

NANAANDAWEWIGAMIG
FIRST NATIONS HEALTH AND SOCIAL
SECRETARIAT OF MANITOBA



2016-2017 ANNUAL REPORT

NANAANDAWEWIGAMIG'S GOAL

The goal of the First Nations Health and Social Secretariat of Manitoba (FNHSSM) is for First Nations in Manitoba to have increased opportunities to participate in: the planning & development of a Unified Health System in Manitoba; influence regional and national health policy; health system changes; program development in areas including, but not limited to: health consultation, maternal child health, e-Health/ Panorama, youth suicide, mental health, inter-governmental health, research and health governance.

OUR VISION

The objectives of the Nanaandawewigamig is to carry out business in the areas of health and social development for First Nations in Manitoba that are founded in the Treaty and inherent right to health and that are culturally appropriate, holistic, and community-based. To these ends, Nanaandawewigamig will:

- i. Develop strategies and initiatives to promote and increase the participation of First Nations in Manitoba in the control and delivery of health;
- ii. Pursue tripartite collaboration for a unified health system in Manitoba;
- iii. Promote understanding of the health and social issues that affect First Nations through partnerships,

- research, and collaboration;
- iv. Affirm, protect, and incorporate First Nations traditional knowledge and wellness practices; and,
- v. Provide innovative programs and services for the well-being of Manitoba's First Nations communities and individuals regardless of their place of residency.

OUR MISSION

The Nanaandawewigamig (FNHSSM) mission is to support Manitoba First Nations in achieving & maintaining total well-being by:

- i. Developing innovative PROGRAM & POLICY DEVELOPMENT that incorporates best practices and that supports First Nations communities in the delivery of high quality holistic services;
- ii. Upholding & PROTECTING the indigenous values and systems that reflect and respect the voice and knowledge of First Nations people and communities;
- iii. Supporting EDUCATION & TRAINING that supports service delivery in First Nations communities, including governance, financial services, planning, and evaluation; and,
- iv. Supporting First Nations controlled and administered RESEARCH and EVALUATION that informs government and leadership decisions.



and languages.

I am proud to present the Nanaandawewigamig's financially sound operations that are showcased within this year's financial audit. This is a true reflection of the professional, educated, knowledgeable and experienced complement of staff at Nanaandawewigamig. Due to these strong attributes we are dedicated to a high standard of accountability and transparency.

As the Board Chair, I would like to acknowledge and congratulate the staff of Nanaandawewigamig and the Senior Management Team on their accomplishments and sound leadership throughout the past year. We would like to thank the staff for their continued commitment and personal sacrifices made to ensure their contributions are done efficiently and effectively. To my fellow Board of Directors, kinanaskomitin for your shared vision, wisdom, and application of your home fires to the spirit and intent of First Nations health into Nanaandawewigamig. Your contributions apply to a legacy of advancement in health.

Lastly, I would like to extend my best wishes to the Manitoba First Nations communities, organizations and members in health and prosperity, and to the continued balance of the seven sacred teachings throughout the upcoming year.

Kinanaskomitin – Mahsi – Wopida –
Miigwech, Ekosani.

In the Spirit of Truth and Reconciliation,

Chief Cathy Merrick
Pimicikamak Cree Nation

MESSAGE FROM THE BOARD

Tansi, it is my pleasure to extend my best regards as Chairperson for the Nanaandawewigamig the First Nations Health and Social Secretariat of Manitoba and share the 2016-2017 annual report. This is the third fiscal year of incorporation and I am proud to witness the growth, and external collaboration, involvement and partnerships which ultimately contribute to the realization of Nanaandawewigamig's Vision, Mission and Goals. I encourage you to read through each section as it reflects the team's dedication and hard work performed over the year striving for health and sustainability.

The organization's sustainability and success depends on the continued support, guidance, and collaboration by all stakeholders invested in Manitoba First Nations health. Together, we will continue to work towards a unified health system, promote and increase First Nations-led restoration and excellence of health and wellness, in a wholistic environment preserving our traditional customs, culture

GOVERNANCE

Board of Directors:

Chief Cathy Merrick, Chairperson
Chief Walter Spence
Chief Gilbert Andrews
Chief Nelson Genaille
Chief Francine Meeches
Chief Barry Anderson
Chief Sheldon Kent

First Nation

Cross Lake Band of Indians
Fox Lake Cree Nation
God's Lake First Nation
Sapotaweyak Cree Nation
Swan Lake First Nation
Pinaymootang First Nation
Black River First Nation

Date Appointed

March 6, 2014
January 22, 2014
May 12, 2015
September 17, 2015
September 17, 2015
November 28, 2016
November 28, 2016

Past Board of Directors:

Chief Nelson Houle
Chief Eugene Eastman, Member
Chief Jackie Everett, Co-Chair
Chief Frank Abraham, Secretary
Chief Nelson Bunn
Chief Arlen Dumas
Chief David Crate
Chief Donovan Fontaine
Chief Louis Constant
Chief Alex McDougall

First Nation

Ebb & Flow First Nation
O-Chi-Chak-Ko-Sipi First Nation
Berens River First Nation
Black River First Nation
Birdtail Sioux Dakota Nation
Mathias Colomb Cree Nation
Fisher River Cree Nation
Sagkeeng First Nation
York Factory First Nation
Wasagamack First Nation

Term End

November 23, 2016
May 12, 2016
November 12, 2015
March 6, 2015
March 30, 2015
March 30, 2015
November 27, 2014
August 3, 2014
March 6, 2014
March 6, 2014

ACCOMPLISHMENTS

The following is an abstract of the Board of Directors fulfillment of mandate:

- Review, amend, and pass organizing resolutions with Nanaandawewigamig (FNHSSM) membership;
- Review, direct and support through resolution various matters dealing with health and social programs, contracts and funding arrangements;
- Review and approve all Nanaandawewigamig (FNHSSM) work plans and budgets;
- Review and approve Nanaandawewigamig (FNHSSM) Personnel Policy Manual and the Financial Procedures and Policy Manual;
- Review all legalities including all Human Resource issues and Board Liability Insurance;
- Ensure all matters with the set-up and effective administration of the

Nanaandawewigamig (FNHSSM) were acted upon and completed;

- Respond to numerous health and social program issues as required;
- Provide overall direction on all health program areas on matters raised.

Chiefs-in-Assembly & Annual Membership Meetings

- September 20 – 22, 2016
- February 9, 2017

Nanaadawewigamig (FNHSSM) Board of Directors Meetings

- April 19, 2016
- May 12, 2016
- June 15, 2016
- June 29, 2016
- August 8, 2016
- September 7, 2016
- September 20, 2016 Joint meeting with AMC Personnel & Finance Committee of Chiefs
- October 5, 2016

- November 3, 2016
- December 14, 2016
- January 11, 2017
- January 18, 2017
- February 8, 2017
- March 31, 2017

STATUS AND LINKAGES

On February 9, 2017 the Nanaandawewigamig (FNHSSM) Membership passed amended Corporate bylaws to ensure representation from each of the seven tribal areas including representation from North and South independent First Nations.

DIRECTIONAL DOCUMENTS

First Nations Health and Social Secretariat of Manitoba NANAANDAWEWIGAMIG (FNHSSM) was mandated and created effective April 1, 2014 through an Assembly of Manitoba Chiefs Chiefs-in-Assembly Resolution JUL-13.08 Re: Interim Manitoba First Nations Health Incorporated Entity to

Pursue Tripartite Collaboration for a Unified Health System that states;

“Therefore be it resolved, that the Chiefs in Assembly approve the following interim corporate entity: Manitoba First Nation Interim Health Secretariat (with Chiefs in Assembly as the membership of the incorporated entity and the Chiefs Task Force on Health to be the Board of Directors)”.

The First Nations Health and Social Secretariat of Manitoba’s logo was influenced by the spirit name that was given to the entity Nanaandawewigamig meaning **“Healing Place.”** Holistically the logo represents health, healing, learning, growth, sacredness.

Manitoba First Nation Health and Wellness Strategy: A 10 Year Plan of Action and Beyond, as well as the Assembly of Manitoba Chiefs (AMC) Grand Chief’s Health Renewal Strategy continue to guide the work of the Nanaandawewigamig (FNHSSM) Health & Social team.



Ardell Cochrane
Director of Health

The **Memorandum of Understanding** approved by motion November 2014 between The Assembly of Manitoba Chiefs Executive Council of Chiefs and Nanaandawewigamig (FNHSSM) Board of Directors which states “AMC recognizes that the work the AMC Health and Social Development Team has supported greater autonomy, decision-making, and control over health and wellness; and that, further advancement and opportunities could be pursued through the FNHSSM.”

The Nanaandawewigamig (FNHSSM) works collaboratively with the 63 member First Nations of Manitoba, the seven (7) Tribal Councils and the three (3) Regional Provincial Territorial Organizations (PTO) in Manitoba. The Membership at all times consists of the Chiefs of each First Nation in Manitoba. Nanaandawewigamig (FNHSSM) does not compete for resources with First Nations or Tribal Councils, but focuses on macro level services and those initiatives that can only be provided based on economies of scale (regional in focus).

These meetings continue to be held to ensure regional technical input, leadership direction and support into planning as a two-way process to address health priority areas, challenges and successes.

Updates were provided to the Manitoba First Nations Health Technicians Network in the following areas:

- Statement of Principles on a Tripartite Process to Transfer Health Services to First Nations in Manitoba - ongoing
- MFNs Health & Wellness Strategy – A 10 Year Plan of Action – Report Card – ongoing
- eHealth/Telehealth/Panorama
- Diabetes Integration Project
- Foot Care and Chronic Diseases
- Intergovernmental Committee on Manitoba First Nations Health (ICMFNH) – Technical Working Group and Senior Officials Steering Committee

- Community Engagement
- Regional Health Survey
- Devotion Project
- Health Information & Research
- Health Information Governance Committee
- First Nations Regional Early Childhood, Education and Employment Survey
- AFN and FNIHB Joint Steering Committee on NIHB
- Maternal Child Health;
- Innovation in Community-based Primary Health Care Supporting Transformation in the Health of First Nation and Rural and Remote Manitoba Communities (IPHIT);
- Partners for Engagement and Knowledge Exchange (PEKE)
- Jordan’s Principle
- Personal Care Homes
- Drianna Ross Inquiry
- Auditor General of Canada

Manitoba First Nations Health Technicians Network

- June 24 & 25, 2016
- September 1-3, 2016
- November 4, 2017 Joint meeting with FNHSSM Board
- January 13-15, 2017

As well, regional and national meetings engaging First Nations, provincial, federal and non-government organizations have been attended.

“Essential collaborative relationships will continue with a focus placed on the health priorities consistently identified through various meetings of the Boards of Directors, Nanaandawewigamig (FNHSSM) membership, Manitoba First Nations Health Technicians Network meetings, and all of the Manitoba First Nations.”

NEXT STEPS AND A CALL TO ACTION

Essential collaborative relationships will continue with a focus placed on the health priorities consistently identified through various meetings of the Boards of Directors, Nanaandawewigamig (FNHSSM) membership, Manitoba First Nations Health Technicians Network meetings, and all of the Manitoba First Nations. As well, Nanaandawewigamig continues to work closely with the AMC Council of Elders, Grandmothers Circle and Knowledge Keepers for guidance and advice as we move forward.

Nanaandawewigamig (FNHSSM) stand committed and will dedicate the work to address Section 18 to 24 of the Truth and Reconciliation Commission (TRCC) Calls to Action call upon the government to address the Health needs of Indigenous Peoples.

Section 18 to 24 of the Truth and Reconciliation Commission (TRCC) Calls to Action call upon the government to:

- Recognize and implement the health-care rights of Aboriginal people;
- Establish measurable goals to identify and close the gaps in health outcomes or Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends;
- Recognize, respect, and address the distinct health needs of Metis, Inuit and off-reserve Aboriginal peoples;
- Provide sustainable funding for Aboriginal healing centres and ensure funding is a priority;
- Recognize the value of Aboriginal healing practices and use them in treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders as requested;
- Recruitment, retention and cultural competency training in health-care;

- Require all medical and nursing students take a course dealing with Aboriginal health issues, including history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal Rights, and Indigenous Teachings.

ACKNOWLEDGEMENTS

As Director of Health I would like to extend my appreciation for the dedication and commitment that has been contributed to the mandate of First Nations total well-being including the Nanaandawewigamig (FNHSSM) staff and Board of Directors, Health Directors, Membership, and First Nations communities.

“NANAANDAWEWIGAMIG (FNHSSM) stand committed and will dedicate the work to address Section 18 to 24 of the Truth and Reconciliation Commission (TRCC) Calls to Action...”

MANAGEMENT AND ADMINISTRATION

Ardell Cochrane, Director of Health
Jerilyn Huson, Executive Assistant
Amanda Meawasige, Policy Analyst/Researcher
Jolene Mercer, Policy Analyst/Researcher
Michelle Audy, Policy Analyst/Researcher

ACCOMPLISHMENTS

Administration and Management is committed to ensuring the organization stays true to the Vision and Mission of Nanaandawewigamig, the Healing Place. This organization is founded on the treaty and inherent right to health to deliver and develop programs and initiatives in a culturally appropriate, and wholistic manner that is led through a community-based approach. As well, support Manitoba First Nations in achieving and maintaining total well-being.

Between the Director of Health, Executive Assistant and Policy Analysts, planning and coordination of vital FNHSSM business is delivered through Board Meetings, Manitoba First Nations Health Technicians Network Meetings, Regional Manitoba First Nation Health Director Meeting, external and internal partnership teams and committees, and reporting annually to the Nanaandawewigamig Membership (Chiefs-in-Assembly).

The Administration and Management Team have continued to work diligently in preparing, developing, and distributing

Health Information through email, fax, mail and site meetings in forms such as an annual report, Briefing Notes, Resolutions and Financial Audit, and continuous forwarding of important publications, articles, press releases, telehealth sessions, teleconferences, webinars, and invitations to engagements.

STATUS AND LINKAGES

Based on the feedback received from the Manitoba First Nations Health Technicians Network as well as direction provided by Manitoba First Nation leadership a continued focus is placed on identifying common health priorities. In response, the Leadership mandates provide solid direction for the organization to establish required inter-governmental committees and processes, to develop research projects that provide necessary evidence to advocate for improved health services in addition to extensive community engagement efforts aimed at developing and exploring alternative governance and health delivery models.

During the past fiscal year Nanaandawewigamig staff have participated with the following committees and processes that include First Nations communities, Tribal Councils, academic institutions and various levels of government departments:

- MFNs Health & Wellness Strategy – A 10 Year Plan of Action – ongoing
- AFN and FNIHB Joint Steering Committee on NIHB
- Statement of Principles on a Tripartite Process to Transfer Health Services to First Nations in Manitoba
- Jordan's Principle
 - Pinaymootang Advisory Committee on Jordan's Principle
 - Assembly of Manitoba Chief's Regional JP Forum
 - Terms of Reference Officials Working Group on Jordan's Principle
 - Senior Officials Group on Jordan's Principle
- Auditor General of Canada
- Drianna Ross Inquest Recommendations Review
- Senior Advisory Committee on the Provincial Clinical and Preventative Services Planning for Manitoba
- Intergovernmental Committee on Manitoba First Nations Health and Social Development
- National Assembly of First Nations (AFN) Public Health Committee
- Regional Representative/Participation on National Committees
 - AFN National First Nations Health Technicians Network
 - National Joint Steering Committee on the Review of the Non-Insured Health Benefits Program
 - Manitoba First Nations Personal Care Home Networking Group
 - National First Nations Health Technicians Network
 - National Indigenous STBBI (Sexually Transmitted Blood Borne Infection) Stakeholder Meeting

NEXT STEPS AND A CALL TO ACTION

The Administration and Management Team are committed to being the organization's hub of planning, organizing, managing, coordinating and strategizing in reaching substantive potential of First Nations Health system innovation, development, collaboration, and partnerships. Our team is committed to ensuring all First Nations communities are aware, informed, involved, and invited to participate in regional initiatives, meetings, and engagements.

The Peachey Report (Health Intelligence, Inc. February 2017) proposes a re-allocation of resources to revamp health care in Manitoba toward a more patient-focused Clinical and Preventive Services model. When announcing emergency room closures, the Pallister government rationalized the closures using the Peachey Report, which is actually not in keeping with the spirit of the report. Emergency room and medical station closures are not likely to increase access to preventive care. As far as First Nations are concerned, the Peachey Report calls for socioeconomically and politically-adapted care closer to home that is equitable and collaborative; an advancement in our understanding of the impacts of colonization; and supports culturally-appropriate and Traditional Healing methods, particularly in the treatment of trauma. Peachey highlights the value of participation of Indigenous peoples in all health discussions. Due to major cuts in Provincial Health Care, particularly to emergency services, Nanaandawewigamig hosted an informative webinar involving First Nations Leaders, Health Directors, and other Health Staff. A very active discussion followed with regards to services as they are currently accessed, the cuts in the context of the Peachey Report, and First Nations health gaps and needs that are not being addressed. Plans for future discussions with

stakeholders and political advocacy for First Nations in Manitoba are underway. Nanaandawewigamig (FNHSSM) is committed to the advocacy, influence, and participation in fulfillment of Truth and Reconciliation Calls to Action Sections 18 – 24 based on recognizing Indigenous health-care rights; closing the gaps of health outcomes and publish annual progress and long-term trends; recognize distinct health needs of off-reserve First Nations; provide and prioritize sustainable funding; recognize Aboriginal healing; recruitment, retention and cultural competency training in health-care; and advocate for medical and nursing students Aboriginal health education. We pledge to incorporate the spirit and intent of the Calls of Action into all aspects of the organization which is to “redress the legacy of residential schools and advance the process of Canadian reconciliation.”

