

# PAST, PRESENT AND FUTURE OF ACHWM

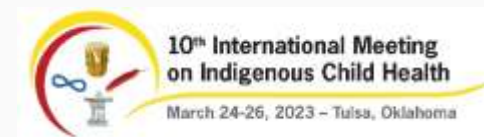
By: Samantha Mandamin



# Faculty/Presenter Disclosure

In the past 24 months, Samantha Mandamin has no relevant financial relationships with the manufacturer(s) of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



# Topics

- **History of the ACHWM**
- **ACHWM Today**
  - Determine your purpose for using the ACHWM
  - Data Sovereignty
- **ACHWM Future**



# History of the ACHWM



# Why create a new measure?

- Community leaders recognized a health equity gap for of **First Nations, Inuit and Métis children & youth**
- No child health data relevant at the local level
  - Data was needed to inform health planning and evaluation
- No culturally-relevant measures



# Origin of the ACHWM

- A partnership developed between Indigenous health leaders and academic researchers to incorporate traditional wisdom and ensure scientific credibility
- Intent was to **ensure the relevance for Indigenous children across Canada**



**Mary Jo Wabano**  
Health Services Director  
Naandwechige Gamig  
Wiwemikong Health  
Centre



**Nancy L. Young**  
Professor &  
Research Chair  
Laurentian University



# Core Values Guiding the ACHWM

1. Consider what is best for each child
  - Children's wisdom guides the entire process
    - Their best interests guides our local triage and support process
    - Brief Health Assessment is a strengths-based approach
  - Every child is deserving of support
2. Respond to the needs of the community
  - Respecting community's autonomy

\*Reminder: the ACHWM is not a diagnostic tool  
The ACHWM is a **wellness tool**





# Photovoice Activities

Ideas were translated into questions about...





## 6 Focus Groups

- 38 children in Wiikwemkoong
  - Selected the best photos
  - Gave a name to each photo to describe the wellness concept
  - Assigned the photo-concepts to quadrants
- 58 questions related to health and wellness were developed
  - with 4 more added later by other communities
- Guided by an Advisory Committee



# Assessed the 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 River First Nation      October 2014
- Ottawa Inuit Children's Centre      January 2015  
(Now: Inuuqatigiit Centre for Inuit Children, Youth and Families)





# Gifted names by Communities

Aaniish Naa Gegii	NE Ont.	Anishnaabemowin
Aniish Na	SW Ont.	
Ah'neen'chi'Kay'yohn	Pikangikum	
Aaniin Ezhi-Ayaayan	NW Ont.	
Qanuippit	Nunavut	Inuktitut
Komon Ca Vo	NE Ont.	Michif
Ohniió ton hatie	Kahnawake	Kaniehkeha:ka
Wacheya	Northern Ont.	Cree
ëdlanët'ë	Saskatchewan	Dene
Wa Chexw Yuu	BC	Skwxwú7mesh sníchim

These names translate to *How are You?*






# Tablet Technology

- Supports children to complete the questions independently
  - No data entry required
- Produces scores that are:
  - Shared with each child on a “balance chart”
  - Aggregated in an automated report for the community
- Connects children at “potential risk” to a local safety net





## Brief Assessment Developed

- Screening process was created by the Nadmadwin Mental Health Clinic staff in Wiikwemkoong
  - Suggested that 18 questions should be flagged and immediately addressed
- Children are referred to a qualified staff member if:
  - 1 or more red flags 
  - 2 or more yellow flags  
- Ensures children's safety



# Brief Assessment

Participant ID: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_  
 Potential Risk: \_\_\_\_\_  
 Raised Flags: \_\_\_\_\_  
 Missed Flags: \_\_\_\_\_

Summary Score: \_\_\_\_\_  
 Spiritual Score: \_\_\_\_\_  
 Emotional Score: \_\_\_\_\_

Physical Score: \_\_\_\_\_  
 Mental Score: \_\_\_\_\_

	Never	Hardly Ever	Some-times	Often	Always
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 ...				●	●
24. I feel safe at home ...	●	●	●		
26. When I get sad or upset I get over it quickly ...	●				
31. I get mad or cry when something small goes wrong ...					●
33. I feel like hurting myself ...			●	●	●
38. I am in a bad mood ...					●
39. I get a good night's sleep ...	●	●			
40. I feel like ending my life ...			●	●	●
41. I get so worried that I feel it in my body ...				●	●
45. I feel like good things will happen ...	●	●			
46. I can get clean drinking water ...	●				
51. I feel safe in my community ...	●	●			
53. I worry about getting enough to eat ...					●
54. I have hope for my future ...	●				

Local Team Member: \_\_\_\_\_ Clinician: \_\_\_\_\_

Clinical Recommendation:  Not In need of further support  In need of further support  Not Assessed (Refused)

**If further support is recommended:**


Local mental health referral made to: \_\_\_\_\_

Currently receiving professional support from: \_\_\_\_\_ (clinician)  
 @ \_\_\_\_\_ (agency)

May I share these results with your clinician?  Yes  No

Remember: if a child is seeing another professional and requires urgent support, please refer them to a local mental health provider for immediate services.

Declined services






# Grounded by 10 years of science

- ✓ Reliability (ICC=0.94)
- ✓ Validity (r=0.52 vs PedsQL)
- ✓ Sensitivity (88%)
- ✓ Specificity (84%)

ACHWM meets psychometric criteria



Young et al. *SpringerPlus* (2016) 5:2002  
DOI 10.1186/s40762-016-1278-y

RESEARCH **Open Access**

## Reliability of the Aboriginal Children's Health and Well-Being Measure (ACHWM)

Nancy L. Young<sup>1\*</sup>, Mary Jo Wabano<sup>2</sup>, Koyo Usuba<sup>3</sup>, Deboe Mshibisiima<sup>2</sup>, Diane Jacko<sup>2</sup> and Tricia A. Burke<sup>1</sup>

**Abstract**  
**Purpose:** The aim of this research was to evaluate the reliability of the Aboriginal Children's Health and Well-Being Measure (ACHWM).  
**Methods:** Two cohorts of children from Wiikwemkoong Unceded Territory were recruited for this study. Each child completed the ACHWM independently on a computer tablet running a customized survey app. The data from the first and second cohorts were used to estimate the internal consistency using Cronbach's alpha. A subgroup of the second cohort completed the survey twice, within the same day. The data from this subgroup was used to evaluate the test-retest reliability using a random effects intra-class Correlation Coefficient (ICC).  
**Results:** There were 124 participants in the first cohort and 132 participants in the second cohort. The separated measures subgroup was comprised of 29 participants from the second cohort. The internal consistency statistic (Cronbach's alpha) was 0.93 for the first and second cohorts. The test-retest reliability ICC was 0.94 (95% CI 0.86-0.97).

