



UNIVERSITY OF SASKATCHEWAN

College of Medicine

DIVISION OF SOCIAL ACCOUNTABILITY

Building Bridges, Breaking Barriers: Accessible Health Care for Vulnerable Populations

Conference Schedule – Saturday, October 20, 2018

8:00am– noon	Registration <i>Location:</i> Atrium, Health Sciences Building, E Wing / Global Health Expo				
8:30 – 8:45am	Welcome: Co-chairs: Gabilan Sivapatham, Shyane Wiegers Opening Remarks: Dean of Medicine: Preston Smith Elder: James Sylvester SHRF CEO: Patrick Odnokon <i>Location: HLTH E1130</i>				
8:45 – 9:45am	Plenary Session <i>Location: HLTH E1130</i>	Dr. Monika Dutt Topic: What does it mean to be “vulnerable”? An exploration of biases in healthcare.			
9:45– 10:15am	Refreshment Break / Global Health Expo				
10:15 – 11:00am	Breakout Sessions #1	1.1 Englishes: When Linguistic Othering, Native Speakerism and Racism Seem to Have an Impact on Peoples’ Experiences	1.2 CHANGE Health: Integrating Healthy Living for New Canadians	1.3 Occupational Racial Violence in Healthcare: Call to Action 23.ii	1.4 Harm Reduction in Saskatoon: Strategies for Safer Injection Drug Consumption
		<i>Location: HLTH E2330</i>	<i>Location: HLTH E2332</i>	<i>Location: HLTH E2334</i>	<i>Location: HLTH E2254</i>
		<i>Presenter:</i> Ricardo Arisnabarreta	<i>Presenter(s):</i> Finola Hackett and Melissa Bird	<i>Presenter:</i> Kate Elliott	<i>Presenter:</i> Elizabeth Plishka
11:00 – 11:15am	Movement Break / Global Health Expo				
11:15am – 12:00pm	Breakout Sessions #2	2.1 Precariousness on the Prairies: examining the health experiences of Saskatchewan’s migrant workers	2.2 Motivation to Participate in Phase I Vaccination Trials	2.3 Transportation as a social determinant of health: The case for a political economy of health	2.4 Health Equity & Cultural Safety 101
		<i>Location: HLTH E2330</i>	<i>Location: HLTH E2332</i>	<i>Location: HLTH E2334</i>	<i>Location: HLTH E2254</i>
		<i>Presenter:</i> Farha Akhtar	<i>Presenter:</i> Alana Cattapan	<i>Presenter:</i> Jacob Alhassan	<i>Presenter:</i> Erin Beckwell

12:00 – 1:15pm	Lunch (Location: E-wing Atrium) / Poster Competition (Location: Upper E-wing Atrium)				
1:15- 2:15pm	Plenary Session <i>Location: HLTH E1130</i>	Loveluck Mwasha and Wendy Wood Topic: Daring to Deliver: Midwives on the Front Lines in Tanzania and Canada Sponsored by: Global Affairs Canada and the Aga Khan Foundation Canada			
2:15 – 2:30pm	Movement Break / Global Health Expo				
2:30 – 3:15pm	Breakout Sessions #3	3.1 Integrating indigenous Knowledge in Practice and Research.	3.2 Mozambique-Canada Maternal Health Project: An update and progress made	3.3 Alignment of Métis' cultural interventions in harm reduction services and treatment options for members of the Métis community who face problematic substance use in Saskatoon, Saskatchewan	3.4 First Year in a New Country: the REACH Clinic Experience
		<i>Location: HLTH E2330</i>	<i>Location: HLTH E2332</i>	<i>Location: HLTH 2334</i>	<i>Location: HLTH E2254</i>
		<i>Presenter): Farzana Ali</i>	<i>Presenter(s): Dr. Nazeem Muhajarine, Jessie Forsythe, Denise Kouri</i>	<i>Presenter: Indiana Best</i>	<i>Presenter(s): REACH Clinic Group</i>
3:15 – 3:30pm	Movement Break / Global Health Expo				
3:30 – 4:30pm	Panel Discussion <i>Location: HLTH E1130</i>	Lifting the Fog: Countering colonialism's impact on health from Maasai Mara, to Muskeg Lake to the Mayan of Quezaltenango <i>Presenters:</i> Dr. Gary Groot (Moderator), Lorna and Eugene Arcand, Lialo Salaash, Leonzo Barreno			
4:30 – 4:45pm	Closing remarks: Gabilan Sivapatham, Shyane Wieggers				

