

**Grand Council Treaty #3
Diabetes Blended Learning Training
June 10-13, 2013
Falcon Lake, Manitoba**

Summary Report



Saint Elizabeth

Well beyond health care

Author: The Saint Elizabeth First Nations, Inuit, and Métis Program

In partnership with Grand Council Treaty #3 Health Council and
Transamerica Life Canada



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Summary Report

Acknowledgements

We would like to acknowledge the Land and those whose traditional territory that the training took place in, the Shoal Lake Anishinabe.

With deep gratitude we acknowledge Elders Sam Gibbons and Jane Powassin who played an integral role in creating an atmosphere that was supportive, respectful and inspiring, along with the Shoal Lake drummers who opened and closed each day with songs that lead us in a good way throughout the training.



Background and Overview

Discussions between Treaty #3 Health Council and the Saint Elizabeth First Nations, Inuit and Métis Program began early in the spring of 2012 regarding training needs for health care providers, mainly the community diabetes workers. It was identified by the Grand Council Treaty #3 (GCT3) Health Council that communities wanted culturally appropriate, accessible, and affordable diabetes education that reflects local customs, traditions, and beliefs.

The Saint Elizabeth First Nations, Inuit and Métis (FNIM) Program approached the Saint Elizabeth Foundation, in partnership with GCT3, for funding to address this need and received funding from Transamerica Life Canada to deliver training for community diabetes workers in the Treaty #3 communities.

This collaboration represents the commitment of Saint Elizabeth's First Nations, Inuit and Métis Program to work in partnership with communities and organizations to understand and solve complex health care issues, improve access and address barriers to care.

Identified Need

A learning needs assessment (Appendix 1) was conducted with the GCT3 community health care providers to guide planning for the training workshop. With 24 respondents providing feedback, the following responses to the question "What kind of education or training have you had in Diabetes?" suggest that the community based health care providers had limited formal education around Diabetes:

- 26.1% no training
- 56.5% participated in self-learning or reading materials
- 30.4% received employer in-service
- 8.7% accessed the @YourSide Colleague® Diabetes Circle of Care Course *
- 13% participated in an on-line course
- 8.7% completed college course
- 4.3% had received CDE certification

*The Saint Elizabeth FNIM Program provides over 12 professional development courses on our award winning e-learning platform, @Yourside Colleague (aYSC) at no cost to FNIM communities, for more information on the courses visit www.atyourside.ca

Learning Needs

The learning needs assessment asked respondents to identify their Diabetes related education needs. The following list identifies the greatest learning needs based on a 5.0 scale rating (with 5 being the greatest learning need and 0 being no learning needs):

- Pathophysiology: 3.70
- Prevention: 4.00
- Nutrition: 3.83
- Exercise and Physical Activity: 3.70
- Diabetes Management (Self-management): 3.78
- Monitoring: 3.77
- Long Term Complications: 3.91
- Mental Health and Wellness: 3.78
- Health Promotion: 3.71

Approach

A blended learning model was delivered by Saint Elizabeth to twenty eight Treaty #3 community based workers, focused on the First Nation Diabetes Circle of Care course and the newly released 2013 Canadian Diabetes Association (CDA) Clinical Practice Guidelines (CPG). Based on the results from the learning needs survey, it was determined by mutual agreement among the partners that the best approach would be to offer a blended learning model using the @YourSide Colleague® First Nations Diabetes Circle of Care Course. The approach would consist of a combination of an in-person training utilizing the on-line learning platform as the core content to increase familiarity with the course and support transition to e-learning. The blended learning model was focused on enhancing knowledge in diabetes care while supporting an increase in the comfort level of community health care providers in accessing on-line learning. The training was designed to address this need in a manner that was both respectful and effective by including local traditional beliefs, perspectives and cultural practice which is critical for successful primary prevention, care and management of diabetes.

The training was titled “*Treaty #3 Food Sovereignty & Diabetes Prevention*”. The focus of this training was guided by the communities of Treaty #3. A training working group was organized for this initiative and membership included 4 representatives from the existing Treaty #3 Diabetes Strategy Working Group.

