



(DRAFT) PROGRESS REPORT

Atlantic First Nations Child and
Youth Strategic Action Plan,
2013-2018

Presented to the Atlantic First Nations
Health Partnership

August 2014

Introduction

The Child & Youth Strategic Action Plan (CYSAP) represents a shared commitment by First Nations and Inuit Health Branch, Atlantic Region (FNIHB), the Atlantic Policy Congress of First Nations Chiefs Secretariat (APC), Tribal organizations, Atlantic Chiefs and Councils, and First Nations communities, to work together to realize a future where all Atlantic First Nations children are healthy, culturally proud, and confident.

The Atlantic Chiefs resolved “Investing in children and youth” as one of the region’s four health priorities. Planning began in March 2011. Extensive engagement efforts were undertaken. The CYSAP was launched in 2013 and has a five year horizon to 2018. It was intended to build upon, not replace, the work that communities are already doing.

Emerging as key themes during the engagement process, the CYSAP has the following five goals:

Goal 1: Strengthen parenting skills and family involvement.

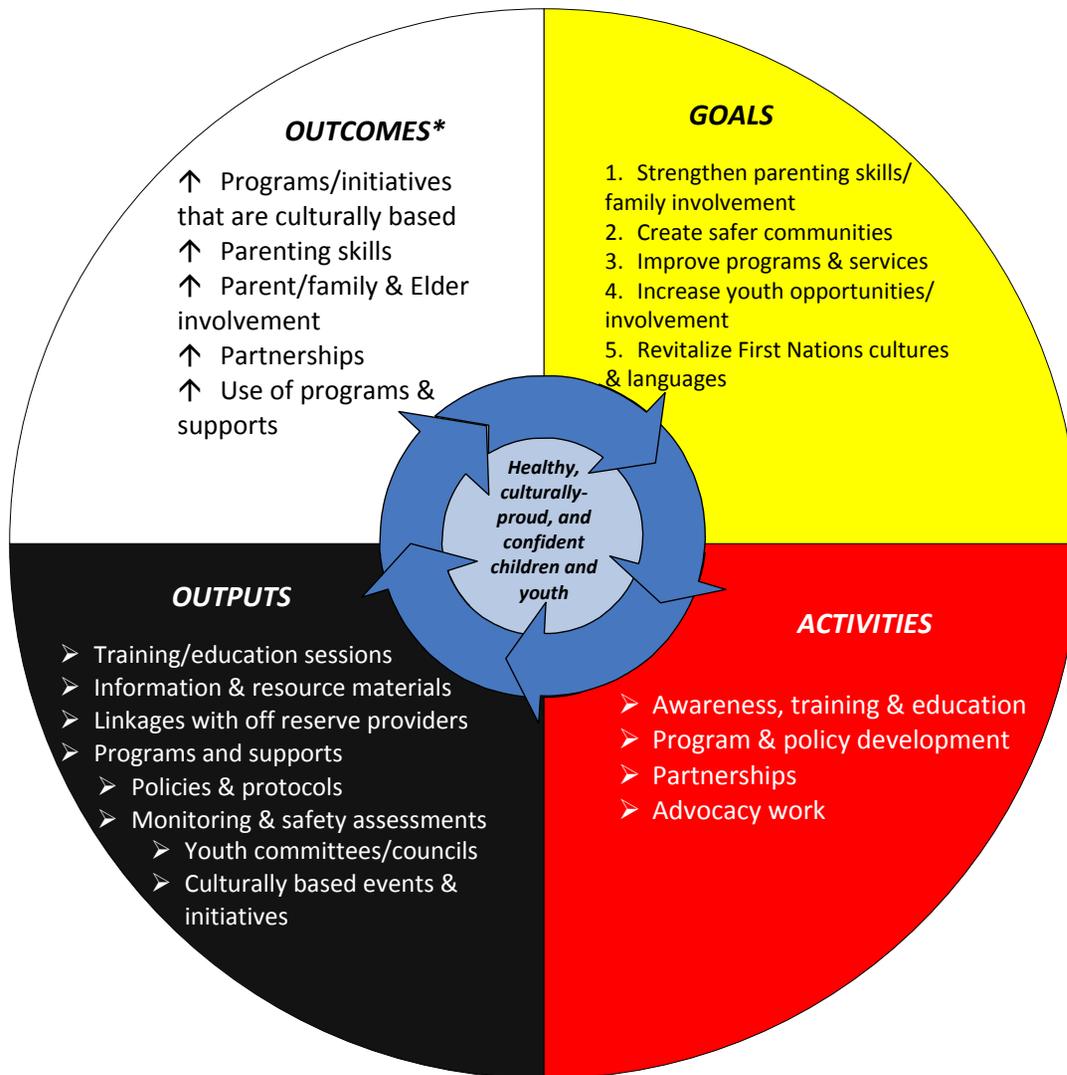
Goal 2: Create safer community environments and infrastructure.

Goal 3: Improve the quality and availability of a broader range of health programs and services.

Goal 4: Increase opportunities for and involvement of youth.

Goal 5: Revitalize and preserve Atlantic First Nations’ cultures and languages.

The following model illustrates how the vision is to be achieved, and how outcomes are to be improved over time as we pursue the goals.



The Public Health and Primary Care Committee (PH&PCC) of the Atlantic First Nations Health Partnership champions the CYSAP. This Progress Report has been designed to inform the Health Partnership of the work that is being done by First Nations and FNIHB in pursuit of the CYSAP vision and goals. The Progress Report consists of three Sections:

Section 1: First Nations Success Stories – In 2013, twenty First Nations identified that they had success stories to share pertaining to the 5 goal areas. APC has contacted these communities to document their successes.

Section 2: 2013-14 Results and 2014-15 Plans – In 2013, FNIHB Program Staff outlined how they intended to pursue the 5 goals. Subsequently, FNIHB documented the results achieved and outlined plans for 2014-15.

Section 3: Indicators as Measures of Progress – In 2013, with the assistance of the Epidemiologists at FNIHB, the PH&PCC identified all available sources of data that could be used to understand whether progress is being made as FNIHB and First Nations action the CYSAP. Twenty-seven (27) indicators are deemed to have data of sufficient quality to use for reporting. There are 13 indicators reported in the publication “First Nations and Inuit Health: Health Status of First Nations On-Reserve in Atlantic Canada 2013.” The remaining indicators will be included in the 2014 version of this health status report expected to be available in the spring of 2015.

By reporting in above way, the PH&PC Committee has attempted to combine the strengths of the information from the three sources to demonstrate a more complete picture of the progress made in achieving the vision and goals of the CYSAP.

SECTION 1: First Nations Success Stories

Introduction

In March 2013, a survey was administered to the Health Directors, asking them to report on the CYSAP in their communities, and if they had any “success stories” in their respective communities that match up to the five goals of the CYSAP that they would like to share. Twenty communities responded that they had success stories to share.

In 2014, the APC Health Policy Analyst was delegated to collect First Nations CYSAP success stories and to report on them. The success stories were to be part of the First Nations input regarding the CYSAP reporting.

Methodology

The Health Policy Analyst contacted the 20 communities in spring 2014 by mass email, individual email, and or by phone call. A majority of the data was collected by phone interview (a lot of Health Directors did not respond to the email questionnaire). Most of the conversations took place with the community’s Health Director. Other times, the Health Director would either delegate the phone call/email to someone else in the community (e.g., an education director, an early childhood education worker, etc...) or would have several people participate in a teleconference. The email questionnaire laid out the five goals along with some examples of what the goals look like. When the Health Policy Analyst conducted the phone interviews, each goal was read to the Health Director or delegate along with some examples of the goals. Then the Health Director or delegate would respond with how the goal was being met by giving examples of success stories happening in the community. Every reasonable effort was made to try and have the communities respond to the five goals specifically. Other times, a community would send in raw data in no particular order/category of work being carried out with respect to children and youth. This raw data is still valuable and all best efforts were made to incorporate it into this report. There may also be some slight overlap in reporting of goals (e.g., health programs and services that incorporate First Nations culture would be Goal 3 and Goal 5 going hand in hand). Those overlaps are noted throughout this report.

Reporting

Communities are listed in alphabetical order. Then the CYSAP goals is listed, followed by examples of the goals being carried out in the community. If a goal is left blank, either it was difficult or impossible to categorize or report, or it fell into another category. For the most part, a majority of the communities respond to all five goals.

Communities with Success Stories

Acadia First Nation

Acadian First Nation sent in their success story from their Youth Centre.

Goal 1

- The community has a Head Start program, which ran from September 2013 to June 2014, with a program based upon six components; culture and language (Goal 5), education, health promotion and nutrition (Goal 3), social support and parental involvement (Goal 1).

