

Proposal Submission to the International Academy of Cardiovascular Sciences  
for Manitoba Heart Health Think Tank

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**Aboriginal Expressions of Cardiovascular Health of Women  
in Winnipeg and Opaskwayak Cree Nation**

**What are we proposing?**

Our project aims to use oral history and digital media expertise to explore cardiovascular health and disease from an Aboriginal community-based perspective. It will bring Aboriginal community members together in one urban and one northern setting in Manitoba to explore creative solutions for better heart health outcomes and to develop digital educational resources that are culturally-appropriate that can be used by other Aboriginal communities as well as by health researchers and professionals across Canada. By way of the deliverables, including personal videos, a website and training toolkit, the project will encourage greater engagement by the Aboriginal community in protecting their own heart health.

**Rationale**

This project recognizes that there are deep historical and current socio-economic factors which have, and continue to assault the cardiovascular health of Aboriginal peoples.<sup>1</sup> Some of these include the transition from traditional to westernized lifestyles and diets; the legacy of residential schools; access to medical care and culturally appropriate health care; and economic and geographic marginalization.

According to The Heart and Stroke Foundation of Canada, Aboriginal people are 1.5 to 2 times more likely to develop heart disease than the general Canadian population. While the rates of heart disease are declining for the general Canadian population, they continue to increase among the Aboriginal population.<sup>2</sup>

A 2012 National Collaborating Centre on Aboriginal Health (NCCA) review of First Nations health indicates that the gap in heart disease only increases with age, with 11.5% of First Nations adults reporting heart disease compared to 5.5% amongst other adult Canadians.<sup>3</sup> A 2013 Canadian Institutes for Health Information (CIHI) report states that the “burden of coronary heart disease among First Nations is high, with heart attack deaths considerably higher in First Nations than in non-Aboriginal Canadians (25% higher among First Nations men and 55% higher among First Nations women).”<sup>4</sup> The same report found that Métis peoples in Manitoba were “40% more likely to have coronary heart disease than other Manitobans” and that coronary heart disease “is one of the leading causes of death among Métis.”<sup>5</sup>

All of these reports point to the multiple comorbid factors at play for Aboriginal peoples, primarily higher levels of poverty, tobacco use, obesity, hypertension, hyperlipidemia and diabetes, all of which elevate their risk for cardiovascular disease.

Acknowledging this evidence, the Centre for Aboriginal Health Research (2009), the National Collaborating Centre on Aboriginal Health (2012) and the Canadian Institutes for Health Information (2013) have all identified a gap in research on the prevalence and understanding of cardiovascular health and disease amongst the Aboriginal populations, across all settings, including urban, rural and remote communities.

From the Ottawa Heart Centre, we share: “Every day, the women in our lives influence us. They teach us. They organize. They manage, wipe tears and manage careers. And they lead by example. At least, that’s the theory. With all that multi-tasking, women are often too busy to care for themselves. The result? Cardiovascular disease, including stroke, is now the leading cause of death amongst Canadian women. Two out of every three women have at least one major heart disease risk factor. Whether we acknowledge it or not, women tend to be the gatekeepers of family health. They’re more likely to book doctor’s appointments, pick up prescriptions and stay home if someone is unwell. As caregivers, they are often responsible for family diet and ultimately, their family’s heart health.”

## **Methodology and Methods**

The project combines the tradition of oral storytelling with digital technology and oral history methods, using both ‘conversational methods’ and an arts-based research approach called ‘digital storytelling.’ Oral storytelling has long been a respected means of knowledge transmission in many Indigenous cultures. Our project will combine this tradition with digital technology, producing both standard focus group data and digital stories. Each participant in this project will create a ‘digital story’ based in their lived experiences with heart health and disease.

Participants will craft and record first-person narratives, collect still images, video, and music with which to illustrate their pieces, and will be guided through computer tutorials that enable them, with support, to edit their own stories. This research approach uses increasingly inexpensive and available video editing technology to develop oral, visual and affective knowledge in ways that exceed standard research techniques. In addition, research approaches that are visual and narrative in nature, such as digital storytelling, allow for different channels of distribution and have the potential to reach broader audiences than written research.

