

Improving women's health before, during, and after pregnancy

Helping families care for their infants through their first 2 years so they are healthy
and ready to learn.



**Northern Plains
Healthy Start**

Because Every Child Deserves a Healthy Start





Who We Are

- Northern Plains Healthy Start
- Funded by Health Resources and Services Administration (HRSA) HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable
- 1 of the original (15) Healthy Start Programs
- (1) of just (2) Healthy Start Programs in the nation exclusively serving American Indian communities
- Third decade of service



Who We Serve

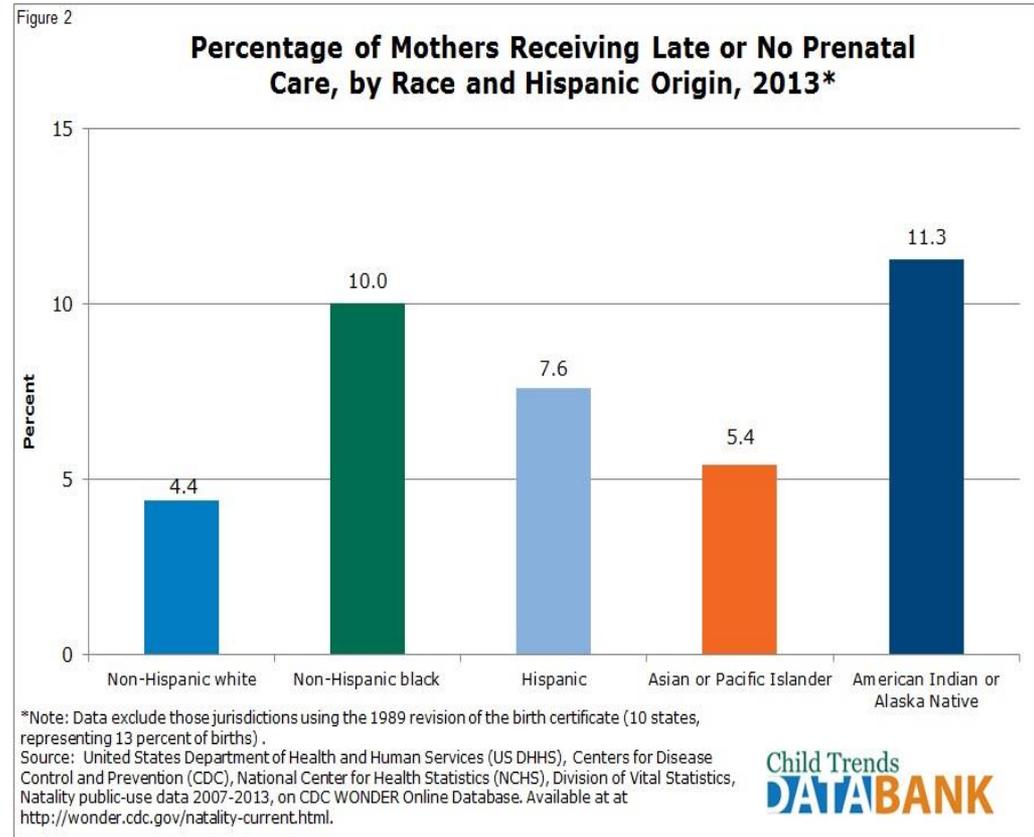
- Women of childbearing age (typically 14- 44)
- Children (0- 24 months)
- (7) reservation communities in South and North Dakota
- All are rural
- All are designated Healthcare Professional Shortage Areas (HPSA)
- All have Infant Mortality Rates that are more than 2x the national IMR of 5.96 per 1000 live births





Why We Serve

- American Indians accounted for 18% of all births but 32% of all infant deaths.
- Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die.





What We Do

- Case Management (mitigate barriers, advocacy, reduce disparity, link to resources)
- Risk screening and referral (depression, tobacco and substance use, domestic violence)
- Reproductive life planning
- Home visiting (Evidence based intervention, nurse partnerships, alternatives to care)
- Health education (Safe Sleep, breastfeeding, immunizations)
- Enabling services (transportation, accompaniment)



How We Do It

- Community Health Worker Model
- Paraprofessional¹ – preferred
- Community members
- Ability to form therapeutic relationships
- Provide one-on-one services



• ¹ Barlow A, Mullany B, et al. Am J Psychiatry 170:1, January 2013



Tools We Use

- Evidence based
- Culturally appropriate
- Holistic approach
- Structured 1 hour visits
- 63 units -





Program Aims

1. Increase parenting knowledge and skills;
2. Address maternal psychosocial risks that could interfere with positive child-rearing (drug and alcohol use; depression; low education and employment; domestic violence problems);
3. Promote optimal physical, cognitive, social/emotional development for children from ages 0 to 3;
4. Prepare children for early school success;
5. Ensure children get recommended well-child visits and health care;
6. Link families to community services to address specific needs; and
7. Promote parents' and children's life skills and behavioral outcomes across the life span.



The Difference It Makes

PARENTING

- Increased maternal knowledge^{1,2,3,4}
- Increased parent self-efficacy^{3,4}
- Reduced parent stress^{2,4}

Improved home safety attitudes³

MATERNAL OUTCOMES

- Decreased maternal depression.^{1,2,4}
- Decreased substance use⁴
- Fewer behavior problems in mothers.^{3,4}

CHILD OUTCOMES

- Fewer behavior problems in children through age 3.^{2,3,4}
(Externalizing, Internalizing and Dysregulation)
 - ✓ Predicts lower risk of substance use and behavior health problems over life course

1 Barlow A, Varipatis-Baker E, Speakman K, et al *Arch Pediatr Adolesc Med.* 2006;160:1101-1107

2 Walkup J, Barlow A, Mullany B, et al. *Journal of the American Academy of Child and Adolescent Psychiatry.* June 2009.

3 Barlow A, Mullany B, Neault N, et al. *American Journal of Psychiatry.* January 2013.

4 Barlow A., Mullany B., Neault N, et al – *American Journal of Psychiatry,* February 2015.



Thank you

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