
Purpose: To examine cognitive performance among a sample of men in a residential unit of an urban homeless shelter and to compare cognitive performance between those with and without a history of traumatic brain injury (TBI). Methods: An exploratory, quantitative study of participants recruited through convenience sampling. Participants were screened for TBI using the Brain Injury Screening Questionnaire, and cognitive function using the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). Data were analyzed to examine associations between TBI status and cognitive performance. Results: Thirty-four participants were recruited for the study: n = 12 with a positive and n = 22 with a negative screen for TBI. Both groups performed below norms in all cognitive domains measured by the RBANS. Those with a positive screen for TBI performed significantly worse on attention tasks than those with a negative screen for TBI (p = 0.026). RBANS scores were not associated with either mental health or substance abuse status. Conclusions: A history of TBI was associated with generally poorer cognitive performance in the study sample. An improved awareness of TBI and cognitive dysfunction among service providers and routine TBI screening could improve treatment and service delivery for this population.


Background: Continuing compromised Aboriginal health status and increasing opportunity for new Aboriginal health surveys require that Aboriginal understandings of health and well-being be documented. This research begins exploration of whether the Aboriginal Life Promotion Framework may increase culturally pertinent planning, collection and analysis of health survey data. Methods: A quasi-phenomenological tradition of enquiry was employed to gain understanding of the lived experience of participants. Data were collected through focus groups utilizing a 'talking circle' methodology. A participatory research approach involved three large Aboriginal organizations. Results: Conceptions of health and of well-being are different entities for these Métis women. Health was most often more reflective of physical issues. Well-being was much broader, holistic and inclusive of the dimensions of spiritual, emotional, physical and mental/intellectual aspects of living, consistent with the first circle of the Aboriginal Life Promotion Framework. Conclusions: The implications of this study should be important to health providers, and policy developers regardless of sector. Métis women in this study show significant strengths in the spiritual, emotional and intellectual/mental aspects of life, areas that could be incorporated into health promotion approaches. Physical health was focussed on ensuring a healthy diet and exercise, yet most adult women in the study experienced stress around goals that are seen as relatively unattainable. The data produced in this study should be utilized to develop and test survey questions that can be applied to a larger portion of the Métis population. The Aboriginal Life Promotion Framework is useful as an organizing tool for systematically exploring elements of living. ABSTRACT FROM AUTHOR]; Copyright of Canadian Journal of Public Health is the property of Canadian Public Health Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

This article provides an overview of the experiences of Aboriginal mothers involved with child welfare in Manitoba. Jumping through hoops was a prominent perspective evident in stories and reflections that Aboriginal mothers shared about their experiences with child welfare and legal systems. The research drew upon interviews and talking circles conducted with Aboriginal women, and included interviews conducted with community advocates and lawyers in the spring and summer of 2007. ABSTRACT FROM AUTHOR; Copyright of First Peoples Child & Family Review is the property of First Nations Child & Family Caring Society of Canada and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

The purpose of the present study was to explore the prior educational and employment experiences of staff members in urban Aboriginal human services agencies. A total of 44 individuals employed by one of three community sites within one Canadian inner city generated 85 unique responses to the question: "What were your employment and education experiences before you got this job?" Multidimensional scaling and cluster analysis of independent grouping of the responses by 16 participants revealed five underlying themes: formal education, helping others, holder of cultural knowledge, life experiences, and on-the-job training. These results were compared and contrasted with the available literature. ABSTRACT FROM AUTHOR; Copyright of Adult Education Quarterly is the property of American Association for Adult & Continuing Education and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Aboriginal youth in Winnipeg's inner city experience poverty, unemployment, as well as the effects of colonization, racism, and alienation. To meet their families' economic needs, many have been pushed into activities that place them at high risk for contact with the justice system. Typically, these young men are not seen as community builders; the personal, family and community issues they experience while working to build community illustrate the multiple barriers faced in enhancing the physical and social health of neighbourhoods. We interviewed young Aboriginal men who had grown up in the inner city, to understand their past experiences, current realities, and how they saw the future of their neighbourhoods. Together, multiple challenges exist for Aboriginal youth in disadvantaged urban neighbourhoods that serve as barriers to community health. (English) ABSTRACT FROM AUTHOR; La jeunesse autochtone des quartiers centraux de Winnipeg est aux prises avec le chômage et la pauvreté et subit les effets de la colonisation, du racisme et de l’aliénation. Afin de répondre aux besoins économiques de leurs familles, nombre de jeunes ont été entrainés dans des activités qui les exposent à un risque élevé de se retrouver aux prises avec l’appareil judiciaire. Plus souvent qu'autrement, ces jeunes hommes ne sont pas considérés comme des acteurs participant activement au développement communautaire. Les problèmes personnels, familiaux et communautaires qu'ils éprouvent sont autant de barrières à franchir vers l'amélioration de la santé physique et sociale du quartier. Nous avons interviewé plusieurs jeunes hommes autochtones qui ont grandi dans les quartiers centraux dans le but de comprendre leur expérience, leur réalité et comment ils entrentvoient le futur de leur communauté. Plusieurs défis et obstacles au développement d'une communauté saine existent pour la jeunesse autochtone. (French) ABSTRACT FROM AUTHOR; Copyright of Canadian Journal of Urban Research is the property of University of Winnipeg, Institute of Urban Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the

