

Key Informant Interviews with Service Providers to American Indian Communities

A study conducted for the Minnesota Organization on Fetal Alcohol Syndrome

The Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) aims to eliminate disability caused by alcohol consumption during pregnancy and to improve the quality of life for those living with Fetal Alcohol Spectrum Disorders (FASD) throughout Minnesota. MOFAS works to achieve its mission through public policy, education, providing funding to community organizations, and offering resources to families such as screening and diagnosis, support groups, activities and classes.

In August 2012, Wilder Research was contracted by MOFAS to conduct a study to help the organization better understand women's attitudes and perceptions toward alcohol consumption during pregnancy. The study includes a statewide assessment with women across Minnesota to understand women's overall attitudes as well as key informant interviews with services providers to American Indian communities.

MOFAS is interested in learning more about specific cultural communities annually. Because MOFAS already has existing partnerships in place with many providers in American Indian communities, this cultural group is selected in the first year of this study to better understand how to improve existing partnerships. MOFAS plans to study other cultural communities in future years. This report summarizes findings from twelve key informant interviews, including tribal social workers, county social workers, doctors, and other community advocates or resource providers from the following organizations:

- Ain Dah Yung Center
- American Indian Family Center
- Division of Indian Works
- Fond du Lac Reservation
- Hennepin County
- Indian Health Board
- Little Earth Reservation
- Mille Lacs Band of Ojibwe
- Native American Community Clinic
- Red Lake Reservation
- White Earth Band of Ojibwe (2)

MOFAS and Wilder Research originally envisioned key informant interviews with both service providers to American Indian communities as well as American Indian women community members who receive services. However, initial key informant interviews with service providers raised concerns about strong needs for deeper trust building with American Indian communities prior to such outreach. It is important to note that a number of service providers interviewed also identify with the American Indian communities they serve. The information gleaned from these interviews with service providers focuses on culturally responsive ways for MOFAS to strategize continued close and collaborative work with American Indian communities.

American Indian communities' perceptions of alcohol use during pregnancy

MOFAS set out to understand service providers' perspectives regarding what American Indian communities consider a safe level of alcohol consumption to better serve and communicate with these communities. Three-quarters of key informants reported that beliefs about alcohol use during pregnancy in general, alcohol use during certain trimesters, and types of alcohol consumed varies widely. Key informants reported:

“It varies depending on the person – some people believe that wine is still okay and some people don't. Addiction plays a role too where it just doesn't matter what it is. It varies greatly... the majority believe FASD are difficult and hard to deal with, but how you get them is not agreed upon. (tribal resource provider)

“They can drink some. Some of them believe it is throughout. Others believe that after you make it through the first trimester, there is not damage. Some believe that after the third trimester is okay. Some of them do it because of addiction. Don't listen to what is being said. I always tell them that ignorance is not an excuse.” (urban advocate)

Key informants attributed these differences to mixed messages from healthcare providers, underestimations of harm, struggle with physical and mental health problems, unplanned pregnancy, or a history of intergenerational trauma. Following are a few illustrative comments:

“What I've heard from community and some of the women are that they are still being told some amount is safe to drink by doctors... we still have a lot of women who still use while pregnant. And that goes hand in hand with our high rate of substance abuse.” (tribal resource provider)

“Because of intergenerational trauma that perpetuates [alcoholism] in a cyclical manner... a lot of families I work with are intergenerational. For example, I will work with a grandmother, a mom, and a daughter in the same family... women that have kids that have been affected by alcohol now tell me that when they were growing up, it wasn't talked about as being bad... no one knew what it was, so you'd hang out with your friends and have a couple of beers and they would think that it was okay. To even begin a discussion [about] alcoholism, there needs to be a discussion about historical trauma that has occurred. A lot of moms I work with have had things happen in their past. Like they were sent to boarding schools. Taken away from their homes. It's hard to have a discussion about alcoholism without having a historical discussion.” (urban advocate)

