2017 UPDATE

Tribal and Urban Indian Healthy Communities: Maternal, Infant, Early Childhood Home Visiting Project

American Indian Health Commission
for Washington State

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The American Indian Health Commission (AIHC) for Washington State is a Tribally-driven non-profit organization with a mission of improving health outcomes for American Indians and Alaska Natives (AI/AN) through a health policy focus at the Washington State level. AIHC works on behalf of the 29 federally-recognized Indian Tribes and two Urban Indian Health Organizations (UIHOs) in the state. The AI/AN population continues to experience poor health outcomes and the highest overall mortality rates than any other population in Washington. AIHC serves as a forum where a collective Tribal government voice is shaped on shared health disparity priorities and Tribes, and UIHOs then work collaboratively with Washington State health leaders, the Governor's office and the legislature to address these priorities. The AIHCs policy-work improves individual Indian access to state-funded health services, enhances reimbursement mechanisms for Tribal health programs to deliver their own culturally-appropriate care, and creates an avenue for Tribes and UIHOs to receive timely and relevant information for planning purposes on state health regulations, policies, funding opportunities, and health-specific topics. By bringing state and Tribal partners together, specific health disparity priorities can be addressed across multiple systems—pooling resources and expertise for greater health outcomes.

Member Tribes

Chehalis
Colville
Cowlitz
Jamestown S'Klallam
Kalispel
Lower Elwha Klallam
Lummi
Makah
Muckleshoot
Nisqually
Nooksack
Port Gamble S'Klallam
Puyallup
Quileute
Quinault
Samish
Sauk-Suiattle
Shoalwater Bay
Skokomish
Snoqualmie
Spokane
Squaxin Island
Stillaguamish
Suquamish
Swinomish
Tulalip
Upper Skagit
Yakama

Member Organizations

Seattle Indian Health Board
NATIVE Project of Spokane

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.

REACHING FOR HEALTH EQUITY

The Infant Mortality Rates (IMR)[1] and other maternal, infant health disparities experienced by American Indian and Alaska Native mothers and babies in Washington State continue to be distressing. Babies born to Non Hispanic (NH) American Indian and Alaska Native (AI/AN) mothers are twice as likely to die before their first birthday than those born to the NH White mothers; and three times as likely as babies born to NH Asian mothers.

The maternal and infant health disparities reflected in the *American Indian Health Commission Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan, 2010 and 2010 Washington State DOH Home Visiting Needs Assessment* have not changed from the data reported in 2010.

American Indian (AI) Causes of Infant Mortality in Washington State compared to the population as a whole

Sudden Infant Death Syndrome *(SIDS).*
Rate is 3 times higher

Birth Defects
Death rate is 30 % higher

Injury
Death rate is 5 times higher

Complications in Pregnancy and Delivery
Death rate is 50% greater

Prematurity and Low Birth Weight
Mortality Death rate is 60% higher

Infectious Disease
Death rate is 3 times higher (Influenza and pneumonia 7 times higher)

Digestive System Problems
Death rate 3 times higher

Unknown Causes
Death 4.5 times higher

AIHC, Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan, 2010

According to state data, Washington has one of the lowest Infant Mortality Rates (IMR) in the nation. However, inequities continue to exist within some populations of color, specifically, NH American Indian and Alaska Native, NH African American, and NH Native Hawaiian and other Pacific Islander populations. (*2017 Infant Mortality Reduction Report, Washington State Department of Health)*. The report indicates that disparities among these populations have had no statistically significant decrease in IMR in the last decade. The report also acknowledges more work is needed to achieve equity and decrease infant mortality for all babies in our state.

To achieve health equity for AI/AN mothers and infants, issues related to high rates of infant mortality including poor maternal health, poor quality of and access to medical care as well as preventive services, and low social economic status must be addressed.

[1] Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. Center for Disease Control. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

In 2012, the American Indian Health Commission (AIHC) for Washington State and the Department of Early Learning (DEL) established a partnership to ensure the inclusion of culturally appropriate home visiting and other critical early learning services were included in planning the state's developing home visiting system. This effort focused on the significant disparities experienced by AI/AN mothers and babies. There were three key bodies of work that raised awareness of the severe maternal and infant disparities experienced by AI/AN mothers and babies that led to this partnership:

1. American Indian Health Commission for Washington State. (2010). *Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan,* Port Angeles, WA.[2]
2. Washington State Department of Early Learning (DEL) developed a state plan that includes a strategy to make evidence-based and promising prenatal and child home visiting (HV) services more accessible to families at risk. (*DEL, Early Learning Plan, 2010*)
3. Washington State Department of Health conducted a statewide HV needs assessment that indicated higher health and social risk factors existed among AI/AN pregnant woman than any other racial group. (*WA DOH, State Home Visiting Needs Assessment Narrative, 2010, Revised 2011*)

The DEL's state plan emphasizes the role of the AIHC and its efforts to improve the health status and address disparities through State-Tribal collaboration, particularly related to infants and pregnant women. This prompted the partnership between DEL and AIHC to: focus on maternal and child health needs and capacity in Tribal and Urban Indian communities for home visiting and other critical early learning services to support healthy development of AI/AN children and families, add to the national collective pool of home visiting knowledge especially related to home visiting practices and continue to support the development of culturally relevant home visiting options in Tribal and Urban Indian communities.

