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The Coming of the Blessing

A Successful Cross-Cultural Collaborative Effort for American Indian/Alaska Native Families

**Carol M. Arnold, PhD, RN; Denise Aragon, AD;
 Janet Shephard, MSW;
 Sharon L. Van Sell, EdD, RN, PAHM**

This case study describes how the desire of an American Indian community in Wyoming grew into an American Indian/Alaska Native women's advisory committee, a culturally appropriate prenatal education booklet, and a national initiative for a nonprofit organization. The work began by bringing together women from 13 different nations and tribes, gaining the trust of the American Indian/Alaska Native women and working together to create an award winning booklet and a national initiative to support culturally appropriate prenatal education to every young American Indian/Alaska Native woman across this nation. Reservations from Wisconsin to Alaska have received this program for their young women. **Key words:** *American Indian/Alaska Native, culturally appropriate prenatal education, lay health advisors*

THIS IS THE STORY of how the desire of a community to teach culturally appropriate prenatal education grew into a national initiative and an award winning prenatal education booklet for American Indian/Alaska Native women. In 1998, the women of Wind River Indian Reservation working with Early Head Start were concerned about the prenatal health care disparities that they witnessed and wanted to support their young pregnant women in a more traditional manner. The women wanted to pass on the knowledge of women as it has always been done in their culture from grandmother to mother, mother

to daughter, and from aunties to niece in the time-honored way of women.^{1,2} The women wanted to teach appropriate prenatal information that was "correct" but in their own traditional way that would value their culture. A March of Dimes volunteer faculty, Dr Carol Arnold, worked with the women of the community and together they created a prenatal education program to be taught, not by health care providers but by women of the community. Lay health advisors or natural helpers have long been instrumental in providing health-related information and emotional support to people in their communities who they interact with in their day-to-day lives.³ These members of the community build on common strengths and create behavior and social change through their natural social ties.^{4,5}

The Wind River Indian Reservation prenatal education program is a success having served more than 400 young women and today has a waiting list for young women to enter the program. The anecdotal feedback from program participants in the 2006 evaluation revealed a critical need for culturally appropriate

Author Affiliation: *T. Boone Pickens Institute of Health Sciences—Dallas Center, The Houston J. and Florence A. Doswell College of Nursing, Texas Woman's University, Dallas (Dr Arnold and Ms Van Sell); Shoshone and Arapahoe Early Head Start 0-5, Ft Washakie, Wyoming (Ms Aragon); and March of Dimes, Dallas, Texas (Ms Shephard).*

Correspondence: *Carol M. Arnold, PhD, RN, Texas Woman's University, T. Boone Pickens Institute of Health Sciences—Dallas Center, The Houston J. and Florence A. Doswell College of Nursing, Dallas, TX (carnold@twu.edu).*

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prenatal literature. One statement by a young American Indian (AI) woman on the reservation summed up the need: When given a prenatal education pamphlet on preterm labor she was later asked if she had read the pamphlet and the young woman replied, "No, there's a picture of a white woman on the cover, I thought it was just a white woman's problem."

During the same 2006 time period, the director of Health Research for the Cherokee Nation in Oklahoma was conducting a survey for the March of Dimes about culturally appropriate prenatal educational literature currently available and provided to American Indian/Alaska Native (AI/AN) women in the United States. The unpublished survey for the March of Dimes revealed that only 49 pamphlets or 9% of more than 500 prenatal education materials were culturally appropriate to AI/AN women and families.

