

Tuesday June 14th, 2022
10:30 am to 12:00 pm

Panel Presentation One: TATANKA 3	
Moderator	Dr. Treena Delormier
Presenter	Presentation Title
Kate Dunn PhD, Alberta	Bringing Life to Liver Wellness Through Wisdom Seeking Conversations
Melanie Napartuk Masters, Quebec	Nalliriik- Two Equals. Same Strength, Same Size, Same Power
Cara Basil Masters, British Columbia	Self-Determined and Community-Based Palliative Care
Vanessa N Ambtman-Smith PhD, Ontario	Engaging Indigenous Community to Improve Healthcare Environments: Is Reconciliation within Hospital Spaces Possible?

Kate Dunn Hepatitis C disproportionately impacts our Indigenous communities and due to the predominantly western biomedical approach and current health inequities stemming from historical and continued trauma, many community members do not complete screening or treatment for this curable disease. This Wisdom Seeking project considered traditional perspectives focused on liver wellness as an approach to increase hepatitis C awareness. Methods: Working within a Two-Eyed Seeing methodology this project focused on respect, relationality, reciprocity, responsibility and relevance while spending time engaged in semi-structured interview conversations with Indigenous Knowledge Keepers listening to stories and perspectives on liver wellness. Results: Oral tradition and storytelling shaped the co-creation of a culturally relevant infographic and DocuStory video script for hepatitis C awareness focusing on the need for balance in spiritual, physical, mental and emotional aspects of our journey toward wellness, Implications: Reciprocity, respect and an attitude of constant learning by the Wisdom Seeker are integral to this process and result in increased awareness of wholistic wellness and the role we can each play in decolonizing approaches to health and access to supportive and relevant health care.

Melanie Napartuk Future health professionals are not aware and educated about the reality of First Peoples. In order to improve health care for Aboriginal people, it is imperative to increase the cultural competence of health care workers and future health care managers. Objective: The project aims to create relevant tools to increase the understanding of the reality and complex vision of First Peoples in Quebec. Thus, future health professionals will be equipped to work with our populations. Methodologies: We met with more than 20 participants from 9 nations in Quebec to give them the space to share their knowledge, their visions and their know-how. Results: The short videos cover 12 themes related to health and nutrition (traditional food, social determinants of health, racism, nutritional transition, vegetarianism, food security, skin security, etc.). Discussion: Nalliriik is a short video project to inform health students. It is an opportunity to integrate Aboriginal knowledge with Western knowledge.

Cara Basil Indigenous Peoples are the fastest growing population in Canada and the number of Indigenous Elders is expected to triple by 2030. This is a concern as Indigenous communities lack the capacity to provide adequate palliative and end-of-life care to their aging members due to external barriers such as healthcare policy, funding, and culturally safe healthcare interventions and services. As literature grows for Indigenous palliative care, we know that Indigenous Peoples prefer to age at home in community, require holistic care, and that not only is each community unique, but the preferences of the individual are as well. We have undertaken a unique research project with the community of Esk'etemc in the Interior of BC, a remote and rural community of 500 members. Our research project focuses on palliative care for the community and determining if a model of navigation is a feasible intervention to suit the needs of the community for palliative care. Data collection will occur through an Indigenous Research Methodology "Knucwentwecw" which is specific to the Nations worldview of "helping one another." Through this methodology, we will host talking circles to share stories of community members lived experience to envision a community-driven model of navigation for palliative care.

Vanessa N Ambtman-Smith Using Indigenous, community-based participatory research, Indigenous peoples' experiences and realities are at the centre of this qualitative case study. This research emerges from an Indigenous health geography perspective to examine the broader meaning and context of Indigenous peoples' relationships to 'traditional healing' spaces within Canada's oldest mental health institution, asking 1) What are Indigenous [and non-Indigenous] peoples' relationships to traditional healing spaces; and, 2) What do these spaces mean for health and healing? Rooted in decolonizing methodology, this research examined diverse perspectives derived from Indigenous and non-Indigenous hospital staff and clinician interviews (n= 22 interviews; n = 1 sharing circle). The results identify the critical importance of traditional healing in mental healthcare in addressing spiritual care and trauma. With Indigenous people, the designation of cultural space for land-based care are affirming practices that strengthen spiritual aspects of mental healthcare, including cultural identity. Valuing Indigenous knowledge in hospitals by transforming spaces sparks curiosity, increases education and enhances capacity for leaders to support reconciliation efforts.

Panel Presentation Two: TATANKA 4	
Moderator	Dr. Brittany Jock
Presenter	Presentation Title
Tyara Marchand Undergrad hon., Alberta	Reconciling Indigenous Healthcare Through a Readiness to Practice Lens: A Mixed Methods Systematic Review
Leanne Kelly PhD, British Columbia	Reclaiming our Relationships Exploring Student Experience of Indigenist Anti-racist Education in Nursing
Veronique Belanger PhD, Quebec	Feasibility of a Nutritional Intervention in Pediatric Oncology.

Tyara Marchand Indigenous populations face disproportionate health disparities compared to their non-Indigenous counterparts. This study aims to define clinical readiness to practice (RTP) or preparedness to practice (PTP) in Indigenous contexts within CANZUS countries (Canada, Australia, New Zealand, United States) to ultimately increase Indigenous healthcare equity and empowerment. A systematic review was performed as part of a mixed methods study. Using key search terms, 3352 studies were screened, of which 66 studies passed the inclusion and exclusion criteria for a full text review. Emerging themes were defined externally and internally. External themes demonstrate the need for immersive experiences as a cultural, social, and trust building tool. Furthermore, a need arises to understand the people, the land, the resources, and the geographical barriers to healthcare. Internal themes demonstrate a need for education on historical traumas and contemporary social and legal issues facing Indigenous peoples, including active work on reducing internal bias and prejudice deconstruction, and integrating Indigenous knowledge into clinical practice using holistic care and safe space building. The findings of this study define a set of essential domains of clinical RTP in Indigenous contexts. These components will be used to create empirical measurements of RTP in the future.

Leanne Kelly Despite having various levels of 'cultural safety' education in nursing schools for over thirty years, we continue to see examples of inferior health service experienced by Indigenous peoples that are shaped by racism and racialized tensions. Nursing students continue to describe feeling uncertain about how to integrate the decolonizing knowledge they have learned into their nursing practice. Utilizing an Indigenous pedagogical framework to guide creation of an Indigenous health course, third year undergraduate nursing students were required to create their own 'knowledge bundle' as they worked through specific content over the term. The creation of their knowledge bundles constituted a major assignment for the course and required intentional self-interrogation and consideration of the complexities of incorporating anti-racist and decolonizing knowledge into their nursing practice. My research will examine the content of knowledge bundles submitted by consenting participants, and identify themes, facilitators and challenges faced by students in confronting Indigenous specific racism in the health care system. The results of this study will contribute to the development of Indigenous specific anti-racism education in nursing schools. The use of Indigenist methodologies are positioned to enhance support of Indigenous people's health through increased understanding of Indigenous – settler relationships in the health care system.

Veronique Belanger Background: Side effects of pediatric cancer treatment can cause gastrointestinal problems and compromise patient’s dietary habits. Aim: To describe the feasibility of a nutritional intervention that promotes healthy eating habits for patients newly diagnosed with cancer and their parents. Methods: Participants were recruited at CHU Sainte-Justine 4 to 12 weeks after cancer diagnosis as part of the VIE study. Two registered dietitians were responsible for the intervention which included an initial evaluation and 6 follow-up visits over a one-year period. Retention, participation, attendance, completion of study measures and participants’ engagement rates were used as feasibility data. Impact of the intervention was assessed through dietary intakes. Results: Of the 62 participants recruited (51.6% boys; mean age 8.5 years), 45 remained (72.6% retention rate) in the intervention and attendance rate for all visits was 71.3%. Patients with refractory disease or relapse were less likely to remain in the intervention. Half of participants (n = 31, 50.8%) had high participation (≥ 4 follow-up visits) and 56.4% were identified as having high level of engagement. After the intervention, patients had lower sodium intake compared to initial evaluation. Discussion: These results suggest that a nutritional intervention is feasible early after pediatric cancer diagnosis.

