

Healthy Native Babies Project: Honoring the Past, Learning for the Future

A Collaboration Between the *Healthy Native Babies Project* Workgroup and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD)





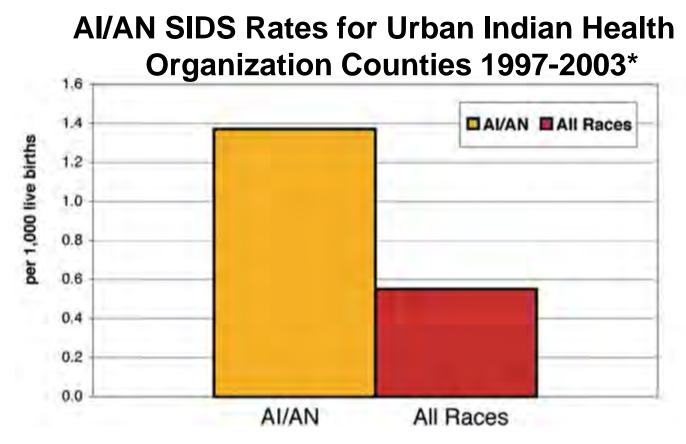
Marilyn Pierce-Bulger, FNP, CNM, MN



Incídence of SIDS

- SIDS is declining in the U.S., but disparities still exist among certain populations
- 2-4 times more likely to occur to American Indian/Alaska Native (Al/AN) babies
- SIDS is the leading single cause of postneonatal deaths for AI/ANs

Proportion of Infant Deaths Due to SIDS



*Data for counties with greater than 250,000 total population only. Source: National Center for Health Statistics, CDC; prepared by the Urban Indian Health Institute.

Healthy Native Babies Project

A History of this Project:

- Staff from the National Institutes of Health (NIH) met with AI/ANs and other federal partners starting in 2002
- They formed a workgroup to create an outreach initiative
- The effort focused on areas with highest SIDS rates: U.S. Northern Tier

Phase

- Communitybased participatory research
- Focus groups and Talking Circles with Al/AN parents



Focus Group Outcomes

- Tailor media and materials for regional setting
- Integrate stories into educational interventions
- Target relationships through educational interventions



Project Materials & Tools

- Healthy Native Babies Project Workbook Packet
 - Workbook with 5 content chapters and appendices
 - Toolkit Disk
 - Handouts
- Healthy Native Babies Project Facilitator's Packet
 - Resources Disk
 - Facilitator's Guides and Presentations
 - Activities
 - Tests and Evaluations
- National Brochure and Flyer

Project Materials & Tools

Train-the-Trainer Sessions

- 24 sessions held from 2006-2008
- Attendees included caregivers, health care providers, Tribal and federal staff
- Mini-Grant Implementation and Support
 - 36 Tribes and organizations received for custom education materials

Train-the-Trainer Sessions











Healthy Native Babies Project

Messaging Tailored to the Family & Community

- Risk reduction model used
- Triple Risk Theory- vulnerable infant, critical development period, outside stressors
- Individualize message to parent/family situation
- Discuss bed sharing in context of what we know increases risk
- Discuss things that decrease risk

Controllable Factors that Increase Rísk

- Maternal alcohol use during & after pregnancy
- **Tobacco use** during & after pregnancy
- Stomach sleeping
- Soft surfaces & loose, fluffy bedding
- Bed sharing (w/above risk factors), multiple people in the bed; non standard sleep surfaces (such as couch or chair)

Lowering the Risk

- Always back to sleep
- Firm sleep surface without soft objects, fluffy covers/crib bumpers
- Sleep area close to caregivers
- Pacifier use
- Light sleep clothing to avoid overheating

Lowering the Risk

- Avoid products that CLAIM to reduce the risk...none have been proven to do so
- Breast feeding
- Regular prenatal (and preconception) care

Public health nurse visits

Lessons Learned

- Training strategies need to be both didactic and interactive
- Understanding important racial values, beliefs and health-seeking behaviors is needed to target AI/AN audiences
- High prevalence of behaviors that pose risks demand rigorous study to determine the reasons behind the numbers, including qualitative evaluation of women's stories

Outreach to Native Communities

- Entire extended family and community need to be included
- Elders have a significant role and authority in Native families, and they influence infant care practices
- The community or Tribe is an important force and should be included in SIDS risk-reduction efforts
- Resources need to be colorful, culturally specific and use traditional languages

Summary

Healthy Native **Babies Project** uses a communitybased approach, blending values & beliefs and drawing on existing strengths and traditional practices





Resources: http://www.nichd.nih.gov/sids/ 1-800-505-CRIB (2742)