Objectives The purpose of the pilot study was twofold: 1) to develop a community-university partnership, and 2) to explore the eating experiences and use of traditional foods of Aboriginal adults who had moved to an urban centre from a reserve community. Methods A total of 13 females and 3 males, ranging in age from 21-48 years, who had moved into Winnipeg, Manitoba from First Nations communities in Manitoba, Ontario, and Saskatchewan filled out detailed questionnaires, participated in 1 of 2 focus groups, and generated 72 different responses to the question: How has moving to the city affected your eating? Another meeting was held during which 11 participants returned to group together the responses into themes. Results The questionnaire data indicate that participants did not identify their diet, after moving to the city, as highly nutritious, but adequate. A significant change was reported in their consumption of traditional foods. The focus group data was analyzed using multidimensional scaling and cluster analysis, which resulted in seven distinct themes. These themes included: 1) changes related to access and use of fresh meat, 2) hunting and gathering activities, 3) presence of fast food, 4) the cultural value of sharing, 5) cooking facilities, 6) convenience of groceries, and 7) produce and dairy products. Conclusion There were some differences between the experiences of those in our study and the available literature in terms of diversity of experience among Aboriginal peoples, perceived positive aspects of dietary and lifestyle changes, as well as cultural aspects of food use, such as sharing. ABSTRACT FROM AUTHOR; Copyright of Pimatisiwin: A Journal of Aboriginal & Indigenous Community Health is the property of Native Counseling Services of Alberta and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Aboriginal families are highly overrepresented in child welfare caseloads. Major reasons for these high rates of involvement include poverty and housing issues, which contribute to perceptions of child neglect. In Winnipeg, the city with the highest proportion of Aboriginal peoples in Canada, low-cost housing is concentrated in core neighbourhoods. Homeless youth in these neighbourhoods, who are involved or have been involved in child welfare, were asked about their life experiences and the kind of housing that would help them. They talked about the need to be seen as resourceful, contributing members of the community, as well as their continued need of support from others, including friends and family. They wanted more than a place to sleep; they wanted a home that was safe, nurturing and long-term. The youth had school and work aspirations for themselves and wanted to help other youth reach their goals. There is a need for expansion of community-based and community-driven housing with youth who have been involved in the child welfare system. ABSTRACT FROM AUTHOR; Copyright of First Peoples Child & Family Review is the property of First Nations Child & Family Caring Society of Canada and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


There is concern among some First Nation citizens that their communities lack human resource capacity. This paper considers whether more highly-educated individuals have a greater likelihood of perceiving social problems in their communities, a step toward enhancing community
capacity. The methodology involves estimating micro- and macro-level variables for respondents in Statistics Canada’s Aboriginal Peoples Survey, using a multilevel modelling approach. The findings reveal significant between-community variations in the outcome measure—individual perceptions of social problems—after controlling for socio-demographic factors. Perceptions of social problems are dependent on attributes of the individual and certain features of the physical environment in their communities.


