration.
Other participating centres utilised local staff knowledge to enable PHC centres to plan, monitor and evaluate services. Patient data using electronic systems in the PHC setting. There is a need to identify and easily extract Indigenous cancer data. Sixty-five percent of participating centres report the ability to extract this data using their electronic systems.

**Conclusions and Discussion**

The most common.

**Results / Impact / Outcomes**

As part of a larger study examining patterns of care of Indigenous patients, and there is limited research in this area. This project examined systems and processes in place to identify these patients in the PHC setting.

**Methodology**

A nationally representative sample of 4,110 First Nations and Métis youth aged 15-24 from the 2012 Aboriginal Peoples Survey were analyzed. Associations were examined using bootstrapped linear regression models adjusted for confounders. Moderated mediation models were examined using the conditional process analysis method.

Adolescents who did not complete high school were most likely to rate their school environment as negative. Among this group, a negative school environment was directly and indirectly associated with increased binge drinking through increased affiliation with risky peers. Among current school attendees and high school graduates, a positive school environment indirectly decreased binge drinking frequency through its protective influence on peer relationships. The strength of these relationships diminished as adolescents grew older. Only participation among current attendees in performing arts activities and school groups was found to be associated with reduced binge drinking; however, high school leavers who were involved in a range of activities were less likely to associate with negative peers.

**Conclusions and Discussion**

Peer relationships play a central role in adolescent development and binge drinking outcomes. Findings highlight the need for policies and programs aimed at improving school environments and inspiring student engagement as these factors shape peer relationships.

**Background and Purpose/Objectives**

Many Indigenous cancer patients in Australia are not identified in cancer registries or hospital records. It is unknown whether patient information systems in the primary health care (PHC) setting accurately record Indigenous and cancer details. This is important because PHC services are becoming increasingly involved in the care/management of Indigenous patients, and there is limited research in this area. This project examined systems and processes in place to identify these patients in the PHC setting.

**Methodology**

Some PHC centres experience difficulties extracting Indigenous cancer data. Sixty-five percent of participating centres report the ability to extract this data using their electronic systems. Patient data using electronic systems in the PHC setting. There is a need to identify and easily extract Indigenous cancer data. Sixty-five percent of participating centres report the ability to extract this data using their electronic systems.

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**Conclusions and Discussion**

Peer relationships play a central role in adolescent development and binge drinking outcomes. Findings highlight the need for policies and programs aimed at improving school environments and inspiring student engagement as these factors shape peer relationships.
Culturally-sensitive way.

on the improvement of these determinants or risk factors in a
include the Indigenous concepts of holistic health to intervene
Levels  . Education and awareness initiatives ought to
systemic advocacy to promote positive changes in care for
Conclusions and Discussion

Results / Impact / Outcomes

Findings of this study suggest the greater need for integration
of Indigenous perspective of holism in care and services for co-
with other conference attendees. Participants will be able rec-
realities reflected in our institutional practices. It also results in

Methodology

This study has a cross-sectional design. Data from the 2009-
10 and 2013-2014 cycles of the Health Behaviours in School-
aged Children (HBSC) study was used to investigate population
characteristics and consumption patterns. Analysis is organized
according to Nunavut, the three territories and the provinces.

results of referrals increase we see an increase of diagnoses.
# of Clients # of ARND pFAS FAS No Dx Deferred
22 102 39 2 26 6

Methodology

Each FASDC team follows the Canadian FASD Diagnostic
Guidelines and includes a Physician, Psychologist, Psychome-
trist, Speech-Language Pathologist, Occupational Therapist,
Anishinaabe Cultural Liaison and Clinic Coordinator.

Results / Impact / Outcomes

Annualized funding for the FASDC was secured in April 2014.
This now supports 10 interdisciplinary clinics per year in Kenora,
Sooch Lookout and Fort Frances, Ontario. At present approxi-
mately 50 clients receive diagnostic assessments per year. As many
of these clients are First Nation, an Anishinaabe Cultural Liaison
position was added to each team in order to facilitate cultural
competency, translation services, linkages with traditional healing
and short term counseling from a traditional perspective.

