

RÉSEAU DE
RECHERCHE EN
SANTÉ
MENTALE CHEZ LES
AUTOCHTONES



NETWORK FOR
ABORIGINAL
MENTAL
HEALTH
RESEARCH

**12th Annual
National Gathering of Graduate Students (NGGS) in
Aboriginal Health Research
and
2nd Annual AHRNetS Conference
June 22-25, 2012**

***From the Person to the Environment:
Eco-Social Approaches to Aboriginal Health***

McGill University
Montréal, Québec



CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada



NETWORK FOR ABORIGINAL MENTAL HEALTH RESEARCH
www.namhr.ca

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This was made possible by our funders and conference hosts.

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The cover picture was taken in
Kahnawake, Québec.

Cover photo: Stéphane Dandeneau
Design: Katya Petrov

Ohén:ton Karihwatéhkwén
The Words Said before All Else – Thanksgiving Address

Sewatahonhsí:iost ken'nikarihwésha sewakwé:kon. Ne kati' tentshitewanonhwerá:ton ne Shonkwaia'tí:son, ne wáhi rohsa'ánion akwé:kon tsi nahó:ten teiotawénrie ne sti iohontsá:te.

Let us all listen for a moment. We will give thanks to the Creator, for it is he who has made everything that is in this universe.

Akwé:kon énska entsitewahwe'nón:ni nonkwa'nikón:ra tánon ...

Let our minds come together as one mind and

Teiethinonhwerá:ton ne Onkwehshón:'a

Let us give thanks to all people

Teiethinonhwerá:ton ne Iethi'nisténha Ohóntsa

Let us give thanks to Mother Earth

Teiethinonhwerá:ton tsi Kahnekarónion

Let us give thanks to all waters

Teiethinonhwerá:ton ne Kentson'shón:'a

Let us give thanks to the fish

Teiethinonhwerá:ton ne Ohtera'shón:'a

Let us give thanks to the roots

Teiethinonhwerá:ton Ohonte'shón:'a

Let us give thanks to all the plants

Teiethinonhwerá:ton ne Ononhkwa'shón:'a

Let us give thanks to all the medicines

Teiethinonhwerá:ton ne Otsinonwa'shón:'a

Let us give thanks to the insects

Teiethinonhwerá:ton ne Tionhéhkwen, ne ne áhsen nikonatè'kén:'a - Ónenhste, Osahè:ta Onon'ónsera,

Let us give thanks to the sustainers of life - Corn, Beans, and Squash

Teiethinonhwerá:ton ne Kahihshón:'a, tánon kwah tkonwakowá:nen - Nüiohontésa

Let us give thanks to the fruits and the leader, the strawberry

Teiethinonhwerá:ton ne Kontirí:io, tánon kwah thonwakowá:nen - Oskénón:ton

Let us give thanks to the animals and the leader the deer

Teiethinonhwerá:ton ne Otsi'ten'okón:'a, tánon Okwire'shón:'a tánon kwah thonwakowá:nen - Wáhta

Let us give thanks to the trees and shrubs and their leader the Maple

Teiethinonhwerá:ton ne Kaié:ri Nikawerá:ke - Othoré:ke, Entié:ne, Nà:kon, É:neken

Let us give thanks to the four winds - North, South, East, West

Teiethinonhwerá:ton ne Iethihsothó:kon Ratiwé:ras

Let us give thanks to our Grandfathers, the Thunderers

Teiethinonhwerá:ton ne Iethihsotha Ahshonthénhkha Karáhkwa

Let us give thanks to our Grandmother the Moon

Tetshitewanonhwerá:ton ne Ehtshitewahtsí:'a Tiekhehnéhkha Karáhkwa

Let us give thanks to our elder brother the Sun

Teiethinonhwerá:ton ne tsi Iotsistohkwarónnion Tsitkaronhiá:te

Let us give thanks to the Stars in the Heavens

Tetshitewanonhwerá:ton ne Shonkwaia'tíson (Ka'satstenhserakó:wa Sa'oié:ra)

Let us give thanks to the Creator (All natural force/power)

Ó:nen tho niíó:re wakkwé:ni. Toká' thé:nen sonke'nikónhrhen í:se ne'é ia'sewatahsónteren tánon ska'nikón:ra' kénhak tánon tsonhnhiióhak.

This is as far as I am capable of. If I have forgotten anything, then you continue and be of one mind and keep healthy.

Welcome Message from the Conference Host, Network for Aboriginal Mental Health Research (NAMHR), and Co-Host Aboriginal Health Research Networks Secretariat (AHRNetS)

It is our pleasure to welcome you to the 12th Annual National Gathering of Graduate Students (NGGS) in Aboriginal Health Research, and the 2nd Annual AHRNetS Conference. This year's theme for the Gathering is "From the Person to the Environment: Eco-social Approaches to Aboriginal Health".

On behalf of the approximately 120 investigators currently involved in this national network, we welcome you to connect, learn and enjoy your time here at the NGGS, hosted by NAMHR at McGill University, in Montreal, Quebec. This unique gathering will provide you with opportunities to build professional networks and engage with future colleagues and mentors in Aboriginal health and research. We hope that you enjoy and take advantage of this great opportunity to meet and connect with researchers and research trainees from diverse fields of inquiry, and engage in thought-provoking and skills-building presentations and workshops over the next three days.

Since this gathering was first organized twelve years ago by the CIHR-Institute of Aboriginal Peoples' Health (CIHR-IAPH) – a health research institute dedicated to Aboriginal peoples' health in Canada, it has become a much-anticipated annual event that brings together graduate students from across campuses, disciplines, and across Canada, to present their research, network, engage in skills building, and engage with investigators from across the Network Environments for Aboriginal Health Research (NEAHR) centres (formerly called Aboriginal Capacity and Developmental Research Environments or ACADRE). Since the creation of this network of university-based and Aboriginal community-driven centres across Canada by CIHR-IAPH in 2001 until 2010, there have been over 230 Masters and 230 PhD awards provided across the network, in addition to over 25 Post-Doctoral and 150 undergraduate awards provided during that time period.

Aboriginal health is an innovative, complex and rewarding research specialty through which you can make professional and personal contributions. We encourage you to connect with NEAHR Coordinators and AHRNetS Staff onsite and learn about the ways that being part of this national network can benefit you. The network has been integral in building an emerging cadre of Aboriginal health researchers in Canada, and you are a part of this growing community! On behalf of the host, NAMHR, and co-host, AHRNetS, we welcome you and hope you enjoy this time to learn, reflect and increase your knowledge of opportunities in Aboriginal health research in Canada.

Laurence Kirmayer

Member, AHRNetS Board of Directors
Principal Investigator, NAMHR
Professor, Division of Social and Transcultural Psychiatry
Director, Culture & Mental Health Research Unit,
Institute of Community and Family Psychiatry
Department of Psychiatry
McGill University

Charlotte Reading

Chair, AHRNetS Board of Directors
Principal Investigator, AHRNetS
Associate Professor, School of
Public Health and Social Policy
Faculty of Human and Social Development
University of Victoria

Message from Host NAMHR, about the Conference Theme

On behalf of the Network for Aboriginal Mental Health Research (NAMHR), we welcome you to the 12th Annual National Gathering of Graduate Students in Aboriginal Health. This year's theme for the Gathering is "From the Person to the Environment: Eco-social Approaches to Aboriginal Health". Good health relies on the satisfaction of fundamental human needs. Feeling safe, having enough to eat, connecting with family and friends, taking a walk in nature, breathing in fresh air are all necessary factors to ensure health and wellbeing. A deficiency in these or any other human needs can lead to emotional unbalance, illness and premature death. This observation of the relationships between ecological and social surroundings and health has been made throughout history. Aboriginal people have considered health as holistic, encompassing the person in its entirety in relation to kin – past, present and future – and in harmony with the land. More recently, increased scientific attention is given to understand and explain the direct and indirect impacts of ecological and social factors on the health outcomes of individuals, groups and populations. These eco-social approaches to health endeavour to consider "the whole". This conceptualisation is central to this year's National Gathering of Graduate Students, whereby we bring our attention to the reciprocal relationship between person and environment, and the eco-social approaches that aim to elucidate the impact of this relationship on health.

The Network for Aboriginal Mental Health Research (NAMHR) is a collaboration between academic and community-based researchers, mental health providers, and Aboriginal organizations. NAMHR aims to build research capacity to address the mental health needs of Aboriginal people in Canada.

Objectives

The main objectives of NAMHR are to:

- Conduct research in a way that is culturally informed and respectful of Aboriginal values and traditions, in partnership with Aboriginal organizations and communities;
- Train new researchers, especially from Aboriginal backgrounds, to increase the capacity for mental health research in Aboriginal communities;
- Work with Aboriginal communities and organizations, as well as health care providers and planners, to translate knowledge gained from research into useful outcomes.

We hope your experience at this year's NGGS provides you with enriching capacity building and networking opportunities.

NAMHR Co-investigators

Dr. Naomi Adelson

Dr. Michael Chandler

Dr. Michael Doxtater

Dr. Christopher Fletcher

Dr. Margo Greenwood

Dr. Laurence Kirmayer

Dr. Ann Macaulay

Dr. Ron Niezen

Dr. Nico Trocmé

Dr. Jake Burack

Dr. Stéphane Dandeneau

Dr. Brenda Elias

Dr. Kathryn Gill

Dr. John Michael Haggarty

Dr. Arlene Laliberté

Dr. Rod McCormick

Dr. Jitender Sareen

Dr. James Waldram

Dr. Eduardo Chachamovich

Dr. Colleen Anne Dell

Dr. Jo-Anne Fiske

Dr. Kathleen Glass

Dr. Grace Iarocci

Dr. Christopher Lalonde

Dr. Chris Mushquash

Dr. Adrian Tanner

Dr. Karla Jessen Williamson

SCHEDULE OF EVENTS

FRIDAY, JUNE 22

TIME	EVENT	PLACE
3:00 – 10:00 p.m.	Registration and Welcome	New Residence Hall, McGill University

DAY 1: SATURDAY, JUNE 23

2nd Annual Aboriginal Health Research Networks (AHRNet) Conference

Co-hosted by

AHRNetS and the Network for Aboriginal Mental Health Research (NAMHR)

Kanien'kehá:ka (Mohawk) Territory

TIME	2 nd Annual Aboriginal Health Research Networks (AHRNet) Conference	ROOM
9:00 a.m.	Opening and Welcome from NAMHR and AHRNetS: Laurence Kirmayer (NAMHR) and Namaste Marsden (AHRNetS)	Trottier Building (TB) 0100
9:10 a.m.	Opening and Welcome to the 'Traditional Kanien'kehá:ka Territories: Ohénton Karihwatéhwen Elder Joseph McGregor	TB 0100
9:30 a.m.	<i>New Directions and Building on Lessons Learned in Aboriginal Health Research Panel</i> Fred Wien (AAHRP) Opening Remarks and Panel Moderator Malcolm King (CIHR-Institute of Aboriginal Peoples' Health) <i>CIHR Signature Initiative Pathways to Health Equity for Aboriginal Peoples</i> Chantelle Richmond (IHRDP) <i>AHRNetS Survey : Evaluating Impact of National Support Network for Research Trainees in Aboriginal Health</i> Cassandra Opikokew (IPHRC) <i>An Analysis of Canada's Post-Secondary Student Support Program (PSSSP) for First Nations Students</i>	TB 0100
10:30 a.m.	Health break	TB 0100
10:45 a.m.	<i>Successful Transitions: New Investigators in Aboriginal Health Panel</i> Charlotte Reading (AAHRP) Panel and Discussion Moderator Mary Jane McCallum (MB NEAHR) <i>"Reflections on Teaching and Research Issues: an Indigenous New Investigator's Perspective"</i> Anita Benoit (AAHRP) <i>Linking social and basic sciences to understand stress as a social indicator for the lived experiences of Aboriginal women and a biological indicator for the physiological impact of stress on HIV pathogenesis</i> Mylène Riva (NASIVVIK) <i>"We live in a box, not a home" – Exploring pathways linking housing conditions to Inuit health and wellbeing: household crowding as a source of chronic stress for Nunavimmiut</i>	TB 0100
12:00 p.m.	Lunch provided NGGS 2011 Videos in Room 0100	Trottier Cafeteria Lobby

From the Person to the Environment: Eco-social Approaches to Aboriginal Health

12th Annual National Gathering of Graduate Students (NGGS) in Aboriginal Health Research and 2nd Annual AHRNetS Conference

1:00 p.m.	<i>Indigenous Knowledge as the Foundation of Indigenous Research Methodologies</i> Stan Wilson and Cora Weber-Pillwax (AB NEAHR)	TB 0100
1:50 p.m.	Stretch Break	
2:05 p.m.	Break-Out Workshops: Heather Castleden (AAHRP) <i>"I spent the first year drinking tea": Relationships before research in community-based participatory Indigenous research</i> Annik Poirier and Jacques Dalton (CIHR) <i>How to Apply for CIHR Awards</i>	TB 0060 TB 0070
3:05 p.m.	Stretch Break	
3:15 p.m.	Break-Out Workshops: Caroline Tait (IPHRC) <i>Transformative change: Can a community-based ethical framework improve Indigenous health and child welfare services?</i> Rod McCormick (Kloshe Tillicum) <i>Nature as Healer</i>	TB 0060 TB 0070
4:15 p.m.	Everyone Reconvene in Room 0100: Tracee Diabo (NAMHR) Walking Directions to New Residence Hall Ballroom Walk to New Residence Hall Ballroom	TB 0100
4:30 p.m.	At the New Residence Hall (NRH) Ballroom: CIHR-Institute of Aboriginal Peoples' Health Scientific Director's Award Presentation by Malcolm King Drum group: Buffalo Hat Singers	NRH Ballroom
5:00 p.m.	Networking Reception and Poster Sessions – <i>Refreshments Provided</i>	NRH Small Ballroom
6:00 p.m.	Closing Ohénton Karihwatéhwen Kaniénkeha'ka Elder Joseph McGregor	NRH Small Ballroom

DAY 2: SUNDAY, JUNE 24

TIME	SESSION	TROTTIER BUILDING ROOM
9:00 a.m.	Opening with Ohénton Karihwatéhkwén, Kaniénkeha'ka Elder Joseph McGregor – Welcoming, Laurence Kirmayer , Co-Director, NAMHR	0100
9:30 a.m.	Keynote: Margo Greenwood , Academic Leader, Collaborating Center for Aboriginal Health University of Northern British Columbia, Co-Director NAMHR	0100
10:45 a.m.	Coffee Break	Trottier Cafeteria Lobby
11:00 a.m.	Group A Paper Presentations: Environmental Health and Aboriginal Women	0060
	Group B Paper Presentations: Social Determinants of Health and Land Dispossession	0070
	Group C Paper Presentations: Community-based Participatory Research and Knowledge Translation	1080
	Group D Paper Presentations: Health, Healing and Wellbeing: Methodology	1090
12:30 p.m.	LUNCH	Trottier Cafeteria Lobby
1:30 p.m.	Workshop 1: Grant Writing, Jo-Anne Fiske (University of Lethbridge)	1080
	Workshop 2: Writing for Publication – Laurence Kirmayer (NAMHR)	1090
	Workshop 3: Empowerment Evaluation, Arlene Laliberté (Université du Québec en Outaouais)	1100
3:00 p.m.	Coffee Break	Trottier Cafeteria Lobby
3:15 p.m.	Group E Paper Presentations: Environmental Health and Relationships to the Land	0060
	Group F Paper Presentations: Social Determinants of Health	0070
	Group G Paper Presentations: Mental Health	1080
	Group H Paper Presentations: Community-based Participatory Research and Health Policy	1090
4:45 p.m.	House Keeping and Closing Ohénton Karihwatéhkwén, Kaniénkeha'ka Elder Joseph McGregor	0100

DAY 3: MONDAY, JUNE 25

TIME	SESSION	TROTTIER BUILDING ROOM
9:00 a.m.	Opening with Ohénton Karihwatéhkwén, Kanienkeha'ka Elder Joseph McGregor and Welcoming Laurence Kirmayer	0100
9:30 a.m.	Plenary: Indigenizing Knowledge Dissemination: Stéphane Dandeneau (Université de Québec à Montréal), Chris Mushquash (Lakehead University) and Phyllis Steeves (University of Alberta)	0100
10:45 a.m.	Coffee Break	Trottier Cafeteria Lobby
11:00 a.m.	Group I Paper Presentations: Indigenous Knowledge	0060
	Group J Paper Presentations: Environmental Health and Environmental Change	0070
	Group K Paper Presentations: Community-based Participatory Research and Health	1080
	Group L Paper Presentations: Mental Health	1090
	Group M Paper Presentations: Health, Healing, Wellbeing and Community	1100
12:30 p.m.	LUNCH	Trottier Cafeteria Lobby
1:30 p.m.	Workshop 4: Grant Writing, Jo-Anne Fiske (University of Lethbridge)	1080
	Workshop 5: Writing for Publication, Laurence Kirmayer (NAMHR)	1090
	Workshop 6: Empowerment Evaluation, Arlene Laliberté (Université du Québec en Outaouais)	1100
3:00 p.m.	Coffee Break	Trottier Cafeteria Lobby
3:15 p.m.	Closing Remarks	0100

AHRNetS Annual Conference Abstracts

Linking social and basic sciences to understand stress as a social indicator for the lived experiences of Aboriginal women and a biological indicator for the physiological impact of stress on HIV pathogenesis

A.C. Benoit¹, C. Beaver, D. O'Brien-Teengs², A. Zoccole³, R. Masching⁴, D. Peltier, S. Margolese¹, S. Greene⁵, L. Balfour⁶, J. Raboud⁷, C. Bielajew⁸, M.R. Loutfy¹

¹Women and HIV Research Program, Women's College Research Institute, Women's College Hospital, Toronto, Ontario; ²Ontario Aboriginal HIV/AIDS Strategy, Toronto, Ontario; ³2-Spirited People of the 1st Nations, Toronto, Ontario; ⁴Canadian Aboriginal AIDS Network, Halifax, Nova Scotia; ⁵McMaster University, Hamilton, Ontario; ⁶Ottawa Hospital – Civic Campus, Ottawa, Ontario; ⁷University of Toronto, Toronto, Ontario; ⁸University of Ottawa, Ottawa, Ontario.

