

# *Challenges and Prevention Strategies from Tribes and Hospitals: Intro*

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# Part 5 of our series

## *Illicit Substance Use around the Time of Birth: Education and Prevention Strategies*

- Upcoming topics

- *12/16: IHS Resources – Harry Brown MD, CMO Nashville Area*

# Today's topic:

## *Challenges and Prevention Strategies*

- High rates of drug use in many areas in populations of childbearing age
- In the community – great trauma, struggles with resources, lack of known strategies
- In the hospital – struggles with staff burnout, turnover, lack of resources
- Questions – what can we do?

# Today's topic:

## *Challenges and Prevention Strategies*

- Presenters from different fields
  - A research program looking at solutions in the Cherokee area in OK
  - PHN with the Blackfeet Community Hospital in Browning Montana
  - The Family Spirit – national program with many initiatives and solutions
  - Audience suggestions?

# High Cultural Identity and Low Alcohol Use Among American Indian Adolescents: Recent Findings

Brady Garrett, Ph.D.  
NIH Postdoctoral Fellow  
Cherokee Nation Behavioral Health

# Disclosure

- The presenter has no financial relationship to this program.

# Objectives

At the end of this presentation, participants will be able to:

- Gain insight into the protective properties of cultural identity regarding alcohol use.
- Consider ways to implement culture into prevention and intervention programs for American Indian (AI) youth.

# Defining Culture

- Values, beliefs, language, rituals, traditions, and other behaviors that are passed from one generation to another within any social group. (Helms & Cook, 1999)
- Any socially definable group with its own set of values, norms, and behaviors. (Cokley & Awad, 2008)

# What Does the Literature Say?

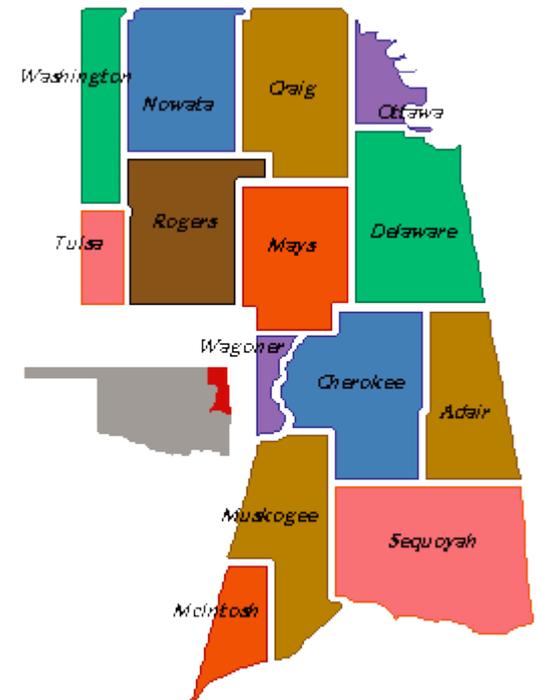
- In general, the literature is mixed.
  - A strong cultural identity has been demonstrated to be a protective asset (e.g., Ai, Aisenburg, & Weiss, 2014; Oetting, 1994)
  - In other studies, cultural identity was found to have no relation to substance use outcomes (e.g., Kropp et al., 2013; Whitesell et al., 2014).
  - Some studies have found strong cultural identity to be risk factor (e.g., Whitbeck et al., 2004).

## Aim Of The Study

To investigate whether higher cultural identity predicts fewer reports of alcohol use among non-reservation based AI youth.

# Sample

- A non-reservation based sample of AI students ( $n = 644$ ).
- 4 schools located within the Oklahoma Cherokee Nation.
- 53% AI, 47% AI and White.
- 81.8% Cherokee; 18.2% Other
- Mean age = 15.9



# Methods

- Data were used from a 5-year alcohol prevention research grant in the Cherokee Nation.
- Baseline data—wave 1 cultural identity predicting wave 3 alcohol use.
- Measures
  - Orthogonal Cultural Identification Scale (OCIS; Oetting & Beauvais, 1990-91)
  - National Youth Risk Behavior Survey (YBRS; CDC, 2010).
    - Monthly alcohol use.
    - Heavy episodic use.

# OCIS

- Identifying with one culture does not take away identification from another culture.
- 6 base questions with anchors at 1 (none at all) and 4 (a lot).
- Participants answer for each culture.
- Sample question:
  - “Does your family live by or follow the...”
    - American Indian way of life.
    - White American or Anglo way of life.
    - Mexican American or Spanish way of life.
    - Asian or Asian American way of life.
- Culture identity was defined as their scores on the OCIS.