Panel Presentation Three: TATANKA 1	
Moderator	Dr. Wendie Marks
Presenter	Presentation Title
Delaney King Masters, Saskatchewan	Examining Neurodiversity Through a "Two-eyed" Lens
Wahéhshon Whitebean PhD, Quebec	Not Just Surviving: Assessing Impacts of Indian Day Schools on Health & Well-being
Sarina Perchak Masters, Ontario	Young Indigenous Peoples in the City
Grant Bruno PhD, Alberta	Autism in First Nations Communities in Alberta

Delaney King The purpose of this study was to explore the social, personal and cultural factors that may have contributed to the understanding of neurodiversity as viewed by Aboriginal communities in Canada. The study also sought clarification and explanation as to why Aboriginal populations with neurodiversities have been overlooked or misdiagnosed by western medicine. This paper focuses on the lived experiences of ten individuals who identify as being part of the Aboriginal communities located in Canada and how they view the concept of neurodiversity in today’s world.

Wahéhshon Whitebean Background: Various colonial institutions were created for the assimilation of Indigenous peoples in so-called Canada, including Indian Residential Schools, Indian Day Schools, and child welfare institutions. The loss of language, culture, and identity caused by Indian Day Schools are traumatic experiences that affected several generations of First Nations, Inuit, and Métis peoples. This research examines experiences of Kanien’kehá:ka (Mohawk) community members that attended Day Schools in Kahnawà:ke. Objective: To provide a snapshot on the history of Indian Day Schooling and assessment of the impacts on health & well-being. Methods: Building on my master’s research on Indian Day Schools, this research centers on Indigenous methodology and methods such as storywork (storytelling). I present my ongoing doctoral work through a reflexive exploration that includes my roles as a Kanien’kehá:ka of Kahnawà:ke, Indigenous researcher, and claimant in the sarinaprovides opportunities that empower communities to share collective traumatic experiences without revictimizing participants. This research examines Indian Day School experiences by centralizing Kanien’kehá:ka life stories about navigating historic, contemporary, and multigenerational colonial traumas while demonstrating identity reclamation, language revitalization, and education reform as pathways to resilience and well-being.

Sarina Perchak Currently, over half of the Indigenous population lives in metropolitan areas in what is known as Canada and have come to be the youngest and fastest growing segment of the nation’s population. As this group continues to increase at an accelerated rate and considering its young demographic, increasing attention is needed to understand the ever-evolving needs and experiences of young Indigenous people to ensure their well-being and longevity. In my proposed research, I seek to answer the following questions: How do Indigenous youth create and maintain places of connectedness and cultural safety in an urban context? What plays a role in building places of secured cultural safety? What is an “Indigenous place” for youth?” In my capacity as an emerging researcher, I hope to share what I have found in the literature so far as well as share about the two Indigenous organizations whose youth programming inspired this research: White Owl Native Ancestry Association and Wisahkotewinowak. This research is dedicated to the next seven generations, and the ones that come after.

Grant Bruno Background: The prevalence of autism in First Nations communities is currently unknown and there is minimal academic literature on lived experience related to autism spectrum disorder (ASD) in this cultural context. This study is to take place in the Nehiyaw (Plains Cree) communities of Maskwacis located in central Alberta. Methods: This study will engage in a multi-methods approach, with tenets of community-based participatory research (CBPR) rooted in decolonizing methods. Qualitative interviews, including semi structured on-the-land interviews, and kinship-based interviews will be considered. Objectives: Complete a scoping review of research that has explored First Nation’s, or Indigenous, experiences with ASD and the health system in the context of Canada. Meaningfully engage with the community of Maskwacis community members, Elders, knowledge keepers, service provider’s and families. Engage with autism-focused healthcare providers/diagnosticians, administrators and autism supports, including families and caregivers, to qualitatively determine their perspectives and experiences of ASD in First Nations communities in Maskwacis. Results: It is expected there will be far reaching and ground-breaking implications at national, provincial, and local levels. The novel and unique nature of this study will provide much needed information of ASD in a First Nations context in Canada.

Panel Presentation Four: TATANKA 6	
Moderator	Dr. Suzanne Stewart
Presenter	Presentation Title
Jillian Senécal Masters, Saskatchewan	Opikināwāsowin/Raising our Children Well: Indigenous Culture and the Child Welfare System in Saskatchewan.
Michelle Padley Masters, British Columbia	Holistic Promotion of Youth Wellness from a Métis Perspective: The Gift of Knowledge Sharing with Métis Elders
Michelle Kennedy PhD, Ontario	Connecting the Colonial Past to the Decolonial Present
Robyn Rowe Post-PhD, Ontario	The Urgency of Now: Protecting the land and Guarding Indigenous Sovereignty in a World set on Datafication

Jillian Senécal Opikināwāsowin is a Cree term meaning “raising our children well”, or “nurturing our children”. This is a concept that Indigenous families hold with utmost importance as our children are the centres of our communities. Prior to western-developed systems of child welfare, Opikināwāsowin was the standard of care for Indigenous families. Through processes of assimilation like the Residential School System, the 60’s Scoop Era and Indian adoption, ways of Indigenous child rearing have suffered tremendously, and our families are still experiencing the effects of these processes today. This is evident in the significantly high number of Indigenous children in care in modern child welfare systems across Canada. Furthermore, modern systems of child welfare continue to fail Indigenous families in the policies and practices currently set in place. The approach to child rearing and family “function” is very much written from a Eurocentric lens that does not consider the importance of Indigenous culture, language and ceremony. These are vital to the well-being of Indigenous peoples and have been used as a means of healing and connection since time immemorial. My research argues that Indigenous culture can be used a means of mitigating the risk of becoming involved in the child welfare system.

Michelle Padley In responding to calls for transformation by the Province of BC, the Truth and Reconciliation Commission of Canada, and the In Plain sight report, I situate my research within the context of the youth life promotion project being developed by Métis Nation British Columbia. Métis youth are at higher risk for suicidal behavior and culturally appropriate suicide prevention programs are needed. This research will follow Keeokaywin: The Visiting Method (Gaudet, 2019) and the concept of storytelling (Kovach, 2018). The student researcher will meet with Métis Elders throughout BC while sharing tea. The conversation will be guided by open ended questions designed following the Aboriginal Life Promotion Framework (Bartlett, 2005). This research seeks to increase the knowledge around Métis ways of knowing in the context of youth mental health, while developing an online wellness program for Métis youth in collaboration with MNBC. The student researcher will also participate in the Métis advisory panel and facilitate conversations with Métis Elders to build wellness videos for the life promotion modules. This project will provide mental wellness programming for youth and the opportunity to shift Métis methodologies to forefront of current research. This process is essential to addressing the gaps found in the literature.

Michelle Kennedy The research will involve youth, educators, Anishinaabe artists, and the local community. This project will also support the work of researchers and educators interested in decolonizing curriculum and incorporating the legacy of Indian Day Schools into the classrooms in a culturally appropriate manner. The research incorporates relational research methods, decolonizing and arts-based education and teaching practices in ways that help advance our understanding of the history of Indian Day Schools. It centers on Anishinaabe art, knowledge, and the intergenerational transmission of knowledge. The main questions that continue to guide my future research are: How can we mobilize Indigenous art knowledge across generations to educate youth and the broader public about the legacy of Indian Day Schools? And, how has art and the process of art curation changed from the era of Indian Day Schools? I intend to explore a curatorial methodology that is an active form of engagement. Part of my methodology is to foster Nation-to-Nation relations through research, drawing from the of the Dish with One Spoon Treaty. As an Oneida woman living and working as a guest of Anishinaabe Territory, I see this research as an opportunity to contribute my skills as a teacher to Anishinaabe Nations where I live.

