ORAL ABSTRACT PRESENTATIONS

#1 **Impact of a Physician, Nursing and Emergency Medical Services Pediatric Education Initiative at the Cheyenne River Health Center**

Brianna Irons, Julia Rubin-Smith, Alexis Schmid, Keri Fischer*

Purpose: Boston Children's Hospital's (BCH) Indigenous Health Program (IHP) has developed a partnership with the Cheyenne River Health Center (CRHC), a critical access Indian Health Service hospital on the Cheyenne River reservation. BCH sends physician faculty to CRHC, providing full-year pediatric care. However, nursing staff voiced discomfort in caring for pediatric patients, as most have clinical backgrounds in adult care. Other healthcare workers expressed interest in enhancing pediatric clinical knowledge and skills. In response, the IHP implemented a pediatric education initiative. Phase I of the initiative comprised a yearlong curriculum of short courses and case-based simulation facilitated by BCH staff.
Methods: We conducted a quasi-experimental study assessing knowledge and confidence among healthcare workers before and after educational courses. Course participants were recruited from a pool of 100 eligible healthcare workers at CRHC, including nurses, physicians, non-physician providers, and EMS. Pre- and post-course surveys were designed and administered, including a multiple-choice knowledge assessment and self-perceived confidence ratings regarding pediatric clinical care assessed on a Likert scale. Anonymous course evaluations were also gathered. Data was collected and stored in Kobo Toolbox. Statistical analysis was conducted in RStudio Team (2023) using two sample t-test, paired t-test, Mann-Whitney U test or Wilcoxon signed rank test.
Results: We evaluated the impact of three courses: Pediatric Trauma Fundamentals (PTF), Neonatal Resuscitation Program-Plus (NRP+) and General Pediatrics (GP). Data included 9 pre- and 6 post-surveys for PTF, 16 pre- and 15 post-surveys for NRP+, and 7 pre- and post-surveys for GP. Knowledge significantly increased after all courses ($p = 0.04, < 0.001, 0.002$). Confidence in treating pediatric trauma and burns significantly increased after PTF and significantly increased for all 20 questions after NRP+. After GP confidence changes were not significant, but revealed low confidence in pediatric IV and catheter placement. Evaluations highlighted course relevance, clarity and customization to setting.
Conclusions: This pediatric education initiative increased knowledge, self-perceived confidence and competency of healthcare workers related to pediatric trauma and neonatal resuscitation and after-care. Additional courses, data collection, and analysis are ongoing. In the future, long-term pediatric clinical data at CRHC could be utilized to further assess impact of educational programming. Continuing multidisciplinary education initiatives offered in partnership with pediatric academic centers, such as BCH's IHP, are an effective way to support and strengthen rural and/or tribal healthcare systems.

#2 **Improving Care for American Indian and Alaska Native Children in the Great Plains: A Novel Academic-IHS partnership**

Julia Rubin-Smith, Teresa Bormann, Natalie Holt, Michelle Niescierenko*

Purpose: American Indian and Alaska Native (AI/AN) children and youth face gross inequities in healthcare access and delivery, resulting in poorer health outcomes when compared to the general US pediatric population, particularly in rural areas. Historical and ongoing structural violence impacts AI/AN pediatric health outcomes, and effectively addressing the healthcare needs of AI/AN children will require systemic change. Innovative partnership models can ameliorate chronic understaffing and underfunding of the Indian Health Service (IHS), increase access

to pediatric health services, and improve quality of care. One such partnership, between Boston Children's Hospital and the Great Plains Area IHS, is presented here.
Methods: In 2022, at the invitation of leadership from the Cheyenne River Health Center (CRHC) in South Dakota, Boston Children's Hospital (BCH) began a partnership with the IHS in the Great Plains Area (GPA). Pediatric faculty from BCH provide year-round clinical coverage at CRHC, including outpatient and inpatient care, and pediatric consults to the Emergency Department. In addition to clinical service delivery, interdisciplinary teams from BCH partner with local staff to provide pediatric-focused education to physicians, nurses, and non-physician providers to improve quality of care throughout the service unit. In 2023 the partnership expanded to the Turtle Mountain service unit in North Dakota, with additional partnership sites planned for 2025 and beyond.
Results: In the first year of the BCH-IHS partnership at CRHC, there was a 122% increase in median outpatient pediatric visits per month, and clinic visit no-shows decreased by nearly 10%. There was a 1,450% increase in pediatric hospital admissions, significantly reducing the burden on families posed by transferring sick children to hospitals many hours away from the reservation. Most notably, the number of children identifying a physician at CRHC as their PCP increased from 15 to 743, demonstrating an important shift towards creating a medical home for pediatric patients within the IHS clinic.
Conclusions: Academic Children's Hospitals (ACH) are uniquely positioned to contribute to addressing health disparities impacting American Indian and Alaska Native youth. Partnerships between ACHs and the IHS/Tribal Health/Urban Indian Health (I/T/U) system can not only lead to a consistent source of well-trained faculty who provide high quality pediatric care, but can also make sustainable improvements on a systems level through teaching, quality improvement, and workforce development. As demonstrated by the BCH/IHS collaboration in the GPA, such partnerships are feasible and can contribute to rapid and sustainable change.

