
Health Council of Canada



Conseil canadien de la santé

Understanding and Improving Aboriginal Maternal
and Child Health in Canada

Compendium of Promising Practices



Compendium of Promising Practices

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About the Health Council of Canada

Created by the 2003 *First Ministers’ Accord on Health Care Renewal*, the Health Council of Canada is an independent national agency that reports on the progress of health care renewal in Canada. The Council provides a system-wide perspective on health care reform in Canada, and disseminates information on best practices and innovation across the country. The Councillors are appointed by the participating provincial and territorial governments and the Government of Canada.

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Introduction

The Health Council of Canada recently hosted seven sessions across Canada as a way of learning about Aboriginal maternal and child health realities “on the ground”, including practices supported by governments and communities that could be considered “promising” in addressing the discrepancies in health status. Participating in the sessions were front-line workers, program managers and coordinators, Aboriginal leaders, academics, health authorities and federal, provincial, territorial and municipal government representatives. We aimed to be inclusive in our sessions by including on/off reserve, urban, and status and non-status Indians, First Nations, Inuit and Métis people.

This online compendium of ‘promising’ practices is one of three outcomes from these sessions. A report summarizing what the Health Council heard at the sessions, together with a commentary (available at www.healthcouncilcanada.ca), and this compendium, completes phase one of the Health Council’s multi-year project on Aboriginal health status.

For this particular phase, we defined *promising practice* as a model, approach, technique, or initiative that is based on Aboriginal experiences, which resonate with users of the practice, and results in positive changes in people’s lives. A promising practice has the following attributes:

- is acknowledged to positively advance Aboriginal health status;
- is inclusive of the interests and experiences of many;
- is valued and supported by relevant stakeholders;
- may be well known and/or has a history of success;
- is adaptive—recognizing the importance of community context for successful implementation; and
- ideally, is evaluated.

Our work identified five themes under which such practices could be grouped —recognizing that the participants often identified the same practice under more than one theme, in this compendium we have listed each practice only once, based on how they were most often classified by the participants:

1. **Traditional knowledge and cultural approaches:** Revitalization and incorporation of traditional knowledge, culture, or use of languages in maternal and child health programs and services. This includes programs that address “wellness” as opposed to “illness” and are holistic (emotional, spiritual, physical, mental, intellectual) approaches.
2. **Community-based and community-focused approaches:** Programs, services, and approaches that are developed at the community level, or large-scale federal, provincial, territorial, or regional programs that are adapted at the community level.

3. **Collaboration and integration:** Bringing together, working together, combining funding—or other collaborative approaches between Aboriginal maternal and child health programs and services, or linking with other community programs and services (housing, employment, social services).
4. **Training and human resources:** Successful ways of recruiting, training, and retaining Aboriginal people who work with and support First Nations, Inuit, Métis mothers and children. This topic can also include successful ways that non-Aboriginal organizations and health practitioners are trained, recruited, or work in Aboriginal maternal and child health (cultural competency, cultural safety).
5. **Policy and funding:** Broad policies or funding programs at the federal, provincial, territorial, or Aboriginal government level that have improved Aboriginal maternal and child health; something that could be seen as a model or promising approach.

Under these five themes, participants put forward programs or initiatives that they were aware of (in their own communities or elsewhere) that were making a difference in Aboriginal maternal and child health.

Listed in this compendium are ‘promising’ practices, as described by the participants, along with contact information (where permission was received). The Health Council has been in touch with contacts for each example listed in this document. In most cases, participants wrote the descriptions that appear in the templates. Where participants did not submit descriptions, but current website information was available (as of June 2011) about the practice, the Health Council included this information. Finally, when looking at the summary report, some of the promising practices that appear in *Appendix A* are not in this compendium either because the Health Council was unable to verify that the information was current or because participants opted to not have the examples included.

The Health Council understands the critical need for the sharing of ‘promising’ practices among stakeholders at all levels - from federal, provincial and territorial governments to front-line community staff. We hope that this compendium is a step towards meeting that need.

Traditional knowledge and cultural approaches

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Ahp-cii-uk Aboriginal Leadership Initiative

Brief Description	<ul style="list-style-type: none"> ➤ Ahp-cii-uk means “going the right way” in the Nuuchahnulth language. It is an innovative, British Columbia-based approach to First Nations economic and social community development built on the principles of respect, broad inclusivity, consensus decision-making, reciprocity, acknowledging inter-connectedness, and being present in the communities. ➤ Ahp-cii-uk is an initiative supported by partnerships between two levels of government, First Nations, businesses, and funding agencies. ➤ Community-based projects currently under way include: re-building and marketing the Walk the Wildside Heritage Trail as a springboard to other social and economic benefits for community; planning to develop a Traditional Longhouse and a Multi-use Lodge, and working on a Spiritual Healing Centre and a First Nations Art Market. ➤ Builds community management and leadership skills and employment opportunities.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Capacity building ➤ Community-driven ➤ Collaborative ➤ Multi-stakeholder
Contact	<p>For more information visit: www.weavingrelationships.org/home</p>

Cambridge Bay Wellness Centre

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Cambridge Bay Community Wellness Centre’s mission is to help people achieve their full potential to become independent, healthy and safe. ➤ A range of educational programs and counselling services are provided that promote freedom from addiction and violence and encourage positive life style choices. In terms of maternal and child health, the following services are provided: <ul style="list-style-type: none"> ○ Pre/Post Natal Mothers ○ Pre/Post Natal Women’s Group ○ Cooking classes ○ Nutrition education ➤ For Children up to age six: <ul style="list-style-type: none"> ○ Arts and Crafts ○ Story time ○ Kids R First Program ➤ For Moms and Tots: <ul style="list-style-type: none"> ○ Camps ○ Traditional practices ○ Inuit foods ○ Elder story telling about child-rearing ➤ A range of educational programs and counselling services are provided that promote freedom from addiction and violence and encourage positive life style choices. ➤ Partners and Stakeholders include: Arctic College, Language Elders and Youth (CLEY), Day Care, Department of Education, Healthy Children’s Initiative, Department of Justice Corrections, Probations, RCMP, Justice Committee, Elders Society, Hamlet Council, Health and Social Services, Family Violence Prevention Program, Alcohol and Drug Program, Health Canada, CAPC Community Action Plan for Children CPNP, Canada Pre-Natal Nutrition Program, Kitikmeot Economic Development Corporation, Brighter Futures, Building Healthy Communities, Kitikmeot Heritage Society Schools, Service Canada, NAYSPS, Public Health Strategy.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Improve skills and knowledge for women ➤ Access to culturally sensitive care
<p>Contact</p>	<p>Marie Ingram, Director of Community Wellness Phone: 867-983-983-4670; Fax: 867-983-2708 Email: mingram@cambridgebay.ca P O Box 16 Cambridge Bay, NU X0B 0C0</p>

Champagne and Aishihik First Nations Bi-cultural Program (Primary School)

Brief Description	<ul style="list-style-type: none"> ➤ Daycare – FN funded ➤ Primary grade ➤ Bi-cultural program funded by FN and Yukon department of education ➤ Need identified by committee / community ➤ For daycare and cultural programming ➤ Recently in CAFN newsletter
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Increases the language capacity of younger generations. ➤ Multi-stakeholder, collaborative, community driven, and aligns with addressing a known gap (language).
Contact	<p>For more information visit: www.yesnet.yk.ca/firstnations/programs_funding.html</p>

CHEP Good Food

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ CHEP works with children, families and communities to improve access to good food and promote Food Security. <p>Programs include:</p> <ul style="list-style-type: none"> ➤ <i>Children's Nutrition Programs</i> Breakfast, lunch, snack and supper programs are operated in partnerships between parent groups, the schools, government and CHEP with a goal of providing one third of a child's daily nutrition needs. ➤ <i>Kids Kitchen</i> A hands-on nutrition program whereby children learn basic cooking and nutrition skills in a fun atmosphere. ➤ <i>Community Gardening</i> Families get together to plan and support each other in planting, weeding and harvesting. Workshops about gardening, composting, canning, jam making and nutrition are part of the program. ➤ <i>Good Food Box</i> The Good Food Box is an alternative food distribution system that provides a variety of top-quality, fresh, nutritious foods at an affordable price. This program enables families to access nutritious fresh food that looks, smells and tastes delicious. ➤ <i>Food Security</i> Programs include food-related activities for families with infant and preschool children such as Making Homemade Baby Food workshops, leadership training sessions, Collective Kitchens and cooking with kids and the Good Food Box. ➤ <i>Collective Kitchens</i> Small groups of people get together to cook in bulk for their families. Members stretch family food funds while having fun and making new friends. ➤ <i>Nutrition Positive</i> A partnership program to bring good nutrition into the whole school community, encouraging good health through nutritious food choices. Classroom and school activities, staff events, fundraising projects and meal programs all focus on good nutrition and creating healthy food environments. ➤ Neighbourhood markets in schools, Senior's apartments and one hospital setting – affordable fresh food can be purchased at good food markets. ➤ <i>Food Store</i> – partner in development to bring food store back to Saskatoon's poorest neighbourhood and create a good food hub.
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	<p>➤ <i>Saskatoon Food Coalition</i> Groups and individuals including producers, Health, processors, Social Services, community food action organizations meet at workshops and events to work at improving the food system for the Saskatoon region.</p>
Why this is a Promising Practice	<p>➤ Promote access to healthy food and to support learning and development.</p>
Contact	<p>For more information visit: www.chep.org/ Executive Director, Karen Archibald Phone: (306) 655-4575; Fax: (306) 655-5512 Email: karen@chep.org Room 210, 230 Avenue R, South Saskatoon, Sask. S7M 0Z9</p>

Enaahtig Healing Lodge

Brief Description	<ul style="list-style-type: none"> ➤ Located off reserve and in a rural setting half- hour north of Barrie Ontario. Enaahtig Healing Lodge and Learning centre was established to provide opportunities for holistic healing and learning based on the principles of Aboriginal culture, to individuals and families in a safe environment in order to foster healthy, balanced communities and nations. ➤ Programs include: <ul style="list-style-type: none"> ○ Smoking cessation residential program ○ Trauma Recovery Residential programs (deals with family of origin abuses) ○ Family residential programs ○ Design specific residential programs (programs designed upon request) ○ Youth programs ○ Day programs (crafting circles, drum making, community kitchen, etc.) ○ Residential programs dealing specifically with sexual abuse at Enaahtig North ○ Traditional Ceremonies (Maple Water, Sweatlodge, Moon Ceremony, etc.) ○ Family Consultation ○ Individual and group counselling ○ Community capacity building ○ Cultural Awareness training ○ Service system liaison and networking ○ Care Planning and Referral ○ Justice youth services ○ Mental Health Case management
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Open to all family members ➤ Wide variety of comprehensive services ➤ Integrated and located together in one facility ➤ Holistic, culturally appropriate
Contact	<p>For more information visit: www.enaahdig.ca Marilyn Groulx, Program Manager Phone: (705) 534-3724 ext 24 Email: programmanager@enaahdig.ca</p>

First Nations Health Programs, Yukon Hospital Corporation, Traditional Diet Program

Brief Description	<ul style="list-style-type: none"> ➤ Provide traditional foods as an option for patients in hospital (generally reserved for self-identified First Nations, Inuit or Métis patients). ➤ Questionnaire required (simple questions re: handling of game) in order for individuals to donate because it is not feasible to have federal inspection. ➤ Funded strictly by donation because wild game cannot be bought or sold in territory (Wildlife Act). ➤ Local licensed butcher processes donated game meat. ➤ Recipes prepared in and served from Nutrition and Food Services department. ➤ Special nutrition needs of patients considered and accommodated if possible. ➤ Traditional Medicine is also offered to patients with physician approval.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Providing traditional foods to patients in hospital promotes comfort, nourishment and healing that is culturally appropriate. ➤ The program has increased satisfaction among people who have received the service.
Contact	<p>Laura Salmon Phone: (867) 393-8891 Email: Laura.Salmon@wgh.yk.ca</p>

Healthy Beginnings, Supportive Communities: A Strong Future Métis Maternal Child Health DVD.

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ After extensive consultations, dialogues and meetings with Métis parents, elders, Métis midwives and other maternal care providers, the Métis Centre at the National Aboriginal Health Organization (NAHO) developed a DVD on Métis maternal-child health. Themes discussed in the DVD include, cultural continuity, birthing options, historical birthing practices, breastfeeding, self-care for pregnant women, and the role of community in raising children. <p><i>Implementation:</i></p> <ul style="list-style-type: none"> ➤ The DVD was developed by the Métis Centre at NAHO after a research initiative with Métis women about health messages. ➤ Existing mainstream and First Nations specific health messages were not resonating with Métis women so to help address this, the Métis Centre developed the <i>Healthy Beginnings</i> DVD. ➤ The project was developed in collaboration with the five regional Métis organizations across the country. <p><i>Results:</i></p> <ul style="list-style-type: none"> ➤ This DVD benefits all Métis women who are pregnant, and all Métis families who want to incorporate Métis values and cultural teachings into their pregnancy and birthing experience. It also provides information for fathers and families. ➤ One viewer said, “when I have my own children I will use the information to talk to them about who they are. It sends a positive message about Métis identity and culture.” <p><i>Challenges/Obstacles:</i></p> <ul style="list-style-type: none"> ➤ Funding and time commitment. More human resources and funding than anticipated were required to produce a quality product in the established time frame. The Métis Centre extended the contract to hire a student editor to complete the work. <p><i>Spread:</i></p> <ul style="list-style-type: none"> ➤ Earlier this year, approximately 2,000 DVDs were distributed across Canada to Métis locals, Aboriginal organizations and community members. The DVD is also available for free from NAHO and the videos from the DVD have been placed on YouTube and are accessible through NAHO’s web site at www.naho.ca/MHC_Site/default.html.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Fills a gap where information was lacking or non-existent. ➤ Ensures Métis voices are heard in maternal and child health discussions. ➤ Recognizes and respects oral stories and teaching. ➤ DVD is easily accessible to all Métis across Canada. ➤ Comprehensive package with written material, images and video.

Contact	For more information visit: www.Metisyouthexpressions.ca Métis Centre, National Aboriginal Health Organization Cathy Graham, Director, Métis Centre Phone: 613-237-9462 Email: cgraham@naho.ca
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Healthy Smile Healthy Child

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ An intersectoral, collaborative partnership that takes an upstream community development approach to engage communities in Early Childhood Caries (ECC) prevention strategies and promotion of early childhood oral health. ➤ ECC, also known as early childhood tooth decay or cavities, is a destructive, yet preventable, form of tooth decay in young children, particularly those living in disadvantaged populations. ➤ Manitoba experiences excessive demand and wait times for pediatric dental surgery under general anesthesia. This burden and the need for effective prevention and sustainable oral health promotion strategies led to the development of the HSHC partnership. ➤ HSHC has been guided by three fundamental principles, namely, relationship building and community development, oral health promotion, and research and evaluation. ➤ Key objectives of the HSHC project have been to 1) gain community acceptance of the importance of the issue of ECC, 2) build on existing programs which target young children, 3) increase parental knowledge of ECC prevention, 4) increase knowledge of existing service and health providers of the importance of prevention, and 5) encourage existing service and health providers to incorporate prevention activities into their practice. ➤ The goal of the partnership has been to promote sustainable early childhood oral health promotion and disease prevention activities across Manitoba using a community development approach. The project activities aim to build individual and community capacity to improve young children’s oral health. The partnership works closely with the community health staff to promote the inclusion of oral health promotion in their day to day work and provide them with practical oral health promotion resources. ➤ The HSHC provincial coordinator and project assistant work on a part-time basis and manage daily project activities with guidance and support from the project supervisors.
<p>Target Population</p>	<ul style="list-style-type: none"> ➤ Our target population includes preschool children and their families. ➤ HSHC has been working to educate parents, caregivers, and all key stakeholders and promote the importance of early childhood oral health. ➤ Some groups that HSHC has targeted include, but are not limited to: daycares, schools, community support programs (i.e. prenatal, immigrant, etc.), dental professionals, nurses and medical staff, dieticians, and public health staff.

<p>Partnership</p>	<ul style="list-style-type: none"> ➤ Healthy Smile Happy Child (HSHC) is a well established, intersectoral, partnership that includes a multidisciplinary team of clinicians, Regional Health Authorities (RHAs), decision-makers, communities, health providers, and professional groups. The partnership encompasses members from: <ul style="list-style-type: none"> ○ Manitoba Health ○ University of Manitoba ○ Health Canada, First Nations and Inuit Health Branch (FNIHB) ○ Public Health Agency of Canada ○ Manitoba Dental Association ○ MBTelehealth ○ Winnipeg Regional Health Authority ○ Burntwood Regional Health Authority ○ Central Regional Health Authority ○ Assiniboine Regional Health Authority ○ Brandon Regional Health Authority ○ Interlake Regional Health Authority ○ NOR-MAN Regional Health Authority ○ Parkland Regional Health Authority ○ North-Eastman Health Authority ○ South-Eastman Health Authority ○ Churchill Regional Health Authority ○ Foundation of the Pierre Fauchard Academy ○ FNIHB, Health Canada ○ Children’s Hospital Foundation of Manitoba ○ Manitoba Health ○ University of Manitoba
<p>Program Outreach</p>	<ul style="list-style-type: none"> ➤ Provide train-the-trainer workshops to service providers who work with the target group to increase community capacity. ➤ Engage in relationship building and community development, early childhood oral health promotion, and research and evaluation. ➤ Build and maintain effective working relationships with community health staff in each regional health authority that are situated as advocates for championing oral health at the local level and linking at-risk children and families with dental care and education. ➤ Act as a source for communities and provide practical oral health promotion resources. ➤ Developed a webpage hosted by the Winnipeg Regional Health Authority website. This webpage allows for easy access to all of HSHC’s resources, which are available for anyone to download and print at no cost.

<p>Outcomes</p>	<ul style="list-style-type: none"> ➤ HSHC strategies have resulted in access to care initiatives, targeted approaches to high risk communities and links between oral health and well-being. Some examples include: <ul style="list-style-type: none"> ○ In collaboration with various Manitoba populations, documented evidence of the prevalence and severity of ECC and transferred this knowledge to communities to assist with community identified prevention strategies. ○ Assisted with the creation and production of community-developed educational and promotional resources. ○ Integration of oral health promotion into the roles of regional community health staff, who have continued to provide a voice for oral health and thus are sustaining oral health promotion. ○ Increased knowledge of causes and prevention of ECC by workshop participants. ○ Supporting and serving as a resource to public health in regional health authorities to enable the incorporation of oral health promotion into their work. ○ Undertaken evaluation generating local Manitoba evidence of the effectiveness of project activities. ○ Addition of the Healthy Smile Happy Child (HSHC) webpage link to various childhood and healthy living websites. ○ Linking communities with local dental professionals to serve as experts and to support wellness fairs and education. ○ Assisting early childhood care programs in policy development relating to nutritional choices and oral health to prevent tooth decay and promote oral health. ○ Utilizing MB Telehealth as a practical way of exchanging knowledge and reaching remote communities across the province. ○ Assisting the Manitoba Dental Association (MDA) with the Free First Visit (FFV) program promoting early dental visits to reduce the incidence of ECC in children and assist in finding a dental home for children.
<p>Project Challenges</p>	<ul style="list-style-type: none"> ➤ The biggest challenge HSHC faces is project funding and sustainability. At this time, HSHC only has enough funds to continue to support the part-time provincial coordinator and project assistant roles until March 2012 fiscal year. ➤ HSHC receives numerous requests for practical resources for community groups and programs. While HSHC is able to fulfill some of these requests, due to funding, there is only a limited supply of resources available to distribute equally throughout the province. ➤ HSHC works closely with the community health staff in each Manitoba Regional Health Authority. However, due to staff changes, the ability to build/maintain capacity and sustainability can become difficult. This may pose a greater issue once HSHC's funding runs out and the provincial coordinator is no longer available to connect new staff to ensure continuity of oral health promotion. ➤ While ECC continues to be a problem for many at-risk groups, there is growing realization that there is no quick fix. A balanced approach is warranted, where there are continued efforts to provide timely dental treatment for young children, while at the same time, expanding evidence-based oral health promotion at the community level.

Next Steps	➤ The HSHC team is continuing to explore additional grant opportunities to support the sustainability of project activities.
Contact Information	Dr. Robert Schroth (Winnipeg) Email: hshcinfo@mich.ca

Healthy You, Healthy Me

Brief Description	<ul style="list-style-type: none"> ➤ A prenatal supplementary program developed by Nunatsiavut Government, Department of Health and Social Development. ➤ Delivered by public health staff, the program provides expectant parents with information and supports on improving their health during pregnancy in a format that is culturally relevant to the Inuit population in Nunatsiavut.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Culturally appropriate
Contact	<p>Gillian Saunders Email: gillian_saunders@nunatsiavut.com</p>

ISPAYIN - Métis Youth Express Yourself!