Conclusions and Discussion

It is important to note that although FASD should not be seen as
an First Nations issue, it is nonetheless an issue that identifies the
need for further supports and services within the First Nation
populations. As the rates of referrals increase we see an increase of
diagnoses.

Back together for wholistic understanding, growth, learning,
its and Wild Horses come together, stay apart, and then come
back together for wholistic understanding, growth, learning,
and building better learning systems.

horses can come together to find new paths for greater under-
standing, growth, and reconciliation.

horses come together to find new paths for greater under-
standing, growth, and reconciliation.

who, Whose, Whoever, Whatever, Wherever, Whenever, however

Conclusions and Discussion

There is a clearly identified need for awareness, education and
systemic advocacy to promote positive changes in care for
co-occurring health conditions that avoid compartmentalization
of mental health from physical, emotional and spiritual health
and provider’s support by addressing intersecting risk factors for
both mental and physical health conditions.

Conclusions and Discussion

Adolescents in Nunavut consumed SSBS over double that of
their counterparts in the provinces and had higher consumption
levels of other energy-dense food. These results may be useful
in identifying dietary issues in Nunavut and informing future
nutrition education programs.

Keywords): Sugar-sweetened beverages, Youth, Nunavut

For more information contact:

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P36

Identifying the health service needs for co-occurring
health conditions among urban Aboriginal women
(Submission ID: 154896)
Haas Ghosh, Public Health Agency of Canada; Iry Bourgault,
University of Ottawa; Cecilia Benoit, University of Victoria

Background and Purpose/Objectives

Inequities in service access in Aboriginal health context is well
documented and a complex phenomenon to address. Whereas
inequities in access to services for co-occurring health condi-
tions is even further complex among urban Aboriginal Peo-
ple in general, and Aboriginal women in particular. Explor-
ing co-morbid health conditions has practical implications for
improving overall health and well-being of Aboriginal women
as well as determining their associated culturally-relevant
health service needs.

Methodology

We collected primary data through one-on-one semi-structured
interviews with key informants, and follow up individual
discussions with Aboriginal women across two phases. In the
first phase, we collect data from key informants (n=30), includ-
ing health and social service providers and decision makers, fol-
lowed by a second phase of data collection from discussions with
urban Aboriginal women (n=6).

Results / Impact / Outcomes

For more information contact:

Submitting Author: Haas Ghosh haas.ghosh@gmail.com

P37

Beverage Consumption in Canadian Youth: A Northern Focus
(Submission ID: 154943)
Luana Davis, Queen’s University; Colleen Davison, Queen’s University

Background and Purpose/Objectives

Regular consumption of sugar-sweetened beverages (SSBs)
are well known risk factors for weight gain, tooth decay and
metabolic syndrome. Rates of SSBs consumption in Nunavut
specifically have been predicted to be exceptionally high.
The objective of this study is to describe rates of food and beverage
consumption, specifically SSBs, in adolescents in Nunavut
compared with all three territories combined and the provinces.

Methodology

This study has a cross-sectional design. Data from the 2009-
2010 and 2013-2014 cycles of the Health Behaviours in School-
aged Children (HBSC) study was used to investigate population
characteristics and consumption patterns. Analysis is organized
according to Nunavut, the three territories and the provinces.

results of referrals increase we see an increase of diagnoses.

Conclusions and Discussion

It is important to note that although FASD should not be seen as
an First Nations issue, it is nonetheless an issue that identifies the
need for further supports and services within the First Nation
populations. As the rates of referrals increase we see an increase of
diagnoses.

Keywords): Sugar-sweetened beverages, Youth, Nunavut

For more information contact:

Submitting Author: Luana Davis 1460@queensu.ca

P38

Fetal Alcohol Syndrome Disorder (FASD): A Strategy for Rural/Remote Diagnosis
(Submission ID: 154976)
Claudine Longboat-White, Northwestern Ontario FASD Diagnostic Clinic; Nuala Ede, Northwestern Ontario FASD Diagnostic Clinic; Randy White, Northwestern Ontario FASD Diagnostic Clinic.