Presenter: **Anita Benoit**

Background: In Canada, 48.1% of positive HIV test reports among Aboriginal people are in women compared to 20.7% of women in non-Aboriginal people. A complex pattern of psychological and physiological stress due to experiences of the past and present, shaped by adverse social determinants of health exist for Aboriginal women. Stress negatively impacts psychological well-being, and has been reported to alter immunological and hormonal responses, more specifically in HIV, culminating in an increase in HIV viral load and subsequently low CD4 T cell counts, and an increase in cervical neoplasia.

Objectives: The objectives of phase I are to 1) characterize stress in the lives of Aboriginal women living with or at risk of HIV infection, 2) discuss how they manage stress and 3) obtain feedback on the design of a study aimed at measuring stress levels using biological markers present in saliva.

Design: A community-based participatory research model and an Aboriginal-directed research model are followed during this study. A smudging ceremony and opening and closing prayers are conducted by a Spiritual leader present for the duration of the focus group. Aboriginal women are asked to participate in a focus group meeting with a maximum of eight women. The focus group discussion is audio-taped and last about two hours and a medicine wheel will be used for the women to categorize their life stressors. The women are also asked to complete socio-demographic and stress-based questionnaires and HIV knowledge scales which require approximately one hour for completion. Separate focus groups will be held for HIV-negative and HIV-positive women.

Discussions: The main purpose of this multi-phase study is to inform the design of a larger stress-reducing therapeutic intervention to reduce stress and improve health outcomes in Aboriginal women living with and at risk of HIV infection. Following implementation of phase I and through discussion with Aboriginal partners, the stress-reducing therapeutic intervention will be designed as part of phase II and piloted. During phase III, a stress level measurement study, as a way to determine efficacy of the intervention in improving health and reducing stress, will be conducted. A key feature of this study is the recognition of the importance of cultural identity in well-being and also valuing the Aboriginal community's perspective in developing an intervention to meets their needs.

"I spent the first year drinking tea": Relationships before research in community-based participatory Indigenous research

Presenter: **Heather Castleden**

Community-based participatory research (CBPR) is generally understood as a philosophical and methodological approach to engaging in relevant, respectful, responsible, and reciprocal research. Rather than a one-sided relationship where the researcher holds the decision-making power about the research design, the data collection, the interpretation of the data, and when/how results are disseminated, CBPR involves shared decision-making, shared ownership of data, bi-directional research capacity building, and when new knowledge is co-created, it is disseminated in a manner that is mutually beneficial for all those involved. This approach to research is gaining traction in research partnerships involving Indigenous peoples given the legacy of unethical research and the ongoing colonial/racial tensions between Indigenous and settler populations in Canada. While some researchers are beginning to identify as community-based participatory

researchers, individual interpretations of this approach and the ways in which they operationalize CBPR are, in fact, highly variable. In this workshop, I will share some findings from a recent exploratory qualitative case study on the rhetoric and reality of CBPR, contextualize these findings against the backdrop of the TCPS2 and OCAP, share a story (or two) on the value of building relationships before undertaking research, and then there will be an opportunity to listen to some of your stories about CBPR relationships, your reality, and ways you challenge the rhetoric.

CIHR Signature Initiative Pathways to Health Equity for Aboriginal Peoples

Presenter: **Malcolm King**

CIHR Pathways to Health Equity for Aboriginal Peoples' overall goal is to develop a better understanding of how to implement and scale up interventions and programs that will address First Nations, Inuit and Métis (Aboriginal Peoples) health inequities in four priority areas – suicide, obesity, tuberculosis, and oral health.

Nature as Healer

Presenter: **Rod McCormick**

This session will focus on Dr. McCormick's ongoing research that explores how Indigenous people use nature for healing. Based on the results of numerous studies and hundreds of healing stories shared with him Dr. McCormick will share how Indigenous peoples of Turtle Island have used elements from nature such as the wind, water, rocks, mountains, forests, and the sky in their healing journeys.

An Analysis of Canada's Post-Secondary Student Support Program (PSSSP) for First Nations Students

Presenter: **Cassandra Opikokew**

The primary purpose of this presentation is to provide an analysis of the Department of Aboriginal Affairs and Northern Development Canada's (AADNC) Post-Secondary Student Support Program (PSSSP) to determine which policy options are most likely to achieve PSSSP objectives while increasing Status Indian and Inuit access to education. Three key weaknesses have repeatedly been identified in the program: inefficient program administration, inequity in rationing of funds, and stagnating resources per recipient. The first two weaknesses relate to program design and several research papers have focused primarily on program delivery options and administration as opposed to stagnating resources per recipient (Usher 2009; Helin and Snow 2010). This presentation will examine all three program weaknesses to come up with a more comprehensive list of policy recommendations.

How to Apply for CIHR Salary Awards

Presenters: **Annik Poirier** and **Jacques Dalton**

CIHR is offering an information session to graduate students and young investigators, focused on CIHR's programs and policies, application process as well as tips for applicants. Information will also be provided about specific CIHR-IAPH opportunities including travel awards.

"We live in a box, not a home" – Exploring pathways linking housing conditions to Inuit health and wellbeing: household crowding as a source of chronic stress for Nunavimmiut

Presenter: **Mylène Riva**

In the Arctic, household overcrowding is reaching alarming levels, with repercussions on health and well-being. This presentation explores the link between housing and Inuit health through two linked projects set in Nunavik. The first project explores Nunavimmiut perceptions of the housing situation in their communities, in terms of the suitability and adequacy of housing, and how these may influence health and well-being. In the second project, data from the *Qanuippitaa?* health survey are analyzed to assess whether household crowding is a source of chronic stress for Nunavimmiut. Findings from these projects demonstrate that improving the housing situation in the region is a public health priority that should be addressed to foster population health

and well-being. However, findings also point to the limit of currently available data to better understand, document and monitor the housing and health relationship in the Arctic.

Transformative change: Can a community-based ethical framework improve Indigenous health and child welfare services?

Presenter: **Caroline Tait**

This presentation introduces an Indigenous community-based ethical toolkit. Ethical guidelines seek to protect vulnerable individuals and communities from experiencing undue harm resulting from the design, implementation, or termination of a health care initiative. Currently ethical reviews by government policy makers and program funders are not required at any time during the design, delivery or termination of mental health and addictions programming and services that target Indigenous peoples.

Indigenous Knowledge as the Foundation of Indigenous Research Methodologies

Presenter: **Stan Wilson** and **Cora Weber-Pillwax**

Alberta Network Environments for Aboriginal Health Research initiatives endeavor to link expertise, encourage relations of respect, integrate Aboriginal ways of knowing, and strengthen the capacity of the academy, government and Aboriginal communities, to understand the broad socially determined aspects of Aboriginal health and wellness. This session, presented by Dr. Stan Wilson, will explore Indigenous Knowledge as a foundation for health research methodology.

Biographies

Anita Benoit is a Mi'kmaq from the Esgenôpetitj First Nation in New Brunswick who grew up in a nearby French-Acadian community. Trained as a basic scientist, she works in the Women and HIV Research Program – Women's College Research Institute, Toronto, Ontario, conducting community-based participatory research with Aboriginal women. She has a doctorate in Microbiology and Immunology and holds a CTN-ViiV Healthcare Postdoctoral Fellowship Award. Her project is entitled: "Linking social and basic sciences to understand stress as a social indicator for the lived experiences of Aboriginal women and a biological indicator for the physiological impact of stress on HIV pathogenesis."

Heather Castleden is a tenure-track Assistant Professor in the School for Resource and Environmental Studies with cross-appointments in the Department of Bioethics and the Department of Community Health and Epidemiology at Dalhousie University. She has an established track record of competitive grant funding from SSHRC, CIHR, NSHRF, and NCEs, and she has published widely in the health, environment, and education literatures. She is a Co-Principal Investigator of the Atlantic Aboriginal Health Research Program and serves on the Executive Committee of the Aboriginal Health Research Network Secretariat. The Canadian Association of Geographers presented Dr. Castleden with the Julian M. Szeicz Award for Early Career Achievement in 2010, specifically for her contribution to the geographies of health and environment through Indigenous community-based research. She has served on an institutional Research Ethics Board, was an invited member of the TCPS2 (Chapter 9) Education Advisory Committee, and has peer-reviewed grants for CIHR. She has just completed guest editing a special themed issue of *The Canadian Geographer* on community-based participatory Indigenous research and reviews papers for *Health & Place*, *Social Science & Medicine*, *Health & Social Care in the Community*, *Society & Ecology*, *Annals of the Association of American Geographers*, among others.

Jacques Dalton is Métis from Northern Alberta. He is life partner to Janet and proud father of three teen-aged children. He works with the CIHR - Institute of Aboriginal Peoples' Health where he develops research initiatives and partnerships to improve the health of First Nations, Inuit and Métis peoples in Canada and Indigenous peoples internationally.

He completed undergraduate studies in Languages and Literature (CÉGEP St Laurent, QC), Cross Cultural Studies/Linguistics (Trinity Western University, BC) and graduate studies in History (UBC - Regent College, BC) and Teaching English as a Foreign Language (American University in Cairo, Egypt). Jacques has a particular interest in youth; he counselled urban youth with addictions in Western Canada, conducted wilderness leadership training and directed a 450-member International Youth Centre in Cairo Egypt. He taught at the American University in Cairo and in private colleges in Saskatchewan and Quebec.

Prior to coming to IAPH, Jacques was the Assistant Director of an NGO in Quebec, where he trained and led groups of interdisciplinary teams in education and development in Central America, Egypt and First Nations communities in Quebec. Outside his professional life, Jacques is an amateur singer and musician, playing guitar and piano and leading music at Grace Presbyterian Church in Ottawa where he is an elder. Jacques loves the outdoors and enjoys cycling in his free time.

Stéphane Dandeneau is currently assistant professor of psychology at the Université du Québec à Montréal. After completing his PhD in social psychology at McGill University, Stéphane worked on the Roots of Resilience Project at the Culture and Mental Health Research Unit, Jewish General Hospital, during his postdoc. Stéphane has broad interests in social psychology and social-cultural psychology, and the underlying social cognitive processes of social resilience. His first line of research investigates the links between self-esteem, social stress, and attentional processes involved in perpetuating psychological insecurities. His research examines ways of training people with low self-esteem "high self-esteem-like skills" such as inhibiting social rejection which is shown to buffer against social and performance threats (www.selfesteemgames.mcgill.ca and www.mindhabs.com). His second line of research investigates sources of resilience and definitions of resilience from Aboriginal perspectives using a community-based approach with the Roots of Resilience Project (www.mcgill.ca/resilience). Using a combination of qualitative and quantitative methods, this research aims to develop a more culturally appropriate model of resilience as well as showcase the many different facets of Aboriginal people's strengths. Stéphane is Franco-Métis from St-Boniface, Manitoba.

Jo-Anne Fiske holds a PhD in Anthropology from UBC. She has taught at a number of Canadian universities and is currently professor of Women's Studies at the University of Lethbridge where she recently completed a term as Dean of Graduate Studies. Her work focuses on complex relationships between state policies and practices, economic status and health and well-being of Aboriginal women. She has published extensively in academic journals and collected works, and has produced reports on government policies, Aboriginal women's rights, and the social and health implications of historic and cultural trauma. Her current research projects focus on issues of urbanization and well-being.

Margo Greenwood, Academic Leader of the National Collaborating Centre for Aboriginal Health, is an Indigenous scholar of Cree ancestry with more than 25 years experience focused on the health and well-being of Indigenous children, families and communities, and is an Associate Professor in both the First Nations Studies and Education programs at the University of Northern British Columbia. While her academic work crosses disciplines and sectors, she is particularly recognized regionally, provincially, nationally and internationally for her work in early childhood care and education of Indigenous children and public health. She co-directs the Network for Aboriginal Mental Health Research. Margo has served on numerous national and provincial federations, committees and assemblies, and has undertaken work with UNICEF, the United Nations, and the Canadian Reference Group to the World Health Organization Commission on Social Determinants. Margo received the Queen's Jubilee medal in 2002 in recognition of her years of work to promote awareness and policy action on the rights and well-being of Aboriginal and non-Aboriginal children, youth and families. Margo was also recognized in 2010 as the 'Academic of the Year' by the Confederation of University Faculty Associations of BC for her research contributions to the wider community. Most recently, she was honoured with the National Aboriginal Achievement Award for Education in 2011.



Indspire, formerly the National Aboriginal Achievement Foundation (NAAF), is a charitable organization that is dedicated to raising funds to deliver programs that provide the necessary tools for Indigenous peoples, especially youth, to achieve their potential. To date, Indspire, through its Education Program, has awarded more than \$49-million in scholarships and bursaries to more than 14,000 First Nations, Inuit and Métis students nationwide.

Their focus is on supporting, innovating, and fundamentally transforming Indigenous education. But as their name suggests, they are equally committed to exposing Indigenous youth to inspiring people and possibilities. The influence of positive Indigenous role models is often life-changing. So Indspire consistently celebrates Indigenous achievers of all ages and backgrounds, recognizing those who have persisted and overcome.

Malcolm King (CIHR-Institute of Aboriginal Peoples' Health) is a health researcher at the University of Alberta and the founding Principal Investigator of the Alberta ACADRE Network, a training program for Aboriginal health research funded by the CIHR Institute of Aboriginal Peoples' Health since 2001. A member of the Mississaugas of the New Credit First Nation (Ontario), Dr. King obtained his doctorate in polymer chemistry from McGill University in 1973. After an initial faculty appointment at McGill University, he moved to the University of Alberta in 1985, and was promoted to Professor in the Department of Medicine in 1990. In 2007, he was appointed Adjunct Professor in Public Health, where he co-leads the development of an Indigenous public health research training program.

In his career in pulmonary research, Malcolm King has developed new approaches to treat mucus clearance dysfunction in cystic fibrosis and chronic obstructive lung disease, and is now working on addressing the issues in disease transmission by bioaerosols. He has served as Chair of the Faculty of Medicine and Dentistry's Aboriginal Healthcare Careers Committee since 1993; this training program has graduated more than 70 health professionals. Dr. King served as President of the Canadian Thoracic Society in 1999-2000, and from 2000-2004 was a member of the Governing Council of the Canadian Institutes of Health Research. Dr. King has been Scientific Director of the Institute of Aboriginal Peoples' Health at the Canadian Institutes of Health Research since January 2009. He has been recognized for his achievements by the Alberta Lung Association (1999), the National Aboriginal Achievement Foundation (1999), and the University of Alberta Board of Governors (2003).

Laurence J. Kirmayer, MD, FRCPC, is James McGill Professor and Director, Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University. He is Editor-in-Chief of *Transcultural Psychiatry*, a quarterly scientific journal published by Sage (UK) and directs the Culture & Mental Health Research Unit at the Department of Psychiatry, Sir Mortimer B. Davis—Jewish General Hospital in Montreal where he conducts research on the mental health of Indigenous peoples, mental health services for immigrants and refugees, psychiatry in primary care, and the anthropology of psychiatry. He founded and directs the annual Summer Program and Advanced Study Institute in Social and Cultural Psychiatry at McGill. He co-directs the Network for Aboriginal Mental Health Research. His past research includes funded studies on: cultural concepts of mental health and illness in Inuit communities; risk and protective factors for suicide among Inuit youth in Nunavik; resilience among Indigenous peoples; the development and evaluation of a cultural consultation service in mental health; pathways and barriers to mental health care for immigrants; and somatization in primary care. He co-edited the volumes, *Current Concepts of Somatization* (American Psychiatric Press), *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives* (Cambridge University Press), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (University of British Columbia Press) and *Encountering the Other: The Practice of Cultural Consultation* (Springer SBM).

Arlene Laliberté is an Anishenabe woman from Timiskaming First Nations in Northwestern Quebec. She holds a PhD in community psychology with experience in suicidology, mental health promotion and program evaluation. Her doctoral research consisted of the psychological autopsies of 30 consecutive adult Aboriginal suicides. Subsequently, as a postdoctoral fellow with the University of Queensland's North Queensland Health Equalities Promotion Unit, Arlene worked with members of Australian Aboriginal communities on several "up-stream" participative research projects. She is currently a researcher-investigator with the Centre de recherche du Centre hospitalier de l'Université de Montréal and postdoctoral fellow at the Institut national de santé publique du Québec working on mental health promotion and social inequalities of health.

