

Lessons Learned From Implementing a Tribal Home Visiting Program in a Low Resourced Urban Community

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NATIVE AMERICAN HEALTH CENTER



Our Community & Setting

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OUR MISSION

Native American Health Center's mission is to provide comprehensive services to improve the health and well-being of American Indians, Alaska Natives, and residents of the surrounding communities, with respect for cultural and linguistic differences.

NAHC Services



ADMINISTRATION

Executive Leadership Team
Human Resources
Fiscal
Billing
Information Technology
Electronic Health Records
Member Services
Facilities



MEDICAL

Primary Care
Urgent Care Appointments
Chronic Disease Care
Physical Exams
Pediatric Health
Women's Health
Adult Services
School Based Health Centers
Nutrition + Fitness
Family Planning
Perinatal



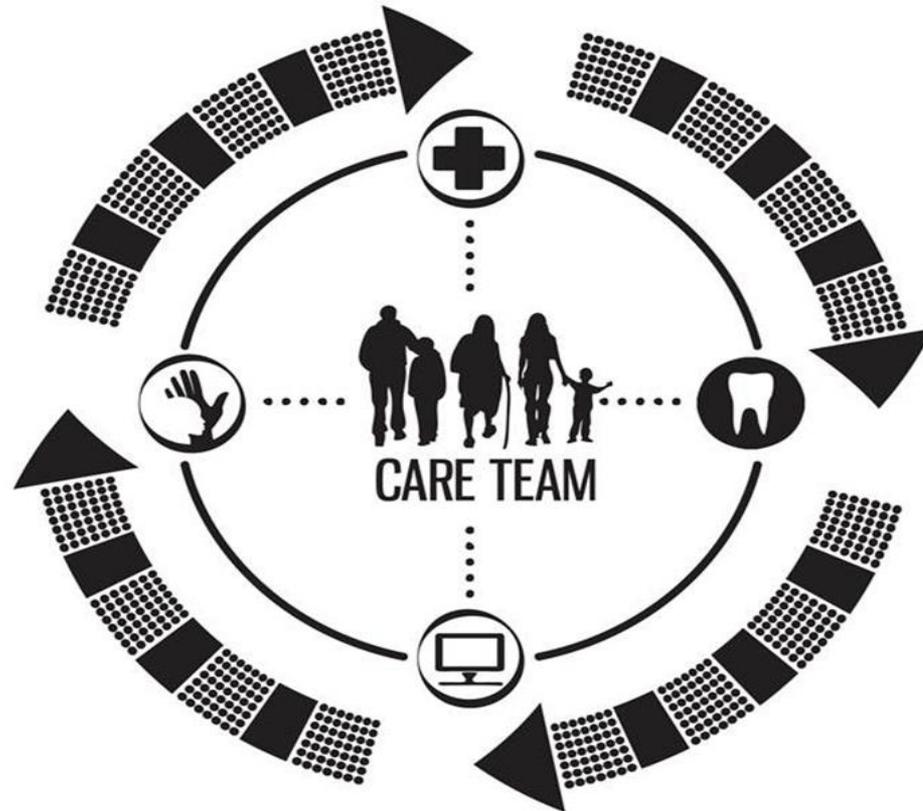
DENTAL

General Dentistry
Pediatric Dentistry
Oral Surgery
Orthodontics
Endodontics
Infant Oral Care
School Based Health Centers
Implants



COMMUNITY WELLNESS

Therapy for: Individuals, Couples, Families, Groups
Traditional Services
Case Management
Substance Abuse Services
ATOD Counseling
Assessment
School Based Health Services
HIV and Hep C Services
Media and Marketing
Youth Services
Home Visiting for families (youth 0-3)
Women, Infants and Children
Data and Evaluation
Policy and Advocacy



Bay Area Native Community

The San Francisco Bay Area:

- One of the largest and most diverse Urban Indian communities
- Over 200 tribes represented
- Varying levels of cultural connectivity
- Multi-cultural, Multi-racial, Multi-Tribal



Community Challenges

Overstressed public service system

Substance Use

Historical & intergenerational trauma

Street Violence

Single parents

Insidious Trauma

Homelessness / housing instability

Invisibility

Poverty

Historic distrust of government, research, service programs

Domestic Violence



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Community Strengths

Culture and spirituality

Community strength

Value of family and children

Hope and resiliency in the face of challenges

Voluntary services



Community Needs Assessment

Quantitative Findings:

- High rates of substance use among NAHC perinatal clients
- AI/AN teen pregnancy rate twice as high as other races in the county
- Increased incidence of substantiated child abuse compared to other races
- AI/AN foster children twice as likely to have two or more placements and remain in care longer
- Higher rate of AI/AN women and children living in poverty, and an increased use of Social Security Income (SSI), public assistance, and food stamps.
- Increased percent of AIANs living between 100-299% of the Federal Poverty Level
- AI/ANs have the second highest high school dropout rates
- AI/AN youth and adults experience three times as much intimate partner violence compared to other races in the country

Community Needs Assessment

Qualitative Findings:

- Address historical trauma
- Use peer support model
- Integrate wellness
- Identify family's natural support network and resources
- Ensure basic needs are met
- Prioritize stabilizing family living conditions and situations
- Offer consistent service to build trust with AI/AN families
- Improve cultural connection
- Integrate culture and traditional ways of parenting

Historical Trauma & Parenting

- Two related factors of historical trauma
 - Boarding schools and forced acculturation
 - Placement of AI/AN children in foster and adoptive families
- Multi-generational Impact
 - Removal from families and placement in boarding schools and non-Native homes
 - Culture and language were banned
 - Corporal punishment used
 - Lack of traditional family life that would have prepared them for parenthood

(Meriam, 1977)

Present-Day Implications

- Adult attachment theory
- Lost parenting
- 2nd and 3rd generations post boarding school era
- Parenting as a community concern



NAHC's Strong Families Tribal Home Visiting Project will facilitate the healing and growth of safe, loving, and strong American Indian and Alaskan Native families in the Bay Area. With positive Native parenting we will enhance the wellness of our children and families, while building on the strengths of our community through encouragement, connection, nurturing, education, and environment.

A National Effort

We are one of 25 federally funded tribal home visiting programs in the country.



Tribal Home Visiting

Tribal Maternal, Infant, and Early Childhood Home Visiting

Cohort Two grantee: 2011-2016

Community Needs Assessment and Planning in first two years

Evidence-Based Home Visiting Model

Benchmark Data and Rigorous Evaluation Required





The Strong Families Team:

Sophia (Umatilla/Cayuse/Nez Perce), Cara (Navajo/Lakota), Farha,
Paty (Umpqua/Mohawk), Shamika, Mona (Lumbee/Cheraw)
Not pictured: Shir

A pair of hands is shown holding a small, white, beaded doll. The doll has a colorful face with pink, yellow, and black beads. The hands are positioned to hold the doll gently. The background is a blurred pattern of colorful triangles.

