Johns Hopkins University

CENTER FOR AMERICAN
INDIAN HEALTH

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Cultural Immersion in the Tribal Home Visiting Program

2018 Strong Families AZ Tribal Home Visiting Conference

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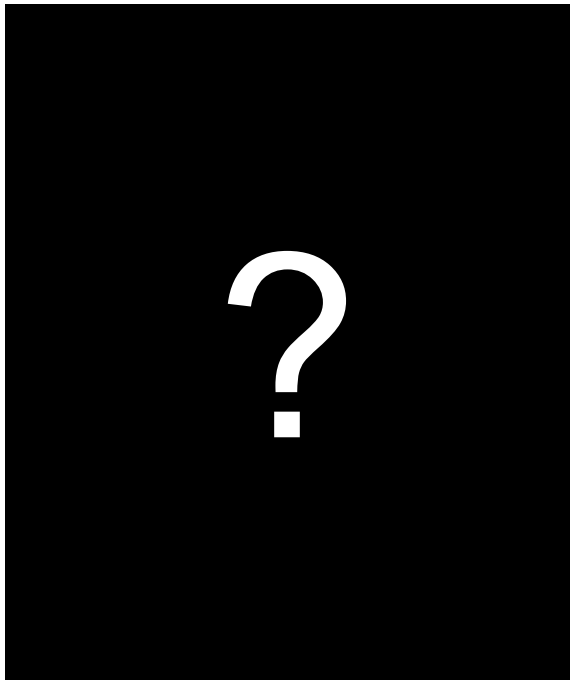
Johns Hopkins Center for American Indian Health

Introductions



Please share with us:

- Your name
- Where you are from
- Tribal affiliation (if applicable)
- Role in home-visiting
- What you hope to learn from this discussion

Presentation Overview

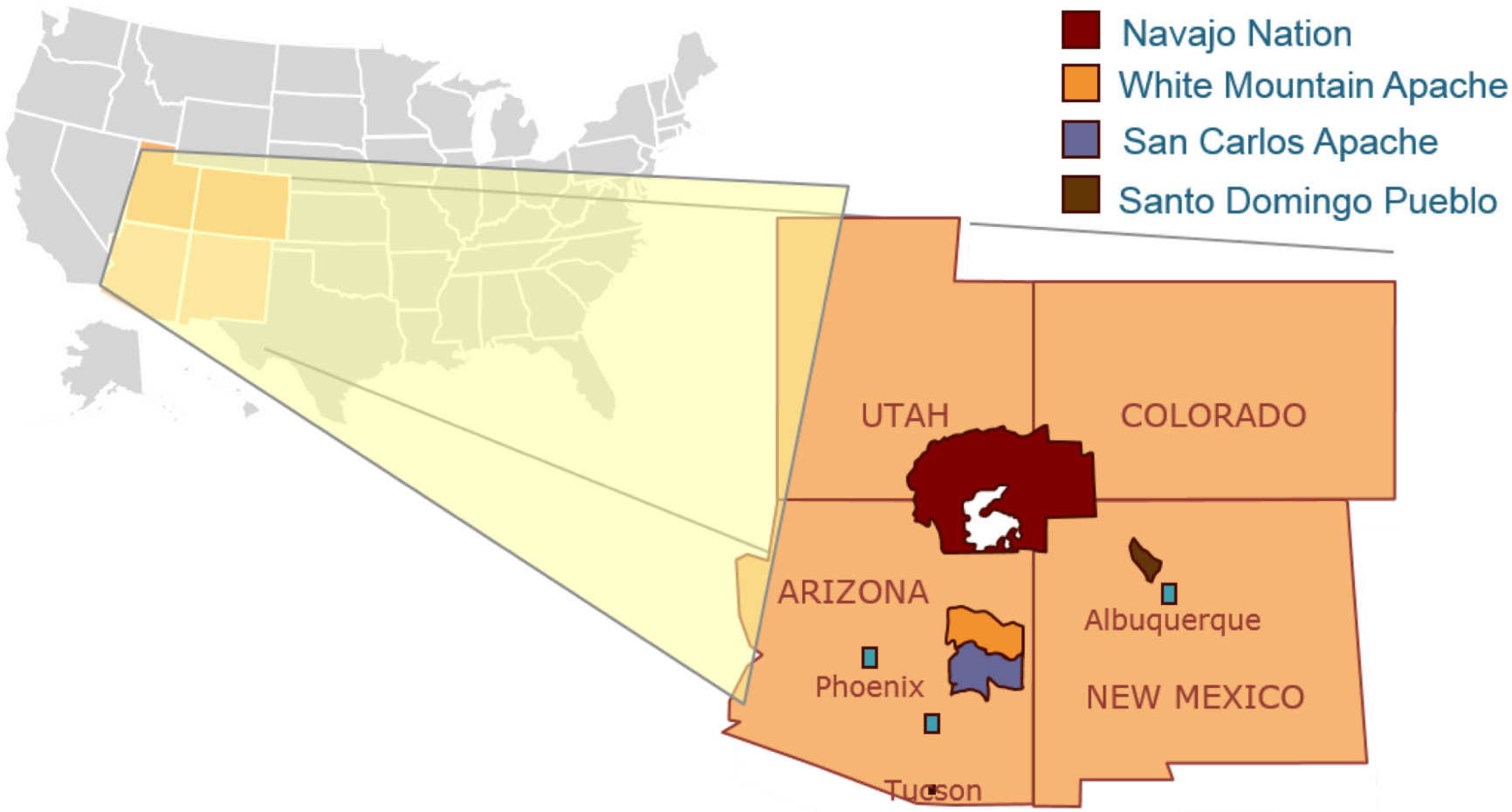
- Background on Johns Hopkins Center for American Indian Health
- History of Family Spirit Model
- Rationale for Focusing on Parenting
- Results/Findings from Family Spirit Trials
- Imbedding Cultural Strengths
- Questions/Reflections

