



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE
Continuing Professional Development

Oral Abstracts

Indigenous Health Conference

Walking Together

May 24-26, 2018



Oral Abstracts

001

Nurturing Intergenerational Social Engagements to Support Healthy Brain Aging and Well-Being In First Nation Communities: A community-based inquiry

(Submission ID: 440792)

Ashley Cornect-Benoit; Kristen Jacklin; Jennifer Walker, Institute for Clinical Evaluative Sciences; Darrel Manitowabi, Laurentian University

Background and Purpose/Objectives

With an increase in the aging Indigenous population across Canada, the presence of Alzheimer's disease and related dementia's (ADRD) is a rising concern as occurrence rates exceed those of non-Indigenous populations. Primary care providers, family members and individuals experiencing brain aging note that culturally appropriate methods grounded in Indigenous perspectives must be explored to address the increased prevalence. The project aims to identify a pathway for intergenerational social engagements to promote methods of healthy brain aging and well-being in Indigenous communities.

Methodology

The Indigenous Wholistic Theory and the Intergenerativity Model provide guidance for a community-based participatory action research (CB PAR) inquiry with the Anishinaabe community of Wikwemikong Unceded Indian Reserve in Northern Ontario. Guided by the key principles of CB PAR, key informant interviews, focus groups and program observations aid in identifying the barriers and facilitators of success for intergenerational social engagements in Wikwemikong.

Results/Impact

A qualitative thematic analysis of the stories shared by participants elicits seven themes that provide current programming opportunities with a vision that fosters intergenerational engagements. Themes are developed from communal perspectives and strengthen the need for community voice in health care.

Conclusion

The project results in culturally appropriate methods to address brain aging in First Nation populations, and also brings forth the opportunity for youth to become actively engaged with their community through intergenerational programming. The results of this project are significant to all generations, a view that must be adhered to when attempting to address health concerns within Indigenous communities.

Keyword(s): Indigenous Health Research, Community-Based, Intergenerational Engagements, First Nation Older Adults/Youth,

For more information, contact Submitting Author: Ashley Cornect-Benoit ax_cornectbenoit@laurentian.ca

002

Developing culturally safe practice tools for use with Indigenous people with dementia in northeastern Ontario

(Submission ID: 435821)

Karen Pitawanakwat, Naandwechige-Gamig Wikwemikong Health Centre; Emily Piraino, North East Behavioural Supports Ontario; Louise Jones; Melissa Blind; Jerry Otowadjiwan; Roxanne Makela; Bob Spicer; Monica Bretzlaff,

Background

Recent evidence suggests rates of dementia are higher in Indigenous populations than the general population, and that existing care strategies are often culturally unsafe. A partnership between North East Behavioural Supports Ontario (NE BSO) and Canadian Consortium on Neurodegeneration in Aging Team 20 (Ontario) was established to address the need for culturally appropriate care tools. This paper reports on the adaptation of the Pieces of my Personhood practice tool used in in home and long term care setting to identify care needs and preferences for patients with dementia.

Methodology

Using community based participatory and Indigenous research methods, the NE BSO staff, CCNA Team 20 staff and advisory members guided the adaptation. An Anishinaabe Expert Language Group translated and back-translated the tool to ascertain culturally rooted meanings of questions. These results were brought to three geographically distinctive focus groups in Northern Ontario for further discussion. Debriefings helped further refine the tool. Revisions were made through consensus.

Results

Approach and the in relationship building emerged as the central theme. Repetitive questions were removed, as were questions related to material wealth and trauma. Structural barriers to care for Indigenous populations were identified as were recommendations on using trauma informed approaches to care.

Conclusions

The tool required considerable modifications to become culturally appropriate and safe. It is imperative organizations reflect on practice tools, and work with Indigenous partners to assess their relevance to Indigenous patients. Adapting and producing culturally safe tools to use with Indigenous populations is an important step toward health equity.

Keyword(s): cultural safety; trauma informed care; Elder care

For more information, contact Submitting Author: Louise Jones
lajones@laurentian.ca

003

Places of death and places of care of Indigenous People in Ontario at end of life: A retrospective cohort study

(Submission ID: 440094)

Sarah Funnell, University of Ottawa; Peter Tanuseputro, Institute for Clinical Evaluative Sciences, Ottawa Hospital Research Institute; Angeline Letendre, Alberta Cancer Prevention Legacy Fund; Lisa Bourque Bearskin, Thompson Rivers University; Jennifer Walker, Institute for Clinical Evaluative Sciences; Doug Manuel, Institute for Clinical Evaluative Sciences, Ottawa Hospital Research Institute

Background

Most people prefer to die at home. To what extent this occurs for Indigenous people in Ontario is unknown. Objectives: This study aims to describe the places of care and places of death for Indigenous decedents in Ontario that received provincially-funded homecare services. This study also describes the characteristics of Indigenous decedents and how these characteristics compare to non-Indigenous decedents.

Methods

A retrospective population level cohort of Indigenous and non-Indigenous decedents, who died between April 1, 2010 and March 31, 2015, was created using encrypted unique identifiers in health administrative databases housed at the Institute for Clinical Evaluative Sciences, Ontario. Characteristics, places of death and places of care were described by linking to several other databases.

Results

Indigenous decedents were younger, had more chronic diseases and were more likely to live in lower income neighbourhoods. Indigenous decedents spent more time in acute care settings in the last year of life and a greater proportion died in acute care settings. Indigenous decedents received fewer home care hours and were less likely to have received a palliative physician home visit (OR 0.72). Having had a palliative physician home visit decreased the odds of dying in acute care (OR 0.50) and decreased the likelihood of spending more days in acute care (RR 0.82).

Conclusion

Our study identified a health care gap in end-of-life care for Indigenous people in Ontario. There likely are changes needed in the health care system in order for Indigenous patients to have their end-of-life health care needs met.

Keyword(s): End-of-life care, palliative care, home care, health administrative data, Indigenous

For more information, contact Submitting Author: Sarah Funnell
srfunnell@gmail.com

004

Trauma-informed Emergency Care for Nuu-chah-nulth Elders: Promising Practices for Engagement

(Submission ID: 434183)

Janice Johnson, First Nations Health Authority; Leena Hasan, First Nations Health Authority; Amanda Ward, First Nations Health Authority; Kelly McColm, West Coast General Hospital

Background/Purpose

Trauma-informed care is care that recognizes that many Indigenous Peoples in Canada have experienced historical and inter-generational trauma as a result of colonization and racial discrimination toward Indigenous Peoples. The BC First Nations Health Authority (FNHA) and its partners used a community-driven process to implement the Trauma-informed and Culturally Safe Emergency Care for Nuu-chah-nulth Elders Workshop to provide Nuu-chah-nulth Elders and community members the opportunity to be heard by and collaboratively develop recommendations with health partners to address this urgent need.

Methods

The need which formed the basis for the trauma-informed emergency care workshop was identified from concerns of Nuu-chah-nulth community and the West Coast General Hospital Cultural Safety Committee (WCGH CSC) that Elders may not be accessing emergency care due to residential school trauma and lack of culturally safe care. Through their links to Nuu-chah-nulth Nations and community, FNHA Nuu-chah-nulth Community Engagement Coordinators invited Nuu-chah-nulth Elders and community members to the workshop following cultural protocol.

Results

Through its community-driven approach, the workshop was successful in bringing together community members from 10 of 15 Nuu-chah-nulth communities and providing a safe space where Elders were able to share their stories and raise their concerns with health partners. Recommendations from participants are also being provided to the WCGH CSC to inform future cultural safety planning.

Discussion

The approach used for this work will guide health service administrators and providers to identify methods to engage

First Nations patients in partnered initiatives to improve emergency care.

Keyword(s): trauma-informed care, cultural safety, intergenerational trauma, Elder emergency care

For more information, contact Submitting Author: Leena Hasan leena.hasan@fnha.ca

005

A Relational Approach to Health Service Delivery Best Meets Needs of Indigenous Infants: Lessons Learned from Community Supports in Hamilton

(Submission ID: 414583)

Amy Wright, McMaster University; Rachel Bomberry, McMaster University; Olive Wahoush, McMaster University; Marilyn Ballantyne, Holland Bloorview Kids Rehabilitation Hospital; Chelsea Gabel, McMaster University; Susan M. Jack, McMaster University

Background

Mothers typically act as gatekeepers to health care for their children, yet many Indigenous mothers report poor access to health services. Inadequate access to health services may contribute to the poor health outcomes experienced by Indigenous infants. Understanding how Indigenous mothers experience selecting and using health services to meet the health needs of their infants is important to informing how health services can best meet the needs of these families.

Methodology

Using Interpretive Description methodology, guided by the Two-Eyed Seeing framework, 19 interviews were conducted with Indigenous mothers living in Hamilton and 15 service providers. Results: A thematic data analysis revealed eight commonly used community supports: Early Years Centres, Healthy Babies, Healthy Children programming, Parenting classes, Pharmacists, Lactation consultants, the internet, family and friends. These services provide home visiting, health information and education, tangible resources, links to community and cultural supports all whilst using a relational approach.

Discussion

A relational approach is important for establishing trust and a sense of safety with health providers. Community supports are described as providing holistic care, and Indigenous programming demonstrates a unique ability to meet the spiritual health needs of infants.

Conclusions

Lessons from the approach of community supports to health service delivery can be applied to primary and acute care services

as well, including the importance of relational care and linking families with community and cultural supports within the city. These approaches may improve access to care for Indigenous mothers and infants and contribute to improving the health outcomes of Indigenous infants.

Keyword(s): Indigenous mother & infant health Cultural competent health care

For more information, contact Submitting Author: Amy Wright wrighal@mcmaster.ca

006

Exploring the Health and Well-being of Algonquin children and youth in Winneway, Quebec

(Submission ID: 433533)

Alison Kutcher; Priscilla Polson; Mary Ellen Macdonald, Faculty of Dentistry, McGill University; Franco Carnevale

Background and Purpose

Health inequities among Canadian Indigenous children and youth are well documented in the literature; however, few studies exist from the perspective of Indigenous children and youth. To understand (a) how children and youth view health and wellbeing in the community of Winneway and (b) what the main health and wellbeing concerns among children and youth are in the community.

Methodology

The project used a focused ethnography guided by an Indigenous decolonizing research framework, designed in collaboration with community members. Data were collected through interviews, participant observations, analysis of key texts, and a group activity. Fifteen participants aged 6 to 17 were interviewed in English. Data analyses was conducted in four phases: domain analysis, taxonomic analysis, componential analysis, and thematic analysis.

Results

The results from this study highlight how children and youth in Winneway view their health and wellbeing as multidimensional, make decisions regarding their health and wellbeing, and navigate influences and personal beliefs to attain health. Family, including foster family, and the community, are important contributors to health and wellbeing. The main health and wellbeing concerns, as expressed by children and youth, include poor eating choices that may lead to diabetes, difficulty expressing emotional and mental concerns, treatment of other children and youth, and, for youth, participation in unhealthy behaviours. The findings in this paper reinforce the valuable perspective that children and youth have into their health and wellbeing. In particular, their participation in their health and wellbeing, as

well as their views on healthy eating and cannabis.

Keyword(s): Indigenous, community health, child health

*For more information, contact Submitting Author: Alison Kutcher
alison.kutcher@mail.mcgill.ca*

007

Supporting Indigenous Organizations with Traditional Breastfeeding Teachings

(Submission ID: 432860)

Stephanie George, Six Nations Maternal and Child Health; Yolande Lawson, Health Nexus/Best Start Resource Centre/BFI Strategy for Ontario

Rational/Background

In traditional indigenous culture, women breastfed their babies as it was the natural way of feeding babies. Breastfeeding was thought to nourish, protect, guide, comfort, and ensure a strong bond between infant and mother. Breastfeeding improves physical and emotional health for both mother and infant and has health benefits for infants, mothers and society. Breastfeeding rates are lower among indigenous women in Canada. Important progress has been made in Ontario in the last few years to improve breastfeeding initiation and duration through the work of the Baby-Friendly Initiative Strategy for Ontario. Working with the assistance of indigenous advisors, one of the priorities is to reach indigenous organizations in order to help them support breastfeeding in their communities.

Content

The presentation will discuss breastfeeding teachings from traditional perspectives and the current research which supports breastfeeding, skin-to-skin contact and nourishing our next generation. Building on the foundation of cultural competency, capacity building, and utilizing the strengths of the people, the BFI Strategy for Ontario developed a video, resources, and workshops to help indigenous health care organizations support mothers with breastfeeding. The process and learnings regarding developing these tools will also be discussed.

Instructional Methods

The facilitators will make this session interactive with discussion questions throughout the presentation. The presentation will also include the showing a 6 minute video and discussion about the new indigenous breastfeeding resources.

Keyword(s): women's and children's health, breastfeeding, baby-friendly initiative, traditional teaching

*For more information, contact Submitting Author: Yolande Lawson
y.lawson@healthnexus.ca*

008

Addressing racism in healthcare through the Aboriginal Relationship and Cultural Competency courses

(Submission ID: 434369)

Michelle Rand, Cancer Care Ontario; Alethea Kewayosh, Aboriginal Cancer Control Unit, Cancer Care Ontario

Background

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, including racism and discrimination. Cancer Care Ontario has developed Aboriginal Relationship and Cultural Competency (ARCC) courses that stress the importance for front line healthcare professionals to understand and apply FNIM cultural safety to provide effective person-centred care.

Methodology

A needs assessment was conducted to assess the format and content for the ARCC courses. The courses are refreshed annually and new courses were added in 2018. The thirteen courses examine the concept of cultural safety, including colonization, the determinants of health, political governance and Indigenous knowledge. The courses are accredited and include videos of FNIM leadership and patient stories.

Conclusions

The courses are geared to healthcare providers, however the uptake has extended far beyond health professionals. The ARCC courses have over 10,000 course enrollments and a course completion rate of 81%. The courses are free of charge and can be taken by anyone. Qualitative data is captured through feedback surveys, of which many people state that they will be more emphatic and culturally aware of their FNIM patients or clients.

The courses address a key recommendation from the recent Truth and Reconciliation Commission of Canada report, to provide skills-based training in cultural competency. Culturally sensitive, community based research will be conducted to determine whether cultural safety courses, like these, have a positive impact for FNIM people going through the healthcare system and their interaction with providers.

Keyword(s): Cultural competency, addressing racism and healthcare education

*For more information, contact Submitting Author: Michelle Rand
michelle.rand@cancercare.on.ca*

009

Community-Based Emergency Care with the Windigo First Nations Council: Development of a prehospital care program in remote Indigenous communities

(Submission ID: 433824)

Aaron Orkin, Schwartz/Reisman Emergency Medicine Institute, Toronto; Julia Russell, Centre for Rural and Northern Health Research, Laurentian University; David VanderBurgh, Northern Ontario School of Medicine; Stephen Ritchie, Centre for Rural and Northern Health Research; Sadie Maxwell, Windigo First Nations Council; Frank McKay, Windigo First Nations Council

Background and Purpose

We describe the efforts of the Windigo First Nations Council (WFNC) Working Group (WG) to address gaps in health systems and data, through a partnership and planning process involving multi-stakeholder collaboration to develop Community-Based Emergency Care (CBEC), a prehospital care program in five remote Indigenous communities in Northern Ontario.

Methodology

The WFNC CBEC development process sought data from local, regional and international sources. We convened a WG to collaborate across Indigenous, health services, government, and academic organizations and to design, propose and operationalize a CBEC program.

Outcomes

The WG developed an Operational Plan for the launch and evaluation of community-based first response services in WFNC communities over five years. The proposal received unanimous endorsement from WG members and was delivered for government approval in December 2017. A regional epidemiological study has obtained five years (2012-16) of medical transport and emergency services administrative data for the Nishnawbi Aski Region. A global systematic review is underway to understand health effects of training laypeople to deliver emergency care in underserved populations (PROSPERO No. CRD42014009685).

Conclusions and Discussion

A committed and effective partnership between Indigenous, academic, and government organizations can harness community-based approaches to overcome an information vacuum, gather new data, and develop a new health program. This approach will deepen our understanding of emergency care issues in remote FN communities and inform emergency care practice and systems. This presentation is suitable for practitioners with all levels of experience in Indigenous health. The target audience is policy and public health specialists.

