



Johns Hopkins University



CENTER FOR AMERICAN INDIAN HEALTH

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2018 Regions IX-X Tribal TANF Technical Assistance Meeting

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Johns Hopkins Center for American Indian Health

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
- Additional Ideas for Gathering Community Support to Implement Prevention Programs

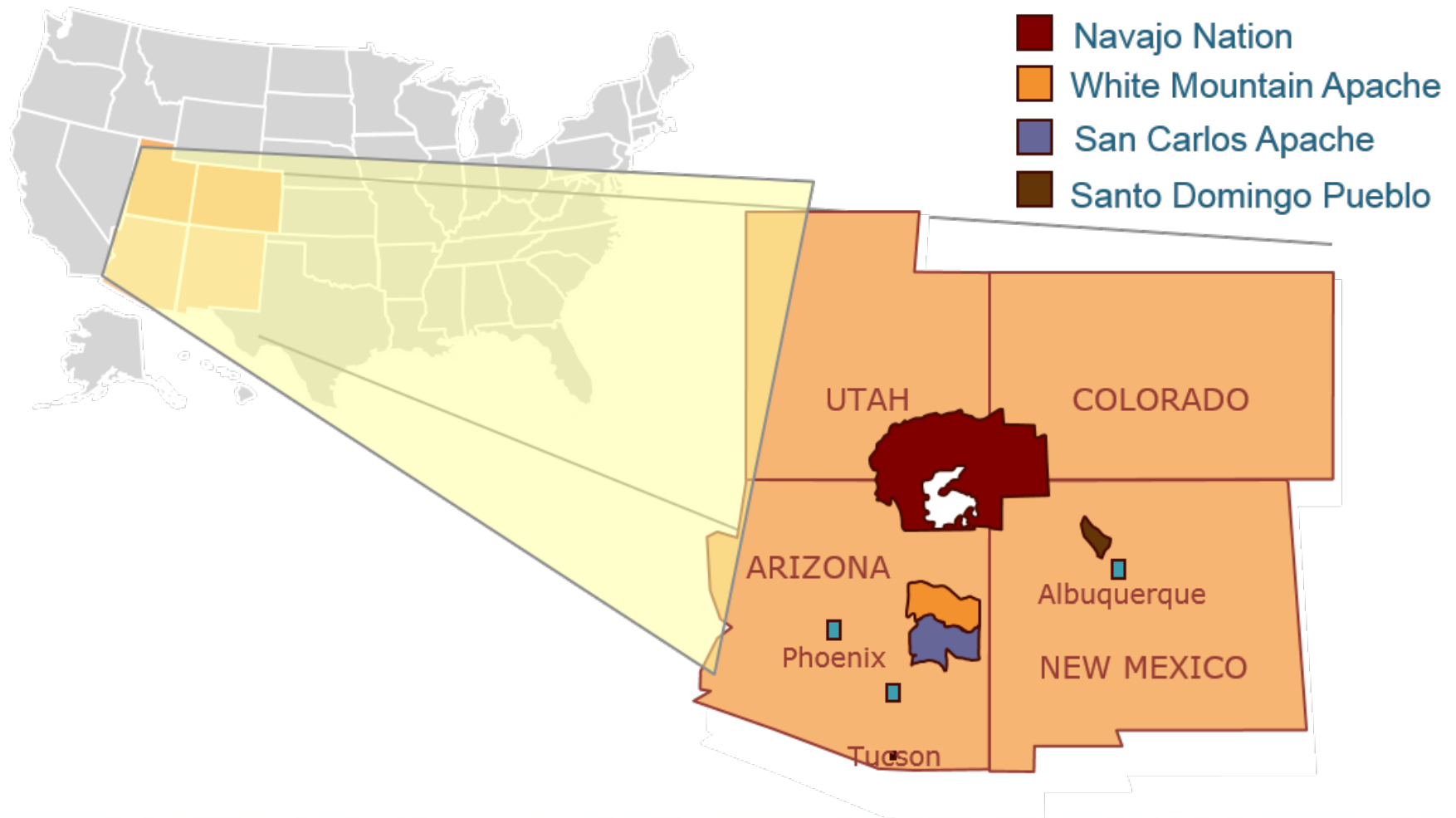
Johns Hopkins Center for American Indian Health at the Bloomberg School of Public Health



