8th International Meeting on Indigenous Child Health
March 22 to 24, 2019 / Hyatt Regency Calgary / Calgary, AB

8e congrès international sur la santé des enfants autochtones
du 22 au 24 mars 2019 / Hyatt Regency Calgary / Calgary (Alberta)

FINAL PROGRAM / PROGRAMME DÉFINITIF
Conference Objectives
At the end of the conference, participants will be able to:

- Apply new skills, insights, and knowledge about the multiple determinants of health to benefit Indigenous children, youth and communities.
- Increase multisectoral collaboration and partnerships to work towards achieving health equity for Indigenous children, youth and communities.
- Apply an enhanced understanding of culturally competent care in health interactions with Indigenous children and youth.
- Identify strategies for supporting the role of traditional health and healing practices in Indigenous communities.
- Identify the links between the environment and the health of Indigenous children, youth and their families/communities.
- Engage new networks to share best practices and learn from community-based initiatives.

Objectives du congrès
Au terme du congrès, les participants seront en mesure de :

- mettre en pratique de nouvelles compétences, de nouveaux points de vue et de nouvelles connaissances sur les multiples déterminants de la santé, afin qu’ils profitent à la santé des enfants, des adolescents et des communautés autochtones.
- accroître la collaboration et les partenariats multisectoriels, afin de travailler à l’atteinte de l’équité en santé chez les enfants, les adolescents et les communautés autochtones.
- appliquer une meilleure compréhension des soins adaptés à la culture aux interactions avec les enfants et les adolescents autochtones.
- définir des stratégies pour soutenir le rôle des pratiques de santé et de guérison traditionnelles dans les communautés autochtones.
- établir des liens entre l’environnement et la santé des enfants et des adolescents autochtones, de leur famille et de leurs communautés.
- mobiliser de nouveaux réseaux pour partager les pratiques exemplaires et tirer des enseignements des initiatives communautaires.

Continuing Education Credit Information
This event has been approved by the Canadian Paediatric Society for a maximum of 9.0 credit hours as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada.

The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The AAP designates this live activity for a maximum of 9.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity is acceptable for a maximum of 9.0 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

The American Academy of Physician Assistants (AAPA) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Physician assistants may receive a maximum of 9.0 hours of Category 1 credit for completing this program.

College of Family Physicians of Canada (CFPC) members may claim up to 50 certified credits per cycle for participation in RCPSC MOC Section 1 accredited activities. The maximum does not apply to CFPC Affiliate members.

European Continuing Medical Education Credits
Live educational activities occurring in Canada and recognized by the RCPSC as Accredited Group Learning Activities (Section 1), are deemed by the European Union of Medical Specialists to be eligible for ECMEC.

This program is accredited for 9.0 NAPNAP CE contact hours of which 0 contain pharmacology (Rx) content, (0 related to psychopharmacology) (0 related to controlled substances), per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.

In support of improving patient care, this activity has been planned and implemented by IHS Clinical Support Center and American Academy of Pediatrics. IHS Clinical Support Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This activity is designated up to 10.0 contact hours for nurses.

Renseignements au sujet des crédits de formation continue
Le présent événement est une activité de formation collective agréée (section 1) au sens que lui donne le Programme de maintien du certificat du Collège royal des médecins et chirurgiens du Canada, approuvée par la Société canadienne de pédiatrie pour un maximum de 9,0 heures-crédits. L’Accreditation Council for Continuing Medical Education (ACCME) agréé l’American Academy of Pediatrics (AAP) pour qu’elle donne de la formation médicale continue aux médecins.

L’AAP accorde à cette activité en salle un maximum de 9,0 crédits de catégorie 1 de l’AMA.PRA. Les médecins ne doivent réclamer que les crédits correspondant à leur pourcentage de participation à l’activité.

La présente activité donne droit à un maximum de 9,0 crédits de l’AAP. Ces crédits peuvent être appliqués au prix de FMC ou de FPP de l’AAP offert aux associés et aux candidats de l’American Academy of Pediatrics.

Les American Academy of Physician Assistants (AAPA) acceptent les certifications de participation à des activités de formation agréées pour donner des crédits de catégorie 1 de l’AMA.PRA provenant des organisations qu’ils agrètent. Les auxiliaires médicaux peuvent recevoir jusqu’à 9,0 heures-crédits de catégorie 1 pour effectuer ce programme.

Les membres du Collège des médecins de famille du Canada (CMFC) peuvent réclamer jusqu’à 50 crédits certifiés par cycle pour leur participation à des activités approuvées au titre des crédits de la section 1 du programme de MDC du CRMCC. Le maximum ne s’applique pas aux membres affiliés du CMFC.

Crédits européens de formation médicale continue
La participation en direct à des activités éducatives reconnues par le CRMCC rend les participants admissibles à des crédits européens de formation (ECMEC) attribués par l’Union européenne des médecins spécialistes.

Ce programme donne droit à 9,0 heures de contact de formation continue de la NAPNAP, dont 0 présente un contenu pharmacologique (Rx) (0 lié à la psychopharmacologie et 0 lié aux substances contrôlées), conformément aux directives de formation continue de la National Association of Pediatric Nurse Practitioners (NAPNAP).

Le centre de soutien clinique de l’IHS et l’American Academy of Pediatrics ont planifié et mis en œuvre cette activité afin d’améliorer les soins aux patients. Le centre de soutien clinique de l’IHS est agréé conjointement par l’Accreditation Council for Continuing Medical Education (ACCME), l’Accreditation Council for Pharmacy Education (ACPE) et l’American Nurses Credentialing Center (ANCC) afin d’offrir de la formation médicale continue aux équipes soignantes.

Cette activité donne droit à un maximum de 10,0 heures de contact au personnel infirmier.
Continuing Education Credit Instructions

CME/allied health certificates will be provided following the meeting. The certificates are appended to the meeting evaluation. Instructions for access will be provided at the meeting. Please complete the CME certificate and retain a copy for your records. Each physician should claim only those credits that he/she actually spent in the education activity.

For NAPNAP Contact Hours
The AAP is designated as Agency #A17. Upon completion of the program, each participant desiring NAPNAP contact hours should send a completed certificate of attendance, along with the required recording fee ($13 for NAPNAP members, $15 for nonmembers), to the NAPNAP National Office at 5 Hanover Square, Suite 1401, New York, NY 10004. Keep this certificate for your records for six (6) years. Requests for duplicate certificates should be made to the AAP.

For Nursing Contact Hours
Please complete the online evaluation. At the end of the evaluation survey, there will be a link to the Nursing CE Form. This must be completed and returned by April 26, 2019. No certificate of hours attended can be issued for nursing credit unless you complete and return this form. Please contact indianhealth@aap.org with any questions.

