



# Serving Expectant and Parenting Youth in American Indian Communities

## Overview of the Pregnancy Assistance Fund

Finding ways to address the diverse needs of expectant and parenting youth and their families (EPY) to improve their health, education, and well-being is a long-standing priority of the Department of Health and Human Services (HHS). The HHS Office of Population Affairs (OPA) funded the Pregnancy Assistance Fund (PAF) grant program from 2010 to 2020. The PAF program supported states and tribes to provide a wide range of services in settings such as high schools, community service centers, and/or institutions of higher education.



PAF services focused on five areas: (1) personal health (e.g., case management, prenatal care, health insurance enrollment support, behavioral health, violence prevention); (2) child health (e.g., home visiting, nutrition, access to healthcare, well-child visits); (3) education and employment (e.g., tutoring, academic support, assistance with college applications, employment and job-readiness training); (4) concrete supports (e.g., food, housing, transportation, baby supplies including diapers, cribs, car seats, etc.); and (5) parenting supports (e.g., parenting and healthy relationship education, child development education, child care). PAF grantees determined which areas to focus on to improve outcomes for EPY in the areas of health, parenting, education, and economic stability.

## Focus of this Brief

This brief describes the implementation experiences of three state grantees and their partner organizations that served American Indian EPY as part of their larger grant projects. The grantee organizations were the Minnesota Department of Health, Montana Department of Public Health, and Washington State Department of Health. These three grantees were part of a small number of state and Indian tribe grantees with a strategic focus on serving this population that were awarded PAF grants over the course of the 10-year PAF grant program. In 2017-2018, about three percent of all PAF program participants nationwide were American Indian or Alaska Native (AI/AN). This proportion doubled to seven percent in 2018-2019. By contrast, the three grantees represented in this brief served higher proportions of American Indian youth and families—between about ten percent to over one-third of the participants they served through their grants in 2018-2019.

## About the Study

HHS/OPA contracted Abt Associates to identify successful strategies and lessons learned from the Pregnancy Assistance Fund grant program (see <https://opa.hhs.gov/research-evaluation/pregnancy-assistance-fund-paf-program-evaluations/evaluation-key-strategies>). The study produced six topical briefs and corresponding in-depth case studies. The six topics were identified from a review of grantee documents and input from OPA staff. They reflect the range of approaches PAF grantees took to best serve EPY needs. The topics are (1) serving system-involved (justice or child welfare) youth; (2) serving youth in Tribal communities; (3) serving youth in rural communities; (4) cross-sector partnerships; (5) policy and systems-level strategies; and (6) strategies for improving educational outcomes. For each topic, the study selected grantees from the pool of 26 grantees funded in the most recent cohort (2018-2020) and in at least one other cohort.

The briefs and case studies draw from review of grantee documents, performance data, and semi-structured phone interviews with grantee and grantee partner staff.

## Why Focus on EPY in American Indian Communities?

This brief focuses on American Indian EPY because of societal and political factors that include historical trauma and institutionalized racism faced by many AI/AN communities. This often means limited resources and opportunities, and within these communities members may therefore experience greater barriers to employment, housing, educational attainment, health and access to health services, and economic well-being compared with the general U.S. population.

Across all racial or ethnic groups, AI/AN adolescents have the highest rates of teen births, are more likely to live in poverty, and are less likely to complete high school. AI/AN mothers of any age are less likely to receive prenatal care, more often experience pregnancy and childbirth complications, and experience higher rates of infant mortality.<sup>2,3</sup>

There are more than 500 federally and state-recognized Indian tribes in the United States with diverse cultures, values, and traditions, as well as unique histories. While the examples and reflections included here are not generalizable, this brief offers a first step in understanding how PAF services have been carried out in a limited number of American Indian communities and summarizes suggestions for the future drawn from these experiences.

## Historical Trauma

PAF grantee staff emphasized the importance of providing culturally responsive care to EPY in American Indian communities that includes emotional support and understanding of historical trauma.

