Health Canada Santé Canada

Maternal Child Health Program

in First Nations Communities, On-Reserve

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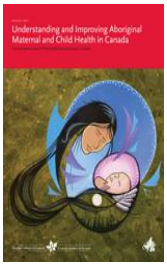
Canada

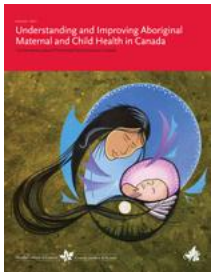
Health Council of Canada Report

Understanding and Improving Aboriginal Maternal and Child Health in Canada



- In January and February of 2011, the Health Council of Canada held a series of seven regional sessions across Canada to learn what programs and strategies are making a difference in the health of Aboriginal mothers and young children.

Health Council of Canada Report – cont'd



- The goal of the report was to create a better understanding of; and to support programs and initiatives that have the potential to reduce health disparities between Aboriginal and non-Aboriginal Canadians.

"Manitoba Strengthening Families Maternal Child Health Program"
- Community Ownership and Determination.

Communities need to own their own health programs and processes.

Background - Maternal Child Health (MCH) Program 2005-2006

- The commitment to improve maternal and child health in First Nation communities took place at a First Ministers Meeting in September 2004
- A funding announcement followed in the spring of 2005 at a special meeting on health between the Provincial Ministers & First Nation & Inuit leaders

Background – cont'd

- Funding to support a Maternal Child Health Program offered on-reserve, came from what was termed "Upstream Investments" – a fund to support initiatives with preventative approaches to health (110 Million over 5 years across Canada – Manitoba <4 million per year)
- The Assembly of First Nations (AFN) was engaged at the national level in the development of the overall program framework

5

2005 – 2006

- At the Regional level in Manitoba, discussions began within the First Nations & Inuit Health Branch office, with participation from regional senior management, the nursing directorate and community programs
- The purpose of meetings was to determine the location of the MCH program and the overall structure of program
- Initially the program was to be located within the Nutrition and Diabetes Unit in Community Programs Directorate
- All community programs within the Community Programs Directorate combined resources to hire an Integration Facilitator

6

2005 – 2006 cont'd

- From there initial MCH program awareness and planning activities took place and a Community Programs Directorate Integration Committee was formed
- This committee focused on creating linkages among Community Programs within Regional Office and between First Nation organizations and communities
- As a result of this integration effort, early contact was initiated with the Assembly of Manitoba Chiefs to engage First Nations in the development of the MCH program. The invite was also extended to SCO and MKO – two other Provincial Territorial Organizations (PTO) in Manitoba

2005 – 2006 cont'd

- At an initial planning meeting, between FNIHB & First Nation Organizations it was determined that First Nations should have immediate participation in the regional roll out of the program
- The same year AMC released the Health and Wellness Strategy – A 10 Year Plan for Action. One of the Action Items of this strategy was to have greater participation in the creation of new programs and services that are culturally rooted and effectively delivered to meet health needs of First Nations
  - See Key Action Area One: Health Care System Framework, AMC Health & Wellness Strategy

2005 – 2006 cont'd

- Initial rounds of consultations determined that an MCH Steering Committee would be involved in overall implementation of the program
- A joint call for nominations for the Advisory committee was issued by the Grand Chief of AMC and Regional Director in 2005
- The Terms of Reference indicated that the Advisory Committee membership would require a background in First Nation community programs, and expertise in Maternal and Child Health, Child Services or Community Health

2005 – 2006 cont'd

- One of the first decisions made by the newly formed Advisory Committee was that the Nurse position be housed at the AMC as a "demonstration" project – to ensure First Nation participation in program development
- They also determined that in order to make any difference in Maternal Child Health outcomes, a targeted approach with adequate funding at the community level was needed
- As there was not enough funding to establish a program in all First Nation communities, a proposal driven process was chosen as the best mechanism to distribute funding