Robyn Rowe

More than five-centuries of colonial injustices advanced by capital and consumption-led economies, assimilation, land and territory dispossession, resource extraction, dependency, and oppression have created a need for global Indigenous rights movements, including initiatives aimed at preventing data colonialism. Despite vast diversity between and among Indigenous Peoples in Canada and around the world, there is general agreement that Indigenous knowledges must be used to guide the development, application, and improvement of research through Indigenous-led governance and sovereignty initiatives. While diverse First Nations, Inuit, and Métis cultures, values, languages, and traditions continue to be preserved and handed down through generations, digitized health and personal-level information is increasingly accessible. In response, Indigenous Data Sovereignty (ID-SOV) movements and Indigenous Data Governance (ID-GOV) strategies work to assert Indigenous rights over the unlawful collection, use, reuse, and linkage of Indigenous-derived information and data and to prevent the non-consensual misuse, misrepresentation, and mis-telling of stories about the lives of Indigenous Peoples. This presentation aims to provoke discussions and critical reflection on the current advancements in data and point to some of the lesser spoken implications of datafication on Indigenous Peoples. Importantly, this discussion will reflect on the many uses of Indigenous Data including the potential for those uses to perpetuates biases and racial harms within health sciences research. Situated at the intersections of Indigenous resistance, sovereignty, land, data, and health, this talk aims to critically advance data discussions that meaningfully reflect sovereignty and empower Indigenous Peoples while critically informing Indigenous-led, anti-oppressive, and anti-racist data and research methodologies.

Tuesday June 14th, 2022
1:00 pm to 2:30 pm

Panel Presentation Five: TATANKA 3	
Moderator	Dr. Kim Anderson
Presenter	Presentation Title
Lindsay Knight PhD, Saskatchewan	Music as Medicine - Creative Healing Practices of Indigenous Women and LGBTQ2S Folx
Nicole Wemigwans PhD, Ontario	Anishinaabe Motherhood and Cultural Resurgence Through Visual/cultural Materials
Jasmine Dionne PhD, British Columbia	Gender Exploration & Affirmation Through Powwow: Embodying Queer Indigenous Politics as a way to Ensure Wellness
Molly Peters, Masters, Nova Scotia	Ceremonies of Life: Gender Equity and Wellness through Togetherness, the Meaning of Consent Sovereignty in Paqtnkek

Lindsay Knight Indigenous people engage in multiple art forms within a contemporary context though not all artists, particularly Indigenous women and LGBTQ2S musicians, are committed to categorizing their art as traditional practices, such as through the familiar and gendered Indigenous aesthetics of beadwork, drumming, singing and dancing. It is entrenched in political and spiritual spaces that go beyond what is commonly understood as Indigenous art. In fact, Indigenous women and LGBTQ2S people have always lived within a space of creative resurgence, even though the resources, support and safety are often inaccessible or limited. I am a nêhiyaw (Plains Cree) woman and artist from Treaty 6 territory and a member of Muskoday First Nation. I have been creating hip hop music for 20 years and performing as Eekwol, I have a lived experience within this context and can therefore relate to the research and defining gaps. Regardless of challenges, Indigenous women and LGBTQ2S folx have always invoked creativity within every aspect of life. My research is a focus on Indigenous women and LGBTQ2S folx that create music as a part of healing and maintenance of health and well-being as individuals and within communities.

Nicole Wemigwans Indigenous motherhood can be a beautiful and wonderful interaction between a parent and child. A disruption occurred through the harms of colonization that largely impacted Indigenous family structures. Now is the time to participate in cultural resurgence which will positively influence the ways that families develop. Some ways to enact cultural resurgence is through the contribution in visual and cultural materials that were used as a form of knowledge transmission in pre-colonial and contemporary times. Beautiful artwork and practices inform our connection with cultural understanding and pass this knowledge to Indigenous families and communities. An aim would be to enable participants to create tikinagans together and to ensure that this material culture continues in communities. Cultural resurgence through visual and material culture will promote health and wellness for Indigenous families, communities, and nations.

Jasmine Dionne Powwow's are often considered, understood, and studied as social events and cultural celebrations. Powwow's are a space for Indigenous peoples to gather and honor the nations and ways of knowing, living, doing, and being they belong to and uphold. However, these spaces are often overlooked as a space of governance. In powwow environments that hold space for or center queer Indigenous bodies—gender exploration and affirmation happen. It is through these moments of affirmation where I argue that Indigenous governance occurs. I will be stringing together elements of Indigenous queer studies, Indigenous governance, and how these coalesce through movement where I argue that powwow has the potentiality to be an embodied space of Indigenous governance where gender can be explored and affirmed through movement- namely, dance, which ultimately suggests a method for pursuing and ensuring the wellness of Indigenous queer people. This presentation also analytically looks toward the ways in which the role of everyday life and intimate spaces are a method through which to normalize conversations on gender and sexuality in powwow spaces and Indigenous communities more broadly. In bridging movement and relationality, we can uncover the ways that gender exploration and affirmation are integral to the workings of a healthy community and their governance.

Molly Peters This study, *Ceremonies of Life: Gender Equity and Wellness through Togetherness, the Meaning of Consent Sovereignty in Paqtnkek*, examines community understandings of the concept of consent and gender sovereignty and uses the seven life stages to explore the scope of experiences of consent from interpersonal to broader human and treaty rights with the intent to create sexual consent educational resources. Methods: 1.) Engage with the Paqtnkek Health Centre staff to design the research question and the community engagement strategy. 2.) Host 4 sharing circles (elders, youth, parents, 2SLGBTQIA+, and identified elders). 3.) One to one semi-structured interviews with knowledge keepers/community leaders. Implications: Engaging community in participatory action research creates a reciprocal relationship between the community and the community health and education staff, leadership, and administration. This informative exchange increases capacity for both community and front-line workers to be able to engage in complex and difficult conversations, in a safe way, while also informing the needs and direction of future community-based projects. Conclusions: This study will inform ways of decolonizing consent education for community, staff, leadership and administration while also directly contributing to, and building upon, the work of previous community-based projects on sexual violence prevention and response.

Panel Presentation Six: TATANKA 4	
Moderator	Dr. Robert (Bobby) Henry
Presenter	Presentation Title
Kelsey Darnay PhD, British Columbia	Indigenous Restorative Justice to Restore Health and Identity
Gerald Bent Masters, British Columbia	Indigenous Restorative Justice: An Investigation of XITL'IX and the Lytton Restorative Justice Prevention and Education Program
Angelina Heer Masters, New Brunswick	Exploring the Physical Realm of the Medicine Wheel and its Relationship to the Overrepresentation of Indigenous Peoples in Canadian Prisons
Stephanie R McConkey PhD, Ontario	Using an Indigenous Theoretical Framework to Measure Indigenous Homelessness and its Impact on Substance Use Among Indigenous Peoples Living in Urban and Related Homelands

Kelsey Darnay Indigenous peoples are over-represented in the Canadian justice system due to colonization. Colonization has replaced longstanding governance and legal practices that are fundamental to the health and wellbeing of Indigenous peoples and forced colonial legal systems upon them that punishes indigeneity, separates individuals from their communities, and reinforces historical traumas. While Canada's Criminal Code has been amended to include section 718.2(e) in an attempt to alleviate over-representation, incarceration rates of Indigenous peoples continue to increase. Using community-engaged, decolonial, Indigenous methodologies, this research explores the reconnection of individuals to cultural traditions and practices through Indigenous restorative justice (RJ), and the role in promoting health and wellbeing and restoration of community balance through wholistic healing. Indigenous RJ aims to reconnect individuals back to traditional ways that were lost during colonization and affected the fundamental determinates of Indigenous peoples' health that are essential to their wellbeing. This research will be conducted in partnership with my urban-Indigenous community in the Niagara Region. Both qualitative and quantitative approaches will be used to learn from Elders, knowledge keepers, program coordinators and participants regarding their perspectives of the program along with examining statistical data. The research is currently in the proposal stage.