Namaste Marsden, BA, LLB, is Gitksan from Gitanyow, Ganeda (Frog Clan) in the House of Xamlaxyeltw. Her hereditary name is Masemtxoxw. She graduated with a Bachelor of Arts (Honours) in Native Studies from Trent University in 1995, and a Bachelor of Laws from the University of Victoria in 2004. Currently, she is the Executive Director of the Aboriginal Health Research Networks Secretariat and has over twelve years of professional and volunteer work experience with Aboriginal programs and organizations with an emphasis on health, policy and research at local, regional and national levels. Contributions to advancing knowledge in Aboriginal health include published articles, reports and other written media for Aboriginal organizations. Areas of interest include Indigenous pre- and post-contact history, traditional and contemporary governance, Aboriginal peoples' rights and determinants of health. She is mother to two sons and resides with her family in Coast Salish territories in Victoria, BC.

Mary Jane McCallum (MB NEAHR) is an Assistant Professor in the History Department at the University of Winnipeg. She holds a PhD in History from the University of Manitoba, an MA in Native Studies and Canadian Studies from Trent University and a BA in History from McMaster University. Her research interests include Aboriginal history and the history of Aboriginal women, education and labor. She also studies the history of gender and imperialism, and is working on a project on the history of race and the English-Canadian historical profession. She is of Lenape heritage and a member of the Munsee-Delaware First Nation in south-western Ontario.

Her thesis is called "Labour, Modernity and the Canadian State: A History of Aboriginal Women and Work in the Mid-twentieth Century" and is based on four case studies drawn from the 1940s to the 1970s. It looks at Native women and domestic service, the federal Indian Placement and Relocation program, the gendered history of the early Community Health Representatives program, and the history of Aboriginal nurses. Her publications include: "The Fundamental Things: Camp Fire Girls and Authenticity, 1910-1920" *Canadian Journal of History*, 40:1 (April, 2005): 45-66; "This Last Frontier: 'Isolation' and Aboriginal Health" *Canadian Bulletin of Medical History*, 22:1 (2005): 103-120; *Twice As Good – A History of Aboriginal Nurses, Aboriginal Nurses Association of Canada*, Ottawa, 2007 and a co-edited collection of essays with Denise Fuchs called *Intersecting Worlds: Rural and Urban Aboriginal Issues*, Winnipeg: St. John's College Press, 2005.

Rod McCormick is a Mohawk psychologist and professor at the University of British Columbia. Rod has been the Nominated Principal Investigator of the BC ACADRE, NEAHRBCWA, and Kloshe Tillicum. In addition to being a clinician and consultant to numerous Aboriginal organizations and governments, Rod has been a Co-Investigator or Principal Investigator on dozens of Aboriginal health research projects that have received 28 million dollars in government funding.

Joseph McGregor is an Elder Kanienkeha:ka (Mohawk) from Kahnawa:ke. “Everybody knows me as an elder from the community.” He is also known as a spiritual person, or what is known to the Haudenosaunee (Six Nations Iroquois/People of the Longhouse), as a Faithkeeper or Shotiera (a natural person). Taught and trained by his grandmother at a very young age, he has worked with natural medicines most of his life.

Christopher Mushquash is Ojibway and a member of Pays Plat First Nation. His identity is strongly rooted in his Aboriginal culture and in his experiences growing up in a rural Northern Ontario community. Dr. Mushquash obtained his PhD in clinical psychology at Dalhousie University and completed his pre-doctoral residency in the Faculty of Medicine at the University of Manitoba, specializing in rural and northern clinical practice. His clinical training emphasized the importance of understanding the unique contexts and issues experienced by individuals living in rural and northern communities. His research interests include personality and motives for substance misuse, and cultural issues in measurement, assessment, and treatment. However, he has a broad interest in qualitative and quantitative Aboriginal health research on topics including, but not limited to, substance abuse, trauma, self-harm and suicide, resilience, and community-based approaches to healing. Dr. Mushquash has consulted the Centre for Addiction and Mental Health (CAMH), and Health Canada (First Nations Inuit Health) on issues related to culturally appropriate addictions treatment and program development. He was a member of the First Nations Addictions Advisory Panel and is currently on the National Native Alcohol and Drug Abuse Program (NNADAP) Renewal Leadership Team (a partnership between the Assembly of First Nations, National Native Addictions Partnership Foundation, and Health Canada). He is a member of the Advisory Board of the CIHR Institute of Aboriginal Peoples’ Health. Dr. Mushquash is an Assistant Professor in the Department of Psychology at Lakehead University.

Cassandra Opikokew is from Canoe Lake Cree First Nation and was raised in Meadow Lake in Northern Saskatchewan. She graduated at the top of her class in 2009 with her Certificate in Indian Communication Arts and a Bachelor of Arts in Journalism from the University of Regina (U of R). She recently completed the Masters of Public Administration program at the U of R Johnson-Shoyama Graduate School of Public Policy where her research area was Aboriginal education and policy. She is now a PhD candidate there researching Indigenous policy formulation and its effects on education and health. As Research Associate Knowledge Translation (KT) and Communications, Cassandra assists the IPHRC in developing strategies for translating health research outcomes into meaningful and practical health service responses through innovative and culturally appropriate communication methods.

Annik Poirier is the Deputy Director responsible for Salary Awards and Patient-Oriented Research Awards within the Research Capacity Development Branch at CIHR.

Charlotte Reading is an Associate Professor in the School of Public Health and Social Policy, Faculty of Human and Social Development, University of Victoria. Dr. Reading has conducted research and published in the areas of Aboriginal health, Aboriginal HIV/AIDS, social determinants of Aboriginal health, cultural competence, cancer among Aboriginal peoples, Aboriginal ethics and research capacity building as well as the sexual and reproductive health of Aboriginal women. She is the Chair of the CIHR-Institute of Aboriginal Peoples’ Health - Aboriginal Health Research Network Secretariat, and Co-Chair of the CIHR-Institute of Infection and Immunity - Community-Based HIV Research Steering Committee.

Chantelle Richmond (IHRDP) is a First Nations scholar from the North Shore of Lake Superior. She is currently an Assistant Professor in the Department of Geography with a cross appointment with First Nations Studies at the University of Western Ontario. Chantelle’s training is primarily in health geography, and her research examines the social and environmental determinants of Indigenous health in an attempt to better understand the dimensions linking health and place among Indigenous peoples in Canada and around the world. Both from a personal and

academic perspective, she is deeply concerned with the current health and social inequalities endured by Indigenous Canadians, and the contributions of environmental change to these realities. Her research draws from various methods to examine the social and environmental determinants of Indigenous health, and to better understand the dimensions linking health and place among Indigenous peoples in Canada and around the world.

Mylène Riva holds a BSc in Geography (University of Montreal, 2002) and a PhD in Public Health and Health Promotion (University of Montreal, 2008) obtained with honors. Between 2008 and 2011, she completed a postdoctoral fellowship in health geography at Durham University in England. Since June 2011, Mylène is a Banting-Canadian Institutes of Health Research postdoctoral fellow at Axe santé des populations et environnementale at the Centre de Recherche du Centre Hospitalier Universitaire de Québec (CRCHUQ). In July 2012, Mylène will join the CRCHUQ as a regular researcher and the Department of Social and Preventive Medicine at Laval University as an adjunct professor. Mylène Riva's research focuses on the geographic distribution of socio-environmental determinants of health (e.g. deprivation, social cohesion, built environment) and social health inequalities in urban, rural and remote settings. Her research aims to understand why some communities are healthier than others. Among other projects, Mylène examines the links between housing conditions and Inuit health in Canada and Greenland.

Phyllis Grace Steeves is a Cree Métis woman with strong roots in the community of Lac. Ste. Anne, Alberta, Canada. An 'urban Aboriginal,' she lives in Edmonton, Alberta. Phyllis holds a PhD, with a specialization in Indigenous Peoples Education, from the University of Alberta, Department of Educational Policy Studies. She was awarded the Phi Delta Kappa/Faculty of Education Doctoral Dissertation Award and the Arts Researchers and Teachers Society (ARTS) Graduate Research Award for her 2010 dissertation, *Literacy: Genocide's Silken Instrument*.

She obtained a Master in Philosophy, International Peace Studies, at Trinity College University of Dublin, Ireland, in 2003. In 2000 she earned a Certificate in Adult Continuing Education (Distinction) at the University of Alberta. Phyllis also studied at MacEwan University in Edmonton, where she earned several certificates and honed her skills in the realm of Non-Profit Sector Management.

Phyllis is currently an Adjunct Professor at the University of Alberta. She is also the Research Associate/Project Manager for the AB Network Environments for Aboriginal Peoples Health, hosted by the University of Alberta. Prior to this appointment she completed a Postdoctoral Fellowship with the Alberta NEAHR.

Her professional contributions include teaching and consultation in a range of education and health related contexts. She worked for over a decade in the non-profit sector in the field of literacy education, initially in an organization serving an Aboriginal population and more recently in a mainstream association located in Edmonton's inner city. She was recently invited to serve on the Health Research Ethics Board Health Panel at the University of Alberta, an opportunity which will provide an avenue to further develop a longstanding interest in ethics as it relates to research with Aboriginal peoples.

Caroline Tait is an Associate Professor in the Department of Psychiatry, University of Saskatchewan. Dr. Tait received her PhD in medical anthropology from McGill University in 2003 and completed post doctoral studies in the Division of Social and Transcultural Psychiatry, McGill University in 2004. She is the recipient of individual and interdisciplinary team grants in areas of FASD prevention, ethics, ethics and child welfare, knowledge translation, Indigenous mental health and addictions, resiliency, and community-based research. She is Métis from MacDowall, Saskatchewan.

Cora Weber-Pillwax is a Cree Métis woman who grew up in a small, isolated community of northern Alberta. She spent her early years within the circle of a large family, living self-sufficiently off the land and in close connection with the rich environment of a northern lake in the boreal forest. She had to leave her home community to continue her schooling through high school and university, obtaining a Bachelor of Education (and a Certificate in Intercultural Education), a Masters in International/Intercultural Education and a PhD in Indigenous Peoples Education, all three degrees from the University of Alberta. Cora currently serves as Principal Investigator on two major research projects involving Indigenous/Aboriginal communities: *Healing Through Language and Culture: Research with Aboriginal Peoples of Northwestern Canada* (Social Sciences and Humanities Research Council/Community University Research Alliance), and *Participation and Empowerment of Aboriginal Peoples in*

research to Improve Health and Well-being (Network Environments of Aboriginal Health Research/Canadian Institutes of Health Research).

Previous to her position of Associate Professor in Indigenous Peoples Education at the University of Alberta, she served for almost 30 years as a classroom teacher, a school/systems administrator, and senior-level administrator in a northern school system whose population was almost entirely Aboriginal. She works now with Indigenous graduate students and Aboriginal communities in research interactions that are oriented to opportunities for Aboriginal peoples to share and create/re-create/remember their own Indigenous knowledge, and thus to enrich their own lives, their parents' and grandparents' lives, their children's and grandchildren's lives, and ultimately, their communities.

Fred Wien has an Honours B.A. in Political Studies and Spanish from Queen's University (1962-66), and an MA and PhD in Development Sociology, Government and Latin American Studies from Cornell University (1966-71). From 1992-96, Dr. Wien served as the Deputy Director of Research at the Royal Commission on Aboriginal Peoples where he headed the research program on employment and economic development. Upon his return to Dalhousie University in 1996, he continued as Professor in the School of Social Work, an appointment that changed to Adjunct Professor in June, 2009, and Professor Emeritus in July, 2010. He serves as the nominated principal applicant for the Atlantic Aboriginal Health Research Program (AAHRP), funded by CIHR/IAPH.

At the national level, he has until recently chaired the Advisory Board for the Institute of Aboriginal Peoples Health (CIHR) and continues as a member. He also chairs the "Make Poverty History" Expert Advisory Committee serving the Assembly of First Nations, which was successful in obtaining a major research grant from CIHR for the project: "A Poverty Reduction Approach to Improving the Health and Well-being of First Nation communities in Canada". He is also the nominated principal applicant for the renewal of funding for the national NEAHR network, comprised of 9 centres for Aboriginal health research and the AHRNet Secretariat, and awarded in the fall of 2010.

Stan Wilson, BA (U of Saskatchewan), PhD (University of California, Santa Barbara). Stan is a member of the Opaskwayak Cree Nation where he spent his early years. He has experience teaching at all levels of education including primary, elementary and high school both in the public system and at the First Nations' level. He has been a school board member, a member of a university Board of Regents, a school principal, a superintendent of education, and a consultant to provincial Departments of Education in Manitoba and Saskatchewan. As a university professor, Stan has conducted research and taught at Brandon University, the University of Alaska in Fairbanks, California State University in Sacramento, the Saskatchewan Indian Federated College and at the University of Alberta. Stan works from within an Indigenous paradigm using what he refers to as *Indigegogy*, promoting and encouraging Aboriginal people, including students, to honour and utilize their own unique knowledge base. He was co-founder of the First Nations Graduate Education Program at the U of A and is now working with a team of International Indigenous scholars to develop an international doctoral program. Stan is bilingual in Cree and English. He is currently an Adjunct Faculty member at both the University of Alberta and the University of Saskatchewan.

POSTER PRESENTATIONS

Saturday, June 23, 4:30 – 6:00 p.m.

Small Ballroom, McGill New Residence Hall

Nursing in the Face of the Other

Lisa Bourque Bearskin, *University of Alberta*

Coming to know and understand the impacts of colonization and assimilation policies on the health of First Nations, Métis and Inuit people has been a continuous struggle and a source of motivations to address inequities from an Indigenous perspective. Indigenous research methodology as an overarching framework is needed to explore the experiences of Indigenous people to gain a better understanding of original teachings, philosophies and language, as a means of reducing disparities and inequities in Aboriginal health. Using IRM in nursing will better prepare health professionals to work interprofessionally to develop respectful relationships that demonstrate responsible and reciprocal actions that benefit the collective community of health care providers and their clients.

Developing a Community-Based Research Project: The Ethics of Exploring the Culture of Health in a First Nation Community

Stryker Calvez, *University of Guelph*

Social science research with Aboriginal people and communities has occurred for well over a century (e.g., Boas, 1896). The problem with this research has been that it has not necessarily “reflected Aboriginal world views” nor “benefitted Aboriginal peoples or communities” (p. 105, TCPS, 2010). Acknowledgement by social scientists of the culturally and ethically-biased nature and effect that this research has had on Aboriginal people has forced changes to ethical policies. Ongoing work by Canada’s Tri-council has culminated in the development of a formidable set of ethical guidelines for working with Aboriginal communities, the Tri-council Policy Statement, 2nd edition, chapter 9 (TCPS). The concerns addressed in the TCPS 2 can sometimes place academic considerations at odds with community needs. Adapting my methodology and procedures has resulted in a new research project, one that supports reciprocity, collaboration, community engagement, capacity building, diversity, respect for history, traditions and language, and that acknowledges First Nations ownership of the research. Achieving acceptance with TCPS 2 standards has had a profound and positive influence on my research. In exploring the culture of health, the different world views that influence First Nations peoples’ understanding of health, I have migrated away from a realistic perspective toward a more relativistic perspective. This presentation explores how the ethical considerations proposed by the TCPS 2 have influenced the development of a relativistic community-based research project that explores the culture of health in a First Nation community.

Social Determinants of Infant Health and Wellbeing

Leanne Kosowan, *University of Manitoba*

The population health approach considers the conditions and circumstances in which people live and work that impact an individual’s health and wellbeing, and are responsible for health inequities. The Métis, First Nations and Inuit populations in Canada are younger and experience higher rates of chronic disease than the rest of the Canadian population. This is attributed, at least partially, to their negative social experiences (i.e. low socioeconomic status, poor housing conditions and limited social support).

The health and wellbeing of a child is strongly influenced by the health and wellbeing of their parents, family and community. As a social determinant of health, healthy child development analyzes developmental health with a holistic lens seeking to understand the impact and influence the environment in which a child develops can have on the child’s current and future health and wellbeing (i.e. family relationships, culture, socioeconomic status and geography). During infancy (0-12 months), the social determinants of health can greatly impact health and development with adverse experiences leading to higher morbidity and mortality rates. Increasingly, research has demonstrated the impacts of adverse experiences during infancy on adult health and wellbeing through impacts on child development and gene behaviour modification.

Utilizing Bronfenbrenner's ecological model and regression analysis my research will describe relationships between the social determinants of health and infant health, translatable into knowledge to guide future planning and development of initiatives to improve Aboriginal health.

Food Security from the Perspective of Inuit from Nunavik

Léa Laflamme, *Laval University*

According to a broad consensus reached at the World Food Summit of 1996, "food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life". If it's reasonable to think that food security has universal dimensions, it can have a distinctive signification according to the culture and the context.

Food security in Inuit communities in Canada is an emergent public health concern. As the actual concept of food security use in public health has been developed in a non-Inuit context, the objective of this exploratory research is to better understand food security from the perspective of Inuit from one Nunavik community (Quebec). Semi-structural interviews with Inuit from different ages, occupations and socio-economic status were conducted to explore the concepts of food sufficiency and quality as well as social and cultural components of food providing and eating (n = 20). An Inuktitut workshop also took place with local Inuktitut experts in order to better understand how tastes and sensations of food are discussed in Inuktitut. An Inuktitut and English lexicon of terms and concepts will be developed following this workshop.