[2] The Maternal Infant Health Strategic Plan was published by the Commission in 2010. It is the official document affirmed and supported by Tribes and Urban Indians in WA State and has been widely disseminated to Tribes, UIHOs, DOH and other state agencies, and State Legislators. AIHC and DOH are currently updating the data in the report.

During the first year, AIHC convened the Tribal-Urban Indian Home Visiting Coalition. They established the vision, mission and goals of the project:

VISION: All Native Children Live Happy, Healthy Lives for Generations to Come.

MISSION: Promote health and well-being of Native American families and children through culturally appropriate home visitation services.

GUIDING PRINCIPLE: Demonstrate honor and respect for cultural differences and commonalities.

GOALS:

1. Improve the health status of AI/AN pregnant women and infants with appropriate, multiple approaches as a shared goal with state government.
2. Identify status of HV programs.
3. Identify local intervention strategies and promising practices.
4. Identify gaps and barriers of program services and adaptations to current evidence-based models.
5. Support culturally appropriate parent education and activities.
6. Support health prevention activities.
7. Collaborate, prioritize, voice and act on Indian health issues.
8. Provide recommendations for developing and/or expanding quality or capacity of HV.
9. Identify development priorities, funding and leveraging opportunities.
10. Establish networking and collaboration opportunities to support HV efforts in Tribal/Urban Indian communities.
11. Serve as a national model for state-tribal collaboration on Tribal/Urban MIECHV policy and program development.

To address the goals of the project, AIHC gathered information about several key issues in forums and focus groups to promote the health and well-being of Native American families and children, including:

- Status of HV services for AI/AN mothers and babies with a focus on evidenced-based and promising practices.
- Gaps and barriers experienced by families to program participation and effective programs.
- Culturally appropriate strategies, local interventions, and recommendations for developing and/or expanding quality or capacity of HV systems.
- Development of priorities, funding and leveraging opportunities.

In August 2013, AIHC produced a report with a compilation of findings, key considerations and recommendations to the Secretaries of Departments of Early Learning and Health. This update reports progress made on those recommendations.

2013 RECOMMENDATIONS

1. Engagement in Home Visiting Outreach and Education with Tribes and Urban Indian populations to further the HV strategy in communities with AI/AN families.
    a. Convene T-U MIECHV Coalition monthly conference calls and quarterly partnership meetings.
    b. Inventory HV practices and feedback.
    c. Explore statewide partnerships for developing culturally appropriate HV and early learning services and funding opportunities.
    d. Increase knowledge and understanding of Washington's role in HV system development.
    e. Coordination between AIHC, DOH and DEL (MIH workgroup and HV Coalition)
    f. Partner with Thrive Washington.
    g. Collaboration with DSHS and UW for leveraging opportunities in program and/or system development.

2. Engagement in ongoing efforts to support building culturally relevant and appropriate cultural practices in current home visiting programs.
    a. Provide Training: Resiliency to Historical and Intergenerational Trauma and ACEs and Strengthening Families.

3. Exploration of HV programs shown to be effective with tribal families.
    a. Develop and implement a Tribal-Urban Readiness Assessment.
    b. Support and provide technical assistance to pilot a promising practice HV model and evidence-based model with cultural adaptations.
    c. Plan One-Day Summit.

4. Identification of opportunities to further link and grow work across Tribal and State driven initiatives.

PROGRESS

1. Engagement in Home Visiting Outreach and Education with Tribes and Urban Indian populations to further the HV strategy in communities with AI/AN families.

The AIHC has continuously engaged Tribes and UIHOs and partners by:

- Sharing relevant Maternal, Infant and Early Childhood Home Visiting information through email distribution to the Tribal-Urban Indian Home Visiting Coalition. The current T-U Home Visiting Coalition list makeup is those associated with Tribe, UIHO, Tribal or Urban Indian Health Entities.

- Conducting trainings and convening the annual home visiting summit with specifically designed content for Tribes and UIHOs with input from T-U home visiting coalition.
- Convening meetings, webinars and phone conferences to raise awareness and provide education about MIEC home visiting programs, current program development issues, home visiting models, and/or gather information about status of services, gaps and barriers, and effective culturally appropriate strategies.
- Sharing relevant AIHC MIEC Home Visiting information to partners which include members of the statewide home visiting coalition, home visiting programs, Thrive Washington, federal and state agencies, Delta Dental and other organizations. Invitations to partners have also been extended to participate in meetings and summits to promote partnership and understanding of Tribal/UIHOs needs and perspectives.
- Providing verbal updates and summaries to the AIHC Executive Director, Chair and Executive Committee and at the AIHC delegates meetings, conferences and summits.