# Results

- AI students with high identification with AI culture, with AI and White culture, and with White culture had fewer past month drinking days and/or fewer past month heavy drinking days compared to those low identification.
- High AI identity was found to be protective for those in the majority AI school.
  - A trend was observed that high AI identity was less protective for AI students in the majority White school.

# Take Home Messages

- A strong identity with any culture appeared to be protective for the students.
- A strong connection to a culture not associated with the majority may be less protective.

# Implications for Practice

- Engaging patients in a dialogue about their cultural identity and values.
- Identify ways in which the patient can continue the process of developing their cultural identity.
- Tune-in to instances of discrimination to identify adaptive forms of coping

# Strengths, Limitations, and Conclusions

- The study included a large, non-reservation based AI youth sample.
- The findings may highlight important differences within tribes regarding cultural identification.
- Use caution when generalizing findings to other tribes.
- Data were cross sectional.
- Findings hope to spark additional research in this area.

Thank You!

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# Well Mother's & Babies (WMB)

Blackfeet Community collaboration for the  
reduction of intra-uterine drug exposure

Presentation by Tara J. Peterson, RN, BSN  
Blackfeet Community Hospital

# Introduction

## ➤ Stats

- 2008: Rise in IUDE noted
- 2012: 43% IUDE
- 2014: 51% IUDE

## ➤ Community Health Nurses, CPS, Blackfeet Child & Family Services

- June 2014

## ➤ Community Collaboration Meeting

- July 2014
- Addressing various resources available for families

## ➤ Combination of CHN efforts + SAPW/Drug Task Force + Tribal Health = WMB

Focus Question: How can the WMB continuously educate the Blackfeet to promote healthy choices of hope to expectant mothers and families?

- Strategic Planning efforts occurred throughout October & November 2014
  - Bi-weekly meetings
- Focused planning developed into short term & long term goals over the next year.
- Programs actively participating include:
  - ❖ Blackfeet Early Childhood Center
  - ❖ Blackfeet Manpower (Pregnant/Parenting Teen)
  - ❖ Blackfeet Honor Your Life Program
  - ❖ Blackfeet CHR Program (Family Spirit)
  - ❖ Child & Family Services
  - ❖ Indian Health Services- Blackfeet Community Hospital:
    - Community/Public Health Nurses
    - Inpatient Nursing
    - Administration
    - Health Educator
    - Women's Health Clinic

### Strategic Planning Goals Defined:

- Promoting a positive healthy lifestyle
- Building collaborative resources
- Creating and implementing a media campaign

# Promoting a Positive Healthy Lifestyle

- 'It Takes a Nation (Blackfeet) to Raise a Child!'
  - Train the Trainer parenting classes
    - ~Targets entire families, support persons
      - Reinforcing strengths, building confidence, empowering
      - Promoting traditional and cultural beliefs
      - Family centered PN care
      - Supporting the importance of education
  - Collaborating with the Wellness Center
    - October/November 2015
    - Utilization of the Family Spirit model

# Building Collaborative Resources

- 'Fill your Diaper Bag'~1 diaper bag item per prenatal visit.
  - To encourage early and consistent prenatal care (10 x 10)
- Ongoing meetings with the BTBC for continuous collaboration and support.
- Maintain referral process for expectant, high risk families to the CHR- Family Spirit program.
- Establish a formal referral process from BCH to the Head Start program designed for early intervention of substance exposed infants.
- Working relationship with the AWARE program at BPS
  - Meeting with school board
    - November 2015
- WICC office – Dorothy Champine
  - Educational classes
    - Fall 2015

# Creating and Implementing a Positive Media Campaign

- Social media
  - Facebook page (LIKE us!)
  - Bathroom stall marketing
    - Public toilets within the casino, schools, bars, etc.
- Educational materials
  - Banners, bracelets, sippy cups, magnets, etc.
    - 'Empower your spirit with positive, healthy choices!'
    - 'STOP substance abuse for a healthy future'
  - Outreach
    - Indian Days events (Browning & HB), Blackfeet Youth Days, youth rodeos, etc.
- Establish working campaign relationships
  - Local stores for fundraising
- Awareness within the schools
  - Art/video contests
    - Fall 2015
  - 'Been There, Done That!' campaign
    - Speakers with past experiences
      - Fall 2015