2005 – 2006 cont'd

- Manitoba moved quickly in disbursing the funds: A Request for Proposals that included a draft national framework, was issued by the Advisory Committee in spring of 2006
- 31 letters of intent were received, and 18 were invited to submit a full proposal along with a small sum of cash to assist communities in proposal writing
- First Nations & Inuit Health Branch along with the Advisory Committee reviewed proposals and selected communities in spring of 2006. Manitoba Region cash managed programs and funding flowed to communities in April 2006
- Eleven communities received funding in 2006

Initial Criteria for Funding

- The Advisory Committee recognized that existing capacity was important in the first projects to be funded and implement the program quickly
- Accordingly, the criteria the community had to submit included:
  - Documentation of a successful implementation of community programs
  - Support through a band council resolution or equivalent

Initial Criteria for Funding – cont'd

- Evidence of success in recruitment and retention of a Nurse; and
- The presence of infrastructure and program support in the community

Assembly of Manitoba Chiefs Involvement - 2006

- AMC contracted Dr. Rachel Eni on recommendation of the MCH Advisory Committee and FNIH to work with AMC & communities to develop an evaluation plan for program. Dr. Eni had prior experience working with the CPNP program in her doctorial thesis
- Nurse Program Advisor (NPA) hired in 06/06, initially with funding for 1 EFT

AMC Involvement – cont'd

- 1st activity – division of responsibilities between FNIH Program Manager and NPA in June/July 2006
- 2nd activity AMC was to negotiate funding to oversee overall development of the program, that included training, capacity development & evaluation of program

15

2006

- The Contribution Agreement was therefore amended to reflect the co-management structure of the program
- The AMC Nurse Program Advisor (NPA) therefore assumed the responsibilities to work directly with and support communities, finalizing the design, delivery, implementation, and mechanism to evaluate the program
- The Nurse Program Advisor's approach was one based on the principles of community development – community engagement, involvement, collaboration & mobilization

16

Evaluation Workshop 2006

- One landmark activity of the NPA and AMC was to work jointly with the University of Manitoba (Dr. Rachel Eni, Drs Sid and Harvey Frankle) to organize a planning workshop in November 2006
- This was based on the MCH Advisory Committee's recommendation that an evaluation and research arm would follow the development and implementation of the program to 2010
- All funded community staff, Advisory Committee members, regional staff and invited Elders were present

17

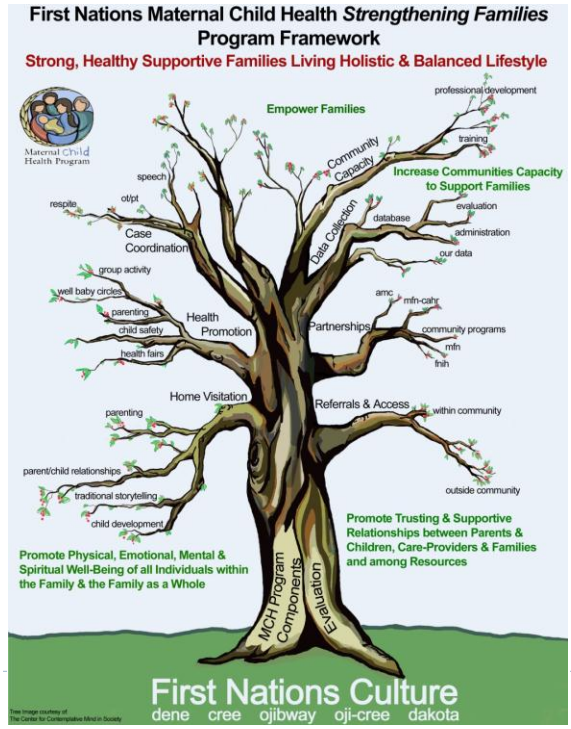
Development of a Cultural Framework and Evaluation/Research Plan

- From this formative workshop arose a Multi-year Evaluation Plan, which included continued involvement of Dr. Rachel Eni, University of Manitoba and the Manitoba First Nations Centre for Aboriginal Health Research
- This workshop also included discussion on a Manitoba First Nations Cultural Framework, a model which was "Strength-Based", and inclusive of the entire family (see Program Framework)

18

Development of a Cultural Framework and Evaluation/Research Plan – cont'd

- A Manitoba First Nation lens was therefore utilized to develop a vision for the program along with our own goals and objectives utilizing the PATH process (Planning Alternative Tomorrows with Hope).



