



Maternal Child and Family Health

CASE STUDY REPORT



AS PART OF THE EVALUATION OF THE
TRIPARTITE FRAMEWORK AGREEMENT ON
FIRST NATION HEALTH GOVERNANCE

Maternal, Child and Family Health Case Study

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December 2019

The work represented in this report is carried out on the unceded territories belonging to self-determining First Nations in what is now British Columbia. The Tripartite partners acknowledge and thank those who took the time to share their guidance and wisdom.

Emotional Trigger Warning: This report discusses culturally unsafe experiences in health care, traumatic experiences and health and wellness topics that may trigger memories of personal experiences or the experiences of friends and family. While the report's intent is to create knowledge to begin addressing these negative experiences, the content may trigger difficult feelings or thoughts. First Nations and other Indigenous peoples who require emotional support can contact the 24-hour KUU-US Crisis Line at 1-800-588-8717.

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Acronyms & Abbreviations

Acronym	Full Name
AIDS	Acquired Immune Deficiency Syndrome
BC	British Columbia
BCAAFC	BC Association of Aboriginal Friendship Centres
BCCS	BC Coroners Service
FASD	Fetal Alcohol Spectrum Disorder
FNHA	First Nations Health Authority
Framework Agreement	British Columbia Tripartite Framework Agreement on First Nation Health Governance
HIV	Human Immunodeficiency Virus
Joint Project Board	Joint Ministry of Health – First Nations Health Authority Project Board (Joint Project Board)
MCFD	BC Ministry of Children and Family Development
MCFH	Maternal, Child and Family Health
MCH	Maternal and Child Health [program]
MOE	BC Ministry of Education
MOH	BC Ministry of Health
MOU	Memorandum of Understanding
NFP	Nurse Family Partnership
PHSA	Provincial Health Services Authority
RCCBC	Rural Coordination Centre of BC
Strategic Approach	First Nations and Aboriginal Maternal, Child and Family Health Strategic Approach
TCA: FNHP	Transformative Change Accord: First Nations Health Plan (2006)
TCFNH	Tripartite Committee on First Nations Health
TFNHP	Tripartite First Nations Health Plan (2007)
UBC	University of British Columbia

Terminology

The Canadian *Constitution Act* specifies that the Aboriginal peoples of Canada include the Indian (First Nations), Inuit and Métis peoples of Canada.¹ Increasingly, the term “Indigenous” is used in place of the term “Aboriginal,” with an analogous meaning. In this report, the terms “Indigenous” and “Aboriginal” are used as they are in the source documentation cited.

The term “First Nations” is frequently used within this report. This term includes individuals with and without status under the *Indian Act*.²

This report uses a range of data sources, some of which rely on self-identification of ethnicity to identify Indigenous sub-populations and others that are based on deterministic data linkages using the First Nations Client File. Following the protocol used in Provincial Health Officer and the First Nations Health Authority Chief Medical Office reporting, the term “Status First Nation” will be used in place of “Status Indian” in places in this report that refer to the First Nations Client File, recognizing that the legal connotation of the term “Indian” originates from a colonial framework.³

The terms “at-home,” “in-community” and “community-based” are used to refer to geographically-based First Nations communities, whether they qualify as “reserves” under the *Indian Act* or whether the First Nation has signed a modern treaty or holds title to the land. The term “away from home” signifies First Nations individuals that live away from their First Nation community.

The references to Canada’s participation in this report are sometimes as “Health Canada” and sometimes as “Indigenous Services Canada.” This reflects that the work originated while the First Nations and Inuit Health Branch was within Health Canada and was then transferred in December 2017 to a newly created federal department called Indigenous Services Canada.

¹ Government of Canada. (n.d.). *Constitution Acts 1867 to 1982*. Retrieved from: <https://laws-lois.justice.gc.ca/eng/Const/page-16.html?txthl=inuit#inc>.

² An act to amend and consolidate the laws respecting Indians, S.C. 1876, c. 18.

³ Office of the Provincial Health Officer. (2018). *Indigenous health and well-being: Final update*. Retrieved from <http://www.fnha.ca/Documents/FNHA-PHO-Indigenous-Health-and-Well-Being-Report.pdf>.

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Executive Summary

This case study on First Nations Maternal, Child and Family Health was prepared to support the evaluation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (Framework Agreement). First Nations Maternal, Child and Family Health (MCFH) represents an area of collaboration arising from the *Transformative Change Accord: First Nations Health Plan* and *Tripartite First Nations Health Plan* and has been a key priority since 2006.

Preconception, pregnancy and the early years of life are critical periods for supporting women and families. This is particularly true in First Nations communities, where the intergenerational impacts of colonial acts including residential schools, the Sixties Scoop and ongoing over-representation of First Nations and Indigenous children in the child welfare system continue to be felt and experienced throughout parenting journeys. To address the ongoing impacts of colonialism and inter-generational trauma, and to improve short-and long-term health and wellness outcomes for all family members, innovative solutions and partner collaboration on human resources capacity and programming to prepare and support new parents and their households to heal, stay together and support their babies and children are required.

This case study begins by outlining the progression of Tripartite Parties' joint efforts to develop the *First Nations and Aboriginal Maternal, Child and Family Strategic Approach* (Strategic Approach) in 2013. The *Strategic Approach* encourages shared efforts in identifying common priorities, bringing together resources, developing policies and using best practices to improve services and outcomes in-community and away from home. Since signing the Framework Agreement, collaborative work in the area of MCFH has expanded beyond the originally planned Health Actions priorities and is currently broader in scope. At a provincial level, the First Nations Health Authority (FNHA), the Ministry of Health, health authorities and other partners have developed culturally appropriate health resources to support health providers serving First Nations people and families, and are collaborating across health and social service partners for better understanding of MCFH programming and opportunities for service coordination.

This case study highlights some of the important partnerships, events and activities associated with MCFH occurring during the first five years following the transfer of health services from Health Canada to the FNHA. Examples include the MOH, FNHA and British Columbia Association of Aboriginal Friendship Centres investments in the Doulas for Aboriginal Families Grant Program; Joint Ministry of Health – First Nations Health Authority Project Board (Joint Project Board) funding for pilot programs to return birth closer to home and provide Indigenous Complex Care Coordination; the development of a number

of helpful and tailored information resources for First Nations families that are grounded in culture; and advancing cultural safety and humility through training initiatives and resource development. Collaboration has allowed for innovative approaches, such as the development of team-based models of care, as well as additional investments in communities.

Finally, the case study identifies areas for continued improvement, particularly to focus tripartite work in MCFH moving forward. In spite of recent efforts, Indigenous infants, children and youth continue to experience inequitable health outcomes (e.g., infant mortality, infant death affiliated with unsafe sleep contexts, child dental caries, preventable injuries); women and families from rural or remote communities often have to travel long distances when it is time to deliver their babies; and recruitment and retention of community-based health personnel remains a barrier to access. Renewed and sustained commitment of the partners will be required to better align provincial and community services and serve to continue building better relationships.

"[The] tripartite [arrangement] holds the partners accountable to have these conversations, making it easier for all partners to stop working in isolation and make collaboration a priority. Working in collaboration is hard but absolutely worth it." – Key Informant

Background

The Evaluation of the Tripartite Framework Agreement on First Nation Health Governance

The signing of the [British Columbia Tripartite Framework Agreement on First Nation Health Governance](#) (Framework Agreement) on October 13, 2011, changed the course of First Nations health in British Columbia (BC) through the creation of a new First Nations health governance structure enabling First Nations in BC to participate fully in the design and delivery of their health services. Section 10(1) of the Framework Agreement requires that the First Nations Health Authority (FNHA), Health Canada (accountabilities now under Indigenous Services Canada) and the BC Ministry of Health (MOH) evaluate the implementation of the Framework Agreement every five years, overseen by a Tripartite Implementation Committee. To implement the Tripartite Evaluation Plan, the Implementation Committee established a Tripartite Evaluation Working Group composed of evaluation leads from Indigenous Services Canada, the MOH and the FNHA. The Framework Agreement Evaluation Plan has three key areas: Governance, Relationships & Integration; Health & Wellness System Performance; and Health & Wellness Outcomes. This case study provides analysis to inform the overarching Framework Agreement evaluation.

Maternal, Child and Family health (MCFH) represents an area of collaboration between the Tripartite Parties (Canada, BC and the FNHA), overseen by the Tripartite Committee on First Nations Health (TCFNH). MCFH has been a key priority of the Parties since 2006, with its inclusion in the *Transformative Change Accord: First Nations Health Plan* (TCA: FNHP),⁴ the *2007 Tripartite First Nations Health Plan* (TFNHP)⁵ and the Framework Agreement. Health Actions Strategy Tables were established to support progress on the Health Actions identified in the TCA: FNHP and the TFNHP, allowing the FNHA and MOH to develop strong working relationships and collaborate on projects in support of the Health Actions priority areas. Foundational priorities of the Parties relating to MCFH include:

- Improving access to the full range of maternity services for First Nations and Indigenous women;
- Returning birth closer to home and into the hands of women;
- Workforce development initiatives, cultural safety; and

⁴ British Columbia Assembly of First Nations, First Nations Summit, Union of British Columbia Indian Chiefs, and the Province of British Columbia. (2006). *The Transformative Change Accord: First Nations Health Plan* (TCA: FNHP).

⁵ Government of Canada, Government of British Columbia, and First Nations Leadership Council. (2007). *Tripartite First Nations Health Plan*.

- Improving access to programs and services in-community.

Since signing the TFNHP and the Framework Agreement, the Tripartite Parties have worked together to develop tools and strategies to achieve these Health Actions. MCFH priority actions for BC First Nations highlighted in the TCA: FNHP include:

1. Ensuring vision, hearing and dental screening for First Nations and Indigenous children.
2. Improving access to the full range of maternity services for First Nations and Indigenous women, returning birth “closer to home and into the hands of women.”
3. Addressing concerns arising from the BC Coroners Service Child Death Review Report.

Other TFNHP Health Actions with MCFH relevance include:

- The development of an informational campaign to increase awareness about seatbelt use and safe driving.
- Improving access to services and programs in-community.
- Workforce development initiatives.
- Cultural competency (safety) improvement in Regional Health Authorities.
- ActNow programming.

Collaborative work in the area of MCFH has expanded beyond the original Health Actions priorities and has become broader in scope. The Parties maintained focus on MCFH through the regional health and wellness plans and processes, through the TCFNH (which provides oversight of regional work and the data on infant mortality) and through the FNHA-MOH annual Letter of Mutual Accountability, which facilitates MCFH policy work between the FNHA and MOH carried out at Joint Project Board.

Purpose & Approach

This case study on MCFH informs the component of the evaluation of the Tripartite Framework Agreement on First Nations Health Governance focuses on health and wellness system performance. The scope of this case study includes a review of policy products, data and research, programs, services and resources as well as other initiatives undertaken by the Parties that support MCFH more broadly. Through its focus on MCFH, this case study works to address the following evaluation questions:

- To what extent have collaborative efforts, policies, data and research, programs, services and resources been responsive to the needs of First Nations in BC?
- Has the new health governance structure enabled MCFH innovation?

- To what extent are MCFH programs and services culturally safe and delivered with humility?

Methodology

The case study uses multiple sources of evidence to provide a nuanced understanding of the Parties' efforts to improve MCFH services and outcomes, including:

- Documents relating to MCFH work and the Framework Agreement evaluation - information such as meeting minutes, reports, status updates and records of decisions pertaining to MCFH health programming. This includes TCFNH "Together in Wellness" reports and "Health Action Updates."
- Key informant interviews and focus groups, which were conducted to determine how the new collaborative approach to MCFH health differs from previous ways of working to illustrate the efforts of the Tripartite Partners to achieve the common vision contained in the Framework Agreement and *Strategic Approach*. Key informants included representatives from the FNHA, MOH, BC Ministry of Education (MOE) and BC Ministry of Children and Family Development (MCFD). Several key informants, along with program and initiative leads, reviewed the case study to ensure accuracy.
- Secondary data and literature, including a review of the websites and news updates, from the FNHA, MOH, the Regional Health Authorities, the Provincial Health Services Authority and other health agencies. These initiatives, along with additional efforts of the parties, are reflected in Appendix B.

Foundations of Transformation

First Nations and Aboriginal Maternal, Child & Family Strategic Approach



MCFH is a key area of focus in the TCA: FNHP. Amongst the Parties' joint efforts was the creation of the Tripartite Maternal, Child and Family Health Committee, the Aboriginal Maternal and Child Health Strategy Table and First Nations Health Directors to develop the *First Nations and Aboriginal Maternal, Child and Family Strategic Approach (Strategic Approach)*.

Finalized in 2013, the *Strategic Approach* functions as a guide with suggestions to improve services and outcomes throughout the health system, at home and away from home, and encourages shared efforts in identifying common priorities, developing policies and using best practices. The *Strategic Approach* recognizes that First Nations and Indigenous community contexts, priorities and needs vary and that partners may look to implement the *Strategic Approach* in their own way. The *Strategic Approach* identifies the following overarching long-term goals for MCFH:

- Increase First Nations and Indigenous community influence over health system transformation.
- Expand partnered leadership and collaborative efforts to improve health outcomes for First Nations and Indigenous mothers, children and families.
- Improve cultural safety and respect for First Nations and Indigenous traditional practices in the health care system.⁶

The *Strategic Approach* also includes targeted areas for partnered action in MCFH such as consistent communication and partnered planning with First Nations, First Nations controlled data and research, culturally safe staff and services, improved access to wholistic and integrated reproductive health and maternity services, and promoting and supporting safe environments for infants, children and families.

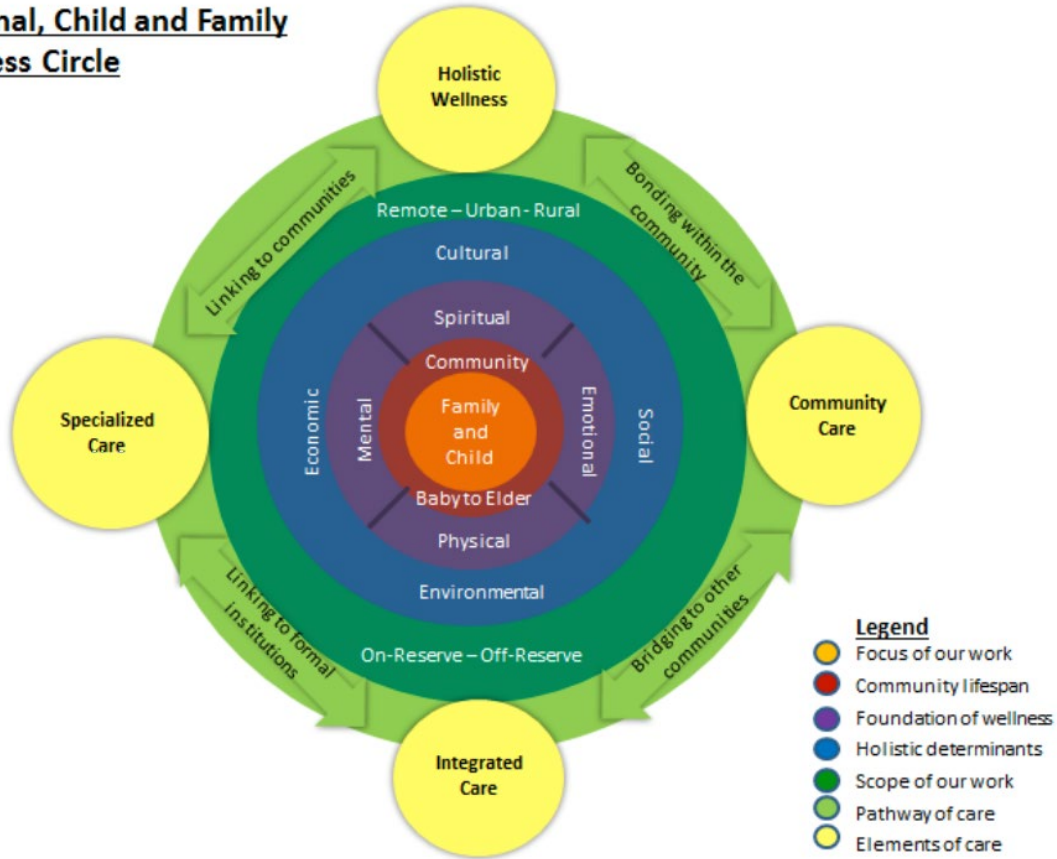
The *Strategic Approach* established the Maternal, Child and Family Wellness Circle Framework (represented in Figure A below), an evolving framework for building a common understanding and wholistic view of MCFH that can be used by participants throughout all levels of the health system to guide planning and action across the range of health

⁶ First Nations Health Authority. (2013). *BC First Nations and Aboriginal Maternal, Child and Family Strategic Approach*.

programs and services and identify opportunities to engage in collaborative MCFH work. This document serves as a helpful historical reference of the achievements of tripartite work and suggests specific actions to continue moving forward. All partners can continue to review this document to ensure that the work identified in 2013 has been addressed.

Figure 1: Maternal, Child and Family Wellness Circle

Maternal, Child and Family Wellness Circle



Source: BC First Nations and Aboriginal Maternal, Child and Family Strategic Approach, 2013

Tripartite Program Reports

In an effort to inform program and service improvement in MCFH, information was gathered to better understand different program models and how First Nations women, children and families can be effectively supported.

Two Tripartite reports were created from this process with the following aims:

- Highlighting promising practices in First Nations and Indigenous MCFH programs and providing recommendations on programs that should be evaluated and/or considered for broader implementation.

- Exploring the need for and acceptability of potentially expanding the Nurse Family Partnership (NFP) program to First Nations communities to serve expectant women living at home in BC.

In the Promising Practices in First Nations and Aboriginal Maternal and Child Health Programs: Community Perspectives on What Works⁷ report, the BC Tripartite First Nations and Aboriginal Maternal and Child Health Strategy Table identified promising collaborative approaches toward change at the health system level. The report draws upon knowledge of health directors, MCFH program staff from First Nations communities and provincial-level and regional health authority staff involved in implementing MCFH and Early Childhood Development programs. Many of the recommendations from these reports remain relevant today.

The NFP program is an evidence-based community health program that supports vulnerable, low-income mothers pregnant with their first child. It connects women with public health nurses who provide frequent home visits throughout pregnancy until the child reaches two years of age. The BC First Nations and Aboriginal Maternal and Child Health Promising Practices Working Group⁸ produced *Nurse-Family Partnership: Is it a Fit for First Nations Communities in B.C.?*⁹ a report assessing whether the program is an appropriate model of care for First Nations and Aboriginal women, families and communities. Based on a comparison with a similar program in the United States and the feedback of health care providers working in-community in BC, the report recommends:

- The FNHA, as an advisory committee member, continues to monitor the implementation and evaluation of the program and share the results.
- Working with First Nations communities and health partners where there is a desire to expand the program.
- Collaborating across health and social service partners for better understanding of MCFH programming and opportunities for service coordination.

