



VOICES FROM THE FIELD

Welcome to *Voices from the Field*, a podcast produced by the National Collaborating Centre for Aboriginal Health (NCCA), which focuses on innovative research and community-based initiatives promoting the health and well-being of First Nation, Inuit and Metis peoples in Canada.

EPIISODE 4

mite achimowin (Heart Talk): First Nations Women Expressions of Heart Health study

The *mite achimowin (Heart Talk): First Nations Women Expressions of Heart Health* study received funding from the CIHR ([Canadian Institutes of Health Research; Aboriginal People's Health Institute](#)) and SSHRC ([Social Sciences and Humanities Research Council](#)) through the [Urban Aboriginal Knowledge Network](#) in partnership with [Nanaandawewigamig](#). The study, which took place in Winnipeg over 2015-2016 was a collaboration between the [University of Winnipeg](#) and the [University of Manitoba](#).

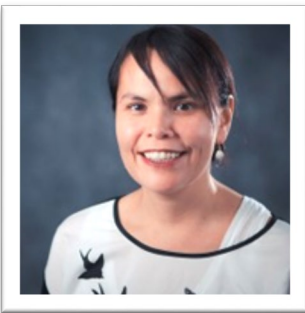
mite achimowin means 'heart talk' in Cree. The *mite* (heart) *achimowin* (talk) concepts carry wisdom of teachings that involve connections between a person's physical body, mind and spirit. According to *mite* teachings, at birth the Creator provides a gift of the heart to every human being. It is recognized that there would be no life without the heart. It is where a person derives their emotions and intelligence. A holistic view of the heart includes an understanding of how to care for the psychological, spiritual, physical, and emotional wellbeing (Doris Young and Esther Sanderson).

There were two phases of the project. The first phase brought together six First Nations women from across Manitoba for one week. Over this period, the women participated in learning circle discussions to explore and express their experiences related to their own heart health or caring for a relative with a heart health issue. From these discussions, the women produced digital stories (3–5 minute videos) touching upon various themes affecting First Nations heart health including: transitions from traditional to westernized lifestyles and diets; the trauma of residential schools; racism; access to medical care; culturally unsafe health care; subjugation of culturally-rooted medicines, and economic and geographic marginalization.

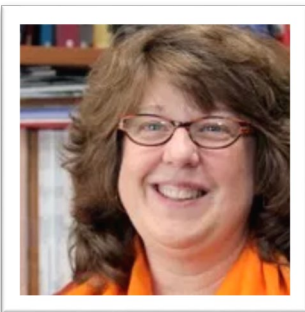
The second phase involved presenting the videos to over 200 undergraduate students in medicine and nursing at the University of Manitoba. The students then participated in facilitated dialogue sessions so they could share their thoughts on the videos and discuss ways to integrate Indigenous concepts of *mite* (heart) knowledge and patients' experiences with biomedical knowledge and practice.

TRANSCRIPT

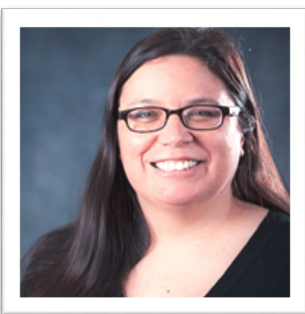
Welcome to *Voices from the Field*, a podcast of the National Collaborating Centre for Aboriginal Health. This program focuses on innovative research and community based initiatives promoting the health and well-being of First Nations, Inuit and Métis peoples in Canada. In this episode we hear from the people behind *mite achimowin*, a study into First Nations women's expressions of heart health. After some self-introductions, the team members provide an overview of the project and some of the main themes that emerged from this study.



My name is **Lorena Fontaine** and I'm from the Sagkeeng First Nation in Manitoba. I am also an Associate Professor at the [University of Winnipeg in the Indigenous Studies Department](#) and I am also one of the lead researchers on the *mite achimowin* (Heart Health) project, which looks at heart health expressions of First Nations women in Manitoba.



