

POSTER ABSTRACT PRESENTATIONS

#1 **Sharing Our Voices, Sharing Our Stories...So that the Generations May Continue Maternal and Child Health Project**

Christina Compher, Katsi Cook, Christy Duke*

Short Description: Sharing our Voices, Sharing our Stories... so that the generations may continue is a project build between USET member-Tribes and the USET Epidemiology Center. The project's primary goal is to gather qualitative MCH material from individual Tribal communities. This data is gathered through a series of focus groups with mothers, fathers and grandparents. Material of a more personal nature is gathered through one-on-one interviews. Data results and recommendations will be relayed back to Tribal policy makers and health care providers. Aggregated data across USET member-Tribes will establish Epidemiology Center MCH initiatives that will most appropriately serve the USET member-Tribes. The project also cultivates community level awareness and attention throughout Tribal infrastructures to community specific MCH related issues. This awareness leads to community level response that differs for each individual community. Built on participatory action research, collaboration between Tribal community and researcher is key to fulfillment of project goals thus learning how to create an equal partnership between community and researcher has become a primary project outcome. The project presentation will lead the audience through the process of carrying out such an endeavor, the issues related to tailoring a project towards multiple individual communities to glean community appropriate data and the difficulties and potential remedies to collaborations between communities and researchers. Data collected from Tribal communities on MCH related issues and the differing community responsiveness to MCH awareness will be presented.

#2 **Multi-Community Survey of Indoor Air Quality and the Risk of Lower Respiratory Tract Infection in Young Inuit Children Living in Qikiqtaaluk (Baffin) Region, Nunavut, Canada**

*Tom Kovesi**

Short Description: Inuit children in northern Canada and Alaska Native children have the highest incidence of severe bronchiolitis and pneumonia requiring hospitalization in the world. Rates of over 200 per 1000 infants have been reported; in contrast, rates of hospitalization for bronchiolitis in southern Canada or in the continental United States are 10 per 1000 infants. Inuit children also have a markedly increased rate of chronic and permanent lung damage, such as bronchiectasis, following severe lower respiratory tract infection. To date, structural or immunologic causes for this problem have not been identified, and researchers have suggested that lower income levels, overcrowding, and environmental tobacco smoke exposure may all play important roles.

Our group has been investigating whether reduced ventilation associated with tightly sealed housing in Northern communities could contribute to this problem. Our initial research in Cape Dorset, Nunavut suggested that furnaces were functioning normally and nitrogen dioxide exposure was not occurring. Houses were small and crowded, compared to southern Canadian standards. Our subsequent research, in four communities in Qikiqtaaluk (Baffin) Region, Nunavut, has shown that ventilation is reduced relative to occupancy, as indicated by elevated indoor carbon dioxide levels, in approximately 80% of the houses of young Inuit children. Reduced ventilation was associated with an increased risk of reported pneumonia and asthma. This suggests that increasing housing stock and/or developing methods to improve ventilation while conserving energy in houses during extreme arctic conditions may reduce the risk of respiratory infection in young Inuit children.

#3 **The Applicability of Attachment Theory to Aboriginal Culture**

Raymond Neckoway, Keith Brownlee, Bruno Castellan*

Short Description: Attachment theory is a western Eurocentric based theory that focuses on the emotional aspects of the mother-infant relationships and is considered foundational for healthy child development. It is applied across cultures with Canadian Aboriginal families because it is presumed to be universal. However, Aboriginal culture stresses a wider range of attachments based upon family structures and responsibilities that are socially supported by values and traditions and less on the inner world of the child. An attachment theory that has regard solely for the relationship between the mother and child can only represent part of the full reality of an infant's life and an Aboriginal infant's socialization experience in particular. In this presentation we will discuss our research with remote Canadian Aboriginal communities as well as an urban Aboriginal Head-Start program that outlines components of attachment theory where cultural elements play a significant role. This data allowed for a comparison between three groups of participants: a) a traditional group of parents from remote communities who were unilingual speakers of either Cree or Ojibway, b) a group of bilingual parents from remote communities who spoke both English and Cree or Ojibway c) a group of Aboriginal parents from an urban centre who were primarily bilingual. Indigenous perceptions of parenting and its implication for attachment theory will be discussed.