This qualitative study introduced the "Manitoba First Nation Strengthening Families Maternal Child Health Pilot Project" program and evaluation methodologies. The study provided a knowledge base for programmers, evaluators, and communities to develop relevant health promotion, prevention, and intervention programming to assist in meeting health needs of pregnant women and young families. Sixty-five open-ended, semistructured interviews were completed in 13 communities. Data analysis was through grounded theory. Three major themes emerged from the data: interpersonal support and relationships; socioeconomic factors; and community initiatives. Complex structural, historical events compromise parenting; capacity and resilience are supported through informal and formal health and social supports.


Grandparents are valued in traditional and contemporary Aboriginal societies. In this paper we summarize traditional knowledge from Manitoba Aboriginal experiences, and we provide data from contemporary on-reserve grandmothers. Data for this study were collected in 2007 in 16 First nations Manitoba communities. Open-ended semi-structured in-person interviews were conducted in maternal-child centers that provide programs for developmental health for children and their parents (prenatal to age 6). Of the 100 people interviewed, ten of those were grandmothers, and their stories are analyzed in this paper. Results showed that grandmothers provided cultural transmission to subsequent generations, ensured child safety, provided acceptance and care for grandchildren, were challenged by inadequate and unsafe housing and communities, had difficulty providing educational supports for grandchildren, were supported by a network of kin, found community support inconsistent, needed to make a living, and needed more health supports. Implications for policy and research are given at the end of the paper.


Fetal Alcohol Spectrum Disorder (FASD) is a serious social and health problem for the child welfare, health and education systems in North America and other parts of the world. This article describes the population of children in care of the child welfare system in Manitoba. Also this article will highlight the relevance of these research findings to aboriginal populations in Canada and its implications for international aboriginal/indigenous groups. Finally, the implications for policy, practice are discussed and the article puts forward some directions for further research.

Between 1991 and 2001, there was a 20% increase in the number of Canadian children under 18 years old who were living with their grandparents without a parent present in the home. Recent research revealed that Canadians of First Nations origin, including North American Indians, Métis, and Inuit, were vastly over-represented among grandparents raising grandchildren in skipped generation households (households which include only grandparents and grandchildren). Using custom tabulation data from the 1996 Canadian Census, this article presents a profile of First Nations Canadian grandparents raising grandchildren in skipped generation households. Despite extremely high rates of poverty and disability, one-third of First Nations Canadian skipped generation families were raising two or more grandchildren. In comparison to other grandparent caregivers, First Nations custodial caregivers were more likely to also be caring for a senior (23%) and to spend more than 30 hours a week on childcare duties (46%) and on housework (41%). Implications for policy, practice, and research are discussed. ABSTRACT FROM AUTHOR;

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Indigenous 'First Nations' communities have consistently associated their disproportionate rates of psychiatric distress with historical experiences of European colonization. This emphasis on the socio-psychological legacy of colonization within tribal communities has occasioned increasingly widespread consideration of what has been termed historical trauma within First Nations contexts. In contrast to personal experiences of a traumatic nature, the concept of historical trauma calls attention to the complex, collective, cumulative, and intergenerational psychosocial impacts that resulted from the depredations of past colonial subjugation. One oft-cited exemplar of this subjugation—particularly in Canada—is the Indian residential school. Such schools were overtly designed to `kill the Indian and save the man.’ This was institutionally achieved by sequestering First Nations children from family and community while forbidding participation in Native cultural practices in order to assimilate them into the lower strata of mainstream society. The case of a residential school ‘survivor’ from an indigenous community treatment program on a Manitoba First Nations reserve is presented to illustrate the significance of participation in traditional cultural practices for therapeutic recovery from historical trauma. An indigenous rationale for the postulated efficacy of ‘culture as treatment’ is explored with attention to


plausible therapeutic mechanisms that might account for such recovery. To the degree that a return to indigenous tradition might benefit distressed First Nations clients, redressing the socio-psychological ravages of colonization in this manner seems a promising approach worthy of further research investigation. (English)


