INA MAKA FAMILY PROGRAM
Community Needs Assessment 2012

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## Contents

**Introduction** .............................................................................................................................................. 4

**History** ..................................................................................................................................................... 4

**Problem Statement** ..................................................................................................................................... 5

**The Determinants of Poverty Approach Relating to the Provision of Early Childhood Interventions** ............................................................................................................................................. 6

**Building the Pathways Out of Poverty** ........................................................................................................... 8

### Section 1. Community Needs Assessment ................................................................................................. 9


A. **Service Area** ........................................................................................................................................... 9

B. **Targeted Community Assessed for Risk** ............................................................................................... 9

C. **Demographic Characteristics of the AIAN Community in King County** .............................................. 9

D. **Benchmarks Summary** .......................................................................................................................... 10

**Part 2. Quality and Capacity of Existing Home Visiting Programs in King County** .............................. 15

A. **Existing investments in home visiting services through various funding streams** .................................. 17

B. **Individuals and Families Currently Receiving Home Visiting Services** ............................................. 17

C. **Characteristics of Models Being Implemented** ................................................................................... 19

D. **Quality and Accessibility of Current Home Visiting Services** ............................................................... 19

E. **Factors Limiting Home Visiting Services** ............................................................................................ 20

F. **Existing Recruitment Mechanisms** ....................................................................................................... 21

G. **Availability of Qualified Staff** ............................................................................................................... 21

H. **Support from AIAN Community** .......................................................................................................... 21

I. **Referral Resources** .................................................................................................................................. 21

**Part 3. King County Capacity for Providing Substance Abuse Treatment and Counseling Services to AIAN** ............................................................................................................................................. 22

A. **Existing Investments in Substance Abuse Services** ............................................................................. 24

B. **Individuals and Families Receiving Substance Abuse Services** ............................................................ 24

C. **Existing Substance Abuse Service Delivery Strategies** ....................................................................... 24

D. **Quality and Accessibility of Substance Abuse Services** .................................................................... 25

E. **Factors Limiting Substance Abuse Services** ........................................................................................ 25

**Part 4. King County Capacity to Implement and Integrate Home Visiting Services into an Early Childhood System** ............................................................................................................................................. 26

A. **Existing Programs, Services, and Resources in the Early Childhood System** .................................... 27

B. **Quality of Available Services** ............................................................................................................... 30
C. Developing a Comprehensive and Integrated Early Childhood System .......................... 31
D. Community Governance Structure ........................................................................ 31
E. Data Collection Capability ...................................................................................... 32
F. Evaluation and CQI Experience and Expertise ...................................................... 33
G. Connection Between Early Childhood Programs and the Schools ....................... 33

Part 5. Needs Assessment Process and Lessons Learned ........................................... 33
A. Stakeholder Participation and Coordination with Other Needs Assessments .......... 33
B. Needs Assessment Methodology ............................................................................ 34
C. Successes and Challenges ...................................................................................... 37
D. Lessons and Findings ............................................................................................. 38

Appendices .................................................................................................................. 51
Appendix A. Acronyms ................................................................................................. 51
Appendix B. Key Informant Questions ......................................................................... 52
Appendix C. Talking Circle Guides ............................................................................. 53
Appendix D. Home Visiting Survey ............................................................................ 56
Appendix E. Scientific & Community Advisory Board Members ............................... 68
Appendix F. Survey Data Table .................................................................................. 71

Tables
Table 1. Household Composition in King County with AIAN and AIAN in Combination Children .................................................................................................................. 10
Table 2. AIAN in King County Benchmarks, Compared to All Race and White, where available ......................................................................................................................... 12
Table 3. Characteristics of Home Visiting Programs Available in King County .......... 16
Table 4. Home Visiting Programs in King County: Number of AIAN Served by Provider/Agency .......................................................................................................................... 17
Table 5. Substance Abuse Counseling and Treatment Services for AIAN in King County .... 23
Table 6. Native AA Meetings in Seattle ....................................................................... 25
Table 7. Existing Resources in the King County Early Childhood System .................. 29
Introduction

United Indians of All Tribes Foundation (UIATF) is a non-profit, community-based organization with headquarters located at the Daybreak Star Indian Cultural Center within Discovery Park in Seattle. In developing a comprehensive home visiting program tailored for and by the American Indian/Alaska Native (AIAN) community, UIATF will assist families in improving the long-term social and health outcomes for Native children by providing support and skills to their parents and caregivers. Over the past 40 years, this community-based urban Indian organization, has led the way by providing services customized specifically to the educational and social needs of Indian children through a variety of programming. These programs include Early Head Start, Head Start, Indian Child Welfare, children’s mental health therapy, and interventions for at-risk parents and infants. UIATF provides services to an average of 4,000 community members each year.

The progression and preservation of Native American culture continues to be the backbone of UIATF. As a dynamic component of the rich Native American culture in the Pacific Northwest, UIATF sponsors and participates in events and exchanges with tribes and other organizations to increase awareness of Native heritage, cultures and ethnic identity.

This report presents findings from the community needs assessment conducted in King County, Washington between February and May 2012. The first year of this five-year project was dedicated to soliciting the community’s perspective on developing a home visiting program to support and stabilize families with young children. We will use this as a framework to identify and develop a home visiting program that resonates with AIAN families and children while maintaining fidelity to evidence-based practice.

History

UIATF was established in 1970, when Native activists occupied surplus federal lands at Fort Lawton in protest of the relocation policies of the federal government in the 1950s. The story of the local Native community’s successful struggle to acquire the 20 acre parcel of land and build the Center is a permanent part of the rich history of the area. It has been an inspiration to hundreds of people and provided important lessons in perseverance and the power of unity. The mission of UIATF since its inception has been to foster and sustain a strong sense of identity and tradition among the Indian people of the area by promoting their economic and social welfare. Today, the majority of AIAN live in American cities such as Seattle, not on reservations, contributing to the need for intertribal urban organizations like UIATF to provide services and support cultural identity and expression.¹

Problem Statement

Native children in Seattle live in poverty at nearly three times that of the community at-large.\textsuperscript{3} UIATF’s expertise based on over forty years of experience providing human services to Seattle’s Native community is reflected in the growing body of research indicating that parents of very young children who live below the poverty line often do not have the tools needed to provide their children with the most effective brain development and cognitive growth supports. As a result, children in these families start well behind their peers even in the earliest grades, and suffer from underachievement as this disparity widens as they progress through school. Less than half of the Native students in the Seattle Public Schools graduate from high school, perpetuating the cycle of poverty for another generation.\textsuperscript{4}

\textsuperscript{3} Urban Indian Health Institute, Seattle Indian Health Board. (2011). \textit{Community Health Profile: Seattle Indian Health Board}. Seattle, WA: Urban Indian Health Institute.
At this time, there are no comprehensive, community-wide home-visiting programs that broadly and appropriately address the health, social, developmental, educational and economic needs of our community’s most vulnerable Native parents. UIATF does offer the Parent Child Home Program (PCHP) and operates an Early Head Start (EHS) program both of which address many of these needs, but each have major limitations. PCHP focuses mainly on early literacy and EHS only serves Native children residing within the city limits of Seattle. Due to the rising cost of housing in the region, there has been a migration of Native families moving from the city into the less expensive suburbs of Seattle. To date, there are no programs that fully address their complex needs.

The Determinants of Poverty Approach Relating to the Provision of Early Childhood Interventions

Previous UIATF community research has demonstrated that poverty is not one single factor, but rather is comprised of several interrelated factors. Just as health experts around the world no longer define “health” as “the absence of disease,” but also the presence of a constellation of factors required to achieve and sustain health, similarly, we now understand “poverty” not merely as “the lack of income and assets,” but a constellation of factors that prevent people from accessing and effectively managing income and assets in ways that lead them out of poverty and into sustainable wellbeing and prosperity. This early research set the framework for UIATF’s 2012 Community Needs Assessment.

UIATF calls the interrelated factors described below the “determinants” of poverty because when Native people lack these elements, they tend to be poor and stay poor, but when they have them, they have a significantly improved ability to work their way out of poverty. The degree to which needs are met and capacities developed in these key areas determines if people are likely to stay stuck in the poverty trap or find a sustainable escape.

Based on community consultation and analysis conducted in 2004 and 2005 with over 1,000 Native people, the following are some of the key determinants of poverty identified in Seattle. The recognition of these factors is particularly useful when examining the implications for AIAN families with young children. UIATF’s newest program, the Ina Maka Family Program will seek to address each of these determinants through its curriculum and programming.

• Health and Wellness—Unless chronic patterns of addiction, abuse, self-destructive thinking and behavior, high levels of fear and mistrust, difficulties in maintaining, constructive relationships, and other behavioral health issues are addressed, social
and economic progress is blocked and parents will be unable to provide the care needed to nurture healthy children and maintain healthy lives.

• **Strength and Engagement of Community**—Native poverty not only resides in individual behavior and choices, it resides in the collective social patterns of extended families and the general Indian community. Factors such as social support and encouragement, which reinforce positive change behavior, are of enormous importance in promoting sustainable change in our communities. By creating a program that addresses the health, social, developmental, and economic needs of Native families with infants or young children, we ensure solid social cohesion. The intent of our home visiting programs is to engender a sense of community for Native people.

• **Basic Needs**—Poverty begets poverty. Our people are caught in this intergenerational poverty trap. For example, the basic struggle of a single mother for food, shelter, health care and medicine, clothing, child care and transportation forces daily decisions that tend to reinforce and sustain the poverty trap. If she cannot afford child care or bus fare, she is less likely to attend school or engage in other self-improvement opportunities. IMFP will support families by providing improved access to critical resources.

• **Learning**—Levels of knowledge, appropriate training and formal education are major factors that determine if and to what extent individuals are able to address the basic issues that keep them in poverty. The need to address early literacy in our community is critical in the future success of children as they move through the public education system. The families we serve need support in dealing with the constant challenges of poverty so that they are able to prepare their children for school. Only then will we be able to make significant improvements in early childhood success and learning.

• **Access to Safety Net and Services**—Unless adequate safety net services (health, income support, child care, etc.) are readily accessible, individuals and families are often unable to reach the first rung of the ladder out of poverty. By building a circle of resources and ensuring that participants are able to easily access them, families should be able to get the support that they need.

• **Accessible Economic Opportunities**—Beyond personal wellness, adequate training, good choices and social support, there need to be tangible economic opportunities that Indian people can access (jobs, business opportunities, etc.). “Opportunities” also include access to critical training ranging from financial literacy to entrepreneurship, as well as small business support, access to credit, earned income tax credits, individual development accounts, and other support programs. UIATF is well-poised to take the lead in improving economic opportunities, through its Native Workforce Service Program and more.
• **Partners and Allies**—The nature and strength of partnerships and collaborative arrangements the Native community is able to sustain with all levels of government, the business community, and mainstream society impact the environment and enabling factors that either support or block the journey of the Native community out of poverty and our children’s success. The process of the needs assessment will further strengthen our relationships with entities that will help our community achieve its goals.

**Building the Pathways Out of Poverty**

A family in the urban Indian community wanting to move from chronic poverty and personal dysfunction toward sustainable well-being and prosperity needs a combination of the following opportunities and services for themselves and, importantly, to model for their children:

- Personal growth and healing opportunities;
- Life skills training;
- Literacy and academic upgrading;
- Employment skills training;
- Job skills training and education;
- Community and social support;
- Cultural and identity reinforcement;
- Income support;
- Access to safety net and family support services (child care, health care, counseling, housing support, transportation subsidy, etc.);
- Real employment and economic opportunities;
- Comprehensive education regarding the physical, emotional and intellectual growth of infants and toddlers; and
- Linkage to wider community supports and opportunities.

Source: unknown
Section 1. Community Needs Assessment


A. Service Area

The Ina Maka Family Program (IMFP) will serve American Indian and Alaska Native (AIAN) families in King County, Washington. In King County, the AIAN-only population is 16,147; the AIAN in combination with other races population is 22,970. These residents represent 41 tribal groupings, or hundreds of individual tribes, from across the United States and Mexico, and 6 Alaska Native groups. King County comprises 2,134 square miles, with an overall population of over 1.9 million people. The county includes the Seattle metro area, the largest population center in the state. It is also made up of several other communities – a few major AIAN population bases, multiple universities, and a large military base. This region experiences moderate seasonal temperatures ranging from 30 to 50 °F in January to 50-100 °F in July.

Several tribal groups have lived in this part of the Puget Sound for thousands of years, including the Cowlitz, Duwamish, Muckleshoot, and Snoqualmie. Currently the King County AIAN only population represents about 0.8 percent of the overall population and the AIAN in combination population represents about 1.2 percent of the King County population.

B. Targeted Community Assessed for Risk

IMFP will serve American Indians and Alaska Natives at risk and in need living within the geographic boundaries of King County. The needs assessment for this project includes: (1) service providers to AIAN within King County; (2) AIAN residents of King County; (3) AIAN women with young children, infants, or AIAN women expecting a child; and (4) caregivers of AIAN children.

C. Demographic Characteristics of the AIAN Community in King County

The King County AIAN only and in combination population is 39,117 (2 percent of the overall county population). 8.2 percent (3,208) of this population is 5 years old or

6 2010. U.S. Census
younger (1,975 AIAN in combination; 1,233 AIAN alone). The following table provides a summary of the number of households with AIAN children.

### Table 1. Household Composition in King County with AIAN and AIAN in Combination Children

<table>
<thead>
<tr>
<th>Household Composition</th>
<th>AIAN Alone</th>
<th>AIAN in Comb.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-male married household</td>
<td>1,074 (79.0%)</td>
<td>1,617 (83.3%)</td>
<td>2,691 (81.5%)</td>
</tr>
<tr>
<td>Male-male partners</td>
<td>3 (0.2%)</td>
<td>4 (0.2%)</td>
<td>7 (0.2%)</td>
</tr>
<tr>
<td>Female-female partners</td>
<td>16 (1.2%)</td>
<td>21 (1.1%)</td>
<td>37 (1.1%)</td>
</tr>
<tr>
<td>Female-male unmarried partners</td>
<td>267 (19.6%)</td>
<td>300 (15.4%)</td>
<td>567 (17.2%)</td>
</tr>
<tr>
<td><strong>TOTALS:</strong></td>
<td><strong>1,360 (100%)</strong></td>
<td><strong>1,942 (100%)</strong></td>
<td><strong>3,302 (100%)</strong></td>
</tr>
</tbody>
</table>

*Source: 2010. U.S. Census*

The majority of AIAN children live in families with a married female-male family structure (81.5 percent), and approximately 17 percent live in unmarried female-male households. Approximately 1 percent of AIAN children live in a same sex family structure.

In 2010, 4,495 AIAN only and in combination (1,984 AIAN only and 2,511 AIAN in combination with another race) children under the age of 18 lived in families that do not meet the household structures specified above. Census 2010 data indicates that 469 AIAN only children live with a grandparent. 111 of these children are under age 3, and 97 of these children are between the ages of 3 and 5.

Family make-up for AIAN children in King County includes diverse structures, from multi-tribal and multi-racial backgrounds to same-sex and non-biological parent family structures.

### D. Benchmarks Summary

**Table 2** (page 11) provides a summary of the benchmarks data. The following provides a summary of the major findings for AIAN in King County.

#### i. Maternal & Infant Health

- **Premature Births** – AIAN mothers deliver prematurely at a rate **1.36 times** that of all races in King County.
- **Low Birth Weight** – AIAN mothers deliver low birth weight infants at a rate **1.06 times** the rate for all races in King County.
- **Infant Mortality** – AIAN infant mortality in King County is **3 times** higher than the rate for all races.
- **Births to Teen Mothers** – The proportion of teen AIAN mothers is **2.8 times** higher than that of all races.
ii. **Child Abuse & Neglect**
   a. **Referrals** – AIAN children are referred into the foster care system in King County at a rate **7.6 times** that of white children.
   b. **Placements** – AIAN children are placed in a foster care setting at a rate **1.7 times** that of white children.
   c. **Length of time in the System** – The rate of AIAN children staying in the foster care system for 4 or more years is **1.5 times** that of white children.

iii. **Poverty & Use of Public Assistance**
   a. **Income below the Federal Poverty Level** – AIAN families in King County report an income below the Federal Poverty Level at a rate **2.6 times** that of all races.
   b. **Children in Households with Income below the Federal Poverty Level** – AIAN children ages 0-5 live in poverty at a rate **3.5 times** the rate for all races in King County.

iv. **Unemployment**
   a. **Unemployment Rate for Ages 16 and Over** – The AIAN unemployment rate is nearly **2 times** that for all races in King County.

v. **Crime**
   a. **Criminal Arrests Ages 0-19** – The AIAN criminal arrest rate for juveniles is **2.6 times** that for white juveniles in King County.
   b. **Criminal Arrests for Adults** – The AIAN criminal arrest rate for adults is **4 times** that of white adults in King County.

vi. **Domestic Violence**
   a. **Domestic Violence Before or During Pregnancy** – AIAN women in King County report physical abuse before or during pregnancy at a rate **3 times** that of all races.
   b. **Psychological Abuse During Pregnancy** – AIAN women in King County report psychological abuse during pregnancy at a rate **2 times** that of all races.
   c. **Any Physical or Psychological Abuse** – AIAN women in King County report any physical or psychological abuse at a rate **2.4 times** that of all races.

vii. **High School Graduation & School Performance**
    a. **On Time Graduation** – AIAN children graduate from high school on time at only **75%** the rate of white children in King County.
    b. **Percent Meeting WA State Mathematics Standards** – AIAN children across King County meet WA State mathematics standards at **0.6 to 0.8 times** the rate of white children.
c. Percent Meeting WA State Reading Standards – AIAN children across King County meet WA State reading standards at 0.7 to 0.8 times the rate of white children.

viii. Substance Abuse
a. Binge Drinking, Grade 10 – AIAN girls in Grade 10 reported binge drinking at a rate 1.75 times that of white girls and AIAN boys report binge drinking at a rate 1.62 times that of white boys in King County.
b. Illicit Drug Use, Grade 10 – AIAN children in Grade 10 reported using illicit drugs at a rate nearly 2 times that of white children in Washington State.
c. Marijuana Use, Adult – AIAN in King County reported using marijuana within the past 30 days at a rate 1.3 times that of whites.
d. Illicit Drug Use, Adults – AIAN in King County reported using illicit drugs at a rate 1.5 times that of whites.
e. Unintentional Poisoning Deaths – AIAN in King County died of unintentional poisoning at a rate 2.24 times that of whites.