Focus on Healthy Relationships and Community Connection

Population of Focus

Pregnant and parenting families
with Native American children
age 0-3

Self-identified

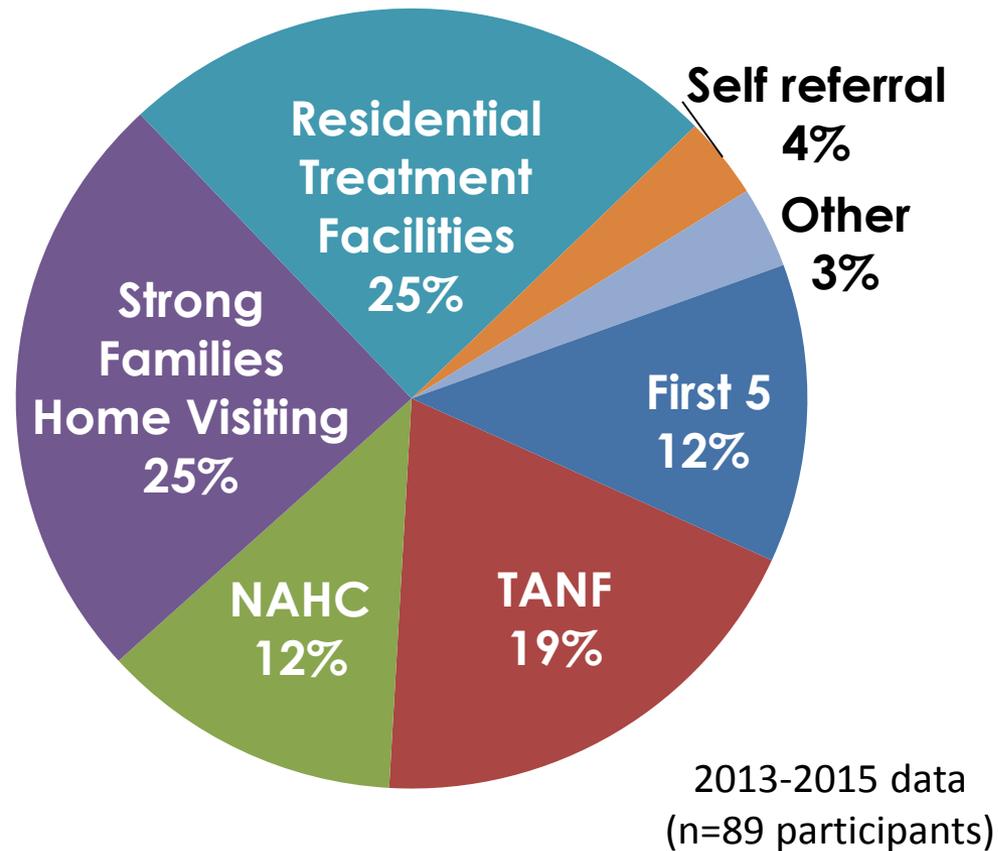
Living in Alameda County

Low-income



Referrals

How do participants hear about the program?

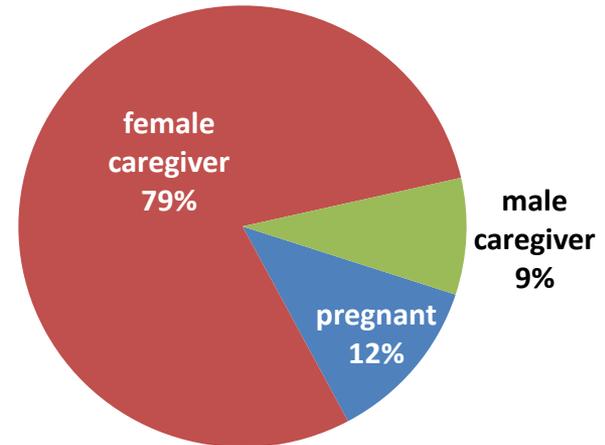


Who Are We Serving?

We've served **82 participants** to date, since the start of the program (May 2013). Our current capacity is 40 participants (10/home visitor); currently at 100% capacity.

We mostly serve female caregivers, but a small proportion are pregnant at the time of enrollment (not necessarily for the first time). We continue to recruit and engage fathers in home visits!

Most caregivers identify as AI/AN.
Average caregiver age is 30 years.
Average child age is 15 months.



Home Visiting Model/Curriculum

Evidence-based and culturally tailored home visiting program

American Indian paraprofessionals as Health Educators

Extended family involvement

Structured curriculum designed for young mothers from pregnancy to 36 months post-partum





Family Spirit Topics

Prenatal Care

Infant Care

Your Growing Child

Toddler Care

My Family and Me

Healthy Living

Positive Indian Parenting Curriculum

Session 1: Welcome and Orientation/Traditional Parenting

Session 2: Lessons of the Storyteller

Session 3: Lessons of the Cradleboard

Session 4: Harmony in Child Rearing

Session 5: Traditional Behavior Management

Session 6: Lessons of Mother Nature

Session 7: Praise in Traditional Parenting

Session 8: Choices in Parenting/Graduation



NICWA

Home Visit Structure

- ✓ Warm-up
- ✓ Review last lesson
- ✓ Check on referrals and activities
- ✓ Cover all lesson content
- ✓ Do activities/tasks together with participant
- ✓ Have participant summarize main points of the lesson
- ✓ Discuss and answer questions
- ✓ Make referrals
- ✓ Set next visit time/date
- ✓ Complete home visitation form and other paperwork

Meeting Family Needs

Home visits are intended to deliver lessons and parenting education, but often involve providing case management, such as linking families to necessary services, addressing crises, and providing social support.

