Maternal and Child Health Guiding Framework for the Northwest Portland Area Indian Health Board

A Summary of Qualitative Data Collected by the Northwest Portland Area Indian Health Board (NPAIHB)

April 2018

NPAIHB
Indian Leadership for Indian Health

Established in 1972, the Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal advisory organization serving the forty-three federally recognized tribes of Oregon, Washington, and Idaho. Each member tribe appoints a Delegate via tribal resolution, and meets quarterly to direct and oversee all activities of NPAIHB. (Click image above).

Purpose of the Guiding Framework

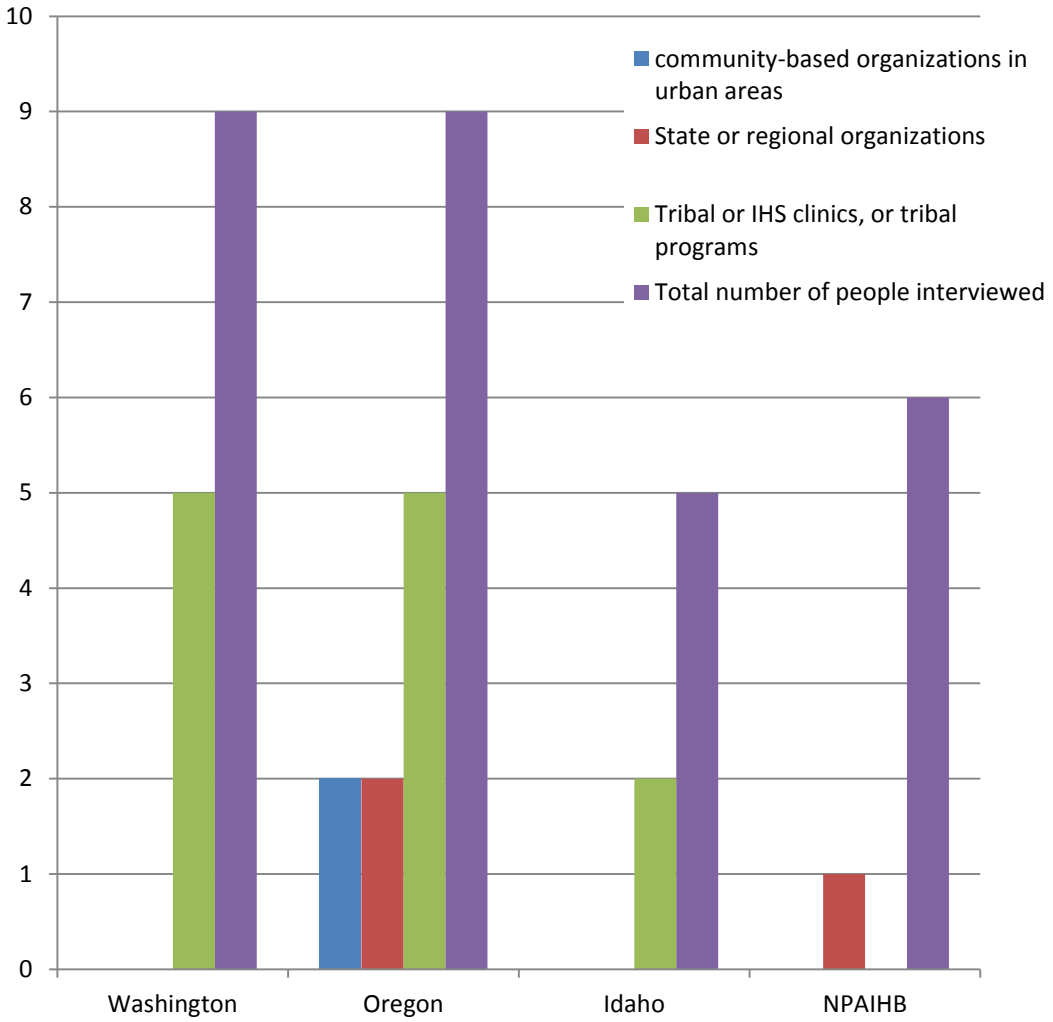
Over the summer of 2017, we spoke with several leaders and maternal and child health (MCH) professionals in the Northwest. The goal of this document is to summarize these interviews and present suggestions for MCH efforts at the NPAIHB Tribal Epidemiology Center moving forward.

The intention of this document is not to provide a comprehensive assessment of MCH priorities. Its goal instead is to identify key issues and steps that NPAIHB can take internally to support MCH. It can also serve as a catalyst for dialogue about MCH in the Northwest.

NPAIHB hopes to share and further develop its MCH plan in the future. With this guiding framework and initial steps, we hope to encourage communication and collaboration. We plan to continue supporting opportunities for information sharing and the development of learning communities in the future.

There are links to MCH resources throughout this document, and an appendix with hyperlinks to MCH resources and programs at the end of this document.

Interview Participants



We conducted 23 formal interviews with 29 leaders and MCH professionals. Interviews were conversational and questions were open-ended, focusing on MCH priority issues, strengths, and ways to promote wellness. Interview participants were from tribal health clinics and organizations, Indian Health Service (IHS) clinics, community-based American Indian organizations in urban areas, and state programs that address tribal and American Indian MCH issues. We interviewed 6 NPAIHB staff and some interviews included several participants from one organization. There were 17 organizations represented in the formal interviews, including NPAIHB, 11 clinics, 1 community-focused tribal health program, 2 community-based organizations in urban areas, and 2 state or regional level organizations.