Table 2. AIAN in King County Benchmarks, Compared to All Race and White, where available

<table>
<thead>
<tr>
<th>Indicators</th>
<th>AIAN Only</th>
<th>All Races</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest level of educational attainment of the population ≥ 25 years, 2005-2009</td>
<td>AIAN Only</td>
<td>All Races</td>
<td>U.S. Census Bureau, American Community Survey</td>
</tr>
<tr>
<td>No high school Diploma / GED</td>
<td>18.3%</td>
<td>8.2%</td>
<td></td>
</tr>
<tr>
<td>High School Diploma / GED</td>
<td>28.8%</td>
<td>18.1%</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>36.9%</td>
<td>28.9%</td>
<td></td>
</tr>
<tr>
<td>Completed Undergraduate or Graduate Degree</td>
<td>16.0%</td>
<td>44.8%</td>
<td></td>
</tr>
<tr>
<td>Income below the federal poverty level, 2005-2009</td>
<td>AIAN Only</td>
<td>All Races</td>
<td>U.S. Census Bureau, American Community Survey</td>
</tr>
<tr>
<td>25.1%</td>
<td>9.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in households with income below poverty level, 2005-2009</td>
<td>AIAN Only</td>
<td>All Races</td>
<td>U.S. Census Bureau, American Community Survey</td>
</tr>
<tr>
<td>0-5 years old</td>
<td>46.6%</td>
<td>13.2%</td>
<td></td>
</tr>
<tr>
<td>6-17 years old</td>
<td>24.9%</td>
<td>10.8%</td>
<td></td>
</tr>
<tr>
<td>Labor force ≥ 16 years who are unemployed, 2005-2009</td>
<td>AIAN Only</td>
<td>All Races</td>
<td>U.S. Census Bureau, American Community Survey</td>
</tr>
<tr>
<td>10.9%</td>
<td>5.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-reported health insurance coverage for individuals &lt; 65 years, 2005-2010</td>
<td>AIAN</td>
<td>All Races</td>
<td>CDC, Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td>83.0%</td>
<td>86.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of children under 6 covered by health insurance</td>
<td>98%</td>
<td>96%</td>
<td>U.S. Census Bureau, 2008-2010 American Community Survey</td>
</tr>
<tr>
<td>Could not see a doctor because of cost in the past year, 2005-2010</td>
<td>AIAN</td>
<td>All Races</td>
<td>CDC, Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td>13.4%</td>
<td>10.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smoker, 2005-2010</td>
<td>AIAN</td>
<td>All Races</td>
<td>CDC, Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td>23.7%</td>
<td>12.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently obese, 2005-2010</td>
<td>AIAN</td>
<td>All Races</td>
<td>CDC, Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td>36.3%</td>
<td>20.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth weight &lt; 5 lb 8 oz (2,500 g), 2003-2007</td>
<td>AIAN</td>
<td>All Races</td>
<td>U.S. Center for Health Statistics</td>
</tr>
<tr>
<td>6.9%</td>
<td>6.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>AIAN</td>
<td>All Races</td>
<td>Source</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
<td>-----------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Births to mothers &lt; 20 years, 2003-2007</td>
<td>10.4%</td>
<td>3.7%</td>
<td>U.S. Center for Health Statistics</td>
</tr>
<tr>
<td>Infant mortality rate (per 100,00), 2002-2006</td>
<td>13.7%</td>
<td>4.5%</td>
<td>King County Infant &amp; Toddler Systems &amp; Services Planning, 2003-2007</td>
</tr>
<tr>
<td>Binge Drinking in the past 30 days, 2005-2010</td>
<td>23.7%</td>
<td>16.3%</td>
<td>CDC, Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td>Select alcohol-associated mortality rate (per 100,000), 2003-2007</td>
<td></td>
<td></td>
<td>U.S. Center for Health Statistics</td>
</tr>
<tr>
<td>Chronic liver disease and cirrhosis</td>
<td>24.3%</td>
<td>7.8%</td>
<td>Birth Certificates</td>
</tr>
<tr>
<td>Alcohol-induced death</td>
<td>27.9%</td>
<td>6.8%</td>
<td>Birth Certificates</td>
</tr>
<tr>
<td>Total births</td>
<td>195</td>
<td>24330</td>
<td>Birth Certificates</td>
</tr>
<tr>
<td>Percent of adults ages 18+ who report that household food money often or sometimes did not last</td>
<td>5.0%</td>
<td>7.0%</td>
<td>BRFSS, 2007, 2010, 2011</td>
</tr>
<tr>
<td>Number of households receiving</td>
<td>2,945</td>
<td>106,651</td>
<td>King County Basic Food Assistance Report (December 2011)</td>
</tr>
<tr>
<td>Total Basic Food Assistance issued</td>
<td>$817,364</td>
<td>$27,311,999</td>
<td>PUMS (Public Use Microdata Samples, U.S. Census)</td>
</tr>
<tr>
<td>Number of Basic Food Assistance recipients</td>
<td>3,943</td>
<td>210,284</td>
<td>PUMS (Public Use Microdata Samples, U.S. Census)</td>
</tr>
<tr>
<td>Percent of households that pay 30% or more of income for housing costs</td>
<td>45.1%</td>
<td>37.5%</td>
<td>PUMS (Public Use Microdata Samples, U.S. Census)</td>
</tr>
<tr>
<td>Adults 18+ with 14 or more days of health-restricted activities</td>
<td>9%</td>
<td>5%</td>
<td>BRFSS, 2007, 2010, 2011</td>
</tr>
<tr>
<td>Total population by age</td>
<td></td>
<td></td>
<td>U.S. Census, 2010 SF1</td>
</tr>
<tr>
<td>All Ages</td>
<td>16147</td>
<td>1,325,845</td>
<td></td>
</tr>
<tr>
<td>Ages 0-3</td>
<td>814</td>
<td>97,160</td>
<td></td>
</tr>
<tr>
<td>Ages 4-5</td>
<td>419</td>
<td>46,377</td>
<td></td>
</tr>
<tr>
<td>Ages 6-5</td>
<td>1,223</td>
<td>143,537</td>
<td></td>
</tr>
<tr>
<td>Youth academic success</td>
<td></td>
<td></td>
<td>WA State Office of Superintendent of Public Instruction, 2009-2010</td>
</tr>
<tr>
<td>On-time graduation rate</td>
<td>64%</td>
<td>85%</td>
<td>WA State Office of Superintendent of Public Instruction, 2009-2010</td>
</tr>
<tr>
<td>Students meeting the state math standard</td>
<td>33-70%</td>
<td>58-87%</td>
<td>Uniform Crime Report (FBI)</td>
</tr>
<tr>
<td>Number of crime arrests ages 0-19 / 100,00 juveniles ages 0-19</td>
<td>16,042</td>
<td>6,074</td>
<td>Uniform Crime Report (FBI)</td>
</tr>
<tr>
<td>Number of adult crime arrests / 1,000 residents</td>
<td>524</td>
<td>130</td>
<td>Uniform Crime Report (FBI)</td>
</tr>
<tr>
<td>Substance use</td>
<td></td>
<td></td>
<td>Uniform Crime Report (FBI)</td>
</tr>
<tr>
<td></td>
<td>AIAN Only</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Binge drinking, females - grade 10</td>
<td>30.4%</td>
<td>17.4%</td>
<td></td>
</tr>
<tr>
<td>Binge drinking, males - grade 10</td>
<td>31.4%</td>
<td>19.4%</td>
<td></td>
</tr>
<tr>
<td>Adult marijuana use in past month</td>
<td>5.5%</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Adult use of illicit drugs, excluding marijuana, in past year</td>
<td>6.2%</td>
<td>4.6%</td>
<td></td>
</tr>
<tr>
<td>Unintentional poisoning deaths per 100,000 deaths</td>
<td>24.9</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>Illicit drug use - grade 10</td>
<td>13.4%</td>
<td>7.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Family abuse and neglect</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protective Services Accepted Referrals (per 100,000)</td>
<td>12,670</td>
<td>1,678</td>
<td></td>
</tr>
<tr>
<td>Child Placements (per 1,000)</td>
<td>190</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>Children in System &gt;2yrs (per 1,000)</td>
<td>787</td>
<td>675</td>
<td></td>
</tr>
<tr>
<td>Children in System &gt;4yrs (per 1,000)</td>
<td>298</td>
<td>198</td>
<td></td>
</tr>
<tr>
<td>Number of domestic violence offences</td>
<td>not available</td>
<td>9,675</td>
<td></td>
</tr>
<tr>
<td>Reported violations of protection orders</td>
<td>not available</td>
<td>2,169</td>
<td></td>
</tr>
<tr>
<td>% of Pregnant women reporting physical abuse before or during pregnancy</td>
<td>12.5%</td>
<td>4.1%</td>
<td></td>
</tr>
<tr>
<td>% of Women reporting psychological abuse during pregnancy</td>
<td>9.9%</td>
<td>4.9%</td>
<td></td>
</tr>
<tr>
<td>% of Women reporting any physical or psychological abuse</td>
<td>17%</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>
The AIAN community in King County faces significant risk factors for poor physical and mental health outcomes. Rates of premature births, infant mortality, births to teenage mothers, poverty, unemployment, domestic violence, substance abuse, and tobacco use are all higher than all races or white rates reported in King County. Education outcomes are mixed; while AIAN student performance is lower than that of white students and they are less likely to graduate on time, there are higher proportions of AIAN with high school diplomas and some college. Conversely, the proportion of AIAN with a college or graduate degree is **approximately one-third** that of whites in King County. So based on this data, it is difficult to discern to what extent education serves as a protective factor for AIAN in King County.

In addition to individual risk factors, the foster care and law enforcement systems present major hurdles for AIAN families. AIAN children are much more likely to enter the foster care system and more likely to stay in the system than white children. AIAN youth and adults are much more likely to be arrested in King County than whites. These patterns have been recognized in recent years as a measure of system inequities in King County. While AIAN children may experience higher rates of violence and be more likely to commit crimes, the system has stigmatized AIAN and the perception that violence and crime is a normative expectation for AIAN has been institutionalized. Thus, efforts to avoid or leave these systems may be much more difficult for AIAN than whites.

**Part 2. Quality and Capacity of Existing Home Visiting Programs in King County**

There are few home visiting programs dedicated to serving AIAN families in King County. United Indians of All Tribes Foundation (UIATF) and the Seattle Indian Health Board (SIHB) host the only home visiting programs in the county with Native-specific curricula. However, these programs are very restrictive either in scope or eligibility. The following charts demonstrate that the number of AIAN families currently served by home visiting programs is very small. Based on the data provided in earlier sections, it is unlikely that families do not meet the eligibility criteria for programs but rather that they chose not to access home visiting services or do not know they are available.

The tables on the following pages summarize the following: Table 3: Characteristics of Home Visiting Program Available in King County; Table 4: Outcomes of Home Visiting Programs Available in King County; Table 5: Organizations with Home Visiting Programs in King County; and Table 6: Home Visiting Programs in King County: Number of AIAN Served by Provider/Agency.
<table>
<thead>
<tr>
<th>Model</th>
<th>Home visiting is primary service delivery strategy</th>
<th>Services are voluntary</th>
<th>State and/or Federal $</th>
<th>Few or infrequent visits</th>
<th>Home visiting is supplemental to other services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Family Support Services (EFSS)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No – not in home-based model</td>
<td>No</td>
</tr>
<tr>
<td>Early Intervention Program (DSHS Children’s Administration)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Early Support for Infants and Toddlers (formerly Infant Toddler Early Intervention Program)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Number of visits depends on child and family need</td>
<td>No</td>
</tr>
<tr>
<td>First Steps –Maternity Support Services (MSS) &amp; Infant Case Management (ICM)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Number of visits varies depending on client need and risk</td>
<td>No, but services can be in office</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>Yes</td>
<td>Yes</td>
<td>Some – also private funds</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Parent Child Assistance Program</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Number of visits varies depending on client need and risk</td>
<td>Yes</td>
</tr>
<tr>
<td>Parent-Child Home Program</td>
<td>Yes</td>
<td>Yes</td>
<td>Some – also private funds</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Parents as Teachers</td>
<td>Yes</td>
<td>Yes</td>
<td>Some – also private funds</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Partnering with Families for Early Learning</td>
<td>Yes</td>
<td>Yes</td>
<td>Some</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
A. Existing investments in home visiting services through various funding streams

Despite the fact that more than half of AIAN now live in urban areas, urban Indian organizations typically receive very little of the funding dedicated to AIAN populations.\(^7\)

The exact number is not available for social service programs, but the urban Indian health clinics receive approximately 1% of IHS funding.\(^8\)

The funding stream for each of the home visiting programs in King County is included in Table 3 on the preceding page. Because of the recent economic decline across the country and subsequent austerity measures, public and private funding for children and families has already been reduced and continues to be threatened.

B. Individuals and Families Currently Receiving Home Visiting Services

With the exception of UIATF EHS and PCHP and SIHB, very few AIAN families are served by the home visiting programs in King County. (Table 4 below.)

<table>
<thead>
<tr>
<th>Program</th>
<th>Provider Agency</th>
<th>Total clients in King County</th>
<th>Percentage or number AIAN clients</th>
<th>Native-Specific Curriculum?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Family Support Services</td>
<td>• Public Health-Seattle &amp; King County</td>
<td>492 families served (2009)</td>
<td>Not Available</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• Children’s Home Society of Washington</td>
<td>204 total enrollment (2009-10)</td>
<td>1 child (0.5%)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• Denise Louise</td>
<td>163 total enrollment (2010-11)</td>
<td>0 child</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• First A.M.E.</td>
<td>59 total enrollment (2010-11)</td>
<td>0 child</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• Neighborhood House</td>
<td>125 total enrollment (2010-11)</td>
<td>3 children (2.4%)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• United Indians of All Tribes Foundation</td>
<td>74 total enrollment (2010-11)</td>
<td>26 children (35.1%)</td>
<td>Yes</td>
</tr>
<tr>
<td>Early Intervention Program</td>
<td>• Public Health – Seattle &amp; King County</td>
<td>791 children served (2009)</td>
<td>Not Available</td>
<td>No</td>
</tr>
</tbody>
</table>


\(^8\) Urban Indian Health Institute, Seattle Indian Health Board. Actualizing Health Care Reform for Urban Indians: An Action Plan From the Urban Indian Health Summit. Seattle: Urban Indian Health Institute, April 2011.
<table>
<thead>
<tr>
<th>Administration</th>
<th>Early Support for Infant and Toddlers, IDEA Part C (previously the Infant Toddler Early Intervention Program)</th>
<th>1385 children served</th>
<th>8 children (0.6%)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Country Doctor Community Health (FQHC) – 2 sites • Group health Cooperative – Teen Pregnancy &amp; Parenting Clinic • Harborview Medical Center • International Community Health Services (FQHC) – 2 sites • Neighborcare Health (FQHC) – 6 sites • Public Health – Seattle &amp; King County (LHJ &amp; FQHC) – 10 sites • SeaMar Community Health Center • Seattle Indian Health Board • Step by Step • Swedish Health Services-Ballard Maternity Clinic • University of Washington Medical Center</td>
<td>5885 unduplicated total women MSS and/or ICM home visits</td>
<td>83 infants (1.4%)</td>
<td>Only for SIHB</td>
</tr>
<tr>
<td>First Steps – MSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>• Public Health Seattle &amp; King County - Other</td>
<td>237 (2009)</td>
<td>2 clients (0.8%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Public Health Seattle &amp; King County – North Seattle</td>
<td>220 (2009)</td>
<td>12 clients (5.5%)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• Public Health Seattle &amp; King County – White</td>
<td>106 (2009)</td>
<td>4 clients (3.8%)</td>
<td></td>
</tr>
</tbody>
</table>
### Parent-Child Home Program
- Atlantic Street Center
- Neighborhood House
- Southwest Youth and Family Services
- United Indians of All Tribes Foundation

<table>
<thead>
<tr>
<th>Center</th>
<th>402 children and families graduated 2008</th>
<th>7% (includes also Middle Eastern and Other or Mixed Races)</th>
<th>No</th>
</tr>
</thead>
</table>

### Parents as Teachers / Early Head Start
- Healthy Start (Friends of Youth)
- Seattle Center Parents as Teachers – Children’s Home Society

<table>
<thead>
<tr>
<th>Center</th>
<th>339 children and families</th>
<th>Not Available</th>
<th>?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

### Partnering with Families for Early Learning (PFEL)
- Open Arms Outreach Doulas
- Seattle-King County Public Health

<table>
<thead>
<tr>
<th>Center</th>
<th>36 clients enrolled</th>
<th>Not Available</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Source: WA State NA, HV Needs Assessment 2011

C. Characteristics of Models Being Implemented
Most King County home visiting programs share certain characteristics: (1) they serve only a small, targeted demographic (such as PHSKC’s Nurse-Family Partnership, which only serves first-time mothers); and (2) they provide culturally-appropriate but not Native-specific services (with the exception of UIATF and SIHB). See Tables 3 and 4 above for additional information.

