In the Spirit of HEALING & WELLNESS

THE NEWSLETTER OF THE ABORIGINAL HEALING AND WELLNESS STRATEGY

The turtle represents Turtle Island because Turtle Island is Mother Earth. The people are holding hands because it means they will help each other with their problems. They are standing in a circle because it represents the circle of life. They could be our friends, families and strangers that either need help or are helping.

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Diabetes: Working with Future Generations

As part of a diabetes prevention program, school children participate in a curriculum that encourages healthy eating and physical activity. Here, two students read the nutritional notes on a food label.

With rates three to five times higher than the mainstream population, diabetes has been called a growing "epidemic" among Aboriginal peoples. The First Nations and Inuit Regional Health Survey reports that one in four individuals in First Nations communities on-reserve and over the age of forty-five have diabetes, and there are grave concerns about the increase of Type 2 diabetes in Aboriginal children. Aboriginal people have a high prevalence of complications such as heart disease, hypertension, stroke, lower limb amputations, kidney disease, and eye disease. They demonstrate greater severity of the disease at diagnosis and are at risk because of a lack of accessible services.

As much as diabetes is a formidable presence in Aboriginal communities today, it was relatively unknown to Aboriginal people prior to the 1940s. In the course of only a few generations, it has become one of the primary threats to Aboriginal health. The good news is that many Aboriginal communities are now actively engaged in diabetes prevention, and some have taken on community based research projects to ensure that the prognosis is better for the upcoming generations.

Sandy Lake First Nation is one such community. In the early 1990s, the Sandy Lake Chief and Council started talking about the increasing amount of people being sent

Walkers enjoy the trails at Sandy Lake First Nation, which have encouraged community members to exercise.

Smoking and diabetes

When you smoke, less oxygen flows inside your body. This can cause a heart attack or stroke.

Smoking damages your blood vessels, which makes it harder for your body to heal. This can lead to infections in your legs and feet.

If you smoke and you have diabetes, you are more likely to get nerve damage and kidney disease.

Smokers are more likely to get colds and respiratory infections.

Smoking can lead to impotence.

Children are more likely to start smoking if their parents smoke.

No matter how long you smoked, your health will start to improve right after you quit or cut down on the amount you smoke.

out of the community for diabetes-related complications. They approached Dr. Stewart Harris, the Medical Director of the former Sioux Lookout Zone Hospital, and asked for assistance. When preliminary research came back with findings that the community had the third largest rate of diabetes in the world, they knew they had to take action.

The Chief and Council made the decision to undertake research that could determine the prevalence and risk factors for diabetes in their community. They also wanted to develop "a culturally appropriate strategy for primary and secondary prevention of the disease and its complications." After some primary research with Dr. Harris and Dr. Bernie Zinman of Mt. Sinai Hospital in Toronto, Sandy Lake joined as a community based project with the multi-faceted and inter-provincial Interdisciplinary Health Research Team (IHRT). The community is now part of a larger project of study entitled "Diabetes in the Aboriginal Population: Defining, Understanding and Controlling an Emerging Epidemic."

Research in Sandy Lake involves testing for the early signs of diabetic complications such as kidney, eye and nerve damage and looking for risk factors associated with heart attack, stroke or circulatory problems, through laboratory testing of blood. The community is now using this information to develop a strategy for documenting the prevalence of complications and implementing a screening program to detect the early warning signs.

The project includes a prevention component as well, which has grown over the years and is now staffed by Rod Fiddler. One core function is to educate future generations through the Sandy Lake First Nation School Diabetes Prevention Program. All schools on the reserve have implemented a healthy morning snack and lunch program and there are on-going educational activities aimed at parents. Students in grade three and four take part in a curriculum that encourages healthy eating and physical activity. As one grade three teacher reflects, "This curriculum is important for health reasons for future generations. Many times the kids tell stories of their families being sick, so their curiosity about diabetes and other sicknesses makes it interesting in the learning process." Fiddler notes that the message is getting through to the children. He chuckles, recounting that "A lot of the elders carry sweets for the grandchildren, but now the kids are saying 'that's too sweet – that's not good for me.'"

With physical activity as the counterpart to healthy eating, Sandy Lake has developed initiatives for children, youth and adults. One of Fiddler's favourite projects has been the establishment of six kilometres of walking trails. Sandy Lake members have historically been walkers, checking traps and snares during summer and using snowshoes for hunting in the winter. As a physical activity, walking therefore had an appeal. But Fiddler explains that their remote community has experienced an increasing amount of vehicles coming in over the winter months, which makes walking the dusty roads unbearable in the summer. In the end, the community took four years to build walking trails and revitalize old trails that had been abandoned. In addition to helping community members avoid the dust, these trails have made it possible for people to become active without having to feel self-conscious by walking out on the roads. "People didn't want to be seen as a health nut, or that they were trying to lose weight," says Fiddler.

The Sandy Lake Health and Diabetes Project has been successful because they work with the distinct ways their community shares information. Fiddler gives an example: "The radio is like a big intercom in Sandy Lake," he says, pointing out that most households have their radio on all day. Knowing this, the Sandy Lake Health and Diabetes Project developed a weekly diabetes radio program – which is followed by informal polling at the Northern Store to determine how much of the information is getting through.

As part of the IHRT research project, the Sandy Lake model is being evaluated and the lessons they have learned will be shared in order to benefit other Aboriginal communities. In the words of former Deputy Chief Harry Meekis, "We want to be known, not just as the community with the third highest diabetes rate, but as the community that did something about it."

The Kahnawake School Diabetes Prevention Project (KSDPP) is another nationally acclaimed community based program that has been part of the IHRT research activity. The KSDPP has been running for ten years, with the core of their work taking place in the schools. Staff from the local hospital have developed a curriculum for children to learn about healthy nutrition and physical activity which KSDPP promotes and supports, and the staff have also established a number of school and community-based activities to encourage healthier lifestyles.