Goal 2

- Afterschool program for ten to 18 children between ages five to 12, from 2:00 p.m. to 5:00 p.m., with daily snacks, activities (Goal 3), and homework hour; and
- Drop-in program for children between ages five and 16; centre is available as a social support network that is fun, safe, and secure; runs from 5:00 p.m. until 9:00 p.m. Monday to Saturday;

Goal 3

- Drop-in Centre has physical activities available for children and youth between ages two and a half to 16 years such as ballet, karate, and acrobats;
- Day Camp program over March Break for about 20 children between ages five and 12 with various themes such as Birthday Bash, Super Nova Science Camp, Friendship Day, Indoor Winter Fun, Messy Day, and a day at the movie theatre; an outdoor activity was skating at the Mariner Centre; and
- Summer Day Camp program had between 20 to 25 children between ages five to 12 with various themes such as Messy Week, Water Week, Outdoor Adventures, and Olympics; the children were also taken on field trips to places such as the zoo, Upper Clements Park, and local beaches.

Annapolis Valley First Nation

Goal 1

- Parental classes offered to expecting parents, covering topics such as nutrition, breastfeeding, labour and delivery, and bringing the baby home; fathers and birthing partners also attend these classes;

- Postnatal visits are done for every birth in the community;
- A Nipissing screening tool is used for children and they are followed through to school (between MCH and AHSOR program); and
- Partnered with Mic Mac Families through their Mi'kmaw Family Support Liaison Worker, which provides parenting skills training and various youth and teen workshops to empower their confidence.

Goal 2

- Local swamp area filled in to prevent children from falling in (as children were playing around it);
- Boulders placed on hill to prevent downhill tobogganing that lead them to a road; and
- Bylaw in place where dogs are not permitted to roam free.

Goal 3

- Partnered with Department of Health and Wellness (DHW) and hired an MPAL (Mi'kmaw Physical Activity Leadership) that is shared with Glooscap First Nation (funded by DHW and both communities);
- In process of forming a recreation committee that will have a cross section from Elders, youth (Goal 4), and leadership;
- Addictions worker doing tremendous work in addictions prevention, using activities such as healing circles, awareness activities, and counselling; and
- Activities throughout the year include Ocean Day trips, Halifax movie nights, Chrystal Palace, Halloween Corn Maze, swimming, and skating.

Goal 4

- Summer student employment program in place for two groups, ten to 15, and 16 and older; ten to 15 employment opportunities involve doing duties for community members, including recreational education and cultural activities (Goal 5); and
- Youth attend the Valley Youth Gathering annually with other communities and learn and share with peers about their respective histories and cultures.

Goal 5

- AHSOR incorporates Mi'kmaw language into their routine using various resources, such as websites and Smart Boards, and as well as songs;
- AHSOR participated in an art project book called "Through the Children's Eyes," and had several entries from the community; and
- Opened a Learning Centre in 2011, which has Native culture incorporated, such as sharing circles, feasts, moccasin making, beading, storytelling, and the medicine wheel.

Bear River First Nation

Goal 1

- Partnering with Muin Sipu Learning Centre, which provides for childcare services, toddler group, preschool, afterschool (four days a week), and summer childcare services; and
- Pre- and post-natal services, including Baby and Me.

Goal 3

- March Break activities, such as skiing and Bounce Kingdom Family Fun Night;
- Day trips and overnight trips;
- Community swimming pool and swimming lessons;
- Weekly youth groups;
- Financial support for children attending sport camps and YMCA memberships;
- Improv acting evenings;
- YUM (Youth Understanding Mealtime);
- Children's oral health initiative;
- School lunch program – providing financial support for school-aged children based on attendance; and
- Healing services – twice a year, youth have an opportunity to take advantage of healing services offered by the health centre in services such as reflexology and “Indian Head Massage.”

Goal 5

- Craft Day

Elsipogtog First Nation

Goal 1

- Migjtjgoôgoôm Family Resource Centre (Centre); offering four parent and child-parent support programs;
- Making the Connection program is for all parents, but especially useful for parents dealing with issues of limited social supports, unresolved parenting history, lack of confidence in parenting capacity, teen parenting, struggles with addiction, infant with difficulties, and other life stressors;

- Play Group and Drop-in programs; provide opportunities for parents and children to play, learn, and grow together in a safe and supporting environment
- Adjusting to Parenting Support group; a time for parents to get to know one another, and to be able to support one another with their parenting challenges; topics include stress management, family violence, communication, and relationship building;
- Supporting Foster Parent group through the Centre along with various literacy initiatives for parents and young children; helping to organize a Parent Fair;
- Outreach worker who helps parents is train in: Making the Connection, mental health first aid, Mother`s Mental Health, Nobody`s Perfect, and the Period of Purple Crying;
- Books and education resources being utilized; and
- Other parenting skills being offered through the Centre are: foster parenting, appreciation celebration, and training, Head Start, prenatal classes, grief and healing circles, parent-child assisted programs, food security training, and developmental assets training.

Goal 2

- Neighbourhood Watch Program and Safe Space;
- Wampum CISM Training;
- Aboriginal Shield Program at Elsipogtog Community School-Healthy Decision Making;
- Bike Safety rodeo;
- Elsipogtog People in Cooperation Youth Group (EPIC);
- Wave group (Violence Prevention Youth Support Group);
- Suicide prevention walk;
- Moose Hide campaign (Violence Against Women and Girls);
- Purple Light campaign;
- Walk-A-Mile campaign;
- Non-Violence Intervention training for school and family resource centre staff;
- Violence in the Workplace training for Elsipogtog Health and Wellness Center staff;
- Family centred diabetes awareness nights;
- Apigsigtoagan Forgiveness Circles, restorative justice program, victim`s assistance program, Healing to Wellness court, and Native probation officer;
- Mental health outreach and methadone maintenance program (Goal 3);
- Eastern Door clinic-fetal alcohol diagnostic clinic (Goal 1 and Goal 3);
- Crisis centre, crisis response team, Kent suicide prevention committee, and suicide prevention committee (Goal 3);
- Fire safety school curriculum Noegmag Youth School and Noegmag Youth School-Youth-at-Risk;
- Violence and Abuse prevention committee;

- Dog bylaw and enforcement;
- Community RCMP patrol;
- Curfew for youth bylaw;
- Speed control signage;
- No Smoking signs at public buildings;
- Community safety toll gates; and
- Community newspaper safety reminders - monthly submissions.

Goal 3

- Youth Wellness Day, Epic youth group, and Wave youth group;
- Noegmag camps;
- Strength in Being a Boy youth group;
- Girl Power youth group;
- Hockey, softball, and football programs;
- Health and Wellness curriculum – community school;
- Seasonal cultural camps (Goal 5);
- Youth health services;
- Mental health outreach worker;
- Save Our Students support committee;
- Aboriginal Shield program;
- Respect Education;
- Assist training;
- Community prevention walks;
- Youth Wellness Day;
- Mental health services to community school (one day per week);
- Community-Based learning centre;
- Restorative justice;
- Victim's assistance;
- Healing circles; and
- Apigsigtoagan Forgiveness Circle.

Goal 4

- EPIC Youth Group-domestic violence prevention;
- Wave Youth support group-empowerment youth group;
- Youth meditation circles;
- Cadets;
- Ted Nolan camp;
- Asthma camp;
- Camp Glendale;
- Community garden;
- Culture Leisure Community Development Programming (CLCD) – all ages programming;
- Aboriginal Summer Games training and participation (Goal 5);
- Youth Fun Days - CLCD – park and beach opportunities;
- Elsipogtog Day celebration;
- Youth summer employment for high school (newly graduated) and university students;
- Community gym and arena; and
- Elsipogtog Archery club for youth.

Goal 5

- National Aboriginal Day celebrations;
- Culturally Proud youth teachings – cultural craft curriculum teaching;
- Seasonal cultural camps;
- Jingle dance program and shawl dance program;
- Dancing, drum marking workshops, and drumming and chanting program;
- Cultural Camps – one per season;
- Language program for families;
- Online Migmag Language course;
- Elsipogtog Day celebrations and ceremony;
- Aboriginal Summer Games participation;
- Elder teachings in Health and Wellness school curriculum;
- Migjtijgoôgoôm Family Resource Centre – Seven Sacred Teachings floor mat, used for all programming;
- Culture leisure and community development (youth centre)- Seven Sacred Teachings floor mat-used for all programming;
- Elsipogtog Pow Wow;

- Regalia making and moccasin making (youth centre);
- Residential School Survivor presentations and teachings;
- Memorial birch bark canoe (community school library);
- Sweat Lodge and Sun Dance ceremonies;
- Healing, Grief, and Apigsigtoagan Forgiveness Circles;
- Moose hide campaign;
- Restorative justice;
- Culture and language school curriculum; and
- Elders in the classroom.

