

# LEECH LAKE BAND OF OJIBWE HEALTH DIVISION – NURSING DEPARTMENT – FAMILY SPIRIT PROGRAM



## APPROACH



Delivering individual and group programming to promote prenatal, well-visit, and family care among pregnant and new moms. The Tribal Chairman welcomes all babies and thanks moms during first annual ceremony.

Addressing barriers such as transportation to ensure clinic visits.

## Family Spirit Home-Visiting Program

### CONTEXT

**Goal:** The Leech Lake Band of Ojibwe Family Spirit Home-Visiting Program contributes to closing the gap in infant mortality rates for American Indian women and infants within the Leech Lake Reservation Service Area in northern Minnesota.

**Causes:** Racism and discrimination have caused long-standing disparities in education, employment, income/wealth, housing, neighborhood conditions, access to health care, transportation, and social connections and support that directly affect health.

**Population:** Approximately 10,000 American Indians live in the Northland region of Minnesota.

**Issue:** Infants born to American Indian mothers die at twice the rate of infants born to white mothers. American Indians' post-neonatal (between 28 days and 1 year) infant mortality rate is higher than that of any other group and is more than four times the rate for whites. Sudden unexpected infant death (SUID) – which includes sudden infant deaths (SIDS) and sleep-related deaths – is the leading cause of post-neonatal deaths in this population.

### ROOT CAUSES/ CONDITIONS FOR HEALTH

Addresses the social and economic conditions for health (also known as the social determinants of health). This often happens by changing local, regional or state policy, changing the way systems work or changing the environment.

### ORGANIZATIONAL/ INSTITUTIONAL CHANGE

Addresses a health area by changing policies or systems in a school, clinic, hospital, etc. to support healthy behaviors and individual risk/protective factors.

### HEALTH PROMOTION/ DIRECT SERVICE

Addresses individual or family-level risk/protective factors through health education, programming, case management, etc.

### IMPACT

- 381 home visits with 34 moms and their infants
- 100% of participants completed most recent well-baby check
- 80 families participated in “Welcome Baby – Thank Moms Ceremony” and 17 moms signed up for program participation

**100% OF PARTICIPANTS reported baby always slept on their own firm surface, including the Ojibwe baby hammock**



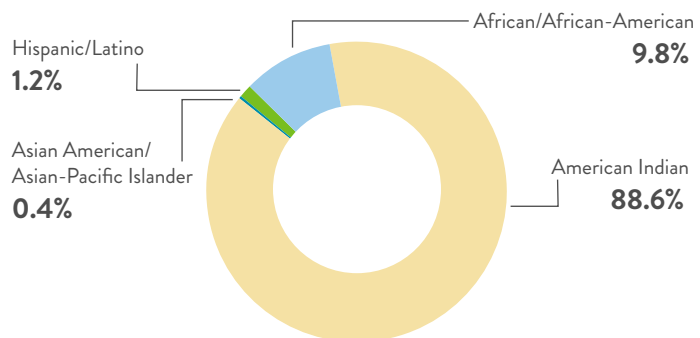
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## PRIORITY HEALTH AREA SPOTLIGHT

Data from 2009-2013 shows that Minnesota had an infant mortality rate of 4.8 infant deaths per 1,000 live births. Infants born to Black/African American and American Indian mothers die at twice the rate of infants born to white mothers. Poverty, poor housing, less education and little or no prenatal health care, in addition to racism, chronic race-related stress, and absence of social support networks are all associated with increased infant mortality rates.

**Collective Impact:** 5,850 individuals were reached through the work of three grantees addressing this priority health area in 2017-18. The proportions of individuals reached by race/ethnicity are shown in the figure below.



EHDI grantees addressing infant mortality identified common measures to track and report. Collective results include:

- ★ 87% of mothers reported infant safe sleep practices
- ★ 62% of mothers initiated prenatal care in the first trimester
- ★ 58% of infants completed their most recent well-child visits

## MDH ELIMINATING HEALTH DISPARITIES INITIATIVE

The Eliminating Health Disparities Initiative (EHDI) grant program was created to address health inequities for populations of color and American Indians across eight different priority health areas. Since 2001, the EHDI approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. Every few years, the program reallocates the competitive grants to organizations and tribes across the state of Minnesota. The current grant cycle is from 2016-2019.