Brief Description	<ul style="list-style-type: none"> ➤ The Métis Centre of the National Aboriginal Health Organization (NAHO) has identified youth well-being as a priority, based on proceedings from our Nakoda Lodge Think Tank in 2007 and our Métis Child and Youth Health Think Tank in 2010. ➤ <i>ISPAYIN - Métis Youth Express Yourself!</i> is an extensive project, led by the Métis Centre of NAHO, to build awareness about Métis youth identity, health and well-being in a contemporary context. The project sought out artistic submissions and sponsored regional gatherings of Métis youth across Canada in the summer of 2009. Youth were recorded singing, speaking, fiddling, jigging, rapping, and dancing at these events. They were also encouraged to submit videos or hard copies of artwork, music, stand-up comedy, poetry or other forms of artistic expression. A DVD was built around these images, which were paired with intergenerational narratives to represent a collective Métis past, present, and future. An accompanying Discussion Guide was also developed. This interactive package showcases Métis pride and can be used as a cultural competency tool within mainstream and Aboriginal organizations, in communities and schools across Canada, and elsewhere. ➤ The <i>ISPAYIN</i> project also aims to engage Métis youth. Select Métis youth attended a two-day symposium in July 2009. They discussed effective methods for youth engagement around identity, culture, health and well-being using social media tools, and explored basic videography. A second symposium was held in March 2010 to train Métis youth as facilitators, encouraging them to take an active role in delivering workshops on identity, health and cultural competency using the DVD and Discussion Guide. ➤ The Métis Centre is also is developing a youth website to offer information about health, well-being and culture, and a space for youth to blog, network, and engage each other.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Promotes positive Métis identity ➤ Builds Métis cultural competence ➤ Youth driven and developed
Contact	<p>For more information visit: www.naho.ca/Métiscentre Métis Centre, National Aboriginal Health Organization Cathy Graham, Director, Métis Centre Phone: 613-237-9462 Email: cgraham@naho.ca</p>

Language Nest Inuagualuit Program

Brief Description	<ul style="list-style-type: none"> ➤ Immersion program for babies and toddlers in Labrador. ➤ Children are totally immersed in their own language and it incorporates Inuit language for revitalization of Inuktitut. ➤ Has been running for 10 years and delivered by Inuit speakers in Hopedale. ➤ Would like to expand to other communities but currently no funding available.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Provides a sense of pride ➤ Encourages language revitalization ➤ Respects traditions and cultures
Contact	<p>Jenny Lyall Phone: (709) 896-9750 Email: jenny_lyall@nunatsiavut.com</p>

Let's Be Healthy Together

Brief Description	<ul style="list-style-type: none"> ➤ A website that includes a "toolkit" focusing on preventing childhood obesity in Ontario's First Nations, Inuit, and Métis children. ➤ It was developed for Aboriginal people by Aboriginal people. ➤ Strength-based model and includes books, posters, videos, teaching resources, train-the-trainer program for service providers, and for First Nations, Inuit, Métis communities; materials are at a basic literacy level, clearly designed, and available at low cost or free. ➤ Funded by Ontario Trillium Foundation. ➤ Challenges include no evaluation, ongoing promotion or resource staff.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Aboriginal providers have cultural tools, families feel proud.
Contact	<p>For more information visit: www.letsbehealthy.ca Best Start Resource Centre – publisher October 2010</p>

Grassroots Grandmothers Circle, Nova Scotia

Brief Description	<ul style="list-style-type: none"> ➤ The Mi'kmaki Nugumijk are L'nu grassroots grandmothers striving to regain and fulfill the traditional roles as Elders, Clan mothers, protectors, nurturers and teachers. ➤ The Grandmothers traditional roles give unconditional love and teachings for our children, grandchildren and the future generations based on The Seven Sacred Teachings (Natural Laws). The Grandmothers carry the heart of the people for all future generations to come.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Support individuals, families and communities ➤ Revive traditional learnings
Contact	<p>For more information visit: www.universalconnections-starwoman.com/Mi-kma-ki-N-ugumijk.html</p>

Modified Healthy Babies, Healthy Children – for Aboriginal Communities

Brief Description	<ul style="list-style-type: none"> ➤ Home visitors serve as “aunties”; workers follow the model but adapt it in a holistic way, helping to identify what the family needs (e.g.; mental, physical, spiritual). This may not match what the HB/HC program does in non-Aboriginal communities – it is tailored specifically to families’ needs; there are many requests to connect to Aboriginal community at Odawa Friendship Centre Ottawa. ➤ The program was run through the Ministry of Health and Long Term Care in Ontario with funding from Health Canada, and was modified by Aboriginal groups for delivery to 16 Aboriginal groups within Ontario. The model is holistic and promotes traditional teachings.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Establishes a positive change to an old model. ➤ Children are able to learn in a holistic sense. ➤ The program is collaborative, participatory and community-based.
Contact	Colleen Sauve, Email: csauve@odawa.on.ca

National Inuit Early Childhood Education Gathering

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ First ever national gathering specifically designed for Inuit Early Childhood educators and administrators across Inuit Nunangat (Inuit homeland). It was held in 2010. ➤ Provided educators and administrators opportunity to talk about curriculum and share activities, ideas and resources. ➤ Professional development. ➤ Participants drafted and signed a letter to the Prime Minister about direction for Inuit early childhood education, which was a positive and empowering experience. ➤ There is hope to hold another Gathering, if funding is available. Funding came from the PHAC Aboriginal Headstart Program -National Strategic Fund and Indian and Northern Affairs Canada.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Networking led to program sharing ➤ Strength in numbers ➤ Feeling of empowerment ➤ Influential training opportunity for educators to enhance their own professional development and the lives of Inuit children in their programs
<p>Contact</p>	<p>Anna Claire Ryan, ITK Phone: 613-238-8181 Email: _ryan@itk.ca</p>

Native Women's Transition Centre

Brief Description	<ul style="list-style-type: none"> ➤ Since 1979, the Native Women's Transition Centre (NWTC) has worked to support and strengthen Aboriginal women and mothers on their journey of healing and recovery from family violence. ➤ The Centre embraces Aboriginal traditional values and cultures in order to heal the generational scars of colonialism and residential schools. ➤ Aboriginal healing techniques are used to help women and their children, achieve balance and initiate the process of healing. ➤ Many cultural resources available, including drum groups, healing circles, Elder advisors, sweats and an annual powwow. These resources are available to all residents, however are not forced. Instead, women are free to choose the healing process that fits their values, personality, situation and upbringing the best. ➤ Programs include: <ul style="list-style-type: none"> ○ Completing the Circle: Mentorship Program– Ka-Keskimowin Mentorship Program ○ After Hours Crisis/Addictions Counsellor uses traditional teachings ○ Parenting Program ○ Mother Goose Group ○ Child Development Program ○ Compulsive Coping Behaviour Program ○ Women's Healing / Play Circle ○ Breaking the Silence: For survivors of Childhood Trauma. ○ Memengwaa Place ○ Practical Skills ○ Family Violence Prevention
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Holistic ➤ Life skills ➤ Healing ➤ Evidence based
Contact	<p>For more information visit: www.nativewomens.mb.ca/ 105 Aikins Street; Winnipeg, MB R2W 4E6 Phone: (204) 989-8240 Email: nwtc@mts.net</p>

Northwest Territories Food Guide

Brief Description	<ul style="list-style-type: none">➤ The guide is modelled after Canada's Food Guide, but has been customized to include traditional Aboriginal food such as bannock and fish head soup.
Why this is a Promising Practice	<ul style="list-style-type: none">➤ Raise awareness of traditional foods.➤ Encourage healthy eating in a culturally sensitive manner.
Contact	For more information visit: www.hlthss.gov.nt.ca/pdf/brochures_and_fact_sheets/healthy_eating_and_active_living/2005/english/nwt_food_guide.pdf

Pre-natal Class Partnerships

Brief Description	<ul style="list-style-type: none"> ➤ Partnership between Native Council of Nova Scotia, local Family Resource Centre and Public Health of Nova Scotia. ➤ Prenatal classes were provided to Aboriginal and non-Aboriginal women who lived in Liverpool and surrounding areas. ➤ Show expectant mothers the local services available to them.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Collaborative ➤ Provides expectant mothers with all relevant information, in one location ➤ Supportive of culture and tradition; alleviates isolation
Contact	<p>Diane Warner, Native Council of Nova Scotia's Liverpool Regional Office Phone: (902-354-2751) Email: ncnschip2@eastlink.ca</p>

Sheway, British Columbia

Brief Description	<ul style="list-style-type: none"> ➤ Sheway, <i>British Columbia</i> is a partnership initiative that brings together government and the community to provide comprehensive health and social services, including outreach to a vulnerable population with highly complex needs. Holistic care is based on a determinants of health framework and is provided in a collaborative and respectful manner. ➤ Sheway provides comprehensive health and social services to women who are either pregnant or parenting children less than 18 months old and who are experiencing current or previous issues with substance use. The program consists of prenatal, postnatal and infant health care, education and counselling for nutrition, child development, addictions, HIV and Hepatitis C, housing and parenting. Sheway also assists in fulfilling basic needs, such as providing daily nutritious lunches, food coupons, food bags, nutritional supplements, formula, and clothing. ➤ In the early 90s, data from a report entitled "Targeting High Risk Families", revealed that approximately one in every two babies born in the Downtown Eastside of Vancouver were born substance affected and that 100% of these children were apprehended by social services at birth (Loock et al, 1991). Sheway has been addressing this concern for 10 years.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Sheway is a unique program that offers highly specialized services to a population with highly complex needs. The philosophy of Sheway is based on the recognition that the health of women and their children is linked to the conditions of their lives and their ability to influence these conditions. Hence, Sheway staff work in partnership with the woman as she makes decisions regarding her health and the health of her child. Sheway operates in a client-centered, woman-focused environment.
Contact	<p>For more information visit: www.vnhs.net/index.php?option=com_content&view=article&id=49&Itemid=56</p>

Six Nations of the Grand River - Tsi Non:we Ionnakeratstha Ona:grahsta' Maternal and Child Centre

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The centre, located on the Six Nations of the Grand River balances Traditional and Contemporary services and programs. ➤ Mission: "Helping Aboriginal families (women and their families) give birth to healthy babies and to promote the seriousness, sacredness and the continued responsibility of giving birth. ➤ Programs include: <ul style="list-style-type: none"> ○ birthing centre ○ prenatal class/prenatal exercise class ○ moms and tots group ○ male self care workshops ○ gardening program ○ women in all her seasons ○ female self care workshops ○ traditional medicines sessions ○ traditional foods gathering ○ family/maternal resource library ○ Degowadihsnye Program (FASD program) ○ Aboriginal Midwifery Training Programme ➤ The birthing centre philosophy is based on respect for all life and birth as a profound and sacred part of life and allows women to reclaim control of birth for themselves
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Access to culturally relevant care ➤ Holistic ➤ Provides choices for women and families ➤ Traditional knowledge respected and integrated
<p>Contact</p>	<p>For more information visit: www.snhs.ca/BirthingCentre.htm Julie Wilson, Supervisor Phone: 1-866-446-4922 Email: juliewilson@sixnations.ca</p>

Skookum Jim Friendship Centre Traditional Parenting Program

Brief Description	<ul style="list-style-type: none"> ➤ Focused on traditional knowledge and is now a cultural program where people learn crafts from Elders, etc. It was previously focused on mom having a healthy baby and dad assisting. The program is run through a series of workshops on traditional aspects of Aboriginal culture. Some of the items include prenatal, doll making, traditional crafts, traditional knowledge and medicines, etc. ➤ Utilizes elders to teach traditional methods of parenting to both moms and dads. ➤ Teaching on traditional foods and crafts. ➤ Funded by CPAC .
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Grassroots program that allows for collaborative learning through participatory community-based interaction. ➤ The program allows for positive change through raising children in a traditional way.
Contact	<p>For more information visit: www.skookumjim.com/tradpar.php</p>

The Sacred Path: Building Healthier Children, Parents, and Communities

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Sacred Path is written in plain language, with a reading level of grade five or six. ➤ Pre and post-natal teachings that incorporate traditional knowledge. ➤ Approved by maternal child health nurses. ➤ Written by Huntinghawk Communications, an Aboriginal consulting firm based in Toronto. ➤ Used in Alberta, Ontario and Manitoba.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Fills a knowledge gap ➤ Accessible resource and incorporates traditional knowledge
<p>Contact</p>	<p>For more information visit: www.huntinghawkcommunications.com</p>

Weaving Families Together

Brief Description	<ul style="list-style-type: none"> ➤ The project provides traditional knowledge and education for the people who are in the program. ➤ Includes teaching, weaving, traditional craftsmanship, information exchange, trust, confidence building, circle of courage, intergenerational relationships. ➤ The program is in place to help develop the health and well-being of women and children.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Participatory and collaborative ➤ It involves multiple stakeholders and fills a cultural gap that exists
Contact	<p>Cowichan Tribes, Leslie Cochrane, Manager- MCH Programs Phone: 250.748.3196 Email Leslie.Cochrane@cowichantribes.com</p>

Community-based and community-focused approaches

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Action Schools! BC

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Action Schools! BC is a multi-phase, multi-disciplinary initiative targeting physical activity and healthy eating in elementary and middle schools, grades four to nine (both Aboriginal and non-Aboriginal). Action Schools! BC is a best practices model designed to assist schools in creating individualized action plans that contribute to the health of children, as well as the overall health and well-being of the school community. Action Schools! BC is a framework for action providing tools and intervention ideas in six identified Action Zones (school environment, scheduled physical education, classroom action, extra-curricular, family and community, school spirit). Action Schools! BC teaching resources and materials were developed and selected to support comprehensive school health aspects and contribute to specific and academic outcomes related to daily physical activity, physical education, and healthy eating. ➤ Action Schools! BC also offers professional development (physical activity and healthy eating workshops), curriculum-linked resources and support for teachers in physical education, daily physical activity and healthy eating, and physical activity leadership training and resources for students.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ This is a promising practice because it is community based and identifies a known gap in physical activity and healthy exercise in British Columbia communities.
<p>Contact</p>	<p>Jennifer Fenton Action Schools! BC #360 - 3820 Cessna Drive Richmond BC V7B 0A2 Phone 604.738.2468; 1.800.565.7727 Fax 604.333.3579 Email: info@actionschoolsbc.ca</p>

Best Beginning – Alberta Health Services

Aboriginal Best Beginning Book

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Aboriginal Version of the Best Beginning Book: last printing 2004. Cost of \$24.95 per book plus shipping. ➤ Best Beginning is an Alberta Health Services Calgary Zone program for pregnant teens and pregnant women living on a low income. ➤ A free, voluntary, and confidential service. ➤ Staff work with pregnant women and their families to have the healthiest baby possible. ➤ Provides: <ul style="list-style-type: none"> ○ one-to-one consultation with a social worker, nurse, and nutritionist who will meet with you to answer questions and address concerns ○ free childbirth education classes ○ referral to other agencies (such as "housing") or health professionals as required ○ health information and counselling ○ provision of or referral to other agencies for food assistance ○ one free visit to the CHC Dental office for pregnant women who qualify ○ free milk, food and vitamins if needed ○ subsidized birth control through Alberta Health Services Sexual and Reproductive Health ➤ Challenges include: funding, small-scale – no spread.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Information, skills and resources
<p>Contact</p>	<p>For more information visit: www.albertahealthservices.ca/services.asp?pid=service&rid=1568 birthandbabies@albertahealthservices.ca Phone (403) 955-1477</p>

ATIRA Women's Resource Society – British Columbia

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Community-based organization supporting women and their children experiencing violence. ➤ Aboriginal women's outreach program available to women in several urban areas in BC. ➤ Services include: <ul style="list-style-type: none"> ○ accompaniment to government, court, doctor's appointments, etc ○ advocacy ○ one-on-one support ○ resource information and referrals ○ support with children in conflict with school or the law ○ support when children have been apprehended ➤ Support through custody and access disputes.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Supports a vulnerable group ➤ Culturally sensitive ➤ Meets a known gap
<p>Contact</p>	<p>For more information visit: www.atira.bc.ca/</p>

Boyle Street Co-op - Edmonton

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ An inner city organization connecting people living in poverty with the things they need: somewhere to live, someone to talk to and something to do. ➤ Provides programs and opportunities that build on people's strengths and respect their cultural background. ➤ Work with people who are often ignored, face discrimination and have been marginalized by the larger society. Approximately 70 percent of the people we work with are of Aboriginal descent. ➤ Are proud of our long history of respecting and honouring Aboriginal culture and being a welcoming place for newcomers to our city (High risk 70% Aboriginal). ➤ Harm reduction approach. ➤ Prenatal support collaborative with community support and outreach. ➤ Mentoring for moms. ➤ Onsite – school – out of main stream. ➤ Two child welfare workers onsite. ➤ Partnership based. ➤ Apartment Buildings with moms who are at risk of child welfare involvement: five levels, a mom on each floor (kokum, mentor). ➤ Challenges include funding, sustainability, capacity, approved mentors.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Almost 100% success ➤ Coaches, supports educates, builds capacity ➤ Mom in programs until able to parent on their own and move back to own homes ➤ Incorporate traditional parenting and cultural practice.
<p>Contact</p>	<p>For more information visit: www.boylestreet.org/ Boyle Street Community Services 10116 - 105 Ave Edmonton, Alberta T5H 0K2 Phone: (780) 424-4106 Email: info@boylestreet.org</p>

Canada Prenatal Nutrition Program (CPNP) – North West Territories (NWT)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Canada Prenatal Nutrition Program (CPNP), a broad-based funding program that is locally implemented and community-based, is delivered through the Public Health Agency of Canada (PHAC). ➤ In place for more than ten years and helps communities to promote public health and provide support to improve the health and well-being of pregnant women, new mothers and babies/children (up to age six) facing challenging life circumstances. ➤ The goal is to improve maternal and infant nutritional health. Program clients include: pregnant First Nations and Inuit women, mothers of infants, and infants up to 12 months of age who live on reserve or in Inuit communities, particularly those identified as high risk. Also includes First Nations and Inuit women of childbearing age on reserve and in Inuit communities. ➤ There are currently 330 CPNP sites serving close to 50,000 women in over 2,000 communities across Canada each year. In addition, a separate stream of the program administered through Health Canada serves Inuit and First Nations women living on reserve. ➤ 23 programs across the North West Territories (community based). ➤ Delivered through non government organizations (First Nations based). ➤ Funded through Health Canada to Government of the North West. ➤ Territories to communities – good community linkage with other programs. ➤ Program objectives: <ul style="list-style-type: none"> ○ babies are healthy at birth ○ babies are breastfed up to two years ○ Breastfed at least to six months ➤ Challenges include: <ul style="list-style-type: none"> ○ Capacity ○ Funding – sustainability
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ The program fills an important gap in communities. Almost all sites (98 percent) report that they provide a unique service in their community. Many of the other available prenatal services do not meet the needs of the CPNP target population. ➤ As a result of the program breastfeeding is increasing. ➤ Community-based; communities embrace it (not viewed as confrontational); helps build community capacity because lay practitioners link with health practitioners to sustain the program. ➤ Clients are in charge. ➤ Helps governments develop other programs.

Contact	For more information and regional contacts visit: www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/contact-bureaux-eng.php www.breastfeedingwt.ca www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php Email: Wanda_White@gov.nt.ca
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Centering Pregnancy (Group Prenatal Care Model)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Promoting relationship-centred care. ➤ Centering Pregnancy is an innovative model of group prenatal care that has been implemented at more than 100 prenatal care sites since 1995. Centering Pregnancy provides group prenatal care that is relationship centered, nurturing and transforming relationships among women, their families, and health care professionals. Complete prenatal care is provided in a group setting. Prenatal assessment, education, and support occur in a facilitative environment. The model offers effective and efficient care that is sustainable and can enhance the health of women, their families, health care providers, and communities. ➤ Women-led, woman focused. ➤ Group prenatal care facilitated by physicians and educators. ➤ Prenatal care offered in a group. (monthly, bi-weekly). ➤ Women do own weight, BP, urine, chart. ➤ Group of women share and receive “just in time info”. ➤ 12+ /session goal = revenue neutral. ➤ Growing in Canada. ➤ Challenges include training and developing egalitarian skills of doctors/facilitators/elders.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Has opportunity to be a promising practice in Aboriginal communities
<p>Contact</p>	<p>For more information visit: www.ncbi.nlm.nih.gov/pubmed/16620257</p> <p>Phone: (403) 955-1451 <i>Email: Tannice.Hinrichsen@albertahealthservices.ca</i></p> <p>Or</p> <p>Yale School of Public Health, New Haven, CT 06510, USA. Email: zohar.massey@yale.edu</p>

Centering Pregnancy Initiative

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ A model that integrates midwives and offers midwives as a choice for maternity care. ➤ Integrated team model; pregnant women in a group with other pregnant women. ➤ 10 sessions include private time with a health care professional, followed by a group session. ➤ Information about self-care. ➤ Sharing, networking. ➤ Promoted to Aboriginal women.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Innovative ➤ Nurturing ➤ Provides opportunities to learn from others
<p>Contact</p>	<p>Leslie Cochrane, CHN, MCH Program Manager, T'sewultun Health Centre, Cowichan Tribes, Phone: 250-746-6184 Email: Leslie.Cochrane@cowichantribes.com</p>

Children's Oral Health Initiative

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Developed to address disparity between oral health of First Nations/Inuit children and Canadian population. ➤ Focuses on oral health promotion and prevention of oral disease. ➤ Targeted at children aged 0 to 7 years, their parents and caregivers and pregnant women. ➤ Delivered in communities by oral health professionals such as dental therapists and dental hygienists and also by trained community members. The children's Oral Health Initiative is offered in a selected number of First Nations and Inuit communities.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Community members are trained to provide a limited number of oral health services and are supported by their community and by the oral health professional; they improve access to oral health care to underserved populations.
<p>Contact</p>	<p>Dr. Marc Noël, Health Canada / First Nations and Inuit Health Branch. Phone:613-957-3710 Email: marc.noel@hc-sc.gc.ca</p>

Communities that Care, British Columbia

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Innovative strategy for social development and mental health in young Aboriginal families; evidence based, brings mental health promotion and prevention practice into its communities; engagement (community stakeholders); assesses risk factors and protective factors that influence/predict good mental health. ➤ Funder – Public Health Agency of Canada in partnership with the Canadian Mental Health Association and BC Association of Aboriginal Friendship Centres with three project sites – Kelowna, Quesnel, Port Alberni. ➤ Key indicators of Mental Health promotion for youth and community and family. ➤ Communities that Care is a risk-and-protection-based system that enables local communities to engage in multi-level, multi-sectoral prevention planning and implement evidence-based programs. ➤ The purpose of CTC is to prevent common youth problems (substance abuse, delinquency, violence, teen pregnancy, school drop-out, and mental health difficulties) and promote positive youth development.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ By addressing mental health it supports a healthier environment for young children. ➤ It was developed at the community level and therefore it is more relevant to community needs. ➤ Uses collaboration to engage communities to deal with issues of mental health.
<p>Contact</p>	<p>For more information visit: http://cbpp-pcpe.phac-aspc.gc.ca/intervention/25/view-eng.html</p>

Dolly Parton Literacy Imagination Library – Yukon

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ After a parent registers the child for the program, the child will receive a carefully selected book and have it mailed directly to them. The program goal is to ensure kids look forward to receiving the book and reading about different topics. The only stipulation to continuing to receive the books is that the child continues to be a resident of the Yukon. ➤ Children sign up before 12 months old and receive books monthly until five years. ➤ Any child aged 0-5 years receives a free book every month. ➤ Application forms from Yukon Learn or Public Library.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Addresses literacy skills and encourages children to enjoy reading at a young age
<p>Contact</p>	<p>For more information visit: www.yukonliteracy.ca Yukon Literacy Coalition Phone: 867-668-6535</p>

Fort Smith Health and Social Services Centre (NWT) - Midwifery Program

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The government-funded Midwifery Program has been based out of the Fort Smith Health and Social Services Centre since 2005. It is a well established program with an evaluation framework. ➤ The community of Fort Smith, NWT is a unique community that is composed of Smith Landing First Nations, Salt River First Nations, the Fort Smith Métis Council, as well as a non-Aboriginal population. ➤ Pregnant women in Fort Smith have the choice of seeing the midwives or the locum doctors for their prenatal and postpartum care, though almost all women see the midwives for their care. Women who seek the prenatal care of the midwives also have the choice of staying in the community for the birth. Since midwifery became legislated in the Northwest Territories in 2005, the two practicing midwives in Fort Smith have successfully delivered over 100 babies in the community.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Provides birthing choices for women in their communities ➤ Holistic ➤ Culturally appropriate care ➤ Evidence-based
<p>Contact</p>	<p>For more information visit:</p> <p>www.uofaweb.ualberta.ca/acadre/nav03.cfm?nav03=57116&nav02=57112&nav01=56453</p> <p>www.fortsmith.ca/cms/webcontent/health-services</p> <p>Phone: (867) 872-6253 ; Fax: (867) 872-6279 PO Box 995, Fort Smith, NT X0E 0P0</p>

Healthy Children, Healthy Futures, United States

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Originally developed by Strang Cancer Prevention Center in 2001 with support from MetLife Foundation, our goal is to promote programs to help children, parents, and grandparents become advocates — in their families, homes, schools, and communities — for healthy eating and increased physical activity. ➤ The Healthy Children Healthy Futures (HCHF) program targets underserved young people, ages 9-13, in several of our country's larger urban areas — Atlanta, Los Angeles, New York, Baltimore, Chicago, Houston, and Dallas. ➤ Healthy Children Healthy Futures continues to expand with new programs for children, parents and grandparents. ➤ In the Children's program, young people are offered a process and a forum to educate their peers, families, and communities about healthy eating and physical activities through media messaging. The health literacy messages, by and for children, and are in the format of print, radio, and video/social media, are reviewed by peers and then disseminated through a variety of school and community-based networks. This program component, primarily after-school, also includes physical activity and cooking activities. ➤ The Parent program is, based on an innovative parent-to-parent mentoring model, supports parents as role models for healthy choices. It also supports family/parent health literacy in the home to fully complement the child component. ➤ In 2007-2008, HCHF added the <i>Healthy Grand Families</i> program, an intergenerational pilot demonstration that engaged grandparents as key influences in the lives of their grandchildren for making healthy choices. This initiative was developed in partnership with the American Academy of Pediatrics and Generations United. It features the pediatrician as an educator in a community setting, reaching out to grandparents in their own neighborhoods employing a culturally competent health literacy approach. ➤ The program operates through multiple partnerships.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Improves health literacy ➤ Involves whole families and builds capacity ➤ Meets unmet needs ➤ Improves healthy lifestyles
<p>Contact</p>	<p>For more information visit: www.healthychildrenhealthyfutures.org/AboutUs.htm</p>