Continuing Medical Education/Continuing Nursing Education Certificates
CME certificates will be provided electronically upon completion of the Overall Conference Evaluation. To request continuing nursing education certificates, paid and registered participants must be present no later than 5 minutes from the start of each session for which they are claiming credit and must complete the CE request before April 26, 2019. The CE request may be submitted using the Nursing CE Request Form located in the conference folder or at the end of the electronic Overall Conference Evaluation. Nursing CE certificates will be mailed to you by the IHS Clinical Support Center.

Conference Evaluation

Overall Conference Evaluation
The Overall Conference Evaluation for the 8th International Meeting on Indigenous Child Health will be handled via an electronic survey. The evaluation can be accessed at: www.surveymonkey.com/r/IMICH2019.

We will send you a reminder email with a link to this survey shortly after the conference concludes. Please take a few minutes to complete the survey, as your responses help us to plan and improve future conferences.

Speaker Evaluations
Speaker evaluations are being collected via electronic survey as well. You will receive an email each day with a link to evaluations for all the faculty presenting on that day. This feedback is valuable to the faculty and planners.

General Information

Speaker disclosure and conflict of interest
A list of speaker disclosures and conflict of interest for this meeting can be found at www.cps.ca/en/imich.

Mother’s Lounge
Private lactation accommodations are available in the Neilson 3 Room.

Directives sur les crédits de formation continue

Des certificats de formation continue pour les médecins et les autres professionnels de la santé seront remis après le congrès. Les directives pour y accéder seront transmises lors du congrès. Vous n’avez qu’à remplir le certificat de FMC et à en conserver une copie pour vos dossiers. Chaque médecin devrait réclamer seulement les crédits qu’il a réellement consacrés à l’activité de formation.

Pour les heures de contact de la NAPNAP
L’AAP est perçu comme un organisme n° A17. À la fin du programme, chaque participant qui a besoin d’heures de contact de la NAPNAP devra évoquer un certificat de participation rempli, de même que les frais d’enregistrement (13 $ pour les membres de la NAPNAP, 15 $ pour les non-membres), au bureau national de la NAPNAP situé au 5 Hanover Square, bureau 1401, New York (New York) 10004. Conservez ce certificat en dossier pendant six (6) ans. Les demandes de certificat doivent être faites à l’AAP.

Pour les heures de contact en soins infirmiers
Nous vous prions de remplir l’évaluation virtuelle. À la fin du sondage d’évaluation, vous trouverez un lien vers le formulaire de formation en soins infirmiers. Vous devez le remplir et l’expédier avant le 26 avril 2019. Aucun certificat de vos heures de participation en vue des crédits en soins infirmiers ne vous sera accordé si vous ne remplissez pas et n’envoyez pas ce formulaire. Si vous avez des questions, écrivez à indianhealth@aap.org.

Certificats de formation médicale continue ou de formation continue en soins infirmiers
Un certificat de formation médicale continue vous sera transmis par voie électronique lorsque vous aurez rempli l’évaluation globale du congrès. Pour demander un certificat de formation continue en soins infirmiers, les participants inscrits qui ont payé leurs droits doivent être présents au plus tard 5 minutes après le début de chaque séance pour laquelle ils réclament des crédits et avoir rempli la demande de certificat avant le 26 avril 2019. La demande peut être présentée au moyen du formulaire de demande de certificat de formation continue en soins infirmiers situé dans le dossier du congrès ou à la fin de l’évaluation globale du congrès par voie électronique. Ce certificat vous sera posté par le centre de soutien clinique de l’IHS.

Évaluation du congrès

Évaluation globale du congrès

Nous vous ferons parvenir un courriel de rappel contenant un lien vers ce sondage peu après la fin du congrès. Nous vous invitons à prendre quelques instants pour le remplir, car vos réponses nous aideront à planifier et à améliorer les futurs congrès.

Évaluation des conférenciers
Nous colligeons également les évaluations des conférenciers au moyen d’un sondage électronique. Vous recevrez un courriel chaque jour, contenant un lien vers les évaluations de tous les conférenciers qui auront fait des présentations au cours de la journée. Ces évaluations sont précieuses, à la fois pour les conférenciers et pour les planificateurs.

Renseignements généraux

Divulgation et conflits d’intérêts des conférenciers
La liste de divulgations et de conflits d’intérêts des conférenciers à ce congrès figure dans le site www.cps.ca/fr/imich.

Salon d’allaitement
Il est possible d’allaiter en privé à la salle Neilson 3.
FRIDAY, MARCH 22 / LE VENDREDI 22 MARS

07:30 – 08:30  Registration / Inscription
(Imperial Foyer)

08:30 – 10:30  OPENING CEREMONIES / CÉRÉMONIES D’OUVERTURE (Imperial Ballroom)

Welcome / Bienvenue
Radha Jetty, MD, FRCPC, Co-Chair
Jane Oski, MD, FAAP, Co-Chair

Welcome from conference hosts / Bienvenue des hôtes du congrès
Sam Wong, MD, FRCP, FAAP
Vice President, Canadian Paediatric Society
Kyle Yasuda, MD, FAAP
President, American Academy of Pediatrics

Keynote Address / Discours d’ouverture
Nadine Caron, MD, MPH, FRCSC (Anishnawbe, Sagamok First Nation)

Dr. Caron is an associate professor of surgery in the University of British Columbia’s Northern Medical Program, and Co-Director of the UBC Centre for Excellence in Indigenous Health. She is also appointed as an Associate Faculty member of the Bloomberg School of Public Health, Johns Hopkins University where she teaches for the Center for American Indian Health. Nadine’s main focus and passion is Indigenous health and Canadian health policy.

