



2017 UPDATE

Improving Indian Health through Tribal State Collaboration
Maternal, Infant, and Early Childhood Home Visiting
Services Capacity and Interest

**APPENDIX A: SURVEY RESULTS
AND HOME VISITING SCAN**

American Indian Health Commission
for Washington State

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #X10MC29510 and title Maternal, Infant and Early Childhood Home Visiting Grant Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

SURVEY BACKGROUND

METHODOLOGY

MOTHER, INFANT, AND EARLY CHILDHOOD HOME VISITING SERVICES, CAPACITY AND INTEREST

The purpose of the AIHC MIEC Home Visiting project is to raise awareness about the benefits of home visiting and to promote tribally-driven and culturally appropriate home visiting as part of the developing state home visiting system.

A survey of 21 questions (attached as Appendix A) was conducted by the American Indian Health Commission is funded by the Washington State Department of Early Learning. It was approved by Northwest Indian College Institutional Review Board, February 2, 2017. (IRB approval attached as Appendix B.) The information collected will help us to better understand the status of MIEC home visiting services in Tribal and Urban Indian Community settings and capacity, needs, and interest of Tribes and Urban Indian Health Programs to implement home visiting programs.

Project Benefits

What is learned from the survey will be used in effort to assure that tribally-driven and culturally appropriate home visiting services are part of the developing statewide home visiting system. Recent tribal reports suggest that MIEC home visiting services should be a core service like Head Start and the Diabetes programs. Additionally, there is evidence that demonstrates improvements due to home visiting services in:

- Maternal and Child Health
- Child abuse and neglect, and injury prevention
- Reduction of domestic violence
- Coordination of community resources and supports
- Child development and parenting
- Economic self-sufficiency

Project Risks

- There is minimal risk. Names of participants were not collected as part of this survey. Participants were asked to identify their role/title, but it will only be reported in the aggregate and not by Tribes or Urban Indian Health Organization (UIHO). Identification of Tribe/UIHO is highly desired, but not required.
- Question 14 asks respondents to identify weaknesses of the Tribe/UIHO's home visiting program. Responses to this question will be completely de-identified and maintained in a

separate database; this separate database will have no information about the identity of or information about of individual or the organization of the Tribe/UIHO. Therefore, will be completely anonymous.

Protection of Privacy and Data

- Personal identity is anonymous. That is, no names were collected.
- Responses to Question 14 about weaknesses in the tribal/UIHO program are completely anonymous as to individual and organization and will be maintained in a separate database that will have only the responses to Question #14 with no other data or information.

SURVEY QUESTIONNAIRE AND RESULTS

The AIHC administered the survey from February 10 through February 20, 2017. A total of 30 individuals responded to the survey. Many did not complete the survey.

Question 1: 30 responded, by which agreed to participate in the survey.

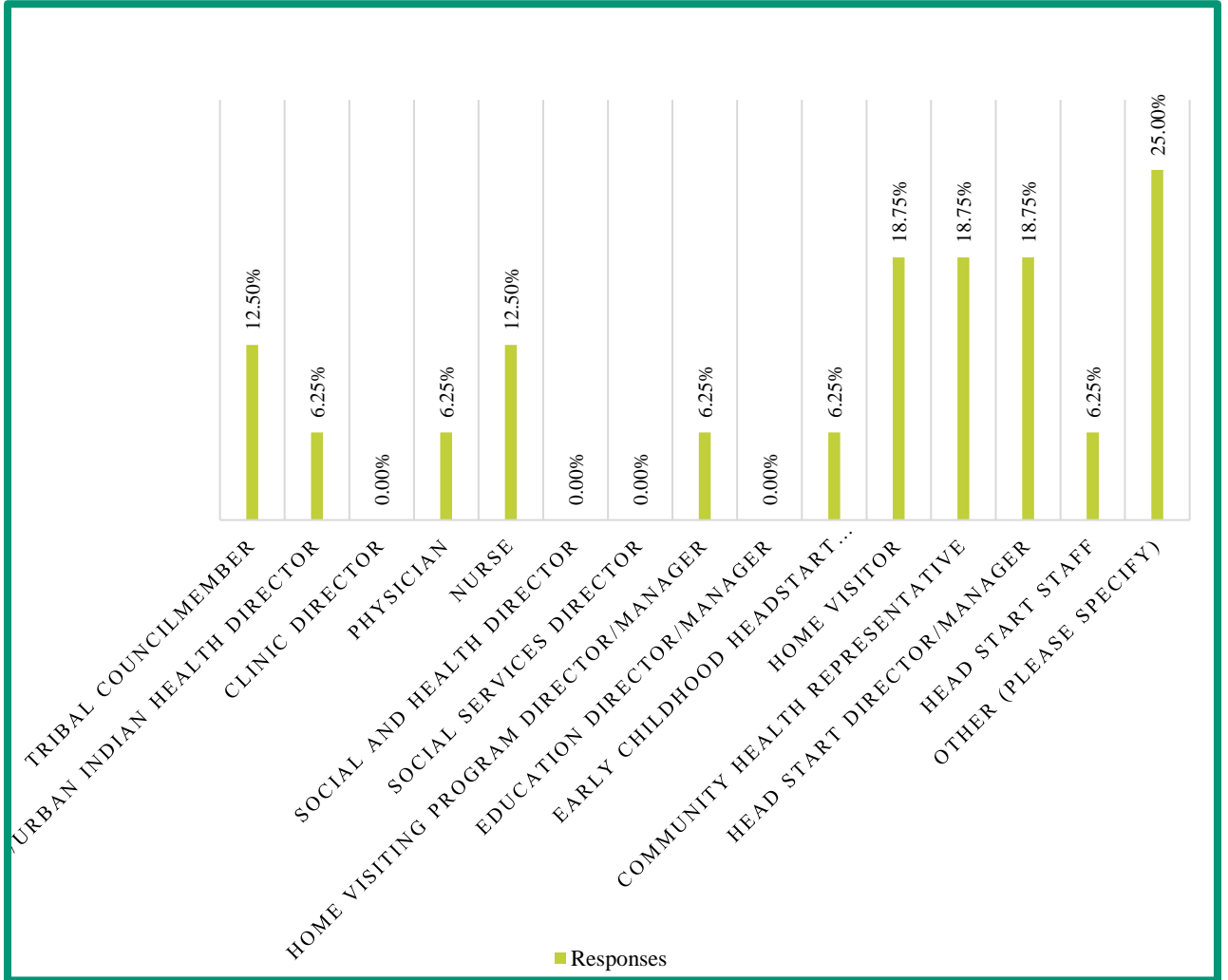
Question 2: Do you work for a Tribe or Urban Indian Health Organization? There were 30 responses 29 yes; one No. The logic was designed to allow only those that responded “yes” to this question to move to proceeding questions and complete the rest of the survey.



