

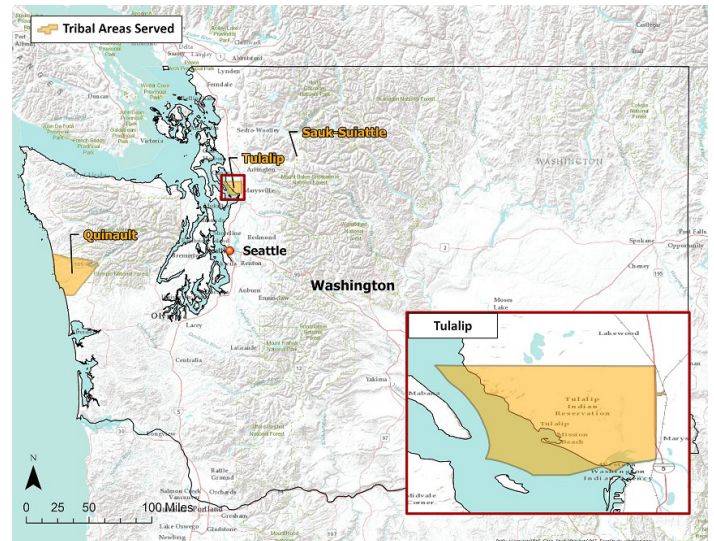


Washington Department of Health: Serving Expectant and Parenting Youth and Their Families in Native American Communities

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 the Case Study

This case study provides a point in time snapshot of how the Washington Department of Health's (WADOH) PAF grant served expectant and parenting youth and their families (EPY) in Native American communities by partnering with a tribal advisory organization. It highlights WADOH's strategy and the implementation experiences of the Tulalip Tribes. These experiences provide a promising example that may inform future efforts to address the needs of Native American EPY.^a

Due to adverse historical, societal, and political factors, including historical trauma and systemic racism, Native American communities may have limited resources and opportunities. Their members typically experience greater barriers to employment, housing, educational attainment, health and access to health care services, and economic well-being compared to the general U.S. population. While teen birth rates have dropped nationally in recent years, persistent disparities exist by race and ethnicity. Among all racial/ethnic groups, American Indian or Alaska Native (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.^{1,2}

^a There are more than 500 federally and state-recognized tribes in the United States. Tribes have diverse cultures, values, and traditions. As such, the examples and reflections included here are not intended to be generalizable to all tribes. Sharing the experience of one tribe engaged in this work can advance the field's understanding and generate further conversation about how to best meet the needs of EPY in other Native communities.

In Washington, AI/AN students have a lower graduation rate than other groups (60.3% compared to 79.3% overall and 81.9% for white students), and AI/AN communities are disproportionately affected by poverty and homelessness. In addition, pregnancy-associated maternal death rates are highest for AI/AN women (more than eight times higher than white women).³ At the same time, AI/AN communities have many strengths and resiliencies on which programs such as PAF can build to better serve EPY. The communities tend to be very family oriented and prioritize supporting children. In addition, the Tulalip Tribes have built a community full of internal resources to help support its people.

Highlights of the Case Study:

