

Purposefully Investing in the Tribal Home Visiting Workforce



Photo: Great Plains Tribal Leaders' Health Board



TRIBAL
HOME
VISITING



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“As Indigenous people, we are taught to come with an open heart so that we can hold space not just for ourselves and our families but for our communities and the next seven generations. It is deeply rooted in our moral center and influences who we are and how we act. It is a blessing, and it can also make it difficult to take care of ourselves. This is why program funders and administrators must purposively invest in the Tribal Home Visiting workforce to ensure home visitors are taken care of. Their empathy tanks need to be filled with rest. They need boundaries for protection. And they need equitable pay and work–life balance. When we do this, when we take care of the workforce, home visitors will be able to use their open hearts to do the work that calls them and that serves their community.”

—ELIZABETH PIHLAJA OF PROGRAMMATIC ASSISTANCE FOR TRIBAL HOME VISITING

INTRODUCTION

A stable, well-supported workforce is essential for ensuring that home visiting program staff¹ can develop meaningful and effective relationships with families and communities. This is especially true for American Indian and Alaska Native (AI/AN) people, who may hesitate to open their homes because that requires trust and vulnerability. However,

when families are matched with home visitors who engage with open hearts, listen to understand, and show appreciation for AI/AN culture and traditions, relationships form that help create a safe, nurturing, and supportive environment so families are empowered, gain confidence in their parenting journey, and thrive.

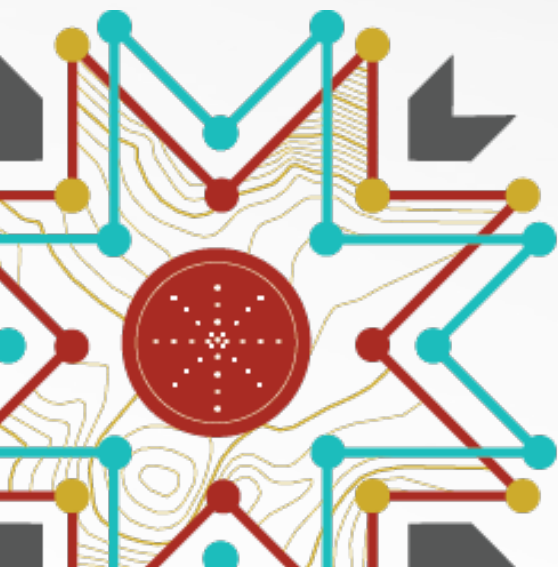
“I never felt judged, only understood and supported.”

—CHEYENNE ZEPEDA, HOME VISITING PARENT GRADUATE AND FORMER HOME VISITOR WITH THE NATIVE AMERICAN HEALTH CENTER

“It’s a safe and fun environment. [Often,] we are doing a lot of laughing and venting and I feel like she isn’t judging me, she understands. And that is mainly what I wanted—to just be understood as a new mom and the struggles I was having.”

—CHANTIELLE ORR, HOME VISITING PARENT GRADUATE WITH SOUTHCENTRAL FOUNDATION

¹ Home visitors may work under many titles, including but not limited to, the following: nurse home visitors, community health workers, family advocates, parent partners, and parent educators. In this document, we mostly refer to the workforce as home visitors. However, when the home visitors are connected to a specific program, we use the program’s title for the home visit staff.



Now more than ever before, Tribal Home Visiting grantees know the importance of their staff and the need for a stable, well-supported workforce. They recognize that home visitors need and deserve a circle of support for their well-being, knowledge, and strength.

The COVID-19 pandemic challenged the service sector, with staff shortages and more difficult working conditions. Programs understood that compassion fatigue ran high and took a negative personal toll on the workforce. Tribal home visitors contended with the health and safety of their own families and communities. They worked diligently to support the families enrolled in the program, many of whom were more isolated, stressed, and economically and emotionally vulnerable.

During this time, when other sectors halted

services, Tribal Home Visiting grantees adapted to virtual programming and often provided the only lifeline for families in their communities. To do this, programs needed to identify ways to support staff and minimize turnover. They needed to build sustainable and meaningful home visiting teams. They needed to be creative and go beyond ordinary investments in staff. They doubled down on reflective supervision, incorporated the expertise of infant and early childhood mental health consultants, set in motion new plans for staff recruitment through partnerships with community colleges, and focused on the professional well-being and self-care that is so needed and often tied to tradition and culture. They did this with the understanding that a well-supported workforce is essential for providing high-quality services that help achieve positive family and child outcomes.²



² Sparr, M., Morrison, C., Joraanstad, A., Cachat, P., & West, A. (2022). *Home Visitor Professional Well-Being: What It Is and Why It Matters* (OPRE Report No. 2022-102). Washington, DC: Office of Planning, Research, and Evaluation; Administration for Children and Families; U.S. Department of Health and Human Services. Accessed on December 28, 2022, at <https://www.acf.hhs.gov/sites/default/files/documents/opre/home-visitor-profl-well-being.pdf>



Helpful Definitions

Reflective Supervision. Reflective supervision helps home visitors develop the necessary skills for working with families while also supporting home visitors to recognize their own emotions that often accompany their work.³ According to Rebecca Shahmoon-Shanok, an early leader in reflective supervision, “When it’s going well, supervision is a holding environment, a place to feel secure enough to expose insecurities, mistakes, questions, and differences.”⁴

Reflective Practice. Reflective practice is the discipline of pausing to consider the meaning of what has transpired. It calls for a close look at relationships and an inward look at personal responses to situations.⁵

Infant and Early Childhood Mental Health Consultation. Infant and early childhood mental health consultation builds the capacity of providers and systems to support the relationships, interactions, and environments that are essential for the healthy social and emotional development of young children.⁶