“They may have the education. They have been told over and over. I don't know if they believe it though. I think lots deal with other issues that at that time are more pressing to them. It's not a priority when you're addicted to drugs or alcohol or dealing with homelessness or trauma... for some, all their family members are using.” (urban resource provider)

A few key informants mentioned the legality of alcohol may make the substance both more socially acceptable and easier to access. A couple also mentioned drug addiction and use may be seen as more of a problem in the community than alcohol addiction and use. Example comments follow:

“I used to see more alcohol with American Indian women. Now we're seeing pain pills more predominantly. More addictions to pain medication.” (county worker)

“Addiction itself plays a larger role on the reservation because it is more prevalent. But I have not spoken to a lot of people who are addicted to alcohol. Just social service providers who serve those populations who say that it is a huge issue. One thing I can say about the American Indian community is they look at drugs as a more prevalent issue than alcohol when it comes to infants and fetuses. It’s been very difficult to change that whole perception and get them see that alcohol is a long term problem when it comes to affecting an unborn child.” (tribal resource provider)

“I would say, active users, they may quit using the hard drugs [during pregnancy] and just drink because the viewpoint is that it is legal. If it’s legal, they assume it’s okay.” (tribal social worker)

A few key informants also emphasize that many observed perceptions of alcohol use and pregnancy in American Indian communities also apply to broader society :

“Alcohol is very culturally engrained in society across the board... alcohol is a normalized component of socialization. That makes it much more difficult to convince people it is an issue no matter what type of alcohol they are consuming during pregnancy.” (tribal resource provider)

“Regardless of race or culture, at events, including the American Indian community, the question comes up time and time again. My doctor says that wine is safe. It comes up in all communities.” (tribal resource provider)

“Even when women know that alcohol affects pregnancy... they think it won’t happen to them. That they can control by the amount or kind of alcohol... that they are special and their children won’t be affected and I think that’s true in all communities.” (urban resource provider)

The remaining one-quarter of key informants reported American Indian communities believe they should not drink during pregnancy, having learned through family, friends, community outreach programs, and healthcare providers:

“Community is getting the message that no amount is safe... from what I hear or how people answer surveys, community knows... they’ve gotten the message. Everybody knows it’s bad.” (urban doctor)

“I ask every woman how much alcohol is safe to drink. They have all answered no alcohol is safe, but a large amount of those women continue to drink.” (urban resource provider)

American Indian communities’ service challenges

Almost all key informants mentioned fear, mistrust, and shame when asked about the specific issues that create barriers to support or serve women who drink alcohol when they are pregnant. These concerns correspond with historical trauma in the American Indian community. Women fear government services, in this case encompassing healthcare and social services, because they do not want to lose their children or they are uncomfortable visiting Caucasian providers due to concerns with cultural responsiveness. Key informants say:

“There’s a lot of fear of going to Caucasian providers. They are afraid of judgment and being looked down upon.” (urban advocate)

“We talk about a lot of prenatal care and planning and the importance of getting them on insurance, but there is still that fear for them to go to the hospital. Hospitals in the American Indian community are viewed as the same as the social service system. There are a lot of fears of going into hospitals and going into MOFAS.” (urban resource provider)

“Lots of families I work with don’t have outside support and they are worried about child protection, so they are very concerned about getting in trouble if they ask for help.” (urban resource provider)

A few key informants also mentioned fear of child protection is understandable due to communities’ negative experiences with the hospital and social work systems:

“If a woman shows up at the emergency room at Hennepin County Medical Center and she’s pregnant and intoxicated, I do file petitions for commitment on those clients. We have something with hospital. Then they’ll send her to detox after a checkup. After that, I’ll initiate petition for commitment. That can happen without me seeing the person at all.” (county worker)