Young et al. *Health and Quality of Life Outcomes* (2015) 13:148  
DOI 10.1186/s12916-015-0381-0

RESEARCH **Open Access**

## Validity of the Aboriginal Children's Health and Well-being Measure: Aaniish Naa Gegii?

Nancy L. Young<sup>1</sup>, Mary Jo Wabano<sup>2</sup>, Koyo Usuba<sup>3</sup>, Brenda Tingsooon<sup>3</sup>, Mikania-Tessier<sup>3</sup>, Diane Jacko<sup>2</sup>, Tricia A. Burke<sup>1</sup> and Rita G. Cobble<sup>4</sup>

**Abstract**  
**Background:** Aboriginal children experience challenges to their health and well-being yet also have unique strengths. It has been difficult to accurately assess their health outcomes due to the lack of culturally relevant measures. The Aboriginal Children's Health and Well-being Measure (ACHWM) was developed to address this gap. This paper describes the validity of the new measure.  
**Methods:** We recruited 110 Native children from one First Nation reserve in Canada. Participants were asked to complete the ACHWM independently using a computer tablet. Participants also completed the PedsQL. The ACHWM total score and 4 Quadrant scores were expected to have a moderate correlation of between 0.4 and 0.6 with the parallel PedsQL total score, domains scale scores, and summary scores.  
**Results:** Paired ACHWM and PedsQL scores were available for all participants. They had a mean age of 11.6 (range of 7 to 18 years) and 80.4% were girls. The Pearson's correlation between the total ACHWM score and a total PedsQL aggregate score was 0.52 ( $p < 0.001$ ). The correlation with the Physical Health Summary scores and the Psychosocial Health Summary Scores were slightly lower (range 0.30-0.53,  $p < 0.001$  and 0.33 to 0.50,  $p < 0.0001$ , respectively) and approached the expected range. The ACHWM Quadrant scores were moderately correlated with the parallel PedsQL domains, ranging from  $r = 0.48$  to  $r = 0.64$  ( $p < 0.001$ ). The Physical Quadrant of the ACHWM did not have a parallel domain in the PedsQL.  
**Conclusions:** These results establish the validity of the ACHWM. The children gave this measure an overall name, Aaniish Naa Gegii, meaning "how are you?". This measure is now ready for implementation, and will contribute to a better understanding of the health of Aboriginal children.  
**Keywords:** Aboriginal, Children, Well-being, Interview, Questionnaire

QUANTITATIVE RESEARCH

## A screening mechanism to recognize and support at-risk Aboriginal children

Nancy L. Young, PhD,<sup>1</sup> Diane Jacko, BA,<sup>2</sup> Mary Jo Wabano, MEd,<sup>2</sup> Lauren Hawthorne, MA,<sup>3</sup> Sarah Sealbrook, BA,<sup>3</sup> Sheri Wabanose, BSW,<sup>2</sup> Koyo Usuba, MEd<sup>3</sup>

**ABSTRACT**  
**OBJECTIVES:** The Aboriginal Children's Health and Well-Being Measure (ACHWM) was developed to assess health from the perspectives of Aboriginal children. The purpose of this paper is to document the screening process, embedded within the ACHWM, and assess its effectiveness.  
**METHODS:** The ACHWM was implemented in 2014/2015 with children 8 to 18 years of age living on the Wiikwemkoong Unceded Territory. Survey responses were screened to identify potential risk, using an automated algorithm run on computer tablets. Local mental health workers conducted brief mental health assessments to identify and support children at-risk. Data were analyzed to estimate effectiveness of this screening process.  
**RESULTS:** A total of 293 children completed the ACHWM. The screening tool identified 33% with potential risk. Mental health workers confirmed 58% of all participants as being at-risk, and all were referred for support. The sensitivity of the tool was 73% while specificity was 79%. Improvements to the screening algorithm resulted in a specificity of 97% and negative predictive value of 85%, with no loss of sensitivity.  
**CONCLUSION:** Resilient population health surveys require a process to recognize and respond to answers indicative of health risks. This paper provides an example of a screening and triage process that enabled our survey team to screen responses in real time, respond to potential risk immediately, and connect participants to local support services. This process proved essential to conducting an ethical survey. The high specificity and negative predictive value make it an effective triage tool that is particularly valuable in Aboriginal communities and with higher-risk populations.  
**KEY WORDS:** Mental health, early medical intervention, child, adolescent, indigenous population, surveys and questionnaires

La traduction de résumé en français se trouve à la page 148.

Can J Public Health 2016,107(4):503-510  
doi:10.17269/CJPH.107.5319



# Typical Scores are available for reference

cmajOPEN

Research

## Health profiles of First Nations children living on-reserve in Northern Ontario: a pooled analysis of survey data

Mary Jo Wabano MHK, Leslie F. McGregor BA, Roger Beaudin BA, Diane Jacko BA, Lorrilee E. McGregor PhD, Sabine Kristensen-Didur BA, Debbie Mishibinijima BA, Koyo Usuba MHK, Nancy L. Young PhD

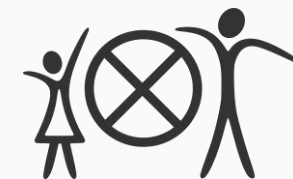
### Abstract

**Background:** The Aboriginal Children's Health and Well-Being Measure (ACHWM) was developed to enable Aboriginal health leaders to gather information on the health of children at a local community level. This paper aims to describe the typical health profiles of First Nation children living on traditional territory as a reference to assist in the interpretation of ACHWM scores.

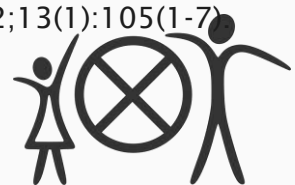
**Methods:** Three First Nations in Ontario, Canada, gathered health data from children using the ACHWM administered on Android tablets between 2013 and 2015. The survey data were previously analyzed to inform local health planning. These survey data were pooled to describe the distribution of ACHWM summary and quadrant scores from a larger sample and inform interpretation of ACHWM scores.

**Results:** ACHWM data from 196 participants (aged 7.6 to 21.7 yr) across 3 communities were included in the pooled sample. ACHWM summary scores ranged from 39.8 to 98.7 with a mean of 74.1 (95% confidence interval [CI] 72.5–75.7) and a maximum of 100. Strengths were reported in the spiritual (mean 78.7, 95% CI 76.7–80.8), physical (mean 77.1, 95% CI 75.1–79.0) and emotional (mean 74.4, 95% CI 72.5–76.3) quadrants. The greatest opportunity for improvement was in the mental (cognition) quadrant (mean 61.6, 95% CI 56.9–63.4).

