



UBC Learning Circle Final Report

April 1, 2012 – March 31, 2013

UBC Division of Aboriginal People's Health
June 2013



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Executive Summary

The Learning Circle project has been in existence for more than six years. It has evolved over time to expand from the UBC Learning Circle (UBCLC) to include the UBC Aboriginal Youth Learning Circle (YLC). Both circles support communities and individuals to participate and learn in their home communities, schools, or offices. Our work aims to improve health and reduce health inequities between Aboriginal and non-Aboriginal peoples in BC. Within the past six months we have expanded to include computer webinar technology as an option for participation, which has increased accessibility of the UBC Learning Circle and Youth Circle.

The three overarching themes for the UBC Learning and Youth Circles are Skills Enhancement, Community Conversations, and Research Dialogues. In each of these areas we attempt to provide health promotion programs which address health and social needs that are defined by communities. We aim to incorporate community knowledge keepers into our planning process to promote the cultural safety of our programming.

The number of sessions increased considerably as the year progressed due to factors such as the development of new partnerships with school districts, the First Nations Health Authority, First Nations Inuit Health and other post-secondary educational institutions.

In addition to the growth in the number of Learning Circles, 2012/2013 was a year of change for our organization. Both primary staff positions were hired in the fall of 2012, and faced steep learning curves with the introduction of new technology and developing connections with communities.

The UBCLC team works closely together to ensure program deliverables are met in all aspects related to planning, organizing, advertising, creating partnerships and delivering effective, community-driven programming to First Nations communities. Our videoconference technology support is provided by First Nations Inuit Health.

The UBCLC and YLC each present varying degrees of challenge and barriers to successful program delivery. As will be discussed in this report, these challenges fall into the broad areas of technical issues (e.g. internet and equipment), human resources (workload), and barriers to participation (videoconference booking conflicts and time zone differences).

The future of the UBC Learning Circle will focus upon partnership maintenance and development, online learning, and research activities to establish a framework for future programming and evaluation endeavours.

Introduction

The [UBC Learning Circle](#) (UBCLC) is a unique, technology-enabled health promotion initiative that is informed by Indigenous knowledges, epistemologies, and methodologies. In the spirit of community inclusion and engagement, all programming and ideas for Learning Circle sessions are derived through a consultation process with First Nations communities. UBCLC facilitates the transfer of existing Indigenous knowledges by hosting regular interactive videoconference and computer webinar sessions. Sessions are delivered in several formats, including formal presentations and “talking circles.” In all formats, questions, conversation, discussion, dialogue, and debate are encouraged to engage participants and provide a safe space for learning and knowledge exchange to occur.

The UBC Learning Circle began in January 2008 after conversations at the First Nations Health Directors Association meeting utilized videoconference technology to enable remote interaction with its health directors. This success inspired Health Canada to fund the purchase of videoconference equipment in over 90 First Nations communities around the province (primarily in health centres and band offices). The UBC Division of Aboriginal People’s Health agreed to provide the content for the videoconferences, and thus an ongoing partnership between APH and First Nations and Inuit Health has brought the Learning Circle into its fifth year of program delivery. During this time, the Learning Circle has also developed a Youth Learning Circle to engage Indigenous youth aged 12-29 in the areas of “role models and mentorship” and “skill building and self-care.”

Learning Circle Goals

The overarching goal of UBCLC is to improve Indigenous health and to reduce health inequities between Indigenous and non-Indigenous peoples in BC through the delivery of videoconference and technology-enabled sessions. Our ultimate objective will be accomplished through the achievement of several more manageable goals, which are categorized according to three different “[streams](#).”

Skills Enhancement: The remote geographical location of many First Nations communities and limited travel budgets frequently inhibits the capacity of health care workers to develop and update skills. UBCLC utilizes technology to bring ‘expert’ speakers to health care workers, enabling them to stay immersed in their communities and cultures while building their skills and qualifications. We invite Indigenous speakers to present whenever possible.