#4 Perceptions of the Strange Situation Procedure among Aboriginal Parents
Raymond Neckoway, Keith Brownlee, Bruno Castellan*

Short Description: This research addressed the issue of attachment theory and its assessment across cultures. Most studies using the *Strange Situation Procedure* for assessing attachment behaviours have been conducted with Caucasian North American and European samples. The present investigation represented a cultural based study with Aboriginal parents from remote communities of the meanings attributed to different types of attachment behaviour. The research question focused specifically on whether responses by children to the *Strange Situation Procedure* were viewed differently by Aboriginal parents than what has become accepted as the standard Westernized norm. The results revealed multiple interpretations of the child's behaviour and emotional state and these interpretations differed from those referred to by attachment researchers. The findings are discussed in relation to the distribution of attachment classification by the *Strange Situation Procedure* in other cultures when compared to the distribution that has come to be accepted as the norm for Westernized countries

#5 A Collaborative Effort to Improve First Nations, Inuit, and Métis Infant Mortality Data
*Joint Working Group on First Nations, Inuit and Métis Infant Mortality Data, represented by Bob Imrie**

Short Description: During a meeting of the Public Health Agency of Canada's Canadian Perinatal Surveillance System Steering Committee in April 2005, First Nations and Inuit Health Branch (FNIHB), Health Canada, presented First Nations statistical data including infant mortality rates. Several committee members expressed concern that FNIHB's published rate could be too low and not reflective of the actual rate. Also, concern was expressed regarding the significant lack of data for Inuit and Métis.

Subsequent to the meeting, it was agreed that a collaborative committee be organized with members from academic institutions, government agencies and Aboriginal organizations for the purpose of improving quality and coverage of First Nations, Inuit, and Métis infant mortality statistics.

To exemplify the collaborative nature of this group it was titled: The Canadian Perinatal Surveillance System, Health Information Analysis Division – First Nations and Inuit Health Branch, Inuit Tapiriit Kanatami, and Métis National Council Joint Working Group on First Nations, Inuit, and Métis Infant Mortality Data.

The goal of this group is to work in partnership to improve the accuracy, reliability, coverage, and appropriateness of First Nations, Inuit and Métis infant mortality data by:

1. Developing a partnership to address the issue that includes First Nations, Inuit, and Métis governing organizations, CPSS, and Health Information Analysis Division – FNIHB.
2. Making recommendations and facilitating where possible better collection of First Nations, Inuit and Métis vital statistics.
3. Improving the technical calculation of First Nations, Inuit, and Métis infant mortality rates (including perinatal mortality).
4. Developing appropriate data governance systems in partnership with First Nations, Inuit, and Métis governing and representative organizations.

Some of the collaborative work to date includes a work plan of initiatives, a report on provincial and territorial approaches to vital registration, and a presentation to the Vital Statistics Council of Canada.

#6 Alberta First Nations and Inuit Health Branch, Health Canada Improvements to Tuberculosis Programming for Infant and Preschoolers in Alberta's First Nations Communities
Sandra Jacobs, Andrea Warman*

Short Description: In 2003, driven by emerging Canada wide issues around BCG vaccine efficacy and safety, Alberta FNIHB undertook a process to replace the BCG vaccine with enhanced screening and improved community awareness strategies to better protect children from tuberculosis. In conjunction with this process, a retrospective tuberculin survey of eligible preschool children was conducted allowing the calculation of a province wide Annual Rate of Infection (ARI). The results of this survey supported the decision to discontinue BCG. Ongoing preschool screening was initiated as a sentinel system for identifying infection among preschoolers. Enhanced education and screening strategies aimed at lessening transmission within communities were implemented.