D. Quality and Accessibility of Current Home Visiting Services
UIATF is uniquely positioned in King County as a social service agency serving urban AIAN. As previously explained, while many of the home visiting programs in the county are evidence-based programs, only UIATF and SIHB, a multi-service community health center, provide Native-specific care. Examples of Native-specific services might include incorporating traditional healing and beliefs into services, efforts to hire staff that represent the population being served, and acknowledging the rich and unique history and demographics of urban AIAN.

UIATF Early Head Start (EHS) is in the process of selecting a new evidence-based curriculum for their program and provides accessible and culturally relevant services to urban AIAN. However, this program is restricted by service area and client income. UIATF only serves families living within Seattle city limits and below the federal poverty line. This program consistently loses families who move outside the city (but stay within the county) due to the high cost of living.

UIATF Parent Child Home Program (PCHP) is an evidence-based early childhood literacy and school readiness program. This home visiting program serves...
approximately 16 families in all of King County. Its scope is limited to school readiness, and it does not address the extent of challenges identified during the community needs assessment.

**Seattle Indian Health Board (SIHB)** offers home visiting to post-natal mothers to complement their baby-wellness program.

**E. Factors Limiting Home Visiting Services**

Our Community and Scientific Advisory Boards suggested several factors that limit additional investment and capacity for providing home visiting services. These include:

1. Difficulty in developing a culturally relevant program to serve Native people from many different tribes/cultures;
2. No one entity takes ownership for the urban Indian population (unlike among a tribal community);
3. Extremely limited funding available for urban Native populations leading to a lack of resources;
4. Too few resources to maintain quality and investment in training and supervision;
5. Extensive skills and training needed to effectively serve families dealing with multiple stressors from unemployment and unstable housing to mental health and substance abuse challenges; and finally
6. Challenges of recruitment and retention for a geographically and culturally diverse population.

One key informant, an Indian Child Welfare (ICW) Service Provider in King County, explained that a serious limitation on the provision of services to Native families is that there are simply limited resources, and of those limited resources, few are allocated to urban AIAN. Most of the funding and institutional support is directed towards the tribes, due to their status as sovereign entities, not urban organizations. 

Development of IMFP will be the first of its kind in King County. Although there are currently Native-specific programs that serve urban Indians, it will be the first time that we work with the community to develop a program that is culturally appropriate and relevant. This will directly address the first barrier listed and provide a framework that existing and future urban Indian organizations can use to modify or enhance their programs.

While we cannot take full responsibility for the King County urban Indian population, we do recognize the lack of unity and are doing our best to build a network of support and cohesive community (limitation two listed above). Because the early childhood system is tied to everything from housing needs to schools to workforce development, IMFP is an

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9 Interview. ICW Service Provider. April 9, 2012.
Finally, acknowledging the challenges posed by limitations three through six will help us develop a realistic yet ambitious home visiting program that is designed specifically to reduce those limitations.

**F. Existing Recruitment Mechanisms**
At this time there is no county-wide mechanism for referring native families to home visiting programs in the community. Each program develops its own recruitment according to its client base and partnerships with other social service agencies. Participants in the needs assessment process agreed that developing closer ties would improve the referral process and all were interested in partnering with IMFP to ensure that families are served by a program that is the right fit.

**G. Availability of Qualified Staff**
Based on the experiences of UIATF EHS/HS and PHSKC NFP programs, hiring qualified staff who identify as members of the urban Indian community can be a challenge. Home visiting provides a unique opportunity to redefine who we consider to be qualified candidates. We believe (and many evidence-based home visiting programs support this principle) in weighing life experience, empathy, and a connection to the urban AIAN community over academic knowledge of early childhood development.

UIATF truly is a community-based organization and we are starting with a dedicated and knowledgeable staff, including a program manager, program supervisor, and a PCHP home visitor, all who have participated in the assessment process and are familiar with the urban AIAN community. All current IMFP staff are Native.

**H. Support from AIAN Community**
Community members who participated in the needs assessment are excited about IMFP. In fact, they keep asking when it will start. Home visiting can have a negative connotation due to its connection with Child Protective Services and mandated visits but, without fail, when we explain the goal and vision of IMFP (to support and stabilize families with young children), we receive immediate and vocal support from community members, service providers, educators, and leaders. Community members and service providers regularly reach out to the project coordinator when they see a flier or hear a presentation about the future program. As an urban AIAN community, there are no Tribal leaders or Elders but the leadership and Elders from both UIATF and SIHB fully support the development of IMFP and see it as filling a critical gap.

**I. Referral Resources**
At this time there is no county-wide referral system in place to support Native families in the community. During interviews, key informants often mentioned program-to-program referral systems within organizations and with partners but were not aware of any comprehensive networks.

A key informant, Janine Tillotson, Title VII Native Education Intervention Specialist, explained that communication in the AI/AN community is often informal and not always organized, which can make gathering resources problematic. Without an accessible
route to AIAN resources, it can be difficult for people needing services and for providers wanting to provide resources. She said she sees “...a lot of gaps, but good work going on.” She believes the AIAN community needs to build a formal communication system, or at the very least begin bringing together service providers.

As Ms. Tillotson mentioned, King County providers are currently working to build community and share resources in the area. The current project coordinator joined several coalitions and working groups around native resources, early childhood development, and home visiting, all of which will be good starting points for developing a more comprehensive referral system.

**Part 3. King County Capacity for Providing Substance Abuse Treatment and Counseling Services to AIAN**

Only six programs in King County provide culturally-relevant services to AIAN individuals.

**Table 5** on the following page summarizes “Substance Abuse Counseling and Treatment Services for AIAN in King County.”
Table 5. Substance Abuse Counseling and Treatment Services for AIAN in King County

<table>
<thead>
<tr>
<th>Provider</th>
<th>Funding</th>
<th>Populations</th>
<th>Treatment Services</th>
<th>Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Local</td>
<td>Statewide</td>
<td>% of DBHR Funds 2009</td>
<td>% of Private Funds 2009</td>
</tr>
<tr>
<td>Duwamish Tribe</td>
<td>X</td>
<td>X 100% 0%</td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>Muckleshoot Behavioral Health Program</td>
<td>X</td>
<td>X 76.1% 24%</td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>Multicultural Counseling Services, Ltd. (MCS)</td>
<td>X</td>
<td>X 99.4% 0.6%</td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>Raging River Recovery Center – Snoqualmie Tribe</td>
<td>X</td>
<td>X 100% 0%</td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>Seattle Indian Health Board</td>
<td>X</td>
<td>X 99.4% 0.6%</td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>Thunderbird Treatment Center</td>
<td>X</td>
<td>X 100% 0%</td>
<td>X X</td>
<td>X</td>
</tr>
</tbody>
</table>

Source: WA State HV Needs Assessment 2011
* American Indian/Alaska Native
** African American
A. Existing Investments in Substance Abuse Services

Like many social services, the availability of substance abuse treatment and counseling depends on public funds from the local, state, and federal level. Due to budget reductions, future funding for these programs is uncertain.

See Table 5 above for additional information.

B. Individuals and Families Receiving Substance Abuse Services

An ICW Service Provider explained that many tribal programs may serve other tribal members if they consider that person a member of their community. Some local tribes are able to provide a portion of their services to all AIAN, but the process is complicated and people will most likely only be able to access limited care.

Thunderbird Treatment Center and SIHB provide services to all AIAN regardless of enrollment status. Domestic violence counseling is regularly provided or offered to those undergoing substance abuse treatment at both of these locations. The domestic violence advocate at SIHB, Aimee Boyd, leads women’s groups at Thunderbird (required for female residents). She also provides one-on-one counseling at SIHB and Chief Seattle Club and recently began a group at Rose of Lima House. The nearby tribes offer their own domestic violence services.

See Table 5 above for additional information.

C. Existing Substance Abuse Service Delivery Strategies

Programs serving AIAN offer the following types of services: intensive inpatient, long-term residential, recovery house, and acute detoxification. Because there is such a range of programs available in the county, individuals are also able to access acute and subacute detoxification in non-native settings.

The following table (Table 6) includes a list of Seattle area Native AA Group Meetings available online at TheNativeCircle.org. There are many more AA meetings held both within the city and the county but Google and other search sites such as SeattleAA.org did not turn up any other list of Native meetings.
Table 6. Native AA Meetings in Seattle

<table>
<thead>
<tr>
<th>Day</th>
<th>Name</th>
<th>Address</th>
<th>Time</th>
<th>Directions</th>
<th>Bus Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturdays</td>
<td>Totem Pole Group</td>
<td>St. Marks Church 6020 South Beacon, Seattle WA</td>
<td>7:00 pm</td>
<td>South on Beacon; Left on Spencer Parking behind Church</td>
<td>#36</td>
</tr>
<tr>
<td>Saturdays</td>
<td>Women’s Sacred Circle</td>
<td>12794 78th Ave, Seattle, WA 98178</td>
<td>10:00 am-11:30 am</td>
<td>Cross street Renton WA.</td>
<td>#106</td>
</tr>
<tr>
<td>Mondays &amp; Fridays</td>
<td>Native American Group</td>
<td>Trinity Episcopal Church 609 8th AVE Seattle, WA 98104</td>
<td>7:00 pm-8:30 pm</td>
<td>Corner of James and 8th</td>
<td></td>
</tr>
<tr>
<td>Tuesdays</td>
<td>Talking Circle</td>
<td>Yesler St. Terrace House 825 Yesler Way Seattle, WA 98104</td>
<td>8:00 pm-9:30 pm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: TheNativeCircle.org.

See Table 5 above for additional information regarding treatment and counseling services.

D. Quality and Accessibility of Substance Abuse Services

According to the 2011 Washington State Home Visiting Needs Assessment, “the demand exceeds the available resources for drug and alcohol abuse services, preventing those in need from receiving care.”\(^{10}\) Particular gaps identified in the assessment include criminal justice, alcoholism as a chronic disease, opiate substitution treatment, substance use and aging, substance abuse and child welfare, treatment for nicotine dependence, and brief interventions within the emergency departments and health care settings.\(^{11}\)

Beyond these gaps in services available, a program may utilize well-trained and experienced staff, using an evidence-based model – common indicators of quality – but if it does not offer culturally relevant services it is less likely to provide effective treatment. The number of quality programs available to meet the needs of AIAN individuals and families is limited to the six listed in Table 5.

E. Factors Limiting Substance Abuse Services

Findings from both the Washington State Home Visiting Needs Assessment and key informants touched on the need for co-occurring substance use and mental health programs to better treat the symptoms presented by many individuals entering treatment. According to the Washington State Department of Behavioral Health and Recovery, funding continues to be limited despite the growing need. For example, there are waitlists within many treatment programs due to limited capacity. This can result in missed opportunities to admit clients into critical treatment services.\(^{12}\)

\(^{10}\) WA State HV Needs Assessment 2011
\(^{11}\) WA State HV Needs Assessment 2011
\(^{12}\) WA State HV Needs Assessment 2011
Although not always tied to substance abuse, there are also significant gaps in the domestic violence resources available. Key Informant Aimee Boyd, a domestic violence advocate, identified the following limitations: (1) not enough shelters or transitional housing; (2) a lack of prevention – there are not any batterer or perpetrator programs; (3) there are no wraparound services or connections between resources; and (4) domestic violence programs often only serve women 18 and older.

I'm glad you guys are doing this, because there isn't enough research to show that programs like Title 7 are making a difference. I worry about the research – I wish we could show that what we do is making a difference in these students' lives. Some day we're going to have to prove that these programs make a difference and we're going to have to do it with research, because research speaks.”

–ICW Service Provider

Part 4. King County Capacity to Implement and Integrate Home Visiting Services into an Early Childhood System

As mentioned earlier, while there are many early childhood efforts and resources within the county, we have chosen to only highlight those that specifically serve Native families: these are the only programs that might provide culturally appropriate services and thus are the only programs that can be considered truly relevant to the community’s capacity to implement and integrate home visiting services. To clarify, we have not highlighted many wonderful and often culturally competent programs that we hope to partner with in the future but have not developed a relationship with at this time.

The process of conducting a community needs assessment highlighted the challenges and strengths of the current early childhood system and demonstrated the many reasons UIATF is the ideal organization to design and implement a comprehensive home visiting program for the urban Indian population in King County. UIATF’s attributes include the following: (1) UIATF’s history of providing early childhood services and native staff with the experience and expertise to guide the development of IMFP; (2) the shared expertise among urban Indian programs in the King County area and the potential to come together (for resources, training, recruitment, etc.) is very high; (3) community and stakeholder support for IMFP and early childhood programs is very strong; (4) immeasurable benefit from being located close to the University of Washington including a talented and experienced lead evaluator, a well-trained project coordinator, a prestigious and expertise-filled Scientific Advisory Board, and the recruitment of experienced facilitators to help with the community assessment; and finally (5) a large AIAN population that will qualify for the program – many of whom are already connected to UIATF either through the website, Facebook, or attend UIATF-sponsored events.
A. Existing Programs, Services, and Resources in the Early Childhood System

Key informant interviews offered insight into the different ways the native community works in King County. Mary Wilbur, the Native American Education Coordinator for the North Shore Schools, explains “One thing that’s important is to be consistent – in the same place and same time, it helps people getting there.”

One of the strongest networks addressing the achievement gap among Native students within the Native community revolves around the local schools: Title 7 Indian Education Program, Parent Advisory Committees, and most recently, a coalition hosted by the Seattle Indian Health Board (and funded by the Gates Foundation). Janine Tillotson, from the Seattle Public Schools Huchoosedeh program explains, “We serve as a resource and also a presence to remind people about the Native children in the schools.” Activities vary from quarterly culture nights to a parent-driven education alliance on the east side that meets monthly to plan and work with the schools to make sure students are graduating on time and address any challenges such as disciplinary actions or special education referrals. The coordinator says, “The North Shore Education Alliance is multidimensional. “We supplement what the schools are doing. We do “know the facts” about Native American history, which is taught by a retired Native American history teacher. And then we have homework support, then we do cultural programs. Like making drums, storytelling, and stick games.”

Although they vary in structure and involvement, 8 of the 15 school districts have some sort of parent education alliance. The North Shore program serves 251 students, from 87 tribes, in 3 school districts (49 students in Bellevue, 110 students in Lake Washington, and 89 students in North Shore). This alliance has been in the Lake Washington school district since 1975 and is funded at approximately $200 per student. (North Shore is split between King and Snohomish Counties, so not all of those students are eligible for King County services.)

Another important partner within native community is the Native American Women’s Dialogue on Infant Mortality (NAWDIM). NAWDIM began when Public Health Seattle, King County came to Native women in the community to address the startling data and infant mortality rates in Native communities: Native American babies die at more than three times the rate of babies in the King County community. A group of volunteers began working together and recognized in the infant mortality rates the negative effects of multiple chronic stressors such as unemployment, homelessness, violence, racism, social isolation (Native American women experience these stressors at a rate five times higher than the rest of the community). And while this group recognized the value of, and committed to doing, advocacy and research, they also decided that some direct work needed to be done in the Native community. In turn, NAWDIM formed the cradleboard classes to teach a traditional, cultural craft and, at the same time, discuss babies and mortality rates and ask for their wisdom and experience.

13 Interview. Shelley Means. April 19, 2012
Within our own organization we offer many childhood and family services. **Table 7** on the following page lists additional programs that serve as resource for Native families with children from birth to eight.

“That’s the beautiful thing about any traditional teaching – you might get frustrated but there is learning about what to do with that frustration. Or it might be a breeze, and you didn’t realize that you could put something together. And so there is a lot to it.”

– Shelley Means, NAWDIM Co-Coordinator
Table 7. Existing Resources in the King County Early Childhood System

<table>
<thead>
<tr>
<th>Program/Resource</th>
<th>Services Offered</th>
<th>Type of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Seattle Club</td>
<td>Provides services to meet basic needs such as meals, shelter, and transportation assistance. Connects clients to housing resources, job training, counseling services and cultural resources.</td>
<td>Urban Indian Organization</td>
</tr>
<tr>
<td>Cowlitz Tribe Mental Health</td>
<td>Provides mental health services, domestic violence counseling and youth support in the greater Seattle area through a partnership with UIATF.</td>
<td>Tribal</td>
</tr>
<tr>
<td>Duwamish Tribe</td>
<td>Food Assistance program and youth culture group.</td>
<td>Non-profit (non-Federally recognized tribe)</td>
</tr>
<tr>
<td>Department of Children and Family Services (DCFS) Office of Indian Child Welfare (ICW)</td>
<td>Services for native children include child protective services, foster care, dependency guardianship, termination of parental rights, and adoption proceedings.</td>
<td>Federal, state</td>
</tr>
<tr>
<td>Muckleshoot Tribe</td>
<td>Supports the Child Development Center, Head Start, Muckleshoot Tribal School (K-12), Birth to Three Program.</td>
<td>Tribal</td>
</tr>
<tr>
<td>Native American Breastfeeding Coalition of Washington (NABCWA)</td>
<td>Provides culturally appropriate education and information on the benefits and tradition of breast-feeding, and works to normalize breastfeeding among women in Washington State.</td>
<td>Volunteer</td>
</tr>
<tr>
<td>Native American Women’s Dialogue on Infant Mortality (NAWDIM)</td>
<td>Cradleboard workshops and advocacy to improve maternal and infant outcomes among Native women and babies and reduce the infant mortality rate.</td>
<td>Collective</td>
</tr>
<tr>
<td>Seattle Indian Center (SIC)</td>
<td>Provides family support services including the Tillie Cavanaugh Child Care Center, adoption services, emergency services and shelter, a food bank, hot meals, and Kateri House, a group home for the developmentally disabled.</td>
<td>Urban Indian Organization</td>
</tr>
<tr>
<td>Seattle Indian Health Board (SIHB)</td>
<td>Community clinic offering mental health services, domestic violence counseling, substance abuse treatment, and all medical and dental care including prenatal programs. Developing a Native coalition to address the achievement gap in schools.</td>
<td>Urban Indian Organization</td>
</tr>
<tr>
<td>Snoqualmie Tribe</td>
<td>Offers behavioral health services, health clinic and social services, substance abuse treatment, and Indian Child Welfare.</td>
<td>Tribal</td>
</tr>
<tr>
<td>United Indians of All Tribes Foundation (UIATF)</td>
<td>Early Head Start, Head Start, Indian Child Welfare, Parent-Child Home Program, Cradleboard Institute, Pathways to Prosperity, Native Workforce Program, Family Services, Children’s Mental Health (partnership with Cowlitz Indian Tribe)</td>
<td>Urban Indian Organization</td>
</tr>
<tr>
<td>United Way of King County (UWKC)</td>
<td>Early Childhood Initiative</td>
<td>Private, non-profit</td>
</tr>
</tbody>
</table>
B. Quality of Available Services

The quality of the programs available is reflective of the challenges identified by the community during the needs assessment. Community members talked about barriers to services including expected barriers like transportation issues, lack of insurance, difficulties accessing services. But they also described feeling culturally isolated and often discriminated against when trying to access critical services.