# Upcoming for WMB...

- Multi-disciplinary approach and extended collaboration to provide various opportunity/options for substance abusing women in PP
  - ✓ Benefits Health Care Systems – Great Falls, CCL, BH, CPS
- Continued outreach
  - ✓ Youth - Browning Public Schools
- Centering
  - ✓ Bringing services to our target population
    - WICC
    - Public Assistance Services

# Obstetric and Neonatal Advocacy Committee

Charlene Ramirez, OB – SCN

Blackfoot Service Unit

# What is OANA?

- Combined 2 previous committees:
  - Baby Friendly
  - Drug Task Force
- Purpose:
  - To ensure quality care of our pregnant patients and their infants at the Blackfeet Community Hospital
  - Review Data and Statistics of illicit drug use during pregnancy

# Illicit Drug use during Pregnancy

- Ensure Data Collection is being completed
- Review Policies and Protocols
- Ensure staff are following Policies and Protocols
- Work with Well Mom and Babies to avoid duplication of work
- Goals:
  - Develop a working relationship with Buprenorphine subscribers in Montana
  - Ensure adequate training of Finnegan Scoring Tool
  - Develop Prenatal Screening Tool

# Baby Friendly

- Ensure we are meeting the requirements that are associated with our designation as a Baby Friendly Hospital
- Review Policies and Procedures
- Ensure all education requirements are being completed by staff
- Provide Hands-on Training for Nursing staff on a yearly basis
- Goal
  - To maintain Baby Friendly Designation

Thank you!

- Questions???

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# PIRIT: An evidence-based solution

Senior Research Program Coordinator

2015

Center for American Indian Health

# Johns Hopkins Center for American Indian 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 IHS since 1991.



# **Largest Disparities for Reservation AI/AN Youth Today**

Death Rate (0-25 yrs)

Suicide Rate (15-24 yrs)