Plenary Session #1



Dr. Monika Dutt

Monika Dutt lives and works in Unama'ki (Cape Breton, Nova Scotia) and is on the Board and past Chair of Canadian Doctors for Medicare, an organization that promotes accessible, high-quality, publicly funded healthcare. She is the past Executive Director of Upstream, which strives to create health and wellbeing for all through a focus on equity and justice. She is a family doctor in Wagmatcook First Nation and has practiced in northern settings across Canada and in rural India. She has been a Medical Officer of Health in Nova Scotia, northern Saskatchewan and southern Ontario. Her favourite place to be is outdoors by the ocean or hiking with her seven-year-old son.

- **Title:** What does it mean to be “vulnerable”? An exploration of biases in healthcare.
- **Description:** There is increasing recognition in healthcare that there is often inequitable access to care, based on a range of factors, including geography, racialization, sexuality, and income. Additionally, from a population health perspective, various terms are used to describe those who are at risk of poorer health, including “vulnerable”, “priority”, and “marginalized”. However, there is less acknowledgement of those labels being a result of biases within medicine and beyond, often implicitly/explicitly perpetuated by healthcare workers ourselves. This talk will explore how our personal actions, embedded in societal structures, influence both how health care is provided and received. There will also be a discussion of some of the changes that are happening and still need to happen in healthcare to address inequities.

Plenary Session #2



Loveluck Mwasha and Wendy Wood

Loveluck Mwasha is a senior lecturer at the Aga Khan University School of Nursing and Midwifery in Dar es Salaam, Tanzania and vice-president of the Tanzania Midwives Association. In July 2017, Loveluck received the prestigious Midwife for Life award from the International Confederation of Midwives in Toronto, Canada.

Wendy Wood is a practicing midwife in Calgary, Alberta and teaches midwifery emergency skills and neonatal resuscitation, building on her prior experience as a paramedic. Her work has taken her around the world, training other midwives in Tanzania, Costa Rica, Peru, Ethiopia, Mexico, and Nunavik.

- **Title: Daring to Deliver: Midwives on the Front Lines in Tanzania and Canada**
- **Description:** Ninety-nine percent of all maternal deaths happen in developing countries, and more than 1 million children every year die on the same day they are born – mostly from preventable causes. Complications are common in the late stages of pregnancy, delivery, and the first hours after birth. Despite grim statistics, there is light on the horizon. According to a 2014 report by the United Nations Population Fund, death is preventable in four out of five cases with the timely help of a skilled professional. Midwives are working on the front lines to provide crucial patient-centered care to women and their families during childbirth and support families during pregnancy and after delivery. But midwives often face challenges, including limited professional training opportunities and a lack of recognition of their roles within the community. With the right education and support, midwives are key to tackling the root causes of poverty and gender inequality. That's why Loveluck Mwasha (Aga Khan University) and Wendy Wood (Canadian Association of Midwives) are passionate about strengthening local health systems, institutions, and professional capacities – investments that will pay dividends for years to come.
- **Sponsored by:** Global Affairs Canada and the Aga Khan Foundation Canada

Breakout Session #1.1

Ricardo Arisnabarreta M.Ed.

- **Title: Englishes: When Linguistic Othering, Native Speakerism and Racism Seem to Have an Impact on Peoples' Experiences**
- **Description:** The internationalization of higher education, has brought new and numerous challenges to both international students as well as to universities (Vaira, 2004). Increases in the number of international students, English language proficiency support and the interaction of different cultures are just some of the challenges that the internationalization of higher education brings (Arkoudis & Tran, 2010). This presentation explores lived experiences of international students in a Canadian university and how this can be relevant in other settings. The data for this study was collected from interviews with university students and reveal that experiences such linguistic othering and racism may influence students' performance in class and in university life.