Esgenoopetitj First Nation (Burnt Church)

Goal 1

- Brighter Futures helps by donating from their programs to buy groceries and to teach young new parents to cook their meals (also in group sessions); Brighter Futures also work with the nurses and do activities to help connect with young mothers; and
- For the summer games (August 6 to 9), they will be doing child-parent activities.

Goal 2

- A safe house program (a safe haven if there is violence in the home) has been started and should be up and going by the fall; and
- Dog-control by-law was submitted; Health Director teams up with a Cape Breton woman who arranges to have female dogs fixed.

Goal 3

- Healthy eating and activity via ADI (Aboriginal Diabetes Initiative) program;
- Physical activities such as kick-boxing, archery, and badminton;
- Diabetics are notified of education sessions on healthy eating, and long-term consequences of the disease itself;
- Also involved with two other communities (Eel Ground and Red Bank) re mental health program titled “Expanding Our Circle of Mental Wellness,” which is for everyone, and youth do take part in it; and
- For non-Natives working in the community re mental wellness, they had an opportunity to have two UNB professors to teach them cultural sensitivity and Indian Residential Schools.

Goal 4

- Summer jobs every year; and
- Committee with Elders and youth established, there are some difficulty in getting it organized.

Goal 5

- Mi'kmaw Immersion from kindergarten to grade eight;
- Annual Pow Wow;
- Drum teaching, and have Elders with their grandchildren learning to make drums together; and
- Basket-weaving takes place (with a woman from St. Mary's).

Eskasoni First Nation

Goal 1

- Community Breast Feeding group, and whenever a new mother is ready to have a baby (usually first time), names made available (with contact info) to who can offer their service, and can be reached 24/7, mostly dealt with over the phone, but can make home visits;
- Usually participate in Quintessence Foundation Breast-feeding Challenge (a worldwide feeding challenge once a year). The numbers are recorded and sent back to foundation, and very it is successful (last year was about 22 mothers), and they offer prizes;
- Baby food making classes offered about three times a year (but may plan for more as it is popular), dietician takes a lead with this with MCH home visitor, and the mothers get education re foods and how to make them, and they get a little bag with tokens;
- Labour and delivery classes (usually first time mothers);
- Integrate cultural aspects into prenatal classes (Goal 5), such as moccasin making, beading, dream catching making;
- Mothers Helping Mothers program, basket making and quill making (Goal 5), and mothers can share their stories;
- For Our Children program, a participate-driven parenting program, eight core modules, and they do training in other communities, delivering others modules, and it looks at meeting the needs of particular families; and
- Mommy and Me, mothers come together with their babies and do stories and crafts, to give mothers a time to bond together and for babies as well, takes place every week, babies from zero to four years old.

Goal 2

- Eskasoni Neighbourhood Watch ("Helping Each Other");
- Parents Against Drugs;

- Harm reduction workshops;
- Created third Aboriginal Youth Health Centre (has a full-time nurse), and one day a week, doctor comes in, open all year for youth 12 to 20 years old; youth council organization group (Goal 4) directs nurse in regards to programming and use of E mental health (re programming);
- After-school program, used to be just recreation and sports, but have moved into other activities, such as Sweat Lodges (Goal 5) and community gardens; they are currently looking into expanding into other areas;
- Partnered with Youth Crime Prevention Organization;
- Re harm reduction, many community education sessions done, and there is a community wide needle exchange done with AIDS Coalition NS and Healing Our Nations;
- Partnered with RCMP and NADACA re bike safety program; kids get certified re to ride a bike safely, and equipment and bike used are drawn off and given to the kids; and
- Crisis centre (24/7).

Goal 3

- Recreational Learn to Run, Learn to Surf, Learn to Sail, Learn to Canoe, Learn to Play Hockey, and Sweat Lodges (Goal 5); Eskasoni Band created Sport and Rec Department for one year and did projects;
- Youth Health Group asked what ideas could be done at school (Goal 4), teach healthy eating, surveys done at school to best find out what youth want;
- Recently released a winter activity video; working on summer activity video now;
- Partnered with Tripartite Sports and Rec and with Rec NS, CBRM Sports and Recreation and Wanda Stream (from Recreation Nova Scotia);
- Culture camp with mental health (Goal 5);
- Involved with Phoenix Youth Program and international Resilience Project;
- Girl Power to boost self-esteem, to encourage socialization, bullying talks, and empowering girls and to teach them leadership roles (Goal 4);
- Utilize High Five to measure programs that meet the needs of community;
- Suicidal prevention programs (Face Talk) to help recognize warning signs, and to help them get help;
- Sent a candidate to canfitpro Aboriginal Warrior Personal Trainer program; they have people certified to teach Aboriginal Coaching model (for Aboriginal coaches), done by Canadian Coaching Association;
- Respectful Relationships; they can do one on one or group re sexual relationships, as well as domestic violence program (Goal 2);
- Partnered with RCMP and NADACA to do workshops at school on bullying, drugs and abuse, able to provide a respect program on harm reduction and healthy relationships;
- Developing Aboriginal Coaching Database to follow and keep track who is certified as an Aboriginal coach;

- Have their own mental health database, which serves many purposes, such as clinical application, but it also has personalized reporting, so it can track trends in mental health and addictions over time; they can extrapolate data from Tuwkin partnership;
- Annual Our Eskasoni, celebrating successes of the people of Eskasoni;
- Annual Easter Egg hunt for entire community,
- Summer Fest, Mr. Eskasoni, and various celebrations (those who finish post-secondary schools);
- Back To School to get children hyped up for school;
- Traditional medicine garden (Goal 5);
- Invested in summer games (ball fields and track, and recently opened a fitness centre);
- Annual scholarship given out to a male and female in grade 12 that best exemplifies healthy living;
- Partnered with Boys and Girls program for dance programs (various types), Learn to Swim program, movie nights, floor hockey nights, and skiing;
- MPAL (Mi'kmaw Physical Active Leadership) worker;
- Child and Youth Outreach program (funded by FASD money) for those with developmental delays or risks, support is available; they do family screening, healthy lifestyles, if child between zero to five, and no history of drug or alcohol use in prenatal period, then they get referred to appropriate services (i.e., autism, ADHD, etc...), and worker bridges gap between outside reserve and on-reserve, but if there is a history during prenatal period, then worker provides intense intervention and support for child and family (if child between five and up, off-reserve services tend to drop), so the child can work with worker, who sets up support groups for different types of disabilities;
- Re Child and Youth Outreach, it is individual family support planning (tailored based upon needs, family directed); well-known in community, if development is not going as expected, they know to call worker; and
- Re Child and Youth Outreach, had successful summer camp last year (four days a week) with 16 children (usually age four going on five), Elders came to do traditional dance, arts, and Mi'kmaw language (Goal 5); camp hosted speakers (different one each week), RCMP re Stranger Danger (Goal 2), nurses re health, dietician re Healthy Eating, Fire Department (with fire trucks) re that they are there to help and fire safety, Tae Kwon Do instructor taught some basic self-defence; at the end, all graduated with a ceremony and certificate, and an opportunity for parents to know that their kids can do these things; now even a waitlist for the camp and program; very popular and well-utilized.

Goal 4

- Summer jobs for students, including researching opportunities with Dalhousie Resilience Centre;
- Youth resource group and Sports and Rec group do lots of youth engagement on a weekly basis, going back and rechecking with youth re kinds of programs and services they would like to see;
- In school, they have a group called Body and Mind, which do a lot of leadership activities, and youth group re health;
- Audio Visual group are asked to do video productions for organizations in Eskasoni (also did a reliance video); and
- BSW and nursing student placements.

Goal 5

- Mi'kmaw Hockey program (Goal 3), a way for them to understand game better, but from a Mi'kmaw perspective, to help transition for youth to learn before going to non-Native community to help reduce cultural shock;
- With EMH, they have clinical therapist who work with cultural support workers to blend medical model with traditional practices;
- Aboriginal coaching model; they have a part for teaching coaches proper cultural ceremonies;
- Cultural camp (out for a few days to remote area), have Elders involved who help teach kids basket making, sweats, making drums, dancing, canoeing; incorporating Seven Sacred Teachings, Medicine Wheel, medicine pouches, and workshops Four Pillars of Respect; moose hunting and conservation; traditional meals, taught how to make liskukin; and
- Annual Pow Wow.

Fort Folly First Nation

Goal 1

- Bringing people in to do talks on parenting (especially for younger parents or those with younger kids);
- Community has a Head Start program, and if there are concerns re the kids, Head Start worker informs the parents;
- One-on-one parenting for parents (especially for those parents with younger kids), this has a good turnout; and
- Because it is a small community, they have less full-time staff, so they often bring people in.

