

# UBC LEARNING CIRCLE

Centre for Excellence in Indigenous Health

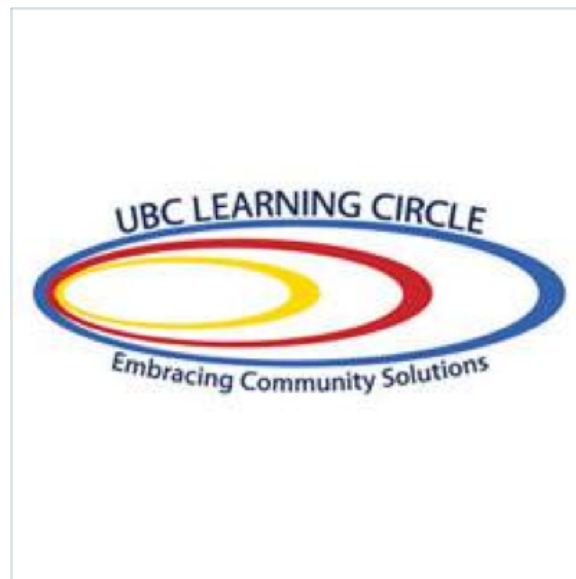
School Of Population and Public Health

UBC Faculty of Medicine

UBC Learning Circle 2013/14 Season Final Report



June 2014



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA

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## Executive Summary

As of June 2014 the UBC Learning Circle is in its seventh year as a videoconference and webinar initiative for health education and Indigenous wellness. We host Learning Circles, Youth Learning Circles, and the occasional research-focused Circle. The program has evolved to include new funders and partners in the education and training of health care professionals. This year First Nations and Inuit Health officially transitioned into the First Nations Health Authority (FNHA). Our partnership underwent a significant transition in 2013 with the official launch of FNHA in which funding now flows directly from the FNHA. This relationship has slowly evolved over time and now sees us providing services to host and facilitate both FNHA and First Nations Health Directors Association sessions for internal knowledge sharing in addition to sessions presented by FNHA staff and contractors to external audiences.

Our work still aims to improve health and reduce health inequities between Aboriginal and non-Aboriginal peoples in BC by providing programming in three overarching 'streams': Skills Enhancement, Community Conversations, and Research Dialogues. In each of these areas we provide health promotion programs that address community-defined health and social needs. We strive to incorporate community knowledge keepers into our sessions to promote the cultural safety of our programming and support the generation, regeneration, and sharing of community knowledge. The Learning Circle was previously part of the UBC Division of Aboriginal People's Health but became a part of the new Centre for Excellence in Indigenous Health at UBC with its official opening on January 1, 2014.

During the 2013/14 fiscal year, we hosted three times the number of Circles as compared to 2012/13. The number of sessions increased considerably due to factors such as a shift in health priorities following the transfer to the First Nations Health Authority and because of our work towards diversifying our presenting organizations such as the Canadian Breast Cancer Foundation, BC Women's Hospital, Ktunaxa Nation Council, Indian Residential School Survivors Society, YouthCO, SFU PIRG, Midwives Association of BC, Ch'Nook Program, Provincial Health Services Authority, BC Ministry of Health, Nenqayni Wellness Centre Society, Healthy Families BC, National Collaborating Centre for Aboriginal Health, UBC Strategic Aboriginal Initiatives, and the SFU First Nations Students Association.

The UBCLC team works to ensure program deliverables are met in all aspects related to planning, organizing, marketing, communications, creating partnerships and delivering effective, community-driven programming to First Nations communities. FNHA's Innovation and Information Management Services continues to provide crucial support for our videoconference technology.

The future of the UBC Learning Circle will focus upon supporting the health and wellness priorities of the FNHA in addition to taking direction from communities themselves on health issues that are relevant in a local context. We look forward to building upon our current successes with the addition of continuing professional development courses/workshops, telehealth training, improving the educational and technical quality of our sessions, and enhancing our online library of health resources.

## Introduction

The UBC Learning Circle (UBCLC) is a computer webinar and videoconference health promotion and education initiative delivered in partnership with the First Nations Health Authority (FNHA) that enables First Nations communities across BC to connect virtually, build health care capacity, enhance individual wellness, and share Indigenous knowledge on health and wellness. It began in January 2008 and was inspired by the use of videoconference technology that encouraged remote participation at the First Nations Health Directors Association (FNHDA) conference. Our videoconference infrastructure was developed with funding from First Nations and Inuit Health (Health Canada) and we currently have 90 units across British Columbia in health centres and band offices. Computer webinar was added in September 2012 as a means of enhancing access to our programming. Up to 200 individual computers can connect via this technology.

