



Community Based Participatory Project:
Engaging Individuals/Families in the
Development of Programs to
Enhance Health and Well-being

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Sharing of Wisdom Keepers: Translating the AHTF Experience
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Research Team

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The Research Team also consisted of:

- 23 Community Liaison Workers/Field Interviewers who were citizens of the Métis Nation – Saskatchewan (MN-S), resided within one of the 12 Regions of the MN-S, and collected the data.
- two individuals that did the data entry; and
- citizens of MN-S who participated in the health survey.

Values

Discussed with the Community Liaison Workers during the Orientation Program in March/April, 2009.

The commonly identified values were:

- Respect;
- Trust;
- Transparency; and
- Confidentiality.

Methods - 1

- Community-based Participatory Research (CBPR) and transformative action research integrated with the Needs Assessment Guide for Métis communities were used in the development of this research endeavour
- The instrument used was a survey that was adapted from one that had been developed and implemented by Regina Métis Sport and Culture in 2006-2008.
- The adapted elements of the survey were negotiated between members of Métis Nation – Saskatchewan and academic researchers from First Nations University of Canada and the University of Saskatchewan.

Methods - 2

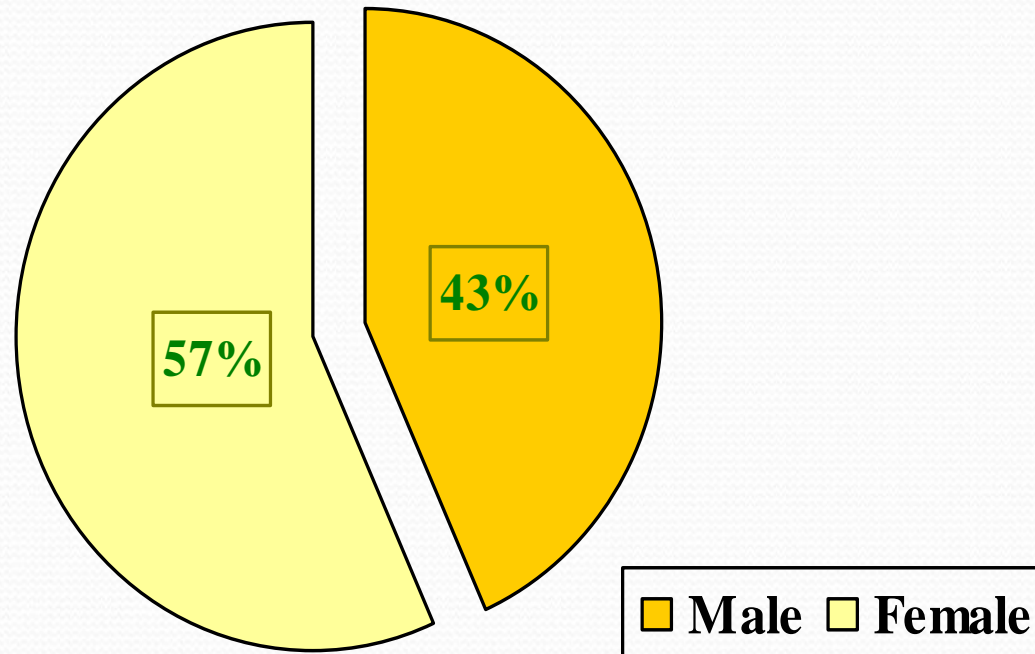
- The survey along with the appropriate documentation was submitted to the Behavioural Research Ethics Board (REB) at the University of Saskatchewan.
- Upon receipt of a Certificate of Approval from the University of Saskatchewan's Behavioural REB, approval was sought through the Northern Saskatchewan Population Health Unit and received from Mamawetan Churchill River Regional Health Authority and Keewatin Yatthé Regional Health Authority.
- Orientation for the Community Liaison Workers about the research project and processes was provided in Regina, Saskatoon (3) and Prince Albert.

Methods - 3

- Purposeful sampling in each of the 12 Regions of the MN-S was undertaken.
- The data was entered into SPSS-X computer software (Version 17) for analysis.
- Double data entry was used to ensure accuracy of the entry, with the entries being crosschecked prior to final cleaning of the data.
- The quantitative data were analyzed using descriptive statistics, comparisons of categorical variables, and ANOVA.
- The qualitative data were analyzed using inductive and content analysis; and, reflections on the analysis were undertaken using participatory approaches.