Alberta Region FNIHB provides services to 45 First Nation communities throughout Alberta whose populations vary between 100 and 10,000. Some of these communities are in isolated northern regions; others exist adjacent to urban centers. At least 6 First Nation languages are spoken in the province. Few culturally appropriate resources were available to support TB programming.

Extensive communication with front line staff and communities was integral to the success of this programming change and survey. A working group consisting of First Nation elders, parents, health directors, community health representatives and community health nurses met with representation from the FNIHB TB team and Alberta Health TB Control to discuss the change in TB programming. The group provided support to the changes and provided guidance on implementation strategies.

On three separate occasions during an 18-month period, regional staff conducted in-service meetings to frontline community health staff in 7 geographic areas within the province. New culturally appropriate, usability tested resources were developed to support education around and management of TB. Resources have been well received locally and in other regions of Canada.

This poster will present the education process provided to communities and front line staff in order to implement the discontinuation of BCG and initiation of enhanced preschool screening. The resources developed to support the TB programming will also be showcased.

#7 Barriers to On-reserve HIV and Hepatitis C Testing in Aboriginal Youth in British Columbia
Marcus Lem, Jane A Buxton, Diane Rothon, Mel Krajden, Monica Durigon, Valencia Remple*

Short Description: Canadian Aboriginal people are estimated to represent 6 - 9% of individuals currently living with HIV infection, and 6 -12% of new infections, despite representing only 3.3% of the total population.

Aboriginal people are being infected at younger ages than non-Aboriginals, and youth prevention and education has been identified as a priority under the Canadian Federal Initiative to Address HIV/AIDS. Reliable estimates for Hepatitis C (HCV) infection are currently not available for Aboriginal populations in Canada.

From Jan. to April 2006, youth aged 14 to 19 years residing in BC's three youth custody centres were invited to participate in a population-based study. Structured interviews were administered to consenting individuals by Youth Custody Nurses. Data collected included ethnicity and demographic information, risk factors for blood-borne diseases, and information on health service utilization. Data were entered in EpiData V.2 and analyzed in SPSS V.10.

Of the 415 youth who agreed to participate, 199 (48%) self-identified as being of aboriginal descent. 108 (26%) self-identified as First Nations, 12 (3%) as Metis, and 79 (19%) as First Nations or Metis, and another ethnicity. 120 of the youth stated they had spent time on-reserve, however 44% (53) had not been on-reserve in the year prior to entering custody. Of the 120 "on-reserve" youth, 54 (45%) had been tested for HIV and 48 (40%) for HCV. Of these, only 6 (5%) were tested on-reserve for HIV and 7 (6%) for HCV. The primary reasons given for not being tested for HCV on-reserve were "not on reserve at time" (30%), "no testing/not aware" (19%), and "lack of privacy" (3%). A significant proportion of youth in custody in BC are of aboriginal descent. Despite ties to their communities, aboriginal youth may spend extended periods of time away from their reserves. While on-reserve, aboriginal youth often are not aware of, or not offered, HIV or HCV testing. These findings have implications for resource allocation and communication strategies for testing services in aboriginal communities.

#8 Road to Competency – CHRs and the Need for National, Competency-based Training and Credible Career Paths for Inuit, Metis, and First Nation Health and Wellness Workers
*Debbie Dedam-Montour**

Short Description: This session will provide information on the types of health workers in Aboriginal communities and inform participants specifically on the scope of duties of a Community Health Representative (CHR). NIICHO is presenting its vision where all health workers in Aboriginal communities have core competency training and are part of a professional development process which supports laddering for a new classification of health workers: Wellness & Primary Health Care Providers

#9 Infectious Disease Hospitalizations among American Indian and Alaska Native Infants and Children 1-4 Years of Age
Robert Holman, Krista Yorita, James Cheek, Rosalyn Singleton, James Sejvar, Dana Haberling, Claudia Steiner, Edna Paisano, Larry Schonberger*

Background: Infectious diseases (IDs) impact the health of all American Indian and Alaska Native peoples (AI/ANs), but in particular that of young children.

