

Title

0025

by JoLee Sasakamoose in Inclusive Health Research 2024

Original Submission

Score	n/a
1. The Entry	
1 1. Lead organisation or Institution chiefly responsible for submitting this entry	University of Regina
Registered Address	3737 Wascana Pky University of Regina, 380 Ed Blg Regina SK S4S0A2 CA
Type of Organisation	Academic/research institution
Website URL	www.uregina.ca
1.2 Chief Contact Person	JoLee Sasakamoose
Chief Contact Person's Job Title/Post	Professor, Chair Educational Psychology & Counselling

1.3 Name of project or programme	Okawimaw Kanosimowin: Mother's Bundle
1.4 Date that the project or programme began	2020
1.5 Countries in which research / implementation was undertaken	Canada
1.6 About partners and collaborators	Here you should name up to three collaborating organisations and provide a contact email address for each one that you name. We will then send a request for a supporting statement, which will be taken into account in the scoring of this application.
Partner organisation/institution #1	Saskatchewan Health Authority
Type of Organisation	Clinical (non-teaching)
Website URL	https://www.saskhealthauthority.ca/our-organization/our-direction/research/who-we-are/exciting-discoveries/lessons-learned-indigenous-birth-support-worker-program
Partner organisation/institution #2	Western Region III Metis Nation-SK
Type of Organisation	Other
Website URL	https://www.westernregioniii.com/
Partner organisation/institution #3	Indigenous Wellness Research Community Network
Type of Organisation	Academic/research institution
Website URL	na
The Case Study	

1.8 The Title of Your Case Study	Okawimaw Kanosimowin: Mother's Bundle; A peer-driven approach to improve Indigenous maternal and birth outcomes in Saskatchewan
1.9 Simple Summary	Dr. JoLee Sasakamoose and Dr. Mamata Pandey spearhead an innovative project on Indigenous maternal care and traditional birthing practices. They disseminate insights to enhance outcomes for Indigenous mothers and babies through various mediums. A pivotal aspect is the Indigenous Birth Support Worker (IBSW) program, offering culturally sensitive care. Research confirms its success in integrating cultural safety and trauma-informed practices. Another notable initiative is the Nanatawihowikamik Healing Lodge, empowering Indigenous families through doula support with the Mama Pod program and Mother's Bundle, providing culturally significant items alongside essential Western supplies fostering connections to cultural teachings and ceremonies. Evaluations of the IBSW program highlight its positive impact on health outcomes. Despite challenges such as healthcare biases, the project is dedicated to achieving justice and equity. Drs. Pandey and Sasakamoose lead these efforts, encouraging collaboration to prioritize Indigenous maternal and child health, thus nurturing a future where cultural identity is fundamental to care.
1.10 Introduction	As the Principal Investigator (PI), Dr. Jolee Sasakamoose leads a multi-disciplinary and multi-sectoral team with expertise spanning Indigenous healing practices, healthcare access improvement, obstetrics, gender and sexual health equity, research coordination, policy development, psychiatric support, nursing, technical support, and pharmacy services. Dr. Mamata Pandey collaborates on cost-effective healthcare solutions, Dr. Brian Geller brings extensive obstetrics experience, Dr. Carmen Logie specializes in gender and sexual health equity, and Dr. Twyla Salm coordinates training programs. Melanie McKay focuses on policy development, Dr. Miranda Field provides psychological expertise, Vicky Schultz collaborates on session development, Tiffany Wolfe supports technical needs, and Sarah Kozusko contributes pharmacy services. Together, the team combines their unique perspectives and knowledge to address Indigenous maternal and child healthcare needs, improve healthcare access, integrate traditional and western practices, develop policy, and provide comprehensive support to marginalized communities in Saskatchewan.
1.11 Key Words	Indigenous health, maternal healthcare, traditional birthing and parenting, culturally-responsive care, cultural humility, decolonizing birth and healthcare practices
Which category best fits this project or programme?	Addressing a specific unmet health need

2. Unmet Health Need Case Study

These will typically fall in to one of three groups: Group 1: Understanding needs and context Group 2: Designing and conducting research Group 3: Translating research into impact The various suggested sections which follow will not be equally applicable to all groups. We have given an indication of which sections may be most crucial to each but you should use your own discretion and judgement. We are seeking case studies that can be published, so please write your entry as summary, rather than a series of statements addressing the questions. You do not need to repeat information across sections. We do not expect everyone to be able to address all of the questions, as not all will be relevant.