“They think their kids will be taken away. Partly because social workers imply they will lose [their] child if they are affected... it’s a justified fear because there are some people who think women should be arrested if they are drinking while pregnant. Others are more realistic and say we need to educate and treat with respect and understanding.” (tribal resource provider)

“I think that there is a lot of fear in our community, especially when it is coming from different agencies or providers. It is totally different being a county worker. Working as a tribal social worker is different. There needs to be more understanding and compassion.” (tribal social worker)

A few key informants also mentioned funding for programs, especially funding dedicated to pregnant women and hiring staff to serve this population, is less available. They also mention access issues such as housing, transportation, and childcare are also problematic. A couple illustrative comments follow:

“Lots of services were eliminated, like the doula services, or they weren’t geared at pregnancy. More at parenting. The ones that are out there, if they aren’t funded correctly, they only have one person. We have one person. I’m the only person. We can’t fully deliver or do outreach to pregnant women. The workers are spread thin... there’s no funding out there. And if there is, it’s not being funneled to the American Indian community.” (urban resource provider)

“Aftercare programs for pregnant women. Housing too. Families who are very dysfunctional and not healthy. Their main support system is not healthy and then we expect clients to change their behaviors. Setting up to fail, throw things at them, and we don’t assist them when they go home.” (urban resource provider)

American Indian communities’ outreach suggestions

To increase awareness about the risks to the baby when drinking alcohol during pregnancy, most key informants strongly suggested MOFAS focus more on prevention education. Key informants report this is most effective when women are shown visuals of FASD effects. They report hearing from mothers who have children with FASD or adults with FASD is also important. Key informants suggested MOFAS increase prevention outreach through collaborations with American Indian communities, other nonprofits working toward the same goal, K-12

schools, early childhood education, and the Women, Infants, and Children (WIC) program. Following are a couple illustrative comments:

“Providing education starting in middle school on drinking and drugging during pregnancy and the effect that it has. I think that would be a good way of intervening. Get the information out early and keep it going throughout... it should be mentioned in many different areas. The earlier you reach them, the better. You also need to keep on pushing the information to them throughout the following years.”
(urban advocate)

“I took some women I was working with to a training there and the women said the most effective thing was seeing the pictures and what happens when you drink during pregnancy... when you look at children that are affected, and that’s directly related to drinking during pregnancy, it’s effective.”
(urban advocate)

Most key informants also strongly emphasize that MOFAS should work on building deeper and more consistent involvement with American Indian communities. It is essential for MOFAS to balance outreach and trust building by working more closely with trusted members of American Indians community, so they may begin embedding their presence. Suggestions include becoming more involved with powwows, partnering with youth, and organizing more support groups for women:

“People will say, ‘I know how communities of culture are,’ but when they come in, they are shocked because this community is so much different. People think that they are culturally understanding, but with this community, it is tough to build that trust. You need to build that trust first. I suggest connecting with groups that are already formed in the community. They have already built that trust, so you can piggyback off that.” (tribal resource provider)

“Have some connection with community to begin with instead of just bringing anybody in. It’s very difficult to get your foot in the door in the American Indian community unless you have some relationship that is already standing. It needs to be done in a very gentle way so that we are not shut out. So we can’t force our way in and say this needs to be done. It’s what do you think about this and involve the community a lot in the discussion on why this needs to be done. It’s gonna take a lot more... if one way doesn’t work, gently approach it from another way. Look at all avenues of how we’re going to approach because some people are more inviting than others and it really depends on the individual and their experience with outside people.” (tribal resource provider)

“I know a lot of people have stereotypes about American Indian people. Like that we’re all just a bunch of drunks... in mixed [racial] groups, stereotypes like that just get perpetuated. We should have groups with Native women only. They won’t be judged. They feel like they can be more real and have similar experiences of how they were raised.” (urban advocate)

