A Cree Perspective on Gathering Community Input for Physical Activity Programming in the Mushkegowuk Territory

C

B ,

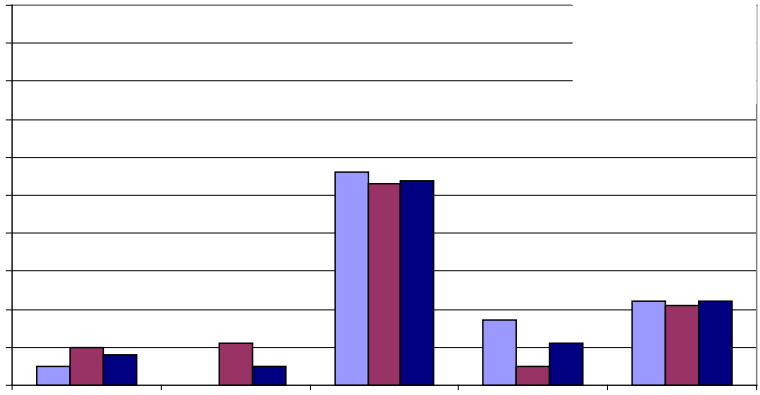
In 2004 and 2005 the research group of which I am a member was awarded grants from the Danone Institute and the Canadian Institutes of Health Research to adapt a web-survey to the First Nation context and use

isolated as it is accessible only by plane in the spring, summer, and fall, while a snow/ice road connects this community with other James Bay coastal communities in the winter. There is a sportsplex in the community which has an arena, a gymnasium, and a weight room. According tg tg tg tg tg]JET-22MC [(Cr)29ccorg

Services, 1996). Other benefits of physical activity for children and youth include: increased self-esteem (DeMarco and Sidney, 1989), improved academic performance (Keays and Allison, 1995; Symons et al., 1997; Taras, 2005), and a decreased likelihood of smoking or consuming alcohol or drugs (Tremblay et al., 2000). According to a report by the Canadian Fitness and Lifestyle Research Institute in 2004, only 18% of Canadian youth aged 12 to 19 were accumulating enough daily activity to meet the international guidelines for optimal growth and development (Craig and Cameron, 2004). Less than half of the youth participating in the First Nations Regional Longitudinal Health Survey reported at least 30 minutes of moderate-to-vigorous activity most days of the week (First Nations Centre, 2005).

active than girls (Sallis et al., 2000). It must be cautioned that these data were collected in February when outdoor physical activity may be lower due to winter weather. However, Attawapiskat has a sportsplex with an arena that is only open in the winter and the most common physical activity reported by the students (boys and girls combined) in the previous week was hockey. I noticed that the sportsplex was used a lot in the winter for hockey tournaments and hockey practice, but used very little in the summer months when the gym in the sportsplex is still open and the hockey pad is closed.

Overall, the common types of activities that respondents (n=38) reported doing during that week included hockey (91%), jogging (90%), walking for exercise (88%), ice skating (88%), active games (65%), soccer (65%) and basketball (63%). The type of activities differed between girls and boys. Boys were



walked around a little, both at recess (70% for these answers combined), and at lunch time (73% for these answers combined).

It was the initial administration of the survey and some of these preliminary results on physical activity in Attawapiskat youth that led me to begin to ask some questions about health promotion and physical activity programming in Attawapiskat. I noticed that there were very few programs for physical activity in the community and began considering questions such as:

- Why are there very few programs in the community?
- Why aren't kids participating in the programs that do exist?
- What programs do the kids want?
- How do you address these problems?
- What way(s) can you get community input for physical activity programming?
- Where do you begin?

P O r

My practicum required that I establish a learning plan and keep a journal. My learning goal was to examine community health needs and identify possible community-based program solutions. I chose to do my practicum placement in Attawapiskat and to build upon the questions I had begun to think about from the web survey.

My plan, which was approved by my course coordinator (Mary Montgomery) and preceptor (Leonard Tsuji), involved a 10 step process to gather, disseminate, and utilize community input on health promotion programming. These 10 steps were to: (1) approach Chief and Council, (2) identify community health issues and concerns, (3) conduct a literature search on the identified health issue(s), (4) develop focus group questions, (5) identify key community members for input, (6) conduct focus groups, (7) analyze and compile findings, (8) present findings to Chief and Council and key health workers, (9) develop a plan for health promotion programming focusing on the identified health issue, and (10) write a grant proposal for funding to implement the plan.