2.1 Who should benefit from the project or programme? (Applicable to groups 1, 2, & 3)

2.1.1 Specific Patient Group or Affected Community

This study focused on Indigenous women in Saskatchewan, Canada, particularly those residing in both urban areas and remote communities. While exact numbers for this specific subgroup are difficult to pinpoint without more granular data, Indigenous peoples represent about 16.3% of Saskatchewan's population, according to the most recent census. This includes First Nations, Métis, and Inuit individuals, with a significant portion living in rural and urban settings. Indigenous women, especially those of childbearing age, face unique health challenges, including higher rates of maternal and infant health issues. This group is also disproportionately affected by economic and social deprivation, including higher rates of poverty, lower education levels, and limited access to healthcare services, which exacerbate health disparities.

2.1.2 Unmet Health Need

The primary unmet health need among this group is access to culturally appropriate maternal healthcare services. This includes prenatal, birth, and postnatal care that respects and incorporates Indigenous cultural practices. Indigenous women in Saskatchewan are more likely to experience barriers to accessing healthcare, including geographical isolation, language barriers, and systemic racism within the healthcare system. These barriers contribute to poorer health outcomes for Indigenous mothers and their children.

2.1.3 Geographic Focus

The beneficiaries of this work are located in Saskatchewan, Canada, with a focus on urban areas, like Regina, and remote Indigenous communities. While Canada is a high-income country, the Indigenous communities within its borders, particularly in rural and remote areas, often face conditions like those in low- and middle-income countries, including limited access to healthcare services, infrastructure challenges, and economic deprivation.

2.1.4 Enhancing Health Equity

This research aims to enhance health equity by developing and implementing healthcare interventions that are culturally tailored to the needs of Indigenous women. By addressing the specific barriers that Indigenous women face in accessing maternal healthcare, the project seeks to improve health outcomes for women and their families, thereby reducing health disparities between Indigenous and non-Indigenous populations in Canada.

2.1.5 Identification and Selection of the Patient Group

The Indigenous women's group was identified and chosen through community engagement, analysis of health disparities data, and consultations with Indigenous leaders and healthcare professionals. The gaps in healthcare outcomes between Indigenous and non-Indigenous populations, coupled with the expressed needs of the Indigenous communities, highlighted the importance of focusing on this group. Engaging with the community ensured that the interventions developed would be relevant, respectful, and effective in meeting their healthcare needs.

2.2. Engagement (applicable to groups 1, 2, & 3)

2.2.1 Patient Engagement Overview

Our project prioritized patient engagement, focusing on Indigenous women in Saskatchewan. Engagement strategies included community meetings, consultations with Indigenous health leaders, and partnerships with local organizations. This approach ensured the project was grounded in the specific needs and perspectives of the patient group it aimed to serve.

2.2.2 Contact Between Community and Professionals

Interaction between the affected community and our team was multifaceted, involving face-to-face meetings, workshops, and ongoing dialogues via virtual platforms to accommodate remote participants. These engagements allowed for direct input from Indigenous women and community leaders into the research design, implementation, and evaluation phases, fostering a collaborative environment.

2.2.3 Seeking and Granting of Community Consent

Community consent was sought through formal consultations with the Knowledge Keeper Council and the WRIII Métis Nation-SK. Our lead, Dr. Sasakamoose, facilitated these discussions, ensuring the project was initiated and guided by the community's expressed needs and consent. This process affirmed the community's ownership over the research direction and outcomes.

