

Strength-Based Approaches to Optimizing Indigenous Health and Wellbeing

Expert Witness Testimony

National Inquiry MMIWG

September 11/12, 2018

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Professor, Dalla Lana School of Public Health, University of Toronto

CIHR Applied Public Health Research Chair in Indigenous Health Knowledge and Information



Exhibit: *National Inquiry into Missing and Murdered Indigenous Women and Girls*

Location/Phase: Parts II/III: Iqaluit

Witness: Janet Smylie

Submitted by: Christa Big Canoe

Add'l info: P02-03 P01 P0201

Date: SEP 11 2018

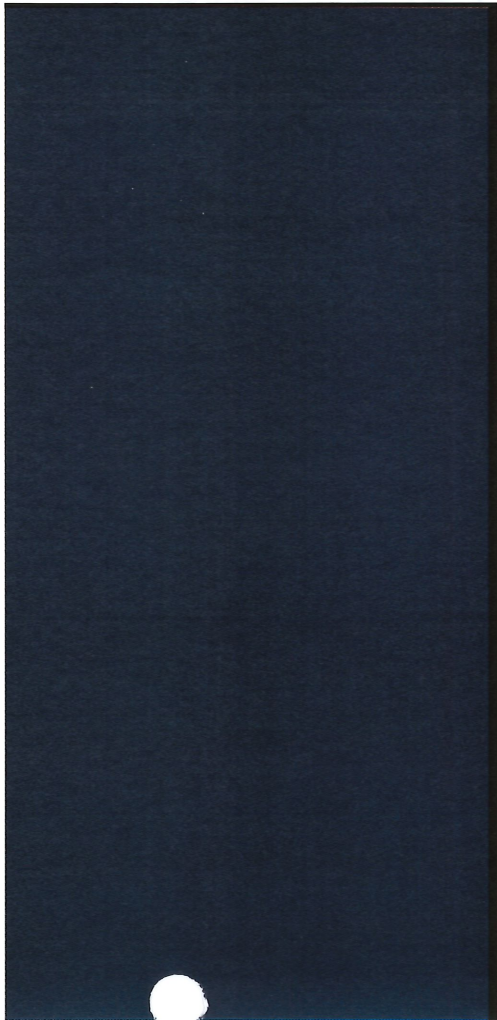
Initials

63

I/D

Entered

19

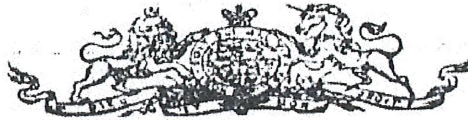




Otimpemsuak – We are NOT all treaty people



DEPARTMENT OF THE INTERIOR, CANADA,



NORTH WEST HALF-BREED COMMISSION.

St. Albert 26 June 188*5*

This is to Certify that *Nancy Labonne*

a Half-Breed, has proved to the satisfaction of the Commission that she was residing in the North West Territories previous to the 15th day of July, 1870, and under Sub-clause (E) of Clause 81 of the Dominion Lands Act, 1883, and the Order in Council of the 30th March, 1885, is entitled at this date to Scrip to the amount of *113* dollars.

The Scrip called for by this Certificate, amounting to *113* dollars, will be payable to bearer, will specify the name of the person in whose favour it is granted, and will be delivered to the person producing this Certificate. Said Scrip will be accepted at par in payment of Dominion Lands.

W. P. R. Shub

Chairman of the Commission.

No 157
Registered
by W. A. Anderson
and all

To all whom it may concern
Take Notice

This is to Certify that Nancy la Bonne
a halfbreed formerly taking Treaty as No. 15.
of Edmonton Stragglers, having this day
complied with the terms of Section 4 Act 47
Victoria - Chap. 24. has ceased to be
a Treaty Indian as defined in the
said Treaty

St Albert A.H.S.
26th June 1885

W. Anderson
Indian Agent

Amount of anti-pass
1847 to 1884
\$47.00



The Well Living House exists to conduct Indigenous-led, community partnered, applied health research with the goal of **nurturing places and spaces where Indigenous children can find peace, love and joy.**





Overview

- Why Strength-Based?
 - Bridging worldviews
- What We Need to Optimize Individual, Family and Community Wellbeing
 - “Bonding”
- How We Get There: A Métis Perspective
- Well-Being Disruptors
- Strength-based examples of promoting wellbeing
 - From within Indigenous communities
 - For non-Indigenous individuals, communities and organizations
- Recommendations

Why Strength-Based?

“We are who we imagine ourselves to be....the greatest of gifts is to imagine ourselves richly”

N. Scott Momaday (in Helen Jaskoski, 1980)



The Challenge: End Violence Against FNIM Women, Girls, 2 Spirit Peoples within current colonial context

Approach A

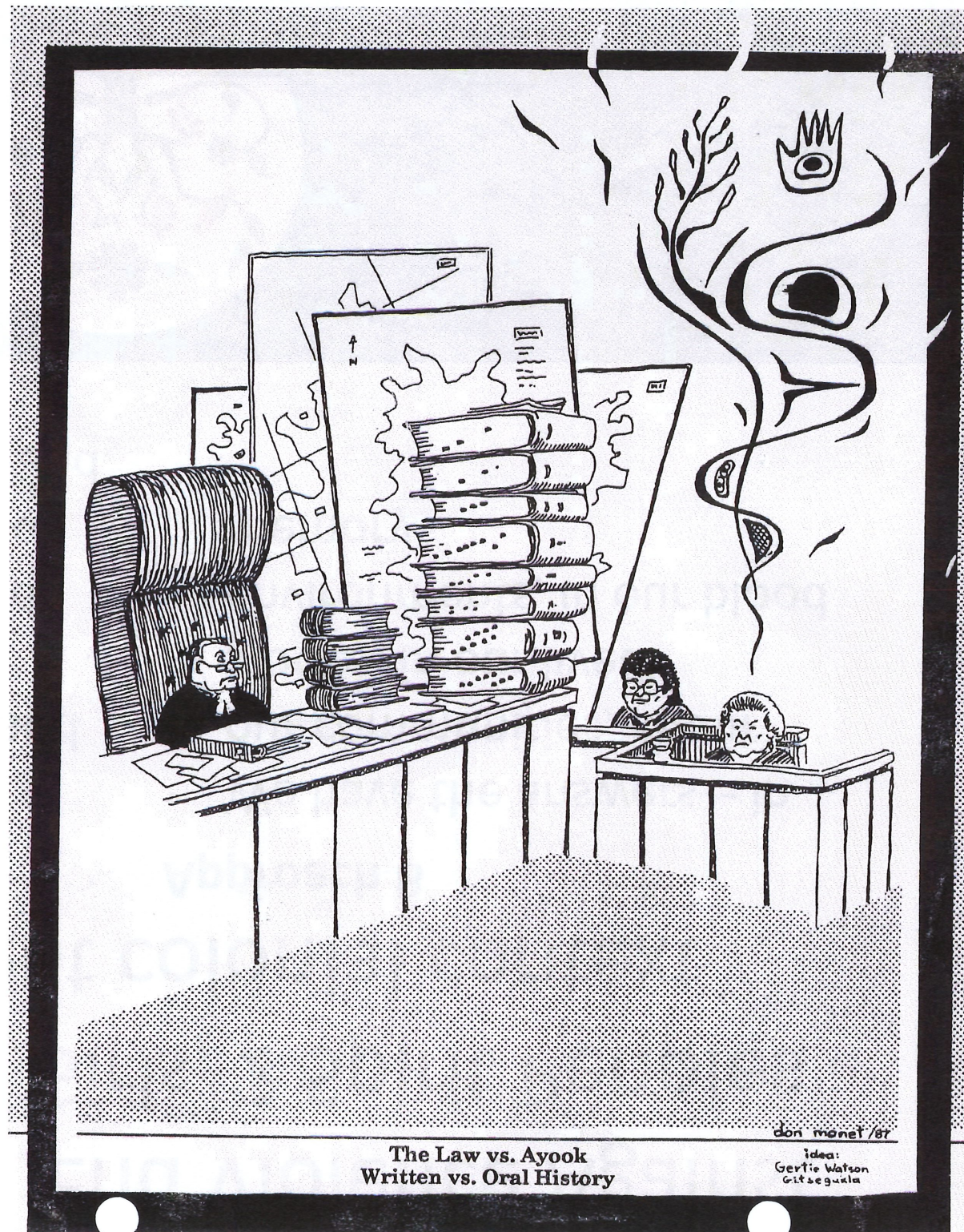
- Dig into what is wrong within colonial systems and within our own communities as a result of colonial systems. Fight to change colonial systems and seek restitution

Approach B

- We have the answers – in our communities, in our stories, in our lived environments, in our blood memory



Differing Worldviews: Tensions and Synergies



The Law vs. Ayook
Written vs. Oral History

idea:
Gertie Watson
Gitseguala

What We Need to Optimize Individual, Family and Community Wellbeing



WHY PEACE LOVE & JOY?