Gerald Bent In Canada, Indigenous people face a number of challenges including: high school dropout, unemployment, heavy substance use, suicide and the continued over-incarceration of Indigenous people within the federal, provincial and territorial penitentiaries (Cuneen & Tauri, 2016, pp. 4-5; Monchalain, 2016, p. 164). There is a growing body of evidence to suggest that much of the negative, risky and criminal behaviors perpetrated by Indigenous peoples stems from the erosion of Aboriginal culture and values and not implementing and utilizing the spiritual teachings which where are provided by the Elders (Waldram, 1997, p. 200; Hyatt, 2013, p. 48). This research will document the values and teachings used in one community to assess the efficacy of Indigenous Restorative Justice (RJ) in unlocking Indigenous people from the Canadian Justice system which serves unjust ends. The focus of my Indigenous research is on First Nations and non-Indigenous people who have engaged in a Restorative Justice (RJ) process and live in the province of British Columbia (B.C.). The purpose of this research is twofold: (1) to document the Indigenous knowledge of Xitl'ix, which was the traditional court system, used by the

Nlaka'pamux peoples, and was recently used in Tl'kémtsin (Lytton, BC), by the Lytton First Nations. Xitl'ix upholds the principles of Restorative Justice, (2) Once Xitl'ix has been recorded my research will then segue into studying the efficacy of the Lytton Restorative Justice Prevention and Education Program. In my proposed oral presentation, I will discuss how my research has progressed since starting graduate school, coupled with sharing how the global pandemic has impacted my research thus far. By using a virtual sharing circle format, I will describe what teachings I have learned from all my participants, including the Elders who are from the Lytton First Nations.

Angelina Heer Introduction. Despite efforts to decrease the overrepresentation of Indigenous Peoples in the Canadian justice system, the issue persists. Although the reasons are multi-faceted, there is a lack of research on resources available for Indigenous offenders as they reintegrate back into community. This research aligns with Indigenous paradigms of conducting research in a good way, ensuring relationships, relationality, and reciprocity are embedded within the process. Purpose. To identify meaningful programs that can guide participants in their healing journeys. Methods. This qualitative study will use semi-structured interviews to facilitate the sharing of stories with 15 Indigenous participants recently released from a federal prison in New Brunswick. An Indigenous Wholistic Theoretical Orientation using the four directions of the Medicine Wheel is used as a guiding principle. We begin this research process in the Eastern direction [physical] of the Medicine Wheel, as encouraged by Mi'kmaq Elder Noel Milliea. Implications. By describing the physical requirements of conducting this research in a good way utilizing an Indigenous worldview, respectful relationships in correctional programming can be better understood and emphasized, highlighting how the intent of colonizers to civilize the so called "savage" is linked to the overrepresentation of Indigenous Peoples in the prison system.

Stephanie R McConkey Indigenous peoples living in urban areas are more likely to experience homelessness compared to non-Indigenous peoples. Colonial definitions of homelessness do not consider Indigenous perspectives and understandings of homelessness and therefore likely underestimates homelessness in urban Indigenous communities and its' impact on use of drugs and alcohol. To address this, I will work in partnership with local Indigenous community partners to develop and pilot a series of survey questions that measure the 12 dimensions of Indigenous homelessness in the form of an Our Health Counts follow-up study. RDS-II adjusted frequencies will be produced to describe the 12 dimensions of homelessness and modified Poisson regression will be employed to produce RDS-II adjusted risk ratios to understand the impact of homelessness on substance use. An indicator that measures Indigenous homelessness will provide a quantitative 'evidence-base' for the many direct and indirect structural and social factors that contribute to homelessness among Indigenous peoples. The information generated from this research is important to understand Indigenous homelessness in an appropriate context that will inform the current gaps in urban Indigenous social and health services dedicated to supporting Indigenous peoples experiencing homelessness.

Panel Presentation Seven: TATANKA 1	
Moderator	Dr. Chelsea Gabel
Presenter	Presentation Title
Marnie Anderson Masters, Ontario	Shebahonaning (Killarney): Understanding the historical Impacts of Colonialism on One Community on the North Shore of Georgian Bay
Jodi John PhD, Ontario	Exploring Placed-Based Kanyen'kehá:ka (Mohawk) Values and Relationship Building With Healthcare Providers in Kenhtè:ke (Tyendinaga)
Brandi Berry Masters, British Columbia	Indigenous Languages and Wellness: A Journey Towards Combining Methodologies
Vanessa Mitchell PhD, British Columbia	In the Face of Settler Demands: The 'Perceived' Burden of Cultural Safety Work

Marnie Anderson The Civilization Act, Enfranchisement Act, and Indian Act are examples of colonial federal laws that were designed to displace and assimilate First Nations into the euro-Canadian culture and take control of the territory post-Robinson Huron Treaty of 1850. The limited access to territory; Indian Act implications like enfranchisement and the loss of cultural knowledge and language reveal the need to learn more about the Anishinabek history in Shebahonaning (Killarney), Ontario. Further, the complex history and barriers to accessing traditional territory in Killarney Provincial Park, expose the need to learn more about the history from a First Nation perspective, and the impacts of Federal acts, environmental regulations, policies, and practices on the Anishinabek and their wellbeing. In this Major Paper, I will utilize a medicine wheel approach to understand the

community's history looking specifically at historical government laws, as well as access to the traditional territory for First Nations in Shebahonaning (Killarney). The paper will explore the political and environmental factors--both historical and contemporary--that act as barriers and affect First Nations people's health.

Jodi John The Original Instructions of many Indigenous peoples, grounded in relational ethics, outline how to be happy healthy human beings. However, Indigenous scholars assert that colonization intentionally interrupted these relational ways and separated us from our knowledge systems having devastating impacts on our health. Disparities in Indigenous health now exist worldwide, including Canada. Further, racism and lack of culturally safe care make healthcare an unsafe space for many Indigenous people and create barriers to engagement perpetuating health disparities. As a healthcare provider in my own Kanyen'kehá:ka community, clients showed me the potential for improved health outcomes when together we move beyond Western clinical models of care and engage in our own ways of being. Using Indigenous methodology from a Kanyen'kehá:ka perspective I will explore Kanyen'kehá:ka values and ethics of care in the context of building trusting relationships with healthcare providers, creating safe and engaging healthcare spaces for Indigenous people and improving health outcomes. Additionally, a corollary goal of my research is to lead the development of a community research ethics protocol, which has been identified as a community need to minimize risks, maximize benefits and position us as best suited to protect and foster the interests and health of community.

Brandi Berry Indigenous languages are a significant expression of culture and identity. Language use has been associated with lower rates of youth suicide and improved health outcomes. Despite revitalization efforts, research on language fluency and health outcomes is sparse. My research has two aims: to build quantitative modeling on relationships between Indigenous language fluency and wellness, and to emphasize the importance of language as it relates to identity. Using Regional Health Survey data collected by First Nations Health Authority in BC for First Nations adults who live on reserve, I plan to utilize an analytical method called causal inference to model relationships to fulfil the first aim of this research. In undertaking additional qualitative research with language learners, I realized that my quantitative data would benefit from being informed and critiqued through a lens of reclamation, a theme that emerged in the interviews. This presentation will tell one story of a journey to utilize a two-eyed seeing approach in research. This is relevant as other Indigenous graduate students navigate the landscape of academia, particularly the quantitative sciences and STEM.

