



JOHNS HOPKINS 
CENTER FOR AMERICAN
INDIAN HEALTH

FAMILY SPIRIT PROGRAM
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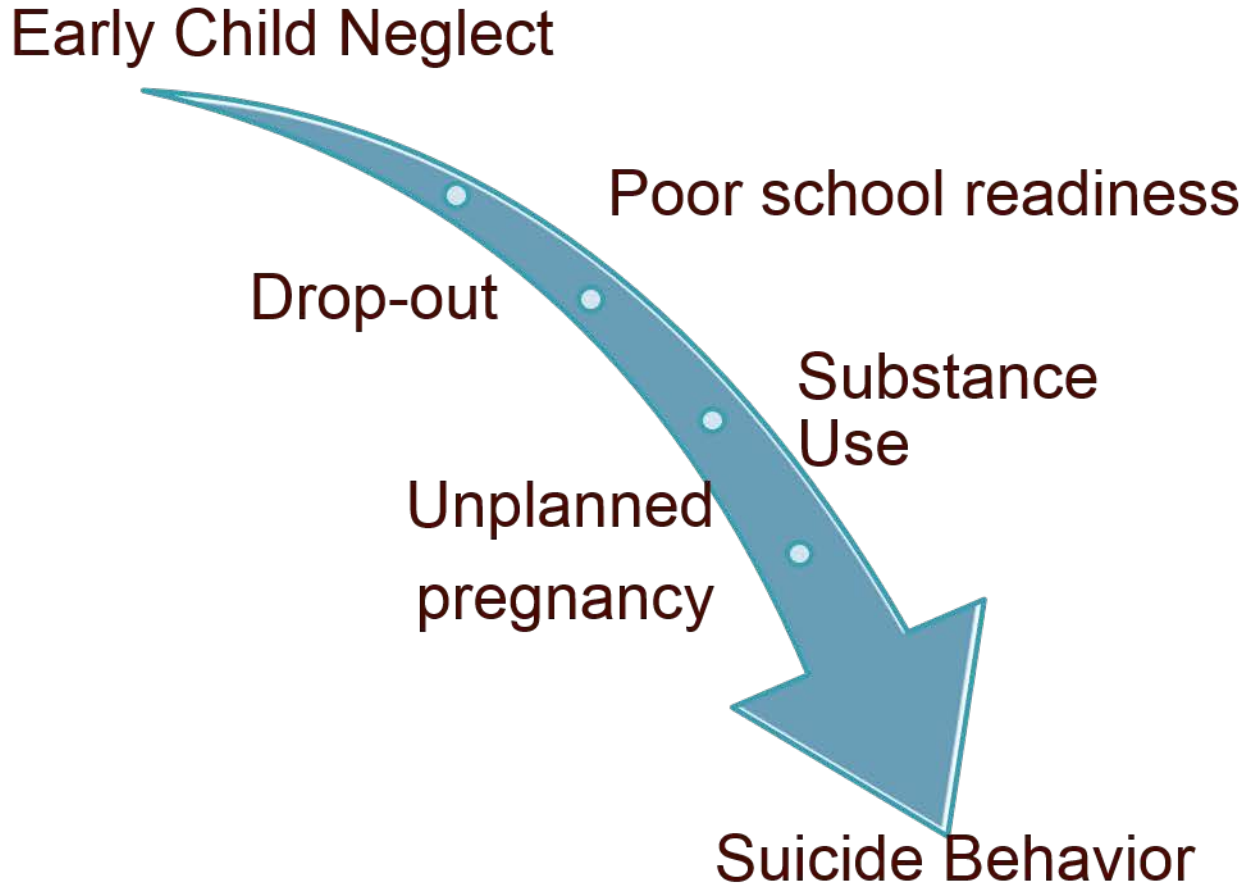
Presentation Overview

- Rationale for Focusing on Parenting
- Background of JHCAIH
- Indigenous Solution: Family Spirit
- Results/Findings from Family Spirit Trials