We received feedback and input on drafts of the document from organizations/programs highlighted throughout the document. We also presented the document to the Portland Area tribal delegates at one of NPAIHB's quarterly board meetings and have integrated their comments into this report including resources they've indicated are important for tribes to have.

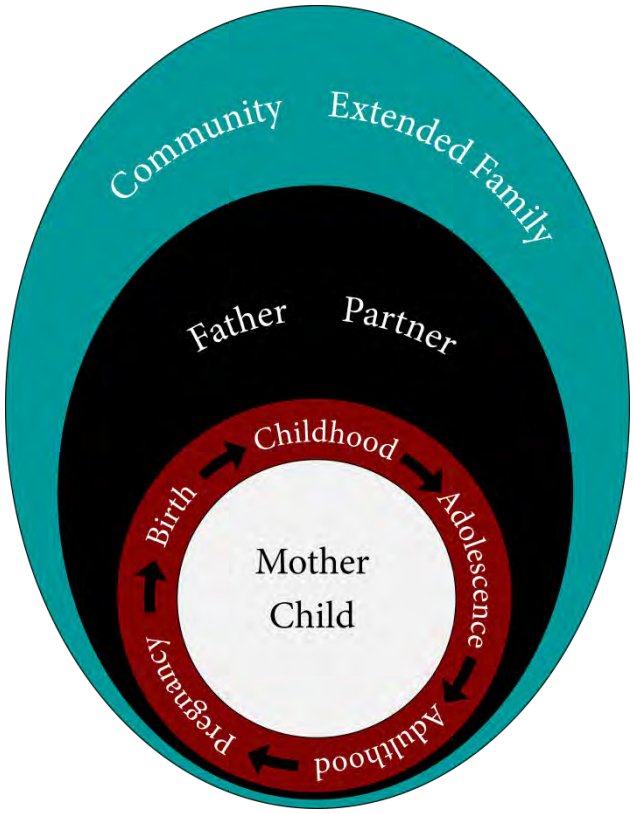
What is MCH?

SUMMARY OF DATA

The participants interviewed were asked to described definitions of maternal and child health. Many mentioned **early childhood** (from ages 0-5), **mothers**, and **pregnancy**. But **community**, **intergenerational impacts**, and the importance of **including elders** and **fathers** in MCH activities were also common themes. Raising healthy **youth and adolescents** was also mentioned.

"There are multiple generations involved in support; and the community and systems impact the mother and child. There are circles of involvement"

MCH MODEL—This model represents the concept of MCH that emerged from interviews, with mothers and children at the core, surrounded by fathers, elders, and communities. It shows the experiences of being a young child, adolescent, mother, and pregnant. These phases each come with their own challenges and milestones, but are **fluid and sometimes overlapping** for individuals. While focus areas were emphasized, or were used in response to specific funding opportunities, a **whole picture view** was seen as necessary.



"I would like to see no age restraint on MCH—a child is a child until age 18; [I see it as] more of a continuum of support for whole wellness (beyond just clinical care) throughout life"

"The beginning [of MCH] is difficult because some things are important for a healthy pregnancy, before you are planning to become pregnant. I see the separation between adolescent health because that is such a huge beast of its own. I would say [MCH] goes up to maybe age 12, but the cutoff is not firm, or as important"

"We should be able to define what [MCH] means to us firstly; but…programs have specific funding for specific populations. We are reactive in that sense. We work in the areas that are funded"

What MCH Topics are Important?

The list below shows some of the topics that frequently came up in conversation. Sometimes topics came up as a need or in the description of a strong program. Most often, these topics came up in discussion of what influences wellness among mothers, children, families, and communities. More detailed descriptions of specific needs and suggestions can be found on pages 6 through 10. Examples of successful programs can also be found throughout and in the Existing Resources section (Appendix 1).

Frequently Mentioned MCH Topics

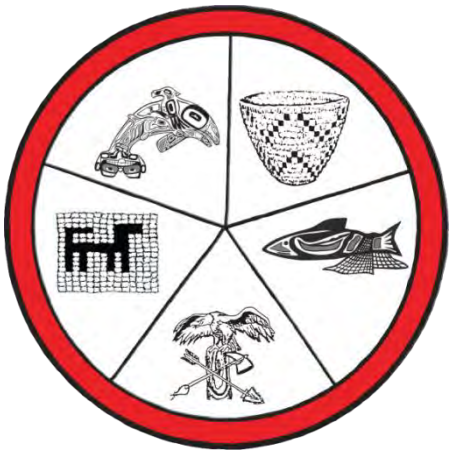
Social and Community Support
Substance (Tobacco, Alcohol, Drug) Abuse
Education
Connection to Culture
Child/Youth Development/Aging
Nutrition
Mental Health (Overall)
Breastfeeding
Oral Health
Sexual Health and Family Planning
Prenatal care
Historical Trauma and Stressful Life Events
Housing
Car seats/Car Safety
Transportation
Income
Immunizations and Well Child Visits
Violence
Access to Healthcare
Sleep
Geographic Location