The project will begin with a learning circle with up to ten Aboriginal women who are community members who have self-identified as wanting to voluntarily participate in the project. Ideally, the group will consist of different ages. They will come together to talk about their heart health or heart disease or the history of heart health and heart disease in their family or community. Next they will create digital stories based on their experiences

of maintaining heart health or living with heart disease. These stories will form the basis of education tools and resources that will be presented to health care professionals that are interested in working with the Aboriginal community to develop strategies to deal with heart health and disease related issues.

The second phase of the project will focus on creating a comprehensive educational resource website on Aboriginal Heart Health, housing the digital stories and other culturally appropriate materials on cardiovascular health.

The research will take place over a six month period. It will include the following objectives:

- 1- to share Aboriginal cultural-based understandings and storytelling around the heart, including how to maintain a healthy heart and what it means to have a healthy heart;
- 2- to advance Aboriginal and community-based understandings of the factors that contribute to an unhealthy heart;
- 3- to provide a safe, comfortable forum for Aboriginal community discussions on heart health;
- 4- to enable Aboriginal community members to express ideas and experiences of heart health and/or cardiovascular disease through oral history and video storytelling;
- 5- to encourage heart health amongst the participating Aboriginal communities using participatory, arts-based and Indigenous approaches;
- 6- to support a wider opportunity for knowledge exchange and understanding of heart health and cardiovascular disease from the lived experiences and perspective of Aboriginal community members;
- 7- to enhance culturally-appropriate resources for other Aboriginal communities to support heart health;
- 8- to create a website to house on-line digital stories and resources on Aboriginal cardiovascular health; and
- 9- to promote relationships, connections and dialogue between health care professionals and Aboriginal community members on cardiovascular health.

Upon completion of the project, a report will be generated that will explore a number of themes, including: traditional understandings of heart health, encouraging heart health education, living with a cardiovascular disease etc. This report will be made available through the Aboriginal Heart Health website, the Heart and Stroke Foundation of Canada (and branches), as well as to other Aboriginal and non-Aboriginal health organizations with a vested interest in the area.

## **Project Work Plan**

This project is estimated to run for a sixth month period though the deliverables (as explained above) will be created so that the goal for community engagement in the process is ongoing.

### **Part One: Urban Digital Stories**

The first digital story work will take place in Winnipeg. Situating the project in an urban setting will more readily allow non-Aboriginal heart health professionals to participate in the workshops and to gain insight into the cardiovascular issues faced by Aboriginal people living in Winnipeg. With the hope of developing relationships between health care professionals and Aboriginal communities, the experience of working with Aboriginal people in Winnipeg may help create a better understanding and empathy amongst health professionals for the unique health challenges and needs of Aboriginal peoples living in the rural, remote and northern communities of the province.

#### *Participants – Winnipeg*

The researchers will aim to recruit ten participants who:

- 1- Self-identify as First Nations or Métis
- 2- Reside in Winnipeg
- 3- Have lived experience with heart disease (direct or through a close relative)
- 4- Are 18 years of age or older

#### *Recruitment Procedures*

The participants will be recruited through word of mouth, social media, and broad postering in locations frequented by Aboriginal populations. Upon receiving a call from a potential project participant, the researchers will explain the specifics of the project and the data collection process. All inquiries about the research will be addressed. If the caller meets the project criteria, the researchers will register the participant to attend the story circle and digital storytelling workshops.

#### *What information about the research project and their role will be given during the initial contact?*

During their initial contact with the researchers, project participants will be informed of the purpose of project and about what they will be asked to do as project participants. They will be informed about the risks, as well as about the benefits to participating in the project. Participants will be informed that every effort will be made to ensure their confidentiality as project participants, and they will be advised that they have the right to withdraw from the project at any time, regardless of whether their participation in the project has commenced. They will be assured that there will be no prejudice or negative attitude

toward them as a result of their decision to withdraw from the project. Participants will also be informed that there will be an honorarium available to them in recognition of their time, knowledge and costs incurred as a participant of the project.