Goal 2

- Block Parent Program on-reserve; and
- Speed limits (only 40 km on-reserve).

Goal 3

- Not a lot of programming on-reserve; no parks nor rec centres, but they try to encourage the youth to be active and go outside (walk, stay busy); and
- Re health policy, they promote healthy eating for young children.

Goal 4

- Summer jobs are available, although they struggle is because there are not many jobs on-reserve, so they often go off-reserve and this works out well; they try to get them off-reserve for broader work experience.

Goal 5

- There is not a lot of culture on the community, as a lot has been lost;
- They used have an Elder who has taught how to make baskets; beadwork used to be done (but the Elder has since passed), and HD tries to incorporate it (but difficult as the HD is non-Native);
- They do bring in an Elder in the summer who teaches the language and culture (for July);
- Sweat lodges were done up until last year (by drug and alcohol worker), not completely sure if they will be taking place again this year.

Indian Brook First Nation

Goal 1

- Baby and Me (every Monday, CHN puts it on, she brings in different people and organizations to talk about healthy relationships, and health and safety);
- Tiny Tots (twice a week); and
- Aboriginal head Start; two youth groups (five to nine, and ten to 14), and do lots of prevention stuff re drugs and alcohol.

Goal 2

- Neighbourhood Watch (done through RCMP); and
- Many traffic signs in the community.

Goal 3

- Employed recreational coordinator;
- Community centre open seven days a week (volleyball, sports, basketball, sports);
- Lots of one-on-one with those coming back from detox or rehabilitation programs to try and reintegrate them back into the community;
- Crisis phone line, and currently training the crisis team;
- Many different programs for exercise, and they bring in nutritionists; did a weight-loss challenge (nutritionist came in once a week for 15 weeks);
- With Diabetes Initiative Week, they hosted a breakfast, and people had to get information/education for diabetes prevention (very successful; 65 people came); and
- Two youth groups (five to nine, and ten to 14), and do lots of prevention stuff re drugs and alcohol.

Goal 4

- Youth council exists, community centre gave the youth a renovated room;
- Recognized eight of their youth as role models (physically active), they have active role models, and they did posters up for them;
- They went to the Aboriginal Sport Youth Summit (took all the kids there and they were recognized by all 13 communities of NS).

Goal 5

- Two ten-week language programs on;
- Many cultural programs are done with the school or health centre, including Seven Sacred Teachings;
- They did a six-week fancy shawl and traditional voice program; girls did it first, then boys; first 30 minutes was for younger girls, and the older girls went upstairs and were taught how to make their own shawls, and afterwards, they switched; after the six-week program, they had 18 girls who made their own shawls; for boys, it was a bit more challenging making ribbon shirts, so someone else helped make them, but they still learned traditional dancing;
- Held a 14-week beading program at health centre (very successful), about 15 people each week; and
- NYE Pow Wow (December 31) until 1:00 a.m. (alcohol-free event).

Indian Island First Nation

Goal 1

- At Head Start, they strengthen parenting skills by inviting parents for field trips, special occasions, and are welcoming parents to centre for any of our daily activities; and
- Staff have a close relationship with parents/guardians.

Goal 2

- Dog-enforcement by-law in effect; and
- Staff trained in First Aid, New Brunswick Work Safe, and WHIMIS.

Goal 3

- Seminars dealing with self-esteem, STIs, drug and alcohol abuse, and once a year they hold a youth retreat; with the retreat, speakers brought in and the youth do all kinds of fun activities; this year they are planning on going to Metepenagiag Lodge; speakers will be invited and the youth will be going tubing and doing other fun activities;

- Head Start staff promote healthy physical activity, healthy meals and illness prevention;
- Head Start staff attend menu planning with Health Canada so that they can offer healthy food for students;
- Head Start staff attend courses in food safety and illness prevention; staff always participating in workshops about health issues for community; and
- Dietitian invited in to speak to children.

Goal 5

- Aboriginal Day celebrations with barbeque and fireworks;
- Head Start uses Say It First resources that teach children Migmag language;
- Head Start hangs posters on walls in Migmag;
- Head Start has visits and snacks with Elders; reading stories and singing songs about our culture; and
- Head Start planning to start drumming and jingle dress dancing classes for our students.

Lennox Island First Nation

Goal 1

- Child Development Team; lots of success in coordinating front line workers, so they can match families with a specific service provide (such as MCH, mental health, or CY worker);
- They advocate for the family to become involved with the child development team, so parents can be involved as much or as little as they wish (seems as if parents like the advocate bringing them information at their home, or an office at the school);
- If referrals involve outside appointments, they can bring a member of the child development team with them (to help facilitate the conversation, but to not overwhelm it; sometimes they may ask advocate to ask the questions, take notes, or even lead the conversation, etc...); and
- Every second week, front line workers meet (who are aware of different programs and services) to brain-storm issues around specific families (who have their given their consent for this discussion to take place) about how to address these issues.

Goal 2

- After-hours programming for children;
- Women's shelters;
- Many injury prevention programs (such as car seats);
- Bicycle safety; and

- Injury Prevention Expo also deals with children, youth, and teens.

Goal 3

- Physical activity and healthy eating, currently working with Chief and Council in that, at functions hosted by any band entity (such as education, health, etc...), any food that is provided is healthy (dietician developed); going on for three years now;
- Physical activities, ball hockey, Zumba (via ADI), cross-country running, yoga at women's shelters and sometimes at the school;
- Any group in health sponsored programs must involve healthy food and must involve a physical activity (even just a simple walk; tailored towards group);
- Health centre sponsors different sports, depending on the season; anything active is usually supported (i.e. baseball and soccer in summer, gymnastics in fall, hockey in winter, etc...); and
- Fitness centre in the community with a coordinator, and one health centre staff is a certified personal trainer; MCH worker is also a personal trainer.

Goal 4

- Youth employment strategy dollars used to hire five to six youth for camp leadership roles for summer health camp for elementary school children (Goal 3).

Goal 5

- Any health sponsored program also require a cultural component, mainly Seven Sacred Teachings in all programming;
- Some youth groups almost always have an Elder involved, usually doing a presentation or story-telling;
- Language teacher come in for all of parenting programs (children at Head Start also get language lessons); and
- Music program for youth facilitated through band's cultural program.

Listuguj First Nation

Goal 1

- MCH has social support for young families, one activity is the new Born Celebration of Life; in December, for all new-born babies, a dinner is hosted (with Chief and Council), and at end, Chief stands up and presents them with an eagle feather and are welcomed into community; for expecting mothers, moccasins kit is given, and an Elder comes in and helps presents them (Goal 5);

- Mothers' Circle, different coordinators involved (such as smoking cessation, drug and wellness coordinator, community wellness coordinator, and life promotion coordinator) all for pregnant mothers; once they have babies, they have a person come in for car seats/safety (Goal 2);
- Dietician comes in to help prepare baby food (Goal 3), and Baby Bullets are sold at a reduced rate; and
- For mothers who do not know where to apply for birth certificates, registration, etc... they have a support worker to help them (health centre provides funding for this).

Goal 2

- Chief and Council recently asked to pass Band Council Resolution stating that all events sponsored in the community be alcohol- and drug-free;
- Drug-free zone in baseball field, so that, if one is going to drink, to at least be in a certain area; this struggled at first, but eventually became successful;
- Women's shelter; and
- Dog patrol (a dog catcher).

Goal 3

- Summer camp for youth, geared towards seven to 15 years of age, learning healthy lifestyles (physical or nutrition); participation and recreation, and leadership skills are also offered (Goal 4), and high school students are hired to work the camps (Goal 4);
- Addiction awareness work, and for youth coming out of rehab centres, they have after-care protocol;
- Health Centre provide gym and swimming passes for youth (there is a pool near the community);
- Four fitness summits a year (for everyone), youngest was 16 and oldest was 70, fitness summit was organized by Health and Recreation, and all instructors were certified in their area of expertise and all were First Nations;
- Canoe trips and diabetes workshops;
- Nutrition policy; no junk policy at school and youth centre;
- Sex education classes at school (done by nurse and kinesiologists);
- STI and contraception education for grade eights every year;
- HIV symposium for grades six and eight;
- Drug-free and family violence workshops for grade six;
- Easter time, healthy snacks given out; and
- Community billboards that identify healthy lifestyles with grass dancers on them (Goal 5).

Goal 4

- Youth council established for Chief and Council, so any youth that wants to discuss an issue, a councillor has a portfolio for this;
- Listuguj role model (done through Education), and all post-secondary students can apply for this, Education Advisory Committee that picks out that role model; and
- Summer job placement, and for high school and post-secondary, it is based on their field of study (i.e., health study for health work).