ACKNOWLEDGEMENTS

We would like to take this time to express our gratitude to the Board of Directors who advocate, champion, and provide representation and valuable input into the operations of FNHSSM. To the Chiefs and Councillors of Manitoba who have supported and endorsed our resolutions, briefing notes, presentations, and programs and services. To the Manitoba First Nations Health Technicians and Independent First Nations for their involvement, constructive criticism, input and contributions. The combined contributions by all stakeholders provides guidance, assistance, and assurance that our work is valuable and required to continue the pursuit of total well-being for Manitoba First Nations.



RESEARCH

Kathi Avery Kinew, Manager of Social Development and Research Initiatives
Leona Star, DEVOTION Indigenous Research Lead
Venkata Ramayanam, Statistical Analyst
Carla Cochrane, FNLED Regional Coordinator
Leanne Gillis, Community Liaison/ Administrative Assistant
Donna Toulouse, Research Administrative Assistant

ACCOMPLISHMENTS

Health Information Research Governance Committee (HIRGC)

As the only First Nations Regional Research Oversight Committee within Manitoba, the HIRGC was honored during a Manitoba First Nations Health Directors Gathering in November 2016 for the work they undertook to review, provide guidance, support, and advice to more than 120 research projects over the span of 20 years.

As research funding investments have increased from the Canadian Institute of Health Research (CIHR), the need to widen the scope of the HIRGC from a Health Research Ethics Committee to a committee that reviews any research that impacts overall wellness from a holistic Indigenous world view is necessary. The increase in researchers coming to HIRGC for approval of their research projects at times would not fit within the current mandate of HIRGC that previously focused on health. The mandate of HIRGC was revised to provide oversight and guidance to holistic health research rather than focusing on health care systems to determine our health and wellbeing. HIRGC's new mandate includes all factors that impacts our lives:

- The health of Mother Earth and all the gifts of the Creator.
- The four spheres of physical, mental, emotional, and spiritual health.
- Social determinants such as housing, education, income, etc.
- Impacts of colonization and ongoing colonialism, racism, oppression, etc.



Celebration of HIRGC's 20th Anniversary (L-R): Elder William Easter (Chemawawin Cree Nation), Ardel Cochrane (FNHSSM)



Gary Munro (CNTHC), Helga Hamilton (Cross Lake), Carla Cochrane (AMC), Caroline Bercier (DOHS), Cindy Garson (Fisher River)

July 2017, FNHSSM Research sent a call out for all First Nations citizens with a background in First Nations health, culture, education, housing, economic development/business, or environment to apply and become a new HIRGC member.

Regional Health Survey (RHS)

The RHS is unique in the world in being designed and delivered by First Nations with our cultural framework and code of ethics, and collecting and interpreting data in a valid and reliable way, according to academic standards. Our first phase of RHS data led to the national First Nations anti-tobacco strategy being funded and now continues to provide evidence (data) that developed programs and continued investment for the following: Home & Community Care, Aboriginal Head Start Program, Children's Oral Health Initiative, and the Aboriginal Diabetes Initiative. In the 4th round, in 2015-16, we have collected evidence through interviews - and now enables trend analysis for leadership to lobby for increased resources and change toward self-determination. A total of 62 data collectors from 35 participating Manitoba First Nations were hired and trained by the Nanaandawewigamig research team. This team of data collectors completed data collection in May 2017. Collectively the 62 data collectors surveyed 3509 adults, youth and parents/guardians of children achieving 85.50% of the targeted sample of 4104 surveys. Special thanks to Intern Darion Smith from the University of Winnipeg Native Studies Program, Building a Better World, for her assistance with collecting data for both the Community Survey and the RHS.

Data Governance – Partnership with the Ktunaxa National Council

The Nanaandawewigamig research team was one of 5 regions across Canada selected to enter into a joint partnership with the BC First Nations Data Governance

Initiative led by Ktunaxa Nations Council (bcfndgi.com) to undertake the work of building awareness of National First Nations Data Governance based on our leading research methods that uphold First Nation self-determination in research and data governance. This initiative was presented at our Nanaandawewigamig Chiefs Assembly on November 24, 2016 and was endorsed at the Nanaandawewigamig Board meeting on December 14, 2016. Our staff began promoting the initiative with posters and information at meetings across the Region in 2017. The project is focusing on documenting existing Regional data governance structures and providing input into national data governance projects such as Community reporting rather than program reporting; First Nations census; accountability to First Nations in Federal Open Data Initiative.

Regional Early Childhood Development, Education and Employment Survey (REEES)

The REEES is a national survey of First Nations that focuses on the wellbeing of First Nations living on reserve in 250 First Nations across Canada. The REEES is nationally coordinated by the First Nations Information Governance Centre (FNIGC). Following the framework and methodology of the RHS, the MFN REEES team has worked with MFNs who were randomly selected to participate in the REEES through collecting BCRs, providing trainings session and presentations upon request from MFNs and Tribal Councils. A total of 95 data collectors from 40 participating Manitoba First Nations were hired and trained by the Nanaandawewigamig research team, this REEES team of data collectors completed data collection on March 31, 2016. Collectively the 95 data collectors surveyed 3837 adults, youth and parents/guardians, achieving 82.2% of the targeted sample of 4630 surveys. The MFNs Regional REEES report will be released in the fall of 2017.

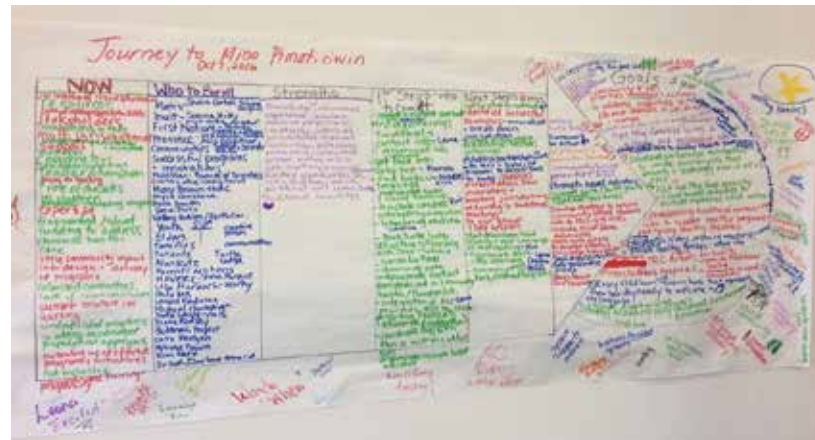
First Nations Labour and Employment Survey (FNLED)

The (FNLED) is a national survey of First Nations that will focus on the labour and employment of First Nations living on reserve in 250 First Nations across Canada. The FNLED is nationally coordinated by the First Nations Information Governance Centre (FNIGC) and supported by regional coordination within 10 regions across Canada. Within Manitoba, Nanaandawewigamig is taking the lead in the coordination and support to participating communities based on the success of the Regional Health Survey since the 1990s. The intent of FNLED is to collect and report on indicators of labour, employment, and economic security from First Nations living on reserve. This project will be carried out during 2016-2020 under the guidance of a regional Manitoba First Nations advisory committee.

DEVOTION

The Developmental Origins of Chronic Disease in Children Network (DEVOTION), under the leadership of Drs. Jon McGavock and Andrew Halayko, began on April 28, 2015 with the announcement of funding grants from Research Manitoba and the Lawson Foundation. DEVOTION is a multidisciplinary cluster of investigators, policy makers, and provincial stakeholders integrated to advance translational research and understanding of the developmental origins of health and chronic disease (DOHaD) in children. Under the leadership of Dr. McGavock, a partnership with Nanaandawewigamig was established to hire an Indigenous lead to enhance their relationships with Indigenous communities across the province by providing support to the primary cohort studies, iCARE and NextGen, by strengthening relationships and facilitating the work between the larger DEVOTION teams and Manitoba First Nations to support wellness in children and families. Leona

Star has been the lead since 2016, with an inaugural circle of First Nations advisors setting the workplan for 2016-17-18.



PATH developed by First Nations partners in areas of Maternal Child Health, Food Security and Diabetes prevention in the October 2016.

STATUS AND LINKAGES

First Nations Information Governance Centre (FNIGC)

The Assembly of Manitoba Chiefs is one of the founding partners of the First Nations Information Governance Centre, which originated from the First Nations Health Directors across Canada meeting as an Assembly of First Nations (AFN) technical committee, the First Nations Health Information Governance Committee in the early 1990s. Reporting to the AFN Chiefs Committee on Health, these intrepid people, including the late Audrey Leader of Pinaymootang First Nation, led the development of the Regional Health Survey (RHS) and the foundational principles of First Nations OCAP. FNIGC as an incorporated entity negotiates the national surveys which are collected in each region for regional reports, and then rolled up into a national reports. Each First Nation controls its own data, which is kept securely on a server at FNHSSM. No one can access First Nations data without First Nation permission. Partnering regions such as the Nanaandawewigamig continue to

take the lead to ensure national surveys like the Regional Health Survey (RHS) and Regional Early Childhood Development, Education and Employment (REEES) meet the guidelines of our own Manitoba First Nations (MFNs) research ethics as set out by the AMC Chiefs in Assembly (2007) and our own First Nations Regional ethics board, the Health Information Research Governance Committee.

DEVOTION

A planning exercise was undertaken during the fall of 2016 that included a broad range of community stakeholders with the aim of identifying goals around knowledge translation and community engagement. Key goals identified on this day were:

- Creation of a strengths-based child health atlas for Indigenous youth in Manitoba
- Development of community driven strategies and action to address inequities in chronic disease in women and children
- Creation of a report card on the Truth & Reconciliation Commission Calls to Action
- Increase opportunities for prioritizing traditional knowledge and culture in maternal-child health promotion
- Develop a process that supports First Nations in developing a research governance process

In the upcoming year the DEVOTION project will provide funding to hire 4-6 community based researchers from Manitoba First Nations to provide on the ground support to assist communities in developing their own research goals and priorities.

A partnership with the **Winnipeg Boldness Project** was also developed during the spring of 2017 to develop and test a North End Wellbeing Measurement (NEWM). The

partnership is based on work undertaken by Nanaandawewigamig's research team in the testing of the MFN Indicators of Wellbeing through the Regional Early Childhood Development, Education and Employment Survey (REEES). The First Nations Health and Social Secretariat of Manitoba (FNHSSM) has developed wellbeing measurement tools for on-reserve communities, which has the potential to be adapted for use in urban contexts. Based on these existing measurement tools through the NEWM will be adapted to the context of families living in the Point Douglas neighbourhood and then validated/refined by community stakeholders through series of circles. The NEWM will be tested in the community with between 3,000 and 4,500 families (target 20% representation of total population).

The Nanaandawewigamig research team provided the presentations and set up information booths at the following regional, national and international conferences (information packages distributed to selected RHS leadership):

- April 12-14 2016 Manitoba Keewatinowi Okimakanak (MKO) Assembly
- August 4-7, 2016 National Cree Gathering, Fisher River Cree Nation, MB
- August 23-25, 2016 Manitoba Keewatinowi Okimakanak, Sapatoweyak First Nation, MB
- September 20-22, 2016 Assembly of Manitoba Chiefs Annual General Assembly Information
- November 1-3, 2016 Assembly of First Nations Housing Conference, Winnipeg, MB
- November 22-24, 2016 FNHSSM Annual General Assembly, Brokenhead Ojibway Nation, MB
- May 24, 2017 Canadian Association for Health Services and Policy Research (CAHSPR)



Research booth set up at the Nanaadawewigamig AGA 2016 at Brokenhead Ojibway Nation.

L-R: Venkata Ramayanam, Wendy Fontaine, Leona Star

build services. It is a model of Indigenous self-determination that AMC Grand Chief Derek Nepinak has shared with leadership, and a vision we have much to learn from. In turn, Anas Wayuu is glad to learn about FNHSSM work in research, eHealth, suicide prevention and youth leadership development, and guidance by our Council of Elders and Grandmothers Circle. Our friendship and partnership continues with reciprocal visits and sharing knowledges.

Prairie Indigenous Knowledge Exchange Network (PIKE-Net)

Funded by the Canadian Institutes of Health Research (CIHR), the Prairie Indigenous Knowledge Exchange Network (PIKE-Net) delivers a student mentorship network program that provides a variety of supports and opportunities for undergraduate and graduate students including; paid summer research internships and graduate fellowships, workshops to develop research skills, mentor matching and cultural supports. Nanaadawewigamig contributed to its development and continue to support the network. We are available to assist any First Nations in helping their students or requests for resources.

For more information please visit: PIKENET@umanitoba.ca

Anas Wayuu

Since 2015, FNHSSM and UM faculty Dr. Javier Mignone and Dr. Josee Lavoie have developed a collaboration with Anas Wayuu to share cultural teachings, ideas, research and resources to improve the health of our peoples. This health organization in Columbia acts as a health insurance company and commissions health services to their people with both Traditional Medicine and biomedical western medicine, as their choice. The data they collect on providing services to their people enables them to plan and



L-R Katherine Whitecloud, Brenda Sanderson, Josefa González Palmar, Bogdan Bogdanovic, Leona Star, Randy Fransco, Rosa Linda Aguilar Aragón, Marilynn Spence, Walter Spence, Patricia Bogdanovic, Javier Mignone, Dr. Beda Margarita Suárez Aguilar



Our Research Team



L-R: Leanne Gillis, Stephanie Sinclair, Kathi Avery Kinew, Leona Star, Venkata Shraavan Ramayanam, Wendy McNab, Grace Kyoan-Achan, Toto: Princess McNab



L-R: Venkata Shraavan Ramayanam, Kathi Avery Kinew, Leona Star, Wendy McNab, Nayane Brose, Leanne Gillis, Wanda Phillips-Beck

NEXT STEPS AND A CALL TO ACTION

Section 19 of the Truth and Reconciliation Commission (TRCC) calls upon the Federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual reports and assess long-term trends. Such efforts would focus on indicators such as: Infant mortality, maternal health,

suicide, mental health, addictions, life expectancy, birth rates, infant and child health. Although the intent to accurately account for the health and wellbeing of First Nations people is called upon through this section it fails to address the limitations and gaps found in any dataset that leave First Nations, Metis and Inuit peoples with the inability to track their own health care trends specific to each Nation. The inability to accurately track and disaggregate between each of the three Original peoples, will continue to perpetuate the ongoing generalization, lack of recognition of the unique histories, realities and jurisdictional challenges that each Nation faces due to colonial policies and systems that are upheld and used to assimilate First Nations, Metis and Inuit people into Canadian society. The data that currently exists and is collected is used to measure the assimilation of the Indigenous Nations into the larger Canadian society, until the data and measurements reflect the values and realities of the Original peoples of Turtle Island, the Neheweyak, Anishnaabe, Oji Cree, Dakota and Dene, etc., our traditional systems that we have used to care for our people since time immemorial will continue to be overlooked and undervalued within a society that uses policies and positions of power and privilege to impose Canadian and western value systems.

First Nations well-being has been measured against urban, Non-First Nations and Canadian standards, such as measures of progress counted First Nations as “deficit white people”. The Nanaandawawewigamig research team have continuously and collectively pushed back against such a western model of illness through the development of their own research centres to accurately identify First Nations with datasets according to our own indicators of wellbeing that reflect the strengths and values of our Nations. Through community-led partnerships and projects we will continue work

towards data repatriation initiatives to address health equity while incorporating surveillance initiatives to support First Nation understandings of wellness.

A TRIBUTE TO HENRY SKYWATER

The Nanaandawewigamig research team would like to acknowledge the work, dedication and commitment of one of the Knowledge Keepers who we sadly lost this year, Henry Skywater - Mughpiya mini, of Birdtail Sioux Dakota Nation. In addition to his helping so many others, Henry was always willing to provide guidance and support to many of our research projects that included; Patient Wait Time Guarantee Project, REEES Advisory Committee, and the Partners for Engagement and Knowledge Exchange (PEKE) project. In his role as a Knowledge Keeper, he shared many teachings with us and our partners. Henry was our host Knowledge Keeper at our first Manitoba First Nations Research conference, Enigok, in 2012 and travelled to the 21st International Union for Health Promotion and Education (IUHPE)

Conference in Pattaya, Thailand in 2013 to meet with other international Indigenous researchers and Knowledge Keepers. In 2015, at the International Network for Indigenous Health Knowledge and Development (INHIKD) conference and at the Seventh Gathering of Healing Our Spirits Worldwide (HOSW) in Hamilton, New Zealand, he shared his teachings through song. Also in 2015, he shared a drum song at our joint FNHSSM, FSIN, AFINIGC research conference, "Telling our own stories through Data" in Saskatoon, SK, as he had many times at our meetings across Manitoba. During all our travels with Henry, he loved to tease, and this was just another way of him teaching us we are all human beings and not to let ourselves forget to laugh and find the beauty and joy in the life around us. Thank you Henry for the time you took to teach and guide our team and partners, and Wopida to your family for sharing you with us.



Wendy McNab, Henry Skywater, Leona Star
INHIKD Conference - Hamilton, New Zealand



Knowledge Keepers, Mabel Horton and Henry
Skywater with Leona Star
IUHPE Conference – Pattaya, Thailand

Research Team Staff

Wanda Phillips-Beck, RN, BN, MSc. Nurse Research Manager.