The FNHA and MOH are building awareness about the NFP program and the role nurses can play in supporting referrals and continuity of care amongst nursing staff working in

⁷ BC Tripartite First Nations and Aboriginal Maternal and Child Health Working Group. (2015). [Promising Practices in First Nations and Aboriginal Maternal and Child Health Programs: Community Perspectives on What Works](#).

⁸ The Working Group included representatives from the FNHA, the Regional Health Authorities, the BC Ministry of Health, Simon Fraser University's Children's Health Policy Centre, and health directors and MCH coordinators from First Nations communities, with participants drawn from each of the five Health Authority regions and representing both urban and rural/remote communities. The report was funded through the Health Services Integration Fund (HSIF).

⁹ BC First Nations and Aboriginal Maternal and Child Health Promising Practices Working Group. (2015). [Nurse-Family Partnership: Is It a Fit for First Nations Communities in BC?](#)

community. They are building awareness amongst FNHA regional teams and Health Directors about the NFP model as a potential model of care for communities to consider and are supporting Regional Health Authorities connecting with First Nations community partners about the program. The FNHA has increased training opportunities for frontline staff working in First Nations communities who might not typically receive targeted maternal and child health professional development.

One concern flagged by key informants is regarding the NFP's focus on first-time mothers, noting that more complications may result and more support may be needed as mothers have subsequent children, particularly a third, fourth or fifth child.

Transforming the Approach to Maternal, Child & Family Health

Developing Resources & Initiatives for Health Providers and Families

At a provincial level, the FNHA, MOH, health authorities and other partners have developed additional health resources to support health providers serving First Nations people and for First Nations families themselves. These include:

- The Honouring Our Babies: Safe Sleep Facilitator’s Guide and Discussion Cards;
- The Aboriginal Pregnancy Passport;
- The four First Nations and Métis Child and Family Wellness Booklets: Family Connections, Fatherhood is Forever, Growing Up Healthy, Parents as First Teachers;
- Locally relevant doula training materials, inclusive of content about how to support women with experiences of sexual abuse;
- The development of the [Healthy Smiles for Life: BC’s First Nations and Aboriginal Oral Health Strategy](#), implementation plan and environmental scan.
- Family Path early hearing brochure and Your Child’s Hearing DVD to support parents and families.

In 2015, it was determined that moving forward, MCFH implementation efforts needed to balance provincial-level perspectives with regional planning and operations to ensure relevancy to local areas. First Nations Regional Health and Wellness Plans, regional envelopes and the establishment of regional teams created the structures and processes to enable Health Actions planning and implementation to be directly guided by each region’s priorities. At this point, the Tripartite Working Group on MCFH has disbanded so the Parties can pursue the work under their own mandates. While this approach has been effective in tying in the regional plans and approaches, some key informants reported concerns that some of the provincial-level focus and coordination between ministries and the FNHA around MCFH has declined.

“With the end of the [Tripartite First Nations and Aboriginal Maternal and Child Health] Strategy Table, the FNHA has been quite reliant on existing provincial bodies, such as the Perinatal Services BC Steering Committee and the Child Health BC Steering Committee to connect centrally on MCFH topics. The priorities and needs of BC First Nations are not a central focus of either of these committees.” – Key Informant

Key informants suggested that given the data and increasing national focus on women's health, it would be beneficial to have increased MCFH collaboration and coordination across the regions, with the ability to inform and shape the work of health authorities and the MOH. To this end, it would be helpful to clarify the process of how priorities get brought forward to TCFNH, and how any follow up actions or next steps can be shared with the health authority and MOH leads who are responsible for the work. For example, the review of First Nations infant mortality data at TCFNH drew attention to this area, and as a result, there was action within regional health authorities. Key informants suggested that the FNHA seek to strengthen the collaboration across regions and the policy group in key areas of focus, and ensure focus at TCFNH in order to maintain both a provincial and regional view on MCFH. Dedicated regional staff could further assist with collaboration across regions and strengthen MCFH resourcing and support.

With the disbanding of the Tripartite First Nations and Aboriginal Maternal and Child Health Strategy Table, the Parties committed to ongoing communication, to continue to share resources and ideas and to come together as needed. For example, the FNHA continues to support the MOH in the review of key provincial maternal and child health-oriented family information resources to ensure that content is wholistic and culturally appropriate, including resources such as Baby's Best Chance and Toddler's First Steps.

The Parties continue to implement actions promoting MCFH. Highlights of successes include:

- Joint Project Board¹⁰ approval of funding for a maternal, child and family wellness project developed by Island Health Authority, the FNHA regional team and First Nations communities in the Kwakwaka'wakw family sub-region in north Vancouver Island.
- This project has worked to return birth closer to home by improving the quality and coordination of interdisciplinary preconception, prenatal, birth, postpartum and early years supports, including those relating to the social determinants of health.
- Joint Project Board-funded BC Women's and Children's Hospitals for Indigenous Complex Care Coordination¹¹ service teams were developed, in partnership with the Provincial Health Services Authority (PHSA), to complement the long-standing Indigenous Patient Liaison service. Referrals to Indigenous Complex Care are made through an Indigenous Patient Liaison. The team, made up of a Community Liaison Nurse and Community Liaison Social Worker, takes patients and families who have complex needs and will require extra support after leaving the hospital. The two

¹⁰ Joint Project Board is a bilateral forum between MOH and FNHA. The Kwakwaka'wakw project is described in further detail later in the case study.

¹¹ [Indigenous Complex Care Coordination](#). PHSA website. June 17, 2019.

positions work together to help plan the process and necessary follow-up upon returning home from hospital.

- With MOH funding, the FNHA co-invested in the Doulas for Aboriginal Families Grant Program with the BC Association of Aboriginal Friendship Centres (BCAAFC). This funding has enabled numerous Aboriginal families to access the care of a doula, without a cost barrier. The FNHA and MOH continue to commit further funding toward this grant program. With MOH funding, the FNHA also hosted regional doula training sessions to build the capacity of First Nations people to provide doula care.
- The FNHA collaborated with MOH and Perinatal Services BC in developing and revising provincial maternity care guidelines and supporting resources, with a focus on increasing breastfeeding and vaginal delivery rates. The unique and culturally relevant resources include the Aboriginal pregnancy passport and Honouring Our Babies: Safe Sleep Toolkit.
- The implementation and evaluation of the Returning Home Project, with a focus on piloting a program approach to providing one-on-one navigator supports to children with complex health care needs and their families.
- The piloting of early childhood fluoride varnish programming in the Interior and the development of regional training for community-based early years staff focused on oral health, healthy eating and supporting clients in wellness goal setting.
- Joint analysis and communication with health authority partners about First Nations infant mortality data and related programming and recommendations.

Transfer of Maternal & Child Health Program to the FNHA

Since the transfer from Health Canada's First Nations and Inuit Health Branch, the FNHA has been transforming the Maternal and Child Health (MCH) program. This program is one component of the larger umbrella of MCFH programs and services aiming to reach pregnant women and new parents in-community with long-term support for families who require additional services. The program inherited from Health Canada was originally established through federal formula and proposal-driven processes and resulted in inequities in funding across regions and more remote communities.

To inform upstream program transformation, in 2016 the FNHA conducted an MCH Program Improvement Project - a review containing recommendations on program and delivery improvements and identified measures to improve preconception, pregnancy and early years outcomes and experiences. The Improvement Project identified opportunities for improvements to program management to enable the FNHA to better serve communities, to align the program with emerging FNHA strategies and the First Nations Perspective on Health and Wellness, and to increase the flexibility and equity of funding flowing through community contribution agreements.

As per the 2018/2019 FNHA Summary Service Plan,¹² the FNHA has explored ways to improve the approach to this program within the context of other FNHA-funded Early Childhood Development programs. Strategies for improvement include: developing a more complete understanding of the current scope, state and processes for program management and delivery; identifying opportunities for improvements; and addressing work in these areas. One improvement already implemented is providing training to build capacity for those communities that do not have funding arrangements for the original MCH program.

Because the family and surrounding environment have a significant impact on infants and children, a family-focused approach to preconception, pregnancy and early years health and wellness is essential to maternal and child health. The FNHA aims to support the health and wellness of infants and children by involving parents and family and supporting learning about traditional culture, language and skills. This familial and cultural base – along with factors such as good health care, early learning programs and food security – contributes to long-term educational and economic success for children. These factors also help develop individuals who can become outstanding community members and leaders.

A core goal of the program is to integrate culture into care and ensure community level services are designed and delivered in a culturally competent manner, acknowledging and respecting cultural differences and the uniqueness of the communities being served. This process of integrating culturally relevant approaches into the program and moving beyond a strictly biomedical approach to prenatal and postpartum services can facilitate access to other components of care for First Nations women, children and families, including those that prevent disease, disability and injury.^{13 14}

Promoting Healthy Lifestyles & Early Childhood Development

The FNHA conducted a Healthy Child Development Programs Review to determine how to align partner work and identifying recommendations for improvement and transformation in the area of health promotion. The report's recommendations include developing a new program framework and measurement approach; addressing funding inequities across communities; and coordinating funding, programming and training with inter-sectoral partners. The FNHA has also completed a literature review of early years provider core competencies and organized training on action planning, traditional parenting, home visiting and leadership and management. The FNHA is planning an organization-wide review to support decision-making about future investments, coordinated and laddered training planning and training outcome improvements.

¹² FNHA. [2018/2019 FNHA Summary Service Plan: An Operational Plan for the Fiscal Year 2018/2019](#).

¹³ [Maternal and Child Health](#). FNHA website.

¹⁴ [Healthy Pregnancy and Early Infancy](#). FNHA website.

In partnership with the National Collaborating Centre for Aboriginal Health, the FNHA has launched a revised version of four First Nations and Métis child and family health and wellness resource booklets, including [Family Connections](#), [Growing Up](#), [Parents as First Teachers](#) and [Fatherhood is Forever](#). Mail-outs of the printed booklets are being coordinated with regional health authorities.¹⁵

“There is a need to not only to be women-centred, but to be mindful of the important role of fathers as well. The focus should be family-centred and balanced, including recognition of the role of fathers. It is important to have a women-centric approach relating to the pre- and post-natal periods, but if fathers are not feeling supported and included, then other issues can arise that present challenges for the whole family. This is a complex issue involving factors involving relationships and violence and the need to be clear women’s needs are being met. Centering support for families and communities around the children in early years care and support provides a path for finding this balance.”- Key Informant

The Prenatal Nutrition Program supports the improvement of maternal and infant nutritional health. Activities fall under three core elements: nutrition screening, education and counselling; maternal nourishment; and breastfeeding promotion, education and support.¹⁶ The FNHA Healthy Eating Team is working to provide links and develop more resources to support the promotion of healthy eating in all community health programs.

MCFH remains a regional priority in the North and ongoing efforts of the Maternal Child Health Working Group include developing an Early Years Health Strategy involving childhood health screenings that address developmental, physical and mental early diagnosis and interventions.¹⁷

¹⁵ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update.*

¹⁶ FNHA. [Prenatal Nutrition Program](#).

¹⁷ Northern First Nations Health Partnership Committee Communiqué, February 16, 2018.

Building Collaborative Teams to Move Birth Closer to Home & Ensure Continuity of Care

Population-based evidence shows outcomes for mothers and infants are better if they can access services in their home community.¹⁸ However, between 2002 and 2011, 24 of BC's rural maternity services, including many rural surgical services, closed,¹⁹ reducing access for First Nations mothers from rural communities. At the same time, primary care maternity services may not be available in smaller, more rural and remote communities. In addition to service capacity, recruitment and retention issues in these communities remain a key challenge. This is compounded by the recent loss of labour and delivery services in large centres such as Kamloops and Williams Lake.

The FNHA collaborated with the Applied Policy Research Unit at the University of British Columbia (UBC) on *System Enablers of Distributed Maternity Care for Aboriginal Communities in British Columbia: Findings from a Realist Review*. The findings of the study are meant to support implementation of the tripartite commitments to:

- Close the gap in infant mortality rates between First Nations and other British Columbians;
- Improve access to the full range of maternity services for First Nations and Indigenous women; and
- Return birth closer to home and into the hands of women.

The report examines options and makes recommendations for varying *tiers of service* – depending on population, isolation and vulnerability measures, matched with the capacity of communities to sustain services – including:

- Prenatal and postpartum care only (no local deliveries);
- Primary care (no capacity for local Caesarean section);
- Midwifery-led models;
- General practitioner-led models; and
- Collaborative models.

The FNHA is currently developing a “teamlet model” that includes the health personnel needed to provide culturally and personally appropriate birth experiences for First Nations women in BC. While the core maternity team includes midwives, general practitioners, nurses and doulas, it may also include obstetricians, anaesthetists, paediatricians, neonatal

¹⁸ Jude Kornelsen and Kevin McCartney, Applied Policy Research Unit, University of British Columbia. (2015). [System Enablers of Distributed Maternity Care for Aboriginal Communities in British Columbia: Findings from a Realist Review](#). Prepared for the First Nations Health Authority.

¹⁹ Ibid: 8.

pathologists, other specialists, ultra sonographers, social workers, psychologists, physiotherapists and other allied health professionals, such as ethno-medical professionals, health coaches, Elders, care coordinators, community health workers, postnatal workers and Indigenous midwives.

Efforts to Improve Programs & Services

Key successes of the tripartite efforts have helped break down jurisdictional barriers and enabled the FNHA to leverage additional financial resources for First Nations based on need, while remaining connected to the tripartite partners. Examples of this success lie in paediatric and family oral health services, the Aboriginal Health Start on Reserve program, the Doulas for Aboriginal Families Grant Program and Healthy Schools BC, and amongst others.

Improving Oral Health Services

The Children's Oral Health Initiative is an early childhood tooth decay prevention program for children from infancy to seven years of age, their parents and caregivers, and pregnant women. Children's Oral Health Initiative services are provided in 79 communities in BC.²⁰ Services include annual screening, fluoride varnish applications, sealants and temporary fillings. The Children's Oral Health Initiative supports and encourages families to make oral health and oral care a regular part of family life, and families receive excellent resources, visual aids and parent kits, in addition to toothbrushes, toothpaste and floss.²¹

Maternal and Child Health

As improvement in dental health has been shown to have such a strong correlation with improved general health and well-being, the Tripartite Planning Committee for First Nations and Aboriginal Maternal and Child Health began a project in 2011 to look at access to oral health services for First Nations and Aboriginal children across the province. Over the past year, the Ministry of Health, the five Regional Health Authorities, and Health Canada's First Nations and Inuit Health Branch worked together to carry out a scan of oral health services for First Nations living at home and away from home and Aboriginal children in B.C. from birth to seven years of age.



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²⁰ FNHA website. July 2018.

²¹ FNHA. [Children's Oral Health Initiative](#).

²² *Tripartite Committee on First Nations Health Interim Annual Report: Together in Wellness 2011/ 2012*: 12.

Since transfer, the FNHA has developed informative materials on oral health, including wellness resources, ranging from Pregnancy and Oral Health, to Tips for Teething, to Eating Routine for Young Children. These resources all support community education and lay the foundation for further work at the regional level. For example, the FNHA's Northern Regional Office is currently working to link oral health with the Aboriginal Head Start on Reserve program to support a universal varnishing program. They are also looking at incorporating dietician services in order to integrate the care for clients and avoid duplication or separate but parallel programs.

In 2014, the MOH worked with the FNHA, Health Canada and regional health authorities to develop [Healthy Smiles for Life: BC's First Nations and Aboriginal Oral Health Strategy](#), which is intended as a go-to guide to improve the oral health of First Nations and Indigenous children from infancy to 18 years of age, while informing public health and planning, policy development and program implementation within regions and communities. Strategic directions for collaborative efforts include oral health promotion; prevention and identification of caries risk; access to treatment, leadership and collaborative action, surveillance, monitoring and evaluation; and human resources.²³

The FNHA Oral Health Action Plan (OHAP) builds on the Healthy Smiles for Life Strategy; however, the OHAP takes a broader scope, recognizing that oral health is important across the lifespan, not just for children. It also recognizes that there are still many gaps in First Nations oral health, and the OHAP is a way to start addressing those gaps. Although still in development, OHAP takes a four-pronged approach to improving oral health outcomes:

1. Service Delivery: improve First Nations access to oral health services;
2. Upstream Prevention: shift from a sickness model to a prevention model;
3. Data Integrity and Storytelling: improve documentation and data gathering; and
4. Health Human Resources: continue to build supportive human capacity.

It is also important to note that the First Nations Health Benefits program through the FNHA is addressing gaps in First Nations oral health in two ways – through the Oral Health Action Plan and through investing in the Dental Benefit. As a part of this transition, the FNHA is expanding the Dental Benefit, expecting this to greatly improve First Nations' access to dental services. In this way, the Dental Benefit and the Oral Health Action Plan will work together to help improve First Nations oral health outcomes.

²³ [Healthy Smiles for Life: BC's First Nations and Aboriginal Oral Health Strategy](#). FNHA website. 2014.

Funding Application Workshop
 ABORIGINAL HEAD START ON-RESERVE (AHSOR)



FNHA is hosting a workshop to help you apply for funding to establish or expand your AHSOR program
Attend in person or online

Vancouver Coastal Region: May 14 at 1pm-4pm | Vancouver, Westin Bayshore, Cypress Room 1
 Interior Region: May 22 at 1pm-4pm | Kamloops, Coast Kamloops Hotel & Conference Centre, Vista Room
 Fraser Region: May 28 at 9:30-12:30pm | Nanaimo, Vancouver Island Conference Centre
 Vancouver Island Region: May 24 at 9:30-12:30pm | Nanaimo, Vancouver Island Conference Centre
 Northern Region: May 29 at 1:00-4:00pm | Prince George, Coast Inn of the North, Fraser Room

✓ All 'Early Years' community champions welcome!
 ✓ If you need to travel to the workshop event in your region, your mileage will be reimbursed by FNHA.
 ✓ If you miss the workshop, you can go to [FNHA's YouTube channel](https://www.youtube.com/watch?v=...) to watch the recording.

First Nations Health Authority
 Health through wellness

Sign up today!
<http://bit.ly/AHSOR>
 Contact Julian at: Julian.Edwards@fnha.ca if you have any questions.