Community Conversations: All communities have inherent knowledge and ways of knowing that are indigent to the context of their community. UBCLC strives to facilitate the sharing of examples of health-related ‘best practices’ that arise from these knowledges. This enables communities across the province to explore and problem solve with one another on strengths, concerns, and needs.

Research Dialogues: The UBCLC believes that health researchers have an obligation to share and be transparent about the work they are doing for and with Indigenous communities. The Learning Circle provides the opportunity for health researchers, academics, students, and professionals to engage with communities in an effort to enhance the accessibility of academic institutions by Indigenous communities.

Youth Circle Goals

The long-term goal of the Youth Learning Circle (YLC) is similar to that of the Learning Circle: to improve health outcomes for Indigenous youth and reduce health inequities between Indigenous and non-Indigenous youth. The YLC is informed by a lifecourse perspective, which proposes that early life experiences profoundly influence health outcomes later in life (Hertzman, 2012). Youth are encouraged to connect and share their knowledge with each other and with health professionals via technology as a way to lessen the negative health impacts of geographic and cultural isolation. The recently coined motto of the Youth Learning Circle is “Education Through Inspiration” and is informed by theories of peer-to-peer role model effectiveness in the Western literature (Hoyt, Burnette & Innella, 2011). More importantly, this theory of learning draws from Indigenous knowledges and mirrors the traditional parenting style common to many Indigenous families by focusing on teaching by example, fostering community participation and responsibility in parenting, and respecting a youth’s inclusion and membership in the community as a person (Eni & Rowe, 2011). Youth participation is strengthened by UBCLC staff outreach activities at youth conferences and community events.

The UBC Learning Circle as a Health Promotion Initiative

The UBC Learning Circle has a mandate to provide community-driven health promotion programming for Aboriginal peoples in British Columbia through an interactive community engagement process. We envision health promotion from a holistic perspective and believe that health is more than a narrow focus on ‘lifestyle.’ A fundamental critique of the lifestyle approach to health promotion has been that only individuals who have access to the resources (financial and otherwise) to adopt ‘proper’ health behaviours benefit from lifestyle messaging, thus widening the health inequities gap (McQueen, 1996).

Additionally, health promotion largely fails to address Indigenous-specific health needs in a manner that is culturally safe (Kirmayer, 2012). The UBC Learning Circle creates cultural safety on several levels, including utilizing Indigenous epistemologies (or “ways of knowing”) in its programming and delivery. Examples of these epistemologies include utilizing the concept of a circle as a method to equalize the sharing of power and recognition of each voice within the circle (Graveline, 2000). Many Indigenous presenters also use story and narrative within the circle to impart knowledge and important life lessons (Battiste, 2002). Our technology allows for the collective and reciprocal process of knowledge generation, which is based upon the epistemological concept of “relationship.” Many Indigenous epistemologies hold that knowledge is generated in relationship with ourselves, each other, the land, and all of creation (Wilson, 2008).

Our philosophy is that health promotion involves improving the social conditions that foster well-being through action on determinants such as education, employment, and food security. When examined through a wider lens, Indigenous-specific determinants of health also include self-determination, language, culture & heritage, and colonialism (NCCAH, 2009). The UBC Learning Circle works to facilitate change in the social determinants of Indigenous health in many ways. Several examples are highlighted below in “Highlights of Sessions” section that illustrate how UBCLC’s programming can potentially impact upon the social determinants of health. These examples also provide potential measures for future outcome evaluations.

Community-Driven Programming

The UBC Learning Circle aims to incorporate community participation in the development, planning, and delivery of its health promotion programming. We recognize that the knowledge for health and healing currently exists in Indigenous communities. A recent meta-analysis of 18 studies by Demaio (2011) shows that the inclusion and culturally appropriate application of local wisdom (i.e. Indigenous knowledges) in the development of health promotion initiatives leads to greater and longer-lasting health benefits at both the individual and population levels. Another key finding from this research is that local Indigenous knowledges are respected at a level equal to that of “experts.” UBCLC embraces this idea and encourages communities to guide the way with respect to programming.