Methods: Hospitalizations with an ID listed as the first diagnosis for AI/AN children <5 years of age during 2002-2004 were selected from Indian Health Service hospital discharge data. Hospitalizations were also examined for the general US population of children using the 2003 Kids' Inpatient Database.

Results: During 2002-2004, there were 10,372 ID hospitalizations among AI/AN children <5 years of age; 56.1% were infants. The average annual hospitalization rate for infants (10,295 per 100,000) was lower than that reported for 1998-1999 (14,970 per 100,000). However, the rate was much higher than the rate for US infants (7162 per 100,000 live births). The rate for AI/AN children 1-4 years of age (1565 per 100,000) was similar to that for the US children (1474 per 100,000). The Alaska and the Southwest regions had the highest regional rates for both infants and children 1-4 years of age (15,275 and 1995 per 100,000, and 13,697 and 2301 per 100,000, respectively). The highest hospitalization rates were seen for upper and lower respiratory tract infections (LRTIs), kidney, urinary tract and bladder infection and septicemia.

Conclusions: The ID hospitalization rate for AI/AN infants is higher than the rate for the general US infant population, particularly for those in the Alaska and the Southwest regions. Further preventive measures are needed to reduce the occurrence of IDs among AI/AN children, primarily LRTIs

#10 Severe Respiratory Syncytial Virus Among American Indian and Alaska Native Infants and in the General United States Infant Population, 2002-2004

*Robert Holman**, *Rosalyn Singleton*, *Krista Yorita*, *James Cheek*, *Edna Paisano*, *Dana Haberling*, *Claudia Steiner*, *Larry Anderson*

Background: To describe the occurrence of severe respiratory syncytial virus (RSV) among American Indian and Alaska Native (AI/AN) infants and all infants in the United States.

Methods: Infant (<1 year of age) hospitalizations with RSV listed as a diagnosis during 2002 through 2004 were selected by using Indian Health Service (IHS)/tribal hospital discharge data for AI/ANs and the 2003 Kids' Inpatient Database for the general US population

Results: RSV was listed as a diagnosis on 13.0% of all AI/AN infant hospitalizations and 11.7% (SE=0.2%) of all US infant hospitalizations. Bronchiolitis due to RSV infection continued to be among the top five listed diagnoses of all AI/AN infant and US infant hospitalizations (11.1% and 10.4% [SE=0.2%], respectively). The average annual rate for RSV-coded hospitalizations was 24.9 per 1000 infants for AI/AN infants which was lower than that reported for 2000-2001 (34.4); and higher than the 2003 rate of 20.1 per 1000 births for US infants. The hospitalization rates for AI/AN infants living in the Alaska and Southwest regions (47.0 and 31.2, respectively) remained the highest among the IHS regions and higher than the rate for US infants.

Conclusions: RSV infection continues to be one of the leading causes of hospitalization among all infants in the United States, and AI/AN infants living in the Southwest, Alaska and East regions remain at a high risk for hospitalizations associated with RSV infection. Use of passive prophylaxis and development of vaccines and other strategies remain important in the prevention of RSV disease.

#11 Otitis Media Outpatient Visit and Tympanostomy Tube Placement Rates in Young American Indian and Alaska Native Children: What are the Trends?

*Rosalyn Singleton**, *Robert Holman*, *Randall Plant*, *Krista Yorita*, *James Cheek*, *Steve Holve*

Background: Otitis media (OM) rates in American Indian and Alaska Native (AI/AN) children were historically higher than in other US children. There is no data on OM rates in AI/AN children since pneumococcal conjugate vaccine (PCV7) introduction.

