## **PROJECT SUMMARY**

Five health centers/organizations serving indigenous women in North Dakota, South Dakota, Minnesota, Nebraska, and Montana are requesting our help to develop group prenatal care in order to reduce infant mortality and negative outcomes among the pregnant women in their communities. Indigenous communities face the highest rates of preterm birth and infant mortality in the Midwest, and have the highest rates of negative outcomes among mothers.

Group prenatal care is an evidence-based intervention that can reduce preterm birth—the number one cause of infant mortality—and improve many outcomes for the pregnant mothers, such as increasing breast-feeding initiation, reducing smoking, etc. Group prenatal care is consistent with native culture, similar to 'talking circles'.

This Global Grant will provide training in group prenatal care to all five communities in 2019. Each site will receive startup funding for two years, data and technical support, and an opportunity to meet together at the start and end of the grant to facilitate problem solving and collaboration.

Goals: ultimately, the project will reduce preterm birth (thus, reduce infant mortality). Health outcomes for pregnant mothers will also be improved. Trust in the medical community and personal empowerment over health will increase prenatal care attendance, which is strongly related to improved health for babies and pregnant women.

Timeline: The Global Grant components are complete as of October, 2018! We are in need of financial commitments to submit this Global Grant application as soon as possible—we aim to submit by the <u>end of January, 2019</u>. Financial support would be need to be submitted by approximately March 2019, upon grant approval.

### **FIVE PARNTERS**

- 1. St. Vincent Health Center and Satellite Indian Health Services Clinic, Northern Cheyenne reservation, Billings, MT
- 2. White Earth Home Health Agency/White Earth Service Unit for Indian Health Services (IHS), Ogema, MN
- 3. Santee Sioux Health Center, Niobrara NE
- 4. Elbowoods Memorial Health Center and Three Affiliated Tribes/MHA Nation MHA Nation, New Town, ND
- 5. Rosebud Health Rosebud Comprehensive Care Facility, Rosebud, SD

These centers conducted formal and informal community assessments and assessed their ability to successfully begin and sustain the program. The five sites have started conducing monthly phone calls together to discuss potential challenges they may face in implementing Group Prenatal Care. They have already submitted letters of support from their Health Centers, Indian Health Services (if required), and their tribal councils.

# **ROTARIAN INVOLVEMENT**

HOST ROTARY CLUB: Fargo-Moorhead AM District 5580

INTERNATIONAL ROTARY CLUB SPONSOR: Thunder Bay (Fort William) District 5580

Rotary Clubs will be responsible for administrative tasks such as regular monthly billing/reimbursement for partners, identifying guidance and support for experts and facilitators, participating/preparing the training and follow-up sessions.

# **ASSESSMENT OF NEED**

Each of the five sites conducted community assessments, per requirements of the Rotary International Global Grant process. In summary, the assessments revealed:

- a need for increased cultural and spiritual connections for pregnant moms,
- belief that pregnant women would benefit from having more social support and group sessions.
- lack of trust in medical providers, which group prenatal care overcome by creating a bridge to formal healthcare.

### **SUSTAINABILITY**

Initial training costs and start-up funds are the primary barrier for communities who wish to implement group prenatal care. Further, when group prenatal care is first implemented, technical support is often needed for the program to overcome challenges and gain momentum. After this initial start-up period, prenatal care—including group prenatal care—is a covered Medicaid benefit.

Therefore, this grant will help sites overcome the major barriers to implementing group prenatal care: technical support, training and start-up funding. After this two-year period, the sites will be able to sustain the cost of group prenatal care after the two-year grant period.

### **BUDGET AND FINANCIAL SUPPORT NEEDS**

The total budget for this project is approximately \$184,000 and includes the following components (full budget details available in the Global Grant application):

- 1. **Training:** All health centers will be trained in group prenatal care techniques in a 2-3 day session, provided by March of Dimes. Transportation, room, and board will be provided to attend the training.
- 2. Individual site support: each site has submitted individual budgets for start-up supplies, such as blood pressure cuffs and other medical supplies, a stipend for elders or other guest speakers to bless the session and/or provide specialized discussions on substance use or other topics of interest, cultural crafts to connect the women with their culture, healthy snacks for the participants, and booklets or other materials for the participants. All sites will receive technical support and data support from March of Dimes, an indigenous group prenatal care expert, and a graduate student at the University of North Dakota.
- 3. **Collaboration/partnership opportunity:** At the end of the grant period, providers will meet again to discuss grant results and plans for follow up.

Total project budget: \$183,986
Total commitments to date: \$19,360
Funds yet needed: \$14,092
Admin fee (5% of club funds) \$1,673

Total yet needed \$15765

**Needed from clubs: \$33452** + admin fee (30% International partners: \$10035; 70% host country: \$23417

D5580 DDF \$66904 (2:1 match)
TRF DDF match \$66904 (1:1 match)
TRF club match \$16726 (.5:1 match)

Total \$183986

\*\*\*\*For more information: D5580 PDG Herb Schmidt, hjs2107@gmail.com, 701-361-0547 and/or Rotarian Alicia Helion Belay, Alicia.helion@gmail.com 701-799-9414