2.2.4 Changes Resulting from Engagement

Patient and community engagement led to significant adaptations in the project. Our team was invited to evaluate the Indigenous Birth Support Worker (IBSW) program after its pilot year in Saskatoon. This evaluation, informed by community feedback, led to tangible improvements in our study design and the broader IBSW initiative. Our findings, shared with the community and program managers, contributed to the provincial decision to consider expanding the IBSW program.

2.2.5 Inclusion and Recognition of Patient Representatives

Patient representatives and partner researchers were integral to our project in shaping the research and disseminating its findings. They co-authored publications, participated in presentations, and were acknowledged in all communications about the project outcomes. This recognition ensured that the contributions of Indigenous women and community leaders were visibly honoured and valued, reinforcing the principles of respect, collaboration, and shared ownership. This patient-centred approach underscored the importance of engaging directly with the communities affected by our research, ensuring that their voices were heard and acted upon, leading to more relevant and impactful outcomes.

2.3. The Research
(Particularly relevant
for groups 2 & 3)

The Indigenous Wellness Research Community Network and Roots to Wellness Research Collaborative's Indigenous Maternal Care Research Project has been profoundly shaped by insights from community engagement. This engagement has directly influenced both the design and delivery of our research, ensuring that it respects and actively incorporates Indigenous perspectives and needs.

3.2.1 Insights Shaping Research Design and Delivery

Community input has led to a research approach prioritizing culturally safe and trauma-informed care. By integrating traditional practices and knowledge, such as those shared through the Indigenous Birth Support Worker (IBSW) program, our project addresses the desire for a healthcare model that aligns with Indigenous values and practices. This alignment is crucial in creating an environment where Indigenous mothers feel supported and understood.

3.2.2 Challenging Assumptions and Prejudices

Our research seeks to challenge several entrenched assumptions and prejudices, notably the underestimation of the importance of cultural identity in healthcare. By demonstrating the effectiveness of culturally tailored care models, like the IBSW program, we aim to overturn the prevailing dogma that overlooks the significance of cultural specificity in achieving positive health outcomes.

3.2.3 Addressing Gaps in Experimental Data

A key gap our research addresses is the lack of data on the impact of culturally informed care on maternal health outcomes for Indigenous populations. Historically, this absence has been due to a combination of oversight and the marginalization of Indigenous healthcare practices. Our project aims to fill this gap, providing evidence of the value of integrating traditional knowledge into contemporary healthcare practices.

3.2.4 Conducting Research Within the Affected Community

Our research is conducted directly within the communities it seeks to benefit, in Saskatchewan, Canada. Indigenous women, community leaders, and healthcare professionals have been actively involved in shaping the research agenda, participating in the collection and analysis of data, and in the dissemination of findings. Additionally, partnerships with local NGOs and healthcare entities have ensured that the research is grounded in the realities of the community it serves.

This approach enhances the relevance and impact of our work fostering collaborative research that respects and uplifts the knowledge and expertise of Indigenous communities. By engaging these communities as active participants in the research process, we ensure that the project is both meaningful and beneficial to those it aims to serve, setting a precedent for future endeavors in Indigenous health research.

2.4. Translating to
Impact (Particularly
relevant to group 3)

We focused on:

- Developing actionable policy briefs targeting healthcare policymakers and administrators, emphasizing the practical applications of our findings to

improve Indigenous maternal care.

- Hosting community workshops and forums with Indigenous communities to discuss research findings and explore practical applications within community healthcare settings.
- Engaging with healthcare practitioners through targeted seminars and training sessions to integrate research insights into everyday clinical practice, particularly in areas related to culturally safe and trauma-informed care.

Pathway to Impact

To build a clear understanding of the pathway to impact, we:

- Conducted mapping exercises to identify stakeholders and organizations crucial for implementing research findings.
- Developed an impact pathway model, outlining the steps from research findings to practical healthcare interventions, including key milestones and partners involved.
- Engaged with healthcare policymakers, community leaders, and providers throughout the research process to ensure the findings align with practical needs.