D r r P l r r F r

At the time of writing this paper, I have completed the first six steps of my plan and steps seven and eight are currently in progress.

1. I met with the Chief of Attawapiskat to discuss my plans and to get approval for gathering community input. Ethics approval was obtained from the Office of Research Ethics at the University of Waterloo and community approval was obtained from the Band Office.
2. I then conducted informal interviews by phone with six community members to identify which health issues were concerns. These community members included the Deputy Chief, Band Manager, two community health representatives, the crisis coordinator, and the elementary school principal. Community members were asked to express what they thought of the well-being of the community now compared to the past. These were open-ended interviews that were culturally appropriate. The community members then expressed their thoughts on the health status of the community. The main theme that kept coming up was the concern of obesity in adolescents and that the youth in Attawapiskat were not participating in physical activity. This supported my initial observation from the web-survey results that physical activity programming was an issue that needed to be addressed.
3. I then conducted a literature search on obesity and physical activity in First Nation youth. I primarily used the CINAHL (*Cumulative Index to Nursing and Allied Health Literature*) database because I was doing my work from a nursing perspective. I found no literature for this geographic region on the topic of physical activity in youth. A large body of literature

did exist on obesity in youth and physical activity programming which I later accessed. I also researched information on nursing research and research methods, specifically focus group methods. I found support for using focus groups for my practicum. Below is an excerpt from my third practicum journal entry.

> According to Davies and Logan (2003), through the process of identifying and utilizing resources within the community, the community members become empowered to recognize and understand health-related issues of concern within the community and to mobilize community assets to improve community health.… The literature describes the process as a good approach for identifying health needs. According to Stamler and Yiu (2005), focus groups provide opportunities for community dialogue by allowing people to exchange experiences and express opinions. In this case, encouraging the frontline workers to discuss issues will encourage them to re-evaluate their programs. Furthermore, when given a chance to work out issues, community members are far more open to change than most c7B1 c7p and rd8-11s. Acc-11c morc7ppor

informants participated in a focus group on the issues around health promotion and physical activity programming. Because I wanted to target the level of health programming in the community, I decided to involve health workers in a variety of positions who could include physical activity programs in their work to participate. The inclusion criteria for participation was being a community member who was active in the health field. I identified and invited six key informants to the focus group. These individuals included a crisis coordinator, a community health representative, the healthy babies/healthy children coordinator, a home community care worker, a personal support worker, and a prevention worker.

6. Scheduling for the focus group was not easy. I initially invited focus group participants a week in advance, but this was not successful. I found that it was better to inform participants about the focus group only one day prior. I tried to remain unbiased during the focus group and listen carefully to what the participants were saying. The focus group discussion lasted approximately two hours.
7. Most of the focus group participants were involved on the front line, but agreed there was a lack of health promotion in Attawapiskat. The discussion revolved around three main themes: a lack of initiative, a lack of skills in promoting/marketing and therefore a lack of participation by the community, and a lack of teamwork. All of the focus group participants provided related health services, but they did not communicate with each other or participate in activities together. These initial findings will be further analyzed and a written document is forthcoming. The main outcome and recommendation from the focus group was to implement more planned physical activities. To facilitate this, the three main themes will be addressed (i.e., initiative, promoting/marketing, and teamwork).
8. Results from the focus groups have been orally disseminated back to the participants. In our community, this is a culturally appropriate way of reporting results back to the participants. The Chief and Council will be presented with the results both orally and in the forthcoming written document. Chief and Council will decide how the results will be disseminated to the community of Attawapiskat. Chief and Council will also be given an opportunity to provide input. After this input has been gathered, strategies will be planned out (Step 9) and funding will be sought to be able to implement the plan (Step 10).

L L

Throughout this process I have learned a number of lessons. These lessons reflect my experience and perspective in trying to gather community input for health promotion programming with a focus on physical activity. I think it is important to share these lessons because this knowledge can contribute to the process used by other health care workers for gathering community input.

Be flexible. Be flexible with meetings times and other aspects of gathering community input. Scheduling is difficult. It may not be realistic to plan too far in advance. Often meetings need to be planned only one day in advance to be able to access the right people at the right time. Therefore, conducting these meetings and focus groups are not conducive with researchers who are absent and spend little time in the community. It is often not possible to fly in and fly out of a community the way that some researchers have done in the past.