#3 Building Bridges Towards Indigenous-Led Pediatric Health Care: Lessons Learned from the Indigenous Health Team at BC Children's Hospital

Sherri Di Lallo, Jessica Knutson*

Purpose: The health inequities faced by Indigenous children and families in the Canadian healthcare system are deeply rooted in the legacy of colonization and the ongoing impacts of systemic racism. Indigenous communities experience disparities in access to culturally safe healthcare, which contributes to poorer health outcomes. The Indigenous Health Program at BC Children's Hospital seeks to address these challenges by developing an Indigenous-led model of pediatric care. The purpose of this initiative is to provide culturally safe, holistic care by integrating Indigenous healing practices with Western medicine, guided by the Seven Sacred Teachings: Love, Respect, Courage, Honesty, Wisdom, Humility, and Truth. This presentation aims to share the lessons learned from implementing Indigenous-led healthcare services, with the goal of inspiring other institutions to adopt similar practices and contribute to reconciliation in pediatric healthcare.
Methods: To establish Indigenous-led pediatric health care at BC Children's and Women Hospital and Women's Health Care Centre, the program implemented several initiatives across four key areas:
1. Capacity Building - Workshops and training are conducted with teams across the hospital to address gaps in cultural competency, focusing on Indigenous Cultural Safety and educating staff about the history of Indigenous communities.
2. Cultural Safety - The Elders and Knowledge Keepers introduce traditional healing practices on hospital grounds, along with education and policy change to support the accessibility of ceremony for our patients. Indigenous Health educators supported and delivered mandatory educational sessions for hospital staff on Indigenous history, cultural protocols, and anti-Indigenous racism
3. Indigenous-Led Healthcare - The development of an Elder and Knowledge Keeper Wisdom Council helps ensure that we have ongoing input from Indigenous leaders in shaping the direction of our work and creating safe environments for cultural practices and community engagement.
4. Collaborative Practice - Relationships with external Indigenous organizations and healthcare partners are being strengthened to participate in research and policy discussions to reduce health disparities between Indigenous and non-Indigenous patients. Collaborative efforts also focused on quality improvement processes and advocacy work.
Results: 1. Capacity Building: Indigenous-specific positions have been and continue to be created, and we are working to foster a community of practice among Indigenous professionals.

2. Cultural Safety: The team continues to advocate for the inclusion of Indigenous healing practices in clinical care settings which involves collaborating with Elders and Indigenous Knowledge Keepers. . We are working to support the creation of cultural spaces for ceremonies and to bring Indigenous artwork into the hospital in an effort to make our Indigenous Patients and Families feel more welcome.
3. Indigenous-Led Health Care: A key strategy involves facilitating talking circles with Host Nations, Urban Indigenous communities, and the Métis Nation to better understand community needs. We hope to roll out a patient care survey to better understand the experiences of our Indigenous patients and their families on their healthcare journey, and these findings will inform our work moving forward as well.
4.Collaborative Practice: Research and committee work with Indigenous partners and internal stakeholders have led to some policy changes in the hospital's approach to Indigenous health, including the formal recognition of traditional healing practices as part of pediatric care and the creation of ceremony policies.
Conclusions: The Indigenous Health Program at BC Children's Hospital is a transformative example of how Indigenous-led health care can bridge the gap between Indigenous healing practices and modern medical practices. By focusing on capacity building, cultural safety, and collaborative practices, the program has not only contributed to better health outcomes for Indigenous pediatric patients but also promoted reconciliation within healthcare settings. The lessons learned from this program can serve as a beacon of hope and a model for other institutions seeking to improve care for Indigenous children and families.

#4 Exploring integrated tertiary care for children from Nunavut: Experiences of families and heathcare providers at the Aakuluk clinic in Ottawa, Canada

Radha Jetty, Maria Cherba, Ooleepeeka Shoo*

Purpose: Children with medical complexity from circumpolar regions must travel long distances to southern tertiary care centers for specialized care. While there are initiatives underway to support care closer to home, medical travel remains a necessity for many children and their families. The Aakuluk clinic has been operating since 2019 at a tertiary hospital in Ottawa, Canada, to provide culturally safe and centralized care to children from Nunavut. The clinic team includes nurse case managers, physicians, social workers, interpreters, and several community partners. The goal of this study is to evaluate the clinic as an innovative care model that could potentially be replicated in other tertiary care centres.
Methods: The study is conducted in collaboration with healthcare professionals and community members and builds on Western and Indigenous/Inuit research approaches. Forty-two participants (parents and healthcare providers) in Nunavut and Ottawa took part in a semi-structured interview. A thematic analysis was conducted.
The project is supported by the Aakuluk advisory group and administrative leadership team, including allied health professionals, pediatricians, and community partners, such as Innuqatigiit Centre for Inuit Children, Youth and Families. The project is conducted in partnership with Qaujigiartiit, a community-based health research centre located in Iqaluit that was founded and is run by Nunavummiut. Researchers from Qaujigiartiit informally consulted community members and healthcare providers to confirm the relevance of the project for families and healthcare providers in Nunavut. The project was approved by Qaujigigiartiit Ethics Katimajiit and the Nunavut Research Institute.
Results: Strengths of the clinic included interdisciplinary collaboration to ensure timely access to care; representation of Inuit language and culture; access to social, cultural, and community supports integrated in the clinic model; and experienced care providers with the knowledge of Inuit culture and the models of care in Nunavut. Suggested improvements focused on interprofessional and patient-provider communication; continuous cultural training for healthcare providers; better integration of social navigators and interpreters into the circle of care; and resources and staff needed to support patient care.
Conclusions: Our results contribute to developing culturally safe care models for Inuit who travel to southern Canada from Nunavut for specialized care, and more generally to enhancing culturally safe healthcare delivery in circumpolar regions. From the perspectives of parents and healthcare providers, there are several successful components of the Aakuluk model that can be used to develop services for Inuit families in other tertiary care centres.

