

NUTAQSIIVIK

Yupik for

A Place of Renewal

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Objectives

- Describe the origin and purpose of the Nutaqsiivik program
- Identify the goals and health initiatives of the Nutaqsiivik Program
- Describe strategies for high-risk clients that result in positive health outcomes



Anchorage Daily News

Thursday, December 2, 2004

ALASKA'S NEWSPAPER

www.adn.com

Alaska babies face high abuse rate

■ **SIX-YEAR STUDY:** Severe harm may be seriously underreported.

By **LISA DEMER**
Anchorage Daily News

Babies under age 1 are being physically abused in Alaska at alarmingly high rates, according to a study presented this week at the Alaska Health Summit.

Some suffered skull fractures or broken legs or arms, and 14 died from abuse during the study period of 1994 through 2000.

Researchers found 325 cases of documented physical abuse of infants during the seven years, or an average of 46 a year.

Researchers also discovered that a number of fractures were not labeled as stemming from abuse, even when the caregiver's story of the injury was implausible.

State health and child-protection officials conducted the study, published in the international journal *Child Abuse & Neglect* in January.

If the Division of Family and Youth Services substantiated physical abuse, or doc-

tors found intentional injury, or the baby's death was labeled a homicide, the case was included. Information came from a DFYS database, the Alaska Trauma Registry of cases requiring hospitalization, and various sources for infants who died, including medical and death records. DFYS has since become the Office of Children's Services.

There are few published studies of infant abuse, but those in Pennsylvania, Scotland and Colorado found much lower rates, said Brad Gessner, a pediatrician and epidemiologist with the state Division of Public Health

who was one of the lead researchers.

For instance, the Alaska study found that the rate of babies dying from intentional injuries here was double that in Colorado.

Researchers looked for characteristics of families in which babies are abused.

"The picture that emerges is that of an infant — often fragile or requiring additional care — born to parents without the skills and support systems necessary to protect their child from harm," the study said.

INJURIES

■ **CHART:** The study found that almost half of the 72 cases in which infants were hospitalized or killed were a result of battered child syndrome.

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See Back Page, **CHILD ABUSE**



Nutaqsiivik

Our history

- Infants living in U.S. more likely to die before first birthday than infants in 26 other industrialized nations.
- In 1993, Anchorage Native post-neonatal death rate 3X higher than national & other Alaskan infant population groups



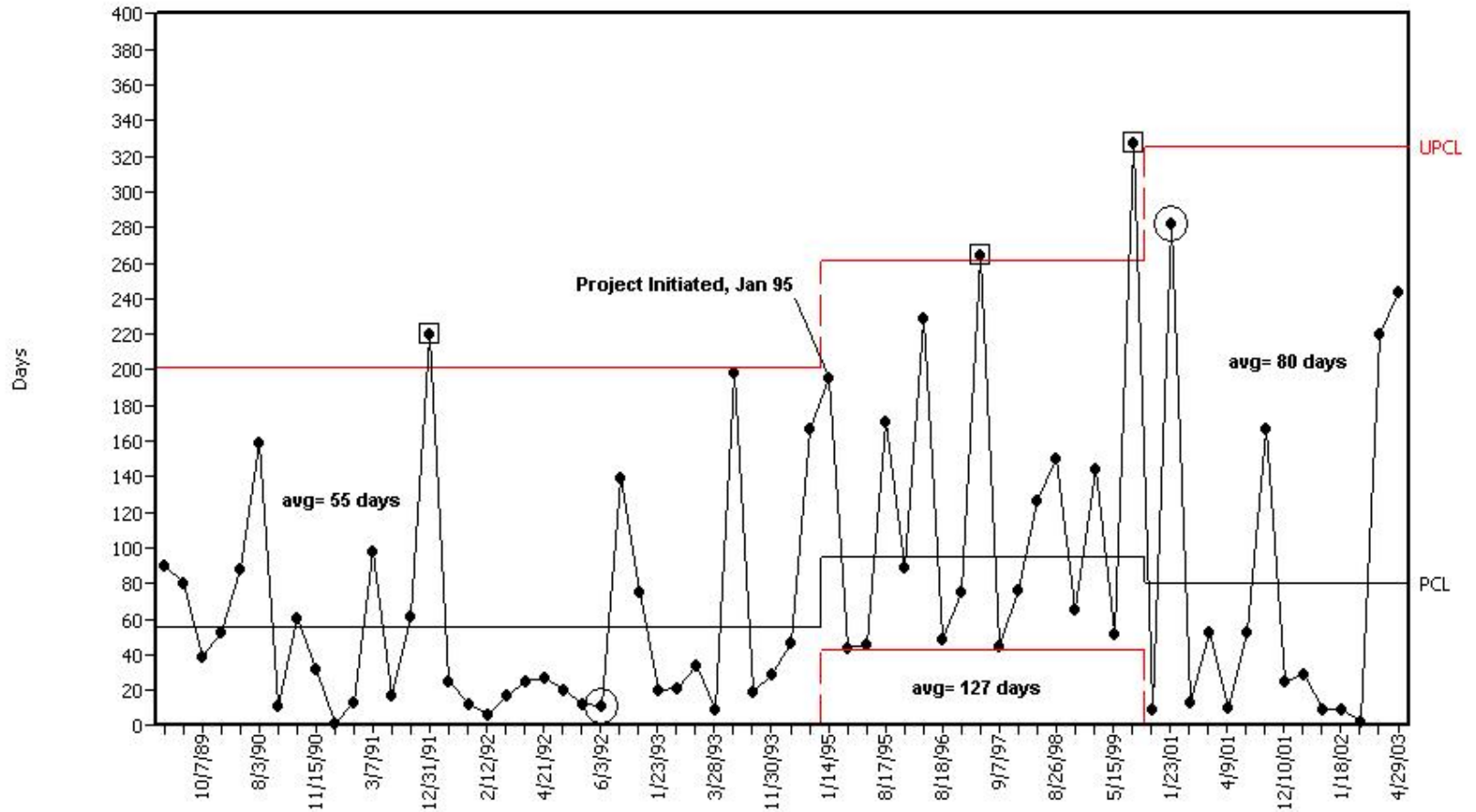
Researchers Learned :