10:30 – 11:00  BREAK / PAUSE (Imperial Foyer)

11:00 – 12:30  ORAL ABSTRACTS / PRÉSENTATIONS ORALES
*Denotes presenting author/L’astérisque
(*) désigne l’auteur présentateur

1. Access and Quality / Qualité d’accès
(Stephen)

1. Innovation to improve access and care quality for Indigenous women in three distinct communities in the province of Alberta, Canada
Richard Oster*, Bonny Graham, Tracy Lee, Wendy Bouwman-Oake, Dennis Laboucan, Deborah McNeil, Deborah Leitch, Allison Bichel

2. Patient navigation of Indigenous populations in a tertiary pediatric healthcare setting: A promising practice for reducing healthcare disparities
Renata Taylor*, Shaquita Bell

2 Child and Youth Engagement / Participation des enfants et des adolescents
(Neilson 1)

3. Health care that integrates culturally safe, trauma and violence-informed and family-centered approaches best meets the needs of Indigenous mothers and infants
Amy Wright*, Rachel Bomberry, Olive Wahoush, Marilyn Ballantyne, Chelsea Gabel, Susan M. Jack

4. Our future healers: Innovations to foster success of Indigenous youth in the health professions pathway
Erik Brodt, Allison Empey*

5. Indigenous representations of Elder-youth relationships using Photovoice: Perspectives from the Labrador Inuit community of St. Lewis, NL, Canada
Chelsea Gabel*, Jessica Pace

6. Addressing transience in Nunavut’s health care workforce care by implementing a health career camp for Inuit high-school-aged youth
Sidney Horlick*, Gwen Healey, Jennifer Wokegijig, Nancy Edgecombe, Kristy Ste Marie, Ken Beardsall, Nubiya Enuaraq, Leigh Anne Willard, Timothy Fawehinmi, Adeline Salomonie, Sarah LeBlanc

7. Exploring the essential conditions needed to deliver the Indigenous Youth Mentorship Program
Sobierajski F*, Lévesque L, McGavock J, Storey K, IYMP National Team

3 Culturally Informed Services / Services adaptés à la culture
(Herald)

8. I(nuit)-SPARX: Design of a culture-specific mental health e-intervention by Nunavut youth for Nunavut youth
Yvonne Bohr*, Yookung Lee, Leigh Armour, Marette Abdelmaseh, Ian Manion, Alexandra Pavelich, Leah Litwin, Chelsea Singoorie

9. Indigenous families’ journeys with early intervention therapy in Northern BC
Alison Gerlach*, Margo Greenwood

10. Indigenous parent feeding practices in Australia; impact of Western worldviews
Athira Rohit*, Renae Kirkham, Louise Maple-Brown, Julie Brimblecombe

11. Jordan’s Principle: Child first initiative Niniijaanis Nide (My Child, My Heart) Program
Gwen Traverse*, April Sanderson
Innovative Community Programs / Programmes communautaires novateurs (Neilson 2)

12. Engaging the voices of First Nations Mohawk children and youth through visual storytelling to inform meaningful child injury prevention actions
   Emilie Beaulieu*, Rose-Alma McDonald, Ian Pike, Alison Macpherson

13. Students’ perceptions of a school nutrition policy at Kipohtakaw Education Centre in Alexander First Nation
   Christina Gillies*, Alexander Research Committee, Anna Farmer, Katerina Maximova, Noreen D. Willows

14. The potential of eggs to improve the nutritional and economic status of vulnerable Indigenous communities in northern Colombia
   Lina Solano*, Ana Maria Galvis, James A. Thomas

15. Handling the heat: Impact of burn injuries on Aboriginal and Torres Strait Islander children and their families
   Hayley Williams*, Bronwyn Griffin, Kate Hunter, Kathleen Clapham, Roy Kimble

Program Evaluation / Évaluation du programme (Bannerman)

16. Association of bullying, mental health, and academic success in North Dakota middle school Native American youth
   Susanna Basappa*, Sarah Atunah-Jay, Kristin Harden, Sean Phelan

   Marni Browell*, Julieanne Sanguins, Mariette Chartier, Nathan Nickel, Jennifer Enns, Dan Chateau, Elaine Burland, Joykrishna Sarkar, Janelle Boram Lee, Aynslie Hinds, Farzana Quddus

18. High impact evaluation of the “Sacred Babies” infant survival training for early childhood workers in Manitoba First Nation communities
   Katherine Whitecloud*, Grace Kyo-on-Achan*, Elizabeth DeCaire, Joyce Wilson, Rhonda Campbell

19. Evaluation of a pilot pediatric concussion telemedicine program for northern communities in Manitoba
   Michael Ellis*, Susan Boles, Vickie Derksen, Brenda Dawyduk, Adam Amadu, Karen Stelmack, Matthew Kowalchuk, Kelly Russell

12:30 – 14:00 ROUNDTABLE LUNCHEON (Session A) / DÎNER-CAUSERIE (séance A) (Imperial Ballroom)

Attendees will choose a topic pertinent to Indigenous child to explore through guided, small group discussion. Discussion questions will be provided. Each table will be asked to identify a leader and recorder to help facilitate a lively and engaging discussion. This interactive session will enable interdisciplinary networking and foster international collaborations while allowing attendees to enhance their knowledge on a specific subject. At the conclusion of the session, participants will have an opportunity to write a statement reflecting their commitment to address the topic. Lunch will be provided.

14:00 – 15:30 CONCURRENT SESSION B / SÉANCE CONCOMITANTE B

B1 Intergenerational Health Interventions / Interventions intergénérationnelles en santé (Herald)

Stopping Gestational Diabetes in Daughters and Mothers (SGDM): A gestational diabetes risk reduction education program for American Indian and Alaska Native girls and their adult female caregivers - strategic plan for dissemination

Learning objectives:
1. Describe the SGDM program.
2. Identify key avenues to participate in SGDM program dissemination.
3. Identify key strategies for best practices to disseminate SGDM in different communities.

Kelly R. Moore, MD, FAAP (Muscogee (Creek) Nation of Oklahoma)

Towards intergenerational health: Programming for young Native girls and their female caregivers

Learning objectives:
1. Describe the process utilized to develop the mother-daughter program.
2. Describe evaluation tools and how they are being used to assess the feasibility and acceptability of the two formats of the mother-daughter program.
3. Examine the factors associated with positive identity among girls and positive parent-child relationships among participants enrolled in the mother-daughter program at the baseline evaluation time point.

Jaime Begay, BUS (Navajo), Rachel A Strom Chambers, MPH
B2  Fetal Alcohol Spectrum Disorder / Trouble du spectre de l’alcoolisation foetale (Bannerman)

Re-balancing the wheel: Two-eyed seeing in the diagnosis, prevention and intervention of FASD and related disorders

Learning objectives:
1. Recognize how the concept of ‘two-eyed seeing’ (TES), as articulated by Mi’gmag elder Murdena Marshall, can inform clinical practice as well as research methodology in an environment where mainstream health professionals collaborate effectively with traditional healers to improve children’s health.
2. Use TES tools for screening, diagnosis, and intervention of neurodevelopmental disorders based in adversity like FASD that were developed through collaboration of experts in the field of FASD and indigenous elders and healers.
3. Describe models of re-balancing and healing that work in Indigenous communities.