Question 3: What Tribe or UIHO do you work for?

1. Chehalis Tribe
2. Confederated tribes of Chehalis Reservation
3. Lower Elwha Klallam Tribe
4. Lower Elwha Klallam Tribe
5. Lummi Nation
6. Makah Tribe, Sophie Trettevick Indian Health Center
7. Port Gamble S'Klallam Tribe
8. Seattle Indian Health Board
9. Spokane Tribe
10. Suquamish Tribe
11. Tulalip Tribes
12. Tulalip Tribes
13. Tulalip Tribes
14. Yakama Nation

Question 4: What is your title? Respondents were asked to select all that applied.



Four respondents selected other and identified themselves as:

- Director of Child Care & Development Fund
- Early Head Start Staff
- Grant Writer
- WIC Certifier

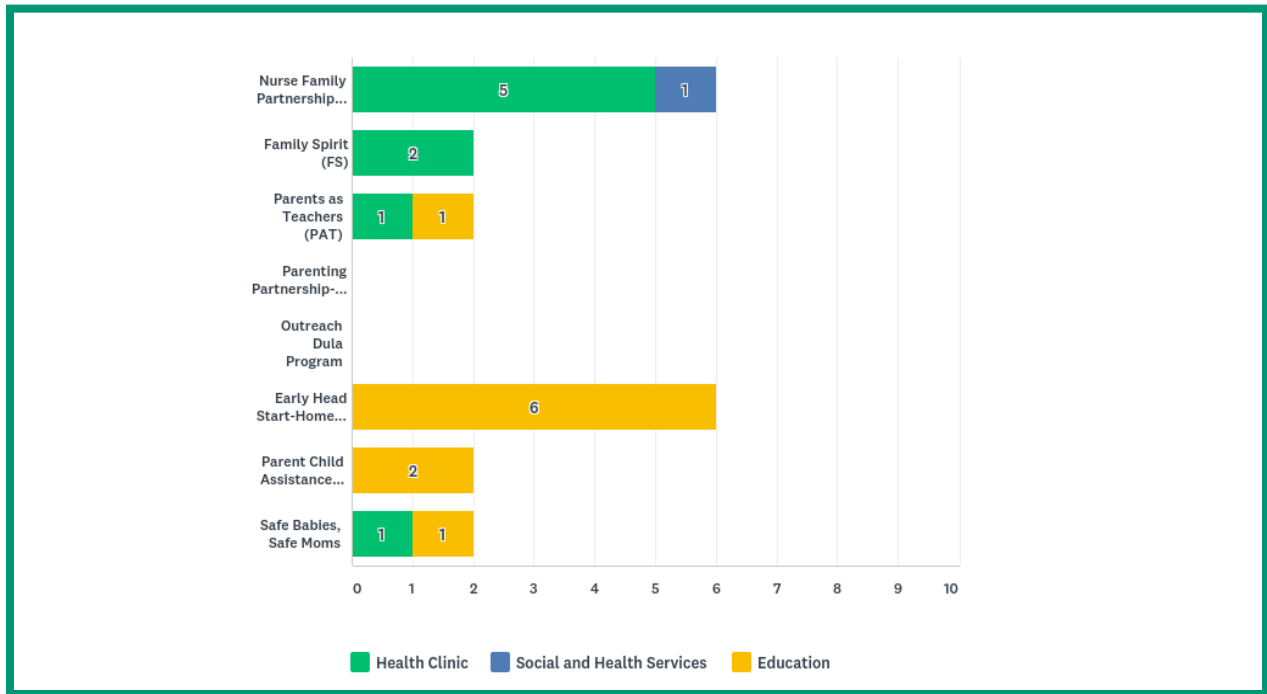
Question 5: Does the Tribe or UIHO provide short or long-term home visiting services for pregnant women, mothers and children focused on specific outcomes? Respondents were asked to check all that applied.