**Interpretation:** This paper presents initial estimates for child health scores based on self-report from a large sample of First Nations children living on reserve. These results establish benchmarks to aid interpretation of the ACHWM scores in these and other communities and contexts in the future.



1. Barbic SP, **Young NL**, Usuba K, Stankiewicz E. Rasch Measurement Theory's contribution to the psychometric properties of a co-created measure of health and wellness for Indigenous children and youth. Journal of Clinical Epidemiology, 2022;151:18-28. DOI: <https://doi.org/10.1016/j.jclinepi.2022.07.010>
2. Usuba K, Russell J, Ritchie SD, Mishibinijima D, Wabano MJ, Enosse L, Young NL. Evaluating the Outdoor Adventure Leadership Experience (OALE) Program using the Aboriginal Children's Health and Well-being Measure (ACHWM©). Journal of Outdoor and Environmental Education. 2019; 22(1): 187-197. DOI: <https://doi.org/10.1007/s42322-019-00038-2>
3. Wabano MJ, McGregor LF, Beaudin R, Jacko D, McGregor LE, Kristensen-Didur S, Mishibinijima D, Usuba K, Young NL. Health Profiles of First Nations Children Living On-Reserve in Northern Ontario. CMAJ Open 2019;7(2): E316-E322. DOI: <https://dx.doi.org/10.9778%2Fcmajo.20180128>
4. Young NL, Wabano MJ and the ACHWM Effectiveness Team (Ritchie SD, Jacko D, Enosse L, Anderson M, Trudeau T, and Elder Rita Corbiere). Beyond the Patient – Lessons from Community Engagement in Rural and Remote First Nations. CMAJ 2018 Nov 7;190(Suppl):S16-18. DOI: 10.1503/cmaj.180381
5. Young NL, Wabano MJ, Jacko D, Barbic SP, Boydell K, Thavorn K, Roy-Charland A, Momoli F, Anderson M, Trudeau T, Mushquash C, Szatmari P, Denomme J, Williamson P and The Aboriginal Children's Health Screening Study team. Community-Based Screening & Triage vs Standard Referral of Aboriginal Children: A Prospective Cohort Study *Protocol*. International Journal of Indigenous Health 2018; 13(1): 65-86. August 23, 2018. DOI: <https://doi.org/10.32799/ijih.v13i1.30282>
6. Young NL, Wabano MJ, Blight S, Baker-Anderson K, Beaudin R, McGregor LF, McGregor LE, Burke TA. Relevance of the Aboriginal Children's Health and Well-being Measure (ACHWM) Beyond Wikwemikong. Rural and Remote Health. 2017;17(2):394-404 URL: <http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=3941>
7. Young NL, Wabano MJ, Usuba K, Mishibinijima D, Jacko D, Burke T. Reliability of the Aboriginal Children's Health and Well-Being Measure (ACHWM). SpringerPlus. 2016 Dec;5(1):2082(1-5). DOI: 10.1186/s40064-016-3776-y URL: <http://rdcu.be/nCzf>.
8. Young NL, Jacko D, Wabano MJ, Hawthorne L, Seabrook S, Wabanosse S, Usuba K. A Screening Mechanism to Recognize and Support At-Risk Aboriginal Children. Canadian Journal of Public Health. 2016 Jan;107(4-5): 399-E403. DOI: 10.17269/CJPH.107.5539
9. Young NL, Wabano MJ, Usuba K, Pangowish B, Trottier M, Jacko D, Burke TA, Corbiere R. Validity of the Aboriginal Children's Health and Well-Being Measure: Aaniish Naa Gegii? Approved by Chief & Council in Wikwemikong on December 1, 2014. Health and Quality of Life Outcomes. 2015 Sep 17;13(1):148(1-7) DOI: 10.1186/s12955-015-0351-0
10. Young NL, Wabano MJ, Ritchie SD, Burke TA, Pangowish B, Corbiere R. Assessing Children's Interpretations of the Aboriginal Children's Health and Well-Being Measure (ACHWM). Approved by Chief & Council in Wikwemikong on December 1, 2014. Health and Quality of Life Outcomes. 2015 July 22;13(1):105(1-7) DOI: 10.1186/s12955-015-0296-3
11. Young NL, Wabano MJ, Burke TA, Ritchie SD, Mishibinijima D, Corbiere R. A Process for Creating the Aboriginal Children's Health and Well-Being Measure (ACHWM). Canadian Journal of Public Health. 2013 Feb 25;104(2):e136-e141. URL: <http://journal.cpha.ca/index.php/cjph/article/viewFile/3636/2776>

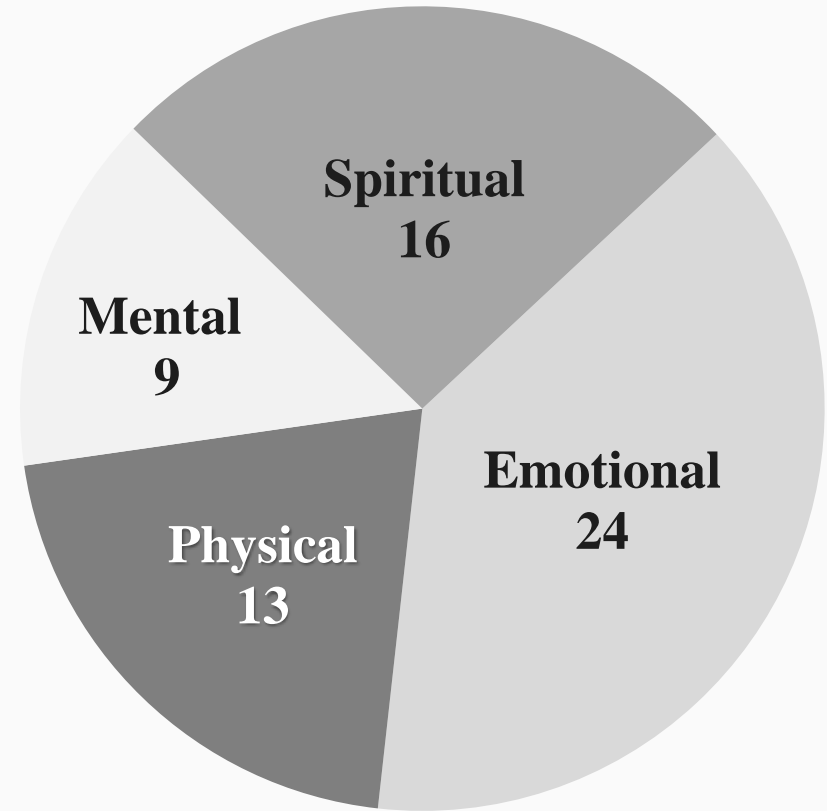


# ACHWM Today



# ACHWM Today

- 12 versions:
  - English and French
  - First Nations, Inuit, Métis
  - Standard vs. Family Services
- Screening & triage process
- Automated online reports
- Comprehensive website with checklists, training & resources
- Amazing team of experts who support communities