This research project wishes to allow local and regional organizations to better understand the Inuit point of view when planning food security interventions.

Using Participatory Research to Understand the Facilitators and Barriers to Active Transportation to School in Kahnawake

Soultana Macridis, *McGill University*

Background: In response to high prevalence rates of type 2 diabetes, people in Kahnawake implemented the Kahnawake School Diabetes Prevention Project (KSDPP), a health promotion, community-based research project to promote active living and healthy eating, through school and community-wide interventions. Active transportation (AT) including walk to school programs have proven to be important to children's healthy development and growth.

Research Question: How do community members understand the social and built environment factors that support or impede AT program success in elementary school?

Methodology: Mixed methods approach, incorporating quantitative and qualitative data.

Methods: Recruit members from KSDPP, Community Advisory Board (CAB), schools, and community to develop an AT stakeholder group that will collaborate to develop and conduct an environmental scan. (1) School transportation survey and focus groups with children, parents and teachers and principals to obtain perceptions and intentions of AT; (2) Classroom transportation attendance data; (3) Walkability check-list within 1.6 km radius of schools; (4) Classroom mapping activity to identify where children use AT; (5) Traffic and pedestrian counts during morning drop-off and afternoon pick-up.

Data Analysis: Qualitative description using inductive thematic analysis for focus groups. Correlation and analyses of perceptions to predict intentions to participate in AT. Attendance and traffic counts to provide trends of transportation throughout the year.

Expected Outcomes: Activities will provide insight on current transportation practices and community perceptions of the social and built environment, which will contribute to school AT program development. Findings will be shared with the community and will influence KSDPP's current physical activity interventions at school.

Understanding How Workshops Transform Participants' Lives by Exploring their Perceived Experiences: The Kahnawake Schools Diabetes Prevention Project (KSDPP)

Jayne Murdoch, *McGill University*

Aim: To understand how the healthy lifestyle promoting workshops offered by KSDPP bring about transformative experiences that change how participants live their lives.

Design: Qualitative study of semi-structured interviews.

Setting: KSDPP is a community-based participatory research project created in 1994 in an effort to prevent diabetes in Kahnawake, a Mohawk community. Since 2007 KSDPP has implemented cooking, healthy lifestyle and physical activity workshops for adults.

Participants: Seventeen adult female Kahnawake community members with repeat participation in more than one KSDPP workshop, and one key knowledge holder, the Community Intervention Facilitator, who designed and implemented the workshops.

Methods: Interview transcripts were analysed following grounded theory.

Results: Deciding to attend a workshop required overcoming feeling selfish and accepting there is value in caring for oneself. Participants experienced transformative processes that included learning cultural traditions, healthy lifestyle skills, stress coping skills and feeling they were participating in community life. The outcomes of the processes were feelings of improved physical, intellectual, spiritual and emotional health. Other Kahnawake community members' health was impacted through participants' healthy lifestyle role modeling and advocacy.

Conclusions: The KSDPP health promotion workshops brought about changes in the overall health of participants. Diabetes prevention interventions could be designed to encourage the development of the transformative processes found in this study and could emphasize that the decision to join an intervention is a choice to do something positive for oneself that may lead to better individual and community health.

High Dietary Intake of Long-Chain n-3 Fatty Acids of Marine Origin May Lower Circulating Concentrations of Inflammatory Biomarker C-Reactive Protein in Nunavik Inuit Adults

Francoise Proust, *Université Laval*

Many epidemiologic studies have shown positive association between the C-reactive protein (CRP), a circulating inflammatory biomarker, and incident coronary heart disease (CHD). However, omega-3 polyunsaturated fatty acids (n-3 PUFA), EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid), found in large amounts in fish and marine mammals, the basis of the Inuit traditional diet, have been associated with lower risk of CHD.

Objective: To investigate the relationship between EPA+DHA intake and CRP concentration in Nunavik Inuit adults.

Methods: A total of 299 Nunavik Inuit aged 40-74 years were included in the study. n-3 PUFA and CRP concentrations were measured in blood samples and subjects with CRP concentrations >10 mg/l were excluded. Analysis of covariance was used to examine differences in variables between EPA+DHA quartiles. Logistic regression was performed to examine the relation of EPA+DHA relative concentrations with elevated levels of CRP.

Results: The mean relative concentration of EPA+DHA among Inuit adults was very high (9.21%, 95% CI: 8.90-9.52). Adjusted mean of CRP decreased from the lowest quartile of EPA+DHA (2.72mg/L) to the highest (2.50 mg/L). The crude odds ratio (OR) of high CRP (>1.0 mg/L) for EPA+DHA was 1.13 ($p = 0.009$) and remained significant after adjustment for potential confounders (OR = 0.85, $p = 0.008$). Adjusted OR for high CRP for increasing quartiles of EPA+DHA were 1.00, 0.56, 0.59 and 0.58.

Conclusion: These results suggest that high dietary intakes of EPA+DHA derived from marine products may lower circulating concentrations of CRP. However, much higher intakes would not have an additional beneficial effect.

Psychological Stress and Health in Hatchet Lake First Nation

Julia Scharbach, *University of Saskatchewan*

Almost every year, Aboriginal communities are evacuated from northern regions of Canada to nearby cities because of threats due to forest fires and flooding. Scudder and Colson (1982) suggest that relocation causes 'multidimensional stress,' composed of physiological, sociocultural, and psychological stress. Evidence suggests that northern communities face both physiological and sociocultural stress, and that these types of stress contribute to experiences of psychological stress. In addition, Adelson (2008) suggests that women and men in northern Aboriginal communities experience stress differently. This research aims to explore gendered experiences of psychological stress that develop during emergency evacuations by conducting and analyzing interviews with members of the Hatchet Lake First Nation, who were evacuated in the summer of 2011.

Residential Schools Survivors and Wellbeing

Stephanie Sinclair, *University of Manitoba*

Residential schools operated in Canada from 1894 to 1996 (Department of Indian Affairs, 2003). It is estimated that approximately 20-30 % of Aboriginal people attended residential schools (Thomas & Bellefeuille, 2006). There is considerable evidence of the physical, emotional and sexual abuse and neglect that children suffered while in attendance at residential schools. In addition, there is also research that states that survivors of residential school have been shown to have higher rates of mental health and health problems. The effects of residential schools are not confined only to the survivors. Bombay et al (2008) reported that children of survivors of residential schools displayed poorer well-being (e.g. elevated depression) than the offspring of Aboriginals that had not attended residential schools. This research will focus on factors, which could contribute to the healing of individuals who grew up with a caregiver who attended residential school. I will report on the mental health of the individuals. I will examine which of the following variables (attachment, coping, and cultural identity) contributes to mental wellness of children of residential school survivors. To accomplish the research goals Aboriginal; individuals from across Canada will be recruited to participate in a web-based survey, examining the identified variable. An Aboriginal advisory committee will govern the research project and be utilized to provide context to the quantitative data.

Good Health Now, Good Health for the Future: Post-Secondary Education, Physical Activity, and Aboriginal Health

Serene Smyth, *University of Saskatchewan*

Education and health go hand in hand: the higher one's education the better one's health. In Canada, education is a pivotal issue for Aboriginal people because it is so closely linked with good health. Today, more Aboriginal students are attending post-secondary institutions than ever before. However, attrition rates for Aboriginal students are much higher than for non-Aboriginal students; less than one third of Aboriginal students who start university will acquire a degree. One way to reduce attrition rates is to address barriers that Aboriginal students currently face. Barriers such as lack of supportive relationships, academic struggling, discrimination, and mental health problems such as anxiety and depression are the issues most commonly faced by Aboriginal students. Group physical activity can assist in addressing these barriers because it helps build supportive relationships and can increase a sense of belonging. It is also proven to increase academic performance, and buffers against depression and anxiety. Thus, a group physical activity program for Aboriginal students could assist in increasing students' abilities to deal with the many challenges they face at university. By working with Aboriginal students to increase their health while attending university, the students' long-term health can be positively affected by attaining higher education. The goal of this project is to establish a culturally-relevant group physical activity program at the University of Saskatchewan for Aboriginal students, and study its effect on physical activity levels, supportive relationships, ability to cope with academic challenges, mental health, and retention.

Exploring Culture as a Protective Factor in Aboriginal Adolescent Mental Health: Development and Longitudinal Validation of an Enculturation Measure

Angela Snowshoe, *Western University*

The well-being of Aboriginal youth, their families, and their communities depends on a reformulation of mental health research and service delivery strategies to reflect positive adaptation and cultural continuity without discounting the broader historical and social realities of Aboriginal peoples. Enculturation, or the extent to which individuals are embedded in their traditional cultures, has emerged as an important concept and a central goal of many programs for Aboriginal youth. Despite its growing recognition as a resilience factor, the concept of enculturation has not been well defined for Aboriginal youth. Consequently, program evaluators have struggled to determine whether their culture-based programs are successfully helping re-connect Aboriginal youth with their cultures. In response to this inadvertency, the current research initiative used the following sequential steps for constructing a measure of enculturation for use with Aboriginal youth: conceptual framing, item development, judgment-quantification, item selection, and longitudinal validation. The preliminary measure was piloted with 319 Aboriginal youths enrolled in grades nine through 12 from Ontario and Saskatchewan. Results from the pilot analyses revealed the enculturation measure was comprised of four main dimensions: (1) positive sense of cultural identity, (2) motivation to learn more about culture, (3) language in context, and (4) ceremony. The validation phase involves tracking an additional 137 Aboriginal youths from Ontario and re-administering the refined enculturation measure along with a battery of well-being measures one year later to determine whether higher levels of connection to culture lead to healthier outcomes and higher levels of academic success for Aboriginal youth.

PAPER PRESENTATIONS

GROUP A: *Environmental Health and Aboriginal Women*

Sunday, June 24, 11:00 a.m. | TROTTIER ROOM 0060

Healthy Lands, Healthy Community: Reconstructing A'se'k before it became 'Boat Harbour' with Mi'kmaq Elders from Pictou Landing First Nation

Ella Bennett, *Dalhousie University*

For the Mi'kmaq of Pictou Landing First Nation (PLFN), A'se'k was once a culturally-significant place for recreation and livelihood practices. Effluent from a nearby pulp and paper mill has been dumped into the waters of A'se'k, now known as "Boat Harbour", since the 1960s. The environmental integrity of this once-healthy tidal estuary has been jeopardized, and the community now faces a myriad of physical, emotional and spiritual health concerns.

The Pictou Landing First Nations Women's Association (PLNWA) initiated this community-based participatory research (CBPR) relationship in order to address some of the concerns. Conversations with and guidance from the PLNWA suggests the need to reconstruct the historical understandings of 'Boat Harbour' – the way it used to be: a healthy, thriving, and culturally-significant community place – in order to preserve its important legacy for future generations. Accordingly, my thesis research focuses on collecting Elder oral histories in PLFN – eliciting stories with the only generation that remembers what A'se'k once provided for their people.

The analysis is informed by Indigenous methodologies and reflective of my research journey, leading to questions regarding how to appropriately analyze story. The story layers – spanning time, place, individual, and community – reinforce current literature, which suggests that despite the desire for Western epistemology to dissect, Indigenous knowledge and methodologies cannot be easily compartmentalized or separated from the land and people; elements of family history, and spirituality are equally as relevant as ecological knowledge in inquiry regarding the health of the land and the health of the people.

Ase'k – What happened to the "Other Room"?

Diana Campbell, *Dalhousie University*

Pictou Landing First Nation (PLFN) is a Mi'kmaq community that sits adjacent to Boat Harbour, off the Northumberland Strait of Nova Scotia. In 1967, the Government of Nova Scotia built the Boat Harbour Treatment Facility to treat wastewater effluent from the nearby bleached kraft pulp mill, located only a few miles from the community. Since 1967, the mill has piped effluent overland to Boat Harbour. The women of PLFN fear that their health, and the health of their families, has been compromised by the continued operation of the Treatment Facility. They feel the impacts on their community have been under-studied and neglected by leadership, government, and industry. As mothers, they know they must mobilize to get the answers they are seeking. The PLFN women have come together in an effort to get answers to long-standing questions concerning the social, physical, and environmental health of their community and the impact that Boat Harbour has had on their community since the 1960s.

As a Research Associate with Dr. Heather Castleden (School of Resource and Environmental Studies, Dalhousie University) on a project funded by the Atlantic Aboriginal Health Research Program (*Identifying, Documenting, Mapping, and Mobilizing Environment and Health Knowledge in Pictou Landing: An Environmental Health Survey*), I am responsible for developing and overseeing the community-based household-level environmental health survey with the Pictou Landing First Nation community. My focus on quantitative analysis will be instrumental for communicating the results of the survey.

Indigenous Women Salmon Cannery Workers and Experiences of Health and Well-being

Jeannie Morgan, *University of British Columbia*

Current research suggests that First Nations women living in Canada experience disproportionate levels of poverty, inadequate housing, discrimination, and barriers to health (Ornstein, 2000). Emerging research shows that determinants of health are linked to social and economic experiences, suggesting that structural inequalities have serious health implications. There is a gap in research that addresses the impact of socio-economic determinants on the health of Indigenous women in Canada. Further, the little data available indicate that: Indigenous women living off-reserve and participating in the labour force are unable to earn enough to support their needs and those of their family; and that one in three Indigenous women is a single parent and sole wage earner. It is well known, for instance, that BC's economy relies heavily on its resource-based industries; what is less acknowledged and/or examined is the employment of First Nations women in these sectors. My research addresses this gap in knowledge by focusing on the experiences of health and well-being of Indigenous women engaged in seasonal salmon cannery work. The fishing industry is a major source of private sector employment on BC's Northwest coast with a workforce of approximately 900 people, and it is estimated that 75% of these workers are Indigenous women. Although wages for cannery workers are relatively high, the work is rarely available on a full-time basis. Since few employment opportunities exist outside the cannery, the remaining workers have to rely primarily on provincial Income Assistance. Poverty is a major factor in one's health, affecting access to basic needs, while limiting the ability to fully participate in society, causing stress and restricting the choices that can be made.

GROUP B: *Social Determinants of Health and Land Dispossession*

Sunday, June 24, 11:00 a.m. | TROTTIER ROOM 0070

Illuminating Possibilities for Therapeutic Space and Interventions in Urban Aboriginal Populations to Ameliorate Disconnection and Loss of Land

Carlene Dingwall, *University of British Columbia*

Loss of traditional territories, along with increasing urbanization of Aboriginal people, contribute to negative health outcomes. Some outcomes include high rates of obesity and chronic illnesses such as diabetes and HIV/AIDS. Several studies have shown the direct health benefits of activities related to traditional land use, such as harvesting traditional food sources. These activities identify at least two positive outcomes: the health benefits derived from eating a traditional diet such as fish, wild game and food derived from wild plant sources and the impact of physical activity expended during traditional harvesting activities. Another aspect of this emerging field of study, and the core of my research, is understanding the scope and nature of the mental health impact of land loss and the losses related to disconnect from the land as experienced by urban Aboriginal people. Some urban Aboriginal people are still involved with the land and these activities may contribute to positive mental health outcomes. Connection to land and land use is intricately connected to spirituality, and spirituality, according to a growing body of research, is also related to positive mental health. There is a well-documented need to offer therapeutic interventions and space that will contribute to both cultural safety and healing. What is less understood is how to extend the concept of culturally safety towards developing understandings of urban Aboriginal culture, land and spirituality as therapeutic interventions.

Determinants of Health, both Conventional and Indigenous, as Predictors of Diabetes in Off-reserve Indigenous Peoples in Canada

Alexandra King, *University of Alberta*

The Assembly of First Nations developed a comprehensive, Indigenous model of health based on the Medicine Wheel, which depicts the multitude of interconnected relationships that ultimately determine the wellbeing of the individual and their community. Colonisation effects, disruption of Indigenous peoples' ties to their land, and continuity of culture are seen as key Indigenous health determinants (WHO, Adelaide 2007). The objective of this study was to determine whether social determinants of health, as defined indigenously, predict diabetes in Indigenous peoples of Canada. The 2006 Aboriginal Peoples Survey adult data was used. The first hypothesis was that diabetes prevalence varied inversely with conventional socioeconomic variables. The second hypothesis was that decolonisation would provide a protective effect so that diabetes prevalence also varied inversely with variables representing decolonisation. For both hypotheses, a multivariate logistic regression was used to determine factors associated with diabetes prevalence. A purposeful selection method was used to determine the factors significantly associated with the outcomes.

Preliminary results: Raw relationships between diabetes and conventional socioeconomic variables were generally positive and consistent with the existing non-Indigenous research base. When variables representative of Indigenous health determinants were considered, results were less predictable. For example, knowledge or use of an Indigenous language varied directly with diabetes. Traditional activities and diabetes varied based on the particular activity. The relationship between diabetes and other Indigenous-oriented variables, such as residential school experience, was also less clear. Diabetes and Indigenous identity did appear related. Further analysis is underway to validate results, elucidate confounders and better explore relationships.