SUPPORT

- Support, especially for moms and parents, was an important theme throughout interviews. Reoccurring topics that suggest this include:
  - **Home visiting**
  - **Childcare**
  - The importance of having a **navigator** to help parents connect with benefits and resources
  - Having **gatherings or support groups** for mothers (of all ages and across generations)
  - **Breastfeeding support**
- While one-on-one support was considered important, many wanted group gatherings and opportunities for mothers of young children and adolescents to connect with one another and learn from grandmas and aunties
- Some emphasized **reaching young mothers with breastfeeding and parental support** in a non-judgmental way
- Community support was viewed as important, but systemic support was also emphasized. One interview mentioned access to healthcare, education, and childcare. Another mentioned **paid parental leave**, **on-site childcare** or the ability to bring babies to work.
- They also talked about **prenatal care providers and pediatricians scheduling appointments in collaboration with women's gatherings** and explained that transportation programs could be flexible to allow women to attend medical appointments after gatherings.
- A few interviews mentioned a need for **support for fathers specifically**

"There is a tendency for us to focus more on women…Indian mothers pass along cultural and traditional teachings to women and have high expectations…We sometimes tend to let men slide. We don't hold young men to the responsibility of being community leaders and fathers…In some ways we have let our men down"

Home Visiting Many mentioned successful home visiting programs like **South Puget Intertribal Planning Agency's (SPIPA) Healthy Families** *(click image below),* or a desire to build and implement home visiting programs for new mothers. One mentioned that home visiting services should be integrated with other programs, so as not to duplicate services and overwhelm mothers.



"[We need] support systems for parents. [We] need support that is delivered in a culturally and socially appropriate way, respectful and non-judgmental. [We need to] serve people with open minds and open hearts"

The **Future Generations Collaborative** works collaboratively to support healthy pregnancies and healthy families in the Portland Native community through addressing substance exposed pregnancies. *(Click image above*).

EDUCATION

- Interviews mentioning education discussed the need for **parental education.**
- There was a desire to have parenting classes and education that was **culturally relevant and tribally specific**
- Those interviewed wanted education to focus on **developmental milestones** in early childhood and adolescent development.
- The interviews revealed a want to promote understanding of milestones in the Western sense, and some specifically mentioned the importance of supporting traditional coming-of-age ceremonies and **educating mothers and fathers about cultural beliefs around pregnancy and parenting**.
- **Challenges with media, social media, and cyber bullying** were also discussed. They mentioned the importance of open communication between parents and children about what was happening online.
- **Health fairs** and community events were described as strengths by several of those interviewed, but one felt that you often see the same people at these events. A suggestion for reaching new people was to **have a community members share success stories**, or explain a personal story to demonstrate why preventive screenings, for example, are important.

"In the US there is not always support for parents, and that can be isolating. Many Native people are still reeling from a time when kids were taken away from parents and put in boarding schools. There was a break in parenting and it comes up today and is traumatic. ***People feel they do not know how to parent; so encouraging traditional ways in parenting is very important. There is a lot of focus on pregnancy and delivery, but less focus on parenting"***

NICWA

NICWA's Positive Indian Parenting curriculum was described as an example of parenting classes. *(Click image above).*

"The hospitals have training for parents and support groups, but ***something more local or regional and culturally relevant would be better****. Parents may want to have support groups with people they have grown up with, and have something more meaningful and relevant to them"*

MENTAL HEALTH

- Some interviews mentioned mental health and wellness for **families**, and others talked about motherhood and supporting mothers dealing with **isolation or postpartum depression**.
- Some interviews indicated there were **strong behavioral health programs** in many areas that included grief and loss counseling, family therapy, and clinically licensed social workers who were tribal members.
- At the Karen I. Fryberg Tulalip Health Clinic wellness visits from 0-12 months include a postpartum depression screening, which has been successful in identifying mothers at risk for postpartum depression, and helps providers recommend appropriate mental health services.
- There were interviews that focused on **addressing trauma, as well as grief and loss.** The interviews talked about a need for more **opportunities for healing**. One common suggestion for supporting healing was through targeted gatherings (*see Support, page 6*).

"Many problems in pregnancy, birth, and development are related to addiction. The health of the baby is connected to the health of the mother and the community. Trauma, stress, and depression are passed in utero, and trauma is ongoing, not just historical. Early intervention at the start of pregnancy and before pregnancy, and intervention after birth, is critical"

Topics Mentioned in Interviews Discussing Substance Abuse

Drugs (general)
Alcohol
Other
FASD
Tobacco
Addiction Support

SUBSTANCE USE

- Multiple interviews mentioned substance abuse.
- Comments about alcohol and drugs were mostly general, mentioning abuse as an issue
- Fetal Alcohol Spectrum Disorder (**FASD**) Coalitions were seen as strengths.
- Other topics included programs to prevent substance abuse early in pregnancy, **Suboxone treatment for opioid addiction**, challenges with the **legalization of marijuana**, and access to street drugs and methamphetamines.

"The timing of this conversation is crucial considering challenges with drug abuse in Indian Country, and the many disparities faced. Children [are] facing struggles with meth, suicide, bullying, gangs, and drugs. Moms and dads don't know how to cope with these challenges. MCH is a way to make a difference"

CULTURE

Connection to culture was mentioned in many of the interviews. Interviews discussed successful language programs, including **language programs** integrated into Early Learning and Head Start. Interviews brought up the importance of **spirituality** and supporting a strong spiritual foundation. Interviews also mentioned the importance of having **traditional healers and medicine** available.

