PROJECT ISSUE BRIEF

Healthy Children and Resilient Communities:

Tribal LAUNCH Approaches and Grantee Examples of Integrating Native Culture into Project LAUNCH Programming

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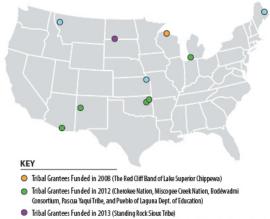
Introduction

Project LAUNCH (Linking Action for Unmet Need in Children's Health) provides grants to American Indian and Alaska Native tribes, states, and U.S. territories in order to promote children's health and wellness from birth to age eight. Grounded in a public health approach, Project LAUNCH facilitates increased access and use of evidencebased prevention and promotion practices by supporting widespread adoption and integration of these practices into existing child-serving systems, such as pediatric primary care, child care, and schools.¹ Among the 60 Project LAUNCH grantees to date, 10 have been federally recognized American Indian tribes or consortia of tribes (see Figure 1).



¹ Project LAUNCH. National Resource Center for Mental Health Promotion & Youth Violence Prevention. https://healthysafechildren.org/grantee/project-launch

Figure 1: Project LAUNCH Tribal Grantees



- Tribal Grantees Funded in 2014 (Confederated Salish and Kootenai Tribes, Indian Township Tribal Government (Passamaquoddy Tribe), and Kickapoo Tribe in Kansas)

Like their state and territorial counterparts, tribal LAUNCH grantees deliver an array of evidence-based and promising practices, increasing coordination between early childhood service systems in order to meet their LAUNCH objectives for supporting young children's development and mental health. For tribal LAUNCH grantees, tribal culture is often foundational to their efforts. The centrality of tribal culture and tribal nation-building aligns with Project LAUNCH's objective to improve and expand the use of culturally relevant prevention and promotion practices in child-serving settings.

This brief describes how tribal LAUNCH grantees have relied on tribal knowledge, beliefs, and practices to inform their Project LAUNCH priorities and enhance their Project LAUNCH activities. Selected examples of grantee efforts to integrate tribal culture into their LAUNCH programming are presented from each of the four LAUNCH cohorts to date that have included tribal grantees, utilizing tribal LAUNCH grantee evaluation reports available as of July 2018² as the basis of the information presented. A set of lessons learned and recommendations for integrating tribal culture into Project LAUNCH efforts is provided. The brief serves as a resource for tribal and other LAUNCH grantees looking to integrate culture into their own Project LAUNCH efforts for supporting the health and wellness of young children and their families. Early childhood systems change leaders outside of Project LAUNCH can also draw on these lessons learned to better address the needs of tribal communities and native children in other programs.

The Project LAUNCH Approach to Child Social-Emotional Health and Wellness Birth to Eight

Grounded in a public health approach, Project LAUNCH promotes widespread adoption and integration of evidence-based prevention and promotion practices into existing child-serving systems, such as pediatric primary care, child care, and schools in order to increase access and Project LAUNCH supports improved use. coordination among different child serving systems, and builds infrastructure to increase the availability of high-quality prevention and promotion practices to facilitate sustainability of LAUNCH-seeded efforts. Project LAUNCH builds on a body of evidence that points to early childhood as a critical developmental period during which the foundations for life-long health are built and in which investments yield returns for individuals and society (Bullock, 2015; Campbell et al., 2014; Garcia, Heckman, Leaf, & Prados, 2014; J.P. Shonkoff, 2014; J.P. Shonkoff, Boyce, & McEwen, 2009).

Project LAUNCH grantees commit to the implementation or expansion of **five core**



prevention and promotion strategies: 1) mental health consultation in early care and education; 2) enhanced home visiting with a focus on social and emotional well-being, 3) family strengthening and parent skills training, 4) developmental screening and assessment in a range of child-serving settings, and 5) integration of behavioral health into primary care. While each strategy supports children's social and emotional health on its own, the collective approach of offering all five in a coordinated child-serving system promises to result in the greatest positive impact.