From the service provider’s perspective, key informants described a general lack of resources and cohesiveness among AIAN programs. At the Seattle Public School District, the Huchoosedah staff see that the problems their students face are more than just educational, they recognize that overwhelming social problems contribute to learning issues. One key informant mentioned that Native families living in certain parts of the county are often excluded from services because of common perceptions that there are not many natives living there, or that they are all wealthy.

Developing culturally appropriate content is another issue, even among AIAN specific organization. Key informants say that their clients really want to connect to some kind of culture, despite living in urban areas. Unfortunately, tailoring programs for AIAN while acknowledging their diverse backgrounds and cultures will never be simple.

Another service gap exists among services for men. The domestic violence advocate at SIHB had identified the need for perpetrator or batterer counseling, and many other informants mentioned a need to engage dads and provide fatherhood training.

It is also critical to acknowledge the historical trauma that affects interactions with many providers and the schools. One educator says that she thinks families send their children mixed messages around education, “Do well, but be careful, you can’t trust your educator.”

“I think the gaps are just there. They’re just there because our population and their needs can be so invisible to agencies . . . It’s never enough – I wish we could do one a week or ten a week or more – but as it is we do maybe six to ten per year. The number we can do depends on the funding stream and what else is going on.”

-Shelley Means, NAWDIM Co-Coordinator, on offering Cradleboard workshops
C. Developing a Comprehensive and Integrated Early Childhood System

AIAN urban Indian organizations in King County have recognized the importance of developing a coordinated system or wraparound services. During key informant interviews and other outreach efforts, community organizations and service providers were excited to partner with IMFP, recognizing limitations to what they are able to offer and the importance of developing a community-wide effort to improve maternal and infant outcomes.

Key informant Ms. Means offers some insight into the current system.

In terms of overlaps, I cannot imagine where they are. I think there needs to be more collective. The gaps are bigger than any overlaps. I just think the idea of wrapping services around our mothers, even before they’re pregnant, we could be doing more of. And I mean that from a federal, state, and agency level. We have certain programs that serve our mothers, and then there’s a gap, until there is a program like early head start. But there is a gap that for public health reasons, for behavioral health reasons, and early learning/school preparedness reasons, we need that gap to not be there. From pre-conception all the way through college, we should have consistent, responsive, funded services. And, I don’t see that happening anytime soon but I think it’s really what we need to change the intergenerational nature of how our families have been affected, by historical trauma, and I think, we can just – we’re doing our best but it’s still not enough – and I think there’s a role for all of our community organizations to get out there and to say that to the broader community.”

You’ll really be out there, helping families get a start on what they need to do to be better parents and do it in a way that promotes their cultural and their physical well-being in their family and preserve that family or keep that family intact is the main thing.”

– ICW Service Provider

Most agencies in King County have collaborative agreements or other similar partnership agreements. IMFP will pursue relationships and partnerships with other early childhood programs, replicating this commonly used model.

D. Community Governance Structure

UIATF is a 40-year-old non-profit organization that began as a community-organized effort to secure an urban land base and cultural center for the Seattle Native American community in the 1970’s. The Foundation is governed by an elected Board of Directors composed of a minimum of sixteen prominent Seattle Indian community and Washington Tribal leaders who assure that the Foundation accurately reflects the needs and aspirations of local Indian people in all areas of its activity. The Board sets agency-wide policy, supervises the performance of all administrative departments and staff, and receives regular activity and service-level reports from the Executive Director and each Program Director. In 2012 UIATF has hired a permanent Head Start Director and Executive Director, who will act as champions for IMFP as the program develops.
E. Data Collection Capability

UIATF has the capacity to gather data through a variety of community partners and internal mechanisms. This year the Indian Child Welfare program and IMFP will pilot our new data collection system, Efforts to Outcomes, and the balance of UIATF programs will follow in upcoming years. In addition, existing in-house data collection on key social services utilization and outcome measures constitutes one of the primary strengths of UIATF and will be a critical resource in collecting accurate data.

UIATF is already required to submit data to all of our federal fund sources and can access that data at any time. Specifically, we participate in an ACF-required annual community needs assessment for our Head Start programs. Over the years, we have acquired the capacity and experience to gather outside data through our unique relationship with Washington State as a Recognized American Indian Organization.

And finally, once again we benefit dramatically from our proximity to two of the nation’s leading research institutes, the Indigenous Wellness Research Center (IWRI) at the University of Washington (UW) and the Urban Indian Health Institute (UIHI) at the Seattle Indian Health Board (SIHB). IWRI’s vision is to support the inherent rights of indigenous peoples to achieve full and complete health and wellness and its mission is to collaborate with indigenous peoples in decolonizing research, training and knowledge sharing to achieve the vision. IWRI values indigenous sovereignty and collaborative community-led partnerships, resiliency and strength of indigenous peoples, and the unique contribution of indigenous knowledge to health research, practices and wellness. The values of IWRI are materialized through three areas of academic and community work: (1) research; (2) research training via pipeline initiatives and capacity building; and (3) knowledge sharing.

UIHI’s mission is to support the health and well-being of urban Indian communities through information, scientific inquiry, and technology. UIHI serves 34 urban Indian health organizations which provide direct or referral services to AIAN living in 100 select urban counties in 19 states across the country. UIHI is one of twelve tribal epidemiology centers.

Both IWRI and UIHI have already shown themselves to be valuable research partners for UIATF during the community needs assessment through the participation of research and evaluation consultants affiliated with IWRI who assisted us in gathering, assembling and analyzing the data collected and UIHI’s willingness to share their unique expertise and data pertaining to urban Indians.

Our Scientific Advisory Board comprised of IWRI and UIHI experts has already proven invaluable in the first year of IMFP and will continue support us over the next four years though the home visiting implementation planning and evaluation phases of the project.
F. Evaluation and CQI Experience and Expertise

The same expertise and ability to collect accurate and current data informs our capacity to measure the quality of services being delivered to pregnant women, children and families.

“\textit{I always feel like, if we’re safe, and we’re healthy, then the education just naturally improves. And we can grow from there. That doesn’t mean we should stop working on the education but if those other two things are in place, that makes our challenges in education a lot less.}”

- Shelley Means, NAWDIM Co-COordinator

G. Connection Between Early Childhood Programs and the Schools

As described in section 4.a., there is more work being done around the achievement gap of Native children in the schools in King County than in any other single area. In particular, the project coordinator is participating in a local coalition hosted by SIHB comprised of educators, parents, school district representatives and other community members. This coalition is still in its initial planning stages, but will serve as an opportunity to directly address some of the challenges students are facing in schools.

UIATF has over thirty years of experience facilitating the transition of Native children to schools through its Head Start program and will apply that knowledge and experience to this new program.

Part 5. Needs Assessment Process and Lessons Learned

A. Stakeholder Participation and Coordination with Other Needs Assessments

We reached out to a variety of stakeholders, including: AIAN families, AIAN elders, federal agencies (FBI), Washington State agencies (Department of Health, Substance Abuse & Addiction, Mental Health, Medicaid, DSHS, DEL), County agencies (Public Health-Seattle & King County, Mental Health Chemical And Dependency Services (MHCADSD), AIAN-specific agencies and programs in King County (Thunderbird Treatment Center, Seattle Indian Education Program, UIATF Early Head Start/Head Start, Seattle Indian Health Board, Urban Indian Health Institute), Home Visiting Providers (PCHP), local tribes (Snohomish, Duwamish, Cowlitz, and Muckleshoot), and non-profits [United Way, Marguerite Casey Foundation, PEPS (Program for Early Parent Support)].

Many of these groups participated in our needs assessment, either by sharing existing data, providing key informant interviews, participating in focus groups, joining informal discussions, or completing the survey. We made every effort to include a diversity of perspectives, from AIAN families to tribal, state, and local agencies.

While we drew on the Washington State needs assessment - which was completed about one year before we received home visiting funding - for data and data sources,
we also heavily supplemented the information provided, as it was not always AIAN-specific. We also reached out to Tribal Home Visiting programs that had received funding in the first year of the program, including: (1) Fairbanks Native Association; (2) NAPPR; (3) Lake County Consortium; (4) SPIPA; and (5) Port Gamble, S'Klallam. These programs were very helpful in providing contact information to key stakeholders, ideas on possible approaches, and sharing materials they developed. In addition, we collaborated with the existing Head Start and Early Head Start programs at UIATF to share data and information on existing resources.

B. Needs Assessment Methodology
The IMFP needs assessment identified gaps in social, health, and community services experienced by the King County AIAN community through use of: (1) existing data from state, county, and local agencies; (2) collection of focus group data from AIAN caregivers, elders, youth, and home visitors to identify needs that are not identified by existing data; (3) key informant interviews to identify existing programs within King County that provide services to AIAN that are not reported on in other needs assessments; and, (4) collection of survey data from expecting and current parents of young children to determine knowledge of existing services and perceived gaps in available services.

In general, existing national, state, county, and local data matched well with the measures identified in the home visiting benchmarks. In some cases, where the data were not available, we provided proxy measures.

We collected qualitative data in the form of focus groups or “talking circles” to contextualize the quantitative data from existing data sources. We also used qualitative key informant interviews to expand on programs for which the Washington State needs assessment did not include or did not have information.

The quantitative survey was collected as a convenience sample, using Facebook, listservs, posters, word-of-mouth, and existing programs and community events to recruit caregivers of AIAN children ages zero to five or expectant parents of AIAN infants. We sought to explore the needs of families (regardless of family structure) with young AIAN children in King County from their perspectives in order to ensure the IMFP curriculum meets those needs in a culturally congruent, meaningful way. The following provides a detailed description of the methodology employed for each major data collection effort.

**Qualitative Methods:**
The research team consisted of the project’s lead evaluator, project coordinator, two qualitative data analysts, and two focus group facilitators. All research team members received human subjects training and qualitative facilitation training specific to working in AIAN communities. The lead evaluator and project coordinator developed instruments for key informant interviews and focus groups based on the research questions of the project, home visiting guidance, and examples from round one grantees. They tailored
questions to be relevant to a broad array of programs and participants. The instruments were reviewed and validated with the Scientific and Community Advisory Boards. After the instruments were developed, the project was submitted to the University of Washington’s Institutional Review Board and determined to be exempt as it is for primarily programmatic rather than research purposes. As the data collection and analyses moved forward, select members of the research team continued to meet every two weeks to share updates on recruitment and discuss the analysis process.

**Qualitative Data Collection:**
Data were collected using both focus groups and key informant interviews. Key informant interviews were held with five service providers who had intimate knowledge of working with the AIAN community in King County, providing home visiting services, or both. Research team members familiar with organizations providing services to King County AIAN communities generated a list of potential key informants. This initial list was then prioritized based on the relevance of the service provided and/or the extent of the individual’s work with AIAN communities. Key informants were recruited via an initial email invitation and then multiple follow-up email contacts and telephone calls. Trained members of the qualitative research team conducted semi-structured interviews in person or over the phone (with in person interviews being preferred whenever feasible) using an interview guide (see Appendix B). Open-ended questions were designed to elicit interviewee’s knowledge of existing services and experiences working in partnership with other service providers, as well as to learn about the barriers and successful practices they had identified through their work. Looking forward to the launch of IMFP, key informant interviews also provided an opportunity to begin building relationships with other service providers so that Ina Maka can effectively complement their work and fill existing gaps in service provision. Wherever possible, two members of the research team participated, one to conduct the interview and one to take detailed notes. Notes were typed within 24 hours of the interview. Key informants were offered a $20 grocery store gift card to thank them for their time.

Focus group participants were recruited by emails from United Indians of All Tribes Foundation’s lists of current and potential clients and by advertising via flyers at United Indians and partnering organizations, such as the Seattle Indian Health Board. A total of 12 focus groups were held. Most were held as talking circles at community dinners. After a group meal and a brief introduction to the program, participants were segmented based on their relationship to young families. Groups included youth, elders, parents, and service providers. Trained research team members led focus groups, or talking circles, using focus group guides (see Appendix C). Most focus groups lasted 45-75 minutes, depending on the size and interest of the group. Other focus groups were held at Seattle Indian Health Board’s elders program and at United Indians’ Head Start and Early Head Start program. Childcare was provided, and $20 gift cards were offered to all focus group participants. A total of 80 people participated in focus groups. All focus groups were recorded and professionally transcribed.
**Qualitative Data Analysis:**
Focus group transcripts were analyzed using a content analysis-based approach.\(^{14,15}\) Texts were read to generate themes. Members of the research team then finalized a codebook together, which one researcher used to code all of the text. Themes were then applied to texts in an iterative process, with some themes being changed, removed, or added as necessary. A selected portion of the text was coded by two members of the research team to demonstrate that the codes could be consistently applied to the text.

**Quantitative Methods:**
Survey participants were recruited from three sources: (1) existing UIATF program enrollment lists; (2) local health clinics; (3) existing AIAN community birthing and parenting classes; and, (4) the UW Spring Powwow. The sample was a convenience sample, but limited to parents or guardians of AIAN children ages 5 or younger or expectant mothers/fathers of an AIAN infant living in King County. From the UIATF enrollment lists, about 1000 AIAN community members received a recruitment email inviting their participation and providing information on the study. A Participant Information Statement was also included. The email invitation included a contact number and email for the Program Coordinator. Recipients who called or emailed were provided a URL link to the online survey. A separate email including the Personal Identification Number (PIN) was sent to allow participants to enter the online survey and ensure only that participant was able to access the survey. Personal identifiers such as mailing address and telephone number were collected but no link between the PIN and personal identifiers was retained after the incentive was mailed. The survey questions asked about perceptions of current policies and practices related to home visiting and use of traditional culture as a means of education and wellness (see Appendix D). Follow up emails requesting survey participation were sent on Day 11, Day 18, and Day 25 to those who did not log into the survey and those who had begun but not submitted the survey. Respondents who failed to complete the survey within 30 days from mailing the initial letter were removed from the list. The survey took approximately 25 minutes to complete. Upon completion of the online survey, respondents were mailed a thank-you letter and a $20 grocery store gift card and their names were removed from the contact list. About 50 participants responded to email recruitment.

We used community centers and local events to distribute recruitment letters and study information to potential survey subjects via a poster and take-away informational sheets. We also hosted a booth at the UW Spring Powwow and a table at the Seattle Indian Health Board for 3 to 6 days. We asked interested individuals to contact us by email or by telephone, and we also made a paper survey available. We then used the website to log into the survey and use a separate PIN number for each new respondent to enter their data online. Each participant received a $20 grocery store gift card upon

\(^{14}\) Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures, and measures to achieve trustworthiness. Nurse Education Today. 2004; 24:105-112.

submission of the survey. About 150 survey participants were recruited through the Seattle Indian Health Board clinic. About 20 were recruited from local parenting classes. An additional 80 were recruited through the UW Spring Powwow.

**Quantitative Data Analysis:**
The data was reviewed and cleaned by the Lead Evaluator. 12 respondents were removed as they did not report a King County zip code and/or they reported they did not have a caretaking role for an AIAN child under 5 years of age. Survey data analysis was conducted using STATA 11 (StataCorp. 2009. Stata Statistical Software: Release 11. College Station, TX: StataCorp LP.), a statistical package designed for health services and other population level analyses.

**Existing Data Collection:**
Federal, state, and county agencies were in general extremely helpful in obtaining benchmark data. The Program Coordinator met with agency officials at multiple state, county, and other local health and social service agencies, and submitted multiple data requests to obtain updated information. Census 2010 data continues to be updated, and therefore some estimates are from previous years. In addition, certain estimates for AIAN community members were small, and therefore agencies could only provide aggregate data over a few years.

**C. Successes and Challenges**
**Strong Community Support:** The major factor that facilitated our needs assessment process has been the strong community-wide support for improving AIAN children’s lives. Stakeholders across the county from all backgrounds, agencies, and interests have consistently voiced the need to provide more services for AIAN children, their parents, and their families to reduce health inequities, improve academic achievement, and give these children a better chance at overall success.

**Experienced and Diverse Scientific & Community Advisory Board:** We recruited a wide range of community members and scientific advisors. They are all leaders in their respective fields and advocates for the King County AIAN community, and are familiar with the intricacies of the many systems at play across services available to AIAN families. Advisory board members represent the following major areas of service: (1) foster care; (2) breastfeeding advocacy; (3) mental health; and (4) research in AIAN communities. Many of the Advisory Board members are AIAN and many have lived and worked in King County for an extensive period of time. We have included a detailed background on each advisory board member in Appendix E.