A lot of the elders carry sweets for the grandchildren, but now the kids are saying 'that's too sweet – that's not good for me.'

The KSDPP includes a Centre for Research & Training, which has the responsibility to complete a ten year evaluation of the KSDPP and evaluate how information is disseminated and adapted throughout Aboriginal communities in Canada. The Centre also provides training to Aboriginal community researchers and to graduate and postdoctoral students interested in diabetes prevention.

KSDPP research includes measuring the impact on Kahnawake children through: questionnaires about eating habits; physical activity and television use; a "run-walk" test to measure fitness; computer based activities that allow children to indicate their level of activity; and body measurements. The process they have undertaken to do this community-based research is also recognized as a cutting edge model; the authority for all phases of research, including data collection and disseminating research results rests with the community through an advisory board. The results of the research are continuously being reported back to the community.

In order to share the wisdom they have gained from experience, the KSDPP has established a training program. This program is geared towards workers in Aboriginal communities involved with health topics, health promotion, nutrition, recreation, wellness and education. Workers may attend five-day training sessions offered at Kahnawake, or can contract KSDPP to come to their sites. The KSDPP has also established a number of one and two-day diabetes prevention related workshops, covering topics such as personal empowerment, community mobilization and prevention programming for schools.

One initiative that is currently underway with the IHRT and KSDPP is to assist the residents of Moose Factory, Ontario, to build a diabetes prevention project. The KSDPP will be offering intensive training with a community diabetes prevention team, and have already started collecting base line information about physical activity and nutrition.

One thing that has been confirmed through the KSDPP project is the value of working with an Aboriginal belief in the future generations. Alex McComber, Interim Executive Director of KSDPP, reflects on this culture-based approach: "Coming from a worldview of the Haudenosaunee (Iroquois Confederacy), we know we have a responsibility for future generations. There are a significant number of people who value that the path of the children and grandchildren is healthier [because of diabetes prevention work.]" Jon Salsberg, IHRT Research Associate with KSDPP agrees. "In all cases, people have taken the approach of 'What can we do for our children?' – not just for ourselves and our kids, but for the next seven generations."

As with the project in Sandy Lake, KSDPP has paid attention to the children, with the hope of making lasting change. By placing the children at the core, both programs have been able to make an impact on everyone in the community. "We are now looking at the children as a way to get the grandparents involved," says Salsberg. "They may not do it for themselves, but they will do it for their grandchildren."

The results have been encouraging, but Alex McComber stresses that it will take time. "Ideally we are going to see the major change when the children who are now going through school become parents." But he knows that the power rests with the community. "There is the recognition that no one else is going to do it for us. We have to do it ourselves."

The Sandy Lake Project website is: <www.sandylakediabetes.com>. The Kahnawake School Diabetes Prevention Project website is <www.ksdpp.org>.

What is diabetes?

Type 1 diabetes is usually diagnosed in children and young adults. With Type 1 diabetes, the pancreas makes little or no insulin, so you need insulin injections everyday and a carefully planned healthy way of eating.

Type 2 diabetes is when your body does not make enough insulin to use the sugar from food as energy, or when the insulin your body makes doesn't do its job. The majority of diabetes cases in First Nations communities are due to Type 2. The prevalence of Type 2 diabetes among Aboriginal children in Canada is increasing.

Gestational diabetes occurs among pregnant women when hormones produced by the placenta begin to block the body's use of insulin.

Risk factors for Type 2 diabetes

- Overweight.
- History of diabetes in your family.
- High blood pressure.
- Trouble dealing with stress.
- Had diabetes during pregnancy.
- Given birth to a baby that weighed over 9 lbs.
- Inactivity.

You might have Type 2 if you:

- are always thirsty.
- urinate a lot.
- lose weight without knowing why.
- do not have much energy.
- have blurred vision.
- get more infections than usual.
- have cuts and bruises that heal slowly.
- feel tingling or numbness in your hands or feet.

It is important to know if you have diabetes. The sooner you know, the sooner you can take steps to help you live well with diabetes.

Walking In Balance: Diabetes Programming at Wabano

For more information on diabetes

National Aboriginal Diabetes Association
174 Hargrave Street
Winnipeg, Manitoba
R3C 3N2
Telephone: (204) 927-1220
Toll Free: 1-877-232-NADA (6232)
Fax: (204) 927-1222
Email: diabetes@nada.ca
www.nada.ca/index.php

Southern Ontario Aboriginal Diabetes Initiative
2 Clark Street, Unit 4
St. Catharines, Ontario
L2R 5G2
Telephone: (905) 938-2915
Toll Free: 1-888-514-1370
Fax: (905) 641-2995
www.soadi.ca

Aboriginal Diabetes Initiative (Health Canada)
Email: fnihb-dgspni@hc-sc.gc.ca.
www.hc-sc.gc.ca/fnihb/cp/adi/introduction.htm

Canadian Diabetes Association
National Life Building
1400-522 University Ave.
Toronto, Ontario
M5G 2R5
Telephone: (416) 363-0177
Toll Free: 1-800 BANTING (1-800-226-8464)
Fax: (416) 408-7117
Email: info@diabetes.ca
www.diabetes.ca/Section_Main/welcome.asp

Diabetes Ontario
Main Office
1204A Roland St.
Thunder Bay, Ontario
P7B 5M4
Telephone: (807) 626-9788
Toll-free: (800) 565-3470
Fax: (807) 626-8251
Email: thunderbay@diabetesontario.org
www.diabetesontario.org

American Diabetes Association
www.diabetes.org/homepage.jsp

"Walking in Balance" is the name of the Diabetes Prevention Program at Wabano Centre for Aboriginal Health in Ottawa. This name reflects the importance of balancing exercise, healthy eating, stress management, and cultivating spirituality to prevent diabetes. The program, funded by Health Canada, and the Aboriginal Healing & Wellness Strategy (Government of Ontario), is coordinated by Annette Bradfield, and has developed considerably in its first year and a half.

