Respiratory Health Initiatives Environmental Scan: First Nations, Inuit and Métis

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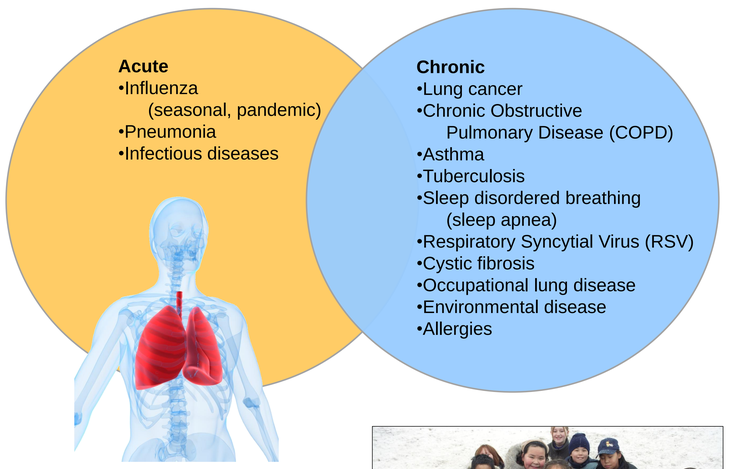
Introduction

In Canada, respiratory diseases result in thousands of deaths every year, with high costs for the health care system. Aboriginal people are particularly burdened. Multiple social and political factors – referred to as *social determinants of health* – influence lung health outcomes for this population.

Here we report on the results of an environmental scan and associated case studies of respiratory health initiatives for Canada's three Aboriginal populations: First Nations, Inuit, and Métis (FN/I/M). This research provides a foundation for more effective programming that directly targets Aboriginal respiratory health and addresses relevant social determinants of health.

Respiratory Diseases

Respiratory diseases can be caused by anything inhaled into the lungs that puts people at risk, and are either acute or chronic. Tobacco use is linked to the most common respiratory diseases, lung cancer and COPD. Asthma, tuberculosis, sleep-disordered breathing, and influenza are also common.



Methods

This research involved two components:

- an environmental scan, and
- a series of ten case studies of FN/I/M initiatives.

The **environmental scan** involved a search of respiratory health strategies and projects, programs and initiatives (P/P/I) that target FN/I/M populations. We conducted a thorough Internet search and contacted more than 100 individuals and organizations involved in respiratory and/or Aboriginal health. We identified and analyzed more than 100 strategies and P/P/I, emphasizing trends and promising practices.

The **case studies** included two to four initiatives for each of the FN/I/M populations, using a distinction-based approach and reflecting a range of community sizes and structures. Potential case studies were identified through the environmental scan and existing health networks, and final selections were made based on participant interest. The case studies illustrate how recommendations and strategies lead to successful programming and positive health outcomes. They also identify successful models to share with other communities.

Environmental Scan

Findings

- Most projects, programs and initiatives (P/P/I) receive funding from a limited number of overarching strategies.
- Most P/P/I focus on health promotion and prevention.
- Many P/P/I receive small grants for community-based activities.
- Most relevant P/P/I take a pan-Aboriginal approach; population-specific initiatives are primarily targeted to on-reserve First Nations and Inuit.
- Urban First Nations/Inuit/Métis (FN/I/M) are often exposed to pan-Canadian programs and services.
- Aboriginal-specific strategies are often holistic, rather than disease-specific.
- Tobacco-related respiratory health issues are target areas for FN/I/M populations.
- A significant gap exists in Métis respiratory health information and programming.
- Addressing social determinants of health (e.g. housing , education) can influence respiratory health.

Case Studies

The selected case studies include four First Nations initiatives, four Inuit initiatives and two Métis initiatives.

Findings – First Nations Case Studies

- A variety of delivery models exist for respiratory health initiatives, both on- and off-reserve.
- Funding arrangements are a major barrier to sustained programming and to long-term success in influencing behavioural change (e.g. tobacco cessation).
- Obsolete First Nations health data may be hindering program planning.
- Gender-based information and services may require more attention.
- Post-program evaluations were only conducted for a portion of the case study initiatives. When used, they offered important insights.
- The need for governments to "get in better touch" with Aboriginal health issues and needs was expressed.

Findings – Inuit Case Studies

- Respiratory health issues are often symptoms or by-products of systemic socio-economic challenges, and cannot be solved solely through direct health care initiatives.
- The health system lacks adequate financial resources, indicating the need for a re-prioritization of the health policy agenda.
- Public health programs in Inuit regions are making concerted efforts to improve respiratory health.
- Adaptive, flexible, community-based approaches are most effective. They require long-term investment of people and resources, and commitment to community development.
- Having Inuit champions and/or long-term trusted collaborators at various levels of organization (especially local) can significantly enhance success.
- Progress and success must be evaluated based on a broad range of indicators that encompass complex and inter-connected issues.

Findings – Métis Case Studies

- The limited number of Métis case studies undertaken directly reflects the limited number of Métis-specific respiratory health initiatives.
- Several Métis housing initiatives are underway, and may have indirect impacts on respiratory health.
- Community-based, community-driven initiatives are particularly effective, especially when championed by committed and engaged staff or volunteers.
- Successful approaches tend to be holistic (addressing more than just physical health), as well as flexible and adaptable to evolving contexts.
- Consistent funding is essential for planning, implementation, and long-term participant engagement. It also encourages inter-organizational partnerships. All of these factors improve outcomes.

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