**Committed and Experienced Existing Staff:** Also critical to the success of the IMFP needs assessment are the UIATF program manager and other staff who have provided a foundation of support for this effort. Lynette Jordan (Colville-Ojibwe) provides strong leadership for the IMFP program and direction from her experience as both a community member and as a social worker for over thirteen years. Tina Fox (Tlingit) UIATF Parent Child Home Program Coordinator, also serves as a key source of support
and direction, providing entrée to forums and groups that address AIAN child and family health issues. Together, these women have shared the social capital they have garnered with IMFP to enable a broader and more meaningful reach across multiple sectors of the AIAN community in King County.

**Interim Community Champion:** We also experienced a number of challenges. At UIATF, there has been an ongoing process to identify and hire a permanent Executive Director. We understand the need for a community champion, to bolster support for this program and its integration into the community and in the existing support network. While this remains a challenge, the Acting Executive Director provided strong support for this program and encouraged other community programs to align their efforts with ours. This support has provided an opportunity for us to work more closely with existing programs. We look forward to future collaboration with the new Executive Director, Kelvin Frank (Chippewa Cree).

**Staff Changes:** We lost the initial Lead Evaluator/Program Coordinator, Domin Chan, PhD, to another agency in November 2011, only four months into the project. This created some disruption in the search and training of a new Program Coordinator and progress on our needs assessment. However, we were able to promote a member of our evaluation team, Myra Parker (Mandan-Hidatsa-Cree), JD, PhD, to the Lead Evaluator position and as she has been involved since the project inception, she was able to ease the impact of this potentially disruptive transition. Further, we identified a well-trained Project Coordinator, Katherine Hess (Native Hawaiian), MPH. Katherine recently graduated from the University of Washington Community-Oriented Public Health Practice master’s program in the School of Public Health. Her training has proved to be a tremendous asset to IMFP in gathering and synthesizing critical information and making essential community connections at all levels.

**D. Lessons and Findings**

The results of our qualitative and quantitative data collection provide contextual support for the need for home visiting in the King County AIAN community and guidance for our choice of the appropriate curriculum that will best fit the needs of our community.

**Quantitative Results**

The demographics of our survey respondents reflect the findings in our benchmark report. We had a total sample size of 188 in this preliminary report, though we are continuing to collect data to finalize the needs assessment survey. The majority of respondents were women and most were AIAN. 37.2% reported being single with 26.1% reporting being married and 20.7% reporting living with someone. Over 40% reported an income of less than $10,000 per year. 15.9% had not graduated from high school, 33.5% had received a high school diploma or GED, and 33% had some college or technical schooling. About 42.6% were unemployed in the past year.

We found that both women and men have a strong interest in ensuring greater access to a wide variety of services through a home visiting program. The majority of
respondents were the biological mother of an AIAN child (53.2%), though 21.3% were fathers and 12.8% were aunts, grandmothers, or foster parents of an AIAN child under 5 and had primary care of this child.

Twenty-eight percent had lived in their current home for one year or less and 10.6% had moved two or more times in the past year. About 33% reported 5 or more people living in their home. Thirteen percent reported homelessness or unstable housing in the past year. A lack of money (67%), anxiety or stress (54.8%), running out of food (37.8%), unemployment (52.1%), and depression (35.6%) were the five most commonly reported problems experienced in respondents’ households in the past year.

43% of respondents had participated in a UIATF program before. 38.8% had experienced a home visit and 21.9% had experienced a mandated home visit. Participants noted that the most common changes they made to accommodate home visitors was cleaning and organizing their home. Several noted that the home visitors who came were awkward in relating to AIAN, unfriendly, biased, rude, and judgmental. Others felt their home visiting experience was intrusive and there was a lack of understanding on the part of the home visitor.

Trained community members and Elders were the two most popular types of home visitors hoped for in the future home visiting program. 70% of respondents felt it was important to have an AIAN home visitor visiting AIAN homes. 85.8% of respondents felt it was very important that the home visitor be professionally trained. 28.6% felt home visiting could be helpful in homes with a newborn, presenting an opportunity for education and awareness.

While the majority of respondents felt all groups could benefit from home visiting, parents who have problems with alcohol or drugs were thought to be the most in need of home visiting services (73.1% and 69.8%, respectively). Parents who are homeless (71.4%) and those with children experiencing emotional or behavioral issues (71.4%) were also thought to be in need of home visiting services. AIAN teen parents (61.3%) were another group respondents felt could benefit from home visiting.

Respondents identified transportation as a major barrier (89.9%). Bus vouchers were the most popular form of transportation assistance identified (82.2%).

88.2% thought it would be important to make maternal, infant, and newborn health services available to AIAN community members, particularly emphasizing prenatal care (72.3%) and substance abuse prevention services (72.3%).

76.5% felt it is important to make child injury prevention services available, particularly offering free safety gear (68.1%).

91.3% of respondents felt it is important to offer child abuse prevention services.
86% felt it is important to make parenting support services available, particularly stress management classes for parents (74.8%), Early Childhood Development training and information for parents (64.7% and 62.2%, respectively), and parent support groups (64.7%).

86.6% felt that it is important to include domestic violence support services. In particular, 72.3% indicated support for anger management classes, 60.5% support emergency shelter, and 59.7% support crisis services.

90.8% supported provision of services designed to assist in overcoming poverty, particularly help with housing (72.3%) and job applications (70.6%).

88.2% felt it is important to provide referral services such as housing assistance (79%) and substance abuse treatment (73.1%).

97.5% of respondents indicated support for including cultural resources in the home visiting program. 77.3% felt use of traditional stories in teaching AIAN children is an important tool to include. 75.6% felt that making healthy AIAN foods available to families is important. 74% felt making AIAN cultural activities available to families is important.

41% of respondents are currently interested in participating in a parenting program.

A detailed table of these results can be found in Appendix F. These findings corresponded closely to our qualitative results summarized below.

**Qualitative Results**

**EXISTING RESOURCES**

**Resources Currently Used**

By far the most commonly named resources included UIATF’s programs (such as early learning programs) and the Seattle Indian Health Board (including their elders services, diabetes group and medical and dental care). Many community participants and elders seemed aware of these two organizations, although that could be due to a recruitment bias (as recruitment was done heavily through the two groups). Other programs specifically for American Indians that participants named at least once include: Three River College; Thunderbird Treatment Center; school liaisons or resource specialists in Kent, Renton, Lake Washington, Bellevue, Seattle, North Star, and Federal Way; culture nights at Indian Heritage and Pathfinder schools; a Native after-school program; tribally-based programs offered by Snoqualmie, Cowlitz and Muckleshoot tribes; and Chief Seattle Club. Participants also identified resources for the general public that they saw being accessed in their families or communities, such as section eight and other

“I think Native Americans kind of work is just the word-of-mouth and – you know, if you use a program, most likely your friend’s using the program.”
– Caregiver
housing assistance through HUD, DSHS, food banks, homeless liaisons and family service coordinators in public schools, food stamps, and free and reduced lunches. Participants felt strongly that word of mouth was the most common way that they learned about services available to them.

**Barrier: Lack of Awareness**

One of the primary barriers to services that community members of all ages and service providers mentioned was a basic lack of awareness. Word of mouth from family, friends, and coworkers, Facebook, or a referral from a service provider were cited as the most common ways of learning about services, and if somebody lacked that network, participants said, they may have no way of knowing. For example, AIAN people who’ve moved to King County recently from across the country may not know where to start. Increased outreach and a comprehensive, centralized listing of available services were suggested as ways to help remedy this problem.

**Barrier: Geography**

Focus group participants reported that urban AIAN are geographically scattered, compounding transportation difficulties and eligibility requirements based on zip code (see below). They shared experiences of traveling long distances by car and public transportation so that they and their families would have access to Native-oriented services. UIATF’s Daybreak Star center was specifically mentioned as being difficult and potentially unsafe to get to, particularly for those using public transit. As Seattle residents have been pushed south (into South and West Seattle or out of the city altogether) by rising housing costs, services have remained concentrated elsewhere. Service providers also commented on the lack of resources for healthy living (like availability of fresh foods and safe parks) in these areas, and perceived it to have a negative impact on health.

**Barrier: Transportation**

Transportation was one of the most commonly mentioned barriers to accessing services. Public transit may be time-consuming or unavailable, or services may not be located close to public transit routes. Even those with cars, participants pointed out, must be scrupulous about how they use expensive gas.

“A lot of the Natives don’t know where to go look for help.”
- Elder

“When you move out then, out of the area, it’s hard. I still, actually, go to the clinic, all the way to the health board, from Renton, for appointments.”
- Caregiver

“Our bus system can only do so much, and walking can only get you so far.”
- Service Provider
Bureaucratic Barriers
Focus group participants identified a myriad of bureaucratic barriers—processes that were designed to enhance convenience for the service providers rather than accessibility for clients. Interestingly, both community members and service providers seemed equally aware of these issues, but from different perspectives. In addition to the barriers described in more detail below, community members mentioned phone calls left unreturned, complicated mechanized phone menus, and lengthy times spent on hold; long wait times at offices (sometimes with small children); waiting lists for services (including housing); excessive and confusing paperwork; lack of awareness on the part of providers about services specifically for AIAN communities; and lack of coordination between service providers. Caregivers and elders perceived that service providers sometimes want to just get their numbers or make referrals for funding rather than being invested in meeting the needs of clients.

For their part, service providers acknowledged many of these same barriers and felt that funding requirements did sometimes prevent them from being able to meet client needs. For example, they told of how limited bus seats and a maximum trip of one hour prevented some South Seattle families from accessing early learning programs at Daybreak Star. Funding, they said, often supports narrowly defined or specific outcomes and can create an environment conducive to competition rather than collaboration between providers. They acknowledged that communication between providers was limited, both in unnecessary ways and because of client confidentiality rules. They also saw “the language that bureaucracy creates” as being a barrier to accessibility.

One of the most prominent bureaucratic barriers addressed by both community members and service providers was eligibility. Programs providing services to AIAN communities limit eligibility by many factors, including substance use (or lack thereof), presence and age of children, place of residence, tribal enrollment status, age, and income. Not only do eligibility requirements keep out people who don’t meet them, but having to navigate them (sometimes including different or conflicting requirements for different services) can be a barrier even for eligible people. And as one parent said of tribal restrictions, “I understand you kind of take care of your own, but at the same time we’d like open arms … there’s not a lot of people out there that are full Native American.”

Finally, another key bureaucratic barrier identified was time. Many services are only available during times that caregivers with jobs are working, making it difficult (and potentially costly, in terms of lost wages) for them to access those services. Caregivers and services providers both identified evening hours as potentially more accessible for working families.

“It’s almost like all these rules have been designed to just be a barrier to providing any help.”
– Service Provider
Barrier: Mistrust of Providers
Elders and caregivers stated that they and sometimes other community members did not access some services because of a lack of trust of services providers. Some caregivers feared that Indian Child Welfare, Child Protective Services, and other service providers were more focused on taking children than supporting parents. Providers acknowledged that this fear could extend beyond government agencies and even include Native-oriented services, especially when staff members were not AIAN themselves. This lack of trust has deep-seated roots, including a history of oppressive treatment in the guise of “services,” current experiences of discriminatory treatment, and services that lack cultural competency for AIAN clients (see below).

Barrier: Culturally Incompetent Services
Both teachers and home visitors, community members felt, could misunderstand and potentially punish AIAN cultural expression. They also specifically identified school systems as lacking cultural competency for AIAN students. Elders also commented on the lack of traditional healing services and the fact that AIAN clients may prefer drop-in services to scheduled appointments. Providers acknowledged that even Native-oriented organizations could employ staff that lacked competence.

HOME VISITING PROGRAMS
Currently Available Home Visiting Programs
Elders knew of some in-home services available to seniors, but none for infants and children. Some caregivers were familiar with some home visiting services for children, and named UIATF’s programs, the Parent Child Home Program, and the Seattle Indian Health Board’s children’s insurance program specifically. They described the programs as promoting early literacy and, to some extent, supporting parenting.

Perhaps unsurprisingly, service providers were more familiar with a variety of home visiting programs and what specific services they provided. UIATF’s Head Start program typically does in-home family visits twice a year for each child to identify needs and refer them to services, as well as community cultural events several times throughout the school year. The Early Head Start program, on the other hand, visits families on a
weekly basis. In addition to offering parent education programs, education on family health topics, consultations with a nutritionist and a therapist when appropriate, they identify and address potential developmental delays early. They also mentioned that some tribal agencies offer similar services.

**Home Visiting Services: Early Learning & Health**

One caregiver spoke at length about the value of early literacy for AIAN children. Elders mentioned the importance of computer literacy and outdoor education, even in early life. Service providers also mentioned that making sure that children are meeting developmental milestones and helping parents learn more about child development (and therefore feel more secure in their childrearing) were important components of a home visiting program. Finally, providers also mentioned the importance of doing well-child exams and making sure that children are up to date on immunizations and oral health needs.

> “If the home visitor comes and teaches the child how to read and teaches whoever is taking care of the kid… tools how to educate our young generation. Without these tools, they’re not gonna be graduating.”
> – Caregiver

> “I would think that they would be pretty well connected with other different resources and could find some way or another to help you get resources or anything, anything that you would need.”
> – Youth

**Home Visiting Services: Referrals, Navigation, & Advocacy**

Community members of all ages and service providers all felt that home visitors should be a connection to resources for families – and in some cases, elders and caregivers said, may further need to help families navigate systems of service provision or even advocate for them. They also both mentioned the need to offer resources rather than force participation, and to respect parents’ authority over children.

> “When I see, ‘I’m gonna go over there and tell them this and that, report that and that,’ that’s not part of helping. That’s part of degrading.”
> – Elder

**Home Visiting Services: Rapport & Support**

Community members and service providers all stressed the importance of building a positive relationship between home visitors and the families they serve. This is important to help overcome potential mistrust, particularly fear of being reported to government agencies and discomfort with an outsider coming in to the home. Supporting parents is viewed as a fundamental goal of home visiting programs. Service providers in particular stressed the power of listening to parents, giving them an opportunity to vent or voice worries and concerns. They felt that trust was a necessary foundation to be laid before a home visitor could help parents effectively.
Home Visiting Services: Visitor Qualities

Elders were particularly concerned that home visitors not be, essentially, mandatory reporters. Caregivers felt that visitors with AIAN heritage would be best able to understand AIAN families and overcome fears or mistrust on the part of parents and other caregivers. There seemed to be consensus that visitors should be very well-informed about local resources to facilitate connecting families with services that could meet their needs.

Culture in Home Visiting Services: Importance & Benefits

There was broad consensus that it is both important and beneficial to incorporate AIAN culture into home visiting services for AIAN families. Community members felt that someone who wasn’t grounded in AIAN culture would misjudge their homes and lifestyles, and wanted someone who would support their desire for a connection to AIAN culture for both themselves and their children. One way of doing this, they said, could be letting families know about cultural activities like powwows, or resources for children to learn dancing and drumming. Some felt that help with things like naming ceremonies would be appropriate, whereas other caregivers said they preferred to do those with extended family members in tribal homelands. Youth were enthusiastic about opportunities to learn more about their heritage, and pointed out that not all families have the “luxury” of knowing about their culture and heritage. Additionally, current home visiting service providers reported challenges using a curriculum that isn’t necessarily culturally relevant to AIAN families, and pointed out the potential health value of learning about native foods. Because connection to culture is seen as a powerful source of resilience for AIAN families, facilitating that connection would be an effective way for home visitors to support families.

However, community members and service providers alike identified challenges to incorporating AIAN cultural enhancements. Urban AIAN communities in King County are very heterogeneous, in terms of tribal and cultural affiliations, multiethnic identities, and the extent and ways in which they prefer to practice various aspects of their cultures. A service provider suggested that the home visitors’ ability to establish rapport, learn about what the family’s cultural interests are, and then meet those interests would help to navigate such diversity. Such visitors would need to be broadly aware of the differences between various tribal cultures and able to adapt to different families. Additionally, caregivers expressed willingness to learn about different tribal cultures as well. As one put it, “It’s good to know about history in general, of all of our people.”
Culture in Home Visiting Services: Elders

There was broad consensus that elders have valuable knowledge to share with younger families, including cultural, historical, and practical parenting knowledge. Elders pointed out that many families already trust them as a source of knowledge and resources. Elders and caregivers alike said that elders’ wisdom gained from their own life experiences could help guide younger families, and that respecting elders was seen as an important cultural value to instill in children. And many urban AIAN families, they pointed out, do not have their own elders for a variety of reasons, and could benefit from elders as support, mentors, and role models. Caregivers and youth expressed a rich appreciation for what they learned from elders, including not only life lessons but history as well. Elders could also pass on cultural knowledge, including language, crafts, and stories, they said.

Elders and caregivers both felt that a relationship could be mutually beneficial, but that an environment outside the family’s home might be most comfortable and offer opportunities for people to develop relationships of their choice. As one elder said, “Just to have someone show up at your door may not follow your tradition, your teaching or compatibility.” They suggested that children could visit elders, and valued the opportunity for community members across the lifespan to come together and foster intergenerational relationships. While some service providers felt that it could be more difficult for younger parents (such as teen parents) to connect with elders, participants in the youth focus groups said that they would welcome elders and did not share similar fears.

Service providers and some caregivers also expressed concern about a home visiting program’s ability to meet the needs of elders who might participate, and suggested that active and self-sufficient elders might be the best match for such a program. As one provider said, “every single one of them’s valuable and important, and they’re full of wonderful information and experience… but they also have needs too, that we need to be both aware of but also able to handle.” Caregivers in turn expressed concern about inconveniencing elders.

CONTEXT OF AIAN COMMUNITIES IN KING COUNTY

Challenge: Historical Trauma

Elders and community members shared family experiences of being in boarding schools, having their families broken up and their languages lost. A caregiver told of how their family had been broken up by relocation programs. Elders in particular talked about the history of inappropriate jurisdiction over families taken by the State of Washington, when tribes should have been involved instead. As a result of historical trauma such as this, one elder posited, “I don’t think we even
understand our own culture.” Historical trauma continues to impact AIAN families today by contributing to isolation from tribes and families and lack of cultural knowledge and resources. It could also be seen as an underlying contributor to many other challenges described here, such as substance abuse and poverty. With connection to culture, family, and community such important sources of resilience for many AIAN families, the losses resulting from such historical trauma have broad implications.