Goal 5

- Mi'kmaw classes for Head Start;
- All Listuguj Mi'kmaw Governance, any students working here must take Mi'kmaw language classes;
- School has Cultural Day four times a year; children at school year end have a mini-Pow Wow (only for children who have gone to school);
- Drum making in summer camps (Goal 3), and one of the cultural coordinators shows them how to make jingle dresses, ribbon shirts, etc... which gets them ready for August Pow Wow;
- Tradition and Cultural Advisor (who explains traditions and culture to outside agencies) is also available for the schools to promote traditional lifestyle;
- Traditional medicine workshop to be introduced (Goal 5);
- Fishing and hunting workshops in fall (elder, as well as community member helping too); and
- Community Elders come in to talk about teachings.

Madawaska Maliseet First Nation

Goal 3

- Two sessions organized in the spring re communicable disease control with public health, first was immunization with ages, and second was to talk germs, wash hands, hygiene; they are a small community, first evening was 35 people and second one was 51 people; prizes for those who attend re hygiene prizes (toothbrush, paste, etc...), and was a big success;
- Gym and fitness centre that youth go to; and
- Aboriginal Diabetes initiative work carried out.

Goal 5

- Dancing groups;
- Weekly drumming;

- Building a traditional village with a sweat lodge, some teepees are up, supposed to be completed by August; building the village so that the kids can come to learn on site (as opposed to classroom and Power Point Presentation use); and
- Planning to put out a booklet that they could carry that would have all basic phrases on a daily basis (in French, Maliseet, and English).

Metepenagiag First Nation

Goal 1

- Some program activities have done with MCH are pre- and post-natal assessment;
- Prenatal classes, cooking classes for young mothers, car seat safety (Goal 2), baby food making, Bonding Through Literacy, nutrition sessions, Mother Goose (Public Health came in, and kids were read to), Making the Connection program, Glowing Great Activities (mentoring kids to offer some positive role modelling, usually an MCH worker), infant wrap class, and infant massage class;
- Biggest MCH success, increased participation with families and more self-referrals, a lot in the community are looking forward to this as it makes a big difference, reached out to all parents and caregivers in the community; and
- Promote healthy childhood growth along with health practices and birthing practices, and this gets lots of positive feedback.

Goal 3

- Planning a skate park in the community;
- If someone comes out of treatment, they have a traditionalist who could help with after-care component, National Native Alcohol Drug Abuse Program (NNADAP) worker, with one for youth and one for adults (currently looking to fill this up for a youth only worker);
- Alcohol prevention programs for youth (focus with prevention, not treatment, which is sought off-reserve); NNADAP worker also does prevention work, going into schools doing cultural workshops;
- Little Girls Drum Group (consists from ten young girls from Red Bank, and they build their own drum, hired community workers to help with dresses);
- Healthy lunches offered in all child and youth programs (arrangements made with school);
- Metepenagiag Day in August, with activities geared to whole families, jumping castle, healthy barbeque; and
- Activities re to youth suicide prevention.

Goal 4

- Summer job program; they are going to take on a student (young, grade four), who will come in under NNADAP and fully supported by the council; it is four to six weeks; they are looking to bring in a university student to work in the health centre for the summer (who is involved with health sciences in university; they do this every summer).

Goal 5

- Language in elementary school; and
- Annual Pow Wow (health centre contributes to the Pow Wow).

Potlotek First Nation

Goal 1

- MCH has prenatal program where they have a clinic once a month with different presenters, collaborating with GASHA (Guysborough Antigonish Strait Health Authority) clinic to do classes with expectant or new mothers, usually feed them and have prizes and gifts for the mothers; and
- Head Start; teaching children Mi'kmaw language, traditional ceremonies, and activities, and they have Elders come in as well who speak to children (Goal 5); majority of children at school have gotten their spirit names (Goal 5), and community had come together to make regalia with colours that go with spiritual name.

Goal 2

- Speed limits;
- Car seat safety; and
- Bicycle rodeo/safety with RCMP involvement.

Goal 3

- They have a dental hygienist in the school (who does workshops with children in the class);
- In summer, they offer program in community where they hire students who do programming for recreational activities at the school (Goal 4);
- Tennis and basketball courts;
- Employed youth (Goal 4) will open the school gym for the kids;
- Schools offer a healthy breakfast program, so they feed the kids;
- Walking challenges; ADI people come in from UNSI, and the kids get step counters, introducing the kids to fruits and vegetables, and have the kids sample them; and
- Recreational programs for youth who are too young to work; available bicycles and sports equipment, and rock climbing walls.

Goal 4

- Youth employment in the summer; grade 11 students get four weeks of work and grade 12 will get eight weeks; university students also employed.

Goal 5

- Mi'kmaw immersion class exists up to grade eight; Head Start is totally immersion;
- Cultural camps; hosted series of camps last year, with focus bringing together youth and Elders, and different camps focus on different areas; Parrsboro, focusing on origins of Glooscap, try to show kids how particular legends evolved in area and they got to see the Grandmother's Pot; tied in Western perspective with geology, to connect it to get kids to realize that there are so many opportunities, so when they go on to university they may be interested in taking up geology;
- Other camps; eel trip camp, had presentations on eeling; camp on crafts, which was part of eeling (basket work and quill work), try to incorporate science into crafts (lengths, types of wood, etc...), and once explained, kids get the connection;
- Mid-Winter Feast camp, wanted to introduce other kids (not from Potlotek) to the Mid-Winter Fest (ongoing for over 20 years in Potlotek); camp is to get youth out fishing (ice fishing for smelts), snaring in the woods, and winter survival (made a wigwam and spent the night in the woods); Mi'kmaw astronomy sky gazing at night, from this camp, they took them to CBU for the day, and had different visits to sky labs, and able to tell them the constellations, and to relate them to Mi'kmaw legends and to Western science;
- Environment camp; took youth on tour of pulp mill in Pictou, got presentation from Pictou Landing First Nation re the story of what happened, both sides of story presented so that youth could to decide on it; and
- Other presentations; moose, and how moose were used.

Sheshatshiu Innu First Nation

Goal 1

- Sheshatshiu Innu Health Linkages to work with child and family services; broken down into mental health, addictions, and program supports; FASD and family resources available.

Goal 2

- UPEI invited to community to work on the dogs (vaccinations, tagged, and spayed and neutered).

Goal 3

- Biggest success stories is Community Youth Network; basically, this was open up to help youth after school (from 3:00 p.m. to 11:00 p.m.), so they employ youth to work with the youth (Goal 4), and they run this program five days a week (Wednesday to Sunday); have over 50 youth per day (often the same youth), a very safe environment (Goal 2); snacks provided, activities are done for them; re cultural aspect, it is difficult due to weather patterns, they try to get elders involved and do country-aspect to learn more on culture (Goal 5);
- Healthy eating is part of a diabetes initiative program;
- They have to go to Goose Bay to get many activity services, which is about a 25 minute drive; and
- Building Youth Linkages; trying to give youth tools to adapt to life (to help counter drop-out rates from school).

Tobique First Nation

Goal 1

- Biggest success is that they have LPN that delivers MCH program; an LPN does home visiting, delivers education; large program participation;
- Weekly milk or juice coupons for expected mothers until baby is three months old (extended if nursing); breast pumps are available;
- Monthly story time (zero to five), and Playgroup (zero to two), and both have an educational component; and
- New mothers get baby bag (with items such as blankets, moccasins, socks, etc...), and delivered in a First Nations baby bag with ribbons on them (Goal 5).

Goal 2

- LPNs are certified car-seat technicians; all newborn babies get new car seats, and car seat clinics are held (how to do these properly);
- Bicycle rodeo every year (get donations for bikes), and helmets given out; and
- Head Start, they do summer safety kit (life jackets, sun screen, tips on sun safety).

Goal 3

- Healthy eating cooking classes for middle school; healthy snacks are provided for kids; breakfast programs;
- Walk for Health is done every year;
- Community garden, and kids are taking a leadership role with this, such as what to plant, putting in seeds (Goal 4); green house, and dietician works closely with the school to support community learning garden; and

- They were part of HSIS project re looking at Walkon (Youth Treatment Centre) re youth aftercare protocol, so when referrals were made, and when they come back to community, there is a broader plan in place for the youth, so they are hoping that they will have a better relapse prevention and better reintegration; community has been working on this for last two years, and a welcoming back ceremony is also done.

Goal 4

- Youth board in place; and
- Currently fund-raising to renovate a facility in the community that would be used by youth, to make it a safe and welcome place (Goal 2).

Goal 5

- Drum making, moccasin making for prenatal and young babies;
- Cultural camps (Mount Carlton); and
- Dance of the Spirit dance group, performing at different venues, and now they have a group of younger girls starting out in this as well.

