



Developing, Tailoring, and Implementing Early Childhood Home Visiting Models in Tribal Communities: Takeaways from the HomVEE Review of Research with Tribal Populations

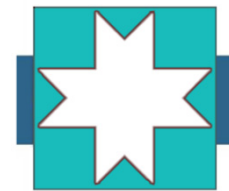
PURPOSE

This brief summarizes findings related to developing, tailoring, and implementing early childhood home visiting models¹ with tribal populations, based on the Home Visiting Evidence of Effectiveness (HomVEE) project's review of research with tribal populations.² The research included in the HomVEE review offers insights that could be useful to the Tribal and State Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program administrators, model developers, and other organizations interested in implementing early childhood home visiting models with tribal communities.³ A section at the end summarizes the research review process.

The other brief in this series highlights findings related to conducting research on early childhood home visiting in tribal settings.⁴

TAKEAWAYS ON DEVELOPING, TAILORING, AND IMPLEMENTING AN EARLY CHILDHOOD HOME VISITING MODEL IN TRIBAL SETTINGS

The research in this review described a variety of approaches to providing culturally relevant early childhood home visiting services to families in tribal communities.⁵ Some programs modified an existing home visiting model to engage tribal communities. Other programs developed new models specifically for tribal populations.



Intended audience:
Program administrators
and model developers

Other audiences:
State, tribal, and local
government
administrators;
organizational leaders,
supervisors, and home
visitors; and
researchers



FINDINGS ON DEVELOPING OR TAILORING AN EARLY CHILDHOOD HOME VISITING MODEL FOR TRIBAL COMMUNITIES

In the research on models designed for tribal communities, the approach to developing culturally relevant models was often similar to the approach used in the research on versions of models that were not created for—but were modified for—tribal communities. The foundation for these approaches was collaboration with the tribal community. Specifically, the research described several common strategies:

- ❖ Involving tribal leaders and other members of the tribal community in planning for 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 for collaborating with tribal communities to develop new models and make culturally relevant modifications to existing early childhood home visiting models, as described in the research reviewed.

Table 1. Sample strategies for developing and tailoring culturally relevant early childhood home visiting models, as described in the research reviewed

Strategies	Examples of strategy implementation ^a
Involving tribal leaders and other members of the community in developing or tailoring the early childhood home visiting model	<ul style="list-style-type: none"> • Establishing a cultural oversight committee that included members from the tribal community to oversee the development or modification of the early childhood home visiting model • Commissioning a Native artist to create the program’s logo and seeking feedback from the tribal community on various drafts • Conducting focus groups with tribal home visitors, elders, and caregivers to discuss ways to tailor the model to increase its cultural relevance
Employing tribal staff	<ul style="list-style-type: none"> • Hiring home visitors and other staff primarily from the tribal community • Hiring members of the tribal community to serve as liaisons between the program and the tribal community and to advise the program on cultural issues and foster support for the program • Posting job openings in the tribal community before announcing them to the public • Indicating a preference for candidates who understand the tribal culture and who can speak the language of the tribal community
Including tribal elders and community members in delivering the early childhood home visiting model	<ul style="list-style-type: none"> • Inviting tribal elders and community members to contribute to model content by, for example, narrating tribal stories included in the model’s curriculum • Involving the tribal community in recruiting families for the program • Involving tribal elders and members of the tribal community in delivering preservice training to program staff • Inviting tribal elders and other valued community members to attend and contribute content to program events, such as program dedication ceremonies and celebrations of participants’ program achievements
Building on the cultural strengths and customs of the communities served	<ul style="list-style-type: none"> • Acknowledging traditional child-rearing practices and wisdom, and incorporating both into the model • Incorporating preferred methods of communicating, such as storytelling, into the model • Integrating Native language and traditional practices, arts and crafts, food, and music into the model

^a The strategies and examples in this table come from HomVEE’s review of research with tribal populations, but the researchers who led these studies did not test the impacts of the strategies. This is not an exhaustive list of strategies.

FINDINGS ON IMPLEMENTING AN EARLY CHILDHOOD HOME VISITING MODEL IN TRIBAL COMMUNITIES

The findings from HomVEE's review point to some strategies and lessons learned for implementing an early childhood home visiting model in tribal communities (these strategies 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 program dedication ceremonies.
- ❖ Recruit and employ tribal and culturally competent staff.
- ❖ Gather information from program participants about their preferences for program content.

Example from the research: Employing tribal staff

One program faced challenges when trying to hire staff from the tribal community. In response, the program hired "liaison personnel" to ensure that the program reflected participants' multicultural backgrounds. The liaisons, who were members of the tribal community, helped the home visitors connect with the community.