Partnerships for Development and Adoption

Key partnerships have been established with:

- The Saskatchewan Health Authority to facilitate the integration of culturally informed practices into regional healthcare services.
- Indigenous NGOs, such as the Federation of Sovereign Indigenous Nations (FSIN), ensure community perspectives and needs are central to intervention development and adoption.
- Local healthcare clinics and practitioners, enabling direct application of research insights into clinical practice, ensuring immediate benefits for Indigenous mothers.

Community Involvement in Utilization

Our engagement with affected communities has included:

- Regular community feedback sessions to refine and adjust healthcare interventions based on direct input from Indigenous women and families.
- Inclusion of community members in the co-design of health interventions, ensuring they meet Indigenous communities' specific needs and preferences.
- Training community health representatives on the findings and interventions, empowering them to be advocates and facilitators within their communities.

Advocating the Approach

Our approach, emphasizing community engagement, partnership building, and a clear pathway to impact, has been shared:

- Through interdisciplinary forums and networks, other research teams and organizations advocate for adopting similar methods in varied contexts.
- Policy dialogues and strategy sessions with health policymakers to encourage the adoption of community-informed research practices in policy development.

By engaging with stakeholders and focusing on the practical application of our findings, our project makes a meaningful difference in the health and

well-being of Indigenous mothers and their families. These strategies centred on collaboration, inclusivity, and actionable outcomes, offer a locally-adaptable model for work in similar contexts.

2.5. The Future (Applicable to groups 1, 2, & 3.)

Our team, led by Drs. Sasakamoose, Pandey, and Loutfy are embarking on an ambitious expansion of our project by establishing Roots 2 Wellness. This initiative is a significant leap forward in our commitment to improving Indigenous health and wellness, focusing on mental health services for youth and families in an urban setting, complemented by a land-based healing approach.

Future Development Plans

Roots 2 Wellness is envisioned as a clinical service provider and a research laboratory. This dual function allows us to apply innovative mental health and wellness practices directly while continuously evaluating their effectiveness. The urban clinic will offer a range of mental health services and HIV/HCV and STBBI testing and referral services, creating a safe and supportive environment for Indigenous youth and families. In parallel, the land-based healing ground will facilitate a connection to traditional practices and the natural world, an essential component of holistic wellness.

We aim to empower Indigenous health systems by integrating strengths-based, trauma-informed care deeply embedded in cultural practices. This approach not only addresses the immediate mental health needs of the community but also contributes to long-term wellness and resilience.

Expanding Our Impact

We plan to develop training modules based on our research and clinical findings to amplify our impact. These modules will enhance the skills and knowledge of a broad audience, including students, researchers, leaders, policymakers, and frontline service providers. By focusing on strengths-based, trauma-informed practices, we aim to foster a more inclusive and effective healthcare paradigm that can be adopted across various sectors to improve Indigenous health outcomes.

Collaboration and Sustainability

Establishing Roots 2 Wellness as a not-for-profit organization is a strategic move to ensure the sustainability and scalability of our efforts. By securing funding through initiatives like the NSERC lab-to-market proposal, we are laying the groundwork for a self-sustaining model that can be replicated in other communities. This model focuses on service delivery and emphasizes the importance of research and training in building a more robust, culturally informed healthcare system.

Our current plans revolve around the research and development of Roots 2 Wellness, aiming to create a comprehensive, culturally grounded framework for mental health and wellness that can serve as a model for Indigenous health system empowerment. Through this endeavour, we hope to effect meaningful, lasting change in the health and well-being of Indigenous communities.

4. The Prize Fund	<p>If awarded the prize money, we'd focus on three key areas: enhancing Roots 2 Wellness by expanding its services and land-based programs, building capacity through training modules in strengths-based, trauma-informed care for professionals, and fostering a more inclusive research ecosystem. Funds would support research, develop community engagement initiatives, and create scholarships for Indigenous students in mental health fields. This investment aims to improve Indigenous mental health services, empower partner organizations, and ensure our work is community-guided, driving towards a holistic and culturally informed approach to health and wellness for Indigenous communities.</p>
5. Your advice to others	<p>Our key advice for those aspiring to undertake similar work is to prioritize genuine community engagement from the start. Building trust and ensuring your project aligns with the community's needs and values is crucial. Embrace cultural sensitivity and incorporate traditional practices into your approach, recognizing these as foundational to health and wellness. Invest in partnerships with local organizations and leaders, as these relationships are vital for sustainable impact. Finally, be adaptable, willing to listen, and ready to evolve your strategies based on community feedback and evolving needs.</p>
6. Supporting Evidence	
6.1. Funders	<p>Okawimaw Kanosimowin: Mother's Bundle; A peer-driven approach to improving Indigenous maternal and birth outcomes in Saskatchewan FUNDREF: http://dx.doi.org/10.13039/501100000024 2022-04-01 to 2023-03-31 extended 03 /2024 Canadian Institutes of Health Research: ON, ON, CA Total funding amount CAD 100,000</p> <p>Jim Pattison Children's Hospital Foundation Saskatchewan Health Research Foundation, May 2021 Total funding amount CAD 49,982</p> <p>Saskatchewan Health Research Foundation, Align Grant Total funding amount CAD 10,000</p>

6. 2. Academic/Professional Publications	<p>Bremner, L., Johnston, A., Rowe, G., & Sasakamoose, J. (2020). Indigenous approaches to evaluation Exploring Indigenous approaches to evaluation and research in the context of victim services and supports. In J. Evans & Department of Justice Canada (Eds.), Government of Canada Publications. Department of Justice. Retrieved February 12, 2024, from https://publications.gc.ca/collections/collection_2021/jus/J2-495-2020-eng.pdf</p> <p>Giesbrecht, C. J., Jamshidi, L., LaVallie, C., Sasakamoose, J., & Nicholas Carleton, R. (2021). Assessing the Efficacy of a Cultural and Artistic Intervention for Indigenous Women Who Have Experienced Intimate Partner Violence. <i>Violence Against Women</i>, 28(14), 3375–3399. https://doi.org/10.1177/10778012211058220</p> <p>LaVallie, C., & Sasakamoose, J. (2021a). Reflexive Reflection Co-created with Kehte-ayak (Old Ones) as an Indigenous Qualitative Methodological Data Contemplation Tool. <i>International Journal of Indigenous Health</i>, 16(2). https://doi.org/10.32799/ijih.v16i2.33906</p> <p>LaVallie, C., & Sasakamoose, J. (2021b). Promoting indigenous cultural responsivity in addiction treatment work: the call for neurodecolonization policy and practice. <i>Journal of Ethnicity in Substance Abuse</i>, 1–23. https://doi.org/10.1080/15332640.2021.1956392</p> <p>Pandey, M., Smith, L., MacZek, N., Tomkins, A., & Sasakamoose, J. (2023). Indigenous birth support worker (IBSW) program evaluation: a qualitative analysis of program workers and clients' perspectives. <i>BMC Pregnancy and Childbirth</i>, 23(1). https://doi.org/10.1186/s12884-023-05695-2</p> <p>Sasakamoose, J., Bellegarde, T., Sutherland, W., Pete, S., & McKay-McNabb, K. (2017). Miyo-pimātisiwin Developing Indigenous Cultural Responsiveness Theory (ICRT): Improving Indigenous Health and Well-Being. <i>International Indigenous Policy Journal</i>, 8(4). https://doi.org/10.18584/iipj.2017.8.4.1</p> <p>Sasakamoose, J., Scerbe, A., Wenaus, I., & Scandrett, A. (2016). First Nation and Métis Youth Perspectives of Health. <i>Qualitative Inquiry</i>, 22(8), 636–650. https://doi.org/10.1177/1077800416629695</p>
6.3. Other publications	<p>Niessen, S. (2023, May 26). "Improving Health Outcomes for First Nations Communities Through Maternal Care." <i>EducationNews</i>, pp. 4-15. Retrieved February 14, 2024, from University of Regina Education News. https://indd.adobe.com/view/7fbca325-75bf-471c-a8f9-e66e6a370b7a</p>