³ West, A., Madariaga, P., & Sparr, M. (2022). *Reflective Supervision: What We Know and What We Need to Know to Support and Strengthen the Home Visiting Workforce* (OPRE Report No. 2022-101). Washington, DC: Office of Planning, Research, and Evaluation; Administration for Children and Families; U.S. Department of Health and Human Services. Accessed on December 12, 2022 at <https://www.acf.hhs.gov/opre/report/reflective-supervision-what-we-know-and-what-we-need-know-support-and-strengthen-home>

⁴ Alliance for the Advancement of Infant Mental Health. (2018). *Best Practice Guidelines for Reflective Supervision/Consultation*. Accessed on December 16, 2022, at <https://miaimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf>

⁵ Education Development Center. (n.d.). *Strengthening the MIECHV Home Visiting Workforce: A Checklist for Staff Recruitment and Staff Retention*. Accessed on December 16, 2022, at <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/strengthening-miechv-workforce.pdf>

⁶ ZERO TO THREE. (2017). *Infant and Early Childhood Mental Health Consultation: A Briefing Paper*. Accessed on December 12, 2022, at <https://www.zerotothree.org/resource/infant-and-early-childhood-mental-health-consultation-a-briefing-paper/>

This issue brief describes the current Tribal Home Visiting workforce and highlights some of the most innovative approaches that Tribal Home Visiting grantees used in recent years to purposefully invest in their staff. It draws from interviews with nine grantees⁷ who reflected on their challenges and shared their best practices related to supporting recruitment and retention, ensuring opportunities for effective training and professional development, and incorporating tribal traditions and customs into workforce supports.

Although the brief offers helpful insights for other programs, more strategies for supporting the workforce are yet to be discovered. For example, as staffing shortages

persist post-pandemic, more attention needs to be given to new approaches for recruitment and retention. Not discussed here, but an undercurrent that deserves attention, is increasing the base compensation for the workforce to align with the skills and experience of the home visiting workers.⁸ When those providing essential supports to families are themselves struggling to make ends meet, and when they fear an end to programmatic funding, retention becomes a concern and can hinder their ability to give full attention to the families they are meant to serve. It should be noted that equitable compensation discussions are needed across health, early childhood, and social services sectors, not just home visiting.

THE TRIBAL HOME VISITING WORKFORCE

According to consolidated data from 23 Tribal Home Visiting program grantees for fiscal year 2021, there were 76 full-time-equivalent (FTE) home visiting staff providing services to 1,658 families. The home visitors were supported by 36 FTE supervisory staff, including project directors, managers, and coordinators. Home visitors in Tribal Home Visiting programs are mostly women, with just three percent identified as male. More than half are between 30 and 49 years of age. Nearly 57 percent are AI/AN, or more than one race including AI/AN.⁹



⁷ Grantees interviewed for this brief include the following: Choctaw Nation of Oklahoma, Confederated Salish and Kootenai Tribes of Montana, Eastern Band of Cherokee Indians, Great Plains Tribal Leaders' Health Board, Lake County Tribal Health Consortium, Southcentral Foundation, and Turtle Mountain Band of Chippewa. In addition, information was gathered from Tribal Home Visiting newsletters and videos that highlighted some of these grantees, as well as the Native American Health Center and Cook Inlet Tribal Council.

⁸ Sparr et al., *Home Visitor Professional Well-Being*, 2022.

⁹ Tribal Home Visiting Performance Data, 2021.

Different home visiting models hire staff with different backgrounds. For example, the Nurse-Family Partnership model requires home visitors to be registered nurses with at least a bachelor's degree in nursing. Other models hire staff with an associate's or bachelor's degree in an array of programs that train professionals to work with young children and their families, from education to social work, to marriage and family therapy,

human development, and other fields of study. Many staff have a high school degree; some have a mix of training or technical certification like a child development associate, but not a formal degree. Data from the fiscal year 2021 indicates that about 32 percent of home visitors have an associate's degree, almost 36 percent have a bachelor's degree, and eight percent have a master's degree or higher.¹⁰

"Who are the home visitors? They are community members, culture keepers, conductors of knowledge, pain/loss/grief holders. They are previous recipients of home visits -- either the good kind or older versions of bad kinds. They are investors in the next seven generations. They are parents, grandparents, aunts, uncles. They are language teachers. They are hopeful, optimistic, realistic. They are cheerleaders, trust builders, intergenerational curse/hardship breakers. They are the Tribal Home Visiting workforce."

—SOPHIA TAULA-LIERAS, PROJECT DIRECTOR, PROGRAMMATIC ASSISTANCE FOR TRIBAL HOME VISITING

During the past few years, when staff shortages were the norm across all industries and especially within the service sector, retention of Tribal Home Visiting staff was remarkably stable. However, some grantees struggled with staffing and reported challenges such as a lack of qualified applicants to recruit from within rural areas, human resources red tape related to education requirements, delays in hiring because of background checks, and increased cost of living that leaves home visitors feeling

that they cannot afford to work in this field.

Grantees that easily retained staff attribute their success in retention in part to the core characteristics of home visitors: their ability to connect with families, build relationships that matter, and support parent-child bonding. Families and program leaders alike talk about the deep passion and commitment of home visitors who lead with their hearts to support children, their families, and their communities.

Photo: Port Gamble S'Klallam Tribe



¹⁰ Ibid

“Staff love their jobs. Many say this is the best job they ever had. They took the job because they care about the women and families they are working with, and they are really invested in the home visiting program. You get an intrinsic reward in serving the families and seeing their growth.”