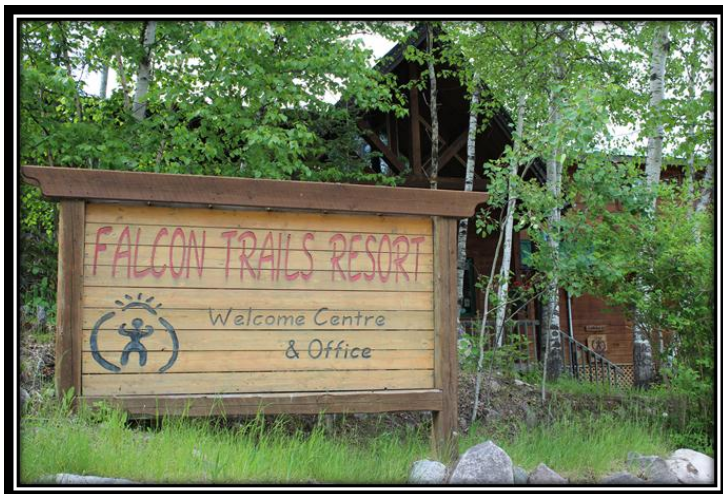
The working group worked with Saint Elizabeth to review and incorporate:

- Community Mobilization Training Content Recommendations. These recommendations came from the Treaty #3 Health council as training priorities which included local, and culturally appropriate education in the areas of diabetes and food sovereignty for the Treaty #3 communities.
- Treaty #3 Diabetes worker learning needs survey results that were conducted by Saint Elizabeth.
- The newly released 2013 Canadian Diabetes Association (CDA), Clinical Practice Guidelines for the prevention of Diabetes in Canada- Type 2 Diabetes in Aboriginal Peoples.

This information guided the development of the 4 day training session which was held June 10-13, 2013 in Falcon Lake, Manitoba.

The agenda (Appendix 2) was designed around capacity building in the areas of diabetes and food sovereignty and was based on those areas identified as greatest needs from the survey and working group. The sessions incorporated a mix of presentation styles (individual and group learning), along with fun activities to keep the participants engaged in the learning.

Overview of Grand Council Treaty #3 Diabetes Blended Learning Training



Miigwech for a great few days and the comfortable atmosphere. Presentations were great and reconnecting with nature was great for the mind and soul. ~ Participant

The training commenced with a welcoming message via Skype from Mr. Doug Brooks, President & CEO of Transamerica Life Canada. Transamerica Life Canada made this training possible with their generous donation. Transamerica Life Canada is improving the quality of Canadian's lives

by donating funds to charitable organizations dedicated to the prevention and elimination of heart disease, stroke, cancer and diabetes.



At the beginning and end of each day, as a part of local tradition and customs, a local Elder provided a prayer. As well, drummers from Shoal Lake provided a drum song to start and end each session in a good way. Participants were encouraged to share their expectations as well as identify group ground rules for the 4 day training. The expectations were consistent with the learning needs assessment and identified additional topics of interest around diabetes: traditional gardening and farming practices, role of traditional medicines, physical activity and healthy eating.

An overview of the topics and guest speakers can be viewed in Appendix 2. Glen Chenard, RN BHS c CDE® CCHN(C) CVAA(C) CHPCN(C), Advanced Practice Consultant – Chronic Disease Management/Saint Elizabeth, served as the training instructor for the clinical aspects of Diabetes as well as relating the various presentations to the 2013 CDA CPGs.

Facilitation support was provided by the FNIM Program Engagement Liaison. The FNIM staff provided the online training and assisted the participants in gaining aYSC accounts, increasing comfort levels in navigating the program and troubleshooting any potential technical difficulties experienced by participants. Health care providers followed the training using the 10 TELUS donated laptops, personal laptops, and netbooks provided by the FNIM Program.



I will be wallpapering my walls with certificates! ~ Participant

Evidence shows that the inclusion of local traditional beliefs, perspectives and cultural practice are critical for success in primary prevention, care and management of diabetes. The inclusion of local presenters was a key element of the approach for this training. For example; Elder Kaaren Dannenmann presented on the “Gifts of the Moose” which focused on the Teachings of traditional diets, cultural practices and respect for all our relations including the Land. Presenter Laura Horton and Elders Sam Gibbons and Jane Powassin shared teachings on traditional medicines from the Treaty #3 territory followed by a medicine walk. As well, Elder Lyna Hart, Tribal Home and Community Care Advisor and Acting Tribal Nursing Officer, presented on Traditional Lifestyles relating these traditional activities to a Compendium of Physical Activities, a coding scheme that classifies specific physical activity by rate of energy expenditure.



Very well organized. Appreciated the different presentations and how it was based on traditional and aboriginal ways. ~ Participant

Ending the 4 day session included a customary give away that included items for all participants to use when on the Land. A closing prayer and drum song were also conducted, sending participants home safely to their communities.