A Youth Learning Circle has also been developed with the goal of engaging Indigenous youth aged 12-29 in the areas of ‘role models and mentorship’ and ‘skill building and self-care.’ Youth are encouraged to connect and share their knowledge with each other and with health professionals via technology as a way to lessen the negative health impacts of geographic and cultural isolation. Youth participation is strengthened by UBCLC staff outreach activities at youth conferences and community events.

This report also includes ‘internal’ Learning Circles hosted by the First Nations Health Directors Association (FNHDA) in collaboration with the First Nations Health Authority (FNHA), which are held for Health Directors only. These sessions focus on reporting changes to FNHA policies and providing a forum for questions and feedback around these changes.

### *Learning Circle Goals*

The UBC Learning Circle currently has three ‘streams’ (or themes) through which its programming is delivered:

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

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

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

## *Learning Circle Staff & Roles*

**Leah Walker, Associate Director, Education.** Leah co-founded the Learning Circle and has been with the program since its inception. She is responsible for providing strategic planning and overall direction of the Learning Circle. She also leads the establishment of relationships across the university, with communities, and First Nations health service provider organizations.

**Crystal Morris, Education Coordinator.** Crystal worked with the Learning Circle from September 2012 to February 2013. She provided leadership to the Learning Circle by consulting with and creating partnerships with communities to define appropriate learning objectives and content for our sessions.

**Jennifer Mackie, Administrative Manager, Centre for Excellence in Indigenous Health.** Jen has been the Administrative Manager of the Centre for Excellence in Indigenous Health since January 1, 2014. Prior to that she coordinated the development of the Centre and its transfer from the Division of Aboriginal People's Health. Jen is responsible for Administrative activities and functions as well as facilitating the development of the Centre in the School of Population and Public Health.

**Kathryn Berry, Education Coordinator.** Kathryn began as the Program Assistant in October 2012 and is currently the Education Coordinator. She is responsible for overseeing the day-to-day operations of the Learning Circle and providing direction on health promotion content. She also assists in planning, designing, developing, coordinating and implementing the educational objectives, programs, and related administrative functions for the Centre for Excellence in Indigenous Health.

The following staff joined the department **after** the 2013-14 fiscal year.

**Leena Minifie, Program Coordinator.** Leena joined the team in April 2014 and is responsible for hosting and facilitating Learning Circle sessions. She is the coordinator and content creator for the Learning Circle and leads our technological quality control. Since arriving she has focused on marketing, search engine optimization (SEO) and social media strategies to enhance UBCLC's online presence.

**Divina Ridley, Program Assistant.** Divina joined the Learning Circle in April 2014 and assists with registration, communication, and marketing for the initiative. She also assists with coordination and technological support

## [Centre for Excellence in Indigenous Health](#)

The Centre for Excellence in Indigenous Health is a new initiative for students, research and education support in Indigenous health. Part of the School of Population and Public Health located within the Faculty of Medicine at UBC, the Centre is the only one of its kind in BC which is home to several Indigenous nations and peoples with nine distinct language groups.

## Welcome from the Directors of the Centre for Excellence in Indigenous Health

Greetings! We are Dr. Nadine Caron and Dr. Martin Schechter, the Co-Directors of the new Centre for Excellence in Indigenous Health. We are pleased to report that we are now 6 months into the first year for the CfEIH, a new initiative for students, research and education support in Indigenous health at the University of British Columbia. Opening on January 1, 2014, the CfEIH is the new home for the UBC Learning Circle and other successful programs, such as the Summer Science Program and the Aboriginal Health and Community Administration Program. We are honoured to have been granted the privilege to support these wonderfully successful programs now and into the future. It is an exciting time and we look forward to continued and future collaborations to build and grow these programs. There is so much potential.

## Centre History

Since March 2012, Indigenous faculty and staff at the University of British Columbia have worked collaboratively to develop a proposal for a Centre for Excellence in Indigenous Health that would provide a single coordinating point for Indigenous health initiatives and contact for community organizations. At a time where the primary responsibility for health in British Columbia was shifting to communities along with the development and implementation of the Aboriginal Health Strategy at UBC, this proposed Centre was designed to dedicate its efforts to advancing Indigenous people's health through innovative thinking, research, education, and traditional practice. The Centre aligned itself with the seven principles of the First Nations Health Council to commit to improving wellness, health care, and patient outcomes, and promote self-determination that includes increasing Indigenous leadership in all aspects of health and health care. Building upon current strengths, and recognizing that the most effective thinking comes from working together, the Centre proposed to promote the productive engagement of expertise from universities, communities, and practicing professionals. This is an exciting and active time in the province of BC; the time for partnership is now.