—ROBIN CALLAHAN, PROJECT DIRECTOR, EASTERN BAND OF CHEROKEE INDIANS

“I have built such a beautiful relationship with my nurse. She is there when I have questions about behaviors, health, stress. . . . She is the most gentle, kind person I’ve probably ever worked with.”

—MERCEDES SYLVA, PAST PARTICIPANT WITH SOUTHCENTRAL FOUNDATION

Home Visitor Stories

ALANA WILLEMSSEN

Family Advocate

Lake County Tribal Health Consortium

I fell into the role of a family advocate and am so happy that happened. I went to school to become a dental hygienist and thought that would be my path. During one of my prenatal care visits at Tribal Health, the counselor encouraged me to consider applying for a position with the Tribal Health Consortium. I initially applied for a dental position, but then the prenatal counselor called and said she had a better position for me to consider—a program assistant for the home visiting program. I was so excited to be able to work for the company and this job sounded great. After six weeks as a program assistant, the program manager asked me to jump into the role of family advocate. With encouragement from the program, I have been able to attend many trainings to develop my skills as a home visitor, and now I have many certificates. I love what I do. Our kids don’t come with manuals, and it really helps to have someone with you as you go through that journey. It feels good to be that someone.

KRISTIN WANNA

Community Health Worker

Great Plains Tribal Leaders’ Health Board

I worked first in day care and had a goal of opening my own center. After I completed my associate’s degree in early childhood, I saw the job opening for the home visiting program. It would be a different path than what I planned, but I thought I should give it a try. It’s my passion for kids that made me want to do this, plus being able to work with their families too. I see we are helping so many families. One example is a teen mom that I worked with. She got pregnant when she was in her last year of high school. She felt people in the community were looking down on her. I helped her get through that, to focus on a healthy pregnancy, and to graduate from high school. After the baby was born, she took a year off to focus on the baby and to care for herself. We are working on her next steps. Applying to college is now a real opportunity for her. It is so gratifying to be able to help families find their success in life.

MAYUK CAYE

Home Visitor promoted to Program Manager **Confederated Salish and Kootenai Tribes of Montana**

I graduated from high school in 2010 and went to the local community college. While enrolled, I found a part-time job with Early Childhood Services that administers Head Start and other programs. I loved working with the kids so I decided an associate's degree in early childhood would be best. I transferred to the University of Montana, and once I was in that environment, I changed my plan and got a bachelor's degree in communication studies. After I graduated, I was looking for work. My auntie was a home visitor and said there was an opening in the program. I had the qualifications because of my past work with kids and the degrees, but I felt unsure of applying. Ultimately, I threw my hat in and got hired as a home visitor in August 2018. It was helpful to have a strong team that supported me in gaining confidence in my role. I was recently promoted to the program manager position.

I really liked going into the homes and sharing with the children and their parents the Parents as Teachers activities and books. I am [a] male, so I didn't work with the prenatal moms right away, because it might be too difficult for me to connect with them. But I eventually moved to providing services to them. Sometimes it was awkward, but I'm pretty personable. If anyone was skeptical, I just made it clear that I was there to deliver a service for the child. While I work with the primary caregiver, I find that other parents, including fathers, join in as they get more comfortable with me and the program. There is one family where it took a while for the dad to come out into the living room when I was there, but when he finally did, he started to engage in the activities. That family has graduated from the program. But they always say "hi" to me when they see me in the community. Recently, the father said that they miss my visits. It feels good to be offering something of value that can help families.



LYNEI HAMILTON

Nurse Home Visitor **Southcentral Foundation**

I've worked for Southcentral Foundation for 10 years, the last six as a nurse home visitor. Before taking this job, I was working in obstetrics with the midwives, and before that, I was doing case management with families in primary care. I really like working as a nurse home visitor because in the past positions, I would see a family during pregnancy, they would deliver, and maybe I'd see them once or twice afterwards. But now I can build a relationship with the families and support them during pregnancy and as they parent.

PROMOTING A CULTURE OF RESPECT, BELONGING, SUPPORT, AND UNDERSTANDING

Tribal Home Visiting program managers and supervisors are committed to creating a culture of respect, belonging, support, and understanding for their staff. They do this because they choose to honor the realities and needs of their staff, many of whom experience some of the same challenges as the families they serve—deeply rooted challenges such as historical and ongoing trauma,¹¹ and more immediate challenges such as housing shortages and rising prices for common goods. And they do this because supervisors are creating a parallel process by modeling with staff to inform staff engagement with families. For example, when supervisors can build strong relationships with home visitors, the home visitors feel

supported and, in turn, are able to build strong and meaningful relationships with the families they serve. Similarly, when supervisors encourage home visitors to engage in self-care, home visitors are not only able to be more emotionally available for families but also able to model and encourage self-care for families.

As noted earlier, many home visitors come into their role because they feel it is a calling and they are passionate about supporting families and children to realize their full potential. This is both a gift and a potential concern, as Elizabeth Pihlaja of the Programmatic Assistance for Tribal Home Visiting team explains:



¹¹ According to the Administration on Children and Families, U.S. Department of Health and Human Services, “Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans.” Accessed on January 17, 2023, at <https://www.acf.hhs.gov/trauma-toolkit/trauma-concept>

“People who come into the field tend to lead with their hearts, and they get deeply invested in what they are doing. They sometimes feel it is their obligation or duty to serve children and families to get them to the point where they want to be. Sometimes there is a worry or feeling that they might never be enough because the family’s needs might be so significant. Home visitors need to be reminded that home visiting is one service within a larger system—we can work with families to help them work toward goals, but we cannot control other parts of the system that may impede progress. This weighs heavily on the heart of a home visitor. In reflective practice, there are important conversations about the locus of control—what is in your ability to change or make a difference? During COVID, we saw home visitors doing so much work and burning the candle at both ends. With the overwhelming feelings so many service providers experienced, home visitors worked hard to close gaps by doing things like coordinating food basket giveaways and offering other concrete supports. We should all be proud of home visiting staff for taking this on and recognize that they need to protect their own mental health and that so many of the issues families are facing are because of systemic failures that the home visitor has no control over.”