Vanessa Mitchell Demands for cultural safety and humility within settler sectors are increasing. Reports outlining calls to action, calls for justice, and increasing expectation for accountability, responsiveness, and reconciliation cannot be ignored. This is occurring simultaneously to recoveries of unmarked graves across these genocidal lands. The associated risks and burdens for Indigenous peoples of calls for cultural safety and humility are also, however, becoming clearer. The urgency of colonial institutions thus increases opportunity and burdens of responsibility for Indigenous peoples. Indigenous peoples are navigating systemic racism, highly volatile and desperate colonial institutions while also leading transformative anti-colonial and anti-racism work. My research aims to address the question, "How is wellness fostered for Indigenous peoples working in healthcare environments during a time of increased pressure and demand on them by non-Indigenous settlers looking to advance cultural safety and humility within what remain primarily colonial spaces?" My approach is to centre Indigenous principles of the enowkinwixw (Armstrong 2008) and of storywork (Archibald, 2008) along side de Leeuw's (2017) concept of geo-graphing: geo-graphing may provide a place-anchored way of unpacking findings of my research that complements enowkinwixw and storywork.

Panel Presentation Eight: TATANKA 6	
Moderator	Dr. Jeff Reading
Presenter	Presentation Title
Sydney Kuppenbender Masters, Saskatchewan	Bringing Animal Voices to the Table: Re-Claiming Kinship Ties for the Flourishing of All Beings
Michelle Zinck Masters, Saskatchewan	Njh Nuhéghéfnai "the land is our life:" Codeveloping a Dené Land-Based Health Intervention for Community Wellbeing
Serena Mendizabal Masters, Ontario	Autonomy and Community Well-Being in Pictou Landing First Nation (PLFN)
Shannon Udy Masters, Quebec	A Food Systems Approach to Community Food Security and Indigenous Food Sovereignty

Sydney Kuppenbender It has become well-documented that the health of the Land and the health of local Indigenous peoples are tightly interconnected. Despite this knowledge, Western health care treatment models continue to overlook or actively dismiss the healing nature of these interconnected relationships with the Land and its more-than-human (MTH) occupants. This disregard for traditional ways of knowing and healing relationships with the Land is the result of colonization and inter-generational cultural loss; subsequently, this has led to systematic undermining and dismissal of resources that support Indigenous wellness. Engaging meaningfully with MTH animals in land management contexts can help to repair these healing relationships of reciprocity and kinship. I propose a method that could support a “reclaiming” of the traditional practice of interspecies communication, known as “intuitive interspecies communication” (IIC) as practiced by professional animal communicators (ACs). IIC may be useful to Indigenous land managers and other Indigenous individuals as a useful tool for repairing the reciprocal relationship with animals. Drawing on literature review, lived experience and an analysis of ACs code of ethics, this presentation will explore what professional ACs could offer in a partnership with Saskatchewan Aboriginal Land Technicians (SALT) and Indigenous peoples.

Michelle Zinck Although Indigenous groups throughout the world are leaders and consumers of environmental-health research and are among the first to live with the burden of the consequences of environmental changes, there is a lack of Indigenist community engaged land-based health research to understand how the land affects health. In respectfully engaging with my home community, Fond du Lac Denésuliné First Nation, we are focusing on codeveloping a sustainable health framework for the community, while simultaneously renewing ancestral wisdoms related to the land to address the public health issue of high rates of suicide-death experienced among Dené youth through land-based healing.

Serena Mendizabal The Piktukowaq (Mikmaq of Pictou Landing First Nation) have taken environmental health governance into their own hands by gathering community data to understand industry impacts on A’sé’k. Indigenous geographies emphasize a strong attachment to place, as the land is fundamental to Indigenous ways of knowing and central to the health and wellness of Indigenous communities. To understand how the processes of self-determination in the restoration of this connection in PLFN may impact health outcomes, I will be applying Indigenous geographies as a theoretical lens to frame Indigenous peoples’ intimate relationships to the land. I will also be employing a Piktukowaq environmental health theoretical framework to privilege the Piktukowaq collective understanding of place. Grounded in community-based participatory research (CPBR) approach, my study stems from a sustained research relationship with PLFN, prioritizing the community’s needs and goals. I will apply a quantitative methodology using descriptive statistical methods to compare two sets of PLFN health survey data to determine if community health for the Piktukowaq improves over time when members have more control over environmental decision making on their territory. I hope to find that as communities get back to having more autonomy over place, health, as understood from an Indigenous perspective, can thrive.

Shannon Udy Indigenous peoples in Canada are disproportionately burdened by food insecurity and poor health outcomes. Holistic approaches considering all areas of the food system are needed for systemic food security solutions. By using a food systems approach, my research aims to design a participatory process resulting in a shared vision of a food system grounded in the values of one Indigenous community to promote food security, nutrition, and well-being. Kahnawà:ke Schools Diabetes Prevention Program (KSDPP) is a community-academic research partnership aiming to prevent type 2 diabetes in the Kanien’kahá:ka community of Kahnawà:ke, Québec.

KSDPP engages in intersectoral food security and food sovereignty initiatives in Kahnawà:ke as part of its diabetes prevention mission. A qualitative participatory systems method of community group model building will be used to engage a diverse group of community stakeholders in Kahnawà:ke. Through a series of participatory workshops, a food systems map will be created and used to develop a shared vision and identify potential opportunities to strengthen Kahnawà:ke's food system for greater food security and food sovereignty. Building upon current efforts to close gaps in Indigenous health and food security, I share a promising example a food systems approach to community food security and Indigenous food sovereignty.

Wednesday, June 15th, 2022
10:30 am to 12:00 pm

Panel Presentation Nine: TATANKA 3	
Moderator	Dr. Diana Lewis
Presenter	Presentation Title
Penina Sara-Lynn Harding PhD, British Columbia	Creating My Own Research Path as an Indigenous Graduate Student in Northern British Columbia
Lilia Yumagulova Post-Doctoral, Saskatchewan	"We are here to stay": Self-determination, Disaster Displacement, and Climate Change Relocation in Indigenous Communities
Teena Starlight PhD, Alberta	Land-based Climate Change Resiliency from an Indigenous Perspective
Joshua Manitowabi PhD, Ontario	Mapping Anishinaabe Kendaaswin: Land, Truth, and Treaties Through Oral History

Penina Sara-Lynn Harding I am Penina Sara-Lynn Harding, a member of Esk'etemc and we are Secwepemc. I am a mother of three and as I begin the 3rd year of my PhD NRES program, I will share the ways I have Created My Research Path. This includes how I provided the preliminary groundwork for the Esk'etemc Traditional Knowledge & Research Ethics Policy document, of which, I am the first PhD Candidate to navigate their newly published Policy. I will share how completing the 2021 Tiktok Accelerator for Indigenous Creators training contributes to my dissertation and will conclude with a review of my research design & summary of proposed research activities.

Lilia Yumagulova Climate displacement is a pressing global issue with acute local outcomes. In Canada, Indigenous communities are faced with disproportionate impacts of disasters and climate change due to historical and ongoing racist policies such as the Indian Act that dispossessed land, culture and forced reserves in hazardous locations. Climate change is exacerbating disaster risks forcing further displacement and necessitating relocation. Led by an Indigenous Circle of Advisors, this project includes environmental and literature scans (based on Indigenous-led climate adaptation and disaster resilience scholarship and praxis), Indigenous practitioners' interviews and sharing circles, and community-based research to understand the lived experiences of Indigenous women and their unique capacities for addressing displacement through colonialism, disasters, and climate change. The outcomes of this project will be an evidence-based overview of culturally safe practices that can alleviate the outcomes of disasters and prepare for climate change relocation.