# Purposes

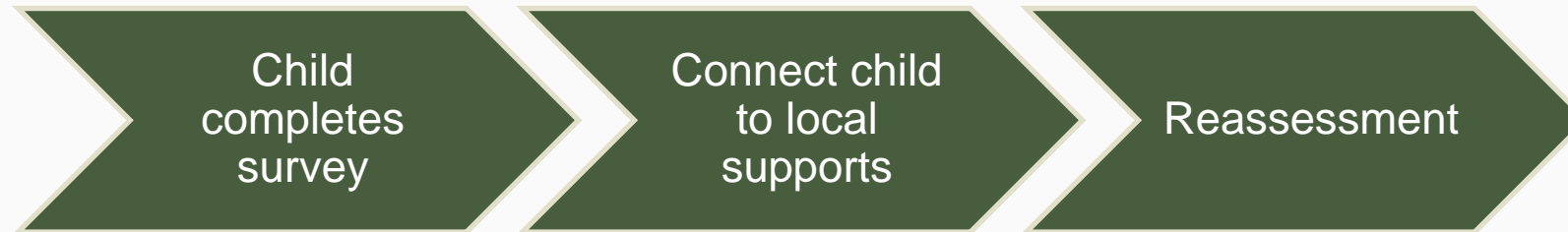
- ❖ Clinical assessment / triage / management
  - Utilize ACHWM as a tool to streamline services
- ❖ Population health assessment (screening)
  - Assess what the mental health needs are of children/youth in community
- ❖ Program evaluation
  - Using the tool in various cycles to assess/improve programming



# Understand the purposes for using the ACHWM



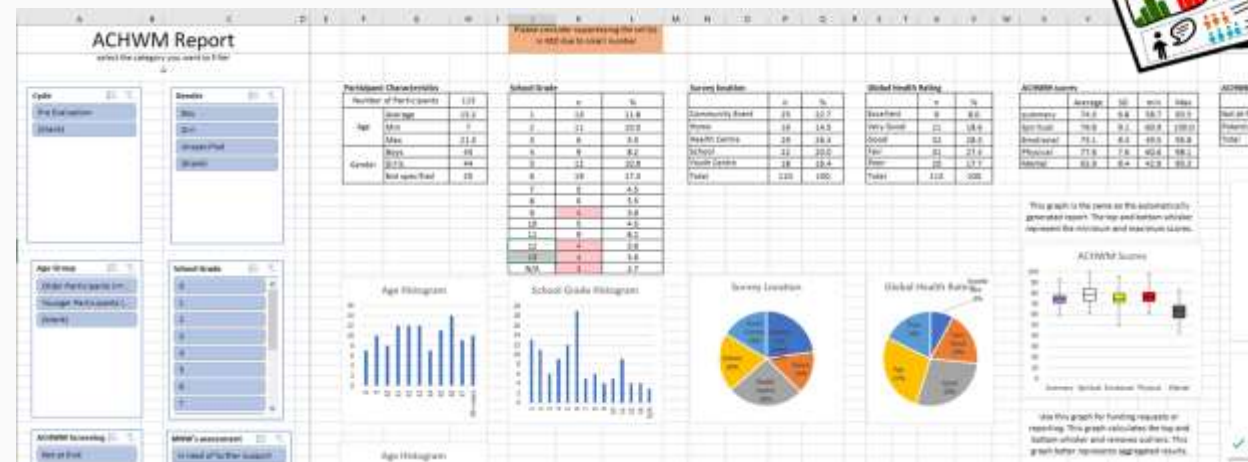
## ❖ Clinical assessment / triage / management





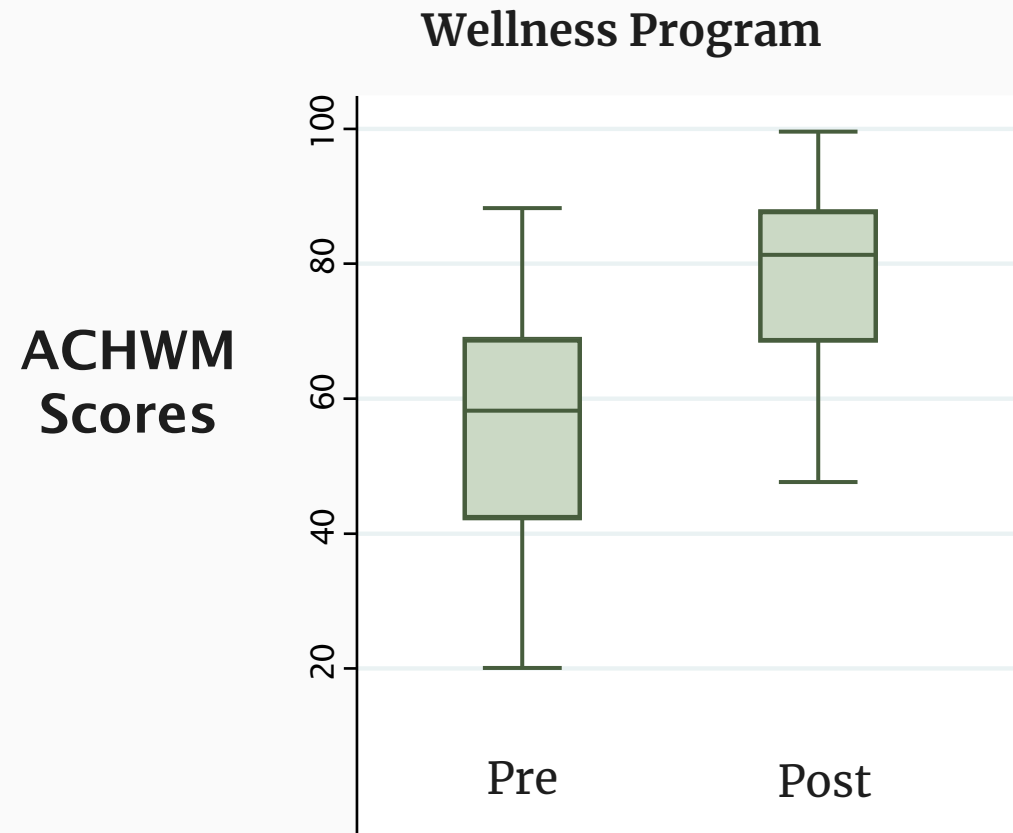
# ❖ Population health assessment (screening)

