Anishnawbe Health Toronto

BIIM-MAA-SII-WIN

Diabetes Prevention Program

ODEZOOKAN MIIKAN ASSI

Evaluation Report

2018-2019

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Exploring the Journey

Chi Miigwetch (many thanks) for taking the time to honour our community and the program dedicated to the well-being of the urban Indigenous* community. The diabetes prevention program (DPP), has been given a traditional name or spirit name, *"Biim-Maa-Sii-Win"*, which means a way of life. The traditional spirit name is significant because within Indigenous way of life, it is the understanding that everything in creation has a name; the trees, the animals and even our diabetes prevention program. This name helps us to identify ourselves and communicate with our community members and the spirit of each thing in creation. It helps in strengthening our connection to our culture and the spirits that help us in our everyday work within our community. Our overall health goal is to provide equitable access to culturally sensitive diabetes prevention and management services for individuals that identify as Indigenous and their families across the lifespan. In order for our program to grow and increase our connection with community members, the Diabetes Prevention Program - *Biim-Maa-Sii-Win,* embarked on an evaluation piece that was multidimensional. For the 2018-2019 an evaluation method which focuses on qualitative data was used to ensure an Indigenous framework was used to highlight feedback on the program. The evaluation explored aspects of the self that went beyond the physical, by exploring the emotional, spiritual and mental being. It provides an illustration of the current health status of the urban Indigenous community and explores historical influences, aspects of trauma and other external influences that may not be visibly known to impact health. Previously, data for this report was collected from participants using two different methods. One was a pre and post program assessment questionnaire with the intent to measure behaviour change in individuals that completed the six week diabetes prevention workshop series, followed by sharing circles. A sharing circle is a participant-led, safe and inclusive practice which allows all those in the circle to share their thoughts and feedback. The significance of this practice is further explained on page 9 and 15. This year, due to challenges with collecting accurate information with the pre and post program assessment, we conducted sharing circles as the means to gather data from clients. These challenges are further explained on page 6.

*The term Indigenous is used throughout this report and is inclusive of First Nations, Inuit and Métis individuals.

Summary of Key Findings

The results are based on a total of 56 individuals who participated in five sharing circles.

Increased Knowledge

- The diabetes prevention workshop had a positive impact on the participants' knowledge with respect to what puts someone at risk for diabetes.
- Along with increased knowledge came confidence to make healthy lifestyle changes to decrease one's risk of developing diabetes.

Lifestyle Behaviour Change

- Almost 100% of participants expressed making some type of change to improve their health.

Challenges to Living a Healthier Lifestyle

- Stress and depression, followed by lack of motivation were commonly reported challenges to living a healthier lifestyle.

Attachment and Accessing Services

- Almost 50% of participants stated they had accessed community programs since attending a workshop.
- Access to community programs created a healthy community support network for participants.

Evaluation Project Methods

Diabetes in Our Community

The purpose of the evaluation is to recognize the ever-growing prevalence of diabetes within the Indigenous community (Reading, 2010) and assess the adequacy of services to address this epidemic. First Nations individuals living off-reserve have a prevalence rate of developing diabetes at 10.3% compared to 5% in the general population (Diabetes Canada, 2018). It is easy to see factors which put individuals at risk, but we limit the insight to understand *how* individuals and their families are coping with diabetes. The evaluation serves to improve and continue the way we show our support to manage this disease while caring for all aspects of health (physical, emotional, mental and spiritual) by way of outreach programs at Anishnawbe Health Toronto. The evaluation also places value on the importance of our program within the community by providing evidence of a need for continued investment in our team and our goals.

First Nations peoples have limited access to screening and treatment services (Brooks et al., 2013); the lack of or delayed blood sugar testing is thought to be connected to the rise in diabetes within this population. Less than 50% of at risk age groups (40+ and over) had been screened for diabetes in the last 12 months (First Nations Centre, 2005). Even though the risk age group is 40 and over; the onset is occurring at a much younger age and complications are becoming more severe (Health Canada, 2012; Oster et al., 2011; Shah, 2005). Indigenous children are already at risk as they possess the risk factor, high-risk ethnic group, therefore this age group should be screened for type 2 diabetes every 2 years (Diabetes Canada, 2018).

The evaluation mindfully incorporated the strengths of both Western and Indigenous approaches; well balanced with the accountability to funders with the inclusion of quantitative data and the spirituality and holism of sharing circles which contributed to our qualitative data. Just as diabetes education programs have to be adapted for the populations they serve, so does an evaluation. Evaluations must consider the challenges that First Nations, Métis and Inuit peoples have faced and continue to face with respect to evaluation, research and health care.

Using solely quantitative measures, such as telephone surveys and questionnaires, to determine success of a program is not ideal. Think only of a desk between participant and administrator, while a questionnaire is asked to be filled in or a random telephone call being received by a participant, asking for their knowledge; one can understand the distance created by these scenarios. This is a limitation to

our ability as health professionals to build relationships with our community members. Evaluation and research with Indigenous people needs to be relational first to build a foundation of safety and trust. Relationships need to be established in order to capture the knowledge that is being sought.

Major Finding

The sharing circles conducted this year provided valuable qualitative data and are culturally acceptable and welcomed by participants. Participants were more reflective with their answers, increasing the quality of the results.

Methodological Recommendation

Moving forward, the diabetes prevention program will continue to facilitate outcomes through conducting sharing circles. This cultural approach will be used as our main source of receiving feedback on the programs we offer.

Objectives

The following objectives were shared with a Traditional Healer to ensure our team was approaching the evaluation in a positive way with good intentions of helping our community meet their health needs. The objectives of this evaluation were to obtain feedback from clients on the quality of the Diabetes Prevention Program, specifically:

- Identify clients' improvements in health related to their mental, physical, emotional and/or spiritual well-being
- Identify clients' behaviour change after participation in the Diabetes Prevention Program
- Identify challenges and enablers of behaviour change

Further objectives of the evaluation were to:

- Explore the concept of attachment and un-attachment after someone is informed they are at risk of diabetes;
- Explore capacity building and ways to empower;
- Explore the barriers of mental/emotional health to wellness

Evaluation Design

This year our evaluation method was modified in order to be culturally appropriate for our clients and program. A qualitative sharing circle explored barriers to wellness, attachment to services and how an individual deals with this challenge, such as being at risk of developing diabetes.

Throughout all aspects of the evaluation, social support and community engagement was noted as being an enabler of wellness. The evaluation itself also served as a mechanism of community engagement and support wherein many participants expressed feeling good about the authentic engagement of the evaluation assistants. The community engagement and the knowledge gained in the diabetes workshops contributed to the participants feeling empowered.

Sharing Circles

The qualitative design employs the Indigenous evaluation method of sharing circles. The use of sharing circles in collecting data from Indigenous peoples has been used extensively in research and evaluation**.** Sharing circles are a common practice within our culture. These circles are participant- led and allow for knowledge sharing and support building for its members (Lavallée & Howard, 2011). It allows us to support the self-determination of our target population, where they can emphasize on their own learning needs. This provides an invaluable opportunity for us to share our knowledge with them and for them to share their lived experiences with us.

