Children's Health and Well-being Assessment:

A strengths-based App to measure First Nations, Inuit and Métis children's well-being

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Wiikwemkoong Unceded Territory

CHEO RESEARCH INSTITUTE INSTITUT DE RECHERCHE

UBC Learning Circle April 11, 2023

Beginning in a good way

Please take a minute, in private, to acknowledge the traditional territory where you live and work.

Learning Goals:

- Introduce the Aaniish Naa Gegii: the Children's Health and Well-being Measure (ACHWM)
  - a strengths-based assessment tool, completed on an App, by First Nations, Inuit, and Métis (FNIM) children
- Delve into the use of the ACHWM
  - to gather local data
  - to inform community-based decisions
- Explore the Wellness Resource Hub
  - time permitting

Learning Goals:

- Introducing the Aaniish Naa Gegii: the Children's Health and Well-being Measure (ACHWM)

Introducing the ACHWM

ACHWM

Aaniish Naa Gegii : the Children's Health and Well-being Measure

- A self-reported wellness assessment
- Developed with and for Indigenous children
  - 8 to 18 years
    - Began at Naandwechige-Gamig Wikwemikong Health Centre in partnership with Laurentian University
- **Now** a partnership between CHEO Research Institute and Naandwechige-Gamig Wikwemikong Health Centre

NAANDWECHIGE-GAMIG WIKWEMIKONG HEALTH CENTRE

CHEO RESEARCH INSTITUTE
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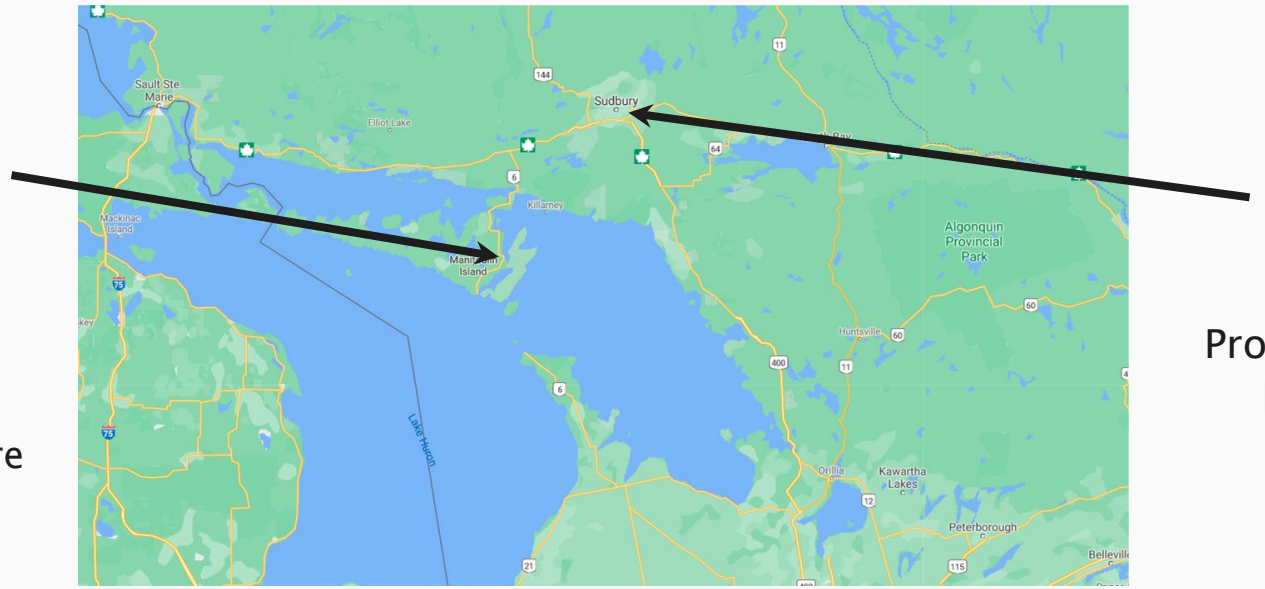
Why create a new measure?

- Community leaders recognized a health equity gap for **First Nations, Inuit and Métis children**
- No child health data relevant at the local level
  - Data was needed to inform health planning and evaluation
- No culturally-relevant measures

Origin of the ACHWM

- A partnership developed between Indigenous health leaders and academic researchers to incorporate traditional wisdom and ensure scientific credibility
- Intent was to **ensure the relevance for Indigenous children across Canada**

Mary Jo Wabano
Health Services Director
Naandwechige Gamig
Wikwemikong Health Centre



Nancy L. Young
Professor & Research Chair
Laurentian University

Photovoice Activities

Ideas were translated into questions about...

6 Focus Groups

- 38 children in Wiikwemkoong
  - Selected the best photos
  - Gave a name to each photo to describe the wellness concept
  - Assigned concepts to quadrants
- 58 questions related to health and wellness were developed
  - 4 more added later by other communities
- Guided by an Advisory Committee

Young NL, Wabano MJ, *et al.* Canadian Journal of Public Health. 2013

Assessed the Fit in Other Communities

- Weechi-it-te-win Family Services — June 2014
- Métis Community in Sudbury — July 2014
- M'Chigeeng First Nation — August 2014
- Whitefish River First Nation — October 2014
- Ottawa Inuit Children's Centre — January 2015

  (Now: Inuuqatigiit Centre for Inuit Children, Youth and Families)

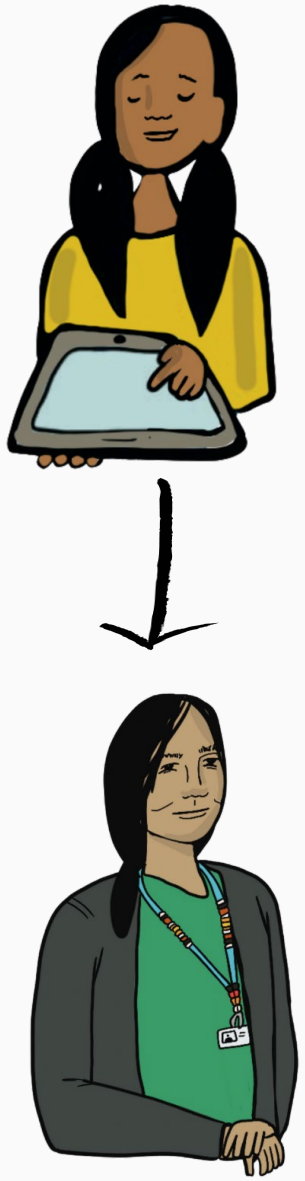
Gifted names by Communities

Aaniish Naa Gegii	NE Ont.	Anishnaabemowin
Aniish Na	SW Ont.	
Ah'neen'chi'Kay'yohn	Pikangikum	
Aaniin Ezhi-Ayaayan	NW Ont.	
Qanuippit	Nunavut	Inuktitut
Komon Ca Vo	NE Ont.	Michif
Ohniió ton hatie	Kahnawake	Kaniehkeha:ka
Wacheya	Northern Ont.	Cree
ëdlanët'ë	Saskatchewan	Dene
Wa Chexw Yuu	BC	Skwxwú7mesh sníchim

These names translate to ***How are You?***

Tablet Technology

- Supports children to answer the questions independently
  - No data entry is required
- Produces scores that are:
  - Shared with each child on a “balance chart”
  - Aggregated in an automated report for the community
- Connects children at “potential risk” to a local safety net



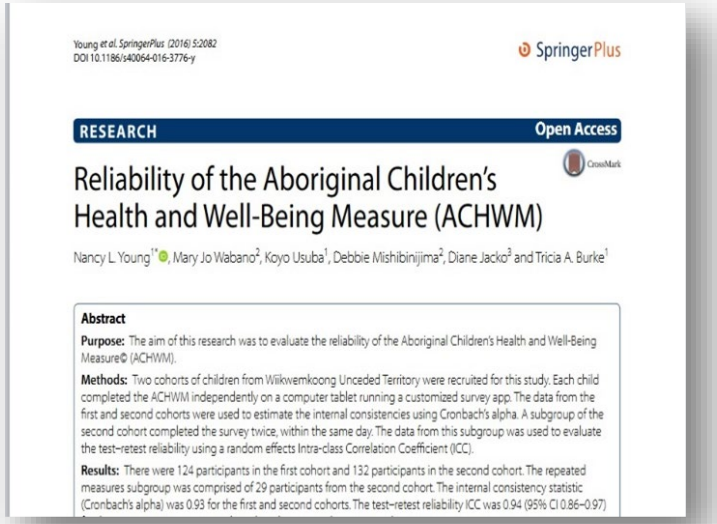
Brief Assessment Developed

- Screening process was created by the Nadmadwin Mental Health Clinic staff in Wiikwemkoong
  - Suggested that 18 questions should be flagged and immediately addressed
- Children are referred to a qualified staff member if:
  - 1 or more red flags
  - 2 or more yellow flags
- Ensures each child's safety

Grounded by 10 years of science

- Reliability (ICC=0.94)
- Validity (r=0.52 vs PedsQL)
- Sensitivity (88%)
- Specificity (84%)

ACHWM meets psychometric criteria



Young et al. SpringerPlus (2016) 5:2082
DOI 10.1186/s40064-016-3776-y

SpringerPlus

RESEARCH Open Access

Reliability of the Aboriginal Children's Health and Well-Being Measure (ACHWM)

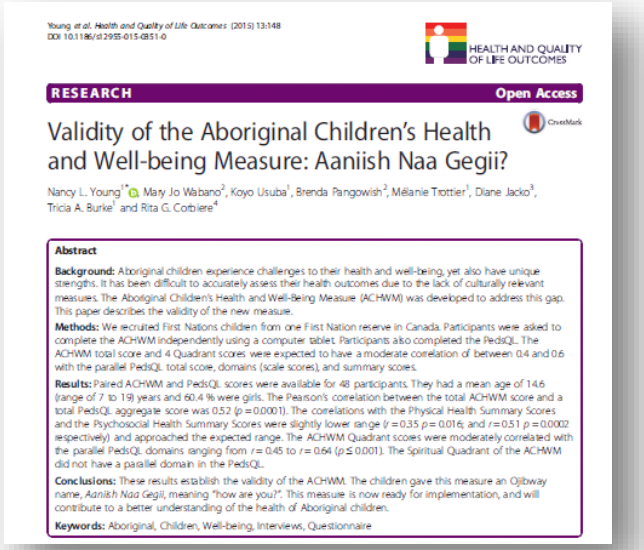
Nancy L. Young[1*], Mary Jo Wabano[2], Koyo Usuba[1], Debbie Mishibinijima[2], Diane Jacko[3] and Tricia A. Burke[1]

Abstract

Purpose: The aim of this research was to evaluate the reliability of the Aboriginal Children's Health and Well-Being Measure© (ACHWM).