Anishinabe Youth's Perception of Health

Katie Big-Canoe, *Western University*

This research is theoretically framed by Indigenous Knowledge (IK) and the way processes of environmental dispossession shape health, social relationships and the contemporary Anishinabe way of life in Northern Ontario, Canada. Drawing from qualitative interviews with 19 youths, this community-based project was framed by three main objectives: 1) to explore Anishinabe youth's perceptions of community health; 2) to examine youth perceptions of social relationships; and 3) to examine what health and social relationships means to the Anishinabe way of life. Findings suggest that youth express considerable worry about their community's health. Youth articulated deteriorating health and social conditions to be a critical piece of the Anishinabe way of life. Despite their worries about community health, youth spoke about strong and meaningful social relationships, and the importance of these relationships for fostering healthy behaviors and developing community-wide initiatives that will provide youth with opportunities to get out on the land, and for share and preserve IK. This sort of programming may set the wheels in motion for future generations of First Nations youth with the tools they needs to work toward processes of environmental repossession.

GROUP C: Community-based Participatory Research and Knowledge Translation

Sunday, June 24, 11:00 a.m. | TROTTIER ROOM 1080

Digital Story Telling and Participatory Ethnographic Research in a Northern Aboriginal Community

Thea Luig, *University of Alberta* and **Deborah Peterson**, *Fort McPherson, NT*

Through this ongoing participatory ethnographic research in a northern Aboriginal community I hope to add to the understanding of how people transform the experience of adversity and suffering into productive and positive lives that are well-lived and have beneficial repercussions on those around them.

The proposed presentation will focus on the results of a digital storytelling project with young adults that has been planned in cooperation with the local youth council and represents one part of my overall research in which community members are most active in gathering and expressing knowledge in ways relevant to themselves. These digital stories, as well as follow-up life-story interviews, explore examples of how

individuals, within their environment, overcome the effects of suffering and restore a sense of existential integrity that allows them to act in the face of unpredictability. In a joint presentation, together with one artist/research-assistant, we will show examples of the digital stories and discuss individual experiences of overcoming suffering as entangled with processes of enskillment and sustained activity in their various interrelationships with human and non-human community, as well as place. Theoretically, I am drawing on a phenomenological understanding of persons-within-their-environment, the anthropology of experience and suffering, as well as narrative theory.

Overall, this research aims to contribute to the debate on the experience of suffering and renewal in medical anthropology, as well as to a better understanding of local healing practices in meeting contemporary health challenges in Aboriginal communities.

Converging Worldviews: Using Group Model Building and Storytelling to explore Tuberculosis in Saskatchewan Métis Communities

Amanda LaVallee, *University of Saskatchewan*

Indigenous (Métis, First Nation, Non-Status, Inuit) peoples and communities in Canada, especially in the prairies, continue to experience disproportionate levels of tuberculosis (TB) compared to the rest of the Canadian born population.(1) This inequitable distribution of TB disease burden demands effective policy, program and practice responses. These have so far failed to materialize, perhaps in part because of limitations in the approaches we have taken to understanding the issue. These have largely been grounded in western scientific paradigms.

Science is the search and the re-search for knowledge, and varies according to the perspectives and paradigms of the researcher(s) and stakeholders. In this project, the student researcher collaborated with the Métis Nation-Saskatchewan (MN-S) and two volunteer researchers to adapt and ground a western paradigm and methodology (System Dynamics and Group Model Building) to a Métis paradigm to understand experiences of tuberculosis (TB) among our Métis people.

Data collection took place in a two-day Métis-adapted group model building (GMB) workshop. The outcome is a causal loop diagram with associated stories co-created by the team and the workshop participants. The workshop was evaluated using a storytelling and story-listening method that explored the appropriateness of adapting GMB within a Métis research context. The approach was determined to be successful methodologically, and substantively new knowledge was created in our Métis community about the determinants of TB. This research was a journey of diversity; working at the intersection of knowledge systems to produce new understanding about a complex health issue such as TB.

Aboriginal Youth and Social Determinants of Health

Ashley Ning, *University of Toronto*

Aboriginal peoples are the youngest and fastest growing population in Canada with approximately 50% of the total population under the age of 24 and more than half residing in cities (Statistics Canada, 2006). This population is unique in terms of age and growth, as well as extensive mobility, with rates double that of non-Aboriginal populations (Norris & Clatworthy, 2011). Despite their youthfulness, Aboriginal peoples experience a disproportionate burden of health disparities that are evident at the earliest stages of life and such disparities are further complicated by mobility. In health research, mobility is often presented in terms of issues of access to and continuity of health care. Although community and supportive networks are known factors shaping individual health and may be directly affected by such movement, little research has examined this link among Aboriginal peoples and none have yet focused on youth. The positive relationship between social support and health is well documented, but it is increasingly acknowledged that some support may lead to negative health outcomes (Richmond & Ross, 2008). Considering this double dynamic, research is needed to explore the implications of social support for the health of Aboriginal youth, more specifically how mobility influences the types of social support experienced by this group, and how this in turn shapes health and well-being. To address the existing research gaps, my proposed study will examine the impacts of

mobility on the development of social support and peer networks among Aboriginal youth living in the city of Winnipeg.

GROUP D: *Health, Healing and Wellbeing: Methodology*

Sunday, June 24, 11:00 a.m. | TROTTIER ROOM 1090

The Relationship between Health Behaviours and Obesity among Aboriginal Children in Six First Nations Communities

Lorrilee McGregor, Laurentian University

Purpose: The purpose of this study is to examine the relationship between health behaviours and obesity in Aboriginal children living on-reserve. This relationship will be considered within the context of cultural beliefs and practices about food and physical activity.

Methods: This study will use a mixed methods approach to examine the health behaviours of Aboriginal children in grades 6, 7 and 8 in six First Nation communities in northwestern Ontario. The health behaviours of interest are: physical activity, fruit and vegetable intake, sweet beverage intake, screen time and sleep time. These will be measured via self-reports by Aboriginal children and their parents. Quantitative data will be gathered from students using a web-based questionnaire and anthropometric measurements will be taken. Parent surveys will also be conducted to validate the student responses. Qualitative data will be gathered through focus groups with parents in each of the six communities to examine how and why cultural beliefs and practices about physical activity and nutrition have changed in families and communities.

Expected Results: A substantive-level theory will be developed and compared to the Integrated Life Course and Social Determinants Model of Aboriginal Health developed by Loppie-Reading (2009). It is anticipated that the qualitative analysis will provide insight into community-level and societal-level determinants of health. Study findings will be used to inform public health messages as well as identify potential areas for program and policy development related to physical activity and nutrition.

Comparative Cultural Identity between Traditional Indigenous Women: Completion or Non-completion of Berry Fast

Joey-Lynn Wabie, Laurentian University

My proposed area of research is with Algonquin women in a north-western Quebec, a remote gathering place, and Ojibwe women who live in north-eastern Ontario on a reserve. I would like to explore the cultural identity of these traditional Indigenous women with the variable being half of the women in each community have completed their Berry Fast and the others have not. The exploration will include traditional birch bark basket making, decoration, and interpretation in informal group settings coupled with focused interviews.

Using Charmaz' grounded theory approach there will be cyclical visits to each community in order to ensure the emerging theory that surfaces through the data is validated and further saturated by the participants themselves. Following the data collection of two separate categories of Berry Fasters and non-Berry Fasters, a discussion on the variability of the Berry Fast and the process of becoming a traditional Indigenous woman will be initiated. Do young Indigenous women who have formed their cultural identity through the Berry Fast have a different concept of cultural identity? Can this identity be achieved through an overall reconnection of their traditional cultural identity at any stage?

This proposed research has the potential to corroborate the importance of the Berry Fast as a marker that assists in the formation of cultural identity within Algonquin and Ojibwe women. A second area of potentiality is more emphasis on informal services that are organic to the community rather than mainstream models from outside the community. This places more responsibility on the communities to become self sufficient in the area of spiritual health, but without replacing the Canadian government's agreement to provide health services to Indigenous peoples.

Cultural Safety in Northern Healthcare Delivery: Evaluating Competencies

Karen Hall, University of Victoria

My proposed research expands on my undergraduate research, which examined the concept of cultural safety within Yellowknife, Northwest Territories (NT), medical clinics. Part of that study involved examining the perspectives of health professionals who were providing care to Aboriginal patients and the training they received to prepare them for this work. The results revealed that no training on Aboriginal contexts, cultures or customs had been received prior to, or during, the tenure of their positions. Thus, the question guiding the proposed research is: to what extent do the policies and practices of the Yellowknife, NT health care delivery system promote, support and ensure cultural safety for Aboriginal peoples? I propose to examine existing policies within the health care delivery system in Yellowknife as they apply to cultural safety. In particular, I propose to explore the processes, challenges and opportunities of developing and implementing culturally-safe policies, with the aim of influencing practice in a meaningful way. Using a multi-methods approach, I will also conduct qualitative interviews with decision makers, senior administrators and health professionals within that department, to reveal challenges and opportunities related to developing and implementing culturally safe policies/guidelines to inform practices. The document analysis will involve examining guidelines and standards related to cultural safety at both the policy and practice levels.

GROUP E: *Environmental Health and Relationships to the Land*

Sunday, June 24, 3:15 p.m. | TROTIER ROOM 0060

At the Nexus of Health, Risk, and Place: A Case Study of Inuit Sea-ice Relationships in

Nain, Nunatsiavut

Agata Durkalec, Trent University

There is a strong connection between Inuit health and the environment, of which sea ice is a critical element. Many Inuit communities throughout the Canadian North have been reporting concerns about health impacts from changing sea and freshwater ice conditions. To address these concerns, we explored the relationship between health, risk and place related to travel on sea ice in Nain, Nunatsiavut (Labrador) using a case study approach. We conducted focus groups, semi-directed interviews, document analysis of search and rescue records, interviews with search and rescue (SAR) consultants, and participant observation during sea ice trips. The vast majority of influences that participants reported from using sea ice were health benefits primarily related to mental/emotional health; experiences of (being on) the sea ice as a place with attendant freedom, autonomy and reaffirmation of Inuit knowledge and thus identity; and hunting and eating wild foods with benefits for physical health, mental/emotional health, and cultural, social and material wellbeing. A minority of influences were health impacts, primarily related to physical health (exertion, injury, hypothermia). Factors reported that make a trip difficult or unsafe primarily centred on ice and weather conditions, but many emphasized that it is their knowledge and not the condition itself that makes them safe or unsafe. The majority of participants reported that travel is more dangerous today because of changing environmental conditions. These results indicate the importance of sea ice to the health of Inuit and reduction of health benefits associated with changing environmental conditions; the underreporting of incidents on the ice and need to improve public health surveillance of sea ice-based injuries; the importance of considering 'place' in relation to health to understand Inuit-sea ice relationships; and the need to strengthen safety and knowledge transmission through appropriate programs.

Indigenous Elders, Youth and Environmental Health

Kassandra Kulmann, University of Western Ontario

Globally, Indigenous Elders express dire concern over the impacts of environmental dispossession on transmission of Indigenous knowledge (IK), particularly between the Elder and youth generations. This research was guided by two objectives: first, to examine youth perceptions of community health and environmental changes; and second, to facilitate youth uptake of Elder knowledge. Five Anishinabe youth

from two communities along the North shore of Lake Superior were hired for a two-month research internship, during which time they were trained in qualitative methods, and subsequently undertook interviews with local Elders about community health and environment issues. This research reports on two sets of in-depth interviews which were conducted with youth before and after the internship. The data were analyzed thematically to evaluate how well, and what forms of, knowledge was transferred between Elders and youth. The internships enabled youth to connect in significant ways with local Elders; this facilitated the transfer of Indigenous knowledge, as well as considerable learning about community health and environmental issues. This presentation will discuss these findings.

GROUP F: *Social Determinants of Health*

Sunday, June 24, 3:15 p.m. | TROTTIER ROOM 0070

Health Inequities Experienced by Aboriginal Children with Respiratory Problems and their Parents

Roxanne Blood, University of Alberta

As asthma and allergies are common conditions affecting Aboriginal children and adolescents, the objective of this study was to assess the health and health care inequities experienced by affected children and their parents. Aboriginal research assistants conducted individual interviews with 46 Aboriginal children and adolescents who had asthma and/or allergies (26 First Nations, 19 Métis, 1 Inuit) and 51 parents or guardians of these children. Sixteen adolescents and 25 parents/guardians participated in follow-up group interviews. Participants reported inadequate educational resources, environmental vulnerability, social and cultural pressures, exclusion, isolation, stigma, blame, and major support deficits. They also described barriers to access of health services, inadequate health care, disrespectful treatment and discrimination by health service providers, and deficient health care insurance. These children, adolescents and parents recommended culturally-appropriate support and education programs, delivered by Aboriginal peers and health professionals.

Social Determinants of Infant Health and Wellbeing

Leanne Kosowan, University of Manitoba

The population health approach considers the conditions and circumstances in which people live and work that impacts an individual's health and wellbeing and are responsible for health inequities. The Métis, First Nations and Inuit populations in Canada are younger and experience higher rates of chronic disease than the rest of the Canadian population. This is attributed, at least partially, to their negative social experiences (i.e. low socioeconomic status, poor housing conditions and limited social support).

The health and wellbeing of a child is strongly influenced by the health and wellbeing of their parents, family and community. As a social determinant of health, healthy child development analyzes developmental health with a holistic lens seeking to understand the impact and influence the environment in which a child develops can have on the child's current and future health and wellbeing (i.e. family relationships, culture, socioeconomic status and geography). During infancy (0-12 months), the social determinants of health can greatly impact health and development, with adverse experiences leading to higher morbidity and mortality rates. Increasingly, research has demonstrated the impacts of adverse experiences during infancy on adult health and wellbeing through impacts on child development and gene behaviour modification.

Utilizing Bronfenbrenner's ecological model and regression analysis my research will describe relationships between the social determinants of health and infant health, translatable into knowledge to guide future planning and development of initiatives to improve Aboriginal health.

Aboriginal Nursing Students: Reflections on Lived Experiences in an Undergraduate Nursing Program

Maggie Penfold, *University of Manitoba*

This initial study was conducted with the aim of contributing to the Canadian Aboriginal nursing student literature and to inform my doctoral thesis research. The purpose of this qualitative study was to enhance understanding of the lived experiences of Aboriginal undergraduate nursing students. Aboriginal nursing students were giving special attention to this stage of research, given widely-cited statistics that indicate attrition rates are among the highest for this segment of the student population in nursing programs (Smith et al., 2011). Aside from self-identification as Aboriginal and being enrolled in a nursing program, no other criteria informed participant selection. All three participants were female, mothers, and at varying stages of progress in their nursing program. Seven main themes emerged from qualitative analyses of interviews: (1) the process of being in a nursing program, (2) program insights, (3) growth and maturity, (4) role conflict, (5) collectivism and family, (6) belonging, and (7) culture and identity. These themes resonate with those identified in much of the research literature; however there were themes that emerged in the interviews that have been rarely addressed in the literature to date, indicating that there are many important gaps in the literature. In my presentation, I discuss the main themes and meanings that emerged from the experiences described in the interviews using illustrative quotes from each participant. I also discuss the implications of these research findings for my doctoral thesis research that will extend the focus to students pursuing education in health-related programs in addition to nursing.

Professional Education in a Cultural Context

Cristine Rego, *Wilfrid Laurier University*

I have worked in First Nations communities and with Aboriginal and non-Aboriginal organizations for over five years. My work has focused on providing professional education sessions with a cultural context. During this time, it became evident that when culturally-contextualized education was requested, what was absent was a common understanding of what that meant. My research will bring together education providers and participants who have attended education sessions that have been specific to Aboriginals. The focus groups are intended to begin a dialogue toward developing a common understanding of what is meant by professional education sessions in a cultural context. In turn, this common understanding will go beyond defining common language in the field, but will provide an opportunity for educators to understand what is wise practice in weaving culture into the education sessions.

GROUP G: Mental Health

Sunday, June 24, 3:15 p.m. | TROTTIER ROOM 1080

“You Look at What Do You Really Want in Life?” Expanding the Concept of Motivation for Sex Offender Treatment Programming

Janice Victor, *University of Saskatchewan*

Of the various aspects comprising treatment responsiveness, the forensic principle that states treatment outcomes are improved when programs are delivered in a manner consistent with offenders' needs, motivation is arguably the least understood. Motivation has been narrowly construed in forensic research, pathologized as a deficit, and generally is only considered in the context of suitability for treatment, completely neglecting one's broader life goals and vision for the future. Based upon ethnographic interviews with 18 Aboriginal and non-Aboriginal men who were convicted and/or treated for sexual offending, this presentation expands upon current conceptualizations of motivation for forensic treatment. Participants' motivations, subsumed under the two broad thematic categories of “Having a Better Life” and “Sources of Motivation”, are placed within a combined theoretical framework of psychological autonomy, agency, and morality, to better understand the complexity of motivational forces impinging on outcomes of sex offender treatment programs. Findings demonstrate that far from lacking motivation, participants have multiple,

competing motivations beyond observable measures of treatment responsiveness. Aboriginal men in particular were motivated by self-protectionism to multifariously resist aspects of forensic treatment programming.

