
INTER-TRIBAL COUNCIL OF MICHIGAN, INC.



Project Title:	Improving Access to and Coordination of Healthy Start Services to Safeguard the Health and Well-Being of Michigan's Native Families
Award Amount:	\$277,381
Type of Grant:	Social and Economic Development Strategies
Project Period:	Sept. 2009 – Sept. 2010
Grantee Type:	Native Nonprofit

PROJECT SNAPSHOT

- 3 jobs created
- 1 Native American consultant hired
- 15 elders involved
- 25 youth involved
- 16 individuals trained
- 80 partnerships formed

BACKGROUND

Infant mortality rates are two to three times higher in Native American populations than in white populations in the U.S., even when controlling for income and education level. The reasons for this disparity are complex; however, lack of access to systems of care for pregnant and parenting Native American women and families is commonly regarded as a driving factor. Like their counterparts elsewhere, many women and families in Michigan's Maaajtaag Mnobmaadzid communities lack access to prenatal and postnatal care that is affordable, available, and culturally appropriate.

The Inter-Tribal Council of Michigan, Inc. (ITCM) is a consortium of Michigan's federally recognized Native American tribes. The agency's mission is to act as a forum for member tribes; to advocate for member tribes in the development of programs and policies that improve the economy, education, and quality of life for Michigan's Native Americans; and to assist in the development of tribal regulations, ordinances, and policies applicable to health and human services.

PURPOSE AND OBJECTIVES

The purpose of this project was twofold: to improve the health of Native American infants and young mothers in the Keweenaw Bay, Lac View Desert, Little Traverse Bay, and Saginaw Chippewa tribes (four of the eight Maaajtaag Mnobmaadzid communities), and to increase program evaluation capacity among the tribes and their Healthy Start staff. The first project objective was for program staff to increase Native American families' access to and coordination of

perinatal health services provided by the U.S. Maternal and Child Health Bureau's Healthy Start program. In order to achieve this goal, project staff hired a team of four Community Health Representatives (CHRs) to provide additional support to Healthy Start nurses, ensure that comprehensive follow-up services were available to families after childbirth, and facilitate reception of immunizations and well-baby exams on the recommended schedule. CHRs from all eight Maajtaag Mnobmaadzid communities completed trainings administered by the Indian Health Service (IHS) to promote cultural competency and enhance their skills and knowledge base. Additionally, CHRs and nurses conducted community outreach activities to increase awareness and utilization of Healthy Start services.

The second project objective was for the ITCM to increase organizational capacity to evaluate the Healthy Start CHR service delivery model. To achieve this objective, the Michigan Public Health Institute (MPHI) provided training and technical assistance to project staff from all ITCM Healthy Start programs in program evaluation methodologies, data collection tools, standardized interviewing, data analysis, and database development and management. Pre- and post-tests demonstrated a marked improvement in staff members' knowledge of these evaluation concepts.

The final objective was for ITCM to begin conducting a process evaluation as well as an outcome evaluation of the Healthy Start service delivery model in the native context. Project staff members conducted both evaluations in a timely manner. The process evaluation documented and analyzed the early development and actual implementation of the program, assessing the extent to which services were provided as planned. The outcome evaluation determined how effective the program was in achieving its stated goals in increasing

Healthy Start enrollment, lowering the infant mortality rate, and improving perinatal health in these communities. Project staff conducted the outcome evaluation of Healthy Start in these communities by compiling and reviewing existing program data of 1,403 Healthy Start participants since 2001. Project researchers worked with the State of Michigan Vital Records Office in comparing program data to state birth/death records and in examining participant and comparison groups regarding key risk factors, use of maternity services, and birth-related outcomes.

OUTCOMES AND COMMUNITY IMPACT

By the end of the project year, ITCM staff was successful in achieving a 10 percent increase in Healthy Start enrollment figures among the four tribes that were served. CHRs completed IHS trainings, provided outreach services, and supported Healthy Start nurses in the provision of care. This resulted in an increase in the number of families receiving perinatal health services, improved timeliness of infant follow-up assessments at pre-determined intervals, and a greater proportion of children receiving immunizations and well-baby exams.

ITCM staff increased their capacity to evaluate the Healthy Start service delivery model, as evidenced by their successful completion of process and outcome evaluations. Although the sample size was small, the outcome evaluation suggests that the Healthy Start program had a significant positive impact on perinatal health in the Maajtaag Mnobmaadzid communities: among the group receiving services, the infant mortality rate was 7 per 100,000, compared to 12 per 100,000 in the comparison group.