





Success through Advocacy and Role Modeling (STAR): A community-based FASD prevention program and support for wellbeing in a Manitoba First Nation community

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Acknowledging our hosts

We acknowledge that we are on the homelands of the Squamish and Musqueam First peoples of Vancouver.

We thank them for welcoming us to their territories.

Conflicts of Interest Declaration

We have no conflicts of interest or financial affiliations to declare

Learning Objectives

- 1. To share about FASD programing in Manitoba First Nation communities including program design, organization, rationale and general outcomes.
- 2. To share about the implementation and successes of the FASD program in Nisichawayasihk Cree Nation (aka Nelson House First Nation).



Manitoba First Nations STAR-FASD Team





Nisichawayasihk Cree Nation (NCN)

Located about 850km North of Winnipeg Manitoba.

About 80km North West of Thompson Manitoba

Over 4,500 community members

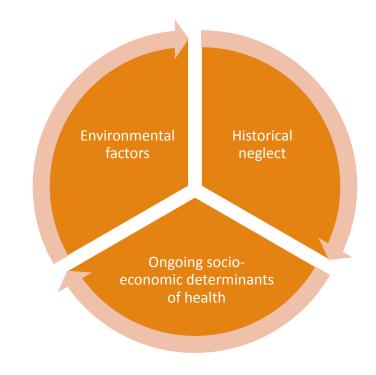
NCN Family and Community Wellness Centre



Introduction: What is known

SITUATION

Higher incidents of Fetal Alcohol Syndrome Disorder (FASD) and alcohol related birth defects have been reported in Indigenous communities across Canada (Pei et al 2019; McLahan et al 2019; Banerji & Shah 2017; Masotu et al 2015). ATTRIBUTED TO SUBSTANCE ADDICTIONS FUELED BY



About the STAR-FASD program

VISION

To prevent pre-natal alcohol and or drug exposure and thereby reduce the number of affected babies through effective relationships with mentors, families and community resources.

This is a funded community-based program

OBJECTIVES

- 1. To offer support to at risk pre and postnatal women, engage in harm reduction strategies e.g. alcohol abstinence
- 2. To support healthy pregnancies, provide safe and healthy environment and improved quality of life for women and their children.
- 3. Encourage healthy living for mothers and children for up to 3 years,
- 4. Provide links to available resources in the community.

STAR-FASD program: Beliefs and Values

Community-based

Relationships-based

Client-centered

Strength-based

Evidence based





Program approach: How we do what we do

Target Population

Women of child bearing age

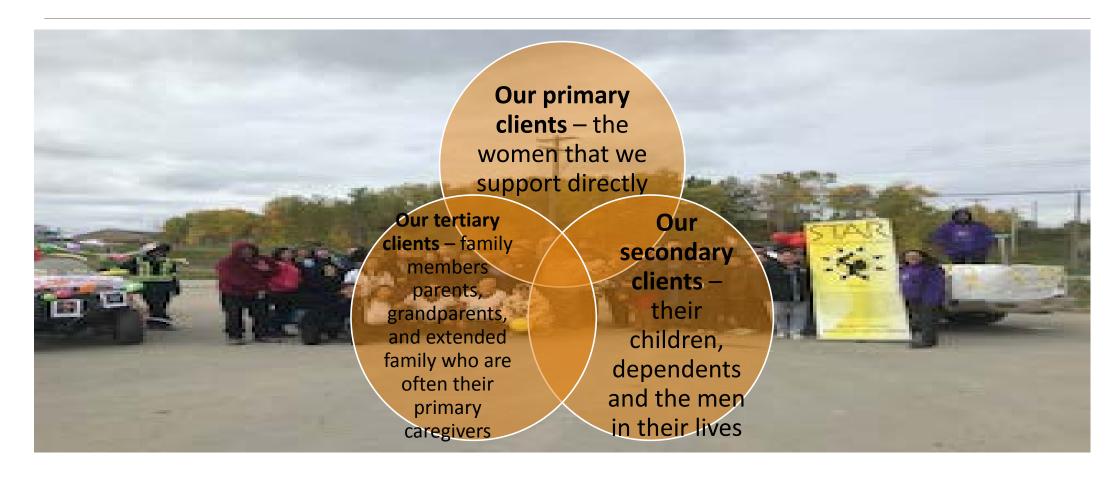
Have used or are at risk of using substances during pregnancy

Currently pregnant up to 1year postpartum

Poor connection with services

Voluntary Participation

Who we serve





Service delivery strategy

- 1. <u>Family ties</u> strengthening connections.
- 2. Spiritual and traditional practices.
- 3. Sense of <u>belonging and identity</u> (reduce stigma).
- 4. Meeting practical needs.
- 5. Coordinated <u>access</u> to additional resources within and outside the community using our "Circle of Care" model (e.g. referrals to physicians and specialists).

Activities

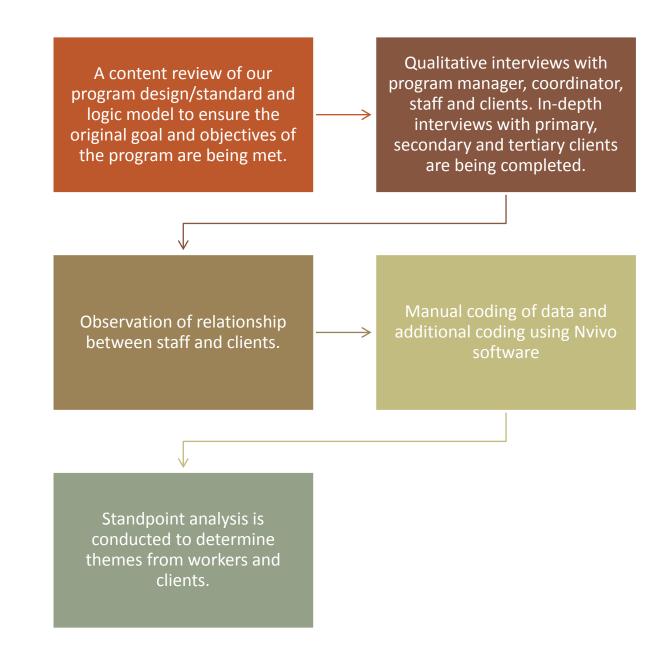
AWARENESS



EDUCATION



Ongoing Evaluation for program improvement



Current Results

CLIENTS

Relationships Acceptance

Safety Referrals

MENTORS

Advocacy

Access

Protection

Resources

Modeling

01

1. Lack of proper diagnosis of (First Nation) patients in Manitoba

02

2. Need for increased capacity (training, education and awareness) on FASD in non-medical and medical community-based programs

Program limitations









Conclusion

Applying participant oriented, experience-based, culturally responsive mentoring with spiritual and emotional supports is the key in supporting clients living with FASD in First Nation communities.

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Ekosani



Inspirational Song

Gonna take it one day at a time