

**Minnesota Department of Health
Material and Child Health
American Indian Programs**

Presenters

**Jackie Dionne; Director of American Indian Health
&
Karla Decker-Sorby; NW MN & Tribal Nurse Consultant**

Both Karla and myself were hired in 2012

**Local Public Health American Indian Block Grant Program –
9 or 11 Tribes receive funding through this program**

**Tribal WIC Programs in 7 or 11 Tribes - all northern Ojibwe
Tribes have their own WIC site and one American Indian
specific urban site at the Indian Health Board.**

In 2013 Karla undertook efforts to bring Family Spirit curriculum to MN Tribes

Two Tribes were implementing Nurse Family Partnership with modification approved by the researcher; White Earth and Fond-du-Lac

MDH Advancing Health Equity Report – published in Feb 2014 http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf

In 2015 and 2016 our Tribal WIC program have held two statewide gathering on improving our breastfeeding rates in our Tribal/American Indian population

Considering the development of a Tribal Breastfeeding Coalition.

Adverse Childhood Experiences Study and the impact of trauma in communities.



INTRODUCTION TO THE FAMILY SPIRIT PROGRAM IN MINNESOTA



Key Features of Family Spirit

- Home-based, family-based
- Native paraprofessionals or licensed staff
- Strengths-based approach
- Utilizes the strength of traditional teachings to foster the therapeutic relationship and sense of belonging



Family Spirit Outcome Data from Pilot Trials (1999-2011)



Positive findings at one year post-partum –
published data:

- Increased maternal knowledge.^{1,2,3}
- Increased maternal involvement.¹
- Decreased maternal depression.^{1,2}
- Reduced parent stress.²
- Increased parent self-efficacy.³
- Improved home safety attitudes.³
- Fewer behavior problems in mothers.³
- Fewer behavior problems in infants at 1 year.^{2,3}
- Higher impact among mothers who used substances at baseline.³



Additional positive findings at three years post-partum –
manuscript currently under review.

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. *J of the Amer Academy of Child and Adol Psychiatry.* 2009;48(6):591-601.

3 Barlow, A, Mullany B, Neault N, et al. *Amer Journal of Psychiatry.* 2013; 170:83-93.



Family Spirit Curriculum Topics



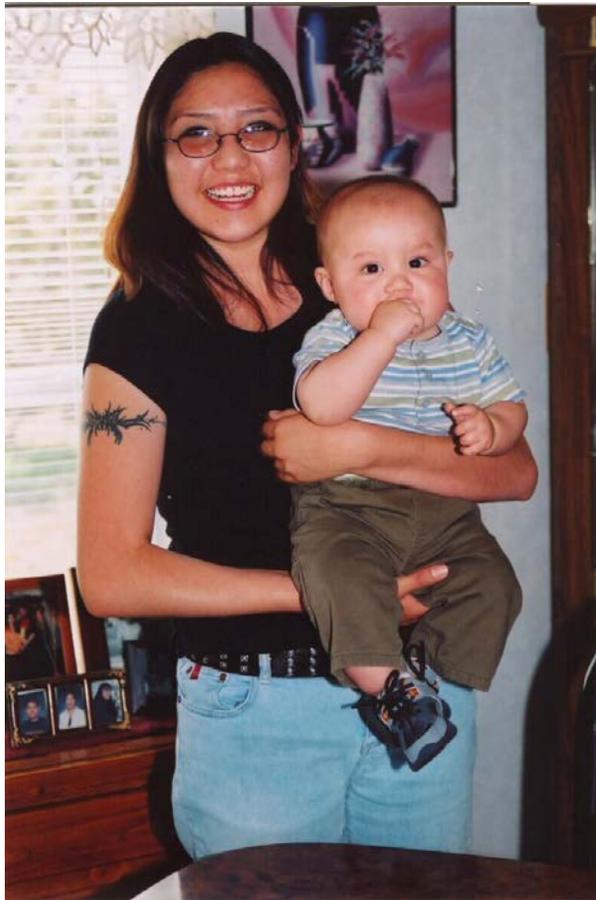
- Wide range of topics:
 - Prenatal care
 - Infant care
 - Parent skills
 - Substance use prevention
 - Child development
 - Maternal life skills



- Based on principles of home-visiting and guidelines from the American Academy of Pediatrics
- Extensively reviewed and revised by local staff and community members



Family Spirit Replication Process



Three phases in replication:

1. Planning
2. Training
3. Implementation



Family Spirit in Minnesota

- MDH begins outreach to tribal health offices to assess interest beginning in 2012-2013
- Seven tribes were interested in the program and completed an application for replication with Johns Hopkins
- First training took place at Grand Portage for 4 RN home visitors from Grand Portage and Bois Forte
- MDH writes a grant to fund 2, one-wMDH eek sessions of Family Spirit training with 23 home visitors participating in February 2014
- On-going implementation by the 7 tribal health offices includes creative and community specific adaptations
- MDH has one staff trained as a trainer.

Family Spirit in Minnesota

- Over 200 families have been served
- More than 500 people served in group settings (clinics, schools)
- Many sites are including traditional teaching and language in their programs
- Working on sustainability and billing

Comments/Questions?

Thank you!
Pidamayaye!
Nino wopida!
Miigwech!

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