2. Consider modifying the model to meet community and individual needs.

- ❖ 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.
- ❖ Consider how families' day-to-day needs might affect program participation, and tailor the program's delivery of the model as necessary to address such challenges.

Example from the research: A program expanding the scope of the model to meet families' needs

A model administered by a child welfare agency anticipated the daily hardships of participants and took them into account from the onset by delivering the early childhood home visiting model in conjunction with other agency services. The agency ensured that social workers were available for counseling and offered additional services, such as support groups and child care.

3. Use qualitative and quantitative data to inform quality improvement.

- ❖ Use fidelity data to identify implementation challenges to discuss during quality assurance visits.
- ❖ Document implementation challenges and strategies to overcome them to inform future implementation efforts.
- ❖ Collect feedback from tribal participants and program staff periodically through programming to assess whether the program is meeting community and participant needs.
- ❖ Share lessons learned with model developers so that the developers can modify their model, if needed, to meet the changing needs and context of the families the model aims to serve.

FINDINGS ON RESOURCES NEEDED TO SUPPORT IMPLEMENTATION OF EARLY CHILDHOOD HOME VISITING MODELS

The review also showed that program administrators could benefit from collaboration with model developers to support implementation of the model as intended. Findings from HomVEE's review of research with tribal populations suggest that program administrators need detailed information from model developers on several topics:

- ❖ Model specifications, including operations and training manuals, information about qualified trainers, documentation of curricula or content to be covered during home visits, and forms and assessments for service delivery
- ❖ Empirically validated core elements of the model (see box) that programs must implement to achieve the desired outcomes of the model
- ❖ Implementation fidelity standards (benchmarks that assess the degree to which a model is implemented as planned) for core model elements, which help ensure that programs can implement models with fidelity
- ❖ Modifications that program administrators can make to the model to address tribal needs and priorities while staying true to the core model elements

What are core model elements?

Core model elements are structural and process features of a model that must be implemented to achieve the model's desired outcomes.

- Structural features include the proper frequency of service delivery; the content to be delivered; and minimum staff qualifications, training, and supervision requirements.
- Process features pertain to the manner in which the content should be delivered.

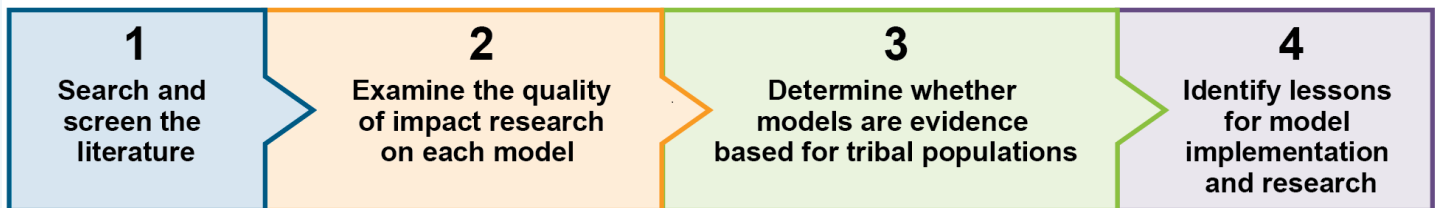
HOMVEE'S PROCESS FOR REVIEWING RESEARCH WITH TRIBAL POPULATIONS AND FINDINGS ON RESEARCH QUALITY

HomVEE is a systematic review of early childhood 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 for models that have been (1) implemented in tribal communities or (2) evaluated in manuscripts about studies in which tribal participants make up 10 percent or more of the sample.⁶

HOMVEE'S PROCESS FOR REVIEWING RESEARCH WITH TRIBAL POPULATIONS⁷

HomVEE's review of research with tribal populations involved four steps related to identifying and reviewing implementation and impact manuscripts on studies about home visiting in tribal communities (Figure 1).