Key informants also gave several recommendations about how to approach American Indian communities and individuals. Key informants suggest MOFAS prepare for a very long and slow process, advising patience, empathy, and compassion; these are the key factors in listening and understanding, so that MOFAS is thoughtful about the knowledge of historical trauma, the language they use, and the questions they ask. Key informants also suggest genuinely incorporating American Indian traditions, such as smudging, into community gatherings. Following are a few example comments:

“One of the things that I always ask, even as an American Indian myself, I always ask how they like to be addressed. There are many people [who] think they are not American. You need to ask them. There is that piece. Ask them. Don’t just assume. Some people like to be addressed as indigenous. There have been a few times that I have started off that wrong foot. It is taking that time and asking how they would like to be addressed.” (urban advocate)

“Prepare to be disappointed the first few times because they don’t know you yet. It takes time for them to feel comfortable with you.” (urban advocate)

“Smudging is really important to people in the community. There are a lot of places that offer smudging and opening it up that way. That is the biggest one that I have seen.” (urban advocate)

On the other hand, MOFAS should avoid moving too fast, stereotyping, or shaming American Indian communities and individuals:

“Definitely stay away from judgment words. I guess the only thing I see that people do is educate people about cultural values. Make sure that the leg work is done before hand and a lot of questions are not asked when they arrive. American Indian people have a lot of questions asked to them about their culture all the time. Also, don’t assume that everybody is from the same tribe. Let them explain it to you.” (urban resource provider)

“I know at all costs avoiding any kind of stereotype. Or assuming that because someone is Native, that they know about alcoholism. Outright saying that is offensive, even though they might know someone that deals with alcoholism. It is important to just come to the table, not only being a teacher, but being a learner and knowing when they come together, you’re going to be learning something from someone else. Being aware of power dynamics when you do provide information. Come to the table with the mentality that the client is expert. Not to assume that they don’t know anything.” (urban advocate)

“The only really difficult collaborations that we have really had was with legal system. Sometimes organizations are court ordered. They come into the community and tell us what we have to do. Sometimes it is difficult to work with these folks. For us as worker, there is not very many of us, it is very time consuming. We get asked to get on a lot of communities and when we don’t participate, there is negative feedback on us. It should be collaboration and not just them telling us to do. It more useful for us when organization get in the forefront, like in this interview. Early collaboration is very important in this community. There should always be talks beforehand. There should be recognition that WE know what works best for our people.” (urban resource provider)

More than half of key informants mentioned MOFAS should also focus on helping women access a breadth of social services in order to appropriately address alcohol use during pregnancy. This includes increased access to healthcare (physical and mental health), poverty (income and jobs), and therapies for other social issues that may adversely impact alcohol use and addiction. Key informants also mention knowledge of culturally appropriate resources for American Indian women would also be very helpful. A few example comments follow:

“There is a lot of education out there right now, but I’m not sure it is helping. I think we need to get to the root problem of why they are drinking. I think there needs to be more specifics about what happens to your child if you drink when you are pregnant.” (tribal social worker)

“A few women expressed interest in equestrian therapy. I don’t know if there are scholarships to reduce costs with some of the programming.” (urban advocate)

“Some education that needs to happen [is with] the referral process, appointment making, and prep for appointments.” (urban doctor)

Additional mass media is suggested by a few key informants, including public service announcements on television, radio, and bulletin boards, to increase overall awareness:

“Maybe liquor stores could do better with what they say. There could be more TV. Radio... most women we’re seeing now, ninety percent of women drink in the first trimester because they didn’t know they were pregnant. I don’t think we’re doing as good a job with teens and students. Have the message get out more.” (urban doctor)

Service providers’ collaboration suggestions

Many key informants suggest additional communication, relationship building, and improvement of services could be done by hiring American Indian staff member to work specifically with American Indian communities. Key informants detail their advice below:

“Give me a contact person. Somebody that is accessible. I know the program and I know the website and that is it. I need a general contact person. They have gotten so big. I remember when they were really small. It is kind of hard to find out who is who.” (tribal social worker)