Inventory HV Practices and Feedback

During 2014 and 2015, the American Indian Health Commission conducted focus groups and forums to raise awareness and educate about home visiting programs and to gather information about the about status of services, gaps and barriers and culturally appropriate strategies. Six Tribes/UIHPs participated in six separate events. Eight questions were posed to the initial four groups and a ninth question was added and responded to by the fifth and sixth groups. The results of the focus groups are included in the inventory below.

INVENTORY OF PRACTICES, CHALLENGES, AND CULTURALLY APPROPRIATE HOME VISITING STRATEGIES	
Question 1: What services do families need to ensure that all Native Children live happy, healthy lives?	• Assistance to achieve goals • Breastfeeding education and lactation services • Child Development classes • Clean & sober: culturally appropriate substance abuse programs • Community support and encouragement • Culturally grounded programs • Culture & language activities • Diabetes awareness • Early childhood disabilities education • Educate through traditional activities: cradle board making, drum, etc. • Education, Learning Center (for all ages) • Healthcare • Healthy environment • Healthy food and nutrition

	• Healthy lifestyles: staff & families • Healthy relationships • Holistic Services • Housing • ICW- referral services for state assistance • ICW- working to keep families together by partnering with Home Visiting • Infant & child CPR • Knowledge of what services are available • Life skills • Maternal infant and child health programs • Maternity Leave – extended • Out/In-home early childhood education • Parenting classes, including traditional roles in parenting • Parents learning how to play with their children • Positive discipline • Postpartum Care • Programs centered on values of cultural traditions, respect and empathy • Summer youth activity programs • Support grandmas/extended family support • Teach families how to ask for help • Teaching, healing and understanding historical and intergenerational trauma and ACEs • Tobacco cessation • Transportation • WIC-State Service
Question 2: a. What Maternal-Infant- Child Services are available in your community? b. What services do they provide?	• 1st Steps • Birth-3 Years • Breastfeeding peer monitor • Child Care • Child development assessments • Child & Family Therapy • Child Find • CHR-Community Health Representative • Culture classes • Daycare • Day center-homeless shower, food, resources, phone, safe place • Dental • Developmental/Disability Screenings • Domestic Violence program • Early Child Education • Early Head Start • Food bank • Healthy Families • Healthy food/education

	● IHS ● Immunizations ● Inpatient/outpatient treatment ● Medical ● Mental Health ● Nutrition and Well Child ● Parenting classes ● PCAP ● Prenatal care ● Social worker ● South Sound Parent 2 Parent ● Speech, language therapy ● Transportation-program specific ● Vision/hearing Screenings ● Well-child ● WIC
Question 3: a. How do the Existing Services meet the needs of Native families? b. Describe service gaps?	● Children's family services (ICW) ● Collaboration among programs & services ● Community Health Representatives ● Community involvement, resources to support communication and engagement to reach all Tribal members - trust building ● Convenient-services all in one place ● Culture-singing, dancing, storytelling ● Dental ● Directory of services ● Developmental/Disability Screenings ● Domestic Violence Program ● Educated professionals ● Expanded role for CHR services ● Funding ● Home visitors working with ICW ● Immunizations/Healthcare ● Medical services & transportation ● Monthly luncheon support groups ● Parenting classes ● Positive Indian Parenting ● Programs come and go due to funding, community cannot trust consistent services ● Staffing ● Vision/hearing screenings ● WIC & Nutrition **Service Gaps:** ● Adult mentors/role models ● Age-appropriate care

	● Can't get appointments – 60-90 days out ● Childcare ● Circle of Care for all departments to collaborate ● Coping & hopelessness skills ● Culture & language classes ● Diabetes education ● Diagnosis services for families ● Eligibility –income-based services (Not everyone is eligible) ● Emotional impact on families, community and services ● Federal limitations ● Financial management ● Have to travel to SPIPA if you use up your WIC ● Health education ● Historical Trauma ● Housing ● Housing services ● ICW – Prevention ● Labeling individuals, families-creates stigma ● Lack of childcare ● Lack of housing ● Lack of Maternal Infant and Child health services ● Lack of parenting classes (PIP), not enough staff to conduct ● Legal services for Natives ● Life skills ● Life skills training ● Money management ● More mental health professionals ● More than one Home Visitor ● Need 2 or 3 Home Visitors ● No alternative to Head Start ● No interdepartmental collaboration ● No one to follow up on services provided ● Not enough room at Head Start-over capacity for building space ● Nutrition ● Outpatient Treatment options ● Parent/child support groups ● Pediatric mental health ● Reasonable consequences that parents must follow and get their kids back ● Resource advocates for Family Housing, Mental Health, Food, Work ● Staff turnover ● Training/Education ● Transition services from treatment to village ● Transportation ● Treatment Center ● Tribal enrollment processes/criteria ● Tutors

