

First Nations and Métis Health Indicator Initiative

Adaptation Envelope

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SASKATCHEWAN
**HEALTH
QUALITY**
COUNCIL

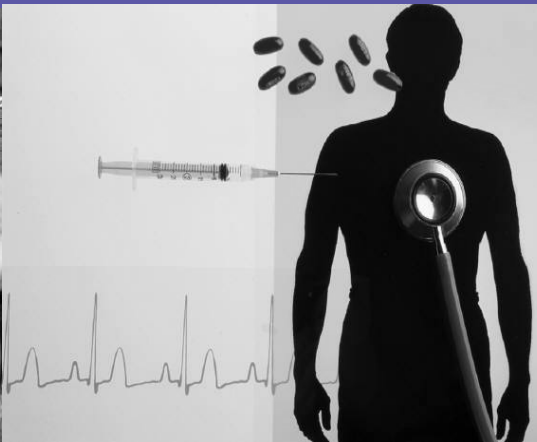


MEASURING AND
REPORTING FOR
LEARNING AND
IMPROVEMENT





*The highest quality of
health care for
everyone, every time*





Drawbacks with available information

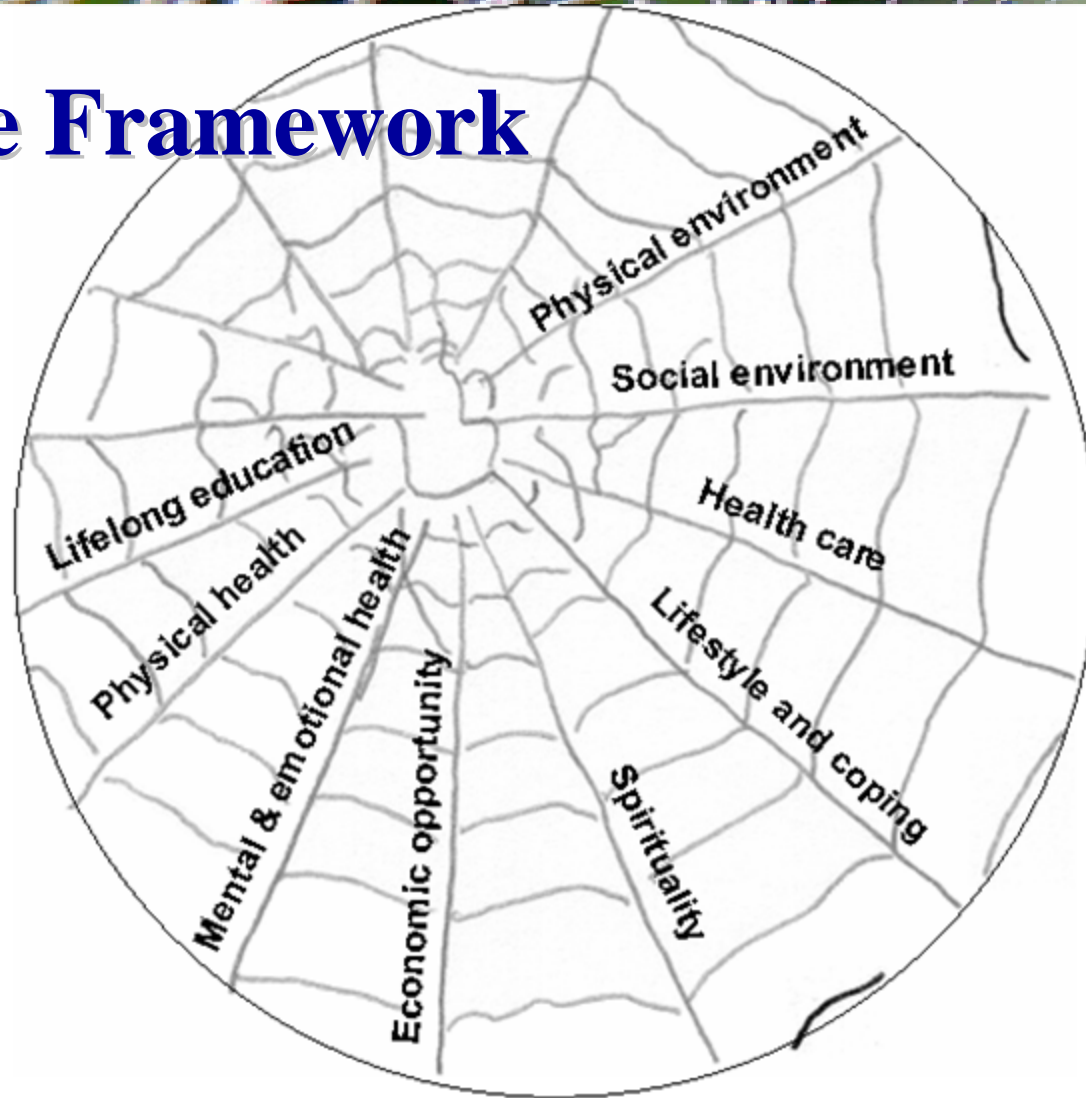
- Currently collected data is driven by accountability requirements
- The quality of existing data is poor
- Data availability is limited by lack of appropriate ethnic identification
- Data quality is affected by jurisdictional issues
- There is a lack of infrastructure at all levels
- Human resources are inadequate
- Little information is returned to the communities
- Tension exists between agencies which collect universal indicators and Indigenous-owned processes
- There is a mistrust of externally imposed processes
- There is a need for culturally appropriate tools
- There is a need for a population health focus
- Community initiated processes that include capacity building are needed