Teena Starlight This project will address the social, cultural, and health impact of an issue affecting large communities across the globe, and challenge current paradigms addressing CC by infusing anti-racist principles. This project's aims are to create anti-racist CC policy and practice guidelines that capitalize on the resilience of communities. This study will focus on three research questions: 1. What is the current state of international knowledge on anti-racist CC solutions? 2. What are the perspective of diverse stakeholders on anti-racist climate change practice and policy guidelines to address and respond to CC? 3. How can the strengths and resilience of immigrant and Indigenous communities be mobilized to address and respond to CC? This project will combine the intersectional theory, critical race theory, Indigenous relational ethics framework, and a participatory action research approach. This project will be co-facilitated in three phases. Phase 1 will focus on synthesizing all available literature on anti-racist climate change solutions. Phase 2 will involve interviews of 50 Indigenous and immigrant community leaders across Canada as well as 30 stakeholders, including health service providers, emergency service

providers, immigrant service providers, and policy makers. Phase 3 will involve a multi-stakeholder engagement day led by immigrant and Indigenous communities.

Joshua Manitowabi Maps have traditionally been used to situate a people in a spatial area to graphically represent aspects of their culture. However, historical cartography had colonialist biases and misrepresented Indigenous peoples’ views of their territory, their cultural knowledge, and their histories. Colonial mapping in general have often portrayed Anishinaabe people as static and uncivilized and thus distorted their traditional territory as empty landscapes that were available for occupation. This served the interests of colonial powers as these lands were then acquired through European/Indigenous treaty relations. Treaties with Indigenous peoples have been misrepresented in this same context, as nation to nation relationships that no longer evolve. Treaties with people, animals, plants, and water creatures are embedded within Anishinaabe oral history (diibaajmowin). This presentation will envision how decolonial mapping can portray treaty relations with the land, water and sky through the Dish with One Spoon Wampum treaty. It will also demonstrate through storytelling how Anishinaabe occupancy of Odawa Mnis is ongoing. Interactive mapping will be examined for its potential to address the limitations of static mapping in presenting an accurate Anishinaabe perspective. I will examine mapping strategies that incorporate traditional ways of imparting knowledge, such as storytelling and oral history.

Panel Presentation Ten: TATANKA 4	
Moderator	Dr. Jennifer Walker
Presenter	Presentation Title
Alexandra Nychuk PhD, Ontario	Reading for Shame: Understanding Colonial Policy's Impact on Métis Wellbeing
Marion Erickson Masters, British Columbia	Revitalizing Dakelh Midwifery Through Community Participatory Action Research
Danielle Hart Masters, Manitoba	A Scoping Review of Culturally Appropriate Health Scales for use in Indigenous Birthing Parents
Roxane Letterlough PhD, British Columbia	Exploring the Experiences of a Matriarch Who Attended Kamloops Indian Residential Schools and Her Story of Physical Literacy

Alexandra Nychuk

The Métis (commonly referred to as Red River Métis) are a distinct Indigenous group, who lack significant health and wellbeing research. Though recognized under Section 35(2) of the constitution, the Métis are largely misrecognized throughout Canada. This dearth is particularly imperative as the Canadian government has begun the process of co-developing distinctions-based Indigenous health legislation in response to Joyce’s Principle. This presentation seeks to demonstrate how the Canadian Government has, and continues, to operationalization shame through assimilationist policy and legislation and its implications on Métis well-being. The presentation uses the Cree/Métis value *Wahkohtowin*, which Métis author, playwright, scholar and native Cree speaker, Maria Campbell explains as “all of creation [having] responsibilities and reciprocal obligations [to each other]” which includes those that are “Human to human, human to plants, human to animals, to the water and especially to the earth” (2007, p.5). I will use memoirs and poems written by Métis scholars to demonstrate Métis-specific shame created and facilitated by colonialism and illustrate how it implicates Métis wellbeing. Finally, I will discuss how the new era of self-indigenization continues to weaponize narratives of shame.

Marion Erickson The removal of Dakelh women as midwives is an outcome of Euro-western colonial biomedical domination. Colonization has led to less knowledge transmission about birthing and decreased safety in rural residing Dakelh communities. The revitalization of Dakelh midwifery through the creation, development and implementation of a Dakelh doula training curriculum has the potential

of enhancing perinatal health outcomes in a predominately rural Indigenous nation. Today, it is common practice that women residing in the Northern Health region residing remote places such as reserves, small municipalities, or rural areas leave their homes, families, and communities to give birth in larger centralized hospitals (Northern Health, 2022). This practice is often referred to as a birth evacuation. This Community Participatory Action Research aims to positively impact Dakelh peoples’ experiences of birth.

Danielle Hart The widespread use of many maternal health scales in evaluating perinatal depression and anxiety has brought into question the level of cultural validity and acceptability for use in Indigenous populations. The Edinburgh Postnatal Depression Scale (EPDS) has been reported to be ineffective in evaluating maternal mental health in Indigenous populations, and has led to the development of culturally-appropriate adaptations of the EPDS, such as the Kimberly Mum’s Mood Scale (KMSS); however the applicability of these scales to Indigenous populations across Turtle Island has not been evaluated. This study explored all adaptations of maternal health scales used in Indigenous populations in Canada, the USA, Australia, and New Zealand. A systematic search was conducted in Scopus and EBSCOhost as well as grey literature. Nineteen studies were included for review. Six studies evaluated the use of the EPDS or adaptations to this scale and five studies examined the use of the KMMS. Two studies explored the cultural validity of the Risk Behaviour Diagnosis (RBD) Scale and six studies evaluated the use of other miscellaneous scales. There was limited research on the applicability of the identified scales for use in Canadian Indigenous populations, although recommendations for adapting scales to Indigenous populations were identified.

Roxane Letterlough Many Indigenous cultures in British Columbia, are matriarchal. Women’s roles were valued, important and respected. Everyone’s story is different and this research is to explore how many women use physical literacy or the lifestyle of physical activity to heal or escape trauma. Being physical increases your heart rate, releases serotonin and reduces stress levels. There are stories of women partaking in sport and I grew up watching my mom and her peers play many varieties of team sports. Our cultural training and training of the mind and body is passed on through our genes and our bloodlines. My research is an opportunity to give back to my mom and allow an academic space for her to tell her story. She pushed me to get my education and I want my education to give back to her. My oldest son has been key in my research, helping me and learning along side of me. We get to hear her story and experience at KIRS and learn how we can heal together as a family and a Nation.

Panel Presentation Eleven: TATANKA 1	
Moderator	Dr. Heather Foulds
Presenter	Presentation Title
Shannon Field, Masters, British Columbia	Indigenous Perspectives and Experiences with Active Play
Dylan Merrick PhD, Saskatchewan	How Wellness and Technology Solutions Can Aid in Understanding Indigenous Male Youth
Julianne Dumont PhD, Quebec	Awareness of Connectedness: A Crucial Protective Factor for Anishinabe Youth Mental Health During the COVID-19 Pandemic

Shannon Field Colonization and western perspectives have significantly impacted both play experiences for Indigenous peoples and accessible Indigenous knowledge surrounding play. Accordingly, this research strives to make space for Indigenous knowledge in academic literature, by promoting Indigenous conceptualizations of play and inquiring about Indigenous peoples’ experiences with play. This project is in partnership with the Red Fox Healthy Living Society, which is an active play-based organization in Metro Vancouver. This project will gather knowledge using a survey and family interviews. The survey will be delivered broadly to all Red Fox participants and will determine common types of play activities and contributions to positive play experiences. Indigenous families will be further invited to take part in a family interview to share, through conversation and visual arts (drawings or collage), what play means to them and how they experience play. A thematic analysis will be guided by perspectives in Tribal Critical Theory and the First Nations Perspective on Health and Wellness model. This research will advocate for Indigenous knowledge in play research and generate recommendations for reflection on ways to design culturally appropriate play programs that honours Indigenous ways of knowing and doing for play specifically, and physical activity more broadly.