Methods: Two cohorts of children from Wiikwemkoong Unceded Territory were recruited for this study. Each child completed the ACHWM independently on a computer tablet running a customized survey app. The data from the first and second cohorts were used to estimate the internal consistencies using Cronbach's alpha. A subgroup of the second cohort completed the survey twice, within the same day. The data from this subgroup was used to evaluate the test–retest reliability using a random effects Intra-class Correlation Coefficient (ICC).

Results: There were 124 participants in the first cohort and 132 participants in the second cohort. The repeated measures subgroup was comprised of 29 participants from the second cohort. The internal consistency statistic (Cronbach's alpha) was 0.93 for the first and second cohorts. The test–retest reliability ICC was 0.94 (95% CI 0.86–0.97)



Young et al. Health and Quality of Life Outcomes (2015) 13:148
DOI 10.1186/s12955-015-0351-0

HEALTH AND QUALITY OF LIFE OUTCOMES

RESEARCH Open Access

Validity of the Aboriginal Children's Health and Well-being Measure: Aaniish Naa Gegii?

Nancy L. Young[1*], Mary Jo Wabano[2], Koyo Usuba[1], Brenda Pangowish[2], Mélanie Trottier[1], Diane Jacko[3], Tricia A. Burke[1] and Rita G. Cotblere[4]

Abstract

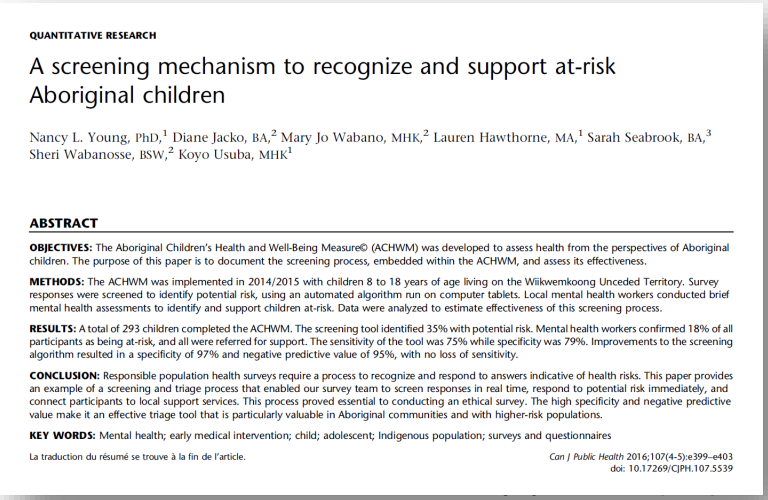
Background: Aboriginal children experience challenges to their health and well-being, yet also have unique strengths. It has been difficult to accurately assess their health outcomes due to the lack of culturally relevant measures. The Aboriginal Children's Health and Well-Being Measure (ACHWM) was developed to address this gap. This paper describes the validity of the new measure.

Methods: We recruited First Nations children from one First Nation reserve in Canada. Participants were asked to complete the ACHWM independently using a computer tablet. Participants also completed the PedsQL. The ACHWM total score and 4 Quadrant scores were expected to have a moderate correlation of between 0.4 and 0.6 with the parallel PedsQL total score, domains (scale scores), and summary scores.

Results: Paired ACHWM and PedsQL scores were available for 48 participants. They had a mean age of 14.6 (range of 7 to 19) years and 60.4 % were girls. The Pearson's correlation between the total ACHWM score and a total PedsQL aggregate score was 0.52 ($p = 0.0001$). The correlations with the Physical Health Summary Scores and the Psychosocial Health Summary Scores were slightly lower (range $r = 0.35$ $p = 0.016$; and $r = 0.51$ $p = 0.0002$ respectively) and approached the expected range. The ACHWM Quadrant scores were moderately correlated with the parallel PedsQL domains ranging from $r = 0.45$ to $r = 0.64$ ($p \leq 0.001$). The Spiritual Quadrant of the ACHWM did not have a parallel domain in the PedsQL.

Conclusions: These results establish the validity of the ACHWM. The children gave this measure an Ojibway name, *Aaniish Naa Gegii*, meaning "how are you?". This measure is now ready for implementation, and will contribute to a better understanding of the health of Aboriginal children.

Keywords: Aboriginal, Children, Well-being, Interviews, Questionnaire



QUANTITATIVE RESEARCH

A screening mechanism to recognize and support at-risk Aboriginal children

Nancy L. Young, PhD,[1] Diane Jacko, BA,[2] Mary Jo Wabano, MHK,[2] Lauren Hawthorne, MA,[1] Sarah Seabrook, BA,[3] Sheri Wabanosse, BSW,[2] Koyo Usuba, MHK[1]

ABSTRACT

OBJECTIVES: The Aboriginal Children's Health and Well-Being Measure© (ACHWM) was developed to assess health from the perspectives of Aboriginal children. The purpose of this paper is to document the screening process, embedded within the ACHWM, and assess its effectiveness.

METHODS: The ACHWM was implemented in 2014/2015 with children 8 to 18 years of age living on the Wiikwemkoong Unceded Territory. Survey responses were screened to identify potential risk, using an automated algorithm run on computer tablets. Local mental health workers conducted brief mental health assessments to identify and support children at-risk. Data were analyzed to estimate effectiveness of this screening process.

RESULTS: A total of 293 children completed the ACHWM. The screening tool identified 35% with potential risk. Mental health workers confirmed 18% of all participants as being at-risk, and all were referred for support. The sensitivity of the tool was 75% while specificity was 79%. Improvements to the screening algorithm resulted in a specificity of 97% and negative predictive value of 95%, with no loss of sensitivity.

CONCLUSION: Responsible population health surveys require a process to recognize and respond to answers indicative of health risks. This paper provides an example of a screening and triage process that enabled our survey team to screen responses in real time, respond to potential risk immediately, and connect participants to local support services. This process proved essential to conducting an ethical survey. The high specificity and negative predictive value make it an effective triage tool that is particularly valuable in Aboriginal communities and with higher-risk populations.

KEY WORDS: Mental health; early medical intervention; child; adolescent; Indigenous population; surveys and questionnaires

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2016;107(4-5):e399–e403
doi: 10.17269/CJPH.107.5539

Typical Scores are available for reference

cmajOPEN

Research

Health profiles of First Nations children living on-reserve in Northern Ontario: a pooled analysis of survey data

Mary Jo Wabano MHK, Leslie F. McGregor BA, Roger Beaudin BA, Diane Jacko BA, Lorrilee E. McGregor PhD, Sabine Kristensen-Didur BA, Debbie Mishibinijima BA, Koyo Usuba MHK, Nancy L. Young PhD

Abstract

Background: The Aboriginal Children's Health and Well-Being Measure (ACHWM) was developed to enable Aboriginal health leaders to gather information on the health of children at a local community level. This paper aims to describe the typical health profiles of First Nation children living on traditional territory as a reference to assist in the interpretation of ACHWM scores.

Methods: Three First Nations in Ontario, Canada, gathered health data from children using the ACHWM administered on Android tablets between 2013 and 2015. The survey data were previously analyzed to inform local health planning. These survey data were pooled to describe the distribution of ACHWM summary and quadrant scores from a larger sample and inform interpretation of ACHWM scores.

Results: ACHWM data from 196 participants (aged 7.6 to 21.7 yr) across 3 communities were included in the pooled sample. ACHWM summary scores ranged from 39.8 to 98.7 with a mean of 74.1 (95% confidence interval [CI] 72.5–75.7) and a maximum of 100. Strengths were reported in the spiritual (mean 78.7, 95% CI 76.7–80.8), physical (mean 77.1, 95% CI 75.1–79.0) and emotional (mean 74.4, 95% CI 72.5–76.3) quadrants. The greatest opportunity for improvement was in the mental (cognition) quadrant (mean 61.6, 95% CI 56.9–63.4).

Interpretation: This paper presents initial estimates for child health scores based on self-report from a large sample of First Nations children living on reserve. These results establish benchmarks to aid interpretation of the ACHWM scores in these and other communities and contexts in the future.