Breakout Session #1.2

Finola Hackett 4th Year Medical Student, U of A and Melissa Bird MPH Student

- **Title: CHANGE Health: Integrating Healthy Living for New Canadians**
- **Description:** Thinking of health holistically begins outside health care, in the community. Unfortunately, vulnerable populations such as newcomers to Canada often lack access to the resources required to achieve physical, mental, and emotional well-being. The CHANGE McDougall Family Program was created to address the healthy living needs of inner-city, low income, new immigrant families in Edmonton. With support from the Alberta Medical Association, CHANGE Health Alberta has collaborated with the Multicultural Family Resource Society and John A. McDougall School. Through weekly evening activities, the program addresses families' simultaneous challenges of food security and healthy nutrition, English learning, and recreational physical activities. After a pilot phase in fall 2017, the first official set of program sessions in winter/spring 2018 targeted 10 families who attended most sessions. A curriculum of weekly themed nutrition lessons, recipes, and activities was developed iteratively with input from health professionals and participants. Feedback was consistently positive: mothers enjoyed new recipes, and found the English language lessons extremely valuable. About 40% of the time children had never eaten the foods before, and of these, 64% said they would cook it again at home. The program is unique in combining a public health priority: health promotion through nutrition education and physical activity, with the social priority of the target group: English language education and child care that is convenient and accessible for families. These outcomes will reduce risk factors for chronic disease and mental illness, and provide families the opportunity to access valuable health resources with the support of their culturally diverse community.

Breakout Session #1.3

Kate Elliott BSN, MPH, College of Medicine Class 2019

- **Title: Occupational Racial Violence in Healthcare: Call to Action 23.ii**
- **Description:** There are copious amounts of literature that illustrate the impact of racism and colonialism on the health of Aboriginal Peoples in Canada. One of the Truth and Reconciliation commission calls to action is that the provincial and federal governments increase the number of Aboriginal professionals working in the health-care field. The goal of this call of action is to decrease barriers to Aboriginal health access and increase cultural competency by have Aboriginal peoples within the system. This is one piece of the puzzle, yet little work has been done to ensure that Aboriginal healthcare workers are provided with a safe workplace that is free from racism and discrimination. This presentation will examine racism within healthcare from an occupational health and safety perspective.

Breakout Session #1.4

Elizabeth Plishka B.A.&Sc. Health Studies Honours Student, U of S

- **Title: Harm Reduction in Saskatoon: Strategies for Safer Injection Drug Consumption**
- **Description:** Saskatchewan is in the midst of an anomalous and critical HIV crisis with an incidence rate twice the national average. This research aimed to 1) formalize common knowledge about injection drug use in the city, and 2) gather data from harm reduction experts on the best way to proactively and reactively reduce the spread of HIV in Saskatoon's population of people who inject drugs (PWID). Public health implications include high rates of HIV transmission, death from opportunistic infections, and high monetary costs associated with healthcare disengagement. While there are many services available for PWID, many barriers to access exist, the largest barrier being discrimination in healthcare institutions. Suggestions to reduce the spread of HIV include: create more streamlined care with more points of access including safe consumption sites, care which is both culturally safe and trauma-informed, more involvement of PWID peers, and more education for the public, PWID, and healthcare workers.

Breakout Session #2.1

Farha Akhtar

- **Title: Precariousness on the Prairies: examining the health experiences of Saskatchewan's migrant foreign workers**
- **Description:** For nearly a decade employers in Saskatchewan have relied on migrant workers to fill alleged labour shortages in sectors such as food services, hospitality, agriculture, and construction. Many of these workers are employed in low-wage and low-skill occupations across the province. This represents a departure from the use of the foreign worker programs to recruit highly skilled labour for the province's health care system and other knowledge-intensive industries. Using data obtained through access to information requests, government documents, and semi-structured interviews with gatekeepers and foreign workers (n=43), this presentation explores the largely ignored world of foreign labour in Saskatchewan through a social determinant of health framework. The existing literature finds that migrant workers throughout North America are particularly vulnerable to factors such as poor housing conditions, workplace safety, and access to health services. Research also suggests that the legal status of migrant workers makes them particularly vulnerable to workplace exploitation. The "temporary" nature of their legal status in the province increases the vulnerability of foreign workers, and raises similar barriers when accessing health services, housing, and OHS. The latter is especially pertinent since foreign workers experience high rates of workplace injuries in a province that possesses one of the highest work-related injury and fatality rates in Canada.

