Linking Infants and Families to Supports (LIFTS) in Indian Country

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Mission
Healthy Mothers, Healthy Babies endeavors to improve the health, safety, and well-being of Montana families by supporting mothers and babies, age zero to three.

Vision
There will be a safe and healthy beginning for all babies in Montana.
Link into all that Montana has to offer for growing families.

hmhb-lifts.org
The Problems

- Parents & caregivers struggling to find resources
- Family support providers spending time seeking referral sources
- New parents & caregivers feel isolated and need social interactions.
- Seeking help is not a normalized behavior.
The Idea

**DEVELOP** a statewide online resource guide for expecting and parenting families in MT

**HELP** family support providers refer to other agencies & communities

**EMPOWER** families with information when they need it

**PARTNER** with local community coalitions & organizations

**CREATE** something beautiful, accessible & easy to use
LIFTS, Built to Assist

- Improves awareness and access
- Lists 3,000+ resources
- Tool to make referrals
- User friendly
- Lists community events where families can connect
Focuses on prenatal to age three

Searchable by:
- 56 counties
- 7 Reservations
- User location (City, County, Reservation, Zip Code)

31 service types
- Plain language, some overlapping
LIFTS, Built to Assist

EVENTS

- Family friendly
- Substance free (or limited)
- Free / Low cost
- Social support and community connection
- Added by community organizations
LIFTS Service Types

- Attachment and Bonding
- Birthing and Parenting Classes
- Car Seat Installers
- Certified Nurse Midwives
- Child Care Supports
- Child Development Information and Support
- Dental Services (accepting Medicaid)
- Domestic and Interpersonal Violence Resources
- Doulas and Other Birth Professionals
- Family Planning
- Family Practice
- Family Support and Education
- Food and Nutrition Supports
- Housing
- Lactation Support
- Medicaid Enrollment Assistance
- Medication Assistance for Substance Use Disorders
- Mental Health Professionals
- Native Cultural Connections
- Obstetricians and Gynecologists
- Other, Legal and Social Services
- Pediatricians
- Peer Support Specialists
- Play Spaces
- Psychiatric Services
- Public Benefits Enrollment
- Public Libraries
- School Based Health Centers
- Substance Use Disorder Treatment Providers
- Supplies for Pregnancy, Breastfeeding and Baby Care
- Support Groups
Prior to beginning the LIFTS in Indian Country project, HMHB had established contacts with two of the seven reservations.

HMHB develops and implements programs focused on perinatal mental health and wanted to work with tribes in Montana to address racial health disparities.

However, HMHB wanted to approach engaging with tribal communities in Montana carefully and respectfully.
Why?

- Mental health conditions are the leading causes of maternal death among AIAN women and birthing people with 64% of these deaths occurring one week to one year postpartum.
- There is limited data regarding PDD for AI women and birthing people however, estimated prevalence ranges from between 14% to 29.7% vs. 12.5% for general US populations.
- Additionally, Indigenous women and birthing people in Montana must travel 24.2 miles farther for perinatal health care than white counterparts.
How?

• 2021- Conducted asset mapping for each of the seven reservations in Montana
• 2022- Hosted virtual follow-up meetings for each reservation community
  1. Share information about HMHB and the programs the organization offers to the community.
  2. Verify and improve the results of the asset-mapping work by the community.
  3. Improve the accuracy of the service categories.
  4. Introduce the MOMS Maternal and Child Health Needs Assessment and ask programmatic questions.
Community Based Participatory Approach

- CBPA is needed to address on the social determinants of health (SDoH)
- CBPA builds on strengths and resources within the community
- Organizations must be willing to share their power and privilege with the community
Indigenous Strengths

Looking Beyond Problems

• For Indigenous communities, culture has proven to protect people from experiencing mental health issues (Morris et al., 2021).
• Recognizing strengths within Indigenous communities is essential to identifying solutions and interventions.
• What other strengths and resources do Indigenous communities have to offer the field of perinatal mental health?

(SAHMSA) lists the following ten strengths of AI/AN communities (SAHMSA, n.d.):

1. Extended family and kinship ties;
2. Long-term natural support systems;
3. Shared sense of collective community responsibility;
4. Physical resources (e.g., food, plants, animals, water, land);
5. Indigenous generational knowledge/wisdom;
6. Historical perspective and strong connection to the past;
7. Survival skills and resiliency in the face of multiple challenges;
8. Retention and reclamation of traditional language and cultural practices;
9. Ability to “walk in two worlds” (mainstream culture and the AI/AN cultures); and
10. Community pride.
“There’s nothing wrong with Native Women. We are perfect the way we are and like all mothers, we want the best for our babies. It’s the system that is failing US.”