“Hook and Hub”: University of Victoria Documentation of First Nations Operated Multi-service Hubs

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Demonstrations of community led multi-service hubs as an effective, culturally appropriate way to support timely and appropriate family and child health and development service delivery and utilization. ➤ Community-based service delivery. ➤ Community capacity building precedes each step in the expansion of programs and services so that community members are ready to participate as professionals in delivering services. ➤ Begins with programs to involve Elders, provide healthy nutrition and home economics, and infant and toddler play groups. ➤ Programs, services, and health promotion education are added based on community-identified needs and goals. ➤ Expansion of community-based services is paced according to community-readiness. ➤ Ongoing documentation and evaluation ensures self-correction and shared learning. ➤ External service professionals are supported in working with families by being able to base their work in a collegial, multi-service setting.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Community paced, driven and operated services ➤ Culturally appropriate ➤ Supports cultural safety ➤ Coordinated, accessible ‘one stop’ model of service delivery
<p>Contact</p>	<p>For more information visit: www.ecdip.org Dr Jessica Ball Phone: (250-472-4128) Email: jball@uvic.ca</p>

Inner-City Response Team

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Inner-City Response Team brings together community members and service providers to focus on achieving successful outcomes for children living in Vancouver’s inner city. Vancouver’s inner city includes Canada’s poorest postal code. It is home to many Aboriginal and First Nations families, as well as to non-English speaking and immigrant populations. Children living in the inner city are exposed to a high level of violence and social disorder. Families struggle with poverty, drug abuse, violence, street crime and disorder. The project seeks to build a safety net around the child – involving both family and community, working across traditional service silos. The Teams are organized around four major key result areas: Child Health, Child Development, Family Functioning, and Improved Systems of Care. ➤ <i>The Child Health Team</i> is anchored by the Social Pediatrics Initiative, funded primarily through Women’s and Children’s Hospital to provide primary health care and specialist referral through Nurse Practitioners providing services a number of community locations frequented by vulnerable and at-risk children and families. ➤ <i>The Child Development Team</i> focuses on improving access to quality early learning opportunities so that vulnerable children will be school ready. ➤ <i>The Family Functioning Team</i> focuses on the family’s ability to provide a healthy nurturing environment for their children given the stresses of inner-city life and the impacts of poverty. Many inner-city families are struggling with the inter-generational impacts of residential schools. The team is committed to empowering parents and on giving them a voice in the community. ➤ <i>The Systems of Care Team</i> focuses on improving coordination and communication, including lobbying for enhanced government programs and services. The Inner-City Response Team is committed to a place-based strategy. Notwithstanding the success of this strategy in dealing with multi-faceted inner-city challenges elsewhere, the social services are provided via a ‘low bid’ system which rarely takes into account the local community’s needs and strengths. Much of the work of the Systems of Care Team focuses on disseminating information about place-based approaches which, we believe will have a better chance of yielding successful results than the status quo which, according to the data produced by the UBC Human Early Learning Project, fails our children year after year.
<p>Why is this a Promising Practice</p>	<ul style="list-style-type: none"> ➤ The Inner-City Response Team is a promising practice because it is grounded in the community and committed to empowering the community. This is a comprehensive and holistic approach that recognizes the importance of education as a long-term approach to eliminating poverty. This is a place-based strategy.
<p>Contact</p>	<p>Grace Tail Email: Grace.tait@vancouver.ca</p>

Inuit Midwifery Interviews

Brief Description	<ul style="list-style-type: none"> ➤ Pauktuutit, the national Inuit women's association interviewed 77 Inuit midwives from across the North. ➤ Information is being collected and a process for sharing this information and data in a respectful way is being discussed with an Inuit midwifery working group.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Respects cultural protocols ➤ Incorporates traditional knowledge
Contact	<p>For more information visit: www.pauktuutit.ca info@pauktuutit.ca</p>

Maternal and Child Health (MCH), National

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Maternal and Child Health (MCH) is a national program that is delivered through partnerships and builds on other community programs. It is a proactive, preventative and strategic approach to promoting the good health and development of on-reserve pregnant First Nations women and families with infants and young children. The program aims to reach all pregnant women and new parents, with long-term support for those families who require additional services. ➤ A key element of the program is home visiting by nurses and family visitors (experienced mothers in the community), who provide information, support, and linkages to other services; integrating culture into care is a key aspect of the program. ➤ Program objectives include: increasing First Nations training opportunities for MCH service providers; increasing participation of on-reserve community members in planning and developing services; increasing coordination of services for on-reserve clients; and developing and/or using existing evaluation tools to measure progress using evidence-based models and approaches.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ For the past ten years the provinces and territories have been strengthening their MCH programming because it has such a positive effect on the lives of pregnant women, and families with infants and young children.
<p>Contact</p>	<p>For more information visit:</p> <p>Health Canada, <i>Funded Health Programs and Services</i> www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/prog/index-eng.php</p> <p>Assembly of First Nations. (no date). <i>Maternal child health program in First Nations communities</i>. http://64.26.129.156/article.asp?id=2270</p> <p>Stout, R., & Harp, R. (2009). <i>Aboriginal maternal and infant health In Canada: Review of on-reserve programming</i>. Winnipeg and Vancouver: Prairie Women's Health Centre of Excellence and British Columbia Centre of Excellence for Women's Health www.pwhce.ca/pdf/AborigMaternal_programmes.pdf</p>

Maternal Child Health (MCH) Program in Saskatchewan

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Maternal Child Health (MCH) Program is a national program which envisioned the potential that all pregnant First Nations women and their families would be supported to reach their fullest developmental and lifetime potential. <p>Home visiting is the focus of the program.</p> <ul style="list-style-type: none"> ➤ Visit with families in the comfort of their homes with their children present to share ideas for homemade toys (less expensive and fun to do as a family), encourage healthy development with handouts/games/interaction, promote safety or prevention, encourage and foster consistent immunizations. ➤ Focus on the positive aspects of what parents are doing with their children, celebrate all the achievements with the families, include and encourage fathers to be involved and we encourage all prenatal families and families with children under six years to participate in a non-judgmental atmosphere. ➤ There are 16 MCH projects serving 66 First Nations communities in Saskatchewan. ➤ In regards to programming some additions are family literacy, prenatal classes and support, lactation support and consultation. ➤ For partnerships/linkages additional information would be KidsFirst, Saskatchewan Literacy Network, Saskatchewan Prevention Institute, FASD Support Network. ➤ Training includes Attachment and Bonding, Nobody’s Perfect Program, Growing Great Kids Integrated Strategies and Curriculum program. ➤ Regular newsletters provide updates about the program. ➤ The Saskatchewan Nurse Researchers was invited to review the program as funding drew to a close in March 2010. The Maternal Child Health Project overview was to consider the benefits, outputs, and outcomes of this program; to inform decision makers, policy makers and stakeholders in their deliberations respecting the programs future directions. The team conducted an appreciative inquiry-based evaluation of the individual and collective experiences with this program in Saskatchewan.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ See outcomes in federal section – all positive.
<p>Contact</p>	<p>For more information visit: http://sknurseresearchers.com/mch.php Community MCH/FASD teams and clients</p> <ul style="list-style-type: none"> • Dr. Pammla Petrucka • Dr. Sandra Bassendowski • Ms. Cheryl Olson • Ms. Jodi Found <p>For further information or copies of reports please contact: Ms. Cheryl Olson Email: cherylolson@sasktel.net</p>

New Brunswick Community Health Centres

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ New Brunswick Community Health Centres are a network of centres focused on outcome and evidence-based practice. They are praised for this outcome or goal-oriented focus (rather than being task focused), which is seen as being very important for supporting a population-health promotion approach and a community-driven model. ➤ Community Health Centres (CHCs) deliver primary health care closer to home in several communities in our province. CHCs help keep the population of an area healthy while making best use of our valued health professionals. That is why the establishment of additional CHCs is a key component of the Provincial Health Plan, <i>Transforming New Brunswick's Health-care System</i>, dedicated to advancing health care by putting patients first. ➤ CHC's are all about teamwork, collaborative practice and patient-centered care. Teams of health care professionals with complimentary skills work together with New Brunswickers providing them with primary health care services where they live, learn, work and play.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Collaborative ➤ Holistic care ➤ Evidence-based/outcome focused ➤ Address complex determinants of health
<p>Contact</p>	<p>For more information visit: www.gnb.ca/0051/0053/chc-e.asp</p>

Pregnancy Calendar, Pauktuutit

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Developed by Pauktuutit, this calendar is Inuit-specific, available in four dialects. ➤ Provides step by step information about what is happening each week during pregnancy. ➤ Sent to all Inuit communities across the North.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Culturally relevant. ➤ Use of Inuit language. ➤ Accessible.
<p>Contact</p>	<p>For more information visit: www.pauktuutit.ca/ Pauktuutit Inuit Women of Canada 520 – 1 Nicholas St. Ottawa, Ontario K1N 7B7 Phone: (613) 238-3977 Email: info@pauktuutit.ca</p>

Richer-SPI Initiative, Vancouver

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Responsive Intersectoral Children's Health, Education, and Research (RICHER) Initiative is a community-based primary health care service specifically designed to meet the unique needs of children, youth, and families in Vancouver's inner city neighbourhoods, specifically Grandview/Woodlands, Strathcona, and Downtown Eastside. ➤ Each family's particular needs are taken into consideration when providing health care services, which are linked to specialized health care services and community-based support networks. ➤ Place-based child/family/community care increases access to multidisciplinary services.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Community-based and assists children and youth by dealing with specific child/family needs, rather than using a generalized approach to each patient (child).
<p>Contact</p>	<p>For more information visit: www.bcchildrens.ca/info/ContactUs/default.htm</p> <p>BC Children's Hospital 4480 Oak Street Vancouver BC V6H 3N1 Phone: 604-875-2345; Toll free line in B.C. only: 1-888-300-3088</p> <p>Sunny Hill Health Centre for Children 3644 Slocan Street Vancouver, BC V5M 3E8 Phone: 604-453-8300; Toll free line in B.C. only: 1-888-300-3088</p>

SOAHAC – Southwest Ontario Aboriginal Access Centre (London, Ontario)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Maternal Child Health program supports all other (seven off reserve) prenatal and other relevant programs (CPNP, CAPC). It provides programming, funding and resources materials and works with Aboriginal agencies in London to provide resources in MCH. SOAHAC is situated in a primary care facility to give clients access to Aboriginal specific information and resources. ➤ For on-reserve communities, SOHAC visits and provides programs based on need, and no formal application is required. No need for status card- if you have Aboriginal roots you are accepted. ➤ Provides lunch once a month for the mothers in the community –education session about fetal alcohol syndrome (covers cost). ➤ Program staff visit each community to find out the needs and develop programming based on their needs at the end of each fiscal year. ➤ Work in conjunction with all the programs that are offered, traditional healing program, after school program for youth and children to provide education, work with the doctors and Health councillors to provide information on MCH, nutrition. ➤ Serves all Aboriginal agencies that operate in London and provides them with resources. Situated inside a primary health care facility –resource for Aboriginal child nutrition (2 dieticians).
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Supports for Aboriginal pre-natal programming, is community based, defined and driven.
<p>Contact</p>	<p>Brian Dokis, Executive Director Phone: 519-672-4079 Email: executivedir@soahac.on.ca</p>

STARSS (Start Thinking About Reducing Secondhand Smoke)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ A harm reduction program that was developed in the Yukon and is continuing with a national rollout strategy. ➤ With funding from the CAPC/CPNP National Projects Fund of the Public Health Agency of Canada, over a 12-month period (October 2009 to October 2010), <i>Phase 2 of the National Rollout of STARSS</i> will build upon the successes experienced in <i>Phase 1</i>. ➤ The <i>STARSS</i> program was developed specifically to meet the needs of CAPC (Community Action Programs for Children) projects, although the program has been implemented in many settings and services (such as Public Health Units and addiction treatment programs) where there are pregnant and parenting women smokers - especially those who don't want, or aren't ready, to quit smoking. ➤ Developed the <i>STARSS</i> strategies so that they could be used in flexible and adaptable ways, depending on the capacity and comfort of the service provider and the setting. The strategies were also developed so that they could be easily incorporated into existing programming and would require minimal training for staff to implement. ➤ This is NOT a quit smoking program (there are lots of those out there!), although it contains strategies to support moms who make this choice. <i>STARSS</i> is a supportive, sensitive strategy for mothers who smoke and are interested in learning ways to protect their children from the effects of secondhand smoke. ➤ The program's goal is to enable moms to protect their children as much as possible from secondhand smoke in the home without a focus on smoking cessation. During the development of <i>STARSS</i>, we learned the importance of the small steps approach to supporting women, especially low-income mothers, in their attempts to protect their children from the effects of secondhand smoke. More importantly, we rediscovered that the harm reduction approach encourages both cessation and quit attempts by providing a less threatening message regarding smoking. Service providers also are very comfortable delivering <i>STARSS</i>, as it provides them with a step-by-step approach they can tailor to the needs of their work sites; <i>STARSS</i> was found to increase the self-efficacy of both women participants and service providers. ➤ Challenges include ongoing funding and capacity for counsellors to support people.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Positive results ➤ Fills a gap
<p>Contact</p>	<p>For more information visit: www.aware.on.ca/starss</p>

The Canada Prenatal Nutrition Program (CPNP) - National

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Canadian Prenatal and Nutrition Program, a broad-based funding program that is a locally implemented and community-based, is delivered through the Public Health Agency of Canada (PHAC). ➤ For more than ten years, CPNP has helped communities to promote public health and provide support to improve the health and well-being of pregnant women, new mothers and babies facing challenging life circumstances. ➤ The goal is to improve maternal and infant nutritional health. Program clients include: pregnant First Nations and Inuit women, mothers of infants, and infants up to 12 months of age who live on reserve or in Inuit communities, particularly those identified as high risk. It also includes First Nations and Inuit women of childbearing age on reserve and in Inuit communities. ➤ There are currently 330 CPNP sites serving close to 50,000 women in over 2,000 communities across Canada each year. In addition, a separate stream of the program administered through Health Canada serves Inuit and First Nations women living on reserve.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ CPNP fills a distinct gap in communities. Almost all sites (98 percent) report that they provide a unique service in their community. Many of the other available prenatal services do not meet the needs of the CPNP target population.
<p>Contact</p>	<p>For more information visit: Public Health Agency of Canada. (2011). <i>About CPNP</i>. www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cnpn-pcnp/about-afropos-eng.php</p>

Toddler Fair

Brief Description	<ul style="list-style-type: none"> ➤ Interaction and fun; quick health assessment happens during fair (all HCP groups including dental).
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Multi-stakeholder participation in the event. ➤ Gives children the chance to be assessed by infant development and other professionals, e.g. vision care and dental professionals.
Contact	<p>Leslie Cochrane <i>Leslie.Cochrane@cowichantribes.com</i></p>

Women’s Health Clinic, Manitoba

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Women's Health Clinic is a feminist, community-based health clinic in Winnipeg, Manitoba that offers a range of services to women of all ages; including well women care, health consultations, mental health counselling, birth control and unplanned pregnancy counselling, abortion services, midwifery services, a birth centre, post-partum and mothering care, pregnancy testing, sexually transmitted infection testing, health information and education, and community and health policy advocacy. ➤ Sherpa mothers act as mentors for mothering support (e.g. post-partum adjustments). ➤ Includes a teen clinic (drop-in, confidential, young women and men 13-19 years). ➤ Holistic approach to health emphasizes prevention, education and action. ➤ Programs and services are designed to encourage and empower people to take care of their own health. ➤ Challenges include waiting lists for some services.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Long standing community clinic ➤ Leadership in women’s health ➤ Client-centered approach to care ➤ Holistic model of care ➤ Community-based ➤ Capacity building
<p>Contact</p>	<p>For more information visit: www.womenshealthclinic.org/ 419 Graham Ave, Unit A Winnipeg MB Phone: 204-947-1517 Email: whc@womenshealthclinic.org</p>

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Aboriginal Head Start

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ There are two types of Aboriginal Head Start programs in Canada, which started in the 1990s: Aboriginal Head Start On Reserve (AHSOR) for First Nations children on reserve, and Aboriginal Head Start in Urban and Northern Communities (AHSUNC) for First Nations, Inuit, and Métis children living in urban and northern communities. ➤ Whether on or off reserve, Aboriginal Head Start programs aim to provide Aboriginal children with a positive sense of themselves and a desire for learning, through early intervention. The programs support the spiritual, emotional, intellectual and physical development of Aboriginal children, while supporting their parents and guardians as their primary teachers. They address general health concerns in vulnerable populations and work to benefit the health, well-being, and social development of Aboriginal children. ➤ Aboriginal Head Start programming is centered around six components: education, health promotion, culture and language, nutrition, social support, and parental/family involvement. ➤ Aboriginal Head Start On Reserve is part of four community-based programs (Maternal Child Health, Canada Prenatal Nutrition Program-First Nations and Inuit Component and the Fetal Alcohol Spectrum Disorder Program) aimed at improving the health status of First Nations and Inuit individuals, families and communities. The Cluster Evaluation Report, which includes the AHSOR program, was completed in 2009-10.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ The Aboriginal Head Start in Urban and Northern Communities Program is a community-based program delivered by the Public Health Agency of Canada. Over the past 15 years it has demonstrated that locally controlled and designed early intervention strategies can improve the health of Aboriginal children by supporting their physical, personal and social development.
<p>Contact</p>	<p><i>For more information visit:</i> Health Canada www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php</p>

Aboriginal Prenatal Wellness program (APWP): Wetaskiwin's Community-based Program

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The three-year old APWP operates from the Wetaskiwin Family Medical Practice. ➤ Designed on the rationale that increasing antenatal attendance and identifying health issues in pregnancy will lead to healthier mothers, babies and children. ➤ Offered in close proximity to the Samson, Ermineskin, Louis Bull and Montana reserves – which are perceived as a neutral locations. ➤ Two physicians, nine nurses work together with counsellors and elders. ➤ A full continuum of care is offered from prenatal care to delivery and postnatal care. ➤ The non-Aboriginal health care professionals are aware of how Aboriginal people interpret their illnesses and experiences and respond to treatment regimens; they respect their knowledge and socio economic circumstances. ➤ In 2008, 17.5% of expectant women who had accessed APWP were 17 years old or younger; most were 15 years old. ➤ The program has experienced steady increases in the average number of Aboriginal women visiting per month. ➤ Program statistics show that the walk-in clinic has helped 35.5% of women access prenatal care more regularly than by appointments. ➤ There are large reductions in alcohol and substance abuse. ➤ APWP works under the premise of “one-stop shopping” – providing health professional visits, lab work, appropriate access to counsellors, doulas and elders. ➤ To discuss delivery of services, APWP meets regularly with representatives from the Aboriginal community, health unit and clinic, as well as people responsible for providing the services. ➤ Baby supplies are made available to all women at the hospital, even if they had not accessed APWP services. This supports continuity of care from the community to the clinic, to the hospital and back to the community. ➤ A key challenge is that more funding support is needed to continue developing the FASD treatment programs, continue future developments of a well-women's clinic, postnatal follow-ups, and training and recruiting Aboriginal people as health providers.
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Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ The return on investment is huge in terms of health and well-being and reduced suffering. ➤ Respects local Aboriginal values systems and the role of family, culture, education and prevention. ➤ A successful example of “how moderate medical practices are appropriate, useful and compatible with the community directed paradigm.” ➤ Women seek care because they feel safe and respected. ➤ Holistic care. ➤ Partnership with Aboriginal peoples.
Contact	This description was drawn from Dr William Hendrik’s article in the Alberta Medical Association’s Alberta Doctor’s Digest March/April 2009 Volume 34, Number2 pp18-20

Alberta FASD Cross Ministry Committee

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Alberta FASD Cross-Ministry Committee (<i>FASD-CMC</i>) was formed in 2002 from a partnership of government ministries, provincial and community organizations. The FASD-CMC works in co-operation with provincial and community organizations and regional groups to provide a comprehensive and co-ordinated provincial response to the issue. The Committee includes: <ul style="list-style-type: none"> ○ Alberta Children and Youth Services - co-chair/administrative lead ○ Alberta Health and Wellness - co-chair ○ Alberta Health Services/AADAC ○ Alberta Health Services/Alberta Mental Health Board ○ Alberta Aboriginal Relations ○ Alberta Advanced Education and Technology ○ Alberta Seniors and Community Supports ○ Alberta Education ○ Alberta Employment and Immigration ○ Alberta Justice and Attorney General ○ Alberta Solicitor General and Public Security ○ Alberta Gaming and Liquor Commission ○ Health Canada ○ Public Health Agency of Canada ○ First Nations and Inuit Health Branch ➤ Vision: That Alberta has a comprehensive and coordinated provincial response to Fetal Alcohol Spectrum Disorder across the lifespan and continuum of services that is respectful of individual, family and community diversity. ➤ Mission: The Government of Alberta will provide leadership and work collaboratively with partners to provide FASD services in Alberta. ➤ Alberta’s FASD Program is also coordinated through <i>the Canada Northwest Fetal Alcohol Spectrum Disorder Partnership (CNFASDP)</i>, which uses a cross-jurisdictional approach and a common message - if you are pregnant, no alcohol is best. To promote prevention and provide support to individuals already affected by FASD, the partnership shares expertise, best practices and materials . ➤ An Aboriginal subcommittee was formed as a first step in creating a hub of FASD supports and services designed for the specific needs of Aboriginal communities. ➤ Other initiatives that support this momentum include Alberta’s Crime Reduction Strategy and Positive Futures Task Group (Children’s Mental Health). ➤ In addition, FASD service providers play a key role in supporting the initiatives of the FASD-CMC. These are organizations with a service delivery mandate that are supported by Government of Alberta Ministries, including: <ul style="list-style-type: none"> ○ Child and Family Services Authorities ○ Alberta Health Services ○ Local school jurisdictions ○ Family and Community Support Services (FCSS)
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	<ul style="list-style-type: none"> ➤ Agencies with a direct contractual relationship with one or more ministries for the provision of FASD-related services. ➤ Several Government of Canada ministries also have a direct and/or an indirect role in providing FASD-related services, including Health Canada, the Public Health Agency of Canada and the First Nations and Inuit Health Branch. ➤ A unique made-in-Alberta plan on FASD focuses on developing and delivering community-based solutions, making it easier for those affected by FASD to get the help they need, at any point during their life. By working together, we will help those already affected by FASD and lower the number of babies born with the disorder. ➤ Ten-Year strategic plan developed and implementation is under way. The Plan includes work identified in seven areas: <ol style="list-style-type: none"> 1. Awareness and Prevention 2. Assessment and Diagnosis 3. Support for Individuals and Caregivers 4. Training and Education 5. Strategic Planning 6. Research and Evaluation 7. Stakeholder Engagement <p>For each area, definitions, target groups, outcomes, gaps strategies and strategy leads are identified.</p>
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Being upheld as a model: collaboration across government departments as well as across government levels (federal/provincial), with local providers and community partners. ➤ Extensive networks of people working towards common goals with clearly identified strategies, targets, monitoring and evaluation – it’s outcome focused. ➤ Cross ministry funds data collection to show where kids fall through cracks ➤ Specific Fetal Alcohol Spectrum Disorder programs for youth offenders, mental health courts and drug courts <ul style="list-style-type: none"> ○ Research projects to identify and pilot best practices in working with individuals with the disorder and their caregivers are underway ○ Shortened wait listing lists
<p>Contact</p>	<p>For more information visit: www.fasd-cmc.alberta.ca/uploads/1004/fasd10yrplanfinal86321.pdf www.fasd-cmc.alberta.ca/programs-and-partners</p>