Evaluation Framework (2006)

- First Nation communities, advisory committee and regional staff were also engaged in developing indicators, logic model, design and methods of evaluating the program
- Long term vision for evaluation necessitated that the core elements of program be standardized, while still respecting community uniqueness and incorporating cultural strengths; development and standardized data collection tools and development of evaluation capacity at the community level
- This would allow for effective formative evaluation of program as well as longer term impact of program

21

Manitoba Strengthening Families Vision

That every First Nation Community in Manitoba have strong, healthy, supportive First Nation families living a holistic and balanced lifestyle

22

Manitoba Strengthening Families Goals

To assist our communities in growing:

- Healthy Children
- Healthy Moms, from pre-conception, prenatal, birthing and postpartum
- Healthy Fathers and
- Healthy Families

23

Program Objectives

Program Objectives:

- Empower Families
- Promote the physical, emotional, mental and spiritual well being of women children and families
- Promote trusting & supportive relationships between parent/child, care provider/family, and resource to resource
- Increase communities capacity to support families

24

Program Philosophy/Guidepost

- Grounded in First Nation culture
- Built on community and family strengths
- Voluntary participation
- Strength based approach

Program Philosophy/Guidepost – cont'd

- Family focused
- Relationship focused
- Acknowledge and strengthen community capacity

5 Elements

- Home visitation program: in home support by specially trained home visiting staff
- Connecting families through referral and access to additional support and services within and external to community
- Linkages with other programs and services to support all families in community through;
- Health promotion and educational activities
- Case Management for families with complex needs

27

Program Description

- Health Promotion Home Visiting program
- Model similar to Families First Program, (at request of communities to allow for transition of families on and off reserve)
- Target population: prenatal women, families with children 0-6
- Work with families on 1- 4 leveling system based on families needs; level 1 more frequent visits (weekly) level 2 (bi-weekly)..

28

Program Description – cont'd

- Families transition through levels by achieving family goals
- For those families experiencing stress – revert to special services and visiting can be more frequent
- Voluntary Enrollment, however we continue to work with families whose children may have been removed or plans are underway to return children with (90 day policy)

29

Home Visiting Program

- Primary activity is the delivery of an educational curriculum with family. Growing Great Kids - curriculum chosen by communities
- In home support aims to increase parental competency, promote healthy parent child relationships, healthy family interactions, bonding and attachment
- Strengthen relationships within family and community
- Promote healthy child development, foster self-esteem and empathy in children

30

Major Goals & Accomplishments 2007

- Another call for proposals were issued and 4 additional communities received funding
- Quality Assurance (QA) Plan developed by AMC NPA was also presented and approved by the MCH Advisory Committee
- QA plan included: short, medium & long term objectives
- Short: develop program standards & standardization documentation forms & tools (**Regional Program Standards**)

31

Major Goals & Accomplishments 2007

- Medium: refinement of tools and develop data collection tools, training and capacity development to support **QA Plan**
- Long: development of a comprehensive Peer Support Program & HR & **build stronger link** with provincial partners – Healthy Child Manitoba (HCM)

32

2008

- 5 Individuals began **TA/QA training** including Families First Coordinator, HCM
- Training funded by FNIHB, coordinated by AMC
- 2nd intake began in 2008, included new Families First Coordinator, HCM and Michele Tully
- Negotiations began with Healthy Child Manitoba to develop a **Joint Training Initiative**.

33

2008 cont'd

- **Joint Training Plan** developed with 2 year timeline for implementation
- Commenced joint quarterly meetings with Families First and SF-MCH program (.5 day) to discuss common practice issues or joint professional development

34

2009

- Advisory Committee approved a Peer Support Plan & Pilot in 5 west region communities
- Michele Tully was hired in April 2009 as Peer Resource Specialist
- Development of Peer Support Program to assess and support communities to strive toward program excellence and meeting program standards

2009 cont'd

- Development and launch of the Strengthening Families Information Management System (**SF-IMS)**
- SF-IMS is a charting tool to assist communities to screen families, document home visits, referrals and collect program data and generate community and regional reports and statistics