Aboriginal Head Start on Reserve

The Aboriginal Head Start on Reserve (AHSOR) program supports activities focused on early childhood learning and wholistic development for First Nations children from birth to age six and their families and includes six core components: culture and language, education, health promotion, nutrition, social support, and parent and family involvement. The health promotion component of AHSOR promotes self-care and encourages appropriate assessments for children, including vision and hearing testing. It also includes visits with health professionals, including nurses (for immunizations), dental hygienists, speech therapists and physicians and access to health professionals for parents and families.²⁴

The FNHA is working to further establish AHSOR programs throughout rural and remote communities and is working to connect families in those communities with primary care services and providers to provide a wraparound approach.

An important example of innovation noted by key informants is the provincial investment in-community and away from home for expanding community driven AHSOR programming, ensuring that every First Nations child, regardless of residence, can receive the early developmental support they need. As part of the implementation of the Early Learning and Child Care Framework in BC, in 2018/2019, the FNHA was provincially funded for \$10.5 million to expand the AHSOR program in BC First Nations communities. This funding includes capital (which has been rolled out) and program costs to be distributed over the year 2020.

To ensure that no community is left behind in the development phase, the FNHA led information sessions and workshops to support communities in learning about the program and in planning work to envision and develop locally relevant program approaches. Three additional regional Aboriginal Head Start Advisor positions were created and filled by March 2018 to support the implementation of the program in communities and enable tailored approaches to the communities' unique needs and readiness. As of March 2019:

²⁴ FNHA. [Aboriginal Head Start on Reserve](https://www.fnha.ca/).

- The Province invested \$10.5 million of early learning and childcare funding over three years to expand FNHA community-driven AHSOR programming. This funding enabled 17 communities to become new sites for the program and two communities had the opportunity to increase existing programming and add additional seats for children and their caregivers to participate.
- 66 spaces throughout the five regions were created, and by March 2020, the FNHA will have 340 AHSOR spaces funded for First Nation communities.²⁵
- The Aboriginal Head Start Association of BC received funding from Ministry of Children and Family Development (MCFD) to grow AHSOR. This funding is focused on providing new funding to childcare services in urban locations. Twelve new expansion sites will be in operation by March 2020.²⁶

Doulas for Aboriginal Families Grant Program

Birth doulas are non-clinical service providers who provide emotional, physical and/or spiritual support to pregnant mothers, their families, doctors, midwives and/or nurses. This support increases the likelihood of a healthy pregnancy, improving the birth experience and reducing the need for interventions during labour such as epidurals and caesarean sections. It can also increase the likelihood of successful breastfeeding and bonding between mother and child.²⁷

Birth doulas may play an advocacy role on behalf of mothers and empower them to communicate their needs to achieve their vision of a healthy, happy birth experience. Postpartum doulas provide education and support to mothers, partners and families during the first three months of a baby's life and act as mentors and guides, helping families care for their new babies, offering information on newborn care, mother care and coping skills for new parents. Doula care can be especially beneficial for those who must leave their communities to give birth and who need extra support while away from home.

To increase access (by eliminating cost barriers) to para-professional supports for prenatal and postnatal care, the FNHA co-funded the Doulas for Aboriginal Families Grant Program with the BCAAFC. The program provides funding of up to \$1,000 cover the costs of a birth doula and postpartum doula for pregnant Aboriginal mothers and families living either in-community or away from home in BC, to return birth closer to home and back into the hands of women.²⁸ This funding has enabled over 400 Aboriginal families to be served by a

²⁵ Key informant response.

²⁶ FNHA, *2018/2019 Draft Annual Report*.

²⁷ A 2013 study, *Impact of Doulas on Healthy Birth Outcomes*, found that mothers assisted by a doula were four times less likely to have a low birth weight baby, two times less likely to experience birth complications, much more likely to initiate breastfeeding, and better able to impact their own pregnancy outcomes.

²⁸ [Introducing the Doulas for Aboriginal Families Grant Program](#). FNHA Website.

doula and four postpartum doula training sessions and one birth doula training session to be held across all regions in 2016/2017.

The doula program has been very successful. 160 doulas have been trained. These doulas are trained to be with women throughout the stages of pregnancy, birth and post-partum, including bonding with babies, breastfeeding and emotional support. The grant of up to \$1000 is meant to help ensure cost is not a barrier to accessing this support. There has been very high demand for the program. – Key Informant

A cost benefit of analysis of doula care has been completed in BC and validates doula care as cost effective with clear health outcome benefits. Ongoing funding and training opportunities are being explored. Monitoring and evaluation will assess to the responsiveness of client needs.

Healthy Schools BC

Since the signing of the Framework Agreement, the FNHA has become increasingly involved in the Healthy Schools BC initiative led by the MOH and supported by the MOE, regional health authorities and school districts. The MOE provides grants to support student well-being through partnership between the school and the regional health authority: “Healthy Schools BC First Nations School Grants are intended to support First Nations schools in implementing Indigenous ways of wellness across a whole-school environment”.²⁹ This joint Healthy Schools BC work takes a child-centred approach. Work is underway by the FNHA, MOE and the First Nations Education Steering Committee to take a broader lens as articulated in the First Peoples Principles of Learning, in which learning supports the well-being of the self, the family, the community, the land, the spirits and the ancestors.³⁰

One key informant observed change in how the First Nations Perspective on Health and Wellness is incorporated into discussions with provincial health authorities as they think through systems change relating to Healthy Schools. This has led to greater efforts to ensure that the supports from this program are also offered to First Nations schools. The

²⁹ [Healthy Schools BC](#) website

³⁰ First Nations Education Steering Committee. [First Peoples Principles of Learning](#).

MOH and MOE are working to create opportunities and support regional service delivery partners to return these opportunities to life.³¹

³¹ One partnership example is Farm to School BC (<https://farmtoschoolbc.ca/>) administered by the Public Health Association of BC. Farm to School is a school-based program that connects schools (K-12) and local farms. The goals are to bring healthy, local and sustainable foods into schools, and provide students with hands-on learning opportunities to develop food literacy. Another partnership example is the FNHA's relationship with BC Agriculture in the Classroom. Using Health Actions funding, the FNHA has been able to support one additional serving of fresh BC fruits and/or vegetables through the BC Schools Fruit and Vegetable Nutrition Program since 2011 in participating First Nations schools (K-12).

Assessing Innovation

Cultural Safety & Humility in Maternal & Child Health

Advancing cultural safety and humility is a core tripartite goal: “The Parties wish to work together to build ... a more integrated health system” that improves “cultural appropriateness of health care programs and services for First Nations” and “that reflects the cultures and perspectives of BC First Nations and incorporates First Nations’ models of wellness.”³²

Since the signing of the Declaration of Commitment to Cultural Safety and Humility by the MOH, the FNHA and regional health authorities in 2015:

- All BC midwives are supported to take San’yas Indigenous Cultural Safety³³ training;
- BC Women’s Hospital and Health Centre is examining the issue of trauma-informed care and has turned to the FNHA for input;
- A growing number of BC hospitals have created sacred safe spaces for First Nations and Indigenous patients and family members to access and to hold ceremonies; and
- Many health system partners have signed Declarations of Commitment to Cultural Safety and Humility, including the BC Coroners Service (BCCS), which created a new position to support trauma-informed practice. The BCCS is actively working to recruit Indigenous coroners and offering training relating to Indigenous practices relating to death and bereavement. The BCCS works in partnership with the FNHA in cases of infant, child and youth deaths.

Cultural safety and humility are also fundamental to the new FNHA approach to MCFH. Building positive relationships with families, the new approach works with Elders to draw out traditions in communities around birth and parenting. The FNHA strives to bring traditional healers and Elders into care teams and is currently working to determine how to compensate Elders and develop the appropriate protocols to identify appropriate traditional healers and Elders. The FNHA/MOH Joint Project Board has focused discussion on how to support traditional healers, and guidelines are being developed to support traditional practice in the new provincial primary health care strategy. One challenge in

³² In 2015, the MOH, FNHA and Health Authorities signed the [Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC](#). To date, each of the medical profession regulatory bodies, the BC Ministry of Mental Health and Addictions, Indigenous Services Canada, Health Canada and the Public Health Agency of Canada have signed the Declaration of Commitment, a very important first step in embedding cultural safety and humility throughout the health system in BC.

³³ PHSA’s San’yas Indigenous Cultural Safety training program aims to increase knowledge, enhance self-awareness and strengthen the skills of health care professionals who work directly or indirectly with Indigenous people.

incorporating traditional practices into the design of services and developing cultural competence in the workforce is the diversity of Indigenous cultures in the province, inclusive of Métis and other Indigenous peoples.

“Cultural safety and humility and trauma-informed care are two topics that health authority management are paying more attention to and thinking about how to address. Whether this awareness and buy-in has permeated front-line staff is another matter. They can be required or encouraged to take training, but unless management follows up and monitors implementation, it is hard to know if anything is changing.” – Key Informant

One of the best ways to ensure a culturally safe health care system for First Nations people is to enable more First Nations people to take on important health care roles. Capacity needs to be built to support people working in their own communities. Some key informants highlighted that the Joint Project Board requirement to hire registered health professionals, such as Licensed Practical Nurses or social workers, may effectively exclude First Nations personnel. The partners recognized this hindrance and deployed flexible Health Actions funding alongside Joint Project Board funding to cover the para-professional work force.

The FNHA participates in the BC Provincial Health Workforce Strategy, with maternity care and Indigenous recruitment and retention as areas of focus within the Strategy. Further, work is underway around culturally safe avenues for patient complaints and creating culturally safe tools such as the *BC Aboriginal Birth Doula Training Manual: Building on our Traditional Auntie* created by Perinatal Services BC and the FNHA.³⁴ Key informants noted that while this is a useful resource, the fact that so many First Nations women must leave their home communities or travel great distances to access maternity care demonstrates that there is work to do for the health system to support women- or family-centric approaches.

Social Determinants of Health

The First Nations Perspective on Health and Wellness recognizes that the roots of health and wellness lie in other areas, typically called the social and/or structural determinants of health. Many social determinants of health (SDOH) intersect and have a cumulative impact on Indigenous mothers, children and families. Extensive engagement through the First Nations Health Council with Chiefs, Elders and Health Directors during the time of the

³⁴ [BC Aboriginal Birth Doula Training Manual: Building on Our Traditional Auntie](#). FNHA website.

transfer of health services spoke to the social determinants of health and the traditional systems Nations have used over millennia to ensure the safety and well-being of children, youth and families. They emphasized that improving the lived experience of First Nations children, youth and families will require improving the spectrum of services that serve them.

One of the greatest areas of innovation since the signing of the Framework Agreement is the recognition of the need to approach maternal and child health wholistically, in a broader context than the inherited program, which focuses on physical and mental health during pregnancy, birth, the postpartum period and the early years. The innovation involves expanding the maternal and child health approach to include the family, a broader range of life stages and an understanding of the social determinants of health.

The settings in which infants and children grow up, the wellness of their caregivers and their experiences in their first years of life play a major role in shaping their long-term health and developmental outcomes. These factors impact outcomes across all health content areas (e.g., mental wellness, injury prevention, chronic disease prevention, life expectancy) and other key socio-economic outcomes. In broadening its approach to maternal and child health, the FNHA encourages care providers to look at whether a pregnant mother has secure housing, the financial means to ensure proper diet – a particular challenge in many First Nations communities – and so on.

A clinician did not understand why the patient did not cook the recipes provided, until she did a home visit and found the patient did not have the appliances needed for cooking. In this respect, barriers to eating healthily can depend on access to adequate housing, the cost of healthy food, or appropriate equipment.
– Key Informant

Collaboration with partners across sectors (including health, social services, education and justice) is a priority serving to improve and coordinate the continuum of preconception, pregnancy and early years services by leveraging existing funding, services and resources.

Resolving the persistent health inequities between First Nations and other residents in BC, including those affecting women, children and families, requires collaboration by multiple partners – the FNHA, other Indigenous partners, federal and provincial governments, civil society and the private sector – across a variety of areas of programming – both within and outside the health care system. For example, a core determinant affecting First Nations and Indigenous mothers, children and families is involvement in the child welfare system. The fear of child apprehension may lead some Indigenous women to avoid seeking help, and it

has been found that having one's child apprehended can also harm a mother's health, in addition to having serious consequences for the health and well-being of children.³⁵

In most cases, apprehensions are a consequence of poverty and intergenerational impacts of colonization, which impact on the healthy development of family as a whole. Addressing the social determinants of health, including those uniquely affecting First Nations people, is key to preventing this risk. – Key Informant

A common theme across key informant interviews, Sub-Regional and Regional Caucuses, and Gathering Wisdom for a Shared Journey was the need for greater incorporation of cultural practices into the social determinants of health and discussion of the historic prohibition of cultural practice as a root cause of issues impacting MCFH such as lateral violence, cultural teachings of care for babies and unhealthy coping skills.³⁶

Building on commitments in the tripartite health plans and agreements, the First Nation Health Council has had a significant impact in charting a course for greater collaboration with Canada and BC on work in social determinants of health, signing three Memoranda of Understanding (MOUs) on social determinants over as many years, evidence also of greater collaboration towards improved MCFH outcomes and experiences.

The March 2016 MOU between the First Nations Health Council and the BC Minister of Aboriginal Relations and Reconciliation³⁷ was signed to develop a shared ten-year strategy on the social determinants of health for First Nation Peoples in BC, with specific references to MCFH, including commitments to bilateral and collaborative work to:

- Increase and strengthen the involvement of First Nations in decisions and strategies that impact key social services available to and accessed by First Nation children, youth and families in BC;
- Support family relationships and well-being, healthy child and adolescent development, vulnerable families and strengthen culture and community;
- Plan, design, deliver and evaluate legislation, policy, operational protocols and service standards for child welfare services, including programs for prevention and protection services; and

³⁵ Kristin Turney and Christopher Wildeman. [Mental and Physical Health of Children in Foster Care](#). *Pediatrics*. Volume 138, Issue 5: November 2016.

³⁶ See First Nations Health Council (FNHC). *Our Engagement Story on the Social Determinants of Health and Wellness 2015-2018* (2018). See also the FNHC *Social Determinants of Health Discussion Guide* (2017).

³⁷ FNHC and Province of BC. (2016). Memorandum of Understanding on the Social Determinants of Health. <http://fnhc.ca/2016/03/memorandum-understanding-social-determinants-health/>

- Engage on constructive and collaborative processes to resolve disputes between MCFD and individual First Nations as they relate to the exercise of jurisdiction over children and families and on the design and implementation of approaches that enable First Nation communities to keep families together where it is safe to do so, and to keep children in culturally appropriate environments regardless of where they reside.

*“The MOU with the Government of BC represents two significant steps forward. First, it reaffirms a shared commitment to work from a wholistic perspective. It is an acknowledgement that coordinated and concerted action is required to address the related and underlying circumstances that determine individual and collective wellbeing. This encompasses the dimensions of physical and mental wellbeing, family income and food security, early learning and education, child safety and connectedness to family, community, culture and language. Second, it serves as a shared commitment to support BC First Nations in building consensus, setting priorities and taking a staged approach to implementation. The social determinants of health are complex and require dialogue to set strategic direction for each area”.*³⁸

The February 2017 MOU Agreement Between Indigenous and Northern Affairs Canada and the First Nations Health Council in relation to Services for First Nation Children and Families in BC provided for an 18-month community-driven engagement process to “Develop strategies that increase the integration and coordination of early childhood development services, ensuring First Nation children, youth and families have equitable access to a system of responsive, high quality, culturally safe and increasingly integrated services.”³⁹

In July 2018, the *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* MOU was signed between the First Nation Health Council, the Province of BC and the Government of Canada.⁴⁰

Commitments include:

³⁸ *Ibid.*

³⁹ Agreement Between Indigenous and Northern Affairs Canada and First Nations Health Council, February 2017.

⁴⁰ FNHC, Province of BC and Government of Canada. (2018) Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness. <http://fnhc.ca/wp-content/uploads/MoU-Tripartite-Partnership-to-Improve-Mental-Health-and-Wellness-Services-and-Achieve-Progress-on-the-SDOH.pdf>

“The Parties agree that a wholistic, strengths-based, family-focused and community-driven approach to health and wellness planning will allow Nations to design, deliver and realign services along a continuum of mental health and wellness approaches. The Parties envision that these plans will focus on enhancing protective factors associated with positive mental health and wellness outcomes and identify strategies to strengthen the linkages between federal, provincial and First Nations agencies that provide services to First Nations children, youth and families.”⁴¹

According to key informants, the Framework Agreement and the MOUs have created opportunities to strengthen the FNHA’s collaboration with both the MOH and MCFD, ensuring that health services support better early childhood experiences and fostering more support for wraparound services for clients. For example, the Provincial Office for the Early Years plays a key role in bringing ministries together to support families in an integrated way. Further, funding from the MOUs increases potential for communities and Nations to develop their own MCFH and Early Childhood Development priorities and to align programs and services with identified priorities.

Finally, in terms of increasing cultural safety, in September 2019, the MCFD announced an end to the child welfare practice known as hospital or birth alerts, acknowledging that these alerts are primarily and disproportionately used for marginalized and Indigenous women; and that the sharing of this information has been practiced without consent: “Moving to a voluntary approach of providing early supports and preventative services to expectant parents will help them plan and safely care for their babies.”⁴² The intent is to build more trusting relationships between service providers and clients.

Kwakwaka’wakw Integrated Maternal, Child and Family Care Pilot Project

The Joint Project Board ,a senior bilateral forum between the Assistant Deputy Ministers of the MOH and the Chief Operating Officer and Vice Presidents of the FNHA – was established in 2012 to enhance primary care services and delivery for First Nations in BC.⁴³ The Joint Project Board funds 27 projects throughout the province, including a project located within the Vancouver Island region aimed at returning birth closer to home by improving the quality and coordination of interdisciplinary preconception, prenatal, birth,

⁴¹ *Ibid*

⁴² [Children and Family Development](https://news.gov.bc.ca/releases/2019CFD0090-001775). Minister’s statement on ending ‘birth alerts’.
<https://news.gov.bc.ca/releases/2019CFD0090-001775>

⁴³ First Nations Health Authority and Province of British Columbia. [Joint Project Board: Year in Review 2014-15](#).

postpartum and early years supports, including those relating to the social determinants of health.

The Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team (Kwakwaka'wakw MCFH Collaborative Team) represents a joint initiative developed by the FNHA's Vancouver Island Region, the Island Health Authority Aboriginal Health program and the Kwakwaka'wakw and Laichwiltach communities. The foundation of this relationship has provided the opportunity for greater collaboration with local communities, Island Health, UBC and Divisions of Family Practice to improve their collaboration to better support women and babies in rural and remote communities in the North Island region.