Keyword(s): Emergency care, Community-based, Rural, health, systematic, reviews, program development

For more information, contact Submitting Author: Aaron Orkin
aorkin@gmail.com

010

Supporting institutional engagement in community-based Indigenous health planning, the ebb and flow of 'developmental evaluation'

(Submission ID: 426722)

Martine Lévesque, Faculty of Dentistry, McGill University; Darlene Shecapio-Blacksmith, Cree Board of Health and Social Services of James Bay; Charlie Louttit, Cree Board of Health and Social Services of James Bay; Susan Law, Trillium Institute for Better Health; Jill Torrie; Robert Carlin; Lucy Trapper, Cree Board of Health and Social Services of James Bay; Donald Ellis, Cree Board of Health and Social Services of James Bay

Background

Despite longstanding will that Indigenous health program evaluation ensure participation and cultural sensitivity—fostering empowerment, respect for diversity and contextually accurate interpretations—technocratic approaches continue to dominate the field. In the current Canadian context of reconciliation, such approaches are being recognized as politically and ethically problematic. With this concern, since 2015 the Cree Board of Health and Social Services of James Bay (CBHSSJB) and McGill-based researchers have been using “developmental evaluation” (DE) to assess a region-wide initiative aimed at supporting community engagement in health planning: Iiyuu Ahtaawin Miyupimaatisiun Planning (IAMP). Through close collaboration of researchers with the IAMP support and management personnel, DE aims to provide ongoing and real-time feedback to support the institution’s health planning innovation process.

Objectives/Purpose

This presentation will discuss the ‘ebb and flow’ of DE in the context of this study, characterized by flexibility and responsiveness to CBHSSJB partners.

Methodology

Over two years, partners have met face-to-face eight times to collaborate on evaluative components (e.g., key informant interviews, document analysis, local health committee member perspectives) aimed at supporting the planning initiative. Analysis of detailed accounts of team meetings and communications to date have revealed key processual components and moments, including challenges and rewards of DE in this context.

Results

Developmental evaluation draws on and facilitates dialogical, iterative and reflexive learning among partners. Insights generated throughout this process have helped to focus data analysis and contribute to deeper intercultural understanding of the essence and aims of the planning initiative. Challenges have included IAMP project leadership and role definition.

Keyword(s): Indigenous health planning, Developmental evaluation, Participatory research, Biculturalism/Reconciliation

For more information, contact Submitting Author: Martine Lévesque
martine.levésque2@mcgill.ca

011

Aboriginal Nursing Students' Capacity to Succeed in a Baccalaureate Nursing Program

(Submission ID: 432799)

Lisa Perley-Dutcher, Amanda Rogers, University of New Brunswick; Kathy Wilson, University of New Brunswick; Debbi Amirault, University of New Brunswick

Background

Historically, Aboriginal students have been underrepresented in schools of nursing across Canada. Although Aboriginal peoples comprise almost 5% of the population in Canada (Statistics Canada, 2017), only 2.9% of the registered nursing workforce reports Aboriginal ancestry (ANAC, 2014). This study was conducted to determine factors that influence the recruitment, retention, and graduation of Aboriginal nursing students.

Objectives

This research study explores the experiences of Aboriginal nursing students at the University of New Brunswick, focusing on the barriers and supports that influence capacity to succeed in the program. These experiences were examined for differences between students who lived primarily in a First Nations community and those who lived primarily in an urban setting. From these accounts, recommendations are made to support Aboriginal nursing students' resiliency, learning, and progression through the nursing program.

Methodology

A participatory action research design was used, in which the members of a research team worked collaboratively to refine the research questions, collect and analyze data, and disseminate results. The study was grounded in an interpretive phenomenological approach that facilitated the co-construction of meaning of the lived experience of being in the world (van Manen, 1997).

Results

From fifteen interviews, eight major themes emerged from the narratives of Aboriginal nursing students who either lived on

a First Nation community or in an urban setting. The major themes include: developing self-identity, ways of being and learning, influence of family and community, ability to find balance, self-efficacy, perceptions of marginalization, connections with peers/family/community/ANI/university, and yalitahasuwin (ancestral knowledge).

Keyword(s): Indigenous education, Indigenous nursing, participatory action research, qualitative research

For more information, contact Submitting Author: Amanda Rogers
amanda.reid@umb.ca

012

Reconciling equity in response to taking the 'Indian' out of the nurse.

(Submission ID: 433531)

Danielle Bourque, McMaster University; Andrea Kennedy, Mount Royal University; Samantha Cardinal; Domonique Bourque, Alberta Health Services; Lisa Bourque Bearskin, Thompson Rivers University

Background

Professor: "Where is your voice? There is no Indigenous knowledge in your work." Student: "I have always needed to do this to survive in school. What makes you think I can just change this now?" This exchange resulted in momentum to challenge current oppressive systems. We believe Indigenous students and faculty should not push aside Indigenous knowledge (IK) to 'survive' westernized systems. As recent graduates and faculty members, we honour our shared responsibility to uphold TRC Calls to Action (2015) in nursing education. Objectives: Our focus is promoting equity, cultural safety, and decolonizing nursing education by critically examining how IK is taken up by institutions. Priorities are aligned with TRC (2015) call to action #24 for nursing education to integrate intercultural competency, conflict resolution, human rights, and anti-racism.

Methodology

Through Indigenous research methodology and critical scholarship, we recognize that IK is further marginalized in nursing education which significantly impacts Indigenous identity. We meet monthly by teleconference to share stories, create presentations and manuscripts, and with the aim of developing research on equity in Indigenous nursing education and health.

Results

We are strengthened by seven sacred teachings, and encouraged by those willing to engage in meaningful discussion and action. We have also faced criticism and refusal to create space for this story. Rather than being deterred, we see the broader political context of storywork, and importance to understand systemic barriers and facilitators.

Conclusions

We are opening up critical conversations and scholarship to promote equity in Indigenous nursing education and health.

Keyword(s): equity, nursing education, nursing curricula, cultural safety

*For more information, contact Submitting Author: Danielle Bourque
daniellebourque11@gmail.com*

013

Recruitment and Retention of Indigenous Students in a Baccalaureate Nursing Program

(Submission ID: 431826)

Nadine Rimmer, Keyano College

Background

The Indigenous peoples of northern Alberta possess considerable challenges to their health and wellbeing. Research has shown that one strategy to improve the health of this population demographic is to increase the number of Indigenous registered nurses. The literature outlines the health disadvantages of the Indigenous people, the benefit of an increase in Indigenous nurses and the strategies that can be used to entice nursing students to baccalaureate programs and retain them until graduation.

Methodology

Using a phenomenological approach through interviews, the lived experience of Indigenous nursing students and graduates has been explored to reinforce existing literature based strategies and illuminate new strategies. Using these literature and interview based strategies will increase the percentage of Indigenous nursing students registering and graduating from a baccalaureate nursing program. The common literature based strategies include: access to an Indigenous counselor and Elder, navigation through financial assistance available to Indigenous students, help with time management, essay writing, and medication mathematics, identification of Indigenous role models within faculty, knowledgeable faculty in Indigenous ways of learning, more specific recruitment for nursing in high school.

Conclusions

Currently the lived experience of the Indigenous students is being utilized by the organization to assist in strategic planning to enhance the desirability of the college to be the educator of choice for Indigenous students.

Keyword(s): Keywords: Indigenous nursing students, strategies, phenomenological study, baccalaureate nursing program.

*For more information, contact Submitting Author: Nadine Rimmer
nadine.rimmer@keyano.ca*

014

Optimizing the diabetes cascade of care for indigenous people through the utilization of community health care workers in Sioux Lookout

(Submission ID: 421568)

*Janet Gordon, Sioux Lookout First Nations Health Authority;
Sumeet Sodhi-Helou, Dignitas International*

Background

First Nations in Northern Ontario experience a high burden of diabetes and face barriers to accessing healthcare, including: geographic isolation, limited human and financial resources, medical staff turnover, and lack of culturally safe care. Community Health Worker (CHW) programs have been successfully deployed globally to address health needs in this context.

Objectives and Methods

Our team, a partnership between an international non-governmental organization and an indigenous-led health authority, developed, implemented and evaluated a CHW Diabetes Pilot Program. The goal of this initiative was to provide existing CHWs with training, mentorship and capacity building for supporting diabetes management. CHWs in four communities participated in a 3-day training followed by a mentorship period. Quality improvement methods were utilized to measure performance and foster improved practice. A web platform, called CHWConnect, was also created, to provide a knowledge sharing space for current and future trainees.

Results

Eleven CHWs were trained, and 6 completed the mentorship program. The training program was rated with high satisfaction among CHW trainees and their supervisors, and by allied health colleagues. Trainees and their supervisors also noted some challenges with applying new skills and putting knowledge into practice when returning to their communities.

Conclusions

Developing a successful training and capacity building for CHWs requires sustained engagement and frequent support from community leaders, mentors and peers. Integration of CHWs within a medical team is also essential to achieving desired outcomes.

Keyword(s): Community Health Workers, Health Systems, Chronic Disease, Diabetes, Northern Ontario

*For more information, contact Submitting Author: Sumeet Sodhi-Helou
s.sodhi@dignitasinternational.org*

015**Kwe to Kwe - A Harm Reduction Support Group for Indigenous Women who use drugs**

(Submission ID: 434337)

Denise Baldwin; Gemma Bisessar, The Works/Needle Exchange; Alison Bray, Ontario Aboriginal HIV Aids Strategy

Background and Purpose/Objectives

Kwe to Kwe Indigenous women's group is a 3 agency partner collaboration that has created a safer space for urban Indigenous women who use substances and who are affected by, or at risk of, HIV/HCV transmission. The purpose of this group is for Indigenous women to connect and support one another in an environment that destigmatizes their substance use while providing connections to clinical and cultural services.

Methodology

Agencies identified need to support Indigenous clientele from a harm reduction perspective. 12 biweekly sessions were implemented for a maximum of 10 participants. Participants receive transportation coverage including a \$20 stipend. Food is also provided. Participants provide feedback on topics discussed, while engaging in cultural specific teachings, practices and ideologies.

Results/Impact/Outcomes: This support group has entered its 4th year with approximately 24 women identified to participate. Women have proclaimed the need for this group to continue as it has been a tool used for their healing. 72 sessions have been run from 2015 to 2018.

Conclusions and discussions

Creating interagency partnerships to support urban Indigenous women is an achievable way to understand Indigenous social determinants of health, health impacts of colonialism and improve the health outcomes for urban indigenous women who use substances and who are affected by or at risk of HIV/HCV transmission.

Keyword(s): Women, Harm Reduction, Health

*For more information, contact Submitting Author: Denise Baldwin
dbaldwin@srhc.com*

016**Action on Discussing Legal Substance Use by Women and Professionals**

(Submission ID: 434304)

Rose Schmidt; Lindsay Wolfson; Nancy Poole; Karen Gelb; Natalie Hemsing

Background and Purpose/Objectives

This presentation details a pan Canadian project designed to facilitate the incorporation of gender-, equity-, and trauma-informed brief substance use interventions into health and social service practice with women and their partners, in the preconception, interconception and perinatal periods.

Methodology

Twelve regional sessions, using a participatory and dialogic approach, were conducted with multidisciplinary experts from professional health associations, social services, and Indigenous health services to identify current practices, share evidence, and offer ideas for how to increase provider confidence and competence in discussing substance use with women and their partners. Regional snapshots were compiled from the sessions to illustrate current practices within regions and across professions. An environmental scan of existing practices within areas of professional practice was compiled as a complimentary resource to the regional snapshots.

Results/Impact/Outcomes

The regional snapshots and environmental scan demonstrate that brief interventions are feasible and complimentary to the First Nations' Wellness Model. Delivering services that use the wellness model and ground practice in culture create more supportive and trusting environments and are inherently trauma-informed.

Conclusion and Discussion

In Canada, brief intervention related to licit substance use is not consistently implemented. This session will highlight the regionally generated ideas for implementing women-centred, harm reduction oriented, culturally appropriate, and equity- and trauma-informed approaches to brief substance use interventions on the part of health and social service providers. It will underline the importance of centering care around Indigenous wellness models so discussions about substance use with Indigenous women are supportive and enhanced.

Keyword(s): Substance use, brief intervention, trauma-informed practice

*For more information, contact Submitting Author: Lindsay Wolfson
lindsay.wolfson@gmail.com*

017**Outcomes of a Culturally Safe Perinatal Housing Intervention Women with Problematic Substance-use: A Model for Rural Geographies**

(Submission ID: 440622)

Sheona Mitchell-Foster, University of British Columbia; Tarissa Alec, Northern Medical Program, University of British Columbia; Maria Brouwer, Harmony House; Lucille Duncan, Central Interior Native Health Society; Karen Underhill, Phoenix Transition Society

Introduction

In northern BC, vast geographies bring unique challenges in providing quality and interdisciplinary pregnancy care to women with problematic substance-use. The legacy of colonialism, residential schools and generational trauma has resulted in Indigenous women being specifically impacted by substance-use translating into high rates of neonatal apprehension continuing the generational cycle of violence across families and communities. Pregnancy offers an opportunity for engaging with families at a critical juncture in the life course.

Methods

Indigenous methodologies were applied to the program planning, evaluation and monitoring of a culturally safe housing intervention dedicated to women and families struggling with problematic substance-use during pregnancy and post-partum in a regional center in northern British Columbia. Aboriginal Grandmothers (Elders) as mentors provided critical cultural and life skills context for project participants through one on one mentoring and scheduled Grandmother's Teas. Outcomes were recorded from January to December 2017. Programing includes ArtHeals, infant and child development, parenting skills, Sage picking, smudging, and learning traditional foods.

Outcomes

A total of 25 women participated in the intake process and 92% (n=23) were formally enrolled. Three quarters (76%, n=19) of women identified as Indigenous. The majority of women, 68% were engaged antepartum (n=17) and none of these neonates were apprehended at birth. Range of stay duration was 2 to 253 days.

Conclusions

Dedicated culturally safe supported housing options provide a drastically needed link to care with unique approaches required for Indigenous populations in disparate geographies and has had a significant impact on neonatal apprehensions in this pilot project.

Keyword(s): cultural safety, perinatal additions, supported housing, pregnancy, rural geographies

*For more information, contact Submitting Author:
Sheona Mitchell-Foster sheona.mitchell-foster@unbc.ca*

018

Principles for Indigenous approaches to FASD prevention: Enacting Truth and Reconciliation Commission's Call to Action 33

(Submission ID: 433956)

Lindsay Wolfson; Carol Hopkins; Nancy Poole; Kathy Unsworth, Canada Fetal Alcohol Psecteun Disorder Research Network; Rose Schmidt

Background and Purpose/Objectives

In May 2017, the Dialogue to Action on the Prevention of Fetal Alcohol Spectrum Disorder (FASD) brought together leading experts in FASD prevention and Indigenous wellness to discuss promising practices and opportunities for collaboration on Truth and Reconciliation Call #33, which highlights the need to develop FASD preventive programs in Indigenous communities. This presentation will describe the eight tenets for work on FASD prevention developed from the Dialogue and highlight ongoing action on Indigenous wellness, mothering, and reconciliation in FASD prevention for/with Indigenous communities.

Methodology

During and after the one day meeting, Dialogue participants collaboratively identified principles necessary to enacting Call #33. These principles were coded into themes and literature was reviewed to support the development of a Consensus Statement. The Consensus Statement aligns with the First Nations Mental Wellness Continuum Framework.

Results/Impact/Outcomes

The Consensus Statement informs the development of culturally safer approaches to FASD prevention; affirms the role of Indigenous knowledge systems and holistic prevention approaches in addressing alcohol use in pregnancy; identifies the need for long-term sustainable funding and research, and promotes the ongoing collaborative commitment to reconciliation. Short booklets to guide community action in enacting the tenets have been developed.

Conclusion and Discussion

This work highlights the importance of Indigenous knowledge systems in developing and researching approaches to FASD prevention for/with Indigenous communities. The Consensus Statement and community booklets are an example of collaborative action and dedication to reconciliation, as called upon by the Truth and Reconciliation Commission.

Keyword(s): Reconciliation, FASD, Indigenous wellness

*For more information, contact Submitting Author: Lindsay Wolfson
lindsay.wolfson@gmail.com*

019

Indigenous leadership and inclusion to reduce non-communicable disease and mental health inequities

(Submission ID: 440285)

Farah Mawani, Ideas to Impact (i2i) Lab, Dignitas International; Nicole Eshkakogan, Alberta Health Services; Stephanie Montesanti, School of Public Health, University of Alberta; Tanya Chung-Tiam-Fook, Ideas to Impact (i2i) Lab, Dignitas International

Background

In Canada, and globally, the burden of non-communicable diseases and mental health issues is disproportionately borne by Indigenous peoples, primarily due to colonization, historical trauma, and the resulting inequitable distribution of social and biogeographic determinants of health. The added threat of extreme climate events and their impacts on land and food systems, livelihoods and infrastructures further amplifies Indigenous peoples' experience of social and health inequities.

Our data systems are limited, however, in their capacity to measure and monitor health inequities and their broad determinants. Approaches needed to improve surveillance systems and reduce inequities include: Indigenous leadership and inclusion; cultural safety; and global collaboration.

