



Success Story: Intra-Tribal Council of Michigan

Support Network Helps Pregnant and Parenting American Indian Teens Achieve Educational Success

American Indian teen parents in Michigan need support to improve outcomes for themselves and for their children. American Indian communities face higher rates of poverty and lower rates of education and perinatal care. American Indian teen parents face additional challenges due to their young age and lack of economic stability; young parents age 20-24 who have not received a high school diploma are targeted by the project as well, as they face similar challenges and risks.

To date, the project has enrolled and served 224 parents (unduplicated) with home visiting case management services, including 138 teen parents, 44 parents age 20-24 without a high school degree, and an additional 47 pregnant women through the expansion of the existing home visiting program to two additional tribal sites. A total of 1,975 participants have been served through activities designed to address youth empowerment, self esteem, and mentoring along with activities aimed at education related to pregnancy and STI prevention.

Among the Ojibway, Odawa and Potawatomi people, Tribal communities in Michigan collectively known as the *People of the Three Fires*, pregnancy and children are traditionally regarded as sacred, and critical to each tribe's future and identity. However, teens, women, infants and families often do not receive the healthcare and prevention services that they need to maintain good health and wellness. In addition, inter-generational effects of historical oppression, violence, and neglect have impacted health-related and help-seeking behaviors. American Indian teens who find themselves facing pregnancy and parenthood face additional challenges due to their young age, lack of experience and lack of preparation to support a family economically. Gaps in systems and capacity limitations, coupled with significant environmental and behavioral risk factors, have contributed to wide and persistent disparities between Native Americans and Whites in Michigan for a number of health and social indicators. For teens in the target area, 49% smoked during pregnancy and 41% live with others who smoke (2011 Vital Statistics, MI Live Birth Records, Michigan Dept. of Community Health)

Seventy-seven percent of all American Indian births to teen mothers in Michigan were covered by Medicaid (indicating a household income at or below 185% of the federal poverty level); this compares to only 45% of all births in the State being covered by Medicaid. Within six of the 20 counties included in the proposed project target area, 100% of American Indian teen births were covered by Medicaid (2011 Vital Statistics, MI Live Birth Records, Michigan Dept. of Community Health)

The Support Network for Anishinaabe Pregnant and Parenting Teens (SNAPPT) strives to address disparities in maternal, infant, and early childhood health and social indicators among the American Indian population in Michigan, with a special focus on teen parents. It does so by expanding an existing home visiting case management program, the Inter-Tribal Council's Healthy Start Project, to six new counties, including two additional tribal communities, for a total of ten community sites. SNAPPT provides case management, home visiting, individualized education, referrals, follow-up, and



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community education to pregnant and postpartum mothers and their infants under age two. SNAPPT expands the service area from 14 counties to 20 counties. These newly added counties have significant unemployment rates and limited health and human services programs. From 2004-2008, in the 20 county service area, there were 395 American Indian teen births, constituting 13 percent of all American Indian births. In that same area, only 7 percent of White births were to teens. From 2009-2011, there were 292 American Indian teen births (13.6% of all births) compared to only 6% of all White births to teens.

One of SNAPPT's main objectives is to increase the number of pregnant teens who stay in school or enroll in a high school diploma/GED completion program. Program evaluation data indicates that education retention has increased among enrolled teens from 60 percent to 80 percent after six months in the program. Ultimately, the program aims to have 90 percent of its clients meet this goal. SNAPPT offers the following supports to help pregnant and parenting teens achieve educational success:

- Upon enrollment, a Support Coordinator or Healthy Start Nurse conducts a school attendance assessment. The status of the teen's school attendance is reviewed at each monthly follow-up visit.
- Each pregnant teen in the program develops a post-partum education completion plan. The plan includes identification of supports needed (such as provisions for child care) and identifies diploma completion programs and other local opportunities for education and personal growth
- Support Coordinators provide referrals to local alternative education programs when appropriate.
- The program uses Community Resource Manuals, which were expanded to include academic and educational support programs.

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