Stephanie Sinclair, BA, MA, Study Coordinator/Community Development Specialist.

Core Research Team

Dr. Alan Katz, Principle Investigator, University of Manitoba

Dr. Josée Lavoie, University of Manitoba

Dr. Kathi Avery Kinew, Nanaadawewigamig

Dr. Grace Kyoon-Achan, University of Manitoba

Dr. Naser Ibrahim, University of Manitoba

This research project aims to:

- Work with First Nation communities that have developed different primary health care delivery models, and collaboratively gather community information re First Nations concepts of health, health care, priorities for Primary Health Care (PHC) delivery, and related issues;
- Describe these models of care, as they evolve and have evolved;
- Identify key ingredients for success from the perspective of First Nations and rural and remote communities;
- Further develop healthcare models to improve the scope and delivery of community-based primary healthcare services; AND
- Support the implementation of these models in other communities to bring about better health outcomes.

“The iPHIT program of research is a 5 year project led by Dr. Alan Katz, University of Manitoba, in collaboration with the FNHSSM.”



Wanda Phillips-Beck



Stephanie Sinclair

The iPHIT program of research is a 5 year project led by Dr. Alan Katz, University of Manitoba, in collaboration with the First Nations Health and Social Secretariat of Manitoba. We have 8 First Nation partners and 4 additional First Nations that participated in surveys to help us learn about community based primary health-care services in First Nation, rural and remote communities in Manitoba. There are 5 independent research projects with both a University based and NANAANDAWEWIGAMIG (FNHSSM) team leader. **Study 1A (Dr. Kathi Avery Kinew & Dr. Grace Kyoon Achan, team leads):** is a community-based participatory research project describing the various models of community-based primary health care (CBPHC) in First Nation communities. **Study 1B (Dr. Josée Lavoie, Stephanie Sinclair & Dr. Naser Ibrahim):** is a quantitative research project that is utilizing Manitoba Health administrative data to examine how communities are

faring in terms of hospitalizations for ambulatory care sensitive conditions (ACSC) - those hospitalizations that are potentially avoidable. **Study 1C (Dr. Alan Katz, Stephanie Sinclair & Naser Ibrahim):** is a series of surveys with three distinct participants - patients, providers and health managers/organizers to help us better understand community based primary health care services in these communities. **Study 1D (Wanda Phillips-Beck & Stephanie Sinclair):** will document more in depth those models of care that have been successful in reducing hospitalizations for ACSC or have reported innovations that may have impacted health outcomes in a positive way. **Study 1E (Dr. Grace Kyoon Achan, Wanda Phillips-Beck & Dr. Naser Ibrahim):** is a survey with the aim of understanding mental wellbeing in First Nation Communities.

ACCOMPLISHMENTS

- This is the first 5 year research project partnership with the University of Manitoba, where many lessons were learned and respectful partnerships were formed and maintained with the 8 First Nation communities, Nanaandawewigamig (FNHSSM) and the University of Manitoba.
- The 8 First Nations want to continue on to develop new proposals to continue the work in partnership with Nanaandawewigamig (FNHSSM) and the University of Manitoba.
- The Nanaandawewigamig (FNHSSM) research team maintained oversight over the research project, ensuring that the research adheres to our ethical principles: 1) Free prior and informed consent on an individual and collective basis, 2) OCAP over data and research process 3) that First Nation ethical protocols are respected and there are clear benefits to FN's. The principles of OCAP were adhered to and the data is housed at

- Nanaandawewigamig (FNHSSM). The Nanaandawewigamig (FNHSSM) research team coordinated a successful gathering of the research team and members from the 8 community sites in March 2017 and May, 2017. This was the 3rd Annual Honouring our Voices gathering. The workshop was facilitated by the Research Manager. The purpose of this workshop was to jointly interpret results, share ideas and learn from each other. The workshops were open and interactive. A youth representative for each First Nation was trained as a PATH facilitator.
- Conference presentations: North American Primary Healthcare Research Group (NAPCRG), Canadian Association of Health Services and Policy Research (CAHSPR), Manitoba First Nation Centre for Aboriginal Health Research (MFN CAHR) symposium.
- Dr. Naser Ibrahim was nominated for the Distinguished Trainee Research Award in Primary Healthcare at the North American Primary Care Research Group (NAPCRG) conference in Colorado Springs, US (November 2016).
- Drs. Ibrahim & Kyoon-Achan were key organizers of the 4th Annual Indigenous Health Research Symposium hosted by the Manitoba First Nation Centre for Aboriginal Health Research, University of Manitoba. Dr. Ibrahim Chaired the conference.
- Seven drafts of papers are being prepared for publication in 2017. The research team is collaboratively reviewing study results and writing or reviewing drafts for publication.
- All posters, powerpoint presentations, papers and publications are circulated to the 8 participating sites prior to any presentation at conferences, in adherence to our ethical principles.
- Planning is beginning to host a conference to showcase the iPHIT research process and results that will be open to all MFNs and interested

people. The conference will be held in Winnipeg in the spring of 2018.

The key challenge is securing resources for the communities to address the needs identified through the research. Each of the research projects requires ongoing communication and contact with communities. Having the Nurse Research Manager and Community Development Specialist at NANAANDAWEWIGAMIG (FNHSSM) continues to be a factor in successfully bridging the communication between the research team and communities. Communication and building the relationship between Nanaandawewigamig (FNHSSM) and the First Nations has been a key to the success of the project. Keeping the communities engaged in the research activity has been a challenge, due to the fact that beginning in Year 4, there were no research assistants funded in each of the communities, although communities continued to be actively involved.

STATUS AND LINKAGES

Study 1A: “Community-based Participatory Research” is the qualitative component that began in October 2013 with the signing of the Research Agreements with our participating communities and has continued through March 31, 2017. Each First Nation community had submitted a workplan identifying their research plan and priorities for the fiscal year. All communities were visited in 2016-17 by Dr. Kyoon-Achan, Ms. Phillips-Beck, and Ms. Sinclair. A presentation was made in one community on the Mental Health Framework that was developed and validated by most of the communities in the previous year. Writing continued to be the focus of the research team in 2016-17. Qualitative results were presented at the Canadian Association of Health Services and Policy Research (CAHSPR) conference and at the North

American Primary Healthcare Research Group (NAPRG) conference for three consecutive years 2015, 2016 and 2017 by members of the research team.

Study 1B: Mapping Hospitalizations for Ambulatory Care Sensitive Conditions (ACSC) in First Nation and Rural & Remote Communities. Data analysis continued for this project this fiscal year. The Manitoba Centre for Health Policy is a data repository that houses many data sets that includes hospitalization and physician services data collected by Manitoba Health. This project looked at administrative data to explore and compare hospitalizations for ACSC by community (First Nation, Rural, Remote and all Manitoba) and map out these trends over time. This study showed very important differences between communities that have access to primary health care and those that do not and between North and South. Summaries of the findings were created by Naser Ibrahim and were disseminated in 2016-17. Findings from this study were co-presented by members of the research team at the CAHSPR conference in May 2016 in Toronto, the NAPCRG conference in November 2016 in Colorado Springs. Naser Ibrahim has been nominated for the Distinguished Trainee Research Award in Primary Healthcare at the North American Primary Care Research Group (NAPCRG) conference in Colorado Springs, US (November 2016), reflecting the high quality of the work conducted by the iPHIT team.

Study 1C: Cross Sectional Surveys describing Models of Primary Healthcare is a national initiative to collect information on PHC indicators by the 12 funded Primary Health Care Research projects in Canada. The work of the 12 teams included agreeing on a set of indicators to assess Primary Healthcare in all regions (continuity, comprehensiveness, equity, access, and coordination). Data was collected in the 8 partner First Nations and 4 additional First Nations as well as 7 Rural and Remote

communities with similar population and distance from hospital. A total of 428 surveys were collected in Manitoba. The Manitoba data is being retained at Nanaandawewigamig (FNHSSM). As per our agreements with our participating First Nations the data will not be shared with the 12 teams. It is currently being analyzed, and some of the preliminary results were presented at NAPCRG in November 2016.

Study 1D Case Studies: Communities identified their own specific research priorities and were explored more in-depth in 2016-17. A team member was assigned to follow through with these community specific research plans. The communities selected to focus on a wide range of areas including mental health, returning birth to the community, and quality of services provided. A youth from each of the 8 First Nations was trained in the PATH process (Planning Alternative Tomorrows with Hope) to assist in leading the community based projects. The data for the case studies is being collected. These stories will be written up in a format that is agreed upon by each of the communities and shared with their permission so that other communities may learn from their innovation.

Study 1E: (Dr. Grace Kyoon-Achan): Understanding Mental Wellbeing in FN communities. Qualitative interviews and Surveys assessing mental wellbeing in all 8 communities were completed by community-based local research assistants and some team members. Results culminated in the development of a First Nations mental wellness framework. The team is currently working on translating knowledge into action. One paper has been submitted to the Transcultural Psychiatry Journal for publication and is in review stage. Additional papers are being prepared for submission to the similar other

journals.

Knowledge Exchange Workshops: In addition to the community visits, two regional workshops were organized for the 2016-17 fiscal year; one in the north and one in the south. The southern workshop took place on March 15 & 16th, 2017 at the Nanaandawewigamig (FNHSSM) office, 275 Portage Ave. However, due to scheduling difficulties, the northern workshop did not occur until May 3 & 4th in Thompson, Manitoba. The southern workshop with First Nations with health centres was attended by representatives, Elders and Youth from Pinaymootang, Fisher River, Birdtail Sioux and Ebb and Flow. The northern workshop for First Nations with nursing stations was attended by Cross Lake, Nelson House, Berens River and Northlands¹. These workshops are the highlight for the team as they allow cross community sharing, knowledge exchange between the university partners and First Nations and provide ideas for new research projects. A youth representative from each community was trained as a PATH facilitator during these workshops.

The iPHIT team shares updates with the 63 communities with a newsletter twice per year, provides presentations and updates at the Health Director's forums, Nanaandawewigamig (FNHSSM) Annual General Membership Meeting and First Nation community events when invited. The 8 First Nations partners are actively involved in reviewing and assisting with interpreting data. Each community has been part of numerous community-based meetings, teleconferences and through virtual communication to plan, design, implement, interpret data and disseminate findings.

There are 8 community partners participating in the Research Project. Each

¹Southern health centres generally do not have primary care services available on-reserve, while the northern semi-isolated or isolated communities have nursing stations with access to primary health care. However, some southern First Nations have made their own arrangements with Regional Health Authorities (RHAs) or directly with medical practitioners to have health care services available on-reserve, while the northern model are federal nursing stations with nurses reporting to FNHIB only, physician services paid by the province, and community health initiatives separately run by First Nations in their health centres. Both southern and northern communities all have the same base federal funded programs which have been adapted by First Nations in their own way. Programs such as Strengthening Families- Maternal Child Health (SF-MCH), Success through Advocacy and Role Modeling (STAR) and Aboriginal Head Start on Reserve (AHSOR) are proposal driven programs and are not available in all FN's.

community has been an active participant in the research. The member communities are:

- Fisher River First Nation
- Cross Lake First Nation
- Birdtail Sioux First Nation
- Nisichawayasihk Cree Nation
- Ebb and Flow First Nation
- Northlands Denesuline First Nation
- Pinaymootang
- Berens River First Nation

NEXT STEPS AND A CALL TO ACTION

The next steps are to document the case studies of the 8 communities. The overview of the project, research process, the results and the case studies will be shared in a report and conference in 2018. This work supports the TRC Calls to Action #19, specifically in regard to research that aids in identifying measurable goals to close the gaps in health outcomes between Aboriginal and non-Aboriginal communities.

ACKNOWLEDGEMENTS

We would like to thank the leadership from the 8 communities for being champions in the area of health and supporting the health directors to lead their community to develop health services that meet the needs of their community members. We would like to thank the health directors for being leaders in the province and for assisting with the data analysis, interpretation and leading community discussions on how to use the data to meet emerging community priorities. We would also like to acknowledge the local research assistants hired in each community for providing guidance and leadership regarding what will work with each community, for providing feedback on the questions and methods, and for collecting the data.

Health Director

Tanya Hanska
Lillian Houle
Cindy Garson
Lynda Wright
Helga Hamilton
Gwen Traverse

Sarah Samuel
Donna Severite

Local Research Assistant

Eugene Bunn
Dakota Baptiste
Delmer Sinclair
Natalie Spence
Muriel Scott
Vanessa Sanderson/Megan Anderson
Andrea St. Pierre
Jill Semple/Jessica Berens



Curtis Garson, Berens River & Kathi Avery Kinew, Northern iPHIT workshop



Lynda Wright, Health Director, Nelson House, Northern iPHIT workshop



Kerry Spence & Curtis Garson, Berens River & others look on at the Northern iPHIT workshop

STRENGTHENING FAMILIES MATERNAL CHILD HEALTH

Rhonda Campbell, Nurse Program Advisor
Debra Hart-Swanson, Peer Resource Specialist
Elizabeth Decaire, Peer Resource Specialist
Joyce Wilson, Administrative Assistant/Peer Support Worker

ACCOMPLISHMENTS

Strengthening Families Maternal Child Health (SFMCH) held its 10th year anniversary in October 2016. Seven community staff members received 10 year acknowledgements. The regional staff were honored with STAR blankets.

Nanaandawewigamig (FNHSSM) SF-MCH staff participated in the International Indigenous Children's conference in Denver, Colorado and presented on the Sacred Babies curriculum. At the conference staff networked with other International Indigenous organizations to link together in the future to advance home visiting programs.

Participation in the annual Jordan's Principle event in Norway House to honor Dr. Cindy Blackstock for her work on advancing the health of children with complex needs on reserve.

Successfully negotiated and secured the Indigenous Doula Initiative Training in partnership with Winnipeg Boldness Project, Mount Carmel Clinic and Nanaandawewigamig.

KEY ISSUES AND CHALLENGES

- The funding remained "status quo" for the 15 communities and the

Nanaandawewigamig (FNHSSM) support team. Hollow Water does not receive any funding from First Nations and Inuit Health Branch (FNIHB) to support its Strengthening Families Maternal Child Health (SFMCH) program. No new monies to support expansion of the program to other First Nation communities.

- Incorporating traditional parenting training for staff was initiated in 2016 to educate program staff on traditional ways of knowing and support culturally appropriate care in communities.
- One of the main challenges for communities was the lack of a full time supervisor/coordinator in three of the communities. SF-MCH have offered support and direction to the Health Directors in finding innovative ways to find solutions.
- The Train the Trainer model was not successful in completion of the certification, however, certification as a Regional Coach is promising. The retirement of Healthy Child Manitoba's (HCM) trainer for Tier 1 training is creating barriers for overall training of MCH staff and other children's programs we train.
- Jordan's Principle/Child First Initiative was implemented in 40 communities to support children with complex needs.
- The support and transfer for children's program from FNIHB has been stalled by perceived lack of engagement from the children's advisory and Health Directors.

STATUS AND LINKAGES

1. Service Delivery Support for Home Visitation: Community Maternal Child Health (MCH) programs continued to deliver high quality services in the communities to address early childhood development and foster culturally supportive parenting

to families. There was a total of 2148 home-visits done in the 16 communities to deliver curriculum, and 48 case management services for complex cases were provided by the communities. The home-visiting program helps to build community capacity by supporting families to help them better identify and meet the needs the families have identified as goals. Home-visitors build on the families existing skills and provide opportunities for families to learn through experience and increasing the families' awareness and confidence to enable them to participate more fully in their communities. MCH programs delivered 88 health promotion activities in the communities, topics included prenatal and postnatal care, infant bonding and attachment, nutrition and breastfeeding, fostering growth and development, oral hygiene, safety, gardening, substance abuse, reproductive health and sexually transmitted and blood borne pathogens and cultural activities. Program staff linked with Elders, Canadian Prenatal Nutrition Program (CPNP), Brighter Futures Initiative (BFI), Child and Family Services (CFS), Fetal Alcohol Spectrum Disorder (FASD), Community Health Representative (CHR), Primary Care and Public Health to deliver promotion and prevention activities.

2. Professional Practice and Peer Support: There were 21 peer support visits to the communities. Six site visits were done in communities by the Nurse Program Advisor. These visits were to meet the staff and Health Director and review activities and program development for the year. Letters from the visiting Peer Resource Specialist were sent to each community after the visit, providing information on program strengths and opportunities for improvements. Information, feedback and support

were provided to communities with an emphasis on striving to achieve quality programming in the communities via: adoption of program standards and implementing internal quality monitoring processes. The community leveling criteria utilized information regarding staff retention and ability to meet program standards from the community self-assessment. This allowed for equitable community visits according to needs and performance of each community.