The Knowledge Translation Platform for Equity-focused Health Evidence and Research (KT-PEER) is a global network of Indigenous, Canadian, South American and African scholars, policymakers, and practitioners who provide leadership in addressing NCD inequities. Climate Change and Health Feasibility Study (CCHFS) explores culturally safe and inclusive approaches for Indigenous and non-Indigenous partners to collaborate on strengthening healthcare systems' response to climate change and health in Northern Canada and Malawi.

Objectives/Purpose

The presentation objectives are to share and discuss:

1. approaches to Indigenous leadership and inclusion in developing surveillance systems
2. development of culturally safe and appropriate methodology
3. global collaboration between Indigenous health system leaders in Canada, and health system leaders in Malawi, Uganda, Brazil, and Argentina

Methodology/Results

Facilitating sharing, discussion, and learning by presenters and participants about processes of leadership, inclusion and collaboration to reduce non-communicable disease inequities.

Keyword(s): non-communicable diseases, mental health, knowledge translation, global health, climate change

*For more information, contact Submitting Author: Farah Mawani
f.mawani@dignitasinternational.org*

020

Canadian and Australia Coronial Inquests involving Indigenous: Therapeutic Jurisprudence & Police Oversight

(Submission ID: 422534)

Vincent Eagan, Wilfred Laurier University & Royal Roads University

Background

Coroners Inquests are designed to be no fault, no blame, inquisitorial designed to prevent future deaths and speak for the dead. Ideally they are not an adversarial proceeding. Australia has developed a more robust therapeutic approach including a social history of the deceased, as well as a service record of the involved police.

Methods

Using a grounded theory abductive methodology and Qiqqa© program with keyword and phrase searches I explore 100 plus recent public access Inquest case pdf reports of indigenous deaths during police operations. Older Australian indigenous custody deaths from the 1991 RCIADIC report are included. My approach is not the colonial gaze or social order lens of Razack (2015), not be the echo chamber of tragedy, but as more of a social autopsy lens to explore social causal factors. How do the legal or moral duty of care or omissions by police get reported? I also draw on my past 39 years' experience as a retired Canadian police officer. My research also focusses on the manner of death ruling intended to be a scientific or medical conclusion. The manner of death does afford peer review soft adjudication for police (MacMahon, 2014) and be a social answer (Goffman,1986).

Conclusions

My conclusions will be towards investigating the life of the deceased as well as the death, open justice in Inquest publications, increased standing for elders and indigenous community in Inquests, and why open justice and public records are important for history in a background of missing residential school records.

Keyword(s): coronial, therapeutic jurisprudence, paperless arrest, starlight tour, duty of care, omissions

*For more information, contact Submitting Author: Vincent Eagan
eaga1370@mylaurier.ca*

021

Sustained exposure to major life events and health of Indigenous children and parents: Australian evidence from 8 waves of LSIC

(Submission ID: 433669)

*Belinda Hewitt; Maggie Walter; Anastasia Sartbayava;
Fiona Skelton; Laura Dunstan*

Background

Poverty and disadvantage lead to high rates of major life events for Indigenous Australians. These high rates adversely impact health and contribute to the health inequalities they face. In this study we extend cross-sectional research and investigate whether and to what extent cumulative exposure to major life

events is associated with wellbeing for Indigenous Australian children and their parents.

Methodology

We use the Longitudinal Study of Indigenous Children (2008–2015). Our dependent variable was general health measured at wave 8, indicating: 1) Excellent, 2) Very Good, 3) Good, 4) Fair/Poor. The key independent variable comprised 4 trajectories averaging major life events over 8 years, including those who experienced: 1) sustained high exposure, 2) high exposure diminishing over time, 3) low exposure increasing over time, and 4) sustained low exposure (ref). Cultural and sociodemographic controls and moderators were included. Ordered logit models were estimated.

Results

Net of controls Indigenous children and their parents who experienced sustained high exposure to major life events over time had significantly poorer health than those with low exposure. Those who experienced increases or decreases in exposure over time also had poorer health than those with sustained low exposure, however the magnitude of this association was smaller.

Conclusion

This study provides compelling evidence that consistently high exposure to major life events has a strong negative association with Indigenous Australians health and wellbeing. Health interventions in Indigenous populations need to take greater account of major life events and social contexts in the implementation of programs.

Keyword(s): Australia; Major life events; Indigenous Children; Indigenous Parents

For more information, contact Submitting Author: Belinda Hewitt
belinda.hewitt@unimelb.edu.au

022

Te Aho Takitoru - A practically Applied Cultural Model of Care

(Submission ID: 430172)

Charmeyne Te Nana-Williams, What Ever it Takes Home Based Support and Rehabilitation; U ki te Whanau Ora

Te Aho Takitoru is a practically applied cultural model. It is based on Maori principles that are part of the indigenous way of life for Whanau Maori living in NZ. This model has been developed by Charmeyne Te Nana-Williams through her personal experience and is applied to seriously injured individuals – quadriplegic, through either an accident related brain injury or spinal injury. The kaupapa of the model is to support wellbeing of the family as identified by the family and delivered to them in the context of their lives. The purpose of the model is

to support the aspirational goals of disadvantage whanau and give hope that they can still have a quality of life despite their circumstances. The model provides opportunity to whanau to incorporate cultural approaches to their rehabilitation pathway. This is a cultural clinical model that speaks to all aspects of wellbeing – Wairua (spiritual), Tinana (physical), Whanau (family), Hinengaro (mental health). What Ever it Takes is the company established by Charmeyne Te Nana-Williams and is the only provider of services to the Accident Compensation Corporation that specialises in the delivery of programmes through a Maori cultural model. What Ever it Takes is recognised as one of the leading cultural providers in the world of services to Indigenous populations and disability. The results of the organisation are based on the families achieving their aspirational goals. The presentation would talk to the components of the cultural model that have made it successful and how those are applied.

Keyword(s): Disability, Indigenous, Clinical Models, Community care, family, wellbeing

For more information, contact Submitting Author: Charmeyne Te Nana-Williams
charmeyne@whatevertakes.co.nz

023

Will an Experiential Intervention Enhance Healthcare Providers Cultural Awareness? The Development and Utilization of the Maskwacis-Specific Cultural Security Survey.

(Submission ID: 433912)

Grant Bruno, University of Alberta; Rhonda Bell, University of Alberta; Brenda Parlee, University of Alberta; Richard Oster, University of Alberta; Rick Lightning; Bruce Cutknife; Ida Bull

Background

Historical and current trends in cultural awareness training have been criticized as trivial and inadequate. Our previous qualitative research suggests healthcare providers (HCPs) working with Indigenous families want more meaningful interactions with the Indigenous community of Maskwacis. Shifts in cultural awareness/security have been difficult to measure. In collaboration with community members we developed a novel, community-specific survey to measure shifts in cultural awareness

Methodology

We used a community-based participatory research approach guided by our Elders Advisory Committee, with significant community input in the form of scoping interviews to develop the survey. The survey was administered to a group of prenatal HCPs and staff working both on reserve and in a border town, before and after they participated in a series of cultural activities and ceremonies.

Results

Nineteen and 16 participants completed the survey before and after the intervention, respectively. Following the intervention, there was an increased proportion of HCPs who agreed/strongly agreed that they: felt safe and welcome in the community (+34%), were more aware of Maskwacis culture (+48%), were aware of the historical processes and how it influences health today (+56%) and improved communication with community members (+15%).

Conclusions

Developing this community-specific survey to measure cultural awareness resulted in capturing concepts important to the community. This type of community-derived survey can detect changes in HCPs and staff perceptions of the community, cultural awareness/security. This approach could be adapted to be used in other communities to assess changes in cultural awareness among those who service specific Indigenous communities.

Keyword(s): Cultural awareness, Elders, Indigenous Maternal Health, Community-Based Participatory Research.

*For more information, contact Submitting Author: Grant Bruno
gcburno@ualberta.ca*

024

Evaluation From a Place of Spirit

WITHDRAWN

025

Including Indigenous Legal Traditions in Mental Health Laws

(Submission ID: 440781)

Alex Drossos, McMaster University

Background & Objectives

For many years, scholars have called for the inclusion of Indigenous legal traditions into Canada's laws. In Volume 6 of its final report, the Truth and Reconciliation Commission of Canada (TRC) echoes this as a path to inclusiveness, access to justice and ultimately reconciliation. The duty to consult is also entrenched in Treaty and Aboriginal Rights, which can also apply to mental health. The Objectives of this presentation are: - to review Indigenous legal traditions as they apply to mental health and suggest their level of suitability for inclusion in mental health laws (MHLs) - to assess the degree to which human rights and other progressive legal principles are being incorporated into inclusive MHL design

Methodology

Canada's MHLs are rooted in British and French, thus colonial, law. Many of Canada's current laws negatively affect the health and mental health of Indigenous Peoples. A review of such laws and a comparison to Indigenous Legal Traditions is central to this presentation.

Results/Impact/Outcomes

This presentation will explore how improved mental health can result from changes to existing laws such as MHLs, the Indian Act and Section 35 of the Canadian Constitution. In fact, incorporating Indigenous legal traditions into MHLs can improve the mental health of all Canadians, including Indigenous Peoples.

Conclusions & Discussion

Giving consideration to Section 35 Aboriginal rights under Canada's constitution, as well as Indigenous legal traditions, is a large step forward for decolonizing efforts, and one that is consistent with many of the TRC calls to action.

Keyword(s): Indigenous Legal Traditions Human Rights Mental Health Laws

*For more information, contact Submitting Author:
Alex Drossos drossos@mcmaster.ca*

026

In the spirit of peace, friendship and respect - relationships with our Indigenous partners

(Submission ID: 438605)

Sandra Juutilainen, Public Health Ontario / University of Waterloo

Background and Objectives

As a learning organization, Public Health Ontario (PHO) was interested to reflect on their engagement with Indigenous communities and organizations. The objectives of the study are to learn more about how PHO can engage meaningfully with Indigenous organizations and communities and respond to the Truth and Reconciliation Commission Report Calls to Action for Health through its organizational vision, mission and mandate.

Methodology

This qualitative case study was guided by external Indigenous and internal PHO advisors. The study lead conducted semi-structured interviews with key leaders and staff at PHO who had prior experience of or perspectives on engagement with Indigenous communities and organizations and responding to the Truth and Reconciliation Calls to Action for Health. Preliminary data was shared with external Indigenous and internal PHO advisors and key staff at PHO to identify emergent themes and opportunities related to PHO's engagement with Indigenous organizations and communities.

Results/Impact/Outcomes

An internal report will be produced for PHO summarizing their current engagement practices and identifying opportunities to strengthen engagement with Indigenous organizations and communities; and, to respond to the TRC Calls to Action for Health. In addition, manuscript(s) will be developed for submission to peer-reviewed journals for further dissemination with the academic and public health practice community.

Conclusions and Discussions

This work is timely and ties in with other health equity initiatives that are ongoing within PHO. While the work is specific to Ontario, it will be of interest to other Public Health organizations throughout Canada and beyond.

Keyword(s): meaningful engagement, reconciliation, Public Health, Indigenous

For more information, contact Submitting Author: Sandra Juutilainen sandra.juutilainen@oahpp.ca

027

Increasing Menopause Awareness in an Indigenous Community - Community-Based Participatory Research by The Sohki Teyhew (Strong Heart) Group

(Submission ID: 434362)

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

Background/Objectives

In collaboration with a large Cree community in Alberta, preliminary research examining women's experience of menopause led to the formation of the Sohki Teyhew Group (including Elders, community members, health services leaders, and researchers) with the goal of increasing community awareness about menopause.

Methodology

The Group provided guidance and advice, utilizing a community-based participatory research (CBPR) approach. The Group identified community needs and made decisions about research protocol, activities, and outputs. 7 Group meetings and 7 community workshops were held to develop and plan interventions. Qualitative data were extracted from researchers' meeting minutes and e-mails, and analysed via content analysis.

Results

Community workshop participants openly discussed menopause, generally considered a taboo subject. They identified a need to increase knowledge and understanding about symptoms of menopause by spouses, children and family members. Participants felt that young women need help to prepare for menopause: "This is important. I want my family, my daughters and granddaughters to know what [physical changes are] coming". They believed that raising awareness of menopause could increase understanding by family members about women's menopause experience. Group outputs in 2017 included: pamphlets for spouses and family members; Elders' ceremony to recognise the pamphlets' creation; International Menopause Day community walk and lunch attended by 100 women and men; presentations of pamphlets at Youth Health Forum and during National Aboriginal Addiction Week. The pamphlets are distributed through the community Health Clinics.

Discussion

Our CBPR collaboration helped empower Indigenous women to plan and implement menopause awareness strategies in the community.

Keyword(s): Menopause, community-based participatory research, community awareness, First Nation research

For more information, contact Submitting Author: Sue Ross sue.ross@albertahealthservices.ca

028

Indigenous Women's Maternal Stress and Perinatal Health Outcomes: The Role of Social Determinants of Health

(Submission ID: 434578)

Jennifer Leason

Objective

The Canadian Maternity Experiences Survey (MES) was conducted by the Public Health Agency of Canada (PHAC) and was intended to provide data on women's experiences, practices and perceptions during pregnancy, birth and early postpartum months. This presentation is an overview of findings related to Aboriginal women's responses to the Pregnancy Risk Assessment and Monitoring System (PRAMS), which is a 10-item questionnaire, intended to measure maternal stress.

Method

Responses to the MES PRAMS were analyzed from a subpopulation of 410 Aboriginal women and included First Nation (n=170); Metis (n=142), Inuit (n=89); and other (n=9) using.

Results

Aboriginal women reported two to three times higher number, frequency and types of stressful life events related to relationship, financial/ socioeconomic stress and traumatic stressors related to violence and homelessness.

Conclusion

Maternal stress is associated with adverse maternal and infant health outcomes including postpartum depression, low birth weight and preterm birth and lasting effects on neurocognitive development of the infant. The number, frequency and duration of stressful life events impact social health and wellbeing including an increase in maternal psychological morbidity and postnatal depression. Maternal stress is an important health concern for Aboriginal women who feel isolated, impoverished, experience inadequate nutrition during pregnancy, general self neglect; and lack of appropriate and affordable housing. Given the health disparities and inequalities, understanding and addressing maternal stress is important to address and alleviate adverse Aboriginal women's experiences.

Keyword(s): Indigenous, Maternal/ Perinatal Health, Stress and Social Determinants of Health

For more information, contact Submitting Author: Jennifer Leason
jennifer.leason@ucalgary.ca

029

“Reclaiming our spirits:” Addressing pain in Indigenous women who have experienced violence using a culturally safe, innovative, and holistic approach.

WITHDRAWN

030

Utilizing Multi-Media Tools in Indigenous Youth Health and Wellness Promotion

(Submission ID: 421235)

Gabriella Emery; Reba De Guevara,

Background

Health promotion initiatives for Indigenous youth require youth leadership and meaningful participation to be effective. Through colonization these distinct roles and responsibilities have diminished. Youth are largely absent from health agendas and decision making processes. Our program demonstrates how Indigenous youth can be fully engaged in the development of health promotion initiatives.

Methodology

To create spaces for Indigenous youth to strengthen their identity, feel empowered and build communication skills through utilization of multimedia tools and content development. The programming is uniquely developed by and for Indigenous youth, contributing to its culturally relevant and decolonizing nature. This included: 4 focus groups and think tanks with youth representing 20 BC Nations, a youth and elder advisory committee, compensated youth led development teams and numerous skill building workshops.

Results/Impact/Outcomes

Youth led initiatives specifically within online content and curriculum, paired with community specific cultural activities engage youth in teachings that might mitigate future harms and prevent suicide. We share the progress of two health promotion initiatives, Cuystwi and Ask Auntie, the feedback from the Good Heart Good Mind Youth Conference and other youth-led mini-projects, emphasizing that this work must be developed by Indigenous youth in order for it to be relevant and culturally safe.

Conclusion/discussion

Our program demonstrates that bringing together youth, elders, and professionals such as educators, facilitators, and filmmakers can promote nationhood and solidarity across age groups and territories. This innovative approach to health promotion aligns with the ways Indigenous peoples are reclaiming identity through resilience and resurgence of our cultures.

Keyword(s): youth, media, education

For more information, contact Submitting Author: Gabriella Emery
gabriella.emery@phsa.ca

031

A Career in Healthcare: Discussing Health and Educational Challenges with Innu and Atikamekw Youths

(Submission ID: 433890)

Christophe Moderie, Faculty of Medicine, Université de Montréal; Monique Clar, Health Library, Université de Montréal; William Davidson-Urbain, Faculty of Medicine, Université de Montréal; Sandrine Filiatrault, Faculty of Medicine, Université de Montréal; Geneviève Groulx, Faculty of Nursing, Université de Montréal; Isabelle Brault, Faculty of Nursing, Université de Montréal; Eric Drouin, Faculty of Medicine, Université de Montréal

Background

Indigenous people are underrepresented among healthcare professionals. Since 2011, University de Montréal held Mini-Schools of Health in the schools of indigenous communities. These events allow each year about a hundred students under-

graduates from thirteen programs to discuss healthcare careers with indigenous youths, as well as to promote a healthy lifestyle and build undergraduates' cultural competence.