Johns Hopkins Center for American Indian Health at the Bloomberg School of Public Health

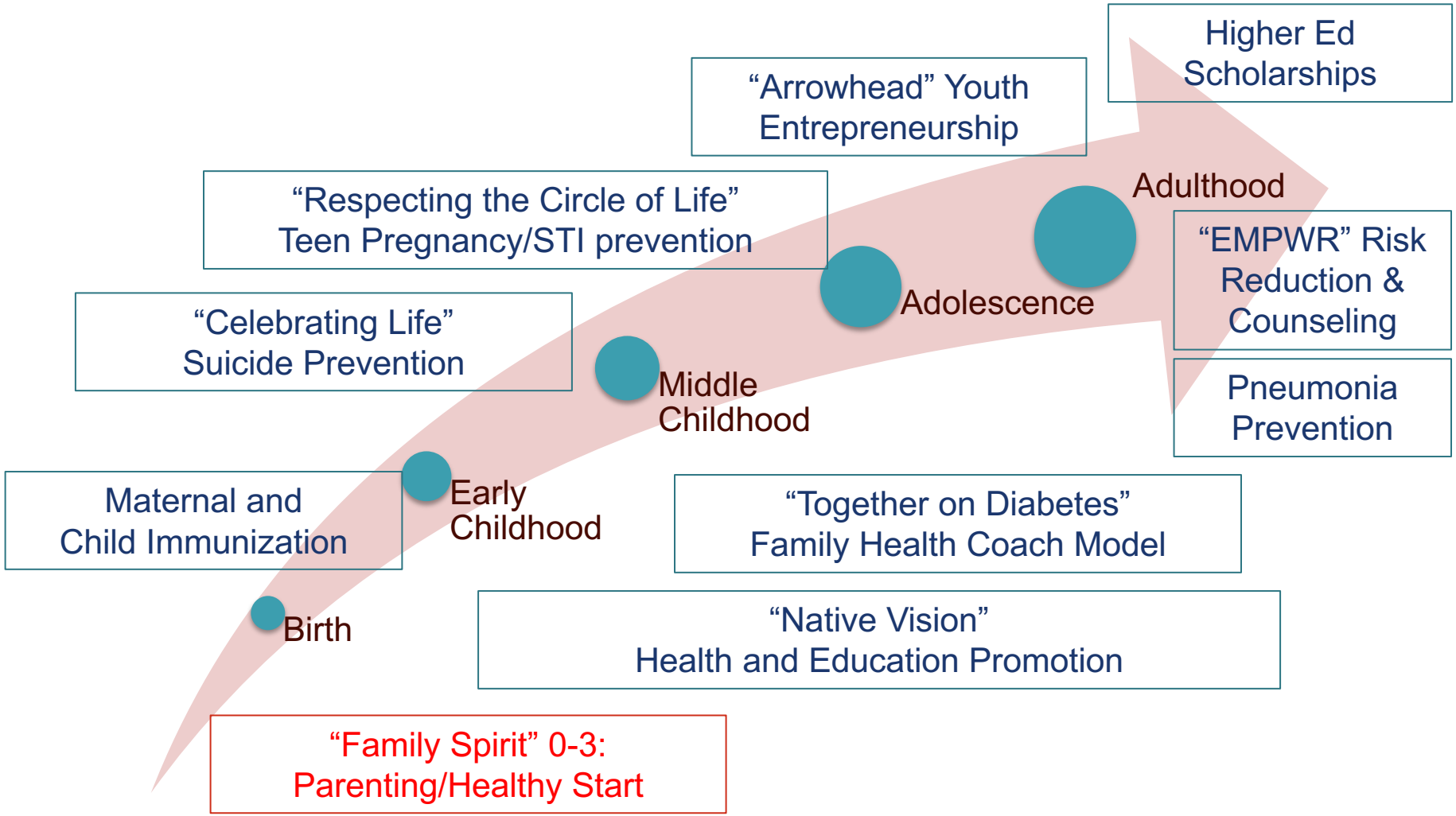
For more than three decades we have partnered with American Indian communities to co-design programs to achieve optimal health and well-being across the lifespan.