Sharing circles are similar to focus groups; the former brings in cultural ways of knowing. For instance, sharing circles typically involve a traditional opening, inviting the spirits and ancestors into the circle and end with a closing, thanking the spirits for their help. Sharing circles allow for each person (in sequence), to speak sometimes with the use of an eagle feather or other sacred objects. If a participant is not comfortable answering a specific question they may take the feather and pass it onward without a comment. The data in a sharing circle can be described as phenomenological inquiring, whereby we are seeking to understand the participants' lived experience. In a sharing circle, we capture the cultural nuances and the collective experience so the terminology, phenomenological inquiry is accurately reflected. Stated another way, focus groups capture individual stories whereas sharing circles capture the collective story. While the difference may be subtle, it is important to make this distinction. It is evident from the data collected in this report that the qualitative data was most valuable as it allowed participants to share their stores while overcoming the common barriers of western methods of data collection, such as misinterpretation of survey questions due to literacy levels or use of clinical terminology.

Sharing Circle Questions

The five sharing circles conducted throughout the year obtained feedback on what participants found helpful and what participants felt could be improved within the diabetes prevention program. In this recall by participants, we observed what they remembered most (learned) from the program. Sharing

circles also further explored any behavioural change and enablers of positive supportive change, as well as barriers that prevent people from attending groups or seeing health care practitioners. The sharing circle questions are different than the year before. There is no scale with regards to how content an individual is with the services offered by AHT, nor specific details of programming, like time and day of the week. This year, we wanted to ask four questions regarding: barriers on a community, empowerment or lack thereof, offering reflection of the self and whether the group has helped them as an individual or collectively – specifically related to emotional and spiritual health. Below are the sharing circle questions:

1. What is the most valuable skill or knowledge you have gained from participating in the Diabetes program? This can be related to your physical, mental, emotional or spiritual well-being.

2. Has this program motivated you to get help, and if so can you describe the help you have found? (i.e. have you connected with other services such as traditional, mental health services or health care)

3. What are some barriers (if any) preventing you from accessing programs and services offered by AHT?

4. What type of programming would you like to see offered by the Diabetes Program?

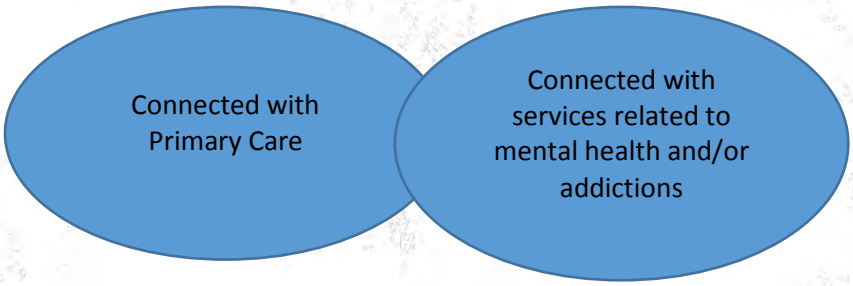
Culture Matters: Sharing Circle Results

Our approach to diabetes prevention is of a unique nature and we continue to focus on emotional health through culture and spirituality; similar to the emotional health needs expressed within the past evaluations. We are able to utilize the traditional services offered here at Anishnawbe Health Toronto to learn more about the traditional teachings. We have the opportunity to receive traditional teachings from Traditional Healers to apply them to our diabetes prevention programming we offer to our community members. We utilize teachings such as the Medicine Wheel teachings, the Anishnaabe Seven Grandfather teachings and offer ceremonies such as smudging and prayer at each of our sharing circles. It is with good intentions that we brought the questions to community members through offering of tobacco. In addition, with each sharing circle, we place importance on we are all equals; not one person sits ahead nor behind in the circle, we all sit together as equals.

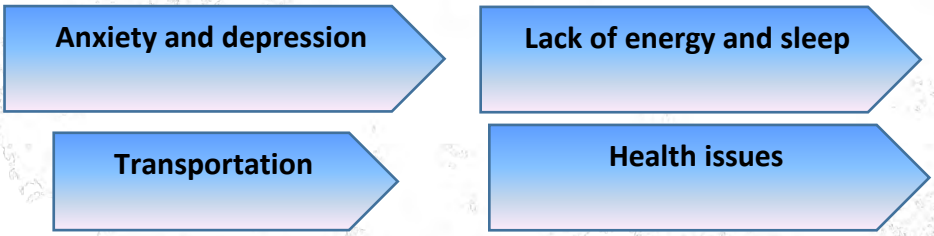
The answers to the first two questions were represented by overall themes to summarize the wealth of information and stories that were shared by community members, along with closing thoughts on the next page.

1) The most valuable skill/knowledge

2) Have you been motivated to get help



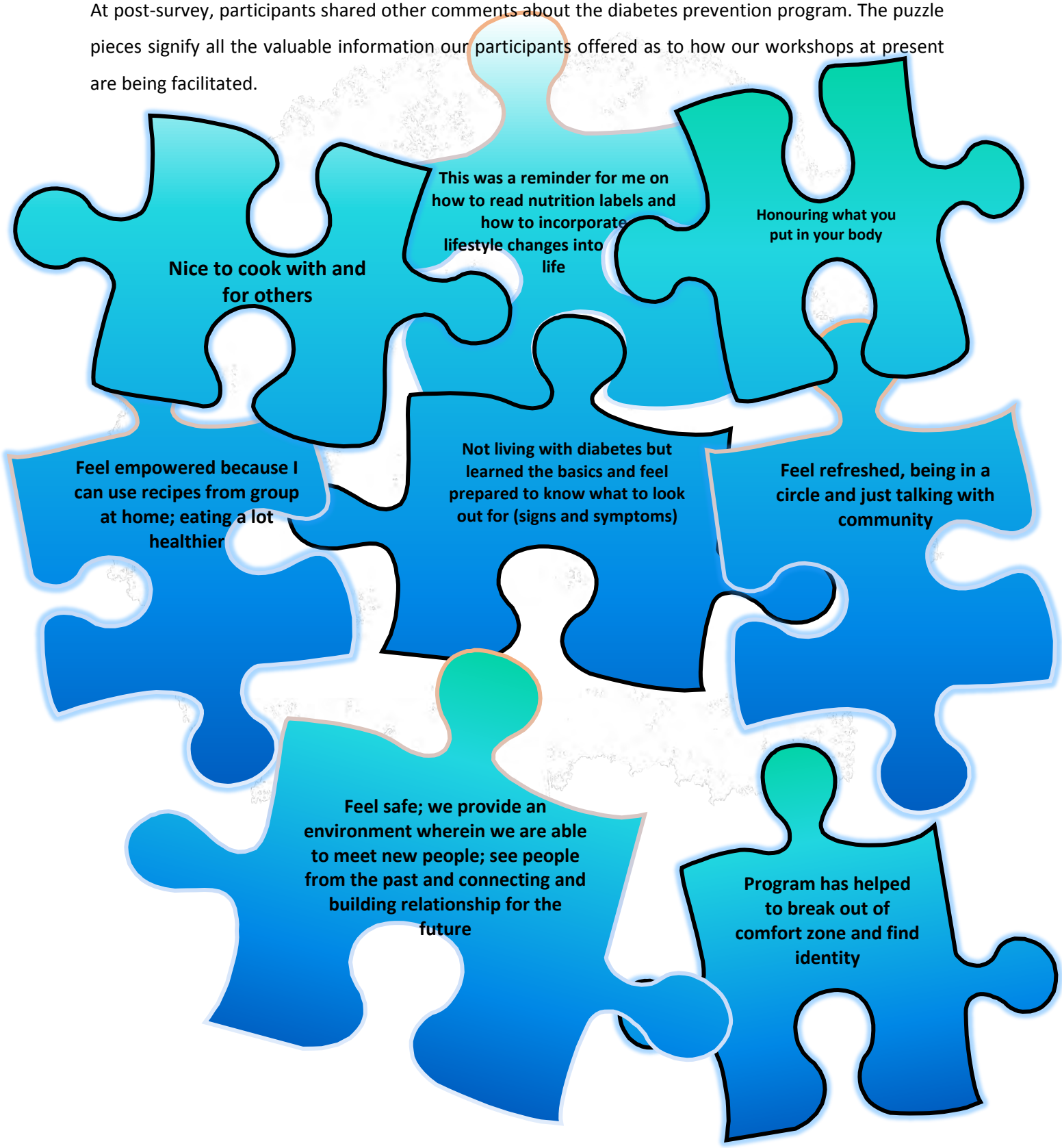
Qualitative Key Responses:



The qualitative responses above offer just a glimpse of the many lifestyle barriers that prevent individuals from improving their health. There can be a lack of responses within quantitative surveys and this is typically due to the question not resonating with participants. Often for some questions, providing a single-worded response does not serve the question justice and may be overwhelming for a participant to answer with just a check on a list of possible responses. Our sharing circles allow a more in-depth exploration of barriers within the community.

Closing Thoughts about the Diabetes Prevention Workshops

At post-survey, participants shared other comments about the diabetes prevention program. The puzzle pieces signify all the valuable information our participants offered as to how our workshops at present are being facilitated.

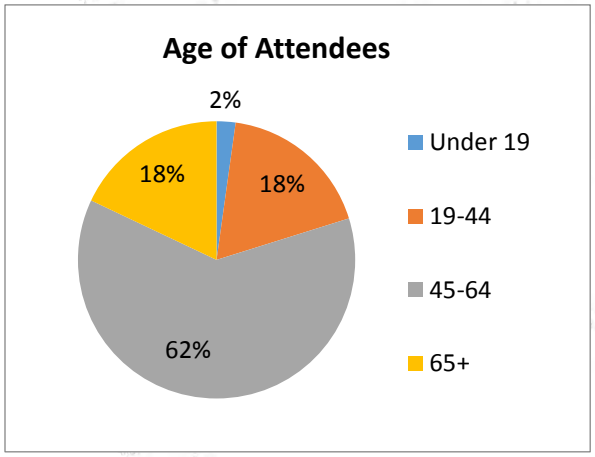


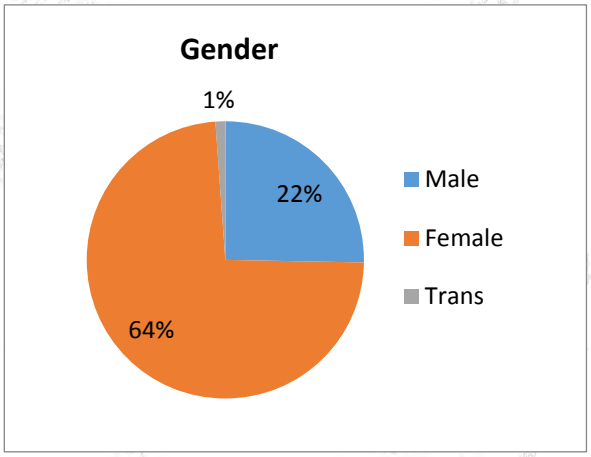
Drumming for Diabetes: Annual Social Event

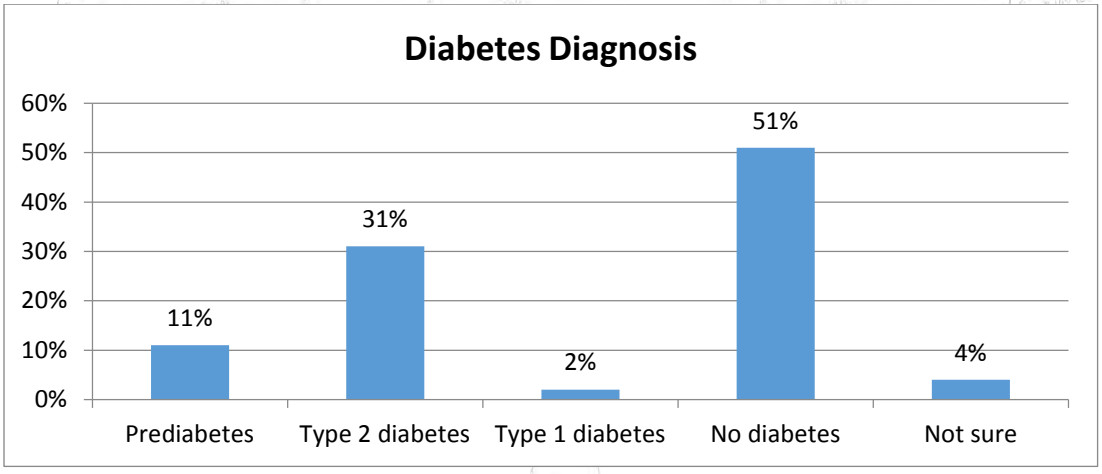
Every year our DPP and DEP teams host a social event to raise awareness of diabetes, offer diabetes screenings and offer a social event to allow community to come together and connect with others. This social includes a drum circle and dancing as well as a traditional healer whom offers teachings throughout the event.

This year close to 100 participants attended, which is substantially more than last year's attendance which was approximately 70 guests. Many came with family members and the team observed many generations of families present. 45 attendees completed feedback forms and the results were very positive.