#5 Blazing the path from within: Understanding the impact of leadership experiences on the educational attainment, employability, and flourishing of Indigenous IYMP youth mentors

Keatton Tiernan, Genevieve Montemurro, Leah J. Ferguson, Tara-Leigh McHugh, Kate Storey*

Purpose: The Indigenous Youth Mentorship Program (IYMP) is a youth-centred, community-based program that aims to foster (w)holistic wellness and miyo-pimâtisiwin ("the good life") in Indigenous communities across Canada. The program operates in five provinces and employs a unique communal mentorship model, wherein Indigenous high school students facilitate healthy living programming for their elementary-aged peers. By offering a supportive environment for leadership development, IYMP serves as a conduit for youth mentors to develop crucial life skills and positively impact their communities. The purpose of this research was to understand how youth mentors' leadership experiences, through IYMP, impact their education, employment, and flourishing.
Methods: Focused ethnography was used as the guiding method. IYMP youth mentors (aged 14-19) from communities across Alberta and Saskatchewan were purposely sampled. To generate data, 21 youth mentors participated in one of three talking circles (n=5, n=10, n=6). Talking circles were held in person, audio-recorded, and transcribed. Unstructured participant observation and field notes supplemented and contextualized the data generated. Transcripts were uploaded to NVivo 14, and thematic analysis was used to identify patterns in the data.
Results: Overwhelmingly, participants highlighted how their leadership experiences significantly improved their confidence and communication skills, which made school more enjoyable, increased their employability, and impacted their flourishing by fostering healthy behaviours and strong social networks. The opportunity to earn high school course credits by being an IYMP youth mentor was a significant incentive to encourage their involvement—making the benefits and impacts of leadership experiences more accessible and supporting the completion of their high school education
Conclusions: This study highlights how IYMP supports its youth mentors' flourishing and future success by weaving together leadership experiences with the development of communication skills and confidence. These findings will inform the development of IYMP-specific accredited courses across Canada, emphasizing the importance of crucial leadership skills in Indigenous youth.

#6 Quality ELCC programming for First Nations children on reserve

Lisa Murdock, Denise Webb, Regine Halseth, Donna Atkinson*

Purpose: The overarching goal of this study was to identify key factors associated with the optimal learning and development of First Nations children in early childhood settings on reserve, for the purpose of informing and strengthening ELCC programs and policies designed to support families with young children (birth to six years) in First Nations communities.
Methods: This qualitative work engaged multiple First Nations partners — through individual interviews and group discussions with policy makers, program administrators, early childhood educators, and parents and grandparents — to explore their insights and perspectives on the quality care and development of First Nations children in early childhood program environments on reserve.
Results: Identified concepts of quality early childhood programming speak to the activities, operations, and accountability structures of on-reserve ELCC programs, including some of the programming challenges associated with conflicting program practices, regulatory shortfalls, and unreasonable funding expectations.
Conclusions: This study offers a deeper understanding of the current sociopolitical situation concerning First Nations early learning and child care in Canada and what quality ELCC programming on-reserve means for First Nations children, families, practitioners, and program partners in First Nations communities.

#7 The impact of a Métis educator on reintegration of Indigenous and non-Indigenous youth with somatization in school after the COVID-19 pandemic

Tammy Ortynski, Polina Anang*

Purpose: The primary purpose of a multidisciplinary university hospital-based team is bringing together professionals from varying fields to collaborate on patient care. Rarely do these teams include professionals from educational fields. Especially in the aftermath of the COVID-19 pandemic school attendance of youth has plummeted, and the occurrence of somatization (chronic pain and functional neurological disorders) has increased dramatically. The Integrated Care treatment of somatization in youth is based on the medical rehabilitation model which includes a gradual return to school plan.
Methods: The role of support teacher with Interdivisional Student Services is to work collaboratively with the existing Child and Adolescent Mental Health Consultation-Liaison Service out of the Health Sciences Center in Winnipeg, Manitoba to provide guidance on creating student specific support plan to facilitate students' return to school. Indigenous positionality of the support teacher creates cultural responsiveness and a safe environment for Indigenous families. Being embedded within the school system allows the support teacher to educate the school administrators and staff on the biopsychosocial model of somatization and the pivotal role of school attendance in the functional rehabilitation of youth.
Results: Case studies of both Indigenous and non-Indigenous youth struggling with school attendance due to somatic symptom disorders will be discussed. Challenges and rewards of working with complex systems including multiple pediatric specialists, physiotherapists, psychiatrists, care givers, youth and school staff will be explored. The significance of trauma-informed educational and therapeutic approaches will be highlighted, especially pertaining to Indigenous youth. Involving school in the integrated care model was demonstrated to be a core component of helping youth return to developmentally appropriate social and academic functioning.
Conclusions: Return to school is an integral aspect of medical rehabilitation for youth with somatization. Indigenous families benefit from working with an Indigenous educator who can see their perspectives and creates a safe non-judgemental environment. Partnerships between educators and multidisciplinary treatment teams are necessary to ensure successful reintegration of youth in peer connections and academic achievement.