Interactive workshops addressing topics such as child nutrition, stress management, and diabetes prevention, are offered at Wabano and its partnering organizations. One component of this program involves a Community Kitchen where healthy food choices are explained and promoted. Participants learn to prepare healthy traditional foods, and to balance this with physical activity. A Community Garden allows participants to learn to plant and care for vegetables, as well as increase activity. The 5th Annual Aboriginal Health Fair in November 2004, entitled "The Whole Grain Truth About Carbs", featured Aboriginal presenters, traditional foods, dance, and story telling.

Wabano successfully hosted two separate Challenge events in 2004 that encouraged participants to develop and sustain healthy eating habits and active lifestyles in order to prevent diabetes. In January, the challenge was entitled "Triathlon to Biimaudiziwin" (healthy life), and ninety people participated in this three-week event. In the first week, participants were encouraged to monitor their water intake, thereby highlighting the importance of water in their diet. The second week focused on a healthy breakfast, and the third week focused on increasing physical activity in their lives. More recently, the "Wabano Three Weeks Before Christmas Healthy Challenge" was held to promote strategies for coping with seasonal stress. Components of this event included eating 5-10 fruits and vegetables daily, making time for relaxation, getting enough sleep, and doing thirty minutes of activity such as walking each day. To kick off this event, a speaker from the Heart and Stroke Foundation gave a presentation about stress. Tips were discussed to assist participants to make Christmas more relaxing and enjoyable.

For the Youth, weekly activities are offered, such as hip hop dancing, and the Outreach Youth Exercise Program at the Odawa Friendship Centre. At Odawa, youth enjoy working with a Canadian Olympic athlete, who serves as a role model and organizes a variety of games. In addition, the Wabano Diabetes Program hosts an Annual Summer Camp and a March Break Camp that get youth involved in focusing on healthy food choices and increasing physical activity.

Regular physical activity is encouraged as an integral part of diabetes prevention for children and adults.

The "Walking in Balance" program serves all age groups. The entire family is encouraged to make healthy choices to reduce their risk of diabetes. With a growing urban Aboriginal population in Ottawa – estimated at between 32,000 and 35,000 currently – the program is sure to bring balance into the lives of many families in the future.

To contact the Wabano Centre for Aboriginal Health, call (613) 748-5999 or visit <www.wabano.com>.

Gestational Diabetes: Risky Business

Finding out that you or someone you know has diabetes in their pregnancy can be a frightening experience. ***Carol Seto, RD****, responds to some common concerns women have about gestational diabetes.*

"I felt helpless and all alone when I heard that I had gestational diabetes. I kept wondering what would happen to me…to my baby?"

Finding out that you or someone that you know has diabetes in their pregnancy can be a frightening experience. It happens to 2-4% of women in Canada, somewhere between 24 and 28 weeks into their pregnancy. Aboriginal women are at an even higher risk for gestational diabetes. In the Cree communities of James Bay, Quebec, it was found that 12.8% or about 1 in 8 women had gestational diabetes.

How does a woman get gestational diabetes? During the third trimester of pregnancy, hormones produced by the placenta begin to block the body's use of insulin. Insulin is the hormone responsible for moving sugar that is in the blood into the cells of the body for energy. If the supply of insulin cannot keep up with clearing out sugar from the blood, to maintain normal blood sugar levels, the mother's blood sugars will rise and she is diagnosed with gestational diabetes.

"I didn't feel unwell. How could I be sick? I thought all people with diabetes got thirsty and craved sweets all the time."

Women with gestational diabetes in most cases cannot tell that they have gestational diabetes. They often do not have any of the signs and symptoms that a person with type 1 or type 2 diabetes might have as their blood sugar levels are not as high. However, it is still important that Aboriginal women be tested for gestational diabetes as they are known to be at higher risk for diabetes. If gestational diabetes is not taken care of during pregnancy, it can result in delivery of a baby that may be larger than normal or who may have low blood sugars, breathing problems or prolonged jaundice after delivery.

Not everyone gets gestational diabetes. It depends on many factors that put people more or less at risk for getting gestational diabetes. The U.S. National Institute of Health has developed a Risk Quiz for gestational diabetes. Take the test at the right, to determine if you or someone you know may be at risk.

The 2003 Canadian Diabetes Association's Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada recommends that all women, regardless of risk, be screened between 24–28 weeks of pregnancy. Pregnant women at high risk should be screened during the first trimester, then tested again in the second and third trimesters for gestational diabetes, if their test shows no gestational diabetes.

It is important that the woman with gestational diabetes learn how to balance food, physical activity and medication, if needed, to get the blood sugar levels as close to normal as possible in pregnancy. As close to normal blood sugars help to ensure healthy babies and healthy moms.

"Will I ever get rid of my diabetes? Will my baby have diabetes?"

Blood sugar levels usually return to normal levels in the mother after delivery of the baby, but women who have had gestational diabetes should be tested six months after delivery to make sure that this has happened. The baby will likely not have diabetes at birth, but will be at risk for diabetes as they reach adulthood.

The woman who has had gestational diabetes also carries a higher risk for gestational diabetes in her next pregnancy and is more likely to develop diabetes later in life. She should be encouraged and supported to breastfeed, eat healthy foods/balanced meals and to include physical activity on a regular basis to help prevent diabetes in future.

Are You at Risk for Gestational Diabetes?

Answer yes or no to the following six questions.

1. Are you a member of a high-risk ethnic group (Hispanic, African American, Native American or South or East Asian)?
2. Are you overweight or very overweight?
3. Are you related to anyone who has diabetes now or had diabetes in their lifetime?
4. Are you older than 25?
5. Did you have gestational diabetes with a past pregnancy?
6. Have you had a stillbirth or a very large baby with a past pregnancy?