The AI/AN, a culturally diverse community of more than 4 million people, have well-documented protective factors such as strong family networks and cultural practices that reinforce the value of family-centered healing and prevention, they also have some of the most concerning health care needs in the United States today.^{5,6} For AI/AN women, there exist major prenatal health care disparities in care access, utilization, and outcomes.⁷⁻⁹ A number of health problems are disproportionate in AI/AN women, including diabetes, smoking, overweight, and obesity, all of which can have a major impact on pregnancy outcomes.¹⁰ In 2002, AI/AN women had the highest rate of late or no prenatal care (8.2%) as compared with other maternal race and ethnicities.^{5,6,11} In the 2004 to 2006 time period, AI/AN women had the lowest access to early prenatal care (69.4%) as compared with whites (88.6%), Asian (84.4%), Hispanics (75.7%), and blacks (74.6%).¹¹ In the same 2004 to 2006 time period, AI/AN infant mortality was the second highest in this country at 8.5 infant deaths per 1000 live births.¹² The preterm birth rate for AI/AN infants is 14.1 the second highest after black Americans.¹¹ Barlow et al⁵ noted that among young women

living on reservations who do receive prenatal care, many do not seek prenatal care until late in their pregnancy and sometimes not until the third trimester. Barriers to health care and prenatal care have been identified in 3 main categories including communication (including culturally appropriate health education), institutional policies/programs, and sociodemographic concerns.¹³

The feedback from the Wind River program participants, results from the evaluation of the project combined with the findings from the Oklahoma survey, and the national statistics on prenatal health for AI/AN women convinced the March of Dimes of the need to develop a culturally appropriate prenatal education resource for AI/AN women. In 2006, Janet Shephard, a March of Dimes staff member, and Dr Arnold, a volunteer faculty for the March of Dimes, worked together to convene an AI/AN Women's Committee to review and address the concerns.

Dr Arnold had been working on developing trust relationships with AI/AN women from the Wind River Indian Reservation as well as AI/AN women from AI/AN health conferences. These women, who already had an interest in maternal and child health for AI/AN families, were approached and invited to join a volunteer committee to help address the need for culturally appropriate prenatal education. In the end, a volunteer committee was composed of 13 AI/AN women representing the Shoshone, Cherokee, Nez Perce, Choctaw, Mayan, Navajo, Dakota, Chickasaw, Blackfeet, and Athabascan Nations; the March of Dimes staff member, and the volunteer faculty member. The AI/AN women on the committee represented both lay and professional health care providers. The belief systems represented on the committee ranged from the very traditional to modern. A trust relationship between all members was paramount to a successful outcome and that began by listening to what the committee (of women) thought were the greatest needs among the young AI/AN pregnant women. The dynamic changed so that the women of the committee were the experts and the staff

and volunteer were the facilitators. The information that the committee was willing to share became a valued foundation for the assessment of needs. It took time to build trust, but eventually all the women on the committee shared their thoughts. This paradigm has been identified as one of the best practices to design culturally appropriate health education.¹⁴ Early in this process, after being asked "What do you believe would be helpful," one AI/AN woman expressed her amazement over the fact that her voice was being "heard" and the needs of the AI/AN people valued. The committee had been founded with the intent of helping to reduce the educational disparity but it soon became clear that the women of the committee also gained a sense of empowerment as well.

To help build the trust, a clear explanation as to how the March of Dimes and volunteer faculty could help including any possible limitations was identified and discussed before beginning the work. The first meetings were via telephone conference; however, to honor the more traditional manner of communication, the March of Dimes agreed to have several in-person meetings over several days to facilitate the work. Committee members represented a diverse number of nations and tribes and the in-person meetings helped solidify the trust relationships between all of the members. Spirituality is a great part of the AI/AN life, so even though the March of Dimes is a secular organization, all of the in-person meetings began and ended with prayers from the women to bless and guide the work of the group. Gift giving is also an important part of the AI/AN culture between friends and so at the in-person meetings, a gift from the March of Dimes was exchanged with the women. The women wanted to be sure that what they thought their communities wanted would be included, so they were encouraged to conduct focus groups on their respective reservations with moms and providers. After several months, with input from the focus groups and committee members, the decision was made to write a comprehensive prenatal booklet that would

"tell the story of the way to have a healthy pregnancy"; not as a health care provider might give the information but as a mother would tell to her daughter.