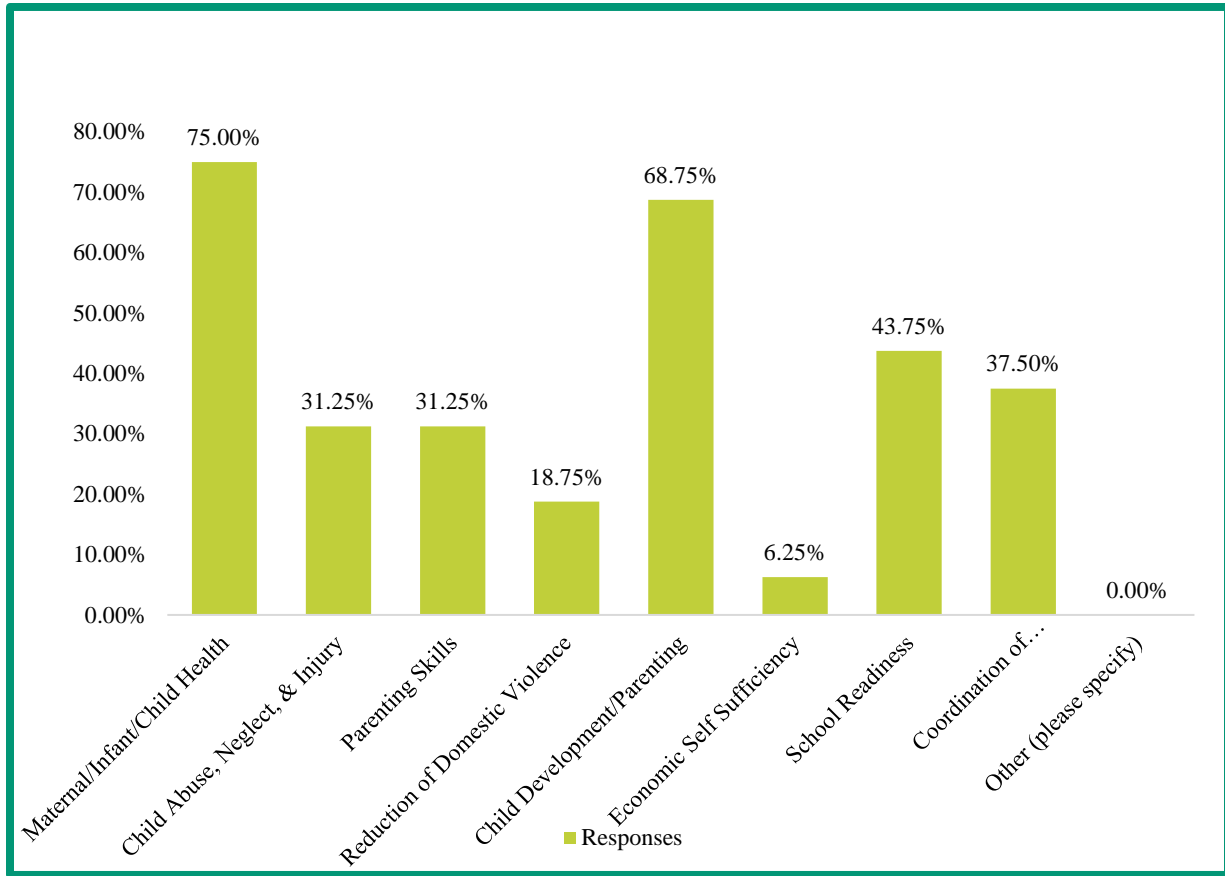
Two respondents selected other, and added:

- Early Head Start Prenatal only
- Head Start does home visits for children in HS and pregnant moms program does for their clients while pregnant and after pregnancy

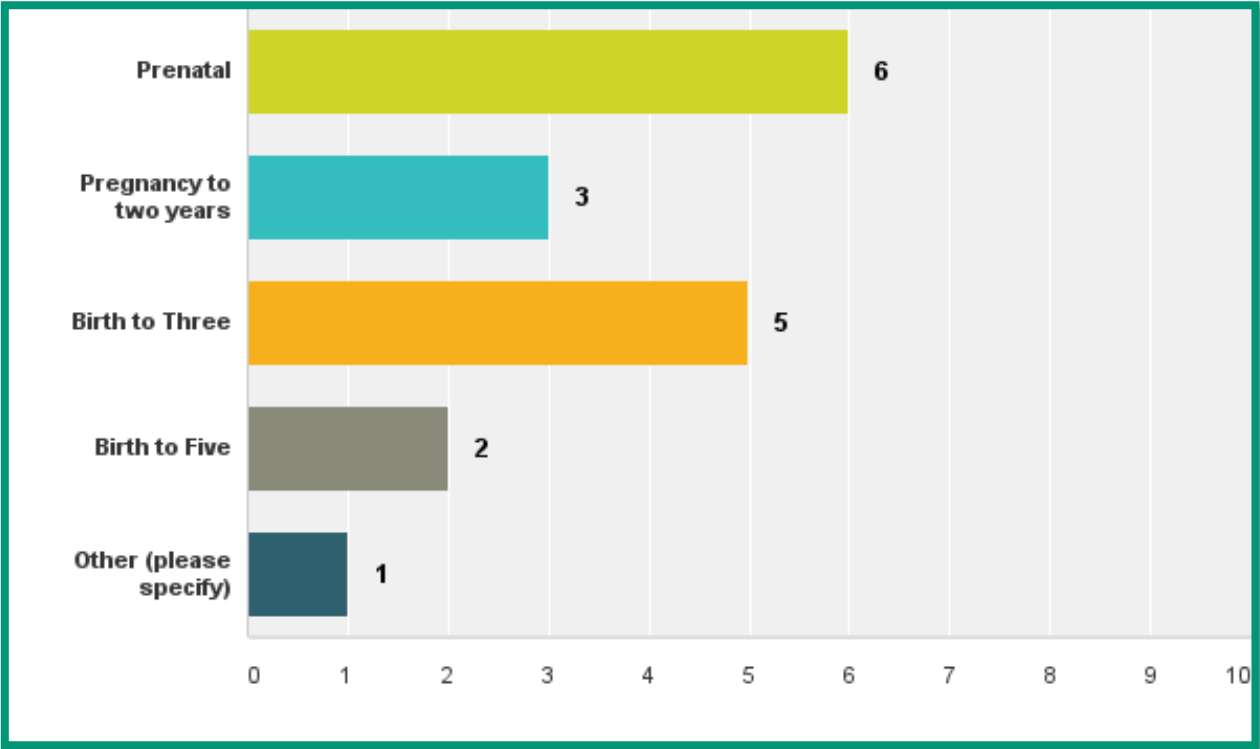
Question 6: What home visiting model(s) is the Tribe/UIHO implementing and what department has responsibility for the managing maternal, infant and child home visiting for mothers and children (and families)? Respondents were asked to check all that applied.



Question 7: What are the top three home visiting program goals?