Wagmatcook First Nation

Goal 1

- Making the Connection (nine weeks) about attachment, getting down on the floor, and playing with your children, a playgroup, so you had clients come in with your children and play with them, and an early interventionist came in to help facilitate this, they removed chairs in the room so that everyone had to get on the floor to play with the children.

Goal 2

- At school, they have after-hour programs for children;
- Youth centre at the Culture Centre;
- Community Safety barbeque; bicycle rodeo and RCMP come in to do safety, and there are bikes available at the Health Centre people may borrow (Goal 3); and
- School signs re speed limits; currently working on getting a “Deaf Child” sign in the community.

Goal 3

- Just got approved for a Physical Activity Coordinator (by Province of Nova Scotia) for a five year position; they are now hiring; and

- Dietician works two days a week in the community, and a fruit bowl at the Health Centre.

Goal 4

- Youth student council at the school; and
- Summer job programs, and this year, they are going to set it up with a theme, so one day could be sports, another day could be crafts, etc...

Goal 5

- Use Seven Sacred Teachings, and they go to Elders' Centre, and they take a theme, and apply it to some something cultural; for example, Honesty, and Waltes, and how it is important to be honest in playing games; simplified for younger children and there is more discussion with older youth.

We'koqma'q First Nation

Goal 1

- MCH do Mom and Tot, up to two years old, baby bonding with parents, and built into play, and parenting in a fun way;
- Parenting module within prenatal classes, touching on topics besides regular prenatal, such as after-baby is born, and how to address things that get overwhelming (postpartum depression);
- Mommy and Me program (parenting program), same as Mom and Tot;
- Mental health support group, inviting parents in going through depression;
- Two nurses re (during immunization visits at the Health Centre, unless in grade seven, then it is taken place at school) for education purposes; ASHOR is a full program in We'koqma'q; and
- Healthy food making.

Goal 2

- Dog enforcement by-law exists (handled by band office);
- Women's shelter exists;
- Neighbourhood Watch is planned to start; and
- Parents Against Drugs program.

Goal 3

- School has a health policy re healthy lunch program (junk food is banned), and serve a healthy meal every day;
- Recently engaged in MOU with the Province;
- Physical Activity Leadership coordinator hired (akin to municipal one), engaging in creating strategy for the community, including active transportation, using assets of community;
- Brighter Futures coordinator;
- Fitness centre (and people 15 and up can go); school takes children over to learn to use the equipment;
- Walking program;
- Archery and canoes equipment available;
- Helping young people coming out of rehab to put a structure into place for them, perhaps a paid mentor, and a counsellor works close with them for programs for different youth, give them gym memberships;
- New addictions program just started (and they will designate a worker for youth) to try and keep youth crime and drug free;
- Sent youth to National Science Fair in Ontario (they won Team Nova Scotia);
- Participate in 30 Hour Famine and Rely for Life;
- Teen health nurse comes in to talk to kids about anti-bullying, including sexual health, healthy lifestyles, and a doctor once a month;
- Sea Cadet program (perhaps only Corp in the community of all of Canada);
- Tae Kwon Do;
- Archery; and
- Mash tournaments; kids lineup from many First Nations communities, and do sports for the sake of fun (year-round).

Goal 4

- Summer jobs for youth;
- School has youth committees;
- Involved with Techsploration for girls and finding alternative careers; and
- Film and video program and they submitted videos to the Atlantic Film Festival; local kids did TRC video (from October 2011), and were invited to UN, and the film was screened at the UN and Canadian Consulate.

Goal 5

- Yurt put up beside Health Centre (for program purposes), like a wigwam but fits more people; they are able to have round talking circles, chairs have animal designs;
- Cultural crafting program going on now (regalia, drums, beading, hunting and fishing);

- Through Tui'kn/UNSI, they send at-risk youth (some would have substance abuse issues/at risky homes) to cultural camp (camp location varies, last year Potlotek).

Woodstock First Nation

Goal 1

- MCH and Head Start; very positive, and even with their health nurse, she does work with youth re positive self-esteem; nurse got many youth together, such as overnight pyjamas party, movie night, and building their self-esteem (both boys and girls).

Goal 2

- Speed bumps and speed limits; and
- Dog by-laws in force.

Goal 3

- Through education, there are after school programs; 30 minutes in the gym, and the other half do tutoring, and then they switch (they get both tutoring and physical activity).

Goal 4

- Summer jobs for youth (15 and up).

Goal 5

- One building has a youth centre, with a person who always volunteers her time with the youth (culture, beading, drumming, regalia work, dancing, and has an elder re language lessons).

SECTION 2: 2013-14 Results and 2014-15 Plans*: FNIHB Activities

*Plans are contingent on funding availability and First Nation interest.

Goal 1 - Strengthening Parenting Skills and Family Involvement					
	Activities to be Led by FNIHB	Responsible for Action	FNIHB Plans for 2013-14	2013-14 Results	2014-15 Plans
1	<p>MH&A Referrals: Facilitate a process between interested communities and their health authorities to develop approaches/methods to better track and manage information on referrals of First Nations children and youth to provincial/district mental health and addictions services.</p>	<p>The Child and Youth Mental Health Clinical Nurse Specialist (C&Y MH CNS)</p>	<p>Facilitate child-youth mental health and addictions referrals to provincial services through her continued involvement in the Maliseet Mental Wellness Team (MWT) advisory committees.</p>	<p>The Maliseet MWT has not targeted this age group (0-19) to date. The gap is identified and the need to create new working relationships/linkages with local NB child-youth mental wellness services acknowledged.</p>	<p>FNIHB will explore with various groups their interest in tracking and managing information on C&Y MH referrals to provincial MH&A services. These groups include the MWTs in NB and Labrador as well as Health Services Integration Fund (HSIF) Projects in NS and NB.</p> <p>FNIHB and the HSIF project “Expanding Our Circle of Mental Wellness” will liaise with the Integrated Service Delivery (ISD) project in NB. With ISD, future access to local child & youth mental wellness and addictions services will be through the schools K-12 in the Miramichi area. ISD will start in Fall 2015. Goal is to have on reserve schools included as partners in the ISD project.</p>

2	<p><u>Disabled Children and Infant Mental Health:</u> Provide community based staff with support (such as expertise, training, culturally relevant resources) and/or funding for training so that they can (1) better support parents and families who have children with special needs/ disabilities and (2) promote and protect infant/children's mental health.</p>	<p>Healthy Child Development (HCD) staff</p> <p>C&Y MH CNS</p>	<ul style="list-style-type: none"> - Training in “Make the Connection” brain development and attachment, and training in “Healthy Feeding Relationships” will be offered. - A Maternal and Child Health (MCH) home visitor certification program will be delivered over 2013-14 and 2014-15. - A pilot of an infant mental health webinar in collaboration with Toronto Sick Kids Hospital and the IWK Health Centre will be conducted. - A women and addictions one day workshop will be delivered by IWK perinatal nurse. 	<ul style="list-style-type: none"> - FNIHB funded and advised on 4 “Make the Connection” trainings for community based workers, and “Healthy Feeding Relationships” workshops with 13 communities. - FNIHB funded and advised on the delivery of a MCH home visitor certification training program involving 20 students. - FNIHB collaborated on the piloting of an infant mental health training program. - FNIHB collaborated on the delivery of a women and addictions workshop attended by 65 community based workers. -FNIHB collaborated with AANDC, NB, and FNs to create a pamphlet for families on Jordan’s Principle implementation in NB. 	<ul style="list-style-type: none"> - FNIHB will continue to fund the offering of Healthy Feeding Relationships to communities. - FNIHB will continue to fund the completion of the two year MCH home visitor certification training. - FNIHB will fund and facilitate the offering of 10 video conferences/webinars in infant mental health to communities. - FNIHB will partner with the IWK to deliver video education sessions on women and addictions.
3	<p><u>Accessing Provincial/NGO Resources:</u> Provide education and awareness sessions to community based staff re: pathways to accessing not for</p>	<p>HCD Staff</p>	<ul style="list-style-type: none"> -FNIHB will identify resources and notify FNs by email. Upon request, FNIHB will assist FNs to access Provincial/ NGO resources, eg. application assistance, adapting resource materials. 	<ul style="list-style-type: none"> - FNIHB supported the adaptation of Provincial breastfeeding promotion resources to be more culturally reflective. - FNIHB disseminated breastfeeding resources. - FNIHB collaborated for the 	<ul style="list-style-type: none"> -FNIHB will continue to explore opportunities to modify and adapt provincial breastfeeding initiatives and resources to be more FNs culturally appropriate. -FNIHB will collaborate with provinces to re-offer the

