Indigenous Maternal-Child Health & Wellness Gathering

June 24-26, 2024

Dakota Dunes Resort

Saskatoon, SK.

NCIM
NATIONAL COUNCIL of INDIGENOUS MIDWIVES

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PAUKTUUTIT INUIT WOMEN OF CANADA

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

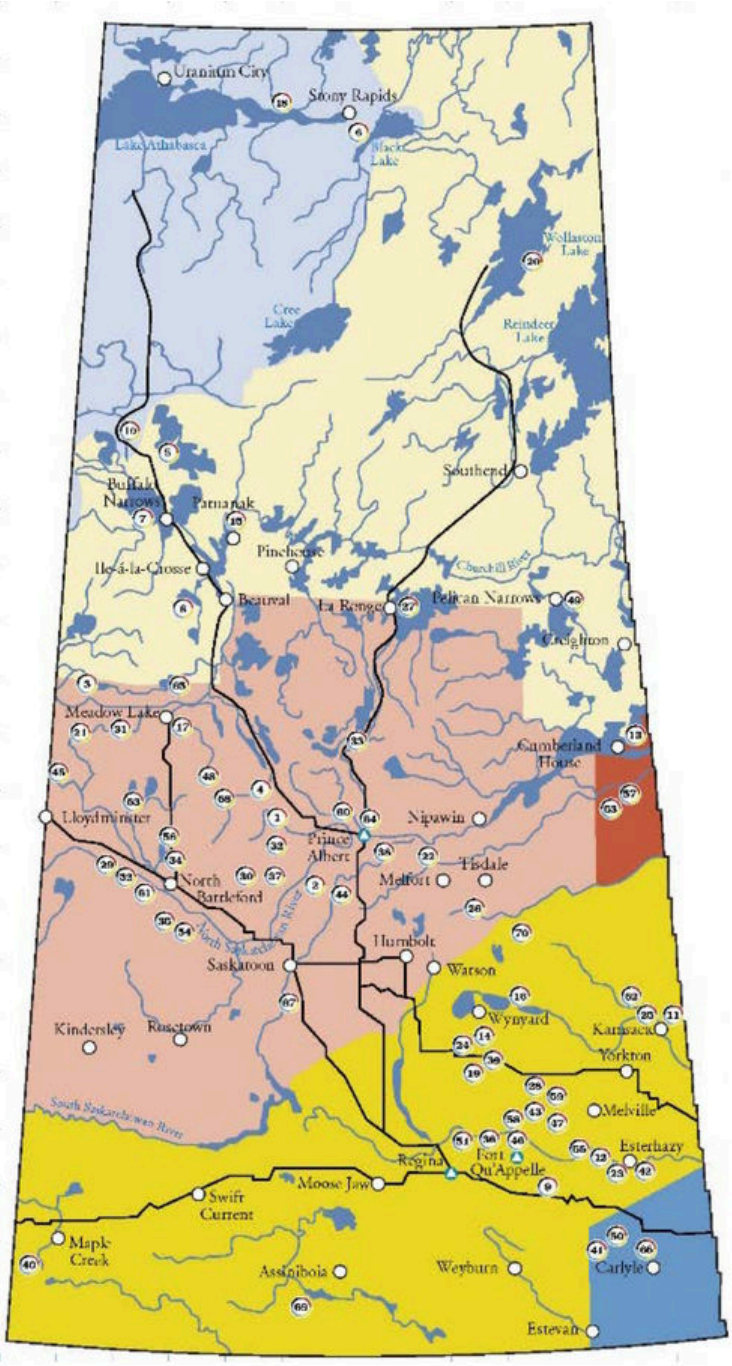
McMaster University

UNIVERSITY OF CALGARY

Western

SASKATCHEWAN

History of the land and peoples



I want to acknowledge that in Saskatchewan, we are on treaty land. These treaties serve to govern our relationships with Indigenous peoples.

We have come together today on Treaty 6 territory, which is the traditional territory of the Nehiyaw/Cree, Saulteaux, Stoney, Nakota, Dakota and the traditional homeland of the Métis. I want to thank and honour their traditional territories, lands, ancestors, peoples, communities and leaders for the opportunity to gather here today.