	● Waiting list for pregnant moms into treatment ● Waiting lists for services – must be referred out ● WIC – Only Monthly
Question 4: Is Tribal culture important in an effective home visiting program, and if so, why?	**Yes, it is who we are. We must preserve our culture, so we don't become extinct** ● Arts, crafts, regalia ● Children need to know where they come from ● Cultural and cultural revitalization is important to maintain positive self-and tribal-identity, traditions, values and beliefs. ● Cultural methods proven effective ● Culture and traditions make us who we are ● Getting to know us ● Identity ● Indian ways are different than non-Indian ● Indians are and live differently from Non-Indians ● Language preserves culture ● Local/community ● Native to Native ● Our ways are healthy for children ● Preserves history & traditions ● Respect ● Songs/Dancing ● Strengthens families ● To teach our children our traditional ways ● Traditional ways of Parenting ● Traditional activities include: Baby cradleboards, basketry and weaving, gathering, berry picking, hunting and fishing, clothing, dancing, drum making, gathering and preparing traditional foods, horsemanship, plant medicines, ceremonies, and more ● Traditional foods & gathering ● Traditional parenting-more than one person helping to raise children ● Traditional values include: understanding our own culture and traditions, importance of family, humor, oral histories, ties to families, relationship to all things, generosity and respect, sense of community, spirituality, taking care of one another, taking care of our environment ● Way of life ● We need to stop the labeling/assumptions all Indians are drunks ● We need training/education on culture/traditions-much has been lost due to substance use and Historical Trauma
Question 5: What are the barriers for families interested in Home Visiting services?	● Accommodation for scheduling, time and transportation ● Being told how to parent ● Community as family—old way of being ● Dictating what a parent should do instead of teaching ● Domestic violence-no DV program ● Embarrassed—house not clean ● Fear of exposing family secrets

	● Fear of hidden agenda/fear of providers ● Fear of judgment-of family and messy home ● Fear of pride/shame- feelings of not having the ability to provide for your family ● Fear-children being taken away ● History-Shame/Blame & Guilt ● Historical Trauma ● Home visitor Fear – report to ICW ● Visitor is not Indian or has no experience working with Natives ● Homes/housing shortage ● Lack of communication ● Lack of education- reading & writing ● Lack of knowledge ● Lack of trust-what will happen to their family, services stop or end, non-natives not understanding ● Lack of understanding our culture (Non-Native) ● Loss—Lands, home, history, family, culture ● Money-division ● Not enough staff to provide services ● Organizational: funding and staffing ● Social judgement ● Time ● Trust
Question 6: What do you think a home visitor needs to know to effectively work in your community?	● Be a member of the community ● Be accountable, dependable, consistent, and thick skinned ● Be approachable, flexible, non-judgmental and open minded ● Be able to listen to wants & needs, not dictate--maintains open communication ● Be gentle, have compassion and patience ● Be Native ● Community/family knowledge ● Compassion ● Culturally competent ● Culturally based curriculum ● Early Childhood Development ● Empathy ● Family knowledge-- Extended family – living together ● Have appropriate training ● Have cultural sensitivity ● Have empathy and be non-judgmental ● Have healthy boundaries ● Have respect for individuals and families ● Historical Trauma ● Is a good role model? ● Is able to work together with whole family

	• Know community & people • Know family histories • Know how to build relationships • Know the history of the tribe • Know the youth • Know respect for elders/grandmas • Know where the drug houses are/safety • Knowledgeable of culture & traditions • Knows Tribes & Tribal people • Teach from heart not head
Question 7: Who are the best messengers?	• Aunties and Grandmas/Elders • Building relationships • Cares • Community Health Representative • Community members • Cultural people • Dresses comfortably –no suits • Experienced working with Native people • FSS-Family Services • Health Educators • Healthy • ICW • Must be driven by family • Native person that understands culture & traditions • Parents • People from within the community • Prevention Specialist • Professional • Respectful of culture • Someone from community • Someone with personal experience • Staff introduces unfamiliar person • Tribal/Community Member • Walk their talk • WIC • Youth/elder/aunties/grandmas/social background
Question 8: What would help families to enroll or participate in home visiting programs?	• Auntie/grandma approach • Auntie/Grandma-preserves our culture • Build trust - traditional approach to services and delivery of services • Common goals, clear expectations • Convenience • Creative tools for educating children • Culturally respectful • Design program based in culture • Develop support system • Driven by the family, not home visitor