Demographics

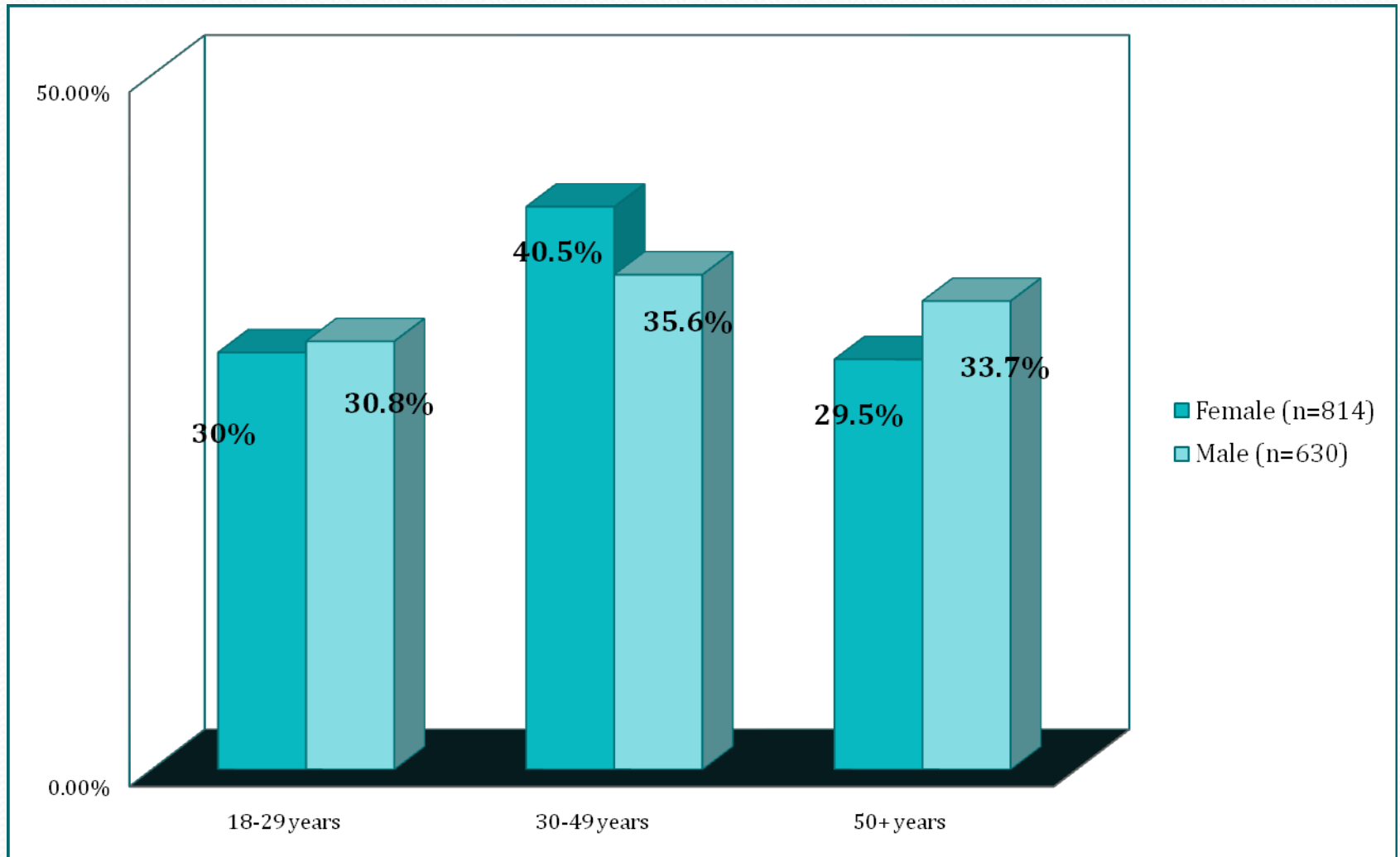
Number of Participants (N) = 1515



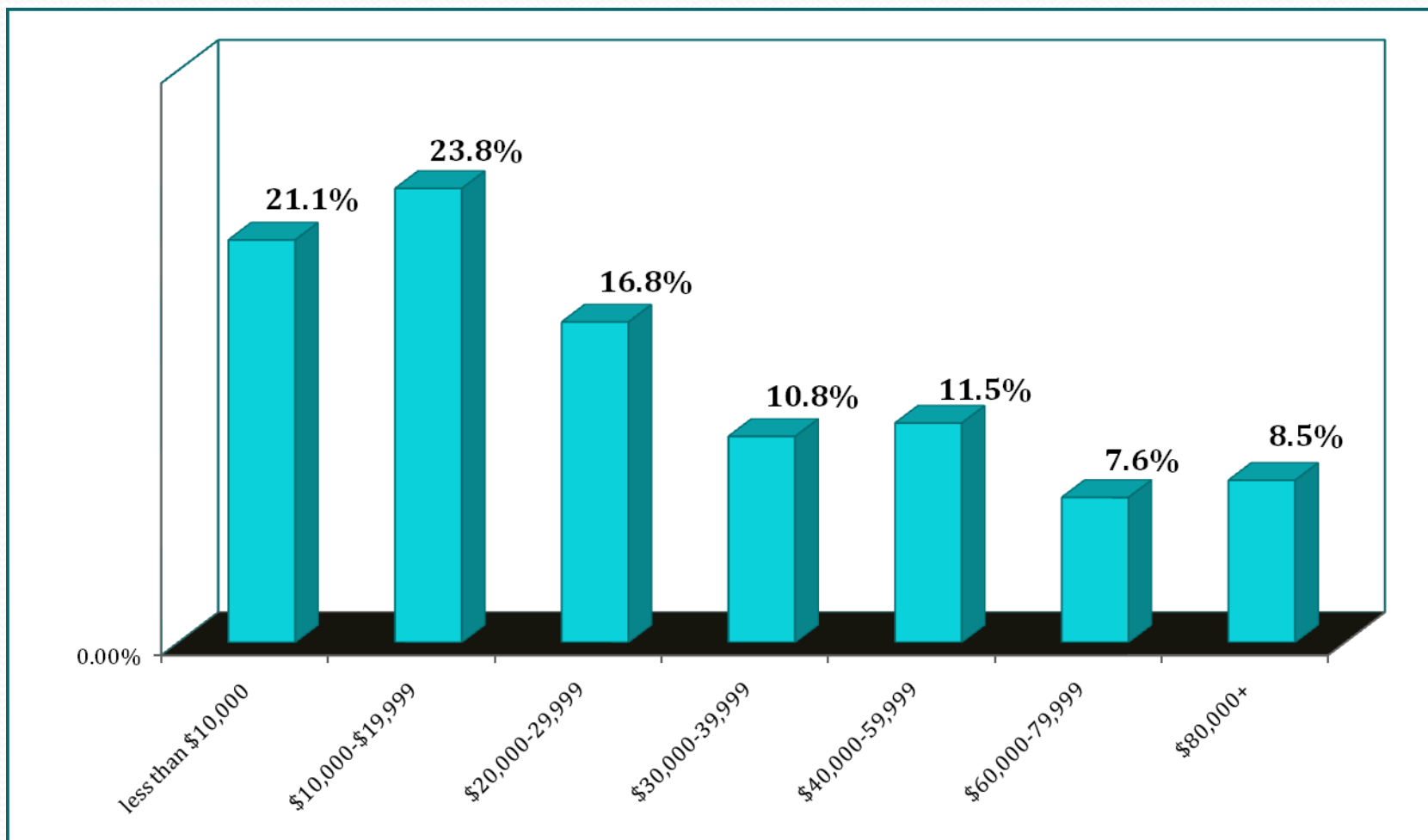
Response Rate = $\frac{\text{Number of Valid Responses}}{\text{Total Number of People Approached}}$ $\frac{1515}{1669} = 91\%$

