

**POPINVITED: ID# 101105**

**Title:**

Anishnaabek Nanadagin: Examining the Role of Traditional Healing in an Integrated Diabetes Care Model

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**ACCEPTED**

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**Session Title:**

Rising Stars of Research and Scholarship Invited Student Posters

**Slot:**

RS PST1: Sunday, 17 November 2019: 11:45 AM-12:15 PM

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**Applicable Category:**

Clinical, Academic, Students, Leaders, Researchers

**Keywords:**

Indigenous peoples, Indigenous research methodologies and diabetes management

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### **Abstract Summary:**

This research is examining Indigenous clients' experiences accessing Traditional and Western diabetes care services, and what helps them to better manage and cope with diabetes. Viewers will get a better understanding of the connection the client has with traditional healers and ceremonies within an integrated diabetes care model.

### **Content Outline:**

Poster outline:

- Indigenous research methods
- Research question
- Methods
  - Setting
  - Sampling
  - Data collection & analysis
  - Preliminary results

### **Topic Selection:**

Rising Stars of Research and Scholarship Invited Student Posters (25201)

### **Abstract Text:**

The Indigenous peoples of Canada have suffered a precarious history of colonization that filled their lives with trauma from residential school experiences and the strong presence of health inequities. This has led to poorer health outcomes and an increased burden of disease as compared to the non-Indigenous communities (Government of Canada, 2018; National Collaborating Centre for Aboriginal Health, 2013).

The goal of this research is to identify the characteristics present within a person's health journey who is accessing traditional and western diabetes care services, highlighting their own understanding of their illness trajectory, and what helps them to better manage and cope. The aim is to better understand the connection the client has with traditional healers, their knowledge, and ceremonies within an integrated diabetes care model for clients to better navigate through their illness trajectory.

Diabetes is an illness which was not detected within the Indigenous population prior to 1940 but has become one of the fastest growing adverse health conditions within the Indigenous community (Young et al, 1990). From 2001-2007, statistics show that the average self-reported rate of diagnosis had increased by 26.8% as compared to the 1991 (Public Health Agency of Canada, 2011). Diabetes affects the Indigenous population more (First Nations: 9.3%; Métis: 7.5%) than the non-Indigenous population (6.5%) within Canada (Statistics Canada, 2015). They are being diagnosed at younger age, experiencing higher rates of complications, and this disease impacts them at all stages of the lifespan since Indigenous women have higher incidences of gestational diabetes (Public Health Agency of Canada, 2011).

Traditional healing practices are tools that have been used by Indigenous people for centuries to help them to maintain balance within them and to honour their connection to the land (First Nation Health Authority, n.d). Traditional healing practices vary from nation to nation but share the same purpose of using ancient traditions of our ancestors to help in healing all aspects of self, mind, body, spirit and emotion (Anishnawbe Health Toronto, 2000). These practices include guidance from those that have a direction connect to the spiritual world known as our traditional healers or elders. This guidance may include the use of traditional medicines or teachings on how to regain balance in one's life. (Anishnawbe Health Toronto, 2000).

The Indigenous community experiences many barriers, stigmas and stereotypes when accessing care and it is up to their healthcare provider to help ensure that their healthcare experience is meeting their needs (Cameron et al, 2014). The updated Diabetes Canada Clinical Practice Guidelines emphasized the importance of having preventative care rooted within culture and to have community consultation when putting together educational material for the community (Crowshoe et al., 2018). This idea of self-determination and empowerment are key concepts that need to be present within the plan of care as ways to help clients be successful in their healing journey (Harris et al, 2016; Oster et al., 2014). The act of reclaiming aspects of culture, honouring historical traumas and walking this truth as a community may be protective against developing diabetes (Oster et al., 2014). Seeing a traditional healer or elder is important for health maintenance and promotion because they can share knowledge of the plants, medicines, ceremonies and teachings that offer a higher level of interconnectedness to Creation and all that is within it (Anishnawbe Health Toronto, 2000). Within traditional healing there is a goal to restore that balance within one's mind, body, spirit and emotion and healers help us in regaining that balance through ceremonies and prescribing traditional plant medicines (Anishnawbe Health Toronto, 2000).

The primary aim of the proposed research is to examine the role of traditional healing practices (e.g., such as attending sacred ceremonies, seeing a traditional healer to be prescribed traditional medicines) in an inner-city diabetes clinic. The secondary aims of this research are to 1) identify the characteristics present within a person's health journey who is accessing traditional and western diabetes care services, highlighting their own understanding of their illness trajectory and what helps them to better manage

and cope, and 2) to better understand the impact of the connection the client has with traditional healers, their knowledge, and ceremonies within an integrated diabetes care model.

Grounding myself as the researcher within the research project, and being Indigenous myself, the choice of using Indigenous research methodologies (IRM) was an important consideration. IRMs ensure that respect, relationship accountability, and reciprocity are integrated throughout the research process and integrate traditional tools, ongoing reflective practices, and ethical considerations specific to working with the Indigenous community (Wilson, 2008; Chilisa, 2012; Hall & Cusack, 2018; Kovach 2010).

Indigenous research is as diverse as the researchers and participants engaging in it. IRM is not a method, but an umbrella term for multiple approaches, similar to qualitative research (Kovach, 2009). IRM aims to respectfully uncover the reality of Indigenous peoples' lives using their ontology, epistemology, and axiology (Wilson, 2008) to ensure their stories are grounded in their values and ways of knowing. IRM is best understood within the qualitative research paradigm, but only as a reference point, not a subset.

The Indigenous methodological tools that will be employed in this study include story telling and narrative inquiry. The project aims to interview 10 people who are living with type 2 diabetes and who are seeing a traditional healer as a part of their care. Additionally, five traditional healers will be interviewed to gain insight on the connection to one's spirit and their physical self. Participants will have the opportunity to engage in 1-2 interviews with additional sessions for reflection on the interpretation process. The initial interview will be at least 60 minutes in length. The interviews will be semi-structured and conversational method, all interviews will start with the use of traditional medicines (i.e., sage, sweetgrass, and cedar) to smudge with to ground the session in the present moment and to clear the space of any negative thoughts or feelings.

The data analysis will be completed using interpretive and thematic coding. Interpretive approach is a more culturally accepted approach as Indigenous tribal knowledge systems values the interpretive and subjective input (Kovach, 2012). The use of reflective practice throughout the research process will allow me to better understand the context to what is being said and how it is being said during the data collection interviews. Then throughout the process there will be ongoing member checking with the participants to ensure the data is being interpreted in a way that is agreeable to the participants.

Ethics approval for this study will require both approval from Anishnawbe Health Toronto community health centre and Athabasca University. Research will adhere to the TCPS (Government of Canada, 2018) on research involving First Nations, Inuit and Métis people of Canada and FNIGC's (2014) principles on Ownership, Control, Access and Possession. For example, The TCPS statement highlights the need for the research to be respectful to the persons involved, have concern for the welfare of the people and be just for the community (Government of Canada, 2018). The OCAP principles ensure the community owns the research, have complete control from start to finish of the research process, have access to the data and information collected throughout the research process and keep the research data (FNIGC, 2014). These principles ground the researcher and the research process in IRM principles of respect, relationality, and reciprocity (Kovach, 2010).