MOU with Indian Health Service since 1991.

35+ Years of Health Innovations with Southwestern Tribal Partners



Changing the Future:
Working Across the Lifespan



Family Spirit Intervention

Home-Based Outreach

Family Involvement

Structured, home-based curriculum taught by AI Home Visitors to young mothers from pregnancy – 36 mos post-partum

Community Referrals

Family Spirit: Two Decades of Development

Family Spirit Design
- Tested with 160 Moms/babies prenatal-6 months pp

Family Spirit Trial 2:
- Moms/Dads
- prenatal to 12 mos. pp
- RCT evaluation

(n= 166 parents-children)

Program Replication
- 120+ affiliate sites

1995-1998 | **1999-2001** | **2002-2005** | **2005-2012** | **2012-Present**

Family Spirit Trial 1:
- Moms/Dads/babies
- Prenatal to 6 mos. pp
- RCT evaluation

(n= 68 parents-children)

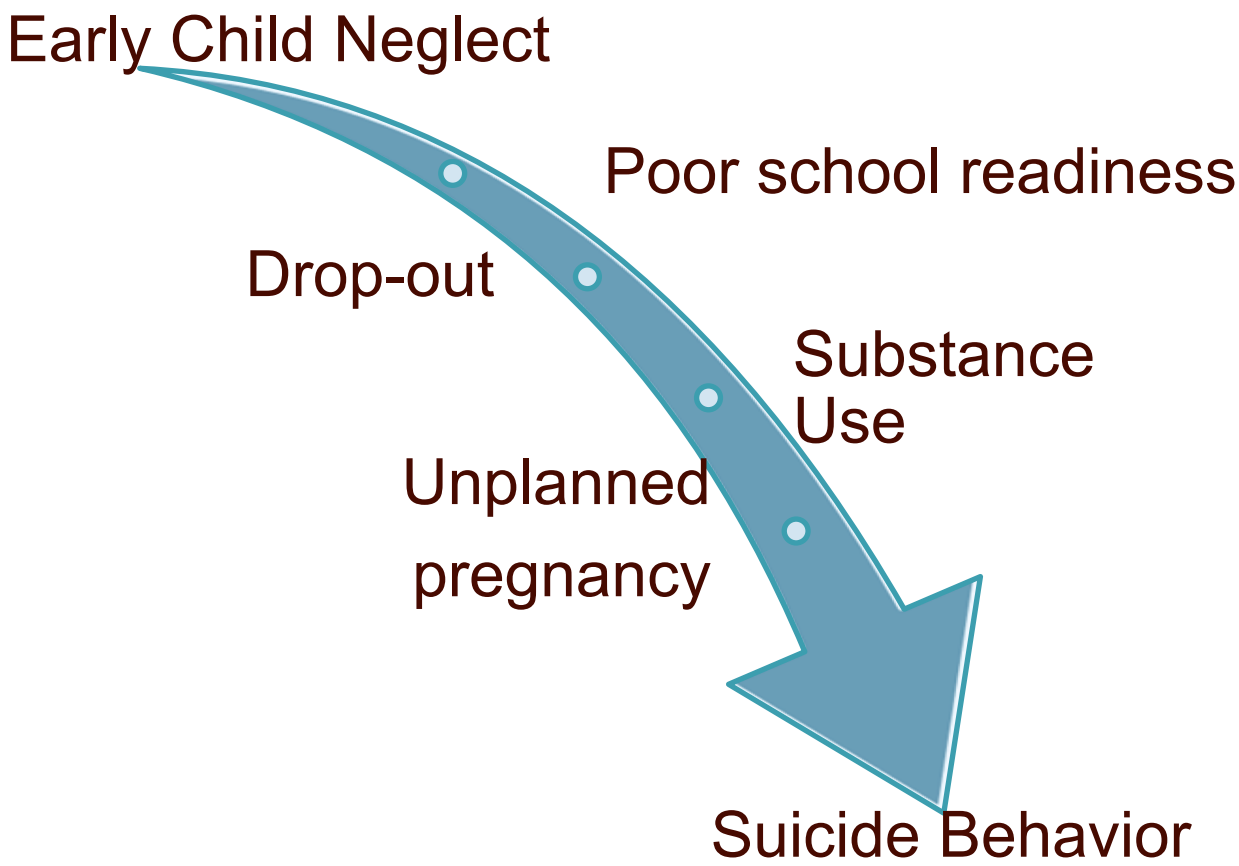
Cradling Our Future Trial 3:
* Mom/babies
* Prenatal to 3 yrs. pp
* RCT evaluation

(n= 322 parents/children)

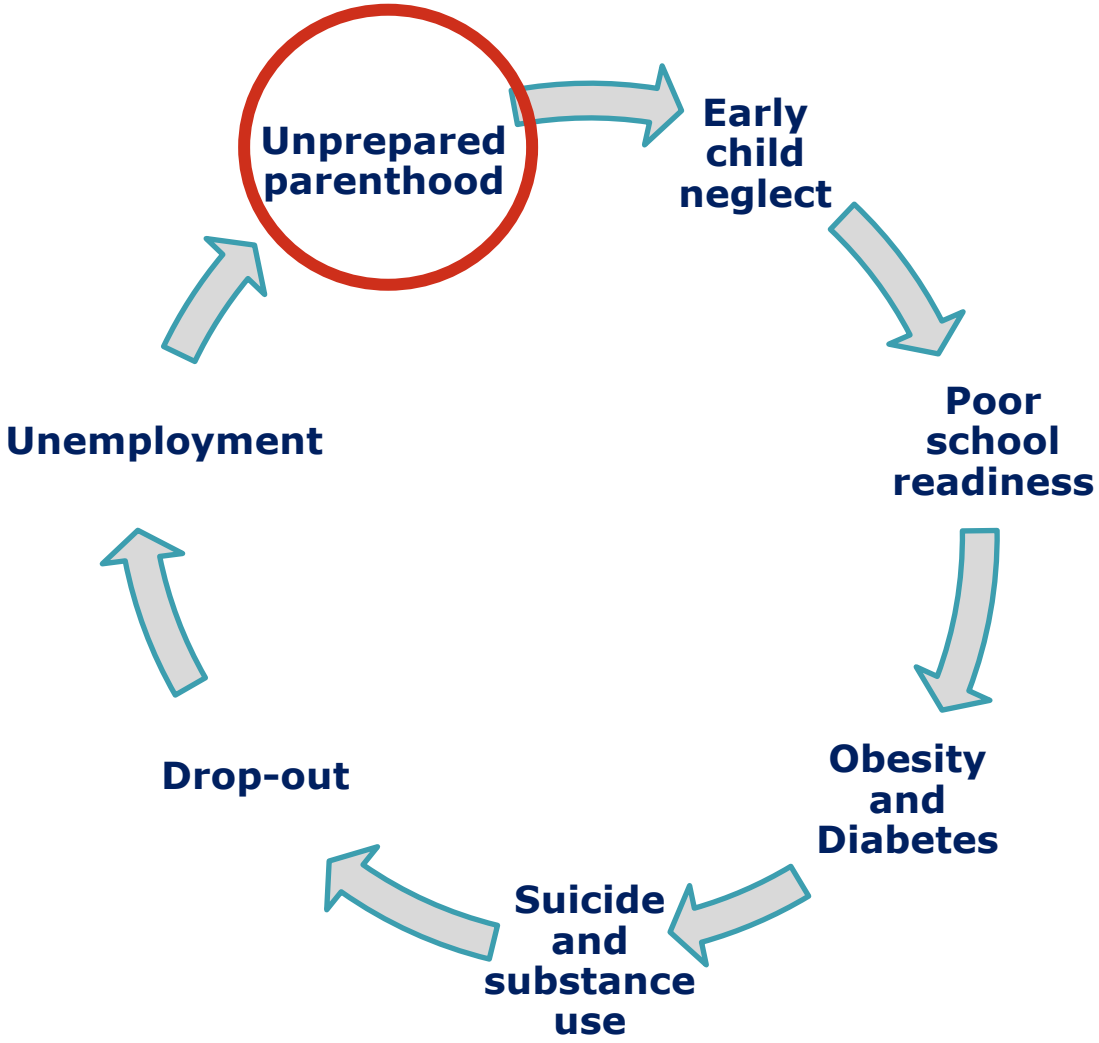
Needs: Where to Begin?