Methodology

Two Atikamekw and four Innu communities are visited every year. Pre-departure training is mandatory to ensure respectful and culturally informed interactions. During Mini-Schools, undergraduates join students in class for discussion. In elementary schools, the pleasure of physical activity and healthy eating are addressed whereas in high schools, mental health, drug abuse and sexual health are discussed. At the same time, other participants host interactive games in the gymnasium to present career prospects.

Outcomes

More than five hundred undergraduates and 1000 students have taken part in the project since its beginning. Positive feedback is commonly reported from undergraduates and students. In-person meetings with school employees revealed a great level of community satisfaction with these activities. The good reception of the Mini-Schools suggests a short-term positive impact. The long-term impact is yet to measure with the evolution of the graduation rate and the number of future health professionals from these communities.

Conclusions

The immersive and intense experience of the Mini-School might be prone to enhance cultural competence among future healthcare professionals. This project also allows rich interactions in the communities that hopefully will encourage students to believe in their dreams and to become healthcare professionals.

Keyword(s): School perseverance / Cultural competence / Interprofessional collaboration

For more information, contact Submitting Author: Christophe Moderie christophe.moderie@hotmail.com

032

Engaging Inuit Youth to Talk About Sexually Transmitted and Blood Borne Infections

(Submission ID: 431253)

Savanah Ashton, Pauktuutit Inuit Women of Canada; Sipporah Enuaraq

Background and Objectives

The goal is to increase the capacity and ability of parents, caregivers, frontline workers and others to communicate with Inuit youth about healthy sexual behavior with a view to significantly reducing prevalence of high-risk behaviours related to the spread of sexually transmitted and blood borne infections (STBBIs) across Inuit Nunangat.

Methodology

A pre-campaign survey of adults and youth (age 18 to 30 years) was completed in eight communities across Inuit Nunangat. The surveys gathered preliminary data about STBBI and community-level awareness of how and where to be tested and to receive information. This data helped inform the development of a toolkit and strategy, as well as highlighting gaps in knowledge, misperceptions and barriers to talking to youth about sexual health. New resources and key messages were developed for delivery through mixed media and social media and pilot-tested in the communities. Post-campaign surveys and interviews with community champions tracked engagement and assessed community-level impact of the new resources.

Results/Impact/Outcomes

Pauktuutit anticipates the outcomes to include the prevention of STBBIs by making Inuit adults and youth feel more comfortable talking about sex, to encourage youth to get tested if they are at risk of getting an STBBI, and to help prevent high risk behaviours that may increase the risk of STBBIs.

Conclusions and Discussion

This presentation will discuss the methodology and the new resources created that could be utilized or adapted by additional communities across Inuit Nunangat.

Keyword(s): STBBIsyouthInuit

For more information, contact Submitting Author: Savanah Ashton sashton@pauktuutit.ca

033

Implementing participant driven recommendations for improved access to services and care for First Nations people living with HIV/AIDS in Ontario, Canada

S.A. Hillier; L. Lavallée

Background

The HIV epidemic in Canada has disproportionately affected men who have sex with men and racialized women. As such, prevention and treatment efforts have focused on these populations. However, from 2009 to 2011, 2.7% of new HIV diagnoses in Ontario (ON), Canada were in Indigenous people, with one in three being an intravenous drug user. This research study sought to assess the efficacy of HIV/AIDS services and programming within ON First Nations (FN) communities. The insights and recommendations from this research will enrich the design and implementation of culturally competent HIV/AIDS services and programming for affected Indigenous people and communities.

Methods

ON First Nation (FN) people who were at least 16 years of age and living with HIV/AIDS (n=29) participated (demographics are outlined in Table 1). Using the Indigenous-based method of storytelling, participants were asked questions related to their use of, and access to, healthcare services. They also provided recommendations on how to improve and/or gain access to services. Stories were transcribed and analyzed using Nvivo. Grounded theory formed the basis of analysis and brought forward common themes from each story.

Results

All participants recommended improved access to education in their communities. Participants (n=20) said they were unaware of the risks of, or how they could contract, HIV. Half (n=15) said education prevention was geared mainly towards MSM and not Indigenous peoples. Access issues were apparent, particularly for participants from northern ON. Almost all participants (n=25) mentioned or recommended greater access to services or treatment that is designed around the unique culture, beliefs, and concerns of Indigenous peoples. Participants recommended greater funding for services and programming that cater to their needs, including increased funding for ODSP.

Conclusions

There is a pressing need for education and prevention programs to be culturally informed to address issues and risks uniquely faced by Indigenous people. It is critical for AIDS service organizations and all levels of government to implement participant driven recommendations so as to better serve their unique needs.

*For more information, contact Submitting Author: Sean Hillier
shillier@ryerson.ca*

034

Lessons Learned in Working Together to Support Indigenous Health and Wellness

(Submission ID: 412143)

Christopher Politis, Canadian Partnership Against Cancer

Background

The Canadian Partnership Against Cancer's Coalitions Linking Action and Science for Prevention (CLASP) initiative funded seven projects to support First Nations, Inuit, and Métis health and wellness through collaborative projects bringing together diverse groups – Indigenous and non-Indigenous. Following the initiative conclusion and in response to the Truth and Reconciliation Commission Calls to Action, work was undertaken to understand how the collaborative projects were successful in improving health and wellness.

Methodology

Preliminary lessons learned were identified through analysis of 33 knowledge products and shared with four key advisors – both Indigenous and non-Indigenous – to inform the development of key informant interview guides. Preliminary lessons learned were verified and expanded upon through nine key informant interviews with CLASP partners. Final lessons learned were developed through qualitative and thematic analysis and validated through two engagements with CLASP partners and First Nations, Inuit, and Métis community leaders.

Results

Twenty-seven lessons learned, grouped into six themes (Respectful relationships; Engagement with Indigenous communities; Addressing accountability requirements, decision-making, and governance; Community direction; Supports and resources; Communication and knowledge exchange), on how non-Indigenous and First Nations, Inuit and Métis CLASP partners worked together were identified and validated.

Conclusions and Discussion

The actionable lessons learned (described in the Working Together report) are intended to guide future relationship building and engagement between non-Indigenous partners and First Nations, Inuit and Métis partners. It is hoped that these lessons will be beneficial to those working together to promote health, wellness, and reconciliation and inform broader system change.

Keyword(s): reconciliation, partnerships, collaboration, health promotion, wellness

*For more information, contact Submitting Author: Christopher Politis
christopher.politis@partnershipagainstcancer.ca*

035

Acts of Reconciliation: Health Supports Program Designs, Policy Development and Implementation exemplars that realize the TRC's Calls to Action

(Submission ID: 434163)

Nicole Robinson; Peter Hutchinson; Alice Muirhead; Pam Tobin

Background

By responding to the Calls to Action, cancer agencies and organizations have an opportunity to improve equity in cancer control across First Nations, Inuit and Métis populations. This presentation provides considerations for Call to Action number 22. First Nations, Inuit and Métis health supports have been identified as an area where collective efforts can increase health equity and provide patients and families with a sense of belonging, support and comfort during their cancer journey.

Purpose

The purpose of this presentation is to identify health practices across Canada that incorporate First Nations, Inuit and Métis knowledge. This information will support cancer agencies and organizations in their efforts to incorporate reconciliatory practices.

Objectives

Provide exemplars of processes to create; policies to support; and implementation methods to facilitate reconciliation in cancer care settings. Methods Examples highlighted in this document were identified through an environmental scan and individual interviews guided by First Nation, Inuit and Métis organizations, service providers and knowledge holders.

Results

Exemplars present lessons learned across a variety of practice settings in Canada and considerations that are adaptable to many healthcare delivery contexts across Canada, from small local health centres to large health authorities.

Conclusions

Implementation should be adapted according to the specific local context, with program components designed to meet the specific needs of the intended patient community given the resources available. Considerations guide locally adapted program design, policy development and implementation.

Keyword(s): call to Action #22; Indigenous Knowledge; Health supports

*For more information, contact Submitting Author: Peter Hutchinson
peter.hutchinson@partnershipagainstcancer.ca*

036

The Wequedong Lodge Cancer Screening Program (WLCSP): An Opportunistic Cancer Screening Pilot Program in Northwestern Ontario (NWO)

(Submission ID: 426730)

Susan Bale, Thunder Bay Regional Health Sciences Centre; Cathy Paroschy-Harris, Thunder Bay Regional Health Sciences Centre; Sara Chow, Thunder Bay Regional Health Sciences Centre; Kelly-Jo Gillis, Thunder Bay Regional Health Sciences Centre; Tarja Heiskanen, Thunder Bay Regional Health Sciences Centre; Lauren Beach, Thunder Bay Regional Health Sciences Centre;

Background and Purpose/Objectives

First Nation (FN) people experience greater health disparities than other Canadians. In Ontario, cancer incidence rates are increasing among FN populations, including breast, cervical, and colorectal cancers, all of which have organized province-wide screening programs. Disparities also exist in cancer

survival rates with FN people having poorer survival rates than non-FN people.

Research suggests that education and access to screening programs that deliver culturally-appropriate services could help to detect cancers early. In NWO, opportunistic screening has the potential to ease barriers by utilizing opportunities where education and screening are provided in a convenient and appropriate way.

Methodology

An opportunistic screening program was piloted at Wequedong Lodge in Thunder Bay. This offered culturally appropriate education, breast, cervical and colorectal cancer screening and follow-up for FN people from remote communities. Through this a culturally appropriate education toolkit was developed, which encouraged participation in cancer screening.

Results/Impact/Outcomes

In total, 843 adults participated in screening between 2013 and 2016. All participants were provided with education using the education toolkit. Of these eligible participants, 21.8% of women received breast screening, 31.8% of adults were provided FOBT kits, and 8.1% of women received cervical screening.

Conclusion and Discussion

The WLCSP informs organizations, who are working to improve FN health, that opportunistic screening is an option to consider. We present key success factors and lessons learned from implementing this pilot program in practice.

Keyword(s): Indigenous Health, Health equity, Knowledge translation, Exchange methodology

*For more information, contact Submitting Author:
Susan Bale bales@tbh.net*

037

Addressing Cultural Safety in the Cancer Care System Through the Champlain Region Aboriginal Cancer Program

(Submission ID: 422645)

Megan Ellis, The Ottawa Hospital; Carolyn Roberts, The Ottawa Hospital; Gwen Barton, The Ottawa Hospital

Background & Objective

Interactions with the healthcare system can be an intimidating experience for many Indigenous peoples, given the historic mistreatment in institutions. The Champlain Region Aboriginal Cancer Program aims to remove barriers within the healthcare system to provide the patient with a culturally safe cancer journey.

Methodology

Using a patient-centered, land-based approach, the Nurse Navigator provides support and guidance for First Nations, Inuit, and Métis (FNIM) patients throughout the cancer continuum. This approach encourages positive engagement through community-based events, establishing a therapeutic relationship with patients and families. The program is respectful of the distinct and diverse peoples with which it engages, and advocates for the inclusion of the specific cultural context and needs of each group in the provision of healthcare.

Results/Impacts/Outcomes

The program promotes an understanding within the hospital of culturally safe care for FNIM patients through internal education and policy development. Due to the unique relationship between the Baffin Island region and The Ottawa Hospital, and the large urban Inuit community in Ottawa, the program supports a significantly larger proportion of Inuit individuals than any other region in Ontario. The Nurse Navigator supports these patients to navigate the cancer care system, the city, and the emotional landscape of a cancer diagnosis. The program has a positive impact on individual patient and family experiences within the hospital.

Conclusions & Discussion

The Champlain Aboriginal Cancer Program will continue to advocate for systems-level change and advocate for the provision of culturally safe care in individual patient experiences.

Keyword(s): Cancer, Cultural Safety, Systems

For more information, contact Submitting Author: Megan Ellis meellis@toh.ca

038

Bringing Reconciliation to Healthcare in Canada – Wise Practices for Healthcare Leaders

(Submission ID: 440481)

Lisa Richardson

Background

The relationship between colonization and the ongoing health inequities for Indigenous peoples in Canada is a focus of health systems today. Recognizing these relationships, the Truth and Reconciliation Commission's report laid out recommendations to address changes that are needed within the health system. Healthcare leaders are increasingly acknowledging that their stewardship of the system includes a special obligation to embed reconciliation within systems of care. Yet there is no general consensus today on how hospitals, long term care facilities, or health systems can specifically incorporate the TRC's Calls to Action in their organizations. As the national voice of health-

care organizations in Canada, HealthCareCAN is aiming to resolve this gap by providing practical guidance to executives and Boards of Directors on implementing reconciliation within healthcare organizations.

Methodology

A Steering Committee helped to select 18 key informants from 14 organizations who were interviewed using a standard interview guide in September and October 2017. An analysis of these interviews was then performed to illuminate key themes. The results were situated within a broader environmental scan and literature review.

Results and Conclusions

We identify ten 'wise practices' leaders can employ to re-align authorities, accountabilities and resources, eliminate racism and increase cultural safety, and ensure equitable access to healthcare. HealthCareCAN will work to support organizations in adopting these practices. By adopting these practices, healthcare organizations across the country will be taking meaningful steps to improve Indigenous health and well-being and support the broader aims of reconciliation in Canada.

Keyword(s): Reconciliation, Health Leadership, Best Practices

For more information, contact Submitting Author: Colleen Galasso cgalasso@healthcarecan.ca

039

Cultural Integration Model

WITHDRAWN

040

Indigenous Midwifery & Reconciliation - Association of Ontario Midwives

WITHDRAWN

041

Salt in a Pepper World: Working Interculturally in Indigenous Nursing

(Submission ID: 421438)

Greg Riehl, Saskatchewan Polytechnic

White privilege, male, settler, western educated, moonias with Métis ancestry, male-nurse, Greg 'many-hats'. Words to describe whom I am at various times throughout my day. I am the Indigenous Nursing student advisor, and I am not an Indigenous person. I often walk and work in two different worlds. In one place, I am a person of the majority, a person a privilege, and in the other place, I am an outsider, a minority, but still in a

position of power. I have learned to navigate Indigenous cultures and worldviews, as well as my own Western upbringing and knowledge, where I can focus on the strengths of both. The principle of Two-eyed seeing helps to guide me at work and in my professional nursing journey. There are several advantages and challenges working with Indigenous nursing students as a white male, which often keeps me on the outside. Intercultural, cross-cultural, multi-cultural, and diversity relate to different perspectives and grounding. Knowing where you are and where you come from is vital to establish positive, meaningful relationships with the 'other'. Equally important is knowing what is in your 'invisible knapsack' and how this will impact interactions with students, families, communities and nursing colleagues. Being different, I can be seen as the other, and the challenge is navigating whether to stay on the outside, or to dive in and take part in the Indigenous community searching for acceptance, support, and belonging. This is my moonias, newcomer experience, from the inside and out. Tiniki, mahsi-cho, miigwetch.

Keyword(s): White privilege, moonias, Two-eyed seeing, Intercultural invisible knapsack, power, ally

For more information, contact Submitting Author: Greg Riehl greg.riehl@saskpolytech.ca

042

Addressing chronic disease prevention with First Nations, Inuit and Métis communities through Path to Prevention recommendations

(Submission ID: 440549)

Michelle Rand, Cancer Care Ontario; Richard Steiner, Cancer Care Ontario; Robyn Leonard, Cancer Care Ontario

Background

There is an urgent need for action to prevent chronic disease among First Nations, Inuit and Métis (FNIM) populations, driven by rising rates of cancer, diabetes, heart disease and respiratory diseases. CCO's Path to Prevention report provides recommendations through policies, strategies and initiatives needed to address health challenges, while recognizing the distinct cultural, historical, sociopolitical and geographical contexts of FNIM peoples.

Methodology

Through an implementation tracker, an analysis of recommendations to address chronic disease prevention in FNIM populations is utilized to understand current policy gaps that exist. While the recommendations in the Path to Prevention report are for the Government of Ontario, implementation will involve participation by FNIM partners and collaboration with a range of organizations. CCO has created a Partnership Table to address each recommendation, which brings together over 30 different organizations.

Results / Outcomes

By working collaboratively through the Partnership Table, organizations are able to work together to develop stronger policies and initiatives to address chronic disease prevention with and for FNIM communities, as well as to achieve full implementation of the recommendations. This will result in a coordinated approach that will benefit FNIM communities in Ontario.

Conclusions and Discussion

The recommendations outlined in the report are informed directly by FNIM communities in Ontario. By establishing a Partnership Table dedicated to implementing each recommendation, government and non-government partners demonstrate their commitment to public health policy that is responsive to FNIM peoples' needs, respectful of calls to action and achieving health equity.