So my name is **Annette Schultz** and I am the other co-lead of this project. I am an Associate Professor with the [College of Nursing at the University of Manitoba](#) and I am settler from Alberta. I come from French and German backgrounds. My role was creating the grant and then also guiding along as we went through the process of actually holding the digital storytelling workshop, as well as then being able to start to disseminate what came out of the study.



I am **Lisa Forbes**, Cree, Métis, and Scottish from Treaty 1 territory in Winnipeg. My role in the project was project coordinator. Mostly what I did was all the technical details of the digital storytelling workshops, the aspect of getting the technicians together. But the most important part, and the best part,

was talking with the women, organizing the details with them and arranging things with them. So I got to know them pretty well.

Lorena – We wanted to get the perspectives from First Nations women on what heart health is and then we also wanted to get some ideas from the women on why our heart is important to our health. We wanted to capture this information in digital storytelling format (images as well as teachings). We thought it would be more accessible to the Aboriginal community and we also wanted to allow the women to be expressive with their knowledge.

Lisa – Because we don't hear Indigenous knowledge, it is never part of the environment that we live in. The reason I say that it was so rewarding for me is because I did get to hear Indigenous knowledge, things from my community from people who know, from the experts, who are the Elders in our community. We never ever see [Indigenous knowledge] as being important, as being actual knowledge or facts. Stories are considered to be anecdotes or myths but in actuality, it is knowledge and the way that knowledge has been transmitted for thousands of years on Turtle Island.

Annette – One thing that really intrigued me about creating these digital stories, you know how to have research that's there for Indigenous people and not research that helps to understand them for the rest of the health world. We don't have information about health and how to take care of your health that would be coming from an Indigenous worldview. I am someone who likes to challenge very dominant ways of thinking and in medicine or health care, biomedicine is the game in town. It is the way we look at things. And so when it comes to heart health it means looking at the physical heart. It means looking at the individual and what they are doing or not doing and how do we help them be different. This would be something that would begin to sort of create some space to gather some knowledge that definitely steps outside of that which then, you know I am not a Pollyanna and I can't go out and change the world, but I can begin to challenge and disrupt some of the dominant ways that we think about heart health.

Lorena – The two findings that jump out are that women had experienced racism in the healthcare system and all of the women talked about the impact the residential schools have had on their heart health in a way that I think highlights the fact that a lot of First Nations people don't view the heart as just a physical part of our body, [but] that it is really connected to our spirit. One of the comments that really stuck out for me is the fact that First Nations people have broken hearts. Part of that comes from the disruption we've had from our family systems. Our families have been broken up literally because of the residential schools. But then a lot of the women talked about the fact that they didn't have relationships with their parents at all and so they

were very wounded by that experience and it still has an impact on them. Elements of spirit and relationships and family have an impact on our health.

Lisa – Family is medicine. It was a theme we heard a lot of where women spoke of their relationships with their grandchildren and their children and people in their lives. To the extent that they were healthy, it was in relation to the relationships they had in their lives. If you were seeing your grandchildren, if your family was visiting you in the hospital when you were having surgery, all of those things were part of healing. Not having those things would mean that your heart, your health and your spirit wouldn't be well. So people played a key role in health and in healing.

Annette – The thing that struck me the most, and remember I am a health professional, I've been out there for decades working with people, working with people around their health and how do we do that [but] when it comes to cardiovascular health, I know the first thing that comes up is how do we educate people to be better to look after their hearts. And in particular, when you look at a population that has been identified when there is an increased burden of illness or disparity, meaning they have higher rates of being younger when they first get sick, they have worse health outcomes because they have more comorbidities. Of course where people will start to go with their thinking is “so what are they not doing and how come this is happening for them?” And very quickly we will talk about things like eating properly, not smoking, not drinking, exercising more. What I was struck with with these women, who by the way are women who've either had a heart condition or have cared for somebody who has had a heart condition, they know this stuff. There is nothing further that needs to be educated when you come from that biomedical place. I remember when I was thinking and I thought if all that you are going to be interested in is how they understand Western medicine would have to offer them, you would hear about 25% of what these women put into their videos and the thought they put into their stories.