Sound Vibrations and Implications for 21st Century Education

Anna-Leah King, *University of Alberta*

The research problem area is the lack of success of Aboriginal students in school that far outweighs the success of a few. Many factors can be attributed to this lack of success such as issues of poverty, systemic racism, unequal power dynamics, student resistance and numerous social factors. In teaching Aboriginal students, I have learned to reach them through aesthetic learning. In my language, we would say “menoh” as the appealing quality of something. I would instill “menoh” as a way to engage students in their learning, make it enjoyable, creating a way for an aesthetic response to literature and to become familiar with the English language. In my research, I want to concentrate on sound vibration in traditional music. In a traditional context, music has a healing component to it. In light of the impact of residential schooling, I have witnessed its repercussions in the lives of my students and see the need for healing as a necessary element to our survival. There is more cultural implementation in Aboriginal schools including the practice of drum and song as part of the natural course. The deeper understandings of healing and sound vibration have yet to be revealed. My research will center on sound vibration. I will draw on the research of Gabor Mate (2009) who works with the drug addicted in Vancouver. Gabor speaks of brain development and addictions resulting from childhood trauma. I will also use the work of Dr. Perry (2006) a child psychiatrist who works with children with trauma. He reveals innovative methods towards their transformation by his understanding of the science of the mind. With the inclusion of music scholars, medical science and the traditional teachings of Cree and Anishnabe peoples, as well as Global Indigenous understandings, I will share the potential for healing from sound vibration and its implications for Aboriginal education today.

Indigenous Knowledge, Warrior Society and Identity

Rochelle Starr, *University of Alberta*

This study will seek to uncover and regenerate the Indigenous knowledge (IK) regarding the warrior society of the River Cree. The worldview, found within IK, of Indigenous people, needs to be incorporated into their educational processes. IK is intrinsically linked to the identity of many Indigenous peoples and communities. The IK found within this study could potentially be used to aid in validating and strengthening the identity of many Indigenous peoples. River Cree ways of knowing and being, and the roles of community members, such as the warrior society, were well defined. Traditional warrior roles were vital for the protection of the people, and also vital in maintaining the community and nation's ways of knowing and being. The fulfillment of traditional roles can be seen in contemporary River Cree communities; however, a lack of legitimacy regarding the roles of the River Cree Warrior, and the Indigenous knowledge that accompanied those roles, have been constantly undermined and eroded through the ongoing processes of colonization and assimilation imposed on Indigenous peoples. Knowing the IK of the warrior society within the River Cree communities will ultimately aid in the broader understanding of the wider needs of the people in these communities.

As a future educational policy leader, I believe it is imperative that we provide a broad information base including knowledge about Indigenous men's roles, and recognize the need to incorporate IK into Indigenous education. This would ensure that education is more relevant to Indigenous students.

GROUP H: Community-based Participatory Research and Health Policy

Sunday, June 24, 3:15 p.m. | TROTTIER ROOM 1090

The Lived Experience of Anishinaabe People with Cancer: A Focus on Indigenous Healing, Non-Indigenous Medicine and Minobimaadiziwin

Cindy Peltier, *Laurentian University*

Cancer is a leading cause of death in Aboriginal people and the incidence is increasing. Despite reported successes of integrating Indigenous and western medicine in the treatment of other illnesses, there is a dearth of research about this for cancer. Reports have highlighted the need for awareness for policy makers and physicians of the contribution of Indigenous medicine to cancer care. This study examines potential benefits of including Indigenous medicine in cancer care. Using a participatory approach, it will investigate how the cancer experience is affected when Anishinaabe people include both Indigenous and western medicine in treatment. The study will also examine whether the inclusion of Indigenous healing with western treatment assists in achieving *Minobimaadiziwin*, an Anishinaabe understanding of physical, mental, spiritual and emotional balance. Interviews will be conducted with adults diagnosed with cancer from seven First Nations on Manitoulin Island as well as with key informants, including healers and western health professionals. Participant observation will provide the necessary context for the conversations. A qualitative, narrative methodology was selected to respect that storytelling is congruent with the oral Anishinaabe tradition. Analysis and dissemination of results will take two forms: a collective, teaching story for the Anishinaabe people concerning cancer and healing, and publications concerning potential benefits of pluralistic medicine for Anishinaabe cancer care. By adding to a growing body of evidence of the effectiveness of Indigenous healing, this study holds the potential to influence policies concerning access to Indigenous healing methods for cancer care.

Towards Healthier Aboriginal Health Policies? Navigating the Labyrinth for Answers

Chelsea Gabel, *McMaster University*

My research is in the field of Comparative Public Policy, where my areas of specialization include Health Policy, Social Policy and Aboriginal Politics. I explore each of these interests in my doctoral dissertation, where I discuss and evaluate processes and institutional structures that influence relationships between Aboriginal communities and government in the development, implementation, and evaluation of health policy. Using community-based research methods in six different First Nations' communities in both Manitoba and Ontario, I provide insight into the complex challenges of Aboriginal representation and self-determination in contemporary Canadian society. Given the recent signing of the Tripartite Framework Agreement on First Nations Health Governance in British Columbia, strategies are now being developed to try and forge formal relationships between Aboriginal communities and government. Given this desire for collaboration and partnership, my research examines the ways in which Aboriginal individuals, communities, organizations and government have been involved in the design and implementation of health policy and programs at the community, provincial and federal levels.

I have spent two years in the field speaking with over 100 participants about the impact of community controlled health care on Aboriginal peoples. In addition to conducting interviews and focus groups, I also assisted with the health transfer evaluation process with six different communities developing their five-year health plans, a process required by Health Canada. Ultimately, my hope is that Aboriginal communities across Canada can be empowered by research that provides them with insights into the political relationships and processes which hinder them.

Perceived Control over Health and Diabetes in a Manitoba First Nations Community

Charlene Muzyka, *University of Manitoba*

Introduction: One crucial factor in determining positive health outcomes in relation to diabetes is self-care. Previous research has demonstrated that those who perceive they have more control in their lives generally have better health outcomes. This in part may be due to the fact that, if individuals do not believe their actions can make a difference in preventing diabetes, they may be less likely to partake in important healthy

promoting behaviors. The purpose of this research is to gain a better understanding of perceived control and its relationship with health and diabetes in a Manitoba First Nations community.

Methods: Data were collected using questionnaires in a community-based participatory research study between June 2011 and February 2012 with a Manitoba First Nations community. Three measures of control are included in the study: (1) perceived personal influence over health; (2) perceived personal influence over life in general; and 3) personal influence over preventing diabetes/diabetes complications.

Results and Conclusions: A total of 520 participants (52.7% men, 47.3 % women) were included for final analysis. Many participants (41.7 %) reported that they felt they had little or no control over their health, and 46.8% reported they had little or no control over the prevention of diabetes. Analysis is ongoing and additional results will be presented. This information has the potential to help the community create better service models in relation to health promotion, diabetes prevention and care.

GROUP I: Indigenous Knowledge

Monday, June 25, 11:00 a.m. | TROTTIER ROOM 0060

Remembering the Voices of Our Ancestors: Making Space for Indigenous Orality in Canada's Post-Secondary Institutions

Krista McFadyen, *University of Alberta*

Education is an important social determinant of health. But, for Indigenous students, this may require education that can ensure the knowledge of our ancestors, and thus our complete identities, are conscious and available through our learning experiences (Weber-Pillwax, 2003). This paper reports on a study conducted at a Canadian university that explores Indigenous scholarship in post-secondary institutions. Focus group investigations with Indigenous faculty and students, as well as reflections as a writing tutor, first-year instructor queries, relationships between power, history, culture, and voice, to assess the literacy demands and assessment practices of post-secondary institutions. It suggests that educational processes and assessments can present particular challenges for Indigenous students whose nature and style of work can evade conventional notions of academic literacy, authority and success – especially for students who live in or are trying to remember orality as an expression of being Indigenous and a means of transmitting Indigenous knowledge. It makes concrete suggestions for Indigenous orality to be openly expressed and fairly assessed in post-secondary institutions, so that Indigenous students can remember and honour the voices of our ancestors that are often deeply embedded throughout our scholarship.

Drumming My Way Home: An Intergenerational Narrative Inquiry about Secwepemc Identities

Georgina Martin, *University of British Columbia*

I use Narrative Inquiry and Indigenous Knowledge in my research. The circular nature of thought is important, paying attention to the heart more, the painful healing, the missing pieces, the struggle, the searching, and the numbing; all these need to be considered in my passageway to reclaiming identities. Through the use of narrative and story-telling, I aim to create a Secwepemc pedagogy to retain and substantiate Secwepemc cultural identities. Our stories are examples of how dislocation and disconnection from one's identities has grave effects on the individual, thus resulting in many health and socio-economic disparities. This dislocation and disconnection is caught in the interplay between dichotomous responses to Indigenous identities. They are: validation and denial, the need to rectify our personal validation and re-discovery of Secwepemc identities, and the need to discharge the mainstream denial of Secwepemc identities that has occurred over time. This opportunity explores Secwepemc culture and history to support our footprint as Secwepemc people, contextualized as our worldview. I am interested in what shaped and challenged Secwepemc identities, the stories and perspectives that are not found in textbooks.

Understanding what caused the loss of identity is essential for improvement in all areas of health, to self-actualize and be self-empowered, to strengthen the well-being of families and communities and lives. The focus of this study is to narratively inquire, alongside two other Secwepemc people, in order to recognize and affirm who we are within a nation of seventeen Secwepemc communities, through our cultural lens.

GROUP J: Environmental Health and Environmental Change

Monday, June 25 11:00, a.m. | TROTTIER ROOM 0070

Climate Change in the Arctic and Food Security

Sara Statham, McGill University

Arctic climate change is an influential food security determinant because varying environmental conditions affect the ability of Inuit to harvest traditional food, thus impacting food security. This case study assesses how climatic extremes during winter 2010/2011 affected the vulnerability of the traditional food system in Iqaluit, Nunavut. This winter was statistically anomalous in terms of environmental conditions throughout the Canadian Arctic, which manifested locally via warmer temperatures and poorer sea ice conditions. The aim of this thesis is to determine whether these conditions impacted the procurement of traditional food and whether this caused food insecurity at the community level. The main objective is to identify and characterize locally relevant extreme climatic conditions during winter 2010/2011 (exposure), their subsequent effects on Iqaluit's traditional food system (sensitivity), and coping strategies used for dealing with food-related stresses (adaptive capacity). This mixed-methods approach involves analysis of instrumental records, interviews with local hunters and key informants, as well as surveys with public housing residents. Results show increased environmental stresses to the traditional food system compared to previous years, which negatively impacted hunters' harvests and residents' food supplies. Coping strategies alleviated some stresses, but resilience was particularly impeded for financially insecure households reliant on income support. Overall, the traditional food system was not as vulnerable to climatic extremes as anticipated. However, when poor socioeconomic conditions, such as those associated with public housing, are coupled with poor environmental conditions, such as those experienced during winter 2010/2011, the vulnerability of the traditional food system was exacerbated.

Historical Changes in Cyanotoxins in Remote Northern Ontario

Shinjini Pal, University of Ottawa

Reports of cyanobacterial blooms are increasing across Ontario and the rest of the world. Blooms are particularly troublesome if they contain toxin-producing species. If ingested, cyanotoxins can lead to liver and neurological problems. If in contact with skin, they may cause severe rashes and other skin ailments. These toxins are also known to accumulate in aquatic organisms such as fish. The factors leading specifically to toxic blooms remain unclear. Cyanobacteria prefer warm temperatures. However blooms have been reported further north than before, indicating the start of a potential trend in remote areas in Canada's north concurrent with global warming. In these areas, communities often rely on lakes for both drinking water and foods such as fish and water fowl. The aim of this project is to determine whether toxin-producing cyanobacteria have been increasing through time as measured by molecular techniques. The approach will involve analyzing DNA from sediment cores from lakes that are used by remote First Nations communities for fishing and as sources of water. We hypothesize that lakes in Northern Ontario, previously not prone to cyanobacteria, will now have cyanobacterial genes present in their sediment due to the warming trend and human activity. The results of this endeavor will lead to a better understanding of the impact of population density and climate change on toxin-producing cyanobacteria, and the relation to toxin exposure.

Untreated Water Consumption: H. pylori Status and Gastritis in a Northern Canadian Community

Emily Hastings, University of Alberta

The role of water in the acquisition of *H. pylori* and related disease is not yet understood. This analysis examines two hypotheses regarding how ingesting untreated water may affect digestive health. First, untreated water may be a vehicle for the transmission of *H. pylori*. Second, water consumption may influence the severity of gastritis due to the potential presence of chemical irritants. Residents of Aklavik, NT, located on the Mackenzie River, were screened for *H. pylori* by the urea breath test, and consenting participants underwent upper endoscopy in 2008. Histopathologic examination of gastric biopsies detected *H. pylori* and graded gastritis as none, mild, moderate or severe. We ascertained untreated water consumption practices and

other variables via structured interviews. Logistic regression models estimated odds ratios (OR) and 95% confidence intervals (CI) for the effect of consuming any versus no untreated water in the past year on prevalence of *H. pylori* and on severe gastritis. Of 278 participants, 64% were *H. pylori*-positive. The OR for the effect of untreated water consumption on *H. pylori* prevalence was 1.4 (CI, 0.75-12), adjusting for age, gender, ethnicity and education. Among 106 *H. pylori*-positive participants with biopsies evaluated, 43% had severe gastritis. The OR for the effect of untreated water consumption on severe gastritis was 2.3 (CI, 0.94-5.7), adjusting for age, gender, ethnicity, smoking, chronic NSAID use and alcohol consumption. Our results suggest an association between consuming untreated water and severe gastritis in this Arctic community, though data was insufficient for precise estimation of this effect. Ongoing analyses will add data from other Arctic communities.

GROUP K: Community-based Participatory Research and Health

Monday, June 25, 11:00 a.m. | TROTTIER ROOM 1080

Qaujivalliaqatigiiliqtaa (Working together towards shared learning): Exploring Land Camps as an Educational and Research Tool in Gjoa Haven, Nunavut

Rebecca Mearns, Carleton University

This Masters research project will take place within a larger SSHRC funded initiative entitled "Connecting Elders and Youth: Learning about caribou, community and well-being." This initiative is a collaborative project between the community of Gjoa Haven, Carleton University and Kitikmeot Inuit Association. The community collaborators have identified a series of research priorities with land-based camps as the forum in which they wish learning to take place. The use of camps is of great importance, as Inuit knowledge, culture and values are connected deeply to the environment and the land. This forum for discourse will strengthen Inuit identity and intergenerational continuity of Inuit knowledge, and aims to promote health and overall well-being of the community and environment. Throughout the project I will employ an Inuit-centered framework based in Inuit knowledge and guided by Inuit research methodologies. I propose to utilize the Qaggiq model, a framework of knowledge renewal based on Inuit knowledge, to guide my research of Elder-youth camps in Gjoa Haven, NU. I will focus on how the Qaggiq model can be put into practice as I explore knowledge transfer between our Inuit Elders and youth as they share their knowledge of caribou, community and well-being. Therefore, the objectives of my research are to explore intergenerational knowledge transfer in the land camp setting and how the Qaggiq model can support this transfer. I will present my proposed research, detailing the Qaggiq model and Inuit research methodologies, as primary research will take place in July/August 2012.

Engaging Mi'kmaq Families affect by Asthma in a Support-Education Program in Unama'ki, Nova Scotia

Robert Watson, Dalhousie University

Aboriginal peoples (First Nations, Inuit, Métis) in Canada suffer a disproportionate burden of disease and ill-health as reported by virtually all government measures of health. Asthma is now the most common chronic condition affecting Aboriginal youth; approximately 15% have asthma. However, no studies have investigated the support resources, education needs, and intervention preferences of affected Aboriginal peoples. This three-phase study examines the psycho-social barriers of asthmatic Aboriginal youth and their caregivers living on-reserve in Cape Breton, Nova Scotia. In Phase 1, community researcher-led interviews with youth and caregivers from five Mi'kmaq communities explored the kinds of social, educational, and health support they currently have and would like to have in their communities. In Phase 2, we held a two-day Asthma Camp for participants to engage in educational and cultural activities guided by Phase 1 interview responses. Analysis of Phase 1 and 2 data indicates a lack of available social and educational support on-reserve despite a strong desire for these services. Caregivers identified additional stresses, specifically: identification and avoidance of asthma triggers; having to travel significant distances outside their community to access asthma

specialists; and worrying if others will know how to manage an asthma attack in their absence. As a result of their asthma, Mi'kmaq youth reported feeling different from their peers, difficulty understanding English-speaking doctors, difficulty participating in exercise, and difficulty accessing asthma medication at school. Phase 3 will engage Mi'kmaq youth in digital storytelling to identify perceptions of asthma specific to those youth.