Year of Partnerships - 2009

- Commenced Joint Training Initiative with Healthy Child Manitoba (25/75% participation) and Regional Health Authorities
- First Nations represent 25% participants/75% RHA's
- Joint SF-MCH & HCM "Striving for Program Excellence Workshop" facilitated by Little Black Bear & Associates (LBB)

37

Year of Partnerships - 2009

- Joint training plan included development of 2 Provincial Curriculum Trainers:
  - FNIHB/AMC provided funding/coordination for training (80K over 2 years)
  - HCM provided funding to RHA's (.25 per region) for HR capacity
    - Interlake Regional Health Authority (.25)
    - Winnipeg Regional Health Authority (.25)

38

2010-2011

- Development & Refinement of Peer Support Program Structure, Peer Support Manual & forms
  - 5 Communities that have met 75% or more of program standards
  - Improved quality of community programming & collection of data

39

2010-2011 cont'd

- Revised Program Standards in collaboration with FN
- New release of SF-IMS(system upgrade)
- Training commenced and completed for the two regional curriculum trainers
- AMC Team took the lead in developing a SIDS/Infant Mortality Campaign in partnership with Little Black Bear and Associates and Dr. Rachel Eni, University of Manitoba

40

2011-2012

- AMC launched the province wide SIDS campaign delivering information through radio messages, posters, educational workshops
- AMC NPA took a lead role in the Manitoba First Nations Infant Mortality research project – International Indigenous Infant Mortality Collaboration (IIIMC)

41

2011-2012 cont'd

- Official launch of the joint training initiative and began delivering the curriculum training in partnership with HCM and Regional Health Authorities, coordinating and supporting mandatory curriculum training
- Official release of the 5 year evaluation report

42

2012-2013

- Phase 2 of Infant Survival/SIDS Resource Development: Nurse Program Advisor continued in an advisory capacity in the Infant Survival/SIDS resource development
- Coordinated a workshop with Health Technicians Network in May 2012 that focused on community education needs in partnership with Little Black Bear (LBB) and Associates
- The Peer Resource Specialist (PRS) led the team as clinical expert and writer on the SIDS resource development, culminating in community training, feedback and validation session on March 19th and 20th, 2013

43

Key Accomplishments

- **Regional Developmental/Action Evaluation** – comprehensive evaluation grew in parallel with program
- **Regional Peer Support Program** – intensive direct program support by AMC staff with advanced training to support communities to deliver quality services
- Development, Incorporation & Support directly to communities in meeting **Program Standards**

44

Key Accomplishments

- Development of **SF-IMS**
- **Leaving Home for Birth Initiative** – services to families/women leaving home to give birth (multilevel collaboration)
- **Research Activities/Health Promotion**

45

"Whether or not families are participating in SF-MCH, community members say that the SF-MCH is important and a valuable health promotion, education and intervention program that should receive ongoing support to stay in the communities. Families are noticing SF-MCH programming effects on reducing interpersonal violence, building trust in families and communities, health education, lifestyle changes, and improvements to maternal and child health and development. The development of trust between community members and health programs is essential to community wellness" (MCH 5 Year Report, 2010)

46

Positive Program Outcomes

- Families working toward goals they set for themselves
- Increased commitment to family life
- Greater awareness of needs of family and children
- Children meeting and exceeding developmental milestones

47

Positive Program Outcomes – cont'd

- Increased parental confidence/ability to care for children
- Positive Lifestyle Changes:
  - Obtaining employment
  - Going back to school
  - Greater family satisfaction