Since 2008, when the first cohort of Project LAUNCH grantees was funded, there have been six additional cohorts: 2009, 2010, 2012, 2013, 2014, and 2015, the last of which was a group of grantees funded to expand their LAUNCH efforts. A cross-site evaluation of LAUNCH outcomes among the first three cohorts found positive impacts on providers, parents, children, and local systems, as grantees made significant strides in building partnerships and collaborating with relevant agencies to promote and achieve their LAUNCH aims (Goodson et al., 2014).

² Final evaluation reports were used for the 4 grantees whose funding had concluded as of the writing of this brief; the most recent annual evaluation reports (covering the period 10/2016-

^{9/2017)} were used for the 6 grantees whose work was ongoing as of the writing of this brief.

Examples of findings among parents and children include high (generally 80% or more) percentages of parents who reported that, across strategies, LAUNCH programming was somewhat or very helpful for improving parent skills, overall family functioning, understanding children's feelings and how to respond, children's ability to express feelings in an ageappropriate way, children's physical health, children's expressive skills, and children's school readiness. Examples among providers also include the majority (generally 60% or more) reporting some or substantial changes in knowledge of children's social-emotional development and mental/behavioral health, knowledge of options for follow-up services for children with mental/behavioral health, and use of mental health consultation developmental screening in practice settings.

Tribal LAUNCH Grantees: Diverse with a Common Focus

All tribal LAUNCH grantees are sovereign tribal nations, each with their own tribal government that maintains jurisdiction over their lands, and a government-to-government relationship with the United States federal government. As federally recognized tribes, all tribal LAUNCH grantees are afforded the benefits to which they are entitled through treaty rights and trust obligations, including federal funding for healthcare and education.

The 10 Project LAUNCH tribal grantees funded to date are geographically and culturally diverse. Their geographies span the Northeast, Midwest, Southeast, Southwest, and West in the lower 48 United States.³ In some cases, these geographies are traditional homelands – embodying the land, sky, and waters within which tribal beliefs, practices, and lifeways have been carried out for millennia. In other cases, these geographies are the lands that became home after tribes were removed from their

traditional homelands in the face of external forces as United States settlement pushed west. Tribal LAUNCH grantee geographies include both reservations and tribal jurisdictional service areas, which vary in size and population from among the smallest to the largest tribal lands and populations in the country.

Additionally, multiple distinct tribal cultures are represented across and within Tribal LAUNCH grantee communities. These tribal cultures include diverse beliefs, practices, languages, and histories that shape children's and families' experiences. Cultural beliefs and practices shape family relationships and structure (e.g. extended family caregiving), the ways that parents and others guide children in their development (e.g. watchful observation, nongoals for interference), and children's development and behavior (e.g., showing respect for one's elders, learning through quiet observation, or being humble).⁴ Tribal cultures include the family, community, and spiritual traditions that protect children; ground them in their sense of self, community, and place; and provide knowledge for living a healthy and good life (Red Horse, 1997; Sarche, Tafoya, Croy, & Hill, 2016).



Despite their communities' geographic and cultural diversity, tribal LAUNCH grantees all acknowledge tribal culture as an important component of their work. All tribal LAUNCH

parentheses are only examples – they are not assumed to be universal across or within tribal communities or cultures.

³ To date, there have been no tribal LAUNCH grantees in Alaska.

⁴ Each tribal nation includes citizens with diverse tribal and nontribal cultural backgrounds and different degrees of identification with tribal beliefs and practices. Examples provided in

grantees count their community's cultural resources as an asset to their LAUNCH efforts, and many describe their tribal culture as foundational to individual and community health and a source of resilience in the face of hardship. Tribal culture is reflected in tribal LAUNCH grantees' efforts in a variety of ways:

- Tribal grantees include tribal culture in their mission statements and note tribal cultural resources in their communities as major resources upon which their Project LAUNCH efforts can rely.
- Tribal grantees place tribal culture at the center of their intended program outputs, which include: increasing the cultural competence of early childhood providers to work in an informed and effective way with young tribal children and families; increasing the availability of culturally-grounded, adapted, or enhanced prevention and promotion models and curricula; and providing opportunities for parents and

- children to learn about and practice their tribal culture and language.
- Tribal grantees focus on increased cultural knowledge or practices among children and families as part of their LAUNCH outcome priorities.