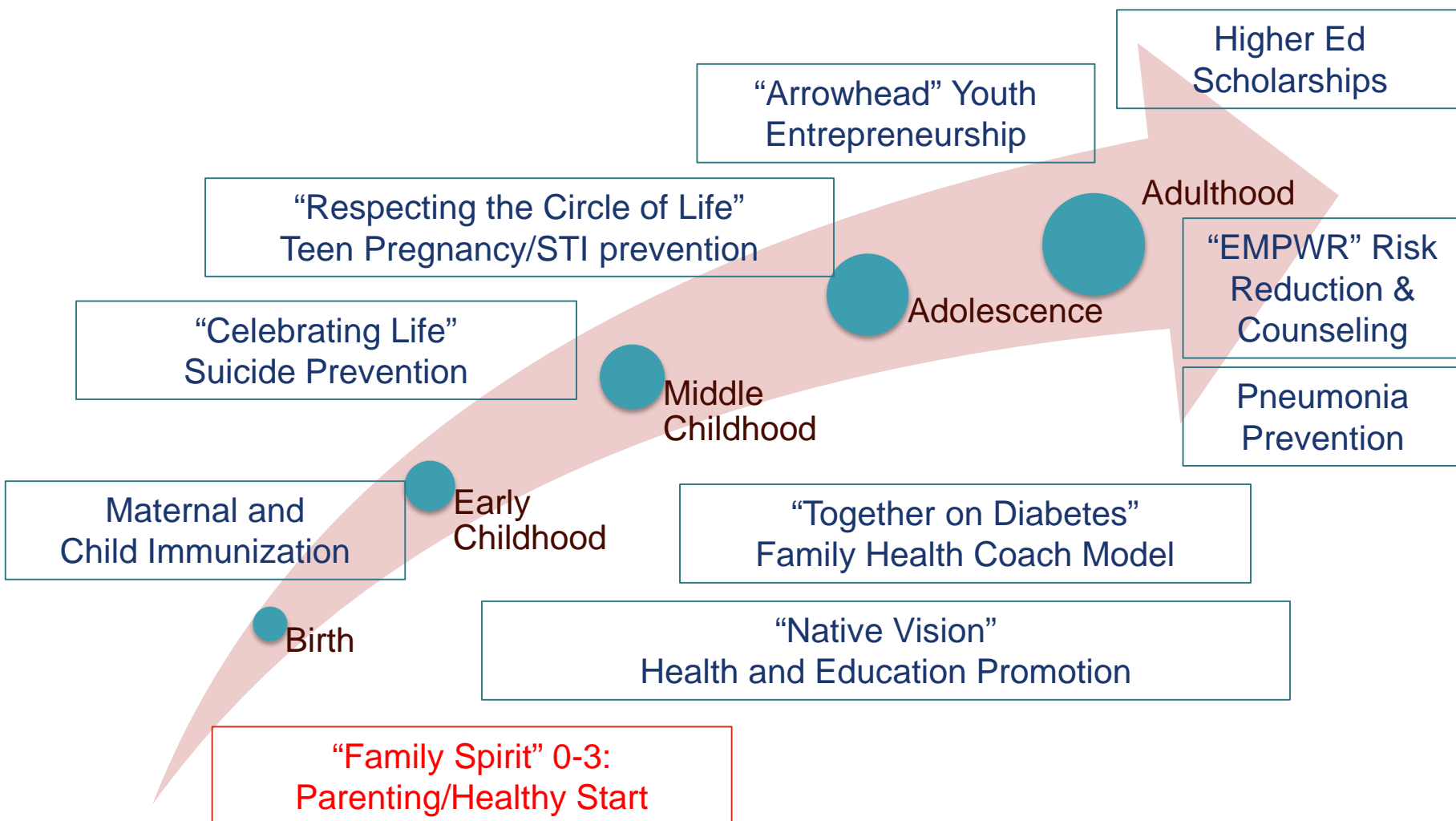
For more than three decades we have partnered with American Indian communities to co-design programs to achieve optimal health and well-being across the lifespan.