- **Partnering with a tribal advisory organization that works directly with multiple tribes helped build community capacity and ensure that the PAF strategy was culturally responsive.** WADOH served Native American EPY by partnering with a tribal advisory organization, the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB subcontracted with three tribes that developed community advisory boards and provided direct services. Of the three, the Tulalip Tribes in Western Washington received PAF funding for the longest period (two years).
- **While the Tulalip Tribes offered many resources and services for its members living on the reservation, reproductive health services were limited.** The health clinic did not have an obstetrics and gynecology (OB-GYN) provider. Thus, the clinic referred expectant parents to a hospital outside the reservation. Tulalip Tribes staff addressed this challenge in multiple ways, including providing material and emotional support for EPY and strengthening the relationship with the hospital to improve communication and coordination.
- **The Tulalip Tribes used PAF funds to increase the focus on EPY within existing programs such as the Making Opportunities for Moms (MOMs) group and the behavioral health outreach program.** Instead of trying to create a new program for EPY with limited resources and time, they successfully grew existing programs to engage more young parents. They conducted more intensive outreach to encourage EPY to join the MOMs group. By broadening program reach, they aimed to use the existing program infrastructure to connect EPY more efficiently with other available services. The behavioral health outreach program began focusing more on pregnant youth, and home visits became more structured through use of a curriculum to support the parent and child's needs beyond mental health.
- **The project formed a Maternal and Child Health Committee (MCHC) to formally bring together different services and funding streams serving the same EPY populations on the reservation.** These services included TANF, WIC, the Tulalip Tribes Early Learning Academy, the domestic violence program, the community health department, the health clinic, (formerly called the Indian Child Welfare Program), and others. The MCHC committee was the first of its kind for the Tulalip Tribes and was making progress toward increasing communication and coordination across service providers.
- **Recognizing the lack of representation of Native Americans in available art and media for promoting healthy behaviors, the project developed a media campaign with NPAIHB.** They captured photos of Native families for NPAIHB's website and were able to accomplish this in a short timeframe.
- **Project staff reflected on the importance of being mindful of historical trauma and the critical role of culturally relevant services.** Having tribal members in service delivery positions can help establish trust and break down barriers to participation in services for EPY.

Washington's PAF Grant

WADOH first received a PAF grant in 2010 and initially focused on serving rural counties in south-central Washington with large Hispanic populations. In 2018, WADOH decided to include a focus on tribes when it partnered with the NPAIHB. Through a tiered partnership (see adjacent figure), WADOH aimed to increase three tribes' capacity to deliver culturally relevant services to EPY.^a

Role of NPAIHB

NPAIHB provided guidance, technical assistance, and financial oversight for the sub-grants to three tribes: Tulalip Tribes, the Quinault Indian Nation, and the Sauk-Suiattle Indian Nation. All Washington tribes were invited to attend PAF-related trainings or webinars. NPAIHB also worked on plans to create and disseminate community awareness and marketing materials related to EPY statewide.

With NPAIHB in an intermediary role working as a trusted advisor directly with the tribes, WADOH was able to begin expanding PAF services into these areas for the first time.

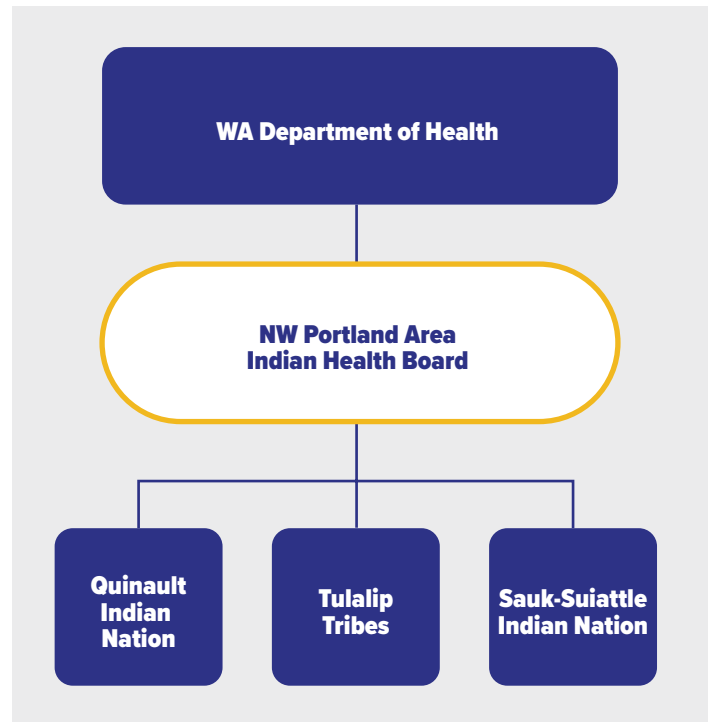
NPAIHB took a leadership role working with the tribes on how to leverage PAF to meaningfully serve their communities. This entailed assessing needs and strategies best suited to each community. Similarly, WADOH deferred to NPAIHB to assess medical accuracy and cultural relevance of services.