At the first meeting of Well Living House's Counsel of Grandparents, we asked where we should focus our efforts. We were told that our children needed love and security in their early relations. More recently, Elder and Grandparent Jan Kahehti:io Longboat advised us that deep healing can be achieved by feeling and sensing a state of love.

To know peace, love, and joy is to experience a context in which physical, emotional, social, and spiritual needs are being met.

Our grandparents have advised us that this work is essential to the successful revitalization of thriving First Nations, Inuit, and Métis communities in Canada and around the world. It is also strongly aligned with the calls to action of the Truth and Reconciliation Commission of Canada.

Human Needs

High quality early relationships 

Love, security, sense of belonging 

Self-worth, self-acceptance, compassion, and strong relational abilities





Understand and experience our connection to a larger web of family, community, and land – across generations past, present and future

Wellbeing as a Collective Mandate

- Taking care of individual physical, mental, emotional and spiritual wellbeing optimizes our ability to contribute to the larger wellness of family and community
- This includes the ability to understand and process emotions and manage behaviours so that individual and collective harmony is maintained
- Taking care of all our relations, including all living things, the land, and the water is another way of ensuring collective and sustainable wellbeing



London J Prim Care (Abingdon). 2016; 8(1): 12–14.

Published online 2016 Feb 24. doi: [10.1080/17571472.2015.1133012](https://doi.org/10.1080/17571472.2015.1133012)

PMCID: PMC5330336

PMID: [28250823](https://pubmed.ncbi.nlm.nih.gov/28250823/)

The importance of early bonding on the long-term mental health and resilience of children

[Robert Winston](#)^a and [Rebecca Chicot](#)^{b, *}

“Human babies are born very dependent on their parents. They undergo huge brain development, growth and neuron pruning in the first two years of life. The brain development of infants (as well as their social, emotional and cognitive development) depends on a loving bond or attachment relationship with a primary caregiver, usually a parent. **There is increasing evidence from the fields of development psychology, neurobiology and animal epigenetic studies that neglect, parental inconsistency and a lack of love can lead to long-term mental health problems as well as to reduced overall potential and happiness**”

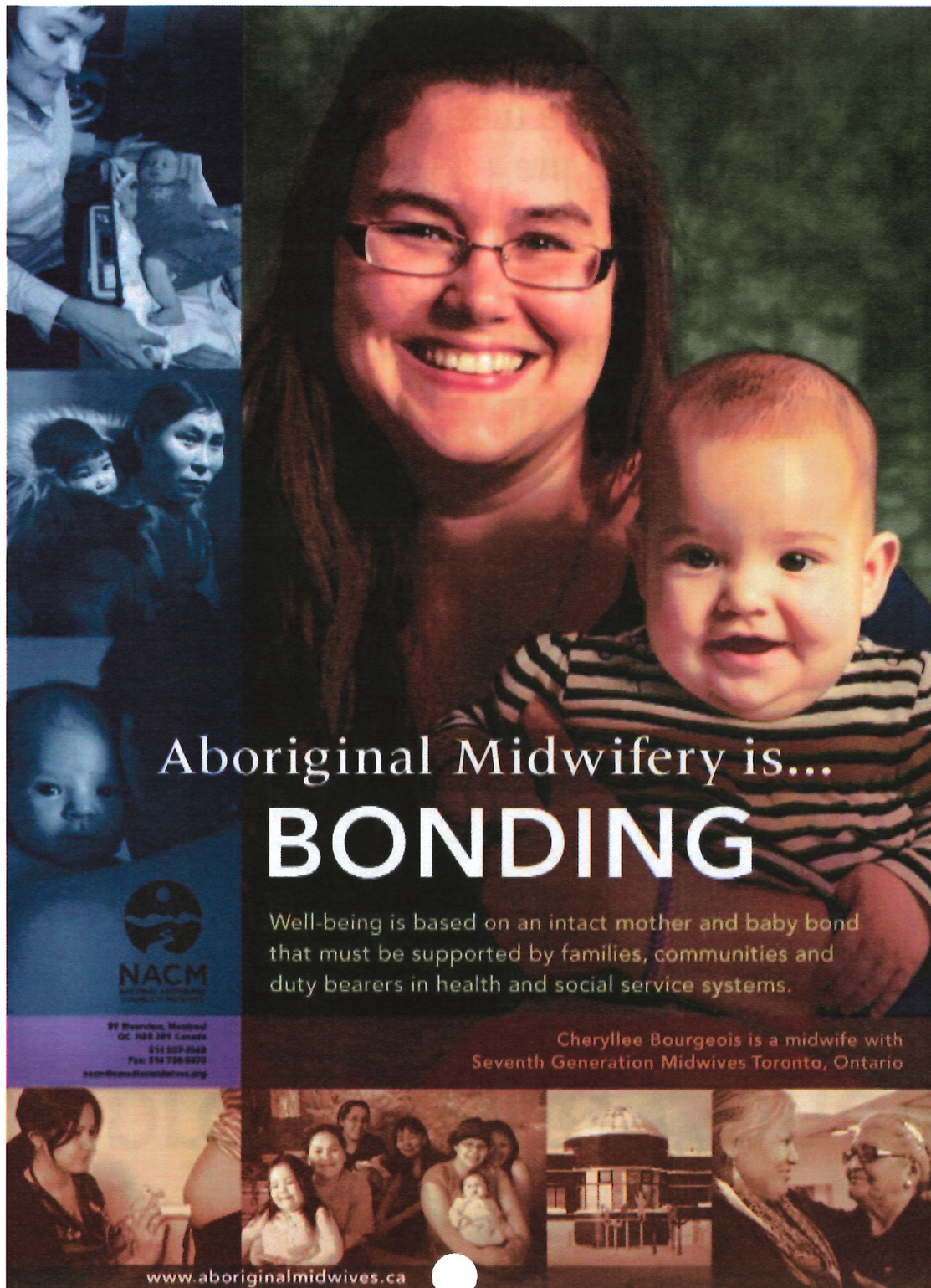
Reciprocity and Bonding



International Journal of Circumpolar Health, Vol 72 (2013)

Evaluation of the acceptability of a CD-Rom as a health promotion tool for Inuit in Ottawa **ORIGINAL RESEARCH ARTICLE**

Kelly E. McShane^{1*}, Janet K. Smylie^{2,3}, Paul D. Hastings⁴, Conrad Prince², Tungasuvvingat Inuit Family Health Team and Connie Siedule⁵



Aboriginal Midwifery is... **BONDING**


Well-being is based on an intact mother and baby bond that must be supported by families, communities and duty bearers in health and social service systems.

NACM
NATIONAL ASSOCIATION
OF ABORIGINAL MIDWIVES

99 Riverside, Montreal
QC H2S 2R9 Canada
514 307-2648
Fax: 514 738-0270
nacm@canadianmidwives.org

Cherylle Bourgeois is a midwife with
Seventh Generation Midwives Toronto, Ontario

www.aboriginalmidwives.ca



How We Get There: A Métis Perspective



How We Get There: Kokum What Makes a Baby Well?