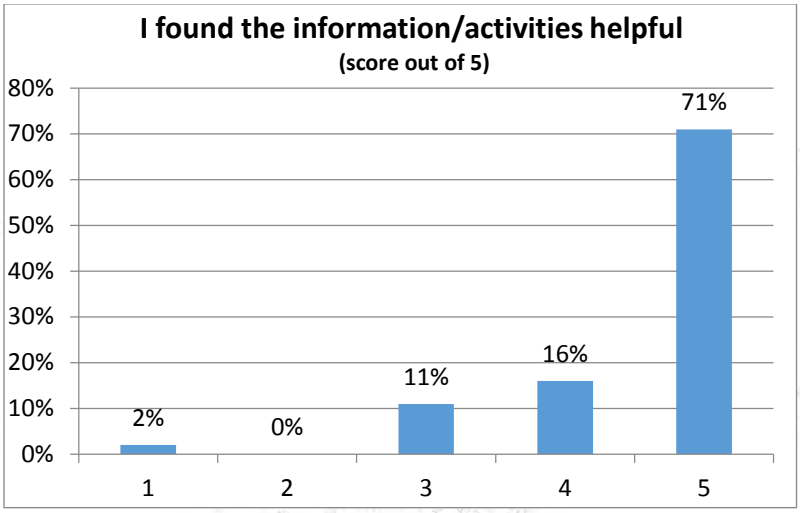
Demographics of attendees that completed the feedback form:

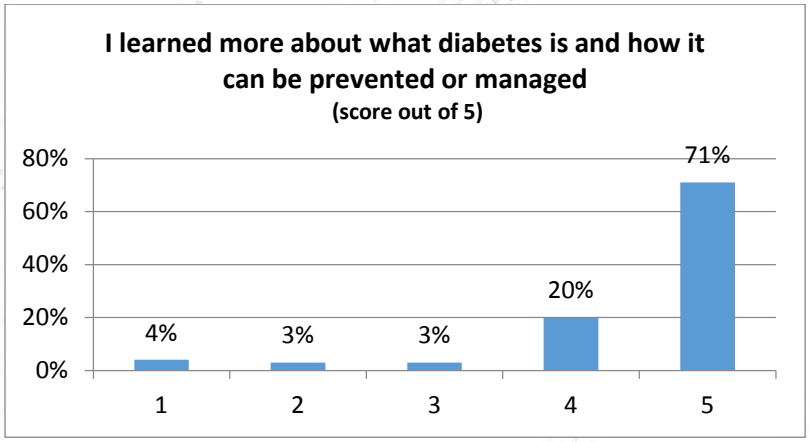


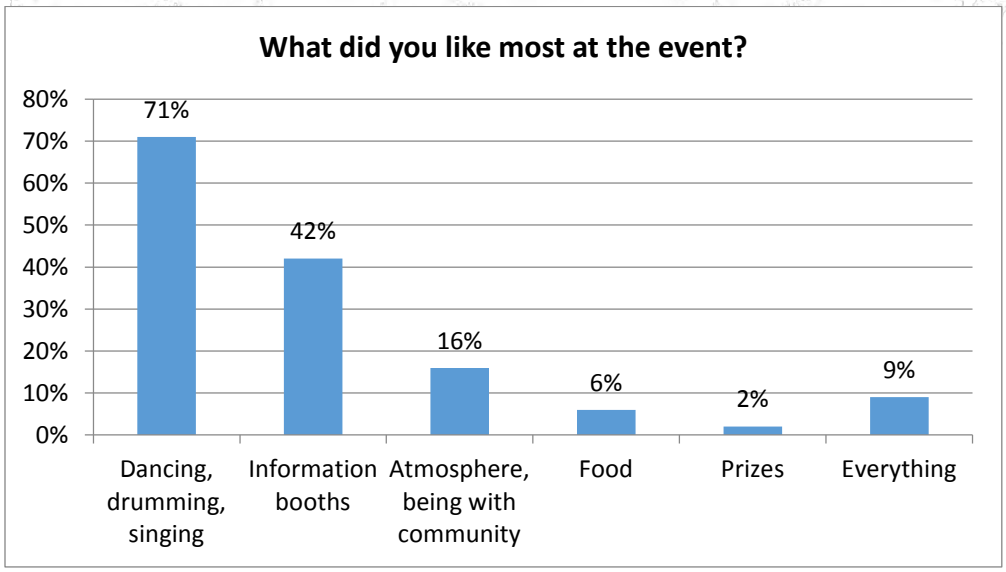




Feedback on the value of information provided during the event:



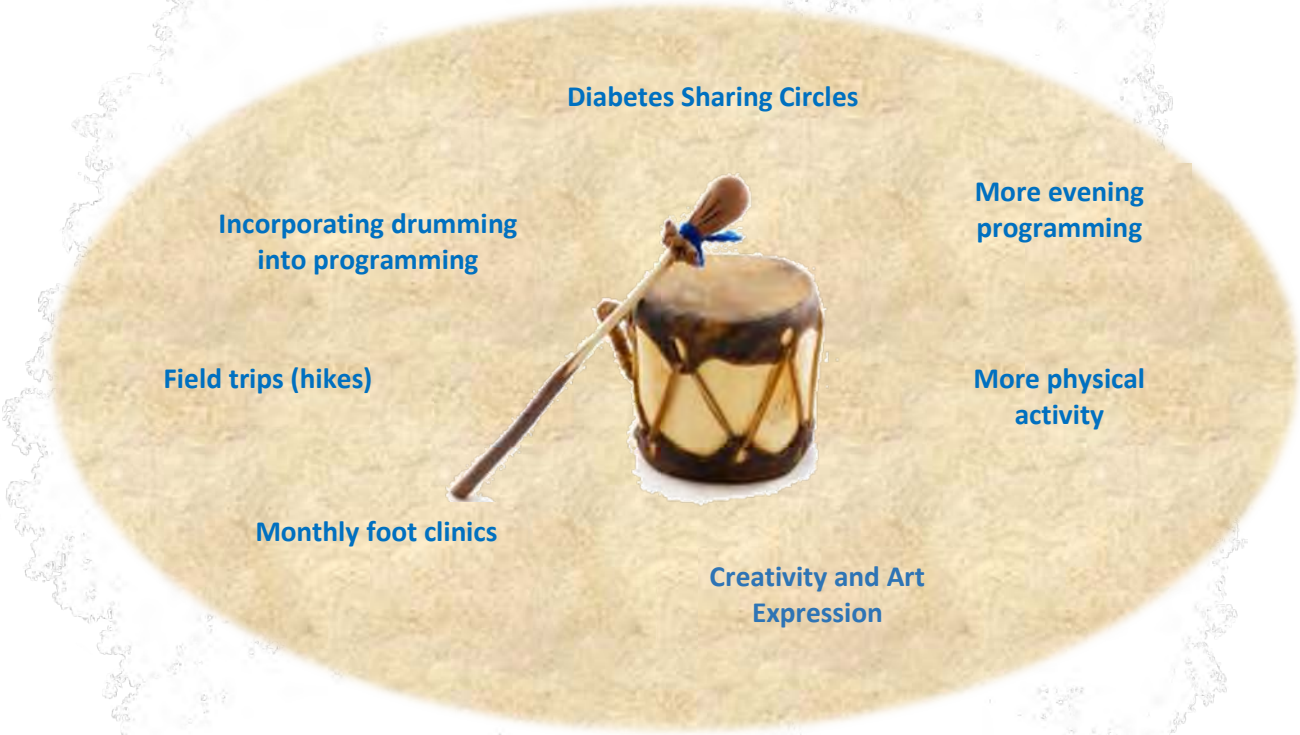




100% of attendees stated that they plan to return to next year's event.

