Aaniish Naa Gegii?

Applying the Aboriginal Children’s Health and Well-being Measure in Practice

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Mary Jo Wabano and Nancy Young and the ACHWM team members have no relevant financial relationships with the manufacturer(s) of commercial services discussed in this CME activity.

The authors do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation.
Our Territory

Wiikwemkoong Unceded Territory

Laurentian University
### Acknowledgement of Partner Sites

- Whitefish River First Nation
- M’Chigeeng First Nation
- Weechi-it-te-win Family Services
- Ottawa Inuit Children’s Centre
- Chippewas of the Thames
- Nibinamik First Nation
- Noojmowin Teg Health Centre
- Chigamik Health Centre
- Eagles Next
- Dnaagdawenmag Binnoojiiyag Child & Family Services
- Attawapiskat First Nation
- Pikangikum First Nation
- Wabowden First Nation
- Kistiganwaacheng/Garden Hill FN
- Zaagiing/Sagkeeng First Nation
- Gaa-wiikewedaaawangang/Sandy Bay First Nation
- Thompson: RD Parker Collegiate and UCN, School District of Mystery Lake/Wapanohk
- Pimiakamak/Cross Lake First Nation
- Paul First Nation
- Kahnawa:ke
- King George Schools Saskatoon
- Alexander First Nation
This session follows our 2015 IMICH presentation in which we provided an introduction to the Aboriginal Children’s Health and Well-being Measure (ACHWM)

The ACHWM is a tablet-based measure that engages children 8 to 18 years of age in sharing their views of their own health

- It has potential to support program evaluation and inform health care decision making for Indigenous children.
- Known in Ojibway as the Aaniish Naa Gegii (How are you?)
What is New in 2017?

- The ACHWM’s foundation has been built through research.
- We are now focusing on **implementation in practice**.

The session will demonstrate how local data can be gathered efficiently to: inform program evaluation, support research, and support clinical management of mental health.
Learning Objectives

- To examine the relevance of the ACHWM across diverse contexts
- To understand the ACHWM application in local program evaluation
- To discuss the ACHWM as a mental health screening tool
Objective 1

To examine the relevance of the ACHWM across diverse contexts

To understand the ACHWM application in local program evaluation

To discuss the ACHWM as a mental health screening tool
Examine the relevance of the ACHWM across diverse contexts

- We will provide an overview of the ACHWM, including its strengths and challenges.
- You should ask yourself:
  - Does the AHCWM have relevance for you?
The ACHWM starting point

We recognized that:

- Aboriginal children face health inequities yet there is little evidence to guide practice
- Many Aboriginal communities require a mechanism for gathering information to inform health services planning that:
  - was relevant at the local level
  - empowered children and youth to share their perspectives
Our Journey to a Solution

We embarked on a collaborative journey to develop a culturally-appropriate child health survey

- To enable the voices of local children to be heard
- To create an evidence-base for effective community health and education services
ACHWM Video

Please visit www.ACHWM.ca
to watch the video
Key points for new partners to consider
ACHWM has a solid foundation

- Blend of Indigenous ways of knowing and Science

![Diagram showing the overlap of Western and Aboriginal Lens with protocols and protections]

- Ethical space exists, where perspectives overlap
- Forms a safe space where collaboration thrives
A Process for Creating the Aboriginal Children’s Health and Well-Being Measure (ACHWM)

Nancy L. Young, PhD,1 Mary Jo Wabano, BA,2 Tricia A. Burke, BA,1 Stephen D. Ritchie, MBA,3 Debbie Mishibinijima, BA,2 Rita G. Corbiere4

ABSTRACT

OBJECTIVES: The purpose of this study was to identify concepts of health and well-being important to Aboriginal children and youth. These concepts were necessary for the development of a culturally appropriate measure of health.

METHODS: We completed 4 community consultation sessions, 4 advisory committee meetings, and 6 full-day focus groups within the Wikwemikong Unceded Indian Reserve. The focus groups engaged Aboriginal children and youth via relevant cultural teachings, a photography exercise combined with a community bicycling tour, and detailed discussions of health and well-being using photovoice. The process was guided by a conceptual model: the Medicine Wheel. The participants placed their photos on a wall mural and identified their most important concepts. These concepts were synthesized through expert consensus into items and reviewed by the broader community.