"Culture is Prevention"

Supporting Connection to Culture

- Overall, many interviews suggested that **engaging with traditional practices should be an option that is supported** and available for people to choose.
- Many also described that connecting to culture, or incorporating cultural practices into health, is **not a "one-size-fits all" approach**. There is a need for tribally specific information and approaches.
- Some emphasized the importance of **restructuring systems**, such as the justice system and medical system, to make them more culturally relevant and less focused on Western ideals (e.g. making the justice system less punitive and more supportive of healing).
- One interview revealed, through discussions with traditional healers in their area, that healers did not necessarily want to be supported by hospital or clinic funding. However, within this interview, they stressed that **resources, like brochures, could be used to educate people about traditional practices**, and direct them that way if they decided to take that path.

TRADITIONAL FOODS AND WELLNESS

Hunting and gathering i.e. learning about traditional foods was a common theme. Various interviews discussed traditional foods, and some mentioned successful programs to integrate traditional foods into nutritious diets.

qhest life is funded by a CDC REACH grant and supports wellness, including physical activity and nutrition, through the traditional beliefs and ways of the Coeur d'Alene Tribe. *(Click image below)*.

FAMILY PLANNING

- Interviews mentioned family planning and birth control. They described **conversations and education around family planning** as a need.
- Some mentioned the **One Key Question campaign**, to help providers initiate discussions with individuals about their future goals and plans for pregnancy. However, it was also mentioned that there was difficulty implementing this program, perhaps because it takes a lot of time to discuss and may not fit in a short appointment.
- One interview discussed the need for a more **frank and open dialogue about reproductive justice** and the history of forced sterilization. This interview suggested reframing the conversation to support reproductive autonomy for young Native women. They envisioned a **Native specific version of the BRAVE coalition.** *(Click image below).*
- Similarly, one interview talked about the need for open discussion about reproduction, specifically discussion about abortion and the mental health impacts that making this difficult decision can have. They wondered whether there are adequate and non-judgmental screening and referral tools related to family planning for prenatal and post-partum moms, and how to develop these tools.

The **Building Reproductive Autonomy and Voices for Equity (BRAVE) Coalition** provides resources to support conversations about reproductive justice. *(Click image right).*

GEOGRAPHIC LOCATION

Several mentioned **rurality** making it difficult to access services and healthy foods.

One person discussed how a **lack of obstetric and delivery services can impact one's sense of belonging**. Traveling off-reservation to different health systems for delivery, where there is often a lack of cultural understanding, can have an emotional impact.

Some of the urban organizations talked about a **false dichotomy between reservation and urban areas** in the context of MCH.

HOLISTIC HEALTH AND PREVENTION

Those interviewed mentioned promoting holistic health (e.g. mind, body, spirit), and they talked about prevention and an "upstream approach"

Within a few interviews there was a specific vision of a **center, or a wing of a clinic/hospital, for mothers to access holistic health information and health care**. Ideas for the center included incorporating exercise and birth classes, information on cultural, traditional, and spiritual teachings, comprehensive care teams, and hospital admitting privileges so doctors from the center could participate in delivery.

> *"[I would like a] facility or wing with a full healthcare team, including a nurse, dietician, primary care provider. A comprehensive wellness and care team for mothers and their partners, and for children. It would offer the full spectrum of care: nutrition, fitness, healthy eating, parenting, healthy relationships, housing, case management. It would be a one-stop-shop for everyone"*

Data Needs and Collection

Data was discussed in interviews by clinicians, tribal and urban community-focused organizations, and NPAIHB staff. Each group had unique suggestions, with some common ideas.

CLINICS: *Care Coordination*

- Most clinicians who were interviewed talked about tracking well-child appointments, attendance at prenatal appointments, and delivery outcomes.
- Clinicians mentioned that there were issues where IHS and tribal clinics had referred patients to hospitals (for prenatal care later in pregnancy and delivery) and wouldn't receive information about maternal health during that time period, or wouldn't hear about the child after delivery.
- A suggestion was to have **better follow up after delivery**, to help mothers register their children at tribal clinics.
- A few talked about similar issues with **loss of information** when children visited private providers or specialists. One clinic had an electronic health record that was linked to the hospital's system. But lack of communication between systems and inability to track patients was an issue overall.
- One suggested having a **prenatal registry** to track and compare the following indicators over time: age of pregnant women, % with prenatal or no prenatal care, gestational age and delivery, and substance abuse.

Common Themes

- Collecting **local, tribal-specific baseline data**. Some suggested data that could be compared across tribes or between communities within a reservation.
- Building **community-level metrics**, looking at connectedness and wellness.
- **Measuring attendance at well-child, prenatal, and dental appointments as a good indicator of overall health**.

NPAIHB STAFF: *Communication*

Interviews discussed **making data more understandable**, with easily readable fact sheets, or learning sessions to help leaders understand and use data for decisions.

Issues with small sample sizes and under-reporting of American Indian/Alaska Native people in datasets was a commonly mentioned challenge. NPAIHB's **IDEA-NW** works to reduce AI/AN misclassification in public health data systems through record linkages. *(Click image left).*

COMMUNITY: *Meaningful Indicators*

- One suggested having **indicators focused on connection to tradition or culture**, such as how many people use cradle boards or have access to culturally relevant education.
- One mentioned the importance of valuing **story-telling** or "qualitative data" to show outcomes.
- One suggested **creating shared metrics**, with partnerships across organizations and community input.
- Others suggested continuing **data linkage, with data from different sectors**. For example, school success data could be linked to data on WIC or parental education.