*Historical trauma* is intergenerational trauma experienced by a specific cultural group that has a history of being systematically oppressed, which can affect psychological and physical health. “Historical trauma is cumulative and reverberates across generations. Descendants who have not directly experienced a traumatic event can exhibit the signs and symptoms of trauma.”<sup>1</sup>

### Key Findings:

- **Tribal decision-making.** The three grantees either partnered directly with tribal organizations to serve their communities, or they partnered with intermediary organizations that provided capacity-building assistance to multiple tribal organizations that provided direct services. With either approach, the tribal partners were the main decision-makers and determined how to best serve their communities.
- **Flexible funding.** Grantees and partner organizations emphasized the importance of PAF funding’s flexibility and used this flexibility in a variety of ways, including enhancing existing one-on-one case management or evidence-based programs, bringing EPY together to provide a community of support, or helping EPY with material needs.
- **Culturally specific services and resources.** PAF grantees found it challenging to find appropriate curricula and resources. Partner organizations agreed that culturally specific services and resources were critical and that most pre-existing, written materials required adaptations.
- **Community strengths.** Tight-knit communities offer benefits that can help facilitate PAF services. Often EPY could count on their family and community to support them with challenges such as housing and childcare while working toward their individual goals.
- **Time and trust-building.** Establishing new or enhancing existing services in American Indian communities takes time and requires grant periods longer than one or two years to fully accomplish goals. In communities that have experienced historical trauma and institutionalized racism, time must be spent building authentic, trusting relationships before starting new or enhanced services.

## Three Grantees Serving EPY in American Indian Communities

All three grantees received multiple rounds of funding, starting with the first PAF grants awarded in 2010. The following descriptions are based on their grant structures as of March 2020.

### Profiles of Three PAF Grantees Serving American Indian Expectant and Parenting Youth and Their Families

 <b>MINNESOTA</b>	 <b>MONTANA</b>	 <b>WASHINGTON</b>
<b>Grantee</b> (state agency)	<b>Grantee</b> (state agency)	<b>Grantee</b> (state agency)
 Minnesota Department of Health	 Montana Department of Public Health	 Washington State Department of Health
<b>PAF Grant Periods</b> (fiscal year)	<b>PAF Grant Periods</b> (fiscal year)	<b>PAF Grant Periods</b> (fiscal year)
 2010-2012, 2013-2016, 2017-2018, 2018-2020	 2010-2012, 2013-2016, 2018-2020	 2010-2012, 2013-2016, 2017-2018, 2018-2020
<b>Number of EPY Served</b> (annual average for 2018–2020)	<b>Number of EPY Served</b> (annual average for 2018–2020)	<b>Number of EPY Served</b> (annual average for 2018–2020)
 <b>Total 281</b> <b>AI/AN 67</b>	 <b>Total 171</b> <b>AI/AN 67</b>	 <b>Total 356</b> <b>AI/AN 40</b>
<b>Service Areas</b> (2018-2020)	<b>Service Areas</b> (2018-2020)	<b>Service Areas</b> (2018-2020)
 Seven communities (includes three Indian Reservations)	 Six implementation sites across three regions (includes two Indian Reservations in northwestern and western Montana)	 Five counties (includes three Indian Reservations in western Washington)
<b>Key Partners</b>	<b>Key Partners</b>	<b>Key Partners</b>
 A large city health department, a county department of health and human services, and a tribal intermediary organization	 Three tribal social services organizations, two city/county health departments, a rural school district, and a local domestic violence services provider	 State- or regional-level partners: Office of the Superintendent, Attorney General’s Office, and an Indian Health Board intermediary Local partners: two county health districts/associations (that serve four counties) and a health organization serving African American communities
<b>Primary Approach(es)</b> (2018-2020)	<b>Primary Approach(es)</b> (2018-2020)	<b>Primary Approach(es)</b> (2018-2020)
 Case management (including referrals and care coordination)	 Case management and evidence-based home visiting	 Culturally responsive services (including referrals, resources, group classes, and trainings); raising awareness of EPY needs in the community while helping to empower AI/AN teens

Key: AI/AN=American Indian / Alaska Native. EPY=expecting and parenting youth and their families. PAF=Pregnancy Assistance Fund.

**Minnesota Department of Health's** Minnesota Expectant and Parenting Student Program involved three partner organizations that served seven communities.<sup>a</sup> The Department provided oversight and technical assistance to the partner organizations. One partner was the Northwest Indian Community Development Center, which focused its PAF funding and capacity-building on three tribal communities: the White Earth Nation, Leech Lake Band of Ojibwe, and Red Lake Nation.<sup>b</sup>

**Montana Department of Public Health's** Healthy Young Parent Program involved seven partner organizations. This included three tribal organizations, two of which served the Blackfeet Tribe of the Blackfeet Indian Reservation and one served the Confederated Salish and Kootenai Tribes (CSKT) of the Flathead Reservation. The Department oversaw grant administration; the partners planned and provided direct services tailored to their communities.