RESULTS: The participants ranged in age from 8.2 to 17.7 years (mean age=12.3). Through innovative methods, children and youth identified 206 concepts representing the 4 quadrants of the Medicine Wheel: emotional, spiritual, physical, and mental. These concepts were refocused, in collaboration with the community, to create a new 60-item measure of health and well-being that was primarily positive in focus.

CONCLUSION: This study demonstrates the success of implementing a unique process of photovoice in combination with bicycling and informed by an Aboriginal framework. The results confirm the distinct conceptualization of health and well-being in this population and underscore the necessity for a culturally appropriate measure. This study also produced a first draft of the Aboriginal Children’s Health and Well-Being Measure (ACHWM).

KEY WORDS: Child; health status; Inclians, North American; quality of life; photography; questionnaires
Content Validity

Assessing children’s interpretations of the Aboriginal Children’s Health and Well-Being Measure (ACHWM)

Nancy L. Young, Mary Jo Wabano, Stephen D. Ritchie, Tricia A. Burke, Brenda Pangowish, and Rita G. Corbiere

Abstract

Background: There are emerging opportunities to improve the health of Aboriginal children and youth. The Aboriginal Children’s Health and Well-being Measure (ACHWM) was developed to enable Aboriginal communities to obtain group-level data from the perspectives of their children 8 to 18 years of age. The survey was developed in collaboration with children, based on the Medicine Wheel framework. The purpose of this study was to ensure that children and youth interpreted the ACHWM questions consistently and accurately and to establish the face validity of the survey.

Methods: Children and parents/caregivers from the Wikwemikong Unceded Indian Reserve (Canada) participated in a detailed interview process as they completed the ACHWM, in 2012. Each participant worked through their thought process verbally, to enable the interviewer to identify questions that were misinterpreted or inconsistently interpreted. Questions were revised based on feedback from the participants, and reviewed with new participants until a stable version was established. The resulting version was reviewed by health care providers and community members to further ensure cultural relevance and face validity within the community.

Results: A total of 18 interviews, with 9 children and 9 caregivers, were required to achieve a stable version of the survey. The children ranged in age from 8 to 18 years. Revisions were required for 19 questions. Most of these revisions were minor linguistic changes. In addition, 6 questions were deleted due to consistent problems and 4 questions were created to address gaps identified during the process. Community members confirmed the appropriateness of the measure for their community and communicated their pride in their youth’s role in the development of this survey.

Conclusions: The result was a 58-question version of the ACHWM that was consistently interpreted and culturally appropriate, and had face validity confirmed by experts from the community, children and their parents/caregivers. The ACHWM is ready to be assessed for relevance to other Aboriginal communities.

Keywords: Aboriginal, Children, Well-being, Interviews, Questionnaire, Child Self-Report
Validity of the Aboriginal Children’s Health and Well-being Measure: Aaniish Naa Gegii?

Nancy L. Young†, Mary Jo Wabano, Koyo Usuba, Brenda Pangowish, Mélanie Trottier, Diane Jacko, Tricia A. Burke and Rita G. Corbiere

Abstract

Background: Aboriginal children experience challenges to their health and well-being, yet also have unique strengths. It has been difficult to accurately assess their health outcomes due to the lack of culturally relevant measures. The Aboriginal Children’s Health and Well-Being Measure (ACHWM) was developed to address this gap. This paper describes the validity of the new measure.

Methods: We recruited First Nations children from one First Nation reserve in Canada. Participants were asked to complete the ACHWM independently using a computer tablet. Participants also completed the PedsQL. The ACHWM total score and 4 Quadrant scores were expected to have a moderate correlation of between 0.4 and 0.6 with the parallel PedsQL total score, domains (scale scores), and summary scores.