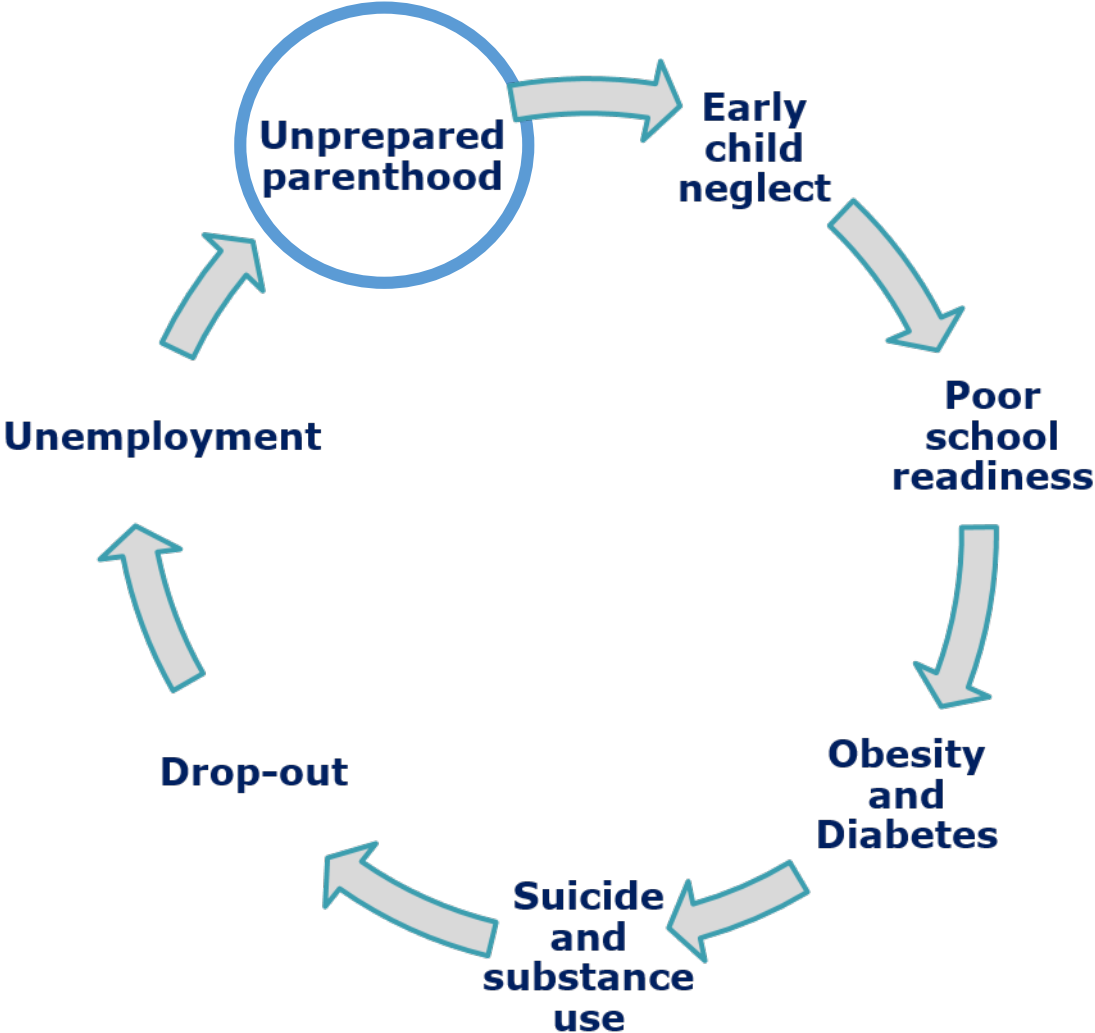
Family Based Manifestations of HT

- Child Abuse/Neglect
- Depression
- Substance abuse
- Family Conflict
- Domestic violence

What is happening? A downward trajectory...



How do we break this cycle?