If you want to
understand the
health of the babies
you need to ask
about the
grandparents

Jan Kahehti:io
Longboat

How We Get There:

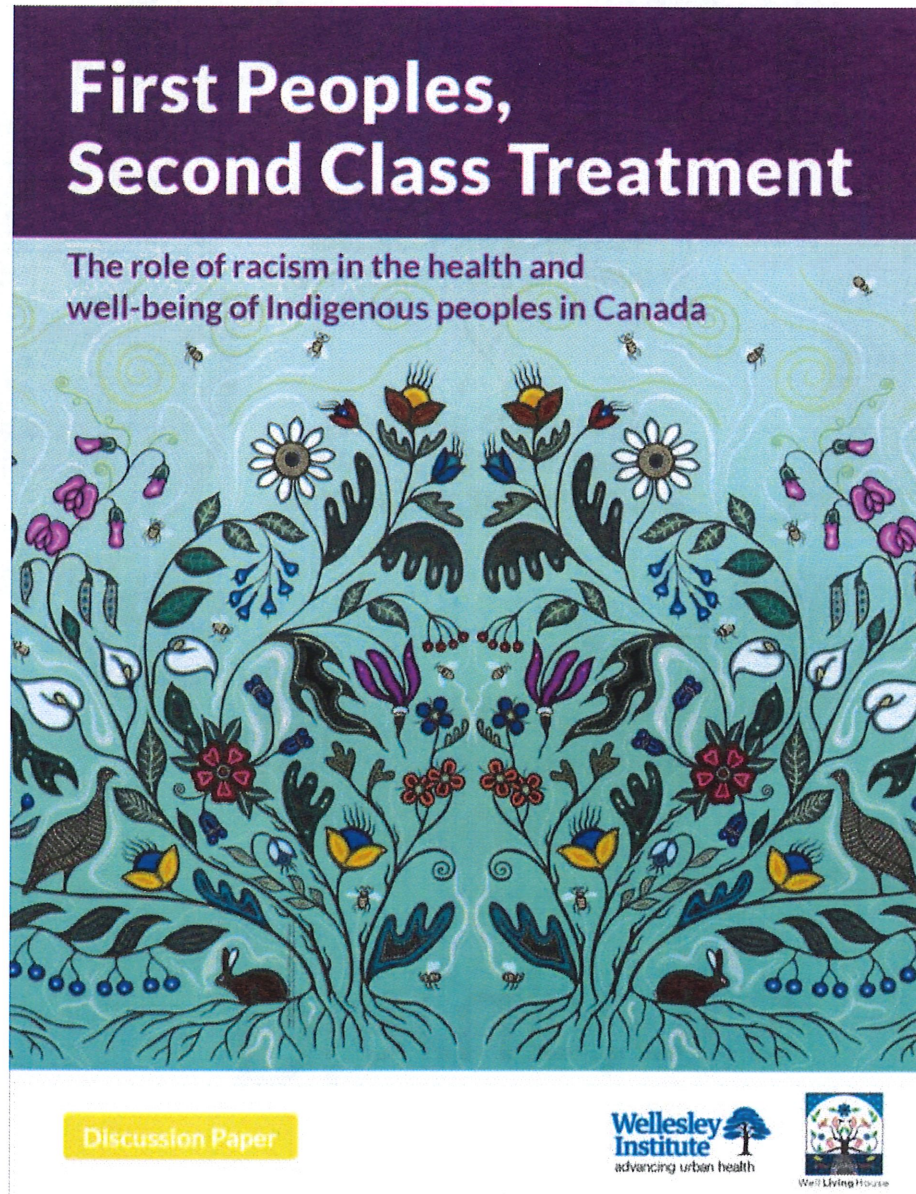
- Teachings from an early age about natural laws (ie. respect, honesty, truth, wisdom, love, strength, humility)
- Learning love in relationships from an early age
- All my relations = includes everyone; sense of belonging
- Visiting and sharing stories
- Connections with land and place (natural ecosystems, grandmother's kitchen)
- Ceremonies big and small
- Experiential and “slow” learning
- **Prohibitions/taboo against violence**



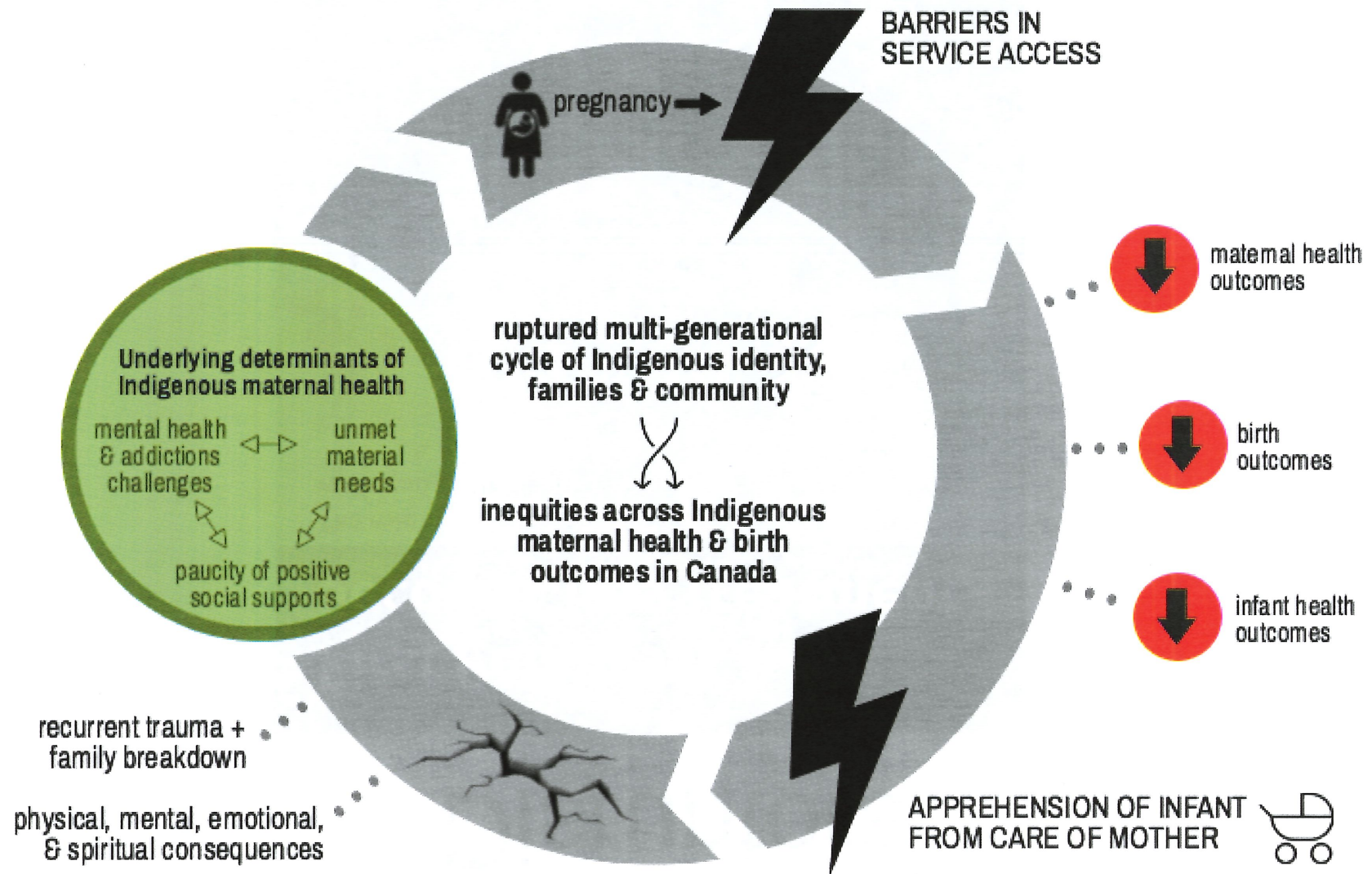
Disruptors

- historic and current colonial policies;
- extraction economies;
- inequities in the social determinants of health;
- racism;
- ongoing family disruption;
- deficit-based understandings and approaches;
- “fast” technologies and lifestyles.