- Treaty 2: Nakota, Nehiyaw/Cree, Nahkawe/Saulteaux, and Dakota
- Treaty 4: Nehiyaw/Cree, Saulteaux, Dakota, Lakota, Nakota and formerly Blackfoot
- Treaty 5: Nehinaw/Cree, Nahkawe/Saulteaux
- Treaty 6 Cree, Saulteaux, Stoney, Nakota, Dakota
- Treaty 8: Dene
- Treaty 10: Cree, Dene
- 00 First Nations Communities
- Cities, Towns & Hamlets

DAKOTA

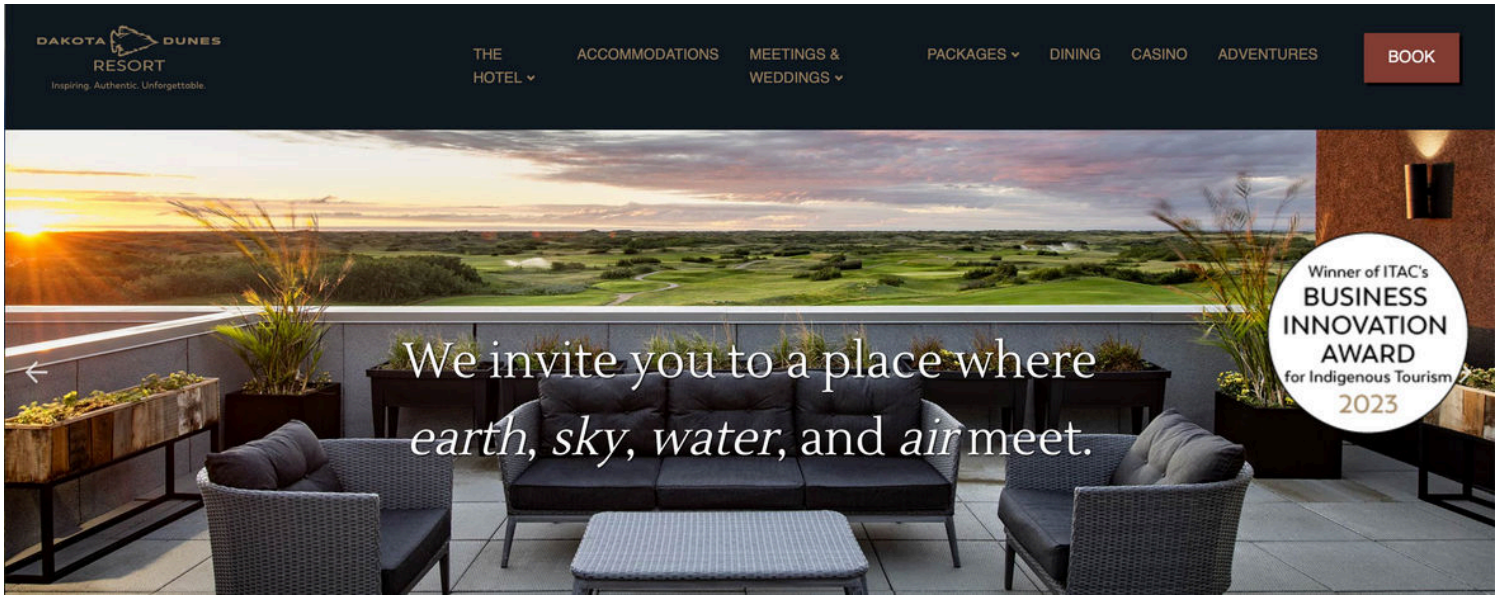
The Dakota is a nation of Indigenous peoples whose traditional lands span modern-day United States and Canada. Historically, the Dakota nation occupied a territory that included modern-day Wisconsin through Minnesota, and north to Ontario through to the Prairie Provinces.

