

DEVELOPING EVALUATION TOOLS FOR USE BY FIRST NATIONS HEALTH ORGANIZATIONS

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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 first phase of the research where we completed an analysis of existing literature and identified gaps in community health and capacity indicators relevant to Aboriginal-controlled health organizations. We also present findings from interviews with community-based health directors where they offer their views on important indicators of monitoring progress on community health and capacity.

METHODS

The four-stage project involves primary data collection in stages one and two via interviews with community-based health directors, and focus groups with managers of community-based human services. Our objective in these first two stages is to determine their understandings of the meanings of community health and community capacity and the ways in which progress in these two areas can be tracked or monitored in their communities. The outcomes of these stages include the development of an evaluative framework that identifies core domains of both community health and capacity, and suggestions for specific indicators that are believed to be appropriate and relevant for tracking change in these areas. In stage three we will be implementing the framework in two communities over a six-month period, and in stage four will be following up with a process evaluation of the experiences of health staff and managers in using the framework. This presentation focuses on results specific to the development of the initial draft of an evaluative framework that identifies core domains of community health, wellness, and capacity. Research on the identification of specific indicators to track progress in these domains is ongoing.

PURPOSE OF THE PROJECT

The primary purposes of this research are:

1. To develop culturally sensitive 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 services.

To achieve these objectives, the following questions will be answered.

a) What are the elements of community health and community capacity that are important to community members, and how do these members understand the relationships between these two concepts?

b) How do community members understand the contribution of health and human services to community health and community capacity?

These questions, aligned with existing theories and models of community health (determinants) and community capacity, will lead to development of an evaluative framework of how health and human services contribute to community health and community capacity. This leads to the final two research questions:

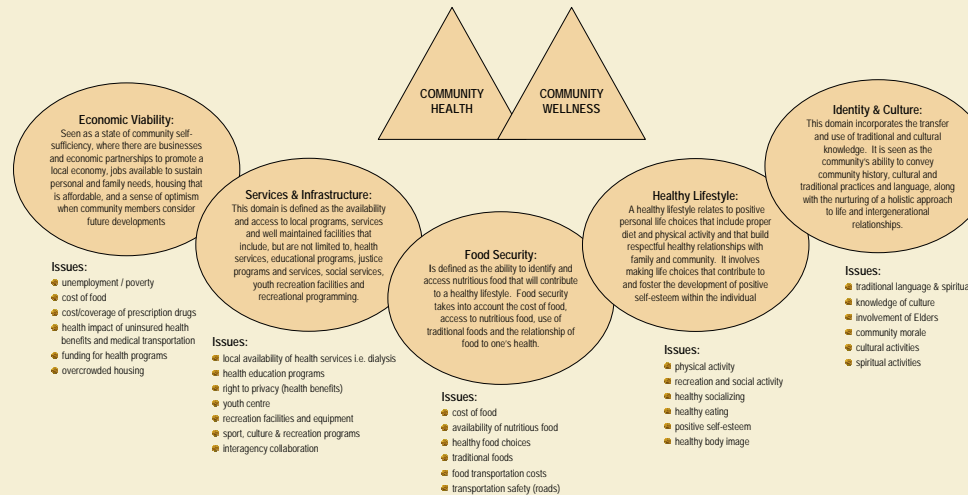
c) What are the indicators that would allow health and human services in communities to monitor changes in community health and community capacity?

d) What are the logic models that would allow health and human services in communities to evaluate their contribution to changes in community health and capacity?

Findings from Phase 1... Development of an Initial Evaluative Framework



- Health managers provide a clear distinction between their understandings of community 'health' and community 'wellness' and distinguish quite specific and separate domains for community health and community capacity.
- Along with a number of existing community capacity domains identified as being particularly important, several new domains specific to First Nation communities have emerged (see inset, right). These recognize the importance of community history and values, the role that youth play in the community, and a holistic approach to organizational structures within the community.
- Health is located at the level of the individual, with community health represented as an aggregate of these individual experiences.
- Community wellness is based on a collective view of the community with a number of important components:
 - healthy lifestyle, which is seen as an important component of promoting community wellness
 - holistic notions of cultural identity, meeting community needs, working together to take responsibility for the community, and increasing community involvement
- Key factors identified as most affecting community health and wellness, along with accompanying issues, are illustrated below.



Health Challenges:

- diabetes and complications
- cancer
- respiratory problems
- tuberculosis
- teen pregnancy
- mental health
- coping with terminal illness



Addictions:

- alcohol use
- solvent use
- illegal and prescription drug use
- gambling
- suicide
- boredom

COMMUNITY CAPACITY DOMAINS

- Understanding Community History:** Is connected to the ability to provide a link between multiple generations for the transfer of knowledge from one generation to the next.
- Community values:** Community values incorporate traditional values and customs and the promotion of respectful relationships with all things. This includes respect for other people, the land, community property and respect for cultural and traditional practices.
- Sense of community:** A sense of community incorporates the responsibility to provide a sense of belonging for all community members and visitors, to provide a sense of hope and purpose for community members and to be secure in the knowledge that a person 'belongs' somewhere and that they are a part of something.
- Education and training:** The recognition and valuing of education gained through both informal (life experience) and formal education is viewed as a specific domain of community capacity.
- Honouring Youth:** The involvement of youth in community life was identified as a critical domain of building community capacity. Youth are important to the future of their communities; they signify 'hope' within the community.
- Leadership:** It is the responsibility of leaders to create an environment that is supportive of community members, to provide positive role models, and foster accountability, communication and partnerships.
- Needs assessment:** The community's ability to identify the strengths and needs of their community and its members is another component of community capacity. Needs assessment also includes 'the plan of action' that is created once community needs are recognized.
- Holistic organization:** The organizational model that was identified and utilized by most communities involves a holistic approach. The interagency and family/ clan models highlight communication, accountability, sharing of knowledge and resources as key to developing and sustaining community capacity.
- Resource mobilization:** The ability to identify and utilize all resources available to a community was identified as the final community capacity domain.

Next Steps in the project...

This initial evaluative framework will now be presented to focus groups in each community to seek their feedback on the domains and issues identified by health directors. The focus groups will be comprised of managers of community-based human services in each location and other community leaders identified by health directors. The initial framework will be revised and expanded to include specific indicators that address each domain and related issues that were identified. This revised framework will be presented back to the health directors for their final validation to prepare for the next step of implementing the framework on a pilot basis in some of the communities.

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(11), 1581-1583.