Background: We sought to determine the lifetime prevalence of traumatic brain injury and its association with current health conditions in a representative sample of homeless people in Toronto, Ontario. Methods: We surveyed 601 men and 303 women at homeless shelters and meal programs in 2004-2005 (response rate 76%). We defined traumatic brain injury as any self-reported head injury that left the person dazed, confused, disoriented or unconscious. Injuries resulting in unconsciousness lasting 30 minutes or longer were defined as moderate or severe. We assessed mental health, alcohol and drug problems in the past 30 days using the Addiction Severity Index. Physical and mental health status was assessed using the SF-12 health survey. We examined associations between traumatic brain injury and health conditions. Results: The lifetime prevalence among homeless participants was 53% for any traumatic brain injury and 12% for moderate or severe traumatic brain injury. For 70% of respondents, their first traumatic brain injury occurred before the onset of homelessness. After adjustment for demographic characteristics and lifetime duration of homelessness, a history of moderate or severe traumatic brain injury was associated with significantly increased likelihood of seizures (odds ratio OR 3.2, 95% confidence interval CI 1.8 to 5.6), mental health problems (OR 2.5, 95% CI 1.5 to 4.1), drug problems (OR 1.6, 95% CI 1.1 to 2.5), poorer physical health status (-8.3 points, 95% CI -11.1 to -5.5) and poorer mental health status (-6.0 points, 95% CI -8.3 to -3.7). Interpretation: Prior traumatic brain injury is very common among homeless people and is associated with poorer health. ABSTRACT FROM AUTHOR; Copyright of CMAJ: Canadian Medical Association Journal is the property of Canadian Medical Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


In this study, a series of focus groups were conducted to gain an understanding of the nature of stress among Canadian Aboriginal women and men living with diabetes. Specifically, attention was given to the meanings Aboriginal peoples with diabetes attach to their lived experiences of stress, and the major sources or causes of stress in their lives. The key common themes identified are concerned not only with health-related issues (i.e. physical stress of managing diabetes, psychological stress of managing diabetes, fears about the future, suffering the complications of diabetes, and financial aspects of living with diabetes), but also with marginal economic conditions (e.g. poverty, unemployment); trauma and violence (e.g. abuse, murder, suicide, missing children, bereavement); and cultural, historical, and political aspects linked to the identity of being Aboriginal (e.g. 'deep-rooted racism', identity problems). These themes are, in fact, acknowledged not as mutually exclusive, but as intertwined. Furthermore, the findings suggest that it is important to give attention to diversity in the Aboriginal population. Specifically, Métis-specific stressors, as well as female-specific stressors, were identified. An understanding of stress experienced by Aboriginal women and men with diabetes has important implications for policy and programme planning to help eliminate or reduce at-risk stress factors, prevent stress-related illnesses, and enhance their health and life quality.


The purpose of this study was to gain insights into the lived experiences of urban Aboriginal Canadians with diabetes in stress and coping through leisure. A framework of resilience was used to conceptually ground the study and to analytically synthesize findings about the role of leisure
in coping with stress. Focus groups were used as the data collection technique, and phenomenology as an analytical approach. Not only were participants' experiences of stress tied to diabetes-related aspects of their lives, but their descriptions also suggested that stress originated from broader structural systems and dynamics at various intertwined levels-socio-economic, cultural, historical, and political (e.g., racism). On the other hand, the results revealed the use of human strengths and resilience through culturally appropriate forms of leisure (e.g., Native arts, Aboriginal dancing, music, spiritual reading, going to reserves) in coping with stress. The findings emphasized that culture plays a central role in explaining leisure stress-coping mechanisms, whether these are tied to collective strengths, cultural identity, spiritual renewal, or physical/behavioral benefits. Concerning the connection between stress and leisure, culturally-based forms of leisure seemed useful to deal with culturally-bound stressors (e.g., racism), while some evidence was found for the role of leisure (e.g., physical activity) in coping with diabetes-related stressors.