Our engagement process takes place in a number of different ways. Several of our team members are from First Nations communities and have lived experience of the health and social issues that need addressing. This knowledge of relevant health promotion topic areas is utilized to develop both formal and informal programming surveys, which are completed by individuals such as health directors (e.g. during the recent First Nations Health Directors Association conference). The surveying process also involves making telephone calls to community health directors, nurses, youth workers, and educators to get a sense of emerging health issues. To address these areas, we work with partners to create sessions that support learning, growth, or healing as necessary. As an example of how UBCLC keeps abreast of emerging issues, numerous First Nations communities are currently experiencing an increase in attempted and completed youth suicides. The FNHA has responded to this crisis by developing a youth mental health action strategy, which the Learning Circle presented in a recent session with FNIH medical health officers.

We also utilize feedback from regular Learning Circle evaluations to inform the direction of future programming. A [session evaluation form](#) is available on our website, and this link is frequently circulated following sessions to collect feedback and input for future sessions. We have also developed a [year-end evaluation form](#) that will form a springboard for a formal process evaluation to occur later this year. This iterative process demonstrates that UBCLC is committed to the community-driven engagement process and uses feedback to grow as individuals, as a team, and as an organization. Most importantly, we utilize it to improve service to communities in the pursuit of wellness.

Staff Introduction and Roles

UBCLC staff allocates approximately 75 percent of their time to UBCLC programming. The remaining 25 percent is devoted to activities for the UBC Division of Aboriginal People’s Health (APH). While titles, roles, and responsibilities are defined by discrete categories according to university policy, in practice there is a moderate amount of overlap between positions. Supporting each other as a team is integral to the success of the Learning Circle. Over the past year our professional and personal development has strengthened our ability to function as a cohesive unit

Leah Walker, Associate Director, UBC Division of Aboriginal People’s Health: The Associate Director provides leadership to the Division of Aboriginal People’s Health and is responsible for establishing and maintaining relationships across the university, with communities, and First Nations service provider organizations. Leah is currently involved with the UBC Aboriginal Health Strategy Working Group, which is developing the UBC Centre of Excellence in Indigenous Health.

Crystal Morris, Aboriginal Health Education Coordinator: The key responsibilities of this position are planning, designing, developing, coordinating and implementing the educational objectives, programs, and related administrative functions for APH. Crystal provides leadership to the Learning Circle by consulting with and creating partnerships with communities to define appropriate learning objectives and content as well as evaluating outcomes.

Kathryn Berry, Program Assistant: The primary role of the Program Assistant is to support the coordination of the educational, research, and advocacy objectives and programs of APH. Kathryn is responsible for Divisional communications, including liaising with UBCLC presenters and partners to develop and advertise material for Learning Circle sessions. Other activities include providing technology support for the UBCLC, participant registration, and facilitating sessions where required.

Season Re-Cap (April 1, 2012- March 31, 2013)

The [2012-2013 UBC Learning Circle season](#) was one of many changes, challenges, and successes. Key among the successes was the increase in number of sessions and participants. Between April 1, 2012 and March 31, 2012 we held 21 sessions for an approximate total of 917 participants.

Attendance trends indicate sessions that were culturally based generally had higher participation than sessions based upon more “traditional” methods of health promotion (e.g. those which are prevention-oriented and stress the importance of a healthy lifestyle). This underscores the need for culturally safe health promotion programming which reflects the diverse knowledges and values of Indigenous peoples.

It is also interesting to note that policy-related sessions attracted a greater number of participants as well. This heightened interest could be reflective of the larger societal movement towards Indigenous self-determination and control over the social determinants of health. These findings will inform future programming for the UBC Learning Circle.

For a complete breakdown and description of participation data, please see Appendix 1. We reported either the number of participants who registered OR attended, whichever was higher. It should be recognized that registration reflects an intention to attend, but due to the close-knit social structure of many First Nations communities, events such as a death in a family may prevent many community members from participating. Higher registration numbers also demonstrate the effectiveness and wide reach of our advertising and promotion.