Pam Finch, Clinical Coordinator, at Southcentral Foundation (SCF), reports this reality firsthand. According to Finch, “We see our staff struggling to step away and make space for themselves. They are hyper responsible and seem to be putting pressure on themselves to

put the families they serve first. They often feel that they aren’t doing enough. They can give information, but they can’t help the families overcome some basic challenges like housing or transportation that may stand in the way of the family’s progress.”



HARD AND SOFT WORKFORCE SUPPORTS

It is important for program leadership to recognize and respond to the weight of responsibility that home visitors hold. Responses can be in the form of workforce supports—both hard workforce supports like paid time off and flex time and soft workforce supports that focus on creating an

emotionally supportive environment for the staff. Since the COVID-19 pandemic, grantees have been experimenting with both types of support and are finding what works best for their staff.

Examples of hard workforce supports include:

- ***Time off allowed for self-care and wellness.*** Several grantees—including Cook Inlet Tribal Council (CITC), the Eastern Band of Cherokee Indians (EBCI), and the Great Plains Tribal Leaders' Health Board (GPTLHB)—have policies that provide designated time each day for staff self-care and wellness. This looks different for each employee. Some might want to take a walk or sit in nature, journal, or look at a self-care book. At EBCI, staff can seek supervisor permission to aggregate time and then devote a longer period once a week for a cooking or yoga class, for example. GPTLHB provides a small gym with treadmills, weights, and other equipment and encourages staff to spend 30 minutes per workday for physical exercise or other wellness activities.
- ***Time off for cultural events, holidays, and family gatherings.*** Many grantees provide time off for their employees to take part in cultural events, celebrate holidays, and take extended leave for bereavement.
- ***Compressed workweek.*** EBCI has a four-day, 10 hour/day workweek. All staff work Monday through Thursday and have Fridays off. They also are generous with time off for annual and sick leave, and they have policies that support family and medical leave.
- ***Sabbatical.*** CITC provides a four-week paid sabbatical every five years.
- ***Compensation reviews.*** During COVID-19, SCF examined their compensation packages to ensure that they were comparable with those of similar organizations. They began offering an extra day of leave each quarter and considered retention incentives and bonuses as ways to not lose nurses to other organizations in the community that were offering these types of supports. CITC also conducted a compensation analysis and implemented salary adjustments based on market analysis to support recruitment and retention of staff.

“Having multiple workforce supports in one package really does create a dream job. Our nurses don’t want to leave.”

—ROBIN CALLAHAN, PROJECT DIRECTOR, EASTERN BAND OF CHEROKEE INDIANS

From sparking humor in the hallways to creating opportunities for staff to meet offsite, program managers and supervisors are finding ways to purposefully support staff and build a culture of belonging. As part of this, they are

building trust among team members, connecting at a personal level, and supporting strong communication.

Examples of soft workforce supports include:

- **Open-door policies.** Program managers and supervisors from multiple programs have open-door policies in addition to regular reflective supervision with each member of the team. They encourage staff to stop in to talk when needed. Sometimes home visitors may need in-the-moment guidance on a situation with a family they are supporting. Other times, they might have something personal weighing on them that they need to share. Having an open-door policy sends a message from program leadership to staff that “I am here for you,” the same message home visitors send to families.
- **Morning huddle.** According to Keh Fernandez, Home Visiting Program Coordinator at Lake County Tribal Health Consortium, Inc.. (LCTHC), she and her team try to start each day in community and with good intentions. “In the morning we all get our coffee and sit in the meeting room and have a check-in with each other for about 15 minutes. We study Conscious Discipline together and as part of that practice we do mindful breathing and make commitments for the week. Then we send our commitments out into the world,” said Fernandez.
- **Group texts.** The home visiting team members at the Choctaw Nation of Oklahoma (Choctaw) are avid group text fans. According to Program Manager Brandi Smallwood, “We are constantly texting each other. It’s a safe place to ask questions and vent. I think they have a separate group text without me, too!”
- **Social time.** With COVID-19 restrictions being not as rigid as they were previously, program supervisors are inviting staff to meet offsite for time to connect. Some gather for a team breakfast or lunch. One team recently went to an escape room for fun and bonding. The team at Confederated Salish and Kootenai Tribes of Montana (CSKT) shares a meal or dessert to celebrate team member birthdays.

“We are a strong-knit group. We talk about what we are doing in our personal lives and how things are going for the families we serve. We trust one another and are very supportive of each other’s ideas and feelings.”

—MAYUK CAYE, PROGRAM MANAGER, CONFEDERATED SALISH AND KOOTENAI TRIBES OF MONTANA

“We kept our team together because of their passion for the work and the support that they provide one another.”

—PAM FINCH, CLINICAL COORDINATOR, NUTAQSIIVIK NURSE-FAMILY PARTNERSHIP AT SOUTH CENTRAL FOUNDATION

“The connections we form with our staff then support the connections they make with their clients. Strong, healthy connections with families of course is the end goal. . . . it’s all leading to the connection with them and the connection they have with their clients.”