**Washington State Department of Health's** Support for Expectant and Parenting Teens, Women, Fathers, and Their Families project served five counties. The Department oversaw six partner organizations: three state- or regional-level partners and three local-level partners. The Northwest Portland Area Indian Health Board served as a regional intermediary, subcontracting and providing capacity-building assistance to tribal health and human services programs. Under PAF, the Board worked with three tribes in Washington: the Tulalip Tribes, Quinault Indian Nation, and Sauk-Suiattle Indian Nation.

## Structuring the PAF Grant to Best Serve American Indian EPY

### **The featured PAF grantees each partnered with one or more organizations that knew the local tribal communities and cultures well**

The grantees used two main approaches to structuring the grant: either they partnered directly with individual tribes as sub-grantees, or they partnered with intermediary organizations that in turn provided sub-grants and capacity-building assistance to multiple tribes to enhance their existing services. Grantee staff deferred to partners' expertise when deciding how to best serve EPY in the focus communities. In Washington, the intermediary was a tribal health advisory organization that provided technical assistance, served as a liaison with the state grantee, and issued sub-grants to three tribes. The intermediary had existing relationships with over 40 tribes across Washington, Oregon, and Idaho, and these broader connections and knowledge enriched the resources and technical assistance offerings to the tribes receiving PAF funding.

### **Partner organizations decided how to best serve their communities, involving EPY and other stakeholders in the decision-making. The combination of decision-making autonomy and a community assessment process that emphasized building on strengths created a foundation for program sustainability**

Partner organizations were empowered to design or select activities, curricula, or programs they found meaningful and most appropriate for their communities. Tribal leaders as well as youth were involved in the decision-making; some tribes invited youth to participate as members of tribal planning committees. Tribes also established community advisory boards to bring together various stakeholders to plan and serve EPY collaboratively. For example, the Quinault Tribe in Washington convened an advisory board with representatives from its Head Start program, Tribal Council, schools, and clinics. That board decided to make breastfeeding a focus of the PAF work, which included lactation training and a media campaign to normalize breastfeeding in the community. Each advisory board member brought a unique perspective to the group, and each tribe's advisory board decided as a group how to serve EPY most effectively.

### **The flexibility of PAF funding allowed project staff to use the funding to meet the varied needs of EPY in their communities**

Meeting varied needs included supporting existing one-on-one case management, implementing evidence-based programs (EBPs), or helping EPY with material needs. Case management and EBPs often included making referrals, providing family support services, and home visiting, with each partner choosing its own specific approach, curriculum, and priority population. For example, on the Blackfeet Indian Reservation in Montana, one tribal organization provided services to young families within a rural school district, and another focused on young families involved with the child welfare system. The CSKT in Montana used the

<sup>a</sup> In this brief, "partner organizations" refers to contractual partners, including sub-awardees.

<sup>b</sup> When conducting the interviews for this brief, we were unable to speak with Minnesota's partner organization that served American Indian communities. Therefore, the qualitative data reflect only the Minnesota Department of Health's perspective. For Montana and Washington, we were able to speak to the grantee organization as well as the partner organizations that served American Indian communities.

*Family Spirit* evidence-based home visiting program, designed for American Indian EPY, combined with monthly group connection events that included dinner and a themed activity. For example, a monthly event could include discussion about their traditional month of giving and what it means to them, followed by making friendship bracelets and a discussion about their support systems. Material needs included helping EPY purchase books or internet access for schoolwork, or special shoes required for a specific job. One partner organization provided stipends for emergency housing. Another helped pay for a large gathering space for community events focused on family connection and cultural traditions.

## **Community Strengths and Challenges Presented by the Tribal Context**

The American Indian communities served by these three PAF grants have many strengths, but they also faced challenges that shaped service delivery strategies. Tribal communities are often close-knit and built on a sense of belonging and support. These cultural connections offer opportunities upon which to bolster culturally specific services and resources. Despite these strengths, these communities are often faced with high levels of poverty and limited access to services such as education, employment, housing, food, childcare and transportation.

### **Tribal partner organizations understand their communities and the importance of their culture and can use that understanding to strengthen services for EPY**

Partners can bring together large groups of EPY to strengthen cultural awareness and understanding, which may serve as a protective factor for maternal and child health. For example, in Montana, the grantee noted that one of the tribal partner organizations incorporated activities such as making jingle dresses or cradle boards that deepened the cultural connections of young families. These group events serve to increase engagement and trust, while also providing opportunities for program staff to meet informally with program participants and talk to them about progress toward their education, employment and health goals, their healthcare and mental health, while also building engagement and trust. Projects like those funded by PAF can also integrate positive traditional parenting practices from tribal culture into contemporary parent education services to improve knowledge and skills about safety, nutrition, and parenting practices in a culturally responsive way.