- >46% of AI women begin child-bearing in adolescence
- AI adolescents: highest drug use and other behavioral disparities in US
- Rural, isolated, and highly mobile
- Major barriers to health care and health/parenting education
- Historical/cultural loss amplifies family and community risk factors for drug use and negative parenting
- Children are sacred

What is happening? A downward trajectory…



How do we break this cycle?



What We Have Learned about Parenting and Early Childhood Behavior

- Poor/negative parenting (poor maternal self-efficacy, inconsistent discipline; restrictive, coercive parenting) associated with externalizing and internalizing behaviors in infancy/toddlerhood are predictive of problems in middle and later childhood
- Early life is the most formative developmental period
- Pregnancy/early parenting – key time for behavioral redirection

Stronger Parents Raise Stronger Children*

- Prenatal/ Early Life Home Visiting
  - Evidence-based interventions proven to improve the life trajectories of low income women and children
  - Positive effects now shown up to **age 19 years**

Arch Pediatr Adolesc Med 2010;164:9-15, 412-418, 419-424

*Credit: Dr. Ann Bullock, Indian Health Service

Family Spirit Trial Results

"In-Home Prevention of Substance Abuse Risk in Native Teen Families"

(NIDA Grant #: **RO1 DA019042**
with additional support from OBSSR)

Family Spirit Paraprofessional Home-Visiting Impact: Pregnancy to Age 3

Parenting

- Increased maternal knowledge [1,2,3,4]
- Increased parent self-efficacy [3,4]
- Reduced parent stress [2,4]
- Improved home safety attitudes [3]

Mothers' Outcomes

- Decreased depression [1,2,4]
- Decreased substance use [4]
- Fewer risky behaviors [3,4]