Our Challenges

The UBC Learning Circle underwent a number of changes during the past season. Two new staff were hired in September and October (the Education Coordinator and Program Assistant) and were thus faced with the challenge of ensuring the UBCLC season got underway in a timely manner while simultaneously learning new roles, responsibilities, and learning to work with each other. Communication and teamwork has been a key ingredient in our success, and all staff routinely engage in professional development in these areas.

In September 2012, coincident with the staff turnover, new computer webinar technology (“Adobe Connect”) was introduced in addition to the videoconference equipment that provided participants

with an additional method to participate. This act of forward thinking has been an integral factor in driving participation numbers. We are still learning to utilize this technology to its full capacity, as use has been limited by outdated technology and the absence of necessary equipment (such as a new laptop computer). Even with the introduction of Adobe Connect, increasing Learning Circle participation has been one of our greatest challenges. Current avenues of advertising include word-of-mouth, email, phone calls, social media sites such as Facebook and Twitter, the UBC Event calendar and Aboriginal Portal calendar. We also work with partner organizations to promote Learning Circles. As an example of this collaboration, we recently held an event in partnership with the First Nations Health Authority. FNHA communications staff advertised our session in their regular “e-blast” and it was only after promoting the session through our own channels that participation numbers increased. This provides solid evidence that we have developed an extensive reach with our advertising and that the UBC Learning Circle ‘brand’ is increasingly being recognized by a diverse audience.

Additional barriers to increased participation include:

- Attempting to secure multiple presenters simultaneously can frequently impede our ability to get notice out to communities in a timely enough manner to allow them to attend
- Numerous staff responsibilities are oriented towards production and programming rather than developing closer relationships with communities

The latter barrier is closely related to the emerging trend at the UBCLC of producing a greater quantity of Learning Circles at the expense of quality. While it is understood that our funders and partners hold expectations with regards to hosting a certain minimum number of sessions, one quality-focused area that we can improve in is clearly defining the purpose and audience for each event. This clarification will aid in allowing people to more accurately assess if the objectives of the sessions meet their learning needs, thus increasing participation numbers. Improving quality and sustainability of our programming also means that participants are able to access learning resources before and after sessions (e.g. PowerPoint presentations, web links related to session content, etc.).

Our Successes

At the UBC Learning Circle, we are especially proud of the relationships that we have built with our partner organizations. Some of these organizations include:

- First Nations Health Authority
- Vancouver Coastal Health
- Vancouver Community College
- Simon Fraser University (First Nations Student Association)
- First Nations Technology Council
- First Nations Inuit Health (program delivery units)
- School districts (Aboriginal education departments)

Partnering with these organizations has enabled UBCLC to expand the types of sessions we offer in terms of content and reach. We believe that this demonstrates our fiscal and economic prudence, as we have been able to grow our programming within the confines of our current budget by sharing resources and knowledge with these organizations. Below is a brief summary of the accomplishments we have shared with our partners.

First Nations Health Authority: To date we have partnered with FNHA to deliver nine Learning Circles on policy-focused and health planning topic areas related to the transition from First Nations and Inuit Health. Our role has been supporting the exchange of knowledge and information through provision of our technology as well as providing facilitation, advertising, tech support, and administrative functions.

First Nations Technology Council: FNTC hosted the STRONG Conference in early May 2013. This conference featured presentations on cutting-edge technology that enabled participants to learn how to effectively utilize new technology in their careers and daily lives. UBCLC was involved in the planning and delivery of this conference, including securing speakers and promoting the event. During the conference we broadcasted six live sessions by videoconference and Adobe Connect to First Nations communities across BC.

Vancouver Coastal Health: In partnership with VCH Aboriginal Health Strategic Initiatives, we utilized our videoconference technology and infrastructure to bring a live event highlighting a resource manual on Elder abuse to several First Nations communities across the province.