Solvent Use and HIV: the Winnipeg Perspective

Courtney Bell, *University of Manitoba*

Solvent use is a poorly understood worldwide substance use issue. Solvents are a type of inhalant and include many common chemicals, such as gasoline and lacquer thinner, which have psychoactive effects when inhaled. Manitoba appears to have a population of solvent users that is demographically unique from solvent-using populations described in the limited existing literature. Individuals that work closely with this population in an outreach/support capacity, as well as clinicians, have observed that HIV is present within the solvent-using population, and that solvent use may have an impact on HIV susceptibility and disease progression. This research aims to investigate both social and biological aspects related to solvent use that may be relevant to HIV through an interdisciplinary approach adopting methodologies from community-based research and basic science. The first phase of this project involved partnering with a community-based organization in Winnipeg, Sunshine House, whose client base includes solvent users. Three focus groups and 10 qualitative individual interviews with solvent users were carried out as well as eight interviews with key informants. The purpose of the consultations was to investigate characteristics of the population regarding solvent use and to inquire about the population's willingness to participate in research. Common themes identified include: the use of solvents, both recreationally and as a coping mechanism; the importance of relationships; the willingness to participate in research; and the obstacles individuals experience related to solvent use. The next phase of this research involves obtaining biological samples and exploring the impact of solvent use on the immune system.

GROUP L: Mental Health

Monday, June 25, 11:00 a.m. | TROTTIER ROOM 1090

The Youth Experience of Tribal Journeys: An Evaluation Tool-kit examining the Mental Health Benefits of Connecting with the Land and Sea for First Nations Youth

Tania Smethurst, *University of Victoria*

Tribal Journeys is an annual canoe journey for First Nations communities on the Pacific Northwest coast. It is a significant event in the lives of the youth who participate, and an initiative that provides an excellent example of cultural revitalization. This presentation will introduce the results of a community-based study focused on the development of a culturally-relevant program efficacy measure for Tribal Journeys and, by extension, other nature-based programs for Aboriginal youth. There are significant mental health disparities in Aboriginal communities in Canada as a result of historical assimilation policies (Kirmayer, Simpson & Cargo, 2011). One approach to mitigating these mental health concerns is through prevention programs that include a wilderness component. Wilderness-based programs for Aboriginal youth are informed by cultural wisdom and empirical research that connects immersion in nature with psychological well-being. What is lacking is a tool that specifically measures the efficacy of such programs from a community-based perspective. The overarching goal of this study was to collaborate with two community partners (Nala Winds canoe family from the Heiltsuk First Nation, and Victoria Native Friendship Centre) in developing an evaluation tool that will satisfy mainstream funder standards and community, cultural standards in reflecting the youth experience and mental health benefits of Aboriginal wilderness-based programs. The findings were shared with community partners and may be helpful in facilitating the creation, maintenance, and evaluation of other Aboriginal youth programs.

An Examination into Indian Residential Schools—IRS Compensation; Truth & Reconciliation; and the Apology: Perspectives of Blackfoot Confederacy People

Terri-Lynn Fox, *University of Calgary*

This proposal discusses the perspectives of Blackfoot Confederacy people relating to Indian Residential Schools, specifically the IRS compensation, the Truth and Reconciliation, and the Apology, using an analysis of participant interviews and an extensive literature review. It addresses issues concerning these three events which [may] have affected the lives of Blackfoot Confederacy people in various ways. This research examines a chapter in Canadian history which is deep-rooted in non-Aboriginal policy and law. It is anticipated that we will gain a greater understanding of those survivors of IRS, and how these events have impacted their individual lives, their families, and communities in recent years. Furthermore, it is hopeful that each community within the Blackfoot Confederacy benefits in various capacities due to the outcomes and recommendations of this research project. Both mainstream society and academia will benefit: the lives of Aboriginal People's have been altered due to aforementioned events. These survivor stories need to be documented and shared to continue to build positive relations and partnerships, to aid in decreasing the astounding statistics that a marginalized People are affected by, and to enhance community ties in all societal realms, so that equality, fairness and respect can be realized.

Through an Indigenous Lens: Indigenous Male Gang Identity on the Prairies

Robert Henry, *University of Saskatchewan*

The study of Indigenous gangs in Canada is relatively sparse in comparison to the amount of literature found on other ethnic gangs. With limited amounts of research specific to Indigenous street gangs, researchers, policymakers, and law enforcement officials have had to look elsewhere in order to understand the issue of Indigenous gangs. This has led communities to ignore the specific social and political histories that have shaped Indigenous and non-Indigenous relationships, therefore ignoring the specific impacts of colonization in the construction of Indigenous gangs and Indigenous gangsterism. This study is designed around photovoice methods of research that focus on the lives of Indigenous males who have been a part of the street gang lifestyle. Through this method, the research will focus on traditional imagery for recruitment, colonialism and neo-colonial policies of marginalization, the gang as a rite of passage and its link to Indigenous masculinity, and the push/pull factors that have led to gang involvement. It is assumed that at the end of the research, a clearer understanding of the uniqueness of Indigenous street gangs can be created, and that the issue of Indigenous gangs will move from a narrow criminal justice perspective to a more holistic one involving social justice, and a mental health agenda.

GROUP M: Health, Healing, Well-being and Community

Monday, June 25, 11:00 a.m. | TROTTIER ROOM 1100

Nikis (My Little House): Memory Mapping as an Arts-based Process of Healing the Impacts of Residential School Experiences

Brenda Wastasecoot, *University of Toronto*

This work in progress is a collection of memory mapping, drawings and poems which represent Indigenous family and community experiences of the late sixties. Memory mapping is offered as a process of unraveling my own memories of my family's experience of the Residential School era. Several people were also invited to use the process, and were interviewed before and after creating their memory maps. While the data analysis has only begun, it is hopeful that other Indigenous people can use this process to communicate within their families or communities about their own impacts of Residential School. At the very least it is already proving to be an excellent teaching method in terms of storytelling, first voice and lived experience.

The Experiences of Algonquin, Ojibway and Métis Grandmothers who Practice Traditional Sacred Arts for Healing and Wellbeing

Caroline Recollet, *Laurentian University*

The purpose of my research study is to explore, describe and illuminate the experiences of Algonquin, Anishinabek, and Métis Grandmothers who practice Indigenous Sacred Arts for healing, health and wellbeing. A second and related purpose is to create new positive narratives that are life-enhancing and empowering. Thirteen Algonquian, Ojibway and Métis grandmothers will be recruited to participate. An Indigenous methodology will form the conceptual Indigenous research framework. The use of the Sacred Wheel (Medicine Wheel) will frame the whole research. The sharing Circle will be used as a research method. Data will be collected through multiple, separate, uncontrolled, informal, free-flowing, uninterrupted, open-ended participant interviews, and observations at sacred circles, retreats, and one-on-one interactions. The grandmothers will be part of the collection process and will share observations and their own personal perspectives of what they observe from each of the participants. Data gathering will invoke recall of memories, experiences and emotions. The researcher will keep a reflective journal, in addition to participant journals: tape recordings, interviews, sharing, will be utilized to keep records. The reflections of the stories told will be analyzed using Indigenous tools of dreaming, songs, drumming, visions, interaction with Nature, and ceremonies and meditations. In addition, the researcher will involve the community in all aspects of the research, including the development of the research approach or questions, methods, analysis, interpretation of the results, and how the research results are used, to ensure our dual role does not bias the research. Storytelling will be used to present my findings.

Indigenous (First Nations, Métis and Inuit) Women's Maternal Health: Exploring Interrelated Health Determinants through an Indigenous Women's Maternity Experiences Survey in British Columbia, Canada

Jennifer Lynn Leason, *University of British Columbia Okanagan*

Indigenous women have 3.8% higher birth rates, are more likely to be single mothers and the birth rate for teen mothers is seven times higher than in the rest of the population. There is a lack of Aboriginal identifiers in vital statistics databases, and infant deaths are not being reported. Preliminary results suggest that First Nations infant mortality rates are two times higher in BC, with greater disparity in rural areas. Sudden Infant Death Syndrome is 5-10 times higher and gestational diabetes is two times higher than in non-Indigenous women. There is limited research available to describe Indigenous women's maternal health, access and experience of reproductive and maternity healthcare in Canada. The exclusion of Indigenous women in populations and public health research has created a gap. My research utilizes an interdisciplinary mixed-methods approach using quantitative health statistics, critical medical ethnography, Indigenous theory, and gender-based analysis to research Indigenous women's definitions, status, access to, and interactions with the health care system, and identify key complex and interrelated maternal health determinants. I will conduct 30 interviews with Indigenous birthmothers age 15 years or older who reside in BC using 300 Maternity Experiences Survey questions, demographic information and a medical narrative. A multivariate analysis will be conducted using descriptive statistics, primary proportions and occasional means. Medical narrative and textual analysis will identify key complex and interrelated health determinants to provide recommendations to improve Indigenous women's maternal health. I will also compile an inventory of survey questions specific to Indigenous women to be further developed in my post-doctoral studies.

Graduate Student Biographies

Bell, Courtney. Courtney is a Métis woman from Bellsite, Manitoba. She resides in Winnipeg, and is a MSc student at the University of Manitoba. She is in the second year of a Masters program in the department of Medical Microbiology. Her research focus is HIV disease progression and susceptibility within Manitoba.

Bennett, Ella. I am a non-Indigenous graduate student from small town Ontario. I have been working with the PLNWA, under the auspices of a larger CBPR project since October 2010, as I complete my Masters of Environmental Studies at Dalhousie University, under the supervision of Dr. Heather Castleden.

Big-Canoe, Katie. I am a member of the Chippewas of Georgina Island First Nation. I completed my MA in Health Geography (Western University), under the supervision of Dr. Chantelle Richmond. My research interests are in the area of Anishinabe youth health and the role of Indigenous Knowledge for health and social relationships.

Blood, Roxanne. My name is Roxanne Blood and I am from the Blackfoot Confederacy of the Kainai Nation. I currently reside in Edmonton, Alberta, and am working on my Masters of Education (Indigenous Education Policy) at Blue Quills First Nations College, which is affiliated with the University of Alberta, I will be graduating in 2013.

Bourque Bearskin, Lisa. R. Lisa Bourque-Bearskin, a member of Beaver Lake Cree Nation, is a PhD candidate in the Faculty of Nursing at the University of Alberta. She is studying Indigenous knowledge in nursing framed within the concept of cultural safety.

Calvez, Stryker. Stryker has a BA Honours from the University of British Columbia, a MA (Psychology) from the University of Saskatchewan and is finishing a PhD (Psychology) at the University of Guelph. His research interests involved exploring the application of social theory to issues related to culture and quality of life.

Campbell, Diana. Diana Campbell, Mi'kmaq, Indian Brook First Nation (NS), holds a Master of Resource and Environmental Management degree from Dalhousie University (2010). She has completed the course requirements for her PhD degree (Department of Sociology and Social Anthropology, Dalhousie University) and is currently in the comprehensive exam phase of the program.

Dingwall, Carlene. As a Cree/Métis woman, I am honoured to continue my research and practice within the field of critical and applied social sciences. I have a strong portfolio in Indigenous education and health, and have had the pleasure of working with Indigenous communities and people in both rural and urban settings.

Durkalec, Agata. Agata Durkalec is completing her MA in Canadian Studies and Indigenous Studies at Trent University. Her current research focuses on the relationships between health, place and risk in northern Labrador. She originally hails from Szczeciń, Poland, and has spent most of her life living on Anishinaabeg lands in the cities of Toronto and Peterborough, Ontario.

Fox, Terri-Lynn. Oki, I am Apiikwikomotaki – Miracle healing woman. My grandfather, Mookakin gave me this name when I was a toddler. I come from the Fish-eater clan. My parents are Tony and Teresa Fox; my grandparents are the late Patrick and Paula Weasel Head, and George and Margaret Fox. I am blessed to have four children, Ross, Courtney, Chate-Lane and Chondra.

Gabel, Chelsea. I am a Métis woman from Rivers, Manitoba. My interest in Aboriginal health stems from having been a part of Health Canada's Aboriginal Summer Student Program from 2004-2007. I had the opportunity to work as a policy analyst and researcher for both the Assembly of First Nations' Health and Social Secretariat and the First Nations Inuit Health Branch at Health Canada. These experiences led me to continue pursuing my interest in Aboriginal health care, specifically at the PhD level.

Hall, Karen. Karen is a member of Deline First Nations from Yellowknife, NT. Her research interests are in Aboriginal health and health promotion. She is affiliated with the University of Victoria's Centre for Aboriginal Health Research and is a fellow of the Jane Glassco Fellowship from the Walter & Duncan Gordon Foundation.

Hastings, Emily. Emily started her MSc in Epidemiology at the University of Alberta in 2010, and is Fieldwork Coordinator for the CANHelp Working Group, a research team that investigates *H. pylori* infection in Canadian Arctic populations. Emily received her undergraduate degree at McMaster University in Anthropology, Biology, and Health Studies.

Henry, Robert. Robert is a Métis from Prince Albert, Saskatchewan who has focused his research attention on Indigenous street gangs. He has lectured on this subject as well as anti-oppressive education and ethics in education.

King, Alexandra. Alexandra is a member of the Nipissing First Nation. Training: medical school – University of Toronto; currently Internal Medicine residency – University of Alberta; presently fellowship in General Internal Medicine - UBC. Her focus on Indigenous health combines clinical practice with research, particularly in social determinants, HIV/AIDS, health systems and resiliency. She has served on many local and national Indigenous health initiatives.

King, Anna-Leah. I am Anishnabe kwe from Wikwemikomh Reserve, Ontario. I was a teacher for 15 years and then an Aboriginal consultant for the Separate School Board. I have worked as a Coordinator for the Canadian Indigenous Languages and Literacy Development Institute, University of Alberta, and Co-Director for the Aboriginal Teacher Education Program.

Kosowan, Leanne. Equipped with knowledge and skills from my BHEcol (hons) and direct service employment, I have assessed health programs and policies as an analyst for the Manitoba Métis federation. As I am a MSc candidate at the University of Manitoba, who is eager to further explore the impact of the social determinants of health.

Kulmann, Kassandra. I am a second year Masters student in the department of Geography at the University of Western Ontario. I completed my undergraduate degree in Geography and History and a Bachelor in education at UWO. I enjoy being outdoors and spending time with my friends, family and dog.

Laflamme, Léa. Bachelor in Nutrition (Université Laval), I completed an internship in community nutrition in Nunavik in fall 2009, and subsequently worked as a nutritionist for the nutrition program in child care, in Nunavik in the winter/spring of 2010. Since fall 2010, I am a Masters student in Community Health at Université Laval.

Lavallee, Amanda. I am a Métis woman living in Saskatoon SK, who loves to explore and take on new adventures. I see education as one element in the journey to wellness and empowerment, and I plan to share my knowledge and insight with others around me through mentorship, teaching, and research.

Leason, Jennifer. Jennifer Leason is of Saulteaux Métis-Anishinabe descent and her Indigenous roots originate from Duck Bay and Camperville, Manitoba. She now resides in Vernon, BC with her husband, to and a half-year-old son Lucas and two-month-old son Jackson. Jennifer is a first year PhD student at UBC Okanagan and her research focus is Indigenous Women's Maternal and Reproductive Health

Luig, Thea. Thea is a PhD candidate interested in how people are able to transform adversity and disenfranchisement into positive lives. She holds a MA in Cultural Anthropology, Psychology, and East European Studies from the Free University of Berlin, Germany. Currently, she is conducting collaborative qualitative research on community well-being in the Canadian Northwest Territories.

Macridis, Soutana. I come to my PhD degree after two years doing my Masters exploring perceptions of physical activity and AT. My expertise is in examining factors related to developing AT programs within schools.

Martin, Georgina. Georgina's ancestry is Secwepemc and originates from Williams Lake with Lake Babine membership. Her work has always focused on the development and support of the improvement of health, and social, employment and educational conditions for Aboriginal people. She has over twenty years experience with Employment and Immigration Canada and Health Canada.

Mearns, Rebecca. I am an Inuk from Panniqtuuq (Pangnirtung), Nunavut but also spent part of my childhood in Aberdeen, Scotland. I completed a BA at Carleton University in Sociology, Aboriginal Studies and Law in 2011. I am now working towards an MA in Geography with a focus on Inuit knowledge and methodologies as a basis for my research.

McFadyen, Krista. Krista McFadyen is a third-year PhD student in the Indigenous Peoples Education program of Educational Policy Studies at the University of Alberta.

McGregor, Lorrilee. Lorrilee McGregor is an Anishinaabe from Whitefish River First Nation. She has 20 years of research experience working with Aboriginal communities and organizations. Lorrilee is the Chair of the Manitoulin Anishinaabek Research Review Committee, a community-based research ethics committee. She has two children and coaches cross-country running, hockey and soccer.

Morgan, Jeannie. I am a PhD candidate from the Nisga'a Nation. My research interests include the social determinants of Indigenous health, and Indigenous women and experiences of paid work. I have co-authored two articles on mainstream media representation of missing and murdered women in Western Canada.

Murdoch, Jayne. Jayne Murdoch is a McGill University Masters of Science student of Nutrition, a member of the Kahnawake Schools Diabetes Prevention Project Research Team, and a registered dietitian with the College of Dietitians of Ontario. Jayne's research and career focus is on Indigenous people's nutritional health issues. Originally from Halifax, Jayne lives in Montreal.

Muzyka, Charlene. Muzyka is a second-year MSc student at the University of Manitoba, Department of Community Health Sciences. Charlene previously worked at Manitoba Health producing a report on childhood type-2 diabetes. She conducts her MSc research with a team of individuals working in partnership with Sandy Bay Ojibway First Nation.

Ning, Ashley. I am a first-year Aboriginal Masters student in the collaborative program in Geography and Aboriginal Health at the University of Toronto. I was born and raised in the beautiful Okanagan Valley of BC, where I completed my undergraduate degree at UBCO in Geography and Psychology.