On January 1, 2014, the new Centre for Excellence in Indigenous Health (CfEIH) officially opened its doors. Located within the multi-disciplinary School of Population and Public Health, in the Faculty of Medicine at UBC, key goals of the CfEIH will be the recruitment and education of Indigenous health professionals to address persistent health disparities and to promote self-determination by increasing Indigenous leadership in health and health care, and the provision of the training necessary for all health professionals to work more effectively with Aboriginal people and organizations. The CfEIH will promote the productive engagement of expertise from post-secondary institutions, communities, and practicing professionals. The leadership of the CfEIH will support the key priorities of students, research and education and will align with Aboriginal community practices.

The CfEIH will bring together the best thinking in Indigenous Health at UBC, in communities, and in partner institutions worldwide, and will be the main point of contact for the University and the local, national and international Indigenous communities to meaningfully engage and create partnerships addressing issues important to Indigenous people in BC and worldwide. With the opening of the CfEIH, this will allow programs to be even more strongly supported, and to have greater community reach.

## 2013/14 Season Overview

Between April 1, 2013 and March 31, 2014 we offered 68 individual sessions (58 Learning Circles and 10 Youth Circles) compared to 21 total during the 2012-13 season. Participation increased by 358% (from 917 to 3282 people). New to the Learning Circle this year was traveling offsite to host Learning Circles remotely, which included live audience participation in addition to online participation. This year we held 18 offsite sessions. We also held three research-focused circles. Twenty-seven sessions could be classified under the “Community Conversations” stream and 28 fit under the “Skills Enhancement” stream. The majority of this year’s changes stemmed from our partnership with the FNHA; twelve of the Circles this year were solely focused on an internal FNHA employee audience, and 11 sessions were facilitated/hosted by FNHA employees/staff to a more general audience with outside participation encouraged.

Similar to our 2012/13 season, attendance trends indicate that sessions which were culturally-based had higher participation rates than sessions based upon more ‘conventional’ methods of health promotion (e.g. those which are prevention-oriented and stress the importance of a healthy lifestyle). This finding underscores the need for both culturally safe and culturally relevant health promotion programming which reflects the diverse knowledges and values of Indigenous peoples. It is also interesting to note that on average, internal policy-related sessions hosted by the First Nations Health Authority attracted a greater number of participants than other types of sessions. This heightened interest could be reflective of the larger movement towards Indigenous self-determination and control over the social determinants of health. This increase may also be attributed to the active listserv that FNHA operates and the overarching need for policy direction with FNHA’s employees. The UBC Learning Circle has been identified by the First Nations Health Directors Association (FNHDA) as a tool in transferring knowledge between policy makers and knowledge holders at the FNHA and the health directors who are ‘on the ground’ in First Nations communities. There is now an ongoing partnership with the FNHDA that connects health directors with key individuals within the FNHA whose policies directly impacts the social determinants of health for people in their communities.

## Sharing Our Successes

Participation. As noted, the 2013/14 season saw a dramatic increase in participation over previous years. A review of participation rates and trends reveals the following key reasons for this increase:

- a. *Planning ahead:* Communities often require at least a months’ notice to book videoconference equipment, as it is frequently located in boardrooms and clinical facilities where it is shared with other groups. This year we consistently planned our sessions up two to three months in advance, thus enabling videoconference participants to reserve their unit in a timely fashion and participate in more Learning Circles.
- b. *Communications:* This year we upgraded our electronic mailing list (MailChimp) to a paid service that allows us to design professional-quality advertisements and send them to our 2,200 subscribers quickly and efficiently. According to the MailChimp analytics feature, approximately 30% of our contacts regularly open the emails that advertise Learning Circles, which is more than 12% above the industry standard open rate for educational institutions. Social media has also been an effective medium to engage participants and share with them what happens at the UBC Learning Circle.

- c. *Increase in health authority employee attendees:* Employees from all health authorities across the province have been participating in the Learning Circle (both Youth and adult-oriented) in greater numbers. Aboriginal health leads are recommending our programming to their employees for continuing professional development and learning. One large health authority has ceased to do their own programming in Aboriginal health because UBCLC has been recognized as fulfilling a need in the area of building skills for health care workers.

**For a complete breakdown and description of participation data, please see Appendix 1.**

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

**Partnerships.** In addition to sustaining partnerships initiated during the 2012/13 season, this year we added a number of new partnerships which have further enhanced our capacity to respond to community health needs by expanding our programming within the confines of our current budget by sharing resources and knowledge with these organizations. Below is a summary of the accomplishments we have shared with our partner organizations.

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

*UBC Human Early Learning Partnership:* In May 2013 the Learning Circle partnered with the Ktunaxa Nation Council to broadcast webinars on Ktunaxa knowledge relationships.

*Midwives Association of BC Aboriginal Committee:* UBCLC hosted a series of webinars in fall 2013 to help increase access to midwifery care for Aboriginal families in BC and support Aboriginal women pursuing midwifery as a career.

*National Collaborating Centre for Aboriginal Health:* In February 2014, Albert Pooley delivered a webinar on the role of fathers in families as part of a conference entitled 'Family is the Focus.'

