It Takes a Village: Giving Our Babies the Best Chance

An Innovation Station Promising Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Utah	**Title V/MCH Block Grant Measures Addressed**
Category:	Promising Practice	N/A
Date Submitted:	10/2018	

Practice Description

The goal of this practice is to increase awareness about birth outcomes disparities among Native Hawaiian/Pacific Islander (NHPI) communities, and improve knowledge and skills about preconception health and prenatal care among NHPI communities. Using a community-based participatory approach, we developed an innovate health promotion tool based on NHPI traditional cultural concepts.

Purpose

Utah's Native Hawaiians/Pacific Islanders (NHPI) experience significantly higher rates of infant mortality compared with Utah overall. The Utah Office of Health Disparities (OHD) was able to identify and monitor birth outcomes disparities among Utah's Native Hawaiian/Pacific Islander communities because the Utah Department of Health (UDOH) has practiced data disaggregation for Asians and Pacific Islanders since 1999. After disaggregating data for Asians and Native Hawaiians/Pacific Islanders (NHPI) and after the completion of the Health Status by Race and Ethnicity reports, OHD detected a higher rate of infant mortality among Utah's NHPI communities compared with Utah overall. This health disparity was accompanied by other birth outcomes disparities including higher rates of maternal obesity, gestational diabetes, and unintended pregnancy as well as poor rates of folic acid consumption, continued breastfeeding, birth spacing, and early prenatal care.

To our knowledge, there was no MCH education programs tailored to the cultural beliefs and practices of NHPI communities. After receiving feedback from the community, we saw the need to develop one.

It Takes a Village (ITAV): Giving our Babies the Best Chance is a community education and engagement series specifically designed for Native Hawaiian/Pacific Islander (NHPI) communities. The ITAV project raises awareness and educates NHPI families and community members about maternal and infant health in the context of Pacific Islander cultural beliefs and practices.

This project is intended for adults 18 and older who consider themselves part of the Pacific Islander communities and who are able to speak and understand English. This ensures that participants have an adequate reading and comprehension level to learn and understand the information presented.

All genders, generations, and marital statuses are combined in the project. This creates an environment where different thoughts, opinions, experiences, and knowledge can be shared, learned, and appreciated by all. It is especially helpful for males who may not be familiar with the topics to be exposed to the new information and to learn from experienced individuals.

Practice Foundation

The PRECEDE-PROCEED and the Health Belief models influenced the development of this intervention.

The name of the project *It Takes a Village* was chosen by community members and mirrors the Pacific way of life. In many Pacific Islander societies, both towns and districts were often divided into village communities. This communal, reciprocal, and collective practice was critical for survival in the vast Pacific Ocean. The purpose of the *It Takes a Village* project is to establish and maintain this communal bond you will find woven throughout the Pacific in this concept of a village.

Pacific Islanders engage in the practice of meeting in councils as families, extended families, clans, and church members. In the islands, important village issues are discussed by members of the village council at a village meeting or *fono*. During the *It Takes a Village* project, participants begin to consider themselves as members of a village council and the workshops they attend as village meetings or *fono*.

During each *fono*, the village council learns about and discusses important issues affecting the larger village community. Each issue is explained in the context of Pacific Islander cultural beliefs and practices. These cultural concepts improve participants' understanding of the issues and strengthen their motivation to develop skills to address them. The *fono* are an opportunity for participants to gain knowledge, develop skills, and connect with their culture in a way that will benefit the village community. Ultimately, participants will become valuable resources for others.

Core Components

The ITAV project consists of four in-person, two-hour long workshops facilitated by trained community members. The core components included facilitators training, workshops implementation (with pre and post assessments), and a six-month follow-up survey to evaluate knowledge retention and skills.

The content of these workshops includes cultural concepts, videos, PowerPoint presentations, interactive activities, and assignments.