Develop organizational structure. Most health workers want to make a difference and influence successful programming. In some cases, the barrier to this is that they have little organizational structure. They may not have a well defined role or a supervisor to provide guidance. Establishing concrete roles may motivate health workers to take the initiative to implement programs. Training community health workers in the area of physical activity promotion may also facilitate improved programming.

Encourage collaboration across health disciplines, health workers and community members. Invite health workers from a variety of areas with roles that cross over different programs to have the greatest impact on the health issue of concern. Certain health issues can get lost when the issue appears to be no one's responsibility, when in actuality it is everyone's responsibility (community leaders, health personnel, parents, and youth). There are different ways for communities to address working towards programs. For example, it might be important to promote collaboration between services to ensure that important health issues are not overlooked. Teamwork across health services can reduce gaps in health programming. Similarly the importance of teamwork across community members cannot be ignored. Parents and the youth themselves need to become more involved in planning and implementing health and physical activity programs. If there is a recreation coordinator in the community, they should be considered a part of the health care team.

Promoting programs may be just as important as offering them. The simple existence of a program does not ensure participation. Programs may require

Keays, J. and K. Allison
1995 "The effects of regular moderate to vigorous physical activity on student outcomes: A review." *Canadian Journal of Public Health* 86(1): 62–65.

Minaker, L.M., L. McCargar, I. Lambraki, L. Jessup, P. Driezen, and K. Calengor, and R.M. Hanning
2006 "School region socio-economic status and geographic locale is associated with food behaviour of Ontario and Alberta adolescents." *Canadian Journal of Public Health* 97(5): 357–61.

Ontario Ministry of Transportation
2006 Northern Ontario Road Map Index: Map 17. http://www.mto.gov.on.ca/english/traveller/map/images/pdf/northont/sheets/Map17.pdf (24/01/07).

Pate, R.R., M. Pratt, N. Blair, W.L. Haskell, C.A. Macera, C. Bouchard, D. Buchner, W. Ettinger, G.W. Heath, and A.C. King
1995 "Physical activity and public health: a recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine." *JAMA* 273: 402–407.

Public Health Agency of Canada
2002 *Canada's Physical Activity Guide for Youth*. http://www.phac-aspc.gc.ca/pauuap/paguide/child_youth/pdf/guide_v_e.pdf (12/05/07).

Sallis, J.F., J.J. Prochaska, and W.C. Taylor
2000 "A review of correlates of physical activity of children and adolescents." *Medicine and Science in Sports and Exercise* 32(5): 963–975.

Skinner, K.
2005 "An exploration of the strengths, weaknesses, opportunities, and threats for healthy eating and physical activity in First Nation youth living in a remote, sub-arctic community." MSc. thesis, University of Waterloo, Department of Health Studies and Gerontology.

Stamler, L.L. and L. Yiu
2005 *Community Health Nursing: A Canadian Perspective*. Toronto: Pearson Education.

Statistics Canada
2001 "2001 Community Profiles: Attawapiskat 91A." Ottawa: Statistics Canada. http://www12.statcan.ca/english/profil01/CP01/Search/SearchForm_Results.cfm?Lang=E (23/01/07).

Sutherland C.
2006 *Practicum Journal #3*. Sudbury: Laurentian University.

Symons, C.W., B. Cinneli, T.C. James, and P. Groff
1997 "Bridging Student Health Risks and Academic Achievement Through Comprehensive School Health Programs." *Journal of School Health* 67(6): 220–227.

Taras, H.
2005 "Physical Activity and Student Performance at School." *Journal of School Health* 75(6): 214–218.

Tremblay, M.S., J.W. Inman, and J.D. Willms
2000 "The relationship between physical activity, self-esteem, and academic achievement in 12 year old children." *Pediatric Exercise Science* 12(3): 312–323.

U.S. Department of Health and Human Services
1996 *Physical Activity and Health: A Report of the Surgeon General*. Atlanta GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. http://www.cdc.gov/nccdphp/sgr/ataglan.htm (12/05/07).

Waldram, J.B., Herring, D.A. and T.K.Young
2006 Aboriginal Health in Canada: Historical, Cultural and epidemiological perspectives. Toronto: University of Toronto Press.