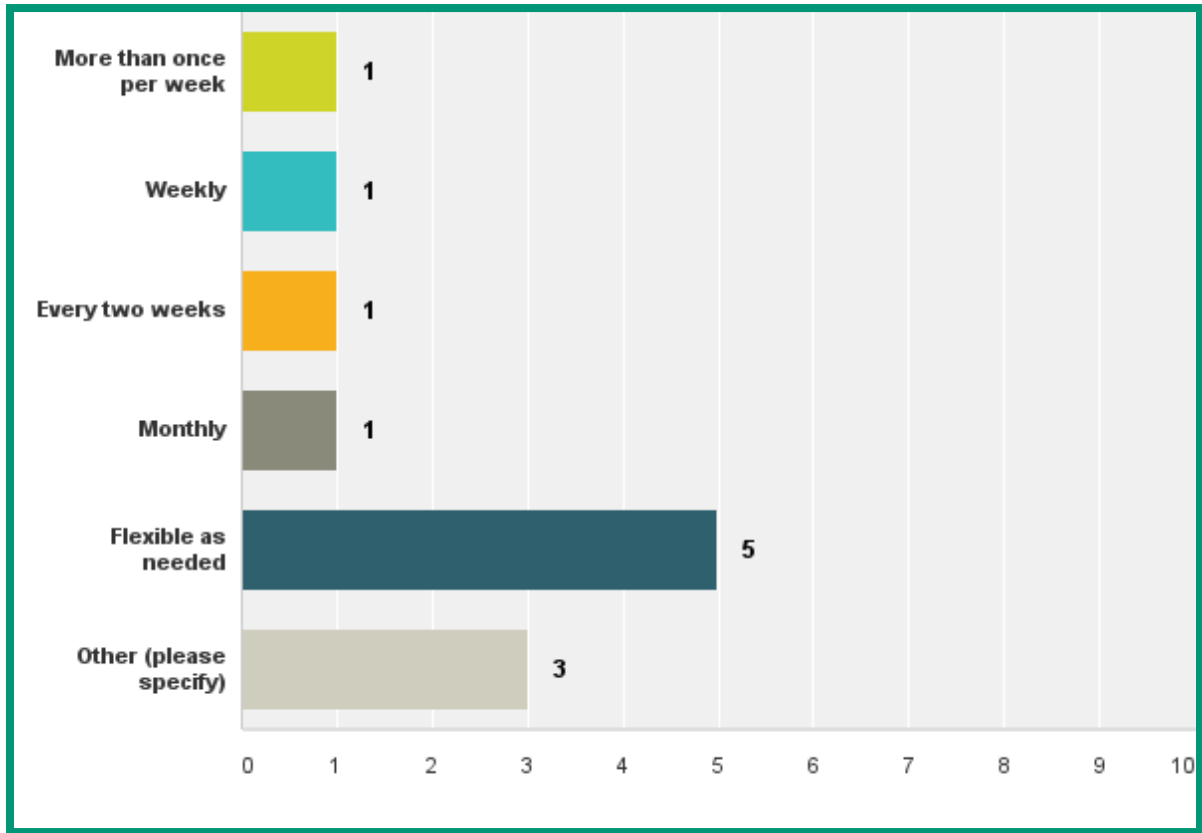
Question 8: What is the eligibility/population focus? Respondents were asked to select as many as applied.



One respondent selected other and added:

- Prenatal to one year

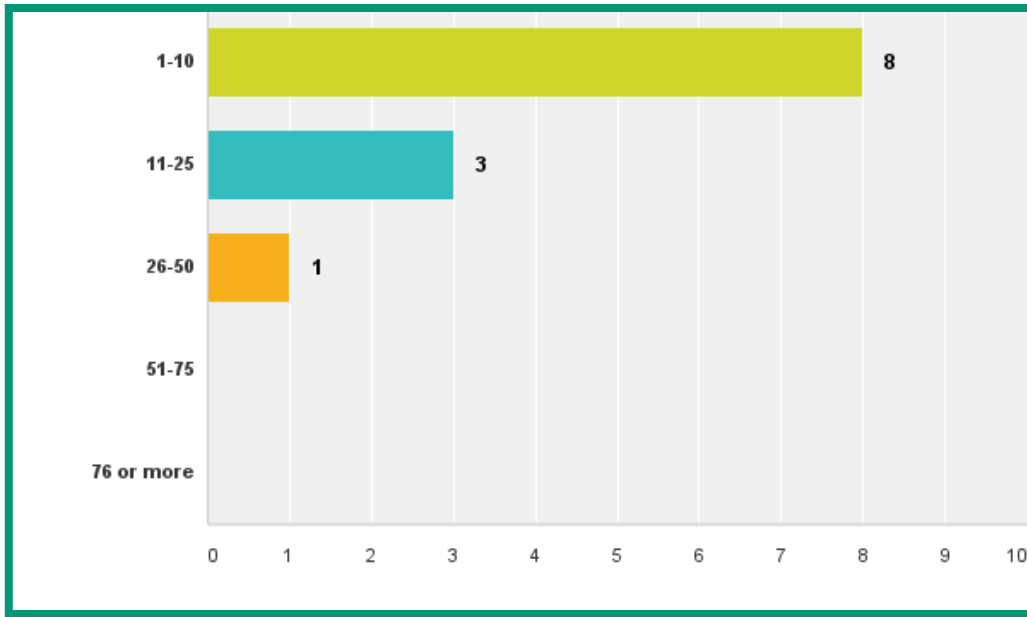
Question 9: How often are the home visits?



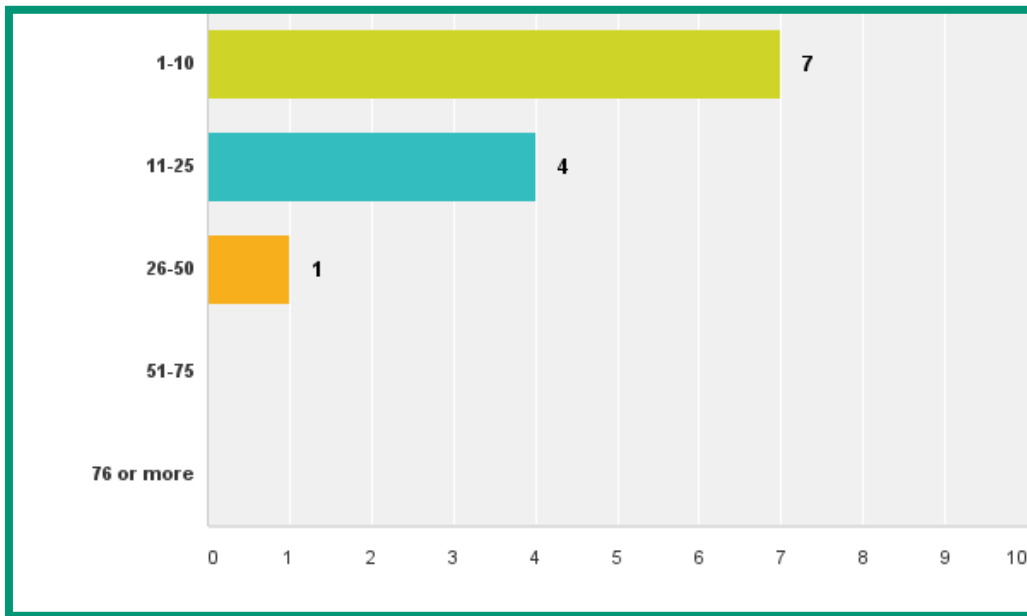
Three respondents selected other and added.

