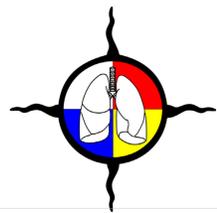
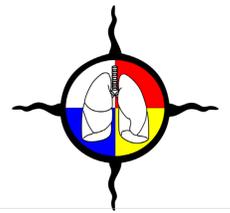


Building Reconciliation at the U of S

Beardy's and Okemasis First Nation, Montreal Lake Cree Nation, University of Saskatchewan, Indigenous Peoples' Health Research Centre, First Nations University of Canada



An Example of Reconciliation Through Research: The First Nations Lung Health Project



DESCRIPTION

First Nations Lung Health Project:

“Assess, Redress, Re-assess: Addressing Disparities in Respiratory Health Among First Nations People”

PIs: Drs. J.Dosman, P.Pahwa, S.Abonyi; and J.Episkenew (deceased)

Canadian Institutes of Health Research MOP 115096; 2012-2017

A **collaborative effort** involving:

- ❖ Two First Nations communities in Saskatchewan
- ❖ The Canadian Centre for Health & Safety in Agriculture, the Department of Community Health and Epidemiology, and the College of Nursing at the University of Saskatchewan
- ❖ Indigenous Peoples' Health Research Centre
- ❖ First Nations University of Canada

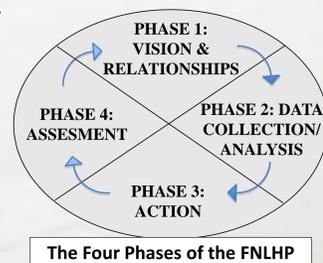
The **aim of the project** is to evaluate the impact of individual and contextual factors on respiratory health, and to understand how community-chosen interventions can contribute to health.

The project is **informed by:**

- ❖ Health Canada's *Population Health Framework*
- ❖ *Tri-Council Policy Statement 2: Chapter 9 (Research Involving the First Nations, Inuit and Métis Peoples of Canada)*
- ❖ An adaptation of the four phase approach of the *First Nations Regional Longitudinal Health Survey*

Community Leadership:

Community members had substantial input in planning the project and in questionnaire development. Data was collected by community members trained in questionnaire administration, clinical and environmental assessments. The training and experiences of these individuals has contributed to increased skills and capacity in the communities in areas of health and housing.



PROCESS AND OUTCOMES

Phase 1: A two-year process of project co-creation in which the communities identified the issues of concern, and together with the University-based researchers developed the aims for the project, identified key outcomes for assessment, and established research agreements.

Phase 2: Baseline assessments were conducted in 2013 through interviewer-based questionnaires and clinical measurements (lung function and allergy testing), administered by trained community-based research assistants.

- ❖ Community A: 431 adults representing 173 households (324 completed clinical measures); 195 children (174 lung tests)
- ❖ Community B: 443 adults representing 233 households (348 completed clinical measures); 156 children (136 lung tests)

Phase 3: The communities identified key actions to “address” (community-based interventions) and “redress” (policy level) issues based on findings from Phase 2. These included:

- ❖ **Environmental assessments** in homes to measure air quality
- ❖ **Focus groups** with a mix of community members from teens to elders, to identify strategies and possible interventions to address findings.
- ❖ **The GreenLight Program**, which celebrates smoke-free homes and supports efforts towards culturally appropriate use of tobacco.
- ❖ **The GreenTree Program** to teach and empower school-aged children to learn about lung health and make positive choices towards their personal lung health.
- ❖ **Policy interventions**, including investigations of provision of diagnosis and management of sleep apnea for Status Indians.
- ❖ Community-initiated efforts to **remediate houses with mold** identified through environmental testing (see CMHC's “First Nation Mould Remediation Case Study”, 2015.)

Phase 4: (2016-17) “Re-Assess” Follow-up questionnaires and clinical measures were gathered in 2016, with follow-up child assessments and housing evaluations being conducted in 2017. Changes over the duration of the project will be examined.

HOW IT BUILDS RECONCILIATION

TRC Calls to Action	FNLHP Contributions to TRC Calls to Action
18. ...“to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools”...	Dyck R, et al. <i>Influence of Racism, Residential Schools and Cultural Disruption on Diabetes Prevalence among First Nations Peoples</i> . BMC Public Health 2015; 15:1222. doi: 10.1186/s12889-015-2551-2 Katapally T, et al. <i>Inter-generational transmission of historical trauma: The role of Canada's Indian Residential Schools in the Respiratory Health of Contemporary First Nations</i> . Poster presented at the Canadian Public Health Association Conference. May 25-28, 2015, Vancouver, BC.
19. ...“to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: ...chronic diseases, illness and injury incidence, and the availability of appropriate health services.”	Marchildon GP, et al. <i>Exploring policy driven systemic inequities leading to differential access to care among Indigenous populations with obstructive sleep apnea in Canada</i> . International Journal for Equity in Health 2015, 14:148 doi:10.1186/s12939-015-0279-3 Marchildon GP, et al. <i>Provision of Sleep Apnea Care in Saskatchewan: Policy Complexities Related to Registered Indian Status</i> . Oral presentation at The Indigenous Health Conference: Challenging Health Inequities. November 20-21 2014, Toronto, ON.
22. ...“to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.”	Opikokew C, et al. <i>Utilizing Indigenous Knowledge to Intervene and Inform Respiratory Health Policy and Practice in First Nations Communities</i> . The International Network in Indigenous Health Knowledge and Development (INIHKD) in partnership with Manitoba Network Environment for Aboriginal Health Research (NEAHR), International Indigenous Health Conference. October 5-10, 2014, Winnipeg, MB. Katapally T, et al. <i>The Complexity of the Obesity Pandemic: Can Indigenous Approaches Help?</i> The International Network in Indigenous Health Knowledge and Development (INIHKD) in partnership with Manitoba Network Environment for Aboriginal Health Research (NEAHR), International Indigenous Health Conference. October 5-10, 2014, Winnipeg, MB.
23. ...“to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals.”	The study coordinator (KM) is from the Lac La Ronge Cree Nation and provided Indigenous guidance from an academic and community perspective to researchers and students. Clinical aspects of the study were conducted primarily by students from the communities who were undertaking nursing, education and social work training courses. They were trained in spirometry and allergy skin prick testing at the Canadian Centre for Health in Agriculture, University of Saskatchewan. Community Health Directors and Community Leaders were invited to participate in poster and oral presentations at provincial, national and international conferences.

CONTACT

Lynette Epp 306-966-7884 lynette.epp@usask.ca
www.firstnationslunghealth.usask.ca