DEBWEWIN
the truth of our hearts

Funded by the Canadian Institutes of Health Research: Institute of Indigenous Peoples' Health

CLOSING OF STUDY **WINTER 2020**

MESSAGE
FROM STUDY LEADS
DR. ANNETTE SCHULTZ, PHD RN
DR. MONECA SINCLAIRE, PHD

Annin, Tansi and Greetings:

In October 2019 the final Debwewin Research Team meeting marked the beginning of study closure. For us, this is a time of reflection, some sadness (for the ending) and much gratitude. We shout out a huge thank you to all the people involved over the last five plus years – for all of your work and support over the years. For us, a central outcome achieved has been a shift in understanding heart health both within a biomedical perspective but more importantly the inclusion of an Indigenous perspective, which moves our understanding beyond the physical body/organ toward overall health and relations. This knowledge is heard in the study documentary "Pac-Ow-Tay: our beating heart stories" where five knowledge keepers talk about what heart health means to them. Premier screening was on January 24, 2020 at the 7th Annual Indigenous Health Symposium, Bannatyne Campus, University of Manitoba (see p. 5 for details). The next public screening will be at Cinematheque (100 Arthur Street) on March 30, 2020 at 7pm as part of the Decolonizing Lens Film Series (see bottom of p. 5 for poster).

Another exciting outcome is a series of five radio documentaries – further description and how to access each can be found on page 4.

In this newsletter we reflect on the overall aim of Debwewin, and list the various study articles, and presentations. On page 3 is a Research Team photo and their reflections about the study is on page 7. For more details please contact Annette – her contact information is found on the last page.

We heart-fully thank all who have touched the Debwewin study, without each and every one of you this study would not have been possible!

FINAL ISSUE

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Diversify? What does this mean!

Debwewin-the truth of our hearts was a five year study that aimed to diversify how we understand and/or know about heart health among Indigenous people living in Manitoba.

What might diversify mean?

Within a biomedical perspective we looked for additional evidence to move beyond a focus on age, gender, and cardiac health risk factors. Through a series of studies with health administrative data we explored health outcomes beyond death to include: hospitalization (for several health conditions), trends with prescribing cardiac medications, follow-up treatment with physicians either specialists or family doctors to name a few. The list of publications on the next page is where further details are found.

We also wanted to disrupt only focusing on how the medical community views health that is by only looking with a biomedical perspective of the individual body viewed as a separate physical 'thing'. Whereas Indigenous people view health as being related not to just the physical but the mental, emotional and spiritual, and if one of these components is not working then it affects someone's health. With this perspective we also learn about the importance of considering how colonization impacts health and access of healthcare.

Both perspectives are valid and knowledge from each can inform the other. Indigenous people want to disrupt the dismissal of their knowledge, and want the respect and value of their knowledge to be as important as biomedical knowledge when caring for their people. There is hope that the medical community can hear and respect this, and know that Indigenous people want to work with biomedical medicine, which does not mean they want to eliminate biomedical knowledge or discredit that way of knowing. Simply want respect and to be seen.

Over the last few months, we have begun to think about our publications, which have not fully explored colonization and access to health care. A 5th manuscript has been outlined, where Indigenous knowledge of the heart, caring for the heart, and the impacts of colonization and access to health care from Indigenous perspectives/experiences will be addressed. The authors of this manuscript are an Indigenous person involved in antiracists medical education, an Indigenous RN who culled over 700 charts for Debwewin study, an Indigenous person who was the Debwewin Research Coordinator and a settler who was the study lead of Debwewin.

"Truth is always a personal matter of what is called 'heart knowledge'."

Source:
Simpson, Leanne Betasmosake (2011). Dancing on Our Turtle;s Back: Stories of Nishnaabeg Re-creation, Resurgence and a New Emergence. Winnipeg: Arbeiter.

Study Outcomes

A: Publications

Below is a list of publications that have come out of the study that come from a biomedical perspective.