- Unsure
- Not implemented yet
- None as of yet

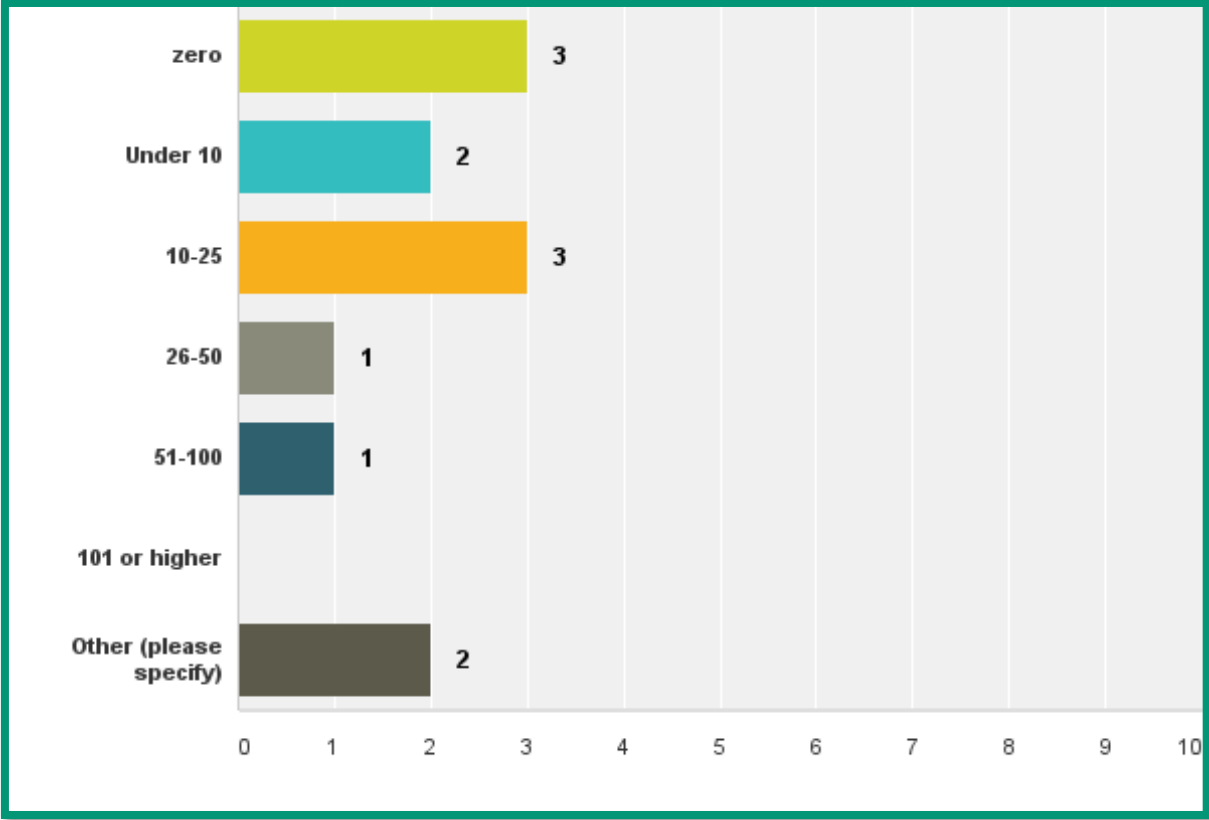
Question 10: How many home visiting slots/number of families does the program have the capacity to serve?



Question 11: How many families are currently enrolled?



Question 12: How many additional slots would your home visiting program need to meet your communities need?



Two respondents selected other and added:

- Unknown
- Unknown

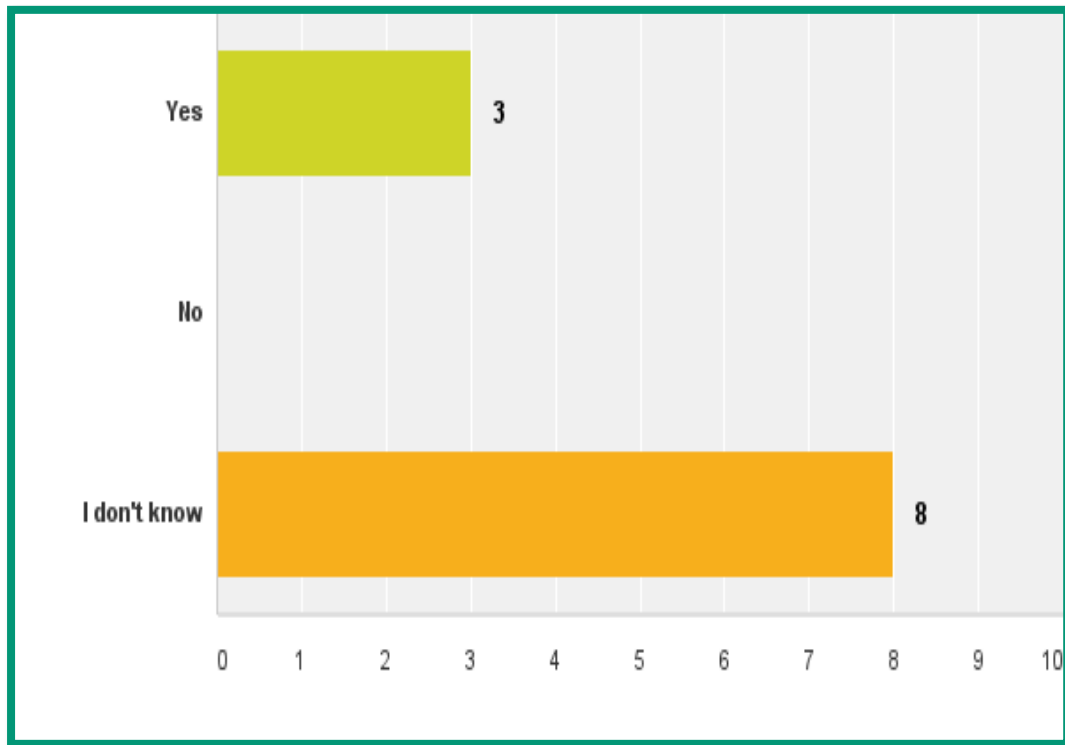
Question 13: Describe the strengths of your Tribal home visiting program.

