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American Indian Health Commission’s (AIHC) Maternal Infant Early Childhood Home Visiting Project

Presentation

Washington State Department of Early Learning

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American Indian and Alaska Native health disparities among infants and pregnant women are a serious problem.

- Washington State leads the nation with the lowest Infant Mortality Rate (IMR) among the general population. However, this is not true for the AI/AN population. Babies born to AI/AN mothers experience IMR over 3 times higher than babies born to Asian mothers and twice as high as white mothers. (WA State Dept of Health, Infant Mortality. Updated: March 2013)

  - AI/AN: 9.8 per 1,000
  - Asian: 2.7 per 1,000
  - White: 4.3 per 1,000

- IMR is associated with poor maternal health, poor quality of and access to medical care and preventative services, and low social economic position. ((WA State Dept of Health, Infant Mortality. Updated: March 2013))
American Indian Health Commission’s (AIHC) Maternal Infant Early Childhood Home Visiting Project

Why Is Home Visiting Important to Tribes and Urban Programs?

- American Indian pregnant women are more likely than women in any racial group to get late or no prenatal care, smoke or abuse drugs or alcohol, have a mental health diagnosis, or suffer abuse by a partner. (AIHC, *Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan*, Dec. 2010)


- American Indian and Alaska Native families have been identified as having the highest risk of any of the five racial groups. (WA State Department of Health, *Home Visiting Needs Assessment*, Jan. 2011)

- The AI/AN population continues to experience the poorest health outcomes and highest overall mortality rates than any other population in Washington State.
Converging Efforts to Serve AI/AN Families

- Washington State Department of Early Learning (DEL) developed a state plan that includes a strategy to make evidence-based and promising pre-natal and child home visiting (HV) services more accessible to families at risk. *(Wa DEL, Early Learning Plan, 2010)*

- Washington State Department of Health conducted a statewide HV needs assessment that indicated higher health and social risks factors existed among AI/AN pregnant women than any other racial group. *(Wa DOH, State Home Visiting Needs Assessment Narrative, 2010, Revised 2011)*

- DEL’s state plan emphasizes the role of the American Indian Health Commission and its efforts to improve the health status and address disparities through State-Tribal collaboration, particularly related to infants and pregnant women.
American Indian Health Commission’s (AIHC) Maternal Infant Early Childhood Home Visiting Project

American Indian Health Commission

AIHC Mission: Improve the Overall Health of Indian People of WA State
Strategy: Advocacy, Policy and Programs to Advance Best Practices

Healthy Tribal and Urban Indian Communities

In Partnership with WA State Departments of Health and Early Learning

Tribally and Urban Indian Driven
Healthy Communities
Maternal Infant Health
Home Visiting
Women, Infant, Children (MIC)
Pregnancy Risk Assessment Monitoring System (PRAMS)
Immunizations
Public Health Emergency Preparedness Response (PHEPR)

Maternal Infant Health Strategic Plan

Culturally Appropriate and Community Specific
Data

Health Risk Factors
AIAN Health Disparities
Adverse Childhood Experiences
Historical and Intergenerational Trauma
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Healthy Communities
A Maternal-Infant Health Strategic Plan

American Indian Health Care Delivery Plan 2010-13

Improve health status for AI/AN pregnant women and infants

- Established a MIH workgroup to
  - Research cause of poor health status and birth outcomes
  - Identify promising practice models
American Indian Health Commission’s (AIHC)
Maternal Infant Early Childhood Home Visiting Project

Project began in May 2012

Two groups convened:

• Tribal-Urban Indian Maternal Infant Early Childhood Home Visiting Coalition (T-U MIECH)—meets monthly by phone

• Tribal-Urban Indian Maternal Infant Early Childhood Home Visiting with Partners (T-U MIECHV/P)—meets quarterly
Tribally-Urban Indian Driven:

**Vision:** All Native Children Live Happy, Healthy Lives for Generations to Come.

**Mission:** To promote the health and well-being of Native American families and children through culturally appropriate home visitation services.

**GUIDING PRINCIPLE:** Demonstrate honor and respect of cultural differences and commonalities.
American Indian Health Commission’s (AIHC) Home Visiting Project

Goals (reflected in the workplan):
1. Improve the health status of AI/AN pregnant women and infants with appropriate, multiple approaches as a shared goal with state government (AIHC Maternal Infant Health Strategic Plan).
2. Identify status of Maternal Infant Child Tribal and Urban Indian HV programs.
3. Identify local intervention strategies and promising practices.
4. Identify gaps and barriers of program services and adaptations to current evidence-based models.
5. Support culturally appropriate parent education activities.
6. Provide recommendations for developing and/or expanding quality or capacity of HV.
7. Identify development priorities, funding, and leveraging opportunities.
8. Establish networking and collaboration opportunities to support HV efforts in Tribal and Urban Indian communities.
9. Support health prevention activities.
10. Collaborate, prioritize, voice and act on Indian health issues.
11. Serve as a national model for State-Tribal collaboration on Tribal/Urban MIECHV policy and program development.
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Activities:

1. T/U MIECHV - Monthly meetings
2. T/U MIECHV, plus partners - Quarterly meetings
3. Information and Knowledge Gathering
   a) Survey Questionnaire and Results
   b) Forums/Meetings for Roadmap Exercise
4. Partnerships with Tribal MIECHV Grantees, Statewide HV Coalition, Thrive by Five, DOH, DOH-WIC, and HHS-HRSA, Evidence-Based Programs
5. A Day of Learning about Cultural Resiliency and HV
6. Providing status updates to AIHC delegates through meetings, websites, and email distribution
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Challenges and Lessons Learned

1. Outreach, education and training components would be useful to clearly communicate the benefits and needs of HV to engage Tribes and Urban Programs in the project.