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An Aboriginal-guided decolonizing methodology is employed in this study to examine the leisure-like lived experiences of urban-dwelling Metis and First Nations women and men living with diabetes (N = 42) in Winnipeg, Canada. Directed by the Aboriginal knowledge and world views to ensure cultural sensitivity and relevance, this methodology served as foreground for the voices of the Aboriginal study participants into three key themes of leisure-like pursuits. The first two themes, (1) family, friends, and relationship-oriented pursuits and (2) helping people in community, are closely related within the nature of Aboriginal relationships. The third theme is spiritual and cultural activities. An overarching quality of these leisure-like pursuits is engagement in enjoyable activities that are a meaningful expression of lived culture. ABSTRACT FROM AUTHOR; Copyright of Leisure Sciences is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Background. There is a lack of knowledge about how cultural ideas affect First Nations peoples' perception of rehabilitation needs and the ability to access services. Purpose. The study explored the perceptions of treating and healing brain injury from First Nations elders and traditional healers in the communities served by Wassay-Gezhig-Na-Nahn-Dah-We-Igamig (Kenora Area Health Access Centre). Methods. A participatory action approach was used, leading to a focus group with elders and traditional healers. Findings, established through a framework analysis method, were member checked prior to dissemination. Findings. Four themes arose from the data: pervasiveness of spirituality, "fixing" illness or injury versus living with wellness, working together in treating brain injury, and financial support needed for traditional healing. Implications. Funding is required for traditional healing services to provide culturally safe and responsive occupational therapy services to First Nations individuals with brain injury.


Introduction: Patterns of multi-morbidity, the co-occurrence of two or more chronic diseases,
may not be constant across populations. Our study objectives were to compare prevalence estimates of multi-morbidity in the Aboriginal population in Canada and a matched non-Aboriginal Caucasian population and identify the chronic diseases that cluster in these groups. Methods: We used data from the 2005 Canadian Community Health Survey (CCHS) to identify adult (≥18 years) respondents who self-identified as Aboriginal or non-Aboriginal Caucasian origin and reported having 2 or more of the 15 most prevalent chronic conditions measured in the CCHS. Aboriginal respondents who met these criteria were matched on sex and age to non-Aboriginal Caucasian respondents. Analyses were stratified by age (18-54 years and ≥55 years). Prevalence was estimated using survey weights. Latent class analysis (LCA) was used to identify disease clusters. Results: A total of 1642 Aboriginal respondents were matched to the same number of non-Aboriginal Caucasian respondents. Overall, 38.9% (95% CI: 36.5%-41.3%) of Aboriginal respondents had two or more chronic conditions compared to 30.7% (95% CI: 28.9%-32.6%) of non-Aboriginal respondents. Comparisons of LCA results revealed that three or four clusters provided the best fit to the data. There were similarities in the diseases that tended to co-occur amongst older groups in both populations, but differences existed between the populations amongst the younger groups. Conclusion: We found a small group of younger Aboriginal respondents who had complex co-occurring chronic diseases; these individuals may especially benefit from disease management programs. ABSTRACT FROM AUTHOR; Copyright of Maladies Chroniques et Blessures au Canada is the property of Public Health Agency of Canada and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Summary: Despite targeted attempts to reduce post-fracture care gaps, we hypothesized that a larger care gap would be experienced by First Nations compared to non-First Nations people. First Nations peoples were eight times less likely to receive post-fracture care compared to non-First Nations peoples, representing a clinically significant ethnic difference in post-fracture care.