“Maybe if they have a few Native American workers... maybe have a partner agency sit in on interviews to hire somebody or making an active approach to hiring Native workers by advertising in the community. Encouraging people to apply and get advice from leaders in the community on what qualities they should be looking for and what are the obstacles. For example, we have a large Ojibwe [community]. It would make sense to hire an Ojibwe woman. And if they can’t find one with the college degree, lower the credentials until you find one. There are lots of things they could do to improve relationship with the community.” (urban resource provider)

“[Work] with more than just one person. Maintaining contact, developing relationships, making name known within powwow circuits, and other activities... would be beneficial to have an American Indian staff member. They could inform them about events and communication strategies. Hire a couple of staff and be more present at community events. Foster relationships with workers and maybe more clients... work directly with agencies, establish relationships, so they can do more projects, and foster those relationships. Being out there in the community so they can be visual and present to the community members.” (urban resource provider)

Key informants also mentioned the need for more and better education materials, need for collaboration between tribes, counties, and nonprofits, and increased cultural responsiveness and consistent messaging from professionals who work with American Indian communities regarding alcohol use during pregnancy:

“I think there are lots of different programs out there that do similar amounts or types of work. There should just be more collaboration instead of competition.” (tribal resource provider)

“I think there needs to be more cultural trainings or a better understanding of where people come from. For example, if you’re a first responder, what are some questions you can ask or how to interact with American Indian populations. Because they can be put off or not want to receive services from you.” (urban advocate)

“Offer [MOFAS] materials in layman terms and to speak in layman terms... if you go into the community and are using all these medical terms, people are not going to understand.” (urban advocate)

American Indian communities’ perceptions of MOFAS

Generally, key informants agreed that MOFAS is better known in the professional community that serves American Indian communities, but are lesser known or not known at all by individuals in American Indian communities. Key informants had a positive view of MOFAS and were glad the organization is trying to do more outreach to American Indian communities. A few of these comments follow:

“MOFAS is amazing. I think what you’re doing right now [the interview] is amazing. Continued collaboration and finding out what works and what doesn’t work and continued efforts in that direction. MOFAS is known in the community. Certainly, there can always be more information that can be put out there. Word of mouth is important. With families and women we work with, we always utilize MOFAS for any trainings that come up or anything that’s happening in the community or general information – we point to MOFAS’ website.” (urban advocate)

“They are known in the professional community... clients won’t recognize it... they work really well with me... Native people typically don’t... go after and foster those relationships with non-native agencies... MOFAS should seek out more workers and more direct providers.” (urban resource provider)

“MOFAS is pretty attuned to that. They’ve come in and are very culturally sensitive. Not everything that works in one community will work here... even on the same reservation. Flexibility, adaptation, and meet needs of individuals. I think their reputation is very positive. They’re very respected. Leadership knows of our connection to MOFAS and are respectful of that and know we work well together.” (tribal resource provider)

Wilder Research recommendations

Findings show the theme of intergenerational trauma interweaved throughout key informants’ answers, from perceptions of alcohol use, challenges serving the population, to suggestions for outreach. It is pertinent that MOFAS demonstrate an understanding of the history of intergenerational trauma in its messaging and outreach efforts. MOFAS should use the findings from this report as a conversation tool to dialogue with service providers in American Indian communities. Overall, it is important that MOFAS continues the conversation to gather feedback, to determine what additional information needs to be gathered, and to decide the best approaches for next steps on how to work collaboratively to improve services to American Indian communities.

**Wilder
Research**

Information. Insight. Impact.

451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700

www.wilderresearch.org



AMHERST H.
WILDER
FOUNDATION
ESTABLISHED 1906

Here for good.

For more information

This summary presents highlights of *Key Informant Interviews with Services Providers to American Indian communities*.

For more information about this report, contact Denise Hanh Huynh at Wilder Research, 651-280-2012.

Author: Denise Hanh Huynh

JULY 2013