- Importance of addressing basic needs first
- Families challenged by basic system navigation are common

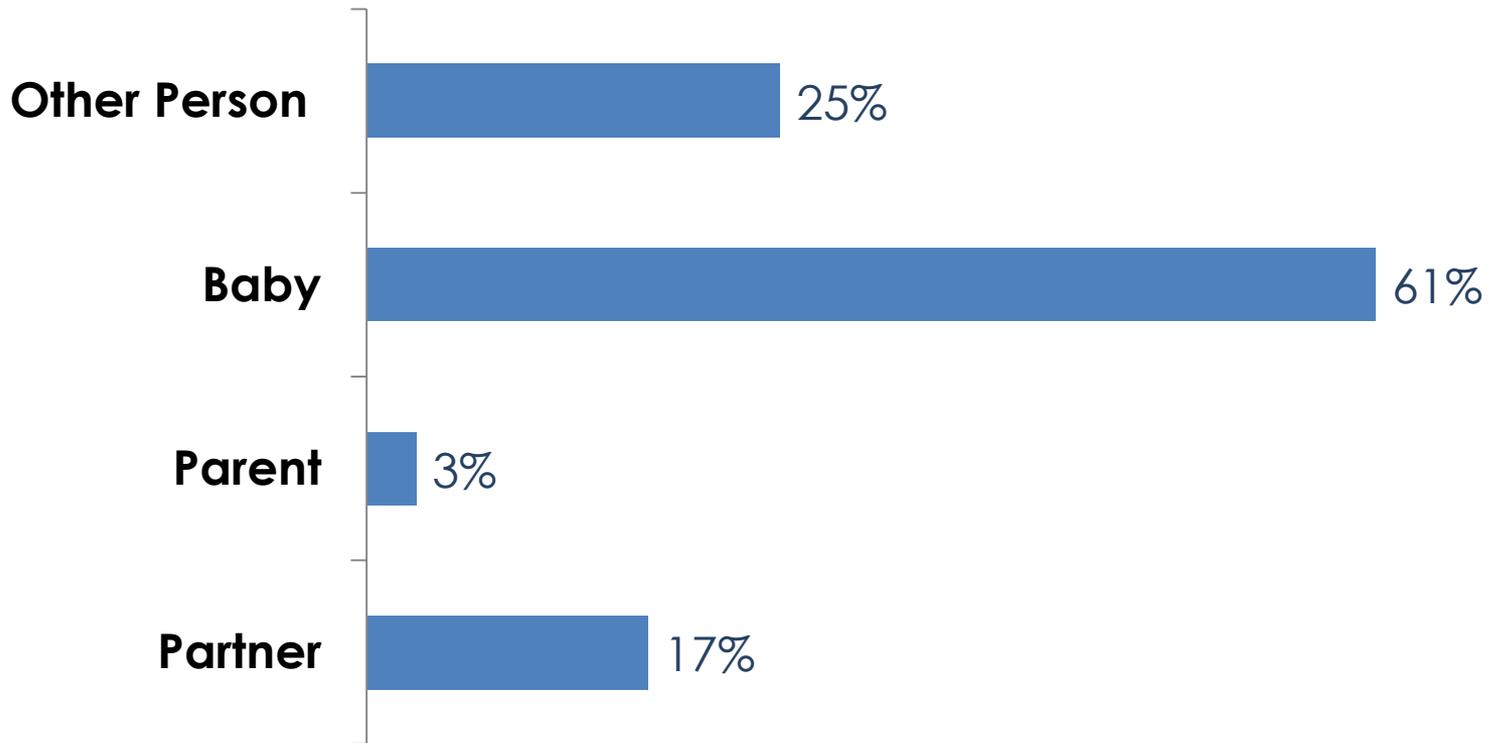


More than a third of “home visits” are made up of **case management** sessions.

Top 3 requested support services:

1. Medical
2. Housing
3. Legal

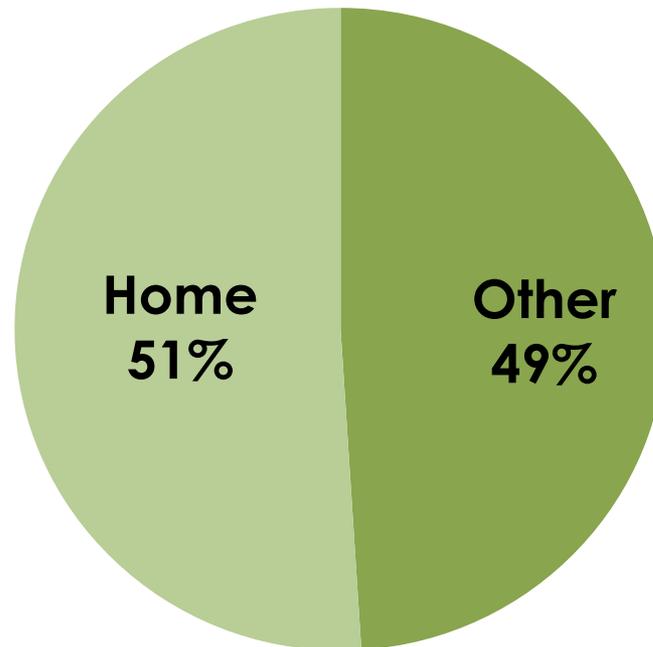
Who Attends the Home Visit? (Other Than the Parent)



