Complete Proceedings

Pathway to Oral Health Equity for First Nations, Métis, and Inuit Canadians: Knowledge Exchange Workshop

February 6 & 7, 2014
Manitoba Institute of Child Health
Winnipeg, Manitoba

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Pathway to Oral Health Equity for First Nations, Métis, and Inuit Canadians: Knowledge Exchange Workshop was co-hosted by the following organization:

The Manitoba Institute of Child Health

This document does not necessarily represent the view of these organizations.

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PURPOSE*:*

This workshop brought representatives of First Nations, Métis, and Inuit organizations together with clinicians and health promoters, health service program managers and decision-makers, and academics, to network and share current evidence focused on improving oral health for Canada's First Nations, Métis and Inuit people. (A list of 24 attendees and their affiliations are found on page 4).

SUMMARY*:*

A renowned Canadian Indigenous Elder (Albert Marshall, Elder (Eskasoni Mi'kmaq First Nation, Cape Breton Nova Scotia)) offered to the world the principle of "Two-eyed Seeing" which *recognizes the benefits of seeing from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and finally to use both of these eyes together*. This metaphor laid the foundation for this workshop through the following 3 objectives:

Objective 1 – "Two-Eyed Seeing": To understand key oral health concerns facing Canadian First Nations, Métis, and Inuit people by fostering the exchange of Indigenous knowledge and bio-behavioural knowledge amongst attendees.

Objective 2 – Enhancing knowledge and practice together: First, share wisdom from existing, culturally-informed and community-based approaches (programs and policies), promising practices, and health promotion projects and, next, identify gaps and priorities.

Objective 3 – Next steps: Explore opportunities for future collaborations, team building, and research planning.

To meet these aims, a detailed agenda facilitated a one and a half day "conversation" amongst participants. We began with a welcoming message of prayer and teaching from Elder Margaret Lavallee, of the Sagkeeng First Nation who is currently the Elder in Residence at the University of Manitoba.

Following a round of introductions of all participants, representatives from the Assembly of Manitoba Chiefs (AMC), Inuit Tapiriit Kanatami (ITK), Manitoba Métis Federation (MMF), and Nova Scotia Tui'kn Partnership shared perspectives on oral health, of research in general, and why their organization was motivated to attend this workshop on oral health equity. Speakers provided examples of successful research initiatives and most importantly, shed light on ways to ensure that meaningful research partnerships are developed for the benefit of members of their communities.

Three facilitated mini-panel discussions followed (including: Clinicians and Health Promoters; Health Service Program Managers and Decision-makers. Academics) panelists shared perspectives on key issues, innovations and connections to oral health research arising from each of their sectors.

The presentations and panel discussions generated further questions and information-sharing that provided the basis for the plenary discussion at the end of Day 1. This discussion included attention to successful approaches for research as well as an acknowledgement of current gaps and challenges. A synopsis of the four key themes-Communities, Measurement of Outcomes, Approaches, and Providers-arising from both the formal and informal discussions of Day 1 is outlined later in these proceedings (page 8). It is worth noting that particular emphasis was placed on the importance of meaningful partnerships for developing research ideas and priorities i.e. "nothing about us without us", that research is a two-way street involving learning in both directions, and that current pan-Canadian/pan-Indigenous initiatives (i.e., CIHR Pathways) may not be sufficiently attentive to the distinction-based research and health service needs of First Nations, Métis, and Inuit peoples. There were also recommendations that research must have benefits for communities and the need for building research and oral health provider capacity among First Nations, Métis, and Inuit peoples.

The focus of Day 2 was to examine next steps i.e. future collaborations, team building, and research planning, with specific attention to current research priorities as outlined by the Canadian Institutes of Health Research (CIHR) Pathways to Health Equity for Aboriginal Peoples initiative. A brief presentation on the current status of this initiative preceded the morning's discussions.

In keeping with our commitment for the workshop to follow an iterative process whereby the conversation would lead to priorities for further discussion, Day 2 activities flowed from Day 1 themes. Participants were somewhat divided on whether to continue with group discussions involving multiple disciplines and sectors or to focus discussions for research priorities relative to the First Nations, Métis, and Inuit organizations represented at the workshop. The result was that the morning was divided in half. During the first part of the morning, small groups engaged in general discussions related to CIHR Pathways priorities and opportunities for advancing oral health research. Discussions for the second part of the morning were distinction based, following from specific contexts and processes of the individual First Nations, Métis, and Inuit organizations that were participating in the workshop. Here, discussions centered on the potential for networking and establishing on-going partnerships.

Overall, feedback provided by participants at the conclusion of the workshop was very positive. Virtually all participants appreciated the "two-eyed seeing" approach to the conversation and reported that this was done successfully. A number of participants remarked that the workshop was too short and could have easily extended another half day. The majority of participants responded at the close of the workshop that they would be interested in participating in a research network focused on Indigenous oral health equity.