3. Professional Development and Education:

- First Nations Health and Social Secretariat of Manitoba/Healthy Child Manitoba Joint Training Initiative: First Nations Health and Social Secretariat of Manitoba (FNHSSM) and the Strengthening Families Maternal Child Health (SFMCH) Administrative Assistant continue to facilitate training the Strengthening Families First Nation communities to support families in the program sites. The First Nations Health and Social Secretariat of Manitoba partnered with Healthy Child Manitoba and the Regional Health Authorities in coordinating and supporting mandatory curriculum training. The First Nations Health and Social Secretariat of Manitoba partnered and cost shared with Healthy Child Manitoba and independently coordinated 3 of the 7 curriculum sessions.
- Sacred Babies Training for All Early Childhood Cluster: SF-MCH held one training session last fiscal period in Winnipeg.
- Anishinaabe Ombigigiowsowin Training for Maternal Child Health Staff, Canadian Prenatal Nutrition Program Staff and Community Workers - March 21 & 22, 2017.
- The Quarterly Meetings and Bi-annual Gatherings of all community based Maternal Child Health

staff continued to be a forum for professional development. The First Nations Health and Social Secretariat of Manitoba Strengthening Families Maternal Child Health team organized the celebration of the tenth annual quarterly workshops and educational sessions on various themes that are identified through the peer support visits. Presentations included prescription drug abuse, Fetal Alcohol Spectrum Disorder, Autism, Integrated Strategies and Tier 1 updates.

- May 31 – June 1, 2016: Meeting for Supervisor and Home Visitors. Our focus was on refreshers of program standards and policies, case management, documentation and Sacred Babies resource manual.

NEXT STEPS AND CALL TO ACTION

The Maternal Child Health Nurse Program Advisor and the practice support team continues to support and guide the development of the Strengthening Families Maternal Child Health program to 16 First Nation communities: Brokenhead, Cross Lake, Dakota Tipi, Garden Hill, Hollow Water, Keeseekoowenin, Long Plain, Nelson House, Norway House, OCN, Peguis, Pine Creek, Rolling River, Roseau River, Sagkeeng and Waywayseecappo.

This support falls under six broad categories: 1) Service delivery support; 2) Professional practice and peer support; 3) Professional development and training; 4) Information and data management; 5) Maternal-Child advocacy and policy advisory; and 6) Maternal-Child Health Research and evidence based focus.

The Strengthening Families Maternal Child

Health team continue to pursue the support and transfer for all children's program from FNHIB.

Section 1 to 5 of the Truth and Reconciliation Commission (TRC), regarding child welfare calls upon the Federal government, in consultation with Aboriginal peoples, to commit to reducing the number of children in care. Maternal Child Health program is strength based and family focused. We seek to empower families, promote the physical, emotional, mental and spiritual well-being of women, children and families, to promote trusting & supportive relationships between parent & child, care provider & family and between resources within and outside of the community. We strive to increase First Nation community's capacity to support families.

ACKNOWLEDGEMENTS

Nanaandawewigamig (FNHSSM) SF-MCH would like to acknowledge the support of our Chiefs and Councils, Health Directors and the many community staff who have worked as Nurse Supervisors, Coordinators and Home Visitors, Strengthening Families Maternal Child Health was able to celebrate 10 years of bringing quality programming to assist young families in 16 communities.

“Section 1 to 5 of the Truth and Reconciliation Commission (TRC), regarding child welfare calls upon the Federal government, in consultation with Aboriginal peoples, to commit to reducing the number of children in care.”

Saint Elizabeth First Nations, Inuit and Métis Program

Home and Community Care

Tracy Scott, Director of Education
Melissa Spence, Program Lead
Jodie Dupas, Program Assistant
Doris Warner, Engagement Liaison
Marney Vermette, Engagement Liaison
Suzanne Stephenson, Engagement Liaison

Saint Elizabeth is a social enterprise dedicated to the health of people and communities and is involved in virtually every aspect of health care – from system design to service delivery. Saint Elizabeth is continually looking for ways we can impact change in order to create a wiser, more equitable and humane health care system. Our vision is to honour the human face of health care and our dedicated First Nations, Inuit and Métis (FNIM) Program is a key initiative that demonstrates how we live out our vision. Through partnership and collaboration, the program works to enhance and support the capacity of FNIM communities to understand and solve complex health care issues, improve access and address barriers to care.

The FNIM Program provides remote access to education and support for more than 2,160 health care providers in over 500 FNIM communities and organizations across Canada through our award winning web-based e-learning platform @YourSide Colleague®. The program continues to work in collaboration and in partnership with Manitoba Region Home and Community Care Program, the First Nations Health and Social Secretariat of Manitoba, Tribal Councils, leadership and Manitoba First Nations to provide accessible, affordable and appropriate professional development opportunities to community health care providers.



To learn more about the Saint Elizabeth, First Nations, Inuit and Métis Program visit the program's website at: <http://www.saintelizabeth.com/FNIM/About-Us/Program.aspx>

The SE FNIM Program and the Manitoba Region First Nations and Inuit Home and Community Care (FNIHCC) developed an annual work plan to guide the objectives and activities under the contract with the First Nations Health and Social Secretariat of Manitoba (FNHSSM) for the 2016/2017 fiscal year. The objectives and activities are developed based on a learning needs assessment of Home and Community Care staff working in MFNs.

ACCOMPLISHMENTS

The Saint Elizabeth First Nations, Inuit and Métis (FNIM) Program including the continued utilization of @YourSide Colleague® by Manitoba First Nations (MFNs), this past year, has been a year of continued growth and new developments for the program. Currently more than 2800 community health care providers from over 580 FNIM communities and organizations across Canada are accessing our award winning e-learning courses. In Manitoba the Saint Elizabeth FNIM program currently reaches over 681 health care providers from every MFN community and organization,

an increase of 73 participants over the past year.

Through partnership and collaboration, the Saint Elizabeth First Nations, Inuit and Métis (FNIM) Program works to enhance and support the capacity of First Nations, Inuit and Métis communities to understand and solve complex health care issues, improve access and address barriers to care. Activities include partnership, action-based research, online learning, knowledge exchange and mobilization.

New courses, new initiatives, new partnerships, multiple webinars, knowledge sharing events and training are some of the key activities of the program over the past year. These initiatives, partnerships, webinars, knowledge sharing events and training are examples of how the SE FNIM Program shares FNHSSM's mission in supporting education and training that supports service delivery in First Nations communities in the delivery of quality holistic services.

STATUS AND LINKAGES

In 2015/2016 the SE FNIM Program and the Manitoba Region First Nations and Inuit Home and Community Care (FNIHCC) updated the multi-year work plan (2013-2017) to guide the objectives and activities under the contract with the First Nations Health and Social Secretariat of Manitoba. The multi-year work plan was based on a needs assessment that was distributed to Home and Community Care staff working in MFNs in partnerships with the MB FNIHCC Program in November 2013. The following activities for 2016/2017 were accomplished:

Activity and Outcomes 1: 100 coloured copies of the Manitoba First Nations and Inuit Home and Community Care Nursing Policy and Procedure Manual were printed and distributed on October 19th, 2016 in

Winnipeg Manitoba. The electronic files can be accessed within the MB FNIHCC Nursing Policy and Procedure Manual Community of Learning (CoL) within @YourSide Colleague.

Activity and Outcomes 2: A Four day in-person palliative care training was delivered May 30-June 2, 2017 in Winnipeg Manitoba to 16 Health Care Aides from all regions of Manitoba.

Activity and Outcomes 3: Disseminated a FNIMP Newsletter (March 9th, 2016) with information on the following:

- Instructions on How to Gain an aYSC Account
- What are Webinars; where to find upcoming webinars and how to register for a webinar
- Where to find Webinar Recordings, topics available and where to find the Webinar Recordings
- Courses available (13)
- Courses coming soon information
- Course information (Flyers) and where to access them
- Highlight webinars are recorded and courses are available anytime and anywhere!

Activity and Outcomes 4: The planning and Recording of a Discharge Planning Webinar for Winnipeg Regional Health Authority Staff.

Activity and Outcomes 5: The sponsorship of FN HCC Program staff for the CDE exam prep study group registration fee and the CDE Exam Fee. The Study Group was delivered by Education Services, Saint Elizabeth and facilitated by an Advance Practice Consultant from Jan -May 2017 with 13-16 study sessions offered. Identification, selection and reimbursement of the Exam Fee will occur upon successful certification achieved by MB HCCP Staff in July 2017

Activities and Outcomes 6-8 : Webinars on the following topics were delivered to enhance the knowledge and skill of First Nation Home and Community Care Providers:

- Restoring Balance for Mental Wellbeing Using Traditional Healing Practices
Outcomes: There were 87 participants registered for the event with a total of 39 participants in attendance including 13 participants from Manitoba. According to the evaluation data collected:
 - 58% of respondents thought the information covered during the webinar was very good.
 - 95% of respondents liked the online/teleconference format of the session because they could access the session from anywhere and found it to be a quality learning experience.
 - One participant shared: “[What I found most helpful about the session was learning] that we do have some place where First Nations peoples can find help that is culturally sensitive.”
- Lateral Violence Outcomes: There were 76 participants registered for the event with a total of 51 participants in attendance including 17 participants from Manitoba. According to the evaluation data collected:
 - 82% of evaluation respondents thought the information covered during the webinar was very good.
 - 82% of evaluation respondents liked the online/teleconference format of the session because they could access the session from anywhere and found it to be a quality learning experience.
 - One respondent shared: “I could relate to many of the issues discussed regarding lateral violence. Although I did not share my own experiences, I enjoyed that the webinar was interactive. It was nice to read and to listen to

other peoples’ experiences with lateral violence.”

- Webinar 3: Addictions/ alcohol Substance Abuse Care Considerations
Outcomes: This webinar was deferred to the next fiscal year workplan.

Activity and Outcomes 9: In partnership with MB Region HCCP staff, HCCP coordinators and independent communities continue to identify HCCP learning needs and deliver education/learning opportunities as feasible.

Outcomes: The following education/ learning opportunities were identified and delivered:

- Personal Care Homes Webinar Series:
In partnership with the Manitoba First Nation Personal Care Home Network Group the Saint Elizabeth First Nations, Inuit and Métis Program a series of three webinars aimed at meeting the learning needs of health care providers working in personal care homes in Manitoba First Nations will be delivered. The content of the webinars was developed by members of the Saint Elizabeth Clinical Leadership Team and opportunity is provided for the Network Group for review of the focus and content to ensure it is relevant and applicable to Personal Care Home Staff in Manitoba First Nations. The first webinar in the series delivered is as follows:
 - Webinar 1: Responsive and Crisis Behaviours: Think Prevention
Webinar delivered on Outcomes: There were 42 participants registered for the event with a total of *16 participants in attendance including 7 participants from Manitoba (there were several groups of health care providers that attended the webinar with only one registered person). According to the evaluation data collected:

- 79% of evaluation respondents thought the information covered during the webinar was very good.
- 70% of evaluation respondents liked the online/teleconference format of the session because they could access the session from anywhere and found it to be a quality learning experience.
- One respondent shared: [What I found most helpful about the session was that] the information was presented in an interactive manner and provided suggestions for interventions.

Webinars 2 & 3 as follows are planned for the next fiscal year:

- Webinar 2: Falls Risk and Prevention Webinar
- Webinar 3: Personal Liability

Activity 10: 64 “Taylor’s Clinical Nursing Skills: A Nursing Process Approach”

Textbooks were purchased and distributed on October 19th, 2016.

In addition to activities related to the work plan, the FNIM program undertook several other initiatives specifically related to Manitoba First Nation communities. These include but are not limited to the following:

Additional Manitoba Specific Activities: In addition to activities related to the work plan, the FNIM program undertook several other initiatives specifically related to Manitoba First Nation communities. These include but are not limited to the following:

Resident Assessment Instrument (RAI) Environment Scan Project:

Saint Elizabeth Health Care (Saint Elizabeth) is pleased to respond to a request for a proposal by First Nations and Inuit Health Branch (FNIHB)-Manitoba Region to conduct an environmental readiness scan for the implementation of the Resident

Assessment Instrument (RAI) in the MB Home and Community Care Program (HCCP). In December 2015, Saint Elizabeth received confirmation from FNIHB- Manitoba Region that its proposal was successful in receiving funding in the amount of \$23,463. Saint Elizabeth has begun the work of gaining an understanding of Manitoba FNIH Home and Community Care Program readiness for implementing interRAI and make recommendations for the next phase of implementation.

The goal for the project was to gain an understanding of MB HCCP readiness for implementing interRAI and make recommendations for the next phase of implementation. These recommendations included:

- Defining who would manage the project and how the project should be implemented
- Identification of who needs to be engaged and how as key partners/ stakeholders

The focus of the project changed early in the project from assessing readiness for implementation of the RAI to increasing knowledge and awareness of the RAI Project and the Resident Assessment Instrument particularly the Home Care Instrument and preparations for implementation.

The following are the key activities completed during the project:

- Review of the Home Care Reporting System Implementation Toolkit provided by Alberta Region
- Build awareness of project partners of the interRAI-HC Instrument:
- Project Lead attendance to the interRAI Conference April 11-14, 2016 in Toronto
- Engagement of the Vendor (Momentum)
- Engage the Canadian Institute of Health Information (CIHI)
- Raise awareness of project partners and communities of the interRAI-HC

Instrument and plans for the phased in approach for implementation (2017-2021)- includes the engagement, planning and preparation for the instrument on-line demonstration webinar by Momentum Healthware in the fall of 2016.

- Workplan Brainstorming Meeting on April 7th, 2016 and revisions to the workplan per the meeting reflecting planning and preparations for the Pre-implementation (Planning) Project 2016/2017
- Identification and engagement of MB Community Champions (potential early adopters)
- Development of the draft project governance structure, including engagement to the following:
 - RAI Strategic Planning Group (SPG)
 - RAI Working Group (WG)
- Establishment of an on-line Community of Learning (CoL) for the project
- Project Report submitted to FNHSSM on June 30th, 2016

In addition to the Manitoba First Nation specific projects the Saint Elizabeth FNIM program led or is leading several knowledge exchange initiatives across the country, some that also touch Manitoba First Nations. A brief summary of key initiatives is provided below organized according to National Initiatives and Regional Initiatives.

PLANNED ACTIVITIES FOR 2017/2018

New First Nation courses are planned for development this year and they are as follows:

- First Nation Cardiac Care Course (Summer of 2017)
- Privacy of Health Information and Security Course (Fall of 2017)
- Based on the results of the Learning Needs survey the program focus will be on Wound Care, Palliative Care and supporting professional development of HCA's.

Built on collective wisdom and collaboration these initiatives are supporting and enhancing care delivery at the community level and welcome further collaboration and partnerships toward meeting the education and training needs of First Nation communities.

Current and upcoming e-learning events are posted on the program portal page at: <http://www.saintelizabeth.com/FNIM/Knowledge-Sharing-and-Exchange.aspx>

NEXT STEPS AND A CALL TO ACTION

Section 7 of the Truth and Reconciliation Commission (TRCC) calls upon the Federal government to develop with Aboriginal groups a joint strategy to eliminate employment gaps between Aboriginal and non-Aboriginal Canadians.

Key Issues and Challenges

Providing current and relevant continuing education is integral to supporting quality care delivery. Barriers related to time, geography and cost can limit access to ongoing education and training for health care providers in rural, remote and isolated communities. For more than 12 years Saint Elizabeth has partnered with FNIM communities to overcome these barriers through the innovative use of technology. We develop our education and training programs with and for community health care providers, ensuring the content is relevant and culturally safe.

We provide access to our virtual education at no cost. Our solution is accessible, cost effective and culturally safe, supporting health care providers to provide the best care possible in the community.

ACKNOWLEDGEMENTS

The Saint Elizabeth First Nations, Inuit, and Metis Program would like to extend our

deepest gratitude to the Manitoba Region Home and Community Care Program, the First Nations Health and Social Secretariat of Manitoba, Tribal Councils, leadership and Manitoba First Nations and the numerous partner organizations and community health care providers for their ongoing dedication to providing excellence in care through a commitment and focus on continual learning and professional development.

“Section 7 of the Truth and Reconciliation Commission (TRCC) calls upon the Federal government to develop with Aboriginal groups a joint strategy to eliminate employment gaps between Aboriginal and non-Aboriginal Canadians.”



COMMUNITY ENGAGEMENT

Kathleen Bluesky, Director of Engagement and Collaboration

Leona Daniels, Lead Facilitator

Brett Huson, Communications Specialist

Renata Meconse, Southern Independent Coordinator

Cecilia Baker, Northern Independent Coordinator

Dion McGivor, Keewatin Tribal Council

Keely Ten Fingers, Dakota Ojibway Tribal Council

Lee Spence, South Economic Resource Development Corporation

Glen Tssessaze, Interlake Region Tribal Council

Larry Catagas, West Region Tribal Council

Alex McDougall, Four Arrows Tribal Council

Wendy Prince, Cree Nation Tribal Health Centre

Donna Toulouse, Administrative Assistant



ACCOMPLISHMENTS

Nanaandawewigamig – the First Nations Health and Social Secretariat of Manitoba (FNHSSM), with support from Health Canada – FNHIB have commenced a 3 year First Nations Community Engagement Initiative, entitled First Nations Coming Together: A Community Engagement Framework, with our 63 First Nation communities. The goal for the community engagement is to inform four areas that will shape our organizational structures, functions, and priorities by:

- Empowering communities to lead change for their respective Nations.
- Educating the people on important aspects of community development and health reform.
- Inspiring and capturing community-based alternatives and solutions specific to the community's needs.
- Strengthening communities by supporting new initiatives in governance, programming, capacity building, partnerships and securing

investments.

Accomplishments for 2016 – 2017

- 51 communities visited
- 32 BCRs/Letters of Support received to date
- 426 First Nation individuals have been engaged to date
- April 2016 Health Directors gathering had 100% representation and participation
- October 2016 Health Directors gathering had 70% representation and participation

The Health Directors gathering resulted in greater community support, interest and ideas for engagement strategies.