If you answered "Yes" to 2 or more questions you are at **high risk** for gestational diabetes.

If you answered "Yes" to 1 question you are at **average risk** for gestational diabetes.

If you answered "No" to all of the questions you are at **low risk** for gestational diabetes.

Ontario Aboriginal Diabetes Strategy (OADS): An Update

by Gertie Mai Muise, OADS Program Consultant, MOHLTC

What is the Ontario Aboriginal Diabetes Strategy?

The Ontario Aboriginal Diabetes Strategy (OADS) is a comprehensive, Aboriginal-specific provincial plan with four key components:

1. Prevention;
2. Care and Treatment;
3. Education and Research; and
4. Co-ordination.

The four areas are inter-related. Objectives associated with each key component are in order of priority.

An Implementation Plan for this Strategy was developed jointly by Aboriginal Provincial Territorial Organizations, Independent First Nations and the Ministry of Health and Long-Term Care (MOHLTC).

What is the Current Status of the OADS?

Following the Phase 1 development of the OADS and the associated Implementation Plan, a second Steering Committee has been struck. As a move toward self-determination in health, a decision was taken by the OADS Steering Committee to set up an Aboriginal Management Organization (AMO).

The OADS Steering Committee has established two working groups. One working group is focused on the incorporation process for the AMO and the other is examining a potential funding agreement and the associated costs.

What is the Ontario Aboriginal Diabetes Strategy Steering Committee (OADS SC)?

The OADS SC is mandated to complete the following in Phase 2:

1. Determine the financial, human, technological, research and information resources required to develop an Aboriginal-specific, diabetes program management organization.
2. Engage program and/or organizational development expertise as necessary. (e.g. legal, human resources).
3. Develop and finalize Board of Director's Terms of Reference, organizational structure, articles of incorporation and organizational bylaws.
4. Develop and implement a communications plan to work with stakeholders toward a transparent transition to the new AMO.
5. Fully collaborate with the MOHLTC to draft a funding agreement for the new AMO.
6. Draft a program management policy adhering to the Ontario Aboriginal Health Policy and Aboriginal community standards for consideration by the new AMO.
7. Draft organizational policies for consideration by the new AMO.

The target date to complete these tasks is set for June 2005.

The current composition of the OADS SC is:

Elder – Lillian McGregor;
Aboriginal Co-Chair – Bill Messenger, Elder and Friendship Centre Senator;
Ministry Co-Chair – Gertie Mai Muise, OADS Program Consultant;
MOHLTC Representatives – Community Health Unit, and Aboriginal Health Unit;
Aboriginal Representatives – Association of Iroquois and Allied Indians; Grand Council Treaty #3; Independent First Nations, Métis Nation of Ontario; Nishnawbe Aski Nation; Ontario Federation of Indian Friendship Centres; Ontario Métis and Aboriginal Association; Ontario Native Women's Association; and Union of Ontario Indians.

What will be the organizational structure of the new AMO?

The purpose of setting up an AMO is to allow Aboriginal health managers and planners to determine the best possible ways to organize and create a centralised, provincial Aboriginal diabetes management organization. Once incorporated, the founding Board will decide on the most appropriate organizational structure.

What Aboriginal Diabetes Programs does the MOHLTC Diabetes Program fund?

Currently, there are a number of Aboriginal-specific diabetes programs in Ontario:

- The **Northern Diabetes Health Network** (NDHN) was established by MOHLTC in October 1992 to address the high rate of diabetes and the lack of diabetes services in northern Ontario. Through a total annual budget of just over $7 million, the network funds 38 adult diabetes education programs in large and small northern centres, including some Aboriginal communities, as well as 34 pediatric diabetes programs throughout Ontario. Aboriginal-specific programs account for approximately $709,000 per year, though some other programs serve high numbers of Aboriginal clients.
- The **Southern Ontario Aboriginal Diabetes Initiative** (SOADI) was established in 1994 and is a non-profit corporation funded by MOHLTC at $0.5 million annually. Through its five regional diabetes workers, SOADI focuses on education, prevention, and management of diabetes in on- and off-reserve Aboriginal communities in southern Ontario.
- **Aboriginal Diabetes Education and Health Promotion/Prevention Program** involves annual MOHLTC funding of $0.75 million to nine Aboriginal organizations and the independent First Nations Health Liaison, and was established in 2001 to support Aboriginal-specific diabetes education and care programs.

Major funding and/or program transfers to the new AMO will begin in the next fiscal year (2005–2006).

Questions?

If you have questions concerning the OADS please contact Gertie Mai Muise, OADS Program Consultant, Community Health Unit, Diabetes Program, MOHLTC at (416) 314-5474 or via email at <gertmai.muise@moh.gov.on.ca>.

AHWS Receives an Additional $25 Million Over Next Five Years

Following through on its 2004 Budget commitment, the McGuinty government is investing in additional supports to improve mental health services, community wellness and access to health care for Aboriginal people across Ontario.

"I'm proud to work hand-in-hand with my provincial colleagues and our Aboriginal partners to seek better ways of serving Aboriginal people," said Minister of Community and Social Services Sandra Pupatello. "Together we will continue to build a healthier future for Aboriginal communities across Ontario."

The government is investing an additional $25 million over five years to support Ontario's Aboriginal Healing and Wellness Strategy. Ministers and Aboriginal leaders responsible for the Strategy met in Toronto on November 18, 2004, and agreed to invest the additional funding to improve health and healing services. The Joint Management Committee has approved allocation of the new funding for the following:

- programs/projects located in northern/isolated communities;
- enhancements to existing specialized projects;
- translator programs;
- new mental health pilot initiatives province-wide and in the Toronto region; and
- additional community wellness and crisis intervention workers.