Many First Nations communities in the North Island are rural or remote without direct road access. There are few maternity clinics in the North Island and fewer specifically targeting Indigenous women. Services are often fragmented (between at home and away from home) and require repeated travel. Many women must leave their communities and families, including other young children, to access services. When it is time to deliver their babies, women and families often have to travel long distances. To address these challenges and provide improved care for First Nations and Indigenous women, babies and their families, the project aims to:

- Provide all north Island pregnant women and families access to a single, coordinated MCFH program;
- Provide continuous care through all stages of family planning, pregnancy, birthing, postpartum, early parenting and early childhood services;
- Increase contact with women and families before and after birth;
- Increase general health, wellness and parenting support;
- Incorporate traditional knowledge and practice into care as much as possible;
- Use multidisciplinary teamlet-model care with culturally competent team members; and
- Provide high-quality, client- and family-centred care, as close to home as possible.

The initiative is supported in Mount Waddington⁴⁴ by a project manager, a medical office assistant and a registered nurse coordinator, who uses the Mount Waddington Maternity Risk Assessment Tool to support women in the choice to participate in prenatal care and in the decision on where to give birth. The nurse will use a dashboard to support all the women receiving care, linking them to additional support as needed, allowing for higher quality prenatal care than currently exists and smoother transitions in and out of communities. Home visitor/health coach positions help build long-term relationships and trust with women and families, serving as crucial wellness partners and as patient

⁴⁴ Because space is available in an existing facility in Mount Waddington.

navigators/case managers to help pregnant women, children and families get the health information and services they need.⁴⁵ Based out of Campbell River, the shared Island Health-FNHA medical office assistant enables this initiative to ensure a wholistic level of support is provided to mothers accessing care at the Campbell River Maternity Clinic.⁴⁶

In late 2018 and early 2019, this initiative oversaw the following four streams of improvement efforts aimed at the quality of care experienced by mothers and children in the Mount Waddington catchment area (North Island):

- Enhanced local accessibility by perinatal women to social, cultural and health care services;
- Strengthened development of in-reach service pathways to reduce the women's pre- and post-natal time away from community and to improve the therapeutic alliance within a culturally safe and humble paradigm;
- Growth of in-hospital communication protocols between teamlet members and acute care staff; and
- Introduction of local registered midwifery support for women and providers.

To date, this program has supported approximately 80 families in accessing prenatal and postpartum care, navigating patient travel, connecting to services and addressing the social determinants of health. In the 17 months in which the program has been operating, only one infant associated with the program has been brought into foster care at birth. In late 2018, a two-midwife model was endorsed for the project. Conversations with stakeholders are underway to implement full-scope midwifery care in the North Island sub-region and to determine next steps for privileging the role of midwives on care teams at local hospitals. The program has provided training opportunities for families and local professionals to raise awareness and provide tools for wholistic care for mothers and their children. A midwife in the Kwakwaka'wakw family sub-region has received temporary privileges to practice and will be leading education and professional development work around maternity care with nursing staff.

BC Coroners Service Partnership with the FNHA

"The loss of a child is a devastating trauma and extremely difficult to articulate in mere words. Four years ago, my little two-month-old niece, Makara, passed away suddenly without warning. This tragedy was only the beginning of a traumatic series of events within a system that is intended to provide care.

⁴⁵ Island Health, FNHA. The Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team. Joint Project Board Proposal. 2014: 19.

⁴⁶ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update.*

As Tla'amin people, our traditional laws direct us to carry out our death protocols within a week's time, with our loved ones' bodies intact so they can carry out their role in the spirit world. We also appoint an advocate to speak for the family in their time of grief.

For Makara, an autopsy was ordered by the coroner - as with any infant death - and the report came back clear of any criminal wrongdoing. We were then informed that, without our consent, her body was being returned to us but her brain stem was to be retained for several weeks for medical investigation despite no further legal concerns. We were told that, regardless of the will of the family or the additional trauma and grief this would cause, this was standard practice and was for the greater good of society.

This conflict between cultural ways of living and systemic policies is a tragic example of culturally unsafe services that can do more harm than good. As a result of the BC First Nations Health Partnership with federal and provincial governments, work is under way to begin to address these challenges.

[....]

Makara's legacy is a Coroners Service that acts with cultural humility. Their willingness to consider the voices of the people they serve and review their practices has helped them establish culturally safe practices for all British Columbians."⁴⁷

Key informants cited the relationship between the BCCS and the FNHA as an example of significant progress. The partnership and subsequent relationship-building activities were initiated following the death of Makara Gallagher, a seven-week-old Tla'amin infant (see [Makara's story](#)) in 2012. Since then, the BCCS has successfully worked with pathologists who conduct autopsies to make their practice more culturally appropriate for the families and communities of deceased children. Previously, standard practices dictated that pathologists retain the brainstem of infants for two weeks or more following a death. This practice is counter to the Tla'amin belief that the body be whole within a week following physical death so it can properly carry out its role in the Spirit World. Discussions were held between the FNHA and MOH on the coroner's practice, resulting in a coroners' review that found no added investigative value to retaining the brainstem once legal requirements were satisfied. As a result, the BCCS changed its practice to post-mortem investigation of infant deaths to ensure the use of minimally invasive means wherever possible. As of 2016, the vast majority (over 90%) of families – including both First Nations and non-First Nations families – had their children's remains returned intact and have more of a voice in determining how their children's remains will be treated.

⁴⁷ Joe Gallagher, [First Nations Health Authority calls for cultural safety in B.C.](#) *Globe & Mail*: Published Monday, Jun. 20, 2016

Building on these discussions, the FNHA and the BCCS signed an MOU in 2014 and developed a joint work plan focusing on [common priority areas](#) related to data surveillance and the building of First Nations relationships and culturally safe services. These priorities have set the stage for collaboration between FNHA Regional Directors and Regional Coroners to support each other to improve the public safety and prevention of deaths for First Nations, develop regional death and dying protocols and ensure that FNHA staff are included in the event of complicated deaths.

A 2017 joint FNHA and BCCS death review panel demonstrates how the evolving partnership continues to hardwire Indigenous considerations into service changes. The report assessed the circumstances of injury-related deaths of 95 First Nations youth and young adults between 2010 and 2015. The review showed that the mortality rate for First Nations youth and young adults is twice that of non-Indigenous youth and young people. As a result of the report, the partners have developed an action plan to address injuries or the untimely death of First Nations youth and young adults.

Key informants indicated that while the work with the BCCS was difficult at first, lasting relationships emerged from the process. Through challenging but respectful dialogue, the FNHA encouraged the BCCS to understand First Nations' cultural practices and interests, as well as to review the evidence on the value of brainstem retention. The BCCS has found the First Nations Perspective on Health and Wellness very valuable in its work relating to First Nations infant, child, youth and young adult deaths in the context of the broader social determinants of health, including the relationships of individuals to families, communities, land, environment, economy and culture. The BCCS now invites Elders and providers to participate in meetings, to participate in looking at its policies and practices, and understand more about diverse First Nations cultural values and beliefs, particularly in tragic and difficult times. The BCCS has also created a new position to support trauma-informed practice. This person reaches out to individuals and communities as part of inquest work in order to support families. The BCCS is actively working to recruit Indigenous coroners and offering training relating to Indigenous practices relating to death and bereavement.

Figure 2: BC Coroners Service / First Nations Health Authority Sharing & Visioning



Source: BC Coroners Service: An Introduction to our work, mandate and partnership with the FNHA. 2015. Presentation. <https://www.fnha.ca/Documents/VC-Regional-Caucus-BC-Coroners-Presentation-Nov-24-2015.pdf>

Data and Evidence in MCFH

The annual reporting of infant mortality statistics has helped keep senior executives focused on addressing this issue. Unfortunately, despite this reporting, the gap has not closed. To close the gap, we need to do more than monitor data. – Key Informant

Development of Indicators

In 2010 the *First Nations in British Columbia Tripartite Data Quality and Sharing Agreement* included a commitment to develop First Nations data for performance indicators relevant to MCFH. To date, progress relating to MCFH includes:

- As prenatal care is a major indicator of health outcomes for infants, the FNHA will support linkage to the Perinatal Services BC data registry to gather annual service and outcome data for the purpose of surveillance and reporting on the perinatal health of First Nations mothers and infants in BC. Perinatal data will provide a picture of the well-being of First Nations pregnant women and infants, and information on the perinatal care access that First Nations women and infants experience, which will support planning culturally relevant perinatal care.
- A collaborative report, being developed by the Offices of the Provincial Health Officer and the FNHA Chief Medical Officer (the *Indigenous Girls' and Women's Health Report*), will now use a wellness, social determinants and equity-based perspective (based on their collaborative Population Health and Wellness Agenda) to present and examine data and information on the health and well-being of Indigenous women in BC and improve population health data to inform MCFH work.
- In June 2016, the BCCS adopted the provincial Aboriginal Administrative Data Standard,⁴⁸ identifying whether deceased individuals are First Nations, Métis or Inuit.
- The FNHA has implemented the BC First Nations Regional Health Survey and the BC First Nations Regional Early Childhood Education and Employment Survey. Both surveys include questions related to MCFH, including on breastfeeding, child nutrition, child oral health, prenatal care, access to childcare and child developmental milestones.

⁴⁸ https://www2.gov.bc.ca/assets/gov/government/services-for-government-and-broader-public-sector/information-technology-services/standards-files/aboriginal_administrative_data_standards.pdf

Key informants noted that while this is an ongoing and slow process, there is increased collaboration towards accessing First Nations data through the different databases, and work is underway to make data access more user friendly for communities.

Office of the Provincial Health Officer & FNHA Infant Mortality Findings

BC's *Guiding Framework for Public Health* notes that the "Infant mortality rate is a standard measure of health status that reflects a society's ability to provide a supportive and nurturing environment for mothers and newborns."⁴⁹ Infant mortality⁵⁰ is one of the seven indicators identified for tracking in the TCA: FNHP, with a goal of reducing the gap in infant mortality between First Nations and other British Columbians by 50 per cent by 2015.⁵¹ In addition, the *Strategic Approach* identifies key priorities defined by communities to include collecting and monitoring infant mortality data, including sudden infant death syndrome; shaken baby syndrome, information from the child death review unit; and other causes of child death.⁵²

As early as 2007, Island Health established an Infant Mortality Review Committee. Subsequently, data⁵³ presented to TCFNH led to the decision to create (or build upon existing) Infant Mortality Review Committees in each of the health authority regions. Between 2016 and 2017, the Interior and Vancouver Coastal Health Authorities also formed Infant Mortality Review Committees, made up of leadership from across sectors and portfolios to reduce the rate of infant deaths by:

- Decreasing the gap in infant mortality rates between First Nations and other residents through monitoring and analysis of infant deaths within the region;
- Encouraging prenatal contact and close communication between expectant mothers and local health care providers, promoting universal access to safe infant sleep space, and increasing knowledge and awareness of infant safe sleep practices; and
- Identifying modifiable risk factors contributing to infant mortality and making recommendations to reduce those risks.⁵⁴

⁴⁹ British Columbia Ministry of Health. *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*. 2017: 48.

⁵⁰ The infant mortality rate refers to the number of infants who die during the first year of life per 1,000 live births.

⁵¹ British Columbia Assembly of First Nations, First Nations Summit, Union of British Columbia Indian Chiefs, and British Columbia Government. *Transformative Change Accord: First Nations Health Plan*.

⁵² FNHA. (2013). *BC First Nations and Aboriginal Maternal, Child and Family Strategic Approach*.

⁵³ Low birth weight was identified as a key issue in the data.

⁵⁴ Health Canada, FNHA, BC MOH. (2018). *Together in Wellness: Tripartite Committee on First Nations Health Annual Report*. A report on the progress of the integration and improvement of health services for First Nations in BC, 2016-2017.

Infant mortality rates for Indigenous infants in the Island region have fallen significantly in the last eight years, although it should be noted that percentages and rates are sensitive to small changes.⁵⁵

Table 1: Infant Deaths by Indigenous Identity, Island Health, 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018
Indigenous	7	3	10	7	4	10	3	3
Total	23	14	34	35	18	25	21	29
% Indigenous	30.4	21.4	29.4	20.0	22.2	40.0	14.3	10.3

In July 2018, the Office of the Provincial Health Officer and the FNHA Chief Medical Officer released the 10-year progress update on the seven indicators identified in the TCA: FNHP including data analysis of the infant mortality rate. A summary of progress is provided in the figure below.⁵⁶

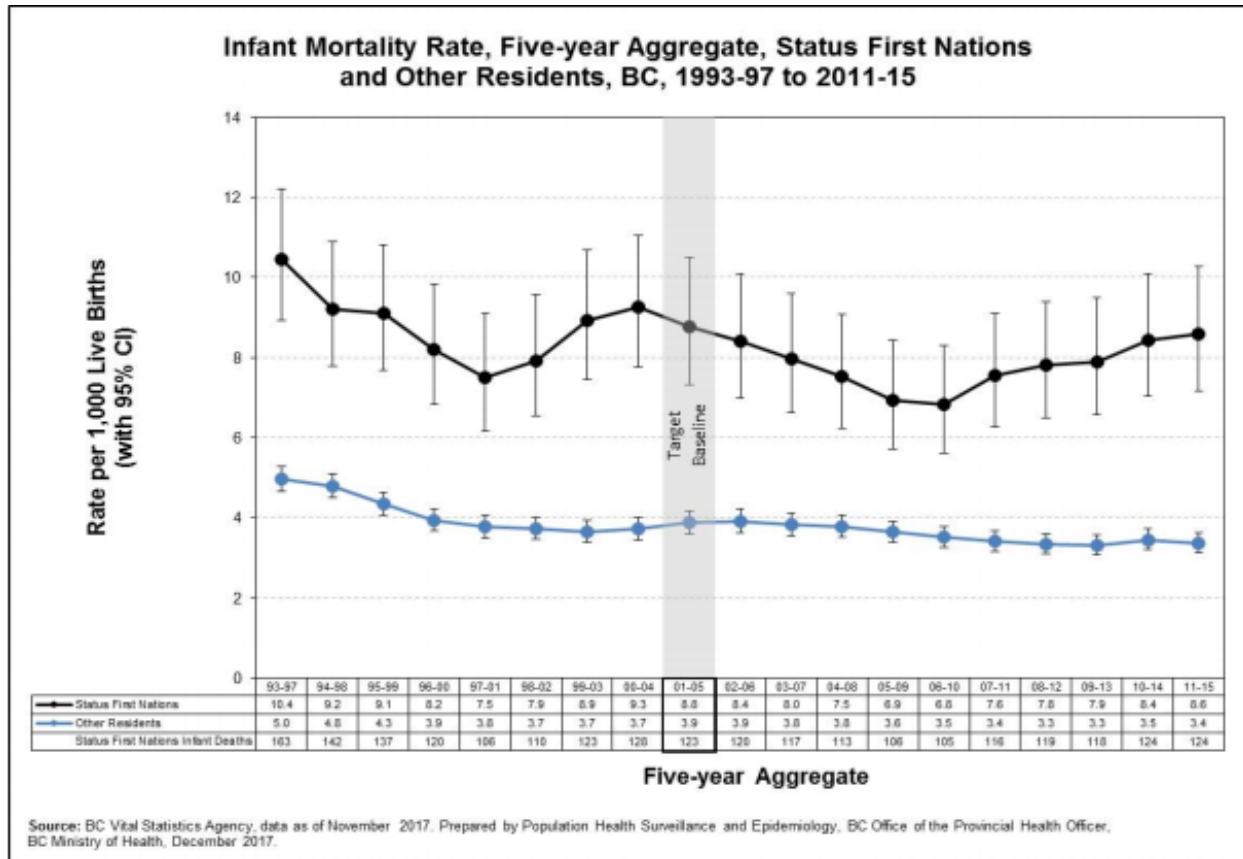
The infant mortality rate for Status First Nations has fluctuated over time but has not shown sustained improvement since the baseline. At 124 deaths, and 8.6 deaths per 1,000 live births in 2011-15, the number and rate of infant deaths in the latest reporting period is now slightly lower than the baseline, but the gap between the populations persists. At this time, data show that the actual gap in 2015 is 5.22 per 1,000 live births. This is an increase of 13.0 per cent from the gap that was originally projected for 2015.⁵⁷

⁵⁵ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update.*

⁵⁶ Office of the Provincial Health Officer / FNHA Indigenous Health and Well-being: Final Update, July 2018: 21.

⁵⁷ Office of the Provincial Health Officer / FNHA Indigenous Health and Well-being: Final Update, July 2018: 14.

Figure 3: Infant mortality rate, five-year aggregate, Status First Nations and other Residents, BC, 1993-1997



The report acknowledged that limitations of the current First Nations Client File are likely to artificially increase the Status First Nations infant mortality rate, particularly since 2012⁵⁸, but the data is of high enough quality to be valid.

Key informants acknowledged that although the annual updates on infant mortality statistics have helped keep senior executives focused on addressing these indicators, more work is required to address First Nations infant mortality. The Joint Project Board has developed a joint work plan, which includes specific actions to address infant mortality and to create more accountability across the health system through collaboration.

⁵⁸ Year-to-year variation in the small number of infant deaths among Status First Nations can cause volatility in the rate and large confidence intervals around the rate. Consequently, the Status First Nations rate should be interpreted with caution. Additionally, an issue with the current First Nations Client File was previously identified in which an increasing number of Status First Nations infants were not being included in the First Nations Client File. While this issue has largely been remedied, it may still have a small impact on this indicator by reducing the number of live births identified as Status First Nations infants (the denominator), and artificially increasing the Status First Nations infant mortality rate, particularly after 2012.

Finally, a joint report on Indigenous women and girls' health will be released in August 2020.

Surveillance and Response

In late 2017, Perinatal Services BC, the FNHA and a multi-health authority working group co-convened a multidisciplinary, cross-sectoral provincial meeting on improving Maternal, Perinatal and Infant Mortality, and Morbidity Surveillance and Response in BC.⁵⁹

Recommendations to improve surveillance and response for First Nations and Indigenous women and infants include:

- Using the provincial Aboriginal Administrative Data Standard, across all data collection processes, to strengthen surveillance and improve data quality, enabling planners and decision-makers to learn from the data and make changes to improve health outcomes. Creating and collecting this data in a culturally safe way requires a concerted effort to educate health care providers on OCAP® (ownership, control, access and possession of First Nations data by First Nations)⁶⁰ standards.
- Increasing integration across the health system to identify deaths that occur in hospital and in the community and communicate those deaths across the system, to reach all providers/administrators across the continuum of care.⁶¹
- Implementing the Truth & Reconciliation Commission's Call to Action #19 to establish measurable goals in consultation with Indigenous peoples, to close gaps in health outcomes, including on maternal and infant mortality, between Indigenous people and other residents.
- Adding the presence of doulas at birth as an indicator in order to evaluate the impact of a doula's presence, the impact of birthing in community and determine whether doulas reduce the rates of caesarian sections.
- Developing a (non-public) national inquiry process to set targets for maternal mortality reduction and develop standardized definitions and review processes.