—ROBIN CALLAHAN, NURSE-FAMILY PROJECT DIRECTOR, EASTERN BAND OF CHEROKEE INDIANS



Conscious Discipline as Practiced in Lake County

The Tribal Home Visiting program at Lake County Tribal Health Consortium uses Conscious Discipline to create safety, connections, and measured problem-solving within the team. Team members are then able to share these practices with the families they serve.

Conscious Discipline recognizes that there are three distinct functions of the brain: safety (we all need and seek safety), connection (we all need and seek connections), and problem solving (we all need and seek problem-solving skills). Each of these functions occur in different parts of the brain and interact with and influence the other. The goal is to learn how to self-regulate to manage thoughts, feelings, and behaviors. That means learning how to become present, attuned, and respond in measured ways. In summary, Conscious Discipline helps to change mindsets to be more focused on engagement and to respond with curiosity and compassion rather than to react, punish, or place blame.

In practice, the Lake County Tribal Health Consortium team engages in a set of regular activities that allows them to create new neural pathways for how they process emotions and respond. For example, at their Monday morning meetings, the team starts with a greeting (one member of the team makes up a silly greeting to share and pass around the table) and continues with a breathing exercise. Then each member of the team articulates their well wishes and sends their intentions out into the universe. The meeting ends with each team member sharing a commitment for the week. They check back with each other during the week on the commitments to offer encouragement and support. According to Keh Fernandez, Program Coordinator, “It’s a good way to get our morning and week started with good intentions, accountability, and a little bit of silliness too. We hold space in our hearts for each other and look for and create kindness that can happen throughout the day and week ahead.”

The home visiting team then engages the families they serve in similar activities with the intention of supporting parent–child bonding and relationships bolstered by joy and compassion. Fernandez shares Conscious Discipline in parent support groups as well. Parents learn a variety of breathing techniques and how they can share them with their children as strategies for self-calming. Fernandez recalls a parent sharing that “I wasn’t parented like this, and the more I do it and practice these techniques, I notice that the kids are doing it too. Being more mindful of my own feelings and giving myself some grace is necessary. No one is a perfect parent.”

SUPPORTING RECRUITMENT AND RETENTION

Although staff retention has been remarkably stable among the Tribal Home Visiting programs interviewed for this brief, program leaders are still mindful of the need to continuously invest in creating a pathway for recruitment and building effective teams.

Establishing a Recruitment Pathway by Partnering with the Community College

From informal relationships for posting job opportunities to creating more formal relationships to give college students experience in the home visiting setting, several Tribal Home Visiting grantees are exploring ways to partner with community colleges as a strategy for creating a pipeline of future employees.

An emerging partnership between EBCI and Southwestern Community College (SCC) aims to increase awareness about the home visiting profession for nursing students. It is seen as a “win” for tribal leadership, as they are keenly aware of a nursing shortage and are therefore committed to growing a cadre of nurses from their community. It is a “win” for the community college, because they want to make sure that their students have real-world experiences in the nursing field before they graduate. Furthermore, this is a “win” for nursing students who have a deep commitment to the Cherokee community and see this as a path to future employment.

Crystal Akers, Clinical Coordinator for the SCC nursing program, previously worked in public health and knew about the Nurse-FamilyPartnership. She was invited to attend a 2022 advisory board meeting for the home

visiting program at EBCI and used that opportunity to share her interest in having students shadow nurse home visitors and receive a clinical credit. “My goal is twofold. First, I want nursing students to get a real-world experience to apply their learning to practice and see what nurses in the field do. Second, I want the students to learn about the diverse roles nurses fill and how it all works together as a continuum of support to advance the health and wellness of communities,” said Akers. Specifically, she sees the Nurse-Family Partnership program as an opportunity to show students the impact that nursing can make in reaching one family at a time and supporting the health of the family, parenting practices, and children’s early development.

It is important to both parties that the partnership be thoughtfully designed and incorporated into the policies and procedures of the tribe. As such, Brandy Davis, lead compliance officer in the Public Health and Human Services Division of EBCI, is responsible for developing the policy that will support internship programs in the Division. As part of this, she is considering what is needed to ensure that students who shadow are familiar with Cherokee values and culture so that they have better context when engaging families. She is also including training on confidentiality in accordance with the Health Insurance Portability and Accountability Act, or HIPAA. In addition, the college is required to provide an Education Affiliation Agreement that will then be reviewed by the EBCI legal department and will also be reviewed and ultimately approved by the Secretary of Public Health and Human Services.

“At a time when staff shortages are real, every entity should be looking for ways to recruit new employees and to do so through your community. Connection to your community college and local universities is an effective strategy.”

—BRANDY DAVIS, LEAD COMPLIANCE OFFICER, EASTERN BAND OF CHEROKEE INDIANS

Hiring Former Home Visiting Participants as Home Visitors

Another strategy for supporting recruitment involves hiring parents who have graduated from the program as home visitors. This practice is a programmatic cornerstone of the

Home Instruction for Parents of Preschool Youngsters home visiting model, and it is being practiced in a few other models implemented by Tribal Home Visiting grantees as well. Several Tribal Home Visiting grantees have hired former participants with success, as evident by the following stories:

GWENDOLYNN GABBERT *Nurse Home Visitor* **Southcentral Foundation**

I was in the program 13 years ago as a mom of two. I remember my nurse, who I am working with today, playing with my baby and answering all of my questions. I was like, “Your job would be so cool,” and she would say “You should do it. Go do it.” She said I would be a great nurse. So, with my two-year-old and a six-week-old, I went to nursing school as a single mom. After I graduated, I needed to have five years of nursing experience before I could be a home visitor. So, I went and got those years and then came back over to the nurse home visitor program to work.