Dahl, L., Schultz, A., McGibbon, E., Brownlie, RJ., Cook, C., Elbarouni, B., Katz, A., Nguyen, T., Sawatzky, J., Sinclaire, M., Throndson, K., Prior, HJ., and Fransoo, R. (2019). Cardiovascular Medication Use and Long-Term Outcomes of First Nations and Non-First Nations Patients Following Diagnostic Angiography: A Retrospective Cohort Study. Journal of American Heart Association 8(16):e012040. https://www.ahajournals.org/doi/10.1161/JAHA.119.012040

Schultz, A., Dahl, L., McGibbon, E., Brownlie, RJ., Cook, C., Elbarouni, B., Katz, A., Nguyen, T., Sawatzky, J., Sinclaire, M., Throndson, K., and Fransoo, R. (2017). Index coronary angiography use in Manitoba, Canada: a population-level descriptive analysis of First Nations and non-First Nations recipients. BMJ Open 2018:8:e020857. Doi:10.1136/bmjopen-2017-020856 https://bmjopen.bmj.com/content/8/3/e020856

Schultz, A., Dahl, L., McGibbon, E., Brownlie, RJ., Cook, C., Elbarouni, B., Katz, A., Nguyen, T., Sawatzky, J., Sinclaire, M., Throndson, K., and Fransoo, R. (2018). Health Outcome and Follow-up Care Differences Between First Nations and Non-First Nation Coronary Angiogram Patients: A Retrospective Cohort Study. Canadian Journal of Cardiology 344: 133-1340.

Schultz, A., Dahl, L. McGibbon, Brownlie, RJ., Cook, C., Elbarouni, B., Katz, A., Nguyen, T., Sawatzky, J., Prior, HJ., Sinclaire, M., Throndson, K., and Fransoo, R. (2020). Coronary artery disease complexity differences and associations with and its influence on mortality and hospitalizations among First Nations and non-First Nations angiography patients: a comparative retrospective matched-cohort study. CMAJ open manuscript. Resubmission under review.

Study Outcomes continue on page 4 with B: Media Broadcasting.

Study Research Team

Back L to R: Lindsey Dahl, Annette Schultz, Randy Fransoo, Bashem Elbarouni, Jarvis Brownlie, Jo Anne Sawatzky and Thang Nguyen
Front L to R: Karen Throndson, Mary Wilson and Moneca Sinclaire. Missing: Catherine Cook, Alan Katz and Elizabeth McGibbon.

Study Outcomes (con't)

B: Media Broadcasting

Debwewin produced five podcasts and a film; below are descriptions of these media broadcasting outcomes.

i. Podcasts

Five documentaries that are 10 to 15 minutes in length were created.

Documentary One: 'Three Generations and Heart'

Three generations of females speaking about someone they knew who had a heart attack and how they coped with the news. The common thread with all the speakers was how each generation tried to protect one another from the news. The youth conducted ceremony, the mother of the youth tried to keep occupied with the person who had the heart attack and the person who had the heart attack tried not to tell their daughter or the youth what they were going through.

Documentary Two: 'Indigenous and Biomedical ways to treat the heart'

Four interviews conducted and how each person dealt with their news using both Indigenous and biomedical healing way with Indigenous healing ways being the forefront.

Documentary Three: 'Healing Broken Hearts'

Medicine people talking about heart and what it means to them when it gets broken. They speak about heart as they understand it and what it means in the language, what does a broken heart mean and how a broken heart can heal with medicine and relationships.

Documentary Four: "Indigenous and Settler talking about Reconciliation and the Heart"

Medicine person Mary Wilson, originally from Alberta and Annette Schultz, settler originally from Alberta, speaking about heart health and how the heart can be taken care of by both Indigenous and biomedicine. Reconciliation of Indigenous medicines working with and alongside biomedicine as equals.

Documentary Five: Transformation of knowledge

Two Indigenous students who worked with the Debwewin study will talk about how their initial understanding of heart health and Indigenous peoples changed during their engagement in the study.

These are available on Annette's website under the podcasts tab at: http://www.sbrc.ca/schultz/

B: Media Broadcasting

ii. Film: **Pac-Ow-Tay: Our beating heart stories**

This documentray by Code Breakers films was featured at Indigenous Institute of Health and Healing-Ongomiizwin Research 7th Annual Indigenous Health Research Symposium in January 24, 2020.