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

- Gathering Wisdom (October 2013)
- FNHA Nursing Conference (February 2014)
- Gathering Our Voices Aboriginal Youth Conference (February 2014)

In addition, the Centre for Excellence in Indigenous Health hosted its first 'Indigenous Speaker Series' event. It is anticipated that this event will be the first of many such live events that aim to fulfill the Centre's mandate of connecting the university with communities and other academic and



Indigenous health service organizations. Dr. Janet Smylie provided the keynote presentation and a panel of Indigenous researchers discussed challenges and possible solutions to Indigenous health data issues. The Learning Circle successfully broadcast this event live by computer webinar.

### *Participant and Partner Feedback*

The following quotes are from people who participated in the Learning Circle in the 2013/14 season:

“Kathryn Berry provided great assistance/support to ensure that we received all UBC Learning Circle presentations. The presentations only added further knowledge to the work we do in the health care system. The learning and information received by presentations only enhances our experiences and knowledge both on a personal and professional level. Thank you.” (Health Authority employee)

“Efforts, enthusiasm, energy and "inspiration" all motivating... and the resources and links... well simply stunning.” (Comment from webinar participant January 23, 2014)

“It is a great tool to use in order to gain knowledge and health supports for the community and its members. We have also correlated UBC Learning sessions with two of our community health events; for instance Heart Health and Diabetes Clinic. The Learning Circle has provided healthy information to our communities’ people.” (Fay Michell, Health Coordinator/CHR, Xwisten Health Department)

"You inspire many through your circles and speakers, which offer(s) great hope and healing. Empowering communities makes the difference for generations to come. Thanks for being a friend.” Trish Scoular, Facebook post, 2014.

### *Highlights of Successful Sessions*

One of our most fruitful partnerships has been collaboration with the Health Promotion and Prevention, Health Services team at the First Nations Health Authority. Rebecca Sovdi, Nutritionist and Manager, Healthy Living and Chronic Disease, has been instrumental in leading the development of a popular series of ‘Aboriginal nutrition webinars’ which covered topics such as healthy eating for mental wellness, chronic disease, myths surrounding diabetes, infant nutrition, traditional foods, and healthy cooking skills. To date we have partnered on 11 sessions that featured presenters Rebecca Sovdi, Gerry Kasten, and Suzanne Johnson. These sessions have been among some of our better-attended Learning Circles, particularly where the emphasis is on incorporating ‘traditional’ practices into mainstream living. We anticipate that this partnership will continue to bring relevant and culturally appropriate health and wellness information to First Nations communities in the 2014/15 season.

### *Sharing Our Challenges*

*Participation.* While increased participation overall has been one of our major successes, we still face several challenges in this area. We have found that approximately 50% of people who register do not actually attend the Learning Circle. This finding is consistent across session topics (i.e. the topic of the session is not related to whether or not people participate in the session). While we would like to increase our numbers, we also realize that the industry standard for webinars is between 30-40 %

(36% as average) of all registered participants. While we are happy to be higher than industry standard, we would like to increase participation numbers, particularly for the Youth Circle. In order to address this challenge, we have included questions in our surveys that attempt to discover why this is happening and how we can better support people to attend our sessions. These surveys were distributed at Gathering Wisdom in October 2013. In addition, we have also informally been surveying people via email who report that they are unable to attend. We have discovered that the main reason for failure to attend a session after registration is a “lack of time.” Therefore, it is important that future sessions offer a quality experience (in terms of both educational content and technology) which participants will make it a priority to attend given their personal and professional time constraints.

*Youth Circles.* This year there were more health care professionals attending Youth Circles than youth participants. It is possible that health care professionals view these Circles as an opportunity to learn more about the health issues that Aboriginal youth are facing, as well as skills to address these challenges. Barriers to youth participation continue to be the same as in previous years:

- Session times conflicting with class time
- Lack of access to videoconference equipment
- Insufficient notice for students to participate in events
- The need to gain parental or guardian consent before traveling to videoconference facilities (the videoconference units are not frequently located in schools or youth centres)

We are exploring a number of methods to support youth in attending. Engaging Aboriginal youth directly in the planning of these Circles is thought to be an effective way of increasing participation. This may take the form of a youth advisory council in which several Aboriginal youth from across BC are personally invited to provide input into which topics (and how these topics are delivered) are important to them and their peers. Another successful model of youth engagement are “Capacity Cafes” which provide a space for young people to feel listened to, respected, and valued in order to view themselves as a needed resource. Vancouver Coastal Health has used this form of engagement around issues such as drug and alcohol use, and it could be an effective format for youth participation in our initiative.