"There is also this idea of 'statistical significance' and populations with small sample sizes do not get reported because they are not 'significant'. [This] leads to exclusion of populations and 'statistical significance' drives funding"

Suggestions for NPAIHB and Next Steps

Interviews with participants from tribal clinics or community health programs, NPAIHB, a community-based organization in an urban area, and a state voiced specific suggestions for NPAIHB.

INFORMATION SHARING

- Most tribal organizations wanted **opportunities for information sharing** with other Northwest tribes.
- There was a suggestion to extend the NPAIHB's MCH workgroup to **include tribal MCH program representatives in Oregon, Washington, and Idaho**. The interviews also suggested publishing the MCH Guiding Framework online.
- One participant interviewed wanted updates on IHS protocol related to MCH. Another suggested **providing technical assistance** and the opportunity to connect with other Northwest tribes for support and guidance in implementing successful MCH programs.

"We would like more information and networking with other tribes and MCH programs…we usually go to tribal council for advice, but I would like more networking with groups of people who focus on MCH... I would like to see what's going on in the whole Northwest…Monthly meetings about MCH would be good, [or] a once a year meeting in person, or once a quarter phone call"

NEEDS ASSESSMENT

Some interviews discussed **evaluating community needs.** A few NPAHIB staff suggested regular assessment of community priorities and feedback to inform programs. Some of the tribal organizations suggested **including elders, patients, and community members in the decision-making about MCH priority issues**, programs, and important indicators.

ADVOCACY, PARTNERSHIPS, AND CREATIVE THINKING

- Interviews emphasized the **frustration of working in a grant-funded environment**, where funds are targeted toward specific issues, making it **difficult to take a holistic view**.
- Some specifically discussed **political will** and the importance of advocacy.
- In one interview they explained how mothers facing poverty and competing priorities often don't have the time to participate in the political system, and their voices are not heard.
- Another explained the challenges of working in Western-dominated systems, but suggested it is possible, with **creative thinking, to simultaneously work within and challenge these structures**. (*See OHA right*)
- There were two recommendations for **formal partnerships, across organizations, and locations** (state, urban, and tribal) to promote creative thinking and MCH advocacy

Oregon Health Authority

OHA is working to expand Traditional Health Workers in tribal communities. They now have a culturally based curriculum for Family Support Specialists to become certified in their communities *(click image above).*

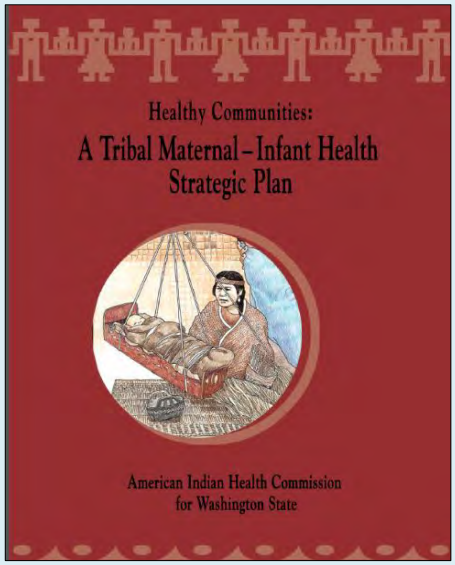
Appendix 1

Existing Resources

In addition to the programs mentioned throughout, these interviews provided insight into many successful MCH programs and existing MCH research in the Northwest. Resources are divided by topic area, and short descriptions and links to information are provided.

More content may become available and can be accessed online at http://www.npaihb.org/ MCH page.

STRATEGIC PLAN



American Indian Health Commission for Washington State. December 2010. Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan. *(Click image left).*

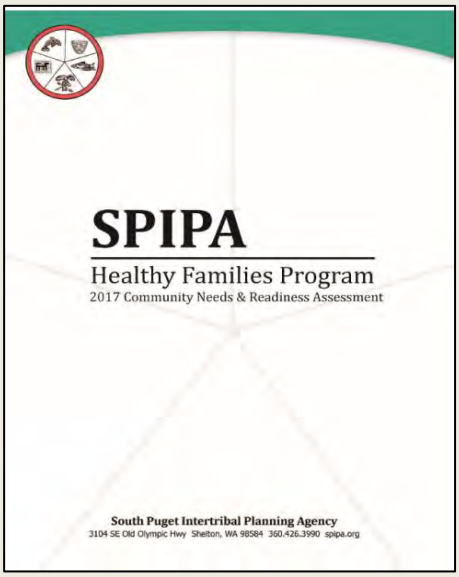
The American Indian Health Commission for Washington State (AIHC) and the Washington State Department of Health (DOH) in August 2009 adopted the American Indian Health Care Delivery Plan for 2010-2013, "Opportunities for Change: Improving the Health of American Indians/Alaska Natives in WA State." The plan documented health disparities among American Indians in Washington State and identified opportunities for change. Improved Maternal and Infant Health (MIH) was the second of five goals in the plan:

This Tribal Maternal-Infant Health Strategic Plan addresses the second goals the American Health Deliver plan: Improve the poor health status for AI/AN pregnant women and infants with appropriate, multiple approaches as a shared goal with state government.