	● Education- non-threatening ● Empower families ● Engagement of community: events that involve at-risk families ● Familiar face of Home Visiting ● Give & Take- To receive incentive, must volunteer (Pay it Forward) ● Healthy ways of processing grief and loss ● Hold informational workshops about home visiting-clarity of what the program is about ● Home visitors participate in community events, get to know the community and let the community get to know them ● HV is committed to families and community ● HV program is sensitive to families need ● Interested in what family needs & wants ● Luncheon –support group to educate parents & families ● Marketing information/postings ● Meeting families where they're at ● Meeting needs of family ● Non-judgmental ● One stop shop- "Health Fair" Multi-services in one place ● People's faces from our Tribe/community – in advertisements ● Provider/advocate referrals for families ● Skill building-to contribute back to community as a whole ● Tribal ways of parenting and teaching ● Tribally customized/appropriate-not try and make a non-Indian method fit ● Word of mouth
Question 9: What would help families to enroll in home visiting programs? Note: this question was only asked of group five and six.	● Accessibility ● Assist to take down barriers ● Community education and outreach ● Confidence ● Cultural activities ● Develop parent support group ● Food- meals for gatherings ● Funding ● Hearing from parents that have had HV ● HV on families' terms ● Identify needs of families ● Importance of early education ● Incentives ● Interdepartmental collaboration ● Multi-media advertising ● No income restrictions ● Not always at home – park, community center ● Training/education/outreach ● Trust

Coordination Between AIHC, DEL AND DOH

There have been significant benefits as a result of the coordination between AIHC, DEL and DOH. Originally, the MIH Strategic plan included home visiting as a best practice program to address two of the 14 recommended strategies—Smoking Prevention & Cessation and Parent/Patient Education. (*2010 Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan, page 45).* However, due to the collaboration and partnership between the maternal infant health work with DOH and the Home Visiting with DEL, 12 of the 14 strategies, plus the addition of oral health have been identified as strategies potentially achieved through home visiting programs. See Chart below.

STRATEGIES FOR ACHIEVING MATERNAL AND INFANT HEALTH OBJECTIVES						
Maternal Infant Health Strategies	**Home Visiting**	**WIC**	**Chronic Disease Prevention & Treatment**	**Commercial Tobacco/ Vaping Prevention**	**Marijuana Youth Prevention**	**Nutrition and Physical Activity Promotion**
Smoking Prevention	X	X	X	X	X	X
Parent/Parent Education	X	X	X	X	X	X
Breastfeeding: Hospitals			X			X
Breastfeeding: Community	X	X	X	X	X	X
Breastfeeding: Workplace			X			X
Equipment	X	X				
Chronic Disease Prevention	X	X	X	X		X
Chemical Dependency Prevention & Treatment	X			X	X	
Mental Health Screening, etc.	X				X	
Domestic Violence Prevention	X					
Access to Care	X					
Statewide AI/AN Infant Death Review						
Immunizations	X	X				
Involve Youth Leadership	X	X		X	X	X
Nutrition and Physical Activity	X					

The AIHC coordinates with Tribes and UIHOs with the support of DOH and DEL to plan and convene the annual summit. Additionally, other cross-agency work exists related to the AIHC's Pulling Together for Wellness (PTW) framework[3] and Healthiest Next Generation Initiative, which share the use of a public health policy, environmental and systems change approach.

Increase Knowledge and Understanding of Washington's Role in Home Visiting System Development, and Partnership with Thrive Washington.

The AIHC participates on the Early Learning Advisory Council (ELAC) Birth to Three Subcommittee, Thrive Home Visiting Advisory Committee, the Indian Policy Early Learning (IPEL) Committee and partners with DOH and other organizations to increase understanding and provide input into the developing state home visiting system.

- AIHC and DEL provided an update on Tribal Home Visiting at the January 18 Thrive Home Visiting Advisory Meeting, including the history of the AIHC/DEL partnership since 2012 funding of a Tribal home visiting demonstration project. AIHC shared what has been learned along the way from focus groups, annual summits, the demonstration project and engagement with Tribes, UIHPs and partners.

  Importance of:

  - Building trusting environments.
  - Raising awareness about the Adverse Childhood Experience study and the connection to Historical Intergenerational Trauma and ongoing discrimination.
  - Understanding community readiness (this takes time, unique experience in tribal communities) and what it takes to make changes in community understanding and norms.
  - Using strength-based strategies to enhance cultural resiliency.
  - Valuing CHRs/CHWs serving as home visitors.

- Convened AIHC, DEL, DOH, Indian Health Service, Tribes and Urban Indian Health Programs in a live session to make the link to the role of prenatal and early life risk

[3] PTW is a tribally-driven, culturally-grounded prevention framework developed by AIHC through the guidance of Tribal and Urban Indian Leaders within Washington State. It adapts evidence-based practice by integrating western science and Native epistemology.

factors in development of chronic disease. AIHC presented the history and current work with DEL and DOH, presented a "call to action" to focus on seven generation planning that enhances cultural resiliency:

- Structures and systems that support cultural resiliency; trusted environments.
- Strength-based strategies that resonate with cultural values.
- Utilizing expert knowledge that exists within tribal communities at multiple levels
- Resources placed at the tribal/community level is how change happens.
- Supporting strength in CHRs/CHWs serving their own communities.
- Trauma-informed strategies in all stages of life in all modalities.
- Strategic Engagement:
    - Elders set the path—Oral Histories of Elders.
    - Youth lead the future—Youth in strategic planning.