WORKSHOP ATTENDEES:

Avery-Kinew	Kathi	Assembly of Manitoba Chiefs
Bassily	Mena	Manitoba Métis Federation
Bhullar	Rajinder	University of Manitoba
Chartier	Martin	Public Health Agency of Canada - Office of the Chief Dental Officer
Cooney	Peter	Public Health Agency of Canada - Office of the Chief Dental Officer
Cullum	Jodi	Institute of Musculoskeletal Health & Arthritis Assistant Director
El-Gabalwy	Hani	University of Manitoba
Emami	Elham	Université de Montréal
Hai-Santiago	Khalida	Manitoba Health
Harrison	Rosamund	University of British Columbia
Jones	Greg	First Nations and Inuit Health Branch-Atlantic Region
Lavallee	Margaret	University of Manitoba (Elder in Residence)
Lavoie	Joseé	University of Manitoba
Lillies	Chris	Manitoba Métis Federation
Martin	Debbie	Dalhousie University
McKenna	Meghan	Inuit Tapiriit Kanatami
McKinstry	Sheri	First Nations Dentist
McLeod	Jim	First Nations and Inuit Health Branch - Manitoba Region
McNally	Mary	Dalhousie University
Moffatt	Michael	University of Manitoba
Nancarrow	Tanya	Inuit Tapiriit Kanatami
Neufeld	Hannah	Western University
Rudderham	Sharon	Eskasoni Community Health Centre, Nova Scotia
Schroth	Robert	University of Manitoba
Star	Leona	Assembly of Manitoba Chiefs
Ukashi	Ran	Manitoba Métis Federation
Walker	Mary Lou	First Nations Health Authority, British Columbia
Kliewer	Eleonore	Workshop recorder
McGregor	Shauna	Workshop recorder
Wener	Mickey	Workshop facilitator

WORKSHOP AGENDA

Pathway to Oral Health Equity for Aboriginal Canadians:
Knowledge Exchange Workshop
February 6 & 7, 2014 Winnipeg, Manitoba

Manitoba Institute of Child Health
Room 500, 5th Floor – John Buhler Research Centre
715 McDermot Avenue
Winnipeg, Manitoba

Schedule Day 1: Thursday, February 6, 2014

(For workshop guests staying at the Fort Garry Hotel, we recommend that you have breakfast at the hotel. A shuttle van will transport you to the Manitoba Institute of Child Health on the Bannatyne Campus of the University of Manitoba)

Time	Activity	Lead
8:00 to 8:30	Registration	
8:30	Welcome	Bob Schroth
	Opening Prayer and Teaching	Elder Margaret Lavallee
8:45	Greetings from Network for Canadian Oral Health Research (NCOHR)	Raj Bhullar
8:50	**Why are we gathered?** General Introductions & Overview of Workshop Goals and Activities	Mary McNally, Bob Schroth (Organizers) Mickey Wener (Facilitator)
Objective 1 – "Two-Eyed Seeing"		
9:15	**First Nations, Métis, and Inuit Perspectives on Oral Health** Gathering the perspective of invitees representing Aboriginal organizations. • *Tell us a little bit about you and your organization* • *Why did you come to this workshop on oral health equity?* • *What wisdom do you or your organization have to tell us about Aboriginal oral health?* • *What do you, or your organization, want to know about promoting and improving oral health in Aboriginal children, adults, and the elderly?*	Mickey Wener Assembly of Manitoba Chiefs Inuit Tapiriit Kanatami Manitoba Métis Federation Nova Scotia Tui'kn Partnership
10:30	Nutrition Break	
10:45	**Other Perspectives on Oral health** **Mini Panel Q&A Discussions** • Clinicians & Health Promoters • Health Service Program Managers & Decision-Makers	Mickey Wener McKinstry, Moffatt, Walker Cooney, Chartier, Hai-Santiago,

	• Academics Panel #1	Jones, McLeod Lavoie, Martin, Neufeld
11:45	Break / Set up room for Research Rounds	
12:00	**Lunch & Research Rounds** Participants are invited to attend Manitoba Institute of Child Health Pediatric Research Rounds ***"Kungatsiajuk": A community based research approach to examine the oral health of NunatuKavut children in Labrador'"***	Debbie Martin & Mary McNally
1:00	Break / Set up room for Workshop	
1:30	**Mini Panel Q&A Discussions (continued)** • Academics Panel #2	Mickey Wener Harrison, Schroth, McNally, Emami
Objective 2 – Enhancing Knowledge and Practice Together		
1:45	**Question and Answer – full group discussion:** • *Based on what you have heard thus far, what stands out for you?* ***Theme #1* – providing an opportunity for Aboriginal representatives to discuss:** • *What else would you like to know from the attendees about previous and current projects and programs that endeavour to improve Aboriginal oral health?* • *What advice or suggestions do you have for those who have been working to improve Aboriginal oral health?* • *Anything else you would like to share or ask?* ***Theme #2* – providing an opportunity for *all* participants to discuss:** • *Where are the **gaps and challenges** in bringing together Aboriginal wisdom and experience with the knowledge and experience of clinicians and health promoters, health service program managers & decision-makers, and academics?*	Mickey Wener
2:45	Nutrition Break	
3:00	***Theme #3* – revisiting "Two-Eyed Seeing":** • *What **wisdom** has been gleaned so far?* • *How can we weave Aboriginal and non-Aboriginal wisdom together?*	Mickey Wener
4:00	Review plans for Day 2 – wrap up by 4:30	Mary McNally & Mickey Wener
4:30	Shuttle back to Fort Garry Hotel	

