

AFN/CFMS Joint Virtual Forum on Indigenous Mental Wellness Summary Document

Sunday May 27th, 2018 1:45pm-3:30pm EST



Date: Sunday, May 27th, 2018

Time: 1:45pm – 3:30pm EST

Hosts: Assembly of First Nations (AFN) and Canadian Federation of Medical Students (CFMS)

The Assembly of First Nations (AFN) is a national advocacy organization representing First Nation citizens in Canada, which includes more than 900,000 people living in 634 First Nation communities and in cities and towns across the country.

The Canadian Federation of Medical Students (CFMS) is the national voice of Canadian Medical Students. We connect, support and represent our membership as they learn to serve patients and society. The CFMS is the national organization representing over 8,000 medical students at 15 medical schools across Canada. We are tomorrow's physicians leading for health today.

Attendees:

- *Assembly of First Nations:* Chief Isadore Day (Ontario Regional Chief), Addie Pryce (Director of Health), Judith Eigenbrod (Senior Policy Analyst)
- *Canadian Federation of Medical Students:* Yipeng Ge (VP Government Affairs, University of Ottawa), Sean McKenzie (University of Alberta), Benjamin Cassidy (Northern Ontario School of Medicine), Nel Vandermeer (Northern Ontario School of Medicine), Alison Sumner (University of Toronto), Brandon Zhao (University of Alberta), Bernadine Jugdutt (University of Alberta), Vikki Watson (University of Saskatchewan), Sharon Yeung (Queen's University), Ciarra Glass (University of Saskatchewan), Sophia Yip (University of Alberta), Victor Do (University of Alberta), Howie Wu (University of Alberta), Thomas Dymond (Queen's University), Jacqueline Nokusis (University of Saskatchewan)
- *Other:* Tibetha Kemble (University of Alberta)

Agenda:

1. Welcome!

- Thank you for attending and for joining this dialogue and forum!

2. Introduction to the AFN and CFMS

Assembly of First Nations (AFN)

- The Assembly of First Nations (AFN) is a national advocacy organization representing First Nation citizens in Canada, which includes more than 900,000 people living in 634 First Nation communities and in cities and towns across the country.
- Key areas of advocacy include NIHB Health Benefits and other issues specific to communities, which are constantly evolving. AFN responds to the needs of communities using an on-the-ground, regional approach.
- Goal is to support First Nations in elevating the standards of health and wellbeing with transformative outcomes in their communities. A health *transformation* agenda that creates tangible outcomes at the level of the community is the goal.
- AFN health sector includes a team of 8 staff who advise on specific topics (e.g. NIHB, Chronic disease, Primary care, Mental health). There is a specific focus right now on First Nations policy frameworks, advocating for increased funding, and supporting mental health and life promotion community programming. Link: <http://www.afn.ca/home/>

Canadian Federation of Medical Students (CFMS)

- The Canadian Federation of Medical Students (CFMS) is an organization representing over 8,000 medical students from 15 Canadian medical student societies from coast to coast. The CFMS represents medical students to the public, to the federal government, and to national and international medical organizations. Link: <https://www.cfms.org/>

3. Summary of Day of Action Processes and Outcomes

Processes for Day of Action on Indigenous Mental Wellness

- Background: The CFMS holds an annual Day of Action, where medical students engage with politicians and policy advisors in Ottawa on critical issues in Canada's health care system and advocate for thoughtful change in health policy. In response to the ongoing mental health and suicide crisis that has impacted many Indigenous communities across the country, the CFMS passed a position paper on "Mental Health and Suicide in Indigenous Communities in Canada" and committed to a 2018 Day of Action on Indigenous Mental Wellness.
- Approach: A committee of medical students has developed a policy document and coordinated a nationwide community engagement process to seek input on priorities regarding unmet mental health needs. Qualitative analysis was performed on consultation feedback, using an inductive approach to identify common themes. The Day of Action will be a statement that medical students recognize that there are serious issues in the healthcare system that has led to the current Indigenous mental health crisis. To date, more than 27 community consultations have taken place with Indigenous community leaders and healthcare experts. Emerging themes identified include: "cooperation and communication", "land and community" and "addressing colonization".
- A central component of the reconciliation process is nation-to-nation dialogue between Indigenous and non-Indigenous peoples in Canada. Through the 2018 CFMS Day of Action, we intend to bring medical students, who will be tomorrow's physicians and healthcare leaders, into this dialogue as respectful and passionate allies of Indigenous peoples.