Alberta Health Services

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Alberta Health Services has a range of programs to support Aboriginal people and Alberta Health Services staff: <ul style="list-style-type: none"> ○ <i>Aboriginal Community Health Council:</i> Provides advice to the Alberta Health Services Board on the provision of culturally appropriate health services to Aboriginal people to enhance the ability of the individual and family to achieve optimal spiritual, mental, emotional, and physical health. ○ <i>Aboriginal Diabetes Wellness Program:</i> The Aboriginal Diabetes Wellness Program was established in 1994. The service offers a diabetes program that integrates Western medical knowledge with Aboriginal spirituality, medicines and traditional teachings. ○ <i>Aboriginal Health Liaison Program:</i> Bridging services between First Nations people and Alberta Health Services, the Aboriginal Health Liaison Program provides holistic services to Aboriginal people that ensures their physical, spiritual, mental and emotional health needs are met. ○ <i>Aboriginal Health Program:</i> This Program supports physicians and staff to better meet the health care needs of the Aboriginal people it serves. The Aboriginal Health Program team assists with the development of partnerships and programs throughout Alberta Health Services to enhance the accessibility, quality, and cultural-appropriateness of health care services for Aboriginal people served by Alberta Health Services. ○ <i>Aboriginal Health Services:</i> To assist the aboriginal patient in adjusting to his/her illness by explaining and interpreting medical procedures, diagnosis and other health care information. To provide services on admission and discharge such as appointments, follow-up, education and translation. ○ <i>Aboriginal Hospital Liaison:</i> Consultation/liaison service for Aboriginal clients and their families. ○ <i>Aboriginal Liaison Program:</i> The Aboriginal Liaison acts as a voice within the health care system to create awareness of the aboriginal culture. ○ <i>Alberta Mental Health: A Framework for Alberta</i> The Provincial Mental Health Plan for Alberta (PMHP) released in 2004 was developed through the collaborative effort of the Alberta Mental Health Board (AMHB), Alberta’s nine regional health authorities, the Alberta Alliance on Mental Illness and Mental Health, the Alberta Medical Association, the Alberta Psychiatric Association, and Alberta Health and Wellness. The PMHP is one of the key initiatives in moving forward significant changes to Alberta’s health system based on the recommendations of the <i>A Framework for Reform Report of the Premier’s Advisory Council on Health</i> (2001) which recommended that mental health services be fully integrated with other health services available in regions and be close to where people live (PMHP, 2004).
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Why this is a Promising Practice	<ul style="list-style-type: none">➤ Improving cultural sensitivity and access.➤ Acknowledging distinct Aboriginal health needs.
Contact	For more information visit: www.albertahealthservices.ca/services.asp?pid=saz&alpha=A

Breastfeeding In Manitoba: Provincial Strategy and Framework

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ In the fall of 2002, Manitoba Health and Healthy Living initiated a performance deliverable initiative. The purpose of the initiative was to set measurable expectations for Regional Health Authorities (RHA) and other funded health care organizations to focus improvements on key health issues and improve reporting on those issues to increase accountability. ➤ Breastfeeding was identified as a key deliverable. The deliverable specified that RHAs develop frameworks and activities to improve breastfeeding rates. Additionally, RHAs were asked to target percentage improvements in breastfeeding initiation, duration and exclusive breastfeeding to six months as recommended by Health Canada. ➤ A Breastfeeding Performance Deliverable Network was formed to support the development of RHA Breastfeeding Frameworks and target setting. The Network is chaired by Manitoba Healthy Living and has representatives from each RHA who have been identified as leads for the breastfeeding performance deliverable. ➤ RHAs developed and submitted regional frameworks which were submitted to Healthy Living in 2005. Detailed reports outlined activities conducted to date as RHAs implemented their coordinated approach to breastfeeding promotion and support within each region. As well, RHAs provided a Regional Breastfeeding Framework that reflects the target increases approved in their region. ➤ Regional Breastfeeding Frameworks have been included as part of the overall Provincial Breastfeeding Framework and Strategy as these initiatives move forward together. ➤ The Breastfeeding Performance Deliverable Network continues to meet to share best practices and plan regional and provincial activities to improve targeted breastfeeding rates.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Achieving good results in terms of skill development and increases in breast feeding; supports all women.
<p>Contact</p>	<p>For more information visit www.gov.mb.ca/healthyliving/nutrition/breastfeeding_strategy.html</p> <p>Charlotte Mclvor, Burntwood RHA <i>cmcivor@brha.mb.ca</i></p> <p>Dawn Ridd, Province of Manitoba <i>dawn.ridd@gov.mb.ca</i> 204-945-3744; 1-866-MANITOBA</p>

Canada Northwest Fetal Alcohol Spectrum Disorder Partnership (CNFASDP)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Alberta is working with the governments of Manitoba, Saskatchewan, British Columbia, Yukon, Northwest Territories and Nunavut, through the Canada Northwest FASD Partnership (CNFASDP).The Partnership is an alliance of seven jurisdictions (four western provinces and three territories) that works towards the development and promotion of an interprovincial/territorial approach to prevention, intervention, care and support of individuals affected by Fetal Alcohol Spectrum Disorder. ➤ At a meeting of Ministers of Social Services and Health in February 1998, the Prairie Province Fetal Alcohol Syndrome Partnership of Alberta, Saskatchewan and Manitoba was born. Ministers recognized the impact of fetal alcohol spectrum disorder (FASD) on society and determined that a co-ordinated approach was needed to effectively address the growing issue of FASD. The Partnership developed a common strategy that considered both the prevention of FASD and the provision of support to those affected by FASD. ➤ In 1999, Yukon, Northwest Territories and Nunavut joined the partnership and the name changed to the Prairie Northern FAS Partnership to reflect this expansion. In November 2001, British Columbia joined the partnership and the name changed to the Prairie Northern Pacific FAS Partnership. The seven provinces and territories represented on the Prairie Northern Pacific FAS Partnership have been able to learn from each other, as well as share expertise, resource materials, and "best practices". ➤ In 2003, to incorporate more inclusive terminology to describe the spectrum of fetal alcohol related disabilities and to be more internationally recognized, the Partnership's name was changed to the Canada Northwest FASD Partnership. The purpose: <ul style="list-style-type: none"> ○ To act as an alliance of partners in the development and promotion of an inter-provincial/territorial approach on the prevention, intervention, care and support of individuals affected by FASD. ○ To work collaboratively in the prevention of FASD, using a common message that if you are pregnant or planning to become pregnant, no alcohol is best. ○ To share expertise, best practices and materials, thereby aiding effective and efficient use of resources. ➤ Priority areas of the Canada Northwest FASD Partnership (CNFASDP) are clustered into seven components: <ul style="list-style-type: none"> ○ Shared Vision ○ Social Marketing / Public Awareness ○ Prevention of FASD ○ Community Capacity ○ Training / Education ○ Government Leadership ○ Evaluation / Research
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Cross government collaboration ➤ Evidence based and outcome focused

Contact	Each jurisdiction has its own contact. For more information visit: www.cnfasdpartnership.ca/ The Terms of Reference is available on the following website: www.cnfasdpartnership.ca/downloads/cnfasdp_ar_0809.pdf
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Community Dental Prevention (Joint Federal-Provincial Program)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Promoting increased awareness of dental prevention through education and community participation. ➤ There is a community champion – one point of contact who has a relationship with community. This reduces overhead and health care costs, improves access to health care and resources, changes health care behaviour at community level, and offers a community driven solution. ➤ Some of the programs implemented: <ul style="list-style-type: none"> ○ Water fluorination for high risk communities (public health intervention). (Our program has not had any direct involvement in water fluorination) ○ Program delivered by MCH family visitor who has been trained to provide dental varnishing and education (dental therapists also work on reserve at home) ○ COHI (Children’s Oral Health Initiative) or VIHA (Vancouver Island Health Authority) dental hygienist working collaboratively with the MCH Family Visitor to screen and ensure initial dental varnishing is completed. Family visitor does follow-up/liaison and dental varnishing every two to three months ➤ Program involves family, family visitor, dental hygienist, VIHA, ITHA, dentists, KDC, COHI/Health Canada
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Knowledge transfer ➤ Better health outcomes for children ➤ Accessible ➤ Community-centred and driven ➤ Collaborative
<p>Contact</p>	<p>Maternal Child Health Program, Inter Tribal Health Authority (Nanaimo)</p> <p>Hanna Scrivens Phone : 250 753 3990 Email: hanna@intertribalhealth.ca</p> <p>Lisa Paul Phone : 923 4979 Email: lisap@intertribalhealth.ca</p>

Cree Health Advocate – Winnipeg Regional Health Authority

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Various models to help Cree-speaking patients understand the hospital environment. ➤ Mobile model has an advocate moving from hospital to hospital. ➤ Navigator model assists patients to navigate the system to ensure they get the most appropriate services. ➤ The helper is integrated as part of the health care team in the hospital. ➤ Provides education, grief support, coping strategies. ➤ Works well in urban environments.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Holistic ➤ Patient-centred ➤ Accessible
<p>Contact</p>	<p><i>For more information visit:</i> www.mmhrc.ca/page/interpreter-services-manitoba www.wrha.mb.ca/aboriginalhealth/services/interpreter.php</p>

Eagle Moon Health Office, Regina Qu’Appelle Health Region – Saskatchewan

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Eagle Moon Health Office is tasked with developing relationships with Regina Qu’Appelle Health Region (RQHR) internal managers and leadership, First Nations leadership, health services and community knowledge keepers, as well as the Métis Nation leadership and community knowledge keepers, to bridge the understanding required to move forward in a meaningful way as a health region toward improved health service delivery, improved health status of First peoples and supporting traditional health ways. ➤ Also required is a recognition by health sector leadership of implementation: <ul style="list-style-type: none"> ○ Multiple cross jurisdictional stakeholders and community working committees are required to determine what will be created and who will be involved. ○ Knowledge keepers from RQHR health service sector, First Nations health service sector, traditional knowledge keepers from First Nations and Métis Community and cultural teachers from First Nations and Métis Nation communities are brought together to create the strategic directions toward improved health status, and oversee the implementation and delivery which includes all representatives. ○ The process follows all leadership support for the recommendations which are directly linked to the National and Provincial agendas toward improved health and social outcomes for First peoples. ➤ Results: <ul style="list-style-type: none"> ○ All benefit according to evaluation findings given inherent wellness resulting from inclusion of ways known to have sustained communities for centuries void of diabetes, addictions and other chronic conditions plaguing contemporary society as a whole. ○ Western health sector professionals are able to access those they have long recognized offer “something more”. ○ Western health administrators are able to transfer control of resources without imposing standards, procedures and legislations inhibiting improved service delivery and support for a way of wellness for which it has no application. ○ The opportunities to bring together knowledge keepers and leadership creates understanding; leadership (decision maker) rationales for aligning resources and trust required to share responsibility. ○ Individual, family, community and organizational reports of improved practice and wellness affirm extensive benefit from following the direction of the knowledge keepers. ○ Evaluations indicate individual, family and community access and reported wellness, enhanced understanding, and recognition that the solutions are not complex as compared to consequences of continuing in the same way. ○ The meaningful inclusion allows for the clarification of the roles and responsibilities of the selected knowledge keepers and the process required to honour the original agreements of all the people. ➤ Challenges/Obstacles: <ul style="list-style-type: none"> ○ Extinguishing fires of greed, hatred and delusion. ○ Capacity to enlist the resources for community knowledge keepers to create understanding for meaningful changes within the western health sector and
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	<p>improved opportunity for access by community members wishing to access a way of wellness known and familiar but out of reach.</p> <ul style="list-style-type: none"> ○ Inherent systemic impositions and entitlement to resources prior to sharing responsibility for wellness of the community seeking help. ○ Isolating jurisdictions and legislations facilitating present day systemic contribution to cycles of sickness indicating the legacy continues.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ EMHO approach has been identified as a “framework” toward improved First Nations and Métis health status to be considered by Regional Health Authorities within the province. EMHO is working with the Ministry of Health to share EMHO process and understandings acquired to date with other RHA’s anticipated to adopt a similar framework within their respective territories. The approach is inclusive and in keeping with First peoples ways. ➤ EMHO works with partners internationally, nationally, provincially, regionally, and territorially to share understandings and advance on all that has been learned within existing capacity. ➤ EMHO approach promotes shared responsibility for community wellness. ➤ EMHO approach promotes cultural safety and creates comfort levels, thus inspiring/encouraging individuals to be active in the health and well-being of selves, family and community.
<p>Contact</p>	<p>Stephanie Cavers, Director, Eagle Moon Health Office, RQHR, Regina, Saskatchewan Phone: (306) 766-7190/7376 Email: stephanie.cavers@rqhealth.ca</p>

Early Development Instrument (EDI)

Brief Description	<ul style="list-style-type: none"> ➤ The Early Development Instrument (EDI) is an outcome measure of children's early development. It measures children's readiness to learn in a school environment in five general domains identified in the literature: physical health and well-being; social competence; emotional maturity; language and cognitive development; and communication skills and general knowledge in relation to developmental benchmarks rather than curriculum-based ones. ➤ The Early Development Instrument can be applied at either junior or senior kindergarten level (for either four or five-year olds). A teacher uses her/his observations after several months of classroom/school interaction with the child to complete the questionnaire. ➤ The instrument provides information for groups of children in order to: <ul style="list-style-type: none"> ○ report on areas of strength and deficit for populations of children ○ monitor populations of children over time ○ predict how children will do in elementary school
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Helps communities identify strengths and needs so they can better plan programming
Contact	<p>For more information visit: www.lssd.ca/ueyselkirkinterlake/Publication/EDI%20report%20-%20June%2016.pdf</p>

Elbow River Healing Lodge – Prenatal Education

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Vision: healthy Aboriginal communities through connectedness. ➤ Mission: provide optimal integrated access to respectful resources for Aboriginal people. ➤ Designed to meet the needs of the Aboriginal population by providing choice, increase and accessibility to culturally appropriate and safe care. ➤ Focus on the physical, mental, emotional and spiritual approach to Aboriginal health care. ➤ Specifically Aboriginal perinatal education including moss bags, a culturally appropriate person doing class was linked to education support and embedded in services of Elbow River Healing Lodge(ERHL). ➤ In terms of implementation: originally was a partnership with Calgary Health Service Perinatal Education program and Elbow River Healing Lodge. A Perinatal Outreach Educator (Aboriginal) was trained as a Certified Childbirth Educator. This educator offered culturally appropriate childbirth education classes in the Elbow River Healing Lodge to its clients. ➤ Some challenges include: <ul style="list-style-type: none"> ○ 2002-2003 lost in a transition of both programs and turn over, Aboriginal perinatal educator ○ Continuity - right person in the role and qualification ○ Funding, resources, space ○ Committing staff time to meetings required to get programs off the ground ➤ Hours are Monday to Friday from 8:30 a.m. to 4:30 p.m. ➤ Services include: Aboriginal primary medical care, women’s wellness, prenatal diabetes, adult Aboriginal mental health, foot and wound care, health promotion and immunization, social resource advocacy and street outreach. ➤ Wellness team includes: physicians, nurses, Aboriginal mental health workers and therapists, Aboriginal liaison/advocate, street outreach worker, clerks, secretary, medical director, researcher. ➤ Referral process: patients are self-referred or referred by a physician, health care provider or community agency.
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<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Culturally sensitive, builds on the strengths of both parties: a perinatal education curriculum with aboriginal focus/ culturally appropriate processes and resources. ➤ Met the needs of urban aboriginal clients who were linked with /cared for by the ERHL. ➤ Increased access to Perinatal Education programming. ➤ Linked families to early parenting programming also offered by Perinatal Education. ➤ Built on the earlier development of the Aboriginal version of the Best Beginning Book. ➤ Invited participants to ERHL for more than only prenatal care: social support of group <ul style="list-style-type: none"> ○ Popular with staff
<p>Contact</p>	<p><i>For more information visit:</i> www.albertahealthservices.ca/services.asp?pid=service&rid=1009201</p>

Families First Edmonton - Families Matter Partnership Initiative

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The YMCA of Edmonton, in partnership with the Multicultural Health Brokers Cooperative (MCHB), KARA Family Resource Centre, and Bent Arrow Traditional Healing Society is providing services in this community-based research project - Families First Edmonton (FFE). ➤ This research project is being conducted at the University of Alberta. It will determine whether delivering education, health, family support and recreation services in a coordinated and proactive way can provide better outcomes for families with low incomes while being cost-effective. ➤ The research project's mission is: <i>"To improve the well-being of low income families and their children through innovative service delivery, applied research, and well-informed public policy."</i> ➤ Families First Edmonton is a partnership with two co-leads, Alberta Human Resources and Employment and the City of Edmonton Community Services, who are joined by ten other organizations and researchers from the University of Alberta, the University of Waterloo, the University of Calgary, and McMaster University. ➤ 1,200 volunteer families have been recruited and randomly assigned to one of four intervention groups: <ul style="list-style-type: none"> ○ Self-Directed ○ Recreation ○ Family Healthy Lifestyle ○ Comprehensive ➤ Participants in the Self-Directed group obtain programs and services from their current providers. In the other groups, the YMCA of Edmonton, together with its partners, is integrating services to families while focusing on recreation coordination, family healthy lifestyles, and comprehensive (recreation plus family healthy lifestyle). <ul style="list-style-type: none"> ○ Service integration practices in each group follows the following principles: family-centred, culturally sensitive, capacity building and reflective ○ Stimulated by the results of Gina Brown’s research “When The Bough Breaks” ➤ In addition to directing practices to the family participants, the Family First Edmonton partners also focused attention to lowering barriers to services across the sectors.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Evidence based ➤ Collaborative ➤ Addresses the determinants of health ➤ Cross-sectoral

Contact	<p>For more information visit: www.edmonton.ymca.ca/CommunityPrograms/BillReesYMCACommunityPrograms/FamiliesFirstEdmonton/tabid/291/Default.aspx</p> <p>Jane Drummond, RN PhD Principle investigator, Families First Edmonton Research Team Vice Provost (Health Sciences Council) University of Alberta Phone: (780) 492-2861 Email: jane.drummond@ualberta.ca</p>
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First Nations and Inuit Mental Wellness Team (MWT) pilot projects (Joint FPT Program)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ MWT pilot projects are community-based, client-centred, multi-disciplinary teams that provide a variety of culturally safe mental health and addictions services and supports to First Nations and Inuit communities. Mental wellness teams are owned, defined and driven by the community and include community, cultural, and clinical approaches to mental wellness services, spanning the continuum of care from prevention to after-care. The MWT concept supports an integrated approach to service delivery (multi-jurisdictional, multi-sectoral). Given F/P/T/A jurisdiction, participation and commitment of provincial services/agencies/authorities is important. ➤ MWT pilot projects are community owned, defined and driven. Many teams have developed community-driven steering committees to oversee the planning and implementation of the teams, which includes a variety of partners (Community health directors, police, child and family services etc.) Each of the teams also has a designated MWT coordinator to oversee the work of the teams at the community-level. ➤ Some of the goals of the teams include: Increase access within and close to the client’s home community, to a range of services including: outreach, assessment, treatment, ceremony, counselling, case management, and referral; Increase community engagement on mental wellness and community wellness issues; Increase peer supports, clinical supports and supervision to prevent front-line worker burnout and staff turnover through sharing of caseloads among team members; Improve treatment outcomes as a result of improved collaboration between professionals and para-professionals, better continuity of care, more appropriate services, better quality services, and improved access to care; Increase surveillance regarding mental illness and substance abuse, likely leading to increased detection rates.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Evidence based ➤ Multi-stakeholder ➤ Community-based ➤ Collaborative
<p>Contact</p>	<p>Eric Costen Director, Mental Health and Addictions, First Nations and Inuit Health Branch Health Canada Phone: 613-954-5762 Email: eric.costen@hc-sc.gc.ca</p>

Four Directions Medical Supply

Brief Description	<ul style="list-style-type: none"> ➤ Works with the Native Women’s Association of Canada (NWAC) for training and funding. ➤ Work with all reserves in Ontario to inventory medical supplies and related items (i.e. diapers, which they supply at lower cost for a health centre or other client). ➤ Offer comprehensive purchasing packages for Aboriginal people. They deal directly with First Nations people, no intermediaries, and tailor their products and solutions to individuals needs.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Lowers costs to the end users and assists people who might not otherwise be able to benefit from health care programs.
Contact	<p>For more information visit: www.fourdirectionsmedical.com</p>

Grass Roots Mentoring FASD Prevention Program, Burntwood Regional Health (Thompson Service Delivery Area) (Manitoba’s FASD Strategy)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ In April 2007, the Government of Manitoba announced a co-ordinated fetal alcohol spectrum disorder strategy developed by an interdepartmental committee in consultation with experts and community stakeholders. ➤ The strategy builds upon existing multi-departmental, multi-million dollar prevention activities and service supports available for individuals with FASD throughout the lifespan. ➤ The strategy also supports the work of the Changes for Children initiative, designed to enhance the child welfare system. ➤ An interdepartmental committee with representation from Healthy Child Manitoba Office, Health, Healthy Living, Youth and Seniors, Family Services and Consumer Affairs, Education, Justice, Aboriginal and Northern Affairs and the Changes for Children child and family services initiative has responsibility for implementing the strategy, with input from community partners. ➤ Partnerships include: Manitoba Coalition on Alcohol and Pregnancy, Canada Northwest FASD Partnership, Canada Northwest FASD Research Network. ➤ One of the Stop FASD sites is <i>the Grass Roots Mentoring FASD Prevention Program in Thompson</i> - a home visitation program where mentors provide intensive support to pregnant and postnatal women who are struggling with drug and alcohol use. ➤ Multi-sector involvement, parents, professionals (nurses, doctors, justice, education, etc.), community members. ➤ Funding is shared among Child Coalition, Healthy Child and Health Authorities. ➤ There is a focus on education regarding prevention and support/management to families. ➤ Some challenges include: membership, maintaining representation by staff attrition and agency leadership, different jurisdictional mandates limiting funding, interagency communication and need for sustainable multi-year funding.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Working with a broad base with support and buy in from partners.
<p>Contact</p>	<p>For more information visit: www.gov.mb.ca/healthychild/fasd/index.html</p>

