

# CAPACITY BUILDING WITH REGINA MÉTIS SPORTS AND CULTURE CENTRE

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## ABSTRACT

A team comprised of members from Regina Métis Sports and Culture Centre (RMSCC), First Nations University of Canada, Regina Qu'Appelle Health Region, Saskatchewan Institute of Applied Science and Technology, and University of Saskatchewan have established a community-based participatory research relationship. This article reflects on the early formation and capacity building of the RMSCC. It will provide an overview of the community, the project intent, and findings of a series of public consultations. It will also highlight the ongoing efforts to build capacity and share knowledge across community, provider, and academic sectors.

## CONTEXT

In 2003, the South Saskatchewan Urban Aboriginal Health Coalition research team (Coalition), with funding from the Indigenous Peoples Health Research Centre, began to explore with Aboriginal groups ways of knowing, healing, and culturally respectful practices in relation to health professional education and health service delivery. The members of the Coalition in-

cluded the representatives of the Regina Métis Sports and Culture Inc., First Nations University of Canada, University of Saskatchewan, and Saskatchewan Institute of Applied Science and Technology (SIAST). Three workshops with participants (i.e., self-identified and self-selected members of the RMSCC) from the Regina Métis Sports and Culture Centre local were held between February and April 2004. Based on these sessions, the Coalition obtained additional funding from the Saskatchewan Health Research Foundation–Strategic Priorities Program to conduct community meetings and further the development of community building and capacity building at RMSCC.

The RMSCC is an organization representing and serving the needs of nearly 3500 Métis community members. Since 2003, the organization, in conjunction with Government of Canada funding, has conducted a needs assessment, consultations, and intersectoral capacity building in their development of appropriate programming and the construction of a new facility in Regina. The new facility was built at the same location as the old one, but with significantly more room to better meet community need. The intention was to increase participation and involvement of community members by offering a wider array of community programs in a place for community to gather, which is more difficult in an urban setting. The organization is board run and managed by a small team for day to day activities. The RMSCC offers varying kinds of programs and services which are dependent upon funding opportunities. The centre has offered after school youth activities, employment counselling and work preparedness programs, Elder's workshops, youth and Elder programs, dancing and cultural activities, assistance to elderly and home-bound community members with transportation to doctor's appointments or the food bank. Unfortunately, it has been difficult to provide on-going programming to community members due to the nature of funding available from various government sources. RMSCC has been working with community members to identify the kinds of programs they need and that RMSCC has the capacity to deliver.

Through the transition to the new building and the impetus to move the organization to be increasingly responsive to its community, the partnership between RMSCC and the remainder of the Coalition evolved. According to former President and long-standing member of RMSCC, the late Clifford LaRocque "this project continues to build on an already respectful relationship with RMSCC, First Nations University of Canada, University of Saskatchewan, and SIAST."

## RELEVANCE OF THE TOPIC

New data from the 2006 Census show that the Métis population is on the rise, outpacing the growth of the other Aboriginal groups, as well as that of the non-Aboriginal population, over the past decade. Between 1996 and 2006 the Métis population in Canada grew by 91% (Statistics Canada, 2008). In Saskatchewan, 14.9% of the population is Aboriginal and Métis people comprise 34% of this population. The number of Métis living in Saskatchewan increased by 34% between 1996 and 2006. This was higher than the increase of 25% in the province's First Nations population during this same period. Between 2001 and 2006, Saskatchewan's Métis population grew by 10% (Statistics Canada, 2008). It is noted that some of this growth is attributed to the choice to self-identify and be counted as Métis.

Métis health data is marginal, and, in some cases, nonexistent within the timeframe of this research. (Canadian Institute for Health Information, 2004; Lamouche, 2002; Smylie, 2001). This research was unique in that it enabled participants to identify and explore their health and social issues in the urban Métis context at the RMSCC.

## RESEARCH ETHICS

As this research was community based and driven, it was agreed that both RMSCC and the home university of the Principal Investigator would be petitioned for research ethics approval. Although the RMSCC and most Aboriginal and Native entities within Saskatchewan lack a formal ethics board or process, it was decided the board of RMSCC would be the appropriate approval body. Permission was granted by the RMSCC board members for the research team to work within the community and to conduct the research project in April 2006. The project received ethics approval in May 2006 from the University of Saskatchewan Behavioural Ethics Board. All research was conducted between May and August of 2006.

## RESEARCH QUESTION

The research question was developed and derived in conjunction with the RMSCC board. It was informed by previous research involvement with the RMSCC community which had included a number of focus group sessions. From this prior research and ongoing dialogue, the team concluded that as an organization facing a new location and expanded identity, the RMSCC

community would benefit from pinpointing: What are the opportunities and barriers to community identification, cohesion, participation, and decision making respecting health care needs and services for the Regina urban Métis community?

## RESEARCH METHOD AND ANALYSIS

The research aimed to engage a Métis community in an urban setting to identify strengths, challenges, and opportunities for change specifically as they relate to the health and well-being of individuals and the community within which they live as urban Métis people. Participants were invited to contribute their ideas about how to increase the health and well-being of their community.

