Findings and Lessons Learned from the 2015 CRCAIH Pilot Grantees

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CRCAIH Pilot Grants Program

• To fund cutting-edge transdisciplinary research that will address the significant health disparities experienced by American Indians in South Dakota, North Dakota and Minnesota.

• Projects will embrace a “social determinants of health” theme leading to the improvement of American Indian health.

• Have a strong potential for future funding, including sustainability and growth of the project.
**Dates from the 2014 Pilot Grants Program are used to illustrate the process.**

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Pilot Grants Program Facts

61 Applications received 2013-2016

15 Awarded 1-year Pilot Grants

PI Applications by state (2013-2016):
- South Dakota
- Minnesota
- North Dakota
- Washington
- Colorado
- New York

PI Awarded by state (2013-2016):
- South Dakota
- Minnesota
- North Dakota
- Washington
- Colorado
- New York

Pilot Grants Awarded having an American Indian PI or Co-PI: 47%

PI Organization is Tribal/Tribal Academic: 27%
Pregnancy Health Survey for Parents of Newborns on the Lake Traverse Indian Reservation

Sara DeCoteau, BA
Sisseton-Wahpeton Oyate of the Lake Traverse Reservation

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East–Metro American Indian Diabetes Initiative: An Evaluation of Innovative Community-based Programs to Improve the Health of Native Men and Youth

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Pregnancy Health Survey for Parents of Newborns on the Lake Traverse Reservation

Sara DeCoteau, Bonny Specker, Ph.D., Sherry Johnson, Ed.D., Teresa Binkley, Ph.D., Tianna Beare, Audrey German, Peggy Peters, & Maggie Minett
Sisseton-Wahpeton Oyate & South Dakota State University
Purpose:

- Conduct a survey to find out why some babies are born healthier than others.
- Develop & conduct a pregnancy-related survey for the fathers.
- Information collected is intended to improve services for families.
Aims of the Survey

Aim 1: Conduct a survey for mothers using the PRAMS protocol developed by the CDC in 1987.

Aim 2: Develop & administer a PRAMS-like survey for fathers.

Aim 3: Obtain SWO-specific data on the extent of toxic childhood stress and investigate whether ACE scores are associated with parental behaviors and maternal & infant outcomes.
Outcomes

Response rate for mothers: 62% (n=92) - *goal was 60% or higher*

Response rate for fathers: 51% (n=64)

149 births in our sample:

- 126 birth certificates listed a father
- 62 mother-father pairs completed the survey

This was the first time EVER that fathers were invited to complete a pregnancy-related survey!
Ideas for Improving Services

Expand Behavioral Health Services
Data showing relationship of depression to ACE scores used to support SAMHSA Indigenous LAUNCH grant application for preventive services for children 8 years of age and younger.

Community Education
*Example:* Importance of preconception nutrition
- 23% of mothers took a vitamin with folic acid regularly prior to pregnancy
- 1 in 3 mothers knew why folic acid was important

Community Education
*Example:* Safe sleep
28% said baby never or rarely slept in the same bed with mother or someone else

Opportunity to serve dads at prenatal appointments.
- 32% attended prenatal appointments
  - Of these, 57% attended at least half of the visits
  - Reasons for not attending: work, lack of child care, and too busy
- 47% of dads expressed they were “anxious about the delivery”
GREAT response from Fathers!

Dads were present for their baby’s birth 88% of the time
  • Reasons not there: lack of child care, transportation or had to work

The majority (53%) took time off from work after baby was born
  • Reasons they did not included: too busy at work, could not afford it, or mom had enough help

Most (70%) were supportive of their baby’s mother’s decision to breastfeed
  • When father’s attitude was supportive, moms were more likely to breastfeed:
    • Fathers said “I am supportive”: 91% of mothers breastfed
    • Fathers said “Breastfeeding is better for baby”: 92% of mothers breastfed

Most dads (73%) attended well baby check-ups
  • 34% attended all
  • 39% attended some
SWO Parents Are Making Many Positive Choices

- **Smoking cessation**: 48% quit smoking when they found out they were pregnant or during pregnancy.
- **91% of mothers and 97% of fathers**: state “no one is allowed to smoke anywhere inside my home.”
- **88% of mothers & fathers**: agree that baby is never in the same room or vehicle with someone who smokes.
- **One in four mothers**: did not use any alcohol at all before conception, and 84% did not drink during the last three months.
- **74% of mothers**: breastfed, and 34% were still breastfeeding when surveyed 2+ months after birth.

**What you do**

- Choose Not To Use!
How do ACEs affect parental behavior in pregnancy?

High ACE scores correlated with:

- Alcohol use in mothers
- Illicit drug use in mothers & fathers
- Depression in mothers & fathers

Strong, Frequent, Prolonged Exposure to an Adverse Experience + No Adult Support = TOXIC STRESS
Potential for further inquiry

The pregnancy survey is designed to identify areas in need of improvement, or “risks”.

A survey instrument designed to assess resilience and protective factors would be beneficial.

For community education and reporting, we can switch the frame of reference by referring to “strengths” rather than “risks”.

Qualitative interviews with dads might help to understand the reasons fathers have anxiety about the delivery of their babies and to identify strategies to alleviate them.
East–Metro American Indian Diabetes Initiative (EMAIDI)

An Evaluation of Innovative Community–Based Programs to Improve the Health of Native Men and Youth

Tai Mendenhall, PH.D., LMFT
Kathy Denman–Wilke, M.ED.
April 6, 2017
East–Metro American Indian Diabetes Initiative (EMAIIDI)

- **A Purposeful Partnership between…**
  - American Indian Organizations
    - Interfaith Action of Greater Saint Paul (DIW)
    - American Indian Family Center
    - Ain Dah Yung Center
    - St. Paul Public Schools / Indian Education
  - University of Minnesota
    - Family Medicine & Family Social Science
    - Physical Therapy & Public Health

- **Guided by…**
  - Community–based Participatory Research & Medicine Wheel (Walking–in–Balance)
Men’s Group

- Housed within American Indian Family Center
- Purposefully integrates sacred cultural and spiritual activities
- Reclaims men’s roles as strong and valued family and community members
- Gives support facilitative toward behavior change and health/disease management
- Activities include:
  - drumming, dancing, softball, basketball, sugar bushing, wild rice harvesting, construction / repairs of elders’ homes / sweat lodges, camping, 1:1 support, and other events/forums...
Youth Education

- Housed within Ain Dah Yung Center and Saint Paul Public Schools / Indian Education
- Integrates culturally-based notions of “walking in balance” with empirically-supported knowledge about health and disease management
- Activities include:
  - DETS curriculum, information campaigns, health messengers, health fairs / pow wows, 5-K event (walking, running), Native games, and other events / forums...
Learning about Health
Research Questions & Findings

- Do participants evidence change in their physical health?
  - Improved or maintained weight/BMI over time

- Do participants evidence improved knowledge and understanding about diabetes?
  - Moderate (but not improved) knowledge over time

- Do participants evidence improved health behaviors?
  - Physical activity improved or maintained over time
  - Dietary behaviors somewhat improved over time
Auxiliary Research Findings

- Participation in Men’s Group contributed to
  - gained and/or maintained sobriety from alcohol
  - gained and/or maintained sobriety from drug use
  - overcoming or managing depression
  - beating social isolation

- Participation in Youth Activities contributed to
  - Becoming “health messengers” for their peers
  - Creating video/media stories of hope, reclaiming conventional culture(s), and/or overcoming a myriad of psychosocial challenges
  - Participation led to improved “health” (broadly defined)
Contact Information

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Questions?

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