Implementation goals at the local level

Each of the three tribes formed an advisory committee for the grant to decide how to best use PAF funds. These committees included youth membership, and each worked with NPAIHB to develop an implementation plan tailored to the community. This case study focused on the work of the Tulalip Tribes, as they had been involved with PAF for the longest period and were completing their second year of PAF at the time of the interviews. The Tulalip Tribes had previous experience working with NPAIHB, including partnering on grant proposals. With the PAF grant, the tribe's overall goals were:

- Support young parents and connect them to resources
- Develop a media campaign to promote healthy behaviors
- Bring together and expand a Maternal and Child Health Committee (MCHC)
- Develop user-friendly and culturally responsive pregnancy and post-partum resources for young parents
- Coordinate with the school district to identify students who are expecting a baby to support them in attaining healthcare and staying in school
- Increase young parents' access to WIC
- Improve car seat safety in the community through an awareness campaign and training

Washington PAF Grant Structure for Serving AI/AN Youth



About Northwest Portland Area Indian Health Board (NPAIHB)

NPAIHB is a non-profit tribal advisory organization that serves 43 federally recognized tribes of Oregon, Washington, and Idaho. The Board has delegates from each member tribe who meet quarterly to oversee all activities of NPAIHB. NPAIHB houses a tribal epidemiology center, leads several health promotion and disease prevention projects, and plays an active role in Indian health policy. They are also known for their work creating health communications that resonate with young people. NPAIHB hosts the "[We R Native](#)" website, which is an adolescent health services and multimedia resource.

^b NPAIHB was one of six sub-awardees to WADOH, three of which were state- or regional-level partners like NPAIHB while the other three were local-level partners. NPAIHB was the only sub-awardee focused exclusively on serving Native American EPY.

Initially Tulalip Tribes staff hoped to plan and coordinate activities with the other tribes, but they were limited by available resources. One staff member noted that it would have been helpful to learn from and support other tribes doing similar work given how different Indian country is from other communities.

Community Strengths and Challenges

According to staff, most of the Tulalip Tribes' membership lived on or near the reservation. However, most of the population living in the area were not tribal members. The tribe operated two resort casinos on the reservation. These casinos and the tribal government were the top three employers and helped provide economic stability to the area.

Community strengths conducive to serving EPY

- **Tribal human services resources.** Program staff described the Tulalip Reservation as its own city or town, with many resources and programs for those who lived there. The reservation had health, dental, and vision clinics, a Montessori school, an early learning academy for infants ages birth to three, a Boys and Girls Club, and a new gathering center that also served as a youth center. The tribe also offered mental health care and a local TANF benefits office. When describing the reservation, one staff member said, "We're very blessed...our families, generations in the past, set it up for the next four to seven generations ahead. It all started with...creating businesses...to making sure that everything that we do is for the future." Ninety-two percent of tribal services were self-funded.⁴
- **Sense of family and strong leadership.** The Tulalip community tended to be extremely family-oriented and supportive. As program staff described it, "Loving children is a high priority." Staff also explained that a significant strength was their tribal leadership. They had strong leaders who listened to the community. At the time of the interviews, the tribal government board included three female leaders who were also mothers, and they were working to increase the involvement of both youth and elders in government.