Results: Paired ACHWM and PedsQL scores were available for 48 participants. They had a mean age of 14.6 (range of 7 to 19) years and 60.4% were girls. The Pearson’s correlation between the total ACHWM score and a total PedsQL aggregate score was 0.52 (p = 0.0001). The correlations with the Physical Health Summatory Scores and the Psychosocial Health Summatory Scores were slightly lower range (r = 0.35 p = 0.016; and r = 0.51 p = 0.0002 respectively) and approached the expected range. The ACHWM Quadrant scores were moderately correlated with the parallel PedsQL domains ranging from r = 0.45 to r = 0.64 (p ≤ 0.001). The Spiritual Quadrant of the ACHWM did not have a parallel domain in the PedsQL.

Conclusions: These results establish the validity of the ACHWM. The children gave this measure an Ojibway name, Aaniish Naa Gegii, meaning “how are you?”. This measure is now ready for implementation, and will contribute to a better understanding of the health of Aboriginal children.

Keywords: Aboriginal, Children, Well-being, Interviews, Questionnaire
Reliability of the Aboriginal Children’s Health and Well-Being Measure (ACHWM)

Nancy L. Young, Mary Jo Wabano, Koyo Usuba, Debbie Mishibinijima, Diane Jacko and Tricia A. Burke

Abstract

Purpose: The aim of this research was to evaluate the reliability of the Aboriginal Children's Health and Well-Being Measure (ACHWM).

Methods: Two cohorts of children from Wikwemikong Unceded Territory were recruited for this study. Each child completed the ACHWM independently on a computer tablet running a customized survey app. The data from the first and second cohorts were used to estimate the internal consistencies using Cronbach’s alpha. A subgroup of the second cohort completed the survey twice within the same day. The data from this subgroup was used to evaluate the test–retest reliability using a random effects Intraclass Correlation Coefficient (ICC).

Results: There were 124 participants in the first cohort and 132 participants in the second cohort. The repeated measures subgroup was comprised of 29 participants from the second cohort. The internal consistency statistic (Cronbach’s alpha) was 0.93 for the first and second cohorts. The test–retest reliability ICC was 0.94 (95% CI 0.86–0.97) for the ACHWM summary scores based on the repeated measures subgroup.

Conclusions: These results establish the internal consistency and the test–retest validity of the ACHWM. This important finding will enable Aboriginal communities to use this measure with confidence and promote the voices of their children in reporting their health. The ACHWM is an essential data gathering tool that enables evidence-based health care for Aboriginal communities.

Keywords: Questionnaire, Reliability, Indigenous peoples, Children and youth
Reminder:
We are moving from Research to Practice
Strengths of the ACHWM in Practice:

- gives children a voice in their own health assessment
- developed with Aboriginal children 8 to 18 years of age
- culturally relevant and grounded in the Medicine Wheel:
  - overall score; physical, emotional, mental and spiritual health scores
- scientifically sound: valid, reliable and sensitive
- tablets engage children in a non-judgemental way
- automated process enhances feasibility and supports the generation of local report
  - tablets are able to quickly identify urgent health needs and facilitate new connections to local supports
- generates quantifiable data useful at the local level to support program planning/evaluation and funding requests
Challenges to prepare for in Practice:

- **Basic training** is required before implementation
- Equipment: **Android tablet** & a blue tooth printer
- You are responsible for storing **ID numbers and names safely**
- You need to be prepared to support your children after the survey
  - Make a list of services for those needing ongoing support
  - Connect with services early to ensure they are able to provide support
- Develop a plan for using the data
  - to support program planning
  - to support funding requests
  - to evaluate the effect of programs
Who is interested in exploring the relevance of this survey for their local context?
Objective 2

To examine the relevance of the ACHWM across diverse contexts

To understand the ACHWM application in local program evaluation

To discuss the ACHWM as a mental health screening tool
Understand the ACHWM application in local program evaluation

- In this segment we will discuss the requirements of program evaluation, so that you will be able to make an informed decision about whether or not to use the ACHWM within your community/agency
  - The ACHWM is shared with Indigenous communities and agencies free of charge
What is Program Evaluation?
- A systematic approach in which information about a program is: collected, analysed, and reported.