*What will be required to do in the course of the project?*

Participants will be asked to:

- Participate in one 3-hour story circle about heart health and disease on the first day
- Hear from Aboriginal and non-Aboriginal health care professionals on cardiovascular health and disease
- Allow the story circle discussions to be audio-recorded and typed-up in a transcript. Any quotes used will be brought back to the speaker for accuracy and clarification. Only the story circle sections of the project will be audio-recorded
- Share stories about their own experiences of lived experiences with cardiovascular disease or strategies for maintaining a healthy heart
- Participate in four full day workshops on video editing and will learn about video editing software
- Develop a digital story based on lived experiences with heart disease and/or strategies for maintaining a healthy heart
- Allow the researchers to write up information from the story circle in a research report that may be distributed to federal, provincial and community level organizations, with a vested interest in Aboriginal cardiovascular health

## **Workshop and Activity Breakdown**

The digital storytelling portions of the project will take place in safe, comfortable and accessible community locations. Those held in Winnipeg will take place in a computer lab at the University of Winnipeg that is dedicated to the development of digital stories

Prior to the commencement of the first day, participants will be given questions that will act as a springboard for the story circle. They will be encouraged to think of the stories they might like to tell on heart health and the management of heart disease. They will be encouraged to bring in photos, momentos, songs, handiwork and artwork that they might like to include in their digital video.

### Day 1am: Learning Circle

Following the opening prayer and an introduction by each participant, the facilitator will outline the project and obtain relevant consents. Next the participants will be led through a facilitated discussion on the effects that have contributed to cardiovascular disease within the respective community. The discussions will be audio recorded for richness and accuracy, and a typed transcript of each audio recorded discussion will be made available to each participant for review and revision.

### Day 1 pm: Story Circle

An experienced Aboriginal digital storyteller will discuss the elements of storytelling. After this, the group members will form a story circle to share and listen to each others' stories, provide feedback and support to each other. Between workshops, participants will be encouraged to write or orally record their stories and begin to develop them into scripts of the narratives they would most like to tell.

Aboriginal and non-Aboriginal health professionals in the area of cardiovascular health will be invited to present information to the group.

### Day 2 am: Story Circle II

Participants will write down or orally record their stories. Facilitators will provide a short workshop on storyboarding. With collected images they will begin to develop storyboarding ideas.

### Day 2 pm: Finalizing and Recording the Stories

Facilitators will provide an image preparation tutorial. Participants will finalize and record their scripts and begin image preparation: create a storyboard, scan images into a computer and/or have video recorded.

### Day 3am: Catch up (finalizing and recording the Stories)

### Day 3 pm: Working With Images

Facilitators will present a tutorial on working with images using Photoshop. Participants will scan images into a computer, have video recorded and begin to work with the images using Photoshop.

### Day 4: Digital Editing

Facilitators will give a hands-on tutorial about how to use the digital editing software. Then participants will continue working with their images and begin the rough edits of their digital stories on the computers.

### Digital Editing

Facilitators will give a hands-on tutorial about music, transitions and titles. Participants will continue the digital editing of their stories, adding music, transitions and titles.

### Follow up: Catch-up Digital Editing

Participants will be invited to come to the editing lab to complete the edits to their digital stories.

### Story Screening and Celebration

Those participants, who choose to screen their videos, will do so for each other and invited health professionals. There will be a heart healthy feast to celebrate the completion of the videos.

### Public screening

If the participants give their approval, a local screening in each community, open to the public, will be planned in a community venue.

Any screening of the videos is to be decided upon by each of the participants. Individual participants may choose to participate or not participate in screenings. Participants may decide to use or screen their videos in any way they choose outside of the decisions of the group.

## **Part Two: Rural Digital Story**

Following the digital storytelling process in Winnipeg, the same process will be replicated in Opaskwayak Cree Nation, (The Pas, Manitoba).

## **Part Three: Development of Aboriginal Heart Health website**

As part of this phase a graphic artist and web designer will be brought on to develop a website dedicated to Aboriginal Heart Health. Components of this website will include links to:

- digital stories produced through the project
- heart health resources
- websites such as the Heart and Stroke Foundation of Canada and others identified through research and guidance with the advisory committee

## Compensation

The Digital Storytelling Project Advisory Committee: Meetings will be held bi-monthly to provide guidance and direction on the research project. Meetings will take place at the Oral History Centre, University of Winnipeg and refreshments will be provided. As well, any costs related to transportation will be reimbursed.

