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”

**PLs:** Drs. J. Dosman, P. Pahwa, S. Abonyi; and J. Episkapew (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 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 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.

**CONTACT**

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**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.

**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
- FNHLP 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”...

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.”

20. “...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.”

21. “...to increase the number of Aboriginal professionals working in the health-care field. i. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. ii. Provide cultural competency training for all healthcare professionals.”

22. “...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.”

23. “...to increase the number of Aboriginal professionals working in the health-care field. i. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. ii. 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 University-based researchers and researchers from the University-based researchers. They were trained in spirometry and allergy skin prick testing 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 International Network in Indigenous Health (INIHKD) in partnership with Manitoba Network Environment for Aboriginal Health Research (NEAHR), International Indigenous Health Conference. October 5-10, 2014, Winnipeg, MB.