Dinner is located at: *Bombolini's*
326 Broadway (Broadway & Hargrave), Winnipeg
Time: 6:30 pm

Schedule Day 2: Friday, February 7, 2014

(For workshop guests staying at the Fort Garry Hotel, we recommend that you have breakfast at the hotel. A shuttle van will transport you to the Manitoba Institute of Child Health on the Bannatyne Campus of the University of Manitoba)

9:00	Synthesis and synopsis of Day 1 Activities	Mickey Wener & Rosamund Harrison
Objective 3 – Next steps: Exploring opportunities		
9:30	Opportunities for Funding (CIHR Pathways Initiatives, etc.)	Mary McNally & Bob Schroth
9:45	**Research & Networking Discussion** (Who, What, Where, Why, When, How) *Break-out into smaller mixed groups to identify:* • What are priorities and opportunities for Pathways Component 1? • What are priorities and opportunities for Pathways Component 2? • Any other priorities or opportunities to explore?	Mickey Wener
10:30	Nutrition Break	
10:45	Small groups reporting back on priorities and opportunities Good bye and next steps	Mickey Wener Mary McNally & Bob Schroth
12:00	Lunch	
12:45	Shuttle back to Fort Garry Hotel	

SYNOPSIS OF DAY 1 DISCUSSIONS

Two-eyed Seeing: First Nations, Inuit, Métis Oral Health Research Considerations

THE COMMUNITY

- "Nothing about us without us".
- Participatory Research based on trust building, and relationships.
- Build in culture and traditional ways.
- Consideration of overarching issue: social and Indigenous Determinants of Health.
- Location and isolation present challenges.

MEASUREMENT of OUTCOMES

- Innovative benefits for individuals and communities
    - Positive, goal oriented, community based.
- Culturally-rooted.
- Develop innovative outcome measures: qualitative + quantitative (outside the mouth).
- Research is a two-way street: learning occurs in both directions.

APPROACH

- Must follow established regional processes.
- Distinction-based: a Pan-Canadian, Pan Aboriginal approach is unacceptable.
- Community must see and receive benefits.
- Focus on upstream prevention and health promotion.
- Piggy-back on existing programs.
- Benefits of multi-jurisdictional funding and support with positive messaging.

PROVIDERS

- Build capacity of First Nations, Inuit, Métis researchers and oral health/health providers.
- Collaboration between multiple providers with uniform multi-messages.
- Others, including other health professionals, have oral health knowledge and skills.
- All providers should be working at maximum scope of practice; mid-level providers important (concern re dental therapy school closure).

DETAILS OF DAY 1

Day 1 began with an opening prayer and teaching by Margaret Lavallee, Elder-In-Residence with the Centre for Aboriginal Health Education at the University of Manitoba.

Dr. Raj Bhullar, Associate Dean (Research) in the Faculty of Dentistry, brought greetings on behalf of the Network for Canadian Oral Health Research (NCOHR) who funded this workshop.

Dr. Schroth and Dr. McNally stated that the next two days would be about having a conversation between First Nations, Métis, and Inuit organizations, clinicians and health promoters, health service program managers and decision-makers, and academics focused on improving the oral health for Canada's First Nations, Métis, and Inuit people. Dr. Schroth gave a presentation to highlight some of the recent reports and developments regarding the oral health of Indigenous Canadians including the 2007 Oral Health and the Aboriginal Child report, the First Nations Oral Health Survey, Inuit Oral Health Survey, the First Nations Regional Health Survey (RHS), and the Inuit Oral Health Action Plan. He also mentioned the joint Canadian Paediatric Society and American Academy of Pediatrics Policy Statement on Early Childhood Caries in Indigenous communities, which included recommendations for research. Workshop attendees were also informed about the Oral Health and the Aboriginal Child Knowledge Transfer site that serves as a repository for research and health promotion resources relating to Indigenous child oral health.

Dr. McNally defined "Two-eyed Seeing" as recognizing *the benefits of seeing from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and finally to use both of these eyes together*. She also outlined the workshop objectives. Objective 1- "two eyed seeing"; Objective 2- Enhancing Knowledge and practice together; and Objective 3-Next steps.

OBJECTIVE 1 – "TWO-EYED SEEING"

Day 1 - Sharing the perspectives on all the invitees and their respective organizations on oral health, of research in general and why their organization was motivated to attend this workshop on health equity.

ASSEMBLY OF MANITOBA CHIEFS

Dr. Kathi Avery-Kinew and Leona Star presented on behalf of the Assembly of Manitoba Chiefs. They said that the Assembly of Manitoba Chiefs believes in research and that their organization would like to see movement in the areas of evidence-based research and the socio-economic state of First Nations.

Of particular importance is the need for researchers to develop respectful research relationships with the communities. They also reminded attendees that research is all about relationship building and that it takes time to build trust. It was also mentioned that the Regional Health Surveys (RHS) have been a blessing to First Nations.

The Assembly of Manitoba Chiefs, including all 63 Chiefs from First Nations communities in

Manitoba, has endorsed key criteria for research involving First Nations people. The three main criteria include:

1) Pre prior Informed Consent, which means going to the community to establish relationships, asking permission and going to the proper authority to conduct research so that communities fully understand the extent of their involvement. Informed consent should be in understandable terms.