By embedding tribal culture into Project LAUNCH efforts, tribal LAUNCH grantees seek to make a positive impact on young children's health and wellness. The incorporation of tribal culture into programming for young children and families is embraced by other tribal early childhood efforts beyond LAUNCH, including the ongoing work of Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) grantees (Hiratsuka et al., 2018), Region XI Head Start (U.S. Department of Health and Human Services, Administration for Children and Families, 2012), and Systems of Care (U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, 2016).

Tribal LAUNCH grantees have implemented a variety of models, curricula, and interventions for supporting tribal children and families, as illustrated in Figure 2. Many of the models, curricula, and interventions have benefitted from adaptations or enhancements by tribal LAUNCH grantees to increase their cultural fit. This includes adaptations or enhancements to models, curricula, intervention that have been developed for tribal communities in general but still benefit from adaptations or enhancements that reflect a specific or local tribal context.

Figure 2: Models, Curricula, & Interventions Used by Tribal Grantees

Name of Model, Curriculum, or Intervention	Content	Website	% of Grantees Reporting Use
Touchpoints Informed Practice	Family Engagement & Child Development Practice	https://www.brazeltontouchpoints.org/	60%
Motherhood is Sacred/Fatherhood is Sacred	Parenting	https://www.nativeamericanfathers.org/fatherhood-is-sacred	40%
Family Connections Mental Health Consultation	Mental Health Consultation	http://familyconnections.org/	30%
Positive Indian Parenting	Parenting	http://www.tribaljustice.org/program- profiles/nicwa-positive-indian-parenting	30%
Centering Pregnancy	Group-based Prenatal Care	https://www.centeringhealthcare.org/what-we-do/centering-pregnancy	20%
Triple P	Parenting	https://www.triplep.net	20%
Vroom	Parenting Education Mobile Application	https://www.vroom.org/	20%

Name of Model, Curriculum, or Intervention	Content	Website	% of Grantees Reporting Use
Reach Out and Read	Literacy Promotion	http://reachoutandread.org/	20%
Newborn Behavioral Observation	Relationship Building	https://www.brazeltontouchpoints.org/offerings/nbo-and-nbas/	20%
Wraparound in Indian Country	Care Coordination Process	http://www.nativeinstitute.org/training.htm	10%
Family Spirit	Home Visiting	http://caih.jhu.edu/programs/family-spirit/	10%
Growing Great Kids and Families	Home Visiting	http://www.greatkidsinc.org	10%
Parents as Teachers	Home Visiting	https://parentsasteachers.org	10%
Healthy Native Babies	Sudden Infant Death Syndrome Prevention	https://www1.nichd.nih.gov/publications/pubs/documents/healthy_native_babies_workbook.pdf	10%
Second Step	Conflict Resolution	http://www.secondstep.org	10%
Circle of Security	Parenting	https://www.circleofsecurityinternational.com	10%
Parent Child Interaction Therapy	Child Behavior and Parent-Child Relationship Intervention	http://www.pcit.org	10%
I am Moving I am Learning	Obesity Prevention	https://www.researchconnections.org/files/meetings/ccprc/2007/26/26DHeadStartObesityPrevention.pdf	10%

Tribal LAUNCH Grantee Approaches to Integrating Tribal Culture into Programming

Examples of grantee efforts to incorporate tribal culture into LAUNCH programming have been selected from all LAUNCH cohorts that included tribal grantees.⁵ These examples, though not exhaustive, provide a rich picture of the varied approaches to incorporating tribal culture into LAUNCH efforts by tribal grantees.