Lori Vitale Cox, PhD, Christine Loock, MD, FRCPC

The NB Fetal Alcohol Spectrum Disorder (FASD) dream catcher service delivery model of care

Learning objectives:
1. Learn how to decolonize the current practices of healthcare service delivery models in a culturally appropriate manner that reflects First Nations (FN) peace-making processes and addresses the deep-rooted conflicts of FASD.
2. Apply FN healing and reconciliation models to address the TRC recommendations on FASD.
3. Implement strategies to support effective changes in FN communities and communicate about FASD in a safe, culturally appropriate manner.

Annette Cormier, MSN

B3  Engaging Communities in Research / Participation des communautés à la recherche (Stephen)

Engaging Indigenous communities and stakeholders in systematic reviews

Learning objectives:
1. Compare and contrast the different types of systematic reviews and what they aim to achieve.
2. Discuss why including communities and stakeholders in systematic reviews is important for improving health and well-being outcomes for Indigenous children and their families.
3. Identify key strategies to engage communities and stakeholders in the systematic review process.

Natalie Strobel, PhD

Successes and challenges in engaging and recruiting participants for a longitudinal cohort study to explore the health and well-being of Aboriginal adolescents and young people

Learning objectives:
1. Identify potential new strategies that actively engage Indigenous youth and their families in research studies.
2. Translate and apply the successful approaches in recruiting Indigenous adolescents and young people in longitudinal studies.
3. Apply new skills and knowledge in designing studies involving Indigenous adolescents and young people.

Sandra Eades, BMed, PhD (Australian Aboriginal (Noongar)), Lina Gubhaju, PhD

Terms of Engagement: Strategies for ensuring community-determined, culturally safe research

Learning objectives:
1. Identify and access policies and resources related to the conduct of community determined, ethical and culturally safe research.
2. Apply criteria and strategies to ensure the development of authentic research partnerships that prioritize community benefit.
3. Develop terms of engagement for a community-determined research project.

Alex M. McComber, DSc. (Hon.) M.Ed. (Kanien’kehá:ka (Mohawk))

B4  Mitigating Youth Violence / Réduire la violence chez les jeunes (Neilson 2)

Clear and present danger: Recognizing youth violence

Learning objectives:
1. Classify the types of violence children in your community experience.
2. Formulate ways to assist patients, families, and communities in combating violence.
3. Employ strategies to encourage protective factors to prevent negative consequences of exposure to violence.

Shaquita Bell, MD (Cherokee)

Exploring the pathways of contact with juvenile justice in Western Australian Aboriginal and Torres Strait Islander children and young people

Learning objectives:
1. Describe the epidemiology of the risk and protective factors associated with contact with child protection and the pathway to juvenile justice.
2. Identify and develop principles for the development of interventions to address the high needs of these young people and their families.

Jocelyn Jones, PhD (Nyoongar)
Preventable childhood injuries in primary care: Inflicted or not?

Learning objectives:
1. Review the scope and severity of preventable childhood injuries.
2. Recognize how knowledge of basic developmental milestones throughout childhood affects interpretation of injury histories.
3. Differentiate inflicted trauma from other preventable childhood injuries.

John Ratmeyer, MD, FAAP

Umingmak Child Abuse Centre: How to make it work in rural/remote arctic area

Learning objectives:
1. Identify gaps in current system for Inuit children who are abused in northern Canada to understand the need for a child advocacy centre.
2. Review lessons learned in development of this project to similar projects for Indigenous children.

Amber Miners, MD, FRCPC

15:30 – 16:00 BREAK / PAUSE (Imperial Foyer)

16:00 – 17:00 PLENARY SESSION / SÉANCE PLÉNIÈRE (Imperial Ballroom)
Moderator: Jane Oski, MD, MPH, FAAP

Identity as a Social Determinant of Health

This session will explore how various expressions and understandings of identity—whether through cultural, gender or sexual orientation—affect child development, health, and Indigenous people’s experience of the health care system.

Learning objectives:
1. Describe how identity affects health and health care.
2. Describe how identity can both contribute to health inequity and be a protective factor.
3. Identify how health providers and health systems can support and value Indigenous identity.

Shaquita Bell, MD (Cherokee), Ryan J.P. Giroux, MD (Métis)

17:00 – 18:00 POSTER SESSION I (with reception) / SÉANCE D’AFFICHES I (conjointement avec la réception) (Imperial Ballroom)
*Denotes presenting author/L’astérisque (*) désigne l’auteur présentateur

1 Therapeutic communication games now developed in a digital format
Monica Carpendale*, Jay Carter

2 Evaluating the impact of RSV prevention in infancy on prevalence of asthma and recurrent wheeze among 10-14-year-old Native American children
Jessica Atwell*, Kamellia Kellywood, Kristen Rosessler, Jennifer Jaiyeola, Robert Weatherholtz, Raymond Reid, Katherine O’Brien, Laura Hammitt

3 Tailored communication to improve uptake of recommended maternal vaccines among Navajo and White Mountain Apache women
Jessica Atwell*, Crystal Key, Taylor Holroyd, Nina Ritchie, Raymond Reid, Robert Weatherholtz, Cheyenne Jim, Laura Hammitt

4 Risk factors for oral health in young, urban, Aboriginal and Torres Strait Islander children in Australia

5 Understanding health-related quality of life in Australian Aboriginal and Torres Strait Islander children and their parents
Kaley Butten*, Peter Newcombe, Anne Chang, Jeanie Sheffield, Kerry-Ann O’Grady, Maree Toombs

6 Impact of oral health on urban, Australian Aboriginal and Torres Strait Islander families
Kaley Butten*, Newell Johnson, Kerry Hall, Maree Toombs, Neil King, Kerry-Ann O’Grady

7 The development of early childhood community projects for First Nations in Quebec: An approach focused on strengthening the social determinants of health
Patrick Bacon

8 Aboriginal Early Childhood Development (ECD) programs in Canada: Examining parental involvement, food security and special needs
Nadine Badets*, Kelsey Manimtim; Stephanie Cerutti, Suzy Wong

9 The Rationale and design of the Missing Piece Surveillance Study
Dylan Barth, Jonathan Carapetis, Marianne Mullan, Claudia Sampson, Asha Bowen*

10 Community consultation in remote Aboriginal communities in WA, Australia
11 Consent for a clinical trial: Partnering with local Aboriginal environmental health workers

12 Exploring the determinants of First Nations child injury according to local Mohawk key informants to inform meaningful child injury prevention actions
Émilie Beaulieu*, Rose-Alma McDonald, Ian Pike, Alison Macpherson

13 Understanding community attitudes and perceived preventability of child and youth injuries in the Mohawk Nation of Akwesasne to inform meaningful child injury prevention actions
Émilie Beaulieu*, Rose-Alma McDonald, Ian Pike, Alison Macpherson

