DEVELOPMENT OF MEASURES OF COMMUNITY HEALTH AND CAPACITY FOR USE BY FIRST NATIONS HEALTH ORGANIZATIONS

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ABSTRACT

This poster presentation outlines a research project being conducted with the Prince Albert Grand Council (PAGC) and the Athabasca Health Authority (AHA) in northern Saskatchewan to develop tools for use in their health organizations. The primary purposes of the research are 1) to develop culturally appropriate 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 multi-phased project is being conducted in collaboration with PAGC, AHA, six First Nations communities and three northern provincial communities. We summarize the research to date that addresses culturally appropriate health indicators and the meanings and indicators of community capacity. We outline our use of logic models in the methodology of the research strategy for this project as well as for the collaborative research process that is developing. On this latter point, we highlight several challenges and strengths of the approach we are using to develop community-university research partnerships and to produce research findings that are useful for First Nations health managers.

PHASE 1 FINDINGS

Themes from the literature …

Community Health Indicators

- Based on population health indicators that draw attention to the health determinants that affect people as a community rather than as individuals
- These indicators need to be available at the local community level where people live and interact with services
- Community-level indicators should be designed, developed and tested by community members
- Community-level indicators may need to be context specific (Hancock, Labonte & Edwards, 2000)
- Numerous templates exist but few address cross-cultural issues in developing indicators of community health
- The Medicine Wheel is often cited as a general framework (Leech, Lickers, & Haas, 2002)

Community Capacity Indicators

- Importance of 'lay' knowledge in creation of indicators
- Need to consider the level at which capacity is being developed and how to measure this in context (Hawe et al., 1997)
- Some authors have identified domains or elements of community capacity which can be used as guides for indicator development
- One example of community capacity domains (Laverack,1999):
  - participation
  - leadership
  - organizational structures
  - problem assessment
  - resource mobilization
  - 'asking why'
  - links with others
  - role of outside agents
  - program management

Gaps in the literature …

- Very few examples of community-level health indicators have been developed for use by First Nations health organizations and managers
- No examples of research on or use of community-level capacity indicators by First Nations Health organizations in the literature
- Limited reference to the importance of context specific indicators for use by First Nations Health organizations

First Nation's Health Development Project: Tools for Program Planning and Evaluation

Phase 1

Goals
- Identify the themes and gaps in the literature related to community health and capacity indicators
- Identify the health and human service programs being delivered in each of the research communities and develop preliminary program logic models
- Complete first iteration of a culturally appropriate evaluative framework

Methods
- Conduct key informant interviews
- Conduct literature review
- Analysis of literature review and data from interviews

Phase I Deliverables:
- *Synthesis report of the literature review*
- *Completion of initial evaluative framework*

Phase 4

Goals
- Pilot test training package
- Revise and finalize dissemination and training package
- Prepare and complete community dissemination

Methods
- Implement multimedia training package with managers and practitioners
- Provide ongoing support through implementation phase
- Collect and analyse process data

Phase 4 Deliverables:
- *Summary report on training package feedback*
- *Final dissemination package for use by managers and community practitioners*
- *Community dissemination plan*

Phase 2

Goals
- Revise logic models and evaluative framework accordingly
- Identify the range of culturally sensitive approaches to measurement of community health and capacity
- Prepare summary report of findings from interviews and focus groups

Methods
- Key informant interviews
- Focus groups in communities and with Health Committees
- Analysis of primary data

Phase 2 Deliverables:
- *Final report on evaluative framework and indicators*

Phase 3

Goals
- Develop multimedia dissemination package to train staff in collection of proposed indicators
- Incorporate appropriate and effective methods of knowledge sharing

Methods
- Review dissemination and training package with research team
- Work with team members from Indian Communication Arts (SIFC) to design package

Phase 3 Deliverables:
- *Completion of initial multimedia training package*

PROCESS HIGHLIGHTS

Logic Models as Research Tools

- Logic models are tools for describing the relationship between goals, objectives, activities, indicators and resources needed to deliver a program. They are often presented as diagrams.
- The presence of particular elements in a logic model, together with their links to other elements, are indicative of underlying theories or assumptions on which a program is based.
- We are using logic models in two ways in this project:
  - To provide program descriptions of all health and human services offered in each of the research communities. These program diagrams are being used in the interviews with key informants.
  - To use as a tool to describe the project to community partners and members.

Key Issues in Developing the Project Partnerships

- Using an iterative process where all products are reviewed by the research team members on an ongoing basis
- Providing a clear description of project deliverables that can be used by community-based health managers
- Implementing a process to obtain community consent for approval to enter the First Nations communities – this is a process in addition to individual consent for interviews and focus groups
- Involving health managers and community-based health managers as members of the research team
- Building in flexibility to alter the research process to respond to emergent community issues
- Building in sufficient time at the beginning of a project to develop relationships with community partners

References

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