Keyword(s): chronic disease prevention, healthy communities, modifiable risk factors, policy recommendations

For more information, contact Submitting Author: Michelle Rand michelle.rand@cancercare.on.ca

043

The Burden of Ischemic Heart Disease and Hypertension Amongst Metis Albertans

(Submission ID: 433374)

Dr. M. Jill Sporidis; Emily DeWitt; Katerina Maximova; Don Voaklander; Jason Randall; Larry Svenson; Amy Colquhoun

Background and Objectives

Métis people are one of three rights-bearing Indigenous groups of Canada, yet Métis populations have been systemically omitted from government funded research and health initiatives throughout history. A previous health status report conducted by the Métis Nation of Alberta (MNA) in 2012 found that Métis Albertans bear a disproportionate burden of ischemic heart disease (IHD) when compared to non-Métis Albertans. This new study on the burden of IHD and hypertension provides a more detailed account of how these health concerns present amongst this unique Indigenous population.

Methodology

The MNA has an information sharing agreement with the Surveillance and Analytics Branch of Alberta Health. This unique arrangement allows for the linkage of Métis citizens' Personal Health Numbers (PHNs) to specific codes related to health conditions that are targeted for research purposes. Through this process, the MNA develops population-level health data relating to the incidence and prevalence of various health conditions, and associated drug dispensation rates, emergency visits, etc. amongst Métis Albertans.

Results/Impact/Outcomes

Data from the population-level IHD and hypertension study indicate that Métis Albertans experience consistently higher incidence and prevalence of both IHD and hypertension when compared to non-Métis Albertans from 2010 to 2016. Métis Albertans also present with consistently higher age-standardized rates of drug dispensation for hypertension.

Conclusions and Discussion

IHD and hypertension disproportionately affects Métis Albertans relative to non-MNA Albertans. Additional data analysis and continued surveillance initiatives are recommended to ensure Métis Albertans' IHD and hypertension related data and healthcare utilization data are accurately captured.

Keyword(s): Métis, hypertension, population health, heart disease, Indigenous health research, epidemiology

For more information, contact Submitting Author: M. Jill Spordis
jsporidis@metis.org

044

Play, Live, Be Tobacco-Wise: A collaborative approach to addressing commercial tobacco use and active living among Indigenous youth

(Submission ID: 433382)

Robyn Leonard, Cancer Care Ontario; Richard Steiner, Cancer Care Ontario; Nicole Carnochan, Cancer Care Ontario; Alicia Topp; Lisa Beedie, Cancer Care Ontario; Vidya Holder, Cancer Care Ontario; Kirk Nysten, ReachUp Ultimate

Background

The Aboriginal Tobacco Program (ATP) provides smoking prevention and cessation workshops for First Nations, Inuit and Métis (FNIM) populations in Ontario by promoting Tobacco-Wise messaging: knowing the difference between traditional and commercial tobacco. ReachUp Ultimate is a non-profit organization engaging FNIM youth in active living through the sport of Ultimate Frisbee. The ATP and ReachUp Ultimate, in partnership with schools and health service providers, provide one-day workshops to FNIM youth to provide Ultimate Frisbee training as well as interactive workshops on tobacco.

Methods

These workshops were developed as a result of relationships with FNIM communities built upon trust and mutual respect. Since 2014, 50 workshops have occurred, reaching over 3,000 participants and distributing of over 1900 sets of ATP resources (jerseys with Tobacco-Wise logo, Frisbees, and toolkits to help sustain programming at the community level). In order to ensure workshop effectiveness, post-workshop surveys were revised in April 2017 to measure increased knowledge about commercial tobacco.

Results and Outcomes

The events have had a positive impact on communities with whom partnerships have been developed. Results from the revised workshop surveys (N=765) indicate:

- Over 85% of respondents indicated that second hand smoke is harmful
- Over 80% of respondents think it is a healthy choice to quit smoking
- Positive qualitative feedback from FNIM communities and partner organizations involved in the events

As a result of these workshops, the ATP and ReachUp have established a strong relationship with FNIM communities that has built capacity to address commercial tobacco and the importance of an active lifestyle.

Keyword(s): Chronic Disease Prevention, Smoking Prevention, Physical Activity

For more information, contact Submitting Author: Robyn Leonard
robyn.leonard@cancercare.on.ca

045

Role of men and traditional illnesses: key factors for safe motherhood in indigenous communities

(Submission ID: 423490)

Ivan Sarmiento, Department of Family Medicine, McGill University; Sergio Paredes-Solis; Neil Andersson

Background

Maternal morbidity and mortality remain inequitable burdens for Indigenous women living in Guerrero, Mexico. Lack of respect for and interaction with traditional knowledge systems in the Western healthcare services hinders access by indigenous people. Our objective is to identify actionable aspects of maternal health from the perspective of indigenous traditional midwives.

Methodology

In a larger project that supports traditional midwives of two indigenous groups (Me'Phaa and Nancue ñomda) in 40 communities of Guerrero, we convened 26 traditional midwives in group sessions to generate Fuzzy Cognitive Maps of risk and protective factors for maternal health. They assigned a value (1-5) to each relation to weight its perceived importance. The analysis measured the centrality of each factor to determine its position in relation to other factors and to maternal outcomes.

Results

The midwives identified 18 protective factors with 31 relations and 49 risk factors with 92 relations. A centrality measure indicated a pivotal position of four risk factors: the traditional diseases coraje, coldness, and espanto, and domestic violence. Central protective factors were: presence of traditional midwives,

having a caring and working husband, and communication with the partner.

Conclusions

Intercultural dialogue with traditional midwives is necessary to understand the meaning of traditional illnesses and to define actions to manage these risk factors. The central role of men in safe motherhood is relevant to safe birth initiatives and to Western health care which, in medicalizing pregnancy, separates men and communities at large from processes in which they might otherwise have a positive role.

Keyword(s): Midwifery, Maternal Health, Spouses, Pregnancy, Domestic Violence, Indigenous communities

*For more information, contact Submitting Author: Ivan Sarmiento
ivan.sarmiento@mail.mcgill.ca*

046

Kenhtè:ke Midwives: Traditional Ways and Self-determination

WITHDRAWN

047

Indigenous Midwives in Every Indigenous Community: The Importance of Indigenous Midwifery

(Submission ID: 434385)

Kerry Bebee

Background and Purpose

Much discussion over the past decade or so has centered on the need for skilled Indigenous midwives working within Indigenous communities (World Health Organization (2011); National Aboriginal Health Organization (2004); Center for Disease Control and Prevention (2009); Australian College of Midwives (2015). The vision statement of the National Aboriginal Council of Midwives (NACM), the organization representing Indigenous midwives within Canada and partner of the Canadian Association of Midwives, is: “An Aboriginal Midwife in Every Aboriginal Community.” But what does this mean on the ground? Why is this so important?

Methodology

This study is based on literature review and interviews with Indigenous midwives and families.

Impacts/Outcomes

This presentation will focus on the real day-to-day realities of Indigenous midwifery as practiced within Indigenous communities and families within Canada. The critical importance of

acts of midwifery care and support to Indigenous families within the context of family, community, and nation will be addressed.

Conclusions and Discussion

Indigenous midwives make a difference in the lives of Indigenous girls and women through community presence and their multifaceted roles and practice. An important value of Indigenous midwives is cultural safety, which aims to “create and protect the sacred space in which each woman, in her uniqueness, can feel safe to express who she is and what she needs”. Findings from midwives and teachings received from families about what cultural safety looks like in the maternal and infant care setting will be discussed.

Keyword(s): reproductive health, midwifery, cultural safety

*For more information, contact Submitting Author: Kerry Bebee ginew.
kwe@gmail.com*

048

K’Tigaaning Midwives

WITHDRAWN

049

Culture as Healing in a Community Based Buprenorphine Program for Prescription Drug Abuse

(Submission ID: 437983)

Michelle Firestone, Well Living House, Centre for Urban Health Solutions, St. Michael’s Hospital; Jennifer Wyman; Carol Hopkins; Priya Prabhakar; Levi Sofe; Carol Terry; Chris Mushquash

Background

Prescription drug abuse (PDA) and its consequences is a distinct health and social issue among Indigenous populations in Canada. Buprenorphine effectively reduces opioid use by decreasing withdrawal symptoms and cravings. From an Indigenous worldview, medication focused treatment can lead to continuing dependence, without improving wellness through connection to land, language and culture.

Purpose/Objective

Using the Native Wellness Assessment Ô (NWA) and First Nations PDA (FNPDA) survey tools, this project explores how measures of wellness (spirit, heart, mind, and body) relate to recovery from PDA among people taking buprenorphine in Webequie First Nation.

Methodology

Using a two-armed prospective cohort study, data collection occurred among two groups of individuals on buprenorphine:

1) > 24 months (n=20), and 2) initiating/re-starting after at least 3 months (n=20). Groups completed the NWA and FNPDA survey tools at baseline and 6 months follow-up. Analysis will explore the association between primary outcomes of the NWA and FNPDA.

Results

Preliminary analysis of baseline NWA data indicates no significant difference between the two groups. Spiritual wellness indicators received higher scores than mental, physical and emotional wellness. Belief in life as inherently good and all-inclusive, and in the promise of renewal, healing and revitalization, was the strongest component across both cohorts (59% and 62% respectively). Additional analyses are forthcoming.

Conclusions

Findings from this pilot study will assess the relationship between community wellness, substance use and healing and will contribute to a First Nations-specific evidence base that will inform effective programming that reflects Indigenous strengths and connections to culture.

Keyword(s): opioid use, Buprenorphine, healing, wellness, culture

*For more information, contact Submitting Author: Michelle Firestone
firestonem@smh.ca*

050

Naandwe Miikan: Indigenous Community Participation in Addressing Opioid Addictions and Recovery

(Submission ID: 440371)

Darrel Manitowabi, Laurentian University; Tim Ominika; Marion Maar, Medical Anthropology, Northern Ontario School of Medicine, Sudbury, ON, Canada

Background

In 2013, the Wiikwemkoong Unceded Territory in north-eastern Ontario, Canada, initiated naandwe miikan (the helping path); a holistic case management model to address opioid addiction and recovery. Naandwe miikan is an inter-sectoral initiative blending the expertise of traditional knowledge holders/healers, community mental health practitioners, physicians, pharmacists and local administrative agencies.

Objective

We examine how naandwe miikan is providing holistic treatment by reconnecting clients to land-based experiential activities such as storytelling of place, hunting, fishing, and camping.

Methodology

Our methodology involves interviews with clients, health care providers and participant observation of land-based activities with the use of audio-video recording devices to produce a visual ethnography of our research project.

Results

Through a qualitative thematic analysis of our data, results suggest the program is addressing the structural violence of colonialism by reconnecting clients to sense of self, family, community, and land.

Keyword(s): Self-determination, holistic treatment, opioid addiction, cultural safety, decolonization.

*For more information, contact Submitting Author: Darrel Manitowabi
dmanitowabi@laurentian.ca*

051

Naandwe Miikan (Healing Path): Patient and provider experiences with a First Nations operated methadone clinic

(Submission ID: 434150)

Marion Maar, Medical Anthropology, Northern Ontario School of Medicine, Sudbury, ON, Canada; Tim Ominika; Darrel Manitowabi, Laurentian University

Background

Wiikwemikoong Unceded Territory is one of the largest and fastest growing First Nation communities in Canada. While the community has much to be proud of with many thriving individuals, pristine waters and lands, strong language, culture and heritage, the consequences of centuries of colonial oppression are also undeniably present. Community statistics indicate that addictions have been shifting from alcohol to opioid addictions at rapidly increasing rates. The result is a rise in health and social problems, including drug-related illnesses, mental health issues, family violence, loss of children into foster care, trafficking of women and breakdown of the social fabric of parts of the community. Wiikwemikoong is moving away from a punitive approach to opioid addictions and has been successful at offering culturally-based opioid replacement therapy at the community level. This community-owned, culturally safe approach called Naandwe Miikan (Healing Path) supports addicts with an Indigenous wellness perspective. Program components supporting recovery include traditional counseling and land-based activities.

Method

We conducted qualitative research with clients, clinical and social services providers as well as knowledge keepers and healers to gain a better understanding of how these culturally-based approaches support wellness after opioid addiction.

Results/Impact/Outcomes

Land-based and culturally-based therapies are key components of the program and allow patients to deal with adverse experiences that are underlying their addictions. There is a need for coordination across the spectrum of community services are also urgently needed.

Conclusions and Discussion

Opioid replacement therapy programs require strong cultural and community support services in order to be effective.

Keyword(s): Opioid replacement therapy, culturally safe services; traditional approaches

*For more information, contact Submitting Author: Marion Maar
mmaar@nosm.ca*

052

Healthcare Among Urban Indigenous Peoples in Hamilton, Ontario: Attitudes, Experiences, and Perceptions

(Submission ID: 433489)

Elliott Yee, University of Toronto

Background and Purpose

Urban Indigenous peoples may utilize culturally specific healthcare services alongside the mainstream healthcare system. This presentation describes a study that investigated how healthcare providers (HCPs) and Indigenous patients experience and perceive these services at an Aboriginal Health Access Centre (AHAC) in Hamilton, Ontario.

Methodology

Through semi-structured interviews, HCPs and Indigenous patients described their perceptions of both mainstream and culturally specific healthcare within Hamilton. Patients self-identified as Indigenous, and HCPs had experience delivering care in both mainstream and culturally Indigenous healthcare settings. Questions for patients concerned experiences receiving healthcare in Hamilton and perceptions of HCPs. Questions for HCPs concerned attitudes towards Indigenous patients. Interview transcripts were analyzed qualitatively for common themes.

Results

Indigenous patients perceived the mainstream healthcare system as unwelcoming compared to services offered at the AHAC, which include culturally sensitive healthcare and educational services. Patients emphasized that health knowledge gained through these services fosters patient autonomy within the mainstream healthcare system. Patients also described how discrimination from HCPs fosters mistrust among Indigenous

patients. HCPs perceived a lack of mutual trust between Indigenous patients and HCPs as a barrier to effective care, and emphasized the benefits of cultural sensitivity training for HCPs.

Conclusions and Discussion

Peer-driven educational services at the AHAC strengthen cohesion and knowledge-sharing within the urban Indigenous community, empowering Indigenous patients within the mainstream healthcare system. Additionally, cultural sensitivity training provides HCPs with a greater understanding of the social and historical contexts of urban Indigenous health, facilitating the provision of more effective, holistic healthcare.

Keyword(s): cultural sensitivity, health knowledge, urban

*For more information, contact Submitting Author: Elliott Yee
elliott.yee@mail.utoronto.ca*

053

Slhexun Sun'ts'a'-Coast Salish Primary Care Teamlet

(Submission ID: 433633)

Valerie Jefferd, Cowichan Tribes, Ts'ewulhtun Health Unit, Slhexun Sun'ts'a' Clinic; Zhiish McKenzie, Cowichan Tribes, Ts'ewulhtun Health Unit, Slhexun Sun'ts'a' Clinic; Sari Raber

Background

To address the lack of culturally safe primary care for Coast Salish Nations, we developed a primary care teamlet. The Slhexun Sun'ts'a' teamlet is built on Hul'qumin'num perspectives of health and works with community members to promote health and wellness. The First Nations Health Authority, established in 2013, is an historic tripartite agreement between B.C First Nations, the province of British Columbia and Government of Canada to improve Indigenous health in BC. Starting in 2015, a number of innovative projects to transform Indigenous health care have been undertaken.

Methods

Slhexun Sun'ts'a' is a First Nations driven model of care that is designed and resourced to meet the complex, holistic needs of Cowichan community members. The model is relationship based, collaborative and trauma informed. Emphasis placed on trust, continuity, accessibility, and community member centered practice. The team consists of 3 health coaches (LPNs) 2 GP(s), 1 NP, 1 RN case manager, 1 RN clinician, 1 diabetes RN, 1 dietician, 1 OT, 2 SLP's, 1 social determinants of health worker (BSW), 1 MOA. The clinic is within the larger health center, which includes, CHN's, CHR's, healthy families workers, dental team and mental health counselors. The benefits of adopting a teamlet model include 1) enhanced cultural safety 2) improved continuity of care and 3) greater accessibility.

Conclusions and Discussion

Benefits have been greatest for community. Will share our experiences/learning's and the experience of the community members and some of their stories in being part of the 1st indigenous centered primary care practice in the Cowichan valley.

