

March 10, 2016

Memorandum

Tripartite Maternal, Child and Family Health Reports Released

The First Nations Health Authority (FNHA), in partnership with the Ministry of Health (MOH) and Regional Health Authorities (RHAs), is pleased to share two reports that are now posted on the FNHA's website at <http://www.fnha.ca/what-we-do/maternal-child-and-family-health>

1. **Promising Practices in First Nations and Aboriginal Maternal and Child Health Programs: Community Perspective on What Works; and**
2. **Nurse-Family Partnership: Is it a Fit for First Nations Communities in BC?**

This Tripartite work specifically aimed to:

- Highlight promising practices in First Nations and Aboriginal MCH programs and provide recommendations on programs that should be evaluated and/or considered for broader implementation.
- Explore 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 (on-reserve) in BC.

The reports review evidence from key informant interviews and existing research to make recommendations for innovation and identify opportunities for service and health outcome improvements for maternal, child and family health for First Nations and Aboriginal families.

Report 1: Promising Practices in First Nations and Aboriginal Maternal and Child Health Programs: Community Perspectives on What Works

"If the women and the children are not healthy, the Nation is not healthy".

The aim of the promising practices report was to explore and capture promising practices in the Maternal Child Health (MCH) program, delivered by BC First Nations communities and funded by FNHA. The health and wellness of pregnant women, infants and children is a shared priority across BC First Nations, as represented in the Transformative Change Accord: First Nations Health Plan, which includes a number of health action items focus specifically on improving services and health outcomes for the healthy development of children in their first years of life and beyond.

Key recommendations from this report include:

- Assess options to address inequities in funding for MCH programming.
- Explore multi-partner work to share resources and coordinate care across sectors such as health, education and child and family services.
- Support the development and ongoing collection of indicators to effectively measure the strengths and impact of MCH programming.

Report 2: Nurse-Family Partnership: Is It a Fit for First Nations Communities in BC?

"Maybe yes and maybe no. Keep the door open and support First Nations Communities to decide for themselves".

In 2012, the Ministry of Health began implementing a care model called the Nurse-Family Partnership (NFP) program in a number of sites in BC with a formal evaluation called the BC Healthy Connections Project (BCHCP) to assess the effectiveness of this model in the Canadian context. The NFP program connects young, pregnant, first-time mothers with public health nurses who provide regular and frequent home-visiting support throughout pregnancy and until the child reaches two years of age.

The implementation of this program has focused on regional health authority nursing services provided away from home (off-reserve). This report gathers perspectives from health providers working at home (on-reserve) and from colleagues in the United States who have already implemented this program to assess if the NFP program is a desirable and appropriate model of care to consider for First Nations and Aboriginal women, families and communities.

Recommended follow up actions from this report include:

- For FNHA to stay connected to the current implementation and evaluation of the NFP program and sharing learnings from this work.
- Initiate discussions and planning with First Nations communities and health partners if the opportunity for expansion of the NFP program arises.
- Collaborate across health and social service partners to better understand the variety and distribution of related maternal, child and family health programming across BC and opportunities for service coordination.

Next Steps

FNHA, MOH and other partners thank BC First Nations for their contributions to these reports. Particularly, we thank the key informants and Promising Practices working group members who helped to inform and guide this work. In the spirit of continued collaboration, FNHA and MOH are taking the following initial actions:

- FNHA and MOH are building awareness amongst nursing staff working at home (on-reserve) about NFP and how nurses can support referrals and continuity of care.
- FNHA and MOH are building awareness about the NFP model with FNHA regional teams and Health Directors as a potential model of care for communities to consider.
- MOH and FNHA will support regional health authorities to connect appropriately with First Nations community partners about NFP.
- FNHA participates as an ongoing member of the advisory committee guiding the implementation and evaluation of the NFP program.
- FNHA has increased training opportunities for frontline staff working in First Nations communities who might not typically receive targeted maternal child health professional development.
- FNHA has begun wellness indicator development and is actively involved in partnered initiatives around children health and wellness surveillance work.

These reports have been helpful in informing the beginning stages of FNHA's program transformation work. It is our hope that these reports are helpful references and resources for maternal, child and family health programming and services. If you have any questions, please contact FNHA at info@fnha.ca.