2) OCAP principles reflect the need for First Nations' Ownership, Control, Access, and Possession of research findings on their communities.

3) First Nations Ethical Principles: Unique to each community: honouring the way each community is, understanding the community and establishing the relationship with the community

They told us that the University of Manitoba now requires researchers to first go to communities and the Assembly of Manitoba Chiefs for approval prior to granting full approval for research protocol submissions. The Assembly of Manitoba Chiefs has a Health Information Research Governance Committee (HIRGC) that reviews research proposals.

Dr. Avery-Kinew and Ms. Star then presented some of the challenges faced by many Manitoba First Nations communities:

- Lack of safe, running water, use of expensive diesel fuel for heat.
- 34% of children living on reserve are affected by Early Childhood Caries/Baby Bottle Tooth Decay.

Non Insured Health Benefits (NIHB) - Difficult to access in some situations because it is a national program; challenging to get regional reports or concerns brought forth; inadequate system for approvals for dental benefits.

- Views on health make oral health an increasing priority.
- Major problem in Manitoba is poverty.

The presentation was concluded by stressing the importance about balancing what granting agencies are willing to fund with what is really desired by or may be good for communities and their members. Researchers must be creative in the way that they write their grants to accommodate the research relationship that they are trying to establish.

INUIT TAPIRIIT KANATAMI

Tanya Nancarrow and Meghan McKenna presented on behalf of the Inuit Tapiriit Kanatami. Inuit Tapiriit Kanatami (ITK), established in 1971, is the national Inuit organization in Canada, representing four Inuit regions – Nunatsiavut (Labrador), Nunavik (northern Quebec), Nunavut, and the Inuvialuit Settlement Region in the Northwest Territories. ITK represents and promote the interests of Inuit, health, environment, social, culture and political challenges. They spoke about the recent Inuit Oral Health Action Plan (IOHAP) and some of the oral health promotion

activities that are underway. They also discussed their organization's approach to research which involves:

- The existing health and social development department and Inuit Knowledge Centre.
- Is guided by the national Inuit Committee on Health (NICOH).
- Is an established process; multiple requests for partnerships are received.

They also mentioned that their organization seeks health research opportunities that:

- Are Inuit-specific.
- Address Inuit identified priorities.
- Have a governance structure.
- Are equitable.
- Keep the 3 Aboriginal groups in Canada distinct, so that each specific group can benefit from their context specific research.

They also provided a snapshot of oral health in Inuit Nanangat:

- Access to regular dental care not consistent due to remote locations; treatment is often untimely and success with prevention is marginal.
- 2008/2009 Inuit Oral Health Survey has been completed.
- Oral diseases begin early in life.
- Inuit have 2 – 3 times higher dental disease compared to general Canadian public.
- 30% of Inuit have on-going pain (disease) in mouth.
- In response to oral health crisis, ITK collaborated with 2 subcommittees of the NICOH:
    - Inuit NIHB working group and Inuit public health task group.
- Launch of Healthy Teeth, Healthy Lives, Inuit oral health action plan in April 2013 and creation of a resource package for communities in different languages.
- IOHAP has 8 actions/areas for change:

    1. Strengthen leadership
    2. Link oral health to overall health
    3. Increase focus on prevention initiatives
    4. Improve access to treatment
    5. Engage and mobilize parents and caregivers
    6. Engage and mobilize adolescents
    7. Encourage Inuit to pursue careers as oral health service providers
    8. Improve use of and access to affordable nutritional foods

MANITOBA MÉTIS FEDERATION

Chris Lillies, Ran Ukashi, and Mena Bassily presented on behalf of the Manitoba Métis Federation (MMF). The Health and Wellness Department at the MMF was started in 2005 to establish a Métis presence in the provincial health system. In order to drive transformative change, the department has 2 teams; a Research team and a Knowledge Mobilization team, who participate in qualitative studies with Regional Health Authorities'.

MMF has an agreement with Manitoba Health regarding access to health information using the Personal Health Information Number (PHIN) which provides administrative data that can be linked with postal codes to find information about health data. The Manitoba Centre for Health Policy helped with identifying who is Aboriginal. A "Health Atlas" (Métis Atlas) was developed by linking administrative health data (via the PHIN) and the registry of Métis in Manitoba. There is not a lot of information about other Métis communities outside of Manitoba as 40% of Métis people are located in Manitoba. A list of findings from health research includes outcomes such as diabetes, heart, and respiratory illness. Métis Atlas is the future for potential areas of data collection. No data exists on the oral health of Métis in Manitoba

NOVA SCOTIA TUI'KN PARTNERSHIP – ESKASONI COMMUNITY HEALTH CENTRE

Sharon Rudderham presented on behalf of the Nova Scotia Tui'kn Partnership – Eskasoni Community Health Centre. The Tui'kn Partnership includes a partnership of 5 First Nations communities in Nova Scotia: Eskasoni, Membertou, Potlotek, Wagmatcook and Waycobah.

