

Reducing Substance Exposed Pregnancies to promote healthy communities and thriving future generations



Desired outcomes

- Build sense of community and learn together
- Center our discussion in the historical and current realities of Native people
- Review the story of the Future Generations Collaborative
- Share knowledge of initial evaluation and learning about community partnerships
- Discuss how to apply learning to the Health Department and other stakeholder organizations
- Build robust, mutually-beneficial partnerships



**Cultivates
Shared Values**

**Builds
Community**

A Trauma-
Informed
Model

**Integrates
Native Culture**

**Nurtures
Relationships**

The “Shift”

To address inequalities in:

- Government disinvestment into Native communities
- Native exclusion from government agencies
- Reliance on White-Western dominated processes

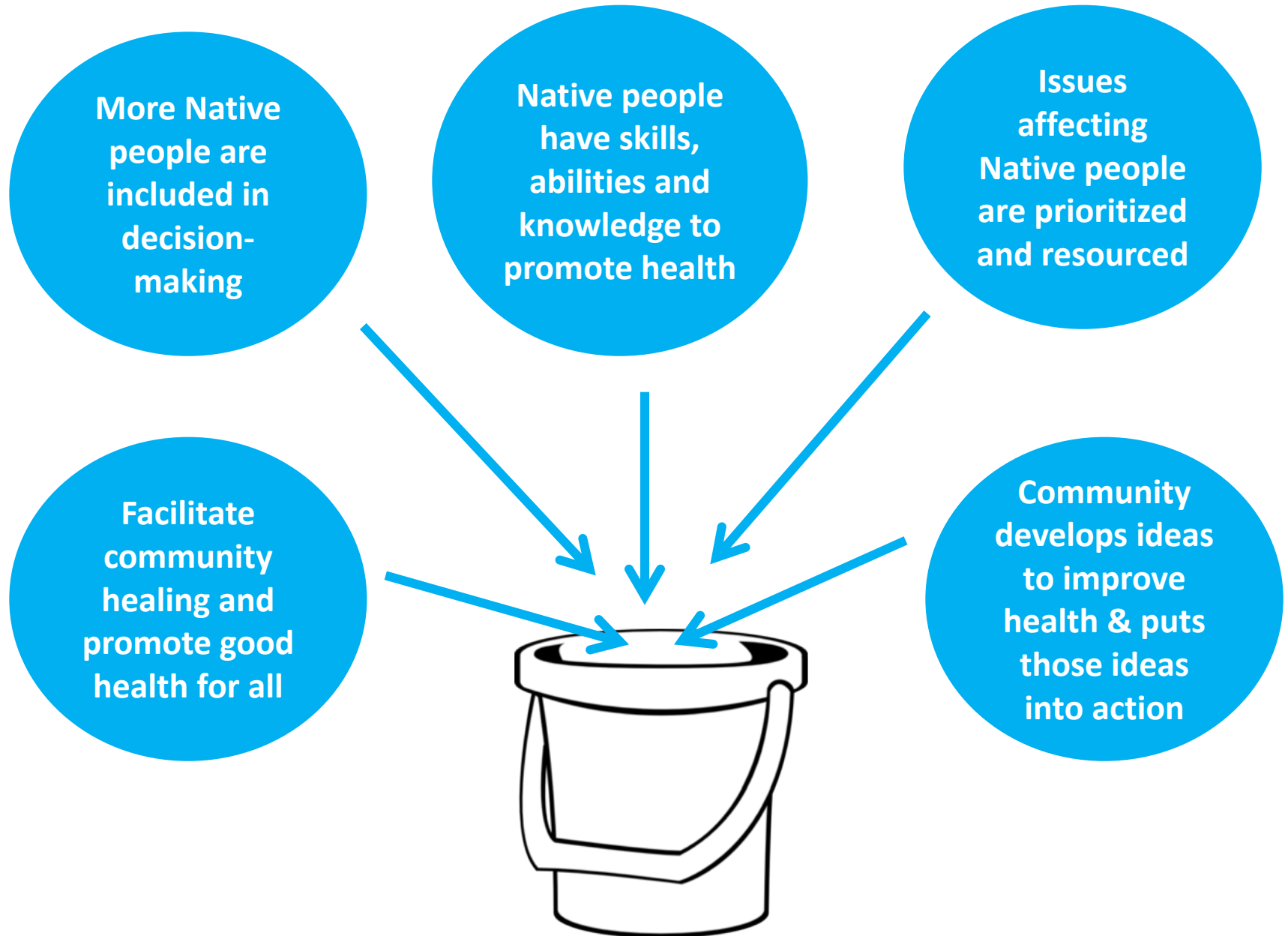
The Trauma-Informed Model:

- Builds community capacity
- Prioritizes Native representation and equitable partnerships
- Relies on Native-driven processes and indigenous ways of knowing and doing

FGC Timeline



Bucket #1: Community-Based Participatory Planning



Bucket #2: Change and Improve Organizations and Systems

Organizations provide culturally-relevant services that meet the needs of the people

Trauma-Informed Approaches are used to improve relationships & partnerships

Native people and organizations have healthy, trusting relationships

Organizations commit to reducing substance-exposed pregnancies

Governments & systems take responsibility for helping to improve health



Preventing the next 5000 high utilizers

Health Inequities in Native Community

- Highest birthrate
- High rate of teen pregnancies
- Substance use before, during and after pregnancy
- Diabetes
- Obesity
- Social risk factors
- Lack of medical home

Future Generations Collaborative

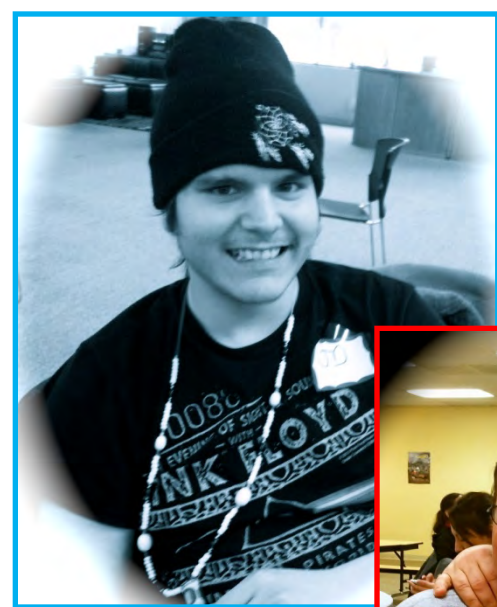


- Historical and inter-generational trauma
- Lack of trust in government/medicine
- Poor access to health services
- Lack of Native health services staff
- Lack of cultural safety in health settings
- Lack of culturally-relevant approaches