Practice Activities

Core Component	Activities	Operational Details
Facilitators training	• Four in person workshops. • Pre and post assessments. • Six-month follow-up	Create "maternal and child health community champions" that can pass the knowledge and skills to the community.
Community workshops	• Four in person workshops facilitated by the trained facilitators. • Pre and post assessments. • Six-month follow-up	Educate community members. Assess knowledge gained Assess self-efficacy
Six-month follow-up survey		Assess knowledge retention Assess self-efficacy

Evidence of Effectiveness (e.g. Evaluation Data)

Phase I of project implementation measured knowledge of various topics related to preconception health and prenatal care. Overall, knowledge improved in every area. It appears that infant mortality was poorly understood in both the pre- and post-questionnaire surveys. Although the percentage of participants who knew the correct definition increased from 7.1% to 40.2%, in the post-questionnaire many (44.8%) thought it referred to any type of death. Only about 50% of participants were aware that Pacific Islander/Native Hawaiians are one of the two groups in Utah experiencing the highest rates of infant mortality; however, by the end 98.9% were aware.

The understanding of prenatal care increased from 30.5% to 50.6%; however, 43.7% thought it was for both pregnant women and babies after birth. Understanding when to initiate prenatal care improved from 65.2% to 92.0% and understanding preconception health increased from 24.8% to 62.1%. The effects of overweight/obesity on babies also increased from 36.9% to 78.2%. Participants' understanding of folic acid improved from 27.7% to 62.1% and the concept of who should take folic acid also improved from 17.0% to 52.9%. Knowledge of birth spacing also increased from 14.9% to 81.6%.

Participants' knowledge improved in every category; however, there is still some misunderstanding regarding the exact definition of infant mortality, prenatal care, preconception health, folic acid, and who should take folic acid. In total, participants' self-efficacy improved in all skills. The largest improvements were seen for folic acid, overweight/obesity, breastfeeding, and birth spacing. Participants were most confident in encouraging early prenatal care, breastfeeding, and birth spacing. However, missing data could be affecting these numbers. For the full report and six-month follow-up data see: Phase I Implementation: February 2016 - December 2016

In Phase II, the project successfully moved nearly one-fourth of participants out of the precontemplation stage in the stages of change model (not identifying infant mortality as a health issue affecting their community) and 80% of participants forward at least one stage. A majority of participants (75%) ended in the preparation stage (felt they had the tools to do something). By the end of the project, all participants were aware of infant mortality disparities in their community, an improvement from only half of participants (54%) pre-questionnaire. After the project, participants demonstrated substantial improvements in their knowledge of the definition of infant mortality, its leading cause in Utah's NHPI communities, preconception health, and birth spacing recommendations, which participants were least familiar with before the project. The project also improved knowledge about prenatal care and when it should start.

By the end of the project, participants felt more confident talking with community members, coaching family members, and coaching community members about pregnancy and birth-related issues, which participants were least confident about before the project. The project also helped participants feel more confident talking with family members about these topics and finding trusted 16 information and resources. All participants (100%) agreed the project was culturally appropriate for NHPI communities. The project structure and content was well received overall with only a third of participants suggesting minor improvements. For more details and 3 and 6 month follow-up data see: Phase II Implementation: May 2017 - March 2018

Replication

See Next Steps (page 7).

Section II: Practice Implementation

Internal Capacity

In terms of project personnel, a Project and Outreach Coordinator (preferably somebody who is familiar with NHPI culture and practices and well connected with the NHPI community) is necessary.

Support from your agency leadership is essential, so that you can allocate somebody in your staff to coordinate the project.

Collaboration/Partners

It is essential to collaborate with community-based and faith-based organizations in your area that work with NHPI communities in order to recruit facilitators, who will train community members. You have to identify and contact those organizations and/or those leaders.

During project development, we also engaged NHPI communities and leaders. In spring 2015, OHD in collaboration with the MAHINA (Maternal Health and Infant Advocates) Task Force conducted a pilot project, consisting of six workshops for 23 members of NHPI communities to raise awareness about birth outcomes disparities.