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

- 90+ affiliate sites

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:

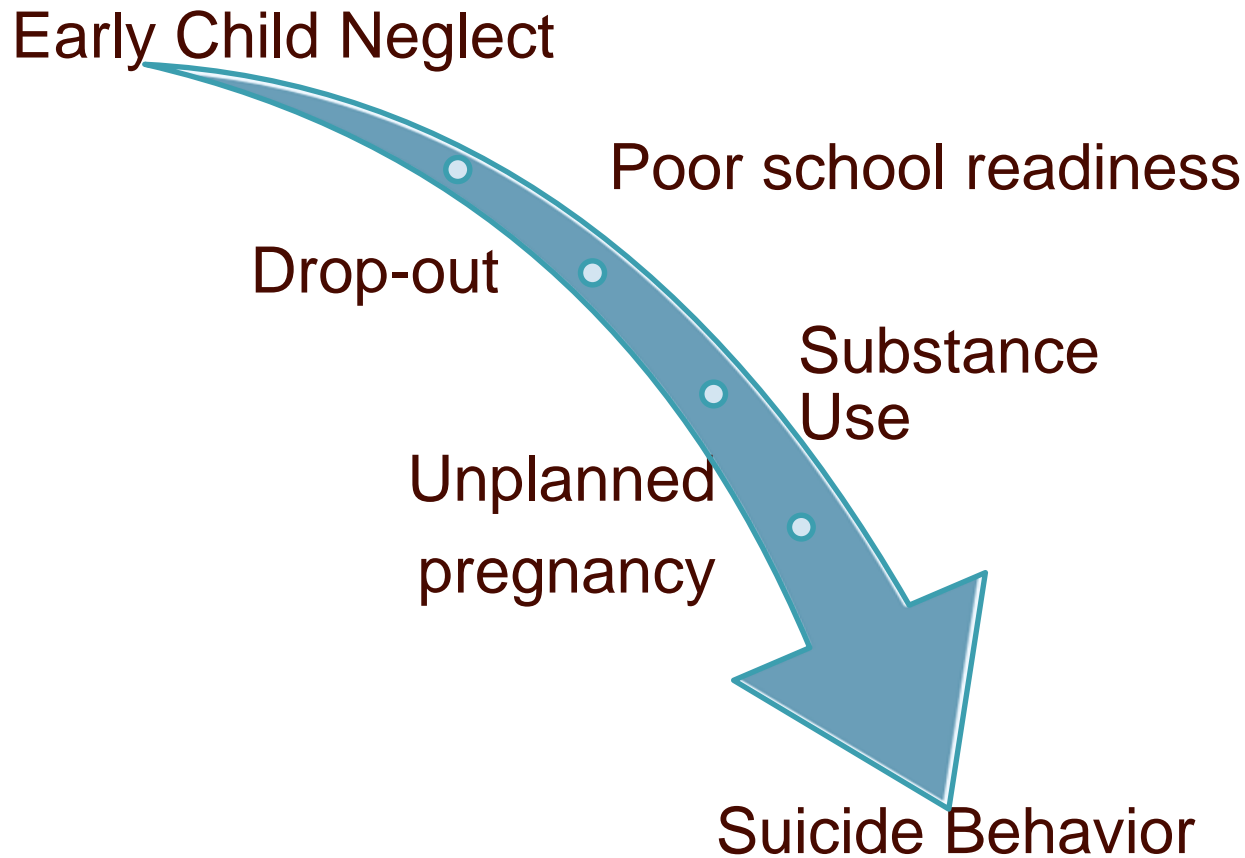
- * Mom/babies
- * Prenatal to 3 yrs. pp
- * RCT evaluation (n= 322 parents/children)

Needs: Where to Begin?