**Technical Report.** At the beginning of this fiscal year we used a 3-chip standard-definition camera that recorded to tape and was bulky. This Canon 3CCD camera had external audio inputs and adjustable focus, gain, shutter speed, and iris. However, this camera was not very conducive to travelling, as it is rather large and not compatible with our current computer software because it recorded to tape format. We also did not have a camera to take still pictures with so we purchased a small, automated HD consumer-grade camera with photo capabilities (Samsung HMX-QF30). This allowed for portability, mobility, and ease of set up with off-site webinars.

In addition, since there was no microphone on this camera, we were using the one-directional microphone attached to the 3CCD. We then purchased a professional USB “Yeti Blue” microphone that plugs into the webinar computer directly. This microphone has three built-in patterns (cardioid, omni, and bidirectional) instead of having three types of microphones. This has helped with multiple guests in a variety of different settings.

The Adobe Connect webinar program still has audio issues, but this is a problem that lies within the Adobe Connect software itself. Currently, the audio drops out and this is the reason the program is rated low in the particular area of sound. We also desire to make video recordings of the sessions

more professional in quality in order to share the information with people who might not have been able to participate live. In trying to make videos for the web we have encountered issues in quality of recording as all the videoconferences are recorded from the FNHA's Innovation and Information Management Services where the videoconference bridge is hosted. These recordings are only standard definition size (4:3) and less than optimal pixel resolution. We also do not have fast enough computers in order to do the editing work required to make these videos that are between one to 2 hours in length. As of now our priority is to focus on making the sound consistently good for each session. We will keep targeting quality of sessions when we have consistent and stable finances, and receive the budget to purchase the equipment that would improve the overall quality of sound and video.

## Our Journey Forward

The 2013/14 season covered a wide variety of health and wellness topics, and we will continue to maintain this breadth over the coming year. Next season will see the UBC Learning Circle working with the First Nations Health Authority to determine our educational pathway and more clearly define our goals (outcomes) to align with their vision and mission. The FNHA is closely connected to First Nations communities across BC and determines its priorities from the health issues that are relevant to its constituents. By continuing to offer sessions on health, wellness, and nutrition and strengthening our partnership with the First Nations Health Directors Association, we will strive to offer health promotion programming that is culturally safe and culturally relevant, and addresses these health priorities. One such priority is the mental health of Aboriginal youth. Our goal is to offer four sessions for Aboriginal youth around mental health and wellness, and the content of these Circles will be informed by directly engaging with youth on an ongoing basis throughout the year as discussed above.

The Learning Circle will also be using its technology to offer continuing professional development (CPD) in at least one subject area. We have been looking at hosting a series of videoconference workshops on palliative care in First Nations communities. We recognize that the training content for this topic has already been developed and successfully delivered by several health authorities, and thus we will partner with one of these organizations to be the 'vehicle' that delivers content and instruction. An additional area of CPD is telehealth education. We will be working with the First Nations Telehealth Expansion Project team over the coming year to develop and potentially deliver education around the use of telehealth for health professionals involved in caring for First Nations communities. The scope of this project has yet to be defined, but it is anticipated that our contributions will range from developing material on the technical use of equipment to delivering "Telehealth 101" sessions using our existing videoconference and webinar infrastructure.

It should be noted that we recently instituted a 30-minute reminder for registered videoconference and computer webinar participants on the day of Learning Circle sessions. While this may not help people who are too busy to attend, it may support people in attending simply by reminding them that they have committed to participating. This reminder was instituted in early May 2014, and it is too soon to conclude with any certainty that it is actually helping to increase numbers. We will be tracking participation closely next season and will be able to report on this new initiative next year.

Finally, we will be performing a comprehensive evaluation over the next few months that will not only assess outcomes for the 2013/14 season, but will also examine the impact of the Learning Circle as a whole since its inception in 2008. It will ask questions such as:

- What is the extent to which our program is operating as planned?
- Is the program on track to meet expected results?
- How could the program be improved?
- Do participants find value in our programming?

We have been fortunate to have Masters in Public Health students from the UBC School of Population and Public Health work with us over the winter to develop an evaluation framework that will guide us in answering these questions. We also hope to involve participants and partners in the evaluation process by seeking input on appropriate evaluation questions and suggestions for relevant indicators.

