Implementing a Home Visiting Model in Tribal Communities: Takeaways from the HomVEE Tribal Review

PURPOSE

This brief summarizes findings related to the implementation and effectiveness of home visiting in tribal communities from the Home Visiting Evidence of Effectiveness (HomVEE) project’s review of research in tribal communities. It may be useful for tribal home visiting program administrators.

Two other briefs in this series highlight findings related to developing tribal-relevant home visiting models, and conducting research on home visiting in tribal settings.

TAKEAWAYS ON ADAPTING AND IMPLEMENTING A HOME VISITING MODEL IN TRIBAL SETTINGS

Findings from HomVEE’s review of research in tribal communities suggest that program administrators could benefit from collaboration with tribal communities and model developers to implement culturally relevant models. For instance, program administrators need detailed information, including fidelity standards, on how to implement a model as the developer(s) intended (for more information on developing a tribal-relevant home visiting model, see Developing Home Visiting Models for Tribal Communities: Takeaways from the HomVEE Tribal Review, at http://homvee.acf.hhs.gov/tribal.aspx).
FINDINGS ON ADAPTING A MODEL FOR TRIBAL COMMUNITIES

In studies of models designed for tribal communities, the approach to developing a culturally relevant model was often similar to the approach in studies of models that were not created for—but were adapted to—tribal communities. The foundation for all approaches was collaboration with the tribal community. Specifically, common strategies described in the studies reviewed included:

- Involving tribal leaders and other members of the tribal community in planning and developing the model.
- Incorporating into the model the cultural strengths and customs of the tribal communities.
- Engaging tribal elders and community members in delivering the model.

Table 1 summarizes a few strategies described in the studies reviewed for collaborating with tribal communities to develop new models and make culturally relevant adaptations to existing models.

**Table 1. Sample strategies described in the studies reviewed for developing and adapting culturally relevant home visiting models**

<table>
<thead>
<tr>
<th>Strategies described in the studies reviewed</th>
<th>Specific examples from the studies reviewed for implementing the strategy[a]</th>
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</thead>
<tbody>
<tr>
<td>Involving tribal leaders and other members of the community in shaping the model</td>
<td>• Establishing a cultural oversight committee that included members from the tribal community to oversee the development of the model.</td>
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<tr>
<td>Employing native staff</td>
<td>• Posting job openings in the tribal community before announcing them to the public.</td>
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<td>• Indicating a preference for candidates who understand the tribal culture and who can speak the language of the tribal community.</td>
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<td>• Hiring staff primarily from the tribal community.</td>
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<tr>
<td>Including tribal elders and community members in delivering the model</td>
<td>• Inviting tribal elders and community members to contribute to model content by, for example, narrating tribal stories included in the model's curriculum.</td>
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<tr>
<td>Building on the cultural strengths and customs of the communities served</td>
<td>• Acknowledging traditional child-rearing practices and wisdom, and incorporating both into the model.</td>
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<td>• Incorporating tribal methods of communicating, such as storytelling, into the model.</td>
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<td></td>
<td>• Integrating traditional arts and crafts, food, and music into the model.</td>
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[a] HomVEE derived the strategies and examples in this table from the studies examined in HomVEE’s review of research in tribal communities, but the researchers who led these studies did not test the effectiveness of the strategies. This is not an exhaustive list of strategies.
FINDINGS ON IMPLEMENTING A MODEL IN TRIBAL COMMUNITIES

The findings from HomVEE’s review point to some strategies and lessons learned for implementing a home visiting model in tribal communities (these are not specific to any particular model):

1. **Collaborate with tribal communities from the beginning of the program and through service delivery.**
   - Involve the tribal community in program events, such as a program dedication ceremony.
   - Recruit and employ culturally sensitive staff.
   - Gather information from program participants about their preferences for program content.

2. **Consult with the model developers on the minimum requirements and core elements that service providers must implement to achieve program outcomes.**
   - Determine the proper frequency of service delivery; minimum staff qualifications, training, and supervision requirements; and model content.
   - Determine how the content should be delivered.