Healthy Child Manitoba

Brief Description	<ul style="list-style-type: none"> ➤ The Healthy Child Manitoba Strategy was implemented in 2000. The Healthy Child Manitoba Act was proclaimed in 2007. Led by the Healthy Child Committee of Cabinet, currently composed of nine Cabinet Ministers, the Healthy Child strategy is a long-term, cross-governmental and cross-sectoral effort to achieve the best possible outcomes for Manitoba's children. Healthy Child Manitoba utilizes an evidence-based decision model blended with community development to identify and meet the needs of Manitoba's children, families and communities, with particular emphasis on the prenatal period through the preschool years.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ A holistic and whole of government approach to addressing child health.
Contact	<p>For more information visit: www.gov.mb.ca/healthychild/</p> <p>Jan Sanderson CEO, Healthy Child Manitoba Office, and Secretary to the Healthy Child Committee of Cabinet and Deputy Minister of Healthy Living, Youth and Seniors Email: jan.sanderson@gov.mb.ca</p>

Honouring Life - Aboriginal Youth and Communities Empowerment Strategy (AYCES) – Alberta Health Services

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ In 2002, Aboriginal people within Alberta expressed concern about the future of their children and youth. Several Chiefs and their Councils requested assistance from the Government of Alberta in addressing the high rate of suicide among Aboriginal children and youth. Responding to this request, cross-ministry partners from Alberta Children and Youth Initiative (ACYI) including Health and Wellness, Children’s Services, Aboriginal Affairs and Northern Development, Education, Seniors and Community Supports and Solicitor General and Public Security, Alberta Mental Health Board, and the Alberta Alcohol and Drug Abuse Commission (AADAC) came together to develop and implement a plan to work with Aboriginal communities to address the issue of youth suicide. The initiative became known as Aboriginal Youth Suicide Prevention Strategy (AYSPS). ➤ The AYSPS strategy utilizes a health determinants perspective or asset based approach by improving the protective factors to address Aboriginal youth suicide, or other Aboriginal youth issues. The approaches are customized by the youth and communities to support community-based and community-driven solutions to complex issues. ➤ The main objectives for AYCES are: Strategy, Education, Awareness and Training. ➤ Timeline <ul style="list-style-type: none"> ○ AYSPS strategy was operationalized in 2005/06 ○ In 2006, a formative evaluation was completed ○ In 2007, a provincial coordinator was hired ○ In 2008, a summative evaluation was successfully completed ○ In 2009, the strategy went through a name change and a focus redirected to life affirming strategies currently known as Honouring Life: Aboriginal Youth and Communities Empowerment Strategy (AYCES) formerly known as the Aboriginal Youth Suicide Prevention Strategy (AYSPS) ➤ Summative Evaluation: mixed methodology combining western contemporary evaluation methods and Aboriginal ways of knowing were utilized. Aboriginal ways of knowing focus not only on Aboriginal epistemology but also situates the experience within recognition of the interconnectivity and relationship with the broader community. ➤ The AYSPS summative evaluation included four recommendations: <ol style="list-style-type: none"> 1. Continue the AYSPS and expand into other Aboriginal communities using the community development model, with a focus on youth resiliency and protective factors for youth suicide. 2. Continue the provincial coordinator position but with dedicated administrative support and clearer role and responsibility guidelines. Encourage planning within communities to address staff turnover. 3. Identify proxy measures that capture the extent of longer-term change in behavior and outcomes for youth participants in communities associated with the AYSPS. 4. Continue and increase the focus on communication between sites by
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	<p>expanding the number and variety of communication mechanisms and strategies used.</p> <p>These recommendations are based on feedback from multiple stakeholders and the summative evaluation of the AYSPS</p>
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Community driven/owned ➤ Holistic ➤ Addresses determinants of health ➤ Healing focus ➤ Includes evaluation
Contact	<p>For more information visit: www.albertahealthservices.ca/2735.asp</p> <p>Warren Winnipeg, Edmonton Alberta Email: warren.winnipeg@albertahealthservices.ca</p>

Hudson Coast Prenatal Committee – Inuuliksivik Health Centre

Brief Description	<ul style="list-style-type: none"> ➤ Partnership between midwives, doctors and nurses in Nunavik. ➤ Case review for all pregnant women between 32 and 34 weeks. ➤ Ensuring professional practices at the hospital.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Multi-stakeholder ➤ Patient-centred
Contact	<p>For more information visit: Inuulitsivik Health Centre Puvirnituk (Quebec) J0M 1P0 Phone: (819) 988-2957 Email: inuulitsivik@ssss.gouv.qc.ca</p>

International Meeting on Indigenous Child Health

Brief Description	<ul style="list-style-type: none"> ➤ Involves all National Aboriginal Organizations on planning committee ➤ Held every two years ➤ Hosted by the Canadian Paediatric Society ➤ Opportunity to share model programs and research, learn about prevalent health problems, and acquire practical skills for use in community settings
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Multi-stakeholder ➤ Relevant ➤ Capacity building ➤ Knowledge transfer
Contact	<p>For more information visit: Canadian Paediatric Society www.cps.ca/english/proedu/imich.htm Phone: 613-526-9397 Email: education@cps.ca</p>

Louise Dean Centre, Calgary

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Calgary Board of Education program helping new moms with all their life needs to allow them to focus on raising child and getting an education. ➤ Partnership with Catholic Family Services & Calgary Board of Education and Alberta Health Services. ➤ Serves Calgary and area. ➤ Both school-based and outreach programs including parenting education. ➤ Community based intervention/prevention program for pregnant and parenting youth. ➤ Implementation involves: <ul style="list-style-type: none"> ○ Housing Support Coordinator funded by Human Resource Skills and Development Canada and Public Health Agency of Canada (finds safe and good housing and helps them to maintain it, helping to pay rent, etc) ○ Program offers Dieticians expertise under Health Babies Network (nutrition assessment and counselling, nutrition workshops for clients , referrals to outside agencies, and consultation provided to partner agency staff ○ Aboriginal programs (Aboriginal Circle at lunch time) to support leadership development/ Aboriginal Liaison from Calgary Board of Education ○ On-site childcare program for student’s children also does specialized ASQ Ages & Stages Questionnaire screening (a smaller ratio and ECE workers have extra training) ○ Life Skills Program ○ Home visitation model for outreach programs ○ Counselling (clinical social workers) ○ Parenting education service with parenting educator ○ Parenting group to connect young mothers with each other to build natural support network for them ○ Community development work in area of Maternal Health and Infant and Children ➤ Close to 30% of population is Aboriginal. ➤ Some results are: <ul style="list-style-type: none"> ○ Finds safe and good quality housing and helps them to maintain it, pay rent, etc. ○ Provide information and education on nutrition for pregnancy and infancy which leads to improvement in maternal and infant health and well-being ○ Build resiliency and protective factors for pregnant and parenting youth ○ Increase preparedness and motivation to take action on family and/or personal life style issues
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Holistic care and development for pregnant and parenting adolescents ➤ Addresses the determinants of health ➤ Good example of collaboration and partnerships among organizations and government working towards a common goal

Contact	For more information visit: www.cbe.ab.ca/schools/view.asp?id=182 Principal, Rita Dickson; School Board Trustee, George Lane; CBE Ward , Naomi Johnson; Area Director, Susan Church Phone: 403-777-7630 Email: <i>louisedean@cbe.ab.ca</i>
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Métis Centre Health Literature and Statistical Databases

Brief Description	<ul style="list-style-type: none"> ➤ In an attempt to increase access to Métis-specific health and well-being information, the Métis Centre of the National Aboriginal Health Organization (NAHO) developed two databases in 2009. The first database, developed in collaboration with Statistics Canada, contains hundreds of statistical tables and graphs generated from the 2006 Aboriginal Peoples Survey. It is user-friendly and searchable by keyword. The second database is a searchable catalogue of peer-reviewed and grey literature on Métis health published over the last 30 years. Articles are briefly summarized in the database. Links to full-text versions and information about the type of research is also provided. ➤ The Métis Centre will further strengthen and enhance the online literature and statistical databases by engaging in several ongoing activities including: <ol style="list-style-type: none"> 1. The inclusion of statistical tables from the 2006 Aboriginal Children’s Survey Aboriginal Peoples Survey (Children and Youth), and Census 2. Development of short interactive online tutorials on statistical concepts 3. Further populating the glossary of statistical and epidemiological terms 4. The addition of maps based on the statistical tables 5. The possible inclusion of statistical tables by specific health region
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Addresses health information gap for Métis ➤ Innovative; valuable; accessible; collaborative
Contact	<p>For more information visit: www.naho.ca/Métiscentre Cathy Graham, Director, Métis Centre at National Aboriginal Health Organization Phone: 613-237-9462 Email: cgraham@naho.ca</p>

Midwifery – Alberta Health Services

Brief Description	<ul style="list-style-type: none"> ➤ Alberta Health Services in association with Alberta Health and Wellness and the Alberta Association of Midwives (AAM), worked together to add midwifery to the publicly-funded services in the province, effective April 1, 2009. ➤ The development of alternative payment programs is being undertaken by Alberta Health Services. ➤ Currently in Alberta there are 31 midwives who are licensed to provide care. ➤ Relationship building with Aboriginal and non-Aboriginal workers in <ul style="list-style-type: none"> ○ Fort Smith Clinic ○ Yellowknife ○ Hay River ○ Rankin Inlet
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Improve access to care in rural and remote areas ➤ Improve access to birthing options
Contact	<p><i>For more information visit:</i></p> <p>www.canadianmidwives.org/province/Alberta.html; info@alberta-midwives.com</p> <p>www.albertahealthservices.ca/services.asp?pid=service&rid=1027501</p>

North Island Midwifery Demonstration Project

Brief Description	<ul style="list-style-type: none"> ➤ In 2009 the Centre for Rural Health Research conducted an on-site consultation on maternity service delivery in Mount Waddington to: 1) assess the needs of Aboriginal women on the North Island regarding birthing services; 2) determine the level of desire for an Aboriginal midwifery pilot project; and 3) determine the regulatory, financial, logistical and professional feasibility of a sustainable midwifery service on the North Island. ➤ Recommendations from the report: <ul style="list-style-type: none"> ○ Introduce two community-based midwives into the North Island and build local capacity for birthing services ○ Foster an active midwifery-led birthing service in the North Island ○ Introduce local caesarean section services into the North Island, subject to feasibility ➤ Funding has recently been received to undertake the demonstration project.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Community-supportive ➤ Allows women to remain in their communities to give birth
Contact	<p>Phyllis Jorgensen , Centre for Rural Health Research Phone: 604-742-1792</p> <p>Leslie Carty Email: leslie@ruralmatresearch.net</p>

Northern Alberta Teddy Bear Fair/Health Screening Event

Brief Description	<ul style="list-style-type: none"> ➤ In Northern Alberta, health clinics have been introduced to screen children to establish baseline health status. There are hearing and vision tests, dental checks, heights and weights measured, overall nutrition and fitness assessments, screening for memory or motor skills, and a visit to the paediatrician or medical student. ➤ Children register and receive a passport to be stamped at every station. They enjoy a fair-like environment with healthy snacks, face painting, safety demonstrations, story circles and games, as they go through the screening process. At end of the day, each child receives a Teddy Bear, age appropriate resources and seasonal attire (mitts and toque for winter) after showing their completed passport. ➤ This is a partnership with the Maternal and Child Health Program, Home Care, Health Promotion and Community Health in the North Peace Tribal Council, Alberta Health Services, the Stollery Children’s Hospital in Edmonton, the Glenrose Rehabilitation Hospital in Edmonton and the Aboriginal Health Program of Alberta Health Services, various First Nations community schools; local health workers and volunteers. ➤ The clinics, or fairs, have been held in eight communities across the North Peace Tribal Council and bring 20 health care professional and support staff to the communities, over 800 children were screened.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Wide reach ➤ Collaborative ➤ Community-focused ➤ Multi-stakeholde.
Contact	<p>Rayann Ulvick- was the initiator of the TB Fairs, but is no longer in her position with NPTC. She can be reached by email: <i>rayann@telus.net</i></p> <p>FNIH Alberta Laura Cunningham-Shpeley- MCH Program Manager Email: <i>laura.cunninghamshpeley@hc-sc.gc.ca</i></p>

One World Child Development Centre (CUPS)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The One World Child Development Centre is an early intervention education centre (under CUPS – Calgary Urban Project society) that operates with the philosophy of providing a nurturing, caring, educational environment to help children and families reach their full potential. ➤ The holistic approach meets the needs of preschool, full day kindergarten, parent education, health care, and social services - all identified as key areas for action with at-risk children and families. ➤ Services available to families participating in One World are: <ul style="list-style-type: none"> ○ Preschool and kindergarten ○ Parent education ○ Drop-in child care ○ Family support workers, crisis and long-term counselling ○ Nutritional breakfast, lunch and snacks ○ Health care services including visits from Paediatric residents, dentists and opticians ○ Collaborative services such as psychology, speech and language pathology, occupational therapy and physiotherapy ➤ At One World the community comes together to provide each family with the necessary tools, resources, and supports for stable living. ➤ One World falls under CUPS, which includes a Community Health Centre that provides programs in the areas of health care, social services and education to a population that struggles with issues of poverty and are marginalized in society. Each program has developed over time based on the needs and requests of the people served. ➤ CUPS developed in the late 1980s in the downtown churches where they met to develop an ecumenical project in response to the people arriving at their doors in search of help. These churches, including physicians who attended them, came together to provide referral services and basic medical care for those in need. In 1988, the Central United Church purchased a building on 7th Avenue to house the Calgary Urban Project Society (CUPS). Referral Services and health care were provided entirely by volunteers. The first major funder was Alberta Health; this was the beginning of the development of a Community Health Centre. ➤ Implementation: <ul style="list-style-type: none"> ○ Bussed across city to child development centre ○ Five day/week program for early child development and parenting ○ No specific Aboriginal focus but culturally appropriate for all families that are served with 307 Aboriginal parents getting parenting support
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Why this is a Promising Practice	<ul style="list-style-type: none">➤ A holistic approach that offers integrated services and the spiritual component is recognized as vital.➤ Everyone fed, safe protective environment.➤ Ongoing research and evaluation to track language and development.➤ Children who graduate from this program at age five are promised funding by anonymous donor for university if they finish high school.
Contact	For more information visit: www.cupshealthcentre.com/programs.htm

Primary Care Networks (PCN), Alberta

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ In general, PCNs were highlighted as a promising practice for improving access to primary care for Aboriginal women and their children. The Rocky Mountain PCN was specifically highlighted. ➤ In a Primary Care Network, a group of family doctors works with Alberta Health Services (AHS) and other health professionals to coordinate the delivery of primary health services for their patients. ➤ In the 2003 Primary Care Initiative Master Agreement, the three health partners (AHS, Alberta Health and Wellness and Alberta Medical Association) set an agenda of: <ul style="list-style-type: none"> ○ Increasing the number of Albertans with access to primary care services ○ Managing access to appropriate round-the-clock primary care services ○ Increasing the emphasis on: <ul style="list-style-type: none"> • Health promotion • Disease and injury prevention • Care of patients with medically complex problems • Care of patients with chronic disease ○ Improving coordination of primary health services with other health care services including hospitals, long-term care and specialty care services. ➤ There are 40 PCNs operating throughout Alberta with more in development. About 80% of eligible family physicians in Alberta are working in PCNs. A PCN can be composed of one clinic with many physicians and support staff, or several physicians in several clinics in a geographic area. Each network has the flexibility to develop programs and to provide services in a way that works locally to meet the specific needs of patients. ➤ Building relationships includes meetings with the chief and council members to listen to community health needs and together identify ways to address gaps. <ul style="list-style-type: none"> ○ One PCN held a health expo at a recent rodeo on the Tsuu T'ina reserve. They were able to provide information to over 7,000 people and encourage them to set personal health goals for the upcoming year. ➤ Prenatal services include comprehensive care and incorporate traditional knowledge and approaches (e.g. crafts, circle time, social activities); transportation is also arranged to ensure that women can attend appointments.
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<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Improved and coordinated access to family physicians and a team of front-line health professionals. ➤ More women coming for care earlier in their pregnancies as well as taking more responsibility for their health and bringing their friends and family members for pre-natal care. ➤ Health outcomes of newborns improved and access to services for native communities increased. ➤ Helping prevent people from becoming ill or injured. ➤ Management of chronic conditions. ➤ Making the most effective use of health provider expertise. ➤ Efficiency and co-ordination. ➤ Individuals (mothers) play an active role in their own health care. For example, with the assistance of a health professional, the women mark their weight, blood pressure and blood glucose on their prenatal health records and they can compare them to their previous entries.
<p>Contact</p>	<p>For more information visit: www.albertapci.ca</p> <p>Primary Care Initiative Program Management Office Phone: 780.488.4350 ; 1.866.714.5724 Email: info@albertapci.ca</p>

Primary Health Care for Aboriginal Populations, Ontario

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Aboriginal specific primary health care models in Ontario offer Aboriginal maternal and child health services in a culturally appropriate manner. For instance, they provide family-focused maternal and child health care, pre- and post-natal education, FASD diagnosis and assessment, and support for mothers during the gestation period, at birth, and after until the baby is six months of age. Aboriginal specific primary health care models include: <p><i>Aboriginal Health Access Centres (AHACs)</i></p> <ul style="list-style-type: none"> ➤ The Ontario Ministry of Health and Long-Term Care (MOHLTC) funds 10 AHACs that facilitate improved culturally appropriate access to primary health care both on- and off-reserve and are a main point of contact for many Aboriginal peoples accessing health care. ➤ They offer a range of services from regulated health professionals (e.g., physicians, nurse practitioners) and allied health professionals (e.g., dietitians, psychologists). Services include family and community health, chronic disease management, mental health and addictions treatment, and disease prevention programs as well as traditional Aboriginal health services from healers and Elders. <p><i>Aboriginal Community Health Centres (ACHCs)</i></p> <ul style="list-style-type: none"> ➤ MOHLTC funds two ACHCs, located in Toronto and Timmins. ➤ The centres provide primary health care and a range of other health and wellness services, including those by nurse practitioners, health promotion and disease prevention, and culturally appropriate services offered by traditional healers and elders. <p><i>Aboriginal Family Health Teams (FHTs)</i></p> <ul style="list-style-type: none"> ➤ There are three operational FHTs located on-reserve including: Dilico FHT (Thunder Bay), Six Nations FHT (Ohsweken), and Pikwakanagan FHT (Golden Lake). ➤ In December 2009, an Inuit specific FHT, Tunagsuvvingat (TI), was announced and is now operational. Located in Vanier, Ontario it provides a range of health services to the Inuit population in the Ottawa area. ➤ Several FHTs across the province provide services to on and off-reserve Aboriginal patients and have developed primary care programs and services tailored to the needs of Aboriginal populations. ➤ Programs include maternal and newborn health, diabetes prevention and treatment, and mental health and addictions among others. ➤ In August 2010, the Ontario Minister of Health and Long-Term Care announced the final 30 FHTs, including Baawaating FHT (Sault Ste Marie), which is on-reserve and expected to be operational by the Summer 2011.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Aboriginal specific ➤ Collaborative

	<ul style="list-style-type: none"> ➤ Culturally appropriate and safe front-line care ➤ Holistic ➤ Team-based continuum of care
Contact	<p>For more information visit:</p> <p>Aboriginal Health Access Centres www.aohc.org/index.php?ci_id=2989&la_id=1 Phone: 416-236-2539; mail@aohc.org</p> <p>Dilico FHT (Thunder Bay) www.dilico.com/health/?id=120</p> <p>Six Nations FHT (Ohsweken) www.snhs.ca/fhtProfile.htm</p> <p>Pikwakanagan FHT (Golden Lake) http://ottawa.cioc.ca/record/OCR1945</p> <p>Association of Community Health Centres – two Aboriginal CHCs in Toronto and Timmins www.aohc.org</p>

Seventh Generation Midwives Toronto (SGMT)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ An urban collective of Aboriginal midwives serving women in Toronto. ➤ Work directly with clients and appropriate service providers to assist pregnant women and recent mothers with holistic care on culturally sensitive maternity care and midwifery services from conception to six weeks post-delivery. ➤ Services are provided in-the clinic, hospital and clients homes (depending on circumstances). ➤ Multiple partnerships exist at the grassroots and structural level with Sunnybrook Hospital. ➤ Involved in the cultural and Aboriginal health communities, as well as with academic and research communities. <p><i>Implementation:</i></p> <ul style="list-style-type: none"> ➤ Care is provided primarily at the central clinic in Toronto; at Sunnybrook Hospital, and in client’s homes (occasionally). ➤ Workshops/education sessions for community members and organizations are held at the Hospital or Aboriginal organizations. <p><i>Results:</i></p> <ul style="list-style-type: none"> ➤ Everyone involved benefits from the collaborative and integrative approaches to service delivery: <ul style="list-style-type: none"> ○ Clients and their families–Aboriginal and non-Aboriginal women who are pregnant, delivering or 6 weeks post-delivery ○ Community (Aboriginal and health care): a resource/information organization; public lectures; client referral; provides cultural sensitivity/awareness training to staff and partners ○ Medical students: placements for medical students from Universities of Toronto, Ryerson, McMaster and Laurentian, and medical clerks from Sunnybrook ○ Sunnybrook staff, especially for cultural sensitivity/competence training about Indigenous philosophies and teachings ○ Staff is highly trained and gains knowledge about Indigenous aspects in this field of work <p><i>Challenges/Obstacles:</i></p> <ul style="list-style-type: none"> ➤ Providing support to more than the client directly <ul style="list-style-type: none"> ○ By supporting Aboriginal women, often entire families and extended families must be supported ➤ Navigation/clear-language translation/advocacy support <ul style="list-style-type: none"> ○ SGMT assists clients in navigating and understanding the processes of Aboriginal maternal child health and the health care system ➤ Transportation <ul style="list-style-type: none"> ○ SGMT holds fundraisers and receives donations to raise money for women in need of transportation
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	<ul style="list-style-type: none"> ➤ Referrals <ul style="list-style-type: none"> ○ Advises clients of multiple services (culturally and individually appropriate) in their communities ➤ Funding <ul style="list-style-type: none"> ○ Does not cover the “extra work” including home visits, support for women with travelling, educating/training clients, their families, and multitude of partners ➤ <i>Spread</i> <ul style="list-style-type: none"> ○ Toronto and area
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Integrates mainstream and traditional elements of midwifery. ➤ Only one in Canada for urban First Nations women. ➤ Culturally sensitive, appropriate, and competent. ➤ Collaboration with local hospital and a range of partners: Sunnybrook Hospital , multiple universities, Aboriginal students , health and sexual health organizations; researchers (e.g. the Indigenous Knowledge Network on Infant-Child Health and Dr. Janet Smylie from the Centre for Intercity Research at St. Michael’s Hospital).
Contact	<p>Sarah Wolfe 335 Grace St. Toronto, ON M6G 3A8 Phone: 416-530-7468 email: midwife @ sgmt.ca</p>