Community needs and challenges for serving EPY

- **Limited access to reproductive health care.** While there were many valuable resources on the reservation including health clinic, the clinic did not have any OB-GYN providers. When pregnant individuals reached a certain point in their pregnancy, clinics referred them to an outside hospital for care. Staff explained that this was difficult because some individuals rarely left the reservation, lacked transportation, and may have faced prejudice at the hospital. In addition, the tribal health clinic lacked strong coordination with the outside hospital.
- **Low attendance at prenatal and postnatal doctor appointments.** Project staff identified low attendance at doctor appointments as a challenge that needed to be addressed. They noted that many pregnant individuals were not attending regular medical appointments. Young moms would often not see a doctor until it was time to give birth. In addition, young children were not attending regular medical appointments. Sometimes parents waited to see a doctor until their child needed immunizations prior to beginning childcare. There were many reasons for low attendance, including lack of familiarity with the health care system, distrust rooted in historical trauma, and concern over confidentiality in a small community.
- **Lack of transportation and limitations of public options.** Many residents did not have a car or a driver's license, and services were spread out across the reservation. The reservation offered some forms of public transportation, including a main transit line and a bus that aimed to help connect those in more rural areas with the main line. However, staff explained that transportation to appointments was still difficult for some and wished they could do more, perhaps in

The Tulalip Tribes

Establishment: 1855

Tribal Population: 4,900 members and growing with 2,700 living on the reservation.

Reservation Size: 22,000 acres.

Location: North of Everett, WA and the Snohomish River and west of Marysville, WA (~50 miles north of Seattle).

History: Direct descendants of and the successors in interest to the Snohomish, Snoqualmie, Skykomish, and other allied bands signatory to the 1855 Treaty of Point Elliott.

The Name: "Tulalip" comes from the Salish word describing the prominent bay next to the Reservation.

Source: www.tulaliptribes-nsn.gov



Source: www.tulaliptribes-nsn.gov

coordination with the clinic or hospital.

- **Lower school completion.** Staff noted that school completion was not as high in the Tulalip community as in other nearby communities. To address this, they worked on partnering with local schools and normalizing the idea of going to college for tribal youth. Staff explained that developing relationships with colleges takes a great deal of time. The project was just beginning to coordinate with Northwest Indian College in Tulalip about offering recruitment days when the pandemic halted this work.
- **Car seat safety.** Lastly, staff learned that not all families were using car seats for their children as much as they should. With recently updated car seat laws, it was the perfect time to hold an event to promote car seat safety education. They offered a free car seat to the first group of parents under age 25 who attended. The staff running the event were trained in car seat safety and installation.

Key Elements of the Tulalip Tribes' Approach

Grow participation in the MOMs Group

MOMs was a weekly drop-in group that began over twelve years ago. The meetings were informal and provided a safe place for young parents to talk, give support and encouragement to each other, and connect to other resources. Typically, five to eight mothers attended each meeting, with up to fifteen to twenty children. Attendance increased during the summer. Each meeting included a lesson plan or topic, a healthy lunch, a check-in to see how everyone was feeling, circle time with the children to share music and books, and often a craft project for the parents. Group leadership also connected members with community events and resources.

Connect EPY to resources

Staff identified individual needs of EPY and connected them to resources such as therapy, breastfeeding education, support in attending their medical appointments, or help going back to school or completing a GED. When making these connections, staff used a gradual approach. They would provide information to review then follow up with the EPY later. Before the COVID-19 pandemic, the project had a staff member who drove youth to the GED program and helped remove other logistical barriers to services. They planned to return to this model when fully up and running again, post-pandemic.

Grow the behavioral health outreach program

Another program enhancement was expanding the behavioral health outreach program for young people ages 13-25. This program consisted of two outreach workers (one male and one female) who conducted home visits to youth who had become disengaged in tribal health services, school, their community, and/or their families. After receiving the PAF grant, the program intensified its focus on EPY. Outreach staff were trained in the curricula *Motherhood is Sacred* and *Fatherhood is Sacred*, which are designed to reflect Native American beliefs and values. Staff were also trained in *Family Spirit*, a home visiting program designed for Native American families; the team was hoping to obtain funding to implement this program in the future. One staff member explained that *Family Spirit* was very expensive but there were few options like it that were both Native-based and evidence-based.