### **Where tribal members are part of a close-knit community, this support network offers infrastructure on which PAF activities can build**

One tribal partner organization noted that only one in four residents of its reservation is a tribal member, making them a minority on the reservation: "Because there are so few of us, we tend to band together in support. Our Tribe wants to see all our tribal members get an education and have good jobs and be successful." To support these goals, the tribe offered several programs on which the PAF grant could build.

### **EPY living on reservations sometimes faced challenges including limited opportunities for employment and affordable stable housing**

A partner organization serving EPY noted that it was difficult for a young person to have job security, be financially stable, and be able to afford a place to rent on the reservation. This partner explained that housing insecurity typically meant that young people were living with an aunt or cousin, "couch surfing" from one relative or friend to the next. Food insecurity was also common. This partner added, "Almost 100 percent of our clients use WIC [Special Supplemental Nutrition Program for Women, Infants, and Children] and SNAP [Supplemental Nutrition Assistance Program]" but they are often struggling by end of the month. There are few opportunities for steady employment, and young people may lack the qualifications for a job that pays a living wage.

### **For reservations in rural areas, EPY sometimes lacked transportation and had limited access to specialty health services or services geared toward youth**

Rural locations make access to services more challenging. Without personal transportation, it can be difficult to get from one community to another, and there may be long distances to larger towns with needed services. Grantees and partners noted that tribal health centers were usually available on the reservations, but full prenatal or birthing services were not always offered. In addition, some critical services were not specifically geared toward young people. Without an obstetrician or midwife available on the reservation, EPY sometimes needed to travel farther away for specialized prenatal care and to deliver their baby. Moreover, services outside the reservation may lack cultural sensitivity, which may make EPY less inclined to seek those services.



## **PAF partner organizations continuously sought out culturally specific services and resources while acknowledging the challenge in meeting the unique needs of each client**

Grantees relied on local project staff to adapt programs and make them relevant for their individual communities. However, this was often a complex undertaking. Because a single community may include members of multiple tribes, each with different values and customs, project staff engaged with EPY to understand their cultural perspective and decide how to most effectively serve them.

## **Service Delivery Strategies to Meet Needs and Challenges**

Grantees chose to focus on connecting youth to health services, setting educational and employment goals, and meeting basic needs.

### **Programs helped connect EPY to comprehensive health services through a referral program**

To improve access to health services, the Tulalip Tribes in Washington developed a referral program in coordination with multiple service providers for parenting teens who come into their clinics. These referrals were typically for services located on the reservation, as close to their community as possible. A future goal was to make tribal clinics more youth friendly and mitigate any stigmatization of parenting teens that may prevent EPY from seeking services. When specific prenatal services were not available on the reservation, EPY were referred to a hospital outside of the reservation. Because Native youth sometimes felt uncomfortable at the hospital, the program provided direct support (staff who could accompany youth to the hospital, if needed) and, more indirectly, worked to improve coordination with the hospital (through an MOU). On the Blackfeet Indian Reservation in Montana, a case worker based at the school worked one-on-one with EPY students during the school day. She used her knowledge of and personal connections with local providers to refer them, when necessary, for services such as prenatal care or behavioral health care.

### **Programs used one-on-one assistance, incentives, and partnerships to help EPY engage in educational and employment services**

Partner staff described how the Tulalip Tribes in Washington helped young parents in their program to plan for the future by helping them obtain their GED, enroll in online classes, or complete vocational school applications. The CSKT in Montana helped participants set incremental goals and provided incentives for encouragement. For example, a participant would receive a small monetary reward if they signed up for college classes, and then again if they had good attendance. Staff noted that it can be difficult for young people to do long-term planning and see the bigger picture so these shorter-term goals and incentives “give them some extrinsic motivation for them to meet their goals.” Staff also offered incentives if participants stayed in the program for three months, six months, and one year, as additional motivation to continue with the program.

To help address job insecurity, CSKT had an agreement with the local Workforce Innovation and Opportunity Act program to provide paid work experience for tribal members and help with resume-building.

### **Tight-Knit Community**

PAF project staff took the tight-knit community into consideration when working with American Indian EPY on setting goals. For example, one partner organization staff member explained that project staff can ask, “Who’s also going to help you meet your goals? Or who’s going to help you with childcare? Or who’s going to help bring you to work or to classes if you don’t have your own transportation? So that would look different if they didn’t have this community support.”