Objectives for Day of Action on Indigenous Mental Wellness

- (1) Provide medical students with the opportunity to learn how to be advocates and gain practical skills through engaging in national health policy issues. (2) Represent the collective medical student voice to organizations and government on key policy decisions that will shape the health system we will eventually practice in as future physicians.

Major Themes Identified Through Qualitative Analysis of the Consultation Text

- Indigenous Health Care, Cooperation and Communication, Land and Community, Addressing Colonization, Policy Proposals and Strategies

CFMS Federal Government Policy Asks

- Adopt the frameworks and strategies put forward by Indigenous peoples in Canada to guide the federal response to the Indigenous suicide crisis:
 - Adopt the First Nations Mental Wellness Continuum as a framework to address First Nations suicide
 - Adopt the National Inuit Suicide Prevention Strategy as a framework to address Inuit suicide
- Undertake a comprehensive review of the current distribution of funding through the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) in collaboration with

Indigenous communities, in order to ensure that every Indigenous community receives funding that is both sustainable and provided in accordance with need.

- Direct Health Canada to re-evaluate what programs and services are funded under the Non-Insured Health Benefits Program (NIHB), and:
 - Increase funding for preventative and land-based mental wellness programs that create opportunities within the community.
 - Support and expand the list of approved service providers to include Indigenous traditional knowledge keepers.

Outcomes of Day of Action on Indigenous Mental Wellness

- A CFMS Day of Action Summary Report has been published
 - Link: <https://www.cfms.org/files/day-of-action/2018-day-of-action-report.pdf>
- Letters of support from MPs were sent to Ministers and Party Leaders
 - Link: <https://drive.google.com/open?id=18D-Rj8UZWGyrs70BoD5jsDzc3Qsj841m>
- Letter of support was received from Minister of Indigenous Services, Jane Philpott
 - Link: https://drive.google.com/open?id=1XzGc_DXqmx-XYIGqHXS17OHjs49bGRxm
- MP Yves Robillard spoke on Day of Action in the House of Commons, during a Standing Order 31 (SO31)
 - Link: https://www.facebook.com/YvesRobillardPLC/videos/2030448367178320/?hcef=ARQxl463y4y6Y41tEMf_JFrF2ZnbvElinXXzJMmU0INPrNhRwKVfJ4Gidv6dc6VXo0A&pnref=story
- Radio interviews were held with CBC Nunavut and CBC All in a Day
 - Link: <http://www.cbc.ca/listen/shows/all-in-a-day/segment/15520355>
- Multiple articles on the Day of Action were written by students and published online.
 - Link: <https://mmsa.online/mmsa-news/cfms-national-day-action/>
 - <https://mmsa.online/mmsa-news/cfms-national-day-action-indigenous-mental-health/>
 - <https://www.hatchingideashub.com/hatching-blog/2018/2/21/strength-in-voices-as-light-once-again-takes-over-darkness>

Next Steps for Indigenous Mental Wellness Advocacy work

- Our goal moving forward is to build on the tremendous work that was put into the Day of Action and keep up the momentum.
- Hold debrief sessions by delegates from each medical school sharing with their wider medical student bodies their experiences and their learning.
- Discuss cultural sensitivity/safety training with representative and regulatory bodies in medicine (i.e. AFMC, CMA, RCPSC, CFPC).
- Support a summer studentship for a medical student to work with a scholar in Indigenous health to further research Indigenous Mental Wellness.
- Hold an AFN/CFMS joint virtual forum on Indigenous Mental Wellness to share reflections, connect, and build capacity.