Before the partnership formed, there was no access or information to allow them to measure health outcomes or information. Without this access to information, health planning could not be supported. There was a need for better access to health information about their population, so the partnership developed a First Nations' client registry.

The registry linked provincial data between First Nations and the Province (chronic disease reports & hospitalization data). The reports were sent to each community and health bulletins were developed to illustrate what the data revealed. The data demonstrated that First Nations health is much worse than the overall health of the Canadian population:

- The population is dying at a much younger age (10-15 years younger).
- 42% of ambulatory care admissions in Ms. Rudderham's community were dental related.
- Serious problems occur with the way their people access dental services; problems with NIHB impede access for First Nations people.
- Discussed the issues of oral health and overall health and the need to explore what exactly is "going on" with the dental related issues and how they can implement programs to help communities.
- Understanding historical traumas will enable understanding of the trouble with current dental health. Fears of dental treatment or dentists because of previous bad experiences that parents had when they were young. There are other compounding factors that impact access to health care and dental care.
- Concerns about Baby Bottle Tooth Decay/Early Childhood Caries could be explored through data linkage to determine "what is going on."
- First Nations are willing to increase their capacity to measure health concerns in their communities.

MINI PANEL Q&A DISCUSSIONS Facilitators will introduce each panel member	
• <u>Health Service Program Managers & Decision-makers</u> What are key factors that you keep in mind when providing services to Aboriginal communities? Please share a success story in research. Was there research that you were involved in, where things did not work so well? What suggestions do you have for future oral health planning? Is there a potential to roll it out to 'nursing' programs? Would 'nursing' be doing screenings or just be more aware of ECC? What do your bosses look for? What does it take to recognize that something is working, and we will stick to it?	Facilitator Cooney, Chartier, Hai-Santiago, Jones, McLeod
• <u>Clinicians & Health Promoters</u> What are key issues you face when promoting health or delivering health services to Aboriginal communities? What suggestions (or examples) do you have where innovative health care delivery approaches have had particularly positive outcomes? What suggestions do you have for future oral health planning? What do you feel are the oral health issues that you face as a provider? Are there any projects or initiatives that have worked well? What are important factors to think of when working with communities?	McKinstry, Moffatt, Walker
• <u>Academics (non-dental)</u> What are key research considerations for carrying out health research in Aboriginal communities? What suggestions (or examples) do you have where innovative research approaches have had particularly positive outcomes? What suggestions do you have for future oral health planning? In research that you were involved in, were there things that did not work so well?	Lavoie, Martin, Neufeld

• Academics (dental) What are key research considerations for carrying out health research in Aboriginal communities? What suggestions (or examples) do you have where innovative research approaches have had particularly positive outcomes? What suggestions do you have for future oral health planning? Share a positive outcome or negative outcome in research experience.	Emami, Harrison, McNally, Schroth

The next four panels had members that came with a population health perspective. The following is a brief synopsis of what each panel discussed in response to pre-assigned questions.

HEALTH SERVICE PROGRAM MANAGERS & DECISION-MAKERS

It is essential to have a population perspective when providing services to First Nations, Inuit and Metis communities. We need to identify the needs and the risk factors of the community, and then address the risk factors. It is important to identify what data is available and if the data identifies the needs of the population Examining barriers to accessing dental care is critical to identifying the kinds of programs to implement. It is crucial to know if the community is engaged. The importance of community engagement in identifying problems and barriers and developing capacity to address problems and take ownership cannot be over-emphasized.

After that the process of implementing interventions implemented should be monitored Research needs to have value and effectiveness in the eyes of the community and the funders. Aligning policy with evidence is often missing. Health service providers want to see positive outcomes and what programs are working: a "good news story".

CLINICIAN & HEALTH PROMOTERS

This panel discussed the challenges that they face as clinicians and health promoters and provided suggestions for change:

- "Disconnect" between dental health beliefs of the public and those of providers for example; "baby teeth aren't that important", "he or she brushes their own teeth". Often these beliefs remain the same even after the dental disease has been treated.
- Healthy eating is promoted, but healthy food is costly and often unaffordable.

- Residents of FN communities may not be accessing the services of COHI because they prefer to leave the community to see a dentist.
- Oral health and social determinants of health are interrelated.
- Child oral health issues begin prenatally therefore; research is needed that focuses on prenatal oral health.
- Collaborations are essential; use every possible avenue to work together to get projects underway. Should be more collaboration between medical and dental providers.
- Community engagement, respect, and a non-judgmental approach are important.

ACADEMICS (NON-DENTAL)

This panel highlighted some of the challenges they encounter doing research.

A key research challenge is to align policy and evidence. Policy change as an outcome is often missing from research proposals. Even if policy change is suggested, often no mechanism to make the change is identified. The "policy cycle" operates in a different way than the "research cycle".

The panel also suggested ways to improve oral health research. A suggestion was to integrate oral health messaging with other health messages. Oral health may not be the main priority, but it can be integrated into other health initiatives.

Health promotion should be more a social activism movement similar to smoking cessation or environmentalism campaigns.

Integrate what works into the greater context of social determinants of health and explore how some determinants of health are undermining other determinants.