#8 Healthcare-based early literacy promotion program in Nunavut

Cecile Henderson, Oopik Aglukark*

Purpose: The Early Words program reaches families across Canada by embedding early literacy support into healthcare visits, recognizing the link between literacy and health. Early literacy experiences are vital to children's long-term physical and mental well-being, and healthcare providers, as universal access points, are well-positioned to influence family practices and support language acquisition from birth (Shaw, 2021). Nunavut, with remote communities, limited resources, and low literacy rates, was prioritized. Launched in Iqaluit in March 2020, the program trains healthcare providers to discuss the importance of talking, reading, singing, and storytelling with families of children aged 0-5 and provides culturally relevant books.
Methods: Reaching approximately 4,500 children aged 0-5 in Nunavut - 95% of the territory's 0-5 population - the program aligns with Inuit values through partnerships with Community Elders, organizations serving families, advocates, local advisors, and Inuit-owned publishers. It emphasizes cultural authenticity, integrating books which portray Inuit family traditions and culturally relevant illustrations by an Inuk artist. Responding to local feedback, the focus shifted from "reading" to "sharing stories" to honour Inuit oral traditions. A Nunavut-specific tip sheet shares screen-time advice and Inuktut learning resources, while the conversation guide incorporates Inuit values, offering advice and activities based on Inunnguiniq - traditional Inuit childrearing practices.
Results: The program reaches 24 of Nunavut's 25 communities, supported by a $0.5 million commitment from the Government of Nunavut's Department of Health. In the past year, 30 healthcare providers completed program training, facilitated 5,500 conversations and distributed thousands of culturally relevant books to families.Integration within the health system is advancing, with the updated Nunavut Well-Child Record and electronic medical records scheduled to include program information. Additionally, Public Health Nurses' regional education meetings now feature the program's community of practice, and community events co-led with local partners include activities rooted in Inuit culture, building on community strengths.

Conclusions: This initiative illustrates the need to adapt healthcare-based literacy practices to support Indigenous communities and reduce inequalities in early literacy promotion. We aim to foster collaboration between healthcare providers and community services, including daycare centres, to promote early literacy. This will help families access support, especially those who may not regularly attend well-child appointments. To continue to evaluate this initiative, we are co-designing a framework to collect families and community feedback. In June 2024, we held workshops with local organizations to align the evaluation with community needs and to incorporate Inuit Qaujimajatuqangit principles such as the passing on of knowledge.

#9 Elevating Health Equity: A Culturally Responsive Approach for Mokopuna and Whānau

Tamara Nickerson

Purpose: Within the only tertiary/quaternary children's hospital in Aotearoa, the Kaiārahi Nāhi Nurse Specialist role, was established to build capacity and capability to support health equity, ultimately improving service experiences for mokopuna and their whānau. We aim to create equitable health outcomes through culturally responsive and inclusive care, employing a hauora approach that actively identifies biases and systemic barriers while exploring alternative methods of engagement and care delivery. This presentation highlights the critical role of nurses and healthcare professionals in instigating meaningful change through culturally safe care practices.
Methods: Health disparities between indigenous and non-indigenous populations are well-documented, with Māori in Aotearoa/New Zealand facing significant marginalization and poor health outcomes. Historical factors such as British colonization, institutional discrimination, and biases within the healthcare workforce contribute to these inequities, resulting in substantial barriers to accessing health services. Conflicting interpretations of Te Tiriti o Waitangi further complicate Māori entitlement to equitable health opportunities, while the lack of consistent integration of te ao Māori (Māori worldview) deepens these disparities.
Results: With nurses providing 80% of direct patient care, adopting Māori-centered models, patient advocacy, and cultural safety can significantly enhance health outcomes for Māori communities. By fostering a deeper understanding of Māori health needs and perspectives, the nursing workforce can address and reduce health disparities in Aotearoa/New Zealand.
Conclusions: Grounded in four key principles—Whanaungatanga (relationships), Manaakitanga (care and hospitality), Kotahitanga (unity), and Rangatiratanga (self-determination)—our framework guides our efforts to foster a health system that recognizes and values the unique cultural identities of our communities. Strategies for implementing these principles will be shared, with emphasis on the importance of collaborative practice in advancing health equity.

#10 An environmental scan of Indigenous health and social services for children and families in Canadian children's hospitals

Amy Shawanda, Taylor Stoesz, Patricia Li, GIta Wahi, Krista Baerg, Breanna Chen, Olivier Drouin, Jessica Foulds, Karen Forbes, Peter GIll, Ryan Giroux, Radha Jetty, Geert 't Jong, Sanjay Mahant, Johanne Morel, Dan Poenaru, Samir Shaheen-Hussain, Hussein Wissanji*

Purpose: Indigenous (First Nations, Inuit, or Métis) children represent the future of their strong cultures and resilient communities. However, medical colonialism, anti-Indigenous racism and other structural and environmental determinants of health have contributed to ongoing disparities in hospital care for Indigenous compared to non-Indigenous children. Few studies have examined the care and services addressing the needs of Indigenous children and their families in the hospital setting. The overall goal of our study was to conduct an environmental scan of services specific to Indigenous children and families in children's hospitals across Canada.
Methods: Our team of researchers, scholars, and clinicians (Indigenous and non-Indigenous) conducted an environmental scan of services specific to Indigenous children and families in all 15 children's hospitals across Canada within the infrastructure of the Canadian Paediatric Inpatient Research Network (PIRN) and the Pediatric Outcomes imProvement through COordination of Research Networks (POPCORN). We collected data from publicly available documents and conducted semi-structured interviews with healthcare practitioners, service providers, and administrators between June and November 2024. Nineteen interviews (5 Indigenous, 14 non-Indigenous participants) were conducted across 14 out of 15 eligible children's hospitals. Data were analyzed using reflexive

thematic analysis.
Results: There was considerable variation in the services for Indigenous children and families provided by children's hospitals. Most are working with multiple external community agencies to meet the needs of Indigenous children and families. Few have implemented smudging policies and Indigenous (physical) spaces. We observed gaps in institution-led strategic approaches to Indigenous health, hospital data collection on Indigenous identity, care and outcomes, and the recruitment and retention of Indigenous staff. There are variations in the implementation of cultural safety, the role of Indigenous patient navigators, and physician knowledge on the various services available.
Conclusions: Resoundingly, most participants requested to learn about the programs and policies that exist in other hospitals and participate in the knowledge exchange of study findings. By sharing the successes and challenges of current Indigenous-specific services identified in the current study, we aim to advance the agenda for the Truth and Reconciliation Commission of Canada: Calls to Action, Joyce's Principle, and cultural safety in Canadian children's hospitals. Next steps may include identifying the needs, benchmarks, and best practices to support Indigenous children and their families in the hospital setting.