The ages of the participants ranged from 18-109 yrs with a mean age of 42 years.

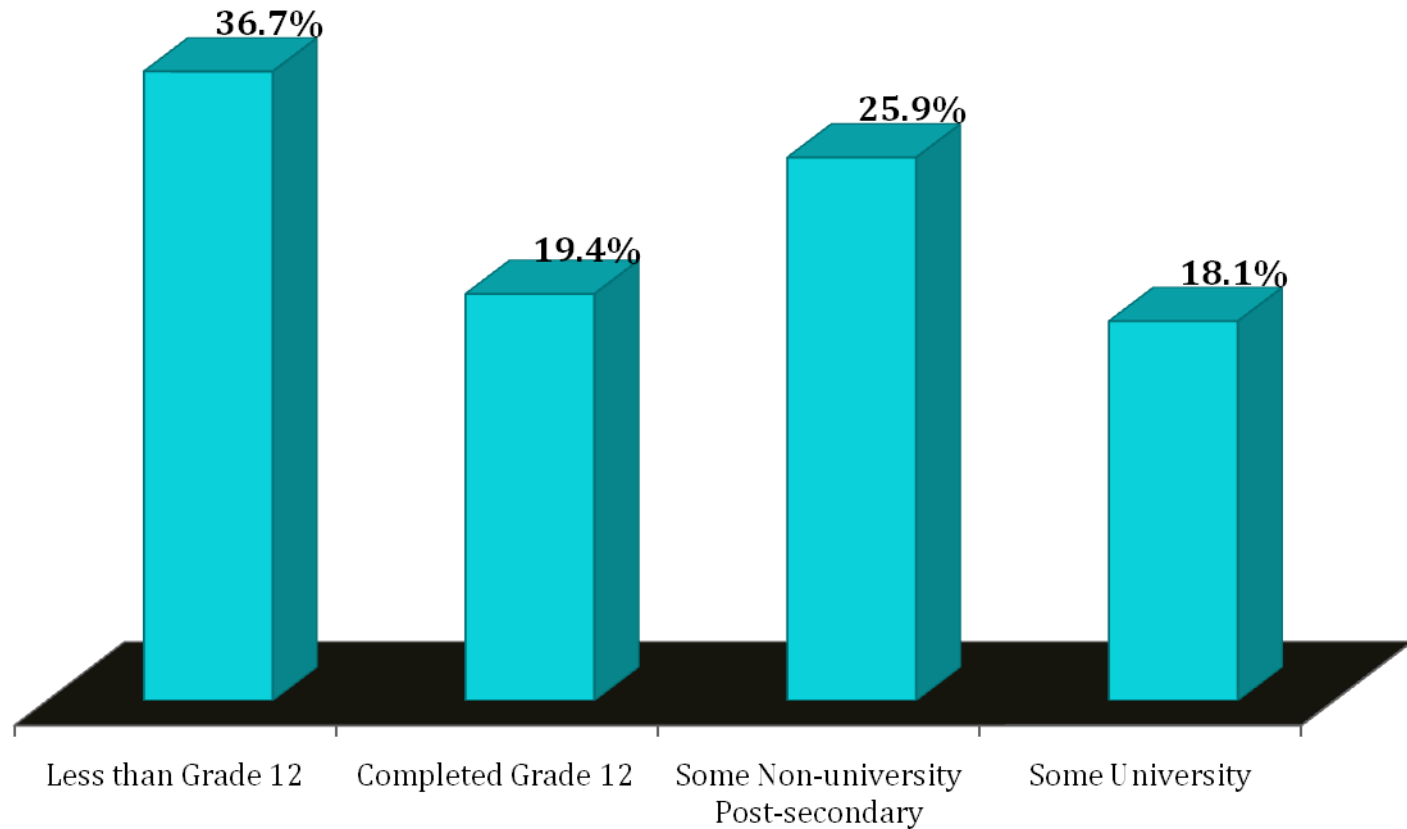
Males and Females by Age Category



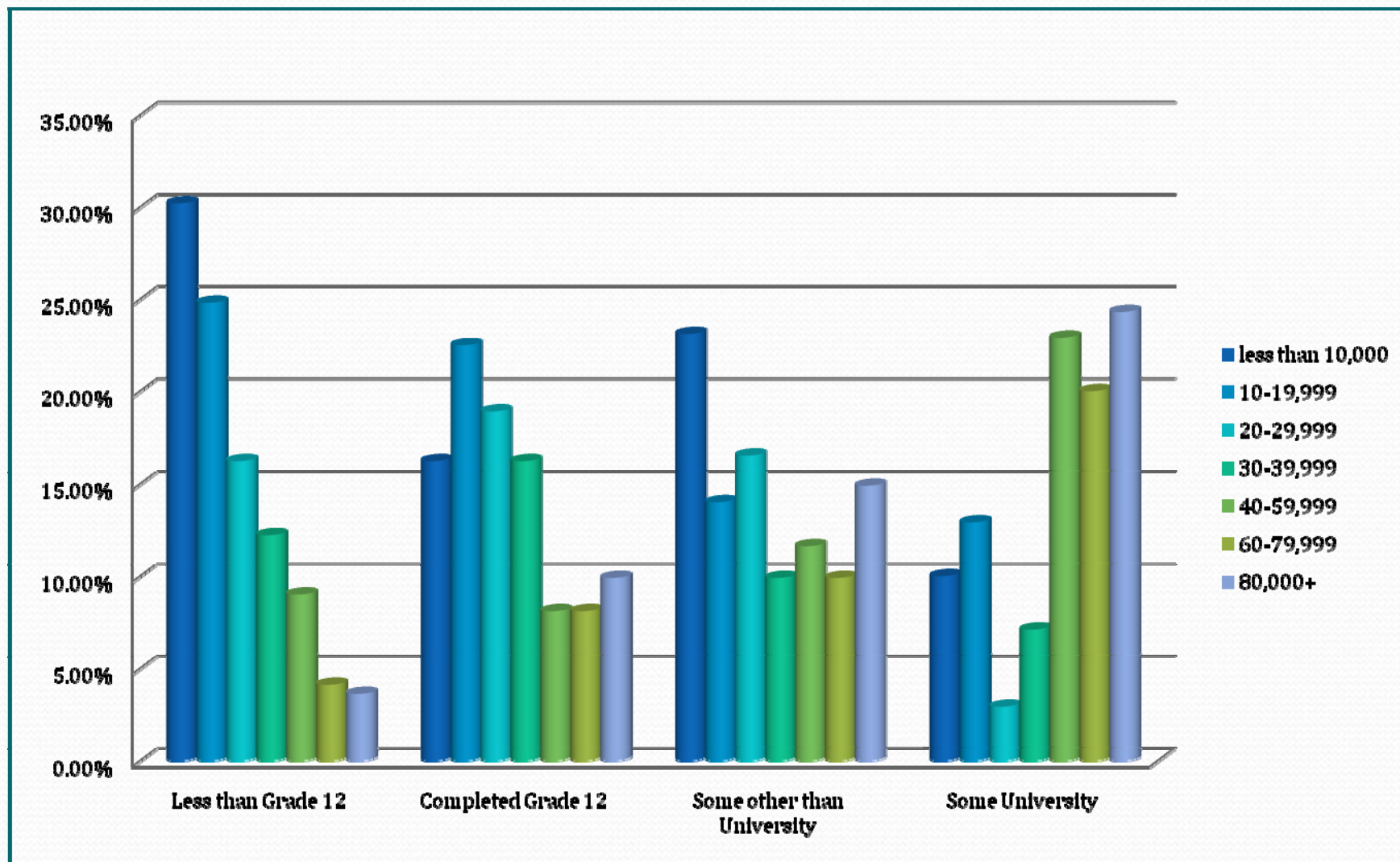
Household Income (n=1205)