Presentations ~ Key Concepts

2013 Canadian Diabetes Association, Best Practice Guidelines, Presenter: Glen Chenard

- Overview of the issue “Diabetes in Canada and in Canada’s First Nation Peoples”
- Recognizing the care gap
- History and Overview of the CDA CPG
- Key changes in 2013
- Review of Chapter 38 “Type 2 Diabetes in Aboriginal Peoples”
- Review of Chapter 5 “Reducing the risk”
- A look at some CPG resources (print and online)
- Resources distributed and encouraged to share with communities

@Yourside Colleague Overview, Presenter: Marney Vermette

- Demonstration of @YourSide Colleague
- Accounts set up for @YourSide Colleague at www.atyourside.ca
- Review of @Yourside Colleague First Nation Diabetes Circle of Care Course (DCOC)
- DCOC will be updated with the newly released CDA BPG’s summer of 2013

Traditional Foods, Gifts from the Moose, Presenter: Kaaren Dannenmann

- Respect for the Land, mother earth and all her creations
- All parts of the moose were used, nothing was wasted e.g. bones and antlers were used for tools, hide used for clothing
- Traditional diets in the Treaty #3 area consisted of protein and fats with much less carbohydrates

Traditional Physical Activities, Presenter: Lyna Hart

- Dispel the myth that First Nations people live a sedentary life
- Traditional activities can be measured using the “The Compendium of Physical Activity” from University of South Carolina
- Examples of measureable traditional activities such as traditional dancing, fishing, drumming were reviewed

Willow basket making and Stories from the Land, Presenter: Elders Sam Gibbons, Jane Powassin, and Laura Horton

- Team building by supporting and encouraging each other
- Traditionally every family member played a role; from picking branches, peeling bark, soaking branches etc.
- Learning a new skill and the sharing of traditional activities

- Reinforcing oral teachings
- Teachings on teamwork, patience and hard work, not done for economic gain

Naapa'waakan Game, Presenter: Kaaren Dannenmann

- Respect for all creations. The game is made out of animal parts (bones, hide, and beaver tail) and is an example of how to show respect.
- A traditional game used to teach hand-eye coordination, patience, teamwork and the importance of encouragement
- Reinforcing oral teachings
- Traditionally the winner was titled lead hunter and provider for the community

Medicine Walk, Presenter: Elders Sam Gibbons, Jane Powassin, Laura Horton

- Respect for the Land and all her gifts
- Giving back with an offering when taking from the Land
- Examples of traditional medicines and uses shared
- Treaty #3 compendium of local traditional medicines shared, participants encouraged to add to the resource

Wholistic Farming, Presenter: Lisa Clouston

- Wholistic Management framework for farming principles and the humane and sustainable protocols as set out by the Harvest Moon Local Food Initiative
- Honouring ancestral ways through practice e.g. sharing circles on the Land, caring for and working for health of the land
- Biodiversity as opposed to mono-cropping and use of Monsanto chemicals
- Grass fed cattle as opposed to grain fed, no steroids, hormones or antibiotics used

Traditional Gardening, Presenter: Audrey Logan

- Historic, present-day and future applications of Indigenous Earth-based growing methods
- Story of the 7 Sisters used in traditional gardens
 - Tobacco – acts as a protector
 - Squash – can use to make flour
 - Beans
 - Corn
 - Sunflowers
 - Sun root (Jerusalem artichoke)- breaks up clay; works soil

Nishnawbe Aski Nation Food Policy Presenter: Joseph Leblanc

- Annual Food Security Symposium July 23-25th, 2013
- Strategy includes protection of traditional knowledge

- Food Assessment in all 49 communities to get baseline information and implications of strategy
- Create food hubs through partnerships
- Interested in collaborating with Treaty #3

When the Tide is Out, The Table is Set, Presenter: Fiona Devereaux RD

- Elders were asked what they would like to do around food in the region. Their response was to set the table and bring it to other nations. By following this teaching and bringing people together around food, there has been a revitalization of food teaching and knowledge transfer across generations
- Equally important has been the rise in the appreciation of Indigenous Foods and of the knowledge holders in each community
- Knowledge already exists in communities but as health professionals, it is their role to create opportunities for the sharing to occur
- Importance of sharing resources across the country

Genetically Modified Organisms (GMO) Presenter Christine Penner-Polle

- Genetically Engineered (GE) Salmon – would be the first ever GE animal approved for food consumption; potentially dangerous to ecosystem, other species etc.
- GE Wild Rice- U of MN has cracked the code to genetically engineer wild rice
- Patty Rive – modified to be farmed
- GMOs change the proteins in food which might contribute to allergies
- Bolivia has been fighting for a law protecting Mother Earth
- European Countries do not allow GMO foods
- Vancouver Island – GMO free- not allowed to grow crops of GMO foods

Preventing Childhood Obesity and Improving Child Nutrition, Presenter: Rebecca Rempel

- Create Connection: children need to develop understanding in what they do and how that impacts their health (i.e. what they eat and what that does in their body)
- Build Knowledge: Teach label reading; talk about nutrients and their roles; understand
- Pay Attention to Habits: HALT (hunger, anger, lonely, tired); understand the reasons why we eat
- Equipping: providing children with tools and skill to make healthy choices, prepare food for themselves

