

# American Indian Community Outreach Programs



## Spotlight on Children's Hospitals and Clinics of Minnesota, Minneapolis Location

The RCDV:CPC hopes that other communities creating holistic, strength-based interventions in their communities will share their work with us. The intervention described in this Technical Assistance Brief is focused on one particular community, but the principles highlighted may prove beneficial for working with other communities that have had reason to mistrust the system. While the intervention is not targeted solely at victims of intimate partner violence, those who suffer with mental health and/or substance abuse problems, those struggling for good outcomes with the foster care system, or other traumas, we know that they are among those being supported and we wish them healing and safety.

In 2014, Children's Hospitals and Clinics of Minnesota took a bold step to address health equity in the local community. Leadership reviewed a research report and spoke with healthcare providers to determine which community was experiencing the greatest disparities within the system. The overwhelming response came back that the American Indian community suffered more disparities and struggled more with systemic trust than any other group.

This finding is alarming in light of evidence that the American Indian and Alaska Native (AI/AN) community has disproportionately high rates of both intimate partner violence and involvement with the child welfare system.<sup>1</sup> Thirty-nine percent of American Indian and Alaska Native women will be subjected to violence by an intimate partner in their lifetimes, compared to 29 percent of African American women, 27 percent of White women, 21 percent of Hispanic women, and 10 percent of Asian women.<sup>2</sup> While a hospital could be a place of safety and

healing for at risk individuals and families, Native community members did not feel comfortable accessing hospital services and often withheld critical information from hospital staff and providers. Many individuals expressed to researchers that they were judged unjustly and believed some hospital staff wanted to destroy their families and steal their babies. This negative perception of the hospital reduced the hospital's ability to serve not only high risk patients but all patients from that community effectively.

Hospital leadership realized it needed help to build trust. With the guidance of community leadership, the hospital hired an American Indian Community Liaison. This liaison has since created two innovative programs:

The First Gift – Following a cultural tradition common in the tribal communities in Minnesota, community members make infant moccasins and give them as a gift to Native babies in the NICU and Special Care Nursery. The gift is intended to provide a cultural connection for the baby and to provide comfort for the family during a stressful and difficult time.

American Indian Volunteer Cohort – American Indian community members go to the hospital and hold babies. These volunteers are required to go through standard hospital volunteer background checks. They generally volunteer once a week for a 3 hour shift. Most of their time is spent holding sick babies, but they are available to hold any Native babies in need of additional love and connections. The program focuses on the wellness of the baby and also on providing compassionate care for the mother. These baby holders believe that it is as vital to show love to the mother as it is to the baby when striving to create a healing environment.<sup>3</sup>

<sup>1</sup>Futures Without Violence, *The Facts on Violence Against American Indian/Alaska Native Women* <https://www.futureswithoutviolence.org/userfiles/file/Violence%20Against%20AI%20AN%20Women%20Fact%20Sheet.pdf>

<sup>2</sup>Centers for Disease Control and Prevention. (February 8, 2008). Adverse health conditions and health risk behaviors associated with intimate partner violence — United States, 2005. *Morbidity and Mortality Weekly Report (MMWR)* 57(05): 113-11

<sup>3</sup>For a more complete description of the programs, see Pam Louwagie, *At Children's, American Indian Babies Get Gift of Moccasins*, STAR TRIBUNE, Apr. 9, 2016, 11:45 pm, available at <http://www.startribune.com/at-children-s-american-indian-babies-get-gift-of-moccasins/375147561/>

## Community Impact

These programs are still too new to have measurable results, but the feedback from the community has been quite positive. Many people are asking about the programs and are excited that the hospital has chosen to invest in their community. Others have expressed their pride in their cultures and are grateful that community healing traditions are being acknowledged and respected in the hospital setting. While some community members remain skeptical that actual systems change will occur, they are at least hopeful because the hospital has taken meaningful steps.

## Lessons Learned

Disparities must be addressed in more ways than direct services. Sometimes disparities have to be looked at in a holistic, non-linear way. Giving gifts and holding babies may not seem to be a direct solution to the co-occurrence of intimate partner violence, substance use/abuse, and over-representation of native children in foster care, but they are positively addressing some barriers to native women's help-seeking and healing.

- Systems must be willing to acknowledge the need to change, and be willing to pull back layers and welcome new ideas and programs.
- For change to be effective, the institution must demonstrate a commitment to try new approaches. The liaison is not paid from a grant, but from hard dollars, showing that the hospital takes this position as seriously as any other. This act alone has helped dispel skepticism about the hospital's intentions.
- Mothers with addictions, or who are in violent relationships, often judge themselves harshly. By showing compassion and love to a mother without judgment, her baby is also being helped, and ultimately both of them are being assisted to heal.

- Every community has something valuable to offer. Instead of focusing only on the negatives, find the positives and highlight them when working on relationship building and trust.
- Relationships cannot be built and trust cannot be forged without a genuine commitment to creating spaces without expectations of receiving something in return. No family that receives moccasins or whose baby is held is surveyed or asked probing questions. They are given these gifts and services with no strings.
- Take care of the volunteers. They need to practice good self-care so they don't take on the sadness associated with many of the situations they see.
- Find ways to address not just community skepticism, but employee skepticism. Change is difficult not just for community members with trust issues, but also for employees, and may even cause insecurity and fear. Be prepared to deal honestly and openly with their concerns.

## Practice Tips

- Be an open book when working with individuals. They won't trust you if they question your intentions.
- Remember that the families are stressed and may respond to offers of help with impatience, curiosity, or reluctance. Be patient, warm, and understanding.
- Be patient with staff, particularly nurses. They are nurturers too but may not fully understand how your program adds value.
- Be cautious of the questions you ask the family. Some topics are too sensitive and could cause a traumatic reaction.
- A warm smile goes a long way.
- Remind volunteers that they are making a difference just by showing up.



## ABOUT THE RESOURCE CENTER

© 2016 Resource Center on Domestic Violence: Child Protection and Custody, a project of the National Council of Juvenile and Family Court Judges.

The National Council of Juvenile and Family Court Judges houses The National Resource Center on Domestic Violence: Child Protection and Custody. The Resource Center is devoted to helping domestic violence survivors and professionals such as judges, attorneys, social workers, and domestic violence advocates who work with survivors in the child protection and custody systems. In addition to providing training and technical assistance, the Resource Center also conducts research and evaluation projects focused on the intersection of domestic violence and child protection or child custody. Contact us by telephone at (800) 527-3223 or by email at [fvdinfo@ncjfcj.org](mailto:fvdinfo@ncjfcj.org).