Introduction: First Nations peoples are the largest group of aboriginal (indigenous or native) peoples in Canada. Canadian First Nations peoples have a greater risk of fracture compared to non-First Nations peoples. We hypothesized that ethnicity might be associated with a larger gap in post-fracture care. Methods: Non-traumatic major osteoporotic fractures for First Nations and non-First Nations peoples aged ≥50 years were identified from a population-based data repository for Manitoba, Canada between April 1996 and March 2002. Logistic regression analysis was used to examine the probability of receiving a BMD test, a diagnosis of osteoporosis, or beginning an osteoporosis-related drug in the 6 months post-fracture. Results: A total of 11,234 major osteoporotic fractures were identified; 502 occurred in First Nations peoples. After adjustment for confounding covariates, First Nations peoples were less likely to receive a BMD test odds ratio (OR) 0.1, 95% confidence interval (CI), 0.0-0.6), osteoporosis-related drug treatment (OR, 0.5; 95% CI, 0.3-0.7), or a diagnosis of osteoporosis (OR, 0.5; 95% CI, 0.3-0.7) following a fracture compared to non-First Nations peoples. Females were more likely to have a BMD test (OR, 5.0; 95% CI, 2.6-9.3), to be diagnosed with osteoporosis (OR, 1.7; 95% CI, 1.5-2.0), and to begin drug treatment (OR, 4.1; 95% CI, 2.7-6.4) compared to males. Conclusions: An ethnicity difference in post-fracture care was observed. Further work is needed to elucidate underlying mechanisms for this difference and to determine whether failure to initiate treatment originates with the medical practitioner, the patient, or a combination of both. It is imperative that all residents of Manitoba receive efficacious and equal care post-fracture, regardless of ethnicity. ABSTRACT FROM AUTHOR; Copyright of Osteoporosis International is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Many Aboriginal communities call heart problems, and in particular cardiovascular disease, "White man's sickness." At the same time, Aboriginal women present with some of the highest rates of this disease. Against this backdrop, we explored how women with cardiac problems understand their heart health and used narrative-discursive methods to analyze interviews conducted with women from two First Nations in North America. The women told stories that were riddled with contradictions, unfolding a complicated personal and cultural reality of living with cardiovascular disease. In many stories, heart disease was described as resulting from a "community imbalance" in the wake of colonialism whereby the women had to take over the traditional roles of men. Their ideas of heart disease risk and healing flowed from this understanding. They derived a sense of strength, however, from their ability to undertake both gender roles. Based on our findings, we provide some recommendations for cardiac care. ABSTRACT FROM AUTHOR;


Since the 1990s, many communities in Canada have worked to develop specialized programs to meet the needs of pregnant and early parenting women who use alcohol and other substances. These programs provide a range of services under one roof (a "single-access" or "one-stop shop" model), address women's needs from a holistic perspective, provide practical and emotional support, and strive to reduce barriers to accessing care and support. Over the years, these programs have trialed new approaches to working with indigenous and non-indigenous women, their families, and their communities. In this paper, we describe the development of single-access programs in four different communities in Canada, discuss some of the elements of what makes these programs successful, and share our "lessons learned" over the years. We use examples from four different programs, including the Maxxine Wright Place Project in Surrey, BC; the Healthy, Empowered, Resilient (H.E.R) Pregnancy Program in Edmonton, AB; Her Way Home in Victoria, BC; and Manito Ikwe Kagiiikwe in Winnipeg, MB. All four programs are based upon the "best practices" elements of: (1) engagement and outreach, (2) harm reduction, (3) cultural safety (4) supporting mother and child, and (5) partnerships. In addition to serving First Nations, Métis, Inuit and other indigenous women and their families, these programs have drawn upon indigenous knowledge in their program design, values, and philosophy and have collaborated with indigenous women in evaluation and research to track the successes of these programs and to improve service delivery. ABSTRACT FROM AUTHOR; Copyright of First Peoples Child & Family Review is the property of First Nations Child & Family Caring Society of Canada and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


This paper presents the findings from a research project designed to explore the trajectories of migration/mobility of Aboriginal people who identify as Two-Spirit, lesbian, gay, bisexual, transgender and/or queer and the impact of mobility on health and wellness. This included migration from First Nations reserve communities to urban centres or rural communities (and back and forth). The research also examined the intersection between sexual and gender
identities with cultural/Nation and other identities within the historical and present context of colonization in Canada. The research utilized a community-based, qualitative design. Aboriginal research principles of Ownership, Control, Access and Possession (OCAP) were adopted as the guiding framework to ensure that there was a commitment to produce and share meaningful knowledge in a way that respects the integrity and rights of Indigenous peoples and communities. Twenty-four Aboriginal Two-Spirit/LGBTQ people in Winnipeg were interviewed (either as individuals or in focus groups). The findings indicate that participants in this study have moved many times in their lives (often starting with experiences of forced mobility, such as foster care and residential school). They spoke of struggles with gaining acceptance for the different parts of their identities (for example as gay, male, Aboriginal, youth) both within First Nation communities or rural communities and within urban gay and lesbian communities. Their experiences of dislocation often had a negative impact on their health and well-being. At the same time many participants showed great resilience in their efforts to create a sense of belonging, community and home. To understand and hear the truths of diverse Aboriginal Two-Spirit/LGBTQ peoples, it is important to understand the colonization experience that has created a shared history for them, shaping distinctive conditions of health, risk and resilience.