Background and Purpose/Objectives

The Northwestern Ontario FASD Diagnostic Clinic (FASDDC)
began an 18-month demonstration project in 2005 through a
partnership among 9 key Northwestern Ontario health agen-
cies. This project established interdisciplinary diagnostic teams
in Kenora and Sioux Lookout, Ontario. Prior to this residents
in Northwestern Ontario accessed diagnostic services through
the Clinic for Alcohol and Drug Exposed Children in Winni-
peg, Manitoba. This resulted in lengthy service wait times and
substantial travel costs.

Methodology

Each FASDC team follows the Canadian FASD Diagnostic
Guidelines and includes a Physician, Psychologist, Psychome-
trist, Speech-Language Pathologist, Occupational Therapist,
Anishinaabe Cultural Liaison and Clinic Coordinator.

Results / Impact / Outcomes

Annualized funding for the FASDC was secured in April 2014.
This now supports 10 interdisciplinary clinics per year in Kenora,
Sooch Lookout and Fort Frances, Ontario. At present approxi-
mately 50 clients receive diagnostic assessments per year. As many
of these clients are First Nation, an Anishinaabe Cultural Liaison
position was added to each team in order to facilitate cultural
competency, translation services, linkages with traditional healing
and short term counseling from a traditional perspective.

Conclusions and Discussion

It is important to note that although FASD should not be seen as
an First Nations issue, it is nonetheless an issue that identifies the
need for further supports and services within the First Nation
populations. As the rates of referrals increase we see an increase of
diagnoses.

# of Clinics # of ARND pFAS FAS No Dx Deferred
22 102 39 2 26 6

keywords): FASD, Diagnosis, Remote Communities

For more information contact:

Submitting Author: Claudine Longboat-White clongboatwhite@fhimos.ca

P39

Kindred Spirits or Wild Horses: There is more than one
way to Indigenize academia
(Submission ID: 155022)
Gregory Riell, Aboriginal Nursing Student Achievement Program Sac-
katchewan Polytechnic; Shanon Aheneaw, Aboriginal Nursing Stud-
dent Advisor School of Nursing Saskatchewan Polytech.

Background and Purpose/Objectives

Most educational institutions are based on western concep-
tualizations and knowledge bases. Moving forward it will be
important to include ways to decolonize our institutions to
include the voices and stories indigenous cultures across Can-
a. There will be conflict as there is no one way to mesh the
different world views, but through kindred spirits, the wild
horses can come together to find new paths for greater under-
standing, growth, and reconciliation.

Methodology

Who What Where When Why and How do the Kindred Spir-
ts and Wild Horses come together, stay apart, and then come
back together for wholistic understanding, growth, learning,
and building better learning systems.

For more information contact:

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A Northern Focus

P37

Beverage Consumption in Canadian Youth: A Northern Focus

(Submission ID: 154934)

Luana Davis, Queen’s University; Colleen Davison, Queen’s University

Keywords): Culturally-sensitive care, Co-occurring mental
health conditions, urban Aboriginal women

For more information contact:

Submitting Author: Luana Davis 1460@queensu.ca

Conclusions and Discussion

There is a clearly identified need for awareness, education and
systemic advocacy to promote positive changes in care for
c-occurring health conditions at the organization or inter-
or-organization levels. Education and awareness initiatives ought to
include the Indigenous concepts of holistic health to intervene
on the improvement of these determinants or risk factors in a
culturally-sensitive way.