3. **Align the program content with community and individual needs.**
   - Consider how families’ day-to-day needs may affect program participation and adapt the program as necessary to address such challenges.

4. **Use data to inform quality improvement.**
   - Use evaluation data to guide the development of quality assurance measures.
   - Use quality assurance visits as an opportunity to address implementation concerns such as participant retention.
   - Encourage participants to remain involved in the research even if they do not stay involved with the program.
   - Collect feedback from tribal participants and program staff periodically through programming.
   - Document implementation challenges and adaptations made to overcome them.
   - Share lessons learned with model developers.

5. **Remain flexible.**
   - Be flexible and responsive to challenges or unexpected circumstances, and modify the model, in consultation with the developer, to better align it with the needs and constraints of the participants and home visitors.
THE HOMVEE PROJECT

The Home Visiting Evidence of Effectiveness (HomVEE) project is a systematic review of the effectiveness of home visiting models that serve families with pregnant women and children from birth to kindergarten entry. The U.S. Department of Health and Human Services oversees the review. HomVEE also reviews the evidence of effectiveness of models that have been implemented in tribal communities or evaluated in studies in which tribal participants make up 10 percent or more of the sample.

HOMVEE’S PROCESS FOR REVIEWING RESEARCH IN TRIBAL COMMUNITIES

HomVEE’s review of research in tribal communities involved four steps related to identifying and reviewing implementation and effectiveness studies about home visiting in tribal communities (Figure 1).

TRIBAL STUDY RATINGS AND MODEL EFFECTIVENESS

HomVEE conducted its first review of research in tribal communities in fall 2010. As the research literature on home visiting models studied with tribal populations grows, HomVEE updates the review. As of the fifth update, which was released in September 2017, the evidence base was still fairly small. The review identified 49 effectiveness studies involving tribal populations. Forty-one percent of these (20 studies) used a sufficiently rigorous design to provide unbiased estimates of home visiting impacts (these studies received a high or moderate rating—see Figure 2). Only six of the high- or moderate-rated studies specifically examined the effect of a model with tribal populations. That is, the studies included samples made up entirely of tribal participants or reported findings by tribal community affiliation when tribal participants were only a proportion (10 percent or more) of the sample. HomVEE’s review also examined and summarized information from 27 implementation or outcome studies on home visiting with tribal populations, but did not rate the quality of those studies because they did not test effectiveness.

Figure 2. Tribal home visiting effectiveness studies: research quality by study design

Source: The 49 effectiveness studies included in HomVEE’s review of research in tribal communities.

Note: In the HomVEE review, including HomVEE’s review of research in tribal communities, a QED can receive only a moderate or low study-quality rating.

RCT = randomized controlled trial; QED = quasi-experimental design.
ENDNOTES

1 In this brief, HomVEE uses the terms ‘tribal’ and ‘native’ to refer inclusively to the broad and diverse groups of Native American, Native Hawaiian, American Indian, and Alaska Native tribes, villages, communities, corporations, and populations in the United States, acknowledging that each tribe, village, community, corporation, and population is unique from others with respect to language, culture, history, geography, political and/or legal structure or status, and contemporary context.

2 The briefs are available on the HomVEE website (http://homvee.acf.hhs.gov/tribal.aspx).

3 Please see the report, Assessing the Research on Home Visiting Program Models Implemented in Tribal Communities—Part 2: Lessons Learned about Implementation and Evaluation, for additional information on the lessons learned for supporting implementation decisions. The report is available on the HomVEE website (http://homvee.acf.hhs.gov/tribal.aspx).

4 HomVEE’s review of research in tribal communities included study participants who identified as American Indian, Alaska Native, or Native Hawaiians or Other Pacific Islanders, or who identified as members of indigenous groups in other countries.

5 Additional information on the process and detailed findings from HomVEE’s review of research in tribal communities are available in the report, Assessing the Research on Home Visiting Program Models Implemented in Tribal Communities—Part 1: Evidence of Effectiveness, which is available on the HomVEE website (http://homvee.acf.hhs.gov/tribal.aspx).