The Concepts and guiding principle that were used to develop and organize this MIH Strategic Plan included:

- Identify the most significant problems where interventions can make the greatest difference in outcomes in the next 5 years.
- Create measureable goals to eliminate disparities between American Indians and the population as a whole.
- Adopt strategies using approaches proven to be effective.
- Tribes and urban Indian programs can deliver the most culturally appropriate and most geographically accessible programs to American Indians.
- While problems are prioritized at a statewide level, each tribe and urban Indian clinic must prioritize the actions that they will take to implement strategies that have been identified.
- Look for solutions that are cost effective, even if it means challenging existing rules and regulations for established programs.
- State investment in maternal and infant health services for American Indians should help the State of Washington reduce their Medicaid expenditures in the short term and the long term.
- Integrate state-funded and federally-funded programs with existing tribal, urban Indian clinic, and Indian Health Service programs.

RESEARCH AND NEEDS ASSESSMENTS



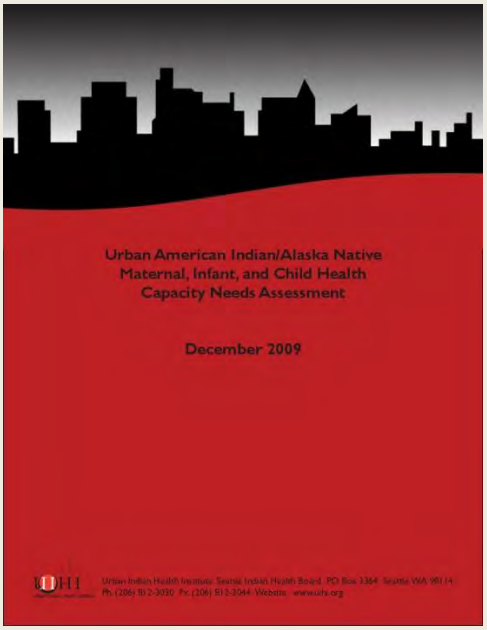
SPIPA Healthy Families Program: 2017 Community Needs and Readiness Assessment. Washington. *(Click image left).*

- Focused on implementing the Healthy Families Program, for maternal, infant, and early childhood home visiting services in Chehalis, Nisqually, Skokomish, and Squaxin Island
- Looks at baseline data for MCH indicators in these areas
- Identifies community priority areas including:
  - Services that include children 3-5 years of age
  - Improve education and support for pregnant women
  - Improve outreach to fathers, elders, and support multigenerational families
  - Strengthen culture and traditional practices in the Healthy Families Program

Reducing Substance Affected Pregnancies in Multnomah County Community Forum Analysis.

The Future Generations Collaborative held a series of community forums in the Portland Area with teens, young adults, adults, and elders, to better understand community priorities and knowledge related to Fetal Alcohol Spectrum Disorder, the impact of historical trauma, community and cultural strengths to promote healing, and ideas to guide the FGC in providing support. Similar to this assessment, their findings revealed a need for confidence and self-esteem building and parental support among youth, a desire from parents and elders to support youth, and culture and tradition as a source of strength. They also suggested a need for more healing, positivity, and a comprehensive approach on the part of service providers to address health holistically (body, mind, and spirit). *(Click image right).*

RESEARCH AND NEEDS ASSESSMENTS (CONT.)



Urban American Indian/Alaska Native Maternal, Infant, and Child Health Capacity Needs Assessment.

The Urban Indian Health Institute conducted a Maternal, Infant and Child Health Capacity Needs Assessment to ascertain the maternal, infant and child health (MICH) services as well as the accessibility, quality, and affordability of those services provided by the 34 urban Indian health organizations (UIHO) funded through Title V of the Health Care Improvement Act.. The purpose of the assessment was to assist in identifying specific assets, limitations or gaps in the urban Indian health program as a whole. The findings of the assessment may be used to increase awareness and understanding of program needs, improve stability of funding for the urban Indian health program and help advocate for the populations served. (*Click image left).*

DATASETS

Washington State Department of Health's Rapid Health Information Network (RHINO) is a surveillance network that collects real-time data from hospitals and clinics throughout the state. *(Click image right).*

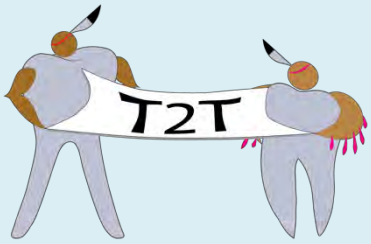
CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) is an annual survey of new mothers. Data from PRAMS are available in Oregon and Washington, and both states over-sample American Indian and Alaska Native people. The PRAMS survey includes questions on lifestyle before, during, and after pregnancy, contraceptive decision-making, family, and relationships. *(Click image right).*

In **Idaho, the PRATS (Pregnancy Risk Assessment Tracking System)** provides similar information, but the survey is funded by the state of Idaho.