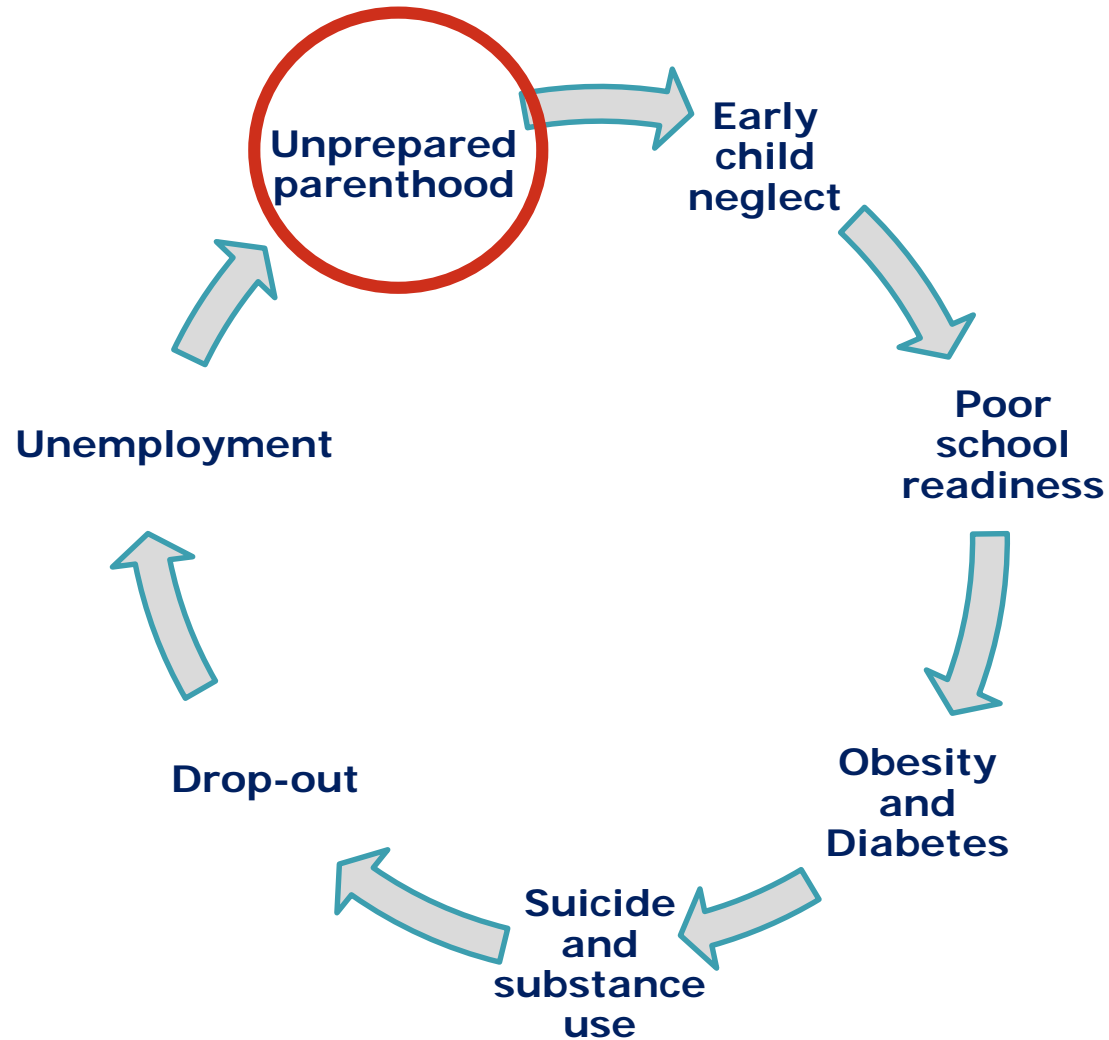
- >46% of AI women begin child-bearing in adolescence
- AI adolescents: highest drug use and other behavioral disparities in US
- Rural, isolated, and highly mobile
- Major barriers to health care and health/parenting education
- Historical/cultural loss amplifies family and community risk factors for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