14 Training safe physicians: An immersive Indigenous health experience for pediatric residents
Lisa Brown*, Stacey Marjerrison, Alex Thomas, Eric Sault, Adrian Nasager, Rebecca Leitch, Portia Worthy

Michael Bruce*, Tammy Zulz, Karin Johnson, Debby Hurlburt, Karen Rudolph, Carolynne Debye, Raymon Tsang

16 Do home visiting programs improve the well-being of Métis children and parents?
Marni Brownell*, Julianne Sanguins*, Mariette Chartier, Sheila Carter, Jennifer Enns, Nathan Nickel, Dan Chateau, Joykrishna Sarkar, Elaine Burland

17 Mental health and climate change among Indigenous peoples
Lori Byron

18 Evaluation of eczema, asthma, allergic rhinitis and allergies among the grade-1 children of Iqaluit
Ahmed Ahmed*, Amir Hakim, Allan Becker

19 Racial discrimination associated with health and wellbeing of Aboriginal and Torres Strait Islander children aged 4-12 years
Leah Cave*, Carrington Shepherd, Matthew Cooper, Stephen Zubrick

20 Determinants of neonatal hypoglycemia in the Kivalliq region of Nunavut (2010-2013)
Sorcha Collins*, GE Hildes Ripstein, J Robert Thompson, Sharon Edmunds-Potvin, Michelle Doucette Issaluk

21 Psychological distress and suicidal ideation, self-harm and substance use in Indigenous Australians from adolescence to young adulthood
Belinda Davison*, Gurmeet Singh

22 Building bridges for Stollery Awasisak Indigenous health
Sherri Di Lallo*, Hailea Purcell*, Chrystal Plante, Pauline Cardinal*

23 Improving vaccination rates for Aboriginal and Torres Strait Islander patients at the Royal Children’s Hospital, Melbourne, Australia
Sonja Elia

24 Oral aspiration and laryngeal clefts in Canadian Inuit children: A retrospective cohort study
Sarah Farrow, Amisha Agarwal, Jeremy Saban*, Darcy Scott, Nick Barrowman, Tom Kovesi

25 The wellness of Métis women and children in the South Saskatchewan River Valley
Cindy Gaudet*, Anna Flamino, Leah Dorion, Christine Tienkamp

26 Impact of PCV13 on invasive pneumococcal disease in Native Americans less than 5 years of age living on the Navajo Nation
Lindsay Grant*, Grace Douglass, Robert Weatherholtz, Carol Tso, Raymond Reid, Karen Rudolph, Mathuram Santosham, Katherine O’Brien, Laura Hammitt

27 Epidemiology of invasive bacterial diseases among children under 2 years of age in northern Canada, 2011 to 2015
G. Huang*, Y.A. Li, I. Martin, W.H.B. Demczuk, R. Tsang

28 Involvement of Indigenous peoples in Indigenous child health research in Canada: A systematic review
Sarah Hyett*, Stacey Marjerrison, Bernice Downey, Josha Rafael, Eric Lickers

29 Barriers to health care access, perceived unmet needs, and opportunities for improving access for pregnant and parenting teenagers and their children: The CARE Project
Kate Kerber*, Fariba Kolahdooz, Meeka Otway, Se Lim Jang, Melina Laboucan, Sangita Sharma

30 Navajo FVRx (Fruit and Vegetable Prescription) Program
Lydia Kim*, Leandra Jones, Carolyn Bancroft, Sonya Shin, Carmen George, Akeemi Martinez

31 Stop and listening: Getting community recommendations on scale up of Healthy Smile Happy Child to promote First Nations and Métis early childhood oral health

32 Characteristics of implementing a peer-led Indigenous youth mentorship program in year 1
Lopresti S*, Willows N, Storey K, McHugh T, IYMP National Team

33 The invisible work of parents in accessing childhood immunization in a First Nation community in Alberta
Shannon MacDonald*, Bonny Graham, Jilian Paragg, Caroline Foster-Boucher, Nicola Waters, Melissa Shea-Budgell, Nancy Bedingfield, Diane Kunyk, Eve Dubé, Bonnie Healy, Lea Bill, Larry Svenson, Gregory S. Nelson
48 The responses of Canadian medical education bodies and institutions to the Truth and Reconciliation Commission of Canada’s Calls to Action: A scoping review and thematic analysis of documents
Amrita Roy*, Saadia Hameed

49 Growth trajectory of Indigenous and non-Indigenous Australian fetal growth restricted babies: Adolescence to young adulthood
Gurmeet Singh*, Belinda Davison

50 Findings from Australian Aboriginal Birth Cohort Study
Gurmeet Singh*, Belinda Davison

51 The Mama-We mothers-mentors project: Building capacity in Ontario’s Indigenous communities by empowering and developing local young mothers into impactful community resources.
Jennifer Carpenter*, Efethorios Soleas, Robert Lovelace, Josee Lusignan, Momina Khan, Jessica, Baumhour, Ian Speirs, Nancy Dalgarno, Richard van Wylick

52 Early childhood oral health in First Nations and Métis communities in Manitoba: Guiding the scaling up of the Healthy Smile Happy Child Initiative

53 Childhood disability from the standpoint of Indigenous families: Understanding early childhood education, care and intervention across nations
Kathryn Underwood*, Renee Sanderson, Temiskaming Native Women’s Support Group (and their Elders’ Council), Niwasa Kendaaswin Teg, Native Child and Family Services Toronto, Brandon Friendship Centre, and Yellowknife Women’s Support Group

54 A pilot educational initiative responding to the Truth and Reconciliation Commission - Student perspectives
Kaarina Valavaara*, Cary Brown, Shaniff Esmail, Michelle Moon, Susan Mulholland, Cori Schmitz

55 A review of fifteen years of pediatric infectious disease admissions to two referral hospitals from rural communities of northern British Columbia and the Yukon
Celia Walker*, Niranjan Kisson, Matthew Wiens, Jennifer Smithen, Theresa McElroy, Tahir Chaudhry, Jeffrey Bone, Manish Sadarangani, David M. Goldfarb

56 First Nations children’s experiences of a peer-led, culture-based after-school program
Willows N*, Torres Ruiz MF, Storey K, McHugh T, Alexander Research Committee, Paul First Nation School, IYMP National Team

57 American Indian Alaskan Native (AIAN) access to appropriate cleft lip and palate treatment using Geographic Information Systems (GIS)
Erik M. Wolfswinkel, Anna Howell, William Magee, Lori K. Howell*
SATURDAY, MARCH 23 / LE SAMEDI 23 MARS

08:00 – 09:00 POSTER SESSION II (with continental breakfast) / SÉANCE D’AFFICHES II (conjointement avec le déjeuner continental) (Imperial Ballroom)

09:00 – 10:00 PLENARY SESSION / SÉANCE PLÉNIÈRE (Imperial Ballroom)
Moderator: Erik R. Stegman, JD, MA (Carry the Kettle Nakota First Nation)

Harnessing Indigenous Youth Innovation to Solve Pressing Global Health Problems
Indigenous youth are strong, resilient, engaged, and acutely aware of the political and social tides shaping our world. Some are assuming leadership roles in their communities and making positive change. This panel of Indigenous youth from the U.S. and Canada will share their stories about working to understand some of the most pressing health issues facing our communities today.