Tsyunhekw^ (Oneida name - life sustenance) Program, Presenter: Vicky Cornelius

- Cannery and Processing plant in community
- Can bring own produce, tools and use space to do own canning
- Also sell products
- Grow products to can (i.e. farm land and apple orchard)
- Original set up costs were covered by Ball Corporation
- Certified Organic products – required testing of soils and criteria for all manure/fertilizer etc. That is used on products

- Need to find out community readiness and interest first – i.e. provide workshops on canning or host Community Kitchens
- Look at space required and equipment required – depends on the scale of operation and what you have available
- Look at growing their own fruit for making jams
- Look at connecting communities with accessing food supply from Oneida Market
- Provide Tours and training to interested partners / communities
- Use profits from sales to support Youth projects and sustain cannery

Evaluation Summary

A post-training evaluation survey (Appendix 3-5) was conducted at the end of each day and indicated an enhancement of knowledge in the area of Diabetes. The evaluation survey measured the intent to continue to utilize the @YourSide Colleague® First Nations Diabetes Circle of Care Course, the level of satisfaction with the training, and whether participant expectations were met and could apply this knowledge in their practice. The following is a list of participant comment highlights from the survey:

The level of information covered during the sessions was:

- GREAT PRESENTATIONS!!! Keep it up
- Very inspiring sessions.

The level of information covered during the sessions was:

- Good topics, good overlapping of info!
- I wouldn't change anything.

The length of each session was:

- Perfect!
- More time on traditional foods

I will be able to apply the knowledge learned in the sessions to my practice:

- I will explore ways of using all resources in a creative ways.
- So excited to share what I have learned.

I liked the on-line (computer) portions of the sessions?

- Something to look forward to.
- I will be wallpapering my walls with certificates!

I would be interested in attending trainings like this in the future?

- I hope there is more training like this.
- Traditional foods- GMO

What did you find most helpful or supportive about today's sessions?

- All info and presenters very interesting.
- Success stories from other communities.

What will you do with this information in your practice in your community?

- Share, share, share.
- Pass it along to the local staff so that they can use it as part of the KIDS IN THE KITCHEN.

What else would you like to know about today's topics?

- Traditional foods.
- Online training with Saint Elizabeth.

Do you have any general comments or feedback you would like to share?

- Good variety of topics and along spectrum- changes can make personally and on large scale- policy etc.
- Only that your roster of presenters was well balanced and thought provoking. Meegwetch!!!!
- "Thank you for the awesome conference...and the laptop – just to let you know I am hoping to donate it for a fundraiser for the Women of Courage program. Also, you should have seen the discussion of GMO's when I returned to the office...very interesting. Again, thank you for such an informative workshop!"

A commemorative photo learning journey for the Grand Council Treaty #3 Diabetes Blended Learning Training was created and shared with the participants.

http://youtu.be/wKau8oc_g5Y

Conclusion/Next Steps

Significant outcomes were achieved through investments in a blended approach and with the inclusion of traditions and culture. Relationships were formed, knowledge was enhanced and attitudes were changed in relation to food sovereignty, diabetes care and on-line learning. Knowledge sharing and exchange activities are underway in response to recommendations/suggestions from participants and a commitment circle was formed to ensure the training results in community level impact.

A commitment circle was completed at the end of the 4 day sessions to support knowledge to action in the participant's home communities. (Appendix 7) Below are some highlights from participant action items;

- Community garden- start small. Learning how to make it doable- circulate start-up information. Plant our really cool squash
- Traditional medicines- show community what medicines are growing in community.
- Youth on land programs- harvesting & hunting camps
- Community constitutions that include position on food sovereignty
- Share information & teachings with communities
- Develop a Treaty #3 food sovereignty education curriculum- and teach in our schools and daycares.
- SEHC food sovereignty online at your side colleague
- Share the clinical practice guidelines with health teams in community.

The FNIM Program Engagement Liaison will follow up with Treaty #3 training working group on commitment circle activities after 3 months of the training to determine knowledge to action results and offer further supports if required to meet commitments.

Knowledge sharing activities include a compendium of presentation and resources to be shared with participants and distributed through Treaty #3 working group for use at the community level as this was identified as a need during the training and in the evaluations. (Appendix 6) In addition the FNIM Program will develop an online First Nations Food Sovereignty Community of Learning (CoL) where communities across the country can share resources, ideas and strategies in this area.

The impact of this training will continue to be felt in the Treaty #3 communities and beyond. This approach has encouraged and promoted those who received the training to pass on their learning within their community. This meaningful approach to learning harnessed the collective wisdom and passion of health care providers to act as agents of change in their communities.



"We are all seeds of knowledge and like a wild strawberry plant...we will grow and spread knowledge to all our community members" Treaty #3