<p>profit, provincial/district programs and services for children and youth. This includes how to access additional breastfeeding supports and resources.</p>		<p>-FNIHB will make education sessions available via video conference or on-line. -FNIHB will collaborate with provincial breastfeeding committees to offer the “Making a Difference” 20 hr basic breastfeeding course and the “Breastfeeding Ethics” course.</p>	<p>delivery of a 20 hr basic breastfeeding training course and a breastfeeding ethics course. -In the area of needle awareness, FNIHB: funded and facilitated a harm reduction awareness workshop 4 NS FNs, funded Healing Our Nations to deliver needle awareness presentations to Atlantic FNs, and FNIHB funded small community projects.</p>	<p>“Making a Difference” basic breastfeeding course and the “Breastfeeding Ethics” course. -In the area of needle awareness, FNIHB will continue to fund HON for community presentations and small community projects. - FNIHB’s HCD staff will continue to identify provincial/NGO resources and notify FNs by email. Upon request, FNIHB will assist FNs to access Provincial/ NGO resources, eg. application assistance, adapting resource materials.</p>
	<p>Other Activities that Contributed to the Achievement Strengthened Parenting Skills and Family Involvement:</p>		<p>-FNIHB introduced the program manual for the “Traditional Aboriginal Parenting Program” at the AHSOR networking session. -FNIHB funded and advised on training for community based workers on the topic of child feeding for parents using the Ellyn Satter program.</p>	<p>-FNIHB will support the offering of the “Traditional Aboriginal Parenting Program” training for community based workers within AHSOR, FASD, and MCH. -FNIHB will continue to support the offering of the “child feeding for parents” training to remaining communities. -FNIHB will promote “active play” to community health</p>

			staff via televideo conference sessions.
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Goal 2 - Create Safer Community Environments and Infrastructure					
	Activities to be Led by FNIHB	Responsible for Action	FNIHB Plans for 2013-14	2013-14 Results	2014-15 Plans
4	Licensing & Accreditation: Upon request, support communities seeking to license/accredit their programs.	Accreditation Manager Environmental Health Officers	-The Accreditation Manager will continue to support community health centre accreditation. -EHOs will continue to support communities seeking to license their day care facilities. -Family Health staff will support FN efforts to attain provincial licensing of FN day care and AHS programs/facilities.	-FNIHB supported 6 FNs to maintain their accredited CHC status, and 1 FN working toward accreditation. -FNIHB inspected on reserve day care facilities in 4 provinces. -FNIHB participated in the NS Tripartite Forums Social Services Committee which examined options for licensing of FN day care/AHS programs.	-FNIHB's Accreditation Manager will continue to support community health centre accreditation with the 7 CHCs that are maintaining or becoming accredited. Accreditation will also be promoted to other FNs. -FNIHB EHOs will continue to support communities seeking to license their day care facilities. -FNIHB's Family Health staff will support FN efforts to attain provincial licensing of FN day care and AHS programs/facilities.
5	Safety Programs: Upon request, provide information, expertise, etc., to communities seeking to create new community safety	Various FNIHB Program managers/consultants.	- EHOs will continue to support FNs to carry out community clean-up projects as part of Annual Earth Day - Communicable Disease Control (CDC) staff will	-FNIHB collaborated for the delivery of Home Safety Training in NB FNs. -FNIHB liaised with Child Safety Link to offer car seat safety training via video conference.	- FNIHB EHOs will respond to community requests for advice and recommendations related to community clean-up activities including dealing with abandoned dump sites.

programs and/or safety policies/protocols.		continue to provide support for awareness programs for sharps safety. -HCD staff will support home safety training through the Child Safety Link. -Home Safety Training sessions will be offered.		- FNIHB CDC staff will continue to provide support for awareness programs for sharps safety. -FNIHB will support the offering of Home Safety training to NS FN communities.
Other Activities that Contributed to the Creation of Safer Community Environments and Infrastructure:			-Offered 1hr food safety training to AHSOR cooks and educators as part of a 2 day AHSOR nutrition training workshops.	

Goal 3 - Improve the Quality and Availability of a Broader Range of Health Programs and Services					
	Activities to be Led by FNIHB	Responsible for Action	FNIHB Plans for 2013-14	2013-14 Results	2014-15 Plans
6	FN-Provincial Linkages: By request, support the creation of new relationships/linkages between community based staff and provincial/health authority, and community services staff responsible for	Various FNIHB Program managers/consultants Clinical Nurse Specialists Regional Physician Advisor Policy Advisors, etc.	FNIHB staff will continue to support links between community health staff and provincial/health authority staff responsible for child and youth programming. This support comes in many forms from many staff including HSIF	-FNIHB funded and advised on projects involving FNs and provincial health system including the Early Childhood Development Health Services Integration Fund (HSIF) project in Elsipogtog. -FNIHB supported the first year of the Promoting Healthy Weights HSIF project in PEI with funding and	-FNIHB will continue to support the final year of the Promoting Healthy Weights HSIF project in PEI with funding and advice. -FNIHB will continue to collaborate with the AANDC funded FNEI's early years' initiative. -FNIHB will continue to participate in existing and

	<p>children and youth programs and services (support may include helping to identify key contacts, arranging/planning and participating in meetings, etc.).</p>	<p>(lead will depend on type of services being sought)</p>	<p>projects, MW Teams, the FNs C&Y MH&A Network, committees, shared training, and networking.</p>	<p>advice. -FNIHB provided AHSOR advice to the AANDC funded FNEII's early years' initiative. -FNIHB supported a FASD systems assessment with in Labrador with funding and advice. -FNIHB staff supported links between First Nation health and provincial health systems by participating on 10 committees pertaining to Healthy Child Development. -The C&Y MH CNS moderated a panel on infant, C&Y, and family mental health and addictions to an audience of community leaders and health staff. -FNIHB staff collaborated with Healing Our Nations and Labrador based stakeholders to deliver sexual health education to Innu youth.</p>	<p>new healthy child development committees to promote FNs-Provincial health links (eg. access to provincial programs/grants). These committees work in the areas of: oral health, pre-and post-natal care, reproductive care, breastfeeding, FASD, and child safety, age 0-6 mental health, early child development, physical activity. -FNIHB will use the implementation of its national Mental Wellness Continuum to promote FN-provincial linkages. -FNIHB's C&Y MH CNS will explore with various groups their interest in establishing links between FN & Provincial staff serving FN C&Y health. These groups include the MWTs in NB and Labrador as well as HSIF Projects in NS and NB. -FNIHB will work with Labrador partners to identify gaps in regard to sexual health education for Innu youth.</p>
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7	<p><u>Cultural Competency/Safety:</u> Provide training and/or funding where able to support activities associated with cultural competency and safety in the area of child and youth mental health.</p>	<p>MH C&Y CNS Various FNIHB program managers/consultants</p>	<p>The MH C&Y CNS will support such activities through the Maliseet Mental Wellness Team and HSIF projects.</p> <p>The HSIF will provide funding to projects that, in part, support the adaptation of provincial health services for cultural appropriateness.</p>	<p>-FNIHB provided funding and advice on Elsipogtog's Early Child Development HSIF project which defined and addressed cultural competency in health programs. -FNIHB provided funding and advice to the HSIF Give Us Wings project which collaborated with NS to deliver cultural competency training in MH&A. -FNIHB provided funding and advice to the Maliseet Mental Wellness team which promoted cultural competency in delivering mental health and addictions services. -FNIHB began to fund and advise on a cultural awareness and safety training program being developed for RHA staff in NB via a HSIF project.</p>	<p>-FNIHB's Health Child Development programs and Mental Wellness programs along with its MH C&Y CNS will further explore how cultural competency and safety can be further advanced in FNIHB's programs for children and youth. -Through funding and advise FNIHB will continue to support cultural training components of MWT and HSIF projects.</p>
8	<p><u>Share healthy eating and physical activity Policies:</u> Facilitate the sharing and adaptation of existing health policies (i.e. provincial, federal, DHA's, etc.) that</p>	<p>Regional Nutritionist Physical Activity Specialist</p>	<p>-The Physical Activity Specialist and Regional Nutritionist will continue to facilitate the sharing of provincial strategy/policy/programming and other printed resources with</p>	<p>- FNIHB created awareness around provincial healthy eating and breast-feeding grant funding. - FNIHB created awareness of provincial (EAT Great and Participate toolkits) - FNIHB funded and advised</p>	<p>- FNIHB's Regional Nutritionist will continue to facilitate the sharing of provincial strategy/policy/programming and other printed resources with communities. - FNIHB will continue to fund</p>