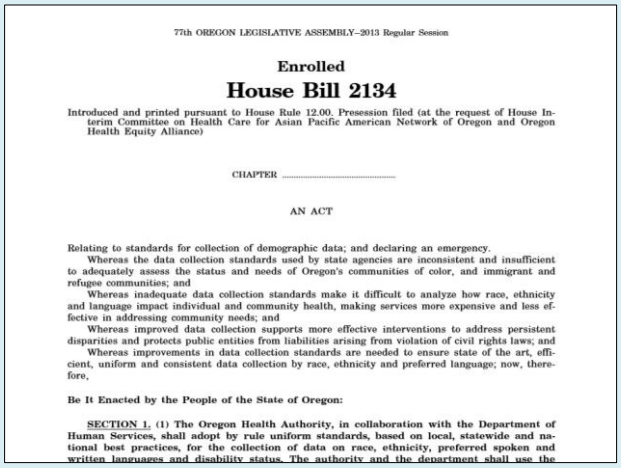
NPAIHB RESEARCH

The online resource, **The Native Children Always Ride Safe (Native CARS) Atlas** shares the processes and interventions implemented by six Northwest Tribes to improve community car seat use, including how to collect community-specific data, then use the data to both plan and evaluate intervention activities These processes and interventions were proven to significantly decrease non-restraint as well as improve proper restraint in the children observed riding in vehicles in the six communities that participated in the **Native CARS Study**. *(Click image right).*

The original TOTS (Toddler Overweight and Tooth Decay Study) , a community based participatory research study that worked with mothers, families and communities to implement and evaluate interventions to prevent childhood overweight and improve oral health of children 0-2 year of age. Ten years later the same research team and communities reunited in the **TOTS2Tweens (T2T)** Study to determine if there was lasting impact in these same children and families over time. *(Click image right).*



POLICIES



77th OREGON LEGISLATIVE ASSEMBLY–2013 Regular Session

Enrolled

House Bill 2134

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of House Interim Committee on Health Care for Asian Pacific American Network of Oregon and Oregon Health Equity Alliance)

CHAPTER .....

AN ACT

Relating to standards for collection of demographic data; and declaring an emergency.

Whereas the data collection standards used by state agencies are inconsistent and insufficient to adequately assess the status and needs of Oregon's communities of color, and immigrant and refugee communities; and

Whereas inadequate data collection standards make it difficult to analyze how race, ethnicity and language impact individual and community health, making services more expensive and less effective in addressing community needs; and

Whereas improved data collection supports more effective interventions to address persistent disparities and protects public entities from liabilities arising from violation of civil rights laws; and

Whereas improvements in data collection standards are needed to ensure state of the art, efficient, uniform and consistent data collection by race, ethnicity and preferred language; now, therefore,

Be It Enacted by the People of the State of Oregon:

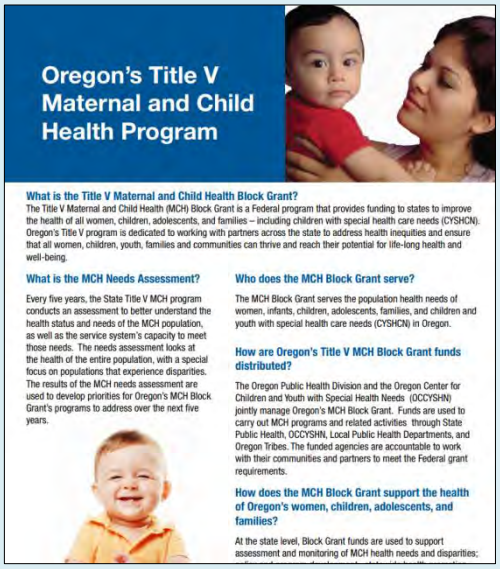
SECTION 1. (1) The Oregon Health Authority, in collaboration with the Department of Human Services, shall adopt by rule uniform standards, based on local, statewide and national best practices, for the collection of data on race, ethnicity, preferred spoken and written languages and disability status. The authority and the department shall use the

Oregon's House Bill 2134 requires The Oregon Health Authority and Department of Human Services to develop uniform standards for collection of data on race, ethnicity, and language. The bill is designed to provide more granularity in racial and ethnic categories, and ultimately more accurate data to address persistent health disparities. *(Click image left).*

In Oregon, the state's Title V Maternal and Child Health Block Grant Funding has been made available to tribes to pursue programs related to the Title V priority areas. Allocated funding is determined by an average, over three years, of the tribe's total births, total population, and women in need of contraception. Five tribes (Coquille Indian Tribe, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes, Confederated Tribes of Warm Springs, and Confederated Tribes of the Umatilla Indian Reservation) currently receive funding.

The Cow Creek Band of Umpqua Tribe of Indians and the Coquille Indian Tribe have implemented successful oral health initiatives with this funding.

The Klamath Tribes are using funds to focus on well women visits, toxic stress, and Culturally and Linguistically Appropriate Services (CLAS). The Confederated Tribes of Warm Springs focus on well woman visits, breastfeeding, and CLAS, and the Confederated Tribes of Umatilla focus the funds on preventing smoking during pregnancy. *(Click image right).*



Oregon's Title V Maternal and Child Health Program

What is the Title V Maternal and Child Health Block Grant?

The Title V Maternal and Child Health (MCH) Block Grant is a Federal program that provides funding to states to improve the health of all women, children, adolescents, and families – including children with special health care needs (CYSHCN). Oregon's Title V program is dedicated to working with partners across the state to address health inequities and ensure that all women, children, youth, families and communities can thrive and reach their potential for life-long health and well-being.

What is the MCH Needs Assessment?