Cohort 1: The Red Cliff Band of Lake Superior Chippewa Tribe's Systems Change Efforts to Strengthen Cultural and Community Connections among Early Childhood Service Systems. The Red Cliff Band of Lake Superior Chippewa is located on the shores of Lake Superior in Northern Wisconsin, amid the traditional homelands of the Ojibwe people. The Red Cliff Project LAUNCH program, funded from 2008-2014 (including one no-cost extension year), created an agenda for young children's health and wellness. This agenda was generated by the

The Red Cliff Early Childhood Center and the Red Cliff Community Health Center were two hubs for culturally grounded services. As a result of LAUNCH, a continuum of care was successfully built between the two agencies for children and families. The Red Cliff Community Health Center offered traditional teachings and healing practices, as well as other culturally congruent services, such as those provided by doulas, midwives, and community-based family support programs. In turn, the Early Childhood Center facilitated information gathering from families and community members about the integration of traditional healing practices to inform the health center's approaches. The Early Childhood Center also hosted their own events, such as the

whose work had concluded at the time this brief was written, examples were drawn from their final evaluation reports.

community, aligned across child- and familyserving agencies, and was informed by cultural traditions and beliefs. The agenda furthered the community's longstanding priority to reintroduce and reinforce traditional tribal wisdom and ways into their system of care for young children and families.

⁵ For grantees whose work was underway at the time this brief was written, examples were drawn from their most recent annual evaluation reports, submitted in December 2017. For grantees

Summer Gathering, a week-long community event created and funded through Project LAUNCH that provided cultural, mental wellness. and nutritional activities for families and their children (birth to eight years) to engage in together. Examples of Summer Gathering cultural activities included making birch bark canoes, rock paintings, necklaces, hand drums, black ash traditional baskets, and cradleboards. Sociograms, a system of mapping changes in relationships between organizations, documented strengthened connections between the Early Childhood Center, the Red Cliff Community Health Center, and cultural resources in the community over the course of LAUNCH funding. At the conclusion of Project LAUNCH funding, Red Cliff's cultural and language activities were all being sustained at 80-100%. The Summer Gathering continues to be held in the community each year.

Cohort 4: The Bodéwadmi Consortium's Enhanced Home Visiting Efforts to Deliver a Home Visiting Model Designed for Tribal Communities. The Bodéwadmi Consortium is a confederacy of three tribes located in Southwest Michigan: the Nottawaseppi Huron Band of the Potawatomi, the Pokagon Band of Potawatomi Indians, and the Match-E-Be-Nash-She-Wish Band of Pottawatomi (Gun Lake Tribe). The Bodéwadmi Consortium was funded from 2012-2017. Project LAUNCH funding helped support the implementation of the Family Spirit model of home visiting as part of the Bodéwadmi Consortium's enhanced home visiting strategy. Family Spirit is an evidence-based home visiting model originally developed with tribes in the Southwest but used by tribes across the country because of its cultural tailoring for tribal communities (Barlow et al., 2015). Family Spirit is designed for paraprofessional delivery from pregnancy to three years post-partum.

A total of 2,527 Family Spirit home visits were delivered in years 2-5 in the Nottawaseppi Huron and Pokagon Bands to 197 children, 143 families, and 69 pregnant women. Assessments of parenting pre- and post-Family Spirit showed positive gains. Because of the relationships that were cultivated between the Family Spirit home

visiting program and primary care, providers noted better coordination of care for children and families and growing awareness by the primary care program of the importance of supporting early development. Family Spirit was expected to continue after Project LAUNCH funding ended because of the capacity that had been built within local providers and programs.

Cohort 4: The Pascua Yaqui Tribe's Family Strengthening Efforts to Implement Two Tribally-Designed Parenting Programs. The Pascua Yaqui tribe, located in southern Arizona near the United States and Mexico border, was funded from 2012-2017. Pascua Yaqui Project LAUNCH identified three broad goals. Tribal culture was integral to each.