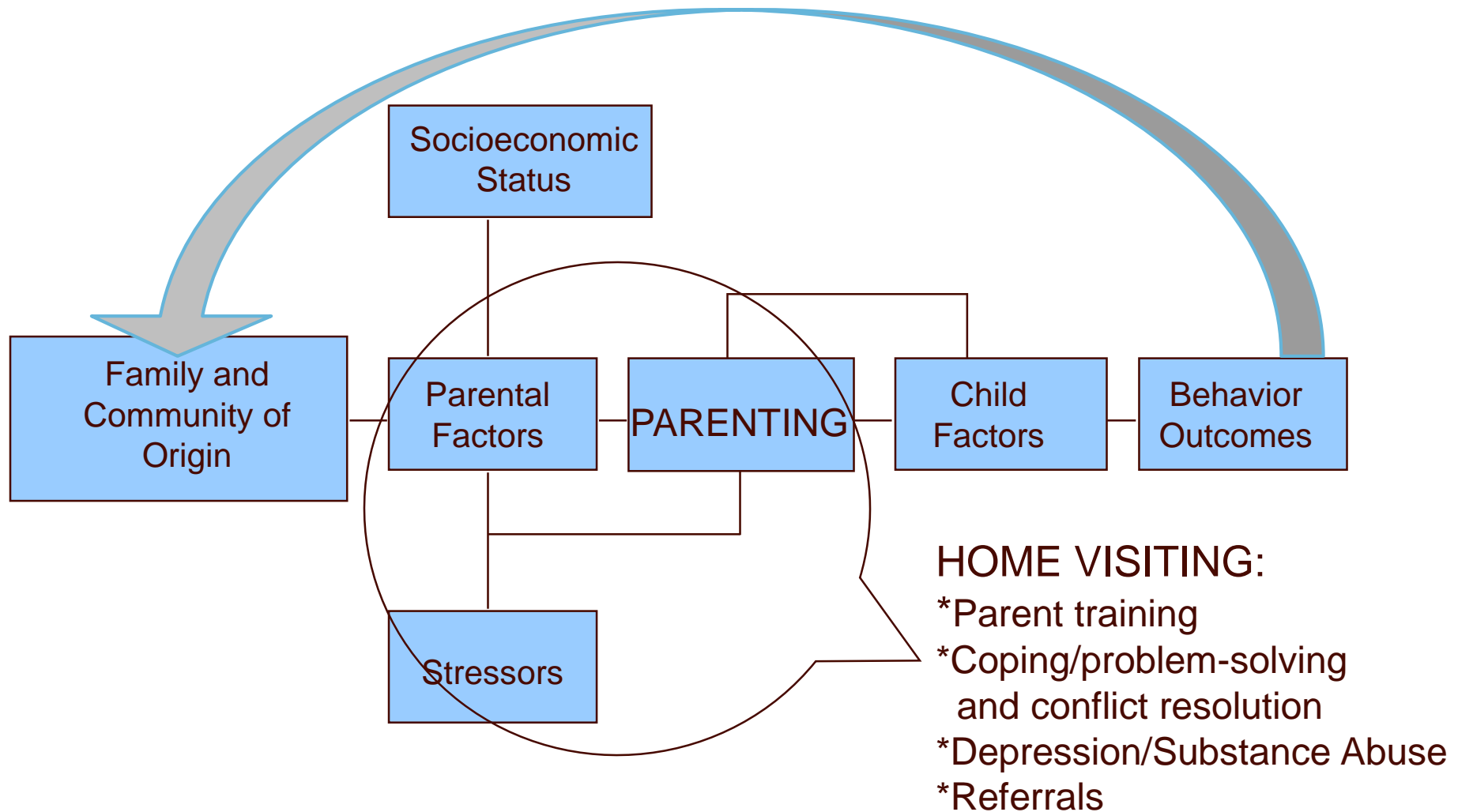


Arch Pediatr Adolesc Med 2010;164:9-15, 412-418, 419-424

Family Spirit: An Indigenous Solution

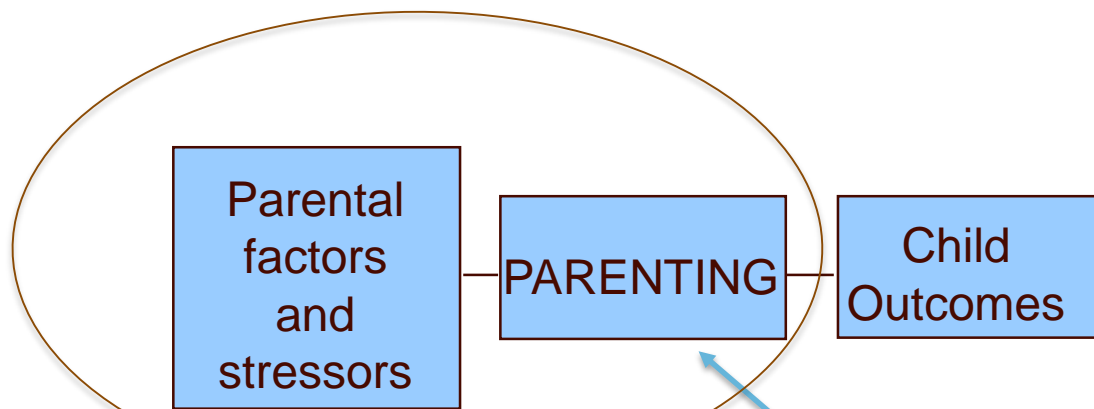


How do we affect change: The Family Spirit Theoretical Model



A closer look...

Family Spirit's Intergeneration Design



- * Substance abuse
- * Depression
- * Parental stress
- * Poor coping skills



Family Spirit targets improved parenting, plus behavioral/mental health issues that can impede positive parenting:



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 and local work force



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



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



How Well Has Family Spirit Worked?