Learning objectives:
1. Demonstrate how Indigenous youth can identify pressing health issues, effectively analyze these issues, and develop innovative solutions for change.
2. Inspire Indigenous youth and their allies to address health issues they see in their communities.
3. Share resources for youth interested in advocating for the health of Indigenous people.

Nachya George, BA (Yakama Nation), Hamilton Seymour (Nooksack Indian Tribe & Stzu’minus First Nation), Ryan J.P. Giroux, MD (Métis)

10:00 – 10:30 BREAK (Visit exhibits & vendors) / PAUSE (Visitez les exposants et les fournisseurs) (Imperial Foyer)

10:30 – 12:00 CONCURRENT SESSION C / SÉANCE CONCOMITANTE C

C1 Traditional Approaches to Youth Trauma / Traumatismes chez les jeunes : approches traditionnelles (Herald)

Sharing our Apache way of life with our grandchildren and future generations: The Elders’ Resilience Curriculum to prevent suicide in American Indian youth

Learning objectives:
1. Identify suicide rates in Indigenous communities broadly, as well as specifically in one Southwest community.
2. Describe past research on cultural protective factors against suicide for Indigenous communities.
3. Describe a culturally tailored suicide prevention intervention and pre and post results in one Southwest American Indian community.

Victoria O’Keefe, PhD (Cherokee and Seminole Nations of Oklahoma), Novalene Goklish, MS (White Mountain Apache Tribe)

C2 Engaging Children and Youth through Technology / Rejoindre les enfants et les jeunes par la technologie (Bannerman)

Factors associated with targeted psychosocial and behavioral outcomes among American Indian youth participating in an evaluation of an entrepreneurship education intervention

Learning objectives:
1. Explain key constructs of the conceptual model focused on protective factors to support Apache youth’s behavioral health, which undergirds the Arrowhead Business Group Apache Youth Entrepreneurship Education Program.
2. Describe the structure and content of the Arrowhead Business Group Program and the randomized controlled trial evaluating its efficacy.
3. Discuss what youth sociodemographic and sociocultural factors at baseline were predicting key outcomes of interest in the trial.

Francene Larzelere, PhD, MPC (White Mountain Apache Tribe)

Self-reported health outcomes in clinical practice: An example using the ACHWM

Learning objectives:
1. Explain the role of the ACHWM in clinical practice.
2. Describe how baseline screening results may inform treatment planning for each Indigenous child.
3. Demonstrate a novel opportunity to respond to children’s perspectives regarding their health outcomes.

Marnie Anderson, BPHE, CSEP-CPT (Ojibway), Diane Jacko, Hon. BA (Ojibway), Nancy L. Young, BScPT, MSc, PhD

Using technology to facilitate enhanced communication: Developing and testing an electronic pain app for Indigenous youth

Learning objectives:
1. Describe the process for testing and developing an electronic application associated with emotional and physical pain.
2. Review the results of the low and high fidelity testing of the electronic pain app.
3. Explain how the two-eyed seeing approach was applied to development of the electronic pain app.

Karlee Johnson BSc (Mi’kmaw from Eskasoni First Nation), Margot Latimer, RN, PhD
Indigenous Approaches to Parenting / Parentalité : approches autochtones
(Stephen)

Indigenous parenting resources: A collaborative project to create culturally appropriate, child-centred, respectful public health tools for Indigenous parents and caregivers in Canada

Learning objectives:
1. Describe the importance of partnerships and collaboration in the development and sharing of culturally grounded and appropriate resources for Indigenous children, parents, families and communities.
2. Employ strategies for locating strengths-based, community-driven programs, policies and strategies which provide an alternative to pan-Indigenous public health information and materials.
3. Examine how cultural and generational continuity, identity and pride are reinforced through Indigenous epistemologies, narratives and worldviews and have the potential for better health outcomes of Indigenous children, families, communities and nations.

Lisa Murdock, MA (Dené (Chipewyan and Beaver), (Katl’odeeche First Nation)

Inunnguiniq: An Inuit knowledge system for raising capable human beings

Learning objectives:
1. Discuss the diversity of Indigenous processes for child-rearing practices, including a greater understanding of Inuit-specific knowledge systems and processes.
2. Re-imagine Indigenous child health and wellness through Indigenous epistemologies, narratives and worldviews.

Shirley Tagalik, BA, BEd, MEd

Community—School Partnerships / Partenariats école-communauté
(Neilson 2)

A school, tribal, and clinic-based family support team

Learning objectives:
1. Identify possible causes of disparities in diagnosis and treatment of Native American children related to learning and behavior disorders such as ADHD.
2. Describe the unique characteristics and obstacles tribal communities face when identifying behavior and learning challenges for Native American children.
3. Understand and describe the importance of a community-based, multi-factorial approach to finding solutions to Native American children with behavioral and learning challenges.

Yolanda Gomez, MD, MPH (Jicarilla Apache)

A Métis family resource centre: Providing culturally appropriate programs and services

Learning objectives:
1. Name key steps in starting the process of having culturally appropriate programming.
2. Identify the link between language and health outcomes.
3. Describe the benefits of implementing early intervention programs and services.

Joanne Colliou, ECE III

Environmental Health / Santé environnementale
(Neilson 1)

Healthy homes: Indigenous communities working to improve household air quality

Learning objectives:
1. Identify evidence-based interventions from Indigenous communities in four regions which can reduce household air pollutants and improve respiratory health in Indigenous communities.
2. Recognize local knowledge and cultural factors to incorporate in healthy homes work with Indigenous communities.
3. Recognize ways to incorporate basic healthy homes concepts into routine clinical practice.

Rosalyn Singleton, MD, MPH, Thomas Kovesi, MD, FRCPC, Erin O. Semmens, PhD, MPH

Indigenous child health in emergencies and disasters: Community perspectives

Learning objectives:
1. Identify the unique social, emotional and physical needs of Indigenous children and youth in emergencies and disasters.
2. Describe community-based strategies to address the unique needs of children and youth in emergencies.
3. Illustrate inspiring examples and stories of solutions and identify best practices for addressing the needs of children in emergencies and disasters.