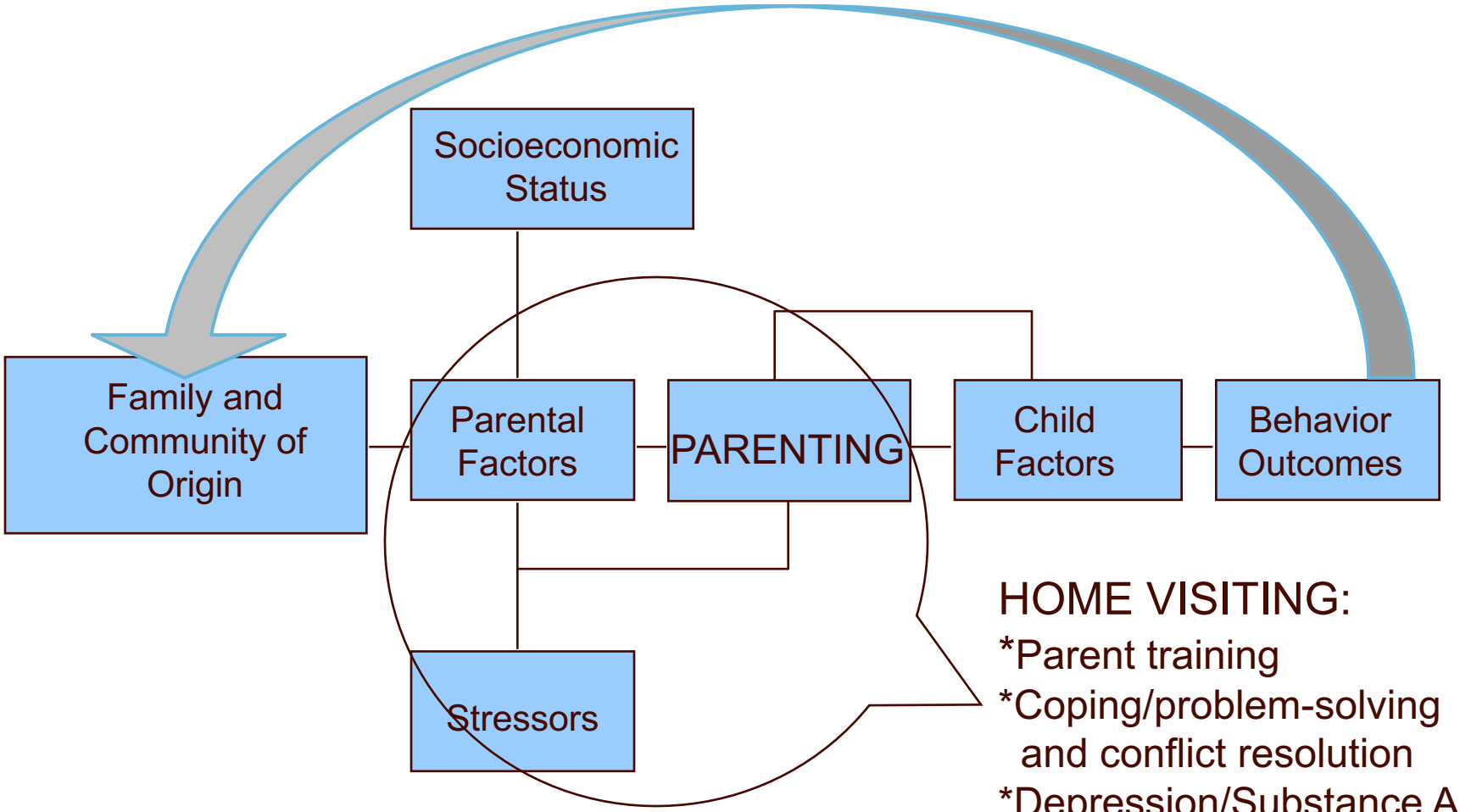
Child Outcomes

- Fewer social, emotional and behavior problems through age 3 [2,3,4]
- Lower clinical risk of behavior problems over life course [4]

1 Barlow A, Varipatis-Baker E, Speakman K, et al. *Arch Pediatr Adolesc Med.* November 2006.
2 Walkup J, Barlow A, Mullany B, et al. *Journal of the Amer Acad of Child and Adolesc Psychiatry.* June 2009.
3 Barlow A, Mullany B, Neault N, et al. *American Journal of Psychiatry.* January 2013.
4 Barlow A, Mullany B, Neault N, et al. *American Journal of Psychiatry.* February 2015.

Family Spirit: An Indigenous Solution

How do we affect change: The Family Spirit Theoretical Model



HOME VISITING:

*Parent training

*Coping/problem-solving and conflict resolution

*Depression/Substance Abuse

*Referrals

Adapted from Patterson et al., 1989 for Family Spirit Intervention

Designed for Culturally Embedded *Paraprofessional Family Health Educators*

- Shortage of nurses on reservations
- Local paraprofessionals can navigate local cultural and social mores required for home visits
- Builds trust <u>and</u> local work force

Cultural Strength and Resiliency Abound

- Culture as a protective factor
- Huge emphasis on family and community
  - Extended families pool resources to meet needs
  - Most families will not turn away a family member in need
- Children are sacred
- Holistic view – the 4 directions (everything is circular)
  - Physical, mental, emotional, and spiritual must be in balance