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Balancing access and privacy

- Our community reports are private
- Our academic publications are here:
  - https://achwm.ca/index.php/research/articles

ACHWM Today

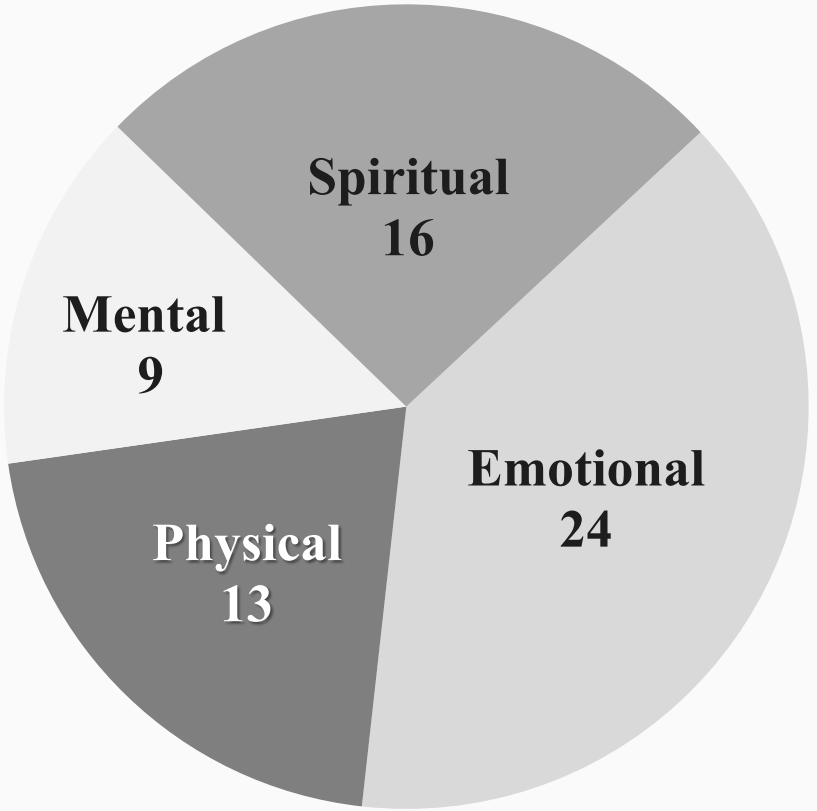
Core Values Guiding the ACHWM

1. Consider what is best for each child
   - Children's wisdom guides the process
     - Their best interests guide our local triage and support process
   - Every child is deserving of support
2. Respond to the needs of each community
   - Respecting each community's autonomy

*Reminder: The ACHWM is a **wellness tool** not a diagnostic tool

ACHWM Today

- 12 versions:
  - English and French
  - First Nations, Inuit, Métis
  - Standard vs. Family Services
- Screening & triage process
- Automated online reports
- Comprehensive website with checklists, training & resources
- Amazing team of experts who support communities



Children do the ACHWM on an App

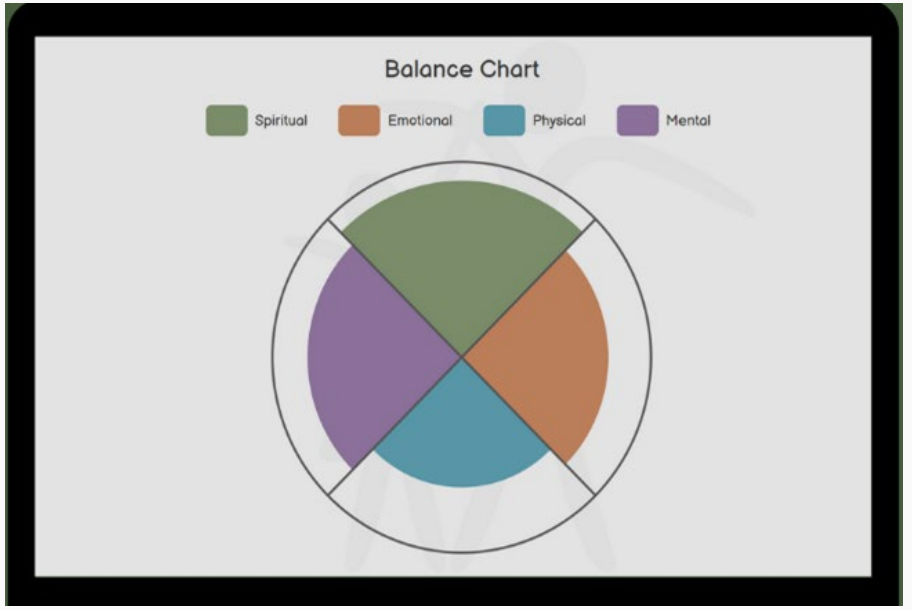
App Details

- Runs surveys offline
- Require wifi to:
  - Download the app
  - Update app
  - Upload data

Generates reports for:

1. each child or youth (individual data)
2. local health workers (individual data)
3. community leaders (group data)

- Child sees a **Balance Chart**
  - ➢ picture that highlights their strengths:
    - Spiritual
    - Emotional
    - Physical and
    - Mental (intellectual)



Data Sovereignty

Data Control – OCAP Principles

Ownership

- ACHWM web portal empowers communities to set up their own projects
- Each community's data are kept separate from other communities' data
- May choose sole ownership or shared ownership of data

Control

- Community leaders are the decision makers
  - Can add or remove local team members from their projects
  - Can remove their data from the REDCap server

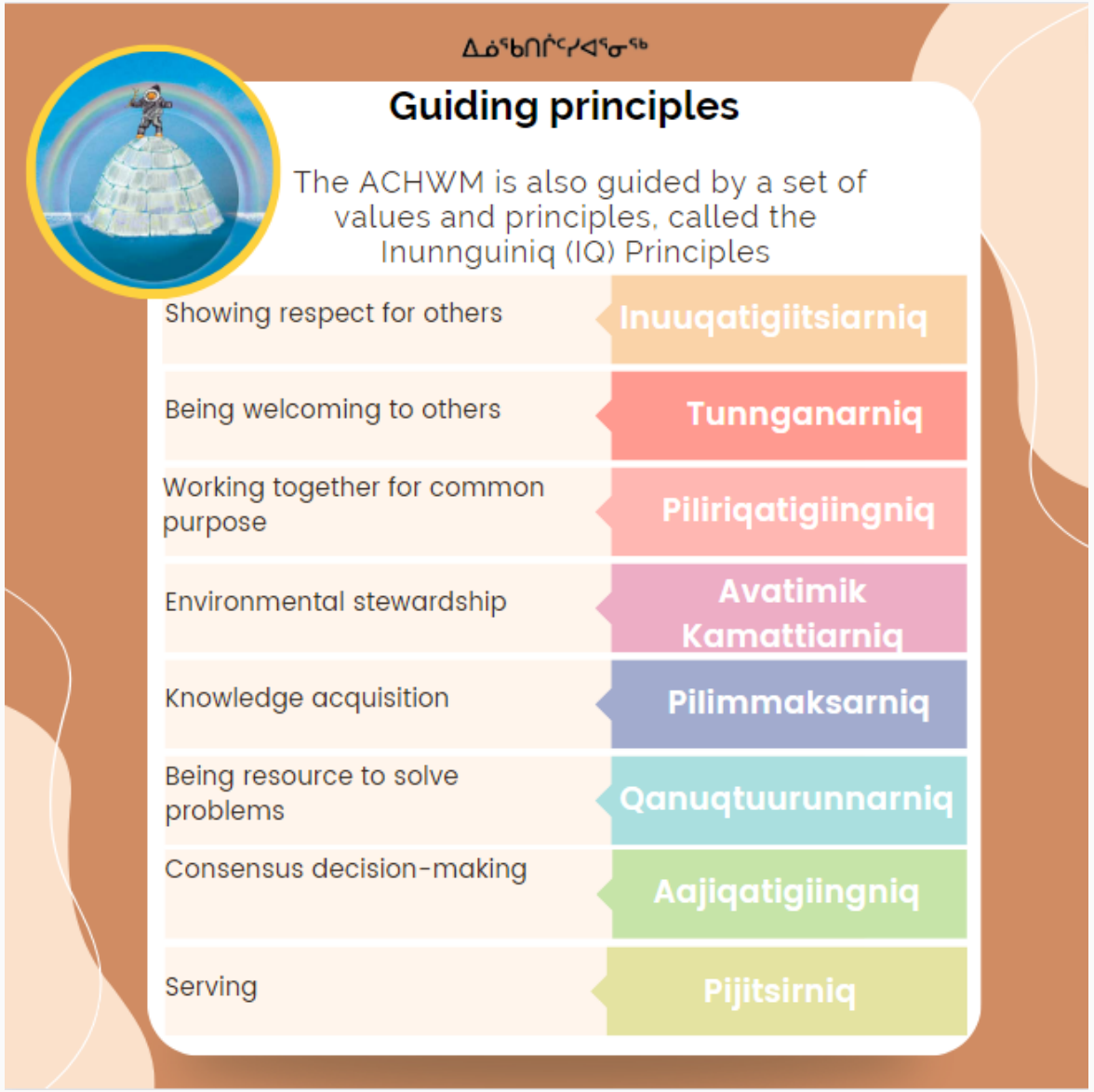
Access

- Online reporting controlled by passwords

Possession

- Data downloads controlled by passwords
- ACHWM team are stewards of the data
- Opportunity to request permission to use for secondary analyse

IQ Principles



Key benefits of the measure:

- Gives children a voice
- Developed with Indigenous children
- Culturally relevant and grounded in the Medicine Wheel
- Scientifically sound
- Tablets engage children
- Automated process enhances feasibility and supports the generation of local reports
- Generates quantifiable data useful at the local level

Learning Goals:

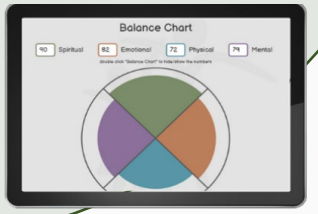
- Delve into the use of the ACHWM
  - to gather local data
  - to inform community-based decisions

ACHWM Action Cycle

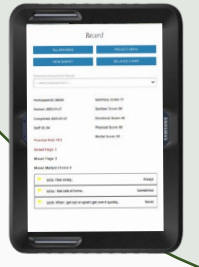
1. Child completes the survey

2. Connects with local supports

Balance Chart



Brief Health Assessment Form



3. Results inform local decisions

Community Report

How could you use the ACHWM?

Choose an example that is relevant to you and your community

How could a measure for Indigenous children or youth help you?