- Assess what the mental health needs are of children/youth in community
- Automated community reports
- De-identified data
- Analytic spreadsheet

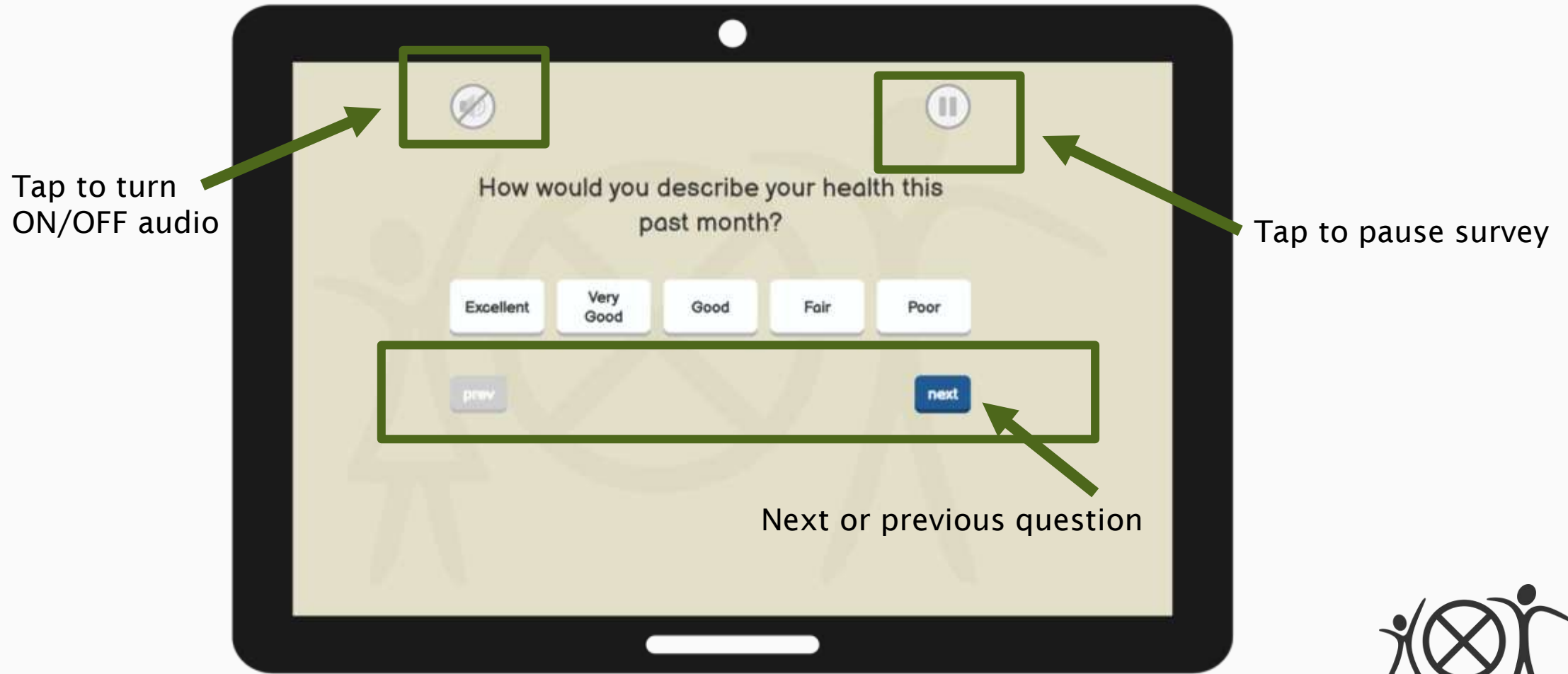


## ❖ Program Evaluation

- Using the ACHWM in at several time points
  - to assess the effect of a treatment program

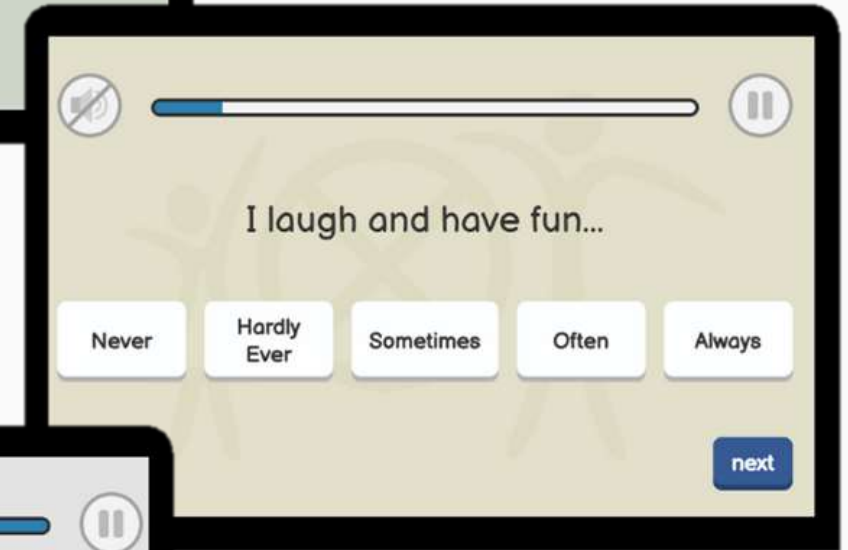
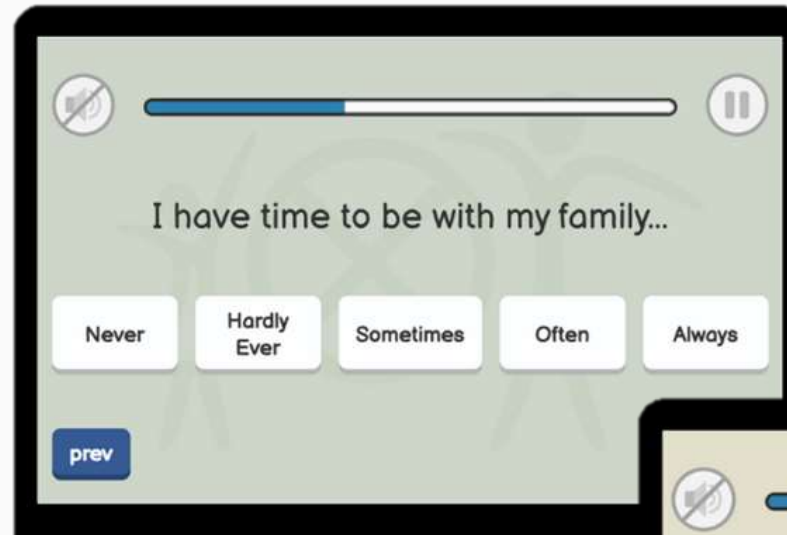