Methods: Outpatient visits with OM (ICD-9-CM codes 381.0-381.4 and 382) listed as a diagnosis and myringotomy with insertion of tube (ICD-9-CM procedure codes 20.01 and 20.09) listed as a procedure among AI/AN children <5 years of age were obtained from the Indian Health Service (IHS) National Patient Information Reporting system for 2000-2004. Rates for OM visits were compared with the general US child population from the National Ambulatory Medical Care Survey.

Results: The OM visit rate for AI/AN children <5 years old (97/100/year) was less than reported for 1994-1996 (138), but remained higher than the general US child population (71). The OM visit rate for AI/AN infants (204) was twice as high as the rate for US infants (93). The OM visit rate was highest for the Alaska region (157). OM visit rates for AI/AN children decreased from 2000 to 2004; however, the OM rate increased in the Alaska region. The PE tube placement rate for AI/AN children <5 years was highest for Alaska region (23/1,000/year) and low (0.06 to 2.2) for the other regions.

Conclusion: OM visit rates in AI/AN children <5 years of age have decreased since routine PCV7 vaccination; however, the rate has increased in the Alaska region. The PE tube placement rate varied widely and may be affected by referral patterns as well as OM rates.

#12 Multicenter Bronchiectasis Study: A Collaborative International Study of Bronchiectasis in Indigenous Children

*Rosalyn Singleton**, *Gregory Redding*, *Patricia Valery*, *Anne Chang*, *Mehran Mosley*, *Lori Pruitt*, *Mary Jackson*

Background: Bronchiectasis still contributes to the high burden of respiratory disease in indigenous children worldwide. The risk factors associated with progression to bronchiectasis, the clinical course and optimal treatment are not known. The high rates of bronchiectasis among indigenous populations has led to the first collaborative international study (Aboriginal and Torres Strait Island, New Zealand Pacific Island, Maori and Alaskan Native people). The aims of the Observational study are to: (1) define the clinical course of chronic moist cough with or without infiltrates, and bronchiectasis; (2) identify the risk factors associated with progression to bronchiectasis. The Australians are also conducting an Interventional study to evaluate maintenance azithromycin (30 mg/kg once a week) compared to placebo on the prevention of pulmonary exacerbations.

Methods The Observational study design is identical in the participating countries: a prospective cohort study (2005-2010) of Indigenous children aged 6 months to 8 years with bronchiectasis or chronic moist cough. Primary outcomes are: number and rate of pulmonary exacerbations and progression of radiologic findings.

Results: The study has started in all sites; to date 64 children have been enrolled (29 children in Alaska); we expect to identify 100-150 eligible children. Participants have high rates of nasopharyngeal carriage with pneumococcus, H. influenzae, and M. catarrhalis

Conclusions: This will be the first study to prospectively document the clinical course of chronic moist cough and bronchiectasis in indigenous children. The clinical trial will provide critical information about the benefits and risks of maintenance antibiotic treatment. The project has the potential to improve health outcomes for children with bronchiectasis worldwide

#13 **Qualitative, Participatory Action Research Involving Holistic, Community-Based Treatment for Children and Youth with Fetal Alcohol Spectrum Disorder (FASD)**
*H. Rae Mitten**

Background: Among the vulnerable and neglected lacking access to care for their special needs are children and youth with FASD. This research undertakes a qualitative, inductive study of their community-based treatment needs in the areas of health, education and social services. As FASD exists among Indigenous peoples, Indigenous perspectives and input are integral to the research.