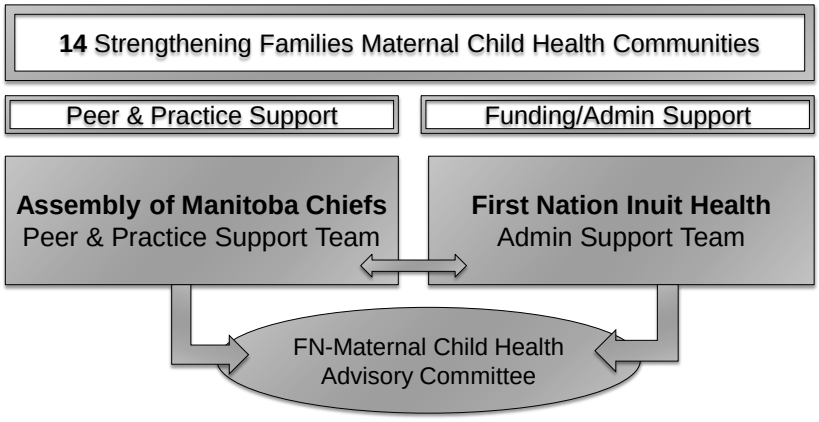
48

"emphasis on importance of spending time together SF-MCH has encouraged active engagement of families in decision-making regarding individual health care needs, interests and goals. This type of programming introduces an important element to Canadian health care that is not as readily available through tertiary care settings. Family active participation in health matters is a way to get families to think about what they want for themselves, for the family as a whole, and to work towards prevention where necessary, as well as towards taking the steps to realize aspirations. As such, SF-MCH is a vital tool for empowerment and overall family and community wellness" (5 Year Report)

Program Management

- Program jointly managed by First Nations and Inuit Health (FNIH) and Assembly of Manitoba Chiefs (AMC)
- Program Support Team – Assembly of Manitoba Chiefs:
  - Nurse Program Advisor,
  - Peer Resource Specialists and
  - Administrative Support
- Program Management – First Nations and Inuit Health
  - Program Manager
  - Administrative Support

Co-Management Structure:



Striving for Program Excellence

- Development of the Peer Support Program was a four year process that began with the Quality Assurance plan in 2007
- Began as Pilot Project to provide professional support & technical assistance to 5 communities within the West Region Tribal Council area
- Evolved into a comprehensive Peer Support Program providing Quality Assurance support to all 14 Strengthening Family Communities in Manitoba - 2009/10
- Team Members: Peer Resource Specialist & Peer Support Specialists with advanced training in Quality Assurance Certification with Great Kids Inc

What is Peer Support Program (PSP)?

- It is a quality assurance and assessment program designed by the AMC Practice Support Team
- It is a system of support built directly into the program at three levels: individual, community & regional
- We examine a number of “program delivery elements” and processes
- It involves the application of ***consistent protocols*** addressing multiple delivery processes

Objectives of Peer Support Program

- **Enhance program effectiveness**
- **Empower Community Program Staff**
- **Improve maternal and child health outcomes**
  - by enhancing program effectiveness at the community level
- **Ultimately, better programs, better services to families, better outcomes for program families**

Peer Support: Basic Principles

- **Participation**
  - Community level staff are involved in the entire process, from setting agenda to planning for system improvement
  - Mentoring for new supervisors, so that community level support continues and is built into every day practice (Parallel process)
- **Inclusiveness**
  - Community leadership and staff are involved, all communication is through the health director
- **Accountability**
  - Bilateral, lateral, within Nation (community staff to leadership) and Nation to Nation

Four Tenets of Manitoba PSP

- Peer Support is **oriented towards meeting the needs and expectations of community programs**
- **Focus on system and processes**
- **Dependent on data for analysis** of service delivery processes (e-SF-IMS)
- **Team approach** for problem-solving and quality improvement

PSP Process: Site Visits

- Review SF-IMS Data with program staff (activities/documentation)
- Shadow Home visitors completing a home visit with a program family, delivering curriculum utilizing communication strategies – highlight strengths, offer suggestions on opportunities for growth
- Shadow Nurse/Supervisor completing a Family Assessment

PSP Process – cont'd

- Shadow Nurse/Supervisor providing Reflective Coaching with a Home Visitor
- Utilize consistent forms to observe critical home visiting practice standards (communication strategies, interventions/daily do's)
- Take data/observations & **synthesize** all of the information
- **Relate and connect t**his information back to program standards

PSP Process – cont'd

- **Debrief** assessment with program staff
- **Develop recommendations** jointly with program staff, health director &/or community members on how they can strive toward program excellence
- A **report** follows within two weeks with a period for **planned implementation** for recommendations

Why Call it Peer Support?