Darlene Yellow Old Woman Munro, RN (Siksika), Amber MacLean-Hawes, BSc, Lilia Yumagulova, PhD (Bashkir)

12:00 – 13:30 LUNCH ON YOUR OWN / DÎNER LIBRE

13:30 – 15:00 CONCURRENT SESSION D / SÉANCE CONCOMITANTE D

Adolescent Health Promotion / Promotion de la santé des adolescents
(Neilson 1)

Youth-based health messaging: Regaining and reclaiming health in Métis communities

Learning objectives:
1. Identify challenges faced by Métis Nation of Alberta (MNA) youth regarding existing programming by exploring youth-identified
needs and examining recognized gaps including lack of access to culturally-relevant and Métis-specific programming.
2. Describe social and cultural components that support ideal sexual and reproductive health programming for MNA youth.
3. Explore Métis culture and history to inform discussion on concepts of culturally-appropriate and trauma-informed care, and their connection to the creation of suitable sexual and reproductive health programming for Métis youth.
4. Identify strategies and examples for delivering culturally-appropriate health programming and engagement for Alberta Métis youth.

Julianne Sanguins, RN, PhD, S. Michelle Driedger, PhD (Métis)

**Two spirits find resilience from community and family supports in times of mental health distress**

Learning objectives:
1. Recognize the importance of providing mental health supports for two-spirit youth during their coming out process.
2. Cite cultural knowledge about gender identity and sexuality among youth in Atlantic Canada.
3. Demonstrate the importance of two-eyed seeing in health research.

John R. Sylliboy, PhD Student (Mi’kmaq, Millbrook First Nation)

**Using Creativity to Advance Health Equity / La créativité au service de l’équité en santé**

(Stephen)

**Exploring the strengths and resilience of an Indigenous community through photovoice**

Learning objectives:
1. Explain how photographs can be used as a tool for knowledge mobilization and reframing perceptions of an Indigenous community.
2. Identify how community-based participatory research can act as a catalyst for social change.
3. Summarize how Indigenous youth may view their community’s strengths and resilience.

Lola Baydala, MD, MSC, Maria Buffalo (Samson Cree Nation), Melissa Tremblay, MSc (Métis)

**Opportunities to address health equity for First Nations, Inuit and Métis children in Canada: An arts-based approach**

Learning objectives:
1. Examine the complex historical and contemporary forms and relationships of racism experienced by, between, and beyond, Indigenous peoples, individuals and communities in Canada which have contributed to unacceptable health inequities.
2. Describe how interactions with child welfare system have prolonged poor health outcomes for Indigenous children, families and communities in Canada.
3. Explain how strengths-based, arts-based literary immersion can promote health equity, cultural safety and reconciliation.

Margo Greenwood, PhD (Cree), Sarah de Leeuw, PhD

**Preventing Childhood Obesity / Prévention de l’obésité infantile**

(Herald)

Family Spirit Nurture: preventing early childhood obesity risks through a home-visiting intervention delivered by Native American paraprofessionals to Native American mothers

Learning objectives:
1. Explain the importance of early childhood home-visiting as a strategy to address high rates of obesity among American Indian parents and their infants (0-12 months of age).
2. Describe the importance of both education and environmental factors on parents’ feeding practices.
3. Identify short- and long-term steps they can take to engage in this important work within their own contexts.

Allison Barlow, PhD, MPH, Leonela Nelson, BS (Navajo)

**The Chickasaw Nation’s empowered living pediatric clinic and research**

Learning objectives:
1. Describe the collaboration process between the university clinical team and the tribal clinic team to develop a weight management program for a tribal community, including engaging and training providers on behavioral strategies for obesity management.
2. Recognize how the integrated, interdisciplinary team approach to promoting healthy activity and eating has been adapted to the tribe’s values and approach to whole person and whole family healthcare.
3. Identify the types of data being collected and their intended uses to inform the clinic’s continuous improvement and to track outcomes.

Anne M. Prouty, PhD, L.M.F.T., Ashley Weedn, MD, MPH, FAAP

**Emerging Health Issues / Enjeux de santé émergents**

(Bannerman)

**Adverse childhood experiences (ACEs) and the high rates of rheumatic disease in Indigenous people: Are they linked?**

Learning objectives:
1. Describe the high rates of rheumatic disease in Indigenous populations.
2. Explain how ACEs may underlie the high rates of rheumatic disease in Indigenous populations.
3. Analyze the potential role of epigenetics in linking ACEs with rheumatic disease in Indigenous people.

James N. Jarvis, MD (Akwesasne Mohawk)

**Cardiovascular risk factors and subclinical cardiovascular disease in American Indian youth**

Learning objectives:
1. Describe the burden of cardiovascular disease disparities in American Indian (AI) youth.
2. Recognize unique cardiovascular risk factors common in AI youth.

Jason Deen, MD (Blackfeet)
Inuit early childhood development in Inuit Nunangat: A changing landscape

Learning objectives:
1. Describe the social determinants of health affecting Inuit children and families; and how quality ECD programming impacts health equity for Inuit children and families.
2. Discuss the state of Inuit early childhood development (ECD) needs across Inuit Nunangat, and describe the changes being made towards the development of an Inuit-centered ELCC system.

Lena Egotak (Inuit), Jessica Lyall, MSW (Inuit), Maria Storr, B.Ed (Inuk), Jenny Lyall, B.Ed, B.SW (Inuit), Julie-Ann Berthe (Inuit)

15:00 – 15:15 BREAK (Visit exhibits & vendors) / PAUSE (Visitez les exposants et les fournisseurs) (Imperial Foyer)

15:15 – 16:15 PLENARY SESSION / SÉANCE PLÉNIÈRE (Imperial Ballroom)
Moderator: Radha Jetty, MD, FRCPC

Transforming Health Systems for Indigenous Children and Youth
It’s well understood that the conditions in which children are born, grow, live and play—the social determinants—help shape their health outcomes. Indigenous children are also affected by determinants such as cultural continuity, health care systems, colonialism, and social exclusion. Transforming these systems- and societal-level determinants offers the potential for lasting improvements to persistent health inequities. Speakers will explore the conditions required to bring about such changes, and offer examples of where transformation is under way.