Multiple studies of homeless persons report an increased prevalence of a history in-care, but there is a dearth of information on associated outcomes or relevant demographic profiles. This information is critical to understanding if certain individuals are at elevated risk or might benefit from specific intervention. Here, we investigate how a history in-care relates to demographics and multiple outcome measures in a homeless population with mental illness. Using the Mini International Neuropsychiatric Interview (MINI), the Short-Form 12, and a trauma questionnaire, we investigated baseline differences in demographics and length of homelessness in the At Home/Chez Soi Trial (N = 504) Winnipeg homeless population with and without a history in-care. Approximately 50% of the homeless sample reported a history in-care. This group was significantly more likely to be young, female, married or cohabitating, of Aboriginal heritage, have less education, and have longer lifetime homelessness. Individuals of Aboriginal heritage with a history in-care were significantly more likely to report a familial history of residential school. Individuals with a history in-care experienced different prevalence rates of Axis 1 mental disorders. Those with a history in-care also reported significantly more traumatic events (particularly interpersonal). A distinctive high-risk profile emerged for individuals with a history in-care. Sociocultural factors of colonization and intergenerational transmission of trauma appear to be particularly relevant in the trajectories for individuals of Aboriginal heritage. Given the high prevalence of a history in-care, interventions and policy should reflect the specific vulnerability of this population, particularly in regards to trauma-informed services.

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Silver, J. (2010). Inside winnipeg's inner city. *Canadian Journal of Urban Research, 19*(1), iii-viii. An introduction to the journal is presented in which the editor discusses various reports published within the issue as part of a project titled "Transforming Inner-City and Aboriginal Communities" by the Manitoba Research Alliance (MRA).
Background: Children involved in the child welfare system (CWS) have a greater need for mental health treatment relative to children in the general population. However, the research on mental health treatment for children in the CWS is sparse with only one known previous review of mental health services with children in the CWS. Objective: This review reports on an evaluation of the literature examining mental health interventions for children within the CWS. Methods: The Grades of Recommendation Assessment, Development and Evaluation (GRADE) process was used as the basis of the evaluation. Results: The results reflect that, while the overall quality of research in this area is low and findings are, at times, inconsistent, detailed, manualized interventions using multiple treatment components that focus on family, child, and school factors showed the most promise in regards to child mental health outcomes and placement stability. These interventions not only report the best quality outcomes for children and families, but they were also most highly recommended within the GRADE analysis. Conclusions: These findings emphasize the importance of comprehensive intervention efforts that involve the family and community, as well as the child. The inconsistent positive outcomes may be partially explained by the lack of trauma-informed practices incorporated into treatment for these often traumatized children.

Abstract: In recent decades, Indigenous peoples across the globe have become increasingly urbanized. Growing urbanization has been associated with high rates of geographic mobility between rural areas and cities, as well as within cities. In Canada, over 54 percent of Aboriginal peoples are urban and change their place of residence at a higher rate than the non-Aboriginal population. High rates of mobility may affect the delivery and use of health services. The purpose of this paper is to examine the association between urban Aboriginal peoples' mobility and conventional (physician/nurse) as well as traditional (traditional healer) health service use in two distinct Canadian cities: Toronto and Winnipeg. Using data from Statistics Canada's 2006 Aboriginal Peoples Survey, this analysis demonstrates that mobility is a significant predisposing correlate of health service use and that the impact of mobility on health care use varies by urban setting. In Toronto, urban newcomers were more likely to use a physician or nurse compared to long-term residents. This was in direct contrast to the effect of residency on physician and nurse use in Winnipeg. In Toronto, urban newcomers were less likely to use a traditional healer than long-term residents, indicating that traditional healing may represent an unmet health care need. The results demonstrate that distinct urban settings differentially influence patterns of health service utilization for mobile Aboriginal peoples. This has important implications for how health services are planned and delivered to urban Aboriginal movers on a local, and potentially global, scale. Copyright © Elsevier; Copyright of Social Science & Medicine is the property of Pergamon Press - An Imprint of Elsevier Science and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Abstract: This paper explores the relationship between place and health inequity as experienced by Aboriginal youth living in Winnipeg, Canada. Between 2010 and 2011, a team of youth (N = 8) associated with a community-based Aboriginal youth arts program undertook a participatory community mapping process in order to link their personal health geographies to their right to the city. The results demonstrated several ways in which place, mobility, and boundaries affected their health experiences and, in turn, reflected their perceptions of health inequity. The study confirms that urban spaces can produce, and are produced by, highly racialized geographies that work to socially isolate, segregate, and immobilize Aboriginal youth while concomitantly increasing their exposure to higher risks to their health and well being.