Vancouver Community College: The “Gateways to Health Careers” program provides flexible and supported online career exploration to assist Aboriginal learners both locally and remotely in the transition to post-secondary education and the workforce. We have utilized community connections to recruit participants and presenters for this program, as well as offer the use of our technology to connect learners.

Simon Fraser University First Nations Student Association: This relationship has encompassed the hosting of several events, including a series on Aboriginal youth in the criminal justice system and a speaker panel highlighting successful Indigenous peoples and their career stories. Again, we utilized our videoconference technology and infrastructure to share this event, and supported the promotion of the session among our contacts.

These partnerships have revealed one of UBCLC’s key strengths: as a ‘learning organization,’ we are constantly required to adapt and grow on both professional and personal levels when working with outside organizations to meet differing needs, including contrasting organizational cultures, communication styles, and funding availability of our various partners. This flexibility extends to our technological challenges as well. As an example, our registration system has been modified to auto-reply to registrants with computer webinar connection information. Previously, the Program Assistant had to manually generate this information and send it to participants. This task became impossible with the increasing number of last-minute registrations, as the Assistant was required to set up for the Learning Circle in addition to handling technical support. This recent modification was in response to the feedback we received after a Learning Circle with FNHA in which we had approximately 250 people register. We encourage and act upon participant and partner feedback as much as possible.

UBC Learning Circle staff have also been actively engaged in community events and Indigenous health-related conference as a means of building community relationships, promoting the Learning Circle initiative, increasing participation in our sessions, and gathering input for future programming. This year we attended several events including:

- First Nations Health Directors Association conference (November 2012)
- Intertribal Health Authority conference (January 2013)
- Gathering Our Voices Youth conference (March 2013)

- STRONG Conference (May 2013)
- Gather, Learn, Discuss: Social Epigenetics and Ktunaxa Knowledge Relationships (May 2013)

Highlights of Sessions

When selecting examples of 'successful' sessions to highlight for the purposes of this report it is important to consider evaluation criteria for 'success' other than participation numbers. This section discusses three particular sessions that illustrate the ways in which UBCLC is having a positive impact on First Nations communities.

First Nations Health Authority – [Mental Wellness and Substance Use Engagement Session](#) (various dates): UBCLC partnered with FNHA to host a series of five sessions on the newly released MWSU plan. As a result of utilizing our technology and network of community connections, the health planning team was able to clarify objectives for regional forums and generate invitations for future in-person health planning meetings. Our technology allowed anyone with an Internet connection to participate. Without this partnership, many voices that needed to be heard would not have been included in the conversation. These sessions contributed to strengthening community self-determination, which Indigenous scholar Margo Greenwood has identified as an important social determinant of health for Indigenous peoples (NCCAH, 2009).

[Aboriginal Youth and the Criminal Justice System](#) (various dates): This series of lives sessions was held in partnership with the SFU First Nations Student Association and served to develop our relationship across universities. The over-representation of Indigenous peoples in the criminal justice system means that a deeper understanding of the cyclical relationship between colonization, the criminal justice system as a social determinant of health, and health outcomes for Aboriginal youth is required if health outcomes are to be improved. Towards this end, these sessions offered culturally based solutions for healing.

Youth Circle – [Indigenous Role Model Trevor Mack](#) (December 12, 2012): This session featured the young, up-and-coming Tsilhqot'in film maker and director [Trevor Mack](#) discussing the challenges of learning his art form. As a result of appearing on the UBC Learning Circle, Trevor Mack was offered several contracts that served to further his promising career.

As another new initiative in the 2012/2013 season, we have been recording all of our Learning Circles and making past sessions available on our [website](#) as part of our sustainability efforts to support continuous learning for participants as well as provide the opportunity for people to view the session who were unable to attend live.