# Children do the ACHWM on an App



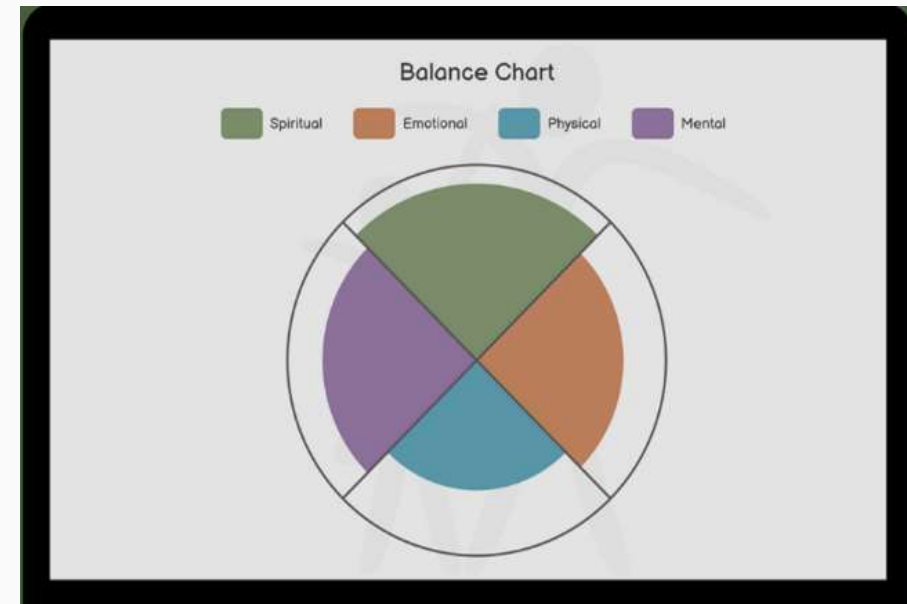
# App Details

- Runs surveys offline
- Require Wifi to:
  - Download the app
  - Update app
  - Upload data



# Generates reports for:

1. each child or youth (individual data)
  2. local health workers (individual data)
  3. community leaders (group data)
- Child sees a **Balance Chart**
    - picture that highlights their strengths:
      - Spiritual
      - Emotional
      - Physical and
      - Mental (intellectual)



# Local Health Workers are Essential

Chose someone with the skills and preparedness to support children and youth at all levels of need

- Connection to natural helpers
- Knowledge of community's resources
- Crisis support skills
- Preparedness for brief conversations with the children/youth
- Trusted within the community

Examples: *Elder, counsellor, social worker, nurse*



# Data Sovereignty





# ACHWM supports data sovereignty through:

- Agreements with partners
- Local control of “Member Roles”
- Local control of data



# Agreements

Ensure clear understandings of responsibilities:

- Community is responsible for
  - Providing local health resources & tablets
  - Children's well-being
  - Ownership of data
- ACHWM team is responsible for
  - Providing resources via the website
  - Stewardship of the data

**No license fee**



# 3 Agreement Types

Give communities choice:

- Who can see their data
  - for online reports and data backups
- How the data are used

	INDEPENDENT USE	COLLABORATIVE PRACTICE	RESEARCH
<b>Additional support</b> Collaboration with the ACHWM team	✗	✓	✓
<b>Data back-ups</b> Easily upload and store data on the secure Laurentian REDcap server	✗	✓	✓
<b>Easy reporting</b> Automatically generated report available at ACHWM.ca	✗	✓	✓
<b>Publication opportunities</b> Survey results contribute to research and academic journal articles	✗	✗	✓
<b>Ownership of data</b> Community or organizations keeps ownership of the data, results, and reports	✓	✓	Data is <b>shared property</b> of community or organization and ACHWM team
<b>Ethics approval and consent forms</b>	Procedures determined by local community and policies	Procedures determined by local community and policies	Requires Laurentian ethics approval and consent forms

# Member Roles



- Different levels of access are granted by the Project Leader

*\*Note: Data Viewer Access is unavailable currently (however is nearly ready for use!)*



## Member Roles and Permissions

Assign your team members different website roles so that they can complete different actions and have specific controls.

		PROJECT LEADER	COORDINATOR	FACILITATOR	HELPER	DATA VIEWER
	ACCESS	FULL ACCESS	TEAM AND PROJECT ACCESS	APP ACCESS ONLY	LIMITED ACCESS	DATA ACCESS ONLY
Project	View/Access project	✓	✓	✓	✓	✓
	Install project on app	✓	✓	✓	✗	✓
	Create & edit project cycles	✓	✓	✗	✗	✗
	Manage project users	✓	✓	✗	✗	✗
App	Run the ACHWM app	✓	✓	✓	✓	✓
	Upload data to server	✓	✓	✓	✗	✗
	Run the Balance Chart	✓	✓	✓	✗	✗
	View the flag reports	✓	✓	✓	✗	✗
Project	Delete data from tablet	✓	✓	✗	✗	✗
	View online reports	✓	✓	✗	✗	✓
	Delete projects	✓	✗	✗	✗	✗
	Export data	✓	✗	✗	✗	✓

# Data Control – OCAP Principles

## Ownership

- ACHWM web portal empowers communities to set up their own projects
- Each community's data are kept separate from other communities' data
- May choose sole ownership or shared ownership of data

## Control

- Community leaders are the decision makers
  - Can add or remove local team members from their projects
  - Can remove their data from the REDCap server

## Access

- Online reporting controlled by passwords

## Possession

- Data downloads controlled by passwords
- ACHWM team are stewards of the data
- Opportunity to request permission to use for secondary analyse