Strengthening Families Maternal Child Health Program (SF-MCH) – A Partnership Co-management Model (Joint Federal- First Nations Program)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ A family focused home visiting program for pregnant women, fathers and families of infants and young children from 0-6 years of age available in 14 First Nations in Manitoba. <ul style="list-style-type: none"> ○ As the name denotes the emphasis of the program is “Strengthening Families” through the delivery of home visiting services and through the delivery of a curriculum that draws on the cultural strengths of the community and family. ○ The program provides support to families in First Nations communities that builds on their strengths, addresses the family’s needs, questions and concerns. ○ The curriculum and home visiting support centers on fostering and building strong attachments between parents and children; improving parental capacities in parenting and child development; improving prenatal care and increasing awareness of the role that holistic and balanced lifestyles play in the development of healthy families. ➤ Assists families to access other supports and health services and thus assist in decreasing isolation. ➤ Effective programs enhance the physical, psychological, cognitive and social development of all family members. ➤ Provides home visits to families by nurses and specially trained home visitors, provides referrals and access to other services supports and promotes coordination of services for children and families with complex needs. ➤ The overarching vision of the SF-MCH program is that all First Nations communities in Manitoba have strong, healthy, supportive families to live holistic and balanced lifestyles. ➤ A challenge is that programs are full making it difficult when families move from one community to another; they are currently looking at prioritizing families to offset this challenge. ➤ This program was a pilot project funded by the Federal Government in 2005 and was only available in 16 First Nations communities in Manitoba; 11 communities were funded in 2006 and another five were funded in 2007. ➤ In Manitoba, the Assembly of Manitoba Chiefs (AMC) and First Nations Inuit Health (FNIH) had agreed on a co-management structure with FNIH providing the administrative and funding directly to the communities, and AMC providing the regional support to the pilot sites, with the First Nations Advisory Committee overseeing the overall implementation of the program. ➤ Three regional positions supporting the SF-MCH program reside in the Assembly of Manitoba Chiefs Secretariat: Nurse Program and Practice Advisor, Peer Resource Specialist and Administrative/Peer Support Assistant. These three individuals provide professional nursing and program support to the 14 funded Maternal Child Health sites in Manitoba.
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	<ul style="list-style-type: none"> ➤ See provincial collaboration/partnership at: www.gov.mb.ca/healthychild/
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Possible expansion of an already developed and successful community based program, making it available in First Nations communities and partnering with First Nations organizations for care delivery. ➤ The Assembly of Manitoba Chiefs, in the present co-management structure has been very successful in establishing a standardized program model while respecting individual community cultural variation, establishing Program Standards, building strong partnerships with the University of Manitoba and provincial counterparts - Families First, in addition to developing Quality Assurance Strategy for the program. ➤ The Standardization of the program has allowed families that move from one community to another or between federal and provincial jurisdictions to access program in communities that have an established program. ➤ First Nations involvement in the management of the program has allowed two governments/programs to work together regardless of different jurisdictions, as it has in the Joint Training Initiative with Healthy Child Manitoba.
<p>Contact</p>	<p>For more information visit: www.manitobachiefs.com/policy/health/health_mch.html</p> <p>Wanda Phillips-Beck Email: wphillips-beck@manitobachiefs.com</p>

The Nunavik Childcare Centre Nutrition Project

Brief Description	<ul style="list-style-type: none"> ➤ The Nunavik Childcare Centre Nutrition Project was developed in response to high levels of iron deficient anemia in pre-school aged children and currently serves more than 800 children in 16 childcare centres across the region. The Kativik Regional Government administers and operates the initiative, and established it through partnership with the Public Health Research Unit of the Centre Hospitalier de l'Université de Laval, the Nunavik Regional Board of Health and Social Services, Université de Laval, Faculty of Agriculture and Nutrition, and Health Canada's Aboriginal Head Start Program. ➤ Through the initiative, iron-rich country food is served to children at least three times a week. Weekly menus are prepared by a nutritionist who identifies replacement meals or alternatives if country food is not available (e.g., substitute ground beef for caribou). Country food is accessed through the Nunavik Hunter Support Program and through individual hunters. La Fédération des Coopératives du Nouveau-Québec orders specific foods at the request of childcare centres. ➤ Each centre employs a cook who receives group training through the Kativik School Board as well as two weeks of individual training at their childcare centre. While in the community, the trainer is accompanied by an educator who provides nutrition information to childcare centre staff, students, parents and cook.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ This is a promising practice because it gives children in the community support for the low levels of iron that have been identified in many of the children. The program is community-based and fills a known gap within the community.
Contact	<p>Margaret Gauvin Email: mgauvin@krg.ca</p>

The Rocky Mountain House /First Nations/ Primary Care Network Partnership - Sunchild/O'Chiese First Nations

Brief Description	<ul style="list-style-type: none"> ➤ The O'Chiese First Nations has a population of 1106 members with 935 living on the reserve and the remaining 171 members living off the reserve. It is located 46 kilometres northwest of Rocky Mountain House, Alberta and 90 kilometres southwest of Drayton Valley, Alberta. The O'Chiese First Nations 203a spans 14131.9 hectares of land. ➤ The Sunchild First Nations has one <i>reserve</i>, <i>Sunchild 202</i>. The reserve has an area of 52.18 square kilometres, and is located roughly 50 <i>kilometres</i> northwest of <i>Rocky Mountain House</i>. ➤ Family physicians in the Rocky Mountain House Primary Care Network (PCN) have joined together with Alberta Health Services and other health professionals in Rocky Mountain House and area to better coordinate, and improve access to, the delivery of primary health services for their patients. Primary care is the first point of contact that a person has with the health system – the point where people receive care for most of their everyday health needs. ➤ Multi-disciplinary teams, including physicians and a variety of other health care professionals such as nurses, social workers, pharmacists, mental health workers and dietitians, work together to provide comprehensive care of basic health needs with an emphasis on these priority areas: Basic health care (ambulatory care); Care and follow-up of complex health problems; Chronic disease management (e.g., diabetes); Elder (geriatric) care; Health promotion and disease prevention; Mental health care; Palliative care (care for the terminally ill); Pregnancy care and delivering babies; Public health. ➤ Funded by FNIH and Rocky Mountain Primary Care Network, midwifery services are provided on reserve prenatally and post delivery, and the same midwife provides delivery services to these patients at the local hospital.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Holistic care ➤ Culturally sensitive care – women feel safe and respected ➤ Aboriginal and non Aboriginal organizations working together ➤ Builds on community strength ➤ Trusting relationships
Contact	<p>For more information visit: www.rockymedical.com Phone: 403.845.3050</p>

Triple P: the Positive Parenting Program – Norway House, Manitoba

Brief Description	<ul style="list-style-type: none"> ➤ Originally developed in Australia, The Positive Parenting Program or Triple P, is an effective, proven approach that encourages parents of young children to make small changes that will make big differences to their families. It is based on more than 25 years of clinical research and is used successfully in many countries around the world. ➤ Triple P promotes positive, caring relationships between parents and their children. ➤ It deals with common family concerns such as temper tantrums, bullying, homework and bedtime and mealtime problems. ➤ Triple P strategies are easy to understand and follow and are proven effective. ➤ Includes a train-the-trainer program. ➤ Integrating traditional medicines and cultural practices. ➤ Works in partnership with community organizations to serve high risk mothers in children living in Norway House and Norway House Cree Nation.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Builds individual and community capacity ➤ Adaptable for any community ➤ Holistic
Contact	<p>For more information visit: www.manitobatriplep.ca/ Phone: 204-945-4777; 1-877-945-4777; Email infotriplep@gov.mb.ca.</p>

Unama’ki Maternal Child Health Program

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Based in Cape Breton, the Unama’ki Maternal Child Health Program is a home visiting program that is delivered to the five First Nations communities of: Chapel Island, Eskasoni, Membertou, Wagmatcook, and Waycobah. ➤ Services focus on Home Visiting from pregnancy to six years old in communities. ➤ Training includes but is not limited to: Growing Great Kids; Home Visiting Safety with RCMP; Child Protection Act with Micmac Family and Children’s Services; Assist Training – Aboriginal Suicide Skills Training; 20 –hour Making a Difference breastfeeding course; collaboration with Sydney Resource Centre for Baby and Me program; Aboriginal Diabetes Initiative, Training sessions with coordinator. ➤ Supports families to enhance parental skills and knowledge in practical ways and in ways of culture and language. ➤ Resources are limited but the Home Visitors do a great job. ➤ Challenges include: lack of funding, lack of hours per week for home visitors; delays in Growing Great Kids training, no permanent place for the program; retaining home visitors, MCH supervisors have many other responsibilities along with the Maternal Child Health program.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Successes include: Bootcamp for New dads, Program Standards, 24 hour Crib-side Assistance Booklet for new dads, Baby and Me, Home Visitors are well trained. ➤ Most of the home visitors are from the community. ➤ Collaboration and dedication among Health Directors, MCH Supervisors, MCH Home Visitors, MCH Coordinator make the program work.
<p>Contact</p>	<p>Charlotte Jesty Phone: 902-562-4700 ext 3316 Email: charlottejesty@membertou.ca</p>

Villa Rosa

Brief Description	<ul style="list-style-type: none"> ➤ Prenatal and postnatal residence offering a wide variety of programs in a safe and nurturing environment. ➤ Any pregnant woman or new mother in need may access our services. ➤ Mission is to provide support to mothers, babies and their families during and after pregnancy. ➤ There is no cost to any resident of Manitoba not living in a First Nations community - block funding through the Province of Manitoba and the United Way allows Villa Rosa to provide all services free of charge to young women who are pregnant and need a safe and healthy place to stay. ➤ Women living on their First Nations reserve may be eligible to receive service on a per diem basis. ➤ Services offered are an opportunity to stay in school or get re-connected to school, counselling, prenatal classes, as well as parenting and personal growth programming. ➤ An independent living program is also available for up to a year in the apartment block adjacent to Villa Rosa. ➤ Villa Rosa is not financially responsible for transportation, spending money, clothing needs, personal needs or medication. ➤ There is a lot of interest in the program (Toronto, Edmonton). Villa Rosa has sister organizations, Rosalie Hall in Scarborough, Ontario and in the Bronx in New York City.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Seen as a model that should be in each jurisdiction ➤ Recognized as a great place to work ➤ Holistic, culturally sensitive care
Contact	<p>For more information visit: www.villarosa.mb.ca/</p> <p>Kathy Strachan - Executive Director Email: director@villarosa.mb.ca</p>

Wabano Centre for Aboriginal Health

Brief Description	<ul style="list-style-type: none"> ➤ The Wabano Centre for Aboriginal Health is an award-winning charity that is a leader in community-based, holistic health care; bridging Native cultural practices with Western medicine to combat poverty and illness in Canada’s First Peoples. In just over a decade, Wabano has become a premier clinic and community centre in Canada – garnering international recognition for its innovative and successful approaches to wellness. ➤ Collaboration between and among community programs (Canadian Prenatal Nutrition Program, Community Action Program for Children, and other priority populations).
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Collaborative ➤ Holistic ➤ Status-blind
Contact	<p>Carlie Chase Phone: 613-748-5999 Email: cchase@wabano.com</p>

Training and human resources

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Aboriginal Diabetes Initiative (ADI) Capacity Building - Community Diabetes Prevention Worker (CDPW) Training

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Since 2006, ADI has funded training for workers who deliver ADI projects in First Nations and Inuit communities. Community Diabetes Prevention Worker (CDPW) training is based on a set of core competencies and skills that were identified in consultation with ADI stakeholders and community workers. Community workers who have completed CDPW training, work towards the primary prevention of diabetes by: <ul style="list-style-type: none"> ○ promoting healthy lifestyles (healthy eating and physical activity); ○ empowering individuals and communities to adopt and sustain healthier lifestyles; ○ supporting community action to create supportive physical and social environments for healthy food consumption and increased physical activity; and, ○ strengthening ADI linkages to other programs to improve healthy living and disease prevention outcomes. ➤ Capacity-building of community workers to deliver effective diabetes projects and services maximizes the impact of ADI programming. This was confirmed in the results of a 2009 assessment showing enhanced community projects and services as a result of the training.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Trained paraprofessional workers support the delivery of effective community-based health promotion and maternal child health programs. ➤ Diabetes is very prevalent among Aboriginal people and can have adverse effects on pregnant mothers and their babies, therefore this program fills an important gap. ➤ The program is multi-stakeholder and participatory in nature.
<p>Contact</p>	<p>For more information visit: www.hc-sc.gc.ca/fnih-spnia/diseases-maladies/diabete/index-eng.php</p> <p>Jennifer Blomqvist, Senior Program Officer, Training and Education Aboriginal Diabetes Initiative Phone: 613-948-7588 Email: Jennifer.blomqvist@hc-sc.gc.ca</p>

Aboriginal Youth Internship Program, British Columbia

Brief Description	<ul style="list-style-type: none"> ➤ Twelve month paid internship for Aboriginal youth in BC. ➤ Interns are placed in provincial government ministries for nine months and with Aboriginal organizations for three months. ➤ Runs from September to August. ➤ Provides professional experience, leadership development, cultural support.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Youth-oriented ➤ Collaborative ➤ Provides youth with career options ➤ Culturally supportive
Contact	<p><i>For more information visit:</i> www.employment.gov.bc.ca/aboriginal_youth_internship_program</p>

BC Aboriginal Doula Training

Brief Description	<ul style="list-style-type: none"> ➤ Pilot project in two BC Health Authorities (Interior and Northern). ➤ An Aboriginal specific doula curriculum was developed and test driven in the pilot sites. ➤ The doula-training manual and instructor's manual have also been completed. ➤ Aboriginal Cultural protocol was followed from design to training.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Capacity building; culturally relevant; innovative; collaborative; community-centred. ➤ This pilot followed the newly created Tripartite process that includes partners from the Federal, provincial and First Nations governments and communities.
Contact	<p>Lucy Barney Aboriginal Lead, Perinatal Services BC , Provincial Health Services Authority Email: lbarney@phsa.ca</p>

Behavioural Health Aide Training Program

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Program development and pilot delivery of the Behavioural Health Aide Training Program. ➤ <i>Partners:</i> Labrador Grenfell Regional Health Authority; Mushuau Innu First Nations; Sheshatshiu Innu First Nations; Labrador School Board District #1; Nunatsiavut Government, Dept. of Health and Social Development ➤ <i>Purpose:</i> to enhance the capacity of Labrador Innu and Inuit communities and their partners to respond to the intervention needs of children affected by FASD, their families and other caregivers. <p><i>Implementation:</i></p> <ul style="list-style-type: none"> ➤ <i>Pilot programs:</i> Hopedale, Nunatsiavut, Labrador Natuashish, Labrador ➤ <i>Participants:</i> daycare workers, child development workers, Aboriginal Headstart staff, addictions workers, family support workers. <p><i>Results:</i></p> <ul style="list-style-type: none"> ➤ Aboriginal communities are better prepared to deal with challenging behaviours & understand specific needs as children benefit from receiving appropriate intervention. ➤ Training program for Labrador Aboriginal communities to provide standardized skill development in the area of FASD. ➤ Culturally relevant training program to Innu and Inuit communities. ➤ On-going collaborative working relationship to make best use of resources available for the provision of intervention services. <p><i>Challenges/Obstacles:</i></p> <ul style="list-style-type: none"> ➤ Impact of cultural differences on the development of training programs: <ul style="list-style-type: none"> ○ Language and cultural differences between Innu and Inuit have an impact on and must be factored into program development and delivery. English language print resources are not always effective and are supplemented with local examples, interactive activities, non-traditional teaching settings, pictures and audio-video resources. ➤ Importance of a training program that can be modified to meet the needs of various audiences, using a variety of methods and flexible time frames: <ul style="list-style-type: none"> ○ The intention was to train community members to provide a pool of skilled para-professionals who would be available to work with families and organizations. Significant time commitment was a challenge for participation, which was addressed in future delivery through adapted time frames and modified content. <p><i>Spread:</i></p> <ul style="list-style-type: none"> ➤ Labrador: Inuit and Innu communities and available as a resource to other Labrador communities through partners.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Adaptable program now available to Labrador Aboriginal communities. ➤ Modified versions of the BHATP have been delivered based on the identified needs of agencies and participants. Selected modules are delivered in adapted time frames with the ultimate goal of building capacity to meet the intervention

	needs of Aboriginal children.
Contact	Gillian Saunders, FASD Coordinator Nunatsiavut Government, Dept. of Health and Social Development Phone: 709-896-9763 Email: <i>gillian_saunders@nunatsiavut.com</i>

Children's Oral Health Initiative

Brief Description	<ul style="list-style-type: none"> ➤ Developed to address disparity between oral health of First Nations/Inuit children and Canadian population. ➤ Focuses on oral health promotion and prevention of oral disease. ➤ Targeted at: children from birth to seven years of age, their parents and caregivers and pregnant women. ➤ Delivered in communities by oral health professionals such as dental therapists and dental hygienists and also by trained community members. The children's Oral Health Initiative is offered in a selected number of First Nations and Inuit communities.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Community members are trained to provide a limited number of oral health services and are supported by their community and by the oral health professional; they improve access to oral health care to underserved populations.
Contact	<p>Dr. Marc Noël, Health Canada/First Nations and Inuit Health Branch. Phone: 613-957-3710 Email: marc.noel@hc-sc.gc.ca</p>

Cultural Competence and Cultural Safety in Nursing Education

Brief Description	<ul style="list-style-type: none"> ➤ Developed by the Aboriginal Nurses Association of Canada, Canadian Nurses Association and the Canadian Association of Schools of Nursing, with funding from AHHRI. ➤ For nursing education programs and nurse educators, as well as for employers. ➤ Core competencies in: post-colonial understanding; communication; inclusivity; respect; indigenous knowledge; and mentoring and supporting students for success. ➤ Multi-phase project. ➤ Implementation is voluntary.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Culturally relevant; addresses current needs and challenges; respects culture and tradition; promotes recruitment and retention of Aboriginal student nurses; enhances quality of care for Aboriginal patients. ➤ Framework and related Literature Review downloadable in English, French and Inuktitut: www.anac.on.ca/competency.php
Contact	<p>Audrey Lawrence, Aboriginal Nurses Association of Canada Executive Director Phone: 613-724-4677 x 23 Email: alawrence@anac.on.ca</p>

E'pit Nuji Ilmuet Prenatal Program – Native Council of Nova Scotia

Brief Description	<ul style="list-style-type: none"> ➤ Priority is for first time pregnant, low income, single mothers and those expectant or nursing mothers who have the greatest need who reside off-reserve. ➤ To provide a cultural atmosphere to prenatal and post natal participants including milk supplements and vitamin supplements, as well as resources (breast pump, car seat loan program, for example). ➤ Delivered through home visits by facilitators, nutritionists, who ensure that the participants are getting enough nutritional intake so that they will have a healthy baby.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Culturally appropriate ➤ Continuum of care ➤ Addresses known gap
Contact	<p>For more information visit: Native Council of Nova Scotia www.ncns.ca Shirley Denny, Prenatal Facilitator Phone: 1-800-565-4372 Email: ncns prenatal@eastlink.ca</p>

Early Childhood Education Program Training for Daycare Workers

Brief Description	<ul style="list-style-type: none"> ➤ The ECE certification process is administered by the Child Care Services Unit of the Family and Children's Services Division of the Department of Health and Social Services. An applicant requesting certification as a Child Care Worker submits an application form and an official transcript of completed coursework, issued by the post secondary institution, to the Child Care Services Unit for assessment. Child Care Services may request that the applicant submit a course syllabus to assist in the assessment process. ➤ Applicants receive a status letter in the mail within 20 working days from the date of submission. Applications are available at the Child Care Services Unit office located at 9010 Quartz Road in Whitehorse, Yukon. ➤ There are no residency requirements for certification. Yukon College is the only post-secondary institution in the Yukon Territory that offers an ECE program. Yukon College is recognized by the Department of Education.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Establishes a baseline standard for daycare workers in the field, and addresses the gaps that used to exist in the early childhood education position.
Contact	<p>Government of Yukon Department of Health and Social Services Box 2703 Whitehorse, Yukon Y1A 2C6 Email: hss@gov.yk.ca</p>

Faculty of Medicine – University of Calgary

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ In early 2008, the office of the Aboriginal Health Program opened at the University of Calgary, Faculty of Medicine. The goal of the program is to encourage awareness of First Nations, Métis and Inuit health and healing issues; recruit quality Aboriginal students; and to provide effective student support and offer professional development initiatives for those interested within the Faculty of Medicine to work with Aboriginal individuals, families and communities. The Aboriginal Health Program also delivers Aboriginal Health curriculum to all medical students enrolled in the U of C Faculty of Medicine MD program as part of their core curriculum. ➤ The Faculty of Medicine is committed to increasing the enrollment of qualified First Nations, Métis and Inuit applicants. <ul style="list-style-type: none"> ○ To ensure quality students are admitted, the Faculty of Medicine developed and enacted an Aboriginal Admissions Policy ○ To encourage, advocate and enhance Aboriginal programming, specifically recruitment, retention, community involvement, as well as curricular activities the Faculty of Medicine developed and implemented the Aboriginal Health Program (AHP) ○ To ensure a culturally relevant and consistent policy is enacted, the AHP is consulting with Aboriginal health and education communities ➤ The University of Calgary, Faculty of Medicine does not have dedicated seats set aside for Aboriginal applicants.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Increase Aboriginal Providers and increase quality of health care for Aboriginal Peoples.
<p>Contact</p>	<p>For more information visit: http://ucalgary.ca/ahp/admissions Email: abhealth@ucalgary.ca</p>

Friendship Centre – University of Calgary – Women’s Resource Centre

Brief Description	<ul style="list-style-type: none"> ➤ Agency/Organization provides programs and opportunities that support a high quality of life primarily through recreational activities and programs. Currently the primary focus is on youth and the hope is to expand the programming to include more adults. Programs/Services include: <ul style="list-style-type: none"> ○ Fitness and sports programs ○ Prenatal consultations, “Best Beginnings group” ○ Monthly potluck
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Information, knowledge, and skills ➤ Culturally safe
Contact	<p>For more information visit: www.ucalgary.ca/women/resources/database?action=view&id=112</p>

Growing Great Kids, Inc.

