HIGHLIGHTS FROM THE TRIBAL HOME VISITING PROGRAM REPORT TO CONGRESS, 2015

The Tribal Home Visiting Program brings critical services to the nation's most vulnerable American Indian and Alaska Native (AIAN) children and families. The program is part of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), the Federal Home Visiting Program, which is administered by the Administration for Children and Families (ACF) in collaboration with the Health Resources and Services Administration (HRSA).

PROGRAM BACKGROUND

Congress authorized $1.5 billion in funding over 5 years for the Federal Home Visiting Program through the Affordable Care Act of 2010.[1] Three percent of the funds are set aside for the Tribal Home Visiting Program.

Tribal communities disproportionately experience poor health outcomes associated with poverty, unemployment, substance abuse, and barriers to education and services.[2] AIAN children often fall behind their peers developmentally, entering kindergarten with gaps that persist through elementary school.[3] However, tribal populations have significant strengths as well,[4] and the Tribal Home Visiting Program builds on those strengths while working to reduce disparities.

Home visiting helps expectant families and those with young children provide stimulating learning environments and nurturing relationships. Families receive guidance at home from professionals such as nurses, social workers, and early childhood education specialists. The effects on children's health, development, and school readiness and on their families' prospects can be profound. Outcomes could include improved child cognitive measures, more efficient family use of health services, positive changes in parenting attitudes and behaviors, reduced child maltreatment and abuse, improved parent education and employment outcomes, and increased economic self-sufficiency.[5]

See the full report and learn more about the Tribal Home Visiting Program at www.acf.hhs.gov/programs/ecd/home-visiting/tribal-home-visiting.

TRIBAL HOME VISITING

Key Findings Through 2014

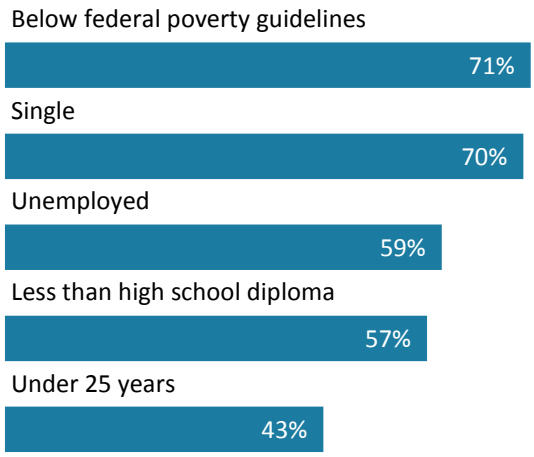
Grantees expanded home visiting services to high-need families across diverse communities. The Tribal Home Visiting Program has:

- Awarded 3 cohorts of grants to 25 tribal entities in 14 states, in settings ranging from remote Alaskan villages to the rural Midwest to the urban Southwest

> "Parenting is something that you think about and set goals for and strive toward. It's moving that whole idea forward that you can plan to have a harmonious day with your young children and for yourself."
>
> *– Cohort 1 Tribal Grantee Program Coordinator*

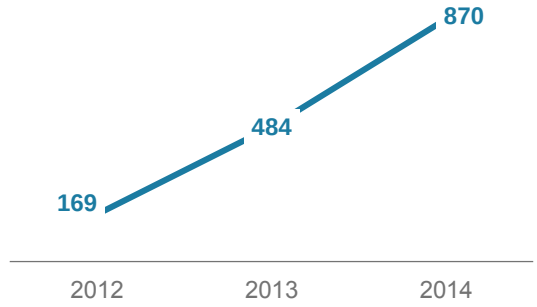
- Served families experiencing high risks:

Adult participant characteristics, 2014

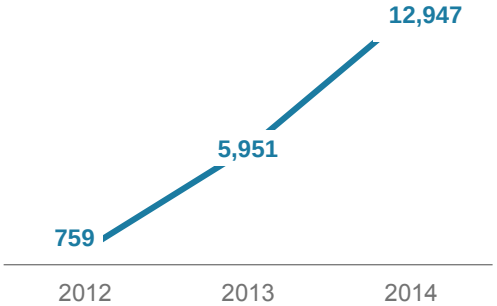


- Significantly and rapidly expanded home visiting services, with grantees providing nearly 20,000 home visits to more than 1,500 families:

Growth in number of families enrolled 2012–2014

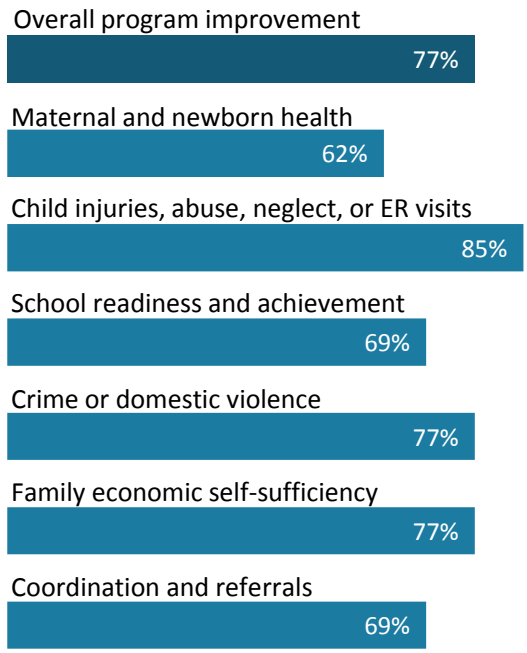


Growth in number of home visits 2012–2014



Grantees demonstrated improvement in key determinants of positive child and family outcomes. A majority (77 percent) met at least four of six required benchmarks.

Grantees demonstrating improvement[6] 2010–2014



Grantees built strong foundations for early childhood systems of care. They established collaborative relationships and referral networks that represent a solid early childhood system infrastructure. They also embraced "systems thinking," thus reducing service duplication and maximizing the ability of programs to meet family needs across the prenatal-to-school continuum.

Tribally and community driven programming and decision making are key to promoting innovation. Too often, initiatives have been imposed on tribes. ACF recognized that each grantee program would only be successful if the community "owned" the program. Ownership was fundamental to developing innovative solutions that were tailored to the community, addressed immediate family needs, and fostered engagement. A critical strategy was to involve community stakeholders—tribal and cultural leaders, elders, parents, service providers, and other community members—at every stage.

Tribal communities can meet and exceed the Federal Home Visiting Program's high expectations with respect to collecting and using data, demonstrating performance improvement, and implementing evidence-based practices. ACF offered the tribal grantees intensive technical assistance and built their capacity for developing, implementing, and evaluating quality home visiting programs.

Future Directions

Despite the evidence of home visiting's effectiveness generally, there has been insufficient research on the intervention in tribal communities. The Tribal Home Visiting Program aims to change that by requiring grantees to conduct rigorous evaluations of their home visiting programs, contributing to the knowledge base. Initial results are expected in 2017. Going forward, the program will also standardize grantee performance measures to provide more meaningful data about the program overall.

ACF and HRSA recognize the opportunity to build on the groundwork of the Tribal Home Visiting Program's first 5 years. They will continue to set high expectations for the program, strengthen early childhood systems, support performance measurement and quality improvement, and support the development of new knowledge about home visiting in tribal communities.

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[1] Authorized by the Social Security Act, Title V, § 511(h) (4) (42 U.S.C. § 711(h) (4), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111–148). Reauthorized in April 2015 by the Medicare Access and CHIP Reauthorization Act of 2015 (42 U.S.C. 1305).

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[4] Administration for Children and Families. (2012). Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program under the Affordable Care Act. Funding Opportunity HHS-2012-ACF-OCC-TH-0302. Washington, DC: U.S. Department of Health and Human Services; Whitbeck, L. B. (2006). Some Guiding Assumptions and a Theoretical Model for Developing Culturally Specific Preventions with Native American People. Sociology Department, Faculty Publications. Paper 27. Retrieved from http://digitalcommons.unl.edu/sociologyfacpub/27; Fisher & Ball, 2002; Krech, P. R. (2002). Envisioning a healthy future: A re-becoming of Native American men. *Journal of Sociology and Social Welfare, 29*(1), 77–95; Hodge, D., Limb, G., & Cross, T. (2009). Moving from colonization toward balance and harmony: A Native American perspective on wellness. *Social Work, 54*(3), 211–219.

[5] Home Visiting Evaluation of Evidence. (2014). Home visiting programs: Reviewing evidence of effectiveness. Retrieved from http://homvee.acf.hhs.gov/HomVEE_brief_2014-60.pdf.

[6] Data shown are for first cohort of grantees.