# Key benefits of the measure:



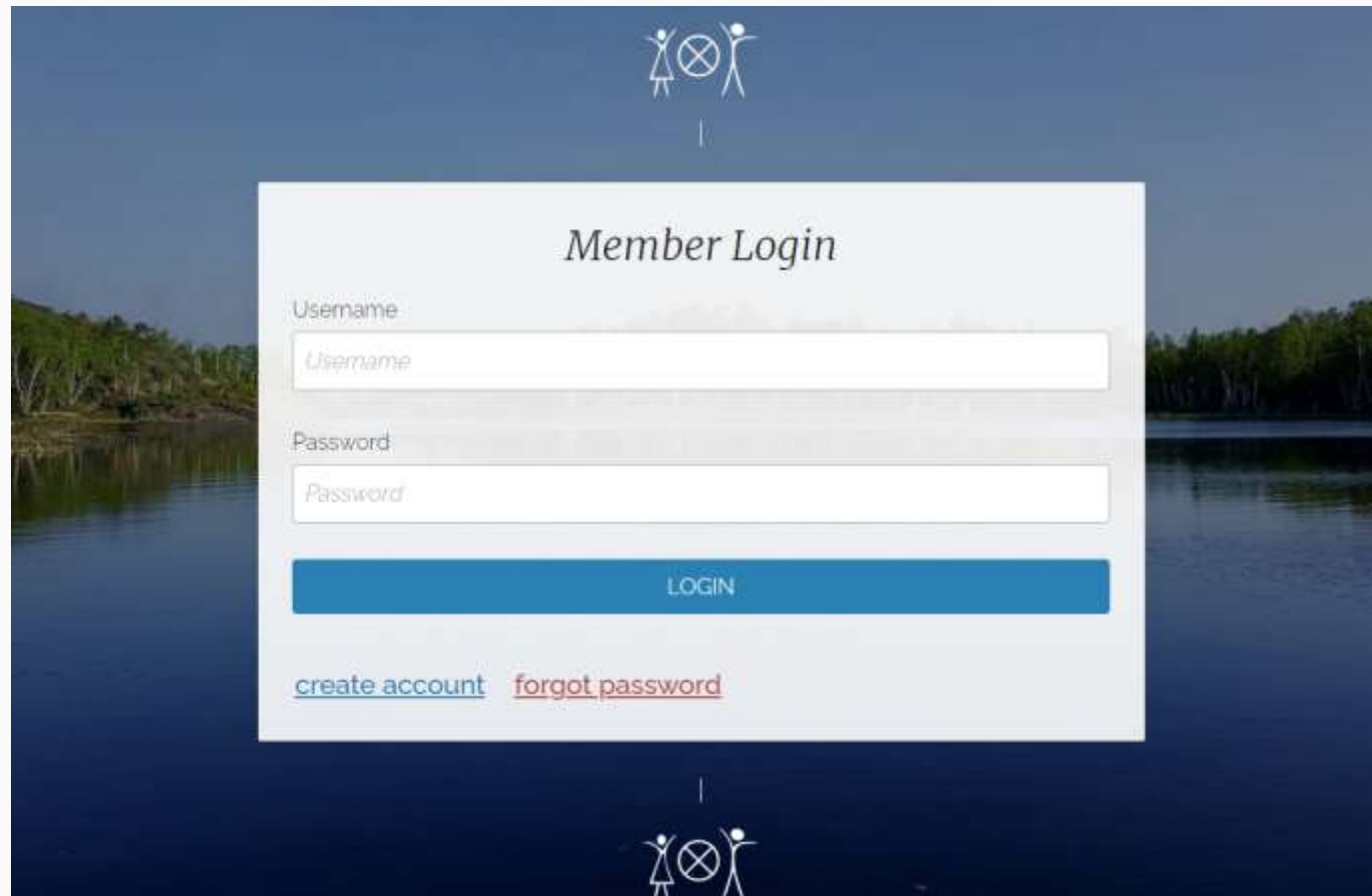
- **Gives children a voice** in their own health assessment
- **Developed with Indigenous children** 8 to 18 years old
- **Culturally relevant** and grounded in the Medicine Wheel
  - Overall score; physical, emotional, mental, and spiritual scores
- **Scientifically sound:** valid, reliable, and sensitive
- **Tablets engage children** in a non-judgemental way
- **Automated process enhances feasibility** and supports the generation of local reports
  - Tablets are able to quickly identify urgent health needs and facilitate new connections to local supports
- **Generates quantifiable data useful at the local level** to support program planning, evaluation, and support funding requests




# Setting up the ACHWM



# Create an account in ACHWM.ca






## Member Login

Username

Password

[LOGIN](#)

[create account](#) [forgot password](#)







# Sign up and visit the ACHWM Member Portal



# Member Portal: My profile & Pin

**Settings**

Username  
testsamanthafowler

Full Name  
John Smith

Email  
username@email.ca

Change Password  
Password

Change PIN  
5555

**Personal Information**

Photo  
Choose File | No file chosen

Phone  
705-555-5555

About Me  
A little something so project colleagues can get to know you

**Professional Information**

Position  
Employee Title

Credentials

**Important:** Pin needed to implement with tablet. Update Pin and save changes



# Learning Centre

- Located in the Member Portal

**ACHWM** X

my profile  
logout

Dashboard  
My Projects  
Manage Projects  
**Learning Centre**  
Video Tutorials  
Implementation Forms  
Learning Centre Steps  
1. Getting Started Guide  
2. My Profile & Passwords  
3. Creating Projects  
4. Managing Projects  
5. Training  
6. Using the App with Children  
7. Viewing and Using Results  
Launch App  
Wellness Resource Hub  
Member Portal Feedback

## Learning Centre Steps

Welcome to our Learning Centre. We have organized this information into 7 steps for you. Use the menu on the left to navigate through resources relevant to each of your steps in the process.

Available all the time:

1. Overview - Getting Started Guide and implementation process chart
2. My profile and passwords - updating your member profile, password, and app pin
3. Creating projects - how to create a project, agreement types

Available with a pending project:

4. Managing projects - managing members and member roles, managing cycles
5. Training - ACHWM training videos

Available with an active project:

6. Using the app with children - app installation, app function, implementing the ACHWM with children and youth, implementation documents
7. Viewing and using results - post-implementation processes, viewing and uploading data from app, accessing group records, using community data, closing your project

# Continue Learning about the ACHWM

- Attend a live training session OR
- Learn at your own pace on our Member Portal with video tutorials
- Practice on a Demo version of the App before using it with children
- If have trouble, please reach out to our team





# MONTHLY INFO SESSIONS

**1**

## Intro session

This monthly information session will cover how the ACHWM supports communities and organizations measure and respond to Indigenous children and youths' wellness.

**@1 PM EST once a month  
Check out the registration form for  
specific dates**

**2**

## Training session

This monthly training session is for communities/organizations that are ready to use the ACHWM with Indigenous children and youth.