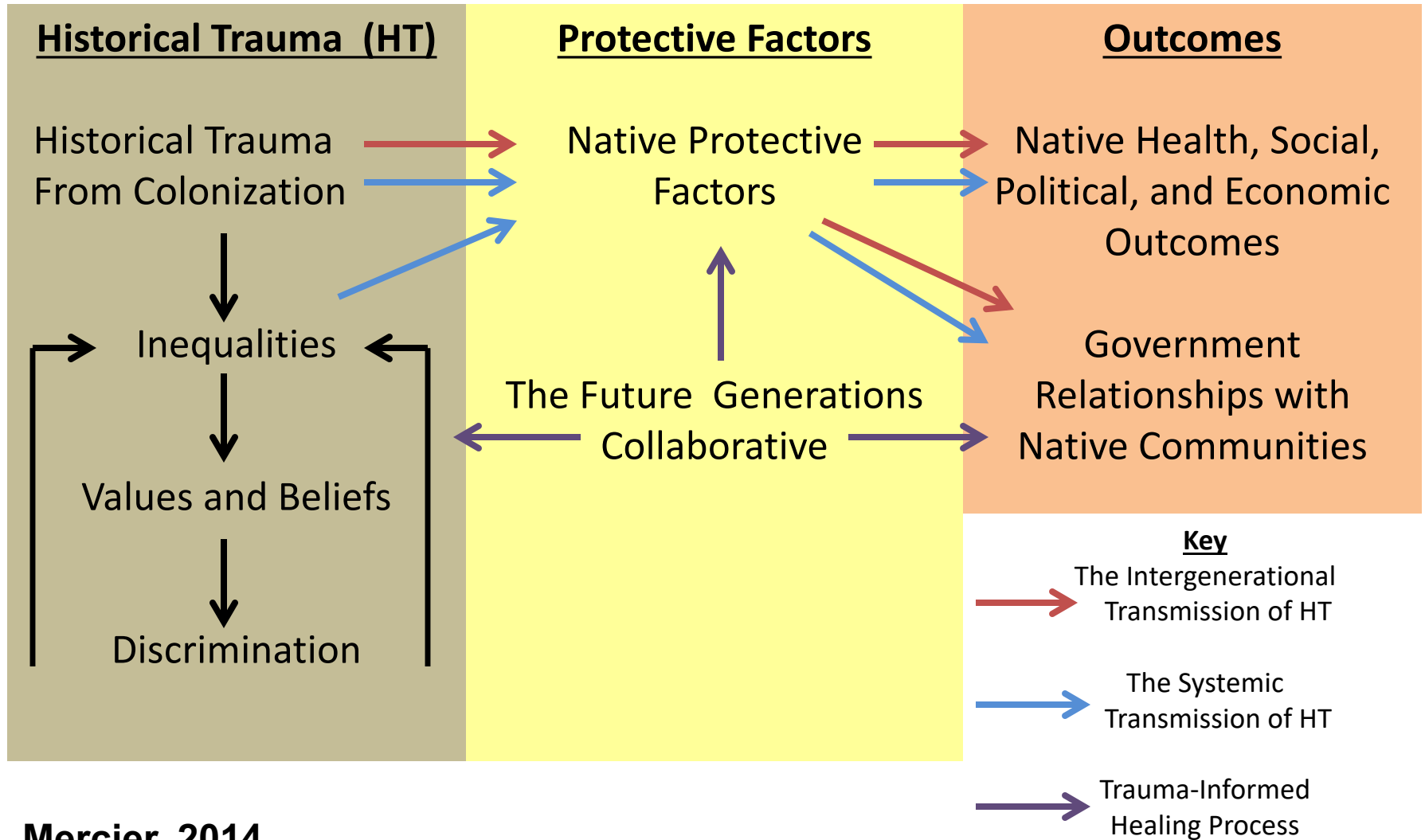
Health Share Metrics

- ✓ Prenatal care initiated in 1st trimester
- ✓ Reducing elective delivery before 39 weeks
- ✓ Developmental screening by 36 months
- ✓ Adolescent well care visits
- ✓ SBIRT
- ✓ Patient experience of care

How is the Trauma-Informed Model working?




The FGC's Trauma-Informed Process



Healing IS happening...



- FGC members confirmed the process:
 - Is **healing relationships** and building trust
 - Serves to **support Native protective factors** and mitigate systemic & intergenerational traumas
 - Prioritizes and promotes Native voices, Native people and **indigenous perspectives**
 - Inspires community members take **pride and ownership in the FGC**
 - Helps to **improve the health and wellness of Native community members**

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- Trust
 - Viscous cycle of intergenerational trauma happening now
 - Intersection of indigenous perspectives & dominant culture
 - Native community is diverse, traumas are profound

Where are we going?



Discussion

- What did you think, feel, see or hear?
- How does this story relate to the stories you hear in your own work?
- In reflecting on your professional role, what opportunities do you have to acknowledge or address historical trauma?
- Are there additional opportunities for partnership or shared learning?
- What questions to do you have?