Keywords): Culturally-sensitive care, Co-occurring mental
and physical health conditions, urban Aboriginal women

For more information contact:

Submitting Author: Haas Ghosh haas.ghosh@gmail.com
Background and Purpose/Objectives

Despite the availability of school-based nutrition programs with proven success, implementation of such best practices is limited, especially in Aboriginal, rural and remote communities. Some recent results from a pilot implementation of the Farm/Land to School ‘Learning Circle (LC)’ approach in Haida Gwaii (HG), BC, suggest it holds promise for scaling-up. This promising practice works at a community level to foster multi-sectoral collaboration and build on existing strengths to increase availability and consumption of local healthy foods in schools. In Aboriginal communities, this aligns with cultural sovereignty. From July 27-30 2015 a partnership gathering was held in HG to view the pilot project and discuss possible scale-up. The current research aims to examine the experiences of meeting attendees. A qualitative approach was used to describe the experiences of meeting attendees and other stakeholders (academic and non-academic) in the pilot project and discuss possible scale-up. The current research aims to examine the experiences of meeting attendees, background communities in Northern Ontario. Interviewees were asked about the challenges and successes in providing care for Indigenous patients; their knowledge and accommodation of traditional healing practices; their awareness of community-based services that can provide health and social supports for Indigenous patients; their training in cultural competency; and types of educational strategies to improve knowledge and practice to ensure more equitable and higher quality care for Indigenous peoples. Data was coded using NVivo and analyzed using an equity lens.

Results / Impact / Outcomes

This study used qualitative interviews with care providers across the health care system in London Ontario. Interviewees were asked about the challenges and successes in providing care for Indigenous patients; their knowledge and accommodation of traditional healing practices; their awareness of community-based services that can provide health and social supports for Indigenous patients; their training in cultural competency; and types of educational strategies to improve knowledge and practice to ensure more equitable and higher quality care for Indigenous peoples. Data was coded using NVivo and analyzed using an equity lens.

Background and Purpose/Objectives

The purpose of this presentation is to discuss some of the key gaps in the knowledge and practice of health care providers in ensuring culturally safe, quality health care for Indigenous patients. The presentation will also discuss how health educators and professionals can address these gaps through concrete steps that act on the recommendations of the TRC.

Methodology

This study used qualitative interviews with care providers across the health care system in London Ontario. Interviewees were asked about the challenges and successes in providing care for Indigenous patients; their knowledge and accommodation of traditional healing practices; their awareness of community-based services that can provide health and social supports for Indigenous patients; their training in cultural competency; and types of educational strategies to improve knowledge and practice to ensure more equitable and higher quality care for Indigenous peoples. Data was coded using NVivo and analyzed using an equity lens.

Results / Impact / Outcomes

Although care providers were aware of the health inequities experienced by Indigenous peoples, many are unaware of the myriad of challenges facing Indigenous people in the health care system and in daily life. There was also a gap in knowledge of and linkages with Indigenous run community based services.

Conclusions and Discussion

There is a need to improve knowledge and practice through targeted educational initiatives that give providers concrete recommendations to ensure culturally safe care. Such actions include understanding and correcting their own biases, improving their knowledge, and ensuring system-wide supports for culturally safe care.

P43

Investigating traditional roles of First Nations older adults as a method to promote healthy brain aging

(Submission ID: 155134)

Ashley Connert-Benot, School of Rural and Northern Health, Laurentian University; Kristen Jacklin, Northern Ontario School of Medicine; Darel Manutowab, Laurentian University; Jennifer Walker, School of Rural and Northern Health, Laurentian University

Background and Purpose/Objectives

The emergence of Alzheimer’s disease and related dementia’s (ADR D) in Aboriginal populations across Canada is a rising concern. ADRD research conducted in non-Aboriginal communities suggests that there is merit in approaches that shift from pharmacological treatment to psychosocial interventions. A psychosocial intervention relevant to improving healthy brain aging is the re-establishment or strengthening of intergenerational relationships. Indigenous perspectives on opportunities to foster intergenerational relationships are explored in partnership with the Anishinaabe First Nations communities on Manitoulin Island. This poster reports on published evidence supporting the benefits of intergenerational approaches to healthy brain aging and improved cognition.