Breakout Session #2.2

Alana Cattapan PhD

- **Title: Motivation to Participate in Phase I Vaccination Trials**
- **Description:** Little is known about the motivations of participants in clinical vaccine trials, which typically require healthy volunteers and offer inoculation as the only health benefit to be gained. This study investigated the motivations of participants in Phase I vaccine clinical trials and their relative importance to trial participants. The study found that motivations for healthy participants in Phase I vaccine trials will vary will include a combination of selfish and altruistic considerations. While financial incentive rank highly among the motivations of healthy participants, it is neither the sole nor main role in motivating people to volunteer and occurs in concert with seemingly altruistic motivations, including wanting to contribute to science, and wanting to contribute to the health of others.

Breakout Session #2.3

Jacob Alhassan PhD Candidate, Community Health & Epidemiology, U of S; Supervisor: Lori Hanson

- **Title: Transportation as a Social Determinant of Health: The Case for a Political Economy of Health**
- **Description:** Transportation is one of the many social determinants of health. Research that connects transportation with health has done so using several pathways such as physical activity, road traffic accidents and a number of others, often nested in behavioral and sometimes psychosocial theoretical perspectives. There is a need for greater attention to be paid to politics and ideology, and the role they have in determining population health via transportation related policies. Drawing on anecdotal evidence from 'STC stories' and a thematic and content analysis of parliamentary Hansards, I explore the role of politics in the closure of STC and the implications of this for health inequities within the province of Saskatchewan.

Breakout Session #2.4

Erin Beckwell BSW, MSW, RSW (SK)

- **Title: Health Equity & Cultural Safety 101**
- **Description:** What are the factors that promote or impair health? In what ways do we need to think and act differently in order to create conditions where everyone is able to reach their full health potential? This session will explore how health equity – and within it, cultural safety – is a key dimension of quality in health care. Participants will discuss how disparities in health outcomes and care experiences can be better understood, and how this can inform health system design, leadership, and direct practice.

Breakout Session #3.1

Farzana Ali, PhD Candidate, Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan

- **Title: Integrating Indigenous Knowledge in Practice and Research**
- With the global movement of Internationally Educated Health Care Providers (IEHPs), Canada's health workforce consists of a large pool of immigrant health professionals. While IEHPs are required to provide credentials to verify their education, demonstrate language proficiency in English or French, and successfully complete professional licensure exams, the government policy doesn't require education on the residential school legacy and history of colonization in Canada. Beyond healthcare delivery, research conducted on Indigenous health in the sector of Health Sciences and Social Sciences is profoundly dominated by Western biomedical knowledge. This mainstream knowledge system determines what counts as a medicine, medical intervention or treatment, and denies Indigenous healing practices and traditions. Foreign-born professionals with little or no knowledge on Indigenous healing and cultural traditions thus often fail to acknowledge, respect and address the distinct health needs of Indigenous people. However, much can be done. Foreign health care professionals must understand the Canadian context of colonialism and residential school legacy as primary determinants of Indigenous health, and how their actions impact the delivery of health care to Indigenous populations (TRC#22 & 24). It has two-fold benefits — not only will knowledge of TRC help IEHPs ensure Indigenous health interests have been served adequately through culturally safe patient-centered care, but also will help facing their own struggles integrating into the Canadian mainstream.

Breakout Session #3.2

Dr. Nazeem Mujaharine PhD, Jessie Forsythe PhD, Denise Kouri MSc

- **Title: Mozambique-Canada Maternal Health Project: An Update and Progress Made**
- **Description:** Mozambique has one of the highest maternal mortality rates in the world – 489 deaths per 100,000 live births in 2015; this compared to 7 deaths per 100,000 births in Canada. In April 2017, we launched a 5-year project to improve access to health care services for mothers, reduce maternal deaths, and improve newborn health. Funded by the Canadian Government (Global Affairs Canada), this project takes a strong gender-equality perspective in all its work—by which we mean contributing to increased sexual and reproductive rights, prevention of early marriage, and reduction of gender-based violence.