DOROTHY HENRY *Parent Educator* **Turtle Mountain Band of Chippewa**

I enrolled in the home visiting program while also operating a day care program. The home visitor (parent educator) would come into the day care program to meet with me and share parenting tips, activities, and books. I loved it, and I shared the activities with the families using my day care. And then one day, the parent educator told me that there was an opening. I applied. I knew I could connect with the parents—I lived a life like them. I was raised by a single mother and never had everything I needed growing up. I didn’t know about insurance, or how to get a driver’s license. I experienced trauma when I was pregnant with my daughter, and that affected my pregnancy. I know that I need to have patience with the families I serve because it takes time to develop the relationship and build trust. As their home visitor, I try to meet them where they are—I’ll read the activity out loud if I know a parent has difficulty reading. I make sure they know I’m just a phone call away.

CHEYENNE ZEPEDA
Home Visitor
Native American Health Center

I enrolled in the Strong Families home visiting program when I was pregnant with my first child. I participated for five years and appreciated the program's constant connection to my culture. In 2018, I felt that the time was right to transition back to the workforce after being a stay-at-home mom. When I heard that the Native American Health Center was hiring for a home visitor, I got really excited and decided to apply. I wondered if it might be weird, since I'd been a participant, but having that experience gave me a different look into what the work is supposed to be like. I got a lot of support from the team so that I could be successful.

Building Effective Teams

During the early phases of COVID-19, LCTHC engaged Elvia Cortes, a reflective practice consultant, to support them in building a strong home visiting team. At the time, there were a lot of transitions at LCTHC, which created a disequilibrium in the organization that had a ripple effect down to the Tribal Home Visiting program. Although not having consistent leadership in the organization was challenging, it also opened the door for re-examining practices with the home visiting team.

Cortes's focus is on building ethical practitioners who can be intentionally present to serve families. "We need to embrace the parallel process. If we want families to be happy, to have a better life, we need to make sure our home visitors are safe and respected in the work environment. Program leadership needs to support healthy professional relationships with staff so that they can go and have positive, productive, and respectful sessions with families," said Cortes.

According to Fernandez, "Elvia helped us create a relational approach for the team. She taught us how to slow down, reflect, be

curious, and explore what is happening. We were able to build a space to talk about conflict and how to resolve it. Cortes helped program leadership understand boundaries. With a full year of one-on-one coaching for each member of the team, Cortes was able to also help the family advocates apply these learnings to their work with families. In time, the team developed a set of values that guide their work to promote relationships and collaboration in the workplace." (See **Team Values** box.)

This reflective practice engagement prepared the team for transitions in 2022 when the long-term program manager and several advocates left the team. Fortunately, Fernandez was part of the team that received support by Cortes and was able to step into the program manager position, bringing that experience and the tools learned to her new role. Together, the team asks questions like: What is important to be a good team member? What do you need to feel supported? What can help to build cohesion and a sense of support? With openness, curiosity, trust, and communication, the team is stronger than ever and prepared to work through any organizational and staffing challenges that may arise.



Team Values

I, ____, as a member of the Legacy Team, will practice the following skills listed below to the best of my ability.

- **Transparency:** We are open and honest in our communication, our actions, and our work. If we are upset about an interaction with a team member, we talk directly to that person. We practice being nonjudgmental and do not gossip or speak poorly of team members with others on the team or outside of the team. When we make a mistake, we are honest about it. We learn from our mistakes and move forward.
- **Accountability:** We are accountable for our actions and do not blame others for our actions and/or state of mind. We take responsibility for ourselves and collaborate on finding support from management.
- **Honor Diversity:** We have an open mind and understand everyone is different. We agree that we all come from different backgrounds, we have different opinions and ideas, and different personalities and ways of expressing ourselves. We seek to gain understanding of each other, honoring and respectfully connecting with all members of the team. When there is miscommunication, we engage in honest conversations to reconnect.
- **Commitment:** We are committed to our organization, department, program and team values. We believe in our mission and prioritize our work with families. We are respectful with leaders and follow the chain of command to minimize conflicts.
- **Open and Respectful Communication:** We maintain open and respectful communication with all members of the team. If there is a conflict that arises from miscommunication, we resolve it using reflective practice techniques and meeting directly with the team member with whom we have the miscommunication to ensure collaboration and transparency.
- **Practice Reflection:** We continually reflect on our actions and use the Gibbs Reflective Cycle (Gibbs, 1988) to engage in challenging moments and celebrations within our work at the office and with families we serve.
- **Engage in Self-Care Practices:** We use Conscious Discipline curriculum to understand our brain states and use self-regulation techniques to regulate ourselves and maintain professionalism.

ENSURING OPPORTUNITIES FOR TRAINING, PROFESSIONAL DEVELOPMENT, AND SUPERVISION

Tribal Home Visiting program leaders and supervisors understand the importance of supporting the continuous learning and professional development of their staff. This learning happens in many ways: during one-on-one reflective supervision and team meetings where staff have opportunities to share and discuss cases; as part of virtual and

in-person training; and through formal educational opportunities. Shamika Dokes-Brown, Program Manager, Native American Health Center, aptly notes: “I want [staff] to continue to build their skill sets and not limit themselves. Whatever direction their hearts lead them in, I want to be part of supporting them to reach that level.”

“We have set reflective supervision team meetings once a week. This is an opportunity for staff to talk about experiences they are having with families. Sometimes they may feel they are not getting the connection with a family that they are seeking, and they use this time to talk through their experience and seek advice. Other times, they may be overwhelmed by the circumstances of a family and need to talk through their feelings. In addition, I have an open door policy so that staff can come in at any time to talk with me about things on their mind in the moment. I find that it helps to offer both formal and informal reflective supervision opportunities.”