**Challenge: Experiences of Racism & Discrimination**
The legacy of historical trauma appears to be alive and well in AIAN experiences in King County today. Community members of all ages shared many stories of experiencing both blatant and subtle racism from schools, service providers, and the general public. For example, elders cited the recent shooting of John Wiliams by the Seattle Police Department, service providers being too quick to involve Child Protective Services in their families, slurs from passersby on the street, and the lack of inclusion of AIAN data in sources of information about racial disparities as evidence of continuing racism and discrimination. Community members with multiethnic heritage reported that their appearance and their family members’ appearances were perceived in a racialized way by service providers and impacted their treatment. Caregivers expressed fear of how this prejudice would impact their children; as one said, “I wish that my son would grow up not knowing about these stereotypes and not the Native Americans drinking or – all of that.” Parents were also concerned about how their children were treated in school, and cited navigating the school bureaucracy and dealing with inappropriate discipline for their children as a significant source of stress. Specifically, they worried about their children during education about Native American history, when they might be the only AIAN person in the room, and youth validated this concern, telling how they had been singled out and teased by classmates because of what they were taught. One mother told how she beaded her son’s cap and gown and the school district refused to let him wear them for graduation. While community members perceived racism affecting many aspects of their lives, service providers did not identify it as a major challenge in AIAN communities.

**Challenge: Poverty**
Both community members and service providers identified poverty as a significant challenge for many AI/AN families, limiting their access to everything from housing to food, clothing, gas, and prescription drugs. One mother told the story of how Child Protective Services became involved with her family after her children wore dirty clothing to school, when she had no washer and no income to use for doing laundry. Some families struggled with unemployment, while services providers
reported that even fully employed families were often members of the “working poor.” And as one observed, “the financial stress leads to a whole bunch of other stresses.” AIAN poverty can be seen as resulting, at least in part, from the discrimination and history of oppression described above, and as contributing to many other barriers and challenges, from domestic violence to lack of transportation.

**Challenge: Housing & Homelessness**
Focus group participants identified homelessness and housing as a major challenge in their community. Some elders and caregivers shared that they were currently or had been homeless themselves, and service providers in turn said that they worked with a number of homeless families. Even some of those who were not homeless had moved frequently (as much as six times in the last year) for lack of stable housing, or had trouble accessing affordable housing. Shelters, motels, and friends and family were identified as some resources families in need of housing used, but shelter space was seen as inadequate and sometimes shelters do not accept children or break families up. Homelessness, community members said, also produces a lot of fear, especially fear for parents that their children will be taken away from them, that can prevent some of the neediest from accessing services.

“I have two sons and two daughters-in-law, a grandson, a granddaughter, and another grandbaby on the way, and they’re living in an apple box by the railroad track.”
- Elder

**Challenge: Sub stance Abuse**
Community members identified substance abuse and particularly alcoholism as a source of stress for AI/AN families, with some sharing that they had parents, children, or a partner that abused substances. They saw this as affecting not just the individuals struggling with substance abuse, but their entire families as well. And they pointed out that sometimes, tragically, alcoholism could lead to death.

“It caused a lot of extra stress for me and it took time from my child. That person, I felt like they were draining me and my focus was on the person and less focus on my child.”
- Caregiver

**Challenge: Domestic Violence**
Community members saw domestic violence as a source of stress for some AIAN families. They saw other forms of stress, like money worries, contributing to it, and in turn domestic violence contributing to homelessness and other problems. Service providers agreed that it was something they saw families dealing with on a regular basis.

“I’ve had no electricity, no water, no income…And, a lot of it turned out from domestic violence, fleeing domestic violence and not having a place to move to or live.”
- Caregiver
Challenge: Mental Health
Community members mentioned that they saw people dealing with depression, post-traumatic stress disorder, suicidality, and other mental health challenges. Access to and acceptance of treatment (including pharmacotherapy when appropriate) was also mentioned by one elder as a challenge. Like other challenges described here, mental health issues cannot be seen in a vacuum but rather as deriving from and contributing to other stressors AIAN families deal with.

Resilience
In the face of challenges ranging from historical trauma to access to transportation, members of AIAN communities in King County are incredibly resilient. Being connected to culture and engaging in supportive relationships were the two most commonly discussed sources of resilience, and using culturally appropriate services was also described as potentially helpful. However, focus group participants also mentioned a wide variety of creative strategies for dealing with stress, such as writing poetry, going for a walk or a drive, and having a pet.

Resilience: Connection to Culture
One of the most important sources of resilience for AIAN families that community members and service providers identified was maintaining and developing their connection to Native culture. Community events such as powwows and culture nights were cited as one way to maintain this connection. Groups like drumming or dancing groups can offer opportunities for cultural expression as well as being a supportive community in and of themselves. Caregivers felt strongly that they wanted their children to learn about and be proud of their culture, and youth in turn expressed desire to learn more about and participate in their culture. Caregivers and service providers also felt that being around elders was an important way to learn about and participate in their cultural heritage. Finally, one service provider discussed the power of traditional spiritual practices, including prayer and song.

Resilience: Supportive Relationships
Having a supportive network was described as a vital source of resilience by community members and caregivers alike. Caregivers mentioned family activities like playing basketball, playing board or card games, going for a walk, and going to the library or the park as ways to relieve stress together. Calling a friend or family member was also seen as a valuable strategy for dealing with stress. Some participants shared that they themselves or people they knew relied on family members for housing, transportation for themselves or their children, and caregiving. While

“Depression.”
– Youth

“I think going to community events, like powwows, is really stress releasing for me.”
– Caregiver

“You turn to your people, even though you might not be related to them. You turn to the people that you trust like the natives and the elders.”
– Service Provider

Youth
relative caregiving can certainly be an additional source of stress of families, it can also be seen as a source of resilience as family members share their resources with those in need. Supportive relationships also facilitated cultural connections (described above), as friends and family members share cultural resources with each other ranging from letting them know about culture nights to telling traditional stories or encouraging attendance at powwows. Laughter and humor were also mentioned by several caregivers as a way to enjoy and build relationships, relieve stress, and even express a cultural value.

**Resilience: Culturally Relevant Services**

Community members identified culturally relevant services, like counseling or self-help materials, as ways to address stress in their lives. Community members also discussed the value of being able to share information about services with each other – learning about resources from a friend or family member, and seeking resources to share with loved ones. In fact, many focus group participants did just that during the group, letting other group members know of services that had been helpful to them or that might assist with an issue brought up by another participant.

**Summary**

While the AIAN community in King County faces many risk factors and systemic barriers such as discrimination and lack of services, it retains many protective aspects of all AIAN communities. Respondents to our survey and participants in our focus groups expressed strong support for AIAN culture as a way to reach and support AIAN families in King County. Youth were especially interested in learning about ways to gain cultural knowledge and support. Elders were very interested in learning about ways to become involved in sharing their experience and cultural knowledge. While the tribes represented in the AIAN population in King County are diverse, respondents articulated a commonality of respect for culture, elders, and the role of mothers and fathers that is intertribal and crosscutting.

“Counselors do help a lot to kind of integrate into what we have, what our beliefs are, to help us, to help ourselves.”
- Caregiver
Appendices

Appendix A. Acronyms

AIAN: American Indian / Alaska Native
EHS: Early Head Start
HS: Head Start
ICW: Indian Child Welfare
IMFP: Ina Maka Family Program
IWRI: Indigenous Wellness Research Institute
NFP: Nurse Family Partnership
PAT: Parents as Teachers
PCHP: Parent Child Home Program
PHSKC: Public Health Seattle, King County
SIHB: Seattle Indian Health Board
UIATF: United Indians of All Tribes Foundation
UIHI: Urban Indian Health Institute
Appendix B. Key Informant Questions

Key Informant Questions

My name is {insert name} and I work with the United Indians of All Tribes Foundation. Thank you so much for agreeing to participate in this interview for the Ina Maka Family Program Needs Assessment. I really appreciate your taking the time to be here today. American Indian and Alaska Native community members recommended that I ask you to participate.

I expect that this discussion will last approximately 40 minutes.

For this project, I am interviewing experts in county, state and local health and social service agencies to assess:

1. Current policies and practices concerning [American Indians / Alaska Native early childhood development / home visiting / substance abuse] programs in your agency;
2. Current agreements with tribal and other agencies; and,
3. Perceptions of the effectiveness of existing programs in outreach to American Indian and Alaska Native families in King County.

I will begin by asking you some questions about the home visiting programs in your agency.

1. Please talk about the different types of [education / home visiting / substance abuse] programs you are involved in or know about that are based in your agency. Please provide the name of the program and whether it serves AIAN in King County.
2. Are there gaps and/or overlaps in tribal and local programs that affect the King County AIAN families served in the programs you are involved in or know about?
3. Does your agency engage in any agreements (such as cooperative or data sharing agreements) with local/tribal programs? Please describe how these agreements work in your experience.
4. Are there joint projects that tribal and local agencies or programs participate in to provide outreach to AIAN families in King County?
5. Please describe any challenges or opportunities you see in improving outreach to AIAN families in King County.
6. Would you and your agency be interested in partnering with United Indians as we develop our home visiting program?

Those are all the questions I have today. Thank you so much for participating in this interview. Thank you for sharing your expertise.
Appendix C. Talking Circle Guides

Talking Circles Guide

Opening Statement for all Focus Groups:
(After participants have read the consent document and agreed to participate)

Thank you all for participating in this important discussion. Tonight we heard about some of the health and wellness issues in the King County American Indian and Alaska Native community. Now we would like to hear about your ideas for how American Indian and Alaska Native families in King County can stay strong and healthy.
First let’s set some ground rules for the discussion:

1. Can we all agree to keep the issues raised by people in this discussion private? This means we’re not going to talk about what individuals say here tonight with others. (wait for assents)
2. If you have a comment, please raise your hand. I will give you the chance to speak after the last person finishes their thoughts. I will say the name that is on your name tag. This will help when we write the notes so we know that a new person is talking.
3. Please try to keep your comments to no more than a few minutes. We have a large group, and we would like to hear from everyone.
4. Please turn your cell phones and pagers to vibrate.

Questions for Elders:

1. Do you feel American Indian and Alaska Native families use community support services that are available if they are having problems? (For example, services could include parent training, housing assistance, etc.)?
2. How easy is it to access community support services? Are there major barriers to getting help from these types of programs?
3. Do you know of any home visiting services available to people you know? What services do they provide?
4. How important is it to include culture in the home visiting services offered? (Examples: help with naming ceremonies, providing access to traditional stories, etc.)
5. How do you feel Native families could benefit from elders visiting them in their homes?
6. Are there special problems or sources of stress that Native people and Native families face in your communities?
7. What are some ways families deal with stress in your communities?

Questions for Youth:

1. Do you feel young families in your communities use community support services that are available if they are having problems? (For example, services could include parent training, childcare, etc.) }
2. How easy is it to access community support services? Are there major barriers to getting help from these types of programs?
3. Do you know of any home visiting services available to you? What services do they provide?
4. How important is it to include culture in the home visiting services offered? (Examples: help with naming ceremonies, providing access to traditional stories, etc.)
5. How do you feel Native families could benefit from elders visiting them in their homes?
6. Are there special problems or sources of stress that young people have in your communities that we should be aware of? (e.g., lack of employment, lack of transportation, gangs, domestic violence, etc.)
7. What are some ways young people in your communities deal with stress and other problems?

Questions for Parents:

1. Do you feel American Indian and Alaska Native families use community support services that are available if they are having problems? (For example, services could include parent training, housing assistance, etc.)
2. How easy is it to access community support services? Are there major barriers to getting help from these types of programs?
3. Do you know of any home visiting services available to you? What services do they provide?
4. How important is it to include culture in the home visiting services offered? (Examples: help with naming ceremonies, providing access to traditional stories, etc.)
5. How do you feel Native families could benefit from elders visiting them in their homes?
6. Are there special problems or sources of stress that Native people and Native families face in your communities?
7. What are some ways families deal with stress in your communities?

Questions for Service Providers:

1. Do you feel American Indian and Alaska Native families use community support services that are available if they are having problems? (For example, services could include parent training, housing assistance, etc.)
2. How easy is it for Native families to access community support services?
3. Do you think the existing services meet the cultural needs of American Indian and Alaska Native families?
4. How do you think home visiting programs can help King County American Indian and Alaska Native families be strong and healthy?
5. Do you know of any home visiting services available to Native families? What services do they provide?
6. How important is it to include culture in the home visiting services offered? (Examples: help with naming ceremonies, providing access to traditional stories, etc.)
7. How do you feel Native families could benefit from elders visiting them in their homes?
8. What sources of stress do you see Native families facing in King County?
9. What ways do Native families deal with stress that are helpful? Do you see families using any coping mechanisms that are not helpful?

Acceptable Prompts:
1. Please tell us more about why you feel that way.
2. Can you explain that statement a little?
Appendix D. Home Visiting Survey

Section A: Demographics

This first set of questions ask about you and your family. In some questions, please note that we have abbreviated “American Indian or Alaska Native” as “AIAN” for clarity.

1. Please enter your Zip Code: ____________

2. Please tell us your age: ____________

3. Have you been employed full or part time during the past 12 months? (Please circle your response.)
   a. Yes
   b. No

4. What is your gender? (Please circle your response.)
   a. Male
   b. Female
   c. Other: ___________________

5. How would you categorize yourself? Would you say you are… (Please choose all that apply.)
   a. American Indian / Native American
   b. Alaska Native
   c. Canadian First Nation
   d. Native Hawaiian or Pacific Islander
   e. Hispanic or Latino/a
   f. Black or African American
   g. Asian
   h. White
   i. Other: ___________________

6. Are you enrolled in a tribe or are you a descendent from a tribe or other American Indian or Alaska Native group? (Please circle your response.)
   a. Yes
   b. No

7. What tribe or AIAN group are you affiliated with? ______________________________

8. Do you have a child or children who is enrolled in a tribe or a descendent from a tribe or other AIAN group? (Please circle your response.)
   a. Yes
   b. No

9. Is this child or are these children your biological children? (Please circle your response.)
   a. Yes → Skip to Question 11.
   b. No
10. If not, what is your relationship to the child(ren)? (Please mark all that apply.)
   a. Grandmother
   b. Aunt
   c. Foster Parent
   d. Cousin
   e. Sibling
   f. Other: ___________________

11. What is your relationship to the child(ren)? (Please circle your response.)
   a. Mother
   b. Father

12. Do you live in King County for all or part of the year? (Please circle your response.)
   a. All of the year
   b. Part of the year

13. How many years have you lived in your current home? (Please circle your response.)
   a. Less than one year
   b. 1 year
   c. 2 years
   d. 3 years
   e. 4 years or more

14. How many times have you moved to a new home in the past 12 months? (Please circle your response.)
   a. 1 time
   b. 2 times
   c. 3 times
   d. 4 or more times

15. What is your current marital status? (Please choose all that apply.)
   a. Married
   b. Single
   c. Widowed
   d. Living with a partner but not married
   e. In a committed relationship but not living together
   f. Divorced or Separated

16. Would you say your partner is involved in raising your children? (Please circle your response.)
   a. Yes
   b. No

17. What is your personal annual income? If you are not sure, please give your best guess. (Please circle your response.)
   a. Under $5,000
   b. $5,000 - $6,999
   c. $7,000 - $9,999
   d. $10,000 - $14,999
e. $15,000 - $19,999
f. $20,000 - $24,999
g. $25,000 - $34,999
h. $35,000 - $49,999
i. $50,000 or more
j. I prefer not to answer

18. What is the highest grade or year of school you have completed? (Please circle your answer.)
   a. Elementary School (Kindergarten – 5th grade)
   b. Middle School (6th – 8th grade)
   c. High School (9th – 11th grade)
   d. 12th grade or GED
   e. College 1 – 3 years (some college or technical school)
   f. College Graduate (4 years or more)

19. How many people live in your home? (Please circle one.)
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5
   f. 6
   g. 7 or more

20. The next question asks about household members. Have you or anyone in your household had any of the following problems in the past 12 months? (Please circle all that apply.)
   a. Not enough money
   b. Unemployment
   c. Running out of food before the end of the month
   d. Depression
   e. Anxiety or Stress
   f. Problems with paperwork to get assistance (e.g., food stamps or welfare)
   g. Getting along with your family
   h. Legal problems
   i. Unstable housing
   j. Homelessness
   k. Poor housing conditions (e.g., pests, getting things fixed)
   l. Problems with a landlord
   m. Caring for a sick or elderly family member
   n. Getting childcare
   o. Complications in pregnancy
   p. Getting enough work
   q. Problem with alcohol use
   r. Problem with drug use
21. Have you or others in your household found reliable assistance in meeting your housing needs? (Please circle your response.)
   a. Yes
   b. No
   c. Do Not Know

22. Do you or others in your household have any housing needs that have not yet been met? (Please circle your response.)
   a. Yes
   b. No
   c. Do Not Know

23. Please describe your housing needs and which services you access to help you meet those needs.

_________________________________________________________________________________

24. Have you ever participated in a program based at United Indians of All Tribes Foundation? For example, Head Start, Early Head Start, Foster Care, etc. (Please circle one.)
   a. Yes
   b. No
   c. Not Sure
   d. Prefer Not to Answer

25. Have you ever served on active duty in the US Armed Forces, Military Reserves, or National Guard?
   a. Yes
   b. No

Section B: Home Visiting

The next few questions ask for your opinions on home visitors. Home visitors are health workers or social service providers who make visits to families in need. Sometimes they offer health care or referrals. Sometimes they make required visits to check on the health and wellbeing of children and other family members.