The power of “word of mouth” within a close community also helps lead to referrals or new clients for the PAF program and can help build trust for populations that have experienced historical trauma.

### **Response to COVID-19 Pandemic**

When the pandemic began in the spring of 2020, the CSKT, which was implementing *Family Spirit*, switched from in-person home visits to virtual visits. At the time of the interview, in early April 2020, the transition was going more smoothly than they anticipated. “Our clients have been super awesome. They really love this program.” Many participants had smart phones that they could use to video chat with staff. Initially, staff were worried about the reliability of cell phone service in rural Montana but one partner noted, “Sometimes it’s a little rough, but for the most part we’ve been doing pretty good with our clients.”

## **Programs were able to provide limited direct support for critical financial and housing needs and access to food**

PAF partner organizations assisted participants with certain financial needs, such as paying for uniforms needed for employment or emergency stipends for housing. Strategies for addressing housing insecurity included assistance in accessing tribal housing and shelters, when available (in some cases, partners were unable to help due to limited funding or availability). If participants needed groceries at the end of the month, one partner organization provided gift cards for groceries and diapers. Project staff also helped EPY apply for SNAP benefits if they were not already enrolled.

## **Strategies to address transportation barriers included informal ridesharing, free buses, and home visiting**

To address transportation challenges, projects encouraged participants to arrange for rides with family or friends, or to use the bus system on the reservation, if available. One partner organization explained that the bus system on the Flathead Reservation (CSKT) was free for program participants but did not operate 24/7, which made it difficult for people working late or overnight shifts. Home visiting was a promising strategy because it brought the practitioner to the client. CSKT used the evidence-based *Family Spirit* home visiting program, which was designed specifically for American Indian teen and young adult parents. It uses culturally matched paraprofessionals to establish rapport and deliver a 63-lesson curriculum focused on maternal and child health, parenting skills, life skills, and linkages to community services. As the partner explained, with the *Family Spirit* program, someone is “cheering for you, in your corner, rooting you on,” which helps build the youth’s feeling of self-efficacy.

## **Reflections from Grantees and Partners**

The three PAF grantee organizations and their partners offered several insights into what they have learned about successfully serving EPY in these specific American Indian communities.

### **It is essential that services are culturally responsive and relevant for each tribe**

Grantees deferred to their tribal partner organizations when it came to determining whether programming was culturally relevant for their communities. Implementing partners stressed the importance of acknowledging that, broadly, AI/AN have some shared culture and values that are different from other racial/ethnic groups when it comes to family and parenting. At the same time, each of the more than 500 tribes in the United States is unique, with a different history and set of values and customs.

Understanding these cultural differences has implications for how frontline staff deliver services, as well as for the curriculum and written resources used by staff. For example, in traditional Salish culture, baby showers are an important event, but they are not held until after the baby is born. Other examples of cultural practices related to parenting include not letting the baby cry and co-sleeping. Knowing these practices, a parent educator or home visitor can talk to a young mother about safety when co-sleeping and modify discussions about sleep training or letting the baby “cry it out” to respect cultural customs.

Ensuring written and visual resources will resonate with specific tribes is also important. As one grantee staff member noted, “You wouldn’t take your handouts or your brochures or your curriculum that you used with the tribes in the Southwest United States or the Eastern United States and expect them to work in the Midwest.” Even within a single region, there can be distinct differences in traditions, such as between inland and coastal tribes.



To connect programming for EPY to cultural values and beliefs, it helps to have program staff who know how to relate to youth and their Tribal culture. For example, one parent educator was a parent and grandparent who spoke English but came from a traditional household with traditional values.

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*A good way to address the cultural component is to ask, ‘What do you know?’ ‘Are you traditional?’ ‘What are your values when it comes to X, Y, and Z for parenting education?’ Let them talk. Let them share their experiences, that way you can...know culturally how they feel about it. And it makes it easier to be able to talk to them about other areas of parenting. –Partner Staff*

### **Finding culturally-relevant and specific resources remained a challenge**

One partner reported that it was difficult to find specific, affordable, culturally-relevant materials, given the diversity of the tribes within the state. Another mentioned that when staff attended training sessions that were not culturally specific, they often found that the training was not consistent with their values. In addition, with an EBP, it can be challenging to ascertain how much the specific approach can be adapted and still ensure its fidelity. Researching these types of resources and allowable adaptations is time-consuming and can be difficult if one is limited to only one year because of short grant cycles.<sup>c</sup>