#11 Babies are Sacred: Conversations about safer sleep
Elizabeth Decaire

Purpose: Sleep-related infant deaths are the leading cause of death of First Nations babies under 1 year of age, yet there is significant misinformation and limited First Nations centered resources to promote safe sleep. The Strengthening-Families Maternal Child Health (SF-MCH) Team has released a new version of Babies are Scared: Safe sleep guide to help home visitors and birth workers navigate conversations with families about safer sleep, while centering First Nations traditions and culture. This resource is an interactive tool to discuss and create safe sleep plans with families in a trauma-informed way.
Methods: The resource development process included guidance from an advisory committee, literature review, and ceremony. The first version of the safe sleep guide has been utilized by home visitors for over 10 years, but with everchanging guidelines around safe sleep and a renewed spotlight on the topic, it was timely to create an updated guide. To inform this version, a comprehensive literature review was completed on evidence-based safe sleep guidelines and ongoing feedback was collected from an advisory committee, made up of those working in First Nations SF-MCH programs. When completed, the resource was taken to ceremony with Knowledge Keepers.
Results: A newly developed resource is available to 1) inform families of safer sleep practices 2) support home visitors and birth workers having conversations on safe sleep that incorporates First Nations traditions and cultures. The interactive resource is a scripted conversation that discusses modifiable risk factors of sleep-related infant deaths and supports families in making safe sleep plans. In addition to the resource, home visitors and birth workers receive a one-day training to ensure they are confident in their ability to use the resource and have conversations with families.
Conclusions: Colonization and the social determinants of health play a large role in the high rates of sleep-related infant deaths in First Nations infants, but there are steps families can take to create safe sleeping environments. This resource hopes to provide families with knowledge to make informed choices about how to keep babies safe while they sleep, without forgoing tradition.

#12 Eñya gwadahoñsiyósda'- Improving access to Developmental and Behavioral Pediatric Care in one Sovereign Haudenosaunee Nation
Simone Gonyea, Danielle Smith, Hugh Burnam, Christine Hoffkins, Christina Mulé*

Purpose: The goals of our work are to (1) engage in bidirectional knowledge sharing that improves partnership between the University of Rochester Medical Center (URMC) and the Onondaga Nation; (2) provide workforce training and technical assistance to educators serving Indigenous children with developmental disabilities, enhancing the ability for children to remain in their community school which is rich in culture and language; (3) support developmental promotion through community education initiatives; and (4) improve access to timely developmental and behavioral pediatrics screening, evaluation, and intervention.

Methods: Our work, in partnership with the Onondaga Nation, has been built with shared values of reciprocity and relationality. We have spent concerted effort to engage in bidirectional learning, where URMC providers have learned about Haudenosaunee culture, enhancing their ability to provide culturally appropriate services, and Onondaga leaders and families have learned how to navigate the services offered in our developmental and behavioral pediatrics clinic. In better understanding the barriers and facilitators to care, a community informed referral system was designed to better meet the needs of children and families, as well as colleagues working in Nation school and health clinic.
Results: Onondaga Nation community members have shared positive feedback about the collaborative effort and genuine partnership facilitated by the URMC team. As a direct result of our work, more Onondaga families are utilizing developmental and behavioral pediatrics services on the Nation, as well as on the URMC campus. Educators have expressed gratitude for the technical assistance and school-based consultation. Clinical providers have benefited from a monthly "Healers' Meeting," which is coordinated by the URMC team, as an avenue for case collaboration and peer support. Overall, pediatric care is better coordinated across medical and educational sectors on the Nation.
Conclusions: Although, our work has not been free of challenges, this initiative demonstrates the power of collaboration, partnership, and co-creation. Understanding the key elements of respectfully building relationships, maintaining collaborative dialogue, and participating in community are required and necessary for deeper connection. In the next phase of our work, we will be focused on expansion and sustainability of our services after our grant-term expires.

#13 Influenza-associated hospitalization among American Indian and Alaska Native children aged <5 years in the Southwest United States and Alaska, 2019-2024