Dylan Merrick The core of my project is the confluence of wellness and technology. This project will contribute to communal and academic understandings how wellness and technology work together or counteract each other to explain health outcomes of Indigenous Youth in Saskatoon, Saskatchewan. A primary focus of the research is an exploration of wellness solutions with and for Indigenous youth. Specifically, my research will aim to understand how technologies play a role in wellness solutions for Indigenous youth. The primary channel for capturing this will be a co-designed methodology utilizing youth guidance to co-create expectations, boundaries, and methods of data collection. Through the formation of a Youth Advisory Council, I will be able to foster the relationships

necessary to conduct this research. This council will be made up of Indigenous male youth fourteen to twenty-one. The implications and interpretations of the work will be derived from how the youth make meaning or signify wellness and how technologies can aid or hinder in that experience. This project aims at capturing innovative ways to help cover service gaps and understanding wellness of Indigenous Youth in Saskatoon. By linking the concepts of data and narrative sovereignty the project will elucidate Indigenous futurisms and movements in sovereignty.

Julianne Dumont Since time immemorial, First Nations (FN) communities have incorporated culture into their wellness models. Though, empirical support linking cultural components with alcohol use is relatively new. Notably, the COVID-19 pandemic presents a particular context in which state affect can exacerbate risk for alcohol misuse. Coupling this with growing recognition that cultural awareness constructs promote FN peoples’ well-being, the current study assessed the influence of the awareness of connectedness on affect-related alcohol use during the COVID-19 pandemic. We hypothesized that elevated awareness of connectedness would mitigate the risk of low positive/high negative affect on alcohol outcomes. The 7-week online study included 48 Anishinabe youth (15-30 years old). Multi-level Zero-Inflated Poisson regressions supported awareness of connectedness as a moderator of the affect-alcohol relation. As hypothesized, elevated negative affect was associated with reduced negative alcohol consequences, at high (not low) awareness of connectedness. Seemingly, youth aware of their connection to family, community, and land reflect on their role and the need to engage in healthy behaviours. Thus, the results support the protective role of awareness of connectedness on affective risk for alcohol use in the COVID-19 context which can inform prevention programs and culturally relevant interventions among Anishinabe youth.

Panel Presentation Twelve: TATANKA 3	
Moderator	Dr. Janet Smylie
Presenter	Presentation Title
Andrea Martel PhD, Ontario	Development of a nêhiyawak Methodology to Advance an Indigenous Model of Public Health
Sean McKenzie Post-doctoral Fellow, Alberta	Proactive Review of the Perioperative Glycemic Management Pathway to Minimize Healthcare Disparities for Indigenous People in Alberta With and Without Diabetes
Erik Mandawe Post-doctoral Fellow, Nova Scotia	Indigenous Community Perspectives on Orofacial Cleft Management in Mi’kma’ki; a Qualitative Study
Tara Pride PhD, Nova Scotia	Exploring the Experiences of Indigenous Occupational Therapists in Canada

Andrea Martel This proposed qualitative research study seeks to advance an Indigenous model of public health that is situated within a nêhiyawak (Plains Cree) knowledge framework, worldview, and praxis. Public health has its challenges, knowledge gaps and systems gaps, particularly in addressing inequities in Indigenous people’s health determinants and outcomes. Collective responsibility for wellbeing is not new to Indigenous societies. In recent years, discussions regarding the significance of kinship systems, natural laws, and relationship with the environment as determinants of Indigenous people’s health has propelled exploration into defining and operationalizing Indigenous public health systems and practice. Having a deeper understanding of local, nation-specific knowledge, skills, beliefs, and values is integral and supports cultural continuity, reconciliation, and self-determining goals in promoting healthy individuals, families, communities, and nations. The focus of this presentation will describe the development of an nêhiyawak methodology to explore nêhiyawak understandings of public health through the perspectives of Elders, knowledge carriers, health professionals and community leaders in two First Nations (FN) communities in Saskatchewan.

Sean McKenzie Post-operative hyperglycemia can lead to increased admission cost and higher incidence rates of patient mortality, infection, readmission to hospital, transfer to ICU, and total post-operative length of stay. Alberta based data identified major gaps in perioperative glycemic management. In diabetic patients, 16.9% underwent zero POCT blood glucose tests post-operatively, and 65.7% had documented hyperglycemia. There is a suggested Perioperative Glycemic Management Pathway (PGMP) with input from multi-disciplinary team members to better identify and treat patients at risk. Unfortunately, this pathway does not consider an Indigenous perspective, despite the fact that this population endures a higher incidence of adverse outcomes secondary to

perioperative hyperglycemia when compared to their non-Indigenous counterparts. Indigenous patients already suffer from reduced access to culturally competent and safe healthcare as a result of years of systemic racism and intergenerational trauma caused by colonial policies and institutions. This study design is a retrospective cohort review that will include Indigenous people undergoing a non-cardiac surgery. The purpose of this study will be to identify Indigenous specific gaps in care and optimize the PGMP pathway to improve outcomes for Indigenous people with and without diabetes undergoing surgery in Alberta to meet the needs of the Indigenous communities.

Erik Mandawe Orofacial clefts are congenital malformations that disproportionately affect Indigenous infants across Turtle Island with higher incidence rates compared to other cultural groups. Despite this, there are no studies that propose community-informed solutions for holistically managing orofacial clefts within Indigenous communities. Management of orofacial clefts involve surgical intervention from a pediatric craniofacial plastic surgeon, and interdisciplinary management emphasizing support with nursing, feeding, speech, patient education, and cultural/interpersonal supports. With the historic trauma that exists between Indigenous communities and healthcare institutions, it is important for clinicians to recognize their limitations and understandings of Indigenous health, and to have an informed approach rooted in cultural humility, safety, willingness to learn/unlearn, and reconciliation. Land-based approaches in healing are recognized in Indigenous communities as a fundamental methodology that promotes reconciliation while creating healthcare solutions. Thus, we propose a community-based participatory research project involving qualitative interviews with Indigenous community members, elders, and knowledge keepers aiming to address the gaps in understanding of the lived experiences of Indigenous infants and families seeking orofacial cleft care in Atlantic Canada. We will approach and propose solutions using a Two-Eyed Seeing (Etuaptmumk) methodology, follow Mi'kmaw research principles and protocols, and integrate Mi'kmaw language, culture, and community protocols in the process.

Tara Pride Introduction: The occupational therapy (OT) profession is derived from colonial ideologies, leaving many Indigenous OTs experiencing lack of belonging and incongruity with their own ways of knowing, being, and doing. With recent professional commitments to address the TRC Calls to Action and address systemic racism, Indigenous OTs are well-positioned to engage in and lead this work. For mutual support, Indigenous OTs have identified a need for a dedicated community of practice (CoP). Methods: Phase 1: individual storytelling sessions with Indigenous OTs to learn more about everyday professional experiences; Phase 2: an in-person sharing circle gathering to collectively generate recommendations and ways forward for the profession, operating through an Indigenous CoP. Implications: Indigenous therapists will share their everyday experiences of working within a colonial profession, helping identify barriers to and facilitators of decolonizing approaches in OT. An Indigenous CoP will be established to provide dedicated space for Indigenous OT students and therapists to consider the strengths of both Indigenous ways of knowing and Western knowledge working together (Two-Eyed Seeing) to improve the profession, while providing peer support and mentorship. Conclusions: This CoP will help inform the occupational therapy profession on decolonizing approaches to begin fulfilling the TRC Calls to Action.