Figure 1. Process for reviewing research with tribal populations

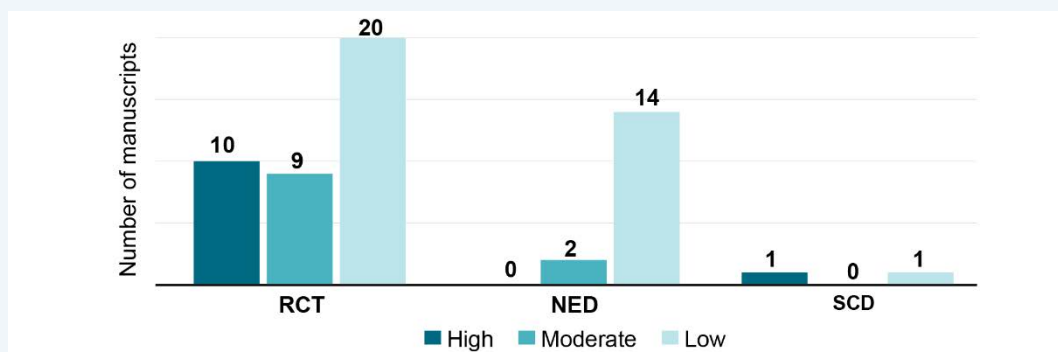


Note: Lessons for implementation and research drew on all literature that met the screening criteria, including research on models that are not evidence based for tribal populations.⁸

FINDINGS ON THE QUALITY OF THE IMPACT RESEARCH REVIEWED

HomVEE conducted its first review of research on early childhood home visiting models with tribal populations in fall 2010. As the literature on this topic grows, HomVEE updates its review. As of the sixth update,⁹ which HomVEE released in December 2020, the evidence base was still fairly small. The review identified 57 manuscripts about impact studies involving tribal populations. Of those, 39 percent (22 manuscripts) used a sufficiently rigorous design to provide unbiased estimates of home visiting impacts (these manuscripts received a high- or moderate-quality rating; see Figure 2).¹⁰ Only 8 of the high- or moderate-rated manuscripts specifically examined the effect of a model with tribal populations. That is, the manuscripts reported on samples composed 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 also examined and summarized information from 41 implementation or outcome manuscripts on early childhood home visiting with tribal populations, but HomVEE did not rate the quality of those manuscripts because they did not test effectiveness.

Figure 2. Manuscripts about tribal home visiting impact studies: research quality by study design



Source: The 57 manuscripts about impact studies included in HomVEE's review of research with tribal populations.

Note: In the HomVEE review, including HomVEE's review of research with tribal populations, a manuscript reporting on an NED can receive only a moderate- or low-quality rating.

NED = non-experimental comparison group design; RCT = randomized controlled trial; SCD = single-case design study.

ENDNOTES

¹ In this brief, the term *model* refers to a model or version of a model, *version* refers to a model adaptation and/or enhancement, and *program* refers to a localized implementation of the model. *Manuscript* refers to a description of study results. A single study may produce one or many manuscripts. *Study* refers to an evaluation of a distinct implementation of an intervention (that is, with a distinct sample, enrolled into the research investigation at a defined time and place, by a specific researcher or research team).

² In this brief, the terms *tribal* and *Native* 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 legal structure or status, and contemporary context. The term *tribal* also refers to participants who identified as members of indigenous groups in other countries.

³ Previously, the content of this brief was presented in two separate briefs, one for program administrators and one for model developers. HomVEE combined those two briefs for this update.

⁴ The brief is available on the HomVEE website (<https://homvee.acf.hhs.gov/tribal>).

⁵ For more information about the lessons learned on supporting development, modification, and implementation decisions, please see the report “Assessing the Research on Early Childhood Home Visiting Models Implemented with Tribal Populations—Part 2: Lessons Learned about Implementation and Evaluation.” The report is available on the HomVEE website (<https://homvee.acf.hhs.gov/tribal>).

⁶ HomVEE’s review of research with tribal populations 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.

⁷ Additional information on the process of and detailed findings from HomVEE’s review of research with tribal populations is available in the report “Assessing the Research on Early Childhood Home Visiting Models Implemented with Tribal Populations—Part 1: Evidence of Effectiveness.” This report is available on the HomVEE website (<https://homvee.acf.hhs.gov/tribal>).

⁸ For the purpose of the HomVEE review, the term *evidence-based model* refers to a model that meets criteria developed by the U.S. Department of Health and Human Services. These criteria are based on statutory requirements in the authorizing legislation for the MIECHV Program. HomVEE recognizes that other systematic reviews may use different criteria to evaluate evidence of effectiveness. Thus, an *evidence-based model* in the context of HomVEE may or may not meet the requirements for evidence of effectiveness according to other systematic reviews.

⁹ This update includes manuscripts published through September 2018 or received through the HomVEE call for manuscripts that closed in early January 2019.

¹⁰ This update of HomVEE’s review of research with tribal populations relies on HomVEE’s original standards for identifying well-designed impact research. For more information please see: <https://homvee.acf.hhs.gov/publications/methods-standards>.

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