4. Pertinent Updates and Reflections from AFN

- Acknowledgment of CFMS students and thank you for developing the meeting objectives.
- Health Transformation Agenda is at the forefront of AFN objectives. The Agenda involves (1) Getting the relationship right with Indigenous communities, (2) Ensuring investment in First Nations health priorities, and (3) Encouraging foremost creation of First Nations capacity.
 - Link: https://www.afn.ca/uploads/files/fnhta_final.pdf
- AFN Chief's Committee on Health made it a priority to create an NIHB joint review process. The Joint Review of the NIHB is currently taking place between FNIHB, First Nations Regional Partners and the AFN.
- Overall, there is a need to re-evaluate relationships with the federal government as defined by the Canada Health Act; the legal relationship within the Constitution Act is confusing and dynamic and First Nations people continue to be treated as second class peoples and not as equal partners in health accords.
- Frameworks that are created around health must be community-based, culturally-centric, and must recognize capacity from the ground up.
- Reconciliation and TRC Calls to Action is an important pillar that was shaped by Indian residential school survivors, and not the government; but the government is responsible for shaping it into policy. Despite this, the survivors who have advocated for reconciliation in this day and age must not be forgotten for their hard work.
- Intergenerational trauma is also an important underlying factor in considering Indigenous health: it continues on today and there is a need to incorporate the TRC teachings into the schooling system, as well hearing from survivors whose suffering must be explored.
 - Healing comes from empowerment and the ability to take control of health (e.g. First Nations Health Authority in BC, Nishnawbe Aski Nation in Ontario, National Native and Alcohol and Drug Abuse Program across Canada).
 - Healing also derives from revitalizing and supporting culture and language in communities and the pursuit of a holistic healing approach.
 - The health transformation agenda recognizes that these are long-term goals that necessitate an understanding of current realities.
- Thunderbird Partnership Foundation. Two frameworks that guide their work:
 - Honouring our Strengths
 - Link: <http://thunderbirdpf.org/honouring-our-strengths-full-version-2/>
 - First Nations Mental Wellness Continuum Framework (utilize culture as foundation, community development, quality care systems, collaboration, enhanced flexible funding):
 - Link: <http://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/>
- The AFN Health mandate will also be modernized and innovated in flexible ways. Current goals surround: (1) Developing a strategic plan for the next five years, that includes the transformation agenda and acts as a guiding document for transition of FNIHB and can support communities in health and wellbeing; (2) Undergoing an organizational/governance review to inform the role of AFN Health in their work and decision making; (3) Developing new partnership and strengthening existing ones.
- AFN hopes to continue engaging with diverse partners: Community organizations, Indigenous Nurses Association, Indigenous Physicians Association, Dental Association of Canada.

5. Indigenous Health in Medical Education, and Cultural Continuity and Cultural Safety Training in Medical Education

Practices and models

- Training on cultural competency and Indigenous knowledge and how it can be delivered or mandated similarly to the Ontario Accessibility and Disability Awareness (AODA) training which helps make us think about accessibility, as this is mandatory in health and safety training in hospitals. However, with 634 diverse communities, it is difficult for cultural and cultural awareness, and requires some specificity to area one is working in.
- The University of Toronto within their foundational medical curriculum is providing space for general workshops on language, power and privilege. Comes across in discussions had, interacting with different people, including indigenous peoples.
- The University of Alberta, their cultural competency training is delivered through Indigenous health curriculum for year 1 medical students. With a move away from competence and mastery and move towards safety. Exploring the continuum of cultural safety, which is rooted in a sense of self determination. These must be key elements of curriculum.

Why is this important and how to get it right?

- There are key areas that came out of FN patient experiences, which points to the need of a focus more on this within the education system. We need to be open to learning and vulnerable to assess ones' own biases and assumptions and understand what actions for reconciliation means for oneself.
- How does one deal with these concepts and get it right? It is also quite simple. It is to work through the challenges, through honesty and openness. It can be as simple as offering the individual with humanity and humility in practice.

The complexity of it all and the importance of history

- There is a complexity and formality to the policies and anatomy of the system. The systems (including healthcare) for FN community/reserve/mainstream is unequal and complex with important considerations for cultural needs and sensitivity.
- Main stream institutions have been built over centuries, established based on historical imbalance (i.e. the Indian act, residential schools, historical foundation of institutions).
- It is crucial to truly reconcile and decolonize these systems and structures, and to undergo major overhaul on institutions (including medical schools and hospitals) and the relationship with Indigenous peoples and this requires honesty, truth, and reconciliation. For example, medical schools in the western context and construct. There is room for unlearning and new approaches to cultural safety. Be willing. And to be always receptive of reconciliation. And to acknowledge racism and discrimination in the system and the root of its causes.
- 'Cultural safety' is not that simple. A diverse landscape exists of communities and cultures and understand that culture is linked to language and land. Take the time to always know where people come from, and the territory. Not just cultural practices of the peoples, but the historical struggles of the region (i.e. including the treaties). For example, the Mississaugas and their history of trade and land claim settlement which has impacted their sense of connection and stewardship with Toronto today. Or, Serpent River, and the legacy of uranium mining and the environmental damage to the land.

Understand the history, the land and the history of it. For culture is impacted by the economy and environment.