Learnings from Community Engagement sessions:

- Grassroots people are asking for programs and initiatives that fall directly under the community and tribal council mandates such as traditional teachings, mental wellness services, language retention programs, community events, workshops, sustenance, recreation programs.
- Grassroots people see health

and wellness as more of their own recreational programming, culture, community connections, preventative education, youth and Elder programming, traditional healing/ ceremonies, early childhood programs.

- Some Health Directors and Chiefs see the need for health and wellness in higher quality care such as doctors, dentists, dialysis machines, more dentists, more optometrists, more foot care, medical transportation.
- Elders have told us Community Engagement needs to be driven by a foundation of Nationhood. Nations have same language, values, teachings.
- Elders need to be at the forefront of Community Engagement.
- Grassroots people want wholistic healing first, including medicines Healers, then they can determine new wellness model.
- Grassroots people want to focus on relationship building.

Key Issues & Challenges

FNHIB delivered 30% of the funding requested for 2016-17, which only supported activities until October 31, 2016. The Province of Manitoba originally stated support but provided no money before or after Provincial election. Thus, Community Engagement team has been reduced to one half-time position till March 2017. Negotiations with FNHIB for \$150K for four community engagement regional workshops to plan and strategize community engagement for next 2-3 years.

There is a disconnection between Health Directors and Leadership due to varying government and reporting structures at the community level. Furthermore, a disconnection between First Nations and/or within their community, as well as Provincial and Federal government and Regional Health

Authority. Hence, a lack of services provided to the community members.

It was difficult in identifying the point of contact in each First Nation to coordinate activities and request a BCR or Letter of Support. Also, communication was an issue regarding how this initiative would benefit the First Nation.

Last challenge was scheduling around community events, summer vacation, graduation, funerals and/or community emergencies.

STATUS AND LINKAGES

Status of Activities for 2016 – 2017

- Meetings with the Manitoba First Nations Health Technicians Network (MKO, SCO, 7 Tribal Councils, 19 Independent First Nations):
- Prepared communication packages for the First Nations.
- Initiated contact with each community.
- Coordinated bi-weekly teleconferences with Tribal Council and Independent Community Liaison Coordinators.
- Provided updates at regular MFNHTN Meetings and the Nanaandawewigamig Board of Directors, and Annual General Meetings (Chiefs in Assembly).
- Two Regional Gatherings with participation from First Nation Chief, Health Director and Elder/Traditional Healer. Winnipeg – February 23, 2017; Brandon - March 2, 2017

Linkages

Meetings with 51 Manitoba First Nations and travel to each community for an initial meeting with participation from:

- Chief
- Health Portfolio
- Councillor

- Director of Health
- Elder
- Health Staff

Community Engagement Regional Forums

- February 2017 - Winnipeg, Manitoba
- March 2017 – Brandon, Manitoba

Health Directors Regional Engagement

- April 2017
- October 2017

Regional team presentations to Tribal Councils

- KTC – Three times
- DOTC – Four times
- WRTC – Once
- IRTC – Once
- SERDC – Once
- FARHA – Twice with Island Lake and one time with Chiefs
- CNTHC – once

Communication strategies:

- Bi-weekly mtgs
- In-person quarterly meetings
- Podcasts
- Webinars
- Social networking
- Regular updates
- Bi-weekly meetings held with Liaisons
- Quarterly trainings with Liaisons in April and September 2016
- Facebook page developed and updated regularly
- Newsletter developed and distributed regularly

NEXT STEPS AND CALLS TO ACTION

Recommendations for 2017/2018 Community Engagement Sessions:

- Design communication strategies that encompasses the grass-roots recommendations of more recreation programs, cultural integration and programming for youth and elders with

the Health Directors need for more acute care.

- Continue discussions with First Nations on how do we create a system that combines both western medicine, traditional medicine, cultural teachings and our innate relationship with the land.
- Focus engagement discussions on empowering our people in celebrating their community based wisdom on traditional wellness.
- Have discussion on what controlling First Nations Health looks like for the individual, the family, the community, the Nation and a collective of Manitoba First Nations.
- Need to keep discussions focused on wellness and not solely on illness.
- Explore digital-based forms of participation such as on-line surveys.
- Proposed new model First Nations Wellness and Knowledge based on information highlighting learnings, values, gifts, teachings, skills, knowledge, and history.

The Truth and Reconciliation Calls to Action Section 18 calls upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the Aboriginal state of health is a direct result of government policies, including residential schools, and to recognize, implement and identify health care rights of Aboriginal people. The community engagement process will continue to pursue grass roots participation in defining, exploring and enhancing First Nations health and wellness.

ACKNOWLEDGEMENTS

We gratefully acknowledge our key partners: Keewatin Tribal Council; Dakota Ojibway Health Services; Four Arrows Regional Health Authority; Cree Nation Tribal Health Centre; Interlake Region Tribal Council; South East Resource Development Corporation; West Region Treaty 2 & 4

Health Services; community leaders and health directors. Your input, expertise, support and contributions have provided a foundation to this initiative and that is greatly appreciated.



Intergovernmental Committee on Manitoba First Nations Health and Social Development Secretariat

Kathleen Bluesky, ICMFNHSD Coordinator
Leona Daniels, Interim Coordinator
Jolene Mercer, Policy Analyst/Researcher
Donna Toulouse, Administrative Assistant

ACCOMPLISHMENTS

The Intergovernmental Committee on Manitoba First Nations Health and Social Development (ICMFNHS) was established to achieve greater coordination and collaboration among First Nations, federal and provincial governments to address common health issues specifically for First Nations in Manitoba.

The ICMFNHSD Secretariat provides daily administrative support, coordination, and developmental assistance to the Working Group and Senior Officials Steering Committee to work towards the following key objectives:

1. Collectively develop evidence-based, innovative solutions and recommendations that:
 - Promote and advance wholistic population health approaches; and
 - Engage communities, Elders, Grandmothers, and traditional healers and incorporates traditional healing methods into health and well-being approaches.
 - Support and advance First Nation control and management by linking partners, health and social organizations and communities to engage in decisions affecting First Nation health, well-being and social development.

2. Collectively develop and champion the implementation of policy options to advance the goal of a sustainable and seamless continuum of care.

STATUS AND LINKAGES

Intergovernmental Collaboration

Intergovernmental Collaboration is the primary activity for the ICMFNHSD. All priority areas of the 2016-2017 Work Plan are based on intergovernmental coordination, cooperation, and collaboration. The following key activities were carried out to coordinate the efforts of the Working Group, Senior Officials Steering Committee, and ad-hoc sub-committees:

1. Management and operation of the ICMFNHSD Secretariat (3 FTE staff):
 - The Director of Collaboration and Engagement provided regular financial statements at Working Group and Senior Official Steering Committee Meetings.
 - The Director of Collaboration and Engagement prepared project updates as requested and distributed to all ICMFNHSD partners.
 - The Director of Collaboration and Engagement and the Administrative Assistant worked together to ensure all requests and follow-up tasks were completed in a timely manner by ICMFNHSD staff and ICMFNHSD partners.
 - The Director of Collaboration and Engagement provides daily supervision, budget management, completes all reporting, and human resource management responsibilities.
2. Support planning, coordination and participation in intergovernmental collaboration, including:
 - Working Group
 - May 27, 2016

- September 27, 2016
- October 26, 2016
- March 1, 2017
- Senior Officials Steering Committee (SOSC)
 - April 8, 2016
 - November 4, 2016
 - March 17, 2017
- Standing Council of Elders
 - June 13, 2016
- Grandmother Gatherings
 - December 13-14, 2017
- Other: Partnerships and other intergovernmental committees
 - Dates as listed in Tables.



KEY ACTIVITIES	Status of Activities
<ol style="list-style-type: none"> 1. Management and operation of the ICMFNH Secretariat (3 FTE staff: 1 Director, 1 Policy Analyst, 1 Admin Assistant). 2. Coordinate 3-4 Working Group Meetings 3. Coordinate 2 SOSCs 4. Coordinate 2 Standing Committee of Elders Meetings 5. Coordinate 2 Grandmother's Meetings 6. Implementation of Communications Strategy. 7. Maintaining a current database of current literature, news, articles, and initiatives as they relate to First Nations health and social development. 8. Facilitate ongoing communication and information sharing between ICMFNHSD and related information to the First Nations Community Engagement Initiative. 	<ul style="list-style-type: none"> • Interim Research/PA hired (May 2016) • 2 Climate Change Interns hired (June 2016) • New Intern hired November 14/16 • Regular meetings with Lead Facilitator Leona Daniels and participation in bi-weekly teleconferences with engagement team. Joint Presentations to: <ul style="list-style-type: none"> ◦ Southern Health Directors Network ◦ Interlake Reserves Tribal Council ◦ MFNHTN ◦ Regional Health Directors Gathering

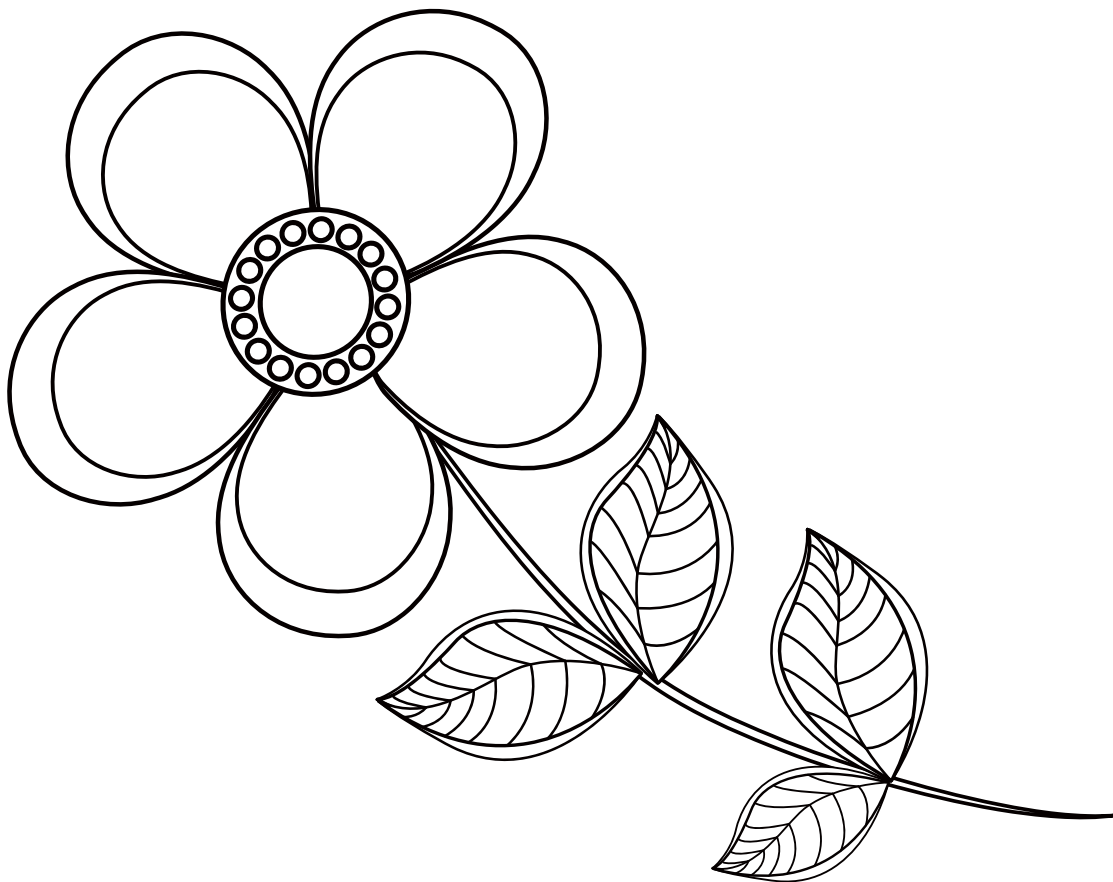
KEY ACTIVITIES	Status of Activities
<ol style="list-style-type: none"> 1. Facilitate linkages across efforts in areas that contribute to priorities identified through the Public Health Mapping Initiative including: <ul style="list-style-type: none"> ◦ Early Childhood Development ◦ Food Security ◦ Mental Health ◦ Spiritual Wellness ◦ Wellness for Seniors 2. Share and champion ICMFNHSD work internally and with other departments, regions, and national offices. 3. Partner with Partners in Engagement and Knowledge Exchange to provide learning forums for First Nations staff and health professionals to learn innovative practices. 4. Analyze risks and benefits of new and innovative opportunities and assess the extent to which these opportunities can support the First Nations Model of Wellness Action Plan. 5. Identify a Collaborative Project that will address systemic barriers. 	<ol style="list-style-type: none"> 1. Internal linkage of Strengthening Families: Maternal Child Health with ICMFNHSD. Board directive to pursue transfer of ECD programs and move proposal forward to establish universal programming for all First Nations 2. Workshop on ICMFNHSD work and Draft Model to the Regional Community Engagement Team – July 26th, 2018 3. Presentation of ICMFNHSD work, reports, and current priorities to Four Arrows Regional Health Authority (July), Island Lake Tribal Council (August), and Manitoba First Nations Health Technicians Network (Sept).
<p>Personal Care Homes</p> <ol style="list-style-type: none"> 1. Provide technical support/coordination for the Manitoba First Nations Personal Care Home Network to support accreditation and licensing of all 8 First Nations PCHs. <p>Traditional Wellness and Healing Policy Changes</p> <ol style="list-style-type: none"> 2. Partnership with Giigewigamig Health Authority to facilitate engagement with Elders Council, Grandmothers Council, and Traditional Healers to develop and test policies and procedures for accessing traditional healing. <p>Climate Change and Health</p> <ol style="list-style-type: none"> 3. Draft Background Paper for taking action on Climate Change and Indigenous Public Health in Manitoba 4. Coordinate 5-6 roundtables on “Climate Change and Health” to discuss, identify, and produce an analysis on all areas of First Nations Public Health and Determinants of Health. 5. Plan the regional gathering on “Land, Environment, and People” to take place in 2017/18. 	<ol style="list-style-type: none"> 1. Monthly PCH Network Meetings coordinated with technical support from ICMFNHSD: <ul style="list-style-type: none"> ◦ May 12 & 13 ◦ July 7 & 8 ◦ Sept 22 & 23 ◦ Nov 17 & 18 ◦ Dec 15 & 16 ◦ Jan 12 & 13 ◦ Feb 16 & 17 ◦ Mar 16 & 17 Participated in teleconferences and assisted in daily planning re: standards and regional gathering PCH Forum held October 4 – 6, 2016 Participated in teleconferences and assisted in daily planning re: standards and regional gathering 2. Planning and engagement session coordinated with GHA on August 4 & 5 at Turtle Lodge. Policy/Protocol #1 must be focused on the water. 3. Literature Review and Enviro Scan completed to inform the Background Paper. 4. Roundtable #1 – First Nations Youth coordinated on September 20th at Turtle Lodge. Roundtable # 2 – Climate Change and Health on Jan 31 & Feb 1 in partnership with CIER Roundtable # 3 – Climate Change and Mental Health February 14 Roundtable # 4 – Weather February 21 Roundtable # 5 – Food Security February 22

NEXT STEPS AND CALL TO ACTION

The Truth and Reconciliation Calls to Action 19, calls upon the government, in consultation with Aboriginal peoples, to close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Community Engagement will continue to advocate and work towards this Call to Action by pursuing enhancements to the social determinants of health of Indigenous people, communities and organizations in Manitoba.

ACKNOWLEDGEMENTS

The team would like to thank all of our key partners: Keewatin Tribal Council, Dakota Ojibway Health Services, Four Arrows Regional Health Authority, Cree Nation Tribal Health Centre, Interlake Region Tribal Council, South East Resources Development Corporation, West Region Treaty 2 and 4 Health Services, Manitoba Chief and Council, First Nation health directors, Manitoba Keewatinowi Okimakanak, and Southern Chiefs Organization. We would also like to thank our federal and provincial partners: First Nations Inuit Health Branch, Manitoba Families, Manitoba Health, Seniors and Active Living, Indian and Northern Affairs Canada, and Public Health Agency Canada.



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Brenda Sanderson, Panorama eHealth Coordinator
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Nelson Green Jr, Youth ICT Mentor
Cindy Morrisseau, Youth ICT Coordinator
Dean McDougall, Youth ICT Coordinator

Accomplishments

Trailblazing in building the pathway for Digital Health

The MFNs eHealth initiatives continue under the core belief that “without connectivity, there is no eHealth”. Connectivity is the single most important enabler of technology. Connectivity will always be the biggest eHealth challenge we need to overcome in Manitoba as we are blessed with communities surrounded by the ultimate source of life – water – but in the technology world water is mostly viewed as the enemy. Not in this case – Manitoba's First Nations have figured out how to use the development in this province that has resulted in a source of driving technology – hydroelectric power and existing infrastructure to build off of. Why shouldn't First Nations reap the benefits that the provincial department fueling Manitoba

Hydro reaps?

We have been trailblazing the connectivity realm not just via technology, but from a “people” perspective – governance is also key. As the Manitoba First Nations Technology Council developed and subsequently actioned a methodical approach to the development of its broadband infrastructure plan a new eHealth governance body was formed. Manitoba's First Nations now see the significance of having eHealth systems in place and are ready to “connect the dots”. Without our communities having access to the health databases that exist in the provincial system there are gaps in the true coordination of care. With access come the OCAP Principles, Ownership, Control, Access and Possession of data is crucial as we journey forth in owning and operating our own data centres.