- Goal 1 was to increase the individual skills, knowledge, and cultural capacity of people who work with and care for young Pascua Yaqui children;
- Goal 2 was for tribal departments to collaborate and coordinate to provide evidence-based, culturally-grounded, and unduplicated child and family services; and
- Goal 3 was to create a system of accessible services that incorporated both historical and modern Pascua Yaqui values, supported families, and promoted holistic wellness in Pascua Yaqui children birth to eight.



Both Motherhood is Sacred/Fatherhood is Sacred and Positive Indian Parenting were implemented as part of the Pascua Yaqui tribe's LAUNCH family strengthening strategy. Motherhood is Sacred/Fatherhood is Sacred (Native American Fatherhood and Families

Association, ND) and Positive Indian Parenting (National Indian Child Welfare Association, 2007) are two parenting curricula designed for tribal communities in general. Positive Indian Parenting was called "Devoted Hearts" by the Pascua Yaqui LAUNCH program and included adaptations made to reflect Pascua Yaqui culture in particular. These curricula were offered to parents identified through screening to increase positive parenting skills and a tribal understanding of children's development. Evaluation results showed that when Pascua Yaqui parents participated in Project LAUNCH activities such as these, they reported positive impacts on themselves as well as their household relationships. Interviews with participants underscored these positive impacts, with parents reporting that they were opened to new ideas, had more family-focused time, were more involved with their children, and learned about tribal traditions.



Cohort 5: Standing Rock Sioux Tribe's Family Strengthening and Integration of Behavioral Health into Primary Care Efforts to Provide Culturally-Enhanced Services. The Standing Rock Sioux Tribe's reservation land spans the border of North and South Dakota along the Missouri River. Funded in 2013, the Standing Rock Project LAUNCH program identified an aim to "expand and enhance systems that serve young children by supporting the implementation of evidencebased and culturally relevant prevention activities for early childhood populations." Partnerships with the Indian Health Service and the Women, Infants, and Children (WIC) Well-Baby Clinic were critical for reaching parents and addressing this aim.

As part of the family strengthening strategy, Centering Pregnancy was enhanced with tribal content and delivered to expectant mothers served by the Indian Health Service. Centering Pregnancy brings expectant mothers together to discuss pregnancy, parenting, health, and selfcare. Added cultural content included harmony and traditional child-rearing; traditional parenting customs, values, and practices; disciplining children; the life of native children today; and fathers and pregnancy.

As part of the integration of behavioral health into primary care strategy activities, group discussion sessions were offered to women served by the WIC well-baby visit program. Discussion sessions focused on mental health, maternal depression, traditional parenting and child-rearing, and cradleboarding. Traditional parenting and child rearing discussions sessions drew on content from the Positive Indian Parenting curriculum that emphasized harmony a tribal belief that well-being depends on maintaining harmony with nature and between the physical, mental, spiritual, and emotional aspects of the self. Discussions about cradleboarding emphasized the role and importance of traditional cradleboards in children's development.

The partnerships with the Indian Health Service and the WIC Well-Baby Clinics were seen as critical to the success of the Centering Pregnancy and parent discussion sessions. For example, prior to these partnerships, free-standing parenting classes were offered. Despite intensive outreach, however, attendance was low. With the new partnerships, attendance increased as families of young children were reached in places they were already receiving services. Additionally, these partnerships were seen as key to sustainability and expansion to other agency partnerships. Findings from the Inventory Collaboration **Factors** (Mattessich et al., 2001) underscored the importance of such partnerships, with moderate to strong ratings of collaborative efforts between organizational leaders such as health, education and social services.