**@6 PM EST once a month  
Check out the registration form  
for specific dates**

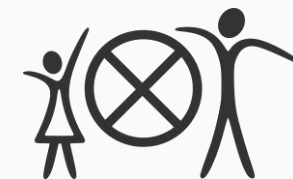
*Join us!*



**Sessions are reoccurring monthly!**

**Upcoming  
Training Dates**

**Tuesday, March 14  
&  
Tuesday, April 11**



# Summary of the ACHWM

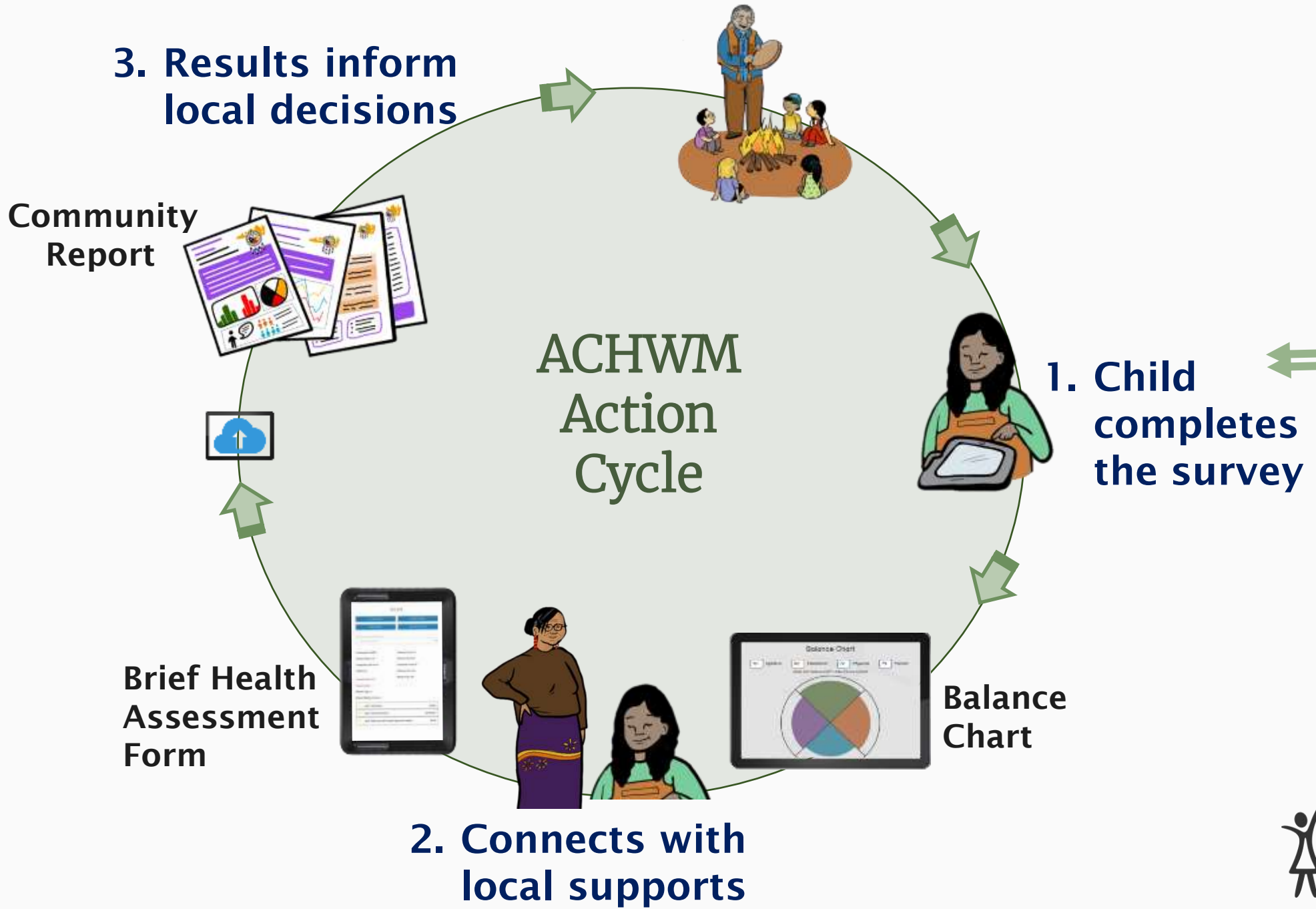


# ACHWM

Aaniish Naa Gegii : the **C**hildren's **H**ealth and **W**ell-being **M**easure

- A self-reported wellness assessment
- Developed with and for Indigenous children
  - 8 to 18 years







# 1. Gives children a louder voice!

Indigenous children and youth need new ways to start conversations about wellness.

The ACHWM is:

- Tablet-based
- Non-judgemental
- Helps children be heard (gives them a microphone)



**How will you use the tablets to support children in your community?**



## 2. Connects children to local supports

When children speak, others need to **listen**:

- to truly understand their needs
- initiate strengths-based conversations
- connect them to supports within their community

What supports does your community offer to children and youth?



# 3. Produces data to inform local decisions

ACHWM data has helped communities and organizations:

- For example:
  - Supported funding applications (e.g., to build a shelter)
  - Bolstered advocacy for arts and cultural programming
  - Informed plans for land-based programs

**How will you use the data to create impactful change?**



# Future of the ACHWM



# Ongoing Research Projects: Adapting ACHWM

- Older Youth Study (19-29yrs)
- Younger kids (4-7.9yrs)
- Maliseet Unceded Territory
- Iqaliut Inuit Study





Q&A





Huy ch q'u. Meeg Wetch chiniskumitin há'ysx<sup>w</sup> qə!  
'niin Tshinashkumitin Kúkwstum'ckacw. məsi chok ?uusya  
damaya Woliwon Sne kal yəgh Huy chexw Mikwetc Siyisgaas  
Meegwetch Pidamaya Gunalchéesh Sóga senlá ?uusyak šiłii?ic  
oo Sechanalyagh Ma'na Meeg Wetch Marsı há'ysx<sup>w</sup> qə! Mas  
hch Pilamaya Mîkwêc Kinanâskomitin Marsee limləmt Ma'  
s'y 'niin chiniskumitin miikwehch Niá:wen  
na Siyisgaas mîkwêc Meegwetch tsel ts'ítho  
wêc Mēduh Woliwon Thank You Masí nyá:wəh  
yawł'ko Háw'aa Mikwetc Merci Wela'lin 'uálazek<sup>wi</sup>  
Nt'oyaxsn məsi chok Qujannamiik Wela'lin  
s gilakas'la Nakurmiik Tshinashkumitin Wela'lin  
kurmiik Huy ch q'u. Quana Qujanaqqutit îsnî'yes  
lamaya Thank You Mahsi' Choo Shăw níthän T'ooyak<sub>xi</sub>yú' níin  
yaxsn Qujanaqqutit kukwstsétsemc Miigwetch Gunalchéesh  
oyaksiyú' níin Kinanâskomitin Mîkwêc Sóga senlá 'uálaze

# Stay in touch!



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@ACHWM



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