ACADEMICS (DENTAL)

This panel shared both positive and negative stories of their experiences doing oral health research with Aboriginal communities. They also highlighted the following key factors:

- Collaboration with other disciplines that are doing or beginning to do program evaluation is important.
- Access to large epidemiological data bases that link social determinants to health outcomes is important.
- Research with communities is a relationship that takes time to develop and the research should offer a tangible outcome or benefit to the community.

OBJECTIVE 2 - ENHANCING KNOWLEDGE AND PRACTICE TOGETHER

Full group discussions were used to accomplish Objective 2. The discussions provided an opportunity for Indigenous representatives to:

- Discuss what else they wanted to know from the attendees about previous and current projects and programs that endeavour to improve Indigenous oral health.
- Offer advice or suggestions to those who have been working to improve Aboriginal oral health, along with anything else they wanted to share or ask.

The group discussions also provided an opportunity for all participants to discuss where the gaps and challenges were in bringing together Aboriginal wisdom and experience with the knowledge and experience of clinicians and health promoters, health service program managers and decision-makers, and academics. Discussions were captured on flip charts; highlights appear below.

- Research involving Indigenous communities:
    - Must follow the principles of with us /by us/ and for us. "Nothing about us without us".
    - Needs to benefit the community in order for them to participate.
    - Is not new: Indigenous peoples have been doing research for a long time.
    - Involves relationships between communities and researchers based on trust and respect; it takes time to create these relationships.
    - Should follow OCAP principles (Ownership, Control, Access, and Possession).
    - Has to be owned and controlled by the community.
    - Cannot be tokenism…has to be negotiated in terms of what will work.
    - Must have trust before starting research -build relationships and offer time to create trust.
    - Involve creative research outcome measures.
    - Must build capacity amongst Aboriginal people to support their ability to do research.
- What "participatory" research is and what it looks like was discussed. Some funding agencies require that researchers have community partners, but developing relationships take time and effort. Participatory research is not "tokenism" and needs to be truly negotiated between the community and the researcher.
- Build capacity in Aboriginal communities for research: research proposal reviews and development, and support of Aboriginal oral health professionals.
- Balance between public health and individualized care.
- "Pan-Aboriginal" approaches to addressing health inequities have not worked.

- Alternative dental providers, like dental therapists and dental hygienists could help improve access to care in the community. Some of them actually live in the community.
- Told communities are opposed to research but that is a myth. The communities realize that research is important to bring about change.
- Understand that research is not the full time job for the people that work at Aboriginal organizations like AMC or CHI.
- Move forward with building more aboriginal researchers and dentists…

DAY 1 DETAILED FLIP CHART NOTES (STANDOUTS)

- Research with/us /by us/for us
- 1st?: What benefit to the community?
- Research is not new to Aboriginal communities
- Must be owned/controlled by Aboriginal communities (O.C.A.P.)
- What is "participatory" research?
  - funding for participation
  - takes time and effort
  - not tokenism
  - negotiated
- Trust – respect – relationship
  - time to create relationship
- Building capacity in Aboriginal communities for research/proposal review/oral health profs.
- Ø Pan Aboriginal/Canadian separate communities/people

  Generalizable areas ↙ ↘ sensitive to group areas
- Specific to community with ability to scale up
- Balance b/w public health/individualized care
- Pan Aboriginal approaches haven't worked
- Creative outcome measure is important
- $$Federal Gov't. doesn't fund education
- Access - D.T. School?
  - Retirements (250)
- Alternative - Dental Hygienists
  - Interim Restorative Tx
- (Mid-level) Oral health prof. living in the community (I.e. D.T. from the community)
- U.S. movement for D.T.'s
- Roles of the other healthcare providers
- X training for public health roles
- Role for "lay" health workers
- Recognize additional skills of DMD needed
  - Right people, right job, right time
  - Maximum scope of practice
- CIHR – Intervention Research Benefit to Community Action Research
  - Shared capacity building 2-way street
- Funding: Challenge – May need to answer research questions before you can move to action
  - Need baseline understanding
- Collaboration = VALIDITY
- Early = Infrastructure = Risk Management
- Benefit – Contributing to something they value
- Need direct benefit -school brushing
  R. asst/training -working with whole family
  Resources to hire ↓ -involved in whole process
- Communities need access to their data (2-way)
- O.H. ps. pick up other health issues – speech, diet…flu

Innovative ways to measure success/outcomes:

1. Communities identify
   Moving dental → primary care (form of payment) vs. fee for service
2. Big picture of social justice
   - Success – layers – I.e. policy

- Need to raise public's awareness /support to make policy change

Outcomes

Population ——————————— Individual

- understanding each other's language
  - language must resonate w/community
- Outcomes: Simple/small to track, (I.e. child's 1st visit)
- Community clinics – salaried
  - Challenge in urban area

- Oral health indicators:
  - Quality of Life
  - View strengths/positive vs. negative/deficits

  Not national
  - "Well-being" – MBFN
  - Independence
  - House in repair
- "Satisfaction" with care
- Goals for oral health
- Quality of life helpful…needs to be combined w/other measures
- Multiple measures: qualitative & quantitative challenge
  - Continuity of H.R. hiring/re-training

- Aboriginal oral health charter (impact of past)
- Oral health indicators → Challenges
- Curricular amendments

SYNOPSIS OF DAY 2 DISCUSSIONS

1. Discussions first centered on the potential for networking and establishing on-going partnerships. During the first part of the morning, small groups engaged in general discussions related to CIHR Pathways priorities and opportunities for advancing oral health research.