### **There is a need for more EBPs, such as *Family Spirit*, designed for American Indian EPY that can be adapted for each tribe’s cultural values**

The *Family Spirit* home visiting curriculum provides a flexible framework that allows for adding a tribe’s own cultural values into the parenting education program. The curriculum has 63 lessons that span from 28 weeks pregnant to when the child is three years old. Core content areas include health and nutrition (including breastfeeding), healthy living environments and healthy relationships, goal setting, and child development. CSKT in Montana chose *Family Spirit* because it centers on American Indians and addresses a broad range of topics: “It takes in all these cultural considerations, along with having a type of curriculum that is more directed towards the younger population.” Areas for improvement for this curriculum included more in-depth coverage of sexual health education and the affordability of the curriculum.

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*The [curriculum has] been adapted, and parents have really appreciated it. Because then they feel like they connect better with it because they can see themselves as being a Native American parent. It makes more sense to them because it’s familiar – ‘Oh, yeah, my mom did this’ or ‘My mom raised me like this.’ So, it helps them better. Makes them feel seen, makes them feel heard because it’s relevant to them, instead of having a curriculum that’s very urban and White-centric. –Partner Organization*

### **PAF resources helped organizations serving American Indian EPY enhance their existing services and establish community advisory boards to direct future action**

Some partner organizations used PAF funds to enhance existing programs like case management and home visiting, adding an increased focus on serving EPY. This can be a successful approach given the time constraints of the grant funding period and the amount of time it takes to start up a brand-new program and build trust. Project staff reported that these enhancements helped EPY find stable housing and focus on education and employment goals.

<sup>c</sup> The most recent tribal sub-awardees (2018-2020) had less than two years to plan and implement grant activities once contracts were in place.



Partner organizations also used the grant to understand the specific needs and strengths of EPY and their communities. In Washington, each of the tribes involved in the PAF grant formed or enhanced a community advisory board to allow for collaboration among different stakeholder groups. The board members were able to have dedicated time for conversations about serving EPY and how to support their aspirations, conversations that did not previously have a forum. For example, at one meeting, board members discussed the feasibility of partnering with the local high school to engage teens and offer sexual health education and reproductive health services. The intermediary organization noted that establishing these advisory boards was a major success of the PAF grant and helped give the communities direction for the future; the intermediary organization planned to continue to use these boards to build capacity, find additional resources, and work toward sustainability.

### **Doing this important work in American Indian communities takes time**

Through PAF, grantees formed new relationships or deepened existing relationships with tribal organizations. Developing these relationships and navigating various tribal contexts is not something that can be done quickly. One partner organization observed that a two-year grant is not sufficient to “build a partnership that’s going to do long-term public health changing work,” but it does help lay the groundwork. They recommended a longer grant period and more funding, acknowledging that working in American Indian communities takes time, and basic processes such as executing contracts, may take even longer than expected. Tribes need time to narrow down where to focus the funding and ensure that it aligns with grant and community objectives. Searching for culturally specific services and resources can also be challenging. In addition, the partner recommended grantees be mindful of a tribe’s sovereignty and protocols when it comes to serving EPY, as these protocols often reflect their values and culture. It is also helpful to understand the community’s local challenges and strengths. For a tribal partner organization to successfully provide wraparound services to EPY, it in turn needs to find appropriate service providers in the community, something that takes a great deal of time, outreach, and communication. Substantial groundwork needs to be laid by the partner organization to build connections within the community and ensure that the partner organization will be able to offer its intended services or referrals.

### **Conclusion**

This brief highlights three examples of how state PAF grantees and their partner organizations focused on improving the health, educational outcomes, and economic well-being of American Indian EPY. Through PAF, partner organizations set up advisory boards; enhanced existing one-on-one case management or EBPs; helped EPY on the path toward educational goals; provided peer support and parenting education to EPY; and helped them with transportation, baby supplies, and housing. PAF grant partners worked to establish linkages to critical health services both on and off reservations while assessing how to address the lack of youth-friendly and culturally appropriate health services and improve youth access.

Staff agreed that though finding culturally appropriate resources was challenging, it was critical. Often the most helpful resources were those designed for American Indians more generally but could be easily adapted for a specific tribe’s culture and values. Staff also indicated that establishing new programs or making significant sustainable enhancements to existing services takes more time than may be typical in other communities. Policymakers and funders should understand that these processes are time-consuming and labor-intensive and take this into account when possible so programs can be more realistic and responsive to American Indian communities.

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