- Quality Assurance is a term that originated in market based services. It involved monitoring and improving services to customers
- Peer Support is about relationships, the story behind the numbers, with emphasis on improving **outcomes** by supporting community based staff and programs to function at an optimal level, within their capacity, and at key intersecting points common to all programs (Screen, Assessment, Home Visiting etc.)

Peer Support

- Key difference here is SUPPORT, not monitoring
- Goal is to strive toward program excellence, offer the best service possible to families

61

Evaluation Findings

- The evaluation of the Peer Support Program highlighted:
  - Increased community voice at regional level
  - Increased quality of home visiting program
  - Increased capacity of program staff to deliver home visitation
  - Improved quality of data collection/documentation
  - Decreased/minimization of program drift
  - Program staff reported they felt supported by AMC Regional Program and Practice Support Team

Other Activities of Nurse Program Advisor

- Sit on policy and advisory committees representing interests of First Nation families and women in Manitoba – Maternal and Child Health Task Force
- Presented a Briefing Note to the Task Force on the First Nation Maternal Evacuation Policy of removing women from communities to give birth
- Nurse Program Advisor had also undertaken Master's Thesis – experiences of women leaving home to give birth
- The result was the commitment of Provincial Minster of Health 2010 to address gap in services for women relocated to Winnipeg and awaiting delivery of babies
- Formation and launch of the Winnipeg Regional Health Authority "Prenatal Connections Program"

What is necessary for Successful Programming?

≈Commitment, First Nation Participation & Strong Partnerships≈

First Nation Communities - are engaged in discussions for all decisions that impact program, consultation and participation

Families First & (HCM) – Government of Manitoba and Regional Health partners commitment to support training for program on and off reserve

University Of Manitoba – Department of Family Studies, Indigenous Social Justice Group (began with First Nations Centre for Aboriginal Health)

Concluding Remarks

- In conclusion, my opinion is that this is the first program to come along to address the concerns that were raised in the Royal Commission on Aboriginal Peoples and the Aboriginal Justice Inquiry in regard to harmful effects of the child welfare system and the residential school system, in terms of the damage that had been done to the family structures

- Most significantly, the program attempts to rebuild the gap in the breakdown in the transmission of knowledge from generation to generation about how to care for children in a nurturing and positive way

65

Concluding Remarks – cont'd

- The program works with families in finding their strengths, and for families in crisis it transitions to the "Growing Great Families Curriculum", especially with families motivated to parenting their children
- To our knowledge, the Strengthening Families Peer Support comprehensive quality assurance program is the only program delivered in Canada that has designed a mechanism to gauge where communities are at in meeting program standards
- Situated uniquely within the Assembly of Manitoba Chiefs has been valuable in developing program with a community focus; advocating for all families and providing a Health Promotion service to all First Nations in Manitoba

66

Manitoba First Nations Health & Wellness Strategy

- The Manitoba First Nation Program was a successful demonstration of First Nations involvement and participation in program development, one critical key action outlined in the Manitoba First Nations Health and Wellness Strategy, 10 year Plan for Action

- Also, outlined in the strategy was a move toward an effective healthcare system, outlined in Section “A” and to improve the coordination of programs and services among First Nations, federal and provincial governments. The Manitoba First Nations Strengthening Families program has accomplished both of these

67

Health and Wellness Strategy – cont’d

- To enhance the coping abilities and nurture self-esteem, self-respect and confidence in individuals, families and communities and to take their rightful place in this world and protect every First Nations child, youth, woman, man and elder. Maintain that each has a right to live in safety, peace and harmony in their homes and communities

- All those elements are contained within the SF-MCH program framework and made it so that it fit within our framework

68

Future Directions

- Continue to foster relationships with community, governments such Healthy Child Collaboration – Universal Common Screening Process
- Continue to build upon the Peer Support Quality Assurance program and support programs to achieve higher standard of programs & services
- Continue to increase communities capacity to support families – training and health promotion activities
- To have positive effect on families, potentially decrease incidence of child apprehension in future generations
- **However, future is uncertain funding commitment ends in 2015**

69