



Partnerships in Northern Canadian Indigenous Health
Seeds of Self-Determination in Program Development & Evaluation:
The Manitoba First Nations Strengthening Families Maternal Child Health Program

Research, Evaluation and Programming for MFN SF-MCH

Conducted in partnership
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What is MFN SF-MCH? (Strengthening Families)

- ❖ Family focused home visiting health promotion program for pregnant women, fathers and families of infants and young children 1-6 years old.
- ❖ The program works with families on health and quality of life related issues, utilizing strength-based and harm-reduction approaches within Manitoba indigenous ways of delivering care.
- ❖ Focus of the program is on assisting families to access health services and other supports.

What is Strengthening Families (cont'd)

- ❖ Effective SF-MCH programs enhance the holistic development of women over the perinatal period and their infants/children from birth to 6 years of age, as well as the overall wellness of the families.
- ❖ The program provides home visits to families by nurses and specially trained home visitors, provides referrals and access to other service supports and promotes coordination of services for children and families with complex needs.
- ❖ The overarching vision: for First Nation communities to have strong, healthy, supportive families to live holistic & balanced lifestyles

Geography & Scope

- ❖ There are 64 First Nation communities across the prairie province of Manitoba.
- ❖ At this time, only 14 communities are funded to deliver maternal child health programming.
- ❖ **Evaluation activities help to determine whether broader program implementation will have a measureable and significant positive impact of health of First Nations and on overall wellness.**

Outline for the Presentation

- ❖ Brief history of the development and evaluation of MFN SF-MCH Program
- ❖ Focus on partnership issues & research and evaluation (evaluation of a specific community governance framework)
- ❖ Ultimate goal of our work – to achieve measurable improvements in First Nation maternal, child and family health across Manitoba reserves.
- ❖ What we do know about the impact of community-based health promotion programming.

Background

- ❖ Indigenous Maternal Child Health Programming Priority (2004) announced by the Canadian federal government.
- ❖ *AMC Renewed Health and Wellness Strategy* in response to previous Canadian reports (RRCAP, 1996 & 2003 First Ministers Accord on Health).
- ❖ 2006 – Assembly of Manitoba Chiefs diversified their approach to supporting First Nations in Manitoba, entering into collaborations to implement the Maternal Child Health Program in Manitoba.

MB First Nations Health & Wellness Strategy

Primary Objective

To move forward on supporting First Nations as a
“full partner in all planning and decision-making
processes that fosters collaboration and
consultation to restoring self-governing
authorities.”

Strengthening Families

The evolution of SF-MCH in Manitoba First Nations is a demonstration of this new approach of a collaborative partnership between First Nation communities, AMC and the federal government in the delivery of preventative health, social services and health promotion programming.

Re-conceptualizing Self-Determination through Partnership

- ❖ Manitoba formulation of a unique partnership model wherein the federal government through First Nation Inuit Health Branch, Health Canada provides funding through AMC.
- ❖ AMC manages the funds, with dispersion to Manitoba First Nation communities.
- ❖ **Centralized governance model with regional standardization of programming and allowing for individual level expression/governance at community-level.**

Additional level of governance within the Partnership Model

- ❖ Programming-evaluation framework designed and implemented between the AMC and the University of Manitoba.
- ❖ Represents a break from 'consultant-based program evaluation' to evaluation based within programming conducted through the university.
- ❖ Research and evaluation respond to and drive programming. Programming is, where possible, immediately shaped by the research.

A New Approach to Evaluation

- ❖ Need to achieve a better understanding of the individual, social, economic and political implications of programming
- ❖ Health outcomes for women – perinatal, newborn, children birth – 6
- ❖ Empowerment outcomes (i.e., health & gender equality)
- ❖ Social and economic implications at the levels of family & community
- ❖ Attention to institutional, programmatic inputs, outputs, relational issues/linkages
- ❖ In considering all of the issues – multiple methodologies, diversity of research tools

Tools for Research & Evaluation

- ❖ Understanding parenting, grandparenting, teen pregnancy and parenting in First Nations (series of research studies utilizing qualitative techniques)
- ❖ Measuring the tangible benefits of programming (quantitative analyses of regularly distributed surveys to community members – random sampling comparisons of program participants with non-participants; program staff (nurse coordinators and home-visitors))
- ❖ Development of the MFN SF-MCH Health Information System and linkage to MCHP (What specific health impacts of programming are measureable? What are the impacts of what particular aspects of programming?)