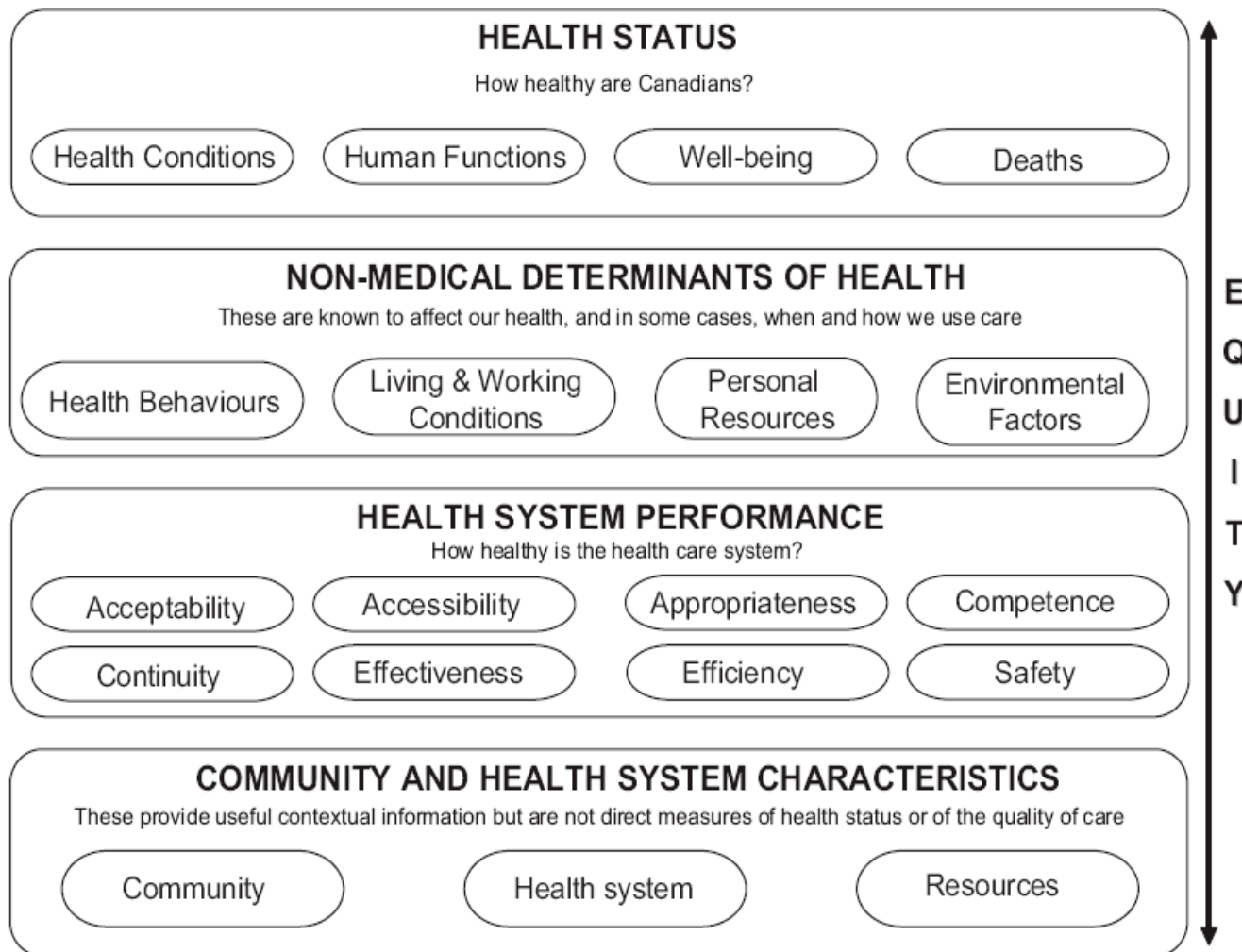
National Data Sets	Provincial Data Sets	Regional Data Sets
<ul style="list-style-type: none">• AFN ('FN Health Reporting Framework')• CIHI ('Comparable Health Indicators')• FNIHB• Health Canada ('Healthy Canadians')• INAC• NAHO ('FN Regional Health Survey')• PHAC• Statistics Canada (Census; APS; CCHS)	<ul style="list-style-type: none">• BC Provincial Government ('Health and Well-being of Aboriginal People in BC')• Manitoba Provincial Government ('• Métis Nation –SK ('Closing the Loop, 2010')	<ul style="list-style-type: none">• Northern SK Health Report (2010)• Northern Health Strategy• NITHA ('Building on a Foundation of Strength, 2004')