Recommendations: Future Program Direction

As we incorporate the four directions of the Medicine Wheel in all aspects of our programming; we wanted to illustrate the direction our participants envision for our program. We use a drum instead of the Medicine Wheel below to represent what participants would like to see implemented as future programs or workshops. In this section, we take the opportunity to highlight and reflect on community needs of intertwining health, culture and tradition by way of recommendations.



Drumming is an integral part of Indigenous culture; that special, powerful rhythm of the drum signifies the heartbeat of the community which promotes inclusivity and creates balance within all four realms of the Medicine Wheel. The heartbeat of a drum is manifested from the way one puts it together. The connections of the drum is as follows; the frame of the drum is made from a variety of woods that connect us to the trees, better known as the 'standing people'; the skin is a gift from a variety of animals (deer, moose, or buffalo) that connect us to the four-legged. The sinew used to tie the drum most often comes from the muscle of an animal. It bonds the standing people, the two-legged, and the four-legged together to create one heartbeat.

Similar to the connections of the hand drum, our participants offered various spiritual, physical, emotional and cultural components to contribute towards continuing programming to improve wellness within the community.

Diabetes Sharing Circles

Building resiliency was also considered; sharing circles or support groups wherein the community comes together who are living with diabetes or have loved ones affected by diabetes, an outlet to discuss successes, concerns and how to support, uplift and inspire one another based on peer experience.

The use of a pre and post workshop evaluation has many limitations. Firstly, it is not culturally appropriate as the complex language may not align with a participant's way of communicating change in their lifestyle. Second, since workshop series are participant-led, the content for each program varies based on the needs of the participants. Therefore, having a standard pre/post does not accurately measure change in behaviour. The sharing circles conducted this year provided valuable qualitative data and are culturally acceptable and welcomed by participants. Moving forward these will be used as our main source of receiving feedback on the programs we offer.

Embedding Culture

Post-report, we have continued to expand our program capacity to provide the population with greater access of cultural-based workshops, such as full moon feasts, dream catcher and medicine bag making workshops. We have also hosted gauntlet making and drum making workshops. The drum making workshops are followed by a feast to celebrate and wake the drum. As a diabetes prevention program we have supported our participants' accessibility to traditional ceremonies by creating awareness through program calendars to notify participants of community sweats, shaking tent ceremonies, full moon ceremonies, fasts and when Traditional Healers are available for individual sessions. We provide information on the appropriate, respectful ways to prepare before attending a ceremony, such as wearing a skirt (traditionally for women), abstaining from any substance that impact impairment, and bringing tobacco, one of the sacred medicines as an offering. Thus, translating teaching into practice wherein another life skill is developed to support a good way of living. Participants would like to received more teachings of the ways of living so that knowledge and teachings can be passed down in order to keep traditions alive with the next generation, reconnect and build community capacity with all ages. To help individuals on their spiritual journey, participants would like to see more incorporation of drumming at programming to offer healing through drumming and singing.

Flexible Workshop Hours (Pilot)

This past year we piloted evening workshops based on feedback from clients last fiscal year that daytime programs can be difficult to attend due to work or school commitments. Our evening diabetes prevention session was unfortunately poorly attended. This can be attributed to safety concerns of being in the area after dark. We have decided to include more evening cooking groups to offer programming across the lifestyle. In addition to our adult cooking group, we now have groups specifically for youth and one for families.

Engagement and Social Support

Throughout various forms of relationship building with the participant, whether it be administering the surveys or facilitating a workshop, a sense of trust is at the core of our programming. We will continue to make this our focus to allow for more authentic engagement and social support as relationship building is important within the Indigenous community. It will in turn result in increased knowledge and attachment to health services. During the course of the evaluation components, it was clear that participants benefited and enjoyed interacting not only with their peers who were a part of the diabetes prevention program (DPP) but with facilitators and evaluators as well.

Most importantly, we will continue to celebrate the achievements of our community members throughout their health journey with our annual drumming for diabetes social. Every year our DPP and DEP teams host a social for our community to raise awareness of diabetes, offer diabetes screenings and celebrate the steps our community members have made to manage their diabetes more effectively. This social allows the community to connect with others and the beat of a drum is present throughout the celebration to remind us all that it is the heartbeat of the community. The celebration includes a drum circle and dancing, as well as a Traditional Healer whom offers teachings throughout the event.

This year, close to one hundred participants attended, many came with family members and the team observed many generations of families present. Forty-five attendees completed feedback forms and the results were very positive. See Page 11 for a summary of feedback received from this event.

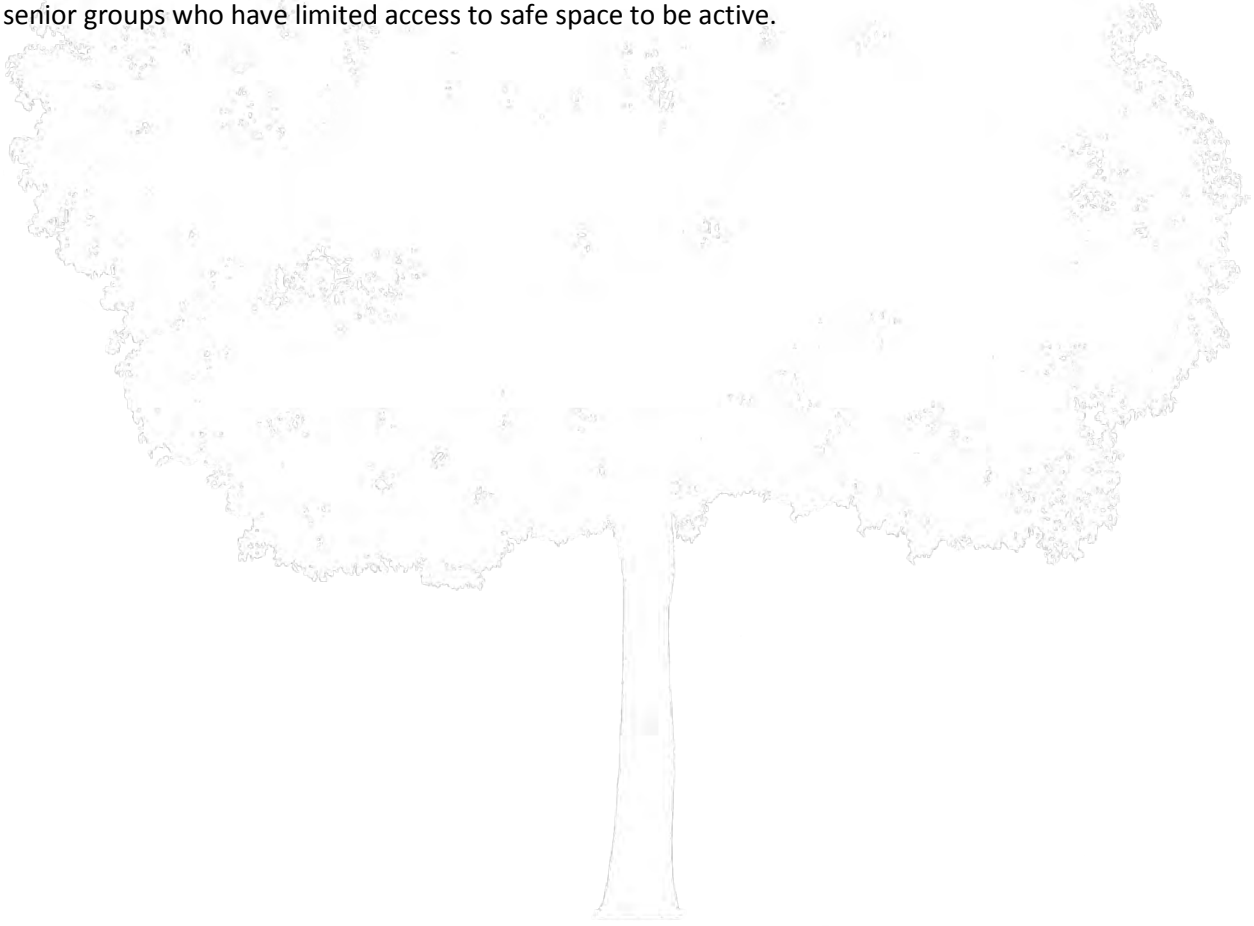
This social event serves as capacity building as we celebrate diabetes wellness and heal with our elders, youth, family, and friends, through drumming, singing, dancing, eating healthy meals, and laughing together. It is a reminder to our community members that our program will continue to support and encourage one another.