First Nations governance enables community grassroots input = Systems that work for us, Built by us – eAniskopitak

At the end of the last fiscal year “eAniskopitak” was formed by the Chiefs in Assembly – the members of Nanaandawewigamig – a Cree term meaning “to connect” “to tie together” (long ago tying together the rope of fishing nets a key source to our way of living would be called “aniskopitamun”). Following the eHealth realm of putting “e” in front of terms to indicate something of eHealth, we created “eAniskopitak”. As the eANISKOPITAK Stewards Circle, our mission is to guide the way and clear the path for the fast, effective and meaningful adoption of eHealth technology, capacity and sustainability in every First Nations community in Manitoba.

The Stewards Circle is made up of representation from the 7 Tribal Councils, 2 independent north, 2 independent south, PTOs, elder and youth, Co-Chair Chiefs that report back to the Chiefs in Assembly. The creation of eAniskopitak was needed so the Manitoba First Nations Technology

Council (MFNTC) could continue to focus on the creation of the business end of the information highway for eHealth – the fibre build. Over the last four years, the Project has completed a number of critical stages: Phase 0: Information Gathering; Phase 1A: Feasibility Study; Phase 1B: Roadmap Development; and, Phase 2: The Build (Split into 2A – Design and Planning, and 2B: Design Build). Stage 2A – Design and Planning of the “Building the Manitoba First Nations Network of the Future” Project (the “Project”) was kicked off on September 16, 2016. Since then, the joint Deloitte, Dentons and Morrison Hershfield team was contracted by the Manitoba First Nations Technology Council (“MFNTC”) and Nanaandawewigamig (“FNHSSM”) to conduct market research, investigations and discussions with relevant stakeholders. This aligned with the work plan schedule that specifies a consultation, discussion and workshop period from mid-September to mid-November.

Video link for “Smoke Signals of the Future” (<https://vimeo.com/206836028>) showing the evolution of My Reflection - Youth Inquiry initiative that began as a way to create a platform for First Nations youth. In the region of Manitoba, the community of Cross Lake had experienced a high number of suicides and declared a state of emergency. Shortly after this time, there was an increase in the loss of young people impacting eleven other communities. My Reflection was created to find out directly how we can improve our communities. The following questions were asked:

- What are the strengths of the community;
- What are some of the challenges;
- What needs to change; and
- What is your experience as a First Nations youth living in Canada.

Pathway to economic development – Creation of Clear Sky Connections

A naming ceremony was held at Turtle

Lodge, Sagkeeng First Nation, and “mizakwun” was given to the new First Nations led business. Mizakwun means “Clear Sky”. The eagle came in ceremony and opened up the sky, clearing the way. The Youth Information and Communication Technology (ICT) Committee was also a new initiative brought to light this year and their presence was key at the naming ceremony with the elders and eHealth team present. One of the names they had come up with prior to the ceremony was “Four Connections”, thus the name was combined with that received and “Clear Sky Connections” was born. Clear Sky Connections is a federal not-for-profit corporation owned by members of the 63 Manitoba First Nations to design, build, finance, operate and maintain the communications network. Clear Sky has secured commitments from industry leading partners in finance, design-build and operations to assist with the development of this network, which will require capital contributions estimated at \$250M-300M.

Youth speaking for Youth – Youth Information and Communication Technology (ICT) Committee evolves

A Centre of Excellence in ICT Training and Certification offers a means for the MFN communities and the Region to gain global standing through supporting the local and regional ICT individuals to reach the global standards for quality and productivity. The Centre can be a hub for initiating, planning and execution of joint ICT programs between various partners in the province,



country and internationally, at increased quality and productivity of the ICT intensive communities – on the ground.

The activities of the Centre of Excellence will open new opportunities for the local businesses to collaborate with like counterparts and to accelerate the pace of innovation in the region as a leading Centre for ICT training, certification and know-how transfer. The proposed Centre of Excellence initiative builds upon recent experiences in MFN communities regarding the 1) Mustimuhw project – which is aiming to encourage linkages between communities and counterparts in the interest of enhancing patient care, and 2) the Manitoba First Nations Information and Communication Technology Training Initiative led by the eHealth Unit a few years ago where 44 youth were trained and graduated from a general ICT Program at the University of Winnipeg.

The 15 Youth of year 1 of the Youth ICT Committee have been networking and seek to build their skills and create a Youth ICT Strategy that will encompass Life Promotion as an initiative combating Suicide. What that Strategy looks like will evolve out of the “Smoke Signals of the Future” project - Youth ICT Committee blazing the trail for the future. The ultimate goal overall is to establish a sustainable network of ICT specialists in each region supported by a network of robust infrastructure for ICT. The backbone of such infrastructure will be provided by a central ICT centre of training and certification - the ICT Centre of Excellence (CoE). It is imperative that we start training the Youth ICT Committee to take on the initial steps of the road to creating the future ICT Centre of Excellence. The Youth are the Future and will drive the change, showing us the desires that the grassroots want encompassed in the planning, starting with the gaps that exist in the education and health systems.

STATUS AND LINKAGES

The eHealth – Youth ICT Committee team is trailblazing the way in showcasing the vast activity within the innovative ICT projects guided via the grassroots feedback and input. The team co-hosted the 1st Ever National First Nations eHealth Conference in Canada on February 6th-7th, 2017, followed by the 2nd Annual MFN ICT Summit on February 8th-9th, 2017. The outcomes and feedback were amazing as the evaluations were well received and requested annual conferences to keep bringing the communities together with those outside of our territories.

Contractors continue to work on the website and health and social portal for MFN Health Directors and other health care providers to share their updates, documents, successes, statistics and challenges. The Health Human Resource Inventory module is currently being tested by the Mustimuhw sites - it will allow communities to determine who the “users” of the eHealth applications would be, and will show what hardware and software requirements are in place and thus needed for said applications. The Youth ICT Committee remained on after the INAC SkillsLink funds were depleted at March 31st, and assisted with the MKO Community Profiles that were developed as part of their mental health funding received from FNIHB. This allowed for the collection of the technical assessment info required for the Inventory and adding more elements to the newly developed App led by the Youth ICT Committee.

Funding is still being sought to implement interoperability between Mustimuhw-eChart-Panorama-Electronic Medical Record (eMR). Partial funding secured by FNIHB was for the Panorama interface piece of the interoperability and Gevity Consulting was contracted to complete the proposal to Infoway for all the elements in addition to another – Citizen Health Portal.

Headway was made with Infoway as OCN clearly indicated as a Mustimuhw site with all the Manitoba eHealth applications in place – coordination of care is not actually occurring as seamlessly as it seems from an overarching regional perspective – stories from the ground, the grassroots indicate much more work is required and we need the national bodies support to ensure this occurs. Three new sites were selected by eAniskopitak Selections Committee for Mustimuhw deployment – St Theresa Point, Fox Lake and Lake Manitoba. The eHealth team decided that the Prosci Change Management would be delivered to the three communities instead of just the regional staff receiving said training. Prosci will be delivered prior to the deployment occurring in the summer of 2017. Change management is the discipline that guides how we prepare, equip and support individuals to successfully adopt change in order to drive organizational success and outcomes (<https://www.prosci.com/change-management/what-is-change-management>).

NEXT STEPS AND A CALL TO ACTION

Section 19 of the Truth and Reconciliation Commission (TRCC) calls upon the Federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual reports and assess long-term trends. Such efforts would focus on indicators such as: Infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services. Work with the Youth ICT Committee focused on how to utilize eHealth and ICT applications in promoting mental wellness, thereby reducing suicide and promoting life. (See

Portal Link for access to the Final Report on the Youth ICT Committee).



The NANAANDAWEWIGAMIG (FNHSSM) eHealth team participates in over 40 committees that are created by provincial, federal and national partners. This year has focused on the strengthening of the tables for the First Nations to have their voices heard and to drive the eHealth vehicle of change. Some key successes this year include:

- Hosting the 1st Ever First Nations eHealth Conference in Canada, and the 2nd Annual MFN ICT Summit on February 6th – 9th at the RBC Convention Centre. <https://vimeo.com/207429877>
- Additional funding is anticipated from the Building Canada Fund in the amount of \$4.2M+ to develop the Clear Sky Connections
- The Youth ICT Committee is the 1st of its kind and have shown their communities and all partners involved that their voice and the movement is what is going to break the mental health stigma and show the world what they are made of. They created three applications – Skoden, Wisdom Keepers, and Kohkom's Kitchen, and through lessons learned will launch the Four Connections communications App in the fall of 2017! A call out will encourage communities to apply to be a part of the next round of the Youth ICT Committee for 17-18.

ACKNOWLEDGEMENTS

The evolution of the work that has been undertaken via mandate of the 10 Year eHealth Long Term Strategy – A Call to Action 2012-2022 is so immense, and is certainly not done just by the Nanaandawewigamig eHealth team. The leadership of the Board of Directors, the MFN Technology Council Co-Chairs, eAniskopitak Co-Chairs, and the participation by communities – the frontline workers that feel the challenges most and can glow in the celebrations even more – that is the support that makes it easier to drive the eHealth bus via the newly formed Youth ICT Committee. It is definitely an exciting time for us as First Nations technicians that can see what working together enables us to achieve! Hats off to the communities, the champions, and to the hard working Secretariat that makes it all happen in the background. We can only achieve magnificence if we dare to be innovative and take the steps needed to be trailblazers and create real change.



Foot Care and Chronic Disease

Jocelyn Bruyère RN, BScN, BA, MSc.,
Regional Foot Care and Chronic Disease
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Pam Swain, Foot Care Administration
Assistant

Darlene Spence, Foot Care and Chronic
Disease Administrative Assistant



ACCOMPLISHMENTS

Regional Training and Capacity Development of basic foot care nurses for the Home and Community Care Program for First Nations has resulted in a valuable resource. Over the last few years, a total of 81 Home and Community Care Nurses whom have been trained in basic foot care, ankle brachial pressure index, sterilization procedures (Autoclave) as well as in the Basic Foot Care Standards, Policies and Procedures Manual.

However, there is still the policy challenge which remains unresolved. The directive from FNIHB was that the Home and Community Care Program (HCCP) Nurses who had taken the foot care training were to restrict the provision of foot care to the Home and Community Care clients.

The following picture is of the Basic Foot Care 2016 graduates from Bloodvein First Nation, Canupawakpa Dakota First Nation, Chemawawin Cree Nation, Dakota Plains Wahpeton Nation, Dakota Tipi First Nation, Little Grand Rapids First Nation, Sandy Bay First Nation, and 3 from the Keewatin Tribal Council Strategy:

There were ten graduates from the DIP Foot Care Program through the Assiniboine Community College (ACC). Further to their 148 hours course they were given an Ankle Brachial Pressure Index hands-on training and orientation to the Basic Foot Care Standards Policies and Procedures Manual.

Due to the large numbers of people diagnosed with diabetes, the restriction to Home and Community Care Program clients remained problematic. In order to ensure foot care services for all diabetic clients in all First Nations, the foot care proposal, entitled, "First Nation Basic Foot Care Program: A Solution to Reduce Diabetes Foot Complications and Amputations Rate" was submitted to the First Nations and Inuit Health Branch, Manitoba Region in October 2016 as part of the Branch Operational Plan.

Basic Foot Care Standards, Policies and Procedures Manual

Updated in 2016. The reference to "Certified Foot Care Nurses" changed to "Foot Care Nurses" with a qualification that the Foot Care Nurses had completed the ACC course recognized by the CLPNM. Also, the "strapping" was removed as this is no longer a practice.

Manitoba First Nations Health Worker Continuing Education on Diabetes and Chronic Disease: An Environmental Scan

This document was completed in partnership with the Manitoba First Nations Diabetes Leadership Council, Tribal Diabetes Coordinators and Tribal Council Nursing Quarterly Meetings. The feedback from these sessions will be incorporated into a “Regional Training and Capacity Development Plan”.

The First Nation Basic Foot Care Program: A Solution to Reduce Diabetes Foot Complications and Amputation Rates

This document was developed over a number of years with input from the Manitoba First Nations Diabetes Leadership Council, Health Directors, Health Technician Network and Home and Community Care nurses.

The Foot Care Proposal was submitted to the First Nations and Inuit Health Branch, Manitoba Region in October 2016.

Nanaandawewigamig Workplace Health and Safety Manual

The Regional Foot Care and Chronic Diseases Coordinator has volunteered on this committee to develop a Workplace Health and Safety Manual to protect the FNHSSM Board of Directors, Senior Management and all employees. Over the year, meetings have been held on a monthly basis, and a Training Plan has been developed to support the work of the committee.

Foot Care Survey

A Foot Care Survey is in progress with all foot care nurses out in the field. The information will assist in the future planning of foot care service delivery and the support required.

Expansion of the Chronic Disease Management

In collaboration with the Manitoba First Nations Diabetes Leadership Council, FNIHB, Tribal Diabetes Coordinators to expand to other chronic diseases. This work is ongoing in the areas of Harm Reduction, HIV, Hepatitis C, and Research in Opioid addictions, and the utilization of the Chronic Disease Model.

Foot Care Nursing Registry was developed to keep track and monitor the number of Basic Foot Care Nurses out in the field.

Certified Diabetes Educator Examination

One of our sponsored HCCP nurses passed the exam in 2017.

STATUS AND LINKAGES

The Foot Care and Chronic Disease Unit continues to work collectively with all foot care graduates and their First Nation communities, Home and Community Care Program, the Manitoba First Nation Diabetes Leadership Council (MFNDLC) and FNIHB Program Capacity Development Unit. Regional Training and Capacity Development Workshop

The foot care and chronic disease capacity building workshops provide an opportunity for the First Nations health care nurses (including other paraprofessional workers) to attend and it provides for increased knowledge and skills development in foot care and other chronic diseases.

The theme for this year’s workshop was “Where are we at with Chronic Disease and Where are we going?” The work shop was held at the Holiday Inn Airport on February 1st and 2nd, 2017. The 106 participants (113 registered) were First Nations Home and Community Care Nurses, Tribal Home and Community Care Coordinators,

Tribal Nursing Officers and Tribal Diabetes Coordinators, and other front line health workers from the First Nations. Participants of the workshop expressed their appreciation of the workshop which refreshes their skills in diabetes, chronic disease management, and foot care.

NEXT STEPS AND A CALL TO ACTION

The plans for the next fiscal year include ten more nurses trained for foot care and a Regional Training and Capacity Development workshop for the Home and Community Care Nurses and the following: Expanding the “Chronic Disease Management Strategy” to include harm reduction, Environmental Scan of training and capacity development needs, and conduct a survey to assess and document the present state of foot care in First Nation communities. There will also be ongoing collaboration with key stakeholders on foot care and chronic disease, and work towards the establishment of a partnership with the Personal Care Home Network. In part, the project of foot care and chronic disease training addresses the Truth and Reconciliations Commission’s recommendation #23 which states: i. “Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals.” (2015. Call to Action. Truth and Reconciliation Commission of Canada P3.)

Providing training for existing First Nation Health staff in Foot Care provides for retention of nursing staff in the First Nations. The Chronic Diseases Management addresses both issues in cultural competency and the non-deficit approach in workshops.

ACKNOWLEDGEMENTS

We thank our partners, First Nations Inuit Health Branch (FNIHB), Non-Insured Health Branch (NIHB), and University of Manitoba, who are valued allies in the struggle to ensure that the First Nations are able to meet as much as possible the challenges posed by the high rates of diabetes and complications. Dr. John Embil and Dr. Randy Guzman, Dr. Jon McGavock, Dr. Sharon Bruce, Dr. Michael Hart, Dr. Barry Lavallee, Dr. Alison Dart, Dr. Komenda, all from the University of Manitoba, and presenters from Northern Mental Unit, and FNIHB who presented at our Workshop in February. Our major objective is to have healthy First Nations. Also, most gratefully, we thank the First Nation HCCP Nurses, the Health Directors and all the assistance we receive from other staff at Nanaandawewigamig, the Board, and the leadership of the First Nations in Manitoba.



Dr. Barry Lavallee, MD, Director of Student Support and Education for the Centre of Aboriginal Health Education, University of Manitoba

Partners for Engagement and Knowledge Exchange

Wendy McNab, PEKE Coordinator
Nayane Brose, PEKE Research & Communications Assistant

The intention and purpose of Nanaandawewigamig (FNHSSM) PEKE is to engage First Nations, Indigenous communities, knowledge keepers, leaders, citizens (rural, urban, remote, nationally and internationally), and the research community, health professionals and policy/decision-makers.

The following report demonstrates the successful networking, connecting and sharing of information, health knowledge in action, for April 2016-March 2017

ACCOMPLISHMENTS

Grow North-Gardens and Greenhouses. April 23-25th, 2016. Leaf Rapids, Manitoba.

In partnership with Food Matters Manitoba – Northern and Indigenous Program, PEKE participated in the weekend gathering of northern communities to the Grow North-Gardens and Greenhouse. PEKE also presented information about PEKE purpose and role with knowledge exchange and sharing, and co-hosted the spring feast.

National Indigenous Social Work Conference October 23-25th, 2016. Winnipeg, Manitoba

In partnership with Dr. Michael A. Hart and his team at the University of Manitoba participated on the planning committee and was one of the presenters at the conference. This provided an opportunity to share the purpose and role of PEKE in the area of knowledge translation, exchange into action, and for PEKE to connect with community and professionals in the area

of social work and learn about other programs, projects and research.