Participants: Each person who participates in the project will receive a honourarium the beginning of each workshop day (\$40.00/day x 5 days). The project will also provide some compensation to help offset some of the childcare/dependent care and travel costs of attending the workshops and learning circle. Food will be provided at each workshop day.

There will also be a celebration feast at the end of the each project for all participants to voluntarily gather and celebrate the accomplishments, work, and sharing of knowledge and experiences. If participants agree, the larger community can be invited.

<sup>1</sup> Section 35 of the Canadian Constitution recognizes Indian, Inuit and Métis peoples as Aboriginal People of Canada.

<sup>2</sup> See: [http://www.heartandstroke.com/site/c.ikiQLcMWJtE/b.8732835/k.F615/Aboriginal Peoples Heart Disease and Stroke.htm](http://www.heartandstroke.com/site/c.ikiQLcMWJtE/b.8732835/k.F615/Aboriginal%20Peoples%20Heart%20Disease%20and%20Stroke.htm)

<sup>3</sup> The State of Knowledge of Aboriginal Health: A Review of Aboriginal Public Health in Canada, 2012, The National Collaborating Centre on Aboriginal Health, (2012), [http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/52/SOK\\_report\\_EN\\_web.pdf](http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/52/SOK_report_EN_web.pdf)

<sup>4</sup> Hospital Care for Heart Attacks Among First Nations, Inuit and Metis, Canadian Institutes for Health Information, (2013) [https://secure.cihi.ca/free\\_products/HeartAttacksFirstNationsEn-Web.pdf](https://secure.cihi.ca/free_products/HeartAttacksFirstNationsEn-Web.pdf)

<sup>5</sup> Ibid



Item	Itemized	Total
<b>OFFICE SUPPLIES</b>	\$2000	<b>\$2000</b>
<b>POSTAL &amp; TELEPHONE</b> Long Distance & Postage	\$2000	<b>\$2000</b>
<b>DISCUSSION CIRCLE: Day One</b> <b>10 Urban Participants</b> Honouria Childcare Food and Refreshments Bus Tickets Space Opening Prayer	\$40 X 10 People X 1 Day = \$400 \$30 X 10 X 1 = \$300 \$400 \$250 \$500 \$200	\$2,050
<b>10 First Nation Community Participants</b> Honouria Childcare Food and Refreshments Space Opening Prayer	\$40 X 10 People X 1 Day = \$400 \$30 X 10 X 1 = \$300 \$400 \$500 \$200	\$1,800 <b>\$3,850</b>
<b>DIGITAL STORYTELLING: Day Two to Day Five Workshops</b> <b>10 Urban Participants</b> Honouria Childcare Food and Refreshments Bus Tickets Space Closing Prayer	\$40 X 10 People X 4 Days = <b>\$1,600</b> \$30 X 10 X 4 Days = <b>\$1,200</b> \$2000 \$250 \$1000 \$200	\$6,250
<b>10 First Nation Community Participants</b> Honouria Childcare Food and Refreshments Space Closing Prayer	\$40 X 10 People X 4 Days = <b>\$1,600</b> \$30 X 10 X 4 Days = <b>\$1,200</b> \$1000 \$1000 \$200	\$5,000 <b>\$11,250</b>

Item	Itemized	Total
<b>COMMUNITY SCREENING &amp; FEAST</b> <b>Urban Community</b> Snacks & Refreshments Space Opening & Closing Prayer <b>Reserve Community</b> Snacks & Refreshments Space Opening & Closing Prayer	\$2000 \$500 \$200 \$2000 \$500 \$200	\$2,700 \$2,700 <b>\$5,400</b>
<b>TRAVEL &amp; ACCOMODATIONS FOR FIRST COMMUNITY</b> (2) Heart and Health Members (1) Advisory Member (1) Coordinators (2) Technical Support/Consultation	AIR: 6 People: <b>\$5,143</b> Meals: \$50 X 7 Days = \$350 X 6 people = <b>\$2100</b> Accommodations: 6 Nights \$700 X 6 Rooms = <b>\$4,200</b> AIR, MEALS, ACCOMODATIONS	<b>\$11,443</b>
<b>GRAND TOTAL</b>		<b>\$105,203</b>