Methods: An Elders Forum was held to ground the study in traditional knowledge as a guide to culturally appropriate methodology, ethics and policy. Questions for discussion at the Elders Forum included: (a) What protocols are required to access and acknowledge traditional knowledge? (b) How can your traditional knowledge inform our study on Fetal Alcohol Spectrum Disorder? (c) In what ways can this research be conducted respectfully? (d) How can First Nations communities benefit from this study? (e) In what ways can knowledge gained about FASD best be translated back to First Nations communities? An open-ended, one-hour interview protocol was selected for use with youth and children with FASD, their caregivers and service providers. As individuals with FASD have remained silenced and often invisible in research, it was considered important to give them voice and empower them to find solutions. Overarching research questions for participants include: (a) What informed consent and interviewing practices are appropriate for use with children and youth who have FASD? (b) What are effective, holistic treatments or practices? (c) What access to these exists? (d) What are policy implications of this topic? Human rights regimes are analyzed regarding access to accommodation of these disabilities. A tribal council, an inherent rights Métis Community and an FASD Network are partnering in the research.

Preliminary Results: Inductive themes identified thus far from preliminary interview data as key to generating effective interview processes and programming include: use of trusted mentors that co-consent and support the person with FASD during interviews; increased response time; minimized distractions and over-stimulation; one-step, repeatable, open-ended questions; neutral, but supportive environments; and informed personnel with knowledge of cognitive and behavioral characteristics of FASD. Access to accommodation of disabilities awaits policy reform and legal redress. These entail viewing individuals with FASD as worthy of dignity, respect and full inclusion in society.

Conclusions: Children and youth with FASD are best supported in community by those who can translate understanding of actual deficits into effective, culturally-safe accommodation. Access to such services is limited and needs to be a priority.

#14 **The Relationship Between In-Home Water Service and Hospitalizations for Infections of the Lung, Skin and Gastrointestinal Tract Among Alaska Natives**
Thomas Hennessy, Troy Ritter, Robert Holman, Dana Bruden, Krista Yorita, Lisa Bulkow, James Cheek, Ros Singleton, Jeff Smith*

Background: Alaska ranks last among U.S. states in the proportion of homes with piped water and sewer service (US: 99.4% of homes, Alaska: 93.7%,). For some regions 35% of homes have no water/sewage service, however, the health effects have not been studied..

Methods: A 2001 statewide rural inventory determined the proportion with in-home water ("served"); infectious diseases hospital discharge data (2000-2004) were obtained from the Indian Health Service and compared by region. Within one region, surveillance data for lower respiratory tract hospitalizations (LRTI) and skin/soft tissue infections (SSTI) were compared with village-level water services.

Results: For regions with <80% homes served, the hospitalization rate was higher than for regions with >=80% served among children <5 years for RSV (RR 3.4, 95% CI 2.9-3.8), and among all ages for pneumonia and influenza (RR 2.5, CI 2.4-2.7), SSTI (RR 1.9, CI 1.8-2.1), but not infectious diarrhea (RR 0.9, CI 0.8-1.2). Comparing persons from villages with <10% of homes served to those from villages with >80% served, infants showed increased hospitalization risk for LRTI (RR 1.2, CI 1.1-1.4), pneumonia (RR 1.3, CI 1.1- 1.5), RSV (RR 1.2, CI 1.0-1.6), and for all ages, *S. aureus* infections (RR 5.1, 95% CI 2.9, 8.7) and SSTI hospitalizations (RR = 2.7, CI 1.8-4.1) and were higher.

Conclusions: Increased rates of respiratory and SSTI hospitalizations among rural Alaska Natives are associated with low in-home water service. Lack of water service likely contributes to long-standing infectious disease disparities. Sanitation infrastructure improvements in Alaska should be supported and accelerated.

#16 50% Isopropyl Myristate (IPM) – A New, Novel and Safe Treatment Option for Head Lice Infestations
Nalini Kaul, Kathleen Palma*, Stewart Silagy*

Background: Pediculosis, is a common parasitic infestation affecting children worldwide. Indigenous populations are particularly at risk because of crowded housing, reduced access to medical care, failure to recognize infestations and failure to treat close contacts. Over the counter and prescription pediculicides are used to treat infestations. Growing concerns exist about pesticide treatments because of safety, product ineffectiveness due to non compliance and / or increasing resistance. 50% IPM (Resultz™) a colorless, odorless, non pesticide rinse was developed as a safe, easy to use alternative.