## Conclusion

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

## Appendix 1: Summary of Participation and Themes (April 1/13- Mar 31/14)

Date	Title	Presenter(s)	Summary	Total Participants*
April 3, 2013 (Internal)	FNHA Interim Health Plan	Richard Jock, FNHA	First Nations Health Authority covers their Interim Health Plan	81
April 11, 2013	Indigenous Knowledge and Research	Michele A. Sam (Aboriginal Researcher)	Examining the context between institutional research approaches and community-based knowledge needs, and sharing Indigenous approaches	32
April 15, 2013 (Internal)	FNHA Mental Wellness Substance Use Update	Blake Stitlis, Hertha Holland, Michelle de Groot	An update/report around issues of substance use and mental wellness	15
April 17, 2013	Breast Health 101	Amanda McNally (Canadian Breast Cancer Foundation)	Breast health, early detection, mammograms, as well as dispelling common myths around breast cancer and its causes	11
April 18, 2013 (Internal)	Mental Wellness Substance Use Update	Blake, Hertha, Heike Mueller (FNHA)	An update/report around issues of substance use and mental wellness	16
April 24, 2013 (Internal)	Mental Wellness Substance Use Update	Blake, Hertha, Heike Mueller (FNHA)	An update/report around issues of substance use and mental wellness	35
April 25, 2013 (Internal)	Mental Wellness Substance Use Update	Blake, Hertha, Alison Twiss (FNHA)	An update/report around issues of substance use and mental wellness	50
April 29, 2013 (Internal)	Mental Wellness Substance Use Update	Blake, Hertha, Michelle de Groot (FNHA)	An update/report around issues of substance use and mental wellness	50
April 30, 2013	Trauma-Informed Practice with Indigenous Children and Youth	Diane Smylie	Trauma-informed practice is an emerging area of training for health practitioners in social work, nursing, and other allied health professions	100
May 1, 2013 <b>YLC</b>	Indigenous Role Models (Sports)	Ashley McGinnis / Marlan Hall	Discussing challenges and successes	15
May 2, 2013 (Internal)	First Nations Health Benefits	John Mah	First Nations Health Benefits and changes	200
May 22, 2013	Healing the Impacts of Colonization	Elder Gerry Oleman	Dialogue about the impacts of colonization on health	40
May 27, 2013	Ktunaxa Self-Development, Self-Determination	Joe Pierre/Michele Sam	Self-determination and development of the self as wellness and healing	120
May 27, 2013	Ktunaxa Self-Development, Self-Determination	Nikki Sieben, Stephanie Power, Gwen Phillips	Traditional knowledge, colonial experiences and Ktunaxa knowledge relationships; social governance	120
May 27, 2013	Ktunaxa Self-Development, Self-Determination	Dr. Tom Boyce/ Dr. Michael Kobor/Michele Sam	What do genes remember and how early life experiences get under the skin?	120

May 29,2013	CFEIH & Cedar Project	Linc Kesler/Wayne Christian/Vickie Thomas	Research project addresses impact of historical trauma in residential school and overview on Centre for Excellence in Indigenous Health	70
June 14,2013 (Internal)	Engagement Session with Health Directors on MWSU Strategy Area	Blake Stitilis/Hertha Holland	First Nations Health Directors Association	15
September 11, 2013	Indian Residential Schools	Angela White, IRSSS	Discussed experiences of residential schools.	138
September 17, 2013	FNHA Strategic Wellness Framework	Georgia Kyba, FNHA	Update/report on FNHA Traditional Wellness framework	57
September 24, 2013	Healthy Eating for Mental Wellness	Rebecca Sovdi	How to eat to create mental wellness	55
September 25, 2013 <b>YLC</b>	HIV 101	Jessica St. Jean & Dakota Prince	Stereotyping, social determinants of health, STI testing, HIV prevention	14
October 1, 2013 <b>YLC</b>	Indigenous Youth Wellness	Elder Gerry Oleman	Health promotion and suicide prevention through unique approaches with families and youth	21
October 2, 2013	Aboriginal Criminology Series	Dr. Kim Rossmo	About the missing women's inquiry, his experience with the Vancouver Police Department, the process of creating geographic profiling, and his experiences at SFU.	40
October 8, 2013	Feeding Your Family Delicious Food	Gerry Kasten	Explored cooking delicious recipes that are tasty and kid-friendly	38
October 15, 2013 <b>YLC</b>	Indigenous Careers @ UBC	Rick Colbourne	Ch'nook Sauder School of Business program overview	10
October 16, 2013 <b>YLC</b>	Aboriginal Midwifery as a Career Choice	Marijke de Zwager	Positive impact that re-shifting the childbirth culture has had on outcomes for maternal-infant health	18
October 24, 2013	Indigenous Empowerment	Calvin Helin	Motivational speaker on empowerment	4
October 29, 2013 <b>YLC</b>	Indigenous Role Models	Trevor Mack	Insight into a young Chilcotin filmmaker	20
October 30, 2013	Aboriginal Midwives	Marijke de Zwager	Midwives and doulas and their work in communities	17
November 5, 2013	Fantastic Food for Babies (and Moms, Too)	Gerry Kasten	Choosing foods for mom while she's pregnant, breastfeeding and introducing baby to new foods	37