Curriculum Overview

Comprehensive Content

- ✓ Goal-Setting
- ✓ Parenting and Well-Child Care
- ✓ Reproductive Health
- ✓ Nutrition/Responsive Feeding
- ✓ Establishing Meal Time/Sleep Routines
- ✓ Oral Health
- ✓ Family Planning
- ✓ Substance Abuse & Depression Prevention/Referral
- ✓ Conflict and Problem-Solving
- ✓ School/Career Planning
- ✓ Budgeting for One's Family
- ✓ Preparing Children for School

American Academy of Pediatrics' Caring for Your Baby and Young Child: Birth to Age 5 (Shelov et al. 2004): Definitive reference for child care content

Culturally Grounded Content and Format

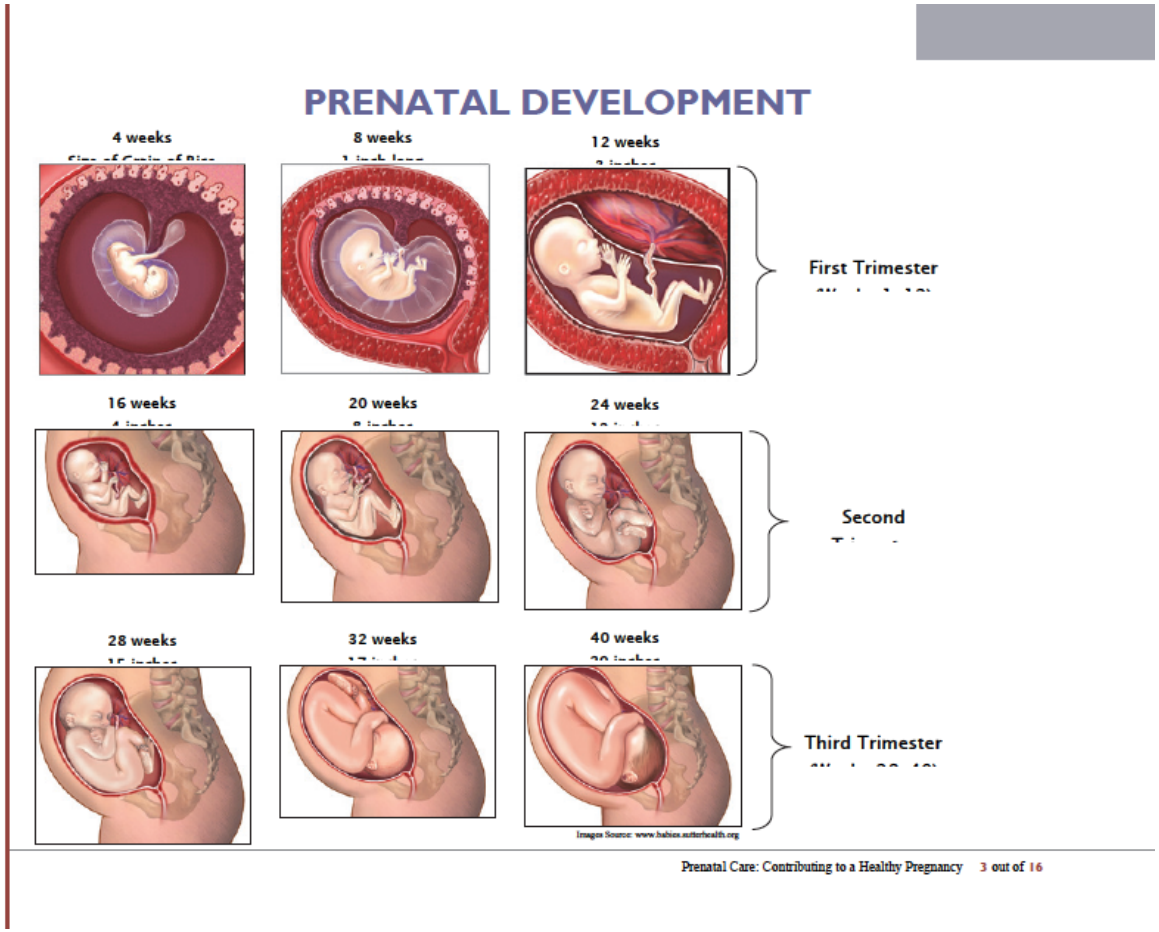
- "Familiar" **stories create dialogue** between Family Health Educator and mom to solve problems
- Illustrations by indigenous artist
- Out-takes for local cultural activities and additional resources
- HE as Cultural Teachers/Facilitators