"The Strategy is a government and Aboriginal partnership that works and helps us meet the health and healing needs of our communities," said the President of the Ontario Federation of Indian Friendship Centres, Rick Lobzun. "We are particularly pleased with the new funding, which has given us the opportunity to develop initiatives for children and youth aged seven to fifteen years who too often fall through the gaps in other programming."

Noting that all Ontario's Aboriginal peoples work together in the Strategy, Grand Chief Stan Beardy of the Nishnawbe Aski Nation said, "The new funding will help to better respond to risks to personal health or family well-being, such as family violence and youth suicide. The Ministers and Aboriginal leaders responsible for the Strategy met in Toronto on November 18, 2004, and supported the additional investment to improve health and healing services."

Michael Bryant, Minister Responsible for Native Affairs, added, "This is a great example of the success that can be achieved by working together. More than 90 per cent of the Strategy's clients report improvements in their overall physical and mental health through their participation in the programs and services. We will build on this record to achieve even greater success in the future."

First Annual AHWS Ministers & Leaders Meeting

On November 18th, the Ministers and Aboriginal Leaders of AHWS partners met to review progress made by AHWS-funded programs and services, and confirm directions for the next five years. Discussion centred on priorities for new initiatives identified by the Joint Management Committee (JMC) during the 18-month renewal process. These priorities are:

- Mental health and healing services;
- Programs for children and youth aged 7 to 15 years; and
- Better coordination of AHWS programs with provincial and federal programming.

Hon. Michael Bryant and Deputy Grand Chief Denise Stonefish, AIAI, at the meeting

Ministers and Leaders reaffirmed their commitment to the Strategy, while acknowledging that much remains to be done. Aboriginal Leaders commented on the Strategy's many positive contributions towards improved health and healing in their communities, and its effectiveness as a service delivery model. JMC Elder, Lillian McGregor, encouraged the Ministers and Leaders to celebrate progress made to date, but to continue to focus on ensuring that services meet the needs of the communities.

New Government Co-Chair to the JMC

Lynn MacDonald, Assistant Deputy Minister (ADM), Social Policy Development, has assumed the responsibilities of the AHWS Joint Management Committee Government Co-Chair, and has been active in this role since Oct. 1, 2004. Lynn takes over from Andrea Maurice, who is engaged in a one-year fellowship at Queen's University.

Lynn joined the Ministry of Community and Social Services on September 13th, and brings a wealth of knowledge and experience. She has a BA in Social Studies and Languages, a BJ in Journalism and did MA studies in Public Administration. For the past two years, Lynn has been the ADM Registration with the Ministry of Consumer and Business Services. Prior to that, she was ADM Social Housing with the Ministry of Municipal Affairs and Housing. The Ministry of Education was also her home for a period of time where she was ADM Strategic Policy/Planning and ADM Finance and Business Services. From 1992 to 1998 Lynn was also the Chief Administration Officer for Ministry of Community and Social Services.

In addition to this, Lynn participates actively in the community in the social services sector. She sits on the Board of Directors for both Goodwill Industries Ontario and St. Vincent De Paul for the St. Basil's Parish. Lynn also is a member for the Scholarship Committee for the National Ballet School.

The Strategy is pleased to welcome Lynn!

Update: AHWS Research and Evaluation Activites

Staff Changes at AHWS Office

Roberta Pike, of Henvey Inlet First Nation, has been confirmed as the Policy and Research Coordinator. She has acted in the position since June 2004, and previously worked as a policy analyst with the Aboriginal Health Unit at the Ministry of Health and Long-Term Care.

B. Lucille Kewayosh joins the AHWS on March 14th as the Aboriginal Healthy Babies Healthy Children Coordinator. Originally from the Muskoday First Nation in Saskatchewan, Lucille is a member of the Bkejwanong Territory (Ojibways of Walpole First Nation). Her background includes work as Executive Director for the Chiefs of Ontario (late 1970s) and the Nokee Kwe Occupational Skills Development Inc. in London. Lucille has conducted research on family violence for the Battered Women's Advocacy Clinic; has worked as political team coordinator for the Walpole Island First Nation Council; and has been a partner in Kewayosh Community Development Consultants.

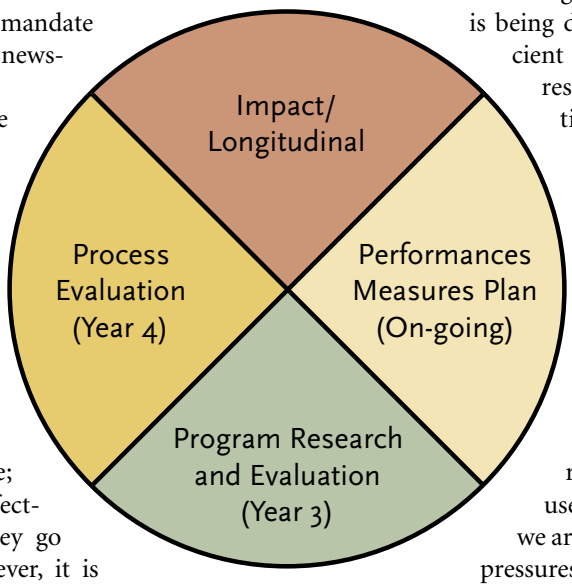
Joanne Meyer is the successful candidate for the Team Lead – Policy & Research, and will start in April. Joanne worked for Health Canada based in Saskatchewan for many years, as a planning and evaluation officer; Zone Director for North Battleford; Assistant Regional Director for Administration and Manager of Programme Management and Regional Liaison. In addition, she has been a special advisor to two federal ministers.

The AHWS bids farewell to **Carol Hill**, who has taken the job of Director for AHWS programs with AIAI, and to **Laura Pitura**, who is now employed at the Shkagamik Kwe Health Centre.