Disruptors



Disruptors

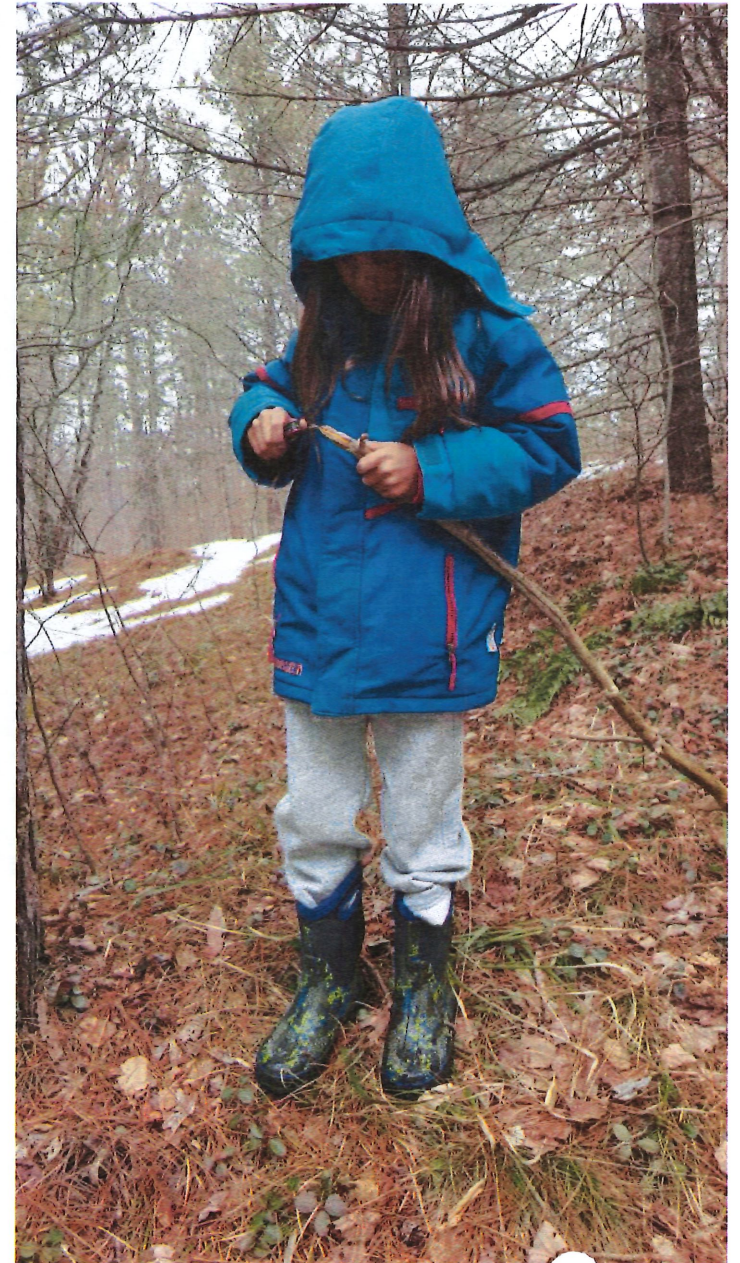


Strength Base Examples Part 1

“The Answers Lie in our Communities”



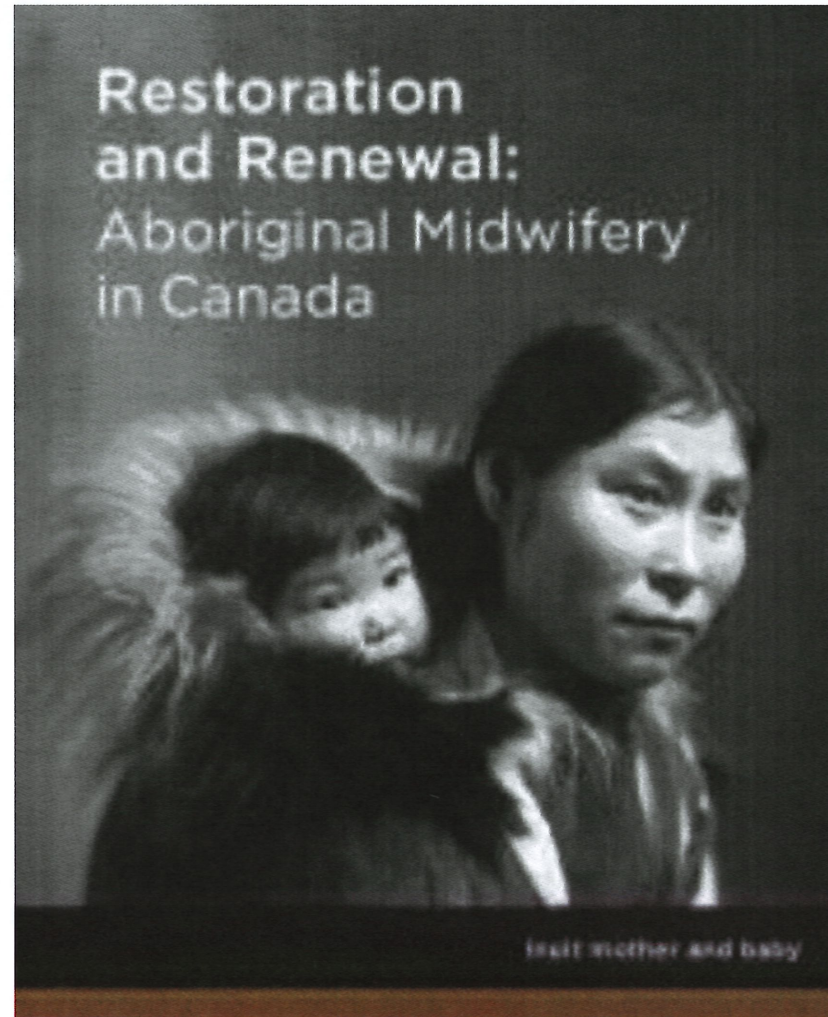
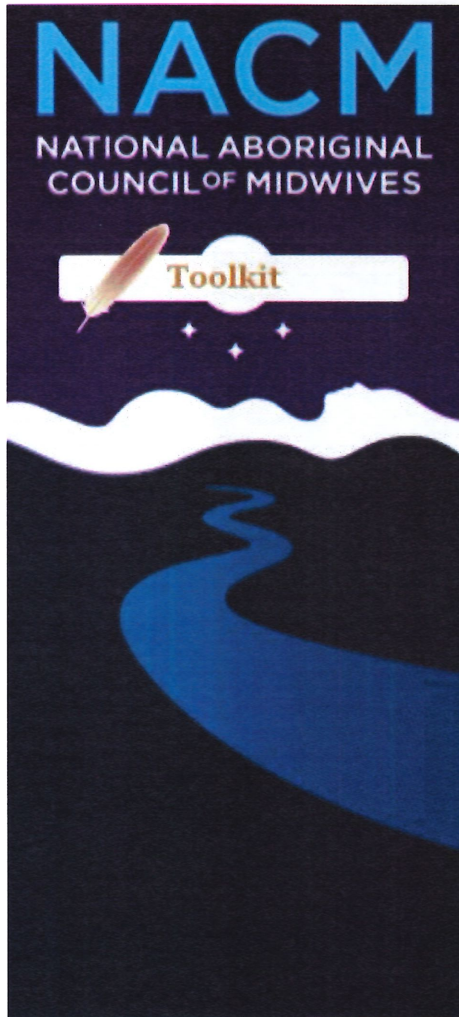
Everyday Ceremonies



Notokwew Ahtyokan: A Grandmother's Lodge



Indigenous Midwives Working in Indigenous Communities



“Midwives as Role Models and the Glue that Held Communities Together”


“Strong and gentle, wise and soft-spoken; Laughing and singing. They meant security For children. Many interconnected community roles – they had medicines to treat sick children, counseled people who were fighting, taught of culture through storytelling, attended to death as well as birth, prepared bodies after death.”

