THE ISSUE

Because aboriginal communities and organizations have limited local data on what they feel is important to the health of their communities, it is difficult to allocate resources to areas of greatest need and to evaluate effectiveness of the health services provided.

“What is a healthy community?” asks Sylvia Abonyi, Canada Research Chair in Aboriginal Health and associate professor at the U of S department of community health and epidemiology. “How do we measure that?”

THE CHALLENGE

Information on what communities consider to be important, such as strong and vital cultures, food and water security, environment, appropriate services and infrastructure, is often poorly recorded—if at all—and may not reflect local knowledge and experiences. Culture, for instance, is loosely understood as the language and customs of a group of people that create a feeling of pride and belonging. This is something not easily captured by a number.
THE TOOL KIT

Working with northern Saskatchewan aboriginal communities out of the population health research facility in Prince Albert, and funded by the Canada Foundation for Innovation, Abonyi and her community-based team produced a tool kit that identifies over 200 indicators of community health and wellness. Some indicators relate to culture.

“Communities recognize the importance of intergenerational relationships and their link to cultural vitality,” says Abonyi.

“Severed connections contribute to low self-esteem, substance abuse and self-harm. Communities using local measures that point to issues in this area may decide to target resources differently than they may have otherwise.”

Realizing the value of Abonyi’s work, the community of Fond du Lac Denesuline First Nation and the Black Late Denesuline First Nation and the Athabasca Health Authority have all lent their support.

THE IMPACT

The tool kit is having an impact across the country. For example, it is helping 13 First Nations communities in Nova Scotia develop their planning activities; it is informing the decision-making and actions of a nurse practitioner in a rural community with no physician.

The health director in another community says, “It has been very helpful for me... showing the chief and counsellors that we do have problems in [Elder housing].” He is using the tool kit to write proposals leveraging resources for housing and food issues.

THE FUTURE

Abonyi’s team is implementing the toolkit with the Athabasca Health Authority in northern Saskatchewan, building a community database of information and creating new measures as they better understand how to monitor intangibles such as the role of culture in community health.

For Abonyi, this is a long-term project grounded in collaborative research. Among her collaborators: the Prince Albert Grand Council, the Athabasca Health Authority, nine First Nation and provincial communities, colleagues from the Saskatchewan Population Health and Evaluation Research Unit, the Indigenous Peoples’ Health Research Centre, First Nations University of Canada, the University of Regina and, of course, her colleagues at U of S. Together, they represent an incredible pool of expertise in aboriginal health in Saskatchewan.

“We are providing home-grown answers to questions that are being asked in indigenous communities around the world,” she says.