



Supporting First Nation Communities who support First Nation Families

Peer & Practice Support Program Team in Manitoba's First Nation Strengthening Families Maternal Child Health Initiative



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Outline

1. Manitoba Story – the SF-MCH Initiative
2. Peer Support Program
3. Evaluation of Peer Support

What the Health Council of Canada said:

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.
- ▶ The goal of the report is to create a better understanding of; and to support for 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 of the MCH program

- ▶ The First Nations Maternal Child Health Program evolved from the First Ministers Meeting September 2004 with a commitment to Maternal Child Health.
- ▶ Funding announcement in Spring of 2005 at special meeting of First Ministers & FN&I leaders
- ▶ At the National level, First Nations (AFN) involved in discussions in the development of an overall program framework.

In Manitoba (2005-2006)

- ▶ In Manitoba, consultations took place FNIH Regional office, with participation from regional senior management team, nursing and community program staff to determine location of MCH program and the regional structure of program.
- ▶ Initially located within the Nutrition and Diabetes Unit in Community Programs Directorate.
- ▶ Integration efforts were taking place within the Community Programs Directorate within FNIH

2005-2006

- ▶ As a result of this integration effort, early contact was initiated with the Assembly of Manitoba Chiefs regarding the implementation of MCH program in MB.
- ▶ Invite extended to SCO and MKO – two other PTO's in Manitoba.
- ▶ Initial meeting, it was determined that First Nations should have immediate participation in the regional roll out of the program.
- ▶ Same year AMC released the *Health and Wellness Strategy – A 10 Year Plan for Action 2005-2015*.

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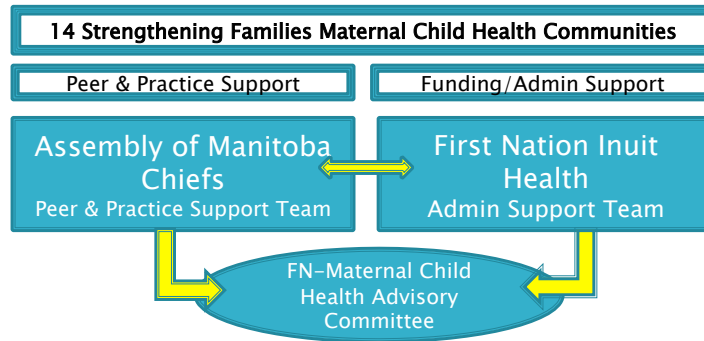
FN Health & Wellness Strategy

- ▶ Emphasized the need to “*include First Nations community as a full partner in all planning and decision making process that fosters collaboration and consultation to restoring self-governing authorities*”.
- ▶ Initial rounds of consultations determined that an MCH Steering Committee would be involved in overall implementation of the program.

Formation of the AMC Team

- ▶ A joint call for nominations was issued by the Grand Chief of AMC and Regional Director in 2005.
- ▶ An “Advisory Committee” consisting of community members in Maternal and Child Health, Child Services or Community Health was formed.
- ▶ A decision was made by the newly formed Advisory Committee that the Nurse position be housed at the AMC as a “demonstration” project - First Nation participation in program development.

Co-Management Structure:



Manitoba First Nation Picture

- ▶ 14 funded First Nation Communities in Manitoba
- ▶ 14/63 First Nation Communities (22%)
- ▶ 49/63 First Nation Communities do not have a program (78%)
- ▶ First Nations have developed a Strengthening Families Information Management (SF-IMS)/Documentation System to support communities and Peer Support Program.

Vision

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

Major 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

What we are:

- ▶ Home Visiting program for Prenatal women and families with children 0-6 years age
- ▶ Voluntary Participation
- ▶ Nurse or Professional Supervisors & professionally trained home visitors
- ▶ Provide 1:1 education and information to families
 - Bonding/Attachment
 - Child Development
 - Parenting & traditional parenting in today's world
 - Setting and working goals
 - Breastfeeding Support
- ▶ Discovering & incorporating the strengths of our cultures

Indicators of Success

- ▶ Increase Prenatal Care – moms in HV program are visiting primary care providers as scheduled.
- ▶ Increased Access/referrals to resources & specialist including prenatal education – moms in HV reporting they have access to prenatal and BF education
- ▶ Increase Breastfeeding rates initiation, duration and exclusivity for HV Families
- ▶ Children meeting developmental milestones & children ready for school
- ▶ Decreased alcohol use/smoking during pregnancy
- ▶ Improved parenting skills - stronger Families
- ▶ Improved parent-child relationship/attachment

Training for Community Staff

- ▶ Integrated Strategies for Home Visiting
- ▶ Growing Great Kids Curriculum Training
- ▶ Breastfeeding Peer Support
- ▶ Working with High Risk Families
- ▶ Establishing Healthy Boundaries
- ▶ Advanced Supervisory Skills

How does the SF-MCH program Support Breastfeeding?

- ▶ Training of HV – Breastfeeding Peer Support training. Another round planned for next year.
- ▶ Breastfeeding Education – included in the Prenatal Curriculum–benefits/advantages for mom and babe.
- ▶ Integrated into everyday practice, every visit HV report on Breastfeeding in HV Log.
- ▶ Documentation requirement serves as a reminder to assess how things are going for mom and babe.

Support continued

- ▶ Connect families to support if they are experiencing difficulties
- ▶ We track breastfeeding statistics in our data base SF-IMS.
- ▶ Noticeable increase in duration/exclusivity for HV families post training

Challenges Identified by SF-MCH

- ▶ Mom's report not being supported in hospital after birth of babies. Encouraged to bottle feed when encountering problems.
 - ▶ Moms don't return home immediately after delivering babies, or are not visited promptly by nurse upon returning to community.
 - ▶ 9-4:30 Monday-Friday workday in most communities.
 - ▶ Breastfeeding difficulties not seen as a "medical emergency" or either not seeking help when encountering problems.
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