Maria Campbell

Indigenous Midwives Working in Indigenous Communities

- Longstanding, continuous, and cross-nation practice
- Continuity of relationships
- Kin-based
- Health and wellbeing across the lifecycle
- Intergenerational transfer of knowledge and practice
- Cultural safety





Baby Bundles:

An Action Research Project for Indigenous Families During and After Pregnancy and Birth

MERCK FOR MOTHERS PROJECT

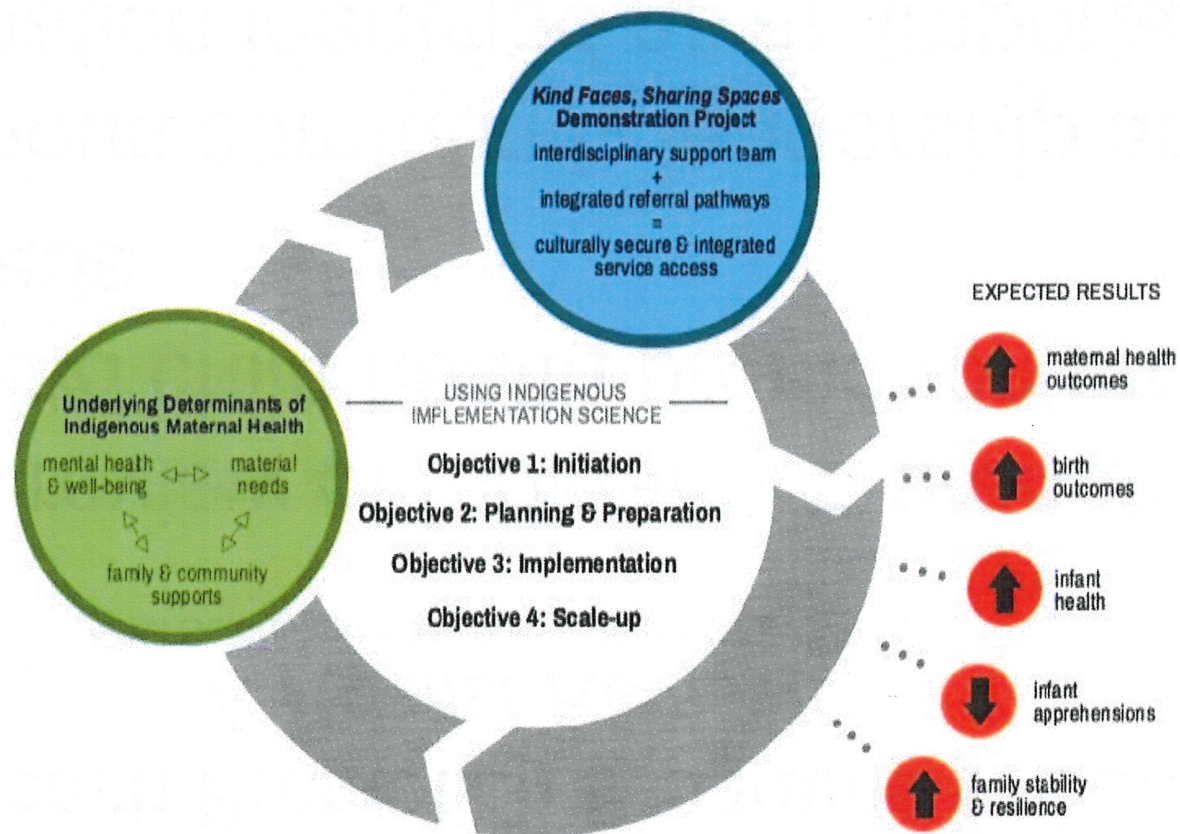
Goal: To show that by working together as Indigenous community members, service providers, and researchers, responding to underlying health and social needs during and after pregnancy, our families will become stronger



Well Living House



#StandingStrongTogether

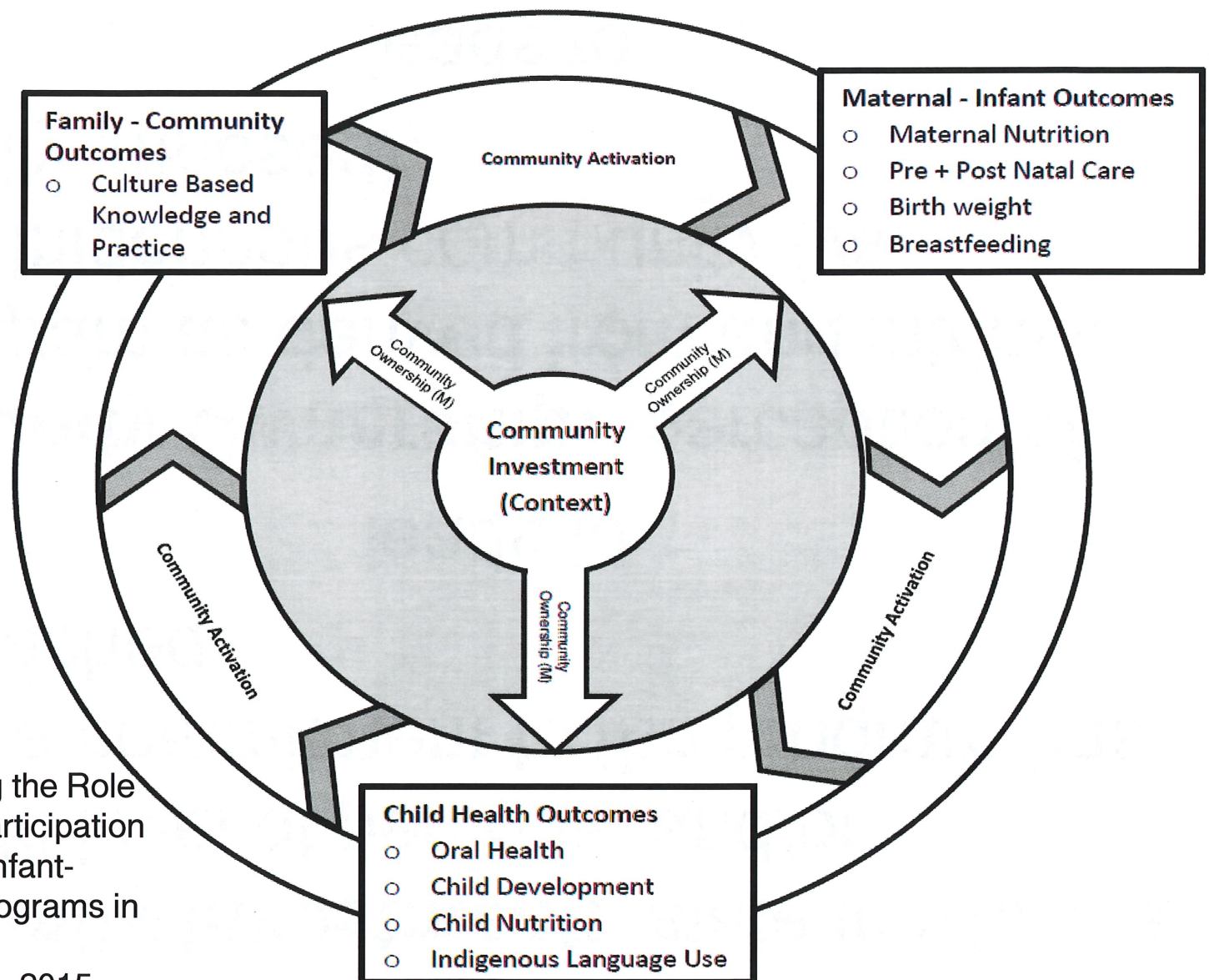


“Understanding the Role of Indigenous Community Participation in Indigenous Prenatal and Infant-Toddler Health Promotion Programs in Canada: *A Realist Review*”

Social Science and Medicine, 2015; 150: 128-143

- Realist review of Indigenous prenatal, infant and child health promotion programs in Canada
- Indigenous community leadership and participation identified as an important and cross cutting pathway to success for Indigenous prenatal and infant toddler health promotion programs in Canada

Indigenous Community Investment-Ownership-Activation



Smylie et. al "Understanding the Role of Indigenous Community Participation in Indigenous Prenatal and Infant-Toddler Health Promotion Programs in Canada: A Realist Review"
Social Science and Medicine, 2015
150: 128-143

- **Community Investment:** state in which a threshold level of personal and/or collective commitment to the program has been reached

leads to

- **Community Ownership:** perception of the program as derived from and intrinsic to local Indigenous community (vs. externally imposed).

leads to

- **Community Activation:** Sustained high level of program participation and support

Strategies that Support Local Indigenous Community Investment

- community-based program governance and/or management
- integration of program with local community infrastructure
- local community program staffing
- program content and processes that reflect local community knowledge, skills, beliefs, and values
- local community capacity building; and the endorsement of the program by key community stakeholders.

Traditional male parenting: nêhiyâw nâpêw opkihâwasiwin



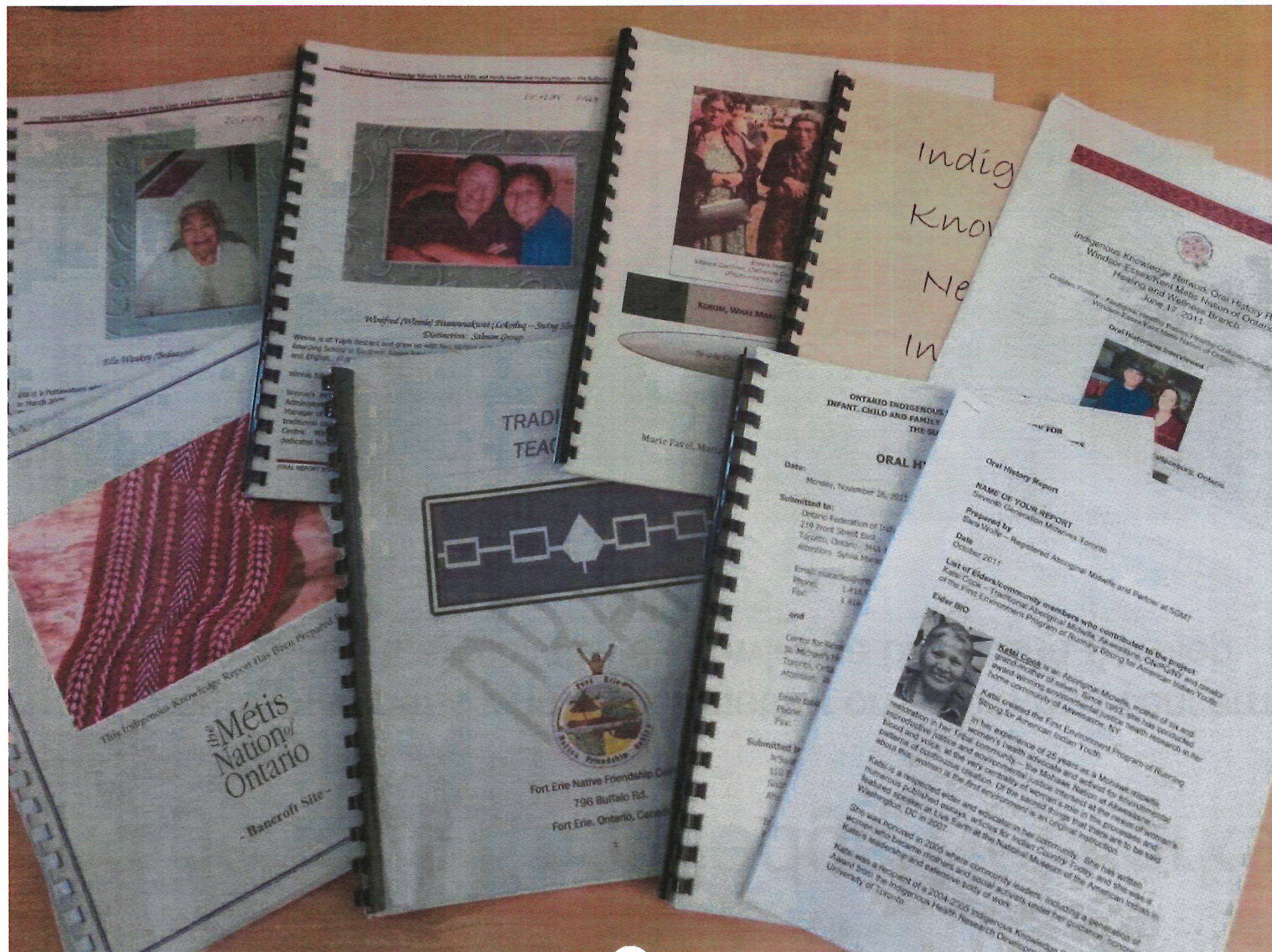
Elder Lawrence Starr, Blue Quills University (c/o Dr. Keven Lewis)

Indigenous Knowledge Networks

“groups of experts who work together on a common concern, strengthen their collective knowledge base, and develop solutions”



Building Relationships to Gather and Share Stories



Our Health Counts (OHC)

©Hamilton

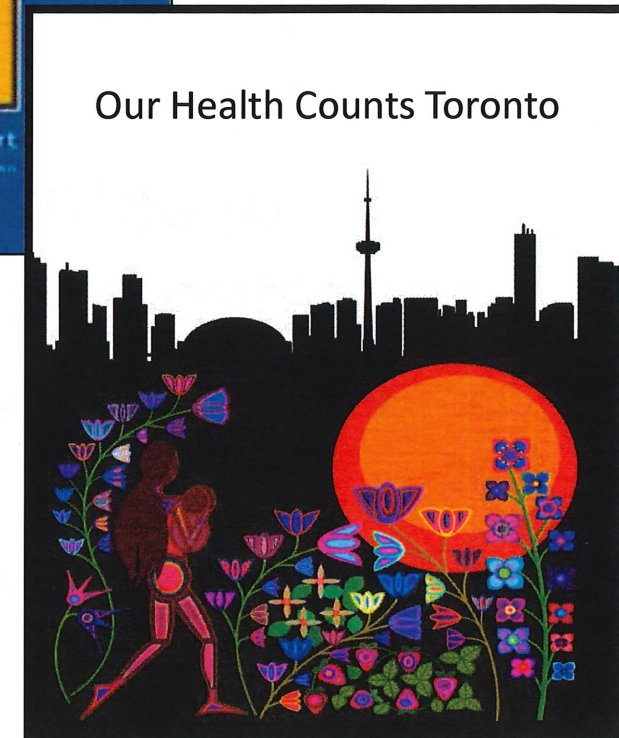
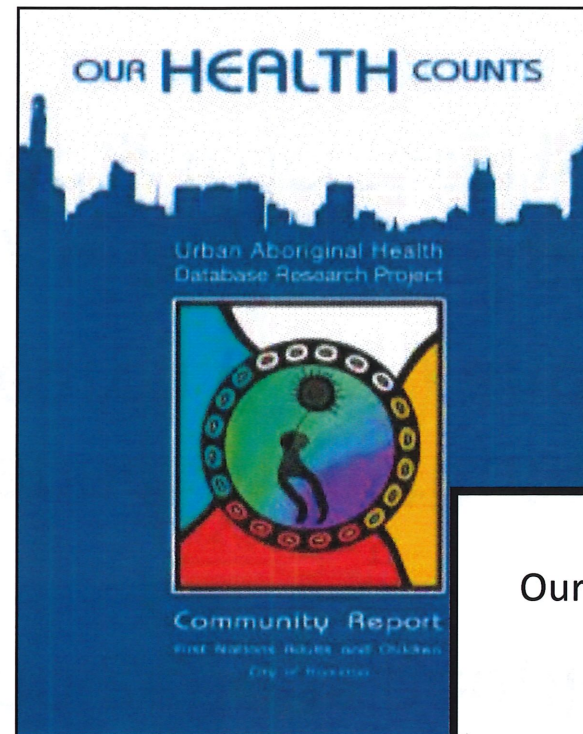
©Ottawa