- AIHC provided an update at the IPEL committee meeting on May 31, 2017. The history and purpose of the project was presented. An invitation to the 5th Annual Maternal, Infant, and Early Childhood Home Visiting Summit was extended to the committee.

2. **Engagement in ongoing efforts to support building culturally relevant and appropriate cultural practices in current home visiting programs.**
   Training, including: cultural resiliency to historical and intergenerational trauma, ongoing discrimination and ACEs and strengthening families.
   The need for training to promote cultural resiliency to historical and intergenerational trauma, ongoing discrimination, and ACEs and strengthening families was identified early through input from the T-U Home Visiting Coalition and through evaluations and surveys of the project. AIHC consultants have also participated in trainings to continue to build capacity and knowledge. The following trainings have been conducted and/or attended throughout the project:

2013

- Historical and Intergenerational Trauma and Cultural Resilience— Impacts on Maternal Infant Child Health—Pam James, SPIPA, AIHC HV Summit.

- Adverse Childhood Experiences and Strengthening Families—Making a Case for Home Visiting—Laura Porter, Department of Social and Health Services and Erinn Havig, Department of Early Learning, AIHC HV Summit.

2014

- Culturally Based Practice and Protective Factors to Address Historical and Intergenerational Trauma and Adverse Childhood Experiences (ACEs)--Lorraine Brave, National Advocate for Native Families, AIHC HV Summit.

2015

- ACEs Data and Historical Trauma, Services Critical to Creating Trusting Environments and Supporting AI/AN Children to Flourish—Laura Porter, Senior Director of the Learning Institute at the Foundation for Healthy Generations, AIHC HV Summit.
- Nadine Burke-Harris video http://www.acesconnection.com/blog/nadine-burke-harris-howchildhood-trauma-affects-health-across-a-lifetime, AIHC HV Summit.
- Neuroscience, Epigenetics, ACEs, and Resiliency (NEAR) Toolkit Workshop --Laura Porter, AIHC HV Summit.
- Digital Storytelling Training, Train-the-Trainer Session, AIHC, IHS, focus-produced story to use for Home Visiting work. ***Participated***.
- Understanding N.E.A.R. Neuroscience, Epigenetics, Adverse Childhood Experiences and Resilience—Robert Anda, MD, MS and Laura Porter. ***Participated***.
- Historical Trauma Impact: Entering the Shadow, ACE's: Adverse Childhood Experience Adverse Colonization Experience & Health, Anna Hansen, M.A., AIHC Maternal Infant and Youth Health Summit.

2016

- Digital Storytelling Workshop, Port Gamble S'Klallam Tribe highlights How Home Visiting has benefited Port Gamble S'Klallam Tribal Families—Port Gamble S'Klallam Tribe Children & Families Services, Sponsored by American Indian Health Commission, Portland Area Indian Health Service, and the Washington Department of Early Learning.
- Pregnancy and Substance Abuse: Identifying issues and solutions to ensure generations of healthy Native families. Addressing trauma, brain development, substance abuse, pregnancy and preconception health—Dr. Martina Whelshula, AIHC HV Summit
- Cultural Resiliency, addressing ACES and Historical Intergenerational Trauma Introduction –Pam James, AIHC HV Summit.

2017

A highlight of 2017 was having Dr. Ann Bullock, IHS, Director of Diabetes Treatment and Prevention, join us to share her work in raising the awareness of the role of prenatal and early life risk factors in the long-term health and development of chronic disease and integrating services which address stress, trauma and depression.

- Learning About Neuroscience, Epigentics, ACEs and Resilience, Port Gamble S'Klallam Tribe—Pam James
- Healthy Seven Generations? Healthy Babies, Healthy Children, Healthy Families? How do we get there? Featuring: The Role of Prenatal/Early Life Risk Factors in the Development of Chronic Disease, and Integrating Services to Address Stress, Trauma and Depression, Dr. Ann Bullock, IHS, Director of Diabetes Treatment and Prevention. Additional presentations by Jan Olmstead and Cindy Gamble, AIHC consultants; Crystal Tetrick, Seattle Indian Health Board; Lacy Fehrenbach, Department of Health; and Greg Williamson, Department of Early Learning to provide a forum to converse on how this information connects to what we are already doing and how we can use it to further our work together in Indian Country in Washington State. Special Session—In-person and Webinar options – 104 registered.
- Status Report on Maternal, Infant, Early Childhood Health and Home Visiting—Jan Olmstead and Cindy Gamble, AIHC HV Summit.
- A Native Perspective: Neuroscience, Epigenetics, Adverse Childhood Experience Study, Resilience and Healing—Anna Hansen, Pam James and Jan Olmstead, AIHC HV Summit.

