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

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**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 evaluation 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 review 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 the indicators in a single domain. This poster offers some of the 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 formal 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 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 collaborations, is planned.

**References**