- Building trusting relationships with community members, parents and families in order to better serve our children's developmental, emotional and educational needs.
- Flexibility. Nurse with > 30 years of experience.
- It hasn't started yet.
- It meets a family's needs where they are. It creates a bond between the worker and the family, so they are more willing to share and makes it easier for busy families and larger families.
- Provides education and community resources.
- Still in planning.
- The home visiting program's home visitor is a community member and collaborates well with other tribal departments.
- The home visiting program is accepted by the community. There is strong rapport and trust between the HV and the clients.
- The opportunity for individual support is key.

Question 14: Describe the challenges/weaknesses of your Tribal home visiting program.

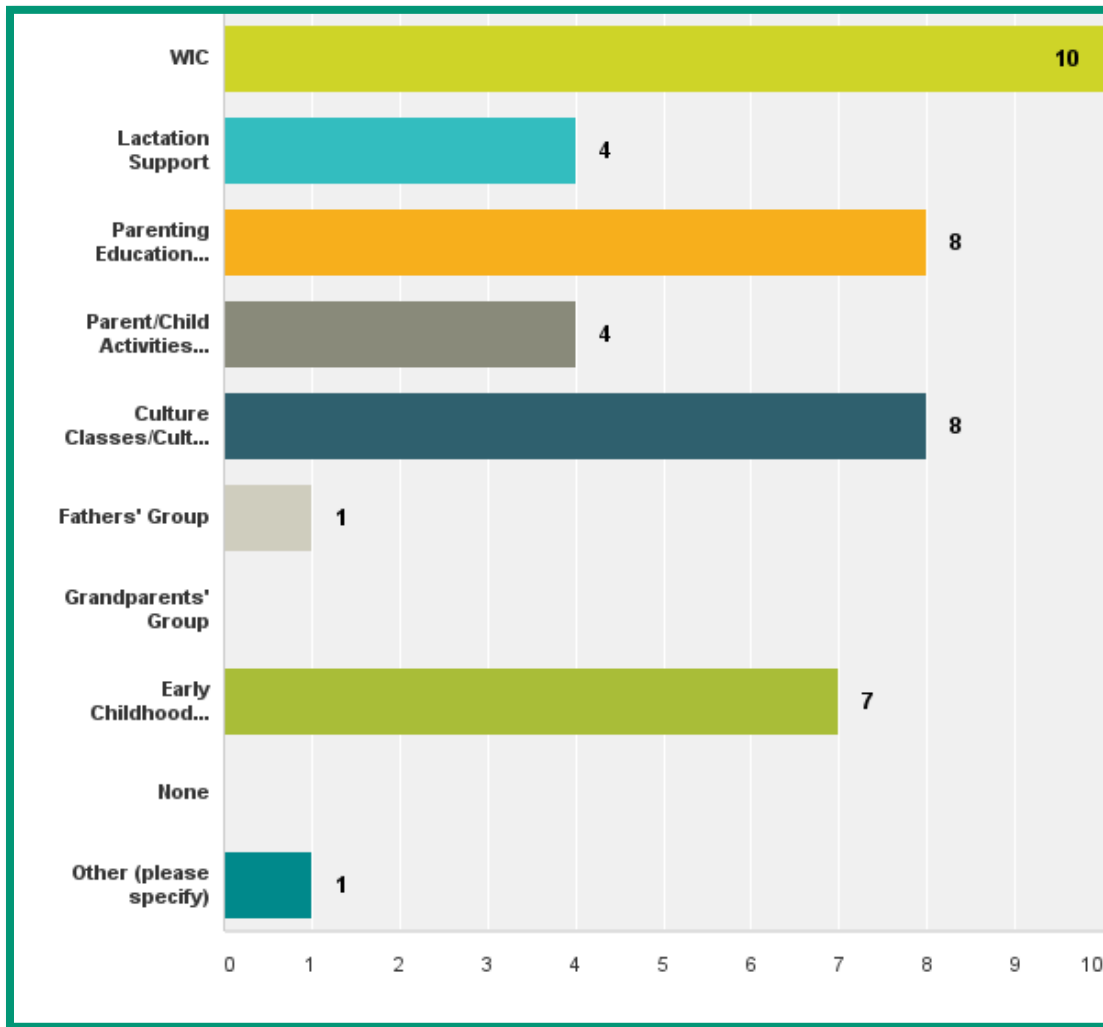
- Funding
- Getting families to come to socialization events.
- None as of yet it hasn't started.
- Not enough slots. Also, you have to find the right person to work with families, who they will trust. Not enough Money to give as a resource, only being able to point to resources.
- Still in planning, in need of additional staffing and needs assessments as well as funding for said programming & staff.
- The curriculum used isn't readily culturally sensitive or relevant.
- The program needs to expand and grow to reach more families.
- We need more father involvement.

Question 15: Have enhancements¹ been made to the home visiting model to accommodate the needs of the Tribe/UIHO?