The following points were raised by attendees:

- A lot of existing health promotion initiatives do not have a specific goal to improve oral health, yet one outcome is improved oral health.
    - An example is partnerships which bring initiatives into schools; one community hired a children's health coordinator to bring oral health promotion to the community. There may be more examples.
- Learn from community what is important to them; this learning comes from the community and is not a "top down" process.
- Métis have a good relationship with the province of Manitoba and have fostered their own support workers.
- Could possibly link Manitoba Métis Foundation database with Stats Canada database; maybe jurisdictional issues & ambiguity.
- CIHR Pathways opportunity – we could look at different arrangements in different regions?
- Use local radio stations. This has been very successful in the North.

Opportunities for Funding (CIHR Pathways Initiatives, etc.) Mary McNally & Bob Schroth

Overview of CIHR Initiatives:

1. Network for Canadian Oral Health Research www.ncohr-rcrsb.ca

2. CIHR Pathways to Health Equity for Aboriginal Peoples

3. Research and Training chairs:

    1. One Chair position available for oral health
    2. Under ``Pathway and applied health banner``
    3. Speaks to the burden of severe childhood tooth decay in the North

Partner for **E**ngagement and **K**nowledge **E**xchange (PEKE)

- March 2014 announcing 3 grants

Population **H**ealth **I**ntervention **R**esearch (PHIR)

Policies, programs and resource distribution approaches that impact a number pf people by changing underlying risks and reducing health inequalities.

Implementation **R**esearch **T**eams (IRTs)

Develop a better understanding of how to design, implement and scale up interventions that will improve aboriginal health

2. During the second part of the morning, groups focused on the following specific topics.

Part One:

Q: Considering the uniqueness of the groups and skill-set represented at your table, how might the proposed CIHR and other opportunities help you enhance oral health equity for FN, Inuit and Métis communities?

Think "outside the Mouth":

- What other (non-dental) programs exist with hidden oral health benefits.
- How can they be "scaled up" i.e. enhanced or expanded to broader communities?
- Outcomes: what could they be and how might they be evaluated?

Part Two:

Q: How can we move forward from today based on the ideas from the workshop?

DAY 2 FLIP CHART NOTES	
TOPICS DISCUSSED BY EACH GROUP	
Group 1	**Group 2**
• 'Ethical Prodding' • Groups – different capacities • Share evidence based research w/ FN.I.M (What works? What fits?) • Social determinants of Health • Oral health data from communities (i.e. Métis) • 'Anderson Model' – health service research model • Jurisdictional issues: avoid buck passing • Caution regarding evidence based data: rely on publications - where does that leave traditional knowledge? (I.e. Medicines, childbirth) - not mutually exclusive	• 'Trauma informed cave' • Understanding history of abuse • Impact of this on oral health attitudes & behaviours • Trauma of dental care (I.e. Fear/anxiety) • Intergenerational trauma and oral health • Gestational diabetes programs and baby's oral health - does hypoglycemia of mother affect baby's teeth • A.M.C maternal child health • Outcomes - change in risk factors (I.e. Decrease sale in pop drinks)
Group 3	**Group 4**
• Existing health programs – incorporate oral health, identify best practices • Incorporate oral traditions: story-telling/communications/family • Bundling/removing silos within initiatives • Risk overloading a person and/or program • Current community roles – bring people together • Tension between local control & external reporting	• Build on existing programs • Integrate basic science (I.e. Genetics, Environmental, 'Biobehavioural') • CIHR help identify causes of oral health inequity by engaging all people • Knowledge networks – discuss oral health (MMF – RHA's) • FNIHB – maternal child health…prenatal…reserve • Primary health care – nursing stations • CHRs • Inuit nursing stations • School-aged healthy policies • Social Media/Internet – issue in the North • Inflammatory response → mouth, body, heath connections

WORKSHOP PARTICIPANT COMMENTS/FEEDBACK

The following are the comments/feedback received from workshop participants:

1. **What do you believe to be the strengths of the workshop?**
    - Free flowing
    - Good opportunities for discussion
    - Broad views from across Canada
    - People who really care about what they do
    - Importance of Aboriginal perspectives on this issue
    - Exchange of ideas to remove silos; work together and not in isolation from each other
    - Networking opportunity
    - Acquiring knowledge about oral health and available programs, services and funding opportunities
    - Networking with professionals of different expertise and backgrounds
    - Bringing in a variety of stakeholders to discuss the issue of oral health in a collaborative fashion
    - Bringing Aboriginal groups into the discussion
    - Lots of opportunity for networking
    - I feel like everyone had time to voice their concerns & opinions
    - Diversity of the invitees with the opportunity to exchange
    - The large amount of expertise in the room, as well as the multidisciplinary nature of the group
    - Well organized putting together multidisciplinary research team, policy makers & different representatives of Indigenous Canadians
    - Good dialogue
    - Conversations instead of presentations
    - Being able to be in the same room for an extended period and meeting informally with colleagues was a very effective way of connecting people across disciplines and provinces
    - It brought decision-makers, First Nations, Inuit and Metis organizations, as well as researchers (university and community-based) together.
    - The sharing of experiences in how research is conducted
    - Openness about successes/challenges, things learned
    - Cross section of presenters/panelists