Why should we evaluate programs?
- To guide decisions about what program to offer
- To advocate for program funding

What if the program is not effective?
- Are there ways that we could improve the program?
  - Perhaps provide it to people with a different level of readiness?
  - Perhaps change the context in which it is delivered?
- Should we preserve our resources to support other programs?
A few components of Program Evaluation

**Processes**
- Was the program carried out as designed?
- What features were most appealing to the client?
- How many and who attended?

**Outcomes**
- Did the program make a difference?
- What changes have occurred?
One way to look at Program Evaluation ...

6 Steps

1. Engage Stakeholders
2. Describe the Program
3. Focus the Evaluation Design
4. Gather Credible Evidence
5. Justify Conclusions
6. Ensure Use and Share Lessons Learned

ACHWM may have a role here

Program Evaluation may also be quite simple ...
Start by thinking about ... the most important child health programs in your organization

- Do you know how healthy the children are when they enter the program?
- What about when they leave the program?
- Could systematically collected health outcomes data augment your understanding of the impact these programs have on children?
  - Would the data help people within your organization?
  - Could the data be useful in lobbying for funding?
Could the ACHWM help you evaluate your child health program?

- Does it fit your needs?
Consultation identified the core concepts of Health & Well-Being (teachings of the 4 directions)

Health & Well-Being or Mno-bimaadziwin

- Spiritual
- Mental
- Physical
- Emotional

How do these concepts fit with your community’s view of health?
Fits well 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

• Achieved a stable and consistently understood version of the assessment

Pilot assessment is optional in new communities

✓ Attawapiskat First Nation January 2017

Would a pilot be helpful in your community?
Relevance Beyond Wiikwemkoong

Original Research Rural and Remote Health (In Press)

Relevance of the Aboriginal Children’s Health and Well-being Measure (ACHWM) Beyond Wiikwemkoong


Abstract

Introduction: Aboriginal children in Canada experience significant disparities in health in comparison to their mainstream peers. As Aboriginal communities and agencies strive to improve health, it is important to measure the impact of new programs and services. Since many Aboriginal children live rural and remote communities, it was important that communities have access to measurement tools that were relevant and feasible to implement in these contexts.

The Aboriginal Children’s Health and Well-being Measure® (ACHWM) was developed to meet the need for a culturally-relevant measure of health and well-being for Aboriginal children (ages 8 to 18 years) in Canada. It was developed within one First Nation Community: the Wiikwemkoong Unceded Territory. The intention from inception was to ensure the feasibility and relevance of the ACHWM to other Aboriginal communities. The purpose of this paper is to describe the relevance of the ACHWM beyond Wiikwemkoong.

Methods: This paper presents the results of a community-based and collaborative research study that was jointly led by an academic researcher and a First Nations Health leader. The research began with the 58-question version of the ACHWM developed in Wiikwemkoong. The ACHWM was then submitted to a well-established process of community review in four new communities, in sequence: Weeneebitini Family Services, M’Chigeeng First Nation, Whitefish River First Nation, and the Ottawa Inuit Children’s Centre (OICC). The review process included an initial review by local experts, followed by a detailed review with children and caregivers through a detailed cognitive debriefing process. Each community/agency identified changes necessary to ensure appropriate fit in their community. The results from all communities were then aggregated and analysed to determine the similarities and differences.

Results: This research was conducted in 2014 and 2015 at four sites. Interviews with 23 children and 21 caregivers were completed. Key lessons were learned in all communities that enabled the team to improve the ACHWM in subtle but important ways. A total of 12 questions were revised, and 4 new questions were added during the process. This produced a 62-question version of the ACHWM that was endorsed by all communities.