—AMY GOURNEAU, PROGRAM DIRECTOR, TURTLE MOUNTAIN BAND OF CHIPPEWA

The examples that follow highlight grantee practices related to setting professional development goals with staff, partnering with related providers to offer training, supporting staff to pursue learning with both time off and funding for classes and conferences, supporting specific training on mental health awareness, and working with an Infant and Early Childhood Mental Health (IECMH) consultant to support both program leadership and home visitors.

Setting Goals with Staff to Guide Training and Professional Development

SCF has a companywide commitment to continuous learning and best practice in service of the company’s mission and vision. “At Southcentral, everything is linked

together—from the company mission, vision, and goals to the company strategic plan, to individual performance plans, and ultimately, the evaluation. The individual staff Performance Development Plan (PDP) is part of this and ensures each employee is working with quality toward the company and program’s mission, vision, and goals,” said Jodi Sides, Clinical Coordinator, SCF.



The PDP includes:

- customer care and relationships;
- teamwork and relationships;
- innovations and improvement (e.g., benchmarks for the year tied to the goals of the program); and
- professional development and skills (e.g., education and other trainings, conferences, or workshops that the staff will attend).

Across the company, managers meet with employees quarterly to go over the PDP, reviewing employee goals and ensuring that there is a plan for attaining the goals. In the case of the Tribal Home Visiting program, clinical coordinators meet with the staff individually each week for reflective supervision, and as part of that, they talk about how to support the nurse home visitor to achieve her goals. Sides notes that, with the PDP as a guide, it is easy to see if a person is struggling and what support might be needed, and it can be used for merit pay increases as well.

Partnering with Related Providers to Offer Professional Development

Tribal Home Visiting grantees find creative ways to partner with related providers to offer professional development to their staff. This can be a way to maximize learning opportunities, and it can be a way to promote shared learning across programs and providers. For example, CITC offers virtual learning sessions facilitated through a collaborative effort of the University of Alaska Anchorage Center for Human Development, the Alaska Nurses Association, and the State of Alaska Division of Public Health. This effort is supported by a Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program grant. “There are usually case presentations at

the monthly learning session, which benefit both seasoned and new home visitors,” said Nicole Hunter, Program Manager, CITC.

CSKT staff attend trainings offered at Salish Kootenai College. In addition, Caye recalls a helpful Brazelton Touchpoints training offered by a past program manager who was certified in teaching Touchpoints. With that connection, they can participate in ongoing Touchpoints webinars and trainings. The home visiting staff also attends trainings on behavioral health, diabetes, and other relevant topics put on by CSKT Tribal Health. There are times when they partner with Early Childhood Services (Home to Head Start), Indian Health Services, education, and other programs in the Department of Human Resource Development.



Supporting Opportunities for Staff to Extend Their Learning

SCF offers both financial support and time off for staff to extend their learning. This is especially helpful for the nurse home visitors who are required to complete at least 30 continuing education units or continuing medical education credits (CEUs or CMEs) every two years to stay in good standing as a registered nurse. Where other medical facilities in Anchorage have cut or trimmed this benefit, SCF has not. “It is part of a compact agreement with the Indian Health Services for clinical staff. SCF provides up to \$1,125 per year for staff to pay for classes or conference registration where they can earn CEUs. They also offer five days of annual leave to work on CEUs,” said Sides. Staff are

encouraged to use the funds to attend the trainings that most interest them. According to Marisa Wang, Grants Advisor at SCF, “This is part of our strategy to train and grow capacity in our community so that the community is reflected in the system.”

In addition to the funds available to support CEUs and the five days annually that staff can take for CEU study, employees who have been at SCF for a full year are entitled to apply for educational leave in the form of paid time off to attend classes as they pursue a degree. The amount of leave is tied to the program of study.

Nurse Home Visitor Hamilton values working for SCF and this benefit:

“SCF is a great place to work. There are so many supports for staff and many opportunities for us to continue our learning. I’m in the middle of getting my master’s certification for trauma-informed care. It’s exciting, because I’m already able to apply what I’m learning to my work with families—I can see where emotions might be coming from. Many of us have studied to get our breastfeeding certificate, and our supervisors remind us when we need to renew. With the spike in RSV [respiratory syncytial virus] and flu, I recently took a course that went through every illness that is currently in our community. It was a very thorough review of what symptoms might look like, when to know a symptom is okay and will run its course, versus when it could be deadly and more medical attention is needed. It was really helpful, and I keep referring back to the material as I work with families. It was just \$60, and I could use the funds to pay for it. I have friends in other states who talk about how difficult it is to get their CEUs—that they don’t have time and it’s so expensive. I never have a problem getting mine and always have more than actually required. I’m hungry to learn, and having the funds available and ability to take time off is a great benefit of working for SCF.”



Photo: Choctaw Nation of Oklahoma



Supporting Training on Mental Health Awareness and Response

Lakota tribal elder Ethleen Iron Cloud Two Dogs developed the Lakota Mental Health First Aid program, which has been used by the GPTLHB team. It is a four-session program that builds on the cornerstone laws of the Lakota: compassion, humility, and respect. The program incorporates tribal values and history, including the importance of kinship and the ever-present weight of historical trauma that continues to be carried down with each generation.

Informed by Lakota Star Knowledge, the Lakota Mental Health First Aid training helps to restore mental, physical, emotional, and spiritual balance. Iron Cloud Two Dogs focuses on the stages of life and teaches about how to respond when in situations with someone who may be contemplating suicide, struggling with isolation, or experiencing trauma related to domestic violence.