Methods: Our objective was to evaluate efficacy and safety for 50% IPM in a phase 2 clinical design. A total of 30 M/F subjects: from First Nations (8), Metis (6), Asian (1) & Caucasians (15) with age ranges 14(2-11 years), 7 (12-17) years and 9(18 /+) were enrolled in Winnipeg. Evaluations were at screening, baseline & days 7, 14 & 21. For safety evaluations erythema, edema and others concerns were noted. 50 % IPM was applied to detangled hair and left on for ten minutes. Hair was rinsed and combed to collect lice &/nymphs for mortality determinations

Results and Conclusions: Subjects were successes if they required two or less treatments over the 21 day evaluation period. Subjects with lice on day 21 were given standard therapy. Twenty eight out of 29 subjects were successfully treated. Our data suggests 50 % IPM is safe, effective and easy to use treatment for head lice infestations. Resultz™ with demonstrated efficacy and safety and recent approval by Health Canada is a viable option for head lice infestations in indigenous and other populations.

#17 A Pilot Study of Urban American Indian Mobility and Alcohol, Drug and Mental Health Service Needs
Gloria Tallbull, Michael Romero, Paul Spicer*

Background: In contrast to other minority populations, research on AI/AN mental health is more developed in rural than in urban contexts. To address questions of the health and service needs of urban AI/AN people is to sample for randomly selected members of specific tribes in areas with known concentrations of AI/ANs. Such designs can also permit explicit comparisons to the health status of reservation-based populations.

Methods: Our goal in this project is to articulate and pilot test such an approach for future investigations with off-reservation populations to address the unique needs of urban AI/AN people. We conduct interviews using a comprehensive measure that includes assessments of psychiatric disorders and an extensive health services section, including risk factors, protective factors and diagnostic assessments using the scalar measures of distress.

Results: One major aim of the study was to determine the usefulness of various public data sources for this location effort. The performance of publicly available data has been disappointing, 21/158 individuals were identified. Knowledgeable members of a Midwestern urban AI/AN community have generated a much larger yield, with a total of 47/158 identified.

Conclusions: The interviews for this project are designed to shed light on the health status of tribal members living in a metropolitan area. Service providers engaged with AI/AN are encountering a highly mobile population, thus the development of strong connections to reservation and urban communities is necessary to improve follow up care. Increasing the urban providers contact within a shorter time period may increase access to these needed services.

#18 Influence of Cultural Connectedness on Sexual Risk Behaviors of American Indian/Alaskan Native Youth
Sara Jumping Eagle, Carol Kaufman*

Background: Research has shown that American Indian/Alaskan Native (AI/AN) youth are at higher risk for adolescent pregnancy, earlier sexual debut, substance abuse, and sexually transmitted diseases as compared to adolescents in general. Some studies and anecdotal evidence from programs in AI/AN communities have shown that connectedness to traditional AI/AN culture may be protective against sexual risk behaviors.

Methods: We performed a Medline and PsycInfo search of articles in peer-reviewed journals on cultural connectedness and sexual risk behaviors among AI/ANs since 1997 (including studies based on Canadian populations). Three lists of terms were constructed for search strategy: one for sexual risk behavior terms, the second was comprised of population terms, including “American Indian,” “Alaska Native,” “Native American,” and “Aboriginal”, and the third was comprised of cultural connectedness or identity terms. We selected one term from each list for searches.

Results: Few studies address the role that AI/AN cultural connectedness may have in the prevention of sexual risk behaviors. Findings generally support the hypothesis that cultural connectedness is inversely associated with sexual risk taking, but not always. Apparent conflicts in the findings of this review are discussed.