L to R: Sherryl and David Blacksmith, Mary Wilson, and Georgina and Edward Eastman

Over a one year period, four feasts were held with Five First Nations Wisdom Keepers to share the Stories about Pac-Ow-Tay (Cree: beating hearts). The recorded dialogue was then used to creat a documentary film where a co-created narrative concerning the hear and heart health rooted in Indigenous world views and experiences share their stories. Stories include: teaching about the heart and traditional Indigenous practices; three generations wove traditional practices with biomedical treatment of heart disease with their family; along with other historical and current day experiences within North American society that shape their beating hearts.

The film will be screened in collaboration with the *Decolonizing Lens* film series. Decolonizing Lens is a film series in Winnipeg, MB that features work and words of Indigenous filmmakers to create a space for their voices. See poster below

Finally, arrangements are being made to be able to access the film through a link on Annette's Schultz's web page at the St. Boniface Research Centre webpage.

C. Conferences

Another way that information has been 'diversified' was through conferences through oral and poster presentation where and Indigenous perspective was shared with audience members. Below are locations of conferences where Debwewin study has been presented:

☆ 2019-Eleven Presentations:
Six-11th Health Services and Policy Research Conference, Auckland, NZ.
Five-16th International Congress of Qualitative Inquiry, Urbana ILL, USA.

☆ 2018-Five Presentations:
Two-16th Annual Cardiac Service Program, Winnipeg, MB.
Two-Canadian Bioethics Society Conference, Halifax, NS.
One-Canadian Public Health Association, Montreal, QB.

☆ 2017-Eight Presentations:
Two-5th Annual Indigenous Health Symposium & Devotion Conference, Winnipeg, MB.
Two-Canadian Public Health Association, Halifax, NS.
One-Canadian Association for Health Services and Policy Research, Toronto, ON.
Three-13th International Congress of Qualitative Inquiry, Urbana, ILL, USA.

Debwewin Research Team Reflections

Reflections by several Research Team Members

'A study that will pave the way to create understanding that heart from Indigenous Knowledge needs to be seen as valid and equal knowledge alongside biomedical knowledge of the heart.' Moneca Sinclaire.

'Not fully appreciate how Indigenous people viewed Western medicine has a role but not at the expense of their own medicines. Together/complementary, not apart. And the realization that Indigenous peoples have many ways of treating their heart health that Western medicine is completely unaware of and lacks appreciation for but these tradition/Indigenous ways are ALSO vitally important to their health. Finally, there is a need for Indigenous medicine and healers within the hospitals as a way to holistically treat people.' Karen Throndson.

'I am so very grateful to have been part of a team that exposed cardiovascular-related outcome disparities among FN and non-FN patients in Manitoba. My hope is that this will be a catalyst for better days to come!'
Jo-Ann V. Sawatzky RN, PhD.

'Debwewin brought so many ideas and sentiments forward, long hidden and urgently needing to be told. I am/was always honored to be part of the process. Moneca and Annette and Mary have led us so well and so compassionately. Thank you for all that is Debwewin. Already, many more people are knowing about First Nations 'heart' health. This is surely part of our ongoing, complex and urgent work of Truth and Reconciliation.' Elizabeth McGibbon.