The Dakota Nation relied on the tatanka – or buffalo. The tatanka provided the Dakota with many of the elements they needed to survive, such as food, shelter, clothing, tools and weapons. The tatanka holds great cultural significance to the essence of the Dakota People and is a prominent element in their teachings and cultural values.

The Dakota moved across their vast territory to secure resources for their communities. Dakota camps and trading areas were often situated along major waterways. As the Dakota travelled, they gave places names in the Dakota language. In Saskatchewan, these include Wakpa Min Te (North Saskatchewan River), Mini duz (South Saskatchewan River), and Wakpa O Ze Te, which refers to where the North Saskatchewan River and South Saskatchewan River meet.

The Dakota way of life emphasizes respect for others and the environment. The Dakota believe that peace and harmony are essential elements for relationships to living creatures and all of creation. The word "Dakota" means "friend" or "ally." Throughout history, the Dakota has a long history of relationship building with other Indigenous nations and with European newcomers.

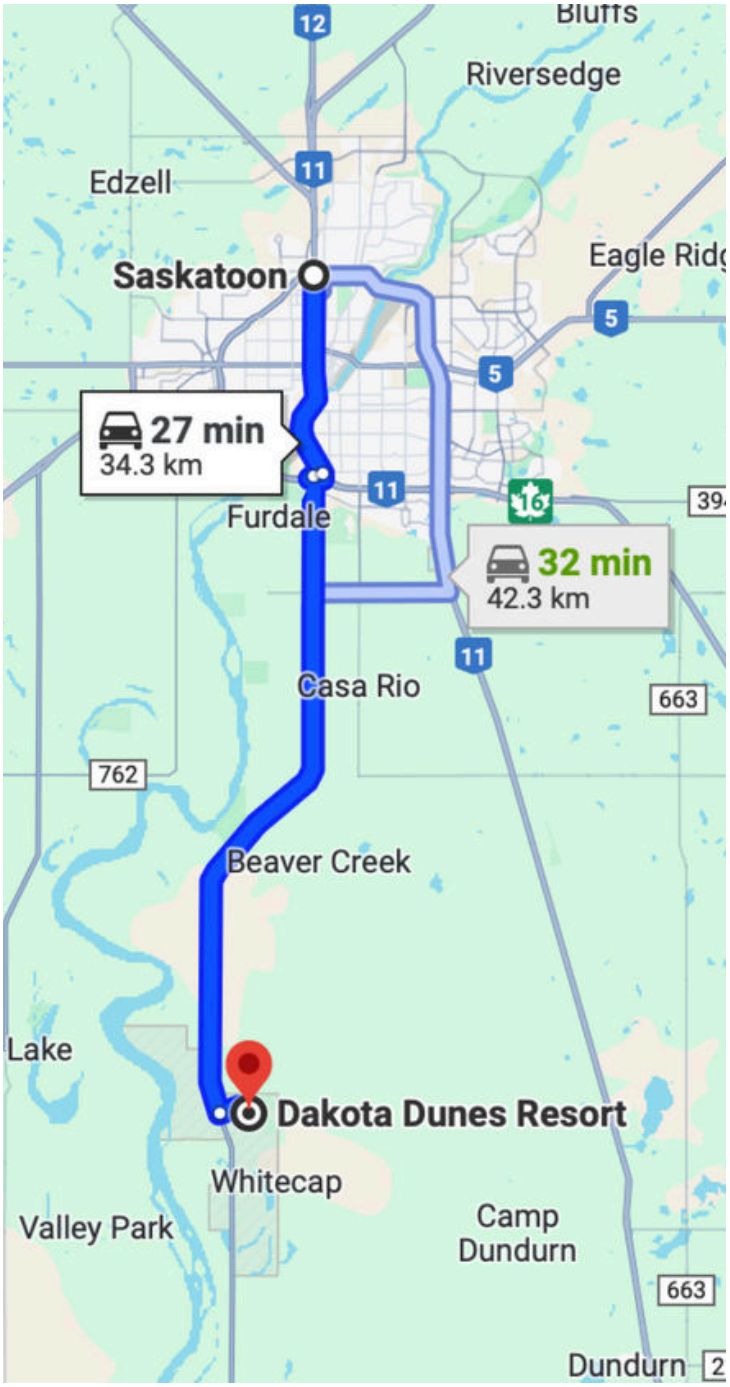
https://www.dakotadunesresort.com/our-story.php



DAKOTA DUNES RESORT

Inspiring. Authentic. Unforgettable.

Located on traditional Whitecap Dakota Territory, surrounded by gently rolling natural sand dunes, Dakota Dunes Resort is Saskatoon's first full-service resort experience. This 155-room resort is a tribute to its Indigenous heritage with its angular window trims and exterior wood panels echoing the traditional tipi. Please take a taxi from the airport ot hte hotel :)



SPIRIT & INTENT

Aniin Boozhoo, greetings everyone.

We are so excited that you have accepted our invitation to gather for our second Indigenous Maternal Child Health and Wellness Gathering. We cannot wait to see you!

The purpose of this gathering is to bring together people, communities, leaders, students, artists, philosophers, dreamers, singers, educators, birth workers, researchers, Elders, Knowledge Keepers and Sharers… to reflect on the current state of First Nations, Métis, and Inuit maternal-child health and wellness. We are so honored that you have taken time away from your families, communities, busy schedules, and many commitments to share these few days together.

The purpose of our gathering is to:

- **SHARE** our research findings from our three year Canadian Institute of Health Research (CIHR) grant: "Assessing the Economic Costs of Obstetric Evacuation and the Social-Cultural Benefits of Indigenous Midwifery." We have much to share.
- Bring people together and strengthen **RELATIONSHIPS** and **CONVERSATIONS**.
- **CELEBRATE**, honour, and appreciate the contributions of all participants for their love, hard work, and strength through an opening /closing ceremony.
- **CONNECT** and share threads that weave us together and create opportunities for support and collaboration.
- **SEEK DIRECTION & INPUT**, on maternal-child health by having the generosity and curiosity of spirit to listen, gift, share, and continually learn.
- Have **FUN**.

Please see our short but ambitious agenda below.

Thank you, che miigwetch for your attendance and participation!
We cannot wait to welcome you and hope you enjoy your time.
All my relations,

Jen Leason
Associate Professor, University of Calgary
CIHR, Canada Research Chair Tier II Indigenous Maternal Child Wellness

AGENDA

SUNDAY, JUNE 23: CHECK-IN & ARRIVAL DAY

MONDAY JUNE 24: OPENING

8:00-9:00	Breakfast
9:00-9:30	Elder Opening & Welcome to the Territory
9:30-10:00	Opening Remarks & Overview of the Gathering
10:00-10:30	Morning Break
10:00-11:00	Introductions: Web Exercise
11:00-12:00	Teaching
12:00-1:00	Lunch
1:00-3:00	Celebration Ceremony
3:00-3:30.	Afternoon Break
3:30-5:00	Medicine Pouch Making & Visiting
6:00-9:00	Dinner
8:00-10:00	Dakota Star Gazing & Star Stories

Indigenous Maternal Child Wellness Gathering, Kananaskis Alberta, 2022.

AGENDA

TUESDAY JUNE 25: RESEARCH FINDINGS

ASSESSING ECONOMIC COSTS OF OBSTETRIC EVACUATION & SOCIAL-CULTURAL BENEFITS OF INDIGENOUS MIDWIFERY.

Funded by the Canadian Institute of Health Research

CIHR IRSC
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

8:00-9:00 Breakfast

9:00-10:00 Context: Jen Leason

9:00-9:15 History of Indigenous Perinatal Health and Midwifery

9:15-9:45 Where are we right now? Literature and Scoping Review: What we know; what we don't.
Perinatal Health Indicators & Measures: Jen Leason
Economic Analyses: Majd Radhaa/ Aisha Twalibu
Indigenous Midwifery: Arielle Perrotta

9:45-10:00. Show me the money! and PROVE it. How the research came to be: Carol Couchie

10:00-11:00 Overview of the Project: Jen Leason & Claire Dion Fletcher

10:00-10:15 Theoretical Lens and Approach

10:15-10:30 Methods

10:30-10:45 Challenges

10:45-11:00 Relational Governance and Framework

11:00-12:00 Quantitative Findings (Economics/Cost): Ava J-B, Majd Radha, Aisha Twalibu, Krista Gorham

11:00-11:15 Overview of Economic Analysis: Ava John Baptiste

11:15-11:30 NIHB information: Krista Gorham

11:30-11:45 GIS Analyses: Negin Rouhi

11:45-12:00 Cost Modeling: Majd Radhaa

12:00-1:00. Lunch

1:00-2:00 Quantitative Findings (Perinatal Health Data)

1:00-1:15 Overview of BORN/MAM-BABY, DAD: Liz Darling

1:15-1:45 Navigating FN Community Data: Diane Simon

1:45-2:00 ICES application Overview of anticipated findings: Liz, Ava, Diane

2:00-3:00 Inuit Midwifery Forum

2:00-2:15 Overview of Inuit Midwifery

2:15-2:45 Community Engagement: Inuit Midwifery Forum Overview

2:45-3:00 Findings & Implementation

3:00-3:30 Afternoon Break

3:30-4:30 Qualitative Findings (Indigenous Midwifery Digital Stories)

3:30- 3:45 Methodology: Claire Dion Fletcher

3:45-4:30 Sharing: Story Tellers

4:30-5:00 GAPS & Next Steps

4:30-4:45 FN/M/I perinatal surveillance and data needs
Current indicators do not capture definitions of community wellness.
Excluded populations (Métis, Inuit, non-status, jurisdictional issues)
Data infrastructure sovereignty: need for FNMI servers, capacity & governance.

4:45-5:00 Indicators and Costs Comparisons

- Estimates based on publicly available information.
- Actuals based on BORN analyses.

5:00-5:30 So what and now what?

5:00-5:30 Knowledge Translation & Dissemination

5:30: Closing

AGENDA

WEDNESDAY JUNE 26: INCEPTION MEETING

8:00-9:00 Breakfast
9:00-10:30 Matriarchal Wisdom Panel: Hopes & Dreams for Maternal-Child Health
10:30-12:00 One Child Every Child
- 10:30-11:00 Canadian Foundation for Research Excellence
- 11:00-11:30 Strategy & 4 Directions
- 11:30-12:00 Thoughts, Insights & Recommendations

12:00-1:00 Lunch
1:00-4:00 Conversations
4:00-5:00 Closing
- 4:00-4:30 Rappateaurs Summary
- 4:30-5:00 Closing Remarks

Follow up in 4 weeks

RIGHT RELATIONS AGREEMENT

LOVE	**Approach the conversations, each other, and the community from a place of love and caring.**
RESPECT	**Be open and listen to each other as we explore conversations that are greater than all of us as individuals. Contribute to respectful environments.**
HUMILITY	**Acknowledge that struggles are different for everyone; use your best judgment and approach each interaction with kindness.**
COURAGE	**Not all conversations or interactions are easy and explore truths in an open space with an open mind and heart.**
WISDOM	**Be open to learning and listening to one another. Contribute your thoughts, ideas, emotions, and experiences to help build collective wisdom that encourages growth and transformation.**
HONESTY	**Take time to reflect on Individual experiences together and honor the silence as people take time and space to consider the questions and topics of discussion.**
TRUTH	**Approach what lies beneath the surface with an open mind. Speak your truth with an open heart.**

ACCESSING ECONOMIC COSTS & SOCIAL-CULTURAL BENEFITS OF INDIGENOUS MIDWIFERY

Evelyn Good Striker

Evelyn Good Striker, B. Ed., M.Ed. is a Lakota Dakota from Standing Buffalo First Nation, SK. and Cheyenne River Sioux Tribe in South Dakota. Evelyn is Dr. Leason's CIHR, Elder CRC Co-Chair. Through her role, Elder Evelyn will enrich the research by serving as an advisor. Her expertise is Indigenous epistemologies (sharing traditional knowledge and Indigenous wisdom) and methodologies (storytelling and ceremony).

