What Have We Heard

• Holistic approach to programs, which should be geared towards the entire family (GW II)
• Access of programs for on-reserve communities (HD)
• Training and education for families and communities (GW II)
• Emphasis on prevention and health promotion, not just screening and treatment (GW I)
Aboriginal Maternal and Child Health Committee

- First tripartite committee that ensures Aboriginal and First Nations representation
- Assist in enhancing, and integrating culturally appropriate health services to Aboriginal peoples and communities in the province of BC
- Provides recommendation and feedback to all Maternal and Child Health Initiatives
Aboriginal Maternal and Child Health Committee

Aboriginal Representatives:
• 2 Vancouver Coastal Region
• 2 Fraser Health Region (Candace Robotham and Tamara Fritzche)
• 2 Vancouver Island Region (Jeannette Callahan, Hanna Scrivens)
• 2 Northern Region (Charmayne Gagnon)
• 2 Interior Region (Shelly Johnson, Star Cardinal)
• 1 Central BC (Prince George/Williams Lake area)
• 1 Métis Representative (Holly Tennant)
• 1 Urban Representative (Christine Atkins)
• 2 FNHC (Marilyn Ota)

Tripartite Representatives:
• Ministry of Health Living and Sport, First Nation Inuit Health, Provincial Health Service Authority – Perinatal Program, Public Health Agency of Canada, and National Collaborating Centre on Aboriginal Health
Feedback and Recommendations:

• SIDS Special report with Child Death Review Unit
• Assessment tools used by Early Hearing Program
• Worked with the Shaken Baby Syndrome – Period of Purple Crying
• Various tools that were developed with tripartite partners
Maternal and Infant Health

• The First Nations Health Council (FNHC) and the Women’s Healthy Living Secretariat (BC Ministry of Healthy Living and Sport) have been working together to promote and protect maternal and infant health.

• During 2008-2009, key maternal health promotion activities included:
  • ActNow BC- Healthy Choices in Pregnancy
  • Baby’s Best Chance- DVD
ActNowBC- Healthy Choices in Pregnancy

• On June 24-26, 37 service providers from 22 communities in BC attended an Aboriginal specific, Healthy Choices in Pregnancy (HCIP) education session.

• The session was specifically designed to reach health care providers, working in First Nations Communities, who provide services for women in their childbearing years.
Maternal and Infant Health

• The Provincial HCIP education team and the National Collaborating Centre for Aboriginal Health co-lead the sessions. The FNHC and the Women’s Healthy Living Secretariat facilitated this process.

• Using a train-the-trainer model, the purpose of HCIP education is to increase the counselling skills of health care providers, so they can address alcohol and substance use during pregnancy in a women centred, culturally appropriate manner.

• Evaluations were positive and an additional session is in development for December 2009.
Maternal and Infant Health

Baby’s Best Chance DVD

• A provincial best practice resource developed by the Women’s Healthy Living Secretariat (BC Ministry of Healthy Living and Sport).

• Developed for service providers to support prenatal education for families, the FNHC distributed these DVDs to BC’s 203 First Nations Communities.
Maternity Access

Executive (new for 2009/2010)
• To provide leadership in prioritizing and implementation bringing Perinatal health closer to home and in the hands of women
• Tripartite Partners:
  – First Nations Inuit Health, First Nations Health Council, Ministry of Healthy Living and Sport
  – Facilitated and chaired by BC Perinatal Health Program - Provincial Health Services Authority

Aboriginal Perinatal Health Advisory Committee (BCPHP)
• To provide technical support and expertise
• Development of specific working groups for specific projects (ie. Doula training)
• Aboriginal and Perinatal Leads from Health Authorities, and specialists in the maternal/neonatal field and others working in the field in BC

Aboriginal Maternal and Child Health Committee (FNHC)
• To provide community support and expertise
Maternity Access

**Doula Curriculum**

Coordinated from the BCPHP in collaboration within the Aboriginal Perinatal Health and Aboriginal Maternal Child Health Committees:

- Designed in collaboration with an Aboriginal Doula Committee and Aboriginal women
  - Obtained traditional birthing practice stories from Aboriginal women around the province
  - Ensured the DONA guidelines for certification were included
  - Elders invited to participate in the training
  - Invited Aboriginal doulas to share their experience
  - Invited local hospitals and health authority personnel to participate in the training
Maternity Access

Doula Training:
• Northern (Hazelton - 9 Aboriginal women)
• Interior Health (Kamloops - 17 Aboriginal women) regions were selected as pilot sites because of the high number of Aboriginal babies born in these areas

Process of selection of students:
  • Application process, which had to have the support of the community Health Director
  • Sustainability of Doula once trained so that students had support systems in place
  • Be in catchment area of Kamloops or Hazelton
Maternity Access

Next steps:

• Reconvene advisory Doula working group (to include tripartite representation) to assist with continuation of project
• Follow up and evaluation of previously trained Doulas
• A selection process for further training to be developed by the Doula Working Group.
Early Childhood Screening

First Nations Health Council (FNHC), Ministry of Healthy Living and Sport (MHLS), First Nation Inuit Health (FNIH), health authorities and community partners working in partnership.

Key Activities to support screening:
• Tripartite Partners provide support and input at Provincial Steering Committee
• Health Authority protocols and consent forms developed for First Nation children on reserve
• Vision Screening Training Manual developed
• Training sessions held for First Nation service providers
• 10 SureSights® (vision screening equipment) for use in First Nation communities purchased by FNHC
• Vision screening posters and information sheets developed for First Nation communities
• Aboriginal Early Childhood Dental Health DVD in development for parents and caregivers
Early Childhood Screening

Vision Screening
- Early identification of vision disorders e.g. near sightedness, far sightedness, amblyopia (lazy eye), strabismus (cross eye) in preschool children and kindergarten aged children;
- Provide referral for diagnostic assessment and follow up by family physicians and/or vision specialists (optometrists, and ophthalmologists).

Status
Annual Kindergarten program successfully implemented in 2007-2008.
- In 2007-2008, 93% of kindergarten children screened; 17% referral rate
- Health Authorities began 3 year old vision screening at pilot sites - 2008 and 2009
  - Strong Start Centres, Head Start Centres, preschools, daycares and health fair settings
- 2008-2009 - Health Authorities offered vision screening to FN schools on reserve
  - Data collection tools developed to assess screening and referral rates
Early Childhood Screening

Hearing Screening

• Screening for congenital hearing loss for babies born in the hospital or in their homes
• Ongoing surveillance for later onset hearing loss,
• Early intervention to support communication development and optimal social - emotional development

Status

• 95% of infants registered in 2009 screened for hearing loss
• Hearing screening fully implemented in all Neonatal ICUs and hospital Well Baby units in all health authorities.
Early Childhood Screening

Dental Health

• Prevention of early childhood caries through dental health education and prevention activities
• Provide the Health Authorities and the Ministry of Health with a measure of the dental health of children in the province and a measure of the effectiveness of programs being provided.

Status

• Kindergarten Dental Health Survey planned for 2009-2010 school year. Survey to be offered to all First Nation schools on reserve.
• Survey is a measure of early childhood dental health promotion activities
• Provincial goal is 60% of children are caries free (dental decay free).
Questions??

• Do you have questions, feedback, suggestions for new activities or areas of focus?