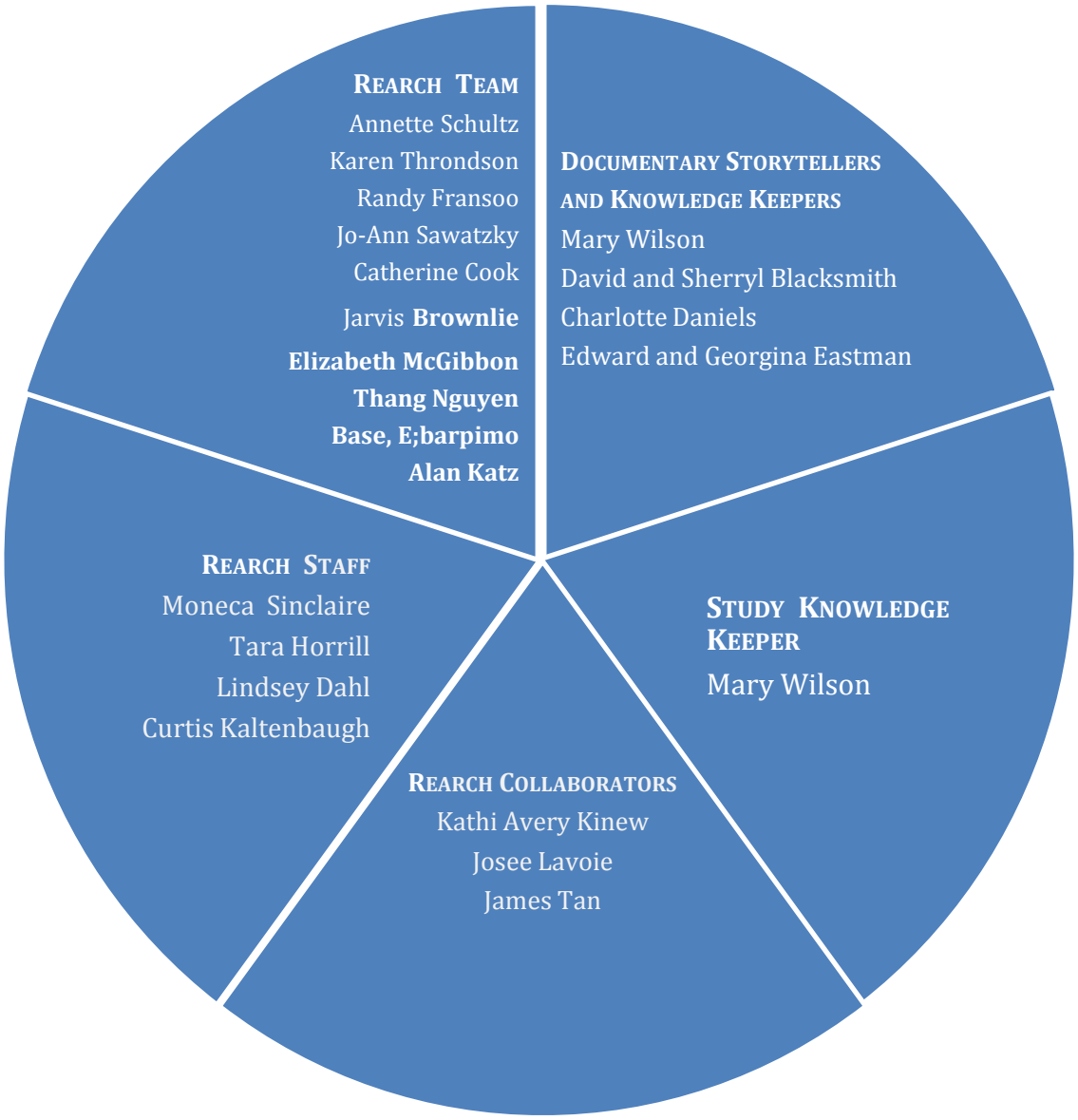
'Collaborating on this study gave me the opportunity to gain better insights into the health challenges First Nation patients face. As First Nations people represent a large portion of patients I treat on a daily basis having a better perspective of the socio-economic and cultural struggles they face and its impact on their cardiovascular health is appreciated.' Dr. Bashem Elbarouni.

'The power of persistence, true partnership and patience for this grant to have moved forward where both Indigenous and Western knowledges work together despite major push back or lack of acceptance from a variety of key non-FN partners. I am pleased and proud to have contributed to this project, which also taught me a lot that has helped on me on my ongoing journey toward anti-racism.' Randy Fransoo.

'It was interesting to see different perspectives and concepts of racial inequality. It was revealing process to interrogate data at a system level from a racial perspective.' Thang Nguyen.

'I am so grateful for the opportunity I had to participate in the Debwewin project. This project played a vital role in illuminating some of the key difficulties Indigenous people face in trying to access culturally appropriate, welcoming, and safe health care. Working on this cross-disciplinary team with Dr. Schultz, Dr. Moneca Sinclaire, Mary Wilson, and the other researchers on this team has been immensely valuable in broadening my understanding of health research, and I have greatly enjoyed working with research's whose expertise is do distinct from my own.' Jarvis Brownlie

List of Debwewin Community of People



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