BC Coroners Service Data Sharing

The BCCS works in partnership with the FNHA in cases of infant, child and youth deaths. An information-sharing agreement between the parties facilitates the coroner's ability to track mortality of First Nations infants and enable appropriate actions by government and other

⁵⁹ Perinatal refers to the time, usually a number of weeks, immediately before and after birth.

⁶⁰ The First Nations Information Governance Centre. (May 2014). *Ownership, Control, Access and Possession (OCAP™): The Path to First Nations Information Governance*.

⁶¹ BC First Nations and Aboriginal Maternal and Child Health Promising Practices Working Group. *Nurse-Family Partnership: Is It a Fit for First Nations Communities in BC?* 2015: 6-7.

entities to prevent such deaths from occurring again in the future. The parties have conducted death review panels, particularly for infant mortality and child, youth and young adult deaths relating to injury. A social determinants of health lens is applied to the death review panel's work. While the work of the is retrospective (mortality findings), through the death review panel process, data is aggregated, key themes identified and recommendations are developed to prevent similar future deaths.

BCCS death review panels have made recommendations to other ministries, including the MOH, MCFD and MOE about the need to have First Nations involved in program planning and implementation and for better accessibility and cultural appropriateness, including being trauma-informed.⁶² The BCCS shares aggregated summaries with health authority partners on a regular basis and they are publicly available online.

⁶² BC Coroners Service and First Nations Health Authority Death Review Panel. (2017). [A Review of First Nation Youth and Young Adult Injury Deaths: 2010-2015](#).

Addressing Challenges & Barriers Moving Forward

Collaborative Approaches and Continued Work

Tripartite collaboration has brought about many changes. Key informants observed that the new collaborative approach, whether through the Joint Project Board or other forums has enabled the ability to explore more innovative approaches. Many key informants felt that since the signing of the Framework Agreement there have been improvements in service responsiveness to the needs of First Nation and Indigenous clients:

Prior to the Framework Agreement, there was much more working in siloes; or, taking a universal approach that did not consider the unique experiences, circumstances and needs of First Nations and Aboriginal clients, including the need to acknowledge the impact of historical trauma, provide trauma-informed care and achieve cultural safety and humility within the health care system. There was more duplication of roles or confusion about who should be doing what. The working relationships developed amongst the partners have helped remove or reduce a number of these issues. – Key Informant

Flexibility is important - being patient and letting conversations happen in a good way to allowing strategic partnerships to happen. The Tripartite table holds the partners accountable to have these conversations, has made it easier for all partners to stop working in isolation and make collaboration a priority. Working in collaboration is hard but absolutely worth it. – Key Informant

The FNHA's wholistic approach to health and wellness helps it to act as a connector between other siloed organizations. – Key Informant

One key informant noted that there a number of parallel programs and that working with the partners to ensure each child has the right resources is a large undertaking. Opening the lines of communication between regional health authority staff and community-based staff is an important outcome identified by key informants as it would serve to better align provincial and community services and build better relationships.

The importance of building stronger relationships was cited in the areas of breastfeeding and learning to use vision-screening equipment for pre-Kindergarten-aged children. regional health authority personnel in one region invited relevant community-based staff for retraining on equipment in order to renew their skills. One key informant observed that

while there has been an increase in the level of collaboration, it often varies depending on the people involved and community desire.

Several key informants noted improvement in collaboration, communication and planning amongst the partners, including identifying shared priorities and areas of focus. There is increased health authority support for serving First Nations community members and actively wanting to partner with the FNHA to do that work and to do it better. While increased engagement is a reflection that organizations are more aware of the need to ensure a First Nations voice is included across the health system in BC, it has also placed a heavy burden on the FNHA relative to its resources and those of its partner organizations.

In terms of communication, key informants note that front-line staff are not necessarily always aware of higher-level organizational commitments, and thus may not demonstrate changes in actions. Key informants emphasized that action is needed to ensure tripartite commitments and obligations stemming from reciprocal accountability permeate all levels of health organizations. Key informants highlighted reporting requirements as helpful mechanisms for accountability and increasing awareness, interest and implementation at the front line.

Biomedical Approach to Health

A major barrier is how the BC health system is centred around the biomedical disease and deficit-oriented, reactive approach operating within a clinical setting, rather than a wellness- and strengths-based orientation and proactive or preventative approach that operates within communities and families. – Key Informant

According to key informants, in the context of a biomedical model, First Nations clients may feel unsafe and uncomfortable. For example, within maternal, child and family health care, most funding is focused around pregnancy, maternal health and labour and delivery, whereas support for families after labour and delivery, or wellness in the first six years, is much lower. This Western approach may be coupled with a lack of understanding of Indigenous cultures and traditional governance structures. Successful innovation in this area will involve promoting cultural safety and humility across the BC health system and working to incorporate the wellness-based, strengths-based approach of the First Nations Perspective on Health and Wellness in planning and implementation. Cultural practices are vital to health and wellness.

It takes time for culture change to work its way through a complex system with many parts, ranging from provincial ministries to health authorities, from corporate leadership to frontline care providers, from doctors to intake nurses, from exempt to unionized personnel, and from provincial head office to regional teams. It will also take time to undo hundreds of years of colonialism, which has worked to dismantle Indigenous cultures, societies and governments over many generations. – Key Informant

Birthing Close to Home

Key informants cited a tension in that health authorities have centralized services through population-based models, impacting rural and remote women who often must travel and birth further away from home. A number of facilities in rural and remote regions have stopped performing deliveries primarily because the volume was not considered high enough for clinicians to maintain the desired skills and abilities. The support of midwives, doulas and other allied health professionals is suggested as a strategy for returning birthing services to communities and ensuring that they are culturally safe and appropriate. Since the FNHA recommendation is for birth to be returned closer to home, many are looking to the FNHA to fund innovative models to support birthing work in rural and remote communities.

Human Resource Capacity

Based on key informant interviews and the literature review, a significant challenge in rural and remote communities is capacity. Recruitment and retention of key health personnel, particularly in remote communities where staff turnover is high, is a barrier to equitable access to MCFH services. Some health professionals working in remote communities may not understand Indigenous peoples' needs and the colonialism and trauma they have faced. One element of the solution is to attract and train members of First Nations communities to work as health professionals who will understand and stay in their communities; another essential element is ensuring cultural safety and humility .

Some communities have robust programming and are working to identify maternal, child and family risk early. For example, Seabird Island is a large band and culturally strong developed Nation with family support workers, prenatal groups, community health nurses, the MCH program and a lactation consultant. Other communities are very small and may not have community health workers to provide the extra level of needed support. This makes services such as post-hospital follow-up or support for breastfeeding difficult. Some smaller communities are using Skype and social media to fill the gaps when visiting nurses

are not available, but this is limited by unreliable or unavailable cell coverage and Wi-Fi in some remote areas.

There are ongoing discussions about providing telehealth and mobile services to better support rural and remote communities; however, the preference lies in supporting communities to offer or deliver services themselves where possible.

Recruitment and retention continue to be a high priority for partners in the Northern region. The focus is on promising practices, housing services for visiting professionals, and health professionals being able to access funding for telehealth in order to work remotely. Northern Health is connecting with northern colleges on Health Care Assistant, Licensed Practical Nurse and physician recruitment needs. Municipalities and Chambers of Commerce play a very important role in the recruitment and retention process and communities are encouraged to be engaged in this process.⁶³

⁶³ Northern First Nations Health Partnership Committee Communiqué, February 16, 2018.

Summary

What is Working Well?

The case study revealed a number of ways that the First Nations health governance arrangement and tripartite focus have enabled the foundational and supportive aspects of MCFH health to grow and flourish.

Changing the Approach

One of the greatest areas of innovation since the signing of the Framework Agreement is the recognition of the need for a wholistic approach to MCFH, expanding the focus of the inherited Maternal and Child Health program to include the family, a broader range of life stages (referred to as a life-stage approach) and an understanding of the social determinants of health.

Many activities cited in the case study are bilateral or tripartite efforts. Hence, the transfer of First Nations and Inuit Health Branch activities to the FNHA in 2013 was an important milestone and catalyst to accelerate action and transformation in many areas. For example, oral health was a tripartite initiative, and now, post-transfer, the FNHA can better align and support transformation through managing the program, remaining connected to the tripartite space. Aboriginal Health Start on Reserve is similar, wherein the Province of BC provided the FNHA a share of their funding, demonstrating an example of simplifying jurisdictional barriers to leverage resources for First Nations, based on need.

Advancing Cultural Safety & Humility

Advancing cultural safety and humility is also a core goal of the Framework Agreement. The First Nations health governance structure has enabled the incorporation of Indigenous cultural practices, such as baby welcoming ceremonies, naming ceremonies and coming of age ceremonies. In this way, the First Nations health governance structure has helped return maternal and child health care closer to home – closer to the community and culture – and has involved First Nations people in maternal and child health decision-making. Since the original signing of the Declaration of Commitment to Cultural Safety and Humility by the MOH, the FNHA and BC Health Authorities in 2015:

- All BC midwives are supported to take cultural safety training and through San'yas Indigenous Cultural Safety Program training seats;
- BC Women's Hospital and Health Centre is examining the issue of trauma-informed care and has turned to the FNHA for input;

- A growing number of BC hospitals that provide care to First Nations and Indigenous people created sacred safe spaces for First Nations and Indigenous people to access when family members visit and to use for ceremonies;
- The FNHA participates in the regular refreshing of the BC Provincial Health Workforce Strategy where maternity care and Indigenous recruitment and retention are areas of focus;
- The BCCS created a new position to support trauma-informed practice. The organization is actively working to recruit Indigenous coroners and offering training relating to Indigenous practices relating to death and bereavement. The BCCS works in partnership with the FNHA in cases of infant, child and youth deaths.

Relationship Development

Relationships between the FNHA, regional health authorities and First Nations have improved within each region. There is increased health authority support for serving First Nations and Indigenous clients and actively wanting to partner with the FNHA to do that work better. This increased engagement shows that organizations are more aware of the need to ensure First Nations play a critical role in health governance BC, although it has also placed a heavier burden on the FNHA.

Improved Communication & Coordination

There has been improved communication and coordination between the FNHA, provincial ministries connected to MCFH (MOH, MCFD and MOE) and health authorities. In some instances, this includes engagement, discussion and information sessions with health authorities, such as discussions with community nurses around discharging issues or provincial-level discussions with the Métis and Inuit Girls' and Women's Health and Wellness Working Group (co-chaired by the MOH and BCAAFC), to further discuss and document Indigenous women's health priorities and actions. The tripartite relationship enabled the extension of provincial-led programs, such as the NFP and regional health authority services, into First Nations communities.

What are the Challenges?

According to key informants, despite tripartite efforts, barriers and challenges persist in the areas of:

- Continued inequitable health outcomes experienced by Indigenous infants, children and youth (e.g. infant mortality, infant death affiliated with unsafe sleep contexts, child dental caries and preventable injuries);
- Long wait lists for early intervention therapies and access to associated supports (support has increased since the introduction of Jordan's Principle funding and

program support; however, this support is limited to children and youth living at-home who are registered as Status First Nations);

- Women and families from rural or remote communities often have to travel long distances when it is time to deliver their babies;
- Recruitment and retention of key health personnel supporting MCFH programs and services, particularly in remote communities that face significant turnover;
- Lack of shared understanding across the FNHA, MOH and other health partners about which MCFH-oriented programs and services are currently available and offered in community, and which communities can access available regional and provincial programs;
- Resource challenges to support all BC First Nations communities to implement a spectrum of MCFH programs and services that support children 0-6 years of age and their caregivers; and
- Limited program/service focus on school-aged children, youth, caregivers and families.

What is Needed Moving Forward?

Key informants agreed that while improvements have been made, there is still much work to be done, as many ways of operating within the health care system are deeply entrenched and require systematic evaluation of their effectiveness in transforming health and wellness outcomes for First Nation and Indigenous people.

Communities should be aware of and be able to access numerous provincial programs and services.. While many of the ongoing changes fill existing gaps, a number of key informants felt these changes do not necessarily represent “innovation,” as innovation in this area would include establishing a role for First Nations in decision-making.

In addition, there is a need to better link existing data sets, within and beyond health, to prevent duplication and enable evaluators, policy makers and practitioners to realize new insights and make innovations for better health outcomes.

Key informants emphasized that action is needed to ensure tripartite commitments and obligations stemming from reciprocal accountability permeate all levels of health organizations. Some key informants suggested that reporting requirements are helpful mechanisms for accountability and increasing awareness, interest and implementation at the front line.

Finally, while partnerships are strong, there remains a need to connect all the dots and parts of the health system in support of MCFH. For example, various partner tables may

not be fully connected with each other for maximum impact (e.g., to respond to data, resolve barriers and strategically use available resources). Regions may not be fully connected to provincial tables where strategy and policy are set, and vice versa. This case study is evidence of positive work happening in the region and where the Parties and partners may seek opportunities for more sharing and learning from the regions.

Clear communication and reporting processes to coordinate the FNHA's regional and provincial level work, coupled with better coordinated efforts across the provincial scope were cited as ways to address any outstanding concerns and ensure momentum for maternal, child and family health in BC.

Appendix A: Case Study Evaluation Framework

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources Guide number, key informant group and First Nations Health Directors Association survey or Interviews
<p>The Tripartite Health Governance Structure enables innovation</p>	<p>10: Has the new health governance structure enabled innovation?</p>	<p>DOCUMENT REVIEW: Together in Wellness, TCFNH Reports, TCFNH member updates, other documents as available on Bighouse.</p> <p>KEY INFORMANT INTERVIEWS: Key informant question on how the new approach to Maternal and child health differs from previous programs</p> <ul style="list-style-type: none"> • Type of multi-sectoral partnership activities undertaken to address social determinants of health; • Types of concrete strategies that have been developed to address maternal and child health care challenges / barriers; 	<p>How has the new health governance structure enabled innovation in Maternal & Child Health? How does the new approach to maternal and child health differ from the previous approach, before the new health governance system came into effect?</p> <p>What type of multi-sectoral partnership activities undertaken to address social determinants of health?</p> <p>What types of concrete strategies that have been developed to address maternal and child health care challenges / barriers?</p> <p>What type of innovation did the Tripartite First Nations and Aboriginal Maternal and Child Health Strategy Table incite?</p>	

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources Guide number, key informant group and First Nations Health Directors Association survey or Interviews
		<ul style="list-style-type: none"> Types of innovation 		
(Performance Effectiveness) Health services are delivered and received in a responsive manner.	Q 12: a) To what extent have FNHA health care initiatives, programs, services and policies been responsive to BC First Nations health needs? b) To what extent have other provincial health care initiatives, programs, services and policies accessed by First Nations been responsive to BC First Nations health needs?	DOCUMENT REVIEW Reporting from TCFNH to determine total number of projects and their nature when possible.	To what extent have FNHA health care initiatives, programs, services and policies been responsive to BC First Nations health needs?	Included verbatim in the First Nations Health Directors Survey/key informant Guide Variant of question is asked in the top row, see associated guides
		KEY INFORMANT INTERVIEWS Interviews regarding the coordination of maternal and child health services SECONDARY DATA Figures on infant mortality from PHO and FNHA CMO	To what extent have other provincial health care initiatives, programs, services and policies accessed by First Nations been responsive to BC First Nations health needs?	Initiatives, programs, services and policies established / modified to meet the health needs identified by trends (population needs) in indicators and regional processes
		<ul style="list-style-type: none"> Initiatives, programs, services and policies established / modified to meet the health needs identified by trends (population needs) in indicators and regional processes Perceptions about how responsive the BC First Nations health care 	What steps have been taken to improve access to continuous and well-connected and coordinated services and resources across pre-pregnancy planning, pregnancy, birthing and post-birth care for First Nations and Aboriginal mothers, children and families, including for those living in rural or remote communities who have to travel to visit clinics or hospitals? What efforts have been made to assess and evaluate innovative workforce initiatives that improve access to	

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources Guide number, key informant group and First Nations Health Directors Association survey or Interviews
		<p>initiatives / programs / services / policies are to the identified health needs.</p>	<p>maternity care and child health services that are closer to home and provide a continuity of care?</p> <p>In what ways has the new health governance system increased First Nations and Aboriginal community control and leadership in collecting information and monitoring trends in maternal, child and family health?</p>	
<p>(Performance Effectiveness)</p> <p>Health services are delivered and received in a responsive manner</p>	<p>Q 16: To what extent are health care programs and services culturally safe and delivered with humility?</p>	<p>DOCUMENT REVIEW</p> <p>Program description and documentation (Safe Sleep toolkit, Doula program)</p> <p>KEY INFORMANT INTERVIEWS</p> <p>Key informant question on how the First Nations Perspective on Health and Wellness was integrated into the program design</p> <ul style="list-style-type: none"> Description of the policies, initiatives implemented to integrate First Nations culturally responsive and safe care. 	<p>To what extent are maternal, child and family health programs/services culturally safe and delivered with humility?</p> <p>How and to what extent have the First Nations Perspective on Health and Wellness and traditional practices been integrated into the design of maternal and child health programs and services?</p> <p>What efforts have been made and strategies developed to develop a culturally competent workforce, culturally safe services and culturally appropriate resources in maternal, child and family health? What lessons can be learned for making progress on maternal and child health from the</p>	<p>Guide 3 (VPs, Directors and Regional Directors) asks “In your view, has the cultural safety and appropriateness of health care programs and services been improved? Please provide an example or rationale for your answer.”</p> <p>Guide 7 (PALT) In your view, has the cultural safety and appropriateness of health care programs and services been improved? Please explain and provide examples where possible. Do you have recommendations on more that could be done?</p>

Outcome Statement	Evaluation Question	Indicators	Interview Questions	Sources Guide number, key informant group and First Nations Health Directors Association survey or Interviews
			early years of the new health governance system?	