AFN National Housing and Infrastructure Forum, “Moving Forward on First Nations Housing and Infrastructure Reform”, November 1-3, 2016. Winnipeg, Manitoba.

In addition to having booth space at the AFN forum, PEKE assisted with the Sekuwe – My House book press release.

Sekuwe: My House, is the result of a 10 year collaborative research project between Sayisi Dene First Nation, Northlands Denesuline First Nation and the University of Manitoba. The book describes what life, and the history of the communities.

PEKE assisted with printing and the promotion of the Sekuwe book, which demonstrated knowledge, translation, exchange, into action (KTEA). This is an example of how PEKE works with First Nation communities and health researchers to create spaces of KTEA. Thank you to the Assembly Manitoba Chiefs and Manitoba Keewatinowi Okimakanak (MKO) for supporting and assisting with the press release.

First Nations Early Childhood, Education and Employment Survey (FNREEES) Data Release Seminar, November 15th, 2016. Membertou First Nation, Nova Scotia.

Regional Coordinator, Mindy Denny invited the Nanaandawewigamig PEKE to present at the Union of Nova Scotia Indians First Nations Information Governance Centre (FNIGC) REEES Regional Office data seminar.

We had the opportunity to share the work of Nanaandawewigamig PEKE with the Mi'kmaw Nation community of Membertou and the regional office partners.

Grandmothers Gathering “Returning Birth to Communities, December 12-14th, 2016. Turtle Lodge, Treaty One Territory, Sagkeeng First Nation, Manitoba.

PEKE had the opportunity to participate in the meeting with the Grandmothers, Indigenous Midwives, researchers and the Returning Birth to Communities team. Dr. Jaime Cidro, Jolene Mercer, Melissa Brown, Kathleen Bluesky, Stephanie Sinclair.

PEKE Governing Committee Meeting – June 15th, 2016

PEKE met with the Governing Committee to provide an update of the PEKE and to prepare for the Pathways Annual Gathering in Regina.

National Indigenous Diabetes Prevention Conference: Natures Reciprocity. September 27-28th 2016. Thunder Bay, Ontario.

PEKE attended the conference with our partner the National Aboriginal Diabetes Association. PEKE was able to learn about the work being done in northern and southern Ontario regarding diabetes and obesity. PEKE's presence at the conference also created opportunities of connecting with the Indigenous Diabetes Health Circle (IDHC) (Formerly Southern Ontario Aboriginal Diabetes Initiative).

International Conference on Sustainable Development, September 21-22nd, 2016. The University of Columbia, New York, New York.

The DEVOTION Indigenous Research Lead Leona Star, and the PEKE Coordinator attended and presented at the international conference held in partnership with the Master's in Development Practice: Indigenous Development (MDP) - University of Winnipeg.

2016 Canadian Indigenous/Native Studies Association (CINSA) Conference. June 22-24th, 2016. First Nations University of

Canada Treaty Four Territory in Regina, Saskatchewan.

Nanaandawewigamig PEKE co-presented with the CIHR Pathways, Native Women's Association of Canada (NWAC) and National Association of Friendship Centres (NAFC) PEKEs. The PEKEs provided an overview of how they work in each of their areas. The PEKE Coordinator networked with conference attendees.

#PEKEWEBINARS

“BUILDING HEALTH KNOWLEDGE RELATIONSHIPS INTO ACTION”

With the in-kind support from the Saint Elizabeth First Nations, Metis and Inuit (SE-FNMI) project. #PEKEwebinars are just one way Nanaandawewigamig PEKE are aiming to engage and unite!

- To share, exchange and/or create partnerships across Manitoba, Canada and internationally, regarding First Nations and Indigenous health programs, projects and research (e.g. diabetes/obesity, suicide prevention, tuberculosis, oral health and social determinants of health) to build a united community of health knowledge.
- To ensure First Nations and Indigenous health focused programs and research are supported and strengthened through collaboration between First Nations and non-First Nations.
- Focus and highlight First Nations and Indigenous people's current health providing practices influenced by our culture and traditions that has always positively contributed to our health and wellbeing.

There were 10 webinars where 368 people attended from across Canada, North West Territories, and the United States of America. All webinars are recorded and currently available on the SE-FNMI website until PEKEs website is fully running. Three of the 10 webinars were in partnership with SE-FNMI and NADA.

ADDITIONAL WAYS OF CONNECTING AND SHARING: PEKE AND OTHER GATHERINGS

The following are a few other gatherings and meetings PEKE participated in to share about PEKE or to support and participate in knowledge exchange for action.



Manitoba First Nations Health Directors Regional Gathering. April 20-22nd, 2016. Winnipeg, Manitoba.



18th National Cree Gathering "Ininiwi Pimatisiwin" "RECONNECTING OUR CREE WAY OF LIFE". August 4-6, 2016. Fisher River First Nation, Manitoba.



Assembly of Manitoba Chiefs (AMC) Assembly. September 19-22, 2016. Swan

Lake Anishinabe First Nation. Treaty One Territory.



2nd Annual Indigenous Womens Leadership Retreat. September 15-18th, 2016. Grand Rapids First Nation. Treaty Five Territory.



Nanaandawewigamig Annual General Assembly. Brokenhead Ojibway First Nation, Manitoba. September, 30th, 2016.



Orange Shirt Day. Nation Wide. October 22, 2016. #everychildmatters

PEKE CREATING AND SUPPORTING CONNECTIONS

The following are a few ways PEKE supports our partners for opportunities of connection with the hopes of building relationships in the area of research, collaboration, and knowledge sharing.

PEKE connected Masters in Development Practice- University of Winnipeg student, Vanessa Tait with our partner Dr. Amohia Boulton and her team from Ngā Pae o te Māramatanga. They had the opportunity to share their work in research and community development.

Co-hosted a meet and greet with Food Matters Manitoba – Northern and Indigenous Program for the researcher, Donisha Duff, the National Manager, Indigenous Affairs at Kidney Health Australia. May 30th, 2016. Winnipeg, Manitoba.

This day provided an opportunity to participate in a discussion with other kidney health professionals and scholars from the region. Donisha also learnt about some of the kidney health programs and projects, and participate in community visits while in Manitoba.

Anas Wayuu E.P.S.I. (Colombia) visit – July 21st, 2016. Winnipeg, Manitoba. Nanaandawewigamig PEKE assisted in hosting our partners for their visit to Canada. In addition to hosting the meeting, the Research Department (PEKEs hosting office) and the Columbians were invited to attend the Sioux Valley Dakota Nation pow-wow.

2nd Annual Canadian Institute of Health Research (CIHR) Pathways Annual Gathering (PAG). June 20-22nd, 2016. First Nations University of Canada Treaty Four Territory in Regina, Saskatchewan. The second Pathways Annual Gathering brings together the researchers funded by the CIHR Pathways to Health Equity for Aboriginal Peoples (Pathways) and Indigenous community partners to discuss

progress of research in their priority areas of: suicide prevention, tuberculosis, diabetes/ obesity and oral health. (Please note: Nanaandawewigamig PEKE has added a fifth priority area: Social Determinants of Health)

Mite Achimowin (Heart Talk): First Nations Women Expressions of Heart Health. April 11-15th, 2017. Winnipeg, Manitoba.

The Manager of Social Development and Research Initiatives and the PEKE Coordinator were collaborators for the Digital Storytelling (DST) research project in partnership with the University of Winnipeg, the University of Manitoba, and the National Collaborating Centre for Aboriginal Health (NCCAHA).

The research utilized DST as method of research and to provide space for First Nations women stories, experiences and knowledge about heart health. Six Grandmothers spent five days learning how to work with the video software and each create a 2-5 minute digital story to be utilized as a model of education for health professions. Since the women have completed their DST they have taken turns co-presenting with the project coordinator and principle investigators at conferences, nursing and medical student classes. This is one of at least a dozen research projects PEKE participates in as a collaborator, advisory and contributor to the development and assistance in the area of knowledge translation and exchange.



Aboriginal Youth Mentorship Program Pathways 2nd Annual Team Gathering. August 25-

27th, 2016. Winnipeg, Manitoba.



DEVOTION research project team meeting for pathways exercise, “Journey to Mino Pimaticiwin”.

October 7, 2016. Fort Whyte Alive, Winnipeg, Manitoba.

Watch out for the new Nanaandawewigamig PEKE Health Kits! Be prepared to have a conversation with PEKE staff to get your PEKE Health Kit.

NEXT STEPS AND CALL TO ACTION

The following next steps for PEKE for the 2017 – 2018 fiscal year:

1. Evaluation and monitoring of PEKE, and a report to follow upon completion.
2. Begin the planning and preparations to co-host the 2018 Canadian Institute of Health Research (CIHR) & Institute of Aboriginal Peoples Health (IAPH) Pathways annual gathering for all three PEKEs, CIHR researchers and Indigenous communities with the Alberta First Nations Information Governance Centre (AFNIGC).
3. Continue to update the PEKE Website and the interactive map.
4. Collaborate with the University of Winnipeg graduate program, Master’s in Development Practice (MDP): Indigenous Development, and four second year students, who are registered in the Full Circle: Capstone in Indigenous Development course. The four students are assigned to work with PEKE to develop a sustainability plan. Which is a required PEKE deliverable, outlining PEKE’s main goals for the upcoming year and used to support the CIHR funding applications for continued funding. The sustainability plan will also help the team develop future work plans to successfully develop the phases of growth of the PEKE project.
5. Develop Certificate Training for the 2019 Indigenous Research & Knowledge Translation into Action Summer Institute.
6. Co-host with our partners seasonal Feasts for Fall, Winter, Summer, Spring.
7. Continue the #PEKEwebinars each month. The PEKE Communication/ Research Assistant is currently being trained by our partner, St. Elizabeth First Nations, Inuit and Metis program, so PEKE will take on the monthly #PEKEwebinars. In 2018, #PEKEtalks will be held once a month in addition to the webinars.
8. Continue to attend partner, stakeholder and community conferences and share information about PEKE as they are identified throughout the year. Connect with additional health focused Knowledge Translation offices in Manitoba, Canada and Internationally.
9. Continue to assist with partners and Knowledge Translation (KT) members to conduct Knowledge Translation, Exchange into Action (KTEA) tasks, in conferences and community gatherings related to First Nation health, wellness and research. May include: Collaborate as identified with community discussion circles, joint community gatherings for networking and information sharing, conference and community presentations. Assist and/or provide guidance to apply for funding for community discussion circles to identify what community want to see as KTEA.
10. Continue to develop and create

spaces of Knowledge Translation for knowledge sharing, translation and relationship/partnership building.

PEKE will continue to provide support and collaboration with partners (current and new) to create spaces of KTEA in relation to, seven of the 94, Canadian Truth and Reconciliation Commission (TRC): Calls to Action, which relate to health.

ACKNOWLEDGEMENTS

Nanaandawewigamig PEKE would like to thank all the Knowledge Keepers, Governing Committee, Full Committee members, partners and First Nations community citizens we have had the opportunity to work with this last year. We would also like to thank all the #PEKEwebinar presenters for volunteering their time to share their knowledge and experiences with the webinar participants.



National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

Carla Cochrane, Regional Youth Coordinator.

NAYSPS activities were carried out under the Assembly of Manitoba Chiefs Youth Secretariat (YS). The YS aims at providing opportunities for First Nations youth to share their views and to inspire them to make change and getting youth involved within AMC with different programs and events.

ACCOMPLISHMENTS

Core funding to the YS is the biggest challenge. The YS continues to operate on a proposal basis. The sole source of funding available which allows for staff is through Health Canada and geared towards Youth Suicide Prevention. Advocating for core funding is a must as youth involvement is extremely important.

Another challenge is reaching the youth directly. Despite the amount of sharing about opportunities, communication directly to the youth is not occurring in communities. There needs to be a network involved to reach youth across Manitoba that is community based.

Here is a list of some of the accomplishments during the 2016/2017 year:

Workshops and Webinars

- Workshop on Youth Leadership at the College- approximately 15 Youth Workers attended
- Workshop on Strengthening our People/Promoting Life- 2 university classes, approximately 60 attended, 1 Diploma program- approximately 15 attended

- Healthy Outlets- at a Youth Conference- fly-in community approximately 50 youth attended, at a Brighter Futures Gathering approximately 60 community members and youth attended and AFN National Youth Summit on Mental Wellness, approximately 30 youth attended
- Workshop on My Reflection- Youth Inquiry and Dialogue- teachers from Winnipeg School Division- approximately 80 attended
- PEKE Webinar- Promoting Life- approximately 40 attended from across Canada

Presentations

- My Reflection- Youth Inquiry- AFN Annual General Assembly, approximately 300 in attendance
- Promotion of Life- Annual General Assembly for a Northern Co-operative- approximately 150 attended
- Strengthening our People- at the World Indigenous Suicide Prevention Forum in New Zealand- approximately 50 attended, at the National Child Day Forum- Every Child Matters- approximately 15 attended and with the AFN National Youth Council and ICT Subcommittee, approximately 35 attended
- Assembly of Manitoba Chiefs Youth Secretariat activities- Share and Learn with Suicide Prevention programs in the Region, approximately 45 in attendance and Youth ICT Subcommittee- approximately 15 in attendance
- Promotion of Life- at E-Health Conference, approximately 100 in attendance

Trainings

- Mental Health First Aid- First Nations- Train the Trainer session- completed to become a Facilitator
- Applied Suicide Intervention Skills Training- approximately 30 people trained

- CEPS Youth Leadership Training- 2 Programs- 45 youth trained to deliver CEPS
- Mental Health First Aid- First Nations- 3 sessions held, approximately 70 frontline workers trained

Committees

- As part of the MFNWAC, assisted in planning and participated in Historical Roots Conference attended by approximately 120 individuals from across region
- Assisted with the initial planning and the event for World Suicide Prevention Day in Winnipeg MB through the Winnipeg Suicide Prevention Network
- Completed the study with Aboriginal Youth Living with HIV: from diagnosis to learning to manage their lives. Study has been published and listed as co-author
- Provided advice and sat on two different committees directed for Diversity and Sustainability for the Next Up Youth Leadership Program
- Through the Emergency Department Violence Intervention Program (EDVIP) Advisory Committee, noted as co-author in research papers
- Youth Suicide Prevention Roundtable planning committee hosted a successful roundtable event- approximately 80 leaders and youth from urban based organizations attended

Events

- Coordinated the Traditional Youth Gathering held in Roseau River, 80 attended the 3 day event
- Coordinated the Indigenous.Strength. Inspire Youth Summit- the 3.5 day event was attended by 200 First Nations youth and chaperones representative of 40 First Nations communities, and the 5 nations in the region.

Other areas

- My Reflection- was completed, 12 First Nations communities were visited, 100 youth participated in the video interviews
- Chaperoned 12 youth representatives who attended the National Youth Summit in Niagara Falls and the AFN Annual General Assembly
- Participated in fundraising efforts for the Youth Suicide Coalition
- Mentored and hosted the Youth in Leadership Southern Coordinator employed by Swampy Cree Tribal Council
- Mentored two Youth Assistant Coordinators employed in the Youth area
- Mentored and Co-emceed with a youth the Indigenous Youth Roundtable on Suicide Prevention
- Participated in the Networking Champions event hosted by Nine Circles with organizations involved in work within the area of HIV
- Attended and presented the World Indigenous Suicide Prevention Conference and Youth Summit in New Zealand
- Completed the Community Change with Collective Impact Training

STATUS AND LINKAGES

Here is a list of activities provided through the YS.

First Nations Youth Advisory

The Youth Secretariat has a Youth Advisory made up of youth 18-25 years of age. These youth provide advice to the YS on various events and initiatives. Partnerships are also made with external organizations to assist in their ventures.

The FNYA is also present to provide advice to programs under Assembly of Manitoba

Chiefs. These youth leaders are working towards change, empowering and inspiring other First Nations youth and from across Manitoba.

Youth Health and Wellness

The Youth Health and Wellness Strategy looks at a variety of areas of training for youth, frontline workers, hosting youth events, getting youth involved, providing opportunities to connect with culture and tradition amongst many other areas. This area was formerly known as the Youth Suicide Prevention. The goal is to strengthen our communities by using a strengths based approach based on protective factors.

The following trainings and workshops were provided to communities and organizations:

CEPS Youth Leadership Development Applied Suicide Intervention Skills Training Little Cub Training

Post Secondary Workshops- Strengthening our Peoples (Suicide Prevention) and Suicide Prevention/Promotion of Life within First Nations communities

Healthy Outlets and Mental Health First Aid- First Nations.

Committee Representation-

Having a First Nations perspective is important in the area of Youth Health and Wellness the following are a list of involvement with various committees:

- Children's Inquest Review Committee- Office of the Chief Medical Examiner;
- Winnipeg Suicide Prevention Network;
- Manitoba First Nations Wellness Advisory Committee- First Nations Inuit Health Branch;
- Partners for Engagement & Knowledge Exchange- Committee more specifically co-lead on the Suicide Prevention pillar

- Emergency Department Violence Intervention Program (EDVIP) Advisory and Steering Committees;
- Indigenous Youth Suicide Prevention Roundtable planning committee;
- Next Up Youth Leadership Program Advisory, Diversity and Sustainability Committees;
- Manitoba Advisory Team for HIV Community Based Research;
- HIV Risk Reduction in Northern Manitoba: A Pilot study to access community readiness in a First Nations community review committee.

Traditional Youth Gathering-

The Traditional Youth Gathering is held annually to bring together approximately 100 youth from across Manitoba to learn from Knowledge Keepers and to connect with culture, traditions and personal development.