Jennifer Leason, PhD

Dr. Jen Leason (off-reserve member of Minegoozibe Anishinaabe, Pine Creek First Nation, MN.) is a Canadian Institute of Health Research (CIHR), Canada Research Chair in Indigenous Maternal Child Wellness, and an Associate Professor at the University of Calgary. Dr. Leason is also an artist, poet, and activist who utilizes her work and talents to highlight Indigenous perinatal health disparities and inequities across Canada.

Carol Couchie

Ms Couchie is a Member of Nibising First Nation. A mother of two daughters and grandmother to many. Graduating from X University in 1998 she worked as a midwife for over twenty years in Ontario, Manitoba and Quebec. She has advocated for equality of health care delivery for Indigenous families and communities throughout her time as aprimary healthcare provider. She now has taken on a leadership role in midwifery educationat a national and provincial level through her work at the National Aboriginal Council of Midwives and the Association of Ontario Midwives.

Claire Dion Fletcher

Claire Dion Fletcher(she/her)is an Indigenous (Lenape-Potawatomi) and mixed settler. Registered Midwife practicing at Seventh Generation Midwives Toronto.She is presently co-chair of the National Aboriginal Council of Midwives and Assistant Professor the Ryerson Midwifery Education Programin Toronto. Her teaching focuses on Indigenous midwifery and social justice issues. Claire is deeply committed to increasing diversity in the midwifery profession through Indigenous-led education.She completed her Master of Arts in Gender, Feminist and Women's Studies at York University where her research focused on decolonized health care and Indigenous midwifery.Claire is committed to reproductive justice and Indigenous feminisms and how these frameworks shape midwifery education and practice. She is an adoring Auntie to her niece and nephews

Dr. Ava John-Baptiste

Dr.John-Baptiste is an Associate Professor in the Departments of Epidemiology and Biostatistics, Anesthesia & Perioperative Medicine, and the Schulich Interfaculty Program in Public Health. Dr. John-Baptiste conducts research on public health, community-based interventions, and peri-operative services. Her current research interests include economic evaluation of public health and community-based interventions. Dr.John-Baptiste brings to the project expertise in cost-analysis, evidence synthesis, decision modeling, economic evaluation and the linkage and analysis of administrative and clinical databases. She will be leading the economic methodology and analysis

Brenda Epoo

Midwife in Inukjuak, Education Coordinator for Inuulitsivik Midwifery Services. Co-Chair for NACM with Claire, BOD of Puauktutit Women Group Did my Midifery training in my community in my own language and culture.

Dr. Elizabeth Darling

Dr. Liz Darling is the Assistant Dean of Midwifery at McMaster University. Her qualifications include an Honours BArtsSc (McMaster), aBHSc Midwifery (McMaster), an MSc in Health Research Methodology (McMaster), and a PhDin Population Health (Ottawa). Dr. Darling worked as a registered midwife in North York and Ottawa before joining McMaster. She currently holds a CIHR Early Career Investigator Award in Maternal, Reproductive, Child and Youth Health that supports research on expanded midwifery care models in Ontario.

Ellen Blais

Ellen Kanika Tsi Tsa Blais is from the Oneida Nation of the Thames. As an Indigenous adoptee, Ellen believes in the reclamation, resurgence and revitalization of Indigenous midwifery including birth practices and ceremony as integral to the health of Indigenous communities and nations. Ellen graduated from the midwifery program at Ryerson University in 2006. She currently works as the Director, Indigenous Midwifery at the Association of Ontario Midwives. The Indigenous midwifery team at the AOM focuses on the call from Indigenous communities to “Bring Birth Home!” Under her leadership, Ontario now has over 9 Indigenous midwifery programs core funded by the Ministry of Health to serve Indigenous communities, in remote, rural and urban locations.

Dr. Karen Lawford, PhD

Dr. Karen Lawford (Namegosibiing, Lac Seul First Nation, Treaty 3) is an Associate Professor in Midwifery Education Program in the Department of Obstetrics and Gynaecologists at McMaster University. She is the first registered midwife and Indigenous midwife in Canada to obtain a doctoral degree and hold a university appointment. She advocates for maternity care that allows community members to give birth in their communities and on the land.