Creativity and Art Expression

Participants resonate with creative outlets in dealing with challenges and difficulties in life. This year we continued to incorporate art as a form of stress management in our workshops. Traditional teachings through art were also successfully included in our workshop series. As of January, our clients have access to the services of a social worker who will facilitate both group workshops related to diabetes distress, stress management and coping skills, as well as be available for individual counselling sessions.

Physical Activity Instruction

Our DPP workshops continue to incorporate physical activity in a creative way such as bowling, trampoline jumping, medicine walks, dogsledding and snow shoeing. Our community also has the opportunity to access YMCA passes to work out for free at the gym with our health promoter. In addition, we made a conscious effort to include our team physiotherapist in group programming on a regular basis. This has received positive feedback, particularly among the senior groups who have limited access to safe space to be active.



Closing

In keeping with *Biim Maa Sii Win*, we gathered all our intentions and our sacred medicines in order to carry out this evaluation in a good way with our community members. Many important reflections and recommendations have emerged from this evaluation. Chi Meegwetch (many thanks) to the voices of Indigenous people living with diabetes and members who are affected by diabetes in some shape or form.

We would also like to honour our evaluation team that worked so closely with the participants within sharing circles and were the reason our evaluation was successful and the reason our participants made a real connection. We remain dedicated to the participants to ensure the above recommendations of this project come to fruition and fulfillment.

Last but not least, we would like to honour the beautiful illustration that is our cover page. It is an illustration that depicts a fruitful life, of activity and plentiful food; the cycle of life. This illustration also depicts that life isn't affected just by the individual living it. The surveys tended to focus on individual behaviour when there are greater challenges such as social determinants of health that create larger barriers, larger than the individual themselves.

The illustration is the work of an artist and community member, Jerry Thistle. It was chosen as an embodiment of what our program attempts to achieve. The bear within the illustration is quite prominent as it is one of the seven sacred Grandfather teachings that we try to instill in our work. The bear represents courage; the bear reminds us that after hibernation, we must awaken and seek the opportunities that are around us and to do what is right. Similar to the teachings, our program attempts to awaken the same opportunities within our participants to help them achieve a healthier lifestyle with courage.

Appendix A

Our Story

Mission & Vision

Our mission is to improve, support and promote the health, well-being and healing of Indigenous people in spirit, mind, emotion and body within a multidisciplinary health care model. This model of health care at Anishnawbe Health Toronto (AHT) is based on our culture and traditions.

Statement of Purpose

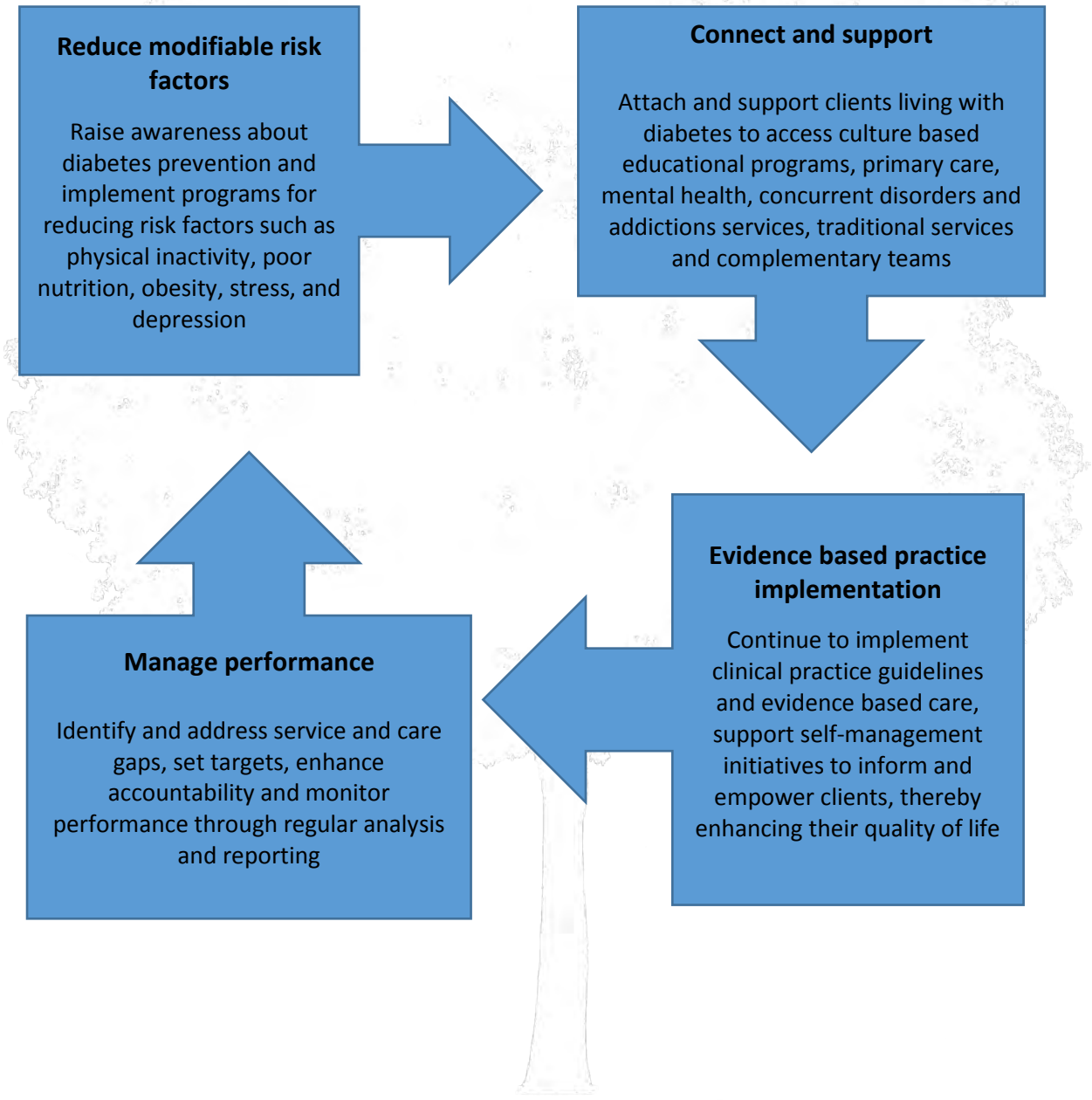
We seek a strong, independent and self-sufficient Indigenous community in Toronto; a community able to look after itself and its peoples. We seek a community where our people are able to take advantage of opportunities which help them achieve their full potential and are prepared to share with others. We seek a community which is aware of the importance of good health with the resources to ensure access to health care from pre-birth (Traditional Midwives) to preparations for return to the Spirit world (Traditional Healers). Our purpose is to create cohesive and equitable access of prevention-focused health services for Indigneous peoples across a lifespan; children/youth, adults and seniors.