Keyword(s): Coast Salish cultural safety primary care integrated

For more information, contact Submitting Author: Valerie Jefferd
vjefferd@shaw.ca

054

Advancing Indigenous Primary Health Care in Alberta

(Submission ID: 433875)

Stephanie Montesanti, School of Public Health, University of Alberta; Rita Henderson, Department of Family Medicine, Cumming School of Medicine, University of Calgary; Lindsay Crowshoe, Cumming School of Medicine, University of Calgary; Charles Leduc, Department of Family Medicine, Cumming School of Medicine, University of Calgary

Background

In January 2016 the Innovating Indigenous Primary Health Care in Alberta gathering brought together 65 Indigenous health leaders, provincial health system leaders, primary health care practitioners and scholars to explore together Indigenous primary health care (PHC) innovations with relevance for the Alberta context. An expert advisory group comprised of Indigenous and physician leaders in Alberta was formed to guide and plan the event.

Objective

Share innovations in Indigenous PHC from other jurisdictions and collaboratively explore with Alberta stakeholders key elements of innovations including funding structures, infrastructure, and community engagement.

Methodology

Breakaway groups led by guest presenters show-cased innovations from Cape Breton, NS, northern Quebec, and inner-city Vancouver. Facilitated discussions: 1) assessed innovations in terms of Alberta's realities; 2) discussed opportunities and challenges for realizing innovation; and 3) described core actions and recommendations for engaging Alberta decision-makers to champion an innovation agenda.

Results

The Indigenous PHC models examined emphasized flexible policies, programs, and services, as well as opportunistic, multi-source approaches to funding PHC innovation. They also emphasized equitable community and Elder engagement/

remuneration, the creation of a patient/population registry with Indigenous ownership and control of health data, contracting appropriate corridors of care, embedding Indigenous representation in provincial professional bodies, and stopping harmful short-term/episodic service delivery models.

Conclusions

Stakeholders concluded affirming a desire for further exploration of innovation possibilities, to develop a shared knowledge base from which to make important policy decisions. A follow-up meeting was convened by the provincial health services partner in November 2017.

Keyword(s): Primary Health Care, Indigenous Models of Care, Health Policy

For more information, contact Submitting Author:
Stephanie Montesanti montesan@ualberta.ca

055

Cultural Safety Training for health professionals working with Indigenous patients in urban centres

(Submission ID: 435038)

Sean Yaphe, St. George's University; Faisca Richer, Institut National de Santé Publique du Québec; Carrie Martin, Montreal Urban Aboriginal Health Centre

Background and Purpose/Objectives

Urban Indigenous populations face some of the most significant barriers to access to health services out of any population in Canada. The Indigenous community in Montreal developed a cultural safety training program to help decrease some of these barriers.

Methodology

An extensive review of published literature on cultural safety in health care was performed. A training program was developed to: describe the diversity of Indigenous populations in Montreal; explain historic and present-day determinants of health inequities in this population; develop competencies to respect clients' diversity, and promote cultural safety in care. A pre-test survey was circulated to participants to establish baseline knowledge and attitudes towards Indigenous populations. The program was divided into 3 half-day sessions. After each session, a satisfaction evaluation grid survey was circulated to participants.

Results/Impact/Outcomes

The Indigenous Cultural Safety Training Program was presented to a total of 45 nurses, social workers, and physicians with frequent interactions with the Indigenous community in Montreal. Having an Elder and community member present appeared to have been successful in increasing participants

level of awareness of the importance of improving the quality of health care services provided. Challenges were identified regarding the transmission of the political aspect of the cultural safety concept, and the importance of decolonizing health care systems. Reflections on how to address these in the future will be discussed.

Conclusions

Cultural safety training for health professionals is challenging, yet, a necessity to improve access to care and improve health outcomes in urban Indigenous populations.

Keyword(s): Cultural Safety, Barriers, Health access

For more information, contact Submitting Author: Sean Yaphe sean.yaphe@mail.mcgill.ca

056

Focusing on Relationships to prevent substance use, depression, self-harm, and suicide in a First Nation community

WITHDRAWN

057

Complexities of Delivering Health Care Treatment in the Northern Environment

(Submission ID: 433656)

Barry Arnestad; Daryl Parsons

Background

Having reviewed the theme of the conference, I have chosen to provide some operational experience regarding the complexities of delivering health care treatment in the Northern environment.

Methods

I will begin with a brief general description of Nunavut geography, topography, weather and remoteness of the communities (I will also relate that this applies the Northern parts of QC, ON, MB and all NWT). I will include a description of access to care in the communities, as well as the types of providers available at the health centres. I will then mainly focus on the complexities of providing care in an extremely cold environment, with limited medical equipment and supplies, while stressing the importance of maintaining thermoregulation in both patients and providers during initial interventions and carrying out the evacuation/transport. Preventions of the adverse effects of cold on medications and medical equipment will also be discussed.

Conclusions and Discussion

I believe I can cover this material while also being open to discussion and answering questions from the conference audience.

Two short answer multiple choice questions: 1 – What must always be considered when treating and transporting patients in harsh and frequently changing environments, as failure to regulate it will like involve rapid deterioration of the patient?: a) IV access b) temperature of the patient c) in depth review of full health history d) exact doses and timings of each and every home medication;

Keyword(s): Nunavut, Keewatin Air, North, Air Medical Transport, Medical, Providing Service

For more information, contact Submitting Author: Janet Busse jbusse@hotmail.com

058

Descriptive Case Series of Indigenous Youth Suicides in Ontario from 2014-2015: A Coroner's Record Review

(Submission ID: 440735)

Dorothy Kuk, University of Toronto; Arfeen Malick, University of Toronto; Mark Sinyor, Sunnybrook Health Sciences Centre; Kona Williams, Ontario Forensic Pathology Service; Rebekah Jacques, Ontario Forensic Pathology Service; Peter Braunberger, St. Joseph's Care Group; Michael Wilson, Northwestern Ontario - Thunder Bay Office

Background and Objective

Suicide is the leading cause of death of Indigenous youth world-wide. This study aims to be the first large scale epidemiological study to determine risk factors in Ontario Indigenous youth suicides to inform future prevention initiatives.

Methodology

Demographic and biopsychosocial data was collected from the Office of the Chief Coroner of Ontario for suicide deaths from 2014-2015 among 10-25 year old Indigenous youth. Methodology was vetted by cultural consultation. Due to relatively low sample size, data is reported descriptively.

Results

37 Ontario Indigenous youth died by suicide in 2014-2015; 34 were reviewed (3 charts missing). 23 (68%) were female. Age ranges include: 10-15 (29%), 16-19 (26%), and 20-25 (44%). All were by hanging primarily from a closet rod (26%), tree branch (26%), or ceiling beam (24%). At least 12 (35%) attempted once, and 6 (18%) at least twice. Mental health concerns include: depression (24%), Alcohol Use Disorder (32%), Substance Use Disorder (SUD) (35%), and self-harm (56%) mostly by cutting (52%). Other variables include: exposure to neglect/abuse (24%), child welfare involvement (24%), familial separation (24%), parents substance use (21%), surviving others suicide (29%), and being parents (21%). 8 (24%) had engaged with mental health resources.

Conclusion and Discussion

This study identified factors informative for culturally targeted suicide prevention efforts, for example considering a focus on Indigenous girls with a history of interpersonal conflict, substance use, and past attempts. Means restriction strategies could include removing closet rods and covering exposed beams. Further cultural collaboration and research are needed.

Keyword(s): Indigenous youth, suicide, Ontario

For more information, contact Submitting Author: Dorothy Kuk dorothy.kuk@mail.utoronto.ca

059

Motor Vehicle Safety: Billings Area American Indians/Alaska Natives

(Submission ID: 438547)

Jordan Vandjelovic, Rocky Mountain Tribal Epidemiology Center

Background

The Rocky Mountain Tribal Epidemiology Center (RMTEC) is a federally-recognized public health agency within the Rocky Mountain Tribal Leaders Council (RMTLC) and serves 9 tribes on eight reservations in Montana and Wyoming; with a combined population over 72,000 enrolled members. Under RMTEC, the Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) – Injury Prevention Program (IPP) has proposed a Health and Injury Data Analysis Project (HIDA), in collaboration with the Billings Area Indian Health Service (BA-IHS); to identify the leading causes of injury morbidity and mortality to guide and support Tribal injury prevention initiatives throughout the region. The HIDA has identified Motor Vehicle Crashes (MVC) as the leading cause of mortality and one of the top five [5] causes of morbidity, accounting for approximately 40% of deaths overall and approximately 11% of injury morbidity. The AI/AN MVC rates are 5.58 deaths per 10,000 population for years 2003 to 2014 combined, approximately 4.3 times higher than the U.S. National All Races MVC rate. An overview of the challenges which are experienced by the Rocky Mountain Tribal Epidemiology Center (RMTEC) will be focused on; with an in-depth look at the data and Tribal challenges affecting this region. Some of these data limitations include: access to data from the Wyoming Department of Health, and hard copies versus electronic copies; misclassification by race, and missing data. Furthermore, challenges which have been encountered at the Tribal level will be focused on, including: sovereignty of Tribal Nations, capacity of each Tribe, traffic laws and polices, and staffing.

Keyword(s): Data, Tribal Epidemiology Center, Motor Vehicle Crash, Challenges, Morbidity, Mortality

For more information, contact Submitting Author: Jordan Vandjelovic jordan.vandjelovic@rmtlc.org

060

Integrating Perspectives: Service Providers and Indigenous Health Policy in Urban Ontario

(Submission ID: 434499)

Alicia Powell, McMaster University

Background

Few Indigenous health policies exist in Canada, however, in Ontario, the Aboriginal Healing and Wellness Strategy (AHWS) called for the development of Indigenous-specific health centres, rolled out from 2004–2010. These health centres integrate Western healthcare services with Indigenous, cultural approaches to wellbeing to address the health needs and social determinants of health (SDOH) within the local Indigenous community. This research investigates the ways that service providers perceive health inequalities, demonstrating whether the SDOH are considered in service provision to urban Indigenous clients.

Methodology

This research utilized a document analysis and structured interviews held with representatives from three provincial ministries involved with Indigenous health policy in Ontario. Using a community engagement research approach, semi-structured interviews were conducted with service providers from various departments within an urban Indigenous health centre. Analyses were completed utilizing a modified grounded theory to elicit key themes and perspectives.

Results

In approaching service provision to urban Indigenous communities it is clear that service providers interpret and address health inequalities and needs using a modified, practical understanding of the SDOH. Findings suggest that service providers accurately identify the health needs of their clients, and utilize the SDOH to understand the causes of inequalities, and why they persist within urban settings.

Conclusions

The SDOH of urban Indigenous communities cannot be fully addressed at the service provision level. In addition, the SDOH framework must be utilized at the policy level, in order to effectively address the wider determinants of health through inter-sectoral collaboration between provincial ministries and Indigenous communities.

Keyword(s): Indigenous health, policy, social determinants of health, service provision, Ontario

For more information, contact Submitting Author: Alicia Powell powellak@mcmaster.ca

061

Indigenous Peoples and Genomics: Starting a Conversation

(Submission ID: 430707)

Jenny Morgan, Indigenous Health Program, BC Women's + Children's Hospitals; Patricia Birch, Department of Medical Genetics, University of British Columbia; Rochelle Lesueur, Indigenous Health Program, BC Women's + Children's Hospitals; Rachel R Coe, Department of Medical Genetics, University of British Columbia; Ruth Kenny, Indigenous Health Program, BC Women's + Children's Hospitals

Background and Purpose/Objectives

Genomic sequencing is a powerful new medical test that can diagnose many genetic conditions by examining a person's entire genome. All variants (DNA differences) are compared to reference databases of healthy genomes to verify that they normally occur within healthy individuals. But normal variants differ across ancestral backgrounds; therefore ancestral diversity within these databases is crucial to interpreting results. Indigenous Peoples are currently under-represented in the databases, leading to difficulty interpreting results and thus healthcare inequity. This study intends to raise awareness of this issue with Indigenous Peoples in British Columbia and explore their opinions, values, and concerns about this issue.

Methodology

We held four sharing circle focus groups, co-led by an Elder and facilitator, in communities within driving distance of Vancouver. Circles were audio recorded, transcribed, and analyzed by at least two coders using a thematic framework. Drafts of a summary video and manuscript were brought back to participants and finalized with their input.

Results/Impact/Outcomes

Emerging themes were: Trust, Systemic Racism, Database Structure (oversight and whether a separate Indigenous database was needed), Database Management (uses and privacy), Reciprocity (perceived benefits and risks for donors and communities), and Implementation Practicalities.

Conclusions and Discussion

Participants generally agreed that a genomic database would benefit Indigenous patients, but concerns were raised around its implementation, including privacy, the need for broad education, and mistrust due to abuses and colonialization. Any attempts to address this health inequity must carefully consider the issues raised and consult broadly with Indigenous Peoples.

Keyword(s): genomics, equity, participatory research

For more information, contact Submitting Author: Rachel Coe [rachel.coe@alumni.ubc.ca](mailto:coe@alumni.ubc.ca)

062

Assessing housing and mobility for Indigenous adults living in urban areas using Our Health Counts Toronto

(Submission ID: 433872)

Michelle Firestone, Well Living House, Centre for Urban Health Solutions, St. Michael's Hospital; Kristen O'Brien; Sara Wolfe; Janet Smylie, St. Michael's Hospital University of Toronto,

Background

The Canadian Truth and Reconciliation (TRC) report highlighted the impacts of colonization, including family disruption and dislocation from traditional lands and resultant health and social inequities. The report included calls to action to address these inequities. In urban centres, where the number of Indigenous people is steadily increasing, planning of Indigenous health services is hampered by critical gaps in population health information.

Purpose

Our Health Counts Toronto addresses this gap by providing a better understanding of the social determinants of health including housing, homelessness and mobility among urban Indigenous people.

Methodology

Through Indigenous-led processes and governance, First Nations, Inuit and Métis adults in Toronto were recruited through Respondent Driven Sampling. This allowed for the generation of population-level prevalence estimates. Statistical analyses were used to characterize and describe the results.

Results

35% of Indigenous adults in Toronto were precariously housed or homeless at the time of the survey. 14% reported living in overcrowded conditions and 26% lived in dwellings that were in need of major repairs. Over half of Indigenous adults living in Toronto had moved at least once in the previous year and among them, 34% had moved 3 or more times.

Conclusions

Indigenous populations in Toronto experience a disproportionate burden of health and social inequities, including unstable and overcrowded housing, homelessness and high rates of mobility. These findings highlight the critical need for supportive, safe and affordable housing for urban Indigenous people. Coordinated and strategic approaches are required to address social determinants of health and wellbeing.

Keyword(s): Housing, Homelessness, Toronto, Respondent Driven Sampling, Social Determinants of Health

For more information, contact Submitting Author: Michelle Firestone firestonem@smh.ca

063

Inuusinni Aqqusaaqtara: An Inuit Cancer Project

(Submission ID: 433557)

Savanah Ashton, Pauktuutit Inuit Women of Canada; April Akeegok, Pauktuutit Inuit Women of Canada; Tracy Torchetti, Canadian Cancer Society

Background and Objectives

The goal is to increase knowledge about cancer, to improve communication between Inuit cancer patients and non-Inuit health care providers, enhance support services and promote mental wellness for newly diagnosed Inuit cancer patients.

Methodology

Phase One: The Glossary Kaggutiq, funded by Public Health Agency of Canada, is a cancer resource for Inuit patients, caregivers, and health care professionals with the aim of helping increase patient's health literacy and understanding of the disease, their diagnosis and treatment. It is intended to increase communication between patients and their Inuit and non-Inuit health care providers, and helps to dispel the fear of cancer and improve overall well-being and quality of life to the Inuit community.

Phase Two: Inuusinni Aqqusaaqtara (My Journey): With the generous support of Jaguar Land Rover Canada, Pauktuutit Inuit Women of Canada and the Canadian Cancer Society are working in collaboration to develop meaningful ways to support better health, reduce cancer incidence, and increase prevention and early detection in the Inuit population.

Impact

Pauktuutit's cancer resource is to build cancer literacy, increase screening rates, encourage lifestyle changes to reduce cancer incidence and develop platforms for support at every stage of the cancer journey for cancer patients, caregivers and health practitioners. They will have a lasting impact on Inuit today and for generations to come.

Conclusion and Discussions

This presentation will discuss these important resources and our continued work on urban and regional launches across Inuit Nunangat.

Keyword(s): inuit, cancer, resources, cancer patients, glossary, treatmenthealth care

For more information, contact Submitting Author: Savanah Ashton sashton@pauktuutit.ca

064

The use of strengths-based resources to cope with historical trauma and losses in two First Nations

(Submission ID: 433807)

Sharon Bernards, Centre for Addiction and Mental Health; Melody Morton-Ninomiya; Julie George; Sara Plain; Tracey George; Samantha Wells

Background

Little research has evaluated how strength and resilience resources buffer the negative effects of trauma and stress on the mental health of Indigenous people. An understanding of these associations is needed to identify how best to revitalize and enhance strength-based resources in Indigenous communities.