- Most institutions are built upon colonial underpinnings. Acknowledge that constitutions and what governs the institutions and hospitals have deeper underpinnings of relationships and how one functions and provides care or is educated within the system. Question how these institutions were built, and look at the constitutional underpinnings of these institutions. For example, with hospitals, look at their philosophy, and how they were formed (i.e. St. Joseph's hospital and nuns – the history of the institution informs the culture of the present-day hospital).
- You can't have reconciliation without truth. Always ask yourself and be open to learning about, what is that person's truth and history? Reminders for us all: To always check in with our own assumptions. To do a mental check, to not only recognize, but also to own them. Above all, keep an open mind.

Resources on cultural safety training

- San'yas Indigenous Cultural Safety Training Provincial Health Services Authority in BC
 - Link: <http://www.sanyas.ca/>
- Cancer Care Ontario (CCO) Aboriginal Relationship and Cultural Competency Courses
 - Link: <https://elearning.cancercare.on.ca/course/index.php?categoryid=2>

6. A way forward for CFMS medical students on the topic of Indigenous Mental Wellness

Thinking about mental wellness...

- Challenges and complexity? Mental wellness and cultural safety is often brought to nurses and doctors, and the medical profession. Nurses and doctors can do what they can, however there still exists misunderstanding for not knowing and ignorance. Please take the time to understand.
- On the national medical student Day of Action, the individuals involved are mostly the 'converted' on these issues. However, also try to understand the issue a bit better and take a deeper dive into another layer of complexity with these issues. Understand that it is a system that emulates discrimination. And question why is the system like that? Reconciliation is at the level of the individual but also much more than that. It is also about funding, the health transfer, getting the fiscal relationship right, and moving to regional models.
- We must challenge and acknowledge where the racist narrative comes from, "FN get free education, health, etc."
 - There are treaties and FN pays. On the funding design, the root of discrimination within the mainstream healthcare system. Healthcare services – the funding review stream is different for FN. Health professionals must work in a system that is substandard and discriminatory, because the system is inequitable, the professional is forced to work in an environment that is prejudiced. And we see the impacts on a patient coming in, experiencing mental health issues, and to challenge the assumptions.
 - On the issue of mental health, cultural safety in the context of the issue of racism and discrimination, we have a long way to go. Unilateralism from government policies, are still discriminating to Indigenous peoples.

Indigenous representation in medical schools

- Having medical students going into communities in a promotional sense. The root of teaching in medical school and Indigenous representation
- Indigenous faculty in medical schools – we need more faculty that is Indigenous. Currently, only one Indigenous physician at Queen’s University. There is also a burden on oneself as a single Indigenous student navigating the system.
- We need to encourage those of a younger age to want to go into medicine, to promote more Indigenous students in medical school.
- Indigenous admissions currently across schools – there is a program/stream for Indigenous students, which is sometimes an additional means to discriminate against medical students whom are in the Indigenous stream.
- Northern Ontario School of Medicine has a good program to get medical students spend a few weeks with community. However, there is not a lot of time for engagement. Looking at the elements and interest of the training, there is a bit of a gap.
- How well are we in finding points of collaboration? There are challenges with building networks and building capacity.

Indigenous representation in Day of Action

- The Day of Action is a really great opportunity with a lot of work behind it
- How many Indigenous students involved? Indigenous and non-Indigenous students took part in the writing of the CFMS position paper on mental health and suicide in Indigenous communities, the research committee for Day of Action, the consultations, and attending Day of Action. Of 59 respondents of Day of Action attendees to a survey, 21 self-identified as Indigenous.

Moving forward from Day of Action

- On the CFMS work and framework, and 3 policy areas brought forward. How do we move beyond and engage in this work? The AFN Chief’s Committee on Health may want to listen to this report. How can we all help facilitate this and make priority follow up.
- Fundamental question about how to move along. There is more opportunity at the community level, for engagement with Indigenous communities to get more Indigenous students into medicine and medical sciences.

7. Additional open discussion/brainstorming time

- Question: Truth and Reconciliation is quite a broad topic right now, and a lot of the discussion is on a very national, community-wide level. For a lot of our patients, this is too big for them and beyond their day-to-day needs. How can we apply and use this conversation in our day-to-day interactions in taking care of our Indigenous patients?
- Question: A reflection on the piece about teaching/medical education. I think we also need to call upon medical schools to recognize their identities as prestigious stakeholders in the education system at large. It is beyond the ability of medical schools to bear the full responsibility of rectifying the erasure of Indigenous peoples from mainstream education - anti-racist and anti-oppressive education is a long and intensive process that can scarcely be delivered in four years’ time, amidst an overloaded medical curriculum. -- more pressure needs to be put (by medical education, medical students) on the broader education system. We may also need to invite medical schools to consider admissions

requirements as a potential terrain of struggle - like pre-requisite Indigenous studies courses or courses that explicitly tackle questions of race and racialization or encouraging prospective students to undertake volunteer opportunities with Indigenous, anti-racist, and anti-poverty organizations. This may be clearly possible, especially in view of the recent adoption of mandatory Indigenous studies courses at three universities in Canada. In summary: there's a need for medical educators (and medical students) to be committed to more multifaceted, comprehensive approaches!

