



SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

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### Context Matters

Our research partners want to know what it is about where and how they live that contributes to their health status. One project developed a Community Health Indicators Toolkit (Jeffery et al., 2006) with 9 First Nation and provincial communities in northern Saskatchewan and has had considerable uptake (Jeffery et al., 2010) by other communities in the country (Example 1).

#### Example 1

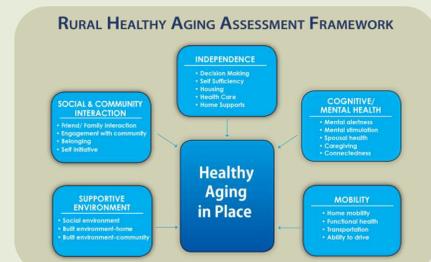


DOMAIN	AREAS	# INDICATORS IN AREA	SAMPLE INDICATOR
Identity & Culture	Community Identity	11	#5 – number and type of community events held
	Elders	6	#16 – Elders leaving community for end of life care
	Traditional Practices	16	#22 – language used in council or assembly
	Community Knowledge	6	#18 – community decisions involving Elders
Food Security	Cost of Food	3	#3 – number of food retailers in community
	Availability & Quality of Food	13	#9 – number of delayed or lost food shipments
	Healthy Lifestyles	6	#5 – comfort with discussing health issues
Addition Issues	Participation	7	#15 – number of Elders/youth activities
	Motivation	16	#17 – number of programs cancelled

This work led to research with rural and northern seniors who have engaged with us on the opportunities and challenges that allow them to remain in their communities. One outcome is a framework (Jeffery et al., 2015) and measures for monitoring and evaluating the impact of kin, community, and policy-level interventions on healthy aging in place (Example 2).

#### Example 2

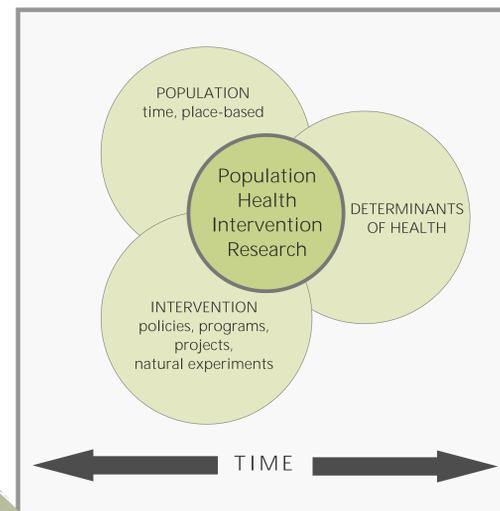
The Rural Healthy Aging Assessment Framework has provided the foundation for three population health intervention projects currently being conducted in collaboration with several Saskatchewan communities.



### INTRODUCTION

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is a transdisciplinary group of researchers who share common values of social justice and equity and a commitment to population health intervention research. We engage with communities and policy-makers to produce program and policy relevant evidence of health determinants, particularly among those living within inequitable contexts. The poster highlights the population health intervention model we developed, with examples from individual projects that are linked through SPHERU to answer questions of scalability, context, history, and solutions outside the health sector.

### POPULATION HEALTH INTERVENTION RESEARCH MODEL

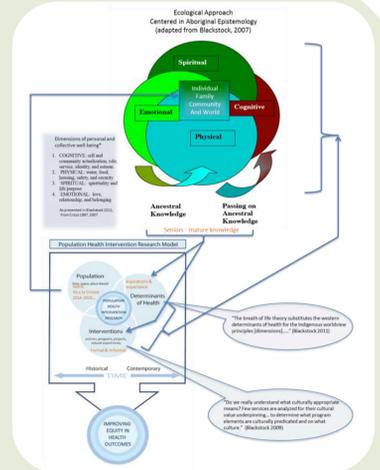


### Scaling Up and Scaling Back

Our different community-driven projects are linked through SPHERU to support the potential for scaling across different rural, northern, remote, and Aboriginal communities. SPHERU has provided support as communities leverage their capacity in effectively adapting population health concepts (Example 1) and interventions (Example 2).

#### Example 1

In Ile-a-la-Crosse, a northern Saskatchewan Metis community, SPHERU worked with community members to adapt our PHIR Model to an Aboriginal Ecological research framework developed by Cindy Blackstock (2007). This approach will produce program logic model structures to facilitate evaluations that look at programs and services through the values of this community.



Blackstock's (2007) Breath-of-Life Based Ecological Framework with SPHERU's Population Health Intervention Research Model

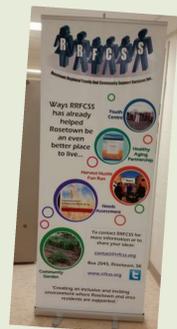
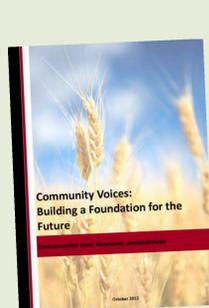
#### Example 2

In Young, a small rural community in Saskatchewan, SPHERU introduced an exercise intervention as part of a study exploring mobility and social interaction supports that allow rural seniors to remain in their homes and communities as they age. As the study ended, community members organized to continue the exercise program, adapting it to meet their specific needs (place, time, fitness levels). The resulting adaptation will help sustain the program in the community, providing residents with an opportunity for physical activity and social engagement.



### Beyond Health Sector Solutions

SPHERU projects have a distinct focus on identifying non-health sector interventions that impact population health and may be aligned with health sector initiatives. Our research methods actively engage collaborators in the design and implementation of projects and include partners such as community-based organizations, government departments, e.g. Saskatchewan Parks and Recreation, and municipal governments who desire to come together to address health challenges.



Through a MITACs sponsored research project, a graduate student worked with an organization in Rosetown to prepare a community audit which formed the basis for the organization's strategic action plan. This project led to ongoing research collaboration with SPHERU researchers on community priorities.

### Improving Equity in Health Outcomes

### FUTURE DIRECTIONS

Advancing and testing concepts and methodologies for population health intervention research, with specific interests in:

- ❖ The significance of the lived human experiences of place
- ❖ The meaning of program or policy 'effectiveness' among diverse stakeholders, as well as within and between implementation contexts

### The Good, the Bad, and the Ugly: Learning from the past

History provides a powerful tool for studying the present through a better understanding of the origins of health equity. SPHERU has produced an extensive Saskatchewan-oriented historical database that is used as a conceptual frame for understanding current health inequities experienced by rural and northern communities. The *Saskatchewan Historical Health Timeline* is both a teaching tool and a community resource for tracking historical patterns that underlie current health disparities.