The Research and Evaluation Committee (REC) held a research planning retreat July 21-23, 2004, in Sault Ste. Marie, to plan for AHWS research and evaluation activities over the next five years.

The Committee identified a need for greater clarity in describing the AHWS mandate. It recommended a re-framing of how the mandate is expressed to better reflect the original vision and to significantly improve understanding and facilitate evaluation of the impact of AHWS over time. The revised AHWS mandate is included in this newsletter.

The Committee also looked at the existing AHWS Data Collection Framework, which assists in understanding: Who is using AHWS services; Why they walk in the door; What services they use; How they are affected and Where they go after AHWS. However, it is agreed that there needs to be further research and evaluation, looking at various aspects of AHWS. Consequently, the Research & Evaluation Committee has proposed a preliminary Research Plan which would guide research and evaluation activities. The draft research plan was approved by JMC on September 30, 2004.



The **Longitudinal Study** will assist in assessing the impact of AHWS programming over time. It will identify the degree to which AHWS interventions have fostered change with respect to the AHWS objectives (e.g., improving Aboriginal health). Phase III of the Study will commence in the new year and more programs and projects will be approached to participate.

Performance Measures Plan (PMP) is an on-going assessment of service delivery. It monitors the number of clients and participants, and the range of services used.

The Client benefit surveys undertaken through the PMP also provide information on service user's perception of the benefit they receive or the "value" of the services to them.

Program Research and Evaluation, proposed for Year 3, addresses the issue of how AWHS is meeting its objectives (articulated in the mandate statement). It helps the JMC to assess whether or not the right service is being delivered and if it is being delivered in an efficient manner. Program research and evaluation involves program-specific or sector-specific assessments of the efficiency or effectiveness of programs and services being undertaken and funded by AHWS. In addition, such research could be used to identify where we are experiencing cost pressures and whether they are reasonable.

Process Evaluation will look at the design of the Strategy and how the AHWS operates. For example, it will help in answering questions such as:

- "Has AHWS contributed to the strengthening or expansion of program or policy networks?"
- "How has the governance structure of the JMC or AHWS specialized projects contributed to increased community capacity and service improvements?"

Process evaluation also facilitates identification of what can be learned from those processes, what was done well and what needs improvement.

The Committee proposes to continue to develop a research strategy on the basis of the above-noted framework, and update its work plan to implement and manage research and data collection activities.

Revised AHWS Mandate

The Aboriginal Healing and Wellness Strategy (AHWS) was designed upon a cultural foundation in accordance to two complementary Aboriginal cultural paradigms: the Healing Continuum and the Life Cycle Teachings.

The Healing Continuum represents the integrated continuum of care and supports necessary to address family violence issues and improve Aboriginal health. It incorporates the distinct concept that the individual, family and community are inseparable and that what affects one affects the others. Healing requires that the physical, mental, emotional and spiritual needs of individuals be addressed to restore balance/harmony within the individual, family and community.

The Life Cycle incorporates all members of the community at different phases in their lives. Each person has a gift to bring and a role to play in the community. The purpose of healing and improving health is to restore life to all members so that they will be able to share their gift and assume/carry out their responsibility in the community.

The Strategy is a comprehensive approach, whereby Aboriginal communities have access to the resources and control necessary to design, implement and direct community-based, culturally appropriate solutions to community problems. Traditional Aboriginal practices, such as teachings, medicines and ceremonies, are supported and integrated into everyday programming.

Although programs and projects address multiple aspects of both cultural paradigms, the expectation is that the Strategy as a whole, rather than individual programs/projects, will fully implement the teachings to achieve the following four objectives:

1. **Improving Aboriginal Health** through a number of strategies, including but not limited to: health education, promotion and outreach; disease and illness prevention/management; the provision of primary health care; crisis intervention (to respond to high rates of suicide and violence); and substance/solvent abuse treatment and Healing Lodge services.

   This objective also includes mechanisms to improve access to health services by establishing translation services, out-patient medical hostels, health advocacy, and by identifying and working to address legislative, policy and program barriers that affect Aboriginal health.
2. **Supporting Family Healing** involves both immediate and long-term strategies to support the healing of Aboriginal individuals (both the abused and abusers), families and communities, to reduce the level of violence experienced and to re-build healthy relationships.

   Family healing and the re-building of healthy relationships are addressed through: community awareness, education and the promotion of healthy/balanced and equitable traditional roles and relationships; counselling; crisis intervention for women, children and men at risk; and by addressing the underlying mental/emotional issues that contribute to violence and dysfunction through a variety of healing strategies that address rehabilitation and the promotion of stability.
3. In addition, the Strategy seeks to **Promote Networking**. This involves the establishment and/or strengthening of linkages, policies, procedures and effective communication amongst and between programs and services at the community, regional, provincial and federal levels to facilitate change. Networking also occurs between Aboriginal and non-Aboriginal leadership.

   At the service level, networking occurs between communities and amongst Aboriginal and non-Aboriginal service providers, key individuals, formal and informal groups to provide support and learning through the sharing of experiences. Linkages are encouraged to enhance continuity and promote awareness of existing resources through outreach activities and may involve the development of formal protocols. This fosters the promotion of stability and the development of supportive resources through maximizing the use of existing resources, which also results in increased accountability.
4. The final objective of the Strategy is the **Facilitation of Community Development and Integration** of programs and services within the context of respecting Aboriginal autonomy and strengthening Aboriginal capacity to rebuild healthy communities to improve access to programs and services.

   More specifically, it involves engaging in community development activities, such as education and training; joint program planning; development and delivery; articulating and implementing Aboriginal-appropriate and/or professional standards and ethical codes for AHWS workers and programs, including processes to address issues and hold individuals, boards and leadership accountable; and, the creation/improvement of an awareness amongst leadership on how they may be helpful to the healing process.