Breakout Session #3.3

Indiana Best BHSc, MPH-thesis candidate

- **Title: Alignment of Métis' cultural interventions in harm reduction services and treatment options for members of the Métis community who face problematic substance use in Saskatoon, Saskatchewan**
- **Description:** Indigenous peoples experience a disproportionate burden of harm regarding problematic substance use, as the majority of treatment services/supports are grounded in Euro-Western biomedical worldview. This project engages a holistic worldview (encompassing mental, emotional, physical, and spiritual wellbeing) to 1) Identify and understand Métis cultural teachings regarding problematic substance use, and 2) Conduct a needs assessment of supports, including harm reduction services and treatment options for Métis populations in Saskatoon. A Two-Eyed Seeing approach, emphasizing strengths of both Indigenous and Western knowledge, will be utilized to engage and integrate Métis perspectives in the research approach. Métis cultural teachings on problematic substance use and wellness is not currently addressed in Canadian substance use policy, which allows this further understanding of traditional Métis teachings on problematic substance use to foster engagement with Métis knowledge and relevant healing approaches for front line community organizations and allied health professionals.

Breakout Session #3.4

REACH Clinic Group

- **Title: First Year in a New Country: the REACH Clinic Experience**
- **Description:** The Refugee Engagement and Community Health (REACH) Clinic was formed in 2017 to respond to the medical needs of newly arrived refugees in Saskatoon. This clinic is an innovative project involving a multi-disciplinary team of healthcare providers, community and academic partners. Stakeholders include the Saskatoon Community Clinic, the Global Gathering Place, the Saskatoon Open Door Society, the Saskatoon Health Region Public Health and Mental Health Services, as well as the University of Saskatchewan's departments of pediatrics, family medicine and community health and epidemiology.

Panel Discussion: Dr. Gary Groot (Moderator), Lorna and Eugene Arcand, Lialo Salaash, Leonzo Barreno

Description: *“Colonialism is the massive fog that has clouded our imaginations regarding who we could be, excised our memories of who we once were, and numbed our understanding of our current existence.”*

- Waziyatawin, Indigenous Peoples Research Chair, University of Victoria

Colonialism has had an inter-generational impact on health and well-being and is a legacy Indigenous populations globally confront. In this panel discussion moderated by Dr. Gary Groot, three communities, worlds apart, share their stories of resistance, resurgence and healing against the larger backdrop of improving health equity for Indigenous peoples.

The Oltumo Maasai Project

Like their Indigenous counterparts in Canada and around the world, the Maasai Mara tribe, has felt the direct and long-lasting impact of colonialism on their traditional and sustainable way of life, their land, identity, sovereignty, health and well-being. **Lialo Salaash** of the Oltumo Maasai project, based in the Oololaimutia region on the Kenyan side of the Maasai Mara National Reserve, is part of an international collaborative effort that emphasizes community-guided change to address the social determinants of health.

Indigenous Patients and Cancer Care

Lorna and Eugene Arcand are Cree community members from the Muskeg Lake First Nation and longtime Indigenous leaders and advocates in Saskatchewan. Eugene is a residential school survivor and Lorna is a cancer survivor. Together they have shared their experiences and provided valuable guidance and insight as partners of Dr. Gary Groot on a number of Indigenous cancer care research initiatives that focus on improving the relationship and dynamics between health care providers and Indigenous patients.

Modern Day technology on Mayan Culture, Health and Livelihood

As **Leonzo Barreno** explains, colonialism infiltrated all aspects of his Mayan Culture from religious beliefs to health. Traditional values are passed down orally through Mayan people but with the introduction of social media, healers and spiritual leaders now find themselves under constant pressure to keep up with these rapid changes. This is leading to inter-generational tension, male domination (with younger men challenging the roles of the older generations and trying to capitalize on Mayan culture through cultural tourism and cultural appropriation.) Today, Mayan people are reclaiming their identities and cultural beliefs and practices in spite of these outside and modern-day challenges.

Dr. Gary Groot is a surgical oncologist and a community based health researcher based out of the University of Saskatchewan. One of his health research streams focuses on creating culturally appropriate supports for Indigenous patients moving through the provincial cancer care system. Gary is also the board president of the Oltumo Maasai Project.

ON BEHALF OF THE 2018 PLANNING COMMITTEE MEMBERS

THANK YOU! To our Sponsors:

