Aboriginal Children’s Health and Well-being Measure (ACHWM)
We wish to begin in a good way, by acknowledging the traditional territory of the Mississaugas of New Credit First Nation, the Haudenosaunee, the Huron-Wendat and home to many diverse First Nations, Inuit & Metis peoples
Overview

- What is the ACHWM?
- Our journey to develop the ACHWM
- How it works
- Moving from research to sharing
Indigenous Wholistic Health

Indigenous communities view health and wellbeing in four interconnected components: Emotional, Physical, Mental and Spiritual.
Dreamcatcher Relationship

What we can see
- Reported suicides
- Miss classified accidents

What we can’t see
- Youth with thoughts and behaviors of suicide
- Undetected unnoticed youth who need support
Our Journey
Origin of the ACHWM

- The need for a new measure was identified by Wiikwemkoong’s Health Director, Mary Jo Wabano, to provide local data from the perspectives of First Nations children to guide local health planning and delivery.
- A partnership was developed with Dr. Nancy Young at Laurentian University to bring research resources and enhance the scientific credibility of the measure.
- The intent was to ensure relevance for Indigenous children in Canada.

Wiikwemkoong Unceded Territory

Laurentian University

Mary Jo Wabano  
Health Services Director  
Naandwechige Gamig  
Wikwemikong Health Centre

Nancy L. Young  
Professor & Research Chair  
Rural and Northern Health  
Laurentian University
2011-2012: Photovoice Activity

Then translated the ideas into questions about ...
Balance
2011-2012: Focus Groups

- 38 children in Wiikwemkoong selected the best questions and assigned them to quadrants
- Developed 58 questions related to health and well-being
- Guided by an Advisory Committee
2012-2013: Refined by Children

- Detailed interviews were conducted with
  - 9 children & 9 parents (or caregivers)
- Refined the questions so that they were consistently understood by the children

2014-2015: Assessed fit in other communities

- Weechi-it-te-win Family Services   June 2014
- Métis community in Sudbury        July 2014
- M’Chigeeng First Nation          August 2014
- Whitefish First Nation           October 2014
- Ottawa Intuit Children’s Centre  January 2015

Have achieved a stable and consistently understood version of the assessment
Screening & Triage Process

- Screening process was created by the Nadmadwin Mental Health Clinic staff, in Wiikwemkoong.
  - They asked that we flag questions which may suggest that the participant may be at-risk
    - Programmed into the tablet application
  - Children are referred to a qualified staff member:
    - 1 or more red flags
    - 2 or more yellow flags
- Triage component ensures their safety by connecting them to appropriate services
# Health and Wellness Assessment

The following answers were given during the completion of *Aaniish Naa Gegii (ANG) survey*. The research team would appreciate your expert assessment. Please provide services based on your assessment and contact parents if appropriate. Please return this form with your decision about the appropriateness of this referral. We will use the results to improve our screening tool.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACHWM Report

<table>
<thead>
<tr>
<th>Participant ID: 999</th>
<th>Summary Score: 63</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Number: 11</td>
<td>Spiritual Score: 70</td>
</tr>
<tr>
<td>Staff ID: 57</td>
<td>Emotional Score: 64</td>
</tr>
<tr>
<td>Incomplete Questions: 0</td>
<td>Physical Score: 57</td>
</tr>
<tr>
<td>Total Flags: 7</td>
<td>Mental Score: 61</td>
</tr>
<tr>
<td>Potential Risk? YES</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>q4. I feel bullied...</td>
<td>Always</td>
</tr>
<tr>
<td>q18. I hurt other people when I am upset or angry...</td>
<td>Often</td>
</tr>
<tr>
<td>q33. I feel like hurting myself...</td>
<td>Sometimes</td>
</tr>
<tr>
<td>q40. I feel like ending my life...</td>
<td>Sometimes</td>
</tr>
<tr>
<td>q45. I feel like good things will happen...</td>
<td>Hardly Ever</td>
</tr>
<tr>
<td>q51. I feel safe in my community...</td>
<td>Hardly Ever</td>
</tr>
</tbody>
</table>

Research Team Member: ____________________________  Clinician: ____________________________

Clinical Recommendation:  
- [ ] In need of further support  
- [ ] Not in need of support

If further support is recommended:
- [ ] Local mental health referral made to: ____________________________
- [ ] Currently receiving professional support:
  - Name of Clinician: ____________________________
  - Name of Agency: ____________________________
  - May I share this information with your clinician?  
    - [ ] Yes  
    - [ ] No
- [ ] Declined services
Mental Health Worker Quotes

