

Phase II Lung Health Program Dissemination Report

Project: *The Respiratory Health Awareness community outreach and engagement model in First Nations, Inuit and Métis communities: Pilot Intervention*

Lead Organization: Asthma Society of Canada (ASC)

Partner(s):

Assembly of First Nations (AFN), Inuit Tapiriit Kanatami (ITK), Métis Nation British Columbia (MNBC), AllerGen NCE Inc., National Collaborating Centre for Aboriginal Health (NCCA), the Division of e-Learning Innovation, McMaster University, the Social Support Research Program, University of Alberta, the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) and Healthy Indoors Partnership (HIP).

Project Objective(s):

- Engage the selected communities in the Respiratory Health Awareness community outreach and engagement model (Model) implementation process by identifying appropriate resources and applying strategies to build community capacity
- Develop the core content for awareness and educational materials that will be used to implement various model components (e.g. Community Education, Community Participation, Community Awareness, etc.) based on common learning objectives and key topics identified during the recent projects conducted by the ASC
- Develop a comprehensive toolbox/toolkit of tools, resources and materials that offer a variety of communication and learning methods to target different audiences within Aboriginal communities (people directly or indirectly affected by chronic respiratory disease, broader community members and general public)
- Pilot Respiratory Health Awareness community outreach and engagement model in selected communities and adapt it to the unique needs and priorities of these communities ensuring their ownership of the process
- Identify and train community leaders in delivering respiratory health education messages and becoming respiratory health “champions/advocates”
- Establish a National Coordination Centre (e.g. National Aboriginal Asthma/Respiratory Health Information Centre) to provide administrative and resource support to the communities involved in the model testing as well as distribute educational materials on respiratory health to Aboriginal communities across Canada



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- Assess the effectiveness of model implementation and determine next steps for broader model application in Aboriginal communities across Canada

How did you achieve your objectives?:

The main objectives of this project were aligned with overall objectives of the Lung Health Program (Public Health Agency of Canada, Lung Health Program Phase II, Guidelines for Applicants, 2010) and related to increase awareness, prevention and early detection of lung diseases, including the risk factors (social determinants of health) for development of chronic respiratory disease. In order to meet the project objectives, the project activities were conducted under four main stages as follows: 1) Community Engagement, 2) Toolkit Development and Community Training, 3) Model Implementation and 4) Model evaluation and result dissemination. In particular, the Respiratory Health Awareness Toolkit was developed and distributed in the participating communities. The toolkit includes a variety of resources on respiratory health such as printed materials (information cards, posters, and brochures), conversation cards to be used during support circles, digital stories with personal messages related to the main issues that can affect respiratory health and the master group presentation that could be used during community events and programs. Community leaders, Elders and Knowledge Keepers were nominated to be Respiratory Health Champions in their communities and completed an online information session that was specifically developed for the purpose of the project. Community members were informed about the risk factors for chronic respiratory disease by applying multiple outreach strategies including health fairs, presentations at community celebrations and programs, social gatherings (i.e., bingo game). A Clearing House (*BREATHE: Building Respiratory Education and Awareness for First Nations, Inuit and Métis: Tools for Health Empowerment*) was established and provides an opportunity to download materials from the toolkit. All the model related activities were thoroughly evaluated using a pre/post design and evaluation tools both available from the Public Health Agency of Canada (PHAC) and developed specifically to assess the effectiveness of the model implementation.

Project Methodology:

The project design was primarily based on the principles of the community-based participatory approach. The design of the project also followed the Medical Research Council (MRC) Framework for Design and Evaluation of Complex Interventions. The project represented a pilot intervention (according to the MRC Framework) and evaluated the effectiveness of the Respiratory Health Awareness community outreach and engagement model. The project took place in selected Aboriginal communities from Western and Eastern Canada, as well as one French-speaking First Nations community from Quebec. In total, the project was piloted in **seven** communities including five First Nations, one Inuit and one Métis as follows: Postville, Newfoundland and Labrador (Inuit community); Prince George, British Columbia (Métis urban community); Wendake, Quebec City (First Nations French-speaking community); Listuguj, Quebec (First Nations community); Conne River, Newfoundland and Labrador (First Nations rural community), Saddle Lake, Alberta (First Nations community) and Enoch, Alberta (First Nations community). According to the preliminary results approximately **1,500** community members received information and educational materials on respiratory health and the risk factors for chronic respiratory disease.