Alcohol-related Deaths

Obesity/Diabetes

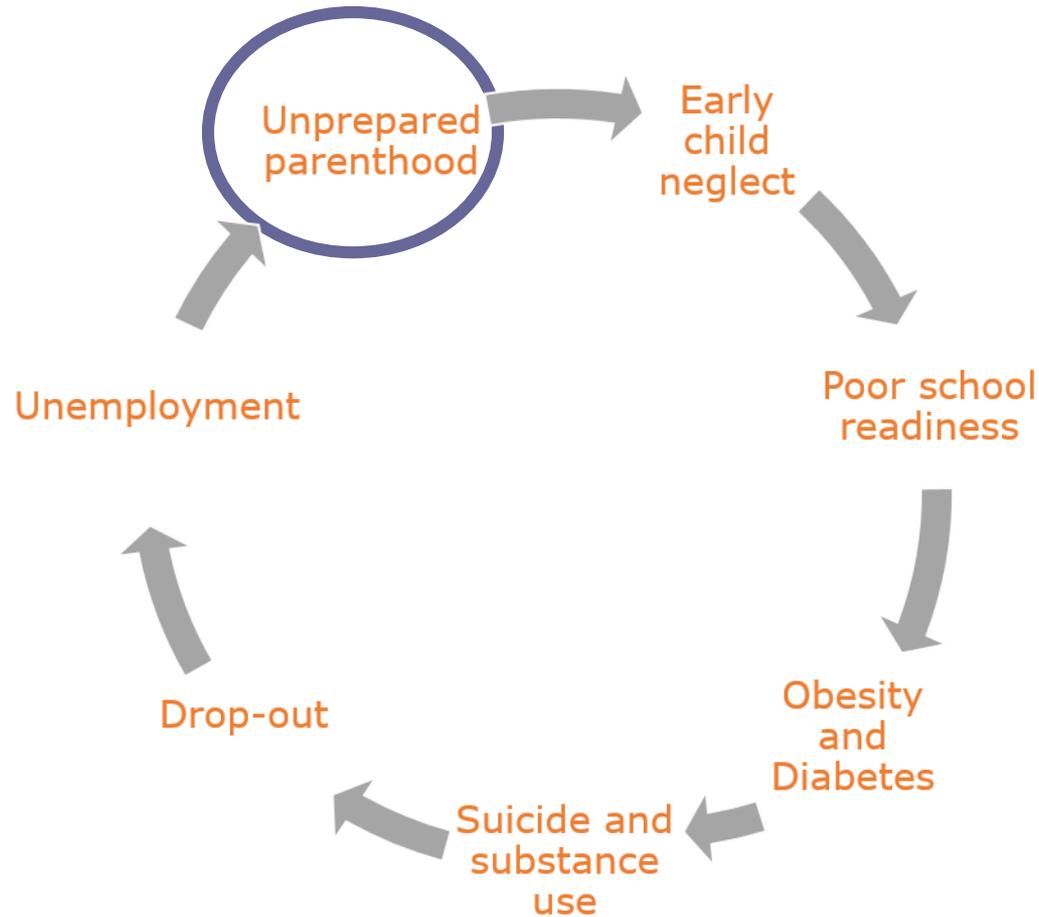
School Readiness

High school drop-out

Teen Childbearing

Unemployment rates

# Where to begin to break the cycle?



# An indigenous solution: Family Spirit home visiting program



# Family Spirit Program History

## SOS Project:

- \* Service
- \* teen Moms, babies
- \* prenatal-6 months postpartum  
(160 Moms served)

1998-1999

1995

## Fathers Project:

- \* Service
- \* Curriculum to address needs of young Dads  
(55 Dads/62 Moms served)

## Family Strengthening:

- \* Teen Moms/Dads
- \* Prenatal to baby's 6 month postpartum
- \* RCT evaluation Moms/Dads  
(48 Dads/68 Moms served)

1999-2001

## Family Spirit:

- \* Teen Moms/Dads
- \* prenatal to 12 months postpartum
- \* RCT evaluation Moms/Dads  
(75 Dads/166 Moms served)

2002-2005

## Cradling Our Future:

- \* Teen Moms
- \* 28 weeks gestation-36 most postpartum
- \* RCT evaluation Moms  
(322 Moms/kids enrolled)

2005

## Return to Service: Program Replication

- \* Replication with Tribal communities (57+) across US
- \* Chicago/U. of Illinois

2006-Present

# 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 Curriculum: Key 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 Young Children for School**

# Culturally Grounded Content & Format

- “Familiar” **stories create dialogue** between home visitor and mom to solve problems
- Illustrations by Apache-Navajo artist
- Out-takes for local cultural activities and additional resources



# Cultural/Community Components for Adaptation

- Traditional parenting/nurturing practices
  - Cultural teachings/worldviews
  - Family structure – elder caregivers, extended family
- American Indian life skills development
- Lesson Modules – illustrative designs, scenarios, activities
- Community resources - tribal programs, IHS
- Native American population vs. general population



# How well has Family Spirit worked? Impact: Pregnancy to Age 3

## Parenting

- Increased maternal knowledge <sup>1-4</sup>
- Increased parent self-efficacy <sup>3,4</sup>
- Reduced parent stress <sup>2,4</sup>
- Improved home safety attitudes<sup>3</sup>

## Mothers' Outcomes

- Decreased depression. <sup>1,2,4</sup>
- Decreased substance use <sup>4</sup>
- Fewer risky behaviors <sup>3,4</sup>

## Child Outcomes

- Fewer social, emotional and behavior problems through age 3. <sup>2-4</sup>
- Lower clinical risk of behavior problems over life course <sup>4</sup>



1 Barlow A, Varipatis-Baker E, Speakman K, et al *Arch Pediatr Adolesc Med.* 2006;160:1101-1107

2 Walkup J, Barlow A, Mullany B, et al. *Journal of the American Academy of Child and Adolescent 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: Ready to Scale



Highest **participant retention**:  
91% to 1 year postpartum; 83%  
to 3 years postpartum

4.0/4.0 on “**Readiness for  
Dissemination**”



Highest **federal rating** for  
HomeVEE: effectiveness of  
home visiting program models  
targeting families with children 0  
to 5

# Replication Phases

## PLANNING

- Introductory Webinar
- Readiness/Evaluation Tools
- Distribution of Curriculum to Trainees
- Online Knowledge Assessments
- Pre-Training Calls

## TRAINING

- Rigorous Week-Long Training
- Focus on Curriculum Content/Delivery
- Evaluation Training
- FS Certification

## IMPLEMENTATION

- Post-Training / Implementation TA
- Quarterly Check-Ins
- FS Connect Opportunities
- \* Option to help with evaluation.

# Current National Reach



*Family*  
Promoting  
Maternal  
and Early  
Child Health

**SPIRIT**® Affiliate Communities

**How can we help your communities?  
Email us at:  
[familyspirit@jhu.edu](mailto:familyspirit@jhu.edu)**