Partner and Participant Feedback

Partner Feedback

“Overall, I found the staff at the UBC Learning Circle to be prepared, collected, and friendly. In preparing for the videoconferences, Kathryn and Crystal provided useful insight and suggestions. Kathryn scheduled the sessions smoothly and offered to garner further participation through Learning Circle’s own engagement lists, improving the breadth and amount of participation. Crystal ensured protocol was

followed and provided excellent linkages to other presentations and resources for participants... We truly could not have done this on our own. We look forward to working with you both again." Blake Stitilis, Health Planner, FNHA Mental Wellness and Substance Use, May 2013.

"The staff at the UBC Learning Circle have played a key role in the Ministry of Health's engagement of First Nations communities across the province with respect to the BC Services Card project." Michele Robinson, Policy Analyst, Health Sector IM/IT Division, Ministry of Health, December 2012.

Participant Feedback

"It has been very exciting, and has given us inspiration in our roles as community workers to hear what is happening in other communities, and listening to the professionals that you have had as presenters has been excellent, encouraging, and promising." Anonymous, September 2009

"The UBC Learning Circles is an excellent idea... because it provides opportunities to our staff because we don't get a lot of opportunities in house because they don't have to leave the community." Mary McCullough, Three Corners Health Society, September 2008

Technical Evaluation

The success of the UBC Learning Circle relies heavily on the technical support provided by our team at First Nations and Inuit Health's eHealth Solutions Unit. This section includes a summary of the 2012/13 season from a technical perspective and was developed with feedback from our technical team.

Videoconference

Overall, our technical team believes that the quality of the videoconference sessions was good. There have been a few equipment issues with some of the communities such as units that do not provide a video feed, or units that are timed to exit the session after an hour (e.g. at the Sto:lo Health Centre). The eHealth bridge was also recently subjected to spam dialing from the internet and this caused major issues during a couple of sessions as the bridge crashed repeatedly. Our technical team was able to use a different bridge to connect sites to the Learning Circle and the session continued.

We have received feedback from partners and participants that the quality of video recordings could be clearer. Our technical team has noted this challenge and they are currently working to find a solution to this issue.

Adobe Connect (computer webinar)

While we have received feedback from our technical team and participants that the quality of video on the computer webinar portion of our sessions is good, poor audio quality remains a challenge for computer webinar participants. Diminished audio quality can occur for a couple of reasons. The first issue is related to the internet connection speed of both UBCLC and the participants. While we utilize a high-speed wireless network, not all communities have access to high-speed internet, and thus the quality of the audio is frequently poor and can be "choppy." We are also limited in terms of sound quality by the fact we only have one microphone for the camera. The purchase of several more wireless

microphones compatible with our current system would undoubtedly enhance audio quality. These can be purchased used for approximately \$160 each.

Future Directions

An area that the UBC Learning Circle would like to expand into in the near future is utilizing our existing technological infrastructure to host continuing professional development courses for health care workers and/or health directors. We do not have the capacity to develop and facilitate these courses with our own resources, but our ability to reach rural and remote First Nations communities allows us to collaborate with organizations that have courses ready to deliver. We have been working with Seabird Island College to offer online traditional medicine courses. Another potential partnership exists with the First Nations Health Directors Association to offer skill-building opportunities for communities. UBCLC has met with FNIH and the Indian Residential School Survivors Society and are planning a series of sessions beginning in the fall of 2013. Topic areas include:

- Legacy of Indian residential schools
- Trauma
- Grief and loss
- Truth and reconciliation in communities
- Traditional practices and Western medicine
- Intergenerational trauma
- Moving towards wellness
- Creating balance
- Offenders in the criminal justice system

The UBC Learning Circle intends to maintain its current level of output in the upcoming season but will distribute its sessions more evenly throughout the year. We anticipate that the quality of our offerings will increase by providing more timely advertising, clarifying learning objectives, and working to improve the sustainability of participant learning by providing links to materials and resources that are related to each session's topic. In addition, we hope to begin an in-depth process evaluation of the UBC Learning Circle to discover if our programming is adequate to achieve the goals we have set for our initiative.