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Purpose: During influenza seasons from 2010-2023, national incidence rates of influenza-associated hospitalization among U.S. children aged <5 years were 0.2-0.9/1000 persons (Naquin et al. MMWR 2024); however, American Indian or Alaska Native (AI/AN) children are underrepresented in national surveillance data. Available data suggest AI/AN communities are disproportionately impacted by viral respiratory diseases such as influenza. This analysis estimates the burden and characterizes the clinical features of influenza-associated hospitalization among AI/AN children in the Southwest and Alaska before, during, and after the COVID-19 pandemic from 2019 to 2024.
Methods: During November 2019-May 2024, we conducted healthcare facility-based surveillance for acute respiratory illness (ARI) among AI/AN children aged <5 years in Arizona (Chinle, Tuba City, and Whiteriver) and Alaska (Anchorage and Yukon-Kuskokwim Delta region). Nasal swabs were tested by polymerase chain reaction (PCR) for influenza viruses. We calculated incidence rates of influenza-associated hospitalization per 1,000 children aged <5 years by study year (June-May), age, and site using the Indian Health Service User Population as the denominator. Incidence rates and 95% confidence intervals (CI) were estimated using Poisson regression. Clinical characteristics abstracted from the medical record were summarized using descriptive statistics.
Results: We enrolled 1672 hospitalized children: 320, 22, 201, 467, and 662 in study years 1-5, respectively. The proportion of ARI-associated hospitalization with influenza was 16.3% in 2019-20, 0.0% in 2020-21, and 9.2% in 2023-24. In 2023-24, influenza-associated hospitalization incidence rates ranged from 1.0/1000 (95% CI:0.3,3.2) in Anchorage to 12.2/1000 (7.2,20.9) in Whiteriver. Among children hospitalized with influenza in 2023-24, the median duration of stay was 3 days, 79% required supplemental oxygen, 15% were transferred, and 3% required critical care; none died while admitted. Current season influenza vaccine receipt was documented in 42.0% and 31.7% of enrolled children in the Southwest and Alaska, respectively.
Conclusions: Influenza-associated hospitalizations declined at the start of the COVID-19 pandemic but appears to be returning to pre-pandemic levels. This study highlights that AI/AN children experience similar or higher burdens of influenza-associated hospitalization, compared to national incidence estimates. As less than half of hospitalized children received the current season's influenza vaccine, continued efforts to increase influenza vaccine coverage in these communities are needed to prevent the morbidity associated with influenza.

#14 Silver Diamine Fluoride Can be Applied in Medical Clinics

Steve Holve, Amanda Burrage*

Purpose: Early Childhood Caries (ECC) is a major health disparity for Indigenous children worldwide. United States data show the Indigenous ECC rate is five times higher than that of the general population. The rate of severe ECC, requiring operative repair under general anesthesia, is FIFTY times higher. Silver Diamine Fluoride (SDF) was FDA-approved in 2016 as a breakthrough treatment, arresting up to 90% of caries. SDF is topically applied without specialized equipment. Access to SDF is limited by the scarcity of dentists in rural Indigenous communities; we created a program for SDF-application in medical clinics.
Methods: A 90-minute SDF didactic program for medical providers was developed and included reading and video materials. A simplified SDF application method based on best practices was used; no specialized dental equipment was required. Five supervised SDF applications were completed by each trainee. An equipment basket of SDF supplies was compiled, and a standardized consent form with before-and-after SDF pictures and an EMR template were created. The template captures clinical information and includes billing codes, including the new AMA procedure code "0792T" for SDF application in a medical setting. We now have a monthly "Cavity Clinic" staffed by an SDF-trained pediatrician.
Results: This SDF program was successfully implemented in the pediatric clinic at the Tuba City Regional Health Care Corporation, a tribally run health facility on the Navajo Nation. In the first year there were 67 visits for 61 unique patients. Show rate after referral was 70%. No patients declined treatment after being counseled on the permanent cosmetic changes of SDF. There were no adverse outcomes. One patient with deep pulpitis did require urgent referral for operative repair of his caries.
Conclusions: SDF can be applied safely and successfully in medical clinics serving Indigenous children if providers are trained, supplies are provided, and EMR templates are created for documentation and billing. Infants generally see medical providers 9-10 times by age two, while only one in forty toddlers has seen a dentist by that age. With few pediatric dentists in rural, Indigenous communities, SDF access via medical clinics would bring this highly effective treatment to at-risk children. Using SDF to arrest ECC at medical visits will decrease ECC among Indigenous children and reduce severe ECC and the need for general anesthesia and operative repair.

#15 Recommendations for Implementing the Canadian CRA Tool in Indigenous Communities

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Purpose: To determine the strategies for implementing and integrating the Canadian caries risk assessment (CRA) tool for preschoolers into the primary care of Indigenous children in Manitoba.
Methods: Fifty non-dental primary care providers (NDPCPs) from ten communities in Manitoba (Winnipeg, Selkirk, St. Laurent, Camperville, Pine Creek, Swan River, Pine Falls, Thompson, St. Theresa Point and Berens River) were purposefully selected. These NDPCPs provide care to Indigenous children under 6 years of age. An explorative qualitative study design was used to explore the views of NDPCPs. Data were generated through eight focus groups and twelve in-depth key informant interviews between April 2023 and September 2024. Data were analyzed using an inductive thematic analysis with NVivo software.
Results: Thematic analysis identified four major themes regarding the implementation and integration of the CRA tool. This included: education and promotion (i.e. educate parents on child oral health, train providers, disseminate information supporting dental care in medical settings, utilize effective communication channels via Facebook, local radios); system practices (i.e. fee for service, CRA in electronic format, documentation and referral pathways, make CRA simple and time efficient, provision of fluoride); community relationships and service supports (i.e. culturally competent care, build trust, provision of dental supplies, integrate CRA in Head Start programs, transportation); and policy and advocacy (i.e. champions, policies for less sugar in products, fee for service and funding methodologies, integrate into existing well-baby programs). Participants were openly receptive to receiving training on early childhood caries, prevention, including fluoride varnish application, and the use of the CRA tool.
Conclusions: Overall, NDPCPs in Manitoba are supportive of integrating oral health care into primary care for Indigenous children. Key recommendations include the need for NDPCPs training, funding methodologies for some

providers, addressing staffing concerns, and the availability of clinical and promotional dental resources. NDPCPs' recommendations can guide the successful implementation of the Canadian CRA and formulation of policies to improve