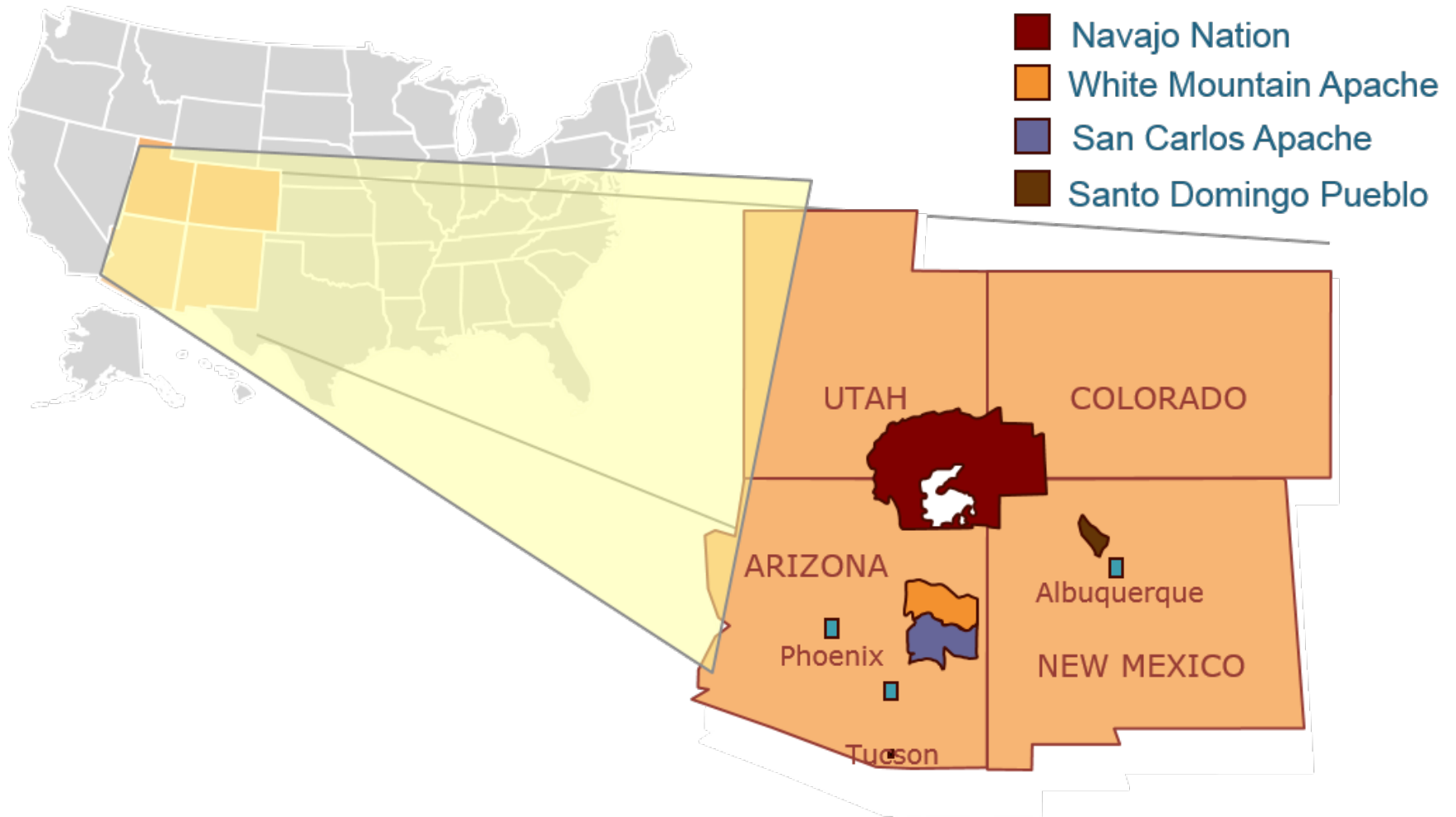
Johns Hopkins Center for American Indian Health at the Bloomberg School of Public Health