2. **"Tell us one or two "things that you learned" from the workshop that you did not know before?"**
    - Value of open dialogue between all stakeholders
    - Multiple approaches possible
    - Definitions of First Nations, Métis and Inuit
    - That changes will not occur without engagement & advocates from First Nations, Métis is & Inuit and incorporating traditional ways
    - Numerous research initiatives underway in Aboriginal communities
    - More about Métis reality
    - Initiation & motivation of oral health education
    - Funding opportunities and initiatives
    - The existence of NCOHR
    - The need for more research on oral health issues in Indigenous communities
    - Partnerships are possible – especially locally
    - Approach to adding an evaluation component to new and intergenerational trauma & maternal/child programs should be explored
    - Some of the jurisdictional issues with respect to service delivery
    - Some of the great programs being offered in the communities
    - The importance of finding new indicators or outcomes
    - The significant relationship between oral health and the determinants of health
    - To be focused in Aboriginal research, build strong partnership with specific Aboriginal populations
    - Different projects in different parts of the country
    - I learned about the "Métis Atlas" and the Nova Scotia Tui'kn Partnership
    - The demise of the dental therapist program
    - I didn't know how much work is being done
    - I was impressed at the sensitivity many of the researchers had regarding how best to engage with communities and get "buy-in" in a genuine way

3. **Is there anything you would have changed about the workshop?**
    - Well organized, and fluid. I would not change it.
    - Fine as is
    - I feel that some representatives were expecting to have concrete outcomes
    - FNIHB does not represent Aboriginal people nor their voices. They are merely funders and can often be a barrier to community involvement in research
    - No, great job.
    - I wish it contains more interaction and discussion groups over more than 2 days
    - I would extend it to 2 full days
    - Fine, as long as the dialogue continues and incorporates more partners
    - Maybe a warmer location?
    - I always find workshops in smaller groups (like we did the 2nd day) very useful.
    - I would have like to have seen 2-3 of these on different topics; they are very productive
    - No
    - Include more students; no representation from MSc & PhD levels
    - Maybe more time for Day 2
    - Possibly more informal time for discussion during the day
    - I wonder about the absence of provincial health representatives?
    - A little more time to talk about my own program, which it turns out was of interest to many, but there was not much time in panel group to present it. I think many of the researchers know about each other, and their work, but for those of us "working on the ground", many of the researchers did not know what we do, or how we do it. May this could be remedied in the future with a workshop synopsis with people's names, backgrounds and current work that is provided at the workshop.

4. **Was the philosophy of two-eyed seeing helpful? If so, how? If not, why?**
    - Yes! Very valuable
    - That is probably the most important concept because both views must be considered & incorporated
    - Very helpful; this philosophy is the only mechanism to more research in Aboriginal communities
    - Good philosophy to keep in mind
    - Didn't mind that it came out much in the workshop
    - Yes, it helped us to understand the perspectives of the Aboriginal communities while setting our research priorities and design our services & programs

- Absolutely. It is vital to consider both Indigenous and Western epistemologies
- Syncretism is best
- Yes
- It is really integral; More emphasis could have been placed on how the western science eye has historically dominated the conversation
- Absolutely
- Yes, when dealing with Indigenous people it is extremely important to recognize the traditional knowledge
- Yes, this is the key
- Yes, we first listened to presentations by First Nations, Inuit and Métis people and organizations
- Yes, although I am familiar with this concept, it was interesting to apply it to the field of oral health
- It is as a broad framework
- Yes, I think this is vital in the approach to research of FN & Inuit people. In my experience of providing a program to FN communities, they are pretty tired of being researched. They know about their health issues and they want programs that support them in creating healthy communities and building community capacity. I think research for the sake of it doesn't cut it anymore. There has to be something for the community.

5. **Are you interested in being part of a collaborative research network interested in improving the oral health of Aboriginal peoples?**
    a. 14 participants indicated yes
    b. None said no.
    c. 1 participant indicated unsure

6. **Is there anything else that you would like to say?**
    - Well facilitated and nicely structured
    - Good workshop
    - Well done; good contacts made
    - Good to hear the views of those who are FN, Métis & Inuit, and to make sure definitions of these peoples are correct
    - I believe that the CDA should also be involved in this process. Their understanding around this issue may be able to support scaling up initiatives.
    - FNIHB needs to be involved too, but not over abundantly
    - Thank-you!
    - No

- Keep up the good work!
- Thanks for organizing
- Congrats for this very successful event.
- Great opportunity to network and identify priorities in research
- Excellent workshop
- A significant undertaking that created some great linkages
- Thank-you!
- Just that I really appreciated the opportunity to attend such a well-organized and enjoyable meeting
- This was a very well planned session, on a very important topic. Thank-you for including me.
- I thoroughly enjoyed my time at the workshop, even though I come from a service delivery perspective, rather than a research one.
- The venue was great and all arrangements were top notch.

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