Conclusions: The ACHWM has been improved through a detailed review process in 4 additional communities/agency and resulted in a stable 62-question version of the survey. This process has demonstrated the relevance of the ACHWM to a variety of Aboriginal communities. This survey provides Aboriginal communities with a culturally appropriate tool to assess and track their children’s health outcomes, enabling them gather new evidence of child health needs and the effectiveness of programs in the future.
Importance of a local Indigenous name:

- Children in each communities give the ACHWM a local name
  - helps the survey feel familiar to children
  - Ojibway name: *Aaniish Naa Gegii*
  - English Translation: *How are you?*

What would you call it in your language?
The ACHWM was designed to work in Aboriginal communities/agencies

- **Feasible**
  - Tablet makes it easy to engage children/youth

- **Sustainable**
  - Possible to implement and repeat without substantial resources or costs

- **Generalizable**
  - Has proven relevant to other communities
  - There is a process to help you assess the relevance in your community.
Tablet Version

- Addresses Feasibility
  - Makes doing the survey appealing to children and efficient
  - Text-to-speech option enables children with low literacy levels to participate

- Addresses Sustainability
  - No need for data entry
  - Tablet uploads data to a secure REDCap server
Resources Required

- **Local Champion**
  - Decision maker, health leader

- **Equipment**
  - Android Tablets with OtterBox cases & Bluetooth Printer

- **Staff Member to Implement the ACHWM**
  - Part time, supporting the implementation & manage data

- **Mental Health Worker**
  - To perform brief assessments & triage

- **Secure Storage**
  - To keep the list of names and ID number

Could you gather these resources in your community?
We are **sharing** the ACHWM with other communities, for the benefit of children

Within your community

by your community

for your community
How to Access the ACHWM

Getting Started:

- Learn more about the ACHWM
  ➢ www.ACHWM.ca
- Determine your goal for implementing
- Make a request to the ACHWM team
  ➢ http://j.mp/1TKIeMI
- Create an implementation account
- Choose your agreement type
- Plan for training/implementation
Types of Agreements

A. Independent Use
   - All data is stored locally and is your responsibility

B. Collaborative Practice
   - Data is stored on the Laurentian University RedCap server
   - Data is governed by a stewardship agreement
   - Results will not be published

C. Collaborative Research
   - Data is stored on the Laurentian University RedCap server
   - Data is under a data sharing agreement
   - Results will be published
      - Research Ethics Board approval is required
      - Individual participant consent is required
2 requirements for using the ACHWM:

- Your goal is to promote better child health and well-being
- You have resources in place to support children who have new health issues identified through the ACHWM
Objective 3

To examine the relevance of the ACHWM across diverse contexts

To understand the ACHWM application in local program evaluation

To discuss the ACHWM as a mental health screening tool
There is an additional opportunity: to use the ACHWM as a mental health screening tool

- The tablet has an embedded screening function:
  - that changes the conversation between children and mental health support staff in positive ways
  - some communities are using the ACHWM to screen for potential mental health concerns
- Lets review the screening questions and think about how the tablet’s screening function may be used:
  - to engage hard to reach children, and
  - stimulate positive discussions to promote better health
Primary Focus

- **Group level data**
  - To inform programs and services

- However,
  - we have a moral responsibility to each child who completes the survey

- Balancing both requirements is a moral imperative
Screening as a way to provide a safety net

- The ACHWM was reviewed by the Nadmadwin mental health team in Wiikwemkoong
  - 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:
      - if support is needed, and
      - initiates the support process within the community
Screening Process

A screening mechanism to recognize and support at-risk Aboriginal children

Nancy L. Young, PhD,1 Diane Jacko, BA,2 Mary Jo Wabano, MHK,2 Lauren Hawthorne, MA,1 Sarah Scabook, BA,3 Sheri Wabanosse, BSW,2 Koyo Usuha, MHK1

ABSTRACT

OBJECTIVES: The Aboriginal Children’s Health and Well-Being Measure© (ACHWM) was developed to assess health from the perspectives of Aboriginal children. The purpose of this paper is to document the screening process, embedded within the ACHWM, and assess its effectiveness.

METHODS: The ACHWM was implemented in 2014/2015 with children 8 to 18 years of age living on the Wikwemikong Unceded Territory. Survey responses were screened to identify potential risk, using an automated algorithm run on computer tablets. Local mental health workers conducted brief mental health assessments to identify and support children at-risk. Data were analyzed to estimate effectiveness of this screening process.