- Well-being assessment that is:
  - Tablet-based
  - Self-reported
- Created with and for Indigenous children
  - 8 to 18 years of age
- Rooted in Medicine Wheel teachings about
  - Spiritual health
  - Emotional health
  - Physical health
  - Mental (intellectual) health
- Generates individual results and automated reports for each community

Reflect on Your Purpose for using the ACHWM

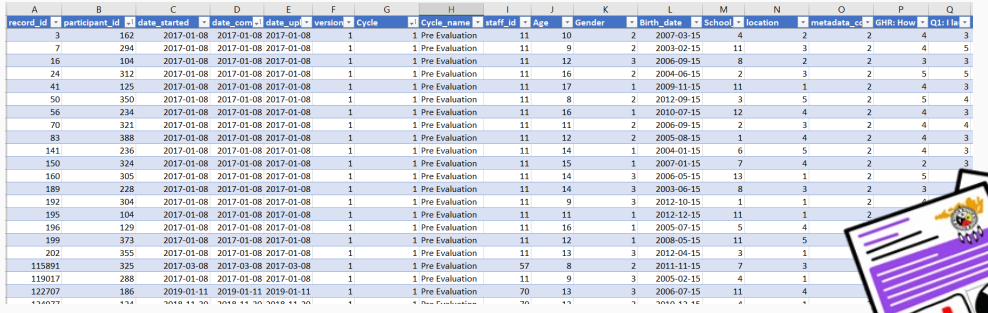
- ❑ Clinical assessment / triage / management
- ❑ Population health assessment (screening)
- ❑ Program evaluation

❖ Clinical assessment / triage / management

Child completes survey → Connect child to local supports → Reassessment

❖ Population health assessment (screening)

- Assess what the mental health needs are of children/youth in community
- Automated community reports
- De-identified data
- Analytic spreadsheet



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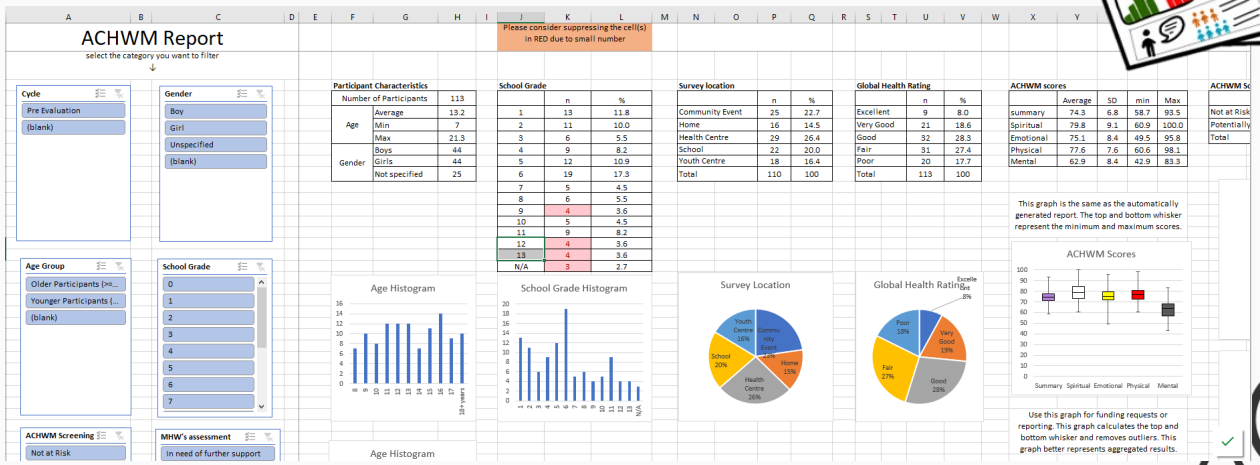


ACHWM Report

select the category you want to filter

Please consider suppressing the cell(s) in RED due to small number

Cycle: Pre Evaluation; (blank)

Gender: Boy; Girl; Unspecified; (blank)

Age Group: Older Participants (>=...; Younger Participants (...; (blank)

School Grade: 0; 1; 2; 3; 4; 5; 6; 7

ACHWM Screening: Not at Risk

MHW's assessment: In need of further support

Participant Characteristics

Number of Participants		113
Age	Average	13.2
	Min	7
	Max	21.3
Gender	Boys	44
	Girls	44
	Not specified	25

School Grade

	n	%
1	13	11.8
2	11	10.0
3	6	5.5
4	9	8.2
5	12	10.9
6	19	17.3
7	5	4.5
8	6	5.5
9	4	3.6
10	5	4.5
11	9	8.2
12	4	3.6
13	4	3.6
N/A	3	2.7

Survey location

	n	%
Community Event	25	22.7
Home	16	14.5
Health Centre	29	26.4
School	22	20.0
Youth Centre	18	16.4
Total	110	100

Global Health Rating

	n	%
Excellent	9	8.0
Very Good	21	18.6
Good	32	28.3
Fair	31	27.4
Poor	20	17.7
Total	113	100

ACHWM scores

	Average	SD	min	Max
summary	74.3	6.8	58.7	93.5
Spiritual	79.8	9.1	60.9	100.0
Emotional	75.1	8.4	49.5	95.8
Physical	77.6	7.6	60.6	98.1
Mental	62.9	8.4	42.9	83.3

Age Histogram

School Grade Histogram

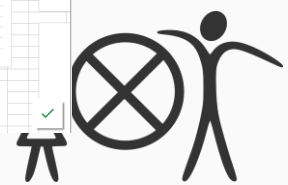
Survey Location

Global Health Rating

This graph is the same as the automatically generated report. The top and bottom whisker represent the minimum and maximum scores.

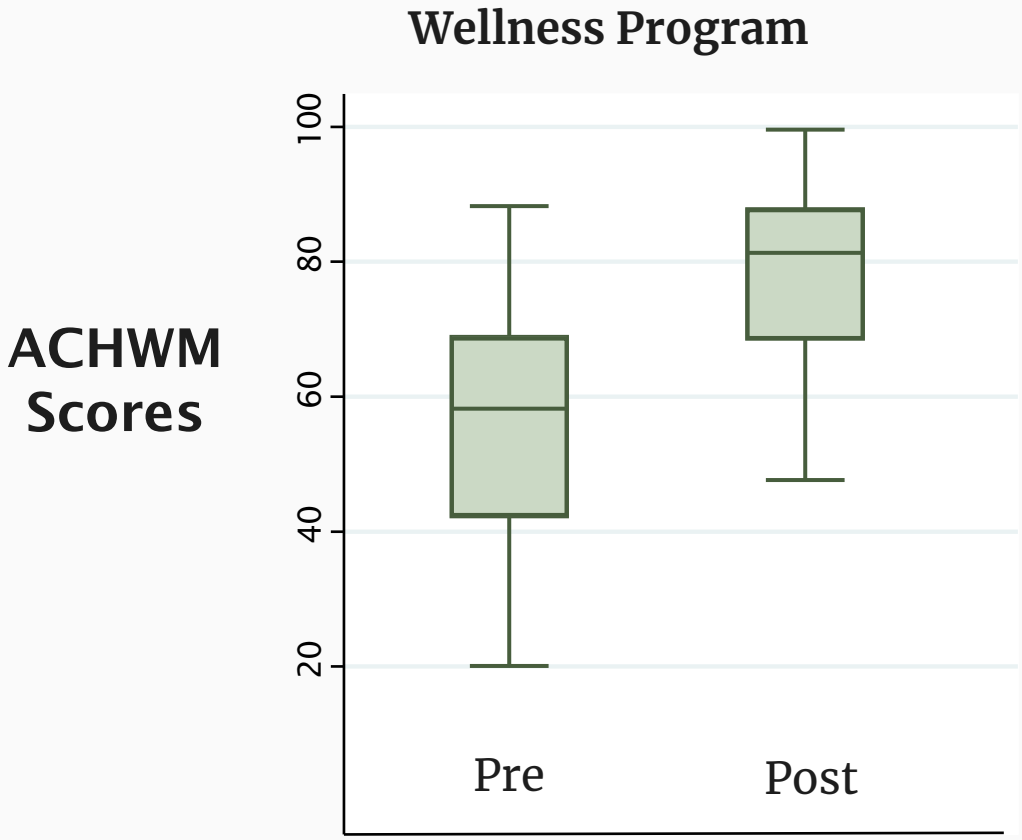
ACHWM Scores

Use this graph for funding requests or reporting. This graph calculates the top and bottom whisker and removes outliers. This graph better represents aggregated results.



❖ Program Evaluation

- Using the ACHWM in at several time points
  - to assess the effect of a treatment program



Questions to ask yourself

- Do you have enough children to generate meaningful data?
- What resources are available in your community?
  - Do you have enough staff members to support participating children & youth?
  - Do you have secure storage solutions for the roster, Brief Health Assessment forms/referral forms?

Local Health Workers are Essential

Chose someone with the skills and preparedness to support children and youth at all levels of need

- Connection to natural helpers
- Knowledge of community's resources
- Crisis support skills
- Preparedness for brief conversations with the children/youth
- Trusted within the community