With more than 560 federally recognized AI/AN nations, on more than 300 reservations each with their own individual cultural beliefs, religions, languages and customs, the committee knew they could not address each nation's individual beliefs.^{7,10} However, the committee thought that the commonalities of AI/AN protective factors, love of family, spirituality, love of children, and a strong connection to the earth and nature, could be used as the common thread and meet the educational needs of young pregnant women.

Many discussions on the traditions, values, and customs of the ancestors and AI/AN people today led the committee to call a pregnancy for a young woman a "blessing." *The Coming of the Blessing* booklet took 1 year to write and design. Each part of the booklet was discussed at length as to meaning and import including (1) the use of color (having different meanings and import to different nations); (2) the use of positive voice rather than the more negative sounding health care provider voice; (3) the inclusion of fathers, family, and a woman's circle of support; (4) the use of photos (and where photos might be obtained, requiring a level of trust); (5) how to communicate the things that a pregnant woman may not want to do (substance abuse); and (6) how to encourage the young woman to look to her family, friends, and her circle of support.

The medical evidence-based best prenatal practices were written by the faculty and March of Dimes staff member and then given to the women to change into their voice and express their cultural values and traditions. The concept of the Medicine Wheel was used to tie the thoughts and prenatal teachings together. Although the Medicine Wheel is not a belief held by all AI/AN nations, the concepts of the wheel including earth, sky, fire, and water, and the physical, emotional, spiritual, and psychological components of people are common to all native cultures.^{15,16}

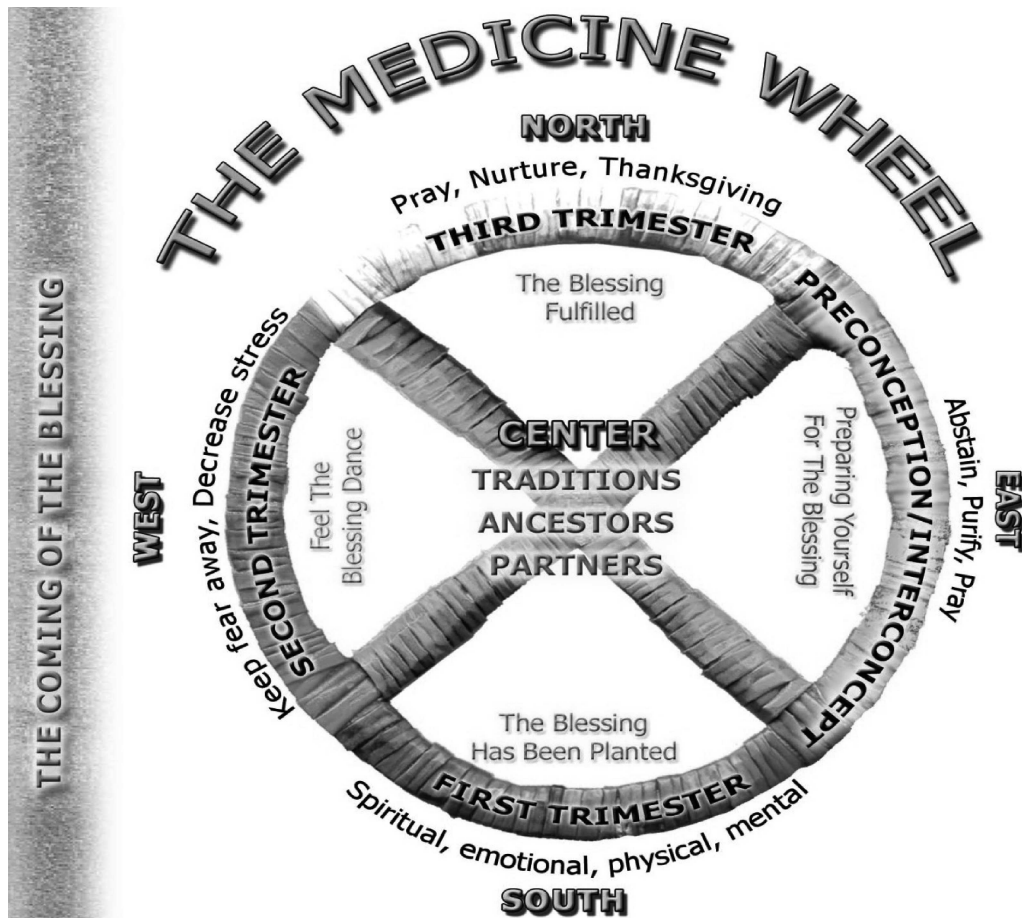


Figure 1. The coming of the blessing. Used with permission from March of Dimes Foundation, 2011.