26. Have you ever had a health or social service provider come to your home on a visit? (Please circle one.)
   a. Yes
   b. No
   c. Prefer Not to Answer

27. Would you feel comfortable having a health or social service provider come to your home on a visit? (Please circle one.)
   a. Yes
   b. No
28. Which type of a health or social service provider would you feel most comfortable with on a visit to your home? (Please choose all that apply.)
   a. Registered Nurse
   b. Midwife
   c. Social Worker
   d. Community Member trained in health or social services
   e. AIAN Elder
   f. Other: __________________________

29. Have you ever had a mandated home visit from a health or social service provider? “Required” means that a judge or social service worker required your family to allow a home visitor to assess your home environment. (Please circle your response.)
   a. Yes
   b. No → Skip to Question 31.
   c. Prefer Not to Answer

30. If yes, did you feel comfortable having a health or social service provider coming to visit your home? (Please circle your response.)
   a. Yes
   b. No

31. If no: What was uncomfortable about the home visit you received?
___________________________________________________

32. What type(s) of visitor have you had come to your home? (Please check all that apply.)
   a. Nurse
   b. Midwife
   c. Social Worker
   d. Trained Community Member
   e. AIAN Elder
   f. Other: _________________

33. Please describe any special changes you felt you had to make before the health or social service provider came to your home.
___________________________________________________

34. Knowing that you have a new baby or are expecting a new baby in your family, do you feel that a home visitor could help you with this change in your life? (Please circle your response.)
   a. Yes
   b. No
   c. Not Sure

35. How important do you think it is for a home visitor to be American Indian or Alaska Native? (Please choose one.)
   a. Very Important
36. How important do you think it would be for a home visitor to be professionally trained in social work, nursing, or a related field? (Please choose one.)
   a. Very Important
   b. Important
   c. Somewhat Important
   d. A Little Important
   e. Not Important

37. What traits do you think are important for a home visitor to have?

 apologized

Section C: Need for Additional Services

The next few questions ask about the types of home visiting services you feel would be helpful for AIAN families in King County.

38. Do you feel there are particular groups in the King County AIAN community that particularly need home visiting services? (Please choose all that apply.)
   a. Parents of premature infants
   b. Parents who need help reading to their children
   c. Parents of children with emotional or behavioral issues
   d. AIAN teens who are pregnant or parenting
   e. Parents who are homeless all or part of the time
   f. Parents using drugs
   g. Parents using alcohol
   h. Parents using tobacco for non-ceremonial purposes
   i. Single parents
   j. Parents expecting their first baby
   k. Families caring for disabled relatives

39. Do you feel transportation is a barrier for AIAN families to get the health and social services they need in King County? (Please circle your response.)
   a. Yes
   b. No

40. If yes: What types of transportation assistance do you feel would help meet the needs of AIAN families? (Please choose all that apply.)
   a. AIAN health van for transport to appointments
   b. Bus vouchers
   c. Taxi vouchers
   d. Health bus that comes to neighborhoods
41. Do you feel there is a need for more services to promote maternal, newborn, and infant health in the King County AIAN community? (Please circle your response.)
   a. Yes
   b. No

42. Please mark all the types of maternal and infant services to which you would like to see AIAN mothers and children have improved access in King County (Please mark all that apply):
   a. Prenatal Care
   b. Substance Abuse Prevention
   c. Substance Abuse Treatment
   d. Preconception Care
   e. Family Planning
   f. Screening for Maternal Depression
   g. Breastfeeding Support
   h. Well Child Visits
   i. Well Mother / Caregiver Visits
   j. Nutrition Programs
   k. Healthy Weight Programs
   l. Safe Sleeping Programs
   m. Birthing Classes
   n. Access to Health Insurance
   o. Help Finding a Doctor
   p. Other: ______________________

43. Do you feel AIAN parents and children in King County need more services that help prevent child injuries? (Please circle your response.)
   a. Yes
   b. No

44. Please mark all the types of child injury prevention services to which you would like to see AIAN families have improved access in King County? (Please mark all that apply.)
   a. Child Injury Prevention Information (e.g., flyers, newsletters, etc.)
   b. Child Injury Prevention Training
   c. Car Seat Installation
   d. Free Safety Gear (e.g., helmets, car seats, etc.)
   e. Other: ______________________

45. Do you feel there is a need for more programming addressing child abuse / neglect that are tailored for AIAN community members? (Please circle your response.)
   a. Yes
   b. No
46. Do you feel there is a need for more AIAN school readiness programs? (Please circle your response.)
   a. Yes
   b. No

47. What types of parenting and early childhood development resources would you like to see available to AIAN families? (Please mark all that apply.)
   a. Early Childhood Development Information for Parents
   b. Early Childhood Development Training for Parents
   c. Early Literacy Training for Parents
   d. Early Literacy Programs for Families
   e. Stress Management Classes for Parents
   f. Parent Support Groups
   g. Other: _______________________

48. Do you feel there is a need for more domestic violence resources specifically tailored for AIAN families in King County? (Please circle your response.)
   a. Yes
   b. No

49. What types of domestic violence resources would you like to see available for AIAN families? (Please mark all that apply.)
   a. Referrals to Domestic Violence Programs
   b. Help in Developing Safety Plans for Families
   c. Training in Domestic Violence Prevention for Families
   d. Anger Management Classes
   e. Caregiver Training in Discipline Practices for Young Children
   f. Crisis Services
   g. Emergency Shelter
   h. Other: _______________________

50. Do you feel there is a need for more resources available to AIAN families to help parents overcome poverty? (Please circle your response.)
   a. Yes
   b. No

51. What types of resources would you like to see available to AIAN families to help overcome poverty? (Please mark all that apply.)
   a. Financial Literacy
   b. Help Getting Unemployment Benefits
   c. Help for Parents and Caregivers Interested in GED Classes or other Coursework
   d. Help with Job Applications
   e. Debt Reduction Planning
   f. Help Finding Health Care
   g. Training in Family Budgeting
   h. Housing Assistance
   i. Vocational or Job Skills Training
   j. Other: _______________________

Ina Maka Family Program
United Indians of All Tribes Foundation
Community Needs Assessment, May 2012
The next few questions ask about “referrals.” A referral is a formal way to direct a client for health care or other services provided by another organization.

52. Do you feel there is a need for programs that provide referrals for AIAN families that need assistance from other health or social service providers? (Please circle your response.)
   a. Yes
   b. No

53. What types of referrals would you like to see available for AIAN families in King County? (Please mark all that apply.)
   a. Health care providers
   b. Mental Health Providers
   c. Substance Abuse Treatment
   d. Substance Abuse Prevention
   e. Welfare Benefits
   f. Housing Assistance
   g. Other: __________________

54. Do you feel there is a need for programs that coordinate referrals for AIAN families that need help from other health or social service providers? (Please circle your response.)
   a. Yes
   b. No

Section D: Role of Culture in Home Visiting

The next few questions ask about your opinions about the role of AIAN cultures in home visiting.

55. Do you feel home visitors should bring AIAN cultural resources into health and wellness visits with AIAN families in King County? (Please circle your response.)
   a. Yes  →  Skip to Question 57
   b. No

56. If not, please explain why you do not feel home visitors should bring cultural resources into health and wellness visits with AIAN families.
   ____________________________________________________________

57. Please mark all of the cultural resources you feel would be useful for home visitors to provide to AIAN families in King County: (Please mark all that apply.)
   a. Use of AIAN stories for teaching children
   b. Use of traditional healing (e.g., smudging, sweat lodge, prayer, songs, etc.)
   c. Making healthy AIAN foods available to families
   d. Bringing elders to homes for visits with family members
   e. Making AIAN activities available to families (e.g., art, carving, beading, canoeing, etc.)
   f. Other: __________________
58. Have you participated in any AIAN parenting groups in King County? (Please circle your response.)
   a. Yes
   b. No

59. How many AIAN parenting groups have you participated in? (Please circle your response.)
   a. 1
   b. 2
   c. 3
   d. 4

60. Please provide us with the name or a description of the parenting group(s) you participated in:

   ______________________________________________________

61. How would you rate the effectiveness of these AIAN parenting groups? (Provide one rating for each non-AIAN parenting group in which you participated.)
   a. Very Effective
   b. Effective
   c. Somewhat effective
   d. A Little Effective
   e. Not Effective
   f. Very Effective
   g. Effective
   h. Somewhat effective
   i. A Little Effective
   j. Not Effective
   k. Very Effective
   l. Effective
   m. Somewhat effective
   n. A Little Effective
   o. Not Effective
   p. Very Effective
   q. Effective
   r. Somewhat effective
   s. A Little Effective
   t. Not Effective

62. Please describe why this program was not very effective in meeting your needs. (Please provide an explanation for each program.)
63. Have you participated in any non-AIAN parenting groups in King County? (Please circle your response.)
   a. Yes
   b. No

64. How many non-AIAN parenting groups have you participated in? (Please circle your response.)
   a. 1
   b. 2
   c. 3
   d. 4

65. How would you rate the effectiveness of this non-AIAN parenting group? (Provide one for each non-AIAN parenting group in which they participated in.)
   a. Very Effective
   b. Effective
   c. Somewhat effective
   d. A Little Effective
   e. Not Effective
   f. Very Effective
   g. Effective
   h. Somewhat effective
   i. A Little Effective
   j. Not Effective
   k. Very Effective
   l. Effective
   m. Somewhat effective
   n. A Little Effective
   o. Not Effective
   p. Very Effective
   q. Effective
   r. Somewhat effective
   s. A Little Effective
   t. Not Effective

66. If it was not effective, please describe why this program was not very effective in meeting your needs. (Please provide one description for each program.)

67. Are you currently interested in participating in a parenting group? (Please circle one.)
   a. Yes
b. No

c. Not Sure

68. What is the best way to provide you and your family program information, opportunities, and updates? (Please circle all that apply.)
   a. Newsletter
   b. United Indians Website
   c. Poster
   d. Flyers
   e. Emails
   f. Letters sent to your address
   g. Letters sent through your child’s school or childcare
   h. Other: ________________________________
Appendix E. Scientific & Community Advisory Board Members

Scientific & Community Advisory Board

**Bonnie Duran, DrPH (Opelousas/Coushatta)**
Bonnie Duran is an Associate Professor in the Department of Health Services at the University of Washington with over 27 years of experience working in public health research, education and practice with a focus on Native Americans and other communities of color. She is also the Director of the Center for Indigenous Health Research at the Indigenous Wellness Research Institute at the University of Washington. In the past 15 years, she has conducted primary and secondary analysis studies of mental disorder prevalence, victimization, and treatment seeking/barriers to care among Native American women attending Indian Health Service (IHS) facilities and men and women from the largest rural reservation communities in the U.S. Dr. Duran has partnered with IHS and tribes in mental health services and HIV research. Another aspect of her empirical work is the development of indigenous theory and community based participatory research methods. Her overall goals are to work with communities to design treatment and prevention efforts that are effective, empowering, sustainable, and that have maximum public health impact.

**Tessa Evans-Campbell, PhD (Snohomish)**
Tessa Evans-Campbell is an Associate Professor in School of Social Welfare, Director of the Institute for Indigenous Health and Child Welfare Research at the School of Social Welfare, and Director of the Center for Indigenous Child Welfare and Community Wellness at the Indigenous Wellness Research Institute at the University of Washington. Her expertise is in the area of American Indian parenting, parenting stressors, and the impact of trauma on Native family wellness.

**Roxanne Finney (Assiniboine)** ICW Program Manager, Office of Indian Child Welfare
Roxanne Finney has previously worked for UIATF for over twenty years. She has extensive background in home visiting and ran the first Ina Maka home visiting program. She brings a wealth of experience in the King County AIAN community.

**Camie Goldhammer, MSW (Sisseton Wahpeton)** Breastfeeding coalition founder
Camie Goldhammer is the Chairwoman of the Native American Breastfeeding Coalition in Seattle. She is a trained mental health therapist, advocating for AIAN women’s rights.

**Therese Grant, PhD**
Therese Grant is an epidemiologist who has worked in maternal substance abuse research, prevention and intervention for over 20 years. She is on the University of Washington School of Medicine faculty, where she is the Ann Streissguth Endowed Professor in Fetal Alcohol Spectrum Disorders, and Director of the Fetal Alcohol and Drug Unit. She serves as Adjunct Associate Professor of Epidemiology in the School of Public Health, and Research Affiliate with the Center on Human Development and Disability. Since 1991 she has directed the UW Parent-Child Assistance Program (PCAP), an award-winning, evidence-based prevention and intervention model working with high-risk alcohol and drug abusing mothers, and their families.
PCAP sites are now located in nine Washington State counties, and at over two dozen locations in the U.S. and Canada.

**Alretta J. Howard (Choctaw)**
Alretta Howard an enrolled member of the Choctaw tribe. She has been working in the field of social services for over 35 years and most specifically in the field of Indian Child Welfare. She also has a background in mental health, Child Protective Services, and academia. Alretta worked for the State of Washington for 15 years doing direct services and supervision. She has worked for Tribes for the past 12 years. She has a Bachelor’s in Psychology and a Masters of Social Work -both from the University of Washington. She currently is the ICW/KIYA Program Manager for the Snoqualmie Tribe and provides direct services as well as program management.

**Janet Huggins, PhD**
Janet Huggins is a licensed clinical psychologist and professional research staff member in the University of Washington Department of Psychiatry and Behavioral Sciences, Fetal Alcohol and Drug Unit (FADU). Dr. Huggins has 20 years experience working with low-income, high-risk, and underserved clinical populations. She conducted clinical research interviews for 25-Year longitudinal prospective study evaluating adverse adult outcomes in a birth cohort prenatally exposed to known levels of alcohol. Dr. Huggins has been the consulting psychologist for the Washington State Parent-Child Assistance Program (PCAP), a three-year home visitation program that intervenes with high-risk mothers who abuse alcohol/drugs during pregnancy. She provides consultation regarding clients with a confirmed/suspected Fetal Alcohol Spectrum Disorder (FASD) and directs research projects conducted within PCAP. She also directed a SAMHSA-funded study (“FAS/ARBD Prevention”) evaluating a year of PCAP intervention in a sample of women who primarily abused alcohol during pregnancy and were at risk for having a child with a FASD. She is currently project director for another SAMHSA study (“Prevention of Methamphetamine Abuse; 2006-2011) exploring the integration of in-home mother-infant mental health intervention for methamphetamine-affected infant/mother dyads. This project also included providing a yearlong intensive infant mental health training program in the community in collaboration with the Michigan Association of Infant Mental Health.

**Joan LaFrance, EdD (Turtle Mt. Chippewa)**
Joan LaFrance is owner of Mekinak Consulting, a management and evaluation service specializing in program evaluation, research, and management studies. In addition to doing program evaluation of educational, social services and health programs, Mekinak consulting has developed a specialized expertise in providing services to Indian tribes and organizations. She is currently working with the American Indian Higher Education Consortium to develop an Indigenous framework for evaluation. She holds a Doctorate in Education from Harvard University and a Masters in Public Administration from the University of Washington. In addition to conducting evaluations, she has taught research and evaluation methods in graduate programs for the University of Washington, Western Washington University and Evergreen State College. She has experience in municipal budgeting, program development and management, group facilitation and curriculum development.

**Crystal Tetrick, MPH (Otoe-Missouria/Munsee)**
Crystal Tetrick is a graduate of the University of Washington’s MPH program and has 14 years of experience in public health. Her area of expertise is American Indian maternal child and infant
health. Early in her career she worked on a Robert Wood Johnson Foundation National Program, the Child Health Initiative. Crystal was the Executive Director of the San Diego American Indian Health Center from 2005-2007. She is a descendant of the Otoe-Missouria and Munsee Tribes. She is currently the Associate Director for the Seattle Indian Health Board’s Urban Indian Health Institute (UIHI). The UIHI is one of eleven tribal epidemiology centers. The UIHI focuses on the nationwide urban AIAN population and provides technical assistance to 34 urban Indian health organizations (UIHO) in 94 select urban counties in 19 states across the country.