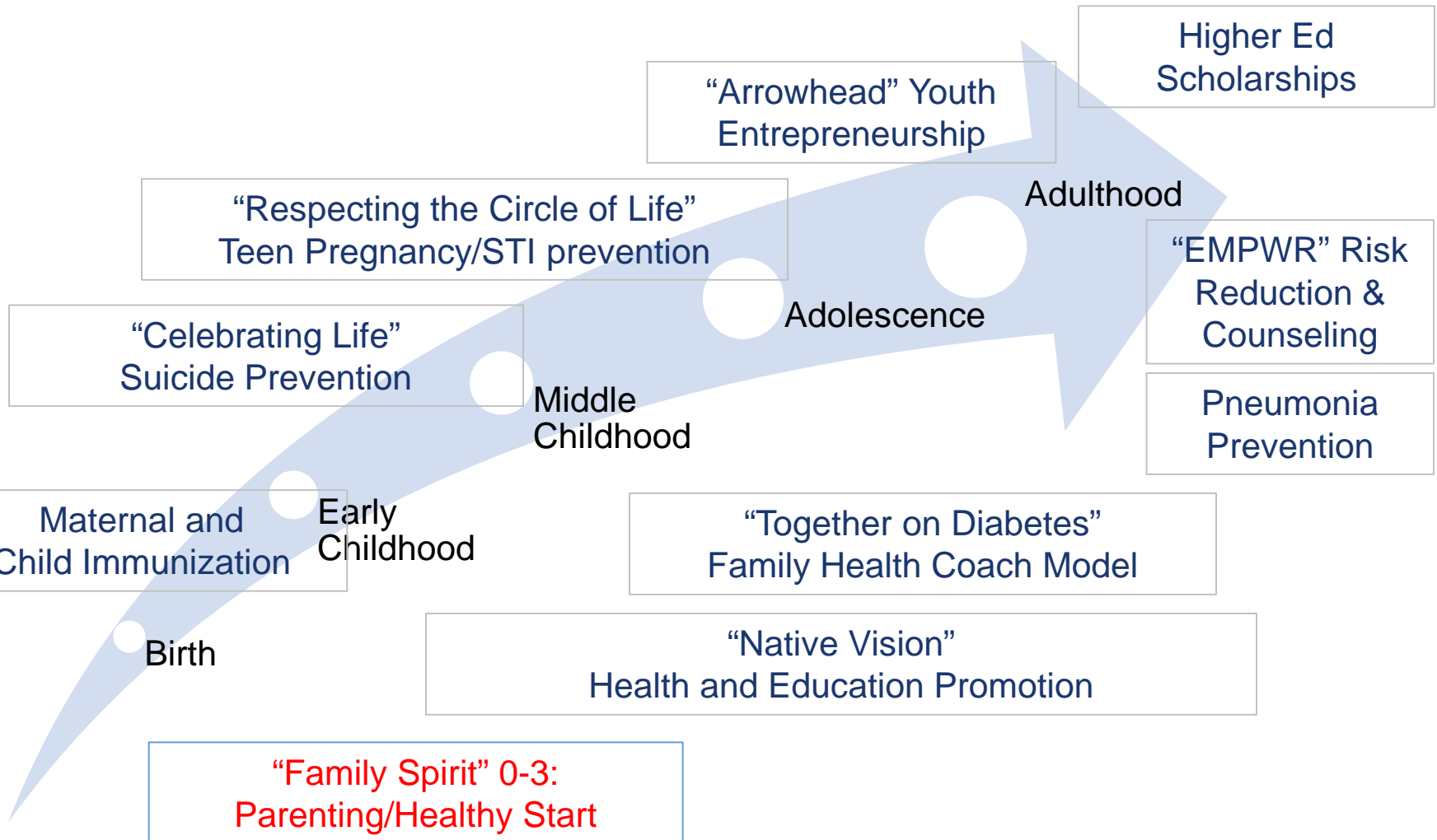
For more than three decades we have partnered with American Indian communities to co-design programs to achieve optimal health and well-being across the lifespan.

MOU with Indian Health Service since 1991.

5+ Years of Health Innovations with Southwestern Tribal Partners



Changing the Future: *Working Across the Lifes*



Needs: Where to Begin?

- >46% of AI women begin child-bearing in adolescence
- AI adolescents: highest drug use and other behavioral disparities in US
- Historical/cultural loss amplifies family and community risk factors for drug use and negative parenting



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 Intervention



Home-Based Outreach



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



Family Involvement



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 communities trained;
19 US states

1999-2001

1995-1998

2002-2005

2005-2012

2012-Present

Family Spirit Trial 1:

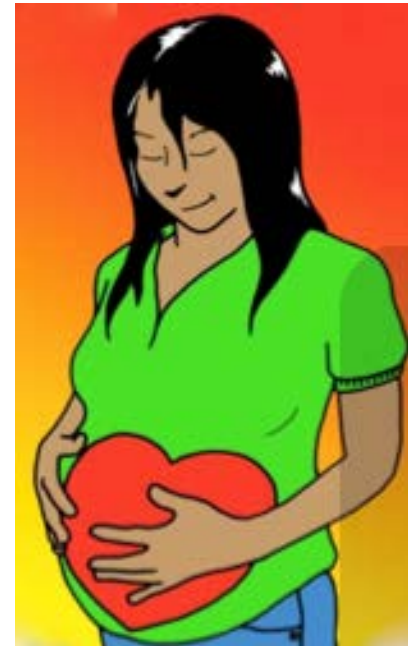
- Moms/Dads/babies
- Prenatal to 6 mos. pp
- RCT evaluation (n= 68 parents-children)

Cradling Our Future Trial 3:

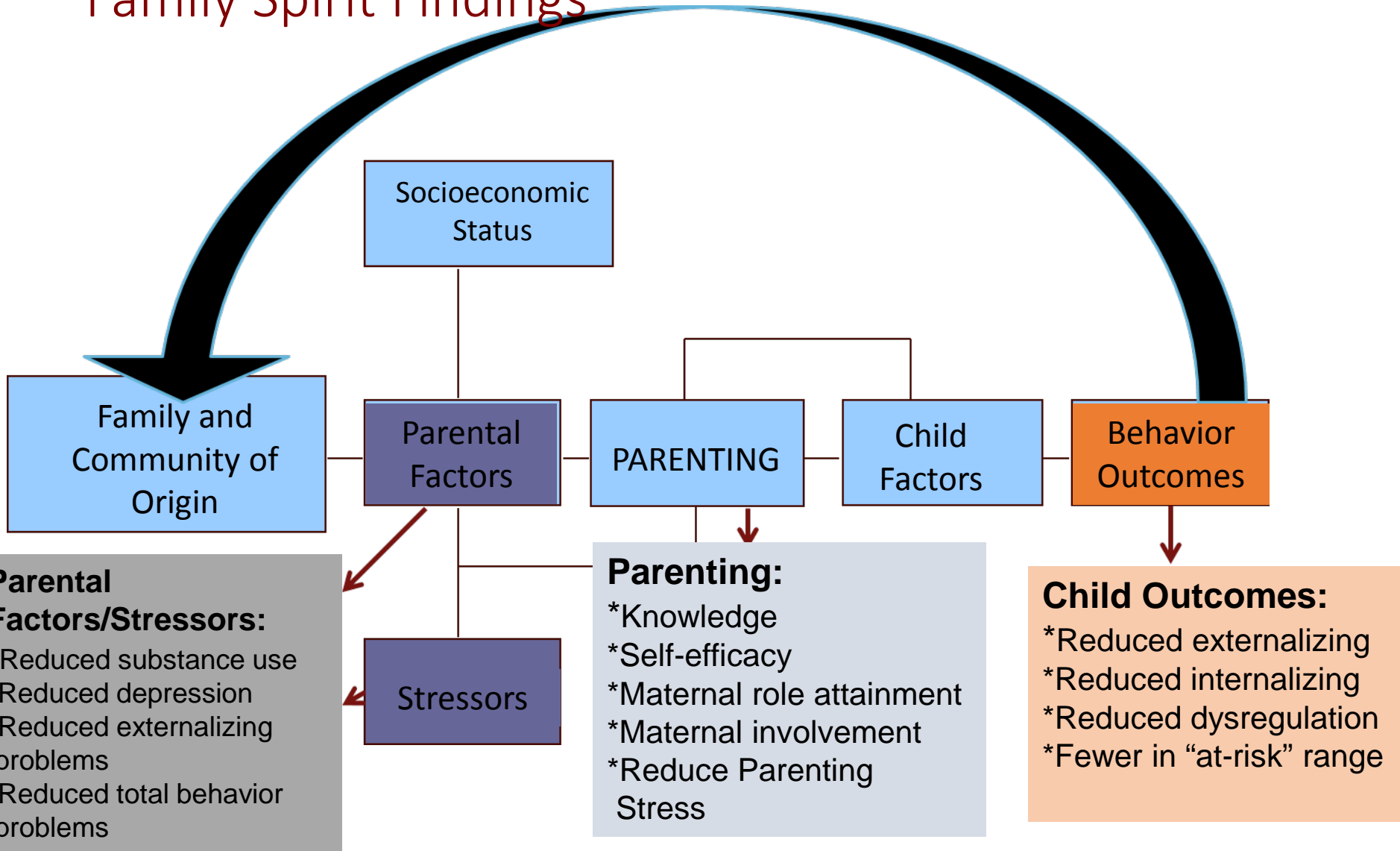
- * Mom/babies
- * Prenatal to 3 yrs. pp
- * RCT evaluation (n= 322 parents/children)

Cultural Components of Family Spirit Content/Design

- Traditional parenting/nurturing practices
- Designed to be inclusive of all family members
- Highly visual: illustrations by Apache-Navajo artist
- Use of “familiar” stories to create dialogue between Native family health educator and mom to solve problems
- Out-takes for local cultural activities and additional resources



Family Spirit Findings



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

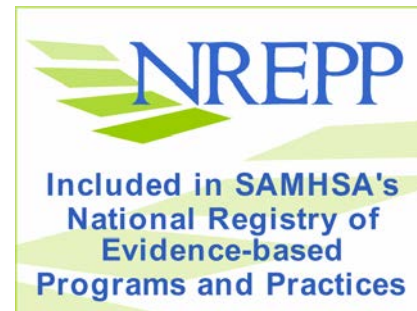
- Fewer social, emotional and behavior problems through age 3 ^{2,3,4}
- Lower clinical risk of behavior problems over life course ⁴



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 Community-Level Buffers to HT

- Native Family Health Educators of Home Visitors
 - Relationship support
 - Positive cultural and language identity with families
 - Community change agents – leadership in solving problems of HT and related consequences
- Only evidence-based intervention model designed for and by Native Communities



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

Curriculum Overview



Charmayne's Story

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

2020 I.H.S CHR Family Spirit Training

- March 2020- Albuquerque, NM
- Interested CHR programs must submit applications by December 12, 2019. Applications will be available by late September.

Acknowledgements

- The mothers, babies and families who participated in the Family Spirit research studies
- 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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