Diane Simon -Ph.D. Student

Diane Simon is a Mi'kmaw midwife and a registered member of the Mi'kmaq Nation (Fort Folly First Nation). She holds a BHSc in Midwifery as well as a Master of Public Health (MPH) from the Dalla Lana School of Public Health (University of Toronto) with a collaborative specialization in Health Policy. She is a community-based researcher, an established community activist and an avid runner. She will be starting her PhD in Health Research Methodology at McMaster University this fall.

Jennifer Murray -Ph.D. Candidate

Jen is a settler of mixed European ancestry from Stó:lō traditional territory (otherwise known as Abbotsford, British Columbia) and currently resides on unceded Coast Salish Territories. Jen is a PhD Candidate at the School of Population and Public Health at the University of British Columbia. Using community-based research methods, Jen is working in Quw'utsun territory to understand how to prevent an elevated rate of preterm birth in the community. Jen enjoys being in the mountains and family time, especially time with her two nieces.

Majd Radhaa

Majd completed his Master's in Epidemiology and Biostatistics at Western University, under the supervision of Dr. Ava John-Baptiste. He holds a Bachelor's in Epidemiology and Biostatistics from Western University. He is currently a research assistant with Dr. Ava John Baptiste and will be supporting the ICES application. His research interests include health economics, health services research, and clinical trials.

Aisha Twalibu

Aisha Twalibuis a global health researcher and social development practitioner. Before joiningUniversity of Western Ontario, she was an independent research consultant with Institute forInternational Programs at Johns Hopkins University, Global Alliance fo r ImprovedNutrition (GAIN) andInternational Food Policy Research Institute (IFPRI). Previously she worked for Save the Children whereshe coordinated the Nutrition Embedded Evaluation Project (NEEP) and its impact evaluation in Malawi.She is also a Global HealthCorps alumnus. She holds an MSc in Global Health Implementation and aBachelor of Science in Statistics and Demography from the University of Malawi.

Shayla Scott

Shayla is an Urban Indigenous with northern ancestry, primarily Inuit, mixed European, and Cree-Métis.She holds an Honours Degree in Medical Biophysics from Western University where she completea two-year microvascular blood flow thesis. Shayla also holds a certificate in Patient and Community EngagedResearch (PaCER). In Shayla's previous role at the University of Calgary, she worked in Indigenous Healthresearch administration. Now, with Pauktuutit Inuit Women of Canada, Shayla is a project coordinatorwith the Sexual Health file, comprising the Sexual Health Network, CheckUp!, and various Midwiferyprojects

Reyna Uriate

Reyna Marie Cupper Uriarte is the department manager of the Health Policy and Programs at Pauktuutit Inuit Women of Canada. She is of Scottish, English, and Philippino Indigenous ancestry and completed her master's degree at Saint Paul's University in Conflict Studies, with a focus on feminist gender analysis and social justice. Working previously at international development, and gender and sex rights advocacy organizations, Reyna Marie has worked in the field of social justice and development for over a decade.

Dr. Tom Wong
Krista Gorham
Lesly Ann Rebong
Diane Biron
Robyn Boychuck
Alana Vadneau

Dr. Janet Smylie

Dr. Smylie is the Director of the Well Living House Action Research Centre for Indigenous Infant, Child, and Family Health and Wellbeing, Tier 1 Canada Research Chair in Advancing Generative Health Services for Indigenous Populations in Canada, and Professor at the Dalla Lana School of Public Health, University of Toronto. Dr. Smylie's research focuses on addressing Indigenous health inequities in partnership with Indigenous communities. She is particularly focused on ensuring all First Nations, Inuit, and Métis peoples are counted into health policy and planning wherever they live in ways that make sense to them; addressing anti-Indigenous racism in health services; and advancing community-rooted innovations in health services for Indigenous populations. She maintains a part-time clinical practice at Seventh Generation Midwives Toronto and has practiced and taught family medicine in a variety of Indigenous communities both urban and rural. A Métis woman, Dr. Smylie acknowledges her family, traditional teachers, and ceremonial lodge.

