



**American Indian Health Commission for Washington State**  
***“Improving Indian Health through Tribal-State Collaboration”***

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

## **1. SURVEY**

### **Introduction**

We are asking you to participate in the AIHC Maternal, Infant and Early Childhood (MIEC) Home Visiting project by responding to this electronic survey. This is to inform you of the details of the project before you agree to participate.

### **Survey Purpose**

The survey will help us to better understand the status of MIEC home visiting services in Tribal and Urban Indian Community settings. The questions are designed to identify capacity, needs, and interest to implement home visiting programs.

### **Project Purpose**

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 services as part of the developing state home visiting system. The survey being conducted by the American Indian Health Commission is funded by the Washington State Department of Early Learning.

### **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 maternal, infant, and early childhood home visiting services should be a core service like Head Start and the Diabetes programs. Additionally, there is evidence 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**

There is minimal risk, individual participant names will not be collected. Participants will be asked to identify their role/title, but it will only be reported in the aggregate and not by tribe/UIHO. Identification of Tribe/UIHO is highly desired, but is not required to participate.

Question 14 asks respondents to identify weaknesses in 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. The database, therefore, will be completely anonymous.

**Protection of Privacy and Data**

Personal identity will be kept anonymous. That is, no names will be collected.

Responses to Question 14 about weaknesses in the tribal/UIHO program will be 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. The project will report to either the WA State DEL or to the individual organizations about Question 14 will be only the aggregation of all responses received.

**Participant Statement**

The AIHC MIEC Home Visiting project has been explained to me. I understand there is no personal compensation provided as a result of completing the survey. It takes approximately 15-20 minutes to complete. The deadline is February 24, 2017. I understand that I can choose not to take the survey. And, if I have questions, I can contact Jan Ward Olmstead at .60-480-5297.

**IRB Concerns/Complaints**

Any concerns or complaints should be directed to the Northwest Indian College IRB at 360-392-4224 or Toll free: 1-866-676-2772x1x4224

\* 1. If you agree to answer the questions, please check the "I agree" box to continue.

I agree

\* 2. Do you work for a Tribe or Urban Indian Health Organization (UIHO)?

Yes

No



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2.

3. What Tribe or UIHO do you work for?

\* 4. What is your title? (Check all that apply)

- Tribal Councilmember
- Tribal/Urban Indian Health Director
- Clinic Director
- Physician
- Nurse
- Social and Health Director
- Social Services Director
- Home Visiting Program Director/Manager
- Education Director/Manager
- Early Childhood Headstart Director/Manager
- Home Visitor
- Community Health Representative
- Head Start Director/Manager
- Head Start Staff
- Other (please specify)

\* 5. Does the Tribe or UIHO provide short or long term home visiting services for pregnant women, mothers and children focused on specific outcomes? (Check all that apply)

- Yes, for mothers, infants and children
- Yes, for pregnant women only
- Yes, for mothers, infants, children and fathers
- Yes, for mothers, infants, children, fathers and other family members, i.e., grandparents raising grandchildren
- No, but one is in the planning stages
- No
- Don't know
- Other (please specify)

\* 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)? (Check all that apply)

	Health Clinic	Social and Health Services	Education
Nurse Family Partnership (NFP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Spirit (FS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents as Teachers (PAT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Partnership-Steps to Effective, Enjoyable Parenting (STEEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach Dula Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Head Start-Home Based (EHS-HB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Assistance Program (PCAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Babies, Safe Moms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

\* 7. What are the top three home visiting program goal areas (**Check only three**)

- Maternal, Infant and/or Child Health
- Child Abuse and Neglect, and Injury Prevention
- Parenting Skills
- Reduction of Domestic Violence
- Child Development and Parenting
- Economic Self Sufficiency
- School Readiness
- Coordination of Community Resources and Supports
- Other (please specify)



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3.

\* 8. What is the eligibility/population focus? (Check all that apply)

- Prenatal
- Pregnancy to two years
- Birth to Three
- Birth to Five
- Other (please specify)

\* 9. How often are the home visits?

- More than once per week
- Weekly
- Every two weeks
- Monthly
- Flexible as needed
- Other (please specify)

\* 10. How many home visiting slots/number of families does the program have the capacity to serve?

- 1-10
- 11-25
- 26-50
- 51-75
- 76 or more

\* 11. How many families are currently enrolled?

- 1-10
- 11-25
- 26-50
- 51-75
- 76 or more

\* 12. How many additional slots would your home visiting program need to meet your communities need?

- zero
- Under 10
- 10-25
- 26-50
- 51-100
- 101 or higher
- Other (please specify)

13. Describe the strengths of the home visiting program?

14. Describe the challenges/weaknesses of the home visiting program? **The responses to this question will be completely anonymous; responses will be de-identified.**

**15. Have enhancements been made to the home visiting model to accommodate the needs of the Tribe/UIHO?**

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.

- Yes
- No
- I don't know





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4.

16. Describe enhancement(s) made to the home visiting program model?

\* 17. What other early learning/family support services are provided by the Tribe/UIHO? (Check all that apply)

- WIC
- Lactation Support
- Parenting Education Group/Classes
- Parent/Child Activities (example: play and learn)
- Culture Classes/Cultural Support
- Fathers' Group
- Grandparents' Group
- Early Childhood Development
- None
- Other (please specify)

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

\* 19. Are there other (non-Tribal/UIHO) community-based organizations that provide home visiting services for mothers and children in your Tribe/community? If yes, provide the name of the home visiting Model used.

- Nurse-Family Partnership (NFP)
- Family Spirit (FS)
- Parents as Teachers (PAT)
- Parenting Partnerships - Steps to Effective, Enjoyable Parenting (STEEP)
- Outreach Dula Program
- Early Head Start - Home Based (EHS-HB)
- Parent Child Assistance Program (PCAP)
- Safe Babies, Safe Moms (SBSM)
- Don't know
- Other (please specify)

\* 20. How is your home visiting program funded? (Check all that apply)

- Federal Funding
- State Funding
- Tribal Funding
- Tribal Organization/Entity
- Not Funded
- Other (please specify)

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

- Very interested
- Interested
- Mildly Interested
- Uninterested
- Don't know
- Other (please specify)

Thank you for your participation!

AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE