

Aaniish Naa Gegii?

Introduction to a new survey for Aboriginal children and youth

The Aboriginal Children's Health and Well-being Measure (ACHWM)

- Mary Jo Wabano
 Health Services Director
 Wikwemikong Unceded
 Indian Reserve
- Nancy L. Young
 Canada Research Chair
 and Professor
 Laurentian University







Faculty/Presenter Disclosure

- ➤ Mary Jo Wabano and Nancy Young have no relevant financial relationships with the manufacturer(s) of commercial services discussed in this CME activity
- ➤ Mary Jo Wabano and Nancy Young do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation







Introductions of Partner Site Members

- ✓ Whitefish River First Nation: Leslie McGregor, Lorrilee McGregor
- ✓ M'Chigeeng First Nation: Roger Beaudin, Sabine Kristensen-Didur
- ✓ Weechi-it-te-win Family Services: Shannon Blight, Lauris Werenko, Laurie Rose, and Garry Windigo
- ✓ Ottawa Inuit Children's Centre: Karen Baker-Anderson, Janice Messam

In addition, we are developing partnerships with:

- Chippewas of the Thames: Kimberly Fisher
- Nibinamik First Nation: Kevin Wabasse
- Noojmowin Teg Health Centre: Pam Williamson







Advisory Committee Members

- Rita Corbiere
- Jeffrey Eshkawkogan
- Mark Gibeault
- Lorraine Bebamikawe
- Diane Jacko

Focus Group Team Members

- Tina Eshkawkogan
- Josh Eshkawkogan
- Barb Peltier
- Josephine Pelletier

Health Centre Staff

- Melissa Roy
- Peter Shawana

Item Analysis Committee

- Rita Corbiere
- Kathy Dokis-Ranney
- Mark Gibeault
- Kristen Jacklin
- Diane Jacko
- Darrel Manitowabi

Project Team

- Tricia Burke
- Debbie Mishibinijima
- Brenda Pangowish
- Melanie Trottier
- Koyo Usuba
- Stephen Ritchie
- Paul Pomerleau
- Mary Jo Wabano
- Nancy Young







Summary

- This session focuses on sharing to a new survey tool, the *Aaniish Naa Gegii*, that was developed with Aboriginal children and youth to reflect their unique perspectives.
- The project merged expertise from Aboriginal health leaders, academics, community members, and Elders.
- The new survey covers the spectrum from illness to wellness, can be completed by children between the ages of 8 and 18, in less than 10 minutes, using computer tablets.
- It and has potential for use in many communities to inform health care decision making.







Learning Objectives

Development of the Aaniish Naa Gegii

Using and Scoring the Survey

Exploring
Relevance to
Other
Communities







Objective 1

Development of the Aaniish Naa Gegii

Using and Scoring the Survey

Exploring
Relevance to
Other
Communities







Our starting point

➤ We recognized that:

- Aboriginal children face health inequities yet there is little evidence to guide practice.
 - Evidence-based medicine was introduced in mainstream Canada over 2 decades ago but is not available to all communities.
- In Canada, the Regional Longitudinal Health Survey (RHS) provides <u>national level information</u>.
 - Does not provide any data at the local level.
 - o Does not include self-report data for children under 12 years of age.
- Many Aboriginal communities require a mechanism for gathering information to inform health services planning at the local level.







Collaborative Research

Our cooperative journey was inspired by two fundamental questions:

- How do Aboriginal children conceptualize health & well-being?
- What are the best items (questions) to help Aboriginal children express health & well-being?







Key Considerations

≻Feasibility

Easy to engage children

> Sustainability

Ability for the community to complete and repeat without substantial resources or costs

≻Generalizability

Relevant to other communities and facilitate community to community learning

Note that these concepts were considered in every decision that was made for the project.





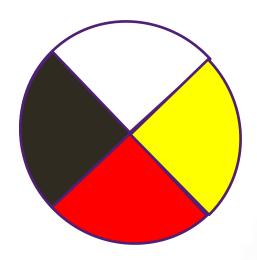


Core Concepts

Consultation identified the core concepts of Health & Well-Being (teachings of the 4 directions)

Health & Well-Being or Mno-bimaadziwin

- **≻**Spiritual
- **≻**Mental
- **Physical**
- **Emotional**









Children identified the concepts for the measure via 6 full-day focus groups





Aboriginal Children's Health and Well-Being Measure (ACHWM)

We would like to know how you are feeling. The questions below were developed by a group of First Nations children and youth to assess physical, mental, emotional and spiritual health.

Ple	ase mark the circle under the answer that describes you best.	Never	Hardly Ever	Some- times	Often	Always
1.	I laugh and have fun	0	0	0	0	0
2.	I feel physically fit (I feel that my body is in good shape)	•	0	0	0	0
3.	I feel afraid or scared	0	0	0	0	0
4.	I feel bullied	•	•	0	0	0
5.	I make healthy choices	0	•	•	0	•
6.	I enjoy exercise	0	•	•	0	0
7.	It is hard to keep my mind on my school work during class	•	•	•	0	0
8.	I have enough energy	•	•	•	0	0
9.	I forget things	0	0	0	0	0
0.	I spend time listening to and learning from my Elders	0	0	0	0	0



Celebrating the ACHWM









An Ojibway Name:

- The children of Wikwemikong gave the survey an Ojibway name: *Aaniish Naa Gegii*
- English Translation: *How are you?*









Sharing the Measure

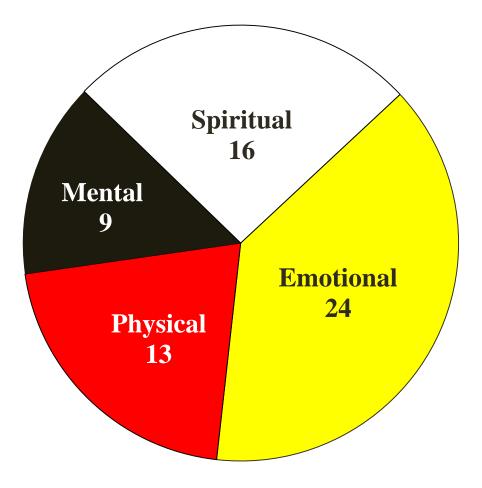
- ➤ A paper was published in *The Canadian Journal of Public Health*, May 2013
 - ❖ Young NL, Wabano MJ, Burke TA, Ritchie SD, Mishinibinijma D, and Corbiere R, *A Process for Creating the Aboriginal Children's Health and Well-Being Measure (ACHWM).* <u>Canadian Journal of Public Health, 2013. 104(2).</u>
 - Authorship reflects our collaboration with community citizens as a grass roots initiative
 - Senior author is Elder Rita Corbiere (former school principal)







62 Items by Quadrant



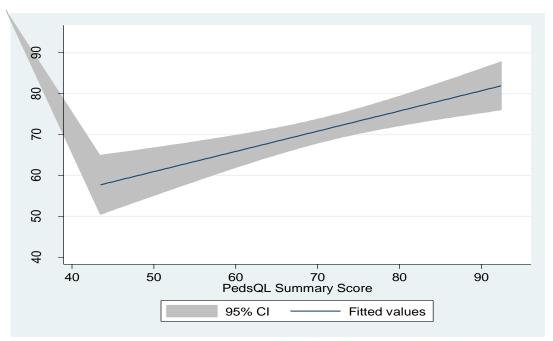






Validation of the Measure

- ≥ 48 children also completed the PedsQL (mainstream measure)
- ➤ Confirmed the validity of the ACHWM
 - \bullet Correlated 0.52 (p=0.0001) with the PedsQL









Tablet Version





Thanks to Paul Pomerleau and Ishmeet Singh for their support on the technical development of the application, and to Koyo Usuba for his REDCap expertise.







Tablet application addresses:

- ➤ Feasibility
 - Makes doing the survey appealing to children and efficient
 - Text-to-speech option enables children with low literacy levels to participate
- ➤ Sustainability
 - No need for data entry
 - Tablet uploads data to a secure REDCap server







Added value... Providing a safety net

- The ACHWM was reviewed by the mental health team at the Wikwemikong Health Centre
 - They asked that we flag questions which may suggest that the participant may be at imminent risk
 - The team created an Aid to Early Intervention
 - Children are referred to a mental health worker for the following:
 - 1 red flag or 2 yellow flags
 - The mental health worker determines what support is needed and refers accordingly





Initial Aid to Early Intervention

AA.	indarAid to Larry Intervention	Never	Hardly Ever	Some- times	Often	Always
3	I feel afraid or scared	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
4	I feel bullied	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
18	I hurt other people when I am upset or angry	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
21	I feel lonely	\bigcirc	\bigcirc	\bigcirc	\circ	
23	I break things when I am upset or angry	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
25	When I am sad or upset, I get over it quickly		\bigcirc	\bigcirc	\bigcirc	\bigcirc
27	I stay home from school	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
30	I get mad or cry when something small goes wrong	\bigcirc	\bigcirc	\bigcirc	\circ	
32	I feel like hurting myself	\bigcirc	\bigcirc			
37	I am in a bad mood	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
38	I get a good night's sleep		\bigcirc	\bigcirc	\bigcirc	\bigcirc
39	I feel like ending my life	\bigcirc	\bigcirc			
41	There are things in my life that make me happy		\bigcirc	\bigcirc	\bigcirc	\bigcirc
44	I can get clean drinking water	\bigcirc	\circ	\circ	\circ	\circ



- >ACHWM 62-item version is ready for use
- Recently completed cycle 2 implementation in Wikwemikong
- ➤ Results inform healthcare planning
 - Results are augmenting traditional knowledge
 - Information provides evidence to advocate for government funding to enhance and further develop programs and services
- ➤ Are assessing the relevance to other communities







Objective 2

Development of the Aaniish Naa Gegii

Using and Scoring the Survey

Exploring
Relevance to
Other
Communities







Practice with Tablets

- ➤ Tablet takes advantage of the appeal to youth
- ➤ Can also read to children (literacy)
- Access is password protected











Primary Focus

- **≻**Group level data
 - To inform programs and services
- ➤ However,
 - *we have a moral responsibility to each individual participant
- ➤ Balancing both requirements







Review Screening Results

- An aid to early intervention was integrated into the app to enable us to quickly recognize children who require additional assessment.
- This survey is <u>always</u> administered with a mental health worker available to provide individual assessment and refer accordingly.





Date:		
Code:		

Health and Wellness Assessment

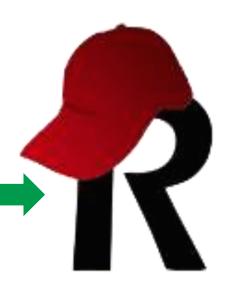
The following answers were given during the completion of *Aaniish Naa Gegii (ANG) survey*. The research team would appreciate your expert assessment. Please provide services based on your assessment and contact parents if appropriate. Please return this form with your decision about the appropriateness of this referral. We will use the results to improve our screening tool.

		Never	Hardly Ever	Some- times	Often	Always
3.	I feel afraid or scared					
4.	I feel bullied					
18.	I hurt other people when I am upset or angry					
19.	I do things to keep myself safe					
21.	I feel lonely					
23.	I break things when I am upset or angry					
24.	I feel safe at home			0		
26.	When I get sad or upset I get over it quickly					
28.	I stay home from school					
31.	I get mad or cry when something small goes wrong					0
33.	I feel like hurting myself					
38.	I am in a bad mood					
39.	I get a good night's sleep					



Moving to the Group Level











Data Management

- ➤ Data collection
 - Data is collected on tablets
 - Later uploaded to REDCap
 - Eliminates data entry on paper and transcription errors
- Ensures secure storage of data
- **Access**
 - Database is stored in REDCap and shared with Community and University researchers



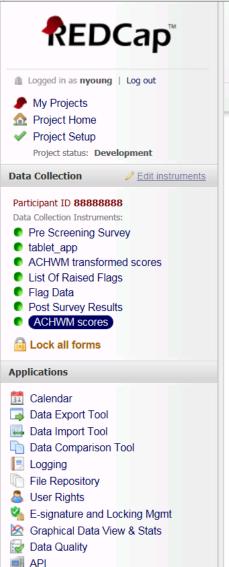
www.project-redcap.org

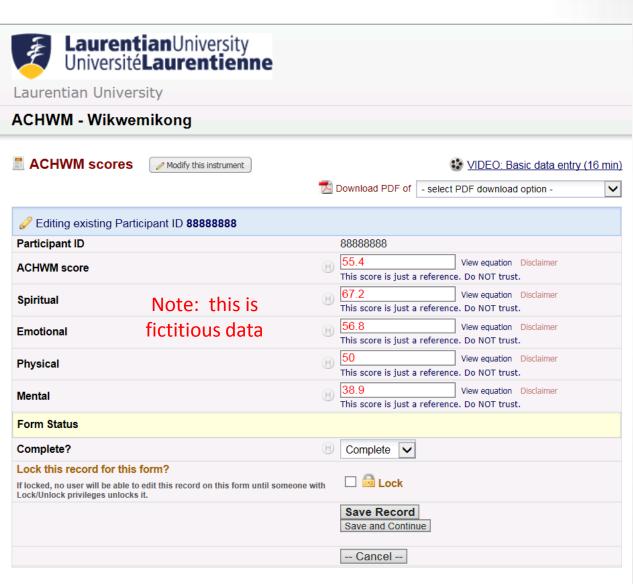






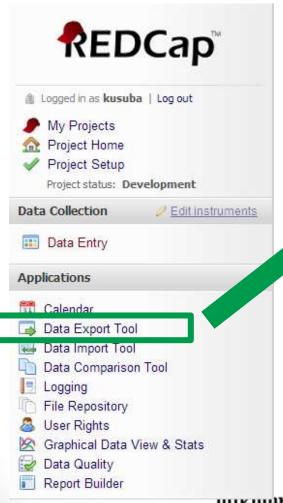
Scoring

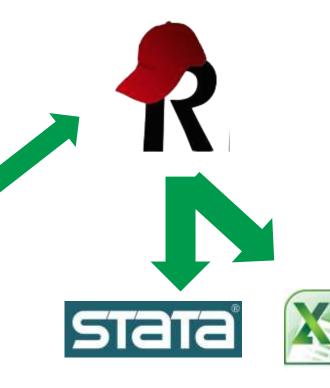






Exporting the Data











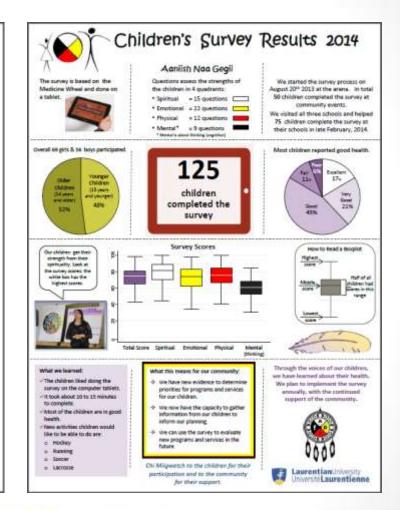






Cycle 1 summary mailed to all households in Wikwemikong July 7th 2014









Note: This report was generated to address questions raised by the community.

Wikwemikong Children's Health Survey Report

Results for the Health Centre July 2014



The syntax for this report has been saved in a user-friendly word file and can be run easily on STATA.



Table of Contents

Overview	2
Review: How the Survey Began	3
Naming the Survey	6
Survey Implementation	7
Community Results	
Who Participated?	8
Where Were the Surveys Completed?	9
Is the Survey Valid?	
Does the Survey Correlate with the PedsQL?	10
Quadrant Scores: Spiritual, Emotional, Physical & Mental	11
How Did Children Rate their Health?	12
Detailed Information by Age Group.	14
Open-Ended Questions.	18
Feed back.	19
Children's Comments on the Survey	19
Feedback on the Report	20
Saying Thank You.	21
Conclusions.	
Recommendations	23
Report Mailed to All Households	24
Appendix I (ACHWM Survey)	26



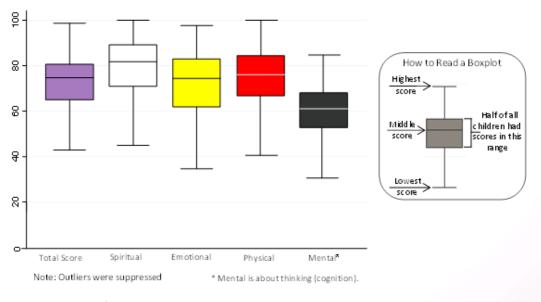




Benchmarks from Wikwemikong

- ➤ Implemented with 125 children from Wikwemikong
- ➤ Generated estimates of health to inform local service delivery planning

Box Plot of the Aaniish Naa Gegii Summary Scores and Quadrant Scores









Objective 3

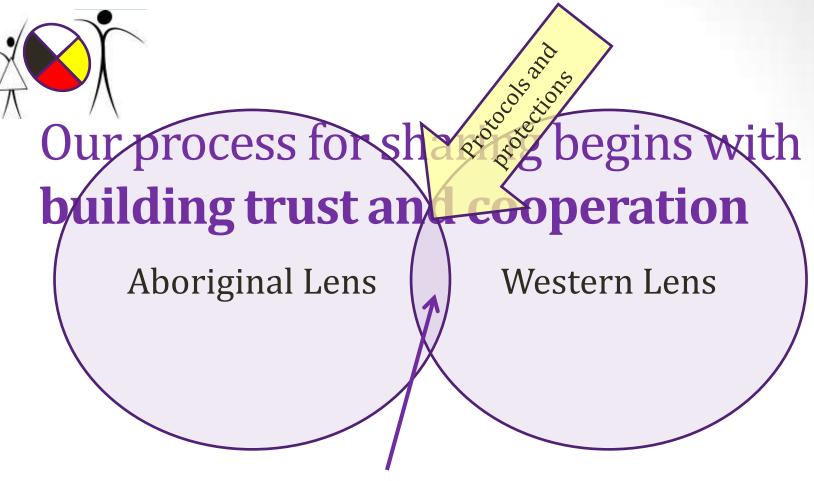
Development of the Aaniish Naa Gegii

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<u>Ethical space</u> exists, where the two perspectives overlap, which forms a safe space where collaborative research can thrive to promote the health of children.

The world that we share depends on the wisdom of the children.







Guiding Principles for Collaboration

- ➤ Elder Consultation
- ➤ Holistic Health
 - Conceptualized by using the Medicine Wheel
- Perception of well-being provided by the young people
- > Following ethical research practices:
 - **❖** OCAP
 - Local Approvals
 - Research Agreements
- > Following cultural safety practices







by affirming the Seven Grandfather Teachings:

- **Love** for the Children is our highest priority.
- > Bravery to try something different.
- > **Humility** regardless of creed and race.
- **Respect** for diverse opinions and viewpoints.
- Honesty in sharing the experiences.
- **Wisdom** transferred to and from the young people.
- > Truth that it is time for change.







Have completed detailed assessments of fit in other communities

One-on-one interviews were completed with children and their parent/caregivers in:

Weechi-it-te-win Family Services
June 2014

Métis community in Sudbury
July 2014

M'Chigeeng First Nation
August 2014

Whitefish First Nation
October 2014

Ottawa Intuit Children's Centre
January 2015

Have achieved a stable and consistently understood version of the assessment







Short-term Vision

In the next year we hope to...

- Share the survey with other First Nations
- Provide training to support local implementation in several communities







Is anyone in the audience interested in exploring the relevance of this survey for their local context?







Long-term Vision

In the future the survey will...

- riangle enable communities to gather and analyse their own information to:
 - track and improve health outcomes
 - advocate for services to meet children's health needs







Miigwetch:

- to the many children and youth who shared their vision of health with us through this project;
- the Elders, for their devotion to this project;
- to the Health Services Committee and Chief & Council for their ongoing support;
- > to the members of the Advisory Committee for their wisdom and guidance
- > to the many members of the community who have helped us along our journey









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For more information contact:

Mary Jo Wabano

Wikwemikong Health Centre 705 859-3164 mjwabano@wikyhealth.ca

Nancy L. Young

Laurentian University 705 675-1151 x 4014 nyoung@laurentian.ca