Wednesday June 15th, 2022
2:00 pm to 3:30 pm

Panel Presentation Thirteen: TATANKA 6	
Moderator	Dr. Caroline Tait
Presenter	Presentation Title
Ashley Julian-Rikihana PhD, Nova Scotia	Understanding Together, Healing Together: Mi'kmaq language revitalization as a Tool for Community Mental Health and Well-being.
Marlene McNab PhD, Saskatchewan	KOSKON ÂTÂYOHKAN: Healing the Integration of Intergenerational Trauma and Addictions
Julia Moreau Masters, Ontario	Indigenous Mental Health Services on Campus: Research in Progress

Ashley Julian-Rikihana Families, parents, guardians are facing the effects of intergenerational trauma leading to language loss, trauma in relation to language learning, and displacement from culture. The urgency for families to reclaim their mother tongue language, to reclaim identity, and to pass on culture and language to children is prominent in the face of linguicide. As a result of linguicide, there are parents/guardians/families living in households with family members who do not speak the Mi'kmaq language and the younger generation are second language learners attempting to recover, reclaim, and maintain their language. Raising children without their Mi'kmaq/Indigenous heritage language abandons the meaning of being Mi'kmaw with connection to the past, ancestors and destroys the learning spirit. These dispossessions have resulted in mental health outcomes of substance abuse, mental illness, and suicide. This research examines the impacts of language loss in a community and seeks to connect language resurgence to the mental health and well-being of Indigenous families. Language maintenance and revitalization through immersion, parental programs, head start, and early childhood education will engage language speakers and second language learners with English instruction to influence resilience, restorative healing, motivation, and community pride. This community-based piece will be designed to address the gaps in relations to Indigenous mental health and well-being for improving mental health service delivery in parental programs on language maintenance, revisitation, and reclamation within the community. This work towards rejuvenation and empowering families to learn language together fosters healthy communication, pride, promotes aboriginal child and youth mental health and further breaks the cycle of intergenerational trauma. Methodology is expressed in the learning of Mi'kmaq language. The use of storywork will include talking circles, fieldnotes, Jamboard questions, and language learning sessions.

Marlene McNab Canada's mental health and addictions strategies provide complex and multi-jurisdictional treatment opportunities for people with substance use disorders (Do et al., 2007). However, navigating this complex system is difficult for Indigenous peoples, particularly those experiencing intergenerational trauma (IGT) and addictions. Service providers are not differentiating between historical and complex trauma. This oversight leads to pathologizing and blaming the substance user, resulting in outcomes that mask the addicts' symptoms without addressing their underlying traumas. Further research is needed to develop more appropriate policy instruments for treating IGT and addictions. This research aimed to identify and describe the recovery process from IGT and addictions. Given that Canada's Indigenous peoples are currently dealing with the long-term effects of Indian residential schools (IRS), the research methodology was both trauma and culturally informed. Nine Indigenous persons participated in the study whose lived experience involved recovering from substance use disorder and co-occurring intergenerational trauma. All nine participants had either direct or indirect involvement with the IRS system. This study used a theoretical framework grounded in an Indigenous paradigm. It involved applying a Nêhiyaw methodology to the research design and utilizing phenomenological theory, particularly for data gathering and analysis. The philosophical underpinnings of the phenomenological approach are consistent with a Nêhiyaw methodology.

Julia Moreau Introduction: Canadian post-secondary institutions are transitioning towards culturally competent service delivery as Indigenous students experience disproportionately poor mental health. However, predictors of mental health service utilization on campus remain largely unexplored. This research will investigate the relationship between holistic wellbeing and access to campus mental health services, including Indigenous-specific

resources. Methods: Data will be analyzed from a 2021 study created in collaboration with Queen’s University’s Four Directions Indigenous Student Centre and Student Wellness Services. 117 Queen’s Indigenous students completed a cross-sectional online survey that assessed current wellbeing and experiences with mental health resources. We hypothesize that barriers to accessing services will weaken the relationship between poor holistic wellbeing and accessing campus mental health services. To statistically test this hypothesis, a moderation model will examine the relationship between holistic wellbeing and campus mental health service utilization through barriers to accessing services, such as knowledge, comfort level, and cultural appropriateness of services. Experience of racism and discrimination will be investigated as a covariate. Research Significance: Recent literature suggests Indigenous students may not access mental health services despite experiencing poor wellbeing. This analysis will help elucidate necessary actions to remove access to barriers and improve existing mental health care for post-secondary Indigenous students.

Panel Presentation Fourteen: TATANKA 4	
Moderator	Dr. Rod McCormick
Presenter	Presentation Title
Tina Alexis PhD, Saskatchewan	Reclaiming Dakelh Voices
Doris J. Wesaquate PhD, Saskatchewan	First Nations Women Susceptibility to Poorer health in Adulthood: The Role of Indian Residential School and Adverse Childhood Experiences
Kathleen Jean McMullin PhD, Saskatchewan	Walking in the Footsteps of Our Woodland Cree Grandparents

Tina Alexis Indigenous peoples have begun the process of reclaiming traditional knowledge as a healing mechanism and as a decolonizing methodology. In many communities, Elders are the knowledge holders, sustaining years, sometimes centuries upon centuries of knowledge passed down through oral traditions. That is, information passed down through generations using story. This includes prayers, values, laws, proverbs, and customs. This research will use a storytelling methodology and previous recorded data where Elders share their stories about southern Dakelh traditional knowledge and ways of being. This proposal also takes into consideration the complex issues of being stripped of culture, language, and homelands. The questions this study aims to answer are “what are traditional practices of southern Dakelh people that will liberate us back to optimum health? “How will our community foster and grow to be well again after experiencing attempted-assimilation through the Residential schools? What methods and information will be used to share our past with non-Indigenous communities that will not compromise cultural integrity while at the same time, building healthy and sustainable relationships?

Doris J. Wesaquate Colonization, systemic abuse, historical and intergenerational trauma are common among Indigenous Peoples. Chronic disease and mental health challenges may be associated with residential school, foster care and adverse childhood experiences (ACE). Abuse, neglect, violence and maltreatment are examples of ACE. First Nations women experience a higher prevalence throughout their lifetime when considering chronic disease where both mental and physical health issues are concerned. The objective of the proposed studies is to understand associations of prenatal and childhood experiences of intergenerational trauma, ACE and chronic mental and physical health amongst First Nations women in Saskatchewan. Three studies will be conducted in partnership with First Nation communities and urban organisations in the Treaty 4 and 6 areas of Saskatchewan. Interview guides and questions will be developed with First Nation Elders, Knowledge Keepers, Health Directors, and community research partners. Study one includes photovoice and interviews with 20 First Nations women to discuss prenatal/childhood experiences of intergenerational trauma and ACE in relations to mental and physical health and well-being. Study two will include photovoice and interviews with 20 First Nation women related to ACE and prenatal/childhood experiences of intergenerational trauma associations with chronic disease, heart disease and stroke. The final study entails group conversations to gather suggestion for services, programs and initiatives that could be beneficial for mental health and health promotion among First Nations women who have experienced ACE or prenatal/childhood intergenerational trauma.

Kathleen Jean McMullin Prior to contact, Cree tipi and migawap teachings were and remain the foundational values of self-governance and self-determination since they are the ethical codes of conduct that guide the people. The stories capture how Woodland Cree families created reflections of themselves in their children and the interplay of home. Participants speak the language of possibility in co-creating healthy families and communities. Indigenous families engaged in a mixed bush and modern economy have often adapted to over-crowded sub-standard permanent houses. The separation of Sacred space from traditional homes to the residential schools culturally disrupted the traditional environment. This research describes Cree perceptions of living in self-built dwellings and how federal government houses impacted traditional concepts of home in the Woodland Cree Lac La Ronge Indian Band of northern Saskatchewan. The over-arching question gleans practices in individual, family, and home health; Would you please share with me where you grew up and what it was like growing up in your house(s) and the values your family followed in your home(s)? Storytelling interviews explore the culture, values, skills and pride inherent in the Indigenous health promotion of homes.