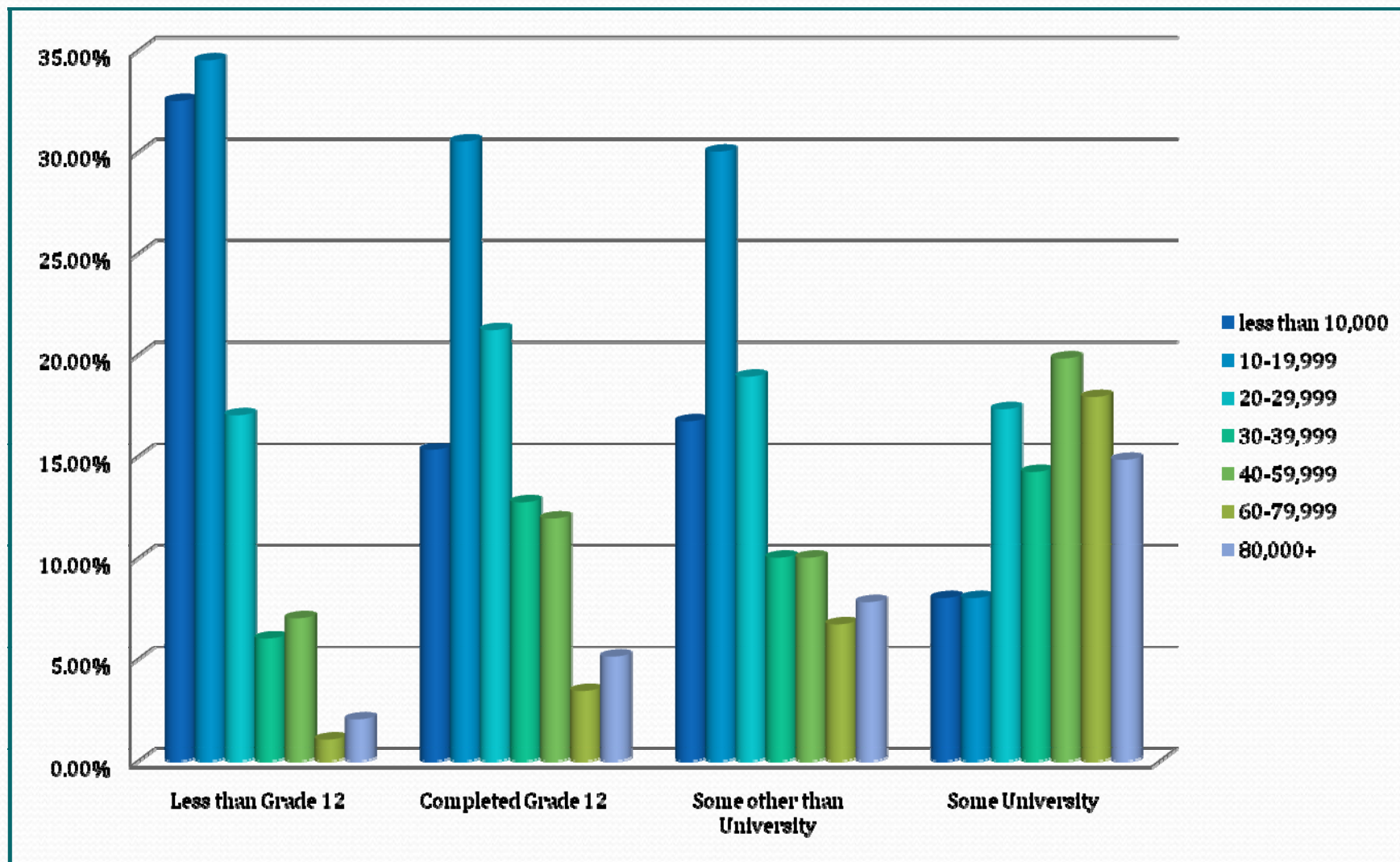
Highest Level of Education Attended



Education and Income – Males (n=524)



Education and Income – Females (n=660)