Cohort 6: Confederated Salish and Kootenai Tribes' Family Strengthening Efforts to Support Families and Revitalize Culture through Traditional Cultural Activities. The Confederated Salish and Kootenai Tribes include the Bitterroot Salish, the Pend d'Oreilles, and the Kootenai tribes who share tribal land on the Flathead Reservation in northwest Montana. Funded in 2014 with funding currently underway, the mission of the Confederated Salish and Kootenai Tribes Project LAUNCH is to "support and strengthen a sustainable, well-coordinated, family-focused network of accessible, holistic, culturally-connected, compassionate, and highquality health and wellness services for all children prenatal to 8 years old." Parents, providers, and community members guided Project LAUNCH efforts to strengthen families through cultural activities and support cultural revitalization. A drum-making event was hosted for families to create their own drums to use at the annual community-wide Round Dance. The event allowed families time to work together on a project, while also learning an important cultural tradition. The event was carried out in partnership with the People's Center, which provided materials and expertise. Participants rated the success of the event highly and noted their plans to attend future Confederated Salish and Kootenai Tribes LAUNCH cultural activities. A family shield-making event at the round dance was also hosted by Project LAUNCH in collaboration with other family and youthserving agencies. It, too, received high ratings of success by participants. Family strengthening activities such as these were also opportunities to share information on child development and parenting. "Vroom" materials that translate parenting and child development science into everyday language and pair it with accessible, actionable tips that encourage parent-child interaction were used to support this information sharing (https://www.vroom.org). In all, the Confederated Salish and Kootenai Tribes' family strengthening efforts helped parents feel more connected to their families and their cultures, and supported positive relationships.

Cohort 6: The Kickapoo Tribe in Kansas Project LAUNCH Family Strengthening Efforts to Support Cultural Engagement among Families through Kickapoo Language Classes and Social Media. The Kickapoo Tribe in Kansas is located in northeastern Kansas on a small reservation (6 square miles) near the Missouri River. The Kickapoo Tribe in Kansas Project LAUNCH project was funded in 2014 and at the time this brief was written, was still underway. The Kickapoo Project LAUNCH team, with support from tribal leadership, initiated monthly Kickapoo language classes as part of their family strengthening and parent skills training core strategy activities. Language classes were wellattended and well-received by families, and they served as a forum to engage families in learning about traditional parenting values and family relationships. The fact that parents could bring children to class was seen as integral to parents' attendance – some of whom would have been precluded from attending had they not been able to bring their children. In addition to Kickapoo language classes, the Kickapoo Tribe in Kansas Project LAUNCH employed social media to reach families with information about Kickapoo traditions, culture, language, and history. In the course of one year, they reached 504 members, which is a sizeable percentage of their total population of approximately 1,600.





Lessons Learned & Recommendations for Integrating Tribal Culture into Project LAUNCH Efforts

The authors of this brief have worked with tribal communities to support child and family health and development for many years, including as Project LAUNCH technical assistance providers and an evaluation partner to recent cohorts of tribal LAUNCH grantees. Inspired by the information provided in grantees' evaluation reports, including the specific examples provided above, the authors share the following lessons learned and recommendations for integrating tribal culture into Project LAUNCH efforts.

- Tribal LAUNCH grantees can be well-served by a LAUNCH mission statement that is developed in partnership with relevant tribal community early childhood stakeholders and reflects a shared vision for integrating culture into project goals, activities, and evaluation questions. For tribal LAUNCH grantees, supporting a positive cultural identity is often a core construct in promoting health and wellness in young children and their families.
- When selecting prevention and promotion models, curricula, or interventions to meet their Project LAUNCH aims for young children's health and development, tribal grantees should consider evidence-based or promising models, curricula, or interventions that were developed for tribal communities, as well as those that have a track record with non-tribal populations. In both cases, however, some kind of adaptation or enhancement may be necessary to increase the fit for the local tribal community.