#16 ~~**"Kid's Hurt App" a Manitoba Experience**~~ **WITHDRAWN**

Melanie Morris, Jennifer Coutu, Lori-Anne Archer, Melinda Fowler-Woods, Margot Latimer, John Sillyboy*

Purpose: Pain is experienced universally by all children, although prevailing scientific theories in the 19th and 20th centuries posited that don't. This legacy has continued to this day with the clinical bias that Indigenous children experience less pain than Settler peers. As a result, Indigenous children often face a health care provider who is poorly equipped to provide an adequate pain assessment and care plan. There are few culturally relevant tools available for Indigenous children to share their experiences of pain.
Methods: This study was to test the usability of the Kids Hurt App that was developed by Mi'kmaq First Nation community and researchers n to develop an interactive way to measure pain and that would be easier and more culturally relevant. We tested the app in a Manitoba clinical setting where youth from First Nations, Metis and Inuit communities are provided medical care. Interactive and structured interviews were conducted after 10 children piloted the app. The Kessler Psychological Distress scale (K10) was also administered to determine any correlation between pain and distress.
Results: The stories and outcomes of the evaluation of the app demonstrated that the children were very receptive and had favorable attitudes. Their comments and stories reflected some desired changes in the avatar, however felt the app resonated with them and they felt able to tell their own stories.
Conclusions: This tool has the potential to improve the flow of communication between Indigenous youth and their clinicians enabling sound and effective pain assessment and consequently treatment plans.

#17 **Ajunngittutit: You are capable**

Shuvinai Mike, Amanda Ishulutaq*, Jennifer Noah*

Purpose: In Nunavut, the education curriculum used is the Alberta curriculum. This southern based curriculum, with stringent departmental exams, taught in English, makes it a difficult curriculum for many Inuit students to access and find success as measured by a high school diploma graduation. Many youth do not attend school or have poor attendance patterns related to difficulty accessing learning. Piruqatigiit is piloting an Inuit-led alternative learning program for children and youth with neurodiversities in response to the lack of relevant inclusive learning and vocational opportunities for these youth as well as others who have misunderstood unmet needs, and who, as a result, left school prematurely. (We define neurodiversity as encompasses neurodevelopmental disorders such as FASD, ASD, ADHD, sensory processing disorders as well as trauma, attachment disruptions and mental health difficulties, etc). Our program aims to re-engage learners and families who have stopped attending regular school by engaging them in meaningful and useful learning, and bridging them back to their assigned community school if that is their goal. Ajunngittutit is grounded in Inuit Qaujimajatuqangit (Inuit traditional knowledge; epistemology), Inuktitut language immersion, life skills and both functional and embedded literacy and numeracy for neurodiverse learners.
Methods: Our pilot program is responding to the unmet needs of Inuit youth who have not been successful in mainstream school settings in Iqaluit, Nunavut and have stopped attending their assigned community school. Some of the youth participants are from other Nunavut communities but residing in Iqaluit. We have had seven youth participate and we are in our sixth month of providing this program. The programming is very responsive and reflexive. Hands-on learning, Inuktitut immersion, land-based learning, learning through relationships, holistic well-being and life skills are the foundational approaches at Ajunngittutit. We are using survey data to track progress and feedback on our program's efficacy. We are also using informal assessment and standardized assessment tools to track progress with traditional skill development, academics in math and English language arts, as well as self and caregiver identified strengths and challenges to measure our program's effectiveness.
Results: This is a pilot program in progress. We can however share that informal assessment, through observation as well as dialogue with learners and guardians, indicates that our program is having a positive impact in the lives

of these youth who have experienced marginalization. One youth has returned to mainstream school full time, another youth has returned to high school in the afternoons. Two youth are working toward school re-entry (some of the youth have not attended regular school for many years). Throughout the year we continue to pivot to meet the needs of these youth and strive to work in harmony with school teams and provide additional system navigation for neurodiverse learners and their families. Early assessments indicate that the program is working to engage students and their families in schooling.
Conclusions: Informal assessment and survey data show improvement in youth identity, communication skills, relationships and an improved sense of belonging. Participants have shared how much they enjoy being around other Inuit, eating country food, learning traditional skills and knowledge in addition to individualized academics that are embedded in daily programming. We do know however that Inuit pedagogical approaches, representation, culture and language are affirming and vital for marginalized Inuit learners to have access to learning that is meaningful and engaging. At this time conclusions cannot be drawn as to the efficacy and success of the program but early indications suggest that it is re-engaging these students in school and learning and helping them see where they can find success in their learning. (Country food refers to Inuit traditional foods that are hunted, gathered and fished from the land and water)

#18 ~~**Family Spirit Nurture: Examining Long-term Impacts of a Home-visiting Intervention**~~ **WITHDRAWN**
Leonela Nelson