Chinle Service Unit: Public Health Nursing

- Trained in 2008
- PHN & Health Techs
- Established a group in collaboration with Office of Native Medicine
- Navajo Wellness Model- 2006

Shábikehgo as’ah oodał: Living with wellness and heath guided by the journey of the sun

Prenatal Care Module: Contributing to a Healthy Pregnancy



Small Group Discussion

- What are your communities traditional parenting/nurturing practices for prenatal care?
- Describe the considerations for family structure – elder caregivers, extended family
- Name a few local community resources to support your families with prenatal care

Infant Care: Bedtime Safety

SAFE SLEEPING FOR INFANTS

TEACHING POINTS

To reduce the risk of sleep-related infant deaths, babies should be placed on their backs to sleep. Babies should sleep on firm surfaces without toys or blankets that could suffocate them.

Review the teaching points with the participant.

- **What's the best position for an infant to sleep in?**
  - Newborns should **always** be placed on their backs to sleep until they're at least 1 year old.
  - Stomach-sleeping is a risk factor for sleep-related infant deaths.

☑ *See Reference Manual 1: Sleep-Related Infant Deaths (page 41)*

- **What are sleep-related infant deaths?**
  - Sleep-related infant deaths are broken down into two categories: Sudden Infant Death Syndrome (SIDS) and Accidental Suffocation and Strangulation in Bed (ASSB).
  - SIDS is the sudden death of an infant under 1 year of age that cannot be explained even after a full investigation.
  - ASSB refers to infant deaths caused by suffocation or blockage of an infant's airway in a sleeping environment.

- **What is a safe sleeping environment for infants that may reduce the risk of sleep-related infant deaths?**
  - Use a firm sleeping surface covered with a fitted sheet.
  - Keep soft objects and loose bedding out of a baby's sleeping area, including stuffed animals or other toys:
    - A one-piece sleeper can keep a baby warm without need for a blanket.
    - If a blanket is absolutely necessary (for example, if the home is wood-heated), then move the baby's feet to the end of the crib, cover the baby in a blanket that reaches no higher than the chest, and securely tuck the blanket under the bottom and sides of the mattress so it can't move up toward the baby's face.
    - Soft surfaces like pillows and heavy blankets or surfaces with small holes in them like quilts can all suffocate or trap a baby.
    - Don't use crib bumpers anywhere in your baby's sleeping area.
    - Newborns can't raise their heads, so if they get trapped under something, they might not be able to breathe.
  - Avoid overheating. Dress your baby in no more than one layer of clothing more than an adult would wear to be comfortable.
  - Do not smoke or let anyone smoke around your baby.

- **If a baby falls asleep on a soft surface like a sofa or a chair, it's best to move him to a safe sleeping place (like his crib) on his back.**

- **Now that you've learned some basic bedtime safety for your child, let's do a role play to practice sharing this information with other people in your family.**

☑ *Health Educator Note: Pretend to be the participant's mother, and have her explain to you why she has chosen to put her child to sleep on his back. You want to encourage the participant to be confident in her decision, even if her mother or another close family member provides contradictory advice. Feel free to reverse the role as well so the participant can get another example of what to say in this type of situation.*

- **Be sure to always have a portable crib with you when your child is staying at someone else's home, even if it's just for an afternoon.**
  - You always want to provide a safe place where your baby can sleep when he isn't at home.

Acknowledgements

- The mothers, babies and families who participated in the Family Spirit research studies
- Chinle Service Unit Public Health Nursing Department/Public Health Division
- Navajo Nation
- White Mountain Apache Nation
- San Carlos Apache Nation
- National Institute on Drug Abuse (NIDA)
- Indian Health Service
- Office of Behavioral and Social Science Research (OBSSR)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Ford Foundation
- CS Mott Foundation
- Annie E. Casey Foundation
- Share our Strength Foundation

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Pinon Health Center

Charmayne’s Story

https://www.youtube.com/watch?v=6e0swZ-e5f8