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©London

©Kenora

©Thunder Bay





OHC Overview

- Development and application of a baseline population health database for urban Indigenous people in Ontario
- Funders: Canadian Institutes of Health Research (CIHR) and MOHLTC
- Community-directed and community implemented participatory action research
- Longitudinal cohort study

Most of the time, What's Counted Counts



BMJ Open Our Health Counts Toronto: using respondent-driven sampling to unmask census undercounts of an urban indigenous population in Toronto, Canada

Michael A Rotondi,¹ Patricia O'Campo,^{2,3} Kristen O'Brien,² Michelle Firestone,² Sara H Wolfe,⁴ Cherylee Bourgeois,⁴ Janet K Smylie^{2,3}



Story Medicine: Indigenous Narrative Exposure Therapy

- Narrative Exposure Therapy (NET)
 - applies storytelling to support healing from psychotrauma
 - uses natural objects
 - Ability for peers to provide NET with supervision
- Indigenous communities have always used storytelling to support
- We have developed an Indigenous NET protocol in partnership with families of MMIW and are currently piloting it

Strength based examples for non-Indigenous individuals, communities and organizations

Ally = Action

Please join us as we gather with the **Spirit of
Reconciliation** guiding us on

**Monday November 27, 2017 | 2PM—
4PM**

**David Braley Health Sciences Centre,
Auditorium, 2nd floor
100 Main Street West, Hamilton (across from City Hall)**

2PM—4PM

Cultural Safety

Advancing relationships across difference through the skill of self-reflection.

Underpinned by an understanding of power differentials

Takes us beyond:

- Cultural awareness, the acknowledgement of difference;
- Cultural sensitivity, the recognition of the importance of respecting difference, and
- Cultural competence, which focuses on the skills, knowledge, and attitudes of practitioners.

Cultural Safety goes beyond...

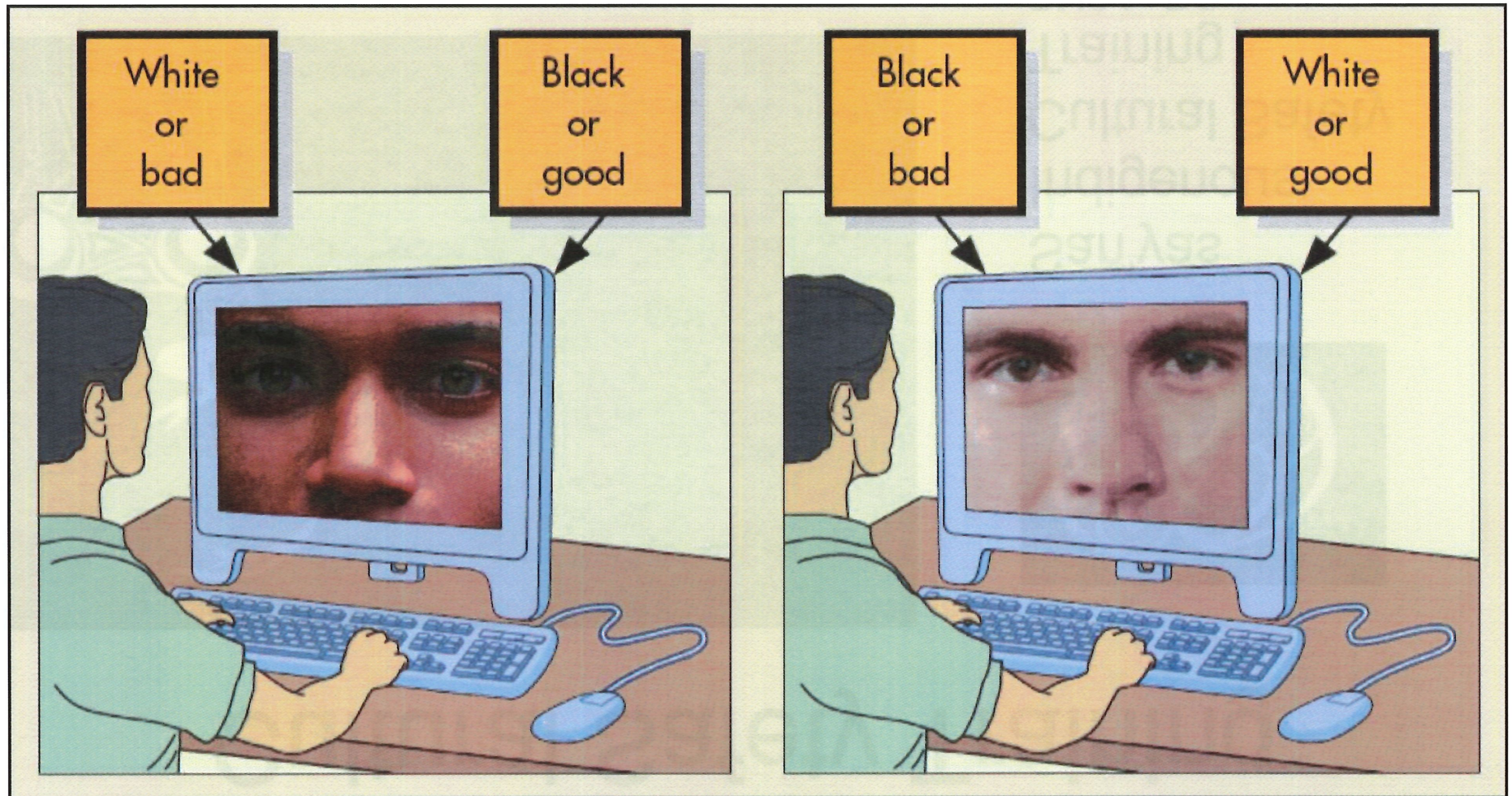


Cultural Safety Training



San'yas
Indigenous
Cultural Safety
Training
PHSA, BC
www.sanyas.ca

Implicit Association Testing



The majority of people hold implicit associations regarding race

- Majority of Americans participating in the Harvard IAT associate White with Good and Black with Bad compared to vice versa
- American physicians from diverse racial and ethnic backgrounds overall have a strong implicit preference for White American patients compared to Black American patients and these implicit preferences are much higher than explicit preferences as measured by self-reported attitudes.

Taking Action – Critical Thinking and Reflexivity

Education	Training	Strategy description
Learn about nature and consequences of implicit bias	1. Stereotype replacement	Recognizing stereotypic responses within oneself and society, labeling them, and replacing them with non-stereotypic responses
	2. Counter-stereotypic imaging	Imagining examples of out-group members who counter popularly held stereotypes
	3. Individuating	Viewing others according to their personal, rather than stereotypic, characteristics
	4. Perspective taking	Adopting the perspective in the first person of a member of a stigmatized group
	5. Contact	Increasing exposure to out-group members