Learning objectives:
1. Describe the systems- and societal-level determinants of Indigenous child and youth health
2. Identify some best practices for achieving health transformation
3. Describe the role of individual practitioners in bringing about systems-level changes

Alika Lafontaine, MD, FRCPC (Cree/Anishinaabe)
E2  Measuring Progress / Mesurer les progrès
(Stephen)

A two-eyed seeing approach to selecting health indicators for Indigenous child health report cards: Lessons learned from several Indigenous communities across Ontario

Learning objectives:
1. Describe Indigenous children’s well-being indicators.
2. Recognize the importance of a two-eyed seeing approach for developing tailored child health report cards for Indigenous communities and agencies.
3. Demonstrate knowledge of child health indicators that may be relevant and useful to Indigenous communities.

Ghislaine Goudreau, MSc (Algonquins of Pikwakanagan), Elizabeth Stankiewicz, MSc, Mary Jo Wabano, MA (Odawa)

Jordan’s Principle service coordination: Preliminary findings from a developmental evaluation

Learning objectives:
1. Identify specific, ongoing barriers to health equity for Indigenous children.
2. Identify specific challenges to developing effective service coordination services for Indigenous children and promising pathways for addressing these challenges.
3. Describe specific policy changes needed in order to support the development of effective service coordination initiatives.

Vandna Sinha, PhD

E3  Clinical Care / Soins cliniques
(Neilson 1)

Epidemiology of tuberculosis in the Indigenous children in Canada: Implications for clinicians, surveillance systems, and policy

Learning objectives:
1. Describe current demographics, clinical presentations, and outcomes of childhood tuberculosis in Indigenous children in Canada and how this has changed from previous literature.
2. Contextualize how this demographic and clinical data is the function of social determinants of health and how it influences the need for continued surveillance.
3. Differentiate at-risk Indigenous children for evaluation and subsequent appropriate testing to identify patients with active tuberculosis disease.

Ryan J.P. Giroux, MD (Métis)

Promising efforts to improve the oral health of Indigenous children

Learning objectives:
1. Describe oral health needs facing Indigenous children and new evidence on risk factors for dental caries.
2. Recognize emerging primary and secondary forms of prevention to prevent and manage dental caries in Indigenous children.

3. Appraise the need for targeted oral health initiatives and the evidence of their effectiveness and the need to engage communities in tailoring oral health promotion activities.

Robert J. Schroth, DMD, MSc, PhD, Timothy Thomas, MD

Healthy skin

Learning objectives:
1. Identify different types of skin infections including scabies, skin sores and crusted scabies.
2. Recognize the importance of community consultation and identify strategies to partner in research that is important for improving Indigenous health outcomes.
3. Integrate health promotion and environmental health into programs for skin infection control.

Asha Bowen, BA, MBBS, DCH, FRACP, PhD

E4  Innovations in Health Care Delivery / Innovations en prestation de soins de santé
(Bannerman)

Implementing continuous quality improvement initiatives in primary health care services to improve quality of care for Indigenous children

Learning objectives:
1. Identify gaps and components of service delivery that could be improved and understand how CQI is an effective practice to making these improvements.
2. Locate sources of information on clinical audits and systems assessment to utilise within their own health service.
3. Apply CQI principles to effectively improve health and social emotional outcomes for Indigenous children and their families.

Karen Gardner, BA, MPH, PhD, Daniel McAullay, PhD (Nyoongar)

Remote presence robotic technology for rural and remote health

Learning objectives:
1. Recognize the barriers to accessing health care services that people living in the north experience, and what affects this can have on health outcomes.
2. Explain how Remote Presence Robotic Technology can be utilized to bring high quality care to children and pregnant women in remote communities.
3. Describe how remote presence robotic technology can facilitate culturally safe health care within the framework of reconciliation.

Ivar Mendez, MD, PhD, FRCSC, FACS

10:30 – 10:45  BREAK / PAUSE (Imperial Foyer)

10:45 – 12:00  CLOSING CEREMONIES / CÉRÉMONIES DE CLÔTURE (Imperial Ballroom)
Conference Organizers / Organisateurs du congrès

American Academy of Pediatrics
Canadian Paediatric Society

Sponsoring Organizations / Organismes Commanditaires
- American Academy of Pediatrics
- Canadian Paediatric Society

Partner Organizations / Organismes Partenaires
- Alaska Native Medical Center
- Assembly of First Nations
- Canadian Indigenous Nurses Association
- Inuit Tapiriit Kanatami
- Métis National Council
- National Collaborating Centre for Aboriginal Health
- Pan American Health Organization/World Health Organization
- The Aspen Institute, Center for Native American Youth

Donors / Donateurs
- First Nations and Inuit Health Branch, Health Canada
- Indian Health Service, US Department of Health and Human Services
- National Collaborating Centre for Aboriginal Health

Conference Planning Committee / Comité de Planification du congrès

Staff / Personnel
- Jackie Millette, MPA
  Director, Education & Guideline Development (CPS)
- Elizabeth Moreau, MMgt
  Director, Communications & Knowledge Translation (CPS)
- Alana Vaughan
  Coordinator, Practice Guideline Development (CPS)
- Jean Davis, MPP
  Senior Director, Community-based Initiatives (AAP)
- Madra Guinn-Jones, MPH
  Senior Manager, Health Equity & Inclusion (AAP)
- Liette Philippe
  Liette P Meeting Planning Services

Jane Freemantle, PhD
University of Melbourne, Australia

Wendee Gardner, DPT, MPH (Stockbridge-Munsee Band of Mohican Indians)
National Indian Health Board

Matthew Hirschfeld, MD, FAAP
Alaska Native Medical Center

Melanie Morningstar, BA (Ojibway)
Assembly of First Nations

Marilee A Nowgesic, MA (Ojibway, Eagle Clan, Fort William First Nation, Ontario)
Canadian Indigenous Nurses Association

Erik Stegman, JD, MA (Carry the Kettle Nakota First Nation)
Center for Native American Youth/Aspen Institute

Roberta Stout (Cree, Kehewin First Nation)
National Collaborating Centre for Aboriginal Health

Eduardo Vides, MD (Mestizo)
Métis National Council

Jane Oski, MD, MPH, FAAP
AAP Committee on Native American Child Health

Karen Beddard
Inuit Tapiriit Kanatami

Nelson Branco, MD, FAAP
AAP Indian Health Special Interest Group

Ann Bullock, MD (Minnesota Chippewa)
US Indian Health Service

Stacey L. Dawson, PhD, MSN, CNM
US Indian Health Service

Sandra del Pino
Pan American Health Organization/World Health Organization

Diana Dunnigan, MD, FAAP
US Indian Health Service
## FRIDAY, MARCH 22 / LE VENDREDI 22 MARS

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## SATURDAY, MARCH 23 / LE SAMEDI 23 MARS

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## SUNDAY, MARCH 24 / LE DIMANCHE 24 MARS

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