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ An international non-profit training and consulting organization specializing in improving the quality of care and developmental stimulation that infants and young children receive from their parents and other caregivers. ➤ Parenting and child development curriculum with emphasis on raising and nurturing compassionate children and developing early parent/child relationships. ➤ Funded through either community or government level and delivered through Great Kids, Inc. there is a Trainer Mentoring process to train-the-trainer and build capacity. Based on 35 years of home visiting field experience at the program and systems levels, Great Kids, Inc. provides program staff with training and strength based technical support to build for program excellence. ➤ Increases family engagement, improved levels of staff competence. Improved outcomes for families and children. ➤ Not Aboriginal-specific but can be modified to fit cultural realities; Designed for cultural sensitivity and adaptability.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Can use and build on an existing program, no need to start from scratch ➤ Adaptable ➤ Successful
<p>Contact</p>	<p>For more information visit: www.greatkidsinc.org Betsy Dew Phone: 626-345-0684 (PT) Email: betsyd1234@sbcglobal.net</p>

Indigenous Cultural Competency Training (ICC), British Columbia

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Indigenous Cultural Competency Training (ICC) is a unique, facilitated on-line training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. The goal of ICC training is to further develop individual competencies and promote positive partnerships. ➤ Skilled facilitators guide and support each participant through dynamic and interactive learning modules. Participants will learn about terminology; diversity; aspects of colonial history such as Indian residential schools and Indian Hospitals; time line of historical events; and, contexts for understanding social disparities and inequities. Through interactive activities participants examine culture, stereotyping, and the consequences and legacies of colonization. Participants will also be introduced to tools for developing more effective communication and relationship building skills. ➤ Core ICC Health Training builds on the foundation provided in Core ICC with a specific focus on health care issues for health care professionals working with Indigenous people in British Columbia. The Core ICC Health is specific to those who work in the health care field and the goal is to improve access to health services and health outcomes for Aboriginal people. The training is designed for non-Aboriginal health professionals working in PHSA, Regional Health Authorities, the Ministries of Healthy Living and Sport, and Health, and their partner agencies. ➤ The curriculum is intended as introductory training and is supplemented by nation and region-specific training provided by regional health authorities or Indigenous groups. This training takes approximately eight hours (depending on prior knowledge and learning style) to complete over an eight week period of time. At the end of the training you will receive a certificate.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. ➤ Further develop individual competencies and promote positive partnerships.
<p>Contact</p>	<p>For more information visit: www.phsa.ca www.culturalcompetency.ca</p> <p>Cheryl Ward, Provincial Lead, PHSA Indigenous Cultural Competency Suite 201, 601 West Broadway Vancouver, BC V5Z 4C2 Phone: 250-754-3385 Email : cward@phsa.ca</p>

Inuit Early Childhood Development (ECD) Strategy

Brief Description	<ul style="list-style-type: none"> ➤ Developed by the Inuit Early Childhood Development Working Group. Its members come from the regional Inuit organizations that are signatories of the Aboriginal Human Resource Development Agreements, now called the Aboriginal Skills Education Training Strategy (ASETS). The regions are: Nunatsiavut, Nunavik, Nunavut (Qikiqtaaluk, Kivalliq, Kitikmeot) and Inuvialuit. Other representatives include one representative from Pauktuutit and another from Inuit Tapiriit Kanatami (ITK), who is the secretariat for the group. ➤ The purpose of the Inuit Early Childhood Development Strategy is to achieve healthy, happy and safe Inuit children and families. This strategy includes principles, goals and objectives for Inuit Early Childhood Development nationally and regionally. ➤ Finalized in 2004 and reviewed annually to set priorities for the coming year. ➤ The focus is on health and safety and the well-being of the whole child, based on Inuit values and culture. ➤ Strives to provide equal opportunities and access to all ECD programs and services that benefit Inuit.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Collaborative ➤ Strategic planning ➤ Consolidates programs and funding to meet the needs of Inuit children and families ➤ Multi-stakeholder ➤ Respects culture
Contact	<p>Anna Claire Ryan, ITK Phone: 613-238-8181 Email: ryan@itk.ca</p>

Inuulitsivik C.L.S.C Maternities - Puvirnituk maternity centre

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ A model for culturally-relevant, traditional knowledge-based maternal and child health. ➤ Opened in 1986, this birthing centre in northern Quebec (Nunavik) has trained midwives who use traditional Inuit practices and can use medical interventions if necessary. ➤ Pregnant women who need to travel to Puvirnituk could bring another individual for support and half of their travel would be covered by the health centre. ➤ Was highlighted as a best practice in a paper prepared for the Royal Commission on Aboriginal Peoples more than 15 years ago. ➤ Since the first centre opened more than 20 years ago, there are now four communities in Nunavik with birthing centres (Puvirnituk, Inukjuak, Salluit, Kuujuaq). <p><i>Implementation</i></p> <ul style="list-style-type: none"> ➤ Inuit midwives provide services for pregnant and post-natal women and babies. <p><i>Results</i></p> <ul style="list-style-type: none"> ➤ Pregnant women in Nunavik have a choice to have services available closer to home and in their Inuit language. ➤ Transportation costs are significantly reduced and families benefit because of the ability to stay with the mother giving birth. ➤ Many women can give birth in their communities; only those with complications are now sent to southern hospitals. <p><i>Challenges/Obstacles:</i></p> <ul style="list-style-type: none"> ➤ Changing attitudes among health care professionals and officials that midwife-assisted births in small and isolated communities in Nunavik are safe. The centres now take care of the majority of births in the four communities as well as many of the other Nunavik communities. ➤ Ensuring enough Inuit women are trained as midwives and available. The Inuulitsivik Midwifery Education Program now provides training for Inuit women who want to work in these communities. <p><i>Spread</i></p> <ul style="list-style-type: none"> ➤ Four communities in Nunavik.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Many years of experience in traditional approaches to midwifery combined with Western knowledge and skills as needed ➤ Allows many women to remain in their communities for birthing ➤ Offers culturally-relevant services in the Inuit language ➤ Provides funding for families to travel with pregnant women ➤ Offers culturally relevant training for Inuit midwives

Contact	For more information visit: www.inuulitsivik.ca/aa_sages_femmes_e.htm Phone: 819-988-2428 Email: maternity.puvirnitug@ssss.gouv.gc.ca
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Licensed Practical Nurse Training

Brief Description	<ul style="list-style-type: none"> ➤ We believe this is the first Aboriginal Licensed Practical Nursing Program on-Reserve and run by an Aboriginal organization in partnership with a college. There may have been other Aboriginal co-horts at other colleges. ➤ Offered at the Seabird Island First Nations. ➤ Partner with Seabird College, Fraser Health, various First Nations. ➤ Includes training in rural and remote nursing practices, community-based health services, management and administration. ➤ The first graduating class is September 2011. ➤ Graduates will be referred to employment opportunities within Fraser Health and Vancouver Coastal Health Authority.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Collaborative ➤ Community-based ➤ Capacity-building
Contact	<p>Carolyne Neufeld, Health Director Seabird Island First Nations Phone: 604-796-2177 Email: carolyneneufeld@seabirdisland.ca</p>

Miziwe Biik Employment and Training – Toronto

Brief Description	<ul style="list-style-type: none"> ➤ This organization funds Aboriginal people in Toronto with training and employment opportunities. ➤ The organization provided funding for a group of Aboriginal midwives and allowed them to hire a receptionist. ➤ Facilitates a process of matching trainees with employers and supporting Aboriginal organizations.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Capacity building ➤ Creates jobs ➤ Supports Aboriginal youth
Contact	<p>For more information visit: www.miziwebiik.com</p> <p>Miziwe Biik Aboriginal Employment and Training 167 Gerrard St E Toronto, ON M5A 2E4 Phone: 416-591-2310 Email: reception@miziwebiik.com;</p>

National Aboriginal Council of Midwives (NACM)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Mission: The National Aboriginal Council of Midwives exists to promote excellence in reproductive health care for Inuit, First Nations, and Métis women. We advocate for the restoration of midwifery education, the provision of midwifery services, and choice of birthplace for all Aboriginal communities consistent with the U.N. Declaration on the Rights of Indigenous Peoples. As active members of the Canadian Association of Midwives, we represent the professional development and practice needs of Aboriginal midwives to the responsible health authorities in Canada and the global community. ➤ Represents a “nation” without a singular legislated territory in terms of midwifery legislation and regulation. ➤ The Council represents a spectrum of geographies, Aboriginal backgrounds, traditions and models of practice and works in diverse legislative and regulatory environments across Canada. ➤ Bound together by a vision shared among Aboriginal midwives to support each other in the greater goals of improving the standard of health of Aboriginal women and babies, to return safe quality birthing practices back to families and communities, to retrieve and preserve traditional knowledge and care. ➤ Under the umbrella of the Canadian Association of Midwives, the Council encourages dialogue between Aboriginal and other Canadian midwives. ➤ Not responsible for the direct supervision of midwifery services. ➤ Members include: Elder Aboriginal Midwives, Aboriginal Midwives, Student Aboriginal Midwives. ➤ Annual Gatherings funded by First Nations Inuit Health. ➤ Administrative support provided by Canadian Association of Midwives.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Improves access to culturally sensitive care. ➤ Supports Aboriginal midwives.
<p>Contact</p>	<p>National Aboriginal Council of Midwives Eby Heller, NACM Administrative Assistant Email: nacm@canadianmidwives.org</p>

National Collaborating Centre for Aboriginal Health (NCCAHA)

Brief Description	<ul style="list-style-type: none"> ➤ Supported by the Public Health Agency of Canada and located at the University of Northern British Columbia in Prince George, the NCCAHA supports First Nations, Inuit and Métis peoples in realizing their public health goals and reducing the health inequities that currently exist for Aboriginal populations in Canada. ➤ Conducts groundbreaking work in maternal and child health, for example: <ul style="list-style-type: none"> ○ A new report in British Columbia highlights ways to better understand and monitor the health and well-being of children and youth, while also noting unique challenges in addressing the health of the province's Aboriginal children. ○ Joint report by NCCAHA in partnership with UNICEF Canada <i>Leaving No Child Behind: National Spotlight on Aboriginal Child Health</i> illustrates that the health of Aboriginal children in Canada falls well below national averages and is one of the most significant children's rights issues facing the country. ○ Two NCCAHA reports that review published literature on FASD and FAS and shed light on issues concerning the prevalence of the syndrome, and illuminate gaps in knowledge about the disorder. ○ A Framework for Indigenous School Health: The NCCAHA partnered with the <i>Canadian Association for School Health (CASH)</i> and the <i>Canadian Council on Learning – Aboriginal Learning Knowledge Centre</i> in a 2009/2010 national project supporting school health initiatives that are culturally relevant to Aboriginal communities, schools and students.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Innovative; collaborative; evidence based; multi-stakeholder; inclusive; groundbreaking. ➤ Dr. Margo Greenwood, the academic leader, is recognized in the field as one who advocates for maternal and child issues at international, national and regional levels.
Contact	<p>For more information visit:</p> <p>www.nccah-ccnsa.ca greenwom@unbc.ca delaney@unbc.ca nathan@unbc.ca</p>

National School of Dental Therapy (NSDT) **

Brief Description	➤ The dental therapy training program is a two year post secondary Diploma program to train dental providers to deliver basic clinical dental care services, preventive dental care services, and health promotion programs and strategies with a focus on Aboriginal communities.
Why this is a Promising Practice	➤ Originally started in 1972, it increases access to care for people living in communities.
Contact	Sheila G. Ahenakew, MA (Education), BSW Assistant Director, First Nations University of Canada National School of Dental Therapy Phone: (306) 763-8800 Fax: (306) 763-8899 Email: sahenakew@firstnationsuniversity.ca

**** Caveat:**

The National School of Dental Therapy (NSDT) was established in 1972 with funding through Health Canada. Through a review of programs and the mandate of those programs, it was determined by the federal government in 2009 that the NSDT no longer fit the mandate as it was deemed that it provides an educational program rather than providing service. Based on that premise Health Canada advised in 2009 that funding for the program would end June 30, 2011. If emergency funding is not obtained within the next few weeks, the doors of the NSDT are slated to close on June 30th.

Clarification regarding service delivery that does not seem to have been taken into account by the federal government committee that made the decision to end funding to this program:

The NSDT provides a full-time academic/educational program from September through June in Year 1. In Year II, hands-on clinical services are provided Monday, Tuesday, Thursday and Friday from September to June (with Academic classes, guest lecturers, comprehensive examinations, etc. held Wednesdays). All Year II students engage in an eight-week field clinic held in an Aboriginal Community in February and March of each year, providing hands-on clinical services to the community residents Monday through Friday, during that eight-week clinic, and provides students with the opportunity to live and work in an Aboriginal community during that time.

Native Nurses Entry Program (NNEP) Lakehead University

Brief Description	<ul style="list-style-type: none"> ➤ The Native Nurses Entry Program is a nine month transition program designed to provide the skills and academic preparation required for successful completion of the four-year nursing degree program (NNEP graduates with 70% overall) or the three-year compressed nursing degree program (NNEP graduates with 80% or higher). ➤ The program is based on two semesters of 12 weeks each, as well as a two- week field experience. The student may choose field experiences in their own community or other Aboriginal health care settings. ➤ The program offers four academic preparatory courses: English, Chemistry, Mathematics and Biology. In addition, three special purpose courses - Communications, Professional Orientation and Study Skills/Logical Reasoning, are taken over the University academic year. ➤ The NNEP graduates are guaranteed a seat in the NNEP with a successful completion of all courses and an overall average of 70% or greater. ➤ The program is funded in part by Health Canada through the Indian and Inuit Health Careers Program (IIHCP), and the Ministry of Training Colleges and Universities. ➤ Similar programs in other provinces and other health professions.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Build the pool of Aboriginal trained health providers.
Contact	<p>For more information visit : http://nativenursing.lakeheadu.ca/index.php</p> <p><i>Sandra Cornell</i> Manager Phone: 807.343.8768 Email: sdcornel@lakeheadu.ca</p> <p>Karen Poole Email: kpoole@lakeheadu.ca</p>

Northern and Remote Family Practice Training Program – University of Manitoba

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Designed to address the ongoing issue of physician shortages in northern and remote regions and contribute to efforts to recruit and retain physicians in rural and northern communities. ➤ The Northern Remote stream family medicine residents are based at a new dedicated teaching clinic in Winnipeg during their first year in the program. During their second year, they receive most of their training on site in a variety of northern Manitoba communities. The urban clinic, Northern Connection Medical Centre, is designed to offer primary and some secondary care services to individuals who are temporarily displaced from their home community in the north. This allows communication between services, ensuring improved continuity of care for patients, as well as improved access to care. Most of the physicians at the clinic also work in the northern communities part-time, and are able to admit northern patients to hospital. ➤ Key elements of the program are increased residency spots; extensive, focused training for northern and remote health care delivery; and professional and personal infrastructure supports for students and faculty. ➤ Through Province of Manitoba funding, the NRFMR Program began in Fall 2008 with one resident and expanded in July 2009 to 10 northern/remote family medicine residents. In May 2010, Health Canada announced \$6.9 million in funding over four years addressing the need. ➤ For adequately prepared, committed physicians to provide care to patients in remote and northern regions. The funding will provide training for an additional 15 residents, as well as put in place vital technology to support teaching in rural and remote areas and promote physician retention in northern Manitoba and parts of Nunavut and the Northwest Territories. ➤ A new program that is in high demand. It appeals to residents because it provides unique educational programming, allows them to experience practice in challenging and exciting areas of the country, and offers them re-entry for further post graduate training. Residents receive a financial supplement during their remote training and in return enter into a two-year return of service agreement with the Province of Manitoba to be fulfilled in a northern or remote community. Upon completion of the service commitment, residents will have access to any University of Manitoba postgraduate residency position for which they are qualified. They may, however, choose to continue with their career in Family Medicine.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Fills an important health human resource gap. ➤ Meets the needs of family practice residents interested in rural and remote medicine. ➤ Supports collaborative practice.

Contact	Joanna Lynch, MD, CCFP, FCFP Associate Program Director, Northern Remote Family Medicine Program University of Manitoba 425 Elgin Avenue, Winnipeg, Manitoba R3A 1P2 Phone: (204)-940-1934 Email: jlynch@wrha.mb.ca
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Northern Ontario School of Medicine (NOSM)

Brief Description	<ul style="list-style-type: none"> ➤ The Northern Ontario School of Medicine (NOSM) is a pioneering faculty of medicine. A medical school for the whole of Northern Ontario, the School is a joint initiative of Lakehead University and Laurentian University, with main campuses in Thunder Bay and Sudbury, and multiple teaching and research sites distributed across Northern Ontario. By educating skilled physicians and undertaking health research suited to community needs, NOSM will become a cornerstone of community health care and contribute to improving the health of people in Northern Ontario. ➤ A medical school like no other, Northern Ontario School of Medicine has a strong emphasis on the special features of Northern Ontario. These include a diversity of cultures and geographical locations; varying illness, injury and health status patterns with their specific clinical challenges; a wide range of health service delivery models which emphasize supporting local health care and interdisciplinary teamwork; and the personal and professional challenges, rewards and satisfactions of medical practice in Northern and rural environments.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ NOSM has a mandate to be socially accountable to the cultural diversity of the region it serves, including: Aboriginals, Francophones, remote communities, small rural towns, large rural communities and urban centres. Evidence of this mandate can be found in the School's curriculum, administrative structure, research program, student demographics, continuing professional education program, and more. In its student recruitment efforts, NOSM continues to follow its mandate of social accountability, and aims to have class profiles which reflect the cultural diversity of Northern Ontario.
Contact	<p>For more information visit: www.nosm.ca/about_us/default.aspx?id=68</p>

NWT Aurora College (Yellowknife) – Nursing Program

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Aurora College—a community-based college system in the Northwest Territories—serves a population of 41,000 dispersed across 1.3 million square kilometres in 33 communities. ➤ A majority of Aurora College students are Aboriginal and many are from small, remote communities. ➤ Aurora College delivers programs and courses as close to the communities as possible. This is achieved through a network of three regional campuses as well as Community Learning Centres in most communities. ➤ A broad range of programming is offered. ➤ The nursing program is a four-year degree. It was initiated after recognizing the need for Aboriginal nurses. The program is tailored to support future employment placement (i.e. practicums are available in Health Centres and remote communities). Students are matched with a nurse preceptor at a nursing station. One of the challenges is that the cost of travel and housing is out of reach for many students.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Culturally relevant curriculum where Aboriginal beliefs are shared and taught. ➤ Builds pool of Aboriginal educated health care professionals.
<p>Contact</p>	<p>For more information visit: www.auroracollege.nt.ca</p> <p>Denise Bowen, Chair, School of Health and Human Services Programs Email : dbowen@auroracollege.nt.ca</p>

Strategies for Teaching Obstetrics to Rural and Urban Caregivers (STORC)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ eLearning Program for provincial perinatal health providers, launched in 2008 by the Alberta Perinatal Health Program (APHP). ➤ Interactive, electronic course available via Alberta’s SuperNET to health-care professionals requiring or desiring basic obstetrical knowledge to perform their work. ➤ A program of 32 self-study modules on basic professional knowledge for obstetrical care, along with a plan for users to seek and track learning opportunities. ➤ An important principle in the development of STORC was to develop a program that would support and enhance local “business processes” rather than to change the education structure currently in place in a hospital or region. ➤ The Alberta Perinatal Health Program (APHP) was formed in 2004 through grant funding from Alberta Health and Wellness with a mission “to promote maternal health, positive birth outcomes and healthy infancy by providing provincial leadership and enhanced support to health regions, health professionals, Alberta Health and Wellness and other stakeholders.” ➤ It is a source for perinatal leadership and coordination; perinatal data collection and management; perinatal quality improvement and assurance; and education for perinatal care providers. ➤ APHP maintains a website and listserv for information sharing relevant to perinatal practice in the province and beyond. ➤ Implementation involves: <ul style="list-style-type: none"> ○ Web-based application to facilitate the education philosophy described above. ○ Audio clips, video clips, line drawings, animations and interactive activities to enhancing the experience of the user ○ A shared effort by maternal/child educators in Alberta, the NWT and APHP ➤ Challenge noted was that the program would benefit from the inclusion of cultural practices and traditional knowledge.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Since 2008, the NWT has sponsored 220 nurses in completing the STORC program. ➤ The collaborative approach resulted in a program relevant to, and supportive of, perinatal professional practice. ➤ Acknowledging the value of the STORC program, Alberta Health and Wellness provided funding that makes it available 24/7 in all facilities in Alberta where maternity services are offered. ➤ The NWT has assisted nurses in accessing STORC training through this online learning format.
<p>Contact</p>	<p>For more information visit: www.aphp.ca)</p> <p>Wanda White, Director of Population Health Email: Wanda_White@gov.nt.ca</p>

Students at Health Centres / First Nations Health Careers

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Yukon Summer Career Placement Program (SCP) is designed to assist students/youth in their future entry into the labour market. The program focuses on providing career-related work experiences and developmental learning for youth and students through the provision of a wage subsidy to employers. ➤ All proposals must demonstrate that the jobs would not otherwise be available without the financial assistance of the program and that the jobs created will not interfere with a collective agreement already in place. ➤ For three weeks a different student each week works through the Health Centre. This gives the students direct experience in the health field. ➤ The student worked with the client if (the client) allowed the student to be involved. Students went on home care visits, baby visiting, etc. and to the hospital. It was up to the client to decide if they wanted the student involved. ➤ Students sign confidentiality agreement ➤ There is now funding a medical school position at University in Newfoundland.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Holds promise for a positive change in the health human resources sector. Students are given the opportunity to collaborate with people in their desired field of work.
<p>Contact</p>	<p>For more information visit: www.education.gov.yk.ca/advanceded/employment/scpprogram.html</p>

Teen Parent Centre, Yukon

Brief Description	<ul style="list-style-type: none"> ➤ The Teen Parent Centre is for students who require additional support in the regular school system due to pregnancy or child care needs. Based at the supervised Centre, located near F.H. Collins Secondary School in Whitehorse, students can continue their education either in regular classes at the high school, Pro Active Curriculum units of study at the Centre, or in B.C. Correspondence courses at the Centre. Classes in prenatal, parenting and child care are a required component of the program at the Teen Parent Centre. Daycare is also provided at the Centre. An interview is required to access the programming ➤ Teens stay in school (Moms and Dads). ➤ Daycare, nutrition, parenting, counselling. ➤ Life skills, budgeting.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Involves positive change for young women who have had children and wish to continue their education. ➤ Community based and addresses known gaps within the region in which it operates.
Contact	<p>For more information visit: www.education.gov.yk.ca/psb/teen_parent.html</p> <p>Kathy Heinbigner Director of Teen Parent Centre Phone: (867)-667-3421 email: Kathy.Heinbigner@gov.yk.ca</p>

Undergraduate Medical Education – Indigenous Health Initiatives Program (IHIP), University of Alberta

Brief Description	<ul style="list-style-type: none"> ➤ Founded by the Faculty of Medicine and Dentistry in 1988 to encourage and assist more Aboriginal students to gain admission and graduate successfully from Faculty of Medicine and Dentistry. ➤ The Faculty has now graduated 73 Aboriginal medical graduates, 23 doctor of dental surgery graduates, 20 dental hygiene graduates and 14 medical laboratory technologists. ➤ The Mandate of the IHI Program is to correct the under-representation of Aboriginal physicians in Canada by encouraging more Aboriginal students to consider careers in medicine and dentistry; to facilitate their admission into the MD Program and other programs in the Faculty; and to provide support services to enable students to graduate successfully. It is the Faculty's belief that Aboriginal students with a commitment to their culture and traditions will serve as role models for Aboriginal youth, become leaders in producing improvements in Aboriginal health standards and enrich the life of the faculty as a whole. In order to fulfill this mandate, the faculty has instituted special admission to the MD, DDS, DH and Medical Laboratory Sciences Degree programs for Aboriginal applicants as a national pro-active recruitment policy. ➤ The program is based in Edmonton.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Increase Aboriginal health providers
Contact	<p>For more information visit: www.med.ualberta.ca/education/ume/aboriginal/index.cfm</p> <p>Wanda Whitford, Administrator Email: wandawhitford@med.ualberta.ca</p>

University of Victoria First Nations Partnership Programs

Brief Description	<ul style="list-style-type: none"> ➤ Unique training program, accredited with University of Victoria leads to a Diploma in Early Childhood and Youth Care. ➤ Developed in response to request from the Meadow Lake Tribal Council in Saskatchewan for a more culturally appropriate model for training that would be delivered at the community level. ➤ Creation of a Generative Curriculum Model, which has the following elements: <ul style="list-style-type: none"> ○ central place of indigenous knowledge ○ important role of Elders ○ places children within the broad ecology of the community ○ relies on local knowledge ○ program delivered in and by the community
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Community-based delivery ➤ Culturally appropriate and sensitive
Contact	<p>Dr Jessica Ball (Mary 604 913 9128) Email: jball@uvic.ca Email: apence@uvic.ca</p>

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Aboriginal Healing and Wellness Strategy (AHWS), Ontario