- 1/3 of Anchorage Native perinatal women meet high social risk criteria (150-200/ yr)
- Priorities for high risk clients not the same
- Basic needs often unmet
- Child care & transportation lacking
- Parental learning disabilities
- Service delivery and communication not effective

Initial Results

- Overall aim is to decrease infant mortality
- Days between deaths run chart created
- Add deaths as information obtained & recalculate
- Preprogram average – 55 days
- Since home visiting – 114 days





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CHART1: X Chart: nutuq2 - DAYS BETWEEN

Our Goals

- To improve the post-neonatal infant mortality rate for Anchorage Native infants
- Anchorage Native child-bearing-age families will have access to the support and services they need to create safe home environments, strengthen their families, and move toward self-reliance



Goals

- To strengthen the continuum of care for Native childbearing families by providing a relationship based education and supportive home visiting program to assist families through pregnancy and preparation for parenthood.
- To assist Native families in maintaining healthy lifestyles through early intervention, education and support, further decreasing the risks and complications of pregnancy and early childhood.



Rachel's Story



The Nutaqsiivik Program then and now

- Home visitation program formed in 1994 to address post-neonatal infant mortality
- Certified Nurse Midwife, part time Public Health Nurse and part time administrative assistant
- Started with no new funding
- 1 Clinical coordinator
- 7 community health nurses
- 1 full time administrative assistant



Social Risk Criteria

- Homelessness
- Current or recent OCS involvement
- Positive urine drug screen for mother or infant
- Recent or current domestic violence
- Maternal substance abuse during pregnancy or at risk for relapse after pregnancy
- Current maternal psychiatric disorder or depression
- Lack of prenatal care or onset in 3rd trimester or inconsistent prenatal care
- FASD or otherwise cognitively impaired mother
- Age 16 or under
- History of SIDS/SUDS
- History of childhood sexual abuse
- Worrisome parenting behaviors observed

A case review conducted in a one year period identified:

- **18%** of the Nutaqsiivik mothers were FAS/FAE or otherwise cognitively impaired
- Mental health services were needed by **61%** (only **16%** receiving treatment)
- Substance treatment was needed by **33%** (only **10%** receiving treatment)
- **60%** reported a lack of safe childcare

Trends then and now

- 33% of the Anchorage Native perinatal clients meet criteria for high social risk (approximately **150-200** families per year)
- Now 46% meet the criteria
- Basic needs are often unmet (food, shelter, safety)
- The social isolation identified found to be striking
- Clients time orientation differed from the system that is trying to serve them

Current Services

- High social risk clients identified
- Referrals from wide variety of sources
- Home visitation begins after client accepts services, frequency based on family needs
- Continual medical & social service coordination
- Anticipatory guidance & safety assessment
- Lactation education and support
- Home-based birth control consultation and administration



- Transportation assistance to medical/social appointments
- Synagis administration in the home
- Immunizations in the home
- Intra and inter agency coordination of services and problem solving
- Support and advocacy
- Extensive case management for first year of life



Why Systems Fail the High Social Risk Client

- Inflexible entry points/intake opportunities create barriers
- Intake processes often miss the needs of cognitively impaired clients
- “Long” wait to enter treatment and delays in service delivery create situations where needs for shelter, food and safety may become higher priority
- Lack of transportation and child care is a recurring theme... Be aware of this

Strategies That Work For Us

- Seek to understand the client's point of view
- Let them tell their story
- Be an active listener
- Each client is unique and wants consideration of their unique needs
- Be tenacious in your commitment to being flexible



- Pregnancy prevention services must be easily accessible and on-going
- Establish a clear mechanism for the diagnosis of cognitively impaired mothers
- Be creative about outreach and home-based health services
- Find ways to remove barriers to substance and mental health treatment





In closing Creativity is the Key

- Meet clients “where they are at” (figuratively and literally!)
- Measure success as small changes in behaviors
- Advocate for clients with “systems” and don’t be afraid to ask agencies “why..?”
- Non-judgmental actions and attitudes earn client’s trust



THE BOTTOM LINE?

- “**Systems**” fail to serve the hard-to-reach client when they are at a “reachable moment” so we lose them...figure out when that moment is and be there with a service they can accept
- Nutaqsiivik clients receive services in **ALL** of our programs
- **BE CREATIVE AND WILLING TO CHANGE HOW YOU PROVIDE YOUR SERVICE...**



“Other” bottom line-paying for this program

- Large percentage of clients Medicaid eligible
- Many nursing activities meet EPSDT criteria
- Quarterly nurse time studies
- Agency committed to seeking funding
- Brings in almost \$1,000,000/year at present



- *“It must be borne in mind that the tragedy of life doesn’t lie in not reaching your goal. The tragedy lies in having no goal to reach. It isn’t calamity to die with dreams unfulfilled, but it is a calamity not to dream. It is not a disaster to be unable to capture your idea, but it is a disaster to have no idea to capture. It is not a disgrace not to reach the stars, but it is a disgrace to have no star to reach for. Not failure, but low aim is sin.”*

Benjamin Mays