- Comment: Yes, this is necessary, but this can also be very tiring on Indigenous faculty to provide education at that time. Currently there is very superficial exposure to Indigenous health in medical education. The notion or idea of indigenizing curricula needs to be done by care and approved by Indigenous community leaders. To not do more harm than good. There are not enough Indigenous faculty at University of Saskatchewan. A good first step would be to bring in more Indigenous faculty mentors. There is a lot more to this – as there are experiences of poor efforts in indigenization that cause more harm than good.

8. Closing Remarks from Chief Day

- Thank you to the group for the discussion that raised a few good areas of discussion. These kinds of discussions and work must be done. Sometimes you can feel unsure about how to speak, but it is critical to ask, explore, and learn – to have difficult, important, and constructive conversations that can lead to change in oneself or translate into action. We need you, as medical students and future physicians, in our communities. And we need you to feel comfortable to advance ideas too which is part of the nature of this work.
- Thinking about medical students at Serpent River, they would come for a short period of time and suddenly they would be gone. We must continue to think of sustainable ways to have trainees and physicians in FN communities. For more is to be done and can be done at the community level.
- A story shared about Chief Day's 3-year-old daughter and her plastic stethoscope and playing with intrigue, excitement, and knowledge of its purpose. Let us find ways, and better ways, for medical students to get into communities. To also provide more opportunities for young ones to be exposed to medicine and medical sciences to develop interest and curiosity in the field to provide care for their communities. An idea for possible work for medical students, is to create a cartoon for medical sciences to encourage children to pursue this field for their communities, and to pay it forward.
- Reconciliation of medical system. Something that all of us has a role to play, and is crucial as medical students to question and rethink how the system is structured.
- A report/discussion paper should be prepared for the AFN Chief's Committee on Health.
- First Nations Mental Wellness Continuum Framework – Continue to learn from and build onto this work.

9. Summary and acknowledgements

- Thank you all for your time and contributions to this discussion and for attending the AFN/CFMS Joint Virtual Forum on Indigenous Mental Wellness! Let us all do our part in moving forward an important agenda and continue to have discussions that educate,

teach, and provide critical thought in advancing Indigenous Health and Indigenous Mental Wellness as medical students and future healthcare providers.

- We would like to acknowledge all the attendees of AFN/CFMS Joint Virtual Forum on Indigenous Mental Wellness, and thank Ontario Regional Chief Day and AFN representatives for your time and remarks.
- We would like to acknowledge the students who provided time to the Day of Action Research Committee and consultations process.
 - *Joe Asaminew, University of Manitoba; Rebekah Baumann, McMaster University; Asha Behdinan, University of Toronto; Mergim Binakaj, University of Alberta; Jessica Bryce, Western University; Jacqueline Carverhill, University of Saskatchewan; Ben Cassidy, Northern Ontario School of Medicine; Janèle Frechette, University of Manitoba; Yipeng Ge, University of Ottawa; Brittany Graham, McMaster University; Azraa Janmohamed, Queen's University; Yotakahron Christa Jonathan, McMaster University; Cheyenne LaForme, Western University; Linda Lam, University of Manitoba; James Mattina, McGill University; Carly McLellan, University of Manitoba; Megan Moorhouse, University of Manitoba; Sam Nordlund, Northern Ontario School of Medicine; Osman Raza, University of Ottawa; Amanda Sauvé, Western University; Christina Schweitzer, University of Calgary; Sarah Silverberg, University of Toronto; Gaya Sivakumar, Western University; Achieng Tago, University of Manitoba; Vivian Tam, McMaster University; Willow Thicksen, University of British Columbia; Ahmer Wali, McGill University; Howie Wu, University of Alberta; Charles Yin, Western University; Sharon Yeung, Queen's University; Laura MacRae, University of Ottawa; Nel Vandermeer, Northern Ontario School of Medicine, Victoria Liu, McMaster University, Alison White, University of Saskatchewan; Stephanie Choquette, University of Ottawa; Zach Miller, Victoria Domonkos*
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