- If a model or curriculum is selected that was developed for tribal communities, it is important to note that, although the materials may not fit the world view of a specific tribe, they can be a platform for having a discussion among community stakeholders about a host of constructs associated with child development, family life, and community living. Even if there is disagreement about what the 'correct' beliefs and practices are. the encouragement to have on-going discussions with extended family members and trusted cultural leaders would serve the families and the grantee communities well. If a community has not gone down the path of specifically identifying and publically vetting historical and modern tribal values, this may be a very important step to later adapting models, curricula, or interventions to local beliefs and practices, potentially increasing their effectiveness. Obtaining agreement on the values may be a long process, but starting with a small set of 3-4 values that are supported and applying them to the adaptation can be fruitful.
- When using prevention and promotion models, curricula, or interventions that have not been designed specifically for use with tribal communities, tribal Project LAUNCH grantees should consider whether or not the model, intervention, or curriculum would benefit from adaptations or enhancements that increase the fit for the local community's needs and traditional values and practices. Adaptations to existing evidence-based materials can be successfully done through the process of community discussion and review, implementation, evaluation, and modification.
- When adapting or enhancing prevention and promotion models, curricula, or interventions to increase the fit for the local tribal context, grantees should consider the time and resources needed to make adaptations or enhancements – including having a plan for identifying and involving the individuals or groups whose expertise

- would be needed such as cultural leaders, elders, early childhood services providers, model or curriculum developers or experts, and of course the families for whom the materials are intended.
- Grantees should consider documenting the process undertaken to make these enhancements and adaptations as well as the content that was added or changed. Documentation could be in the form of a written summary of the work, a digital story about the work, or a recorded presentation about the work that is accessible to other communities or programs.
- Tribal LAUNCH grantees should consider ways to infuse LAUNCH programming with important cultural events, particularly to promote family strengthening. LAUNCH programming with tribal cultural activities can support cultural revitalization. Obtaining support from culture bearers to sponsor an event is important, as is gathering feedback from those who participated. They may not enter into considerations of how 'genuine' 'historically true' an event is, but participants can convey their perceptions on a host of levels (how useful, comfortable, etc. the experience was for them). Getting feedback from various culture bearers will communicate your willingness to dialogue about various dimensions of activities associated with cultural revitalization.
- Each tribal language carries perspectives about life that cannot be translated in English very well or at all. Tribal LAUNCH efforts to support young children and families can benefit from opportunities for children, families, and early childhood staff to learn the tribal language. The power of families learning together binds them to one another and to their culture. Programs can start out very modestly in supporting elementary, every-day language and gradually introduce words and phrases related to socio-emotional concepts as time goes on.

- Tribal LAUNCH grantees might consider social media as a way of sharing information about culture and traditions, or traditional wellness or parenting practices for example as part of their family strengthening activities.
- Existing community and cultural knowledge and resources are important to draw upon for supporting young children and families, including during the perinatal and postpartum periods. Community and cultural resources may include individuals or families with specific cultural knowledge. They may also include opportunities for intergenerational parent teaching, learning, and support that draws upon the wisdom handed down through the generations. Asking individuals to share their knowledge with others by teaching about tribal beliefs or practices, leading ceremonies, or teaching how to make traditional items can be positive for both the individual and the program.
- While individuals may generously volunteer their time to support cultural activities and learning, it is also important to set aside resources to acknowledge their contributions with a stipend and/or other kinds of support, such as paying the transportation or material costs. When organized efforts are backed with resources, progress toward positive outcomes for providers, children and families is possible.



Conclusion

For tribal LAUNCH grantees, the incorporation of tribal culture into LAUNCH programming is a priority. This brief highlights ways that tribal grantees have successfully embedded culture in their Project LAUNCH efforts to increase the availability of culturally-informed services provided by culturally-competent providers within a connected system of culturallyinformed care. Based on information shared in tribal LAUNCH grantees' annual and final evaluation reports, the inclusion of culture has shown to be promising in a variety of ways, including as a means to build systems connections, increase families' engagement with Project LAUNCH, and increase cultural knowledge, connection, and practices among providers and families. For some tribal grantees, Project LAUNCH allowed them to further their longstanding commitment to better serving children and families in a culturally-grounded system of care and in ways that will be sustained even after LAUNCH funding has ended. The foundational role and promise of tribal culture in Project LAUNCH efforts is exemplified by this quote from one grantee:

"It is our hypothesis that the combination of these services working in synchrony with cultural sensitivity and support had the power to change parental perspectives about themselves and their relationships with their providers and their children. These changes, together, support the health and wellness of their children."