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ A service delivery model that brings together the Government of Ontario and 14 Aboriginal organizations as partners to oversee health and healing programs for First Nations, Métis and Inuit people in an effort to improve Aboriginal health and reduce family violence. ➤ Includes a cluster of over 460 community-based health, healing and anti-violence programs in urban and rural Aboriginal communities, both on and off reserve. Programs and services are designed, delivered, and managed by Aboriginal communities and integrate traditional Aboriginal approaches to health/healing with western methods of health care. AHWS programs that focus on maternal and child health include: <p><i>Six Nations of the Grand River Maternal and Child Centre</i></p> <ul style="list-style-type: none"> ➤ Offers prenatal, labour/delivery, and post-partum services by Aboriginal midwives providing a balance of traditional and contemporary midwifery services and programs. ➤ Operates as a site for Aboriginal midwives-in-training, which is one of only three known Aboriginal midwifery training programs in Canada. ➤ Incorporates traditional knowledge and cultural approaches with community-based approaches, as well as training and human resources. For example, elders provide spiritual/cultural direction and guidance to the Centre ensuring that programs and services maintain their cultural foundation. ➤ It should be noted that there are exceptions for Aboriginal midwives in Ontario’s <i>Midwifery Act, 1991</i>, and the <i>Regulated Health Professionals Act, 1991</i>. These exceptions allow Aboriginal midwives to provide traditional midwifery services to Aboriginal persons and to use the title Aboriginal midwife. <p><i>Aboriginal Healthy Babies Healthy Children Program</i></p> <ul style="list-style-type: none"> ➤ Is designed to assist Aboriginal families to provide the best opportunities for healthy development for children up to six years of age through education, pre- and post-natal screening and assessment, family home visiting, service coordination and support for service integration.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Collaborative ➤ Holistic ➤ Illustrates government commitment to Aboriginal maternal and child health issues
<p>Contact</p>	<p>For more information visit: Ontario Ministry of Community and Social Services www.mcsc.gov.on.ca/en/mcsc/programs/community/programsforaboriginalpeople.aspx Communications and Marketing Branch 80 Grosvenor Street; 7th Floor Hepburn Block; Toronto ON, M7A 1E9 Phone: 416-212-3262</p>

Aboriginal Hospitals – Sioux Lookout Meno Ya Win Health Centre and Weeneebayko Area Health Authority, Ontario

Brief Description	<ul style="list-style-type: none"> ➤ Ontario funds two northern hospitals for First Nations communities that provide Aboriginal maternal and child health care services. ➤ Sioux Lookout Meno Ya Win Health Centre provides acute care, continuing care, patient support, ambulatory care, and mental health and addictions services to patients from the Sioux Lookout region and the 28 surrounding First Nations communities. ➤ Weeneebayko Area Health Authority provides comprehensive primary care physician services, as well as secondary medical services to the population of James Bay Coast and part of the Hudson Bay Coastal area, including five fly-in on-reserve communities (Moosonee, Fort Albany, Attawapiskat, Peawanuk and Kashechewan).
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Holistic, comprehensive care ➤ Relationship building among governments (federal, provincial, First Nations), communities and LHINs
Contact	<p>For more information visit: Sioux Lookout Meno Ya Win Health Centre www.slmhc.on.ca/ Email: info@slmhc.on.ca</p> <p>For more information visit: Weeneebayko Area Health Authority www.weeneebaykohealth.ca/</p>

Early Childhood Development Reinvestment Initiative, British Columbia

Brief Description	<ul style="list-style-type: none"> ➤ Coordinated by the First Nations Early Childhood Development Council in BC, the funding is available to eligible communities and organizations that deliver early childhood development programs to First Nations, Urban Aboriginal and Métis children age 0-6 years and their families in BC. ➤ Grants of \$7,500 are available. ➤ Organizations/communities can apply for more than one project grant.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Community-driven ➤ Addressed known gap
Contact	<p>For more information visit: www.fnesc.ca/e.cd/e.cd.php</p>

First Nations Health Council: The Transformative Change Accord, First Nations Health Plan and the Tripartite First Nations Health Plan, British Columbia

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Transformative Change Accord: First Nations Health Plan (TCA: FNHP, 2005) and the Tripartite First Nations Health Plan (TFNHP, 2007) outlines 35 specific health actions. ➤ Four of these health actions are specific to maternal and child health: <ul style="list-style-type: none"> ○ Providing vision, hearing and dental screening for Aboriginal children ○ Improving access to the full range of maternity services for Aboriginal women ○ Addressing issues arising from the BC Coroner’s Office Child Death Review Report ○ Developing an informational campaign about seatbelt use and safe driving ➤ The 35 health actions identified in the TCA: FNHP and the TFNHP have been clustered into eight areas, one of which is Maternal and Child Health. ➤ Each area has been assigned a Cluster Lead. ➤ The Maternal and Child Health Cluster Lead: <ul style="list-style-type: none"> ○ Provides the strategic leadership, oversight and support for all of the partners working in the maternal and child health action cluster ○ Is accountable to the Tripartite Management Team for maternal and child specific health actions. ➤ First Nations, Federal Government (First Nations and Inuit Health), and Provincial Government participate at all levels: <ul style="list-style-type: none"> ○ Political level ○ Strategic level ○ Planning level ○ Implementation level ➤ Strategic direction priorities for both maternal and child health are identified. ➤ The overall purpose of the mat/child health cluster is to support the effective transformation of the health system to benefit First Nations and Aboriginal communities and to contribute to closing health gaps.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Innovative (only province in Canada to adopt such a plan); collaborative; multi-stakeholder; focused on system transformation through governance (First Nations decision making) and improved health services.
<p>Contact</p>	<p>Michelle DeGroot Executive Director, Health Actions First Nations Health Society Email: mdegroot@fnhc.ca</p> <p>Brittany Mckay, Administrative Assistant First Nations Health Society Email: BMcKay@fnhc.ca</p>

Haida Nation Designated Aboriginal Child and Family Services Agency

Brief Description	<ul style="list-style-type: none"> ➤ The Haida Nation now has full responsibility for delivery of child and family services for community members. ➤ Delegation enabling agreement was signed in 2006. ➤ Creation of the Haida Child and Family Services Society to deliver second level of designated services (resource development and voluntary service delivery): <ul style="list-style-type: none"> ○ Support services for families; ○ Voluntary care agreements for children, including temporary in-home care; and ○ Special needs agreements.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Community-driven ➤ Aspect of self-government ➤ Respects culture and tradition ➤ Works to place children in care with Haida families
Contact	<p>For more information visit: www.haidanation.ca/Pages/CHN/Mandate.html Secretariat of the Haida Nation Phone: 250-626-5252 Email: chn_hsts@haidanation.ca</p>

Maternal and Child Health (MCH), National

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Maternal and Child Health (MCH) is a national program that is delivered through partnerships and builds on other community programs. It is a proactive, preventative and strategic approach to promoting the good health and development of on-reserve pregnant First Nations women and families with infants and young children. The program aims to reach all pregnant women and new parents, with long-term support for those families who require additional services. ➤ A key element of the program is home visiting by nurses and family visitors (experienced mothers in the community), who provide information, support, and linkages to other services; Integrating culture into care is a key aspect of the program. ➤ Program objectives include: increasing First Nations training opportunities for MCH service providers; increasing participation of on-reserve community members in planning and developing services; increasing coordination of services for on-reserve clients; and developing and/or using existing evaluation tools to measure progress using evidence-based models and approaches.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ For the past ten years the provinces and territories have been strengthening their MCH programming because it has such a positive effect on the lives of pregnant women, and families with infants and young children.
<p>Contact</p>	<p>For more information visit:</p> <p>Health Canada. <i>Funded health programs and services</i>. www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/prog/index-eng.php</p> <p>Assembly of First Nations. (no date). <i>Maternal child health program in First Nations communities</i>. http://64.26.129.156/article.asp?id=2270</p> <p>Stout, R., & Harp, R. (2009). <i>Aboriginal maternal and infant health In Canada: Review of on-reserve programming</i>. Winnipeg and Vancouver: Prairie Women's Health Centre of Excellence and British Columbia Centre of Excellence for Women's Health www.pwhce.ca/pdf/AborigMaternal_programmes.pdf</p>

Memorandum of Understanding (MOU) on First Nations Health and Well-Being (2008) (Joint Program) - Federation of Saskatchewan Indian Nations (FSIN), Saskatchewan Ministry of Health, and Health Canada:

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ In 2008, building on discussions supported by the <i>Aboriginal Health Transition Fund</i> (AHTF), a tripartite Memorandum of Understanding (MOU) on First Nations Health and Well-being was signed. It signalled a collaborative approach that was seen as essential for improving the delivery of health services to First Nations people on and off reserve and closing gaps in health status. ➤ Signed by federal Health Minister Tony Clement, Saskatchewan Health Minister Don McMorris, and Vice-Chiefs Morley Watson and Guy Lonechild of the Federation of Saskatchewan Indian Nations, the MOU establishes a formal partnership to improve co-ordination and reduce duplication of services, better adapt programs to meet the needs of First Nations, and address gaps in existing services. ➤ The MOU is viewed as a good opportunity to improve health outcomes for First Nations in Saskatchewan by supporting different health service delivery organizations, on and off reserve, to work together more consistently and effectively. ➤ Implementation includes development of a 10-year First Nations health and wellness plan focusing on priority areas identified through engagement with communities and experts. Examples of priority areas include health human resources, mental health and addictions, chronic disease prevention and management, and improving the health care experience of First Nations people. (Maternal and child health is not currently one of the priority areas under the Plan, but may become a focus through the periodic review of priorities.) ➤ Results show: <ul style="list-style-type: none"> ○ Increased input by First Nations into health planning at the province-wide level. ○ A stable process established for constructive tripartite discussions and joint planning in health ○ Sub-committees developed to address specific health areas are moving forward ○ Nearing agreement on a 10-year health plan and initial actions under the plan ➤ Challenges include building and entrenching effective working relationships across organizations at every level, despite cultural and procedural differences and issues of jurisdiction. Difficult choices and a staged approach are made necessary by limited resources.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ An example of a collaborative holistic approach to planning and delivering coordinated health services that meet the spiritual, emotional and physical needs of First Nations people.
<p>Contact</p>	<p>FSIN: Bev Peel Email:Bev.peel@fsin.com</p> <p>Saskatchewan MOH: Melissa Cote</p>

	<p>Email: mcote@health.gov.sk.ca</p> <p>Health Canada: Dean Norton Email: Dean.norton@hc-sc.gc.ca</p>
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Mi'kmaq Family and Children's Services of NS (Shubenacadie) – Province-wide dispute resolution process

Brief Description	<ul style="list-style-type: none"> ➤ Through the provincially mandated <i>Mi'kmaq Family and Children's Services of Nova Scotia</i>, a province-wide process has been established to ensure that First Nations children receive the same services available to other children in Nova Scotia in similar geographic locales. The process provides a mechanism for dispute resolution in addressing children's needs, including special medical requirements. ➤ Mi'kmaq Family and Children's Services of NS (Shubenacadie) is a private agency mandated by the Children and Family Services Act to investigate and assess all reports of suspected abuse and neglect of children under sixteen years of age and living on Indian Reserves in Nova Scotia.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Addresses jurisdictional disputes between, and within, federal and provincial governments regarding First Nations children and families ➤ Supported by grassroots community members and leading organizations (e.g. UNICEF, Canadian Paediatric Society and the Assembly of First Nations) ➤ Saves lives
Contact	<p>For more information visit: www.mikmaq.ca/directory/community.html</p> <p>P.O. Box 179, 111 Membertou St., Shubenacadie, NS, B0N 2H0 Phone: (902) 758-3553; Toll Free: 1-800-263-8686</p>

Mi'kmaq (Aboriginal) Health Policy Framework Nova Scotia

Brief Description	<ul style="list-style-type: none"> ➤ Funded by AHTF, the purpose of the framework is to ensure that the publicly-funded health care system in Nova Scotia is providing comprehensive health care to all Aboriginal people living in the province. ➤ Highlighted as a potential model for other regions. ➤ Currently being developed and evaluated.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Collaborative ➤ Multi-stakeholder ➤ Evidence-based
Contact	<p>Primary Health Care, Nova Scotia Dept of Health and Wellness. Ian Bower Phone: 902-424-3076 Email: ian.bower@gov.ns.ca</p>

Mother First Maternal Mental Health Strategy: Building Capacity in Saskatchewan

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ A document that provides policy recommendations to assist the Saskatchewan Ministry of Health and First Nations Health Leaders in improving the identification and treatment of women with mental health problems during pregnancy and post-partum period. ➤ The document is based on research and multiple consultations by the MotherFirst Working Group. It was created to address the issues of inconsistent identification and treatment of women with maternal mental health problems. ➤ Recommendations were made in four key policy areas to improve maternal mental health including education, screening, treatment, sustainability and accountability. The recommendations address the need for an increased awareness of maternal mental health, universal screening for depression and anxiety in pregnant and post partum women, improved access to appropriate treatment and a provincial strategy to ensure consistent access to maternal health care. ➤ In terms of implementation, the MotherFirst Working group brought together interdisciplinary stakeholders, including major professional health associations, community organizations, First Nations groups, and women with lived experience. The group is geographically and culturally representative.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Fills a policy gap, until this document there was no policy to address maternal mental health during pregnancy or postpartum in Saskatchewan.
<p>Contact</p>	<p>For more information visit: https://sites.google.com/site/maternalmentalhealthsk/home</p> <p>Dr Angela Bowen Chair, College of Nursing, University of Saskatchewan Phone: (306) 966-8949 Email: angela.bowen@usask.ca</p> <p>Marilyn Sand Maternal Child Health – Policy Analyst, Federation Saskatchewan Indian Nations (FSIN) Phone: (306) 667-2682 Email: marilyn.sand@fsin.com</p>

Netcare (formerly called Wellnet) Alberta Health and Wellness

Brief Description	<ul style="list-style-type: none"> ➤ Single, province-wide electronic health record (EHR). ➤ Ability to access client information by multiple health providers wherever women accessing care (i.e. Information Technology system – labs, etc) ➤ Implementation involved: <ul style="list-style-type: none"> ○ Development by Alberta Health and Wellness (AHW) in cooperation and partnership with Alberta Health Services, and many other partners including the health professional colleges and associations ○ Alberta Netcare EHR Portal is tool for physicians, pharmacists and other health service providers in Alberta. It provides up-to-date available information immediately at the point of care ➤ A remaining challenge is that it is not available to health care providers on First Nations reserves.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Improves the quality and safety of care ➤ Especially helpful for transient populations
Contact	<p>For more information visit: www.albertanetcare.ca/ Email: albertanetcare@gov.ab.ca</p>

Nunavut Maternal and Newborn Health Care Strategy 2009-2014

Brief Description	<ul style="list-style-type: none"> ➤ Nunavut’s first Maternal and Newborn Health Care Strategy Department’s response to addressing a range of health related challenges. ➤ Sets out clear goals over the next five years and, consistent with <i>Tamapta</i>, seeks to build healthy families and communities with specific emphasis on improving health through prevention and addressing social concerns at their roots. ➤ Seeks to bring birth back to our communities, building on community-based services and strengthening maternal care and midwifery services. ➤ The strategy will guide the Department of Health and Social Services in delivering its mandate to improve the health of Nunavummiut, and to provide quality maternal and newborn health care to its residents. ➤ Challenges identified include slow progress without additional federal support.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ Concrete—published document regarding government commitment – lays out health status issues and risk conditions, a vision, guiding principles, goals, priority actions and measureable outcomes and obligates government to identify funding. ➤ Helps to identify barriers ➤ Supports midwifery ➤ Represents an important step forward for the territory as it takes concrete action in integrating modern medicine with traditional and culturally relevant practices – a practical example of how our programs can embrace Inuit Qaujimajatuqangit.
Contact	<p>For more information visit: www.nunavutnurses.ca/english/news/documents/maternal-strategy-eng.pdf</p> <p>Department of Health and Social Services, Government of Nunavut P.O. Box 1000, Station 1000; Iqaluit, Nunavut X0A 0H0 Phone: (867) 975-5700</p>

Pauktuutit Resource Kit (DVD/Manual)

Brief Description	<ul style="list-style-type: none"> ➤ Pauktuutit fosters greater awareness of the needs of Inuit women, advocates for equity and social improvements, and encourages their participation in the community, regional and national life of Canada. ➤ Pauktuutit leads and supports Canadian Inuit women in policy development and community projects in all areas of interest to them, for the social, cultural, political and economic betterment of the women, their families and communities. ➤ One of their resources is a maternal health handout booklet for women - an Inuit specific kit. ➤ Recently distributed to health providers to deliver workshops/info to women. ➤ Many stakeholders engaged in development.
Why this is a Promising Practice	<ul style="list-style-type: none"> ➤ One of the few such resources in Inuit language
Contact	<p>For more information visit: www.pauktuuit.ca</p>

Prairie Women’s Health Centre of Excellence, Manitoba & Saskatchewan

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Prairie Women's Health Centre of Excellence is dedicated to improving the health status of Canadian women by supporting policy-oriented, and community-based research and analysis on the social and other determinants of women’s health. ➤ Prairie Women’s Health Centre of Excellence is one of the Centres of Excellence for Women’s Health supported by the Women's Health Contribution Program of Health Canada. The Centres are dedicated to improving the health status of Canadian women by supporting policy-oriented and community-based research and analysis on the social and other determinants of women’s health. ➤ PWHCE’s goal is to improve the health of women in Manitoba and Saskatchewan in particular by making the health system and social systems more responsive to women’s and girls’ health and well-being. ➤ PWHCE's founding partners are: <ul style="list-style-type: none"> ○ Fédération provinciale des francophones ○ Prairie Region Health Promotion Research Centre, U. of Sask ○ University of Regina ○ University of Manitoba ○ University of Winnipeg ○ Women's Health Clinic <p>In addition to these six partner organizations, PWHCE is supported by many organizations from Manitoba and Saskatchewan.</p> ➤ PWHCE is committed to fostering a better understanding of what determines women's health by: <ul style="list-style-type: none"> ○ Generating new knowledge through identification of issues and research on women's health issues ○ Providing policy advice, analysis and information to governments, health organizations and non-governmental organizations, and by helping to define a women's health research program for Manitoba, Saskatchewan and the rest of Canada ○ Analyzing data and resources on women's health ○ Communicating knowledge promoting further discussion on women's health through publications, various media, workshops and conferences ○ Building and strengthening networks of individuals and organizations. PWHCE is associated and linked with organizations, individuals and policy makers at community, regional and national levels <p>Aboriginal women’s health is one of the priority research areas.</p>
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Bring together community-based and academic research and policy expertise. ➤ Value different viewpoints and approaches that women of diverse backgrounds and life experiences bring to health issues, and recognize the importance of involving women in all aspects of health research. ➤ A partnership of women's groups, researchers, policy makers, service providers and individuals dedicated to women-centered, participatory, action-driven policy research.

Contact	<p>For more information visit: www.pwhce.ca/index.htm</p> <p>PWHCE Administrative Centre - Winnipeg 56 The Promenade, Winnipeg, MB R3B 3H9 Phone: (204) 982-6630 E-mail: pwhce@uwinnipeg.ca</p> <p>PWHCE Saskatoon 501 - 121 Research Drive Saskatoon, SK S7N 1K2 Phone: (306) 966-8658; E-mail: pwhce@usask.ca</p>
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Society of Obstetricians and Gynaecologists of Canada: National Birthing Initiative

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ Founded in 1944, the Society of Obstetricians and Gynaecologists of Canada is comprised of over 3,000 professional members, including gynaecologists, obstetricians, family physicians, nurses, midwives and allied health professionals. ➤ As a leading authority on reproductive health care, the SOGC produces national clinical guidelines for both public and medical education on important women's health issues. ➤ To help ensure mothers and babies receive the quality health care services they need during pregnancy and childbirth, the SOGC is calling for the implementation of <i>A National Birthing Initiative for Canada</i>. ➤ The SOGC developed the discussion paper for an inclusive, integrated and comprehensive pan-Canadian framework for sustainable family-centered maternity and newborn care. ➤ The following organizations contributed to the development of a National Birthing Initiative for Canada and are committed to its implementation: <ul style="list-style-type: none"> ○ The Association of Women’s Health, Obstetric and Neonatal Nurses (Canada) ○ The Canadian Association of Midwives ○ The College of Family Physicians of Canada ○ The Society of Obstetricians and Gynaecologists of Canada ○ The Society of Rural Physicians of Canada ➤ The need for a Federal-Provincial-Territorial Aboriginal Birthing Initiative has also been identified. This Initiative, involving First Nations, Inuit and Métis, will be part of a comprehensive approach, complimentary to existing Health Canada First Nations and Inuit Health Branch (FNIHB) community programs and services. ➤ It will be developed in consultation, collaboration and genuine partnership, involving the following Aboriginal organizations, among others, with whom the SOGC and the SOGC’s Aboriginal Health Initiative (AHI) already work: <ul style="list-style-type: none"> ○ National Aboriginal Council of Midwives (NACM) ○ Indigenous Physicians Association of Midwives (IPAC) ○ Native Youth Sexual Health Network (NYSHN) ○ Pauktuutit Inuit Women of Canada ○ National Aboriginal Health Organization (NAHO) ○ Assembly of First Nations (AFN) ○ National Women’s Aboriginal Association of Canada (NWAC)
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Seen as a positive example of policy development ➤ A leader in the recognition of midwifery

Contact	<p>For more information visit: www.sogc.org/projects/birthing-strategy_e.asp and www.aboriginalsexualhealth.ca</p> <p>Alisha Nicole Apale and Jennifer Ferrante Email: anapale@sogc.com; Email: jferrante@sogc.com; Email: aboriginalhealth@sogc.com</p>
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Urban Aboriginal Strategy – Calgary Urban Aboriginal Initiative (CUAI) (Joint Program)

<p>Brief Description</p>	<ul style="list-style-type: none"> ➤ The Urban Aboriginal Strategy was launched by the Government of Canada in 1998 to help respond to the needs of Aboriginal people living in key urban centres. ➤ The Federal Government partners with other governments, community organizations and Aboriginal people to support projects that respond to local priorities. ➤ Rather than a "one-size-fits-all" approach it was designed to be a community-based approach that supports projects and priorities identified by community members. As a result of this approach, initial pilot projects were successful, which inspired further investments and expansion. ➤ Projects targeted improvements in areas such as: life-long learning initiatives, housing, health, and outreach services and were evaluated by the government; initiatives continue to be funded. ➤ In 2002, the Calgary Urban Aboriginal Initiative (CUAI) agreed to partner with the Government of Canada in order to deliver the UAS in Calgary. The Collaborative Granting Process was developed to assist CUAI in prioritizing funders' investments in community-driven projects that align with CUAI's community plan. ➤ The Calgary Urban Aboriginal Initiative (CUAI) grew out of "Removing Barriers: A Listening Circle," a multi-phase, qualitative, community-based research initiative that took place in Calgary in 1999. "Removing Barriers: A Listening Circle" engaged Aboriginal Calgarians in identifying barriers to service and systems access in Calgary and, together with other stakeholders, envision solutions and recommendations. ➤ Implementation takes place through multiple partnerships among federal departments and agencies, together with provincial and local governments and community organization.
<p>Why this is a Promising Practice</p>	<ul style="list-style-type: none"> ➤ Increase communication between and among participant groups ➤ Not restrictive – local models – share how met community needs ➤ Relocations – build momentum ➤ Cities in Alberta ➤ Staff was hired to facilitate the eight domains of CUAI, which includes health

Contact	<p>For more information visit: www.servicecanada.gc.ca/eng/sk/newsroom/2005/nr10195.shtml</p> <p>www.cuai.ca/about/default.asp</p> <p>Calgary Urban Aboriginal Initiative Christy Morgan A/Director & Senior Community Liaison Phone: (403) 268-1241 Email: cxmorgan@calgary.ca</p>
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