2. Lack of funds for Tribal and Urban Indian HV programs is an obstacle to getting a high level of involvement.

3. The AIHC has identified the need to establish standardized protocol for information gathering to include involvement of an IRB as a policy to increase AIHC’s capacity for future assessment work; increase the level of engagement and ability to collect more detailed information.

4. No two Tribal communities are the same. It is important to note this when discussing culturally appropriate program designs.

5. AIHC is interested in continuing to build a relationship with Thrive by Five to learn more about the readiness assessment and whether it could be adapted for AIHC’s work with Tribes and Urban Indian Health Organizations.
American Indian Health Commission’s (AIHC)
Maternal Infant Early Childhood Home Visiting Project

Findings and Key Considerations

1. Engage in intentional outreach and education with Tribes and Urban Indians to further the HV strategy in communities with AI/AN families.

2. Engage in ongoing efforts to support building cultural relevance, appropriate cultural practices in current HV programs.

3. Explore promising MIECHV programs shown to be effective with Tribal and Urban Indian Communities.

4. Identify opportunities to further link and grow work across Tribal and State driven initiatives.
**Findings and Key Considerations**

Engage in intentional outreach and education with Tribes and Urban Indians to further the HV strategy in communities with AI/AN families.

a) This report is a baseline about HV in Tribal and Urban Indian Programs. Additional detailed assessment work should be conducted to find out more about services provided and determine T-U HV Readiness.

b) There is a need for increased outreach and education about the benefits of HV and culturally appropriate models.

c) There is a need for more training to understand and address cultural resiliency to historical and intergeneration trauma and Adverse Childhood Experiences (ACEs) to support strengthening families and HV efforts.
Findings and Key Considerations

Engage in ongoing efforts to support building cultural relevance, appropriate cultural practices in current HV programs

a) Evidence based models need to be flexible and adaptable to be effective in Tribal and Urban Indian Communities. It is important to continue to work with evidence based HV models to learn more about how they are working with Tribes and Urban Indian Communities in Washington State and across the nation to adapt their models to be more culturally aligned.

b) This should include outreach strategies, trust building work, program staffing considerations, approaches, formal “cultural adaptations”, relevant materials, data usage and feedback loops for Tribal and Urban Indian communities.
Findings and Key Considerations

Explore HV programs shown to be effective in Tribal and Urban Indian Communities.

a) HV programs need to be culturally appropriate to be effective Tribal and Urban Indian communities. The Family Spirit model and other promising models used in Indigenous communities should be examined by the T-U MIECHV coalition for potential effectiveness in T-U communities.

b) Seek and identify funding to pilot at least one promising practice and one evidence based model with cultural adaptations for a minimum of two years to determine an initial result.

c) Consider selection criteria, timeline, readiness, resources and funding needed to pilot a culturally appropriate model.
Findings and Key Considerations
Identify opportunities to further link and grow work across Tribal and State driven initiatives.

a) The partnerships between the statewide HV and the T-U MIECHV coalitions have been crucial to stay informed and to build an important network to support HV development in Tribal and Urban Indian Communities.

b) There are significant linkages between the HV goals and objectives and the Maternal Infant Health Strategic Plan that should explored and leveraged for the maximum effect. The support and partnership between DEL and DOH is important to AIHC’s level of success.

c) There is public health and behavioral health work underway that have potential linkages to HV models or systems. It would be beneficial to explore the possibility of sharing expertise or if there are leveraging opportunities in program and/or system development. At a minimum a establishing a connection between AIHC to UW and DSHS “Cradleboard to Career” conveners to discuss possible benefits would be useful.

d) AIHC and Thrive by Five has just begun to establish a partnership to support Tribal and Urban Indian HV readiness.
Recommendations for 2013-14 Activities

- Convene T-U MIECHV Coalition monthly conference calls and quarterly partnership meetings.
  - Inventory HV practices and feedback.
  - Explore statewide partnerships for developing culturally appropriate HV and early learning services and funding opportunities.
  - Increase knowledge and understanding of Washington’s role in HV system development.

- Coordination between AIHC, DOH and DEL (MIH workgroup and HV Coalition)

- Partnership with Thrive by Five

- Collaboration with DSHS and UW for leveraging
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Recommendations for 2013-14 Activities

- Engage in Home Visiting Outreach and Education
  - Webinars, regional, and local meetings
- Provide training: Resiliency to Historical and Intergenerational Trauma and ACEs and Strengthening Families
- Develop and Implement a Tribal-Urban Readiness Assessment
- Identify a promising practice to pilot; support and provide technical assistance to pilot program.
- Plan One-Day Summit
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QUESTIONS/DISCUSSION
Contact Information

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