**Karina Walters, PhD (Choctaw)**

Karina L. Walters is an Associate Professor and William P. and Ruth Gerberding Endowed Professor in the School of Social Work at the University of Washington. She received her PhD from University of California, Los Angeles in 1995. An enrolled member of the Choctaw Nation of Oklahoma, Dr. Walters founded and directs the University-wide, interdisciplinary Indigenous Wellness Research Institute (IWRI). IWRI’s many notable contributions include hosting the 2010 International Network of Indigenous Health Knowledge and Development conference, a biennial gathering aimed at improving the health of indigenous peoples in Australia, New Zealand, Canada and the United States through indigenous and community-led research, health services and workforce development. Also a recent recipient of the prestigious Fulbright Award where she was an Honorary Visiting Scholar at Ngā Pae o te Maramatanga National Institute for Research Excellence in Maori Development and Advancement at the University of Auckland, NZ, her research focuses on historical, social, and cultural determinants of physical and mental health among American Indians and Alaska Natives. She has published and presented nationally and internationally on her research and mentors numerous American Indian and Alaska Native junior faculty, researchers, post-doctorate, graduate and undergraduate students. She serves as principal investigator on several groundbreaking studies associated with health-risk outcomes among American Indian individuals, families, and communities funded by the National Institutes of Health. These include the HONOR Project – a nationwide health survey that examines the impact of historical trauma, discrimination, and other stressors on the health and wellness of Native Lesbian, Gay, Bisexual, Transgender and Two-Spirited men and women, and Healthy Hearts Across Generations –a project in collaboration with the Tulalip Tribes to design and test a culturally appropriate, feasible and generalizable cardiovascular disease prevention program with American Indians living in the Northwest.
### Appendix F. Survey Data Table

#### Demographics

**Age**
- 15-19: 7 (3.7)
- 20-24: 16 (8.5)
- 25-29: 25 (13.3)
- 30-34: 36 (19.2)
- 35-39: 27 (14.4)
- 40-45: 23 (12.2)
- 45-49: 22 (11.7)
- 50+: 26 (13.8)
- Not Reported: 6 (3.2)

**Gender**
- Female: 133 (70.7)
- Male: 54 (28.7)
- Not Reported: 1 (0.5)

**Race**
- American Indian: 89 (47.3)
- Alaska Native: 31 (16.5)
- 1st Nations & Other: 10 (5.3)
- AI & Other: 33 (17.6)
- Asian: 6 (3.2)
- White: 9 (4.8)
- Black: 3 (1.6)
- Latino: 1 (0.5)
- Other: 6 (3.2)

**Marital Status**
- Married: 49 (26.1)
- Single: 70 (37.2)
- Living with Someone: 39 (20.7)
- In a Committed Relationship: 8 (4.3)
- Divorced: 14 (7.5)
- Widowed: 5 (2.7)
- No Response: 3 (1.6)

**Income**
- Under $5,000: 53 (28.2)
- $5k - $9,999: 23 (12.2)
- $10k - $14,999: 18 (9.6)
- $15k - $19,999: 11 (5.6)
- $20k - $24,999: 14 (7.5)
- $25k - $34,999: 16 (8.5)
- $35k - $49,999: 11 (5.9)
$50k or more 21 (11.2)
Not Reported 21 (11.2)

**Education**
Middle School only 7 (3.7)
Some High School 21 (11.2)
12th Grade or GED 63 (33.5)
Some College or Technical 62 (33.0)
College Graduate 33 (17.6)
Not Reported 2 (1.1)

**Employment**
No 80 (42.6)
Not Reported 4 (2.1)

**Child Relationships**
Have an AIAN child 174 (92.6)
Mother 100 (53.2)
Father 40 (21.3)
Aunt 6 (3.2)
Grandmother 12 (6.4)
Foster Parent 6 (3.2)
Cousin 1 (0.5)
Sibling 1 (0.5)
Not Reported 2 (1.1)

**Years in Current Home**
Less than 1 year 53 (28.2)
1 year 28 (14.9)
2 years 23 (12.2)
3 years 10 (5.3)
4 or more years 72 (38.3)
Not Reported 2 (1.1)

**Number of Moves in Past Year**
1 time 47 (25.0)
2 times 20 (10.6)
3 times 6 (3.2)
4 or more times 5 (2.7)
Not Reported 3 (1.6)

**Number of People in Home**
One 12 (6.4)
Two 27 (14.4)
Three 47 (25.0)
Four 38 (20.2)
Five 33 (17.6)
Six 17 (9.0)
Problems in the home

<table>
<thead>
<tr>
<th>Problem</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No money</td>
<td>126 (67.0)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>98 (52.1)</td>
</tr>
<tr>
<td>Running out of food</td>
<td>71 (37.8)</td>
</tr>
<tr>
<td>Depression</td>
<td>67 (35.6)</td>
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<tr>
<td>Anxiety or Stress</td>
<td>103 (54.8)</td>
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<tr>
<td>Problems with paperwork to get help</td>
<td>18 (9.6)</td>
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<tr>
<td>Getting along with your family</td>
<td>44 (25.4)</td>
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<tr>
<td>Legal problems</td>
<td>31 (16.5)</td>
</tr>
<tr>
<td>Unstable housing</td>
<td>25 (13.3)</td>
</tr>
<tr>
<td>Homelessness</td>
<td>24 (12.8)</td>
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<tr>
<td>Poor housing conditions</td>
<td>32 (17.0)</td>
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<tr>
<td>Problems with a landlord</td>
<td>23 (12.2)</td>
</tr>
<tr>
<td>Caring for a sick or elderly family member</td>
<td>27 (14.4)</td>
</tr>
<tr>
<td>Getting childcare</td>
<td>36 (19.2)</td>
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<tr>
<td>Complications in pregnancy</td>
<td>5 (2.7)</td>
</tr>
<tr>
<td>Getting enough work</td>
<td>50 (26.6)</td>
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<tr>
<td>Problem with alcohol use</td>
<td>26 (13.8)</td>
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<tr>
<td>Problem with drug use</td>
<td>11 (5.6)</td>
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Other Problems:

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<tr>
<td>Truancy</td>
<td>1 (.5)</td>
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<tr>
<td>Health</td>
<td>2 (1.1)</td>
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<tr>
<td>Love</td>
<td>1 (.5)</td>
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<tr>
<td>Transportation</td>
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<td>Foreclosure</td>
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<tr>
<td>Money for Education</td>
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<tr>
<td>Underemployment</td>
<td>1 (.5)</td>
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<tr>
<td>Child Protective Services</td>
<td>1 (.5)</td>
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<tr>
<td>Low Income</td>
<td>1 (.5)</td>
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Homelessness

Reliable Assistance Found

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<th>Count (Percentage)</th>
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<tr>
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<td>16 (8.5)</td>
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<td>16 (8.5)</td>
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<tr>
<td>Do Not Know</td>
<td>6 (3.2)</td>
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Unmet Housing Need

<table>
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<th>Count (Percentage)</th>
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<td>Do Not Know</td>
<td>4 (2.1)</td>
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Other housing concerns (open ended)

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<th>Count (Percentage)</th>
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<td></td>
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<tr>
<td>Section 8 Vouchers</td>
<td></td>
</tr>
</tbody>
</table>
Waiting lists
Orion Center
Finding low income housing

**UIATF Program Participant**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>86 (45.7)</td>
</tr>
<tr>
<td>Yes</td>
<td>81 (43.1)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>11 (5.6)</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>10 (5.3)</td>
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**Served in Military**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
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<tbody>
<tr>
<td>Yes</td>
<td>12 (6.4)</td>
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**Home Visiting**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had a home visit</td>
<td>73 (38.8)</td>
</tr>
<tr>
<td>No visit, but would feel comfortable with one</td>
<td>61 (32.5)</td>
</tr>
</tbody>
</table>

**Type of Home Visitor**

<table>
<thead>
<tr>
<th>Type of Home Visitor</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>57 (30.3)</td>
</tr>
<tr>
<td>Midwife</td>
<td>29 (15.4)</td>
</tr>
<tr>
<td>Social Worker</td>
<td>51 (27.1)</td>
</tr>
<tr>
<td>Trained Community Member</td>
<td>58 (30.9)</td>
</tr>
<tr>
<td>Elder</td>
<td>75 (39.9)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (1.1)</td>
</tr>
<tr>
<td>Any</td>
<td>2 (1.1)</td>
</tr>
<tr>
<td>Someone culturally appropriate</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Lactation Consultant</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Lakota language speaker</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Tribal Social Worker</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>School teachers</td>
<td>1 (0.5)</td>
</tr>
</tbody>
</table>

**Mandated Home Visit**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>89 (74.8)</td>
</tr>
<tr>
<td>Yes</td>
<td>26 (21.9)</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>4 (3.4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Discomfort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilapidated home</td>
<td></td>
</tr>
<tr>
<td>Intrusive</td>
<td></td>
</tr>
<tr>
<td>Awkward</td>
<td></td>
</tr>
<tr>
<td>Not native, not friendly or understanding</td>
<td></td>
</tr>
<tr>
<td>Biased</td>
<td></td>
</tr>
<tr>
<td>Judgmental</td>
<td></td>
</tr>
<tr>
<td>Rude</td>
<td></td>
</tr>
<tr>
<td>Untruthful</td>
<td></td>
</tr>
</tbody>
</table>
### Home Visiting Helpful with Newborn
- No: 27 (22.7)
- Yes: 34 (28.6)
- Not Sure: 51 (42.9)
- No Response: 7 (5.9)

### Importance of AIAN Home Visitor
- Very Important: 61 (51.3)
- Important: 23 (19.3)
- Somewhat Important: 23 (19.3)
- A Little Important: 5 (4.2)
- Not Important: 7 (5.9)

### Importance of Professionally Trained Home Visitor
- Very Important: 78 (65.6)
- Important: 24 (20.2)
- Somewhat Important: 9 (7.6)
- A Little Important: 3 (2.5)
- Not Important: 5 (4.2)

### Groups in King County that Need Home Visiting
- Parents of premature infants: 62 (52.1)
- Parents who need help reading to their children: 62 (52.1)
- Parents of children with emotional or behavioral issues: 85 (71.4)
- AIAN teens who are pregnant or parenting: 73 (61.3)
- Parents who are homeless all or part of the time: 85 (71.4)
- Parents using drugs: 83 (69.8)
- Parents using alcohol: 87 (73.1)
- Parents using tobacco for non-ceremonial purposes: 42 (35.3)
- Single parents: 75 (63)
- Parents expecting their first baby: 68 (57.1)
- Families caring for disabled relatives: 68 (57.1)

### Transportation a Barrier for AIAN Families
- 107 (89.9)

### Transportation Assistance
- AIAN health van for transport to appointments: 72 (67.3)
- Bus vouchers: 88 (82.2)
- Taxi vouchers: 54 (50.5)
- Health bus that comes to neighborhoods: 56 (52.3)
- Carpooling assistance: 42 (39.3)
- Other: gas vouchers: 3 (2.5)

### Promote Maternal, Infant, Newborn Health
- 108 (88.2)
- Prenatal Care: 86 (72.3)
- Substance Abuse Prevention: 86 (72.3)
<table>
<thead>
<tr>
<th>Service</th>
<th>Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Treatment</td>
<td>78 (65.6)</td>
</tr>
<tr>
<td>Preconception Care</td>
<td>54 (45.4)</td>
</tr>
<tr>
<td>Family Planning</td>
<td>83 (69.8)</td>
</tr>
<tr>
<td>Screening for Maternal Depression</td>
<td>70 (58.8)</td>
</tr>
<tr>
<td>Breastfeeding Support</td>
<td>70 (58.8)</td>
</tr>
<tr>
<td>Well Child Visits</td>
<td>70 (58.8)</td>
</tr>
<tr>
<td>Well Mother / Caregiver Visits</td>
<td>69 (58)</td>
</tr>
<tr>
<td>Nutrition Programs</td>
<td>79 (66.4)</td>
</tr>
<tr>
<td>Healthy Weight Programs</td>
<td>69 (58)</td>
</tr>
<tr>
<td>Safe Sleeping Programs</td>
<td>55 (46.2)</td>
</tr>
<tr>
<td>Birthing Classes</td>
<td>70 (58.8)</td>
</tr>
<tr>
<td>Access to Health Insurance</td>
<td>82 (68.9)</td>
</tr>
<tr>
<td>Help Finding a Doctor</td>
<td>55 (46.2)</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>All of the above</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Breast feeding support</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Career counseling</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Domestic violence help</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Focus on building health attachment</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Alcohol-free pregnancy</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Postpartum depression</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Preventing Molestation</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Transportation</td>
<td>1 (.8)</td>
</tr>
</tbody>
</table>

**Child Injury Prevention**

<table>
<thead>
<tr>
<th>Service</th>
<th>Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Injury Prevention Information</td>
<td>52 (43.7)</td>
</tr>
<tr>
<td>Child Injury Prevention Training</td>
<td>69 (58)</td>
</tr>
<tr>
<td>Car Seat Installation</td>
<td>68 (57.1)</td>
</tr>
<tr>
<td>Free Safety Gear</td>
<td>81 (68.1)</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>All of the above</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Child proof home</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Home Care</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Home Injury Prevention</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Sexual trauma, incest &amp; molestation</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>What does Child Injury mean?</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Cradle boards for newborns</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Strollers, carriers</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Visits to the home</td>
<td>1 (.8)</td>
</tr>
</tbody>
</table>

**Child Abuse Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Support Services</td>
<td>100 (84)</td>
</tr>
<tr>
<td>Early Childhood Development Information for Parents</td>
<td>74 (62.2)</td>
</tr>
<tr>
<td>Early Childhood Development Training for Parents</td>
<td>77 (64.7)</td>
</tr>
<tr>
<td>Early Literacy Training for Parents</td>
<td>64 (53.8)</td>
</tr>
<tr>
<td>Early Literacy Programs for Families</td>
<td>68 (57.1)</td>
</tr>
<tr>
<td>Stress Management Classes for Parents</td>
<td>89 (74.8)</td>
</tr>
</tbody>
</table>
### Parent Support Groups

- 77 (64.7)
- Other:
  - Anger Management Classes 1 (.8)
  - Father Involvement Programs 1 (.8)
  - Training on home schooling 1 (.8)
  - Preventing sexual trauma 1 (.8)
  - Program on preventing sexual abuse 1 (.8)
  - All of the above 1 (.8)
  - Cradle board classes for new parents 1 (.8)
  - Immersion programs 1 (.8)
  - Support for families on the school system 1 (.8)

### Domestic Violence Support Services

- 103 (86.6)
- Referrals to Domestic Violence Programs 68 (57.1)
- Help in Developing Safety Plans for Families 60 (50.4)
- Training in Domestic Violence Prevention for Families 71 (59.7)
- Anger Management Classes 86 (72.3)
- Caregiver Training in Discipline Practices for Children 71 (59.7)
- Crisis Services 71 (59.7)
- Emergency Shelter 72 (60.5)
- Other:
  - All of the above 2 (1.6)
  - Child Support Group 1 (.8)
  - Teach Signs of Abuse 1 (.8)
  - Programs to keep couples together 1 (.8)
  - Support Groups 1 (.8)
  - Help mothers explain DV to their kids 1 (.8)
  - Programs to help with trauma felt by kids in foster care 1 (.8)
  - Programs to address sexual abuse and incest 1 (.8)
  - Long term programs to help reach family stability 1 (.8)

### Overcoming Poverty Programs

- 108 (90.8)
- Financial Literacy 78 (65.6)
- Help Getting Unemployment Benefits 58 (48.7)
- Help for Parents and Caregivers for GED Classes 83 (69.8)
- Help with Job Applications 84 (70.6)
- Debt Reduction Planning 75 (63)
- Help Finding Health Care 63 (52.9)
- Training in Family Budgeting 72 (60.5)
- Housing Assistance 86 (72.3)
- Vocational or Job Skills Training 82 (68.9)
- Other:
  - All of the above 1 (.8)
  - More for White moms with AIAN children 1 (.8)
  - Help finding purpose, not just a job 1 (.8)
  - Help with Nutrition 1 (.8)
  - Life Skills 1 (.8)
  - Focus on Long-term Programs 1 (.8)
<table>
<thead>
<tr>
<th>Service</th>
<th>Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help overcoming convictions for employment</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Scholarship assistance &amp; College information</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Finding a job</td>
<td>1 (.8)</td>
</tr>
<tr>
<td><strong>Referral Assistance</strong></td>
<td><strong>105 (88.2)</strong></td>
</tr>
<tr>
<td>Health care providers</td>
<td>84 (70.6)</td>
</tr>
<tr>
<td>Mental Health Providers</td>
<td>80 (67.2)</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>87 (73.1)</td>
</tr>
<tr>
<td>Substance Abuse Prevention</td>
<td>77 (64.7)</td>
</tr>
<tr>
<td>Welfare Benefits</td>
<td>71 (59.7)</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>94 (79)</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>All of the above</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Scholarship and college information</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Sexual Assault &amp; Molestation</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Assistance from tribes</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Education</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Jobs for native performance</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Legal support</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Self-help &amp; stress</td>
<td>1 (.8)</td>
</tr>
<tr>
<td><strong>Cultural Resources</strong></td>
<td><strong>116 (97.5)</strong></td>
</tr>
<tr>
<td>Use of AIAN stories for teaching children</td>
<td>92 (77.3)</td>
</tr>
<tr>
<td>Use of traditional healing</td>
<td>83 (69.8)</td>
</tr>
<tr>
<td>Making healthy AIAN foods available to families</td>
<td>90 (75.6)</td>
</tr>
<tr>
<td>Bringing elders to homes for visits with family members</td>
<td>83 (69.8)</td>
</tr>
<tr>
<td>Making AIAN activities available to families (e.g., art, carving)</td>
<td>88 (74)</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Partnering b/w tribes and Native community programs</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Information/flyers on local events or programs</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Native Language Activities</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Cradle board making circles</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Native stories teaching managing feelings.</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Immersion programs</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Website of native activities</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Information on powwows</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Dance (powwow) lessons, coming of age ceremonies</td>
<td>1 (.8)</td>
</tr>
<tr>
<td>Drumming &amp; Dancing classes for kids</td>
<td>1 (.8)</td>
</tr>
<tr>
<td><strong>Currently Interested in Participating in a Parenting Group</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>28 (23.9)</td>
</tr>
<tr>
<td>Yes</td>
<td>48 (41)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>41 (35)</td>
</tr>
<tr>
<td><strong>Preferred Methods of Contact</strong></td>
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</tr>
<tr>
<td>Newsletter</td>
<td>60 (50.4)</td>
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<tr>
<td>United Indians Website</td>
<td>54 (45.4)</td>
</tr>
<tr>
<td>Method</td>
<td>Count</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Poster</td>
<td>31</td>
</tr>
<tr>
<td>Flyers</td>
<td>40</td>
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<tr>
<td>Emails</td>
<td>75</td>
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<tr>
<td>Letters sent to your address</td>
<td>52</td>
</tr>
<tr>
<td>Letters sent through your child’s school or childcare</td>
<td>29</td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Facebook</td>
<td>6</td>
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<tr>
<td>Twitter</td>
<td>1</td>
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<tr>
<td>All of the above</td>
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<tr>
<td>UIATF Website</td>
<td>1</td>
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<tr>
<td>Seattle Indian Health Board</td>
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</tr>
<tr>
<td>Chief Seattle Club</td>
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</tbody>
</table>
For additional information regarding this document please contact:

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United Indians of All Tribes Foundation
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p. 206-723-6288 ex. 126