November 7, 2013 <b>YLC</b>	Supporting Youth in the Post Secondary Journey: UBC Aboriginal Student Recruitment	Graeme Joseph	This session can help you decide which college, institute or university program is right for you and how you can plan for your future academic success	11
November 12, 2013	Witness Blanket	Rosy Steinhauer/ Kerrie Charnley (Aboriginal Health and Community Administration Program)	The Witness Blanket project and overview of program designed to support Aboriginal communities in increasing their capacity to deliver services, coordinate programs and promote the health of their peoples	15
November 13, 2013 <b>YLC</b>	Contraception	Jessica St. Jean & Dakota Prince (YouthCo)	Contraception workshop	19
November 20, 2013	Healthy Eating For Chronic Disease	Rebecca Sovdi (FNHA)	Preventing and managing chronic illnesses through nutrition	48
November 20, 2013 (Internal)	First Nations Health Benefits	John Mah (FNHA)	An overview & update for health directors on changes to First Nations Health Benefits	72
November 20, 2013	Honoring Our Babies Safe Sleep Toolkit	Adam King/Lucy Barney (PHSA)	Resource to help service providers discuss safe infant sleep practices with First Nations and Aboriginal families and help reduce SIDS risk	28
November 21, 2013	Trauma-Informed Practice	Natalie Clark	Trauma-informed practice is an emerging area of training for health practitioners in social work, nursing, and other allied health professions	59
December 5, 2013 (Internal)	Suicide PIP Toolkit	Blake Stitilis/Naomi Dove/Stephen Smith (MOH)/ Christine Stahler	Suicide Toolkit presented by FNHDA	49
December 6, 2013 <b>YLC</b>	HealthLink BC	Annalynn Prince/Simone Compton (HLBC)	Overview of access to healthlink.bc.ca	9
December 10, 2013 (Internal)	Community Action Initiatives	Blake Stitilis/Christine Stahler/Laura Tate	Community action initiatives and overview of plan	28
January 9, 2014	Traditional Foods	Suzanne Johnson/Nitanis and John Rampanen	Comparing nutrition of North American diet to traditional foods	42
January 16, 2014 <b>YLC</b>	Coyote Tales Theatre	Kenthen Thomas	A look at storytelling through theatre and sharing of traditional ways (Secwepmec) for the youth	42
January 21, 2014	Healing the Wounded Mind: Residential Schools and the Criminal Justice System	Mike Pond/Gerald Bent	Understanding impact of residential schools on brain physiology and behaviour	61
January 23, 2014	Feeding Your Family Delicious Food	Gerry Kasten/Joel Liman	Cooked delicious recipes that are tasty and kid-friendly	24
January 28, 2014	Nenqayni Wellness Centre	Meghann Brinoni/Willie Alphonse/Walter Rennie	Overview of the Nenqayni Wellness Centre Society programs and services	23

February 6, 2014	Healthy Eating for Better Mental Wellbeing	Rebecca Sovdi (FNHA)	Nutrition and mental health	35
February 13, 2014	From Beefy Chiefs to Healthy Families: Getting Started on Leadership for Physical Activity in Aboriginal Communities	Doug Kelly / UBC Med students	Physical activity in First Nations communities	15
February 18, 2014	Family Violence and Abuse	Albert Pooley (Native American Fatherhood & Families Association)	The role of fathers and family violence	32
February 20, 2014	Aboriginal Women in Law	Jodi-Lynn Waddilove	FNSA criminology series on Aboriginal women in law and Ipperwash inquiry	9
March 3, 2014	Indigenous Speaker Series: Dr. Janet Smylie "Aboriginal Health Counts"	Janet Smylie	Determining and enhancing Indigenous health data and evaluation systems	105
March 11, 2014	Making Sense of Lateral Violence	Denise Findlay, Kweykway Consulting	Identifying aggression and understanding root causes can help reduce incidents of aggression and violence in Aboriginal communities	60
March 13, 2014	Fantastic Foods for Babies (and Moms, Too)	Gerry Kasten (FNHA)	Choosing foods for mom while she's pregnant, breastfeeding and introducing baby to new foods	35
March 18, 2014 (Internal)	Lunch & Learn: Telehealth 101	Adrienne Lewis (FNHA)	Overview of FN Telehealth Expansion Project	9
March 27, 2014	Traditional Foods	Suzanne Johnson (FNHA)	Comparing nutrition of North American diet to traditional foods	70
March 28, 2014 (Internal)	Mental Health and Vision Care	John Mah/Renee Nyberg (FNHDA)	Overview of vision care health benefits and update on mental health crisis management	36
March 31, 2014 (Internal)	Lunch & Learn: Telehealth 101	Adrienne Lewis (FNHA)	Overview of FN Telehealth Expansion Project	24
			<b>TOTAL PARTICIPANTS*</b>	<b>3282</b>
*Total number of participants includes in-person attendees (for live sessions) in addition to video conference and webinar attendance. Where there is more than one session in a day, the total participants number reflects attendees from all sources for the entire day. Number reported is either registration number or the number of participants, whichever was higher.				