<p>create environments that support healthy eating and physical activity with First Nation communities and organizations.</p>		<p>communities. -The PEI Healthy Weights HSIF project will focus on healthy eating, breastfeeding, and physical activity. -AHSOR nutrition training workshops will highlight provincial nutrition policies that pertain to early childcare centres. -In NS, FNIHB is making FNs aware of the Thrive Campaign and grant opportunities. An extensive email list is maintained and used to distribute materials to FNs.</p>	<p>on PEI's Healthy Weights HSIF project. - FNIHB funded 6 two day AHSOR nutrition training workshops for AHSOR cooks and Directors. - FNIHB supported a school food policy pilot project with Eel Ground First Nation's school.</p>	<p>and advise on PEI's Healthy Weights HSIF project. - FNIHB will fund AHSOR nutrition workshops & an AHSOR cookbook creation. - FNIHB will facilitate videoconferences with communities on developing and implementing healthy eating policies for various environments. - At the community's request, FNIHB will review health centre or school healthy eating policies.</p>
<p>Other Activities that Contributed to the Improvement of Quality and Availability of a Broader Range of Health Programs and Services:</p>		<p>-FNIHB Program managers in Healthy Child Development supported early childhood development workshops and accredited training, and introduced quality improvement tools for Community Health Centre based programs.</p>	<p>-FNIHB will continue to deliver workshops in communities in the areas of: nutrition, oral health, breastfeeding, case management, infant mental health, developmental screening, and other topics requested by FNs.</p>	

Goal 4 - Increase Opportunities for and Involvement of Youth					
	Activities to be Led by FNIHB	Responsible for Action	FNIHB Plans for 2013-14	2013-14 Results	2014-15 Plans
9	<p>Youth Involvement Mechanisms: Upon request, provide information and expertise to First Nations partners to support their advocacy activities and the creation of youth involvement mechanisms.</p>	To be determined in the early stages of implementation.	FNIHB is prepared to consider such requests, and will continue to seek out opportunities for meaningful youth involvement.	<ul style="list-style-type: none"> -FNIHB funded a FASD youth retreat in NB. -Through its CDC programs, FNIHB funded and advised on a youth empowerment initiative among the Innu. - FNIHB encouraged communities to involve youth in decision making around the use of the \$2,500 community physical activity funding from FNIHB. -FNIHB supported the delivery of a presentation on NS's "Peer Support for Youth" to an audience of FN leaders and health staff. -Youth trained as sexual health peer educators in sessions held in Labrador and NS (for Maritime FNs). -2 youth sexual health cultural retreats in NS & NB. -FNIHB supported the start of a resource tool for ATL FNs parents to educate youth on sexual health. 	<ul style="list-style-type: none"> - FNIHB's will plan youth content in its FASD prevention activities. - FNIHB will strike a working group with representatives from FNs and the Mi'kmaq Maliseet Atlantic Youth Council to create a guiding document for FNIHB Program Managers to use to promote youth leadership. -FNIHB will support a project with Saint Mary's University for youth retreat focused on conflict resolution, resiliency, and leadership skill development. -FNIHB will support FN participation in the NS "Peer Support for Youth" project. -FNIHB will continue to support sexual health peer educator training in NL, and cultural retreats in NS&NB. -FNIHB will support completion of youth sexual health resource for parents.

Goal 5 - Revitalize and preserve Atlantic First Nations' cultures and languages

	Activities to be Led by FNIHB	Responsible for Action	FNIHB Plans for 2013-14	2013-14 Results	2014-15 Plans
10	<p><u>First Nations Culture in FNIHB materials:</u> Incorporate Mi'kmaq , Maliseet and Innu words and visual representations of cultures (such as the medicine wheel) into FNIHB delivered presentations, workshops, and into materials produced by FNIHB.</p>	<p>ALL relevant FNIHB staff.</p>	<p>FNIHB staff will continue to look for opportunities to increase FN language/culture content into materials it produces.</p>	<p>-FNIHB offered monthly Sharing Circles via videoconference throughout the year. -FNIHB funded Seven Sacred Teachings workshops to all community based workers in HCD programs -FNIHB included FN elders in many of its meetings, workshops & training sessions for the provision of wise counsel, traditional ceremony, and/or translation services. -FNIHB offered the Warrior Training (adapted Canfitpro personal trainers certification).</p>	<p>-FNIHB will continue to offer monthly Sharing Circles via videoconference throughout the year. -FNIHB will continue to include FN elders in its various gatherings since they offer wise counsel, traditional ceremony, and/or translations services.</p>

Section 3: Indicators as Measures of Progress

In 2013, with the assistance of the Epidemiologists at FNIHB, the PH&PCC identified all available sources of data that could be used to understand whether progress is being made as FNIHB and First Nations action the CYSAP. Originally, the list included 39 indicators, but after closer scrutiny it was reduced to 27 for data quality reasons.

There are 13 indicators reported in the publication “First Nations and Inuit Health: Health Status of First Nations On-Reserve in Atlantic Canada 2013” (HSR-Health Status Report). The remaining indicators will be included in the 2014 version of this HSR expected to be available in the summer of 2015

FNIHB intends to have 2013/14 data analyzed by Jan 2015 so that it may be reported in the HSR in March 2015.

Table 1: Child and Youth Strategic Action Plan related indicators included in the annual Health Status Report

Indicator	Data Source & Availability	Indicator Type	Lead
Percentage of new mothers who have initiated breastfeeding	CBRT Annually	Health Status	First Nations
Percentage of pregnant women who smoked for some duration during pregnancy	CBRT Annually	Health Status	First Nations
Percentage of pregnant women who used drugs, alcohol or solvents for some duration during pregnancy	CBRT Annually	Health Status	First Nations
Percentage of babies born with low , normal, or high birth weight by pre-term/full-term status	CBRT Annually	Health Status	First Nations
Percentage of babies who turned six months old who were introduced to solid food before 4 months, in the 4 th or 5 th month, or 6 months or later.	CBRT Annually	Health Status	First Nations
Percentage of pregnant women by risk factor (teen pregnancy, gestational diabetes).	CBRT Annually	Health Status	First Nations
Percentage of water samples taken with either a bacteriological or chemical exceedance.	Watertrax Annually	Health Status	Community Based Water Monitor
Number of boil water advisories in a given fiscal year	Watertrax Annually	Health Status	Community Based Water Monitor
Number of environmental public health inspections by type	eHIS Annually	Quality Improvement	FNIHB
Percentage of houses inspected by mold category	eHIS Annually	Health Status	FNIHB
Percentage of children by age group enrolled in AHSOR programming.	CBRT Annually	Health Status	First Nations
Percentage of children in AHSOR programming screened or assessed for special needs	CBRT Annually	Quality Improvement	First Nations
Referrals to treatment centres by type and age.	CBRT Annually	Quality Improvement	First Nations

Table 2: Child and Youth Strategic Action Plan related indicators to be included in the annual HSR starting 2015

Indicator	Data Source & Availability	Indicator Type	Lead
Percentage of new mothers who breastfed at 2 months, 4 months, and 6 months	CBRT Annually	Health Status	First Nations
Percentage of population using an ambulance at least once in previous year	MTRS Annually	Quality Improvement	FNIHB
Proportion of ambulance trips by destination (i.e., hospital, NNADAP)	MTRS Annually	Quality	FNIHB
Proportion of ambulance trips by reason	MTRS Annually	Quality Improvement	FNIHB
Total number of ambulance trips in the previous year	MTRS Annually	Quality Improvement	FNIHB
Percentage of the population who received non diagnostic diabetes screening	CBRT Annually	Quality Improvement	First Nations
Percentage of population who attended a diabetes education clinic	CBRT Annually	Quality Improvement	First Nations
Percentage of population who attended a foot care clinic	CBRT Annually	Quality Improvement	First Nations
Percentage of children in AHSOR programming on waitlist for special needs diagnostic assessment	CBRT Annually	Quality Improvement	First Nations
Percentage of children in AHSOR programming who have been diagnosed with special needs	CBRT Annually	Health Status	First Nations
Percentage of children in AHSOR programming referred to other community resources for special needs diagnosis	CBRT Annually	Health Status	First Nations
Percentage of children in AHSOR programming referred to other community resources for special needs support	CBRT Annually	Health Status	First Nations
Interventions for substance abuse, addictions and mental health by intervention type and age (youth and adults)	CBRT Annually	Quality Improvement	First Nations
Percentage of population accessing short term crisis interventions	NIHB Annually	Health Status	FNIHB

Ultimately, these 27 indicators will offer a baseline of data that will help in measuring progress on the first 3 goal areas in the Child and Youth Strategic Action Plan. Measuring progress on Goals 4 and 5 will be done through qualitative data such as that found in Section 1 of this report.

To access data on the indicators listed in Table 1 please visit:

http://publications.gc.ca/collections/collection_2014/sc-hc/H33-1-17-2013-eng.pdf