Methodology

A literature review on the intergenerativity model in collaboration with culturally appropriate community-based research methods guides research objectives of improving intergenerational relationships, promoting roles of older First Nations adults and progresses the quality of life for those experiencing ADRD. Qualitative methods, guided by community advisory groups, include key informant interviews and focus groups.

Results / Impact / Outcomes

Qualitative data analysis of focus groups and interviews with participants will provide a framework for program implementation focused on promoting intergenerational relationships. As part of the analysis, the framework allows for possible evaluation plans to measure benefit once programming implementation occurs.

Conclusions and Discussion

The project highlights the importance of culturally relevant solutions to improving the quality of life for those experiencing ADRD through community-based participatory research methods. Program facilitating intergenerational relationships can provide opportunities for increased cognitive stimulation in older Anishinaabe adults. It may also foster reconciliation in First Nations communities.

Keyword(s): Dementia, Role Restoration, Culturally Compe- tent Care

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P44
The Determinants of Health among a Vulnerable Population: Analysis of Homeless Aboriginal People
(Submission ID: 155757)
Johanna Mills-Brule

Background and Purpose/Objectives
Background discusses the determinants of health among a vulnerable group with focus on homeless Aboriginal People. It focuses on the beginning of the early human life and moves through a discussion of the Canadian history. The literature reveals some causes as structural inequalities and limited access to resources on reserves such as shelter, food and healthcare; forcing much of this population into homelessness. These interupt with daily activities, increasing the level of stress and forcing one into unhealthy habits like drug and alcohol abuse.

Methodology
This research analyzed homelessness drawing on key events about the early settlers in Canada. Literature concentrated on academic articles published in the social sciences and indigenous and social work fields focusing on causes and effects of homelessness and also highlights some determinants including unemployment, access to healthcare and education, poor living conditions and poor well-being of children.

Results / Impact / Outcomes
The result is stigmatization, social exclusion, poor health and food insecurity. Some interventions like narrowing the inequality gap, engaging this group in community work as well as fighting mistreatment of this group, thus making them vulnerable. The History has revealed the events leading to the downfall and prevention theory.

P45
Supporting strategic planning in First Nations and Inuit health: Developing the First Nations and Inuit Health Branch (FNHB) Indicator Framework
(Submission ID: 159343)
Neil Godduhs, Health Canada; Kerri Watkins, Health Canada

Background and Purpose/Objectives
In 2012, the First Nations and Inuit Health Branch (FNHB) of Health Canada drafted a Strategic Plan to guide branch activities. To assess activities related to the strategic goals in this plan, FNHB identified a set of key indicators to inform the branch about First Nations and Inuit health. This work drew on existing indicator development by First Nations and Inuit organisations.

Methodology
Following a review of health frameworks used by other organizations, the framework was organised according to four themes: health status; determinants of health; health systems performance; and internal operations. A needs-based approach was taken for indicator selection, whereby information relevant to the health of First Nations and Inuit was prioritized regardless of data availability. Each potential indicator was assessed, and the selection rationale, data sources, and calculation methods were documented.

Results / Impact / Outcomes
The results of the assessment highlighted current gaps in available data. FNHB is working with colleagues and community partners across Canada to address these gaps, and to prioritize initiatives for data acquisition.

Conclusions and Discussion
The information captured in the Indicator Framework provides a standardised method of assessing health and health systems and increases the strength of decision making within FNHB. With the addition of locally relevant indicators, the framework can be used as a tool at the regional or community level to inform health planning.

Keyword(s): Health indicators, Data and Information, Strategic health planning.

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Bronze

Institute of Aboriginal Peoples’ Health
Institut de la santé des Autochtones

CIHR IRSC

Institute of Gender and Health
Institut de la santé des femmes et des hommes

First Nations Health Authority
Health through wellness

Undergraduate Medical Education, Postgraduate Medical Education and the Medical Alumni Association at the Faculty of Medicine, University of Toronto, have each provided a continuing medical education grant to support Indigenous student attendance at this year’s conference.