Improve coordination with an outside hospital

Before the start of the COVID-19 pandemic, staff were working with the local outside hospital to efficiently identify pregnant patients and develop a specific outreach plan for them. They hoped to eventually have a Memorandum of Understanding with the hospital to allow them to better communicate about pregnant patients. A longer-term goal was to create a more culturally responsive environment for Native patients at the hospital. The pandemic caused them to pause this work.

Improving MOMs Group Participation

The group included an incentive program through which participants could earn "baby bucks." Every few months, the group would host an event where participants could spend baby bucks on new items for the family or home such as diapers, wipes, laundry detergent, highchairs, and baby gates for safety. Participants earned baby bucks for engaging in self-care as well as baby care. For example, they could earn them for attending doctors' appointments, brushing their child's teeth, reading to their child, exercising, or practicing yoga or meditation. The incentives program brought increased attention to these healthy behaviors.

Form the Maternal and Child Health Committee

Under PAF, the project formed a MCHC to bring together different organizations serving EPY. The group included representatives from different tribal government departments such as higher education, TANF, WIC, the Early Learning Academy, the domestic violence shelter program, community health, health clinic, child welfare, and Child Strides (an outreach program for children under 5 years old with developmental disabilities). The purpose was to increase communication between these programs to create a more seamless experience for EPY, avoid duplicating efforts, and support one another's goals. The various organizations were working to determine how they could formalize information-sharing, given that many served the same participants. Staff noted that they would be more productive with additional funding to hire a dedicated person, even part-time, who could focus on improving coordination between the different programs and departments.

The group also raised specific issues affecting their community and discussed solutions, such as how to improve access to WIC and other resources, and how to provide more information about sexual health to youth. As one staff member described, with the MCHC in place they had a mechanism for these types of conversations to occur.

Prior to the start of the pandemic, the MCHC focused on multiple high-priority activities:

- How to best use the PAF funds to help their community
- Organizing car seat safety events for parents under age 24
- Quickly connecting pregnant youth at the clinic with two culturally tailored resource booklets on what to expect and the tribal and community resources available to them. The committee was about three-quarters of the way finished with the first booklet when the pandemic began.

Develop new media strategy

With NPAIHB, Tulalip Tribes also worked on a media strategy to address the lack of representation available in art and media for health promotion. Staff explained that it is very difficult to find pictures of any Native families. As an example, in the MOMs group, they planned to talk about the importance of keeping children hydrated during the summer months; but they were unable to find any appropriate images that represented their population. Other times they worked with what they had: *"We would look for, let's see what we can find for a breastfeeding picture, and it's just roughly a brown person, and (then) trying to make that brown person work for your flyer."*



Media images that are culturally relevant can help address stigma by showing young parents engaging in positive behaviors. Staff sought images that showed Native parents sharing their history with their children to send the message: "Look at you being a strong Native parent, and you're providing for these children and you're rocking it."

Tulalip Tribes staff worked with NPAIHB to identify new photographs that could also be used for websites, brochures, flyers, and newspapers. They hired a photographer and incentivized families to participate by offering them two 8x10 prints of their family photos plus a Walmart gift card. Staff were extremely pleased with the resulting images.

Changes Related to the COVID-19 Pandemic

Due to the COVID-19 pandemic which began to significantly impact the U.S. in March 2020, the Tulalip Tribes project experienced a sudden pause. Project staff explained that their team was on the verge of meeting multiple goals when the pandemic halted their efforts. Building relationships with entities such as health clinics, hospitals, and schools took a long time in their community, and staff were just beginning to see success in these areas.

Many Tulalip Tribes staff were furloughed and did not work for multiple months; thus, the MCHC suspended regular meetings. In addition, the staff person who typically facilitated the MOMs group was unable to work, so her supervisor temporarily led the program. It was difficult for the supervisor to reconnect with all the moms in the group and determine how to best contact each of them, when many did not have a relationship with her. The MOMs group met virtually for one hour, and a small group of 3-5 moms attended each session. During the meetings, the group would check in about their weeks, and sometimes they read a book together virtually for the children. Staff also sent members small gift packages, which included children's books. Discussing COVID-19 was a common topic at meetings; staff tried to get a sense of how the moms were doing regarding their needs for masks, cleaning supplies, food, and other resources. While they tried to do their best given the ever-changing circumstances, they acknowledged that connecting virtually was difficult and most of the members missed meeting in person.