Our Diabetes Prevention Team

Outreach, education and prevention are necessary to have an impact on diabetes in the Indigenous community. The uniqueness of the program lies in our ability to combine the traditional aspects of Indigenous cultural teachings such as the Medicine Wheel Teachings and the sacred Grandfather Teachings with the western teachings of the Canadian Diabetes Association. The traditional teachings are threaded throughout our programming with the Canadian Diabetes Association's clinical guidelines to help guide the topics that we discuss with our clientele.

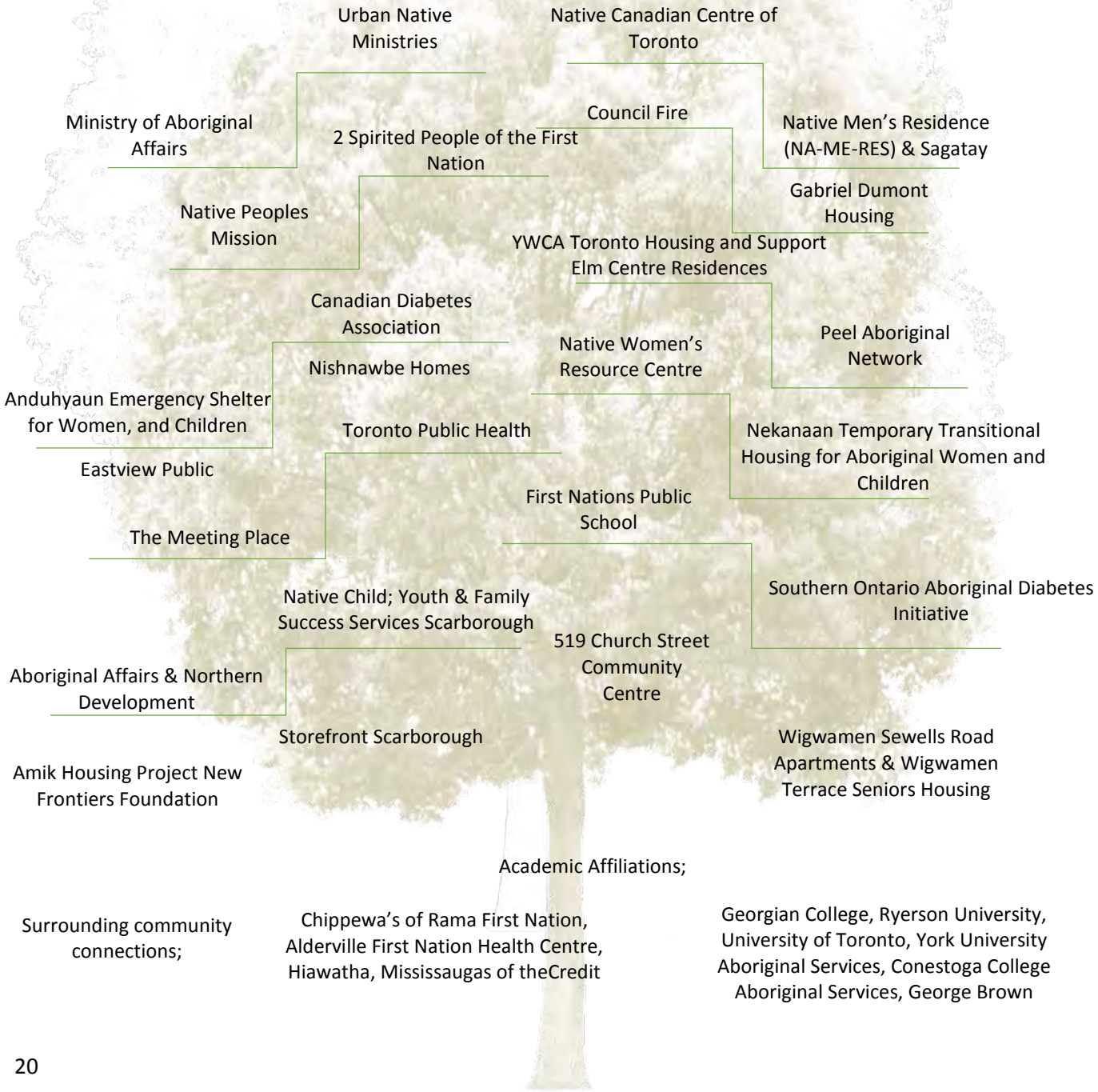
It is our goal as a team to improve the well-being and health care accessibility for Indigenous people living with diabetes or at risk of diabetes. This year, our program incorporated additional team members to help in the invaluable process of gathering data to measure the effectiveness of various components of our programming.

As a prevention team, we are just one pathway of many within Anishnawbe Health Toronto that aid to support the community through external and internal referrals. Diagram one below is a list of our dedicated services and teams. The way we achieve our goal is through the following objectives below. The illustration is cyclical as a client's risk factors may increase or decrease through the years and a client's goals might change throughout their journey.



Program Connections

Anishnawbe Health Toronto continues to connect with the following organizations for programming and resource development. The tree below represents our growth thanks to our fostering connections with other Indigenous and non-Indigenous organizations. Similar to roots and branches, our partnerships are extensions of our organization and we wouldn't be who we are today without their support.



Our Program: Community Ties

The development of our community ties is very important to the success of our Diabetes Prevention Program (DPP); the fact that we are a part of Anishnawbe Health Toronto, an accredited health care organization since its establishment in 1989 (AHT, n.d.) has greatly helped us achieve this. Throughout the year we were able to establish connections with over 30 Indigenous and non-Indigenous organizations throughout the GTA. It was through these great connections that we were able to successfully complete our identified target numbers throughout the year.

Open communication is part of a continuing endeavour to build long-term, trustful relationships with our community. After our Diabetes Prevention Program has provided introductory screening events, the team further discusses the implementation of appropriate future screening and workshop events that would best suit the needs of the venue's population.

