

# Community Health Indicators for use by First Nations Health Organizations: Development of Measures

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Table 1

DOMAIN: Healthy Lifestyles	INDICATOR CATEGORIES	CATEGORY AREAS	# INDICATORS IN CATEGORY	SAMPLE COMMUNITY-PROPOSED INDICATOR
Self Care	Participation	<ul style="list-style-type: none"> <li>healthy eating</li> <li>healthy socializing</li> <li>healthy self-image</li> <li>medical treatment</li> <li>healthy home</li> <li>hygiene</li> </ul>	8	#6 – keeping regular bedtime hours
		<ul style="list-style-type: none"> <li>social activities</li> <li>physical activities</li> <li>Elders and youth</li> </ul>	7	#15 – number of Elder/youth activities
		<ul style="list-style-type: none"> <li>programming promotion</li> <li>environmental conditions</li> <li>affordability</li> <li>early engagement</li> </ul>	16	#17 – number of programs cancelled

Figure 1

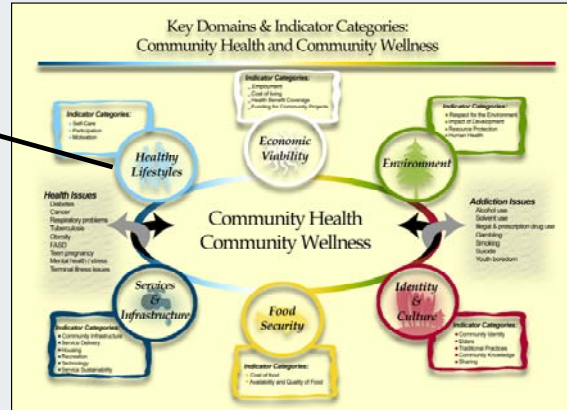


Table 2

INDICATOR CATEGORY	CATEGORY AREA	IDENTIFIED ISSUES	COMMUNITY PROPOSED INDICATOR	RELATED EXISTING INDICATORS AND CURRENT STATS	DATA SOURCE AND MAP
Self Care	Healthy Home	Providing a good environment for children to grow up in	#6 – keeping regular bedtime hours	None available	Local survey required
			#7 – limiting TV/video game use	Average # of hours children watch TV and/or play video games per day	<a href="http://statscan.ca">http://statscan.ca</a> >> community profiles >> 2001 Aboriginal Peoples Survey community profiles >> then select: province/community/children >> Education and Social Activities
		Choosing to eat a balanced diet including fresh fruit and vegetables and traditional foods such as caribou, moose, elk, fish and berries	None proposed	None available	Local survey required; for examples, see First Nations and Inuit Regional Longitudinal Health Survey: ques. 59/61 (adults), ques. 29/31 (adolescents), ques. 50/52 (children) at <a href="http://www.naho.ca/firstnations/english/pdf">www.naho.ca/firstnations/english/pdf</a>

## Abstract

This poster presentation will discuss a current research project being conducted with First Nations and Aboriginal communities in northern Saskatchewan, Canada to develop evaluation tools for use in their health organizations. Current community health indicators and program evaluative frameworks, derived from the population health and health promotion fields, need to be adapted to enhance the goodness-of-fit with the Aboriginal world view (O'Neil, Reading, & Leader, 1998). Defining and tracking changes in community health status is seen as an area that should be controlled by First Nations health organizations (Tookenay, 1996) and some argue that a component of this control is ownership of the definition and collection of health information (O'Neil, Reading, & Leader, 1998). The primary purposes of the research are 1) to develop culturally competent and relevant indicators to assess changes in community health and community capacity, and 2) to develop an evaluation framework that can be used to assess the community health impacts of health and other community-based human services. This presentation focuses on findings from the research where we completed an initial evaluative framework, consisting of community health domains and indicators relevant to Aboriginal-controlled health organizations. These findings are based on extensive interviews with community-based health directors where they offer their views on important indicators of monitoring progress on community health and capacity.

**Methods:** The study involved community-based health directors from six First Nation communities and representatives from three provincial communities in northern Saskatchewan. A collaborative and community based approach was taken in the design of the study, data collection, and interpretation of results. Draft community health frameworks and indicators were developed through a comprehensive literature review. Logic models describing each health program in each of the six First Nations communities were also developed to identify a baseline of potential indicators for the new community health framework. Interviews and focus groups were held with community collaborators to revise and refine a final framework and set of indicators. The resulting tool kit was then piloted in one community. Pilot activities included determining the source and extent of existing community level data and identifying gaps in data that would require local initiatives to fill.

**Results:** Existing measures and indicators of community health do not necessarily address local priorities for measuring progress on health improvement in First Nations and Aboriginal communities in northern areas. This project developed a new framework for community health and wellness that includes new domains and indicators relevant to our community partners (Figure 1). Each domain is described (Box 1). It is beyond the scope of this presentation to show a detailed description of indicators for each domain, or even of all the indicators in a single domain. This poster offers some of the indicator details for the healthy lifestyles domain (Table 1), as an example of the detail available in the tool kit. Three levels of indicator information availability are presented (Table 2), where: 1) existing indicators and data sources for community level information could be identified; 2) existing indicators were identified, however, no community level data could be found (neither from local program information nor regional and national surveys); and 3) indicators still need to be developed.

**Conclusions:** The framework and indicators are presented in a tool kit format intended to be of practical and immediate use at the community level. Health directors, who have been involved in all aspects of the research process, see the value of the new framework and indicators for planning, tracking, evaluating, and improving the delivery of community-based health services appropriate to their local First Nations and Aboriginal program and service priorities and needs. They also appreciated the depictions of their existing community health programs in the form of logic models. A second phase of this study, which will focus on a more detailed exploration of two community health domains and the development of associated indicators of particular significance to community collaborators, is planned.

## References

- O'Neil, J.D., Reading, J.R., & Leader, A. (1998). Changing the relations of surveillance: The development of a discourse of resistance in Aboriginal epidemiology. *Human Organizations*, 57(2), 230-237.
- Tookenay, V.F. (1996). Improving the health status of Aboriginal people in Canada: New directions, new responsibilities. *Canadian Medical Association Journal*, 155(17), 1581-1583.

## Box 1 Domain Descriptions

- Economic Viability:** A state of community self-sufficiency, where there are businesses and economic partnerships to promote a local economy; jobs available to sustain personal and family needs; food, housing and medical services that are affordable; and a sense of optimism when community members consider future developments.
- Environment:** Based on a respect for and commitment to the environment, this domain refers to the knowledge and resources necessary to manage the impact of development, both within and outside the community, and to ensure the environment is protected for future generations.
- Identity & Culture:** An ability to convey community history, cultural and traditional practices and language, along with the nurturing of a holistic approach to life and intergenerational relationships; activities that promote community culture and identity are acknowledged as key to developing positive self-esteem and positive self-image for community members.
- Food Security:** Food security is defined as the ability to identify and access nutritious food that will contribute to a healthy lifestyle. Food security takes into account the cost of food, access to nutritious food, use of traditional foods, and the relationship of food to one's health.
- Services & Infrastructure:** Defined as the availability and access to services and related infrastructure; respectfully delivered health and human services; adequate and affordable housing, recreation facilities and programming; and specialized services designed to meet the needs of Elders and youth.
- Healthy Lifestyle:** Healthy lifestyles relate to positive personal life choices that include proper diet and physical activity and that build respectful healthy relationships with family and community. It involves making life choices that contribute to and foster the development of positive self-esteem within the individual.