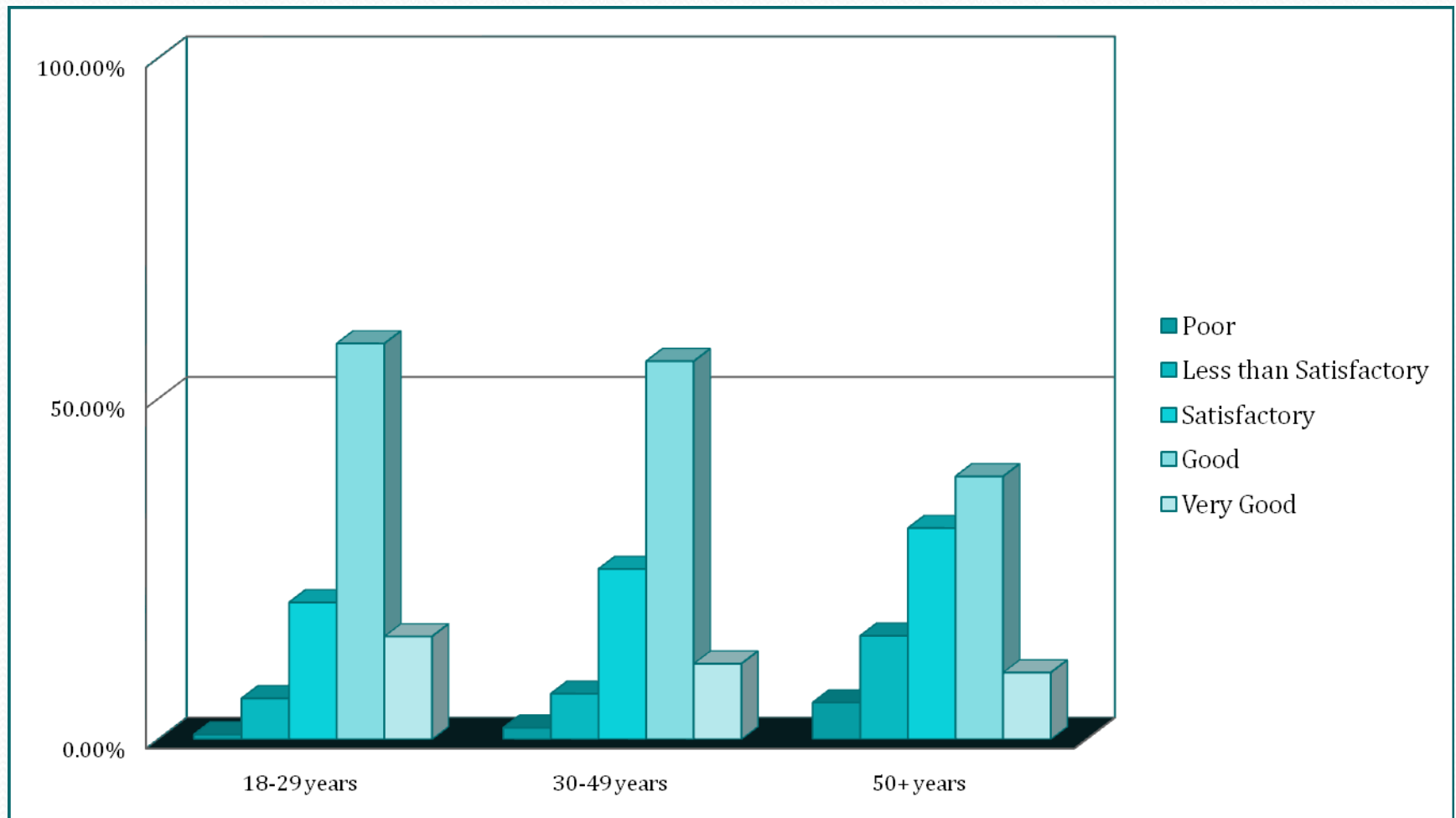


Self-Reported Health Status

- 63% (820/1320) indicated that their own health was good or very good (APS, 58%).
- 85% (887/1046) said that the health of their children was good or very good (APS, 84%).
- 86% (453/525) said that the health of their grandchildren was good or very good.