Conclusion: AI/AN youth would likely benefit more from prevention and intervention programs which are based on their traditional cultures and focus on strengths, not deficits. The use of traditional ways of protecting and teaching AI/AN youth should be utilized in the design of STD and adolescent pregnancy prevention programs. More tribally specific measures are needed in the study of cultural connectedness, assets, and risk behaviors.

#19 **Aboriginal Children and Youth Transferred for Treatment from Western James Bay Communities to the Southeastern Ontario Health Sciences Centre in Kingston, Canada in 2005: Reasons for Referral and Assessment of the Hospital Referral System**
*Karolina Machalek, Heather Onyett**

Background: A paediatric referral network relocates Aboriginal children and youth from remote communities along the west coast of James Bay in Ontario to the Southeastern Ontario Health Sciences Centre in Kingston (1500 km away) for specialized investigations and treatment. Research is limited on the availability, accessibility and appropriateness of this paediatric referral network.

Methods: A chart review was conducted of all Aboriginal children and youth admitted to the Southeastern Ontario Health Sciences Centre in 2005. This review was based on a questionnaire developed with input and ethics approval from Weeneebayko General Hospital in the James Bay Area. The adequacy and appropriateness of resources available in Kingston for the referred patients and their accompanying relatives were assessed. This was accomplished by making observations on the cultural sensitivity of the inpatient and outpatient facilities, and by interviewing health care providers, Weeneebayko Patient Services personnel, and Child Life.

Results: Reasons for referral included injuries, neonatal complications, infectious diseases, surgeries, psychiatric problems, as well as inpatient and outpatient specialized investigations and procedures. Strengths of the referral system included the collaboration of physicians with Weeneebayko Patient Services to consolidate patient appointments and their travel to northern clinics to facilitate patient follow-up. Limitations of the system included weather impeding patient transportation and the impact of separation from family on the patient and primary caregiver.

Conclusion: Both strengths and limitations exist in the current culturally sensitive health care referral system.

Recommendations include the effective use of videoconferencing for both medical diagnosis and follow-up (to decrease the need for travel), as well as for facilitation communication between hospitalized children and their families in northern communities. Universal childhood immunization, promoting good antenatal care, and co-operation with other community partners to ameliorate the socioeconomic status of Aboriginal families may also improve the health of Aboriginal children and youth..

#20 **Preventing Injuries Among First Nations and Inuit Children and Youth: Building on Effective Practices**
*Geoff Cole, Heather McCormack**

Short Description: Injuries are the leading cause of death among First Nations. The leading causes are suicides, motor vehicle collisions, suffocations, drownings and homicides. First Nations sustain injury at rates three times higher than the national average, accounting for nearly 40% of all deaths among males. Injuries are also a major health concern for Inuit. The Inuit suicide rate is 11 times the national average. Many non-fatal injuries result in impairments and disabilities such as blindness, spinal cord injury and intellectual deficit due to brain trauma.

The Injury Prevention Unit, First Nations and Inuit Health Branch (FNIHB), Health Canada coordinates departmental activity on unintentional injury, provides research and surveillance support, and collaborates with injury prevention partners and stakeholders such as Public Health Agency of Canada, Transport Canada, Assembly of First Nations, and the Inuit Tapiriit Kanatami, among others. Injury prevention strategies that target children and youth require the ongoing collaboration and partnership with First Nations and Inuit communities, governments and non-governmental organizations to ensure success.

With a specific focus on children and youth, this presentation will consist of the following three themes:

- A description of the magnitude of the injury problem currently facing First Nations and Inuit;
- An overview of First Nations and Inuit health promotion and injury prevention interventions; and
- A summary of the First Nations and Inuit Health Branch Injury Prevention Plan.

Effective strategies are necessary to reduce the burden caused by injuries in Aboriginal communities across Canada. This presentation will highlight and discuss FNIHB child and youth focused injury prevention and health promotion lessons learned.