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children. Recommendations for research in regards to mental health interventions for children in the CWS are discussed. ABSTRACT FROM AUTHOR; Copyright of Child & Youth Care Forum is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Background: Homelessness and poverty are important social problems, and reducing the prevalence of homelessness and the incidence of injury and illness among people who are homeless would have significant financial, societal, and individual implications. Recent research has identified high rates of traumatic brain injury (TBI) among this population, but to date there has not been a review of the literature on this topic. The objective of this systematic review was to review the current state of the literature on TBI and homelessness in order to identify knowledge gaps and direct future research. Methods: A systematic literature search was conducted in PsycINFO (1887-2012), Embase (1947-2012), and MEDLINE/Pubmed (1966-2012) to identify all published research studies on TBI and homelessness. Data on setting, sampling, outcome measures, and rate of TBI were extracted from these studies. Results: Eight research studies were identified. The rate of TBI among samples of persons who were homeless varied across studies, ranging from 8%-53%. Across the studies there was generally little information to adequately describe the research setting, sample sizes were small and consisted mainly of adult males, demographic information was not well described, and validated screening tools were rarely used. The methodological quality of the studies included was generally moderate and there was little information to illustrate that the studies were adequately powered or that study samples were representative of the source population. There was also an absence of qualitative studies in the literature. Conclusions: The rate of TBI is higher among persons who are homeless as compared to the general population. Both descriptive and interventional studies of individuals who are homeless should include a psychometrically sound measure of history of TBI and related disability. Education of caregivers of persons who are at risk of becoming, or are homeless, should involve training on TBI. Dissemination of knowledge to key stakeholders such as people who are homeless, their families, and public policy makers is also advocated. ABSTRACT FROM AUTHOR; Copyright of BMC Public Health is the property of BioMed Central and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Practice in shelters for people who are homeless is an exciting and challenging opportunity for occupational therapists. However, there is a paucity of knowledge about the occupational performance needs of this population. In the present study, 25 persons at a shelter were interviewed using the Canadian Occupational Performance Measure (COPM). Data were analysed using at qualitative and quantitative methods. Several major themes emerged including spirituality, "we want what everyone wants", choosing satisfaction, diverse health concerns, power of relationships, the importance of environment to well-being, and poverty. Altruism in the midst of adversity and individuality were minor themes. Instrumental activities of daily living, such as access to employment, financial management, housing, and recreation, were reported as more important than basic activities of daily living. Participants and interviewers also responded to general questions regarding the use of the COPM in the assessment process. The COPM was found to be useful for assessing the occupational performance needs of this population, but should be augmented by inquiry about environmental concerns, relationships, housing, and spirituality.
Werk, C. M., Cui, X., & Tough, S. (2013). Fetal alcohol spectrum disorder among aboriginal children under six years of age and living off reserve. *First Peoples Child & Family Review, 8*(1), 7-16. Fetal Alcohol Spectrum Disorders (FASD) are caused by consumption of alcohol during pregnancy and the prevalence of these disorders in Canada is not well established. Statistics Canada's Aboriginal Children's Survey (2006) was used in the current study to assess the prevalence of FASD among Aboriginal children living off reserve across Canada. Characteristics of Aboriginal children with or without a diagnosis of FASD and living in Western Canada were also assessed. Rates of FASD were higher in Alberta and Manitoba than other provinces and territories. For these children who were diagnosed with FASD half received treatment for FASD and treatment rates did not vary across provinces. In Western Canada, FASD was more common among children identified as First Nations, and among older children. Rates of FASD were also higher for Aboriginal children who lived in low income situations, who had experienced food insecurity, or who lived with foster parents. Therefore, Aboriginal children with FASD likely experience other life challenges and these factors should be considered when treating these young children.

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