Wîcohkamew (“S/he Helps Someone”): A Qualitative Description of Experiences with a Community-derived Elders Mentoring Program for Indigenous Parents-to-be

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What Is the Purpose of this Study?

• To understand the collective experiences of those involved in a community-derived Elders Mentoring Program for expecting Indigenous parents.
• To tell stories of strength, resilience, positivity, and opportunity for our next generations through research, rather than deficit-focused stories that dominate Indigenous health research.

What Is the Problem?

• High-risk pregnancies and adverse pregnancy outcomes disproportionately burden Indigenous populations compared to the general population.
• Historical trauma from colonial policies of cultural genocide and domination are root causes of health inequities between Indigenous and non-Indigenous populations.
• There is a lack of community-derived and culturally appropriate prenatal care approaches that incorporate traditional Indigenous pregnancy knowledge and healing practices.

What Are the Findings?

• An Elders Mentoring Program that is community-derived, context-specific, and culturally appropriate within the perinatal clinical environment offers enhanced support networks and improved cultural security for Indigenous women and families.
• The Program also offers meaningful cultural awareness among perinatal healthcare staff and a sense of intergenerational fulfillment and enjoyment among those involved.
• Genuine collaboration and relationship building are crucial to the success of community-derived strategies to improve perinatal health.

Who Should Care Most?

• Non-Indigenous students, researchers and academics, health care providers and staff, and policymakers.

Recommendations for Action

• Community-based participatory research partnerships that are derived from community members and parallel needs of the community are needed to diminish existing health disparities between Indigenous and non-Indigenous populations.
• By working together equitably and developing trusting and respectful relationships, community strengths and knowledge can be identified and built upon.

• Systems and clinics need to allow for more innovation and responsiveness in care approaches so that care is context-specific.