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.

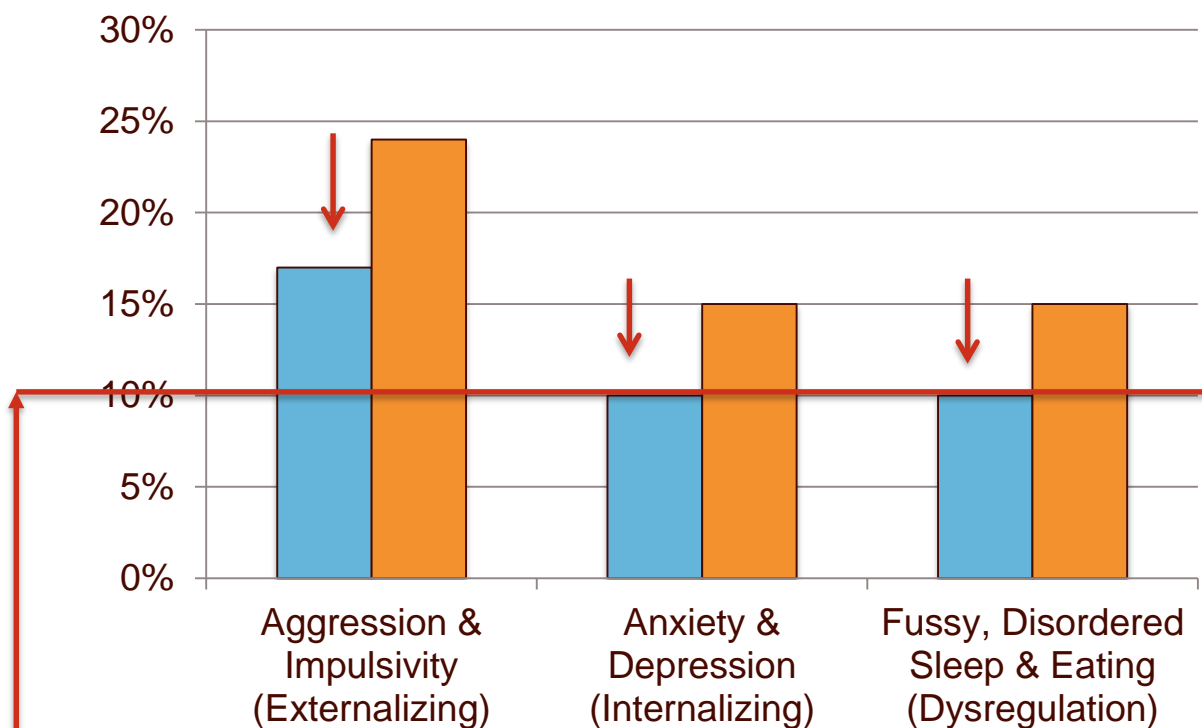
3 Barlow A, Mullany B, Neault N, et al. *American Journal of Psychiatry*. January 2013.

4 Barlow A, Mullany B, Neault N, et al. *American Journal of Psychiatry*. February 2015.

Impact of Family Spirit on Children in Tribal Communities



- Family Spirit Children
- Other children not participating



National Norms

Family Spirit: National Endorsements



- **Highest federal rating** for HOMVEE: effectiveness of home visiting program models targeting families with children 0 to 5
- Highest **participant retention**:
91% at 1 year postpartum
83% at 3 years postpartum
- NREPP: 4.0/4.0 on “**Readiness for Dissemination**”

Child Welfare in Tribal Communities



Implementing the **Family First Prevention Services Act**

- Provides new opportunity for tribes to receive Title IV-E Funding for prevention services
 - Tribes without Title IV-E Funding should reach out to their state's child welfare agency to inquire
- States can use Title IV-E funds for prevention and intervention services and programs for up to 12 months
- Must be evidence-based mental health prevention and treatment services, substance abuse prevention and treatment services, OR **in-home parent skill-based programs**

RECOMMENDATIONS FOR BUILDING COMMUNITY SUPPORT

How does this relate to Family Spirit?

- Only tribally-designed and tested evidence-based home-visiting program recognized by HomVEE (Home Visiting Evidence of Effectiveness) review
- Evidence to address maternal stress, depression and behavior problems, while promoting children's earliest social, emotional and behavioral development
- Can be considered by tribal welfare systems as part of the new Family First Title IV-E legislation

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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Charmayne's Story

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