Examples: *Elder, counsellor, social worker, nurse*

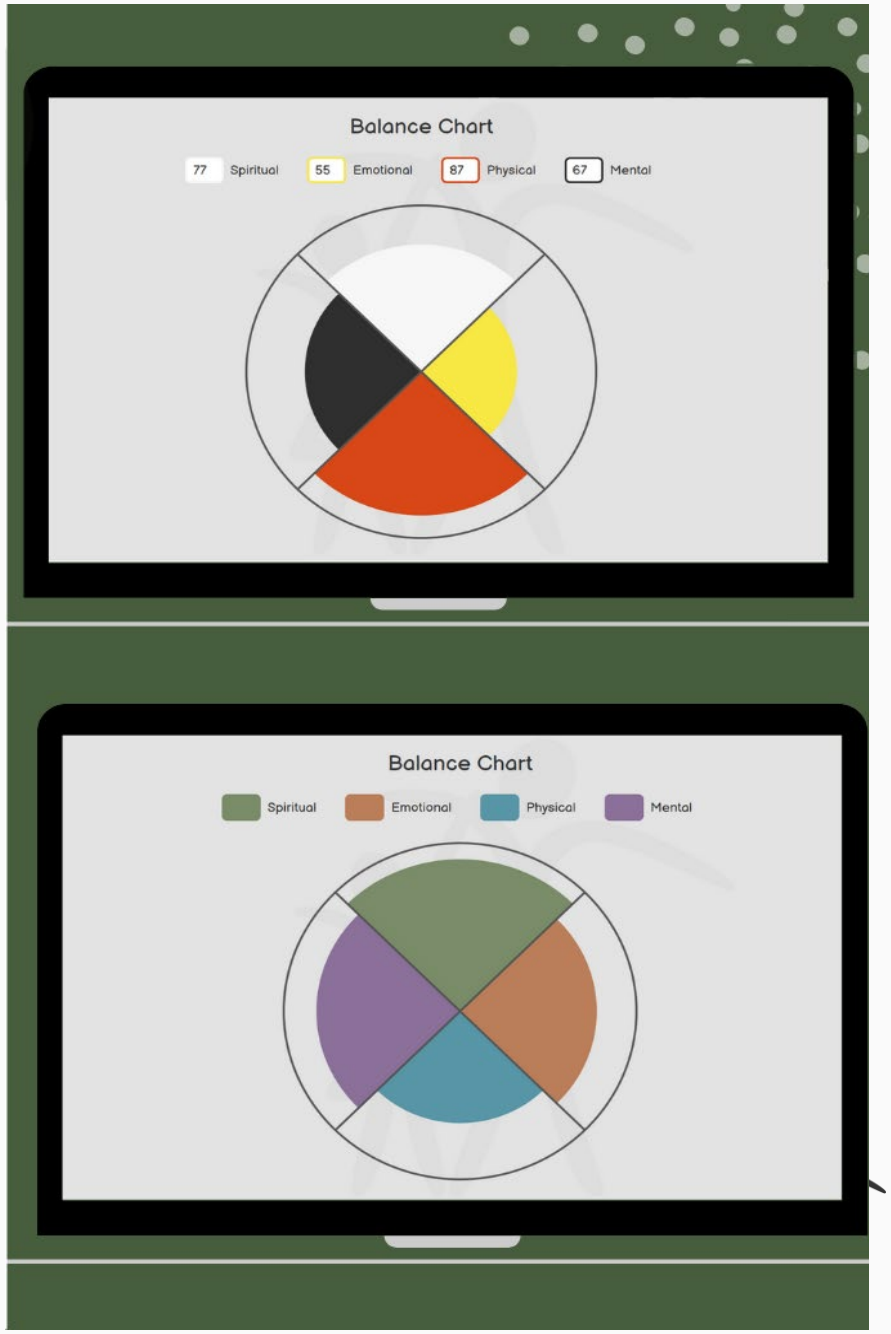
Plan Ahead with your Local Heath Workers to Provide Brief Assessments

- Children are referred to a local health worker if:
  - 1 or more red flags
  - 2 or more yellow flags
- Use each child's Balance Chart to show them their balance in health
  - Start a *strengths-based* conversation
- Brief assessment form is a built-in safety feature
  - Red & yellow flags indicate a child may be at risk of harm
  - Local health workers assess the risk and plan for support

Balance Chart

The Balance Chart provides children/youth a real-time visualization of their strengths and opportunities by highlighting four areas of health:

- Spiritual,
- Emotional,
- Physical, and
- Mental (intellectual)



Strengths based conversations

< back

Balance Chart

65	Spiritual	75	Emotional	79	Physical	58	Mental

double click "Balance Chart" to hide/show the numbers

Getting started

- ✓ Create a login and learn online
  - Variety of documents & videos
- ✓ Attend a live training session - MONTHLY
- ✓ Choose your Agreement

Agreements

Ensure clear understandings of responsibilities:

- Community is responsible for
  - Providing local health resources & tablets
  - Children's well-being
  - Ownership of data
- ACHWM team is responsible for
  - Providing resources via the website
  - Stewardship of the data

No license fee

3 Agreement Types

Give communities choice:

- Who can see their data
  - for online reports and data backups
- How the data are used

Assign your team to roles

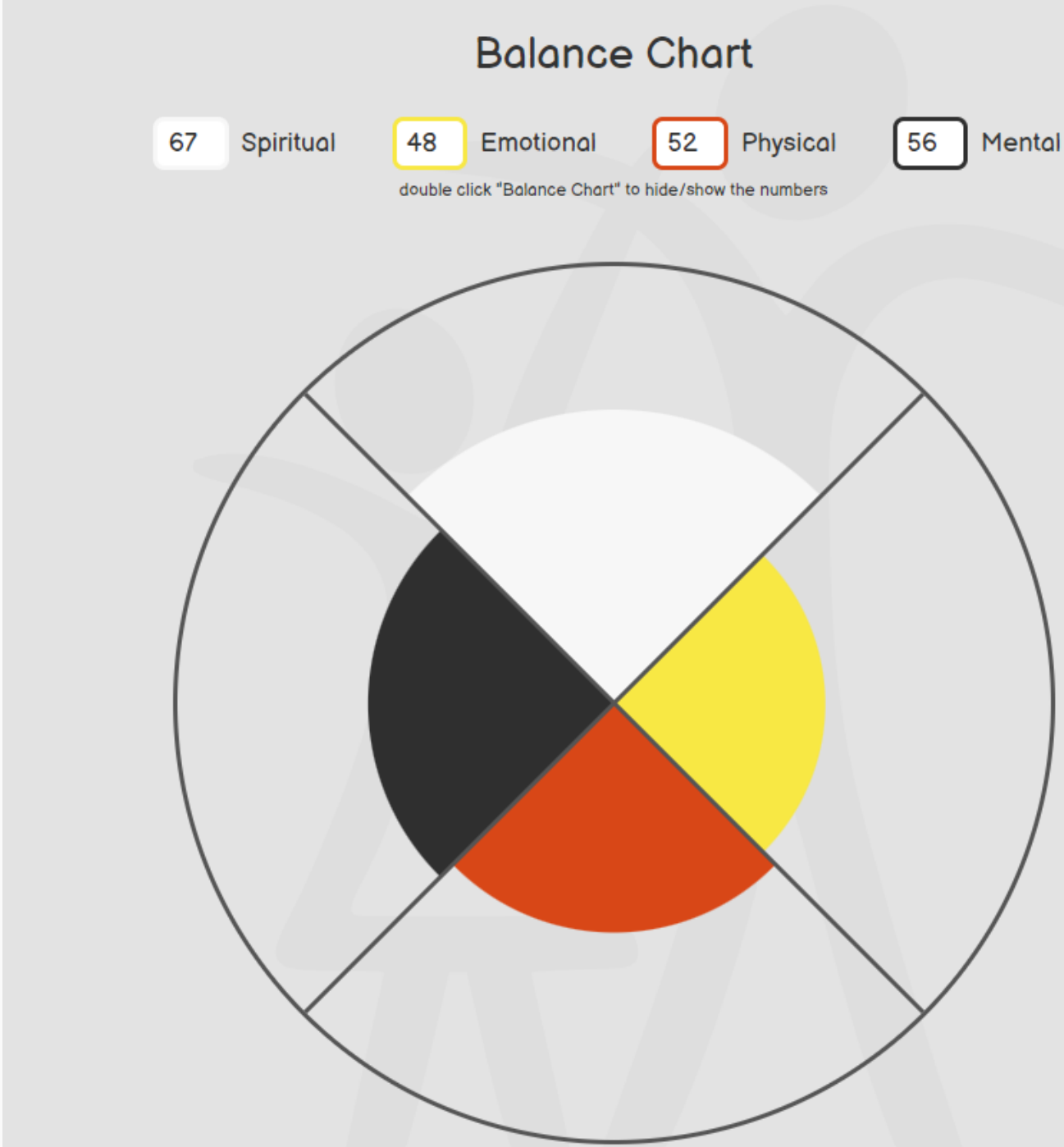
- Different levels of access are granted by the Project Leader

Reports

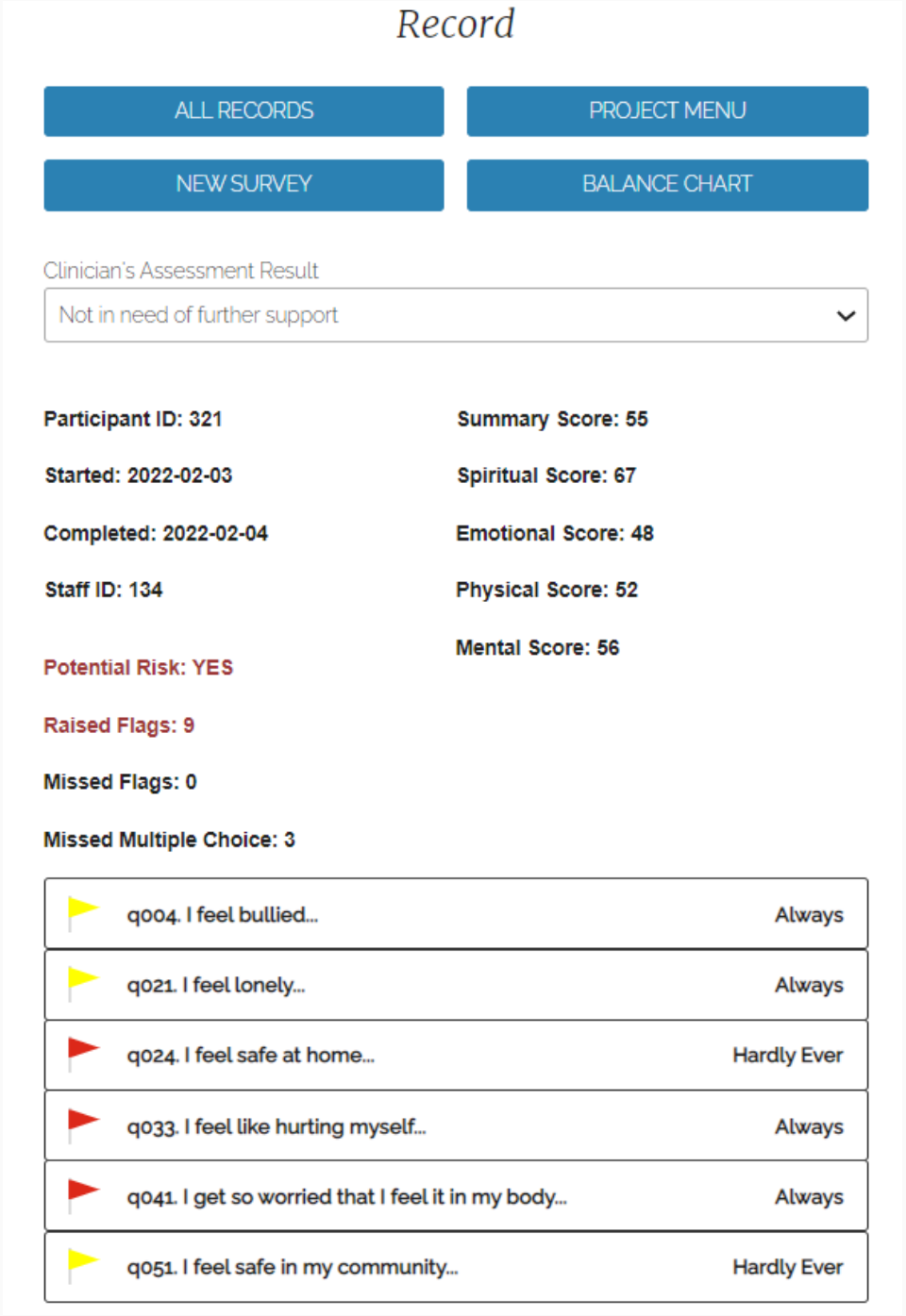
Reminder: the ACHWM App Produces:

- **Child-specific Results** (immediate)
  - Balance chart
    - to facilitate a strengths-based conversation
  - **Information for the Local Health Worker** (immediate)
    - Referral form / flag sheet
      - community must ensure that children at potential risk meet with a local health worker to: (a) celebrate their successes, (b) assess potential risk, and (c) plan for support
- **Community-Level On-line Reports** (after the 20th participant)
  - General information on the participants (e.g., ages/gender)
  - Summary and quadrant score graphs
  - Detailed item-level results
    - support program evaluation, planning, and funding applications

Balance Chart

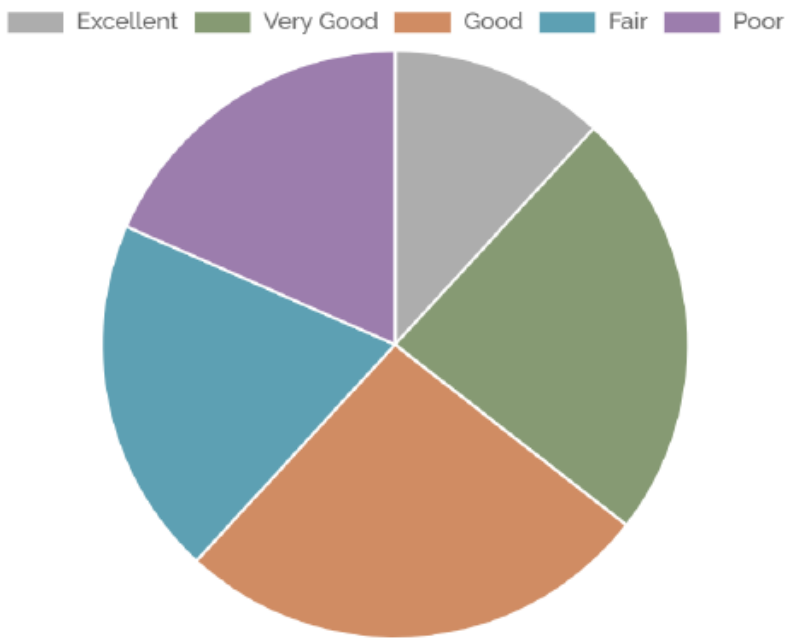


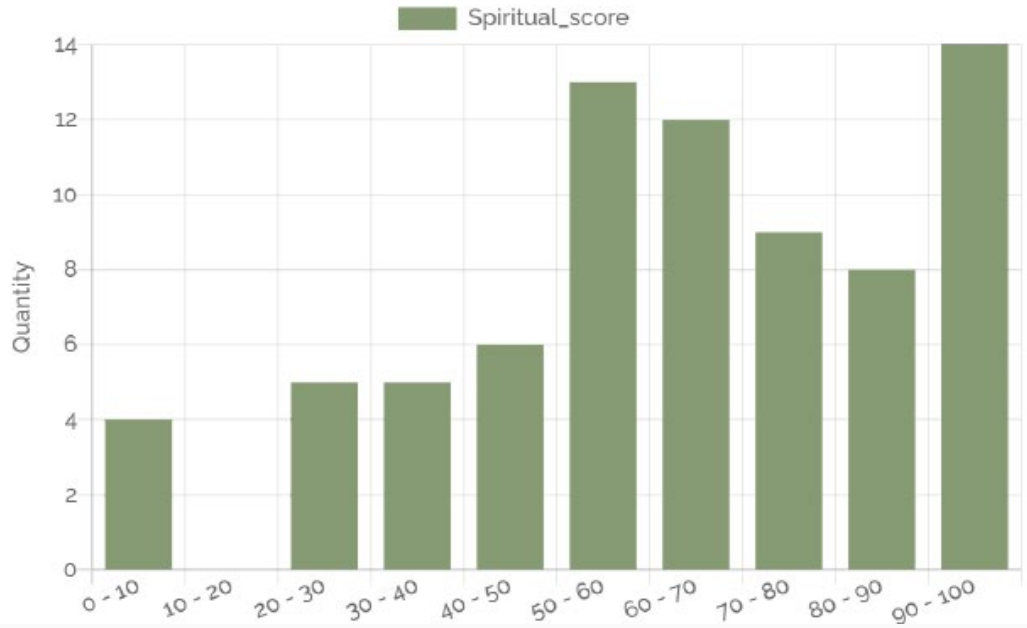
Individual Participant Summary



Global Health Ratings

GHR	#	%
Excellent	9	12
Very Good	18	24
Good	20	26
Fair	15	20
Poor	14	18





Auto-generated report

A few questions to ask yourself

1. What will the community learn from the results?
   - Will you have enough participants to produce meaningful results?
   - How will you support children at potential risk?
2. What resources are available in your community?
   - Who are your natural helpers
   - Who are your local health workers
     - Check with your Health leader to ensure they have the skills and support
     - Know the referral process
   - Will you be able to support children at potential risk?
3. Who are the staff members who will lead this?
4. Where will we store confidential information?
   - e.g., consent forms

Quick Recap

1. Gives children a louder voice!

Indigenous children and youth need new ways to start conversations about wellness.

The ACHWM is:

- Tablet-based
- Non-judgemental
- Helps children be heard (gives them a microphone)

How will you use the tablets to support children in your community?

2. Connects children to local supports

When children speak, others need to **listen**:

- to truly understand their needs
- initiate strengths-based conversations
- connect them to supports within their community

What supports does your community offer to children and youth?

3. Produces data to inform local decisions

ACHWM data has helped communities and organizations:

- For example:
  - Supported funding applications (e.g., to build a shelter)
  - Bolstered advocacy for arts and cultural programming
  - Informed plans for land-based programs

How will you use the data to create impactful change?

Want to learn more?

Sign up and visit the ACHWM Member Portal

Summary – *Getting Ready one step at a time*

A. Create an account/profile

>>begin online learning

B. Engage with Local Health Workers for support
   - essential to support children who may be at risk

C. Create your project
   - sign an ACHWM Agreement
   - select your versions
   - assign Member Roles

D. Prepare Consent Forms

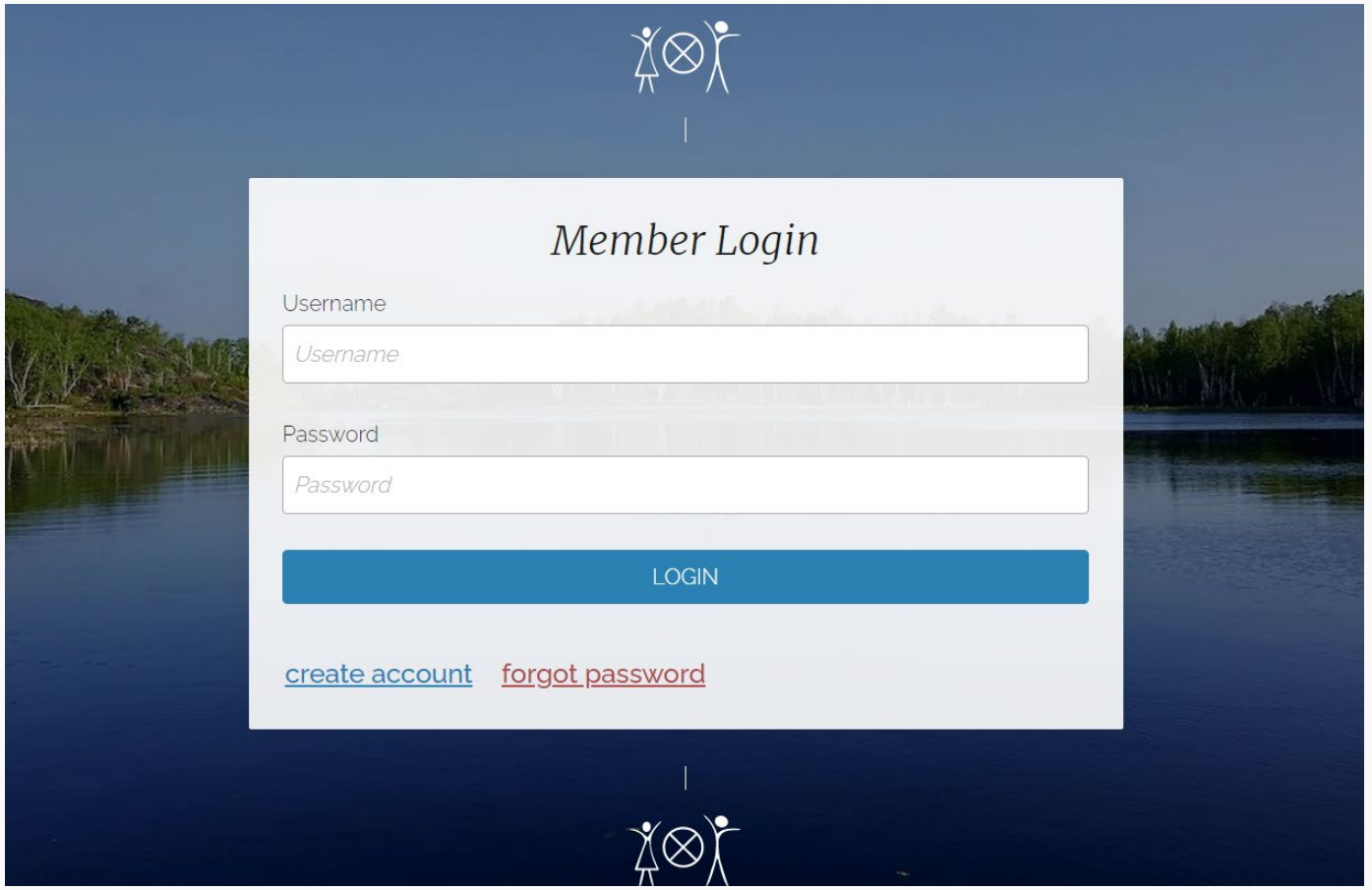
E. Obtain tablets& download the ACHWM app