RESULTS: A total of 293 children completed the ACHWM. The screening tool identified 3.5% with potential risk. Mental health workers confirmed 18% of all participants as being at-risk, and all were referred for support. The sensitivity of the tool was 75% while specificity was 79%. Improvements to the screening algorithm resulted in a specificity of 97% and negative predictive value of 95%, with no loss of sensitivity.

CONCLUSION: Responsible population health surveys require a process to recognize and respond to answers indicative of health risks. This paper provides an example of a screening and triage process that enabled our survey team to screen responses in real time, respond to potential risk immediately, and connect participants to local support services. This process proved essential to conducting an ethical survey. The high specificity and negative predictive value make it an effective triage tool that is particularly valuable in Aboriginal communities and with higher-risk populations.

KEY WORDS: Mental health; early medical intervention; child; adolescent; Indigenous population; surveys and questionnaires

La traduction du résumé se trouve à la fin de l'article.
Health and Wellness Assessment

The following answers were given during the completion of *Aamiish 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.

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<td>I feel afraid or scared ...</td>
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<td>I feel bullied ...</td>
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<td>18.</td>
<td>I hurt other people when I am upset or angry ...</td>
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<td>19.</td>
<td>I do things to keep myself safe ...</td>
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<td>I feel lonely ...</td>
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<td>23.</td>
<td>I break things when I am upset or angry ...</td>
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<td>24.</td>
<td>I feel safe at home ...</td>
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<td>26.</td>
<td>When I get sad or upset I get over it quickly ...</td>
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<td>28.</td>
<td>I stay home from school ...</td>
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<td>31.</td>
<td>I get mad or cry when something small goes wrong ...</td>
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<td>33.</td>
<td>I feel like hurting myself ...</td>
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<td>38.</td>
<td>I am in a bad mood ...</td>
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<td>39.</td>
<td>I get a good night’s sleep ...</td>
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Screening in Action

INDIVIDUAL LEVEL

Child Completes ACHWM

View Individual Report

Catalyst for honest dialogue that leads to immediate support

COMMUNITY LEVEL

Save the Data

Local Data

Report summarizing the health needs of children at intake

Compare before and after to assess a program’s impact on child health

Description of child health in the community – support advocacy
We are working to shift the focus

- Discover youth needs
- Match them to appropriate services
- Improve health outcomes
Moving forward in a positive direction

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.
### 4 Steps to Change Practice

1. **Review the programs and services in your organization and pick one program that would benefit from an evaluation.**

2. **Choose a measure that is appropriate to evaluate the impact of that program.**

3. **Implement the measure in that program for 6 months.**

4. **Review the data:**
   - What does it tell you?
   - How does this new information guide your planning?
   - Are there changes to programs that should be made to enhance their effectiveness?
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
Voices of our Children
MOVING towards WELLNESS

3 TIMES A DAY
HOW ARE YOU?
Aaniish Naa Gegi
EXERCISE & HOCKEY
HELPING THE KIDS

WE PLAY OUTSIDE
FIT
DRUM FIT

FITNESS ROOM

I FEEL HEALTHY & FIT

GYM & SCHOOL PROGRAM

LOTS OF SLEEP

WE DO THEM ON TABLETS!

HELPS THE KIDS

3 TIMES A DAY

WHEN I AM UPSET

EATING HEALTLHY

DRUMFIT FOR KIDS

CULTURE

GYM & SCHOOL

DRUMFIT

I FEEL HEALTHY & FIT

LOVE HOCKEY

LEARNING DANCE

YOGA

SWIMMING

DANCING

WHO HELPS YOU?

MY FAMILY

THE HEALTH CENTRE

MY LANGUAGE TEACHER

MY AUNT & UNCLE

MY MOTHER & FATHER

MY GRANDMA


Aboriginal Children's Health and Well-Being Measure
Wikwemikong Unceded Indian Reserve
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For more information

Got to: www.ACHWM.ca

- Watch the video
- Share information with others in your community/organization
- Review the publications to get more detail
- Determine if the ACHWM might be relevant to your population
- Contact our team
Contact an ACHWM team member:

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