APS = Aboriginal People's Survey

Age and Self-Reported Health Status



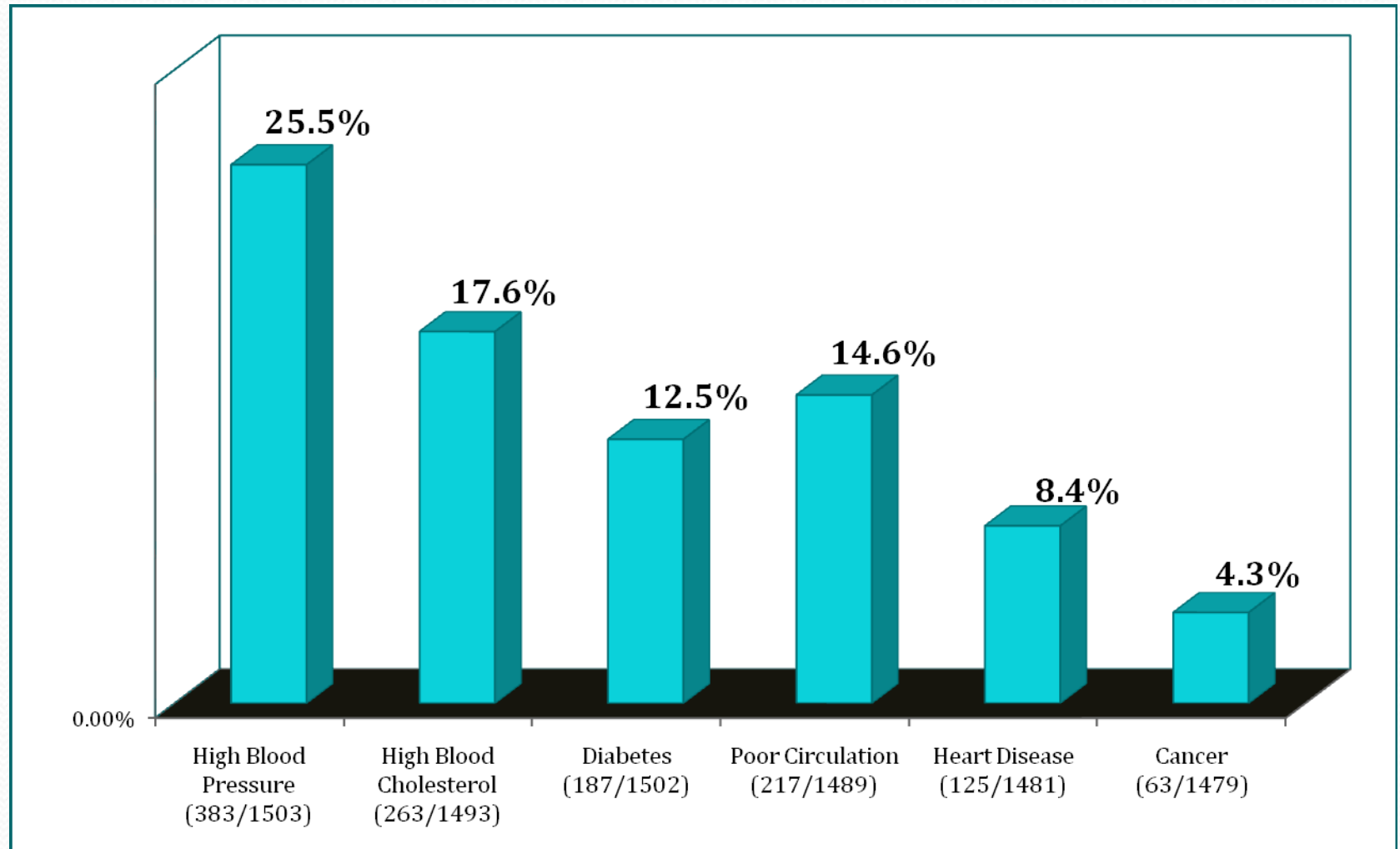
Health Promoting Activities

- Wear seat belts, 92% (1394/1515).
- See friends & families, 79% (1199/1515).
- Eat a healthy diet, 59% (885/1515).
- Exercise or engage in physical activity at least twice a week, 56% (855/1515).