Every five years, the State Title V MCH program conducts an assessment to better understand the health status and needs of the MCH population, as well as the service system's capacity to meet those needs. The needs assessment looks at the health of the entire population, with a special focus on populations that experience disparities. The results of the MCH needs assessment are used to develop priorities for Oregon's MCH Block Grant's programs to address over the next five years.

Who does the MCH Block Grant serve?

The MCH Block Grant serves the population health needs of women, infants, children, adolescents, families, and children and youth with special health care needs (CYSHCN) in Oregon.

How are Oregon's Title V MCH Block Grant funds distributed?

The Oregon Public Health Division and the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) jointly manage Oregon's MCH Block Grant. Funds are used to carry out MCH programs and related activities through State Public Health, OCCYSHN, Local Public Health Departments, and Oregon Tribes. The funded agencies are accountable to work with their communities and partners to meet the Federal grant requirements.

How does the MCH Block Grant support the health of Oregon's women, children, adolescents, and families?

At the state level, Block Grant funds are used to support assessment and monitoring of MCH health needs and disparities;

TRACKING

The iCare package is available for RPMS systems and allows you to view patient data over time, based on common characteristics such as demographic variables, diagnosis, etc. In-person and online trainings are available. *(Click image left)*.

TRAUMA INFORMED CARE

The Oregon Pediatrics Society START Program offers a hands-on training in trauma informed care. *(Click image left).*

SUBSTANCE USE

The Northwest Tribal Fetal Alcohol Spectrum Disorder (FASD) project of the NPAIHB, a 17-year effort ending in 2017, focused on working with AI/AN families and service providers to learn how to improve the quality of life for those living with an FASD. The program provided training and education about the range of FASDs, as well as prevention, and helped to build capacity through coalitions within communities. It also worked with the University of Washington Fetal Alcohol and Drug Unit (FADU) to provide diagnostic services and counseling. Materials developed are accessible on the FASD page of the NPAIHB website.

(Click image right).

NPAIHB
Indian Leadership for Indian Health

SUBSTANCE USE (CONT.)

The **Native American Rehabilitation Association of the Northwest** **(NARA)** has been serving pregnant women since it was started in the 1970s. Initially, NARA was focused primarily on addiction support, but has since expanded to include wrap-around services, such as housing support, mental health services, job preparation, navigation of health insurance plans, etc. NARA is also focused on supporting family health, and provides services to patients' families and support systems.

While NARA has served pregnant mothers from its beginnings, the organization is in the process of tightening and increasing wrap-around services for mothers and their support systems specifically. In addition to the above-mentioned services, they offer life skills (e.g. transportation, budgeting, and school readiness) assistance, dental, physical, and mental health services, including a pediatrician, community health workers, and dental health aid therapist.

NARA incorporates culture into all of their services, and encourages connection to culture as a way of healing and prevention. They use best practices such as Family Spirit, and White Bison curriculums including Mothers and Fathers of Tradition. While they are a culturally-specific organization, located in Portland, anyone can use NARAs services.

NARA is selling baby blankets (above), embroidered with a child's name. They are sold for $100, and for each blanket sold, one is donated to a mother in NARA's treatment program.

SOCIAL SUPPORT

One example of a successful group support system is the **Moms Offering Moms Support group (MOMS)**. This group is one component of a larger infrastructure of behavioral health support provided by **Tulalip Behavioral Health Services**. MOMS is open to pregnant women or anyone with children. Parenting classes are also available through MOMS. (Click Image left).

HEALTHCARE EDUCATION

Native Dental Therapy Initiative

Native Dental Therapy Initiative works closely with Portland Area Tribes and the Alaska Dental Therapy Education Program to train American Indian and Alaska Native people as dental health aide therapists (DHATs). The project works with Tribal communities to modernize their dental teams to include these primary oral health providers to increase access to consistent, high quality, culturally relevant care and address health disparities. *(Click image left).*

HEALTH EQUITY

The Oregon Health Authority's Office of Equity and Inclusion has a Regional Health Equity Coalitions (RHECs) Program that supports community-led groups to address health disparities through policy, systems, and environmental change. They are funded through the Office of Equity and Inclusion, and there are six RHECs across the state. Two coalitions include working with tribes, Jefferson County with Warm Springs, and Klamath County with Klamath Tribes. These coalitions have helped to support high school graduation and continuing education, youth substance abuse prevention, and other initiatives. *(Click image right).*

Office of Equity & Inclusion

CULTURE

The Confederated Tribes of the Colville Reservations' Cultural Preservation Division and language program are examples of efforts to preserve, discover, and celebrate culture, tradition, and language. The language program includes an immersion school for youth, language classes for adults, and a curriculum at the community college. *(Click image left).*

ADOLESCENT HEALTH AND RESILLIENCE

WeRNative is a virtual resource that supports Native youth wellness and engages Native youth Ambassadors from across the country. *(Click image left).*

The Healthy Native Youth website at NPAIHB has a repository of culturally relevant and age appropriate education and curricula designed to engage youth. *(Click image right).*

The **Adolescent Health Tribal Action Plan** is a five-year strategic plan for the tribes of Idaho, Oregon, and Washington 2014-2018. The mission is to encourage Native adolescents and young adults to realize and embrace their full potential for health and development, and to enhance the capacity of NW Tribes to promote adolescent health, safety, and wellbeing.