**INTRODUCTION**

- Five Sandoval Indian Pueblos (FSIP) provides a range of community and health services to the members of Pueblo de Cochiti, Pueblo of Jemez, Santa Ana Pueblo and Zia Pueblo in Sandoval County, NM. As a sub-awardee of the NNA Community Partnerships for Healthy Mothers and Children (CPHMC) project, FSIP WIC is collaborating with the Pueblos, members of the surrounding south and central Sandoval County community and state and local governments and businesses to support prevention, identification and risk management of chronic disease.

- Our Community Health Needs Assessment results confirmed that Native Americans are disproportionately impacted by certain chronic and lifestyle diseases compared to any other ethnic group:
  - There are multiple contributing factors:
    - Lack of access to food – Sandoval County (and New Mexico as a whole) has half the number of grocery stores per capita than the US average.
    - Availability and affordability of healthy foods in local stores.
    - Lack of understanding of chronic disease prevention and management.
    - Lack of resources to provide education about healthy eating and lifestyles.

- FSIP chose two focus areas for action:
  - Increase availability of healthy fresh foods in Convenience stores on the pueblos, and certification of one of these stores as a WIC vendor.
  - Increase rate and duration of breastfeeding through culturally sensitive education in the community.

**PROJECT OVERVIEW**

- Childhood obesity in the United States is rising at an alarming rate, having more than tripled during the past three decades. The highest prevalence is in Native American Indian (NAI) children; in New Mexico alone, 50 percent or one out of two Native American third-graders are either overweight or obese, according to the New Mexico Department of Health.

- Evidence reveals that excessive weight gain starts in NAI children younger than two years old.

- The health benefits of breastfeeding for mother and child are well known in the medical community.

- The US Surgeon General has identified that the top barrier women encounter when attempting to breastfeed is lack of experience or understanding among family members of how best to support mothers and babies.

- This project demonstrates a unique approach to education of extended families and community members who share the responsibility for care of the children. Using the Medicine Wheel as a model, we stimulate thought and conversation about how breastfeeding is integral to health and wellness.

**ACTIVITIES**

- Through a combination of surveys, in-person interviews, literature research, observations, informal discussions and experiential activities, the team gathered information to confirm assumptions regarding chronic diseases and current breastfeeding climate.

- We identified that most breastfeeding information comes from close family and friends, and that there are information gaps and misunderstandings.

- We also identified that male partners may be willing to support mothers but lack the knowledge of how and why this is important.

- Building on the community cultural and spiritual traditions, we developed a multi-part breastfeeding curriculum which includes the physiology of lactation, although spending most time on the Native social and cultural components of the experience.

- We have commissioned creation of a large “Medicine Wheel” utilizing the construct of the four directions (East, South, West, North) to signify the stages of life and growth. This stimulates thinking and discussion on the social determinants of wellness. (Currently awaiting delivery.) Below are examples of how the Medicine Wheel template is used for reflection and discussion.

**OUTCOMES**

- The most exciting outcome of this project was acceptance and excitement shown by the tribal community for this unique educational activity.

- Building on our experience and creativity in developing this curriculum we were successful in winning a significant grant from a national tribal foundation that complements the work we are doing on breastfeeding awareness. This multi-year grant will allow us to continue our educational and cultural work.

- Participating in this grant allows us to collaborate with other grantees to share ideas and resources and maximize the value of our efforts.

“*When you change and when your family changes, you have the ability to change your community.*”

Navajo Nation Vice President Jonathan Nez (Albuquerque, NM - February 2017)

**LESSONS LEARNED**

- It is important to understand the underlying cultural values and traditions as well as the external social influences in the community.

- Family members do want to be involved in breastfeeding and mother / child support – they need to know how.

- External obstacles to breastfeeding such as lack of appropriate space and privacy, flexible time and social misconceptions need to be addressed as part of the overall educational process.

- Plans are only PLANS – business decisions and changes on the part of our partners caused us to rethink some of our sub-objectives and be creative in designing solutions.

**BEST PRACTICES**

- Relationship building is key and takes time, effort, repeated interactions, and always delivering on promises. Be patient – change takes time.

- Be sure to share information freely even if it is not directly related to your own project initiatives.

- Participate in community activities such as Health Fairs, Arts & Crafts Fairs, Fun Runs and attend cultural activities.

- Remember that activities and expectations must be win-win-win outcomes for all partners in the program.

- Learn how the community information channels work; some groups have formal information methods; some may use central bulletin board type posting areas; in other areas there may be “thought leaders” and communication is more word of mouth.

- Closely and consistently celebrate successes and give credit to the team!

**NEXT STEPS**

- Continue refining curriculum; we intend to pilot the process in various environments. This includes training of tribal government and administration, working with local health organizations such as IHS and tribal health and wellness centers, and providing consulting and support to local School Based Health and Parenting programs (such as NM GRADS).

- Collaborate with local tribes to expand reach of the program to non-FSIP pueblos and communities.

- Continue to work with local tribes and state / local government to pursue funding and support for culturally specific educational and functional support for child health and extended breastfeeding. And share knowledge and guidance to policy-making entities in the service area.

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