The tablet gives you an understanding of what is this child going through. It gives you an understanding of them telling you, this is what’s wrong with me ... But it’s hard for them to express. so when they have this tool there telling you (the clinician), without actually being verbal. So those are the concerns that gives you almost a head start in your sessions. To say ‘Yeah, you told me this, tell me more about this’ - Local Mental Health Worker

You’re getting to where you need to be with that child. Instead of taking 6 months it can take a week and then start building from there, to were sessions without the tablet could take a year to try and draw it out of them. But when your using the tablet, it could take 3 to 6 months to address those concerns and that child no longer being in service. - Local Mental Health Worker
Opportunity for Disclosure is a Part of the Process

- **Recommended practices:**
  - Safe environment for the child
  - Informed consent from the child and parent
  - Connect with resources as required
  - Ensure aftercare
ACHWM Today

- A culturally relevant, self-reported health and well-being assessment
- For children 8 to 18 years of age
- Total 62 Questions
- Additional 3 open ended questions
  - E.g. What activities would I like to do?
- English and French
Tablet-Based Survey

- **Addresses Sustainability**
  - No need for data entry
  - Tablet uploads data to a secure REDCap server or directly to the tablet

- **Addresses Feasibility**
  - Makes doing the survey appealing to children and efficient
  - Text-to-speech option enables children with low literacy levels to participate
ACHWM Meets Psychometric Criteria

- Validity (r=0.52 vs PedsQL)
- Reliability (ICC=0.94)
- Sensitivity (0.75)
- Specificity (0.97)
A Process for Creating the Aboriginal Children’s Health and Well-Being Measure (ACHWM)

Nancy L. Young, Ph.D., Mary Jo Wabano, BA, Tricia A. Burke, BA, Stephen D. Ritchie, M.A., Debbie Mishihiinjima, BA, Rita G. Corbiere

RESEARCH ARTICLE
Assessing children’s interpretations of the Aboriginal Children’s Health and Well-Being Measure (ACHWM)

Nancy L. Young, Ph.D., Mary Jo Wabano, BA, Tricia A. Burke, BA, Stephen D. Ritchie, M.A., Debbie Mishihiinjima, BA, Rita G. Corbiere

RESEARCH ARTICLE
Validity of the Aboriginal Children’s Health and Well-Being Measure: Aaniish Naa Gegi?i

Nancy L. Young, Mary Jo Wabano, Kenya Usoski, Brenda Pangow, Melanie Tetzler, Diane Jack, Tricia A. Burke, and Rita G. Corbiere

Qualitative Research
Relevance of the Aboriginal Children’s Health and Well-Being Measure (ACHWM) Beyond Wikwemikong

Nancy L. Young, Mary Jo Wabano, Shannon Blain, Karen Baker-Anderson, Roger Benac, Leslie F. McHegg, Leslie F. McHegg, and Tricia A. Burke

Abstract
Introduction: Aboriginal children in Canada experience significant disparities in health in comparison to their mainstream peers. As Aboriginal communities and agencies strive to improve health, it is important to measure the impact of new programs and services. Since many Aboriginal children live in rural and remote communities, it was important that communities have access to measures that were culturally and linguistically appropriate to their unique contexts.

The Aboriginal Children’s Health and Well-being Measure (ACHWM) was developed to meet the need for a culturally-relevant measure of health and well-being for Aboriginal children ages 3 to 19 years in Canada. It was developed within one First Nation community, the Wikwemikong Indian Reserve, and involved the participation of community members in the development and testing of the measure.

The purpose of this paper is to describe the relevance of the ACHWM to other Aboriginal communities. The paper presents the results of a community-based and collaborative research study that was jointly led by an academic researcher and a First Nation Health leader. The research involved the 35-question version of the ACHWM developed in Wikwemikong. The ACHWM was then submitted to a well-established process of community review in four new communities, in partnership with community health centers, community health organizations, and local community leaders.

Methods: This paper presents the results of a community-based and collaborative research study that was jointly led by an academic researcher and a First Nation Health leader. The research involved the 35-question version of the ACHWM developed in Wikwemikong. The ACHWM was then submitted to a well-established process of community review in four new communities, in partnership with community health centers, community health organizations, and local community leaders.

Results: The results of the community review process indicated that the ACHWM was culturally relevant and linguistically appropriate to the four new communities.

Conclusion: The ACHWM is a culturally relevant and linguistically appropriate measure of health and well-being for Aboriginal children that can be used in a variety of contexts.