One Framework





Another Framework

Table 1: Concept of a First Nations Health Reporting Framework

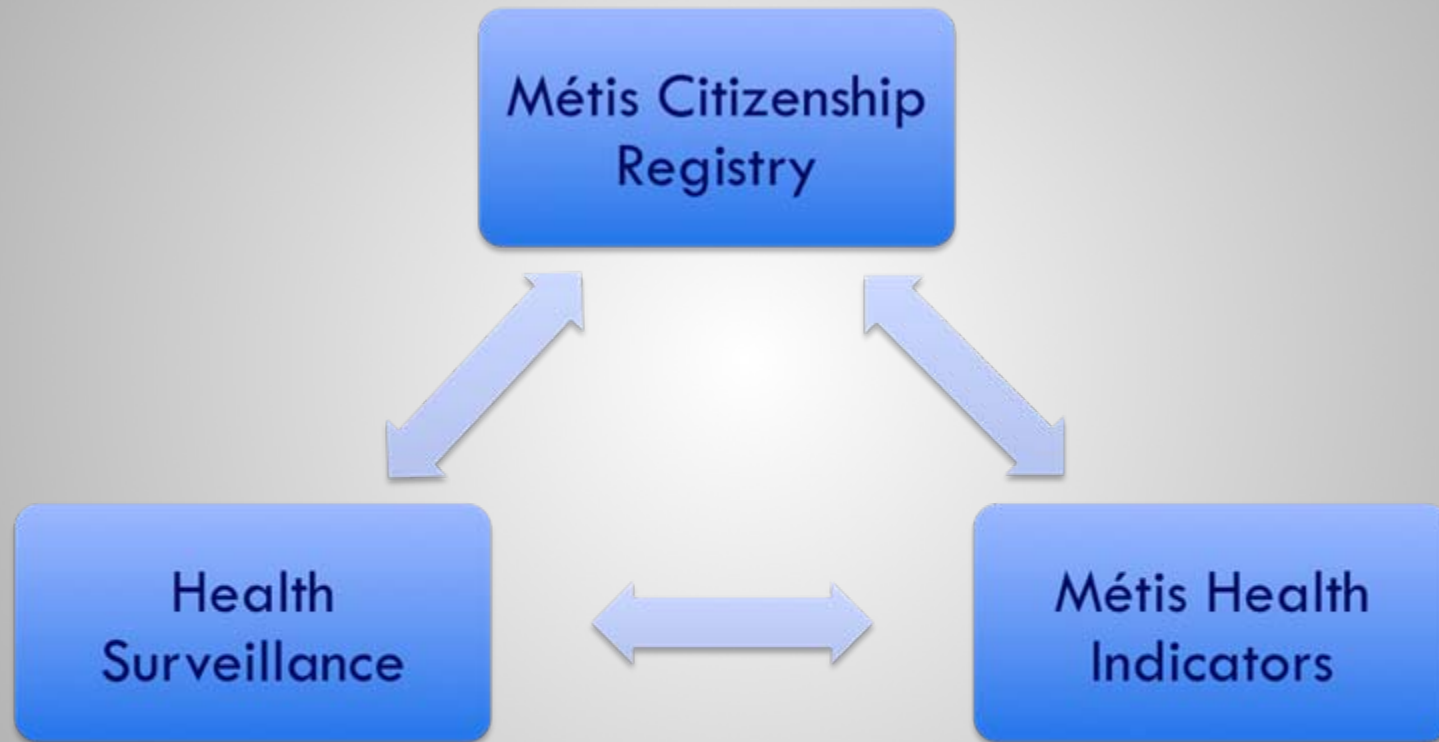
First Nations Health Reporting Framework						
First Nations Determinants of Health						
Environmental Health	Housing Quality		Water Quality		Land Quality	
Community Health	Chronic Diseases -Diabetes -Alcohol & Drug Consumption	Immunization Coverage	Availability of Traditional Health Services	Access to Primary or Mental Health Care	Access to Home Care Services	Satisfaction with Health Services
Individual Health	Life Expectancy -Suicide -Infant Mortality	Income Level	Education Level		Unintentional Injuries	
Social & Cultural Health	Effects of Colonization -Residential Schools	Self-Determination	Community Involvement -Youth -Elders	Language Knowledge & Use	Cultural Practices -Ceremonies, etc.	Traditional Use of Land

One Pathway: Our Partnership with MN-S

⑩ In 2009, the MN-S and HQC agreed to work together because of common priorities – i.e., improving the quality of health of Métis people.

⑩ Working in a collaborative fashion will only enhance the MNS Chronic Disease Surveillance Project and the HQC Indicator Initiative!

MN-S Chronic Disease Monitoring and HQC Indicator Initiative



Conclusion

⑩ Let me just sum up...

⑩ We welcome your comments and questions

⑩ We hope you will contact us if you think that health measurement can help you in the future