10 = Youth Circles

28 = Skills Enhancement

3 = Research

27 = Community Conversations

68 = Total

12 focused on First Nations Health Directors and their staff

11 featured FNHA staff presenting to a more open/general audience



## Appendix 2: Photo Gallery



UBCLC at the STRONG Conference, May 2013 (Photo: Kathryn Berry)



Staff Kathryn Berry and Crystal Morris, October 2013 (Photo: Leah Walker)



Leah May Walker, June 2013 (Photo: Jen Mackie)



UBC Learning Circle team (Kathryn, Divina, Leena) and presenter Rebecca Sovdi, May 2014 (Photo: Jen Mackie)



Divina, Kathryn, Leena chatting with presenter Evelyn Harney, May 6, 2014 (Photo: Jen Mackie)



Rebecca Sovdi (May 7, 2014) (Photo: Jen Mackie)



Jen Mackie (Photo: Jen Mackie)

### Appendix 3: UBCLC/FNHA Workflow Summary of Tele-Education Processes

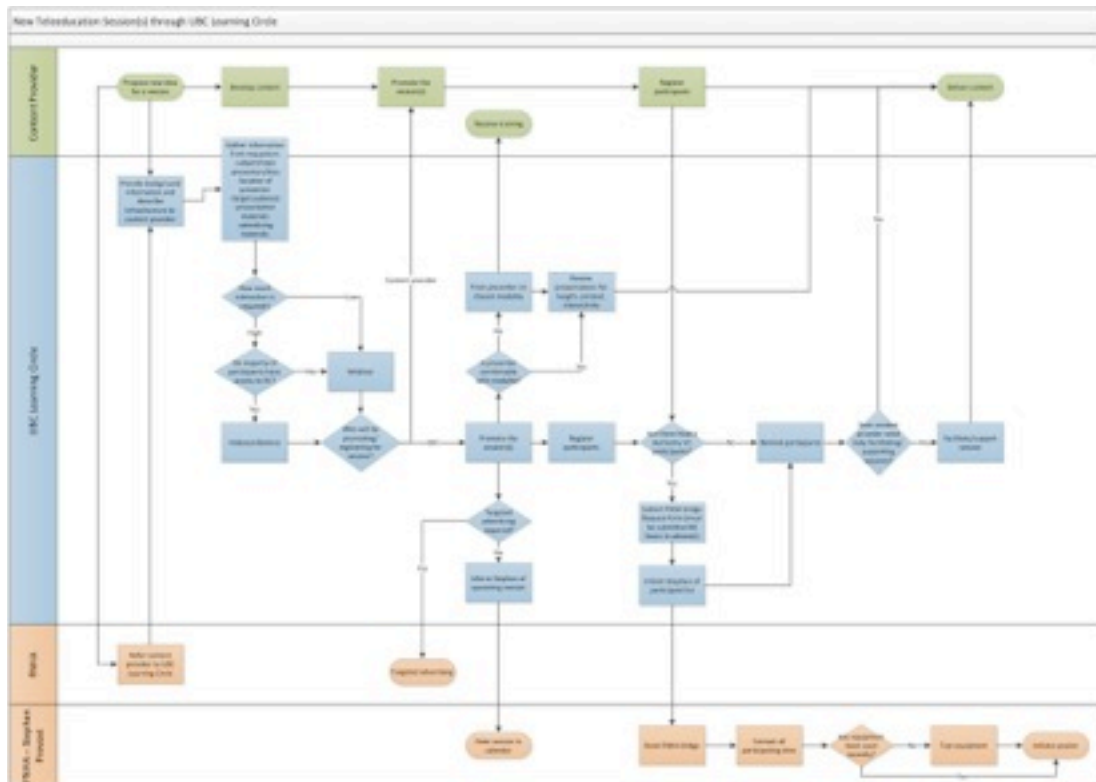


Diagram created by Sean Taylor, FNHA ([click here to enlarge](#)).

Conversations began this year about the nature of the partnership between FNHA and the Learning Circle’s capacity to host continuing professional development workshops for health care workers. This ‘workflow’ diagram represents the division of roles and responsibilities going forward.

#### Appendix 4: 2013/14 Learning Circle Spending

<b>Expenses</b>	<b>Totals</b>
Staff Salary & Benefits	83,820.81
Field Trips & Related Expenses	1679.85
Conferences	2,606.62
Operational supplies & Expense	5,511.94
Creative Services - Print	663.32
Computer Supplies	2,483.66
Advertising	143.65
Meals & Entertainment	1,496.14
Honoraria & Speaker Fees	6,575.00
Cellular & Communications	1,741.34
<b>Total Expenses</b>	<b>106,722.33</b>