The information provided in this brief can serve as a resource for tribes that seek to develop their own approaches to the integration of culture into programming to enhance child and family wellness during early childhood.

References

- Barlow, A., Mullany, B., Neault, N., Goklish, N., Billy, T., Hastings, R., . . . Walkup, J. T. (2015). Paraprofessional-delivered home-visiting intervention for American Indian teen mothers and children: 3-year outcomes from a randomized controlled trial. *American Journal of Psychiatry*, 172(2), 154-162. doi:10.1176/appi.ajp.2014.14030332
- Bullock, A. (2015). Getting to the roots: Early life intervention and adult health. *American Journal of Psychiatry,* 172, 108-110.
- Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, L., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, *343*, 1478-1485.
- Garcia, J. L., Heckman, J. J., Leaf, D. E., & Prados, M. J. (2014). Research summary: The lifecycle benefits of an influential early childhood program. Retrieved from https://heckmanequation.org/assets/2017/01/F Heckman CBAOnePager 120516.pdf
- Goodson, B., Grindal, T., Darrow, C., Gwaltney, M., Walker, D. K., Wyant, B., . . . Abt Associates, Inc. (2014).

 Outcomes of Project LAUNCH: Cross-site evaluation findings, Volume II. Retrieved from Administration for Children and Families:
 - https://www.acf.hhs.gov/sites/default/files/opre/launch outcomes report 12 29 14 final 508.pdf.
- Hiratsuka, V. Y., Parker, M. E., Sanchez, J., Riley, R., Heath, D., Chomos, J. C., . . . Sarche, M. (2018). Cultural adaptations of evidence-based home-visitation models in tribal communities. *Infant Mental Health Journal*, 39(3), 265-275. doi:10.1002/imhj.21708
- Mattessich, P., Murray-Close, M., & Monsey, B. (2001). Wilder Collaborations Factors Inventory. St. Paul, MN: Wilder Research.
- National Indian Child Welfare Association. (2007). *Positive Indian Parenting, 2nd Edition*. Portland, OR: National Indian Child Welfare Association, Inc.
- Native American Fatherhood and Families Association. (n.d.). Motherhood is Sacred, Fatherhood is Sacred. Retrieved from https://www.nativeamericanfathers.org/fatherhood-and-motherhood-is-sacred
- Red Horse, J. G. (1997). Traditional American Indian family systems. Families, Systems, and Health, 15(3), 243-250.

- Sarche, M., Tafoya, G., Croy, C., & Hill, K. (2016). American Indian and Alaska Native Boys: Early childhood risk and resilience amidst context and culture. *Infant Mental Health Journal, 38*, 115-127. doi:10.1002/imhj.21613 Shonkoff, J. P. (2014). Changing the narrative of early childhood investment. *JAMA Pediatr, 168:105-106*. Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: building a new framework for health promotion and disease prevention. *Journal of American Medical Association, 301*(21), 2252-2259. doi:10.1001/jama.2009.754
- U.S. Department of Health and Human Services, Administration for Children and Families (2012). Head Start cultural and linguistic responsiveness resource catalogue, Volume Two: Native and heritage language preservation, revitilization, and maintenance. Washington, DC: National Center on Cultural and Linguistic Responsiveness. Retrieved from: https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/resource-catalogue-main-book-4.pdf.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2016). The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program: Report to Congress, 2016. Rockville, MD: Author. Retrieved from https://store.samhsa.gov/product/PEP18-CMHI2016.



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