3. Exploration of HV programs shown to be effective with tribal families.

- Family Spirit Model—identified as a Tribally/UIHO-driven and culturally appropriate model. The Family Spirit model achieved evidence-based status as recognized by the Department of Health and Human Services as of May of 2016 and is now on the HOMVEE[4] list.

Develop and Implement a Tribal-Urban Indian Readiness Assessment

- AIHC engaged in discussions with Thrive Washington regarding planning for assessment work.

[4] The Department of Health and Human Services launched the Home Visiting Evidence of Effectiveness (HomVEE) review to conduct a thorough and transparent review of the home visiting research literature. HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age 5).

Support and provide technical assistance to pilot a promising practice HV model and evidence-based model with cultural adaptations

- Tribal-Urban Indian HV project demonstration project —$350,000 for 2-years, resulted from the AIHC Home Visiting Report and Recommendations.
- AIHC worked with DEL in the development of the application and review process.
- AIHC provided TA to DEL and the demonstration project.

5th Annual Summit included an interactive workshop with participants

Plan One-Day Summit—Annual Maternal, Infant, Early Childhood Health Summit

- 2013 First Annual Summit—How Home Visiting Builds Resilient Children and Families, 51 attendees.
- 2014 Second Annual Summit—Maternal, Infant, Early Childhood Home Visiting Summit, Tulalip, 73 attendees.
- 2015-- Third Annual Summit—All Native Children Will Live Happy, Healthy Lives for Generations to Come, Tulalip, 83 attendees.
- 2016—Fourth Annual Summit—Weaving Together Tradition, Culture and Education for Seven Generations of Resilience and Hope, Tulalip, 121 attendees.
- 2017—Fifth Annual Summit—Healthy Seven Generations: Healthy Babies, Healthy Moms, Healthy Families, Tulalip, 124 attendees.

Natural Helper Awards

In 2016, AIHC implemented the annual Natural Helper Award to acknowledge individuals that make a positive impact on the health of our Tribal and Urban Indian communities by contributing to the well-being of mothers, babies, fathers, children and families. They make it their personal mission to make special connections and to pass on their cultural knowledge and traditional teachings. These very special, caring individuals help us to see the glimmer of hope when we struggle or provide needed encouragement or words of wisdom that help us in our journey forward to good health and well-being. These are people that make the world a better place by their very presence. They perpetuate cultural and traditional knowledge and inspire us to fulfill the vision of healthy Native families for seven generations.

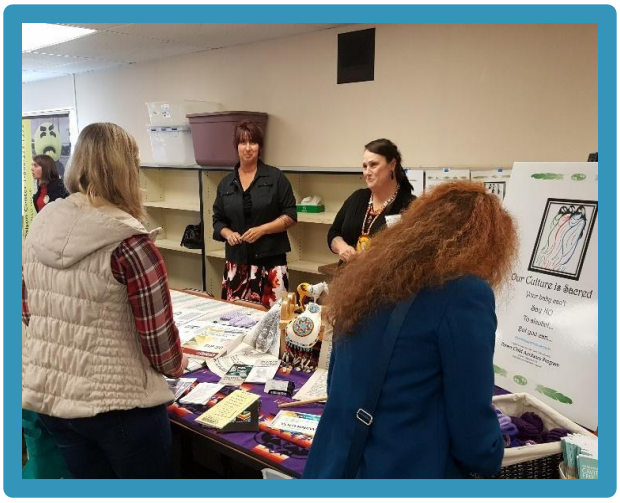
2016 Natural Helper Awardees

Seven Tribal and Urban Indian Community Natural Helpers were chosen for the special gifts and contributions they bring to their communities. From Left to Right: Pam Nason Colville, United Indians of All Tribes; Carmen Watson-Charles, Lower Elwha; Joyce McCloud, Nisqually; Lynn Clark, Councilwoman with trainee, Shoalwater Bay Tribe; Marie Zackuse, Councilwoman, Muckleshoot; Penny Carol Hillaire, Lummi (Lutie Hillaire accepting on behalf of Penny Carol; and Linnette Hernandez, Upper Skagit (not in photo).

2017 Natural Helper Awardees

It was a special honor to have Senator John McCoy join us to present the Natural Helper awards at the 2017 summit. Four incredible individuals were selected by their tribal communities to receive the Natural Helper Awards. They were selected for the unique personal contributions demonstrated by the commitment made within their communities. From left to right: Pam Drake, Shoalwater Bay Tribe; Suzanne Carson, Tulalip Tribes; Senator John McCoy; Elaine McCloud, Chehalis Tribes; and Eileen Penn, (Lummi) Quileute Tribe.