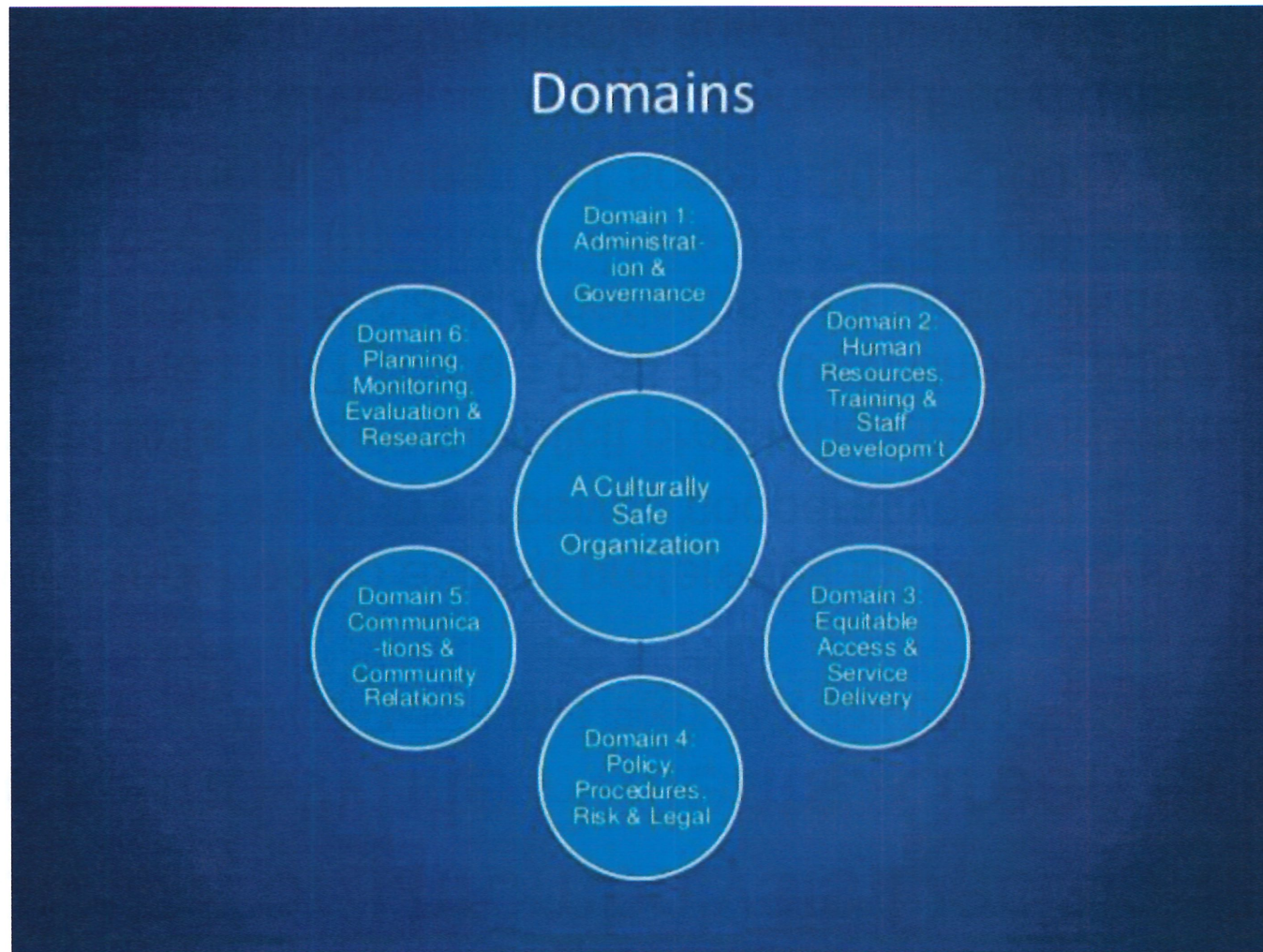
P.G. Devine et al. / Journal of Experimental
Social Psychology 48 (2012) 1267–1278

Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients. Green et al.

J Gen Intern Med. 2007 Sep; 22(9): 1231–1238.

- Physicians reported no explicit preference for white versus black patients or differences in perceived cooperativeness.
- In contrast, IATs revealed implicit preference favoring white Americans (mean IAT score = 0.36, $P < .001$, one-sample t test) and implicit stereotypes of black Americans as less cooperative with medical procedures (mean IAT score 0.22, $P < .001$), and less cooperative generally (mean IAT score 0.30, $P < .001$).
- As physicians' prowhite implicit bias increased, so did their likelihood of treating white patients and not treating black patients with thrombolysis ($P = .009$).

Organizational Assessment of Cultural Safety



Common Pitfalls

- Underestimating/underutilizing local Indigenous community knowledge and skills
- Underestimating the time and investment that may be required to build relationships that bridge historic and existing attitudinal and systemic discrimination
- Underestimating the complexity of Indigenous community knowledge systems and protocols (Beads and feathers)
- Underestimating the importance of context to health services (including the social determinants of health)

Recommendations



Acknowledge and recognize:

1. Importance of strong early relationships
2. As FNIM families and communities we have always had built in protocols to ensure each person experiences love, security and belonging
3. This included protocols to actively discourage and address violent behaviours
4. Colonization has and continues to disrupt FNIM ways of assuring love, security and belonging but they are not lost
5. Family and community led strengthening of these protocols is key to addressing violence



FNIM and non-Indigenous governments, organizations, and leaders can consider:

6. Formally recognize the importance of local FNIM family and community family and community strengthening protocols and work to include them in all policies
7. Work together on a national Indigenous initiative to support local family and community strengthening
8. Support and implement a series of regional and FNIM specific and joint gatherings to plan this strategy
9. Ongoing and enhanced support for existing FNIM infant and child development programming and Indigenous midwifery
10. Development and implementation of FNIM fathering programs



11. FNIM educators and academics can work with local FNIM parents, children, youth, elders, and service providers to document and share wise practices regarding family and community strengthening

12. Health policy makers and research funders support FNIM community partnered research that advances Indigenous cultural safety training

13. Health and social services develop and apply Indigenous cultural safety organizational assessment tools



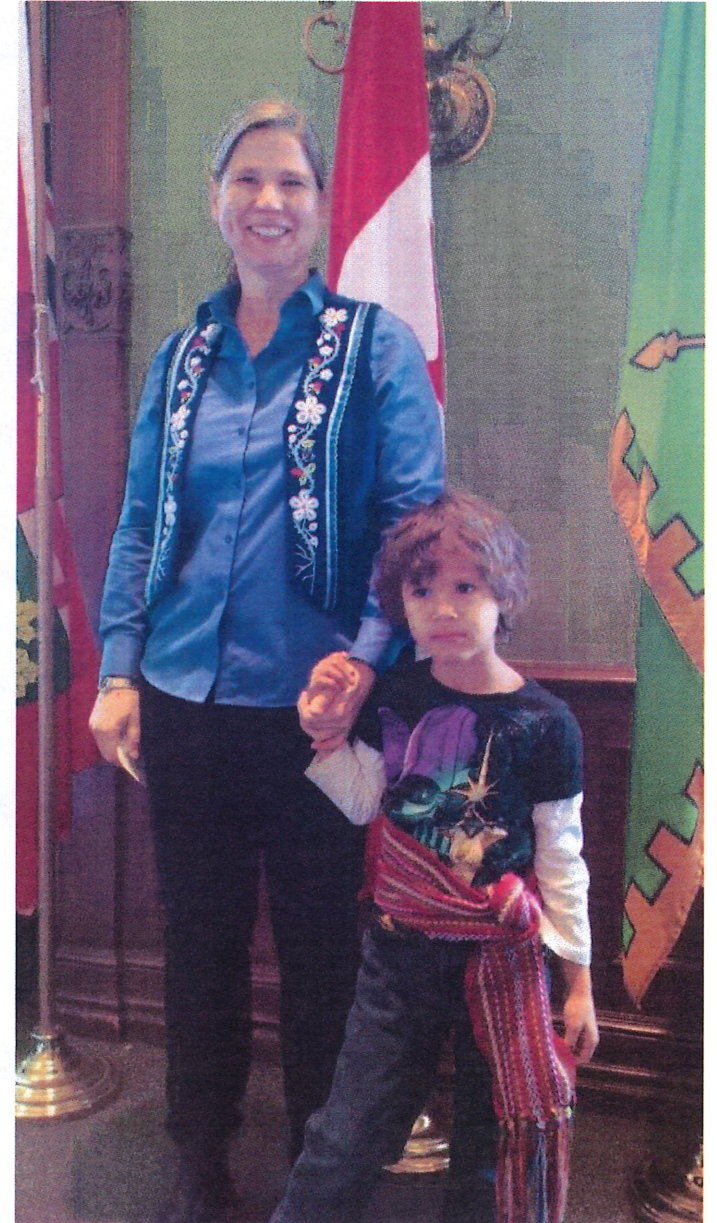


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 - From within Indigenous communities
 - For non-Indigenous individuals, communities and organizations
- Recommendations

Acknowledgments

- Lost loved ones and their families and communities
- My family and kin
- Elders and knowledge keepers
- Indigenous communities and individuals who have trusted me
- Well Living House team
- Academic colleagues and mentors



Questions?