Methods

Survey data from 214 men, 289 women in two Ontario First Nations were analyzed to examine whether social support buffered the negative effects of historical trauma and losses (i.e., perceived racism, historical losses (e.g. language) and childhood adversities) on depression and/or anxiety by gender.

Results

Having more social supports was significantly related to lower likelihood of depression/anxiety for women, but not for men. Childhood adversities were significantly related to more depression/anxiety for men and women; perceived racism and historical losses only for women. An interaction effect between social support and childhood adversities was found. Among women with no/low social support, depression/anxiety was significantly higher among those with childhood adversities versus those with none. A similar pattern among women with high social support was not significant.

Discussion

Greater social support was related to less depression/anxiety and might buffer the impact of childhood stresses on depression/anxiety among women. The same relationships were not found for men. Possible reasons are that men and women might experience depression/anxiety differently, or the social support measure might not adequately capture social support for men. Further analyses of quantitative and qualitative data will investigate these relationships and implications for strengths-based programming.

Keyword(s): Community, Strengths, Resilience, Mental Wellness, First Nations, Social Support, Gender

For more information, contact Submitting Author: Sharon Bernards sharon.bernards@camh.ca

065

Being on the land and being well: Urban Indigenous communities insights on relationships between wholistic health and presence on land

(Submission ID: 433577)

*Angela Easby, Ontario Federation of Indigenous Friendship Centres;
Elaine White, Ne-Chee Friendship Centre*

Background and Purpose

The Ganohonyohk: Indigenous Prosperity Project is a 3-year project with 7 Friendship Centre communities in Ontario that explores community-driven understandings of prosperity, as a strengths-based alternative to poverty reduction. Findings to date demonstrate that wholistic wellbeing is central to Indigenous understandings of prosperity, and the ability to connect to land and the natural environment is a central component of this wellbeing. This presentation will share insights on the connections between positive health outcomes for urban Indigenous people and access to/ presence on the land.

Methodology

The OFIFC's USAI Research Framework (2012) is a strategic tool for community-driven research in urban Indigenous communities. The USAI Research Framework is based on the four principles of Utility, Self-voicing, Access, and Inter-relatedness. Methods are community-driven and co-developed for the specific research context, and include: participation in pow wows, cultural land-based activities, and ceremony; sharing circles; interviews; and video documentation.

Results

Participants self-reported a variety of positive outcomes in the areas of physical, mental, emotional, and spiritual health. These outcomes were specifically associated with preparation and consumption of traditional foods, participation in cultural land-based practices, and the opportunity to cultivate connections to community, culture, and territory. Participants reported benefits in a range of spaces, reflecting Indigenous understandings that all of Turtle Island is sacred land.

Conclusions

Urban Indigenous communities self-voiced access to/ presence on the land as a priority for achieving wholistic wellbeing. Models of wholistic health care for urban Indigenous people must include opportunities to access land and cultural land-based practices

Keyword(s): holistic health, environment, land, healing

*For more information, contact Submitting Author: Magda Smolewski
msmolewski@ofifc.org*

066

Cultural Connection and Physical Health Among Indigenous Peoples in Canada

(Submission ID: 440758)

Andrew Renick, Brigham Young University; Kevin Shafer, Brigham Young University

Background and Purpose/Objectives

Research linking indigenous culture to indigenous health outcomes has focused almost entirely on improving the cultural competence of the health care systems that serve this population. This study provides nationally representative empirical support for the largely positive role of traditional aboriginal language ability (proxy for cultural connectedness) as a protective factor against several physical health conditions.

Methodology

We analyzed a sub-sample of respondents aged 15 or older from the 2012 Aboriginal Peoples Survey (n= approx. 12,358). Measures of cultural connectivity included: aboriginal language ability, locus of exposure, and personal importance of aboriginal languages. We addressed ten health outcomes: asthma, arthritis, high blood pressure, breathing problems, diabetes, heart disease, ulcers, bowel disorders, weight and other long-term conditions. Logistic regression was used for all outcomes. Numerous controls were included.

Results

High aboriginal language ability (vs. no ability) significantly reduced risks of: asthma, arthritis, breathing problems, bowel disorders, being overweight, and other long-term conditions. High language ability was negatively associated with diabetes. Language exposure exclusively outside the home was negatively associated with asthma, ulcers, being overweight and other long-term health outcomes. Language importance had no consistent effect on physical health.

Conclusions

This study supports an important link between the cultural connectedness and aboriginal language loss literature, and literature addressing the health disparities aboriginal populations face. It supports the belief that cultural connectedness, including traditional language capacity, is not only fundamental to the cultural integrity of indigenous peoples, but also may be integral to improving the physical health disparities they experience.

Keyword(s): Health, Culture, Language, Protective Factors

*For more information, contact Submitting Author: Andrew Renick
andrew.renick@byu.edu*

067

The Seven Teachings and Growth After Trauma

(Submission ID: 427724)

Julie Woit

This oral presentation describes the content and process of The Seven Teachings and Growth After Trauma workshop. It will describe how a Spiritual Helper first discusses the Seven Teachings with workshop participants and then further how the Teachings guide participants in trauma awareness and integration. Expression of emotional content is facilitated through art exercises. It has been an honour to present the workshop in the communities of Pays Plat First Nation, Pic Moberg First Nation, Michipicoten First Nation and Bigtong Nishnaabeg. Feedback from participants reveals the importance of integrating traditional practises with contemporary therapeutic interventions. The workshop runs for three full days with a fourth day offered for individual follow up.

Keyword(s): Growth After Trauma

For more information, contact Submitting Author: Julie Woit julie.woit.phd@glmctbay.com

068

Pigiatqitsijit as a Cornerstone of Community Wellness: Collaborative training for emerging leaders in Arviat, Nunavut

(Submission ID: 440229)

Colleen Davison, Department of Public Health Sciences, Queen's University; Michelle Malla, Hamlet of Arviat; Eva Purkey, Department of Family Medicine, Queen's University; Katrina Plamondon, Professional Practice Office, Interior Health, BC

Background and Purpose

In many northern communities, gaps exist between wellness needs and the types or nature of programs and services that are provided. With funding from CIHR, the Community Development Team at the Hamlet of Arviat is partnering with researchers and practitioners at Queen's University and Interior Health, British Columbia to develop and implement a collaborative training program. This project aims to build local capacity in community engagement and meeting facilitation techniques so that the Hamlet can improve its ability to engage local residents and deliver responsive wellness programming.

Methodology

This 12-month project began in August 2017 and involves train-the-trainer sessions with facilitation trainees followed by opportunities for trainees to practice new skills locally in deliberative dialogues, art-based discussions, and youth and community engagement events.

Results

A process and impact evaluation is ongoing. Thus far, trainees have completed two week-long train-the-trainer sessions. They have created and conducted community- and school-based surveys using paper and digital tablets, conducted an arts-based youth engagement activity and hosted a country food family gathering. Trainees have highlighted pigiatqitsijit (being initiators and creating supportive leadership) as cornerstones of community wellness in Arviat.

Conclusion

This on-going project is a strong example of how capacity development for community and youth engagement can be embedded into wellness program development and research at a community level. Facilitators and barriers in the project and implications for other communities will be discussed.

Keyword(s): Inuit health, community health, community engagement, youth engagement, decolonizing methodologies.

For more information, contact Submitting Author: Colleen Davison davisonc@queensu.ca

069

A Regional Knowledge Mobilization Model for First Nations Mental Wellness Strategies: Building on Local Knowledge and Networks

(Submission ID: 434268)

Samantha Wells; Julie George; Sara Plain; Sharon Bernards, Centre for Addiction and Mental Health; Tracey George; Melody Morton-Ninomiya; Renee Linklater; Kathryn Graham,

Background

In this talk, we will describe a research program funded by a Health System Research Fund (HSRF) Program Award, Ministry of Health and Long-Term Care (MOHLTC) that involves the development of First Nations community mental wellness strategies. Mental health, substance use/addiction and violence are important issues affecting the well-being of Indigenous people. To address these issues, our team is working closely with five First Nations communities in two Ontario LHINs (South West and Erie St. Clair) to collect and apply local data in the development and implementation of community wellness strategies. This presentation will describe our experiences in two participating communities.

Methodology

Mixed methods, including Participatory Action Research, are being used to actively engage all members of the community, including consumers/patients, families and informal caregivers, service providers and community leaders and elders. This approach ensures relevance and meaningfulness of the strategies

developed. Informed by local data, the wellness strategies are comprehensive and integrative, build on community supports and resilience factors, and involve health and social services both within and outside the communities.

Outcomes

This research program will produce guidelines and models for building wellness strategies as well as recommendations for improving services for mental health, substance use and violence issues in First Nations.

Conclusions

This research program will result in the development of knowledge-to-action models as well as wellness strategies developed by and for First Nations people addressing high priority issues for dissemination and implementation across the province.

Keyword(s): First Nations, mental health, wellness, community-based participatory action research, resilience

*For more information, contact Submitting Author: Samantha Wells
samantha.wells@camh.ca*

070

Cultural Connection and Mental Health Among Indigenous Peoples in Canada

(Submission ID: 440754)

Kevin Shafer; Andrew Renick

Background

Culture connection and group identity may be a protective factor for marginalized racial and ethnic minority groups. However, little research has addressed this question among indigenous populations or with nationally representative data. We address this gap by considering whether cultural connections (as measured by Aboriginal language skills) may protect the mental health of Aboriginal individuals in Canada.

Methodology

We used the 2012 Aboriginal Peoples Survey (APS), a nationally representative study of First Nations, Metis, and Inuit peoples aged 6 or older who identify as Aboriginal in the 2011 National Household Survey. We used a subsample of respondents aged 15 or older that were asked questions about mental health (n= 12,358). Measures of cultural connectivity included: aboriginal language ability, exposure, and importance. We addressed three outcomes: anxiety issues, overall distress, and suicidal ideation. Logistic regression was used for anxiety and suicidal ideation and OLS regression for distress. Numerous controls were included.

Results

High aboriginal language ability (vs. no ability) significantly reduced anxiety (OR= 0.775, p< .001), suicidal ideation OR= 0.819, p<.001), and distress score (b= -0.304, p<.001). Language exposure both inside and outside the home was negatively associated with all three outcomes, as well. Language importance had no effect on mental health.

Keyword(s): Culture, mental health, protective factors

*For more information, contact Submitting Author: Kevin Shafer
kshafer@byu.edu*

071

Strengths-based analyses of First Nations adults with lived experiences of mental health and substance use challenges

(Submission ID: 434335)

Melody Morton-Ninomiya; Julie George, Centre for Addiction and Mental Health; Sara Plain; Tracey George; Samantha Wells, ; Sharon Bernards, Centre for Addiction and Mental Health

Background

The Researching Health in Ontario Communities (RHOC) and Five Views on a Journey projects used a mobile laboratory to visit several communities to conduct community-based research on issues related to mental health, substance use, and violence (MSV). As part of these projects, in-depth interviews were conducted with people who had experienced MSV issues and with family members of people with MSV issues to examine their experiences coping with and seeking help for these issues. This presentation focuses on interviews from two First Nations communities.

Methods

Secondary analyses of 109 interviews explored how strengths and resilience resources affected the process of recovery for individuals with lived experiences of MSV. Using an inductive and iterative approach, emergent themes related to strengths, resilience resources, and recovery processes were identified for men and women.

Results

Preliminary findings suggest strength and resilience are evident in diverse forms including: (1) formal and multi-disciplinary supports such as counselling, corrections, and health professionals; (2) informal supports; (3) inner strengths; (4) activities that improve overall well-being; and (5) visions for participants and their respective communities.

Discussion

We will discuss how attention to sources of strengths and resilience for people living with MSV in a First Nations community is both ethically and practically necessary as well as share how this community-driven study has been instrumental in promoting and building culturally appropriate programs to support men and women in First Nations communities.

Keyword(s): First Nation; Indigenous; strengths; mental health; substance use

For more information, contact Submitting Author: Melody Morton
Ninomiya melodym@mun.ca

072

Negotiating research ethics review for health research with Indigenous Peoples

(Submission ID: 434274)

Julie Bull, Centre for Addiction and Mental Health

Indigenous Peoples around the world are mobilizing to (re)assert their inherent right to self-determination, a movement that has both shaped and been reshaped by globally significant developments such as the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Truth and Reconciliation Commission (TRC) in Canada. Both UNDRIP and the TRC reinforce the notion of self-determination and a natural extension of this self-determination is governance of research. There are also more than 120 unique Indigenous research governance structures in Canada that are founded on community-based methods, Indigenous methodologies, participatory approaches, and Indigenous governance models. Despite growing amount of documentation about what to do in health research involving Indigenous people, there is little description of how to do it. Within this context, researchers and administrators are responsible for engaging meaningfully with Indigenous Peoples and communities in a co-learning model with shared benefits. CAMH is Canada's largest mental health and addictions teaching hospital and is one of the world's leading research centre on addiction and mental health. We are building internal capacity and external partnerships to address the policy-to-practice gap on the governance of health research in innovative and engaging ways. This presentation provides contextual information, resources, wise practices, and interactive activities about the nuances of research governance for health research with Indigenous Peoples.

Keyword(s): Keywords: ethics, governance, data

For more information, contact Submitting Author: Julie Bull julie.bull@camh.ca

074

Metal speciation in environmental health: mercury and arsenic in traditional food; environmental; and human samples from Walpole Island in 2017

(Submission ID: 431418)

John Bend, Western University; Brian Branfreun, Western University; Naomi Williams, Walpole Island First Nation Heritage Centre; Judy Peters, Walpole Island First Nation Community Member; Regna Darnell, Western University; Rosemary Williams, Walpole Island First Nation Health Centre; Gerald McKinley, Western University

Background/Objectives

400 tonnes of mercury were released into the St Clair River, upstream of WIFN, a health risk. We determined total mercury (THg); methylmercury (MeHg); total arsenic (TAs) and chemical species of As in muscle, liver and kidney of traditional food species at WIFN; in sediment and water from 10 sites at WIFN, in raw and processed river water; and in blood, hair and urine of WIFN volunteers. These data, in concert with a food frequency questionnaire (FFQ), can estimate exposures to Hg and As at WIFN.

Methodology

Sampling sites/fish species were selected/captured by the Project Advisory Committee. THg and MeHg were analyzed by EPA-approved methods. Arsenic was analyzed with an Agilent 7700x Inductively Coupled Plasma Mass Spectrometer (ICP-MS) without (TAs) or following extraction and HPLC. The FFQ was approved by the Community Advisory Committee.

Results

(Mercury): >95% of THg in blood; ~30% in hair; and ~0.35% in urine of volunteers occurred as MeHg. THg in hair was 0.37 ± 0.05 $\mu\text{g/g}$ (\pm SEM, N=39). (Arsenic): TAs exceeded 1.3 ppm w/w in some fish but speciation assays showed this is primarily non-toxic arsenobetaine and dimethylarsinic acid V.

Conclusions/Discussion

(Mercury): 30% MeHg in hair shows Hg speciation is required where hair mercury is used as a predictor of exposures to methylmercury. THg content in hair is virtually identical to content observed in 2008 (0.36 ± 0.04 $\mu\text{g/g}$, N=56) showing no significant decrease in exposure to Hg over the last decade. (Arsenic) Consumption of fish at WIFN currently poses no risk for adverse effects from As.

Keyword(s): Methylmercury, Neurotoxicity, Fetus, Arsenic, Traditional Foods, Type 2 Diabetes, Biomonitoring

For more information, contact Submitting Author: John Bend
jbend@uwo.ca

075

Understanding Aamjiwnaang First Nation's environmental health journey

(Submission ID: 432027)

Sara Plain; Heather Robertson; Sehar Jamal; Paleah Black-Moher; Alison Palmer; Amanda Sheppard

Background

Aamjiwnaang First Nation is situated near the Sarnia-Lambton "Chemical Valley", an industrial complex of refining and chemical companies. This has resulted in poor air quality, chemical spills and other environmental events. Residents of Aamjiwnaang are concerned about the health impacts of these environmental exposures. In past decades, Aamjiwnaang has been involved in over 20 research studies, including air, water, animal and food analyses. The aim of this project is to consolidate these data to describe a more complete account.

Methodology

This study will include (a) assessment of air quality on risk of cancer, (b) systematic review of the impact of the environmental factors on the health of residents and (c) digital stories to portray community members' perspectives. Various databases were searched for research studies examining environmental quality and human health outcome within the population in a 20km radius of Aamjiwnaang.

Results

The deliverables for the project are being determined in collaboration with the Health Committee at Aamjiwnaang and will integrate academic tools with Indigenous knowledge. Knowledge products will likely include visual representation of the data, reports and a joint peer-reviewed publication. The digital stories will produce a collage of images that illustrate and describe the influences and realities of environment and health in the community, overlaid with the results from the risk assessment and systematic review.

Conclusions

This work will contribute to an enhanced understanding of environmental impact on health among Aamjiwnaang residents. It highlights the importance of partnership to create actionable recommendations and products for First Nations communities.