¹ Definition of Model Enhancements: Recipients who wish to adopt enhancements to an existing evidence-based model in order to better meet the needs of targeted at-risk communities must secure written prior approval from the national model developer(s) and from HRSA in order to ensure that enhancements do not alter core components. For the purposes of the MIECHV program, an acceptable enhancement of an evidence-based model is a variation that may not have been tested with rigorous impact research. Prior to implementation, the model developer must determine that the enhancement does not alter the core components related to program impacts, and HRSA must determine it to be aligned with MIECHV program requirements.

Question 17: What Other early learning/family support services are provided by the Tribe/UIHO? Multiple choices allowed.



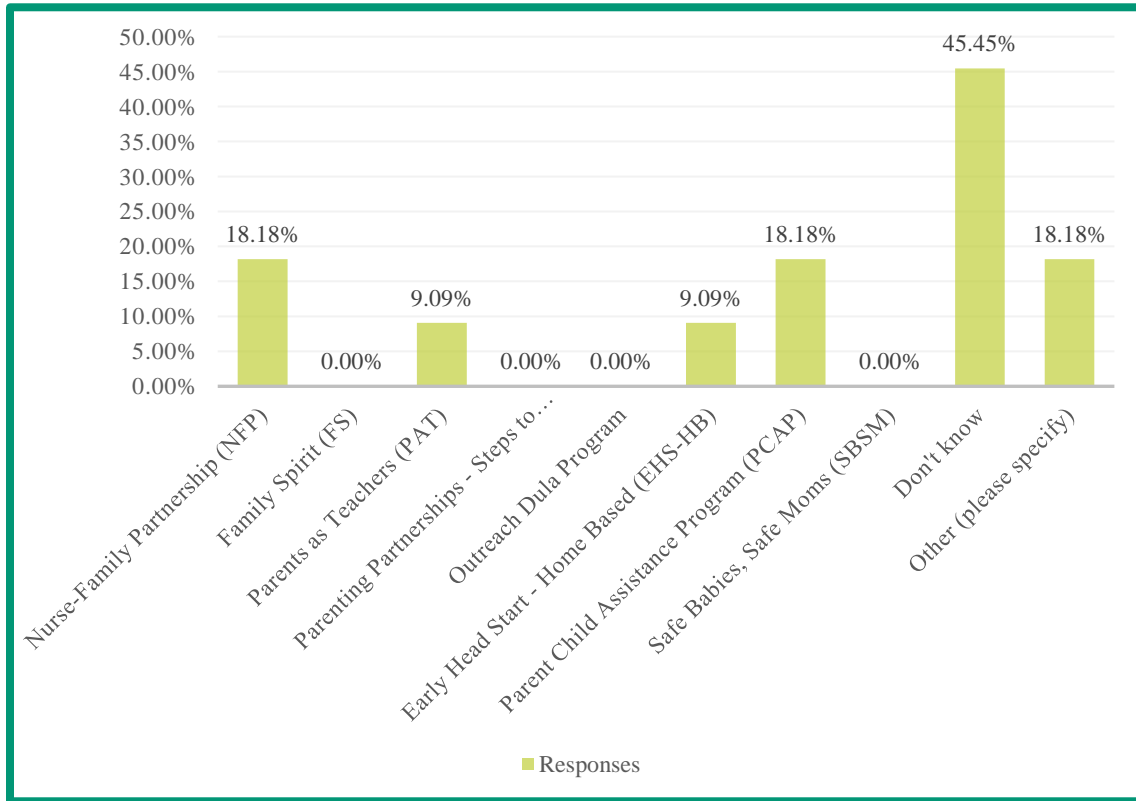
One respondent selected other and added:

- Healthy Families Program

Question 18: Describe the type of collaborative activities that exist across divisions or departments within the Tribe/UIHO structure that address maternal, infant and early childhood health.

- Regular staffing; collaborative event planning.
- Community health is working with Early Learning and Family Haven to collaborate on services.
- Not sure.
- We collaborate with the Healthy Families Program, which is another program that serves pregnant women and children from birth to three years old. Our program works closely with the tribal clinic and tribal dental clinic to ensure health at home as well as at school. We work with local school districts to get help for children who have special needs identified.
- Share information between the WIC/MSS program and the clinic and Head Start/EHS.
- Collaboration with our community services youth division.
- Interdepartmental referrals and collaborations.
- We have an MSS group where WIC, EHS Prenatal, a nurse, a mental health consultant all provide case and services to expectant women in the community.

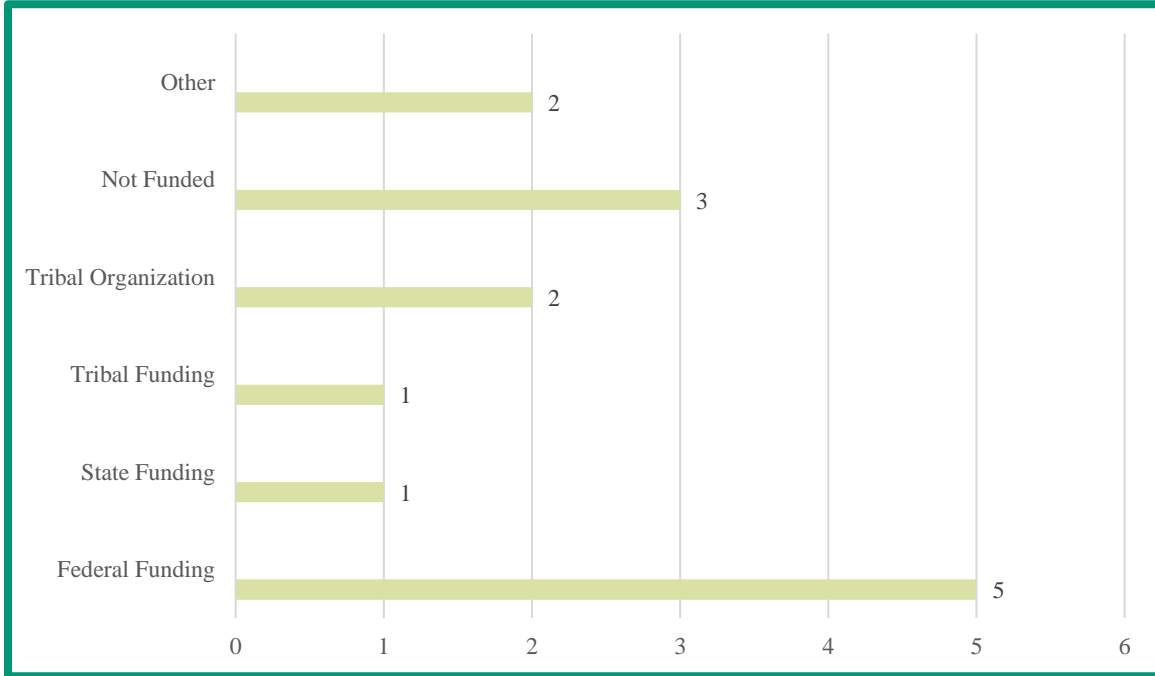
Question 19: Are there other (non-Tribal/OIHO) community-based organizations that provide home visiting services for mothers and children in your Tribe/community?