Raising Awareness of Programs and Resources



In 2015, AIHC began including an opportunity for programs and resources to join the annual home visiting summit and to raise awareness and provide opportunities for networking with programs and services available to Tribes and UIHOs.

2017 Summit, PCAP Staff hosted a resource table.

SURVEY

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.

A report of the survey results is attached as Appendix A: Survey Results.

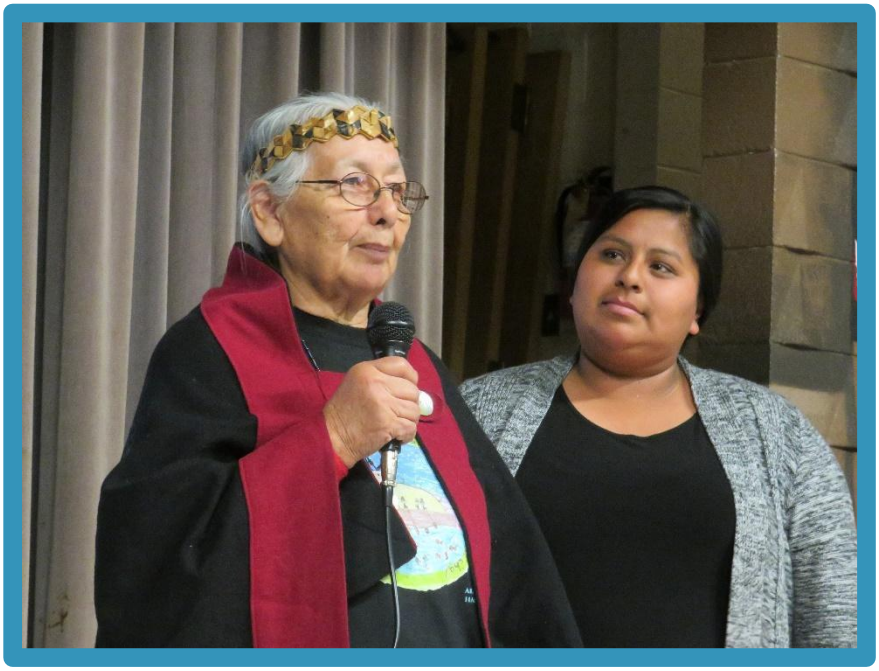
CONCLUSION

LEARNING ALONG THE WAY

Recent tribal reports suggest that maternal, infant, and early childhood home visiting services should be a core service like Head Start and the Diabetes programs. Evidence exists that home visiting services help to improve:

- 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

Suggested Culturally Appropriate Strategies



- Build structures and systems that support cultural resiliency and trusted environments.
- Honor culturally-responsive, strength-based strategies that resonate with cultural values and enhance resiliency.
- Raise awareness of the of historical and intergenerational trauma, ongoing discrimination, and Adverse Childhood Experiences (ACEs) as a root cause of the health status of American Indians and Alaska Natives.
- Honor expert knowledge existing within tribal communities at multiple levels.
- Invest resources at the tribal/community level: how change happens.
- Use existing strength and value of CHRs/CHWs serving as home visitors.
- Use culturally-responsive trauma-informed strategies in all stages of life using seven generation principles in all modalities.
- Acknowledge the importance of understanding community readiness and what it takes to make changes in community understanding and norms (must meet communities where they are).
- Use culturally appropriate strategic engagement:
  - Elders set the path—Oral Histories of Elders.

- Youth lead the future—Youth involvement in strategic planning.
- Build trusting relations within Tribal and Urban Indian Communities.

Recommendations for Future Work

- Raise awareness of Adverse Childhood Experience (ACEs) as an outcome of Historical and Intergenerational Trauma and the impact on physical, social, emotional and spiritual health (e.g., tribal/community, state, regional, etc.).
- Implement Tribally/UIHO-driven, culturally-grounded strategies to effectively plan for improving the health status of AI/ANs in Maternal, Infant and Early Childhood Health and Home Visiting Programs.
- Increase capacity, program support and funding for culturally responsive Tribal/UIHO Maternal, Infant, Early Childhood Home Visiting.
- Convene annual Tribal/UIHO Maternal, Infant, Early Childhood Home Visiting Summit.
- Conduct a comprehensive Home Visiting Needs Assessment of Tribal/Urban Indian Communities.
- Continue collaboration between AIHC, DEL and DOH.
- Strengthen government-to-government relations in planning and implementation of Maternal, Infant, and Early Childhood Home Visiting.

> "Maternal Infant home visiting with tribal people requires the integration of traditional cultural generational wisdom to be shared from the elder generation with the young adult families to keep the promising practice from the past to survive."
>
> Marilyn Scott, Vice Chair, Upper Skagit Tribe

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