Sepideh Javadi

Sepideh Javadi served as a GIS supporter and research assistant at the University of Calgary from 2020-2022. She entered the University of Calgary as an MGIS student of the Department of Geography in 2019. Sepideh has a bachelor's degree in urban planning engineering, and a master's in urban design

Negin Rouhi

Negin Rouhi served as a GIS supporter and research assistant at the University of Calgary from 2021 to 2023 and is currently a GIS Analyst with the City of Calgary. Negin holds a Master's degree in Geographic Information Systems (MGIS) from the University of Calgary, the Department of Geography, where she also earned a master's degree in urban planning and design. Throughout her academic journey, Negin's exceptional skills and dedication were recognized with the prestigious Transformative Talent Internships award.

EAST

What is the current state of FN/M/I child health?

Where are we right now?

Colonization, disrupted; no action happening within the system - action makes the difference; in need of addressing the gaps.
Tears; food insecurity; unprotected; language; health inequities.
Connectedness; return to sacredness; hope; advocacy reform; reconnected to sacred teachings (where we want to be).
Sitting in this space; fire = colonization and clearing the landscapes and the seeds are the kids and the fire weed covers the landscape to make it fertile again and the sun represents hope for rebirth and growth.
Child and elder: relationships are disrupted, but we also have those that are uplifting each other where the children are teachings the elders and the elders are teaching the children; learning from the youth.
People being trapped/separated and breaking out and helping one another to break the barriers and the gaps; healing and find each other; going to the past to find a way forward, returning to our children to show us the way.

SOUTH

What are your hopes and dreams for our mothers, children, families, communities, and those yet to come?

Hope; compassion; abundance; safety; courage; determination; safety; water; love; matriarch; justice; culture; no longer being afraid; on the land/ connection to land; sacred medicines; pride.
Nourishment; growth; returning to the land and the culture; putting roots back into the earth; love; diversity in midwifery; community nourishment/diversity; having the opportunity to progress the work within communities.
Peace; love; joy; feeling cared for; wellbeing; to never forget so it does not happen again.
Being and relations full of life and love; being connected; new growth/new life; healing; returning and upholding all life and honouring life affirming practices (all life not just human life)
Return to our teachings; better understanding of our traditional knowledge systems; understanding our roles and responsibilities; having respect for diversity; allowing the truth of who we are to come out; community respect.

WEST

What are the gaps and/or barriers that stand in our way?

Ourselves - lack of faith/ healing/ self-reflection/ community/ support.
Lost knowledge/ lack of relationship to the land; systemic barriers that look as if they are helping but are not; the lack of understanding from the system.
Not knowing how to help/ which path to walk ; not knowing all the barriers that are in the way.
Systems that devalue us and our knowledge and thrive off our staying small; fear; shame; stuck in old patterns; forgetting we have each other; losing trust/hope; burnout; neglecting/forgetting our responsibilities.
Government; funding; state; patriarchal egos; disrespect for matriarchal leaders; respect; institutions; trauma; true accountability; trauma led perspective; leaders that are not willing to help/share; no one inserting accountability; inequities; lack of support for those that are doing the work to make the change; lack of help; having to break ties to move forward

NORTH

What are our strengths and/or gifts?

Ceremony; love; sacred teachings; truth and strength; relations; wisdom; sacred medicines; scared fires; humility; courage; ancestors; elders and knowledge keepers; mother earth; water

Love; commitment; shared visions; understanding; perceive; trust; focus; strength; learning from each other; engagement

Speaking from the heart; courage to share who we really are; upholding our spirits and voices on our journey.

Ceremonies; children; songs; dreaming; our world and those around us; the land.

Togetherness and willing to rebuild.

Connection and mutual understanding; providing good care to those who give birth; returning to the great mother; community.


Thank you!
Safe travels home.
We look forward to seeing you in 2025.