Three selected other and added:

- No. All Services are Tribal.
- First Step Family Support Center
- PCAP

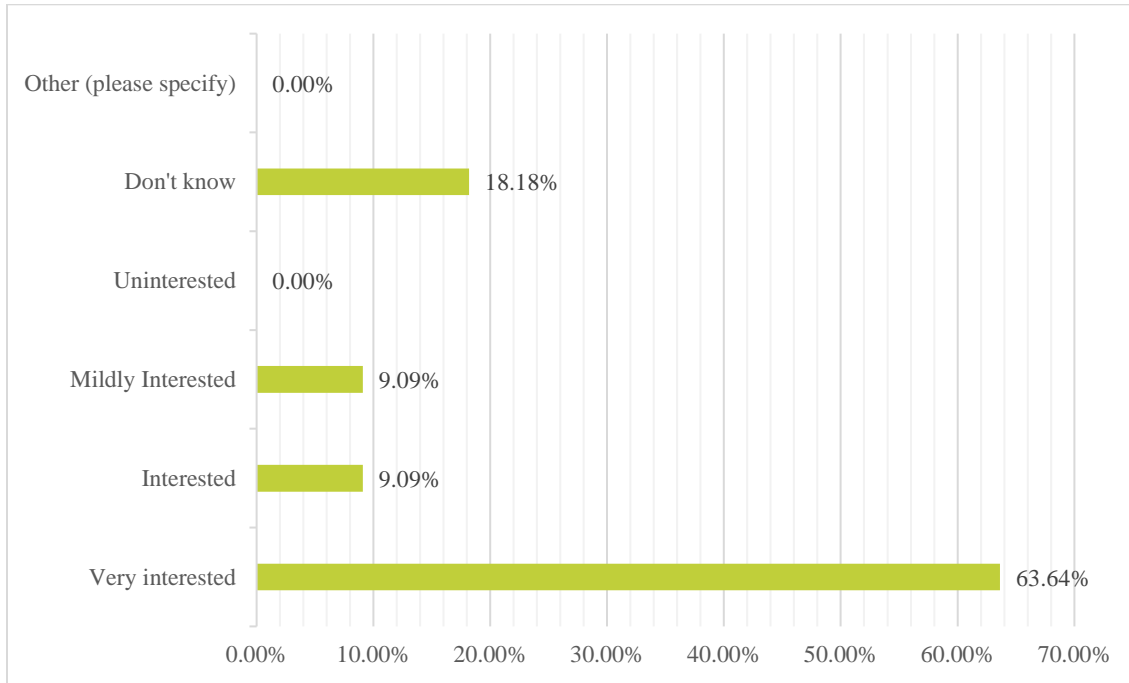
Question 20: How is your home visiting program funded? Respondents asked to check all that apply.



Two respondents selected other and added:

- Unsure
- ? Currently, unknow status on funding.

Question 21: If funds were available for implementing a culturally appropriate maternal, infant, and early childhood home visiting program would your Tribe/UIHO be interested?



TRIBAL HOME VISITING SCAN

The AIHC administered a SurveyMonkey questionnaire entitled, “Maternal, Infant, And Early Childhood Home Visiting Services, Capacity and Interest.” The survey was conducted from February 10-February 20, 2017 to help understand the status of home visiting services in Tribal and Urban Indian Community settings.

Twenty-one questions were designed to identify capacity, needs and interest to implement home visiting programs. The survey posed minimal risks as the names of participants were not collected as part of this survey. Participants were asked to identify their role/title for aggregated reports. Identification of Tribe/UIHO was highly desired, but not required. Thirty individuals responded to the survey from Tribes/UIHOs. 14 respondents from 11 Tribes/UIHOs completed every question.

The survey results are responses from individuals based on their knowledge of tribal/UIHOs home visiting programs and needs. The survey results provide a scan or overview of the types of home visiting programs currently provided and other needs identified. However, these results should not be considered a reflection of the complete picture of the home visiting programs or needs identified by Tribes/UIHOs for their communities. A statewide comprehensive tribal assessment would be necessary for an accurate understanding of the needs and current program capacity of Tribes/UIHOs. The components of a comprehensive Tribal Home Visiting Assessment, in partnership with DEL, would include a higher level of tribal/UIHO engagement to include all components listed below (items in bold where not included in the survey process):

- Engagement and approval of participation by Tribal Councils and Urban Indian Health Directors at the initiation of the project
- Identification of advisory group (AIHC and IPEL)
- Development of the scope of the assessment
- Development of assessment questions
- Development of method of information gathering selected in collaboration with Tribes/UIHOs.
- Engagement of IRB application and process
- Identification of appropriate key staff
- Administering the survey/interviews

- Engage advisory group in analysis and interpretation the data
- Sharing findings with AIHC and Tribal Councils
- Report results
- Approval of final report
- Disseminate report

The learnings from the survey will be used in effort to assure that tribally-driven and culturally appropriate home visiting services are part of the developing statewide home visiting system. The survey was reviewed and approved by the Northwest Indian College Institutional Review Board.