Knowledge/Information Sharing- In addition to workshops, information is also shared at conferences and through Webinars.

Working with communities- the YS works with various communities and organization in the area of Youth Health and Wellness or area relating to First Nations youth.

My Reflection- Youth Inquiry

In partnership with Nanaandawewigamig, the My Reflection- Youth Inquiry was created to encourage our First Nations youth in the region to highlight what we need to do change. It was a way to look at our realities- both the strengths and the challenges.

My Reflection was created to find out directly how we can improve our communities. A team of four young people made up the team who travelled to these communities. Each community appointed a youth representative to take part in

the Youth ICT Subcommittee. These reps assisted our team within their territory.

NEXT STEPS/CALLS TO ACTION

Section 62 calls on all levels of governments to make age appropriate curriculum on residential schools, Treaties and historical and contemporary contributions as mandatory. This is important for our youth to understand the state of our people, our communities and family. It is important to guide youth so that they understand that they are the change makers to recognize the past injustices and their impacts and that they do not have to follow that path.

By taking a strengths approach to suicide prevention based on protective factors and building that strong foundation through knowing history, the culture and traditions we are empowering them to make change for future generations.

ACKNOWLEDGEMENTS

From the bottom of my heart, thank you to the youth for being change makers and inspiration to the up and coming generation. Words to remember while on your journey, “be authentic, tell us what’s in your heart, what’s in your mind. When you speak from your heart, you are giving other youth permission to speak up.”- Mike King

Would like to acknowledge Roseau River Anishinabe Nation for their hospitality during the Traditional Youth Gathering, in particular Cecil and Erin James for all their hard work. The Department of Conservation- Province of Manitoba for their contribution towards the TYG. The Winnipeg Suicide Prevention Network for their contribution towards the Youth Suicide Coalition.

Thank you to all the frontline workers, communities and organizations who are working towards promoting life and strengthening our families and communities.



“My Reflection was created to find out directly how we can improve our communities”.

DIABETES INTEGRATION PROJECT

Caroline Chartrand, RN, Director, DIP
Lorraine McLeod, RN, Province Wide Coordinator
Judith Buck, RN, Thompson Team
Cynthia Spence, LPN, Thompson Team
Patricia Currie, RN, Dauphin Team
Alice Asham, LPN, Dauphin Team
Sharon Flett, LPN, Winnipeg Team
Belinda Harper, LPN, Winnipeg Team
Kayla Farquhar, Dietitian
Dr. Barry Lavallee, Medical Consultant
Monique Lavallee, Administrative Support

The Diabetes Integration Project had an exciting year following the merger with the First Nations Health and Social Secretariat of Manitoba Inc. in April 2016. The provision of mobile diabetes care and treatment services in 20 First Nations communities is supported through a number of partnerships with the First Nations communities, Tribal Councils, Manitoba First Nations Diabetes Leadership Committee and the various health professionals in the key specialty areas.

ACCOMPLISHMENTS

The DIP Model of Care utilizes a one-to-one anti-racist, anti-colonial approach and builds on the strength of the First Nation communities in its delivery of care to its citizens. The DIP Project is based on a one to one patient to one provider model. The one patient to one provider model allows DIP to work with each client individually to meet the needs of each client and allows for the development of a therapeutic relationship. Trust is developed usually over two to three clinical visits and clients are open to discussing sensitive areas during the clinical assessment. DIP has demonstrated the success of this approach in the clients' ability to manage their diabetes thereby reducing the progression of diabetes related complications.

Training and capacity development activities are a very important aspect of mobile diabetes care and treatment service delivery. One priority is to develop and support a workforce that is fully aware of the unique history, knowledge of the cultural values and belief system, as well as to ensure the DIP Team nurses have the skills necessary to conduct the clinical assessments. Through training and capacity development activities, the DIP Team Nurses are supported to engage with clients from an anti-racist, anti-colonial and strength based approach. Clients are supported to make changes in their diets, physical activity, taking their medication and managing their disease. Clients are also supported if they choose the traditional health and healing route.



Dr. Barry Lavallee supports the DIP Team nurses during Admin Week sessions.

All DIP Team nurses are experts in "Point of Care Testing" to assess diabetes management, kidney damage and kidney function. Testing produces quick results in 6 - 12 minutes. Client education is provided based on the results, which creates an opportunity for education to increase awareness of their condition and what clients need to do to improve their health. Clients have advised they like the fact that results are obtained immediately and the education is tailored to the individual client.

All DIP Team nurses are trained on how to collect finger poke samples for Point of Care Testing, Quality Assurance and Point of Care Testing protocols.

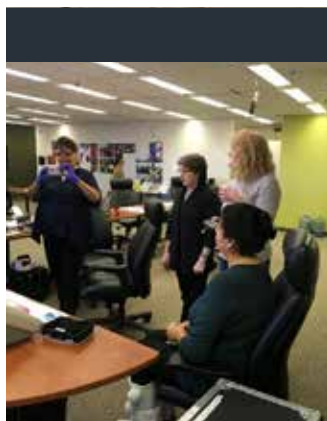
FINISHED Kidney Screening Project

The partnership developed between DIP and the Manitoba Renal Program has been very significant given the state of chronic kidney disease seen in the DIP clients. Dr. Paul Komenda, Nephrologist has been very instrumental in working collaboratively with Dr. Lavallee, DIP Medical Consultant on shifting the focus of care and treatment intervention efforts to kidney protection. This partnership was instrumental in the successful proposal submission of the FINISHED Kidney Screening Project.

FINISHED was a three-year project that provided mobile point-of-care kidney disease screening, risk prediction and treatment through a proven model of healthcare delivery in First Nations communities. The FINISHED project began in October 2012 and ended in March 2015 and was based on the Diabetes Integration Project Model of Care. The Project targeted 11 First Nation communities across the West Region and Island Lake Tribal Council areas. Eligible children and adults (>10 years old) were screened using validated predictors of chronic kidney disease progression. In total, there were over 1,900 First Nation individuals screened in Manitoba.

The First Nations Community Based Screening to Improve Kidney Health and Prevent Dialysis (FINISHED) has successfully demonstrated that active community based screening conducted by mobile screening teams that use modern and efficient risk assessment tools are feasible, affordable for high-risk populations and can lead to improved kidney care. In addition, it can reduce the downstream costs of dialysis.

Renal Training and Capacity Development – January 30 – February 2, 2017. Training provided to the Kidney Foundation of Canada, DIP Team Nurses, and Norwest Health Access Centre staff.



Phase II – FINISHED Kidney Screening Project

The second phase of this project is to track all individuals who participated in the FINISHED study over the course of the next 5 -10 years. Through an ongoing collaboration, two Tribal Council resolutions have been signed giving approval for the participant screening data to be moved over to Nanaandawewigamig following the OCAP principles. This will provide valuable insight and direction to practitioners and communities regarding the long-term treatment and health outcomes of participants. Linking of client data will assist us in the tracking the clients through the health care system.

Research - Strategies for Patient Oriented Research (SPOR) – CANSolve CKD
From 2012-2015, the Diabetes Integration Project and Manitoba Renal Program partnered in a population health initiative to screen for, triage and treat chronic kidney disease in over 2000 First Nations people in Manitoba. FINISHED provided rural and remote First Nations adults and children (>10) with in community comprehensive screening for CKD, hypertension and diabetes in addition to real time risk prediction for CKD, counselling and appropriate referral to primary care or nephrology teams based on the client's risk profile.

The SPOR - Kidney application is an extension of the FINISHED Project and is co-lead by Dr. Adeera Levin, University of British Columbia and Dr. Paul Komenda (Manitoba Renal Program, University of Manitoba) and Dr. Barry Lavallee (Indigenous Lead). This is a 5 year initiative which will run from September 2016 – March 2021.

Dr. Komenda presents information on Kidney Health and dialysis to the SPOR CANSolve network.



Research - Strategies for Patient Oriented Research (SPOR) – Diabetes

The Diabetes Integration Project partnered with the University of Manitoba in a joint application to the Canadian Institutes for Health Research (CIHR) over the next five years. The Diabetes Integration Project will be involved in the development of a “National Training in Culturally Safe Diabetes Education.”

This research project builds on the success of the DIP Model of Care, which builds upon the anti-racist, anti-colonial, strengths based approach developed by the Diabetes Integration Project. The goal is to develop an education program to train healthcare practitioners and students in a novel culturally appropriate and safe model of First-Nations community-based diabetes care. This training program will focus on reaching primary care providers across Canada who care for both Indigenous and non-Indigenous vulnerable persons living with diabetes.

Research – Type 2 Diabetes in Manitoba

Another project that DIP is involved in is based on the previous work done by Dr. Pat Martens in 2002 entitled, “The Health and Health Care Use of Registered First Nations People: A Population Based Study.” This research project will provide an analysis of major trends in type 2 diabetes prevalence and incidence in Manitoba from 1983 to 2015. It will look at use of health services, social services, educational outcomes as well as provide an overall picture of diabetes complications. This project is expected to provide a “snapshot” of diabetes within the Manitoba Region. This project is expected to wrap up in the fall of 2018.

Research – “Improving responsiveness across the continuum of kidney health care in rural and remote Manitoba First Nation

This partnership-based program of research brings together community-based researchers from the Nanaandawewigamig FNHSSM Diabetes Integration Project, First

Nation patients with lived experience of renal disease, University of Manitoba university-based researchers and health care professionals (kidney specialists, nurses, dietitian, social worker). The research project will focus on the continuum of renal care (from presenting renal health to expanding treatment options). The proposal will be submitted in August 2017.

Key Issues and Challenges

Given the high incidence, prevalence rates and complications of type 2 diabetes in the Indigenous population, the Diabetes Integration Project is a mobile diabetes care and treatment service model intended to address the care and treatment needs for First Nations people who have been diagnosed with type 2 diabetes. A number of clinical services are provided to assess the health status of each client and provide client centered care.

Addressing chronic diseases in First Nation communities requires a two pronged approach as the best means to reduce the impact of diabetes and its complications. Increasing the resource base for DIP and influencing both provincial and federal governments to incorporate a screening, location of disease and treatment platform in the current health care system are necessary and proven best approach. Eliminating poverty is central to reducing complications for those living with type 2 diabetes.

The expansion of the Diabetes Integration Project into the 43 remaining First Nations communities remains a challenge. Political support and advocacy is required to negotiate additional Aboriginal Diabetes Initiative funds to allow for expansion without jeopardizing the community based funding or resources.

STATUS AND LINKAGES

DIP North Team

The Thompson Team is located at the Keewatin Tribal Council Office in Thompson, Manitoba. The Thompson Team provides mobile diabetes care and treatment services to the six First Nation communities in Northern Manitoba. Community visits are scheduled on a quarterly basis as follows:

- Chemawawin First Nation (Easterville)
- Tataskweyak First Nation (Split Lake)
- Nisichawayasihk First Nation (Nelson House)
- Bunibonibee First Nation (Oxford House)
- Manto Sipi First Nation (God's River)
- God's Lake First Nation

DIP Winnipeg Team

The Winnipeg Team provides mobile diabetes care and treatment services to five First Nation communities in Southern Manitoba. Community visits are scheduled every two months as follows:

- Hollow Water First Nation
- Peguis First Nation
- Long Plain First Nation
- Swan Lake First Nation
- Sandy Bay First Nation
- Roseau River First Nation (inaugural visit – August 2015)

DIP Dauphin Team

The Dauphin Team was launched in September 2009 and provides mobile diabetes care and treatment services to eight First Nations communities in the West Region Tribal Council region. Community visits are scheduled on a quarterly basis as follows:

- Pine Creek First Nation
- Skownan First Nation
- Ochichakkosippi First Nation (Crane River)
- Ebb & Flow First Nation
- Rolling River First Nation
- Keeseekoowenin First Nation
- Gambler First Nation
- Non-Affiliated - Tootinaowaziibeeng First Nation (Valley River)

The Registered Dietitian supports all DIP

Teams and provides individual nutritional counselling sessions or educational sessions in groups. The dietitian also provides sessions via Manitoba Telehealth if available.

Meetings with Tribal Councils/First Nations/Health Authorities

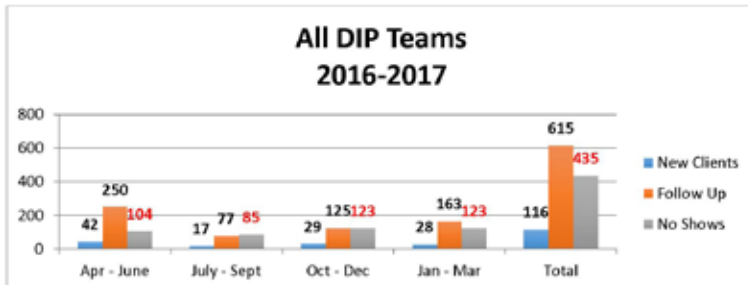
A number of meetings/presentations have been held to provide information on the DIP Project, discuss issues/concerns and to collaborate on the coordination of diabetes care and treatment services.

April 20, 2016 - Community Health Representatives Association presentation
Senior Management Team Meetings – all FNHSSM Department Managers/Directors
June 29, 2016 – Health Information and Research Governance Committee presentation re: data
August 22, 2016 – Four Arrows RHA Board of Directors
September 15, 2016 – Manitoba First Nations Health Technicians Network – (Foot Care)
October 6, 2016 – Manitoba First Nations Diabetes Leadership Council – Foot Care Proposal
October 12 – 14, 2016 - Health Directors Gathering – (Foot Care)
November 17, 2016 – Presentation to University of Manitoba Physiotherapy Students
December 7, 2016 - Community Health Representatives Association
January 17, 2017 – Nisichawayasihk Cree Nation – DIP presentation to health staff
January 18, 2017 – Telehealth Meeting with Northern RHA, FNIHB and Oxford House
February 28, 2017 – Interlake Reserves Tribal Council (Health Directors)
March 29, 2017 - Community Health Representatives Association presentation

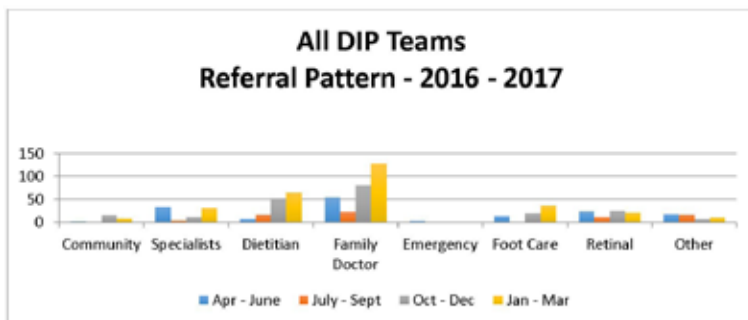
Status of Activities for 2016-17

DIP continues to provide mobile diabetes care and treatment services to twenty (20) First Nation communities in Manitoba. DIP utilizes the Canadian Diabetes

Association Clinical Practice Guidelines for the Prevention and Management of Diabetes (2013) as the “Gold Standard of Care” which provides a framework for the diabetes care and treatment activities provided by the Mobile Diabetes Health Care Service Delivery Teams.



DIP Team Referral Patterns



CALLS TO ACTION

Addressing chronic diseases in First Nation communities requires a two pronged approach as the best means to reduce the impact of diabetes and its complications. Increasing the resource base for DIP and influencing both provincial and federal governments to incorporate a screening, location of disease and treatment platform in the current health care system are necessary and proven best approach. As a social determinant of health, eliminating poverty is central to reducing complications for those living with type 2 diabetes.

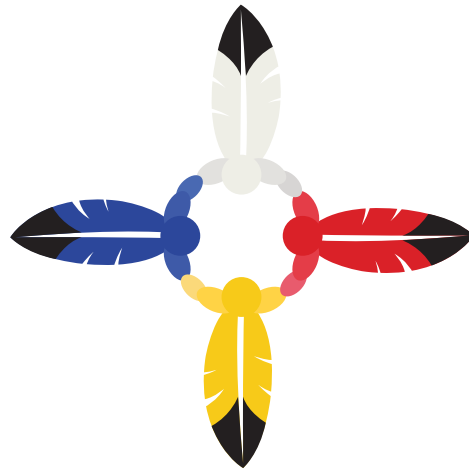
The expansion of the Diabetes Integration Project into the 43 remaining First Nations communities remains a challenge. Political support and advocacy is required to

negotiate additional Aboriginal Diabetes Initiative funds to allow for expansion without jeopardizing the community based funding or resources.

The Truth and Reconciliation Report recommendation # 23 calls upon all levels of government to increase the number of Aboriginal professionals working in the health care field; ensure the retention of Aboriginal health care providers in Aboriginal communities; and provide cultural competency training for all health care professionals. The Diabetes Integration Project Model of Care provides an “anti-racist, anti-oppressive approach to diabetes care and treatment services. All DIP Teams have been provided with skills-based training and capacity development to ensure the nurses are aware of our culture and history.

ACKNOWLEDGEMENTS

We thank the Nanaandawewigamig Board of Directors, Senior Management and all FNHSSM staff for their ongoing support. We also thank Dr. Barry Lavallee, who provides the guidance and direction in the application of mobile diabetes care and treatment services in Indigenous populations. We would also like to thank the Manitoba First Nations, Diabetes Leadership Council, Tribal Councils, Health Directors, the First Nations communities, FNIHB, and the University of Manitoba specialists for their continued support.



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