Participants were involved in two main ways. A Métis student was hired through an Indigenous Peoples Health Research Centre summer student grant. The student was able to meet, on an individual and collective basis, with members of the RMSCC urban Métis community and to encourage them to become involved in one of the community meetings. In addition, posters and announcements of the community meetings were made available at the RMSCC location and through the organization's communication network to ensure that all members of RMSCC knew about the activities.

Two community meetings were held to discuss health research priorities and health issues/concerns of RMSCC members. The sessions were held in conjunction with community meals in a traditional pattern of intragroup communication often seen in Aboriginal communities (Strickland, 1999). This method invokes culturally rich group discussions and emulates talking circles which are often used to share information, offer support, and solve problems (Becker, Affonso, and Beard, 2006). The two facilitators were members of the RMSCC community identified as leaders by the RMSCC board executive. The rationale for their selection was based in the RMSCC's desire to utilize their capacities within the research, such as facilitation, thereby respecting, engaging, and launching from a point of knowing the community. The involvement of the two individuals, one at each session, was a strength in this research methodology.

Community participants, self-identified as Métis and holding a membership with RMSCC, were notified through a poster plus word of mouth announcing the community meal and sharing opportunity. Further, the student had met with a number of the RMSCC membership and key Métis community people to encourage and build momentum for attendance at

the sessions. The number of people at each session varied as people would come and go throughout the meal.

The sessions, between 60 and 90 minutes in length, were held at the RMSCC in the summer of 2006. Each meeting was taped and note-takers captured key points of the sessions. The facilitators had a short interview guide of open-ended questions which allowed them to capture key areas of interest and to respond fluidly to the discussions and interactions within the group. The transcripts of these notes were made available to community members who participated in each session for review and comment; no feedback from the community members was received.

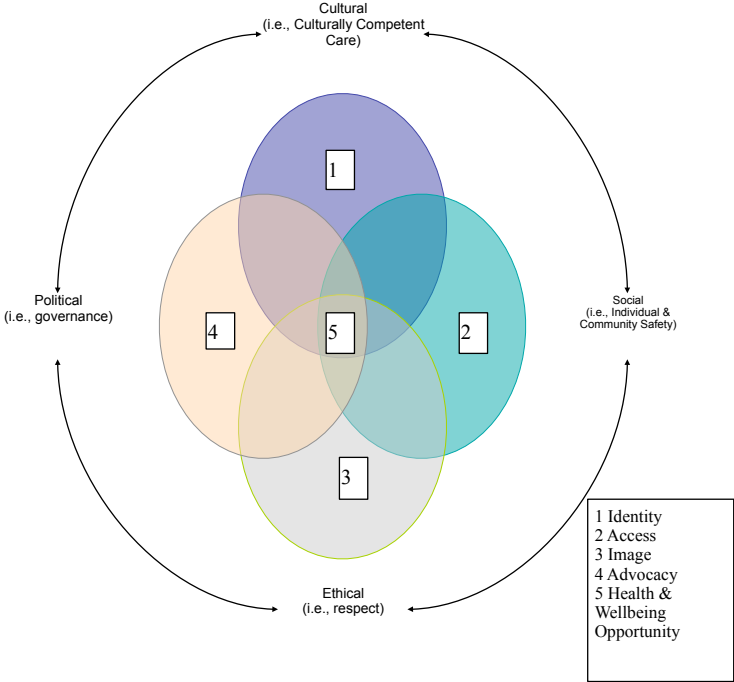
The transcripts were analyzed using Patton's inductive approach to uncovering or discovering the patterns or themes within the data. "Indigenous typologies" were used as these more closely reflect the understandings of the participants and use their language rather than the alternative analyst-constructed typologies. This approach yielded two broad themes — macro and micro — and eight subthemes (which are discussed in the Research Findings section of this paper). Coding the transcripts with these categories reconfigured the categorical scheme to include a ninth subtheme entitled "Health and Wellbeing Opportunity." Upon completion of the analysis, the research team met with representatives from the community to share and validate the themes.

## RESEARCH FINDINGS

All research findings were reviewed and approved for release by representatives of RMSCC, including a Métis academic faculty member and members of the RMSCC board executive team. Two levels of findings were identified through this research. Macro findings reflected the contextual and/or environmental aspects affecting the RMSCC. These were reported as cultural, social, ethical, and political themes. It was felt that the macro findings delineated the key pressures and voices which inform and affect all programs, services, and planning by RMSCC. Micro findings pertained to the individual and community yielding four major themes and one cumulative theme, derived from the sessions. The major themes included "identity," "access," "image," and "advocacy," interwoven in the cumulative theme of "health and wellbeing opportunity."

Figure 1 depicts the relationship of the macro and the micro findings and the respective themes. Placing the findings into this diagram made it

**Figure 1. Achieving a Culturally Appropriate (Caring) Health Environment for RMSC Community.**



clearer during the member sharing that each of the micro findings were very directly affected by the macro context. Further, it became apparent that in order to fully maximize and/or address the cumulative theme of health and well-being opportunities each of the other themes would have to be strengthened and addressed, thereby affirming a need for a holistic and comprehensive approach by the RMSCC.