Lorena – I had a conversation with one of the Elders about the teachings around heart health. They didn't talk about exercising or eating properly. They talked about the fact of how our whole healthcare system was embodied in our way of life. It's being on the land, it's eating the traditional foods, it's going out to hunt so we're being physically active, and then when we come home we are with our families, we are with the people we love. The physical part, the activity that we engaged in, with hunting, trapping and fishing, that allowed us the exercise we needed.

Annette – When I think about the women and the things that they told us, sure they had physicians, yes they thought about walking daily or doing yoga, they thought about the food they'd eat, but they also thought

about places in their lives where relationships had been disrupted and what did they need to do to mend or fix that.

Lorena – I think this project allowed the women to talk about these experiences in a way that they couldn't to; for example, a physician when they are getting treatment or when they talk to a doctor about their ailments, their physical ailments.

Annette – In particular, because they don't feel like they are seen as somebody who has knowledge or any type of insights. I remember some of them saying, "I go and I get given these pills but they don't even tell me why I take these pills. It is like they don't see me as a human being". And how they wish they were seen as a person, and again it is about relationship. So it's not that they don't want Western medicine, it's just that they want to be informed about it. But then they want to make the choices about how best to look after their heart.

Lorena – There has to be a different conversation about what affects heart health of First Nations today and I think this project allowed the women to do that.

Lisa – We've taken the videos and shown them to medical and nursing students and what we find is that it helps if we show the videos in a context of the students first having some exposure to teachings about residential schools and about cultural safety in health care. Then the most important part is to see the videos and then to have peers of the students having discussion about the videos. Then we find that people are hearing the kinds of things that we want them to think about. To think about their patients, their Indigenous patients, as individual people and that different things are of concern to their patients than they would have thought of. For them, to be able to place themselves that they have a culture and that their patient's culture may be different but that they are open to listen to it. We felt that that combination of having a bit of a context, plus the videos, plus the peer support discussion, we sort of thought that their minds were being more open to hearing things that maybe they hadn't know before.

Annette – So by doing that, having the context and setting the peer support afterwards where there is dialogue, I think it opens space for them to really begin to think about how they would integrate what they've seen. You know, not just watch these [videos] and either essentialize First Nations people or just feel sorry for them or something. Because I know with the nursing students, I remember one of the groups actually said, "well we were really surprised, we thought they were going to like talk about their doctor's visit and being in the hospital and stuff". That is not what these women are talking about. That is about locating this

whole notion of First Nations women's expressions still situated like it's going to happen within a biomedical setting and that is not what these videos are about.

Lorena – What the videos challenge medical students to think about is what kind of life history do the patients have. For example, trauma might not just be physical trauma but it could be historical trauma that's affecting the whole family unit or a whole people because they've experienced oppression. So I think it starts pushing us to ask different questions about what's affecting a person's health.

Annette - You are right, we are stepping beyond just looking after the physical body. Historical trauma from residential school but also other colonial practices that we've had going on like the subjugation of traditional knowledge. Because I think when we start to speak about it and we take steps to acknowledge it, those are some really good initial steps of reconciliation. Sometimes I think for health professionals, there can be the sense of they feel bad about what's happened and how do they begin to do anything and there can be shame there as well. Instead of that it's not like you need to take and make everything be better. It is about being humble and starting the conversation and realizing that people in health care and the structures in our world are in positions of power. We are the people who also need to begin to open those doors.

Lorena – Hopefully that medical students or people that work in the area of heart health will start looking at the questions they are asking their patients, that they start to ask the questions differently and that they start spending more time with the people they are treating.

For more information on the *mite achimowin* study and the people behind it, or to hear more podcasts in this series, go to the "[Voices from the Field](#)" resource. It is located on the website of the National Collaborating Centre for Aboriginal Health, nccah.ca.

CREDITS

Music in this podcast provided by [Blue Dot Sessions](#)

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