Camie Goldhammer
(Sisseton-Wahpeton Oyate)
Two-Eyed Seeing

Outcomes
Well-rounded list of resources to support prevention and healing of perinatal mental health issues for Indigenous women and birthing people that live in or near reservation communities in MT.
Two-Eyed Seeing

• Applying a two-eyed seeing approach created space for Indigenous cultural strengths such as language programs, by creating the additional category called “Native Cultural Connections”.

• This way, native culture would be available as a protective factor, mitigating effects of perinatal mental health issues (Morris et al., 2021).

• For a two-eyed seeing approach to be employed effectively, organizations must ensure that they are including Indigenous communities in the processes.
Results

• Created “Native Cultural Connections” service category
• Need/desire for facilitated communication and collaboration was expressed among communities
• Made LIFTS searchable by Reservation, not just county or town
• Some locations in the guide give descriptive locations instead of physical addresses
• Led to creation of the HMHB Native American Initiatives Program
Lessons Learned

**Communication**
Flexibility in planned approaches was crucial for inviting people to attend the follow-up meetings.

**Timing**
The project team took community social and ceremonial events into consideration.

**Recognition of Tribes as Distinct**
Reservations are unique communities with unique resources and therefore require unique accommodations.

**Reciprocity**
The exchange of knowledge aligns well with a common Indigenous cultural value of reciprocity, the process of exchanging things, such as gifts.
https://hmhb-lifts.org/
Continually Updating and Improving through:

- State level outreach to collect data from partners to update and expand information
- Collaboration with early childhood coalitions and other organizations
- Updated FAQs
- Welcoming user feedback
- Online Forms to Submit a Services or Events
LIFTS Magazine

- Sharing stories about “when help helps” from Montana caregivers
- Normalize accessing supports
- Raise awareness of helpful resources
- Drive readers to LIFTS Online Resource Guide
- Easy to use online version, with magazine feel; ADA accessible versions as well

https://hmhb-mt.org/magazine/
Conclusions

• In 2022, the ACIMM issued a report with recommendations to prioritize the health of Indigenous mothers and infants by “engaging and centering AIAN communities as active, empowered leaders and decision makers…”

• The LIFTS in Indian Country project highlights how HMHB consciously began building relationships with the reservation communities in Montana.

• “Two-Eyed Seeing” and CBPA were crucial to ensuring that the LIFTS Online Resource Guide would be useful.

• Can be used by other organizations to learn how to collaborate with Indigenous communities in a respectful, power-sharing way.
A special Thank you! to our partners!
Thank you for all the good work you do for mental health in Montana.

For questions, please contact us

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www hmhb lifts org
Contact

We'd Love to Hear from You!

Do you need help finding a particular service? Our anonymous warline is designed to help parents with the searching. We'll be answering calls between 9 am to 5 pm, Monday to Friday. If you call after hours, leave a message and we'll return your call within 1 - 2 business days.

Warmline

The LIFTS Warmlne does not offer crisis services. If you need immediate assistance, please call 911. You can also call the Montana Suicide Prevention Lifeline at 1-877-273-8255 or reach the Montana Crisis Text Line by texting "MT" to 741-741.

Contact Information

Phone (Warmline)
406-430-9100

Email
hmhb@hmhb-mt.org

Website
https://hmhb-mt.org

Address
318-320 N Last Chance Gulch #2C
Helena, MT 59601
Why a warmline?

• Not finding what you need on LIFTS

• Internet connectivity issues

• Sometimes you know what your problem is, but you may not know what you need to address it or maybe what it is called.

• The best solution is often a person. Connecting people to people where they live.
Our anonymous warmline is designed to help parents, caregivers, and professionals find the resources they need.

This is not a crisis line.

HMHB answers calls between 9 am and 5 pm, Monday - Friday. If you call after hours, leave a message and we'll return your call within 1-2 business days.
The LIFTS Family of Supports

The LIFTS Warmline

Call Us (406) 430-9100

LIFTS Online Resource Guide

LIFTS Magazine
Primary distribution is through birthing hospitals
- 2021 was 16,000 copies
- 2022 was 17,000 copies

Currently producing LIFTS 2023!

https://hmhb-mt.org/magazine/