>> Complete training/plan implementation

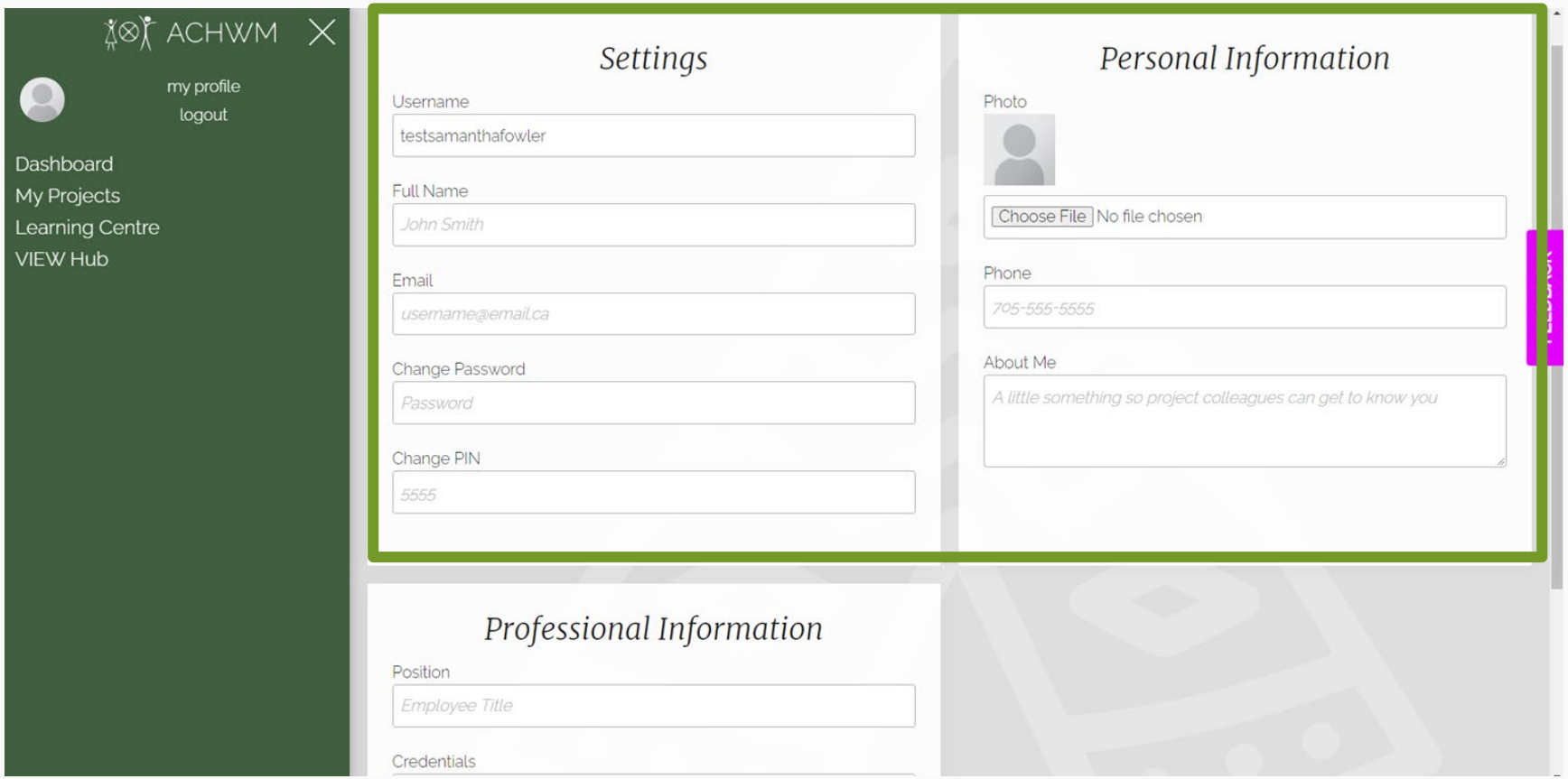
- App Training

A. Prepare to offer follow up to support each child

Create an account in ACHWM.ca



Member Portal:
My profile & Pin



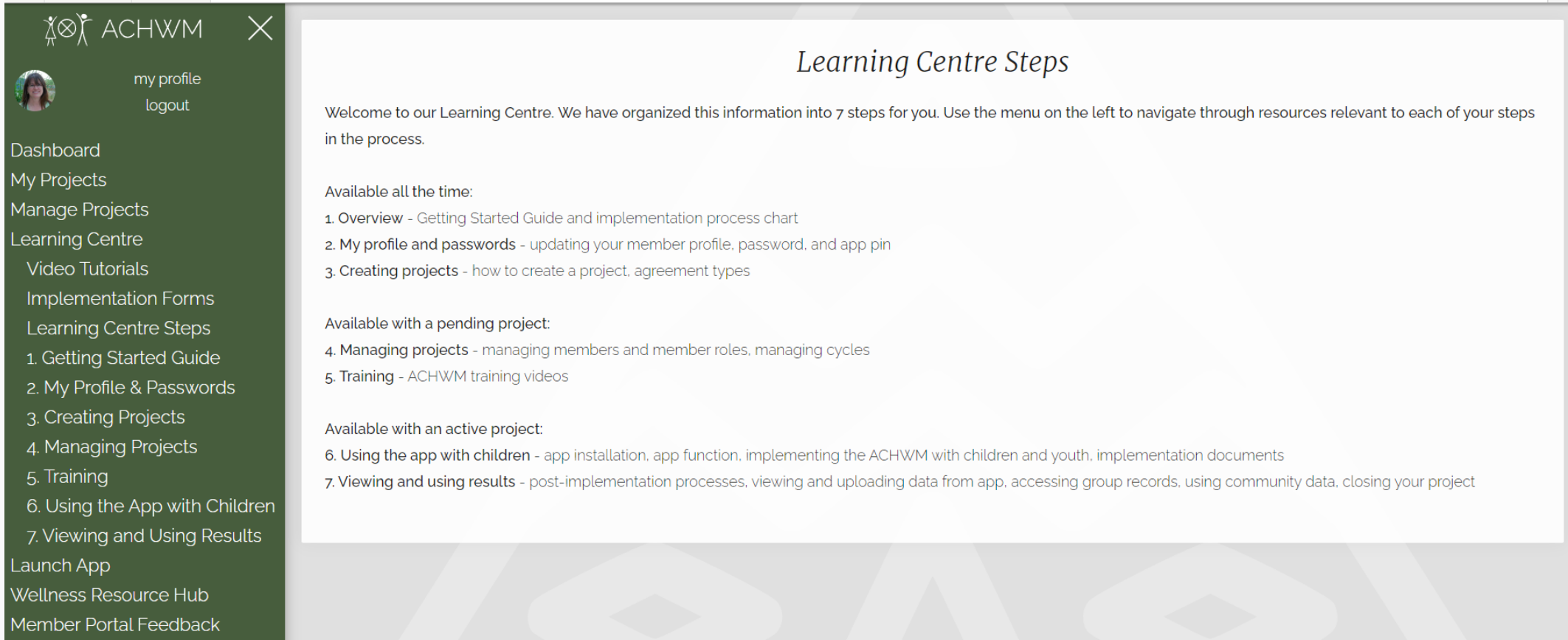
<u>Important:</u> Pin needed to implement with tablet. Update Pin and save changes

Continue Learning about the ACHWM

- Attend a live training session OR
- Learn at your own pace on our Member Portal with video tutorials
- Practice on a Demo version of the App before using it with children
- If have trouble, please reach out to our team

Learning Centre

- Located in the Member Portal



Learning Goals:

- Explore the Wellness Resource Hub
  - time permitting

Wellness Resource Hub

- Rapid-Response Knowledge Synthesis Grant
  - from the Canadian Institutes of Health Research
- Project responded to the impacts of the COVID-19 pandemic on mental wellness

*Goal: be a continuous knowledge exchange

Development of mental wellness resources was collaborative

- Designed for use by those who support children (ex. parents, teachers, mental health workers)
- Based on local practices
- Co-created activity sheets
- Some include activity sheets and facilitator guides

Walleye Breathing

Step 1: Create your walleye fin and place it on your forehead.

Step 2: Move your fin towards your belly as you **breathe in** slowly. Hold for 1 second.

Step 3: Move your fin back up towards your forehead as you **breathe out.**

Great work! Repeat as many times as you would like!

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Butterfly Breathing

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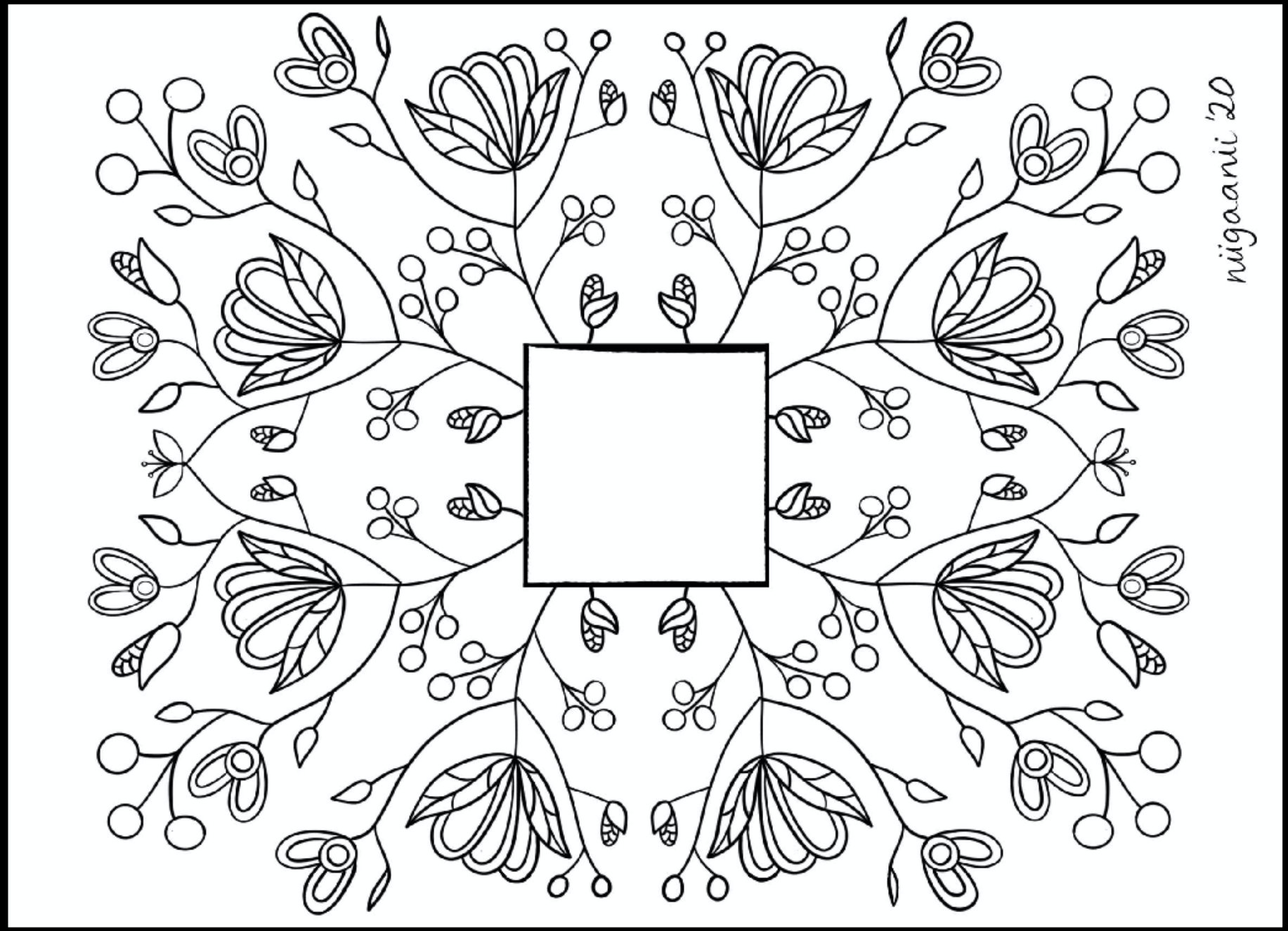
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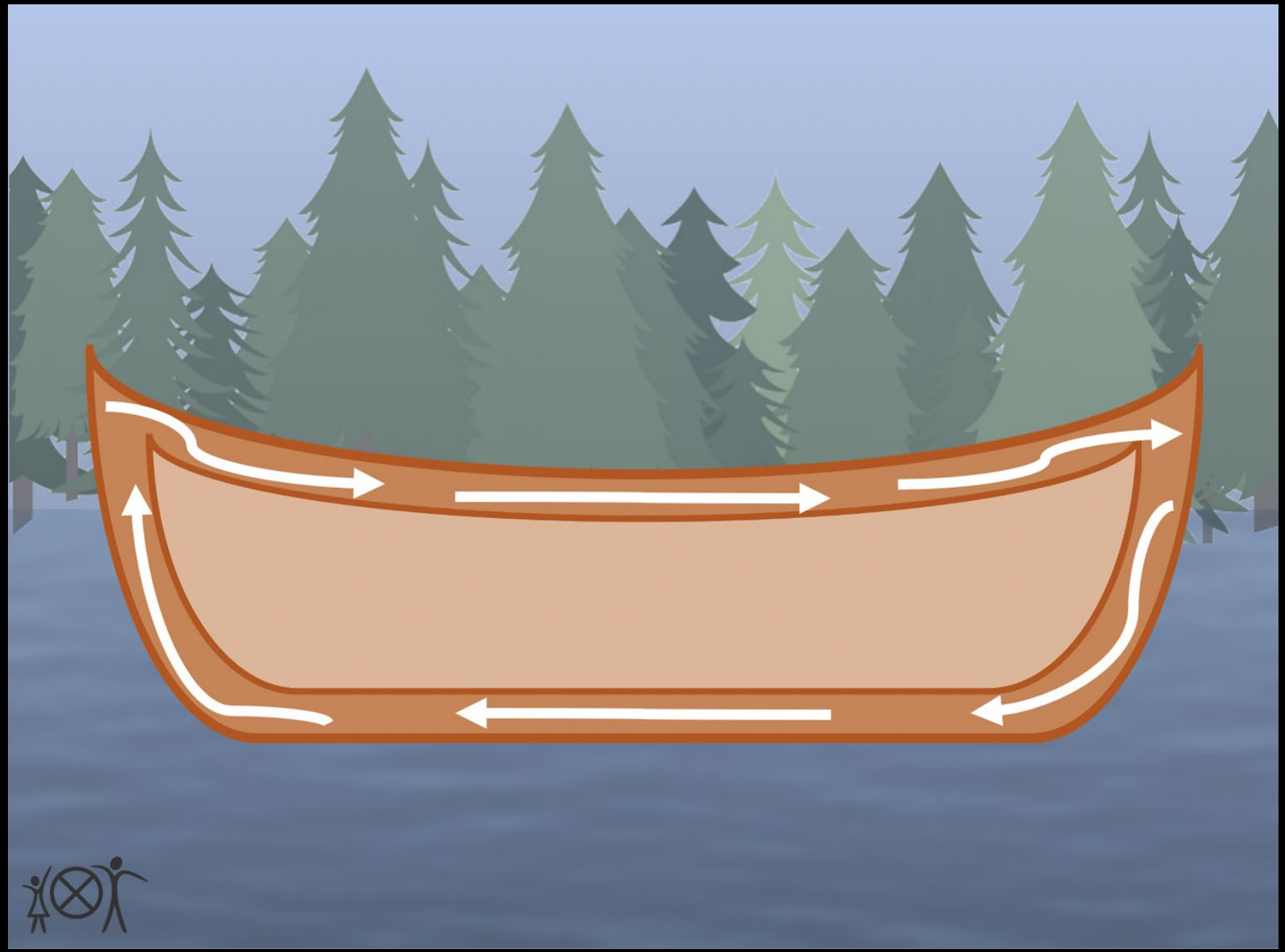
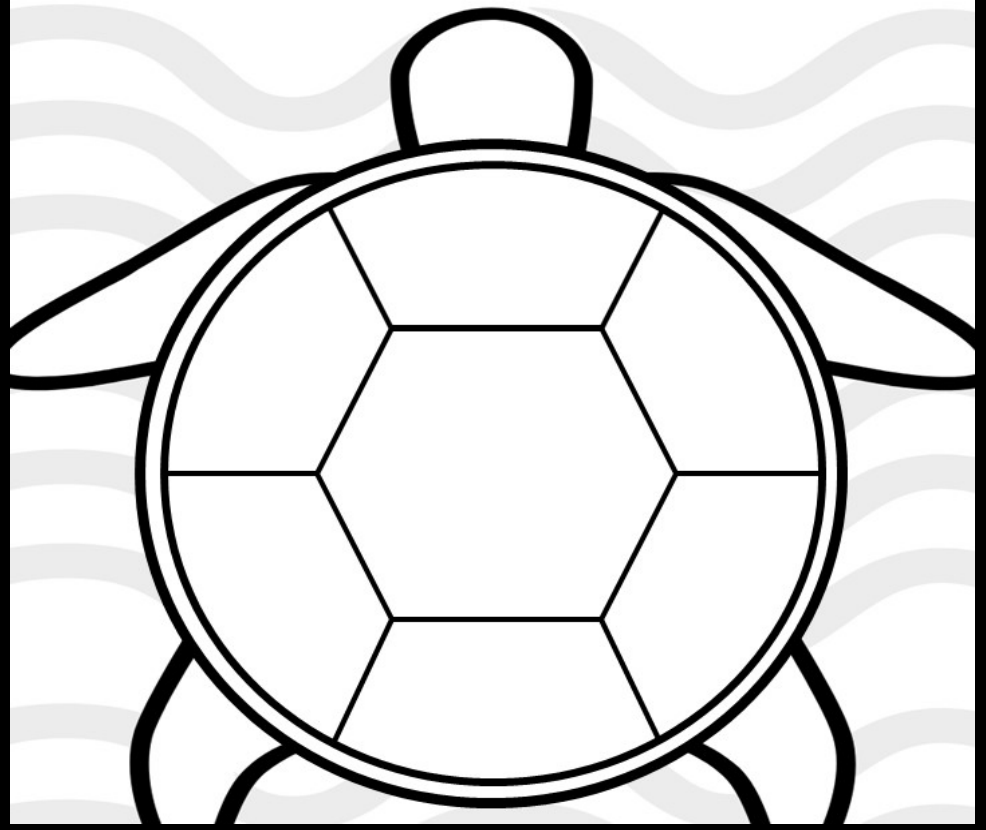


MY WORLD

Within Turtle Island, name people you think about often or are important people in your life. These people can be positive or negative for you.

Draw symbols next to each person.
Draw a...

- ♡ for the people you love
- ☺ for the people who make you smile
- ✕ for the people who don't make you feel good
- ☼ for the people who help you



Q&A

Chi Miigwetch

- To the many children and youth who shared their vision of health with us through this project;
- The Elders, for their devotion to this project;
- To the Health Services Committee and Chief & Council for their ongoing support;
- To the communities who have helped us along our journey
- To the members of the Advisory Committee for their wisdom and guidance

Stay in touch!

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