After evaluating the pilot project, OHD created a Native Hawaiian/Pacific Islander (NHPI) Birth Outcomes Advisory Committee to revise and expand the pilot project and create video production. In spring 2016, phase I of the *It Takes a Village: Giving our babies the best chance* (ITAV) project was implemented among 80+ NHPI community members along the Wasatch Front.

After phase I, OHD focused on developing a promising practice, by conducting focus groups and a quantitative analysis of vital records to inform final revisions of the curriculum. OHD also hired a project assistant from the NHPI community to help ground the curriculum in NHPI culture and tradition. Between May 2017 and March 2018, OHD conducted a second implementation and evaluation of the ITAV project, which reached 63 NHPI community members.

Practice Cost

Budget *(per a series of four workshops – eight to ten participants)* *You also need to add the salary of the project coordinator*			
Activity/Item	**Brief Description**	**Quantity**	**Total**
OPTION A			
Materials	Printing, office supplies, etc.		$100
Food & babysitting	Babysitting for all workshops (if needed)	4 workshops	$0 - $200
	Food only in last workshop		$100
Facilitators' stipends	$50 per facilitator per workshop x 2 facilitators	4 workshops	$400
	$100 for attending train of trainers sessions x 2 facilitators		$200
		Total Option A	$800 -$1,000
OPTON B			
Materials	Printing, office supplies, etc.		$100

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Food & babysitting	Babysitting for all workshops (if needed)	4 workshops	$0 - $200
	Food only in last workshop		$100
Facilitators’ stipends	$50 per facilitator per workshop x 2 facilitators	4 workshops	$400
	$100 for attending train of trainers sessions x 2 facilitators		$200
Participants’ Incentives	Gift Cards	8 -10 participants x $50 gift cards	$400 -$500
		Total Option B	$1,200 - $1,500

Practice Timeline

Phase	Description of Activity	# of hours needed to complete/ oversee activity	Person(s) Responsible
Planning/ Pre-implementation	Become familiar with the curriculum	20 hours	Project Coordinator
	Engage community leaders	From days to months; it depends how well connected your project coordinator is.	Project Coordinator
	Coordinate with community-based and faith based organizations to find out potential facilitators	Same as above	Project Coordinator
Implementation	Train facilitators	Preparation: 12 hours Training: 12 hours	Project Coordinator
	Facilitators train community members	12 hours	Facilitators Project Coordinator (ideally oversees the first and last workshop)
	Six months follow up survey		Project Coordinator Use facilitators to contact workshop participants
Sustainability	Build capacity among community-based and faith-based organizations so they can keep the project ongoing. Build capacity=train facilitators that work or volunteer for those agencies.		

Resources Provided

All of the practice materials are available for free at https://health.utah.gov/disparities/it-takes-a-village/index.html

Because all these materials are provided to you for free, as a courtesy, whenever you use them, remember to reference the Utah Department of Health, Office of Health Disparities and include our logo.

Lessons Learned

One of the major assets of this practice was that community members really appreciate the use of the cultural framework. This framework can be used also as a tool for younger generations to learn not only about health but also about their culture.

In terms of challenges, we found that in NHPI communities, issues such as infant mortality and birth spacing are extremely sensitive issues that are rarely discussed in the family. Framing those issues from a cultural perspective, not from a health perspective, helped to mitigate this challenge.

Ultimately, in order to implement this practice, you NEED TO HAVE the commitment of NHPI community leaders. If they believe in this project and they help to promote it, the implementation will be successful.

Because of the discussions and work in groups, train of trainers (or train the facilitators) should be done with a minimum of six facilitators.

Try to incorporate these workshops within the activities that are already happening in the community; that is where you can implement OPTION A. Otherwise, you will have to implement OPTION B to incentive participation.

Next Steps

In order to move this practice from “promising” to “best” we are exploring the option for replicating this project among NHPI college students.

Practice Contact Information
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