Appendix B: Partnerships, Initiatives & Resources

Tripartite Initiatives

Healthy Smiles for Life: BC First Nations and Aboriginal Oral Health Strategy

In 2014, the MOH worked with the FNHA, Health Canada and regional health authorities to develop the *Healthy Smiles for Life: BC First Nations and Aboriginal Oral Health Strategy*, which is intended as a go-to guide to improve the oral health of First Nations and Aboriginal children from infancy to 18 years of age, while informing public health and community planning and policy development and program implementation within regions and communities. Strategic directions for collaborative efforts include: Oral Health Promotion; Prevention and Identification of Caries Risk; Access to Treatment; Leadership and Collaborative Action; Surveillance, Monitoring and Evaluation; and Human Resources.⁶⁴

Tripartite Resources

Honouring Our Babies: Safe Sleep Toolkit

The Honouring Our Babies: Safe Sleep Toolkit is a set of culturally relevant and interactive tools initiated by the Tripartite First Nations and Aboriginal Maternal and Child Health Committee, led by Perinatal Services BC in collaboration with the Aboriginal Safe Sleep Working Group. It is designed to help frontline service providers share information on safe infant sleep, including sudden infant death syndrome, with First Nations and Aboriginal families. This is a critical resource, as research has shown that in BC, sleep-related infant deaths are approximately four times higher amongst Indigenous babies than other babies.⁶⁵

The resource includes a facilitator guide and 17 illustration cards to help prompt and guide discussions with families about safe sleep for infants. The cards incorporate beliefs, practices and issues specific to First Nations and Aboriginal communities and have been developed to be interactive, evidence informed and culturally relevant. The philosophy behind this resource is that listening respectfully to the caregiver's perspective provides them the opportunity to learn and decide how their baby will sleep more safely. It encourages acknowledgement of caregiver's courage for sharing. The set includes cards

⁶⁴ [Healthy Smiles for Life: BC's First Nations and Aboriginal Oral Health Strategy](#). FNHA website. March 14, 2014.

⁶⁵ British Columbia Provincial Health Officer, Pathways to health and healing: 2nd report on the health and well-being of Aboriginal People in British Columbia. Provincial Health Officer's Annual Report 2007. Ministry of Healthy Living and Sport, Victoria, BC, 2009.

that show cultural practices passed down through generations that have kept babies safe and protected.

Indigenous Women’s Wellness Pre-Conference to Women Deliver Conference 2019

The FNHA, BC Women’s Hospital and Health Centre, MOH and Vancouver Coastal Health developed the Indigenous Women’s Wellness Pre-Conference, held in affiliation with the Women Deliver Conference in June 2019. Main streams of conference content spanned maternity/midwifery care, sexual well-being with a focus on youth, self-care and care giving, and re-claiming matriarchal power/deconstructing the colonial legacy.⁶⁶

Maternal and Child Dental Health Video

The FNHA, Tripartite Maternal and Child Health Committee and Seabird Island Dental Centre created this video for parents and children age six and under, to raise awareness, facilitate discussion on the importance of dental care for children and convey that good dental health begins at birth. It emphasizes the importance of breastfeeding, the need to minimize or eliminate sugary foods or drinks and that children should start seeing a dental professional as soon as their teeth begin to emerge.⁶⁷

First Nations Health Authority Joint Partnerships & Initiatives

BC Coroners Service Partnership

In May 2014, the FNHA and BCCS signed an MOU to support each other in a positive and constructive manner to improve public safety and prevent deaths for First Nations and Aboriginal people. The MOU identifies the goals of working toward cultural competency and culturally safe services, and strengthening relationships between coroners and First Nations communities, families and individuals in a way that respects Community-Driven and Nation-Based decision making. It also committed the organizations to quarterly meetings on annual work plans and annual meetings between both organizations’ senior executives. Since the MOU was signed, both organizations have nurtured ongoing collaboration. The organizations are working collaboratively to ensure the BCCS, in undertaking its statutory role, also ensures cultural practices, customs and family perspectives are considered and respected. They are also collaborating on how to best work together on surveillance and prevention efforts. As a result of the collaboration, the BCCS has changed its approach to post-mortem examinations to ensure the least invasive approach possible is used, based on each individual situation and discussions with the

⁶⁶ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update.*

⁶⁷ [Maternal and Child Dental Health](#). FNHC YouTube Channel.

family.⁶⁸ Investigations of child death requires appropriate liaison with agencies such as MCFD and the Representative for Children and Youth, amongst others. The office also conducts special reviews on issues relating to the prevention of child death and on child safety generally.⁶⁹

Contraception At Home

Contraception At Home is an initiative the FNHA is taking to decrease barriers to contraception in-community and to increase choices and options available to women and girls who may become pregnant. Information about nursing certification, supplying, ordering, client demand and costing has been gathered for strategic discussion and decision.⁷⁰ Potential areas of focus include contraceptive management training and an information package for communities on sexual well-being and contraceptives, and options to order/pay for contraceptive supply stored and dispensed in community.⁷¹

Crash N Bump

This program is a subset of the MCH program that focuses on promoting playful exercise while developing children's bodies and minds. It helps enhance children's physical and social development in a fun, engaging way. Toddlers to pre-teens play, spin, climb, jump, crash and bump into each other on an assortment of equipment. The activities engage them in intense physical challenges, such as being thrown off centre and learning how to use cross-body movements to maintain balance, which helps improve learning. With stronger core and motor coordination, both of which are building blocks for literacy, students become better at writing and reading, which helps improve school readiness and classroom learning, including increased attention spans and ability to focus in class. The program has also helped build stronger attachment between children and parents as families play and have fun together at Crash N Bump.⁷²

FNHA Review of Child Health BC's Tiers of Service

The FNHA undertook a review of Child Health BC's Tiers of Service framework for culturally appropriate references. The framework provides a tool and a common language and methodology for defining and planning the clinical services, knowledge sharing/training

⁶⁸ The provincial *Coroners Act* requires coroners to investigate the deaths of all children under 19 years of age in BC and allows them to authorize post-mortem examinations if they deem it necessary. Past policy required retention of a deceased infant's brain for two or more weeks for detailed examination. BC First Nations raised this as a significant concern as a result of their spiritual and cultural practices surrounding death.

⁶⁹ [First Nations Health Authority and BC Coroners Service Partnership](#). FNHA website.

⁷⁰ This initiative was described verbally in an internal FNHA meeting [MCH Matrix, January 24, 2018].

⁷¹ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update*.

⁷² ['Crash N Bump' Gets Kids Moving and Loving It in Heiltsuk](#). FNHA website.

and quality improvement/research. The distribution of the population across the geography of the province requires collaboration and coordination across health authorities, ministries, community-based providers, non-profit organizations, school boards and other partners. Child Health BC started out with four tiers of service and moved to six tiers after conducting research on best practices in other jurisdictions and specifically seeing that a six-tier system works best in similar jurisdictions in Australia.

Lil'wat Nation-University of British Columbia-FNHA Partnership Promoting and Prolonging Breastfeeding

After the Lil'wat Nation initiated a promotional campaign to promote and prolong the traditional practice of breastfeeding, Lil'wat Health and Healing embarked on collaborative research with UBC and the FNHA to better understand the facilitators and barriers to breastfeeding and assess program needs for a local peer breastfeeding program. Focus groups and interviews with key informants revealed factors affecting decisions around infant feeding were layered and complex, including comfort level of the mothers, appropriate support for women's decisions and practices, knowledge about the benefits of breastfeeding and a sense of autonomy over a woman's body and decisions. Key drivers for a peer breastfeeding support program included mother-centred and mother-delivered, targeting those most in need; focus on delivering practical and relevant information on breastfeeding; and offering hands-on help in a safe and supportive space where mothers can tell their stories.⁷³

Nurse-Family Partnership

After the MOH began implementing its Nurse Family Partnership (NFP) program in locations across BC, the BC First Nations and Aboriginal Maternal and Child Health Promising Practices Working Group⁷⁴ produced the *Nurse-Family Partnership: Is it a Fit for First Nations Communities in B.C.?*⁷⁵ a report to assess if the program is an appropriate model of care for First Nations and Aboriginal women, families and communities. The NFP connects young, pregnant first-time mothers with public health nurses who provide regular and frequent home visits throughout pregnancy and until the child reaches two years of age. The FNHA and MOH are building awareness of the NFP program and the role nurses can play in supporting referrals and continuity of care amongst nursing staff working in

⁷³ [Lil'wat UBC partnership focused on Promoting and Prolonging the Practice of Breastfeeding](#). FNHA website.

⁷⁴ The Working Group included representatives from the FNHA, the Regional Health Authorities, the BC Ministry of Health, Simon Fraser University's Children's Health Policy Centre, and health directors and MCH coordinators from First Nations communities, with participants drawn from each of the five health authority regions and representing both urban and rural/remote communities. The report was funded through the Health Services Integration Fund.

⁷⁵ BC First Nations and Aboriginal Maternal and Child Health Promising Practices Working Group. (2015). [Nurse-Family Partnership: Is It a Fit for First Nations Communities in BC?](#)

community. They are also building awareness amongst FNHA regional teams and Health Directors about the NFP model as a potential model of care for communities to consider and are supporting regional health authorities to connect with First Nations community partners about the program and to work with First Nations communities if there is a desire to expand the program. The FNHA participates as a member of the advisory committee guiding the implementation and evaluation of the NFP program and continues to monitor the program in order to share the results.

FNHA Resources

A Guide to Your Baby's First Foods

In November 2018, the FNHA launched this resource to help families transition their babies from breast milk to solid food and support the healthy development of babies, including stories and traditional food recipes from First Nations communities around BC.

Breastfeeding Wellness Tips

Two guides, one designed for health care professionals and the other for mothers and community helpers, outline a set of principles to help convey that breastfeeding is best in most cases and that breast milk is the first traditional food.⁷⁶ In addition to providing important nutrients and facilitating the mother-infant bond, breastfeeding may also carry less risk of malocclusions, or imperfect positioning of the teeth when the jaws are closed, and other impacts relating to the development of the oral cavity and airway as compared to bottle-feeding. Health Canada encourages breastfeeding to two years of age and beyond.⁷⁷

Cannabis and Maternal Health & Supporting Youth Who Use Cannabis

The FNHA has initiated a campaign to increase understanding of the risks of cannabis consumption while pregnant and nursing and during youth. This falls within its larger effort to understand and share understanding of the health and wellness issues associated with cannabis featured on its website. On its website, Health Canada informs readers that ingredients in cannabis, such as THC, cross the placenta and into an infant's bloodstream during pregnancy. Such substances have also been found in breast milk. They note it is recommended that women do not use or at least significantly reduce use of non-medical cannabis during pregnancy, especially during the first trimester. Women are recommended

⁷⁶ [Breastfeeding Wellness Tips for Health Care Professionals](#) and [Breastfeeding Wellness Tips for Mothers and Community Helpers](#). FNHA website.

⁷⁷ [Nutrition and Oral Health](#). FNHA presentation. 2015: 20-24.

to talk to their health care provider about services to support making this change. The FNHA notes cannabis use during pregnancy can lead to:

- Pre-term labour and delivery, which can lead to a premature birth. Premature babies may experience short-term and long-term health issues.
- Low birth weight, which can result in increased vulnerability to infections and difficulty feeding.
- Potential learning and behaviour consequences that appear later in childhood, such as learning challenges, impulsivity, hyperactivity and more.⁷⁸

FNHA provides advice to families on how to deal with their child or a youth in their lives using cannabis.⁷⁹

Childhood Health and Wellness Resource Booklets

Designed by the FNHA and National Collaborating Centre on Aboriginal Health, these booklets build on the positive message that, "Even if you did not have the parenting that you wanted or needed, you can become the parent your child needs." The booklets are intended to help parents become the people their children need them to be and to help them raise healthy, secure and resilient children. Approximately 30,000 copies of the four booklets have been distributed to communities, service providers and organizations that reach First Nations and Métis parents throughout BC. Updated First Nations and Métis revisions of these booklets have been completed, and as of April 2019, were in the process of being distributed.⁸⁰

Family Connections

This booklet provides information on forming secure attachments with children and strengthening connections with extended family and community and emphasizes the importance of these ties within traditional First Nations and Métis culture and values. It also provides practical advice for pregnancy and parenting children through age six.⁸¹

Fatherhood is Forever

This booklet explores the importance of fathers, how to be a father and approaches for responding to different challenging situations. It recognizes that many men may not have had an involved father and encourages them, saying that: "Every step that you take in your

⁷⁸ FNHA. [Cannabis and Maternal Health](#). FNHA website. Accessed July 29, 2019.

⁷⁹ FNHA. [Supporting Youth Who Use Cannabis](#). FNHA website. Accessed July 29, 2019.

⁸⁰ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update*.

⁸¹ [Family Connections: A resource booklet about bonding with your child for First Nations and Métis parents in BC](#). FNHA website.

own healing is a step towards becoming a better father." It reviews ways in which men can be confident, effective fathers, including providing a safe place for children to grow up, showing affection, honouring the children's mother and being good role models. This booklet also offers ideas for how fathers can support their children through different stages of life.⁸²

FNHA Vision Care

Vision care benefits are available to eligible FNHA clients. This covers eye examinations, eyeglasses and eyeglass repairs.⁸³

Growing Up Healthy

This booklet outlines steps to keep babies and children healthy through nutrition, physical activity and caring for their bodies through healthy sleep habits and regular check-ups and immunizations. It describes what to expect with a healthy baby's hearing and vision and advises families to consult with their doctor, nurse practitioner or community health nurse if they observe anything that concerns them about their infant's development. It also provides information on traditional foods, ways to provide healthy food and living on a budget.⁸⁴

Parents as First Teachers

This booklet focuses on early childhood learning through experience and play. It emphasizes that a bright future for children "starts with love and care in the home" and stresses the importance of exposing First Nations and Métis children to their language and culture. It suggests positive discipline strategies and methods for parents to be the best teachers they can be, including by drawing on a circle of support that includes friends, extended family, Elders, ancestors and community resources.⁸⁵

Spirit Magazine: Youth Issue

In the summer of 2014, the FNHA published the Youth Issue of *Spirit Magazine*. This 32-page magazine featured the faces and voices of First Nations and Aboriginal youth on a variety of issues, including:

- How they balance the physical, emotional, mental and spiritual aspects of wellness;

⁸² [Fatherhood is Forever: A resource booklet about fathering for First Nations and Métis parents in BC](#). FNHA website.

⁸³ FNHA. [Vision Care](#). FNHA website. Accessed July 29, 2019.

⁸⁴ [Growing Up Healthy: A resource booklet about healthy children for First Nations and Métis parents in BC](#). FNHA website.

⁸⁵ [Parents as First Teachers: A resource booklet about how children learn for First Nations and Métis parents in BC](#). FNHA website.

- Youth reflections on culture and wellness;
- Promotion of healthy living initiatives;
- Resources for vulnerable youth who may run away;
- Winter challenge 2014 – a story of a sister-brother pair who took to their challenge to their friends and family to get active during winter to social media;
- Cuystwi – Indigenous youth wellness project, on online resource for Indigenous youth to promote wellness and prevent suicide;
- Digital wellness for youth;
- Xpey/cedar as a sacred tool;
- Healthy tips for youth;
- Youth role models;
- Safe sex questions from youth;
- Youth-driven YouthCO HIV and Hep C Society / decolonizing sexuality;
- Healthy sexual decision-making and interactional education;
- A feature on a midwife; and
- The impact of racism on First Nations wellness.⁸⁶

Spirit Magazine: Women’s Issue

In the summer of 2016, the FNHA published the Women’s Issue of *Spirit Magazine* featuring the following issues of core overlapping relevance to maternal, child and family health:

- First Nations female role models, including Member of the Legislative Assembly Melanie Mark;
- One woman’s story on her quitting smoking process;
- Supporting young women’s self-esteem and wellness;
- A story of a Carrier midwife Elder and a lengthy piece on Aboriginal midwifery;
- Frequently Asked Questions with a doula;
- Keeping the connection between incarcerated mothers and their babies;
- Methods of birth control, reproductive wisdom and pregnancy options;
- Auntie Bambie’s Blog, inviting people to write to her on questions like, ‘how do I break up with someone?’, ‘how do I ask about birth control?’, ‘how do I know if I am Two-Spirit?’, ‘how do I talk to my kids about puberty?’;
- Maternal and child health through a traditional lens;
- The different and worse negative health impacts to women from alcohol consumption than men;
- Empowerment and fitness for girls through sports;
- Career advice;

⁸⁶ [The Youth Issue](#). *Spirit Magazine*. Summer 2014.

- Safety from sexual violence, including while traveling in remote areas and the option of transition homes;
- Hepatitis C; and
- Resources.⁸⁷

Youth Respecting Tobacco

Because Aboriginal teens smoke at a rate two to three times higher than other teens in BC, First Nations teens worked together to address this problem. Many Aboriginal youth start smoking before they start high school. FNHA ran a Youth Video Contest in 2017 where First Nations teens aged 13 through 16 living in BC made a 15-60 second video about what they are doing or plan to do to change the impact of commercial tobacco on their lives, amongst their friends and on their communities. Videos used the campaign hashtag #respectingtobacco. These videos have been featured on FNHA social media channels. There were three \$1,000 prizes.⁸⁸

⁸⁷ [The Women's Issue](#). *Spirit Magazine*. Summer 2016.

⁸⁸ FNHA. [Youth Respecting Tobacco](#). FNHA website. Accessed July 29, 2019.

BC Government Initiatives & Resources

Healthy Start Initiative

Cultural safety is also one of the guiding principles of the ongoing project to refresh and expand the provincial Healthy Start Initiative: Provincial Perinatal, Child and Family Public Health Service Standards. The existing service standards from 2013 outline the core public health services that should be offered to all women and families from pregnancy to the child's second birthday, no matter where they live in the province. The current project will update the existing Service Standards to align with current evidence and will expand the scope to include the preconception period up to school entry. The FNHA is participating in the provincial advisory committee for this work.⁸⁹

Rural Surgical Obstetricians Networks

The Rural Coordination Centre of BC (RCCBC), overseen by the Joint Standing Committee on Rural Issues, works to improve access to physicians in rural BC, respond to the expressed needs of front-line health practitioners and contribute to rural health policy development. In late 2017, the RCCBC convened several partners, including the FNHA, to better understand maternity care pathways in rural and remote BC and the pathways women take to access services. The partners discussed how increasing rates of caesarean sections can subject First Nations women from remote communities to additional risk, as complications can arise without proper after care and turn into postpartum haemorrhage, which can have potentially life-threatening consequences. A number of studies⁹⁰ suggest that involving doulas in the birthing process and providing sufficient funding for them, could decrease rates of caesarean section.

Over the next year, in partnership with the FNHA, RCCBC plans to reach out directly to communities across rural BC, recognizing the diversity of needs, experiences and priorities amongst communities. The FNHA has the opportunity to identify areas of concern, including hospitals that do not have suitable levels of cultural safety and humility or sensitivity to the needs and comfort of women. The next step is for RCCBC and partners to develop an action plan.⁹¹

⁸⁹ Key informant interview.

⁹⁰ Cited in the subsection on doulas above.

⁹¹ This initiative was described verbally in an internal FNHA meeting [MCH Matrix, January 24, 2018].

Provincial Health Services Authority and Affiliated Entities

A Guide to Emotional Health in Pregnancy & Early Motherhood for Aboriginal Women

Celebrating the Circle of Life: Coming Back to Balance and Harmony - A Guide to Emotional Health in Pregnancy and Early Motherhood for Aboriginal Women and their Families is a resource created by the BC Reproductive Mental Health Program, of BC Mental Health and Addiction Services and Perinatal Services BC, both agencies of the PHSA. It was created to help soon-to-be and new mothers worried about their mood and/or those experiencing depression. The guide focuses on emotional health and includes information on what to expect and how to cope with the changes that come with pregnancy and a new child. Health care providers working with Aboriginal women and their families during the perinatal period may also use it.