JMC Meets at Six Nations of the Grand River Territory

In September 2004, Chief Roberta Jamieson welcomed the AHWS Joint Management Committee to Six Nations in Ohsweken, and to the community's new Community Centre. In her welcome, Chief Jamieson talked about the needs of Aboriginal communities, and the efforts that were being made to improve access to culturally-appropriate services, by increasing the number of Aboriginal health workers who graduate and can practice in Ontario. Many members took the opportunity to attend the Vision 2020 Conference, held just prior to the meeting, which examined options and opportunities to increase the number of Aboriginal health care practitioners in Ontario, starting with 60 physicians graduating by the year 2020. During its deliberations, JMC determined that it would endorse the Vision 2020 Strategy.

Members also toured the Maternal and Child Centre (funded by AHWS) and other health-related programs in the community.

Temagami Shelter

Established ten years ago, the Temagami First Nation Family Healing and Wellness Centre is now looking to the future, anticipating the emerging needs of its community.

Lake Temagami provides a restful environment for clients of the Temagami First Nation Family Healing and Wellness Centre on Bear Island.

The Temagami First Nation is located on Bear Island, Lake Temagami. It is within two hours north of both North Bay and Sudbury in North-eastern Ontario. In the spring of 1995, the community opened a women's shelter called Temagami First Nation Family Healing & Wellness Centre.

While its primary function is to serve as a crisis shelter for women and their children, it also delivers culturally oriented programming for the entire community. Hence the "Family Healing" within its name.

As with all health and social programming in the community, the Centre promotes a holistic approach in its work. This includes acknowledgement of the four directions and the aspects of personal being that are associated with each direction: North (Mental Self), East (Spiritual Self), South (Emotional Self), and West (Physical Self). Community residents, through health promotion activities, observation and participation, have begun to learn the fundamental aspects of healing; and how bodies work with the other aspects of a whole self. While clients may have entered the Centre with a focus on their physical selves, through programming and ceremony, they leave with an understanding of the holistic nature of self. Additionally, community residents now know more about how medicine and ceremony works to heal the mental, spiritual, emotional and physical. Program development is based on this medicine wheel. Healing undertaken at the Centre strives to promote an understanding that our bodies are sacred and interconnected with our mental, spiritual, and emotional selves.

Over the past few years, the Centre has increased its focus on bringing medicine people and ceremony makers to the community. The community has responded to this in a positive and active manner. Other services the Centre offers include: safe accommodation; transportation to legal services and other agencies; drop-in service for support, information and referrals; crisis services, support and counselling; community social & recreational programming. The Centre's staff have the benefit of working with an Advisory Committee made up of Temagami First Nation community members. Staff at the Centre includes a Director, an Administrative Support Worker, an Outreach Worker, a Child Support Worker, a Family Support Worker, a Cultural Support Worker, and Volunteers.

The Temagami First Nation Family Healing & Wellness Centre's Mission Statement is as follows:

- The Temagami First Nation Family Healing & Wellness Centre promotes healing and wellness, and a positive lifestyle within our community. We believe it is the right of every native and non-native person to live without fear of physical, sexual, or emotional abuse.
- The Family Healing and Wellness Centre is a short-term emergency shelter for native and non-native women in crisis with or without children.
- [a] The Family Healing and Wellness Centre provides shelter and services to women 16 years of age and over, in crisis, and their children.
- We promote healing and wellness within our community by creating programs that will bring awareness, prevention, and positive interaction.

The Centre has developed a comprehensive grouping of definitions of abuse, including physical abuse, sexual assault, psychological/emotional abuse and economic abuse.

The Centre recently underwent renovations to join an administration building and the client residence. This has added a smudge room and additional office space. The community's health centre, the Doreen Potts Health Centre, which oversees the operations of the Family Healing and Wellness Centre, facilitates the operation and maintenance of a program/service delivery network in the community. This has allowed the Centre to forge partnerships with other programs in promoting wellness.

Through the roughly 137 programs delivered last year, there were approximately 3019 participants. Jessica Saville, Outreach Worker and Amanda Assiniwe, Administrative Support Worker note that the number of return visits by community residents and clients to the Centre's programming activities is testament to the effectiveness and relevance of the work the Centre is doing. In response to a question about how Centre staff know they are having an effect on peoples' lives, Jessica says "they keep coming back!" Aside from ceremony (sweats/fasts) and direct healing work by healers, a large proportion of activities include social and recreational programming, including day camps co-ordinated with other front-line workers.

With the renewal of AHWS for another five years, the Family Healing and Wellness Centre staff is moving forward to anticipate emerging needs of their clientele and community residents.

Coming Full Circle: Mae Katt, Nurse Practitioner at Anishnawbe Mushkiki

Mae Katt works as a Nurse Practitioner at the Anishnawbe Mushkiki Thunder Bay Aboriginal Health Centre, a position that brings her full circle and back to the health care role that started her career. Mae's path has taken her from community-based nursing, to teaching Aboriginal nursing students at Lakehead University, to serving as NAN Health Director and later as Ontario Regional Director for Medical Services Branch, Health Canada. But she feels that working as a nurse is what she was always meant to do. "At one point I felt that I was spinning my wheels," she says, "I thought, 'Life's too short, do something you enjoy…" In February 2000, Mae made the decision to return to a primary health care role. She started her re-entry into clinical nursing by completing the outpost nursing program at Lakehead University. After this program, Mae went on into the Primary Health Care Nurse Practitioner program. She obtained her Registered Nurse Extended Class license in November 2001 and now works full-time as a nurse practitioner.

People from the north really like this service because they can come here and speak Indian.

Mae is one of three full-time nurse practitioners employed by the Anishnawbe Mushkiki Centre. The Centre also has one full-time equivalent physician position that is shared among five physicians. Mae explains that "nurse practitioners build an interdependent collaborative relationship with physicians." As a nurse practitioner, she is able to assess, diagnose and treat common conditions, prescribe drugs from a formulary, and order diagnostic tests.