For the success of our program, we needed to ensure that we could reach as many people to inform them of our screening sessions and sharing circles. We are not a demographically based program, thus our initiative is to go out into the community without limiting our services to a catchment area. A variety of marketing strategies were employed including the development and distribution of flyers and postcards that were culturally relevant and visually appealing for our targeted population. In addition, we send out emails with a monthly newsletter to those who would like to be kept up to date with upcoming workshops and also a healthy recipe. The newsletter also encompasses a tribute to an 'artist of the month' where we showcase the beautiful work of an Indigenous artist and provide a description of the art piece and also a biography highlighting their work in the community. We utilize each of our community connections to help with the distribution of flyers and also various media outlets such as Facebook and the Anishnawbe Health Toronto website to promote our workshops to community members.

Screenings & Awareness Raising

Culture based screening can help re-establish power for Indigenous peoples. It can help them regain control which may assist them in developing self-confidence and self-sufficiency leading to strengthening overall community building capacity (Oster, et al., 2010). In addition, a sense of resiliency can transform personal and cultural identity wherein a sense of belonging and worthiness can heal. When looking at the holistic health of Indigenous people, the on-going legacy of colonization needs to be discussed. Colonization is a social determinant of health that needs adequate consideration, however

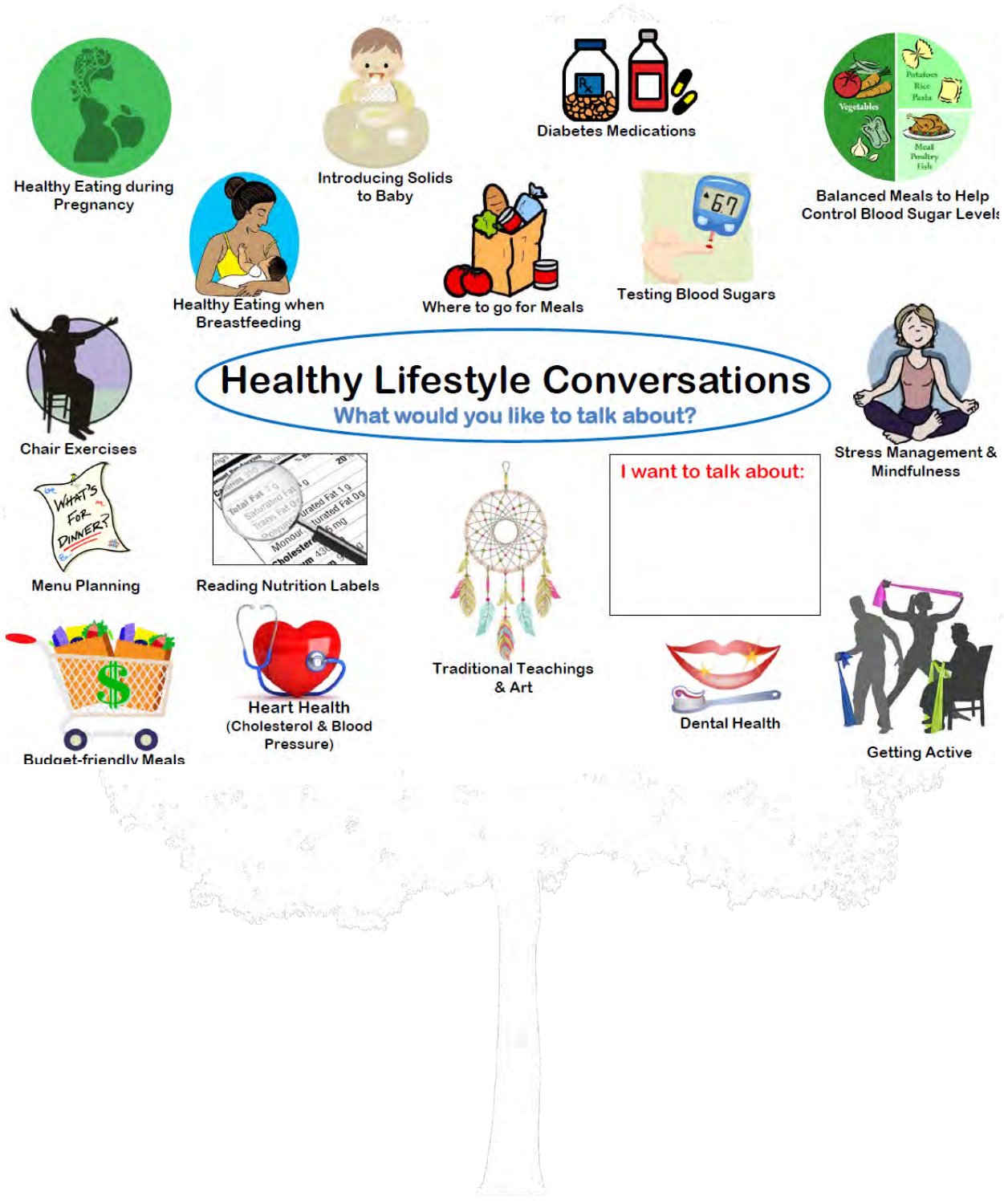
culture becomes that coping mechanism to cope with city-life challenges without being abridged to its past (Tousignant & Sioui, 2009).

We are raising awareness regarding diabetes prevention and the risk factors by providing mass voluntary screening in community settings and workshops. Screening events allow us to raise awareness of pre-diabetes, risk factors and preventative measures that an individual may take to decrease their risk of developing diabetes later in life. In our screening process, beyond individual intervention, the Diabetes Prevention Program is able to assess and extend services offered by our in-clinic diabetes education medical team to meet the needs of participants.

Our presence in the community reduces the demand on the health care system by providing prevention-focused services at the community level where people live and participate in open community events hosted at community resource centres, seniors' buildings, places of worship, transitional housing and shelters and schools. We attend Powwows which are celebratory events that include family, food and traditional dancing. These events bring members together from many different communities throughout southern Ontario. Powwow events offer a great opportunity for us to reach people of all age groups to raise awareness about diabetes risk factors as well as the services that we offer at Anishnawbe Health Toronto and other health related services available within the GTA.

Within all aspects of our previous 2015-2016 evaluation, emotional health was expressed as a barrier to wellness. Culture and spirituality was discussed as being a pathway to wellness; smudging, singing and drumming, attending Powwows and prayer to the Creator made them feel good (Lavallée & Howard, 2011). Socializing with the community was also noted as a significant factor to wellness and we continue to attend Powwows to celebrate and support community members.

Appendix B


Healthy Eating during Pregnancy
Introducing Solids to Baby
Diabetes Medications
Balanced Meals to Help Control Blood Sugar Levels
Healthy Eating when Breastfeeding
Where to go for Meals
Testing Blood Sugars
Chair Exercises
Healthy Lifestyle Conversations
What would you like to talk about?
Stress Management & Mindfulness
Menu Planning
Reading Nutrition Labels
I want to talk about:
Traditional Teachings & Art
Budget-friendly Meals
Heart Health (Cholesterol & Blood Pressure)
Dental Health
Getting Active

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