The 2013/2014 season will also see the development of new partnerships with First Nations service provision organizations. As an example, we are about to begin working with PHSA to deliver a series of community engagement sessions highlighting a new Aboriginal Safe Infant Sleep education tool. Health Canada has also asked us to collaborate on a series of skill-building seminars for health care workers. Developing new partnerships and maintaining positive working relationships with our current network is the key to the sustainability of the UBC Learning Circle and an integral aspect of improving the social determinants of health for Indigenous peoples.

We also look forward to participating in more conference and community events. On National Aboriginal Day in June our staff will be participating in BC's largest National Aboriginal Day celebration at Trout Lake. Later this year we plan to attend Gathering Wisdom VI in October as an exhibitor and explore the possibility of sharing some of the live events with First Nations communities across BC.

Conclusion

The UBC Learning Circle is a 'living program' that will continue to grow and develop according to the needs of First Nations communities, the nature of our partnerships, and the projects that our staff create. Collaboration with our partners to secure resources for future programming is required to continue and expand the work that we do. Our feedback from participants and partners indicates that our programming makes a difference in the health and lives of people in Aboriginal communities. UBCLC staff are committed to making this program a sustainable, long-term initiative and respectfully request your continued support and partnership to make this happen.

Appendix 1: Table of Participation (April 1, 2012– March 31, 2013)

Date	Title	Presenter(s)	Summary	Total Participants*
March 27, 2013	Aboriginal Offenders: The Generational Healing (off-location session)	Doug Dowhaniuk, Arthur Paul, Gerald Adams, Laura Baird	Series with SFU First Nations Student Association on Aboriginal youth in the criminal justice system.	50
March 13, 2013	Youth Circle: FNYCBCA Presents "Sharing Your Wisdom	Serena Reid	Learning how to start youth councils.	21
March 12, 2013	Youth Circle: YouthCO Presents "Contraception"	Jessica St. Jean	Contraception for Aboriginal youth with a focus on the social determinants of health.	10
March 6, 2013	Cycle of Juvenile Justice: The Crisis of Aboriginal Youth	Flora Raynes, Pamela Shields, Richard Lavelle, Stephen Anderson, Steve Hanuse	Series with SFU First Nations Student Association on Aboriginal youth in the criminal justice system.	80
March 5, 2013	Vancouver Coastal Health ReAct Adult Protection Program	Amanda Brown	Resource manual on Elder abuse.	30
February 28, 2013	Youth Circle: YouthCO Presents "HIV 101"	Jessica St. Jean	HIV prevention for Aboriginal youth.	8
February 21, 2013	Indigenous Peoples Career Stories (off-location session)	Dr. Peter Eppinga, Crystal Morris, Miranda Stirling, Gerald Bent	Exploring potential careers for Aboriginal students.	100
January 17, 2013	Youth Circle: Indigenous Role Models Gino Odjick & Peter Leech – "Bullying and the Wheel of Fear"	Gino Odjick, Peter Leech	Learning to recognize and overcome fears that lead to bullying.	216
January 10, 2013	Youth Circle: Aboriginal Play it Forward Sports Foundation	Rob Cowie, Beau Laslo, Morgan Anson	Youth-founded program donates sports equipment to other Aboriginal youth.	8
December 12, 2012	Youth Circle: Indigenous Role Model Trevor Mack	Trevor Mack	Film maker and director discusses how he overcame challenges to become a role model.	50
December 6, 2012	Aboriginal eMentoring BC	Annette Kinley, Angelina Heer, Jonathon Edwin	University students in health careers mentor Aboriginal youth.	53
December 4, 2012	Gathering Strength: Voices on Depression and Suicide	Will Morris, Susan Armstrong	Community suicide protocols and highlighting a successful initiative.	55
November 29, 2012	Youth Circle: Indigenous Role Model William Belleau	William Belleau	Actor discusses numerous challenges of becoming successful Indigenous actor.	60
November 22, 2012	Youth Circle: Indigenous Role Model Alissa Derrick	Alissa Derrick	Aboriginal youth athlete.	37
November 15, 2012	The BC Services Card	Nikki Sieben, Stephanie Power	Roll-out of the new BC Services Card to gather feedback from First Nations communities.	31
October 24, 2012	Youth Sexuality: An Introduction	Jessica St. Jean, Bambi Tait	Introduction to sexuality for Aboriginal youth.	12