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Preliminary Finding(s):

Community based engagement strategies (e.g., establishment of community based advisory groups and involvement of main community stakeholders) in combination with coordination support provided by the ASC worked well for participating communities and allowed strengthening of partnerships within the communities.

- Multi-stakeholder collaboration and working with Aboriginal partners during the model implementation was vital to the overall success of the intervention and the project was positively received by the project partners
- The Respiratory Health Awareness Toolkit was well received at the community level and perceived as being culturally relevant and appropriate
- The majority of the community members were impressed with the newly developed materials and resources in the toolkit and indicated that they were able to relate to the materials
- Most of the materials included in the toolkit were rated between 4 and 5 (on a five point scale) by project partners and participating communities
- Overall opinion of the Respiratory Health Awareness Toolkit was above 85% in the following categories: first impression (89.6%), overall design (90.1%), cultural imagery (89.3%) and language level (86.4%)
- Incorporating respiratory health education in the existing community programs and events was seen as an effective strategy to increase awareness on respiratory health
- Communities adopted the model activities based on their needs and preferences and developed additional materials and activities to make the model implementation more relevant for community members and local context
- Community members appreciated the fact that information on respiratory health was provided by their community leaders and Elders
- Community members showed great interest in learning about the risk factors for chronic respiratory disease and were receptive to receiving ongoing information
- The concept of learning about respiratory health via an online training module was deemed to be appropriate, engaging (by 70.4% of the session participants) to the learner, and providing thorough information and culturally relevant images (77.7%) and content (72.7%)
- The majority of participants indicated that the online information session was informative, interesting, interactive (by 73.7% of the session participants) and helpful with a clear delivery (88%)
- Overall rating for the online information session was above 70% in the following categories: information provided (75.4%), format (75.4%), delivery of the content by voice over (79.4%) and usefulness of the information (72.7%)

Project Outcome: *[In 250 words or less, describe how the results of your project will make an impact on respiratory health in Canada.]*

- The developed Tool-kit (English and French) is available through the BREATHE portal for any Aboriginal community in Canada.



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The information in the toolkit has proven to foster positive health attitudes and be useful for community members in their daily activities. The toolkit could be further used to promote respiratory health and improve individuals' knowledge about the risk factors for chronic respiratory disease.

- The online module has shown to be effective in training Respiratory Health Champions and improving their knowledge about the risk factors for chronic respiratory disease. Trained Champions reported changing their own behaviors and delivered key educational messages on respiratory health by using a “word-of-mouth” approach.
- The Clearing House (BREATHE) has been established as one point of contact for information on respiratory health specifically targeting First Nations, Inuit and Métis communities. This kind of support has been made available for the first time at the national level and provides an opportunity to receive ongoing education on respiratory health, ultimately improving Aboriginal members' knowledge about chronic respiratory disease.
- The pilot Model implementation has proven to be effective in bringing respiratory health awareness to First Nations, Inuit and Métis communities. The communities reported increased awareness and knowledge on how social determinants can affect respiratory health. It also allowed to build community capacity on respiratory health and led to community unity and collaborative work to address issues related to respiratory health. All participating communities have requested to make it an ongoing program.

Area(s) for Further Development/Next Steps:

After the pilot, the Respiratory Health Awareness Toolkit and the module will be finalized according to the feedback received from the communities and project partners. The toolkit will also be complemented with additional materials on topics of specific interest for community members (third hand smoke exposure, woodstoves, smoke houses, etc.). The finalized toolkit will be disseminated to nearby communities in the same region to allow for its further comprehensive assessment. Additionally, the online training session will be finalized based on the comments received during the pilot intervention and considerations will be given to develop a special version of the module for Elders, as well as, community health representatives. The information about the Respiratory Health Awareness community outreach and engagement model will be presented to Aboriginal leaders and provincial/national policy and program planners to discuss effective strategies for the broader model implementation in other First Nations, Inuit and Métis communities across Canada. Subject to funding availability, the model implementation will be conducted in additional communities in the provinces that were not involved in the initial pilot. This will allow further evaluation and validation of the toolkit as well as the development of practical approaches for a national roll-out of the Respiratory Health Awareness community outreach and engagement model in First Nations, Inuit and Métis communities.

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