n=741 visits

The Changing Definition of a “Home”

The location of a visit is not always the participant’s home.



“Other” includes office, treatment facility, hospital, shelter, car, restaurant, temporary housing, etc.

(n=849 visits)



Having a “worker-friend”

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The Peer Specialist Model

- From the Native community, and have worked within the community for a long time
- Are American Indian parents
- Community gatekeepers with resources and connections with community providers

How do we support our Peers?

Clinical support:

- Reflective supervision
- Licensed clinical supervisor
- On-going support
- Supervisor accessibility and flexibility
- Connection to Behavioral Health providers

How do we support our Peers?

Connecting with trainings and resources

- Providing cultural resources and connection
- Supporting peers in sharing their own cultural and community knowledge
- NAHC Medical & Dental, WIC, Community Wellness Department
- Collaborations with other Native-serving agencies
- Developmental Playgroup
 - Oakland Children's Hospital Early Intervention Services
 - Brighter Beginnings
- First 5
 - Trainings appropriate to paraprofessionals
 - Help Me Grow referral line
 - Collaborative Home visiting groups



The Power of Peers

- Community Trust
- Addresses power dynamic
- Cost effective
- Role modeling
- Building community capacity
- Visible in the community



Understanding Our Impact

Benchmark Measures

Data collection is crucial for the success of the program. We are tasked with identifying measures that demonstrate improvement for eligible families participating in the program in each of the following benchmark areas:

1. Improved maternal and newborn health
2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
3. Improvement in school readiness and achievement
4. Reduction in crime or domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in the coordination and referrals for other community resources and supports

Data Collection Challenges

- Streamlining forms and protocols
- Following up with participants (especially temporary ones) often very difficult
- Assurance of confidentiality especially with collection of sensitive information
- Getting into the “rhythm” of data collection and documentation
- Figuring out a way to document the milestones that can get missed in data collection instruments
- Making the data collection less burdensome for home visitors and participants
- Assessments and screeners don’t always tell the whole story

Health Maintenance and Improvements

Successes

- From intake to 12 months post enrollment, there was a 25% reduction in the percent of mothers with depression scores above 10
- All mothers, enrolled while pregnant, received at least one postpartum care visit
- Ten percent increase in well-child visits from Year 1 to Year 2
- Improved access to health insurance for children
- Screening all mothers and children
 - Depression, domestic violence, child development

Opportunities

- Prenatal care
- Breastfeeding
- Injury prevention and reduction in ER visits

Employment and Housing

- Decrease in unemployment (more than an 11% decrease)
- Increase in stable housing





The Most Valued Part of Home Visiting

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The social support and relationship component of the program often times proves more valuable to families than the health information provided.

“What have you learned from participating in this program?”

“How to cope and check in with myself and how to seek help when needed.”

“How to communicate with my child and spouse better.”

“That I can change.”

“Who do I go to with a question about **parenting**? I call Mona. I call **Strong Families.**”

-Strong Families father

“She does a great job in teaching me, but it’s **all up to me** on how I take it...if I’m listening or not listening.”

-Strong Families father

“I feel cared for, most mommies forget about themselves, so this reminds me I am worthy.”

-Strong Families mother

“The program has saved my family from devastation.”

-Strong Families mother



We express our sincere gratitude to the “Strong Families” family, including our colleagues and participants who helped to lay the foundation but who have moved on from the program.

They contributed to the information and lessons learned that we shared today.

The Strong Families Home Visiting Program is funded by the Affordable Care Act of 2010, through the Administration for Children and Families (ACF). This information does not necessarily represent the official position and policies of ACF.



Questions & Discussion