Current Areas of Health Research

- ❖ Infant Mortality in Manitoba First Nation Communities (AMC & the MCHP: Phillips-Beck, W., Martens, P., et al.)
- ❖ Social Factors, Maternal Experiences Infant Mortality Phillips-Beck, W., Eni, R., et al.
- ❖ Prenatal Alcohol and Substance Misuse – Narrative Therapy and Prenatal Yoga Intervention Programming (Eni, R., Scott, J, & Phillips-Beck, W., et al.)
- ❖ Prenatal Alcohol and Substance Misuse – Nutritional Programming (Shu, M., Eni, R., Phillips-Beck, W., et al.)
- ❖ Traditional Birthing (Phillips-Beck, W., Eni, R., et al.)
- ❖ Social Ecological Factors associated with Breastfeeding among First Nation Women in Canada (Eni, R., Phillips-Beck, W., et al.)
- ❖ Health Information Data Linkage Program (Brownell, M., Phillips-Beck, et al.)

Activities of the Program-Evaluation Partnership

1. Maternal Child Health Information Management System
2. On-going upgrading, education and training for program coordinators, home-visitors (peer support workers) and participants
3. Quality Assurance through the Regional Peer Support Program
4. Research & Evaluation (participatory and action-research approach)
5. Healthy Child Manitoba, Families First – Provincial Program Partnership

The Challenges of Partnering

- ❖ Multiple jurisdictions and levels of funding
- ❖ Institutional priorities in conflict (interpretations of OCAP and academic freedom to publish)
- ❖ Governance boundaries between First Nations, tribal councils and the AMC
- ❖ Impacts of colonialism (individualism)
- ❖ Remoteness, distance, limited resources and expertise
- ❖ Have vs. Have-not communities and access to health promotion and health care services
- ❖ Cultural supports
- ❖ Leadership support of women and child health services

Impacts at Individual, Social and Political Levels

- ❖ Prenatal nutrition – nutrition over the lifespan
- ❖ Higher rates of breastfeeding, longer duration
- ❖ More meaningful involvement of self and family in pregnancy and birthing (in spite of persistent issues – i.e., evacuation)
- ❖ Increased communication within families
- ❖ ECE curriculum
- ❖ Linkages to health, increased prenatal care utilization
- ❖ Decreased isolation (mental health impacts)
- ❖ Increased participation in cultural activities (community involvement)
- ❖ Building of women's community

Meeting the Needs (in line with systemic, community self-determination & individual health) In Line with WHO recommendations for Primary Health Care

- ❖ The most important of the health system's inputs: human resources (clinical and non-clinical staff)
 - ❖ The medical staff are being supported in what they do by having the non-clinical support (better health outcomes of preventative programming)
- ❖ The health systems performance depends ultimately on knowledge, skills and motivation of the people responsible for service delivery
 - ❖ Greater standardization, education/training, supervision (through peer support) improves performance and motivation of the staff)

Outcomes of SF-MCH

3 Basic Elements of Service

- ❖ Regional organization of health promotion programming at the community level
- ❖ Skilled and supported personnel providing services with linkages throughout the health system
- ❖ Organizational processes and policy frameworks that define a package of services and how they are being provided
 - ❖ What's being met
 - ❖ What's yet unmet

Summary

- ❖ Presentation provided a brief history of SF-MCH evaluation, relation to programming, health impacts and some major events of a greater mobilization towards self-determination in health promotion programming “even if it presents just a centimeter in the miles that have yet to be travelled on this journey” (Phillips-Beck, 2013).
- ❖ Partnership in process – still a lot of work to accomplish.
- ❖ Evolution will lead to more effective services and better support to First Nations.
- ❖ “What is significant here is that First Nations have an avenue to express their voice, through SF-MCH programming and evaluation, within an agenda supported by both government and AMC.”