Reflections from the Washington PAF Project

Be mindful of historical trauma

Staff explained that youth may not be willing to share due to historical trauma and trying to "break their silence is a big thing." For example, if a young parent is not seeking medical attention, one needs to consider the effects of historical trauma and possible feelings of distrust with healthcare professionals. Staff explained that when their participants are working with a non-Native person in a service position, they may feel, "They just don't get me," or "Why are they trying to teach me something they don't even know?" Sometimes youth do not vocalize these feelings and can withdraw. Staff may need to help youth break down these barriers and accept help from others. In some situations, staff may offer to accompany youth to their medical appointments to help advocate for them.

Having tribal members as program staff can help participants relate and develop trust

Staff explained that historically, non-Natives filled most social service positions. Tribal members are increasingly taking on roles in programs and departments such as WIC, TANF, and the health clinic. For Native American EPY, this can help reduce barriers to accessing these services, as it makes it easier for EPY to relate to and trust those who are serving them. For example, if being helped by a fellow mother who is also a tribal member, youth may think, "She's had children. She knows what it feels like not to be heard."

Culturally relevant services are essential

Staff emphasized the importance of culturally relevant resources and services whenever working with Native American EPY. Staff viewed cultural adaptations as a necessary component of their everyday work.

- Seek out parenting or home visiting curricula designed for Native communities, such as *Positive Indian Parenting* or *Family Spirit*.
- If the curriculum broadly addresses different cultural traditions in various regions of the country, bring in community members and elders to talk about cultural stories specific to local tribes.
- If non-Native staff lead programs, seek out a tribal member to co-teach culturally specific curricula.

It was also critical to provide food to participants, the cost of which is usually not covered by grants. The project offered coffee, snacks, or meals whenever possible and made a homecooked meal for every MOMs group meeting. "Food is our way of gifting, and it brings people together." On any reservation, sharing a meal is significant, and culturally, this is one commonality that various tribes share.

Engage youth with a warm hand off, consistency, and a safe place to express themselves

In the Tulalip community, staff explained that a "super slow, super warm hand off" works well when introducing youth to a new service or program. This means assuring youth that you personally know who runs the service or program, explaining what happens at the program, and offering to go with them the first time. "Just giving a card with the information isn't going to do it. They want to know who is involved in it first."

Consistency is also key to youth engagement. If youth know what to expect each week, this builds trust and a sense of safety and community. Prior to the pandemic, the program held the MOMs group at the same time, day, and location for ten years. When the pandemic forced a change in the leadership of the group and the format, attendance declined.

This type of work in Native American communities can take more time than one may expect

Time is required to build trust and establish consistency, especially if a program is new or attempting to expand. Staff explained that sometimes funding is only available for six to twelve months, and by the time a program or service is up and running, the funding period has ended. Since conducting this work in Native American communities is different than other communities, it may help to allocate funding for those involved in this work to plan, support, and coordinate activities with other tribes doing similar work.

Conclusion

The Washington PAF project served Native American EPY by partnering with a tribal advisory organization that then partnered with three tribes under the grant. The Tulalip Tribes accomplished a great deal in a short period of time, despite an unexpected pandemic. These accomplishments included the establishment of the MCHC, development of culturally relevant images for health information campaigns, and growing the MOMs group and behavioral health outreach program to increase focus on EPY.

The partnership with NPAIHB opened doors for WADOH and helped create trust for future collaboration between the WADOH and tribes. These relationships created a network on which to build. The grantee emphasized the importance of tribal partners taking the lead in this work and empowering them to make decisions at each step of the process.

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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. Note that due to COVID-19 restrictions, case studies could not include the originally planned site visits.

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