Shared Locally, Reviewed by Chief and Council, Then Published
Celebrating the ACHWM

Aaniish Naa Gegii?
Take the survey. Have your voice heard.
Each community has selected a name for the ACHWM in their language meaning *How are You?*

<table>
<thead>
<tr>
<th>Language</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anishnaabemowin</td>
<td>Aaniish Naa Gegii (NE Ont)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aaniin Ezhi-Ayaayan (NW Ont)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ah’neen’chi’Kay’yohn (Pik)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aniish Na (SW Ont)</td>
<td></td>
</tr>
<tr>
<td>Michif</td>
<td>Komon Ca Vo</td>
<td></td>
</tr>
<tr>
<td>Inuktitut</td>
<td>Qanuippit</td>
<td></td>
</tr>
<tr>
<td>Cree</td>
<td>Wacheya</td>
<td></td>
</tr>
<tr>
<td>Kaniehkeha:ka</td>
<td>Ohniió ton hatie</td>
<td></td>
</tr>
</tbody>
</table>

How do you say “how are you”?
ALL ONTARIO CHIEFS CONFERENCE
June 16-17-18, 2015
Wauzhushk Onigum Nation

SUBJECT:  ONTARIO CHIEFS’ ACKNOWLEDGEMENT AND ACCEPTANCE OF
ABORIGINAL CHILDREN’S HEALTH AND WELL-BEING MEASURE
(ACHWM)

THEREFORE BE IT RESOLVED that we, the Chiefs in Assembly:

1. Acknowledge and accept the implementation of the ACHWM within interested First
   Nations’ communities.

2. Encourage the cost of implementation in each community to be the responsibility of
   the interested First Nations.

3. Acknowledge the ACHWM is consistent with the Chiefs Committee on Health’s
   goals to promote social progress and to improve the quality of life and health for
   First Nations in Ontario.
Informing Stakeholders

• Health Centre & Health Director
• Community
• Mental Health Worker
• Child Feedback
ACHWM Medicine Wheel Balance App

Input the ACHWM participant quadrant scores to the corresponding header:

Spiritual: 85
Emotional: 78
Physical: 82
Mental 76

Note: This data is for training purposes only, this is fictitious data
How it Works
ACHWM on Multiple Levels

**INDIVIDUAL LEVEL**

- Catalyst for honest dialogue that leads to immediate support

**COMMUNITY LEVEL**

- Report summarizing the health needs of children at intake
- Compare before and after to assess a program’s impact on child health
- Description of child health in the community – support advocacy

**Local Data**

- Save the Data

**View Individual Report**

- Child Completes ACHWM
Implementation Process

1. Run ACHWM Survey
2. Child Completes ACHWM
3. View ACHWM Report & Print Report (scores and flags)
   - NOT FLAGGED
   - FLAGGED
4. Mental Health Brief Assessment Screening (review report)
5. Not in Need of Further Support
6. Further Support Recommended – referral made
7. Participant is done
8. Save the data by inputting info and uploading to RedCap Server or saving to tablet
9. File consent and report in binder behind the master participant roster. Store binder in a secure location
Survey Audio Feature

Read or Listen?

NOTE: the child can change this choice at anytime.
Run Survey

How would you describe your health this past month?

Response options:
- Excellent
- Very Good
- Good
- Fair
- Poor

Tap to turn ON/OFF audio function

Question

Move to previous/next question
Finishing the Survey

The tablet is retrieved from your participant when they have reached a screen saying “thank you”
• Swipe up to reveal the ID input textbox. Input your passcode and click continue.
Checking for flags

A summary is given in a banner.

- **Brown banner:** indicates that the child is not at risk based on the survey. Therefore, he/she does not need to be referred.

- **Red banner:** indicates that the child is at risk based on the survey. *Please complete the “referral form” and refer him/her to a clinician.*
View the Report

Look For

Flags: 2 Or more Yellow, 1 or more of Red

Scores: Emotional Score below 66 (it will turn Red)
Reviewing the Flags & Scores

Flag question and response

No answer for a potential yellow flag or red flag question

All Questions even if skipped can lead to a good discussion
Manually Recording the Report

Participant ID: 003
Site Number: 1
Staff ID: 4
Incomplete Radio: 32
Total Flags: 15
Potential Risk? YES

Summary Score: 55
Spiritual Score: 81
Mental Score: 33
Physical Score: 69
Emotional Score: 38

3. I feel afraid or scared ...
4. I feel bullied ...
18. I hurt other people when I am upset or angry ...
21. I feel lonely ...
23. I break things when I am upset or angry ...
28. I get mad or cry when something small goes wrong ...

Date: __________
Site ID: __________
Staff ID: __________
Child ID: __________

Summary Score: ____
Spiritual Score: ____
Mental Score: ____
Physical Score: ____
Emotional Score: ____
Total Flags: ____
Sharing the ACHWM
What is New in 2018?