## MACRO: THE BROAD CONTEXT

In the discussions, the participants described the macro environment influencing their personal, community, and organizational functioning. They clearly underscored that an understanding of the conditions and constraints within the existing external environment (i.e., external to RMSCC) was necessary.

### CULTURAL CONTEXT

The importance of culture, according to the participants, has historical roots. They discussed how traditional ways and history have informed the current

Métis context. One participant noted that “what we are today is a result of being ... historically ... marginalized, [there was a] time when it wasn’t cool to be Métis.” The current cultural context was described as replete with racism, misunderstanding, and lacking in cultural appropriateness/awareness. According to participants, cultural strengths such as traditional practices are often overshadowed by cultural stereotypes and lack of respect.

### SOCIAL CONTEXT

The family and community were consistently described as foundational to the Métis social fabric. Many participants spoke of “family ties” and “making sure that our famil(ies) stay together”; others spoke of the intergenerational aspects of family and community specifically in their discussion of the integral role of elders.

One participant referred to Métis social status as “a minority within a minority,” reflecting the challenges in the context of Aboriginal people and identity. This discussion suggested that the social context for Métis people could only be understood and strengthened through the “support of Aboriginal people.”

### ETHICAL CONTEXT

The ethical context was described as replete with racism and lacking in fairness and respect, with ethical treatment of Métis people being depicted as a “human rights issue.” There were many examples of institutionalized and experiential racism cited resulting in a call by one participant for “a mechanism to address systemic racism in our community.” It was stated that there is a need to prepare and sensitize people and organizations about “why challenges exist for our people.”

### POLITICAL CONTEXT

The participants described a political environment of “power inequities,” lack of “leadership/community role models,” and the “need of a voice, so we can support our people.” One participant indicated that “Métis people need to get more involved at government level, city level, organizational level that affect Aboriginal people [and get] more involved in policy process.”

## MICRO LEVEL: THE NARROW CONTEXT

The micro findings refer to the individual and community functioning. In the same manner that the macro emphasizes the external environment, the micro focuses on the internal (RMSCC level).

## IDENTITY

Participants reflected on how the RMSCC members and community self-define, delineate membership, and come to a “sense of interconnectedness and belonging.” Fostering the “strong sense of family” and using “community events to keep family ties” were identified as key in RMSCC’s role. It was this role that was described as important — “a sense of belonging to community or extended family is very healthy.”

## ACCESS

Participants identified services, such as transportation and referrals, and programs, such as parenting clinics; adult literacy education; and food security, as desired and necessary. Affordability of programs and treatments (i.e., medications or blood strips for diabetes monitoring) was stressed as a barrier and a challenge for RMSCC members. The lack of culturally appropriate strategies was also described as a barrier to access, such as lack of funding to grandparents raising their grandchild(ren) to enable the family to remain intact. RMSCC was seen as critical in improving or enabling access as it often “provide(s) community with supports and services, without the capacity or funding to do it.” Participants felt the “community knows (RMSCC) is here for them ... if RMSCC can’t provide [a program or services] we will get direction on where to go.”

## IMAGE

The image of RMSCC members and the organization was rooted in the Métis image. Some participants emphasized that “we [Métis people] are survivors” and others reflected the need to self-identify as Métis conveying “awareness and pride.” In order to enforce these, “safe environments [must] be provided if individuals or organizations self-identify as Métis.” There was also a consideration of how important “elders as the keepers of our knowledge” are in constructing and sustaining a positive image.

## ADVOCACY

Advocacy refers to issues of voice and networking to create presence of the RMSCC community. Many participants stated that they “need RMSCC to be our voice.” The elders are integral to advocacy efforts as they are the “ones that helped us” and “we need to learn from them and seek their advice.” There is significant emphasis on RMSCC’s role in advocating and bringing the community’s needs to the attention of stakeholders, funders, and gov-



ernments. In the words of one participant, “[RMSCC needs to] find some way to empower our people.”

## HEALTH AND WELLBEING OPPORTUNITY

The four major themes were envisioned as overlapping in a theme identified as health and wellbeing opportunity (essentially the potential to achieve health and wellbeing). This theme was reflected in participant remarks such as RMSCC “needs to encourage growth that benefits our health” and “create shared voice — shared view.” The emphasis was on the potential to “build trust within our community and draw on our strengths.”

## SUMMARY

As the research proceeded, the team learned the importance of “presence” or visibility within the community. To have our members available to speak and support RMSCC staff about the importance of this work was key to achieving quality and inclusive findings. Further, this community engagement was critical to the continuing relationship with the research team.

Since this study, RMSCC has continued to be willing and involved in related research projects, including an extensive health needs assessment project. The study findings have been used to inform ongoing strategic planning. This initial project was the starting point of this journey to capacity building and strengthening their engagement in a community-based, strengths-based research agenda.

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