October 17, 2012	One Match Stem Cell & Marrow Network	Becky Luk, Dr. Tanya Petraszko	Information session for First Nations stem cell and marrow donors.	17
September 26, 2012	Tripartite Transition and Update	Grand Chief Doug Kelly, Joe Gallagher, Lynn Bernard, Shannon McDonald	FNHA update of transition and tripartite agreement.	28
April 26, 2012	H1N1 Outcomes of First Nations in BC	Evan Adams, Shannon Waters	Update on status of H1N1 flu in BC.	20
April 18, 2012	Acne Vulgaris: Zits, Pimples, and Cysts	Wingfield Rehmus	Development and management of acne.	17
April 4, 2012	What is Heart Failure?	Barbara Hennessy, Bonnie Caitlin	Prevention and treatment of CHF.	14
			TOTAL PARTICIPANTS*	~917
<p>*Total number of participants includes in-person attendees (for live sessions) in addition to video conference and webinar attendance. Where there is more than one session in a day, the total participants number reflects attendees from all sources for the entire day. Number reported is either registration number or the number of participants, whichever was higher.</p>				

Appendix 2: Financial Statement (April 1, 2012– March 31, 2013)

Description	Expenses	Revenue
Revenue – Health Canada		56,000.00
Salaries-Staff	47,387.19	
Employee benefits-Main	7985.60	
Honoraria	1,780.00	
Travel	392.75	
Conferences-Registration	300.00	
Operational supplies & expenses	1082.07	
Printing/Promotional Banner	681.41	
ISDN/Cable	696.20	
Meetings/Catering	153.73	
Gifts	139.59	
Telecommunications/Telephone/Long Distance	778.68	
UBC Administration/Overhead	1120.00	
Subtotal	62,497.22	
Carryforward Expenses 2011/12	16,291.44	
Total	78,788.66	
Balance		-22,788.66

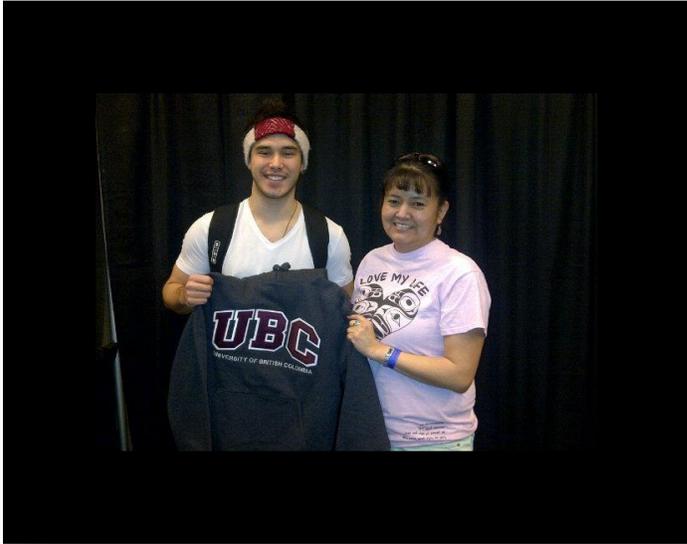
Appendix 3: Photographs from Sessions and Conference Participation



Crystal Morris and Dr. Evan Adams at the Gathering Our Voices Aboriginal Youth Conference in Penticton, BC (March 22-25, 2013).



Presenters at the **STRONG Conference** in Richmond, BC (May 6-8, 2013).



Crystal Morris and Trevor Mack at the Gathering Our Voices Aboriginal Youth Conference in Penticton, BC (March 22-25, 2013).



Crystal Morris and Jessica St. Jean from YouthCo present on contraception for Aboriginal youth (March 12, 2013).

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