Purpose: Native American (NA) children have the highest rates of early childhood obesity in the US. Family Spirit Nurture (FSN) is a home-visiting intervention designed with and for Native American families to address early childhood obesity risks. The brief 6-lesson FSN curriculum was evaluated through a randomized controlled trial with 134 Navajo mothers and babies from 3 – 12 months postpartum in Shiprock, NM located on the Navajo Reservation. This presentation includes positive findings from that trial and an overview of the extended follow-up study through 5 years postpartum.
Methods: The extended follow-up study aims to re-enroll 90% (N=110) of the FSN participants when their child is 4 years of age. Participants complete a baseline and endline assessment, and receive one age-appropriate FSN lesson or one injury prevention lesson based on their original group randomization. Outcome data is collected through 5 years postpartum on food and water security, maternal/child sugary sweetened beverage consumption, and child growth.
Results: At the end of the FSN study, mothers and infants in the intervention group had decreased SSB consumption, increased breastfeeding duration and increased responsive feeding, compared to those in the control group. The finding of the decreased infant SSB consumption was sustained through 4 years old. Intervention infants also had healthier zBMI scores and lower rates of overweight/obesity at 1 year of age compared to the control group.
Conclusions: FSN is the first home-visiting intervention, created with and for NAs, that has successfully improved healthy infant growth and reduced maternal and child sugary beverage consumption. This is among the first early childhood home visiting studies to focus on preventing obesity starting at birth and following through 5 years of age. This research will contribute significantly to future interventions and policies to address obesity risks among Navajo families.

#19 **Hope as a Mediator: Exploring the Link Between Cultural-Based Protective Factors and Internalizing Behaviours Among First Nations Youth**
Jessica Lai, Oceane Bellon, Caitlin Gilpin, Roisin M. O'Connor, Jacob A. Burack*

Purpose: Examining unique cultural resources is essential to understanding the sources of Indigenous youth's resilience and well-being (Burack et al., 2017). The purpose of the present study is to explore the role of two cultural factors - engagement in spiritual practices (e.g., participating in traditional spiritual activities or observing traditional dances) and endorsement of interconnectedness (e.g., belief in the interdependence and reciprocal well-being between the self, family, broader community, and the natural environment) – in relation to internalizing behaviours among a specific group of First Nations youth. Additionally, it is to explore whether hope mediates

these relationships.
Methods: Eighty students (42 girls) aged 11-18 years (M = 14.24, SD = .53) from a remote First Nations community school in Quebec completed self-reported questionnaires assessing engagement in spiritual practices (Greenfield et al., 2015), endorsement of interconnectedness (Mohatt et al., 2011), hope (Snyder, 1997), and internalizing behaviours (Renshaw et al., 2016). Data were collected cross-sectionally in October 2024 as part of an ongoing research partnership, with all questionnaires selected based on the research interests of the community's Education Council. All participants reported having at least one parent of Indigenous heritage, with most parents sharing the same specific First Nations heritage.
Results: Two mediation analyses explored the link between engagement in spiritual practices and endorsement of interconnectedness with internalizing behaviours, with hope acting as a mediator. Both spiritual practices and interconnectedness were positively linked to hope ($\beta = .40$; $p < .001$; $\beta = .46$; $p < .001$, respectively), with hope negatively associated with internalizing behaviours ($\beta = -.41$; $p < .001$). While direct effects were non-significant, significant indirect effects through hope were found for both spiritual practices, $\beta = -.13$, 95% CI [-.24, -.02] and interconnectedness, $\beta = -.22$, 95% CI [-.41, -.03].
Conclusions: Among the present study of First Nations youth, students who reported a greater engagement in traditional spiritual practices or a stronger sense of interconnectedness also reported higher levels of perceived hope, which, in turn, was associated with fewer self-reported internalizing behaviours. These preliminary findings add to the broader mosaic of literature on Indigenous youth mental health, highlighting the nuanced ways in which traditional cultural resources may help mitigate negative mental health outcomes by fostering positive psychological processes, such as hope.

#20 A sharing of the complexities of pediatric ADHD for Indigenous community members
Sheila Peters, Ryan Giroux*

Purpose: Caring for Indigenous pediatric ADHD community members is complex. Generational trauma, genetics, epigenetics, Adverse Childhood Experiences (ACES), social determinants of health, access to medical care and education, racism, colonialism, mistrust in the western medical system, and Indigenous ways of being – these are but a few of the factors that contribute to the challenges in diagnosing and providing care for our relatives. We will review literature surrounding early relational health and ADHD that specifically pertains to Indigenous pediatric community members. This work offers a preliminary pathway for creating a "Basket/Toolkit" that may be applied when providing care for Indigenous pediatric patients.
Methods: This initiative will present a summary of evidence-based medicine, drawing from experiential knowledge and clinical practice. We will use the mediums of cases, didactic literature presentation, storytelling in an interactive manner. This knowledge translation will be appropriate for all disciplines providing care for Indigenous pediatric patients in an urban and remote setting. Topic areas will include: ADHD in Indigenous patients, ADHD in Indigenous patients in Canada, Mental health in First Nations children in Manitoba, Perceptions of ADHD and treatment, Linking Adverse Childhood Experiences (ACES), ADHD risk and trauma, Promoting and mitigating Protective Childhood Experiences (PCES), and early relational health.
Results: Three learner-centered objectives: After this session participants will be better able:
1. To explore the evidence and our experiential learning/knowledge translation specific to Indigenous pediatric ADHD community members.
2. To discuss the protective factors to adverse childhood experiences (PACES) and early relational health implications for Indigenous pediatric ADHD community members.
3. To begin to create a "Basket/Toolkit" of approaches and resources that can be applied when caring for Indigenous pediatric ADHD community members.
Conclusions: Utilizing our lived experience, clinical expertise, and gifted humourous presenting style, we will discuss the importance of checking our biases and will offer some ways on how to provide culturally safe trauma-informed care. We have created a toolkit with Canadian resources specifically for Indigenous pediatric ADHD patients. We look forward to sharing the little that we know in a good way, entwined with our sacred teachings.