- Smoke-free homes, 55% (725/1326).
- Involved in some form of art, 31% (465/1515).

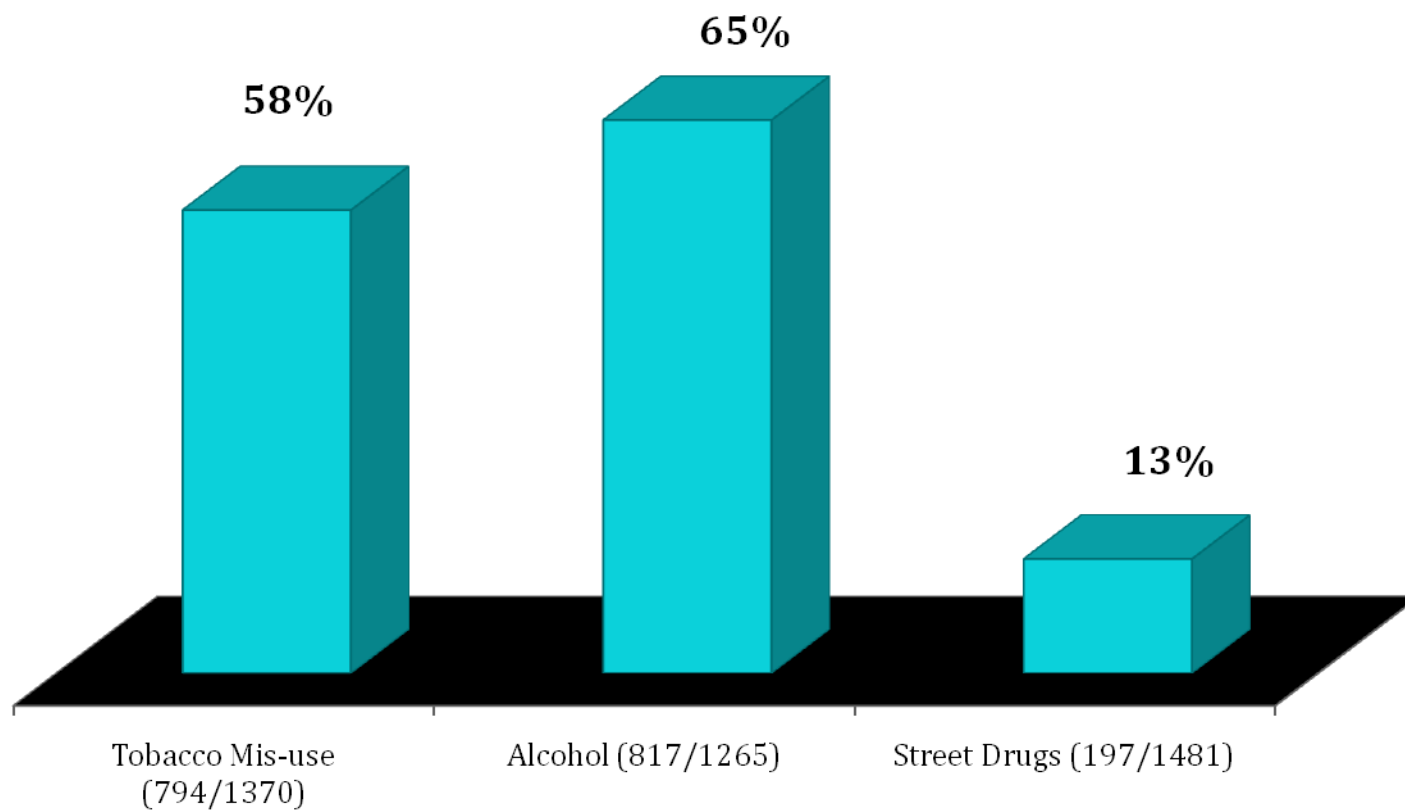
Self Care

- Have a family doctor, 70% (1010/1515).
- See a family doctor – women, 77% (638/831).
- See a family doctor – men, 60% (372/622).
- Have a regular medical checkup, 65% (991/1515).
- Have a regular PAP or Prostate Exam, 49% (735/1515)