Pal, Shinjini. Shinjini completed her MSc in Biology studying the effects of pollutants on Type 2 Diabetes in remote First Nations communities of Northern Ontario. She is now pursuing a PhD in Biology researching cyanobacterial toxins. Her overarching objective is to understand anthropogenic effects on the environment and consequently community health.

Peltier, Cindy. Cindy Peltier is a PhD candidate in Rural and Northern Health at Laurentian University. Her research, co-supervised by Dr. Kristen Jacklin and Dr. Nancy Lightfoot, will use PAR to examine the lived experience of Anishinaabe people when diagnosed with cancer, and the potential benefits of pluralistic medicine for cancer care.

Penfold, Maggie. I am a PhD student in Clinical Psychology program at the University of Manitoba. My general research interests are in mental health promotion and resilience in individuals and communities. The focus of my thesis research is on factors that promote wellness and persistence in postsecondary health education programs for Aboriginal students.

Proust, Francoise. I have a background in Biology and Biological Oceanography (marine mammals), and I am presently doing a PhD in Epidemiology at the Université Laval, Québec.

Recollet, Caroline. Caroline Recollet is a doctoral student in Rural & Northern Health at Laurentian University. She is interested in research that explores positive narratives and stories of Aboriginal people in Canada that promote mental, physical, spiritual and emotional health and wellbeing. She is an Ojibway Grandmother who resides on the Wahnapiitae First Nation.

Rego, Cristine. Cristine Rego is a member of Lac Seul First Nation. She is the Provincial Aboriginal Training Consultant for Aboriginal Services, Centre for Addiction and Mental Health. Cristine is committed to positive change in the health of our people and our communities. Cristine is working toward her second year as a PhD student in the Social Work program at Wilfrid Laurier University. Her thesis is on creating a common understanding of how to apply a cultural lens to professional education, specifically an Aboriginal lens.

Scharbach, Julia. I am currently working on a MA in Medical Anthropology at the University of Saskatchewan. Prior to my MA, I completed a BA in Psychology and Anthropology at McGill University.

Sinclair, Stephanie. Stephanie Sinclair is an Ojibway woman from Sandy Bay First Nation. Stephanie is currently completing a PhD in Clinical Psychology at the University of Manitoba. Stephanie also works part time at the Assembly of Manitoba Chiefs as the coordinator for the Intergovernmental Committee on Manitoba First Nations Health. Current research interests include intergenerational impacts of residential school, Aboriginal health and mental health.

Smethurst, Tania. Tania Smethurst is completing her MSc at the University of Victoria in the department of Psychology. Her research is focused on partnering with First Nations communities to explore the mental health benefits of programming that connects Aboriginal youth with their cultural experience of being in relationship with nature.

Smyth, Serene. Serene is a doctoral student whose research is focused on Aboriginal youth and physical activity. She is also the Aboriginal Health Curriculum Coordinator at the University of Saskatchewan, College of Medicine. For the past seven years, she has worked with Aboriginal youth in community programming, coaching, teaching, and research.

Snowshoe, Angela. Angela is a proud member of the Ojibway/Métis Nation. She is in year three of her PhD in Clinical Psychology at Western University. Her dissertation involves the development and longitudinal validation of a cultural connectedness measure for First Nations, Métis, and Inuit youth as part of a larger program evaluation.

Starr, Rochelle. I am from Little Pine First Nation, SK. I live in Edmonton, AB, with my three children. I am in the second year of my Masters degree in Educational Policy, specializing in Educational policy.

Statham, Sara. I am a second year Masters student at McGill University pursuing a MA degree in Geography. I am a member of the Climate Change Adaptation Research group led by Dr. James Ford. I recently submitted my thesis, which seeks to understand how changing environmental conditions impact Inuit food security.

Victor, Janice. Janice Victor is in the final stages of completing her PhD in Culture and Human Development in the Department of Psychology at the University of Saskatchewan. Her research is on the role of agency and morality in the treatment and community integration of men convicted of sexual offences.

Wabie, Joey-Lynn. Joey-Lynn Wabie is a member of Algonquin First Nation, and is in the Interdisciplinary PhD program in the School of Rural and Northern Health at Laurentian University. She has a passion for ethical community-based research and believes in accessible data for all. She is also active in the community through Indigenous women's groups.

Wastesecoot, Brenda. Brenda Wastesecoot is a Cree woman from the York Factory First Nation of northern Manitoba. Raised in a native community outside of a settler town. She was a Professor in the First Nations & Aboriginal Counselling Degree program in Manitoba for nine years before moving to Toronto to pursue her doctoral studies in Adult Education and Community Development.

Watson, Robert. I am a non-Indigenous graduate student in the School for Resource and Environmental Studies at Dalhousie University. Since April 2011, I have been working with the Tui'kn Partnership on a CBPR asthma project as I complete my Masters of Environmental Studies under the supervision of Dr. Heather Castleden.



Aboriginal Health Research Networks Secretariat

The AHRNet Secretariat is the coordinating body for the nine Network Environments for Aboriginal Health Research (NEAHR) centres located across Canada. Our goal is to bring Aboriginal health researchers together to enhance communication and coordination, and to promote the improvement of Aboriginal health through networking, collaboration and research.

The NEAHR centres are recognized locally, regionally, nationally and internationally for leadership for over a decade in: research capacity-building with Aboriginal communities; support, training and mentorship of a new generation of Aboriginal health researchers; policy development and Aboriginal community engagement in ethics, research and knowledge translation about critical health issues Aboriginal peoples address across Canada.

The purpose of the NEAHR initiative is to sustain, strengthen and evolve a collaborative CIHR Network Environment for Aboriginal Health Research across Canada between researchers and communities. These Centres are funded by the Canadian Institutes of Health Research (CIHR) and the Institute of Aboriginal Peoples Health (IAPH). The Institute of Aboriginal Peoples' Health (IAPH) was established in June 2000, along with the twelve other Canadian Institutes of Health Research (CIHR). Its role is to lead a national advanced research agenda in the area of Aboriginal health and promote innovative research that will serve to improve the health of Aboriginal people in Canada.

The NEAHR Program

The NEAHR program will benefit Canada's Aboriginal people by helping to increase the impact of Aboriginal health research, and apply the research findings effectively to improve the health of First Nations, Inuit and Métis peoples' health in Canada. The program will, for example:

- Enhance and develop the research environment between Universities and First Nations, Métis and Inuit communities and organizations.
- Support research that focuses on themes such as population health, health services, child health and development, and ethical issues in Aboriginal health research.
- Train more than 200 graduate students who are working on a broad range of health issues, including mental health and addiction, food security, nutrition, diabetes, Northern health issues, tobacco control, Aboriginal youth suicide.
- Support, foster and evolve the collaborative CIHR-IAPH Network Environment for Aboriginal Health Research across Canada.
- Translate new knowledge and promote the exchange of community knowledge to improve the health of First Nations, Inuit and Métis communities.
- Advance capacity and infrastructure in Aboriginal health research, ethics and knowledge exchange.

NEAHR Member Centres



Atlantic Aboriginal Health Research Program

The program will work with Aboriginal peoples in Atlantic Canada to enhance and support capacity to reclaim, gather, generate and use knowledge, for the attainment and sustainability of healthy communities. The purpose of AAHRP is to increase Aboriginal health research capacity by providing financial support to undergraduate and graduate students to encourage them to pursue careers in Aboriginal health research, to fund small research projects of interest to Aboriginal communities, so that communities can learn how to conduct research and use research results in their work, and by holding community-based workshops that will help communities learn more about research.

Website: www.aahrp.ca

Telephone: 902-897-9199 ext 120

Email: carla.moore@dal.ca



Network for Aboriginal Mental Health Research

NAMHR was developed in December 2001 as a partnership between Aboriginal communities and academic researchers. It is a network of researchers from across Canada with extensive experience in Aboriginal health and related areas. The Network is committed to building capacity for mental health and addictions research and knowledge translation in remote, rural and urban settings by working in close partnership with Aboriginal organizations and communities. The priority of the Network is to develop research capacity. To that end, the emphasis is on networking and training for existing researchers, and conducting a series of pilot projects that provide a basis to seek funding for larger scale projects from other sources including regular CIHR competitions, federal and provincial programs and Aboriginal organizations.

Website: www.namhr.ca

Telephone: 514-340-8222 ext. 7650

Email: tracee.diabo@mail.mcgill.ca



Nasivvik Centre for Inuit Health and Changing Environments

The Nasivvik Centre for Inuit Health and Changing Environments is a multidisciplinary research and training centre funded by the Canadian Institutes of Health Research-Institute of Aboriginal Peoples' Health. The Nasivvik Centre is focused on building capacity in Inuit health research, through trainee support and strategic funding initiatives, in key environmental health areas of importance to Inuit communities. The Nasivvik Centre is based at Laval and Trent Universities, with Inuit Research Advisors in each Canadian Inuit region. The Centre actively engages Inuit and non-Inuit students at the undergraduate and graduate levels, as well as community individuals in research and training focused on the Inuit regions of the Canadian North. Activities are ongoing in Nunatsiavut, Nunavik, Nunavut and the Inuvialuit Settlement Region, moving towards building capacity through training, education and research.

Website: www.nasivvik.ulaval.ca

Telephone: 705-748-1011 ext. 7242

Email: kristeenmctav@trentu.ca



Anisnabe Kekendazone NEAHR

The Anisnabe Kekendazone (original knowledge) NEAHR (AK-NEAHR, formerly ACADRE) supports training of Aboriginal health researchers through fellowships and seed grants at masters, doctoral and post-doctoral levels. The network features research linking modern science and Aboriginal knowledge, with a focus on community-based resilience and primary prevention of HIV/AIDS, gender and domestic violence, and diabetes and related conditions. AK-NEAHR puts a strong emphasis on cultural safety, community leadership, and capacity building for research and planning. Knowledge translation and exchange with communities, policy makers and health services is a key component of all AK-funded projects.

Website: <http://akneahr.ciet.org/>

Telephone: 613-562-5393

Email: cietcanada@ciet.org



Indigenous Health Research Development Program

The Indigenous Health Research Development Program aims to increase capacity in Aboriginal health research in Ontario. IHRDP is committed to a student-centered approach to community-based health research in Ontario. IHRDP will assist with building a career structure for students in Aboriginal health research and will focus its resources on community-driven research projects that will identify health-related issues in First Nations communities. Research themes guiding IHRDP include: prevention and control of chronic diseases, mental health of women and children, and culture, health and healing.

Website: www.ihrdp.ca

Telephone: 519-445-0023 ext. 236

Email: vobrien@mcmaster.ca



Manitoba NEAHR, Manitoba First Nations - Centre for Aboriginal Health Research (MFN-CAHR)

The Manitoba Network Environment for Aboriginal Health Research (NEAHR) Program seeks to expand the pool of Aboriginal health researchers and contribute to the development of a sustainable and collaborative research environment for First Nations, Inuit and Métis communities in Manitoba.

Primary research themes addressed by this NEAHR include: population health, health services, child health and development, and ethical issues in Aboriginal health research.

Website: www.umanitoba.ca/centres/cahr

Telephone: 204-789-3250

Email: cahr@umanitoba.ca



Indigenous Peoples' Health Research Centre

IPHRC is a partnership between the University of Regina, First Nations University of Canada and the University of Saskatchewan, with broad support from various health boards and Aboriginal health organizations. Our mandate is to develop capacity for community-based Indigenous health research in Saskatchewan and to create networks of Indigenous health researchers regionally, nationally, and internationally. We also support the creation of an ethical environment in research that supports Indigenous community-based definitions and solutions to health, which acknowledges Indigenous models and methods of health and influences government policies and practices in respect for Indigenous health delivery and promotion.

Website: www.iphrc.ca

Telephone: 306-337-2461

Email: Marissa.Desjardins@uregina.ca



Alberta Network, Edmonton

The Alberta NEAHR research has evolved, in a responsive manner, through collaborative community partnerships and research requests. Three research themes have evolved from community requests that will guide and enhance the work of the Alberta Network over the next three years: traditional knowledge and ethics, northern community environmental health; and community access to health services. The program is designed to address the major issue facing Aboriginal health research, namely the issue of insufficient capacity to carry out relevant research in this emerging field. This lack of capacity is apparent in the number of trainee researchers in the area of Aboriginal health. The lack of capacity is equally apparent in the limitations faced by Aboriginal communities in designing and carrying out health research that meets their needs. Capacity development is also needed for the wider cadre of academic health researchers, to help them more effectively engage with Aboriginal peoples to address important health issues.

Website: www.neahr.ualberta.ca

Telephone: 780-492-1827

Email: alberta.neahr@ualberta.ca



Kloshe Tillicum Healthy People | Healthy Relations, British Columbia and Yukon Territory, Network Environments for Aboriginal Health Research

Kloshe Tillicum maintains a network of Aboriginal health research and researchers. Their main goal is to improve Aboriginal health by training new health researchers, build community capacity to provide research directions, as well as engage in and conduct research, by providing opportunities for health researchers to gather. Key to this activity is knowledge translation via workshops, gatherings and information sessions. Their four key themes are (1) Indigenous Knowledge including traditional medicine, (2) complex interactions – determining the health of populations, (3) infectious diseases and (4) Aboriginal research ethics.

Website: www.kloshetillicum.ca

Telephone: 604-827-5464

Email: sharon.thira@ubc.ca

Friday, June 22 –

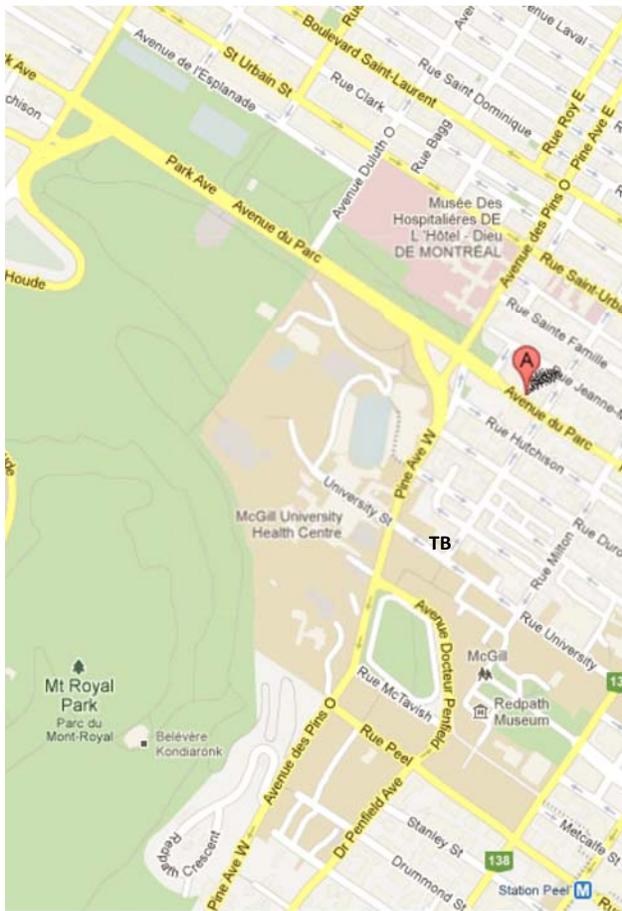
Registration and Welcome Reception for students at McGill's New Residence Hall (3:00 p.m. to 10:00 p.m.)

Day 1: Saturday, June 23 –

AHRNetS Annual Conference at Trotter Building (9:00 a.m. to 4:15 p.m.), Scientific Director's Award Reception and Poster Presentations at New Residence Hall Ballroom (4:30 - 6:30 p.m.)

Trotter Building (TB)

3630 University Street
McGill University
Corner Prince Arthur



Day 2: Sunday, June 24 - Keynote, student presentations and workshops at Trotter Building, McGill University (9:00 a.m. to approximately 4:30 p.m.)

Day 3: Monday, June 25 – Plenary session, student presentations and workshops at Trotter Building, McGill University (9:00 a.m. to approximately 3:15 p.m.)

A. Accommodations:

Students have been booked at the McGill New Residence Hall (NRH). Students will be sharing a double hotel room at the NRH. Breakfast is included and starts at 7:30 a.m. You must show your NGGS name tag to the cafeteria cashier.

McGill New Residence Hall

3625 Avenue du Parc
Montreal, Quebec H2X 3P8
(Corner Prince Arthur)
<http://www.mcgill.ca/nrh/>
Front Desk: 514-398-3471

B. Travel and Travel Costs:

The traffic in Montréal is very, very unpredictable. The sure thing: you will hit traffic if you arrive downtown between 3:00 and 6:00 p.m. You can take the 747 Bus from Trudeau Airport. The 747 Bus cost \$8.00 and will bring you to downtown Montréal. Disembark on the corner of Sherbrooke and Parc. Walk 4 blocks towards the mountain. NEAHR affiliated students who have been accepted to present at the Gathering should request travel funding and travel expenses from their respective NEAHRs.

C. Meals:

All meals and coffee breaks will be provided during the conference. On Saturday, NAMHR and AHRNetS will host a small reception for the Scientific Director's Award and Poster Presentation. More than likely, you will go out and have a larger meal that will be reimbursed by your respective NEAHRs.