The guide includes a section written for partners, families and friends of Aboriginal mothers who may be experiencing depression and includes information on how to support a woman during pregnancy, childbirth and the early months of having a new baby.⁹²

Ask Auntie Girl-Centred Wellness & Healthy Relationships Program

The Ask Auntie program at the BC Women's Hospital and Health Centre is a girl-centred, Indigenous-youth wellness pilot program designed to promote wellness and healthy relationships among 10-to-14-year-old Indigenous girls. It engages them online and in community-facilitated girls-only groups. Its aim is to ground Indigenous girls in their communities and cultures, enhance wellness and reduce violence against girls and women by helping foster safe relationships, promoting healthful living and strengthening community connections. Ask Auntie builds on the importance of teaching and supporting girls in their journey to explore their Indigenous identity by providing conventional and traditional information to support their development into strong women. The program involves the use of adult female community-based leaders to act as mentors, activities, a dedicated online resource and peer discussions to facilitate learning about health, ceremony, wellness, relationships, safety and their traditional teachings. The Population and Public Health Program of PHSA, PHSA Indigenous Health Program, BC Ministry of Justice and private partners are supporting the development phase of this pilot program.

The pilot program is being developed by a small team from BC Women's along with three communities – Kwakiutl, Old Massett/Masset and T'it'q'et – where community facilitators are running a girls group model and testing the online program component. Preliminary

⁹² [Celebrating the Circle of Life: Coming Back to Balance and Harmony - A Guide to Emotional Health in Pregnancy and Early Motherhood for Aboriginal Women and their Families](#). Perinatal Services BC website.

evaluations indicate a strong desire for the program and good reception from communities to an initiative that brings communities together to support their girls and women.⁹³

BC Aboriginal Birth Doula Training Manual

BC Aboriginal Birth Doula Training Manual: Building on our Traditional Auntie is a doula training manual for doulas working with Aboriginal mothers and families created by Perinatal Services BC and the FNHA.⁹⁴

Chee Mamuk (Aboriginal Health) (BC Centre for Disease Control)

The Chee Mamuk program is a program of the BC Centre for Disease Control providing innovative and culturally appropriate training, educational resources and wise-practice models relating to sexually transmitted infections, including hepatitis and human immunodeficiency virus (HIV). The program recognizes and works to address health inequities between Aboriginal and non-Aboriginal populations. Its services are grounded in community, tradition and science to promote healthy sexuality and build capacity in First Nations communities to prevent the spread of HIV, hepatitis and other sexually transmitted infections. It offers workshops, training for front-line staff, youth sexual health projects, culturally wise practice models, community development, culturally appropriate resources and consultation referrals. This initiative is important; approximately one Aboriginal person tests positive for HIV every two weeks, with 13 per cent of all new HIV diagnoses in BC occurring amongst Aboriginal people.⁹⁵

Family Path Pamphlet

The BC Early Hearing Program – made up of the PHSA, the FNHA and Aboriginal MCFH partners – created this pamphlet to outline the steps families should take as they move their babies along the family care path.⁹⁶

Hypoglycemia (CPT1a) (Perinatal Services BC)

Perinatal Services BC offers the Hypoglycemia (CPT1a) or Prevention and Management of Hypoglycemia in First Nations Infants and Young Children guidelines to support First Nations infants and children who may be susceptible to hypoglycemia (low blood sugar) during prolonged fasting and/or illnesses that could interfere with feeding due to a common genetic variant. The *Medical Guideline for the Prevention and Management of Hypoglycemia in First Nation Infants and Young Children* provides evidence-based information on preventing and managing hypoglycemia in First Nations infants and young children. It

⁹³ [Ask Auntie Program](#). BC Women's Hospital & Health Centre.

⁹⁴ [BC Aboriginal Birth Doula Training Manual: Building on Our Traditional Auntie](#). FNHA website.

⁹⁵ [Chee Mamuk \(Aboriginal Health\)](#). BC Centre for Disease Control website.

⁹⁶ [Family Path](#). FNHA website.

was developed to inform primary care providers and enable them to support families. It was developed in response to the observation that some BC First Nations' infants and children may be susceptible to hypoglycemia during prolonged fasting and/or illnesses that interfere with feeding (such as fever, vomiting or diarrhea) due to a common genetic variant. This variant results in a slower rate of fatty acid oxidation, the process by which fatty acids are broken down to produce energy and ketones. This slower rate of oxidation can lead to seizures, coma and in some cases unexpected death. The risk declines as children grow older. The incidence of this variant varies across the province, but appears to be significantly higher amongst First Nations along the coast.⁹⁷ These resources were developed by the Tripartite partners. The former is hosted on the Perinatal Services BC website and the latter on Child Health BC's website. Perinatal Services BC, the FNHA, Interior Health Authority and the MOH have also created a brochure to help practitioners support families.⁹⁸

Indigenous Complex Care Coordination

Indigenous Complex Care Coordination⁹⁹ service teams are offered by the PHSA at BC Women's and Children's Hospitals to complement the long-standing Indigenous Patient Liaison service. Referrals to Indigenous Complex Care are made through an Indigenous Patient Liaison. The Indigenous Complex Care team is comprised of a Community Liaison Nurse and Community Liaison Social Worker. The team takes patients and families who have complex needs and will require extra support after leaving the hospital. The two positions work together to help plan the process of returning home from hospital and follows up with plans and documenting the progress have made once the families return home.

Indigenous Women's Health Program (BC Women's Hospital & Health Centre)

The Indigenous Women's Health Program at the BC Women's Hospital and Health Centre works in partnership with community providers, especially community health representatives and other health providers in community and away from home. It coordinates other professionals, government agencies and non-profit organizations to take advantage of existing resources and strengthen capacity within First Nations communities. On site, at the hospital, Indigenous Patient Liaisons work to improve the quality of health care delivery to Indigenous patients directly and through staff education. The outreach component supports Indigenous people in community and away from home, and includes

⁹⁷ [Hypoglycemia in First Nation Infants: Medical Guideline April 2016](#). Child Health BC website. 2016.

⁹⁸ Perinatal Services BC, First Nations Health Authority, Island Health Authority, and BC Ministry of Health. (2016). [First Nations Parent Resource: Preventing low blood sugar in healthy First Nations babies and young children](#).

⁹⁹ [Indigenous Complex Care Coordination](#). PHSA website. June 17, 2019.

education on various women's health issues as well as cervical and breast cancer screening clinics and training.¹⁰⁰

Our Sacred Journey: Aboriginal Pregnancy Passport

The Aboriginal Pregnancy Passport is a culturally appropriate health promotion resource offered by Perinatal Services BC to pregnant Aboriginal women and their families, as early as possible during family planning or prenatal visits, which aims to empower women and families through their sacred journey of pregnancy, birth and their babies' first few weeks. It is a tool that incorporates Aboriginal traditional beliefs and values as well as clinical best practices to help women and their families document each of the initial stages of motherhood and parenthood. It provides pregnant mothers with health information, resources, traditional teachings, growth charts, checklists and a place to record reflections, goals, ideas and dreams for their babies.¹⁰¹

This tool was created to enable clinicians to provide this information to First Nations families to support healthy feeding practices to prevent hypoglycemia. The objective is to integrate this guideline with other key prevention and health-promotion messages, including those about breastfeeding and safe sleep. A brochure has also been created for parents, identifying risks for low blood sugar, symptoms and prevention methods.¹⁰²

Partnership on Indigenous Cancer Strategy, Including Cervical Cancer Screening

Evidence shows that rates of cervical cancer are higher and detected at later stages of development amongst Indigenous people than non-Indigenous people in BC. The BC Cancer Agency attributes higher cervical cancer rates amongst Indigenous people to lower participation in cervical cancer screening. This may stem from experiences with trauma, such as sexual assault, culturally unsafe care or other fear.¹⁰³ In late 2017, the FNHA, BC Cancer, BCAAFC and Métis Nation BC released an Indigenous Cancer Strategy. A key recommendation in this strategy is to increase access to relevant cancer screening services for Indigenous peoples and to focus on screening for cervical cancer.¹⁰⁴

Provincial Perinatal Populations with Substance Use Initiative

This initiative is well underway with a project team and structures, including steering and working groups. Indigenous representation is engaged across the project structure from

¹⁰⁰ [Indigenous Women's Health Program](#). BC Women's Hospital & Health Centre.

¹⁰¹ [Our Sacred Journey: Aboriginal Pregnancy Passport](#). Perinatal Services BC website.

¹⁰² [Hypoglycemia \(CPT1a\). Prevention and Management of Hypoglycemia in First Nations Infants and Young Children](#). Perinatal Services BC website.

¹⁰³ [Marking World Cancer Day with New Indigenous Cervical Screening Materials](#). FNHA website.

¹⁰⁴ FNHA, Métis Nation of BC, BC Association of Aboriginal Friendship Centres, and BC Cancer [Provincial Health Services Authority]. [Improving Indigenous Cancer Journeys in BC: A Road Map](#).

PHSA Indigenous Health, the FNHA, BCAAFC, Métis Nation BC, Métis Child Welfare and BC Children’s and Women’s Indigenous Health. Regional committees are currently in development to engage community, as well as Indigenous and acute care stakeholders across perinatal and mental health and addictions to develop regional plans supported by evidence-based guidelines, knowledge-sharing and model-of-care blueprints – informed by principles of culturally safe and trauma informed care and practices.¹⁰⁵

Your Child’s Hearing

Your Child’s Hearing is resource created through a partnership between the Penelakut Tribe, the BC Early Hearing Program, the PHSA and the FNHA. The video is meant for parents, health care providers and family educators to help guide parents through the process of hearing screening and follow-up testing. It aims to increase awareness of the need to identify hearing loss early and to increase families’ comfort with the process of hearing screening and more in-depth testing.¹⁰⁶ The PHSA also provides other resources to First Nations and Aboriginal families raising children with hearing loss.¹⁰⁷

Regional Health Authorities

Northern Health Authority

Of all the regional health authorities in BC, Northern Health Authority has the highest proportion of Indigenous people, at approximately 18 per cent of the total population, with approximately 60 per cent of Aboriginal people in northern BC living away from home in cities.¹⁰⁸ In addition to participating with the FNHA and northern First Nations in the Northern First Nations Health Partnership Committee, Northern Health Authority works with the FNHA and sub-regional Aboriginal Health Improvement Committees to understand the needs and improve the health and wellness of First Nations peoples and communities in the Northern region. Through the Northern First Nations Health Partnership Primary Health Care Working Group, joint midwife/doula training is planned for the region.¹⁰⁹ Northern Health Authority provides health information on its website on Pregnancy – Maternity – Babies to prepare mothers, fathers and families on prenatal services, the pregnancy journey, birthing centre locations, the maternity ward at the

¹⁰⁵ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update.*

¹⁰⁶ [Your Child's Hearing](#). Provincial Health Services Authority website.

¹⁰⁷ [BC Early Hearing Program - Aboriginal Family Resources](#). PHSA website.

¹⁰⁸ Northern Health. (2017). [Chief Medical Officer's Health Status Report on Child Health](#).

¹⁰⁹ Northern First Nations Health Partnership Committee. (2015). [Communique](#).

University Hospital of Northern BC in Prince George, midwifery services, postpartum services and breastfeeding.¹¹⁰

Culturally Appropriate Baby Welcoming Packages

Northern Health Authority is partnering with the FNHA and community committees to provide culturally appropriate baby welcoming gifts.¹¹¹

FNHA Safe Sleep Packages in Northern Health Authority Hospitals

FNHA-developed safe sleep packages are being made available to First Nations women upon discharge from the maternity ward in northern BC and/or in community health centres.¹¹²

Growing Up Healthy in Northern BC

Northern Health Authority produced Growing Up Healthy in Northern BC: Report on Northern Health's Community Consultation 2016 to report on its Board of Directors' engagement of northern BC residents through region-wide consultations on growing up healthy in northern BC, its focal topic for 2016. The report presents key highlights of what is working and what could be improved in communities to support children and youth so they can grow up healthy. Key implications from the consultation include:

- Mental Health and Wellness Supports for Youth: Needed and desired support range from acute high-need supports for dealing with crises or healing to more basic supports, such as inclusion in the community, improved transportation and opportunities for recreation.
- Focus on Early Childhood: While it was acknowledged that many existing supports in place for early years are working well, it was also felt there was some room for improvement, including through earlier childhood screening, such as at 18 months, to identify and address developmental concerns earlier; increasing resources for early childhood therapies, such as speech and language, physiotherapy and occupational therapy; better coordinating resources with schools and other agencies; and considering how primary care teams could improve coordination and support from pregnancy to six years old.¹¹³

¹¹⁰ [Pregnancy – Maternity – Babies](#). Northern Health website.

¹¹¹ Ibid.

¹¹² Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update*.

¹¹³ Northern Health. [Growing Up Healthy in Northern BC: Report on Northern Health's Community Consultation 2016](#).

Northwest BC First Nations Discharge Planning Tool

The Northwest Aboriginal Health Improvement Committee has produced *First Nations Health Centres in the Northwest of British Columbia: A Discharge Planning Tool* to assist Northern Health Authority health care providers in the seamless discharge of First Nations patients from acute care facilities to their home communities, recognizing that communicating relevant information about those patients to health care staff in their home communities is critical to continuity of services and to avoid risks to discharged patients' health and safety. It provides a breakdown of health centres in First Nations communities by overarching Nation-group and then by community within the Nation-grouping, with staffed positions, hours of operation and contact information, to enable acute care providers to connect with relevant community health care practitioners.¹¹⁴

Maternal and Child Health Working Group

A Northern Maternal and Child Health Working Group was established in 2017. The group has had two meetings where the focus of the work has been on identifying regional priority linkages with provincial strategies and implementation of the Terms of Reference. The product of these meetings is the first draft of a work plan. Ongoing work includes refining the work plan to include specific priorities, associated activities, indicators and timelines. An important aspect of this work is to identify regional and provincial partnerships that will increase the scope and breadth of the work.¹¹⁵ Early partnership work has focused on assessing children with growth and developmental concerns and supporting mothers who have to travel during the perinatal period. There is also significant planning underway to explore ways to increase the number of midwives throughout the region. A key challenge faced in meeting this goal is resourcing, including recruitment and retention, including through supporting training and ongoing professional development.¹¹⁶

SmartMom Text Message Pilot Project for Northern Moms-to-Be

Launched in 2017, SmartMom Canada is the first prenatal education program in Canada delivered to prenatal women by text messaging. It was developed in collaboration between Northern Health Authority, Optimal Birth BC (funded by UBC, BC Children's Hospital Research Institute, Alva Foundation and the Peter Wall Foundation), the MOH and the FNHA. Prenatal mothers who enroll are texted with information to guide each week of their pregnancy (texts are tailored to each mother's due date). Texts include links to websites and videos on how their babies are growing, the important choices mothers will face and

¹¹⁴ Northwest Aboriginal Health Improvement Committees. (2016). [First Nations Health Centers in the Northwest of British Columbia A Discharge Planning Tool](#).

¹¹⁵ Tripartite Committee on First Nations Health, Together in Wellness Annual Report 2016/2017, p. 26.

¹¹⁶ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update*.

how to manage labour. The overall goal of the project is to support perinatal women and families to make evidence-informed decisions to improve their health outcomes and better enable them to make use of local resources and supports.¹¹⁷

Telehealth Brings Speech Language Therapy to Remote Community

Northern Health Authority has enabled remote speech-language therapy appointments with at least one of their speech-language therapists and an outreach consultant located elsewhere in the province through telehealth. Its easy accessibility enables some services to be accessed remotely. As part of one patient's health plan, the speech-language therapist will visit the family in their community two to three times per year. This service uses FNHA telehealth equipment and the BC Early Hearing Program to support speech and language services for young deaf and hard-of-hearing children across BC. The purpose is to connect families to service providers with specialized expertise as early as possible in the child's life. Hearing difficulties or deafness can delay the language development process. Speech and language services are necessary for preventing such delays in language development. Telehealth has made accessing these early communication development services easier for families living in remote First Nations communities.¹¹⁸

Two Midwife Model

Partners from the Haida communities of Skidegate and Old Massett, the FNHA, Northern Health Authority, the local Media Advisory Committee and the Midwives Association of BC launched a two-midwife model to practice and support pregnancies and birth for all women on Haida Gwaii in 2016. In this model, both midwives offer regular midwifery care to all women who choose this service on Haida Gwaii, while also supporting maternal and child health programming in the community. One midwife primarily supports the north island and works with Old Massett and the other primarily supports the south island and works with Skidegate. The goal of having a midwife available in the community and able to connect with pregnant women, women considering having a baby, new parents and babies is to improve access to care and enhance the services.¹¹⁹

Interior Health Authority

Interior Health Authority provides online health information to prepare mothers, fathers and families on topics including:

¹¹⁷ [SmartMom Text Message Project Launched for Northern Moms-To-Be](#). FNHA website. 2017.

¹¹⁸ FNHA. [Telehealth brings speech language therapy to a young girl in remote Hartley Bay](#). FNHA website. Accessed July 29, 2019.

¹¹⁹ Kayla Serrato and Nicole Gibbons. [Two Midwife Model Supporting Perinatal Services Celebrated in Haida Gwaii](#). FNHA website.

- Prenatal program;
- Preparing to have a baby;
- During pregnancy;
- Labour and birth;
- Bringing baby home;
- Breastfeeding; and
- For dads and partners.¹²⁰

It also provides information on infants and young children (up to six years of age); children and youth, including dental health, hearing health, immunization, mental health promotion, nutrition, preventing injuries, tobacco use, youth suicide prevention, assault, violence, abuse, neglect, school health and sexual health.

Aboriginal Health & Wellness Strategy

Interior Health Authority *Aboriginal Health and Wellness Strategy* was developed in collaboration with First Nations from the Interior region, the FNHA, urban Aboriginal service partners and the Métis Nation of BC. Pregnancy and childbirth are one of the top three reasons Aboriginal people are admitted to hospitals, a much higher proportion than for non-Aboriginal people. This strategy document sets the goal of planning and developing health strategies inclusive of health equality.¹²¹

Community Food Action Initiative – Aboriginal

Through the Community Food Action Initiative – Aboriginal, Interior Health Authority offers funding for First Nations Bands or Aboriginal organizations within the Interior region to develop a food security plan, implement a food security plan or implement a food security action project.¹²²

Infant Mortality Review Committee

Early in 2017, Interior Health Authority formed an Infant Mortality Review Committee consisting of leadership from a cross-portfolio and cross-sector to decrease the occurrence of infant deaths in the Interior region and reduce the gap in infant mortality between First Nations and other residents. The Infant Mortality Review Committee will be providing consultation support to encourage prenatal contact and facilitate close communication between expectant mothers and local health care providers, promote universal access to

¹²⁰ These resources do not appear to be specifically tailored for First Nations or Aboriginal mothers, fathers or families. [Having a Baby](#). Interior Health website.

¹²¹ Beyond this statement, it does not identify how specifically how it will work to achieve health equity for Aboriginal mothers and families. Interior Health. [Aboriginal Health & Wellness Strategy: 2015-2019](#).

¹²² Interior Health. [The Community Food Action Initiative Funding Guide – Aboriginal](#).

safe infant sleep space and increase awareness and knowledge of infant safe sleep practices.¹²³

In late 2018/early 2019, the Infant Mortality Review Committee conducted a chart review pilot project, prioritizing chart reviews for infants with Aboriginal identity and deaths related to unsafe sleep environments. The results will inform the review process moving forward, including case prioritization.¹²⁴

Multi-Partner Meeting to Review Perinatal Care Experiences

In Kamloops, in February 2019, a multi-partner meeting between the Qwemstin Health Society, NFP personnel and Interior Health Authority community and hospital administrators took place to review experiences relating to perinatal care. Key concerns included cultural safety, relationships and teamwork. A collaborative plan of action was defined, including relationship-building opportunities, collaborative process mapping, referrals and points of access review.¹²⁵

Nurse Family Partnership

In Interior Health Authority, the NFP program was working with 27 Aboriginal mothers and 28 Aboriginal children as of 2019, with three of these clients at home. Four Aboriginal clients are receiving NFP services through telehealth technology. 11 Public Health Nurses have been trained to support the NFP program in seven communities.¹²⁶

Partnership to Destigmatize HIV and AIDS and Encourage Testing

In 2015, the FNHA and Interior Health Authority partnered to de-stigmatize HIV and AIDS and encourage all First Nations and Aboriginal people to be tested. The partnership between the two health authorities is part of the “My Health is Sexy” public awareness campaign launched by Interior Health on World AIDS Day in 2014 to promote HIV testing. In some communities, HIV disproportionately affects First Nations and Aboriginal people. Early diagnosis and treatment of HIV can improve overall health, prevent the transmission of HIV to another person and help people live longer, healthier lives. The “My Health is Sexy” campaign is part of the BC MOH Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) program. Since the regional health authority launched the program, testing in the region increased by 32 per cent.¹²⁷

¹²³ Tripartite Committee on First Nations Health, Together in Wellness Annual Report 2016/2017, p. 24.

¹²⁴ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update.*

¹²⁵ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update.*

¹²⁶ Ibid.

¹²⁷ [Sexy Health Includes Knowing Your HIV Status](#). FNHA website.

Fraser Health Authority

Fraser Health Authority provides health information on its website to prepare mothers, fathers and families on topics including:

- Prepare for Pregnancy;
- Pregnancy;
- Labour and Birth;
- Breastfeeding;
- Life with Your Baby (0-6 months);
- Life with Your Toddler (6-24 months);
- Depression and Anxiety; and
- Information for Dads.¹²⁸

It also provides information children and youth, including school health, which covers kindergarten readiness, substance use in children and youth, preventing injuries, healthy living, learning and developmental disorders and sexual health; dental, vision and hearing health; nutrition; and child abuse and neglect, amongst other topics.

Aboriginal Health Fetal Alcohol Spectrum Disorder Workshops

Each year, Fetal Alcohol Spectrum Disorder (FASD) workshops are held that draw upon more wholistic and integrated approaches to FASD, taking into account the physical, developmental and cognitive facets of a person with FASD. This approach looks at FASD as a physical disability (i.e., brain damage from prenatal exposure to alcohol and/or drugs) and proposes that children with FASD would benefit from appropriate environmental accommodations (e.g., modifying timelines, providing alternative instructional strategies or recognizing developmental rather than chronological age) in a similar manner to accommodations made for other physical disabilities. This approach shifts the focus from seeing behaviours as things to be changed to seeing them as symptoms of a disability and seeks to recognize personal, historical, cultural, intellectual, institutional and fiscal issues associated with each child.¹²⁹

Fraser Region Aboriginal Youth Suicide Prevention Collaborative

The Fraser Region Aboriginal Youth Suicide Prevention Collaborative, in collaboration with the FNHA, Fraser Health Authority and First Nations and Inuit Health Branch (BC), commissioned the *Aboriginal Youth Suicide Prevention Collaborative: Suicide Prevention, Intervention and Postvention Initiative* in 2012. The report examines key drivers and risk

¹²⁸ These resources do not appear to be specifically tailored for First Nations or Aboriginal mothers, fathers or families. [Pregnancy and Baby](#). Fraser Health Authority website.

¹²⁹ [Aboriginal Health](#). Fraser Health Authority website.

factors contributing to higher suicide rates amongst Aboriginal youth, as well as protective factors for developing resilience. It provides guidelines and a strategy to apply the BC Suicide Prevention, Intervention, and Postvention Framework in the Fraser Salish region.¹³⁰

Fraser Salish Indigenous Midwifery Program

The Stó:lō Service Agency, the FNHA, Seabird Health and Fraser Health Authority have developed a plan for an Indigenous midwifery program in the Fraser Salish region and are requesting support from the FNHA to expand midwifery services in the region. The program is expected to be embedded within a team-based model of care, which will include the MCH program at Seabird Island, the Family Empowerment Program at Stó:lō Nation, the Doula Program at the Indigenous Primary Health and Wellness Home and Indigenous clients at the Maxxine Wright Community Health Centre, which supports women who are pregnant or have very young children who are also impacted by substance use and/or violence or abuse.¹³¹

Vancouver Coastal Health Authority

Aboriginal Health Aboriginal Women's Wellness Workshop

In June 2017, Vancouver Coastal Health Aboriginal Health held the Supporting and Prioritizing Aboriginal Women's Wellness workshop, which invited key stakeholders to hear from guest speakers on Aboriginal women's wellness. A variety of presenters and partners from the provincial government, First Nations and Aboriginal groups, the City of Vancouver and others discussed how to support Aboriginal women's wellness in their work.¹³²

Aboriginal Outreach Worker at Healthiest Babies Possible Program

At the Robert and Lily Lee Family Health Centre, an Aboriginal Outreach Worker assists Aboriginal clients participating in the Healthiest Babies Possible program, providing prenatal outreach services to pregnant women living in Vancouver and Richmond.¹³³

Child and Youth Aboriginal Mental Health Outreach

Vancouver Coastal Health offers the Child and Youth Aboriginal Mental Health Outreach Program at two facilities in Vancouver. It offers culturally appropriate mental health counselling to Aboriginal youth and their families who have not been able to engage with

¹³⁰ Fraser Region Aboriginal Youth Suicide Prevention Collaborative. (2012). [Fraser Region Aboriginal Youth Suicide Prevention Collaborative: Suicide Prevention, Intervention and Postvention Initiative](#).

¹³¹ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update*.

¹³² [Aboriginal Health. 2016/17 Year in Review](#). Vancouver Coastal Health, Aboriginal Health. 2017: 11.

¹³³ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update*.

and/or access mental health services. Mental health clinicians provide services on an outreach basis in the youth's own community environment. Services include initiatives to engage youth in treatment, mental health and psychiatric assessments, and various forms of therapeutic mental health counselling and treatments.¹³⁴

Culturally Appropriate Care on the Musqueam Reserve

Vancouver Coastal Health operates a nurse practitioner on the Musqueam reserve Mondays through Thursdays, with a family doctor in attendance on Fridays. Each provides the full range of primary care, with clients ranging from infants to those of the oldest age. As clients understand this is a permanent site, many are moving their medical records over, so this site becomes their family practice. Located within the heart of their community, it is very accessible. The Musqueam health program manager notes that having a clinic in the community has meant better health outcomes for the people that live there and that care is delivered in a culturally respectful manner.¹³⁵

Elder-in-Residence at Sheway Pregnancy Outreach Program

An Elder-in-Residence program is in place at the Sheway Pregnancy Outreach Program, providing health and social service supports to pregnant women and women with infants under 18 months who are dealing with drug and alcohol issues. Approximately 40 per cent of clients are Aboriginal.¹³⁶

Healthy Living Program

The Vancouver Coastal Health Healthy Living program targets adults living with health disparities, including Aboriginal people. Its focus is health promotion – specifically active living, healthy eating and wellness – chronic disease prevention and management for adults living in Vancouver who have or are at risk for developing chronic diseases. Its services emphasize self-management, goal setting and making action plans to help people make sustainable lifestyle changes. It also involves the Vancouver Community Diabetes Program and Breathe Well, Live Well. The team involves registered nurses, registered dietitians and certified exercise physiologists. The program offers health screening, education and counselling at events around the community.¹³⁷

¹³⁴ [Child and Youth Aboriginal Mental Health Outreach](#). Vancouver Coastal Health website.

¹³⁵ [Culturally Appropriate Primary Care on Vancouver's Musqueam Reserve](#). Vancouver Coastal Health website.

¹³⁶ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update*.

¹³⁷ [Healthy Living Program](#). Vancouver Coastal Health website.

Infant Mortality Review Committee

The Vancouver Coastal Region Infant Mortality Review Committee was created in September 2016, with the focus to decrease First Nations infant mortality through monitoring and analyzing infant deaths within Vancouver Coastal Health. Through these findings, the committee can make recommendations and report to Vancouver Coastal Health and FNHA leadership. The committee meets bi-monthly to discuss their planned approach for gathering data on child death in the region, identify modifiable risk factors contributing to infant mortality and make recommendations to reduce those risks.¹³⁸

Safe Babies Program

Vancouver Coastal Health operates a program to provide support and training to parents with infants in the care of MCFD or Vancouver Aboriginal Child and Family Services Society who have issues relating to prenatal drug, alcohol, or communicable disease exposure and to premature or low birth weight babies. It aims to ensure infants in foster care are nurtured in a safe environment that supports optimal physical, cognitive and emotional development. A Safe Babies Coordinator serves as a resource for health professionals, social workers and foster caregivers.¹³⁹

Youth Pregnancy & Parenting Program

Vancouver Coastal Health offers the Youth Pregnancy and Parenting Program to pregnant women age 24 and under living in Vancouver and Richmond. It offers services including prenatal and postpartum care, prenatal classes, hot lunch and nutrition counselling. The program is offered in the Vancouver neighbourhood with the highest percentage of Aboriginal people.¹⁴⁰ Vancouver Coastal Health's Healthiest Babies Possible program also runs out of this centre. It provides all expectant mothers with nutrition counselling to support the health of the mother and growing baby, food supplements and prenatal vitamins, opportunities to meet other mothers and families at drop-ins, breastfeeding and labour information, dental health education and dental hygiene referral and additional referrals and support.¹⁴¹

¹³⁸ Tripartite Committee on First Nations Health, Together in Wellness Annual Report 2016/2017: 35.

¹³⁹ [Safe Babies Program](#). Vancouver Coastal Health website.

¹⁴⁰ [Youth Pregnancy & Parenting Program – Robert and Lily Lee Family Community Health Centre](#). Vancouver Coastal Health website.

¹⁴¹ [Healthiest Babies Possible Program – Robert and Lily Lee Family and Community Health Centre](#). Vancouver Coastal Health website.

Island Health

Aboriginal Health: Strategic Plan 2017-2021

Island Health's *Aboriginal Health Strategic Plan* for 2017-2021 aims to enhance access and capacity, focusing on expanding integrated, interdisciplinary teams providing Indigenous-focused services to communities with particular gaps in care, including maternity care and oral care, with the objective of providing minimum comparable services to those available to non-Aboriginal populations in similar geographic areas.¹⁴² The strategic plan also reports that the plan from the 2012-2015 Strategic Plan to explore partnership in the Centre of Excellence in Aboriginal Maternal Care is on track or complete. This Centre is located at the new Campbell River hospital.¹⁴³

Infant Mortality Review Committee

The Infant Mortality Review Committee for the region has reviewed infant deaths in the region since 2007. The most recent report (December 2017) indicates that between 2013 and 2015 there were 87 infant deaths, translating into a rate of 4.6 infant deaths per 1,000 live births. While Aboriginal peoples make up approximately 6.6% of Vancouver Island's population, they disproportionately represent 26% of all infant deaths and 50% of Sudden Unexplained Death in Infancy (SUDI). The high proportion of SUDI deaths indicates opportunities to reduce these deaths by modifying the contributing external factors.¹⁴⁴

Midwife-Provided Community-Based Education and Support

The FNHA has contracted a local midwife in the North Island sub-region to provide community-based education and support while stakeholders determine the midwifery model for the Kwakwaka'wakw pilot project. This contract offers the opportunity to provide education for acute care nursing staff to increase their comfort with local birth.¹⁴⁵

North Island Hospitals Project

The North Island Hospitals Project was a plan to build two new hospitals on northern Vancouver Island in Comox and Campbell River. The design of both hospitals involved an Aboriginal Working Group in 2012 to help ensure the designs reflect Vancouver Island First Nations and Aboriginal cultures, community history and values, and incorporate the work of local artists. Both hospitals also include a special room or Gathering Place located next to the main entrances, providing a culturally safe, spiritual and non-denominational place

¹⁴² [Aboriginal Health: Strategic Plan](#). Island Health website.

¹⁴³ [North Island Hospitals Project Moves Forward with Physicians' Support](#). Island Health website.

¹⁴⁴ Tripartite Committee on First Nations Health, *Together in Wellness Annual Report 2016/2017*: 30.

¹⁴⁵ Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update*.

for people of all nations. Guidelines for the use of the rooms have not been developed, but the Aboriginal Working Group, clinicians and others will work to develop guidelines consistent with the all-inclusive spirit of these spaces.¹⁴⁶ The new hospital at Campbell River, opened in late 2017, has more than doubled the size of the maternity, newborn and paediatrics ward, providing a more relaxed, natural and family-oriented experience and will include extended family birthing rooms and a Centre for Aboriginal Maternity.¹⁴⁷

Related Social Determinants Initiatives

BC Ministry of Children and Family Development

The MCFD has adopted an Aboriginal Equity and Inclusion Policy to support equity and inclusion of Aboriginal perspectives in policy and practice development and application. The MCFD also created the Aboriginal Policy and Practice Framework, which applies to policy and practice involving Indigenous children, youth and families at home and away from home, whether they are being served by a delegated Indigenous agency or MCFD, to improve outcomes through a culturally safe and trauma-informed restorative approach to policies and practices and a wholistic approach grounded in the distinct aspects of Aboriginal worldviews and values.

The framework supports and honours Aboriginal peoples' cultural systems of resiliency, wellness and caring, recognizing that the path toward restorative policy and practice requires understanding the shared history of colonization and intergenerational impacts from the attempted destruction of Aboriginal cultures.¹⁴⁸

The opportunity to apply for \$30,000 in family support funding for prevention and family-support needs was provided to all BC First Nations and Metis service agencies to help improve Indigenous child welfare across BC. \$6.4 million was allocated for this initiative in 2017/2018. Funding was used to support a variety of programs and services, including:

- Supporting parents from rural communities who may benefit from transportation assistance to court or counselling;
- Hiring a family support worker to help guide parents through the child-welfare process;
- Working with an Elder to teach parenting skills from a traditional point of view;

¹⁴⁶ [North Island Hospitals Project Newsletter](#). (2016). Island Health website.

¹⁴⁷ [North Island Hospital Project – Frequently Asked Questions](#). (2016). Island Health website.

¹⁴⁸ BC Ministry of Child and Family Development. (2016). [Aboriginal Policy and Practice Framework in British Columbia: A Pathway Towards Restorative Policy and Practice that Supports and Honours Aboriginal Peoples' Systems of Caring, Nurturing Children and Resiliency](#).

- Strengthening traditional Indigenous skills within families, such as fishing, hunting or storytelling; or
- Pooling the funding to work with other communities on a new or existing program or service.¹⁴⁹

Multi-Party Partnership on Healthy Schools BC

Since the signing of the Framework Agreement, the FNHA has become involved in the Healthy Schools BC initiative led by the MOH and supported by the MOE, regional health authorities, provincial school districts and the First Nations Education Steering Committee. The approach of Healthy Schools BC stems from the Comprehensive School Health framework, which is internationally recognized for planning services for schools with the understanding that “healthy students are better learners, and better-educated individuals are healthier.”¹⁵⁰ This framework recognizes improving students’ educational outcomes and addressing school health has a wider scope than what happens in the classroom. It encompasses the whole school environment with actions addressing four interrelated pillars: social and physical environment; teaching and learning; healthy school policy; and partnerships and services. Harmonizing all four pillars enables students to realize their full potential as learners and healthy, productive members of society. In the classroom, this approach facilitates improved academic achievement and can help lead to fewer behavioural problems, helping students develop the skills they need to be physically and emotionally healthy throughout their lives.¹⁵¹

Federal Commitments & Initiatives

The federal government has committed to a Nation-to-Nation relationship with Indigenous peoples on key issues, including housing, employment, health, community safety and policing, child welfare and education. The First Nations Health Council and federal government have agreed to engage First Nations on strategies to address the social determinants of health. This will start with discussion on children and family services, early learning and childcare and poverty:

- Reforming the First Nations Children and Family Services Program: Children involved in the child welfare system have a higher risk of poorer physical and mental health outcomes. A key focus in regional discussions will be how this program, delivered by Indigenous Services Canada, can be changed to better

¹⁴⁹ [Indigenous Child & Family Development](#). BC Government website. Accessed February 23, 2017.

¹⁵⁰ Joint Consortium for School Health: Governments Working Across the Health and Education Sectors. [What is Comprehensive School Health?](#)

¹⁵¹ Joint Consortium for School Health: Governments Working Across the Health and Education Sectors. [What is Comprehensive School Health?](#)

support children, family and community well-being. This includes discussion of community-based prevention services and approaches addressing the root causes of First Nations children taken into care.

- National Indigenous Early Learning and Child Care Framework: Recent findings in neuroscience have identified the serious importance of the first few months and years in human development, including safe and nurturing environments to support the development of children’s potential. Employment and Social Development Canada has committed to co-developing with Indigenous peoples a new National Early Learning and Child Care Framework to address the needs of Indigenous children and families and serve as a first step toward affordable, high quality, flexible and inclusive child care. The FNHA is partnering with the BC Aboriginal Child Care Society in implementing the First Nation’s funding allotment of the stream of this initiative.¹⁵²

¹⁵² Tripartite Committee on First Nations Health. (2019). *Tripartite Committee on First Nations Health Consolidated Progress Report – October 2018 to April 2019. Maternal and Child Health Update.*