There are approximately thirty thousand people in Thunder Bay who do not have a family physician. The nurse practitioners at Anishnawbe Mushkiki are able to work collaboratively with physicians to diagnose and manage various acute and chronic health conditions. Mae points out that the Aboriginal population is happy to be served by nurse practitioners. "Most northern people are used to the nursing station," she says, adding, "People from the north really like this service because they can come here and speak Indian."

Staff at Anishnawbe Mushkiki need to know how to work with the realities of the community they serve. Mae gives an example. "Clients will bring many concerns and issues, and you have to find out what is their primary concern. Often it's not what the nurse practitioner focuses on. It may be more survival issues – like how to buy food, what to do with their teenage daughter, etc. Sometimes we need to start over, where the clients are."

Anishnawbe Mushkiki offers a comprehensive approach. "We do a lot of grief counselling and interventions through talking and healing circles," says Mae. She ponders whether there is room to make the service even more culturally-based, but points out, "The thing that we do that is really Aboriginal is that we respect the client. We address the emotional and spiritual needs. We joke around, we fuss over their children."

Having come full circle, Mae is able to reflect on the changes she has seen over the years. "I travelled to NAN communities at a time when they were fairly healthy," she says. "I remember living in a community up north, and going trapping with five families. It was the year Joe Clark was elected Prime Minister. People were using the land and their lifestyle was very different then. Within two years they brought in the air strip, telephones and radio station. During that time you could see the communication gap grow between elders and young people. The values changed."

Mae has observed that "people are getting sicker," and this declining health is evident in a number of ways. "I have noticed the ravages of chronic illness from diabetes," she says. "Diabetes is one of the worst diseases we are dealing with.

Mae Katt with baby Sage at Anishnawbe Mushkiki, December 2004.

There is kidney damage, coronary artery disease, and lots of hypertension and strokes. We are also seeing an increase in diagnosed cases of Hepatitis C, an infection that will progress into serious complications like liver damage."

Mae has also noticed plenty of sexually transmitted diseases and has come up with some reality based strategies to deal with the problem. "I ask young people to protect themselves with consistent latex condom use during sexual activity. For those young girls who are not assertive, I try to give them some practical suggestions like putting a condom on their partner. I tell them to practice with the lights out…they usually just laugh". The seriousness of the situation does not escape Mae, however. She points out that in the Aboriginal population, chlamydia infection is ten times the provincial average, and gonorrhea is twice as high.

Dealing with the poor health of people who come to the Centre can be challenging, but Mae continues to be motivated by the patients. "It's so gratifying now. I get lots of reinforcement," she says. "When people come and feel they get good care, they are so thankful. You know they appreciate it because they come back."

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Sage Words

an interview with Jan Kahehti:io Longboat

When I was growing up, we did not have any of the diseases that we have today. The first thing that I remember coming to our community en masse was TB – which never came until the 1940s. But there was nothing like cancer, arthritis, or any of those kinds of diseases. Diabetes was very rare. So, in two generations we've totally reversed the well-being of our Aboriginal communities.

If you look at the whole picture, we're out of balance. It's going to take awareness and education to reverse that imbalance, and it involves eating, moving, exercise, working, the good mind, and the ceremonies that keep our spirits healthy.

We have all the tools that we need to have that good life, and to stay in balance and harmony.

It's the food that we have to start with, number one. We're now eating all this food that the body doesn't adapt to. They say that it takes thousands of years for a person's body to adapt to another kind of regimentation, and I don't think Indigenous people have ever adapted to this new diet. What happens is that the food ends up putrefying in the system, especially in the digestive system. This food is not digesting properly, and we are not getting the right nutrients from the food that we're eating.

Better eating means organic food – planting our gardens and growing some of our own food again. It used to be that everybody had a garden. It was a way of life, because if you didn't have a garden, you weren't going to eat. You preserved your food through canning and drying. Today, there's too much toxicity in the canned and processed foods in a store.

When I think about diabetes, I also think about how we used to be a moving people. We moved constantly, through the whole four cycles. We ate with the cycles. We drank medicines with the cycles. When things were growing, we followed, And so the body was totally renewing itself. This doesn't happen if people don't move. I think this is key to getting and staying well.

We also purified with the cycles and the seasons. We have purified our blood in the spring and in the fall since the beginning of time. And in the summer and winter months, we built the blood. We took the echinaceas and the herbs that fed us a lot of vitamins and minerals. We were always in constant movement with healing the body. I believe that if we can get back to purifying we could probably eliminate or reverse 65% of the diseases that we have today in one or two generations. But you also need to incorporate the movement with the good mind. That affects the health and well-being of the body.

I think we're at a time in our history that we've got to do something. Cancer, diabetes, all those diseases – we don't need to pass them on to the next seven generations. The Creator has given us everything that we need spiritually, mentally, emotionally, and physically. We have all the tools that we need to have that good life, and to stay in balance and harmony. It's up to us as people to look after ourselves in a good way. It's our responsibility, to take back that good life and make it our own. And that is happening. People are looking at diet again. They're looking at ceremonies. They're looking at good food. I think it's going to take some time, but we now have the mindset in our Indigenous communities to reverse that process. I don't know if we can eliminate diabetes in one generation, but we can start – and certainly move forward in passing along that health to the next generation.

***Jan Kahehti:io Longboat** is a Mohawk herbalist, healer and Elder. Her expertise is recognised by Indigenous communities across Turtle Island as well as in universities and colleges, among them Mohawk College, McMaster University and the University of Toronto, where she has taught Indigenous healing practices and Indigenous healing and wellness. Jan is presently the keeper of the Earth Healing Herb Gardens and Retreat Centre at Six Nations of the Grand River.*