Keyword(s): environmental health, mixed methods, First Nations

*For more information, contact Submitting Author: Sehar Jamal
sehar.jamal@cancercare.on.ca*

076

Indigenous Women's Food Practices and Food Security in Lloydminster AB/SK and Surrounding Areas: An Ethnographic, Mixed-Methods Study

(Submission ID: 428613)

Megan Sampson, University of Calgary, Department of Anthropology/Archaeology; Shelley Wiart, Women Warriors Program; Rita Henderson, Department of Family Medicine, Cumming School of Medicine, University of Calgary; Sonja Wicklum; Kerry McBrien; Ashlee McGuire; Ashley Amson; Lindsay Crowshoe, Cumming School of Medicine, University of Calgary

Background and Objectives

This presentation will discuss research conducted in fall 2017 with Indigenous-focused health-and-wellness program Women Warriors, operating out of Lloydminster, AB/SK. The program promotes wellness through fitness classes and nutrition education. My mixed-methods research, conducted in partnership with the University of Calgary's Department of Family Medicine, explores social and economic contributors to the health of Women Warriors' participants. It asks: (1) What do the diets of Women Warriors' participants reveal about their unique needs, preferences, and values relating to food and health? (2) What coping methods/supports do Indigenous women in Lloydminster and surrounding areas turn to in attempt to achieve adequate nutrition for themselves/their families?

Methods

Data was collected through: (1) participant-observation in Women Warriors' "Eight Weeks to Healthy Living" program (2) 48-hour dietary recalls (3) supportive network mapping (4) semi-structured, qualitative interviews (5) semi-structured interviews with local healthcare providers. A total of 20 participants were recruited (16 Indigenous women, 4 healthcare providers).

Results

(1) Several participants indicated household food insecurity (2) colonial violence and residential schooling has contributed to participants' eating habits (3) several participants relied on self-provisioning and reciprocity in their supportive networks to feed themselves (3) Advice provided by dietitians and healthcare professionals is often not responsive to such realities.

Discussion

Indigenous women and families experience unique social and economic barriers impacting their nutritional realities and wellness. Collaboration between Indigenous knowledge-holders and community members, healthcare professionals, and social-service providers is necessary to plan tailored, effective responses.

Keyword(s): Social Determinants of Health, Food Security, Indigenous Women

For more information, contact Submitting Author: Megan Sampson
mbsampso@ucalgary.ca

077

Bridging Place and Social Spaces: Building Healthful Relationships Towards Indigenous Food Sovereignty in Southwestern Ontario

(Submission ID: 433651)

Hannah Tait Neufeld, *The University of Guelph*;
Adrienne Lickers Xavier, *Royal Roads University*; Kelly Gordon,
Six Nations Health Services,

Background

Traditional foods contribute towards the holistic wellbeing of Indigenous peoples. Only a quarter of First Nation adults consume wild meat and fewer (18.6%) include wild plants and berries in their diets. This transition away from nutrient-rich locally harvested foods is associated with significant health impacts. Research investigating dietary practices has focused on intake, with less attention given to understanding how knowledge access and the loss of traditional food knowledge may impact local food security, particularly in southern or urban contexts. First Nation families in southern Canada frequently experience food insecurity, and limited access to traditional foods or being out on the land. Research Aims: In an effort address research gaps, advance local health-related knowledge and community needs identified in southwestern Ontario, this participatory research project aims to: address traditional food access and knowledge barriers by documenting community case studies; integrate inter-generational knowledge pathways and resources aimed at building relationships; and explore innovative land-based practices across environments.

Methodology

Working with a diverse set of community partners on reserve, in urban centres, and educational environments, community-based participatory research and Photovoice methodologies will be utilized to explore and illustrate knowledge pathways and sources of traditional foods in the community of Six Nations, and nearby urban sites.

Expected Outcomes

Results generated from this study contribute to identifying determinants of food choice, and their impacts on health-related knowledge and outcomes, along with informing the development of services and resources to promote a greater diversity of food choice and networks of traditional food knowledge.

Keyword(s): Urban, Food Security, Nutrition, Traditional Foods, Photovoice

For more information, contact Submitting Author:
Hannah Tait Neufeld hannahtn@uoguelph.ca

078

How effective is the Nutrition North Canada Retail Subsidy? An update

(Submission ID: 439170)

Tracey Galloway; Emily V. Smith, *University of Toronto*

Background

Nutrition North Canada (NNC), is a retail subsidy program implemented in 2011. Its purpose is to reduce the cost of nutritious food for residents living in Canada's remote, northern communities.

Purpose and Methods

The present study provides an update on the impact of NNC on food cost and availability using the latest data available from the Government of Canada website. We also evaluate the program's 2016 engagement process and changes to retailer and supplier compliance reporting over the course of the subsidy's existence.

Conclusions and Discussion

We will conclude with recommendations for changes to the way the subsidy program is managed.

Keyword(s): north, subsidy, food, retail, nutrition, population health, policy, program, federal

For more information, contact Submitting Author: Tracey Galloway
tracey.galloway@utoronto.ca

079

Effectiveness of a Multi-pronged Intervention for the Prevention of Early Childhood Caries (ECC) among Canadian Aboriginal Children

(Submission ID: 441117)

Herenia Lawrence, *Dental Public Health, Faculty of Dentistry, University of Toronto, ON, Canada*; Robert Schroth, *Preventive Dental Science, College of Dentistry and Pediatrics and Child Health, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, MB, Canada*; Sabrina Peressini, *Dental Public Health, Faculty of Dentistry, University of Toronto, ON, Canada*; Marion Maar, *Medical Anthropology, Northern Ontario School of Medicine, Sudbury, ON, Canada*; Jaime Cidro, *Anthropology, University of Winnipeg, MB, Canada*; Janet Gordon, *Health Services, Sioux Lookout First Nations Health Authority, Sioux Lookout, ON, Canada*; Rupinder Brar, *Health Services, Norway House Cree Nation, MB, Canada*; Gilbert Fredette, *Health Portfolio, Norway House Cree Nation, MB, Canada*

Objective

To test a combination of evidence-based ECC preventive and behavioural interventions among Aboriginal mothers and their children in Ontario and Manitoba, hypothesizing a reduction in ECC.

Methods

At baseline, 544 pregnant First Nations (93%) and Métis (7%) women were recruited for the Baby Teeth Talk Study, a community-based randomized controlled trial. The intervention included: (1) dental care for pregnant mothers, (2) oral health Anticipatory Guidance, delivered by trained community-based researchers using (3) Motivational Interviewing, and (4) fluoride varnish for their children. Caries incidence was assessed by the mean number of primary teeth/surfaces with cavitated and non-cavitated enamel/dentin lesions or filled (d1-3ft and d1-3fs) per child aged two years. Effectiveness was measured by the difference in least-squares means between intervention and control groups and by computing the preventive fraction (PF).

Results

At age 2, 344 mother-child dyads were assessed (178 intervention and 166 control). Mean d1-3ft=8.9 for those on reserves (n=229) and prevalence was 86.5%. For those in cities/towns (n=115) mean d1-3ft=3.1 at 58.3% prevalence. On reserves, mean d1-3ft was 7.9 for the intervention group and 9.9 for the controls; difference was statistically significant (p=0.014) and PF was 20%. The intervention also reduced referral rates for non-urgent care by 53% and the need for dental treatment under general anesthesia for those on-reserve (NNT=7.5).

Conclusion

Significant caries reduction at age two was noted in First Nations children residing on reserve within the intervention group. The findings support scaling-up the multi-component intervention to increase the benefit for these Canadian First Nations children.

Keyword(s): Oral Health, Early Childhood Caries, Prevention Dental Care, Motivational Interviewing

For more information, contact Submitting Author: Herenia Lawrence
herenia.lawrence@dentistry.utoronto.ca

080

Perspectives from Children in their Health: An example as a part of a clinical intake process using the ACHWM

(Submission ID: 434330)

Marnie Anderson, *Evaluating Children's Health Outcomes (ECHO) Research Centre Laurentian University*; Nancy Young, *Laurentian University*; Carli McDonald, *Evaluating Children's Health Outcomes*

(ECHO) Research Centre Laurentian University; Trisha Trudeau, Naandwechige-Gamig, Wikwemikong Health Centre Wiikwemkoong Unceded Territory

Background

Indigenous health is often looked at in a holistic way. Often it includes 4 quadrants of health; Spiritual, Emotional, Physical and Mental. These are reflected in the medicine wheel. However, the current intake process for health care services in Ontario often focuses on one specific quadrant of health, due to limitations of time and healthcare staff and resources.

Methodology

We developed a process to use the tablet-based Aboriginal Childrens Health and Well-being Measure (ACHWM) in clinical practice with Indigenous children, 8 to 18 years of age. The ACHWM takes 15 min for a child to complete and results are shown to the clinician in the form of a patient report including Summary and Quadrant scores (Spiritual, Emotional, Physical and Mental). We gathered feedback from mental health workers on this process.

Results/Impact/Outcome

Mental health workers reported that the ACHWM provides immediate and important information regarding each child's wellbeing. The following benefits were noted.

1. Immediate generation of scores helps prioritize wellness planning.
2. The comprehensive nature of the assessment facilitates referrals to additional services.
3. The process reduces assessment time which allows health care providers more time to work with the child to promote wellness.
4. The ACHWM helped children feel included, respected and valued.

Conclusions and Discussion

The integration of the ACHWM into clinical practice offers an alternative approach for the child to share their perspective. The ACHWM provides immediate information to the healthcare worker regarding holistic wellness and help guide referrals to provide appropriate local services.

Keyword(s): Indigenous, Well-Being, Clinical Assessment

For more information, contact Submitting Author: Nancy Young
nyoung@laurentian.ca

081

Indigenous students continue to perceive racism at Canadian medical schools

(Submission ID: 437485)

*Brent Young, Dalhousie Medical School; Amanda Sauvé;
Amy Bombay, Dalhousie University Department of Psychiatry &
School of Nursing*

Introduction

Canadian medical schools have committed to increase the admission and retention of Indigenous learners. Despite this, the medical school learning environment has yet to be examined from the perspective of these students.

Methods

This study surveyed 34 self-identified Indigenous medical students enrolled at 10 Canadian universities. Qualitative and quantitative measures were used to examine student demographics, cultural identity, racial adversity, institutional support, and perceived academic performance.

Results

Only 7.9% (n=3) of respondents reported being raised in Indigenous communities. No students reported an Indigenous language as their first language. Among all participants, half (n=17; 50%) perceived weak ties to their classmates, over a third (n=13; 38.2%) perceived microaggressions from faculty and/or staff, more than a quarter (n=10; 29.4%) perceived microaggressions from their classmates, and almost half (n=15; 44.1%) were able to describe at least one instance where they perceived racism or discrimination in the learning environment. Students with a strong connection to their Indigenous culture were more likely to perceive racial adversity in the learning environment. Conversely, students who felt a strong connection to the mainstream, non-Indigenous culture were more likely to perceive strong ties to their classmates, which was, in turn, associated with a higher degree of academic confidence. A supportive environment was also associated with a higher degree of academic confidence and performance.

Discussion

We must do more to achieve equitable admissions policies for all subpopulations of the Indigenous community. Canadian medical schools must redouble their efforts to provide a safe learning environment for Indigenous students.

Keyword(s): Medical Education, Institutional Racism, Microaggressions, Equity, Acculturation, Enculturation

*For more information, contact Submitting Author: Brent Young
brent.young@dal.ca*

082

Community-engaged Indigenous health research – perspectives on employing wise practices from research faculty at a Canadian university

(Submission ID: 440743)

Joel Pidutti, Department of Obstetrics and Gynecology - University of Manitoba; Billie-Jo Hardy, Well Living House, Centre for Urban Health Solutions, St. Michael's Hospital, Toronto; Michelle Firestone, Well Living House, Centre for Urban Health Solutions, St. Michael's Hospital; Carol Strike, Social and Behavioural Health Sciences Division, Dalla Lana School of Public Health, University of Toronto; Janet Smylie, St. Michael's Hospital University of Toronto

Objectives

The study purpose was to examine perspectives of faculty affiliated with a Canadian university developing an Indigenous Health research institute regarding community-engaged research, focusing on wise practices, barriers to their application, and the role of institutional supports.

Methods

This research consists of qualitative semi-structured interviews with 10 Indigenous and non-Indigenous researchers with 5–25 years experience in Indigenous health research. Interviews explored how researchers positioned themselves to communities, the nature of the relationships, how responsibilities and goals were defined and shared, essential researcher attributes, central challenges in community-engagement, and suggestions for institutional supports. Thematic content analysis was employed, drawing on a critical health equity and decolonizing approach challenging the structural social marginalization of Indigenous communities within Canada.

Results

Faculty perspectives varied but revealed: 1) logistical challenges such as geography complicate proper engagement, 2) funding and institutional metrics are not supportive of the unique processes within Indigenous health research, 3) challenges maintaining and nurturing ongoing relationships, 4) the role of informal trust-building, 5) unique burdens placed on Indigenous researchers including tokenism and personal sacrifice, and 6) uncertainties around the place of non-Indigenous allies in the contemporary field.

Conclusions

Researchers face significant challenges operationalizing wise practices, with unique issues faced by Indigenous and non-Indigenous researchers. Suggestions include alternatives to traditional funding and academic metrics, the need for a university-based institute to support community-engagement as a bridge between community and academics, and the need for open discussion around self-identity.

Keyword(s): community-engaged research; wise practices; cultural competency

For more information, contact Submitting Author: Joel Pidutti piduttij@myumanitoba.ca

083

Co-Developing Curriculum for a Remote First Nation Community Residency Program: The Northern Ontario School of Medicine/Matawa/Eabametoong Model

(Submission ID: 433283)

Ghislaine Pilot-Attema, Northern Ontario School of Medicine; Robert Baxter, Eabametoong First Nation; Kristy Côté, Northern Ontario School of Medicine; Claudette Chase, Northern Ontario School of Medicine; Paul Capon, Matawa First Nations Management; Jennifer Fawcett, Northern Ontario School of Medicine; Margaret (Molly) Boyce, Eabametoong First Nation

The Northern Ontario School of Medicine (NOSM), Matawa First Nations Management (MFNM), and Eabametoong First Nation (EFN) collaboratively established a new residency stream in response to the physician needs of EFN. The clinical and academic curriculum is grounded in specific community health care requirements and values traditional and western medicine. The curriculum supports Indigenous ways of knowing, while ensuring integration with the College of Family Physicians accreditation framework. The development of this curriculum is collaboratively created and/or adapted by the NOSM Family Medicine program team, Indigenous community members, Elders, residents, and Family Medicine faculty. The curriculum development goal is to ensure residents are prepared for independent culturally safe practice in a remote FN community, and specifically ready for the context of the EFN. Best practices from other rural and remote residency programs will be incorporated into NOSM's curriculum, as well as teachings from clinical and community leaders within the EFN community. The curriculum created is uniquely adapted to this residency stream, and deepens the community-engaged social accountability model that NOSM is founded upon. Success for this residency stream is measured by meeting the physician shortage in EFN, community capacity building, expansion to other remote First Nations communities, and the retention of physicians working and living in Indigenous communities. A successful first iteration of this stream serves as the foundation for other FN communities to participate. This presentation will focus on lessons learned within the first year of tripartite development of the academic and clinical curriculum.

Keyword(s): Residency Program, Indigenous Health, Community Co-Developed

For more information, contact Submitting Author: Ghislaine Pilot-Attema gpilotattema@nosm.ca

084

Life Promotion Camp for Indigenous Youth in Grey and Bruce Counties

(Submission ID: 440619)

Jennifer Sells, Keystone Child, Youth & Family Services; Leeann Shimoda, Independent First Nations; Marleen Vogl, Chippewas of Nawash Health Centre

A group of First Nations' individuals and those working with First Nations' youth met to try to find an intervention to address the issue of Indigenous youth suicide. A targeted intervention of a "life promotion camp" was chosen with grade 7 and 8 youth as the focus (from both local First Nations and off-reserve Indigenous youth) to help prepare them for high school and for mental health challenges generally. Our assumption was that providing an opportunity for them to be together with cultural and recreational experiences at this critical life stage, as well as receiving information and exposure to some of the helping professionals locally, as well as their older peers, might help them prepare for the challenges that high school would present to them. A weekend at an Outdoor Education Centre was arranged with a wide range of educational and recreational activities, including those designed and presented by high school youth on self esteem. Elders, local psychologists, youth workers and others were on hand to give workshops and spend informal time the youth. A video will illustrate the experience. The organizers will be there to explain why the approach was selected, as well as lessons learned and hopes for future events.

Keyword(s): suicide prevention, life promotion, youth mental health, cultural attachment

For more information, contact Submitting Author: Jennifer Sells jennifersells@kcyfs.com