In the *Coming of the Blessing* booklet, the Medicine Wheel guides the family through the sacred cycle of childbearing; from preparing for the blessing of pregnancy to the first trimester where the “blessing has been planted,” the second trimester where the mother can “feel the blessing dance,” and the third trimester when the “blessing is fulfilled” at birth. The colors used in the Medicine Wheel include yellow for the east and each new day, red for the south and the first trimester, blue for the second trimester or the west, and finally the north in white and third trimester. Figure 1 illustrates the Medicine Wheel used in the booklet.

Each time of the childbearing cycle embraces the traditional beliefs that prepare and support a healthy pregnancy, the wisdom of the ancestors and the role of the baby’s father is incorporated. The woman is encouraged to include each of these cultural assets in her “circle of support” during pregnancy as a major protective factor for her health and that of her baby. The booklet also includes information on the importance of protecting the blessing once the baby has been born through breastfeeding (the traditional way of feeding a newborn), immunizations, and regular well-child visits to the clinic. As throughout the booklet, the role of the father is supported as the traditional way of the ancestors.

An AI/AN graphic artist was identified to put the booklet ideas together in a way that reflected the intentions and tone set by the committee. In the spring of 2007, the first pilot printing of 7500 copies was distributed to reservations in 14 states. By fall of 2007, the response to *The Coming of the Blessing* booklet was so positive and the demand so great that the March of Dimes finished the pilot project and made the booklet a standard prenatal health education tool available in every state through their Fulfillment Center.

The original 7500 copies contained a survey for the moms to fill out and return after the birth of the baby. The intent was to obtain feedback on the cultural appropriateness of the information. An incentive for returning the survey was given to each mom who participated. To date, 181 women have responded to the survey with 88% believing that the booklet was helpful to them, 77% started prenatal care in the first trimester, and 88% kept all of their prenatal appointments. There were 13 preterm births (including 1 set of twins), giving a preterm birth rate of 7% among the survey sample versus the 14.1% for all AI/AN births.

Moms wrote such things as "Makes me proud to be a part of my culture." "Helped me stay true to my beliefs," "Made me think of teaching my children my culture," "Written for Natives by Natives," "Values my traditional heritage," and simply "Thank you." Some of the behaviors that the women reported chang-

ing after reading the booklet included eating better, reducing stress, exercising, and deciding to breast feed. The emerging themes from these surveys were of education, empowerment, and gratitude.

The *Coming of the Blessing* has been presented at several national public health conferences as well as AI/AN focused conferences. The booklet has turned into a program initiative for the March of Dimes including a national faculty made up of the March of Dimes volunteers and 3 AI/AN women to help teach educators on any reservation to provide culturally appropriate prenatal education, a photo exhibit celebrating AI/AN families and babies, and a culturally appropriate AI/AN appendix (written by the committee) to the newest March of Dimes prenatal education curriculum *Becoming a Mom*. To date, reservations in North Dakota, Wyoming, New Mexico, Nevada, Arizona, Alaska, and Montana have participated in *Coming of the Blessing* trainings. The March of Dimes and the AI/AN Women's Committee continue to work so that every AI/AN woman who wants culturally appropriate prenatal education information will have access to it through *The Coming of the Blessing*. The committee has been recognized nationally for their work including the National Perinatal Association Transcultural Award and the Nation Indian Health Board Regional Impact Award. Today, the AI/AN Women's Committee remains an advisory group on AI/AN matters for the March of Dimes.

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