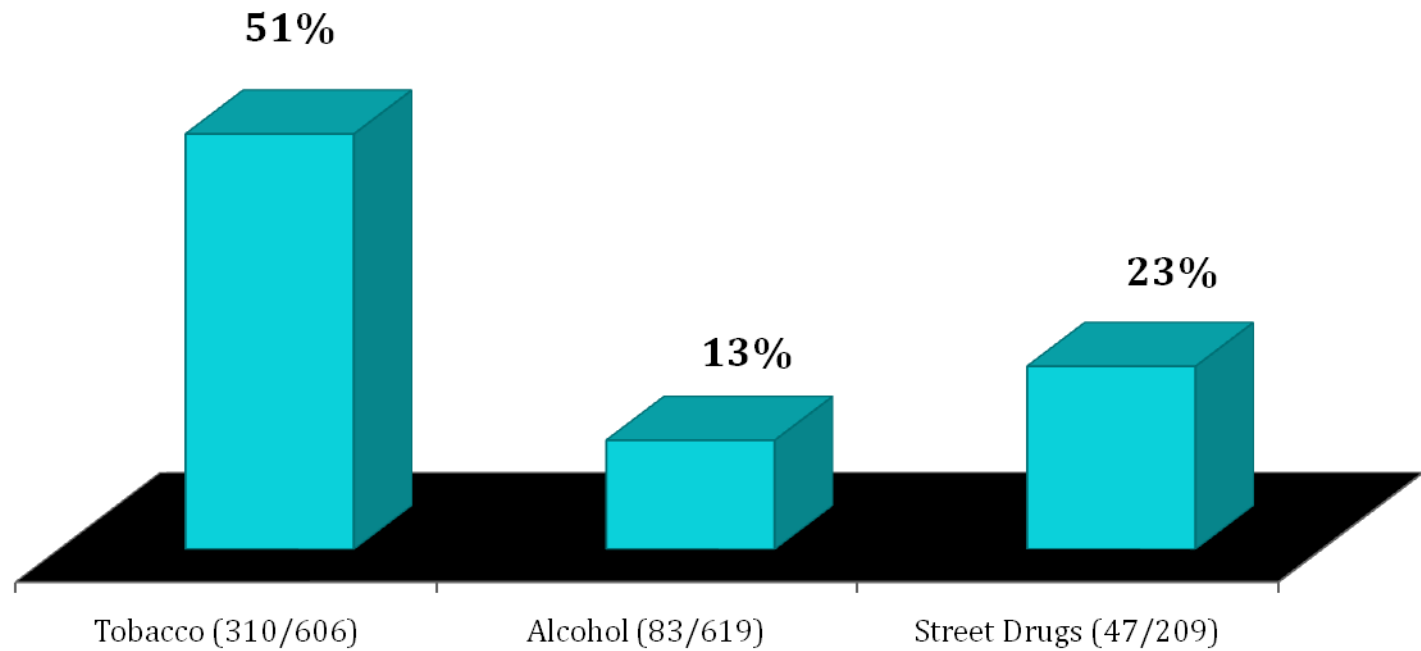
Health Issues



Addictions



Those who want to quit.....



Discussion

- Tobacco mis-use is high – 58% (this survey);
general Canadian population rate - 19%.
- Blood pressure rate – 26% (this survey);
general Canadian population – 21%.
- Diabetes – 12.5% (this survey);
APS – 1991 – 5.5% for Métis.
 - 68.4% - 50 years and older

Health and the Community

- While returning the initial results to the communities across Saskatchewan, it was noted that not only the statistics or quantitative aspects of the project were important but so were the stories collected by the Community Liaison Workers.

What Keeps You Healthy?

For many, a combination of things contributed to good health.

- *"I eat well. I am active. I don't drink or smoke.*
- *I have hobbies.*
- *I have a good relationship at home.*
- *Exercise. Good healthy meals.*
- *Traditional medicine.*
- *Prayer. Native spirituality."*

Things in the community that keep you healthy?

Participants provided a variety of answers:

- *“Lots of things to do here. Outdoor activities, clean air, water quality, fresh fish.*
- *Church/community events.*
- *Powwows/Round Dances and Lunch Box Socials.*
- *Hockey games.*
- *Our community is very supportive and tries to meet everybody's needs.”*

Things in the community that are challenges to your health and well-being?

- *“I live in ghetto.”*
- *“Drug dealers live in every second house. Can’t get out.”*
- *“Stress levels are high. My spouse is an alcoholic.”*
- *“More places for people who have depression, low self esteem. They should be as big or bigger than a hospital because the problem is this big.”*
- *“Suicide prevention. Mental health programs for young people. Young people who commit suicide are undiagnosed depressives. Youth have fewer programs than adults.”*

Conclusion

- Building on strengths builds capacity in and with the community.
- This research endeavour provided the communities an opportunity to reflect upon their strengths and opportunities for change related to the impact of the social determinants of health on their health and well-being.

Next Steps

- As this is the first known community-based provincial survey within Métis communities, these results will be used to secure additional funding to develop evidence-informed, health prevention and health education programs with the community.
- The tools and methods used could be the basis for work in other Métis communities in Canada.
- In addition to this, the research team in collaboration with the Métis Nation – Saskatchewan will work towards publishing this information in appropriate peer-reviewed journals; thus, illuminating the similarities and differences related to health and well-being.

Acknowledgements

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