- The ACHWM’s foundation has been built through research
- We are now focusing on **implementation in practice**
- We are sharing the ACHWM with other communities, for the benefit of children within your community, by your community, for your community
The OCAP principles must be operationalized in a way that is acceptable to all partners

First Nation people to serve the interest within their community and build relationships that are respectful of first nation world view and protocols.

- Ownership
- Control
- Access
- Possession
Outreach Sharing:

- We are sharing with other First Nations and Aboriginal agencies, who want to implement this measure either:
  a) Independently
  b) Collaborative Practise
  c) Collaborative Research initiative,

- Each community should identify their **purpose** for implementation:
  i. population health assessment
  ii. program evaluation
  iii. mental health screening
Purpose
Population Health Assessment

- Collect an overall group level population health assessment of the community
- Data can illustrate where there may be need for further resources to support healthy wellness development for children and youth in the community
- Data collected can be used to support funding applications
What is ACHWM Program Evaluation?
- A Pre and Post approach in which information about a program is collected, analysed, and reported.

Why should we evaluate programs?
- To guide decisions about what program to offer
- To advocate for program funding
- Perhaps the program is not effective and changes are needed
Purpose
Mental Health Screening

- The tablet has an embedded screening function:
  - that changes the conversation between children and mental health support staff in positive ways
  - Use the ACHWM to screen for potential mental health concerns

- The screening function may be used:
  - to engage hard to reach children, and
  - stimulate positive discussions to promote better health
  - Catalyst for honest conversations

- MHW can use the measure with their clients to help inform their session and direct conversation
Communities Getting Started
Outreach Process

Getting Started:
- Learn more about the ACHWM
  - www.ACHWM.ca
- Determine your purpose for implementing
- Make a request to the ACHWM team through our website
- Choose your agreement
- Create an implementation account
- Plan for training/implementation

There are 2 key criteria:
- Intent is to promote better child health and wellbeing outcomes
- Have resources in place to support the child health needs that may be identified through the ACHWM
Essential Community Resources

- Local Champion
  - Decision maker, health leader

- Community ACHWM Helper
  - Part time, supporting the implementation
  - Implement ACHWM survey
  - Provide education and information about the measure

- Qualified Staff Member (e.g., Mental Health Worker)
  - Brief mental assessments (triage)
  - Approved by health director to perform triage

- Equipment
  - Android Tablets with OtterBox cases

- Other
  - Secure storage of completed consent forms
  - Data Manager
Resources from the AHCWM team

Scientific Leadership
- Sharing Information
- Insure quality evidence

Equipment
- Potential to loan equipment
- ACHWM App (apk file)

Team support
- Templates
- Implementation training
- Supporting the initiation

**Wiikwemkoong**
- ACHWM Experience
- Cultural relevance
- Existing relationships

**Laurentian**
- Project set up
- Data management (REDCap)
- Ethics approval
- Publication support
Cost of Implementation

• Staff time
  o To implement the survey
  o To analyse data and produce reports
  o Mental health support for the children

• Equipment
  o Android Tablet & OtterBox ($270)

• Training
  o Travels costs (if on-site training is requested) to send staff to training or to bring trainers to the community

• License fee
  o None
ACHWM In Action
ACHWM in Northern Ontario
ACHWM in the North
ACHWM in the North
ACHWM in North Western Ontario
ACHWM in North Western Ontario
ACHWM in Southern and central Ontario

Garden River First Nation
Chippewa of the Thames
Nipissing First Nation
ACHWM Central/Northern British Colombia

Highway of Tears-2018
Back to the Dreamcatcher

- ACHWM is a catalyst to help start conversations with youth
- Catching the youth that need the support (the web)
- Leading them to the supports (feathers)
Listen to the Voices of Children

- Actively responding – rapid response process – honouring their perspectives
- Informing our way of providing services, based on their perspectives
- By listening to the children we are given opportunities to change their path.
- We are creating evidence that is relevant at the community (nation) level
Now you try...

1. Turn on the Tablet
2. Click on ACHWM App
3. Click run survey, enter id **999** passcode **7014**
4. Go through ACHWM Survey (pretend to be child)
5. Record the scores
6. Click save and restart
7. Click on ACHWM BALANCE App
Chi Miigwetch

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

by affirming the Seven Grandfather Teachings:

- **Love** for the children is our highest priority.
- **Bravery** to try something different.
- **Humility** regardless of creed and race.
- **Respect** for diverse opinions and viewpoints.
- **Honesty** in sharing the experiences.
- **Wisdom** transferred to and from the young people.
- **Truth** that it is time for change.
Financial Support for this Program has been Provided By:

Canadian Institutes of Health Research (CIHR)

Ontario Ministry of Health and Long-Term Care: HSRF and SPOR IMPACT Grants

Ontario Ministry of Children and Youth Services - Outreach support funding
Questions?

ACHWM.ca