According to Community Health Worker Leona Iyarpeya, “The training helped me become more aware of how to help those experiencing trauma and to do it in a way that is tied to our culture. For example, this might include smudging with sage, bear root, or cedar to help clear your air. It might include prayer, use of talking circles, or other ways to help families be comfortable to share their traumas. We also learned how to recognize when a higher level of mental health support might be needed by either a spiritual leader or mental health professional.”

Incorporating the Expertise of an IECMH Consultant

Since the program’s inception, the Tribal Home Visiting program at GPTLHB has worked with Dawn Nixon, an IECMH consultant.

IECMH consultation focuses on support at the child, program, and system levels. According to Nixon, “Often what we are seeing unfold has roots in adverse long-ago governmental policies. This is important to understand, because otherwise some might believe the risk factors are embodied in the families versus in the historic trauma that the family has experienced.”

Initially, the work with Nixon was a partnership between GPTLHB home visiting and the Sisseton Wahpeton Oyate’s Indigenous Linking Actions for Unmet Needs in Children’s Health (or ILAUNCH), as both programs were implementing the same home visiting model—Family Spirit. Through regular meetings with program leadership and staff, Nixon helped to build their understanding of evidence-based home visiting so that they could implement the model with fidelity, plan and engage in effective staff development, set up mechanisms for reliable documentation, and more.



Several years into the project, Nixon continues to provide support both to program leadership and the community health workers who meet with the families in the home or virtually, as was the case during the COVID-19 pandemic. She helps the staff to know how to enter homes, how to scan the environment, how to assess and offer support, and how to make referrals when needed. When community health workers identify areas where they would like more information or coaching, she responds, often offering support in the moment or creating a training on the topic. Some topics that she has helped staff to better understand include autism, language

development, family engagement, fetal alcohol syndrome, and seasonal affective disorder.

According to GPTLHB Community Health Worker Kristin Wanna, “Dawn is always there to give advice and direct us in the right way. When I first started working, I had a mom on my caseload who was the victim of domestic violence. It took a while for the mom to open up and when she did, I realized it was a lot for me to take in. Dawn helped me one-on-one to be able to share my feelings to make sure I was okay and to steer me in the right direction to help the mom get back on her feet.”



Photo: Port Gamble S'Klallam Tribe

INCORPORATING TRIBAL TRADITIONS AND CULTURAL PRACTICES INTO WORKFORCE SUPPORTS

There are a variety of ways that Tribal Home Visiting grantees incorporate traditions and cultural practices into workforce supports. They provide time off and encourage attendance for cultural ceremonies. Some burn sage and pray together. Others make traditional crafts like ribbon skirts and drums. Still others find ways to engage elders with their team so that the knowledge of their cultural practices are passed down from generation to generation.

The program at EBCI demonstrates a deep commitment to understanding Cherokee culture and ways of living and incorporating that into workforce supports. Over the years, program leadership has thoughtfully incorporated several approaches to doing this.

- First, they weave tribal traditions and culture into basic supports for the staff and team-building opportunities. For example, the program invited co-authors Dr. Tom Belt, a Cherokee elder and traditionalist, and Dr. Lisa Lefler of Western Carolina University to conduct an in-service with the team based on their book *Sounds of Tohi: Cherokee Health and Well-Being in Southern Appalachia*. According to Bailey Callahan, “*Sounds of Tohi* is a great resource for expanding the understanding of Cherokee culture as it relates to health and relationships. Tohi is the Cherokee concept of health. The focus is on how life is balanced and

moves forward in a good way within yourself and how you interact with everyone in the community and the environment. Things are as they should be . . . not forced, rushed, not doing harm to anyone.” Dr. Belt’s book was shared with all the staff.

- Second, they engage elders in sharing traditional ways with clinicians and other professional staff. For example, elders recently shared [childbirth practices as part of a booklet describing traditional practices](#) as well as at a workshop for health providers.
- Third, Nurse-FamilyPartnership staff attend and present at the annual “Rooted in the Mountains” conference that is hosted by Western Carolina University. This conference focuses on Appalachian culture and traditional Cherokee culture, with an emphasis on wellness. In 2022, the theme of the conference was mental health, and EBCI organized a panel on “Interventions for Wellness: Mind, Body, and Spirit Resources for Resilience.” The panel offered information for the community that is trauma informed and resiliency focused. They shared learnings from the Cherokee Elder Interview project, which creates an opportunity for nurses and clients to share about Cherokee cultural views and practices. In addition, practical strategies for promoting balance and well-being such as yoga and tai chi were discussed.

USING FEDERAL FUNDING DURING COVID-19 TO SUPPORT THE WORKFORCE

In addition to the workforce support strategies highlighted earlier that reflect innovations and best practices conceived and delivered by the Tribal Home Visiting grantees, in 2021 and 2022, with the COVID-19 pandemic causing unprecedented burden and upheaval for individuals, programs, and systems, Congress passed, and President Biden signed, the American Rescue Plan Act (ARPA). ARPA provided direct relief to Americans and support to safety-net programs to help the workforce stay whole and keep services in operation.

Tribal Home Visiting grantees used ARPA funding to support staff in many ways:

- **Financial support** – cost-of-living increases, incentives for retention, and one-time performance bonuses
- **Programming and professional development** – a team retreat to focus on cultural teachings, relaxation, and meditation, attendance at conferences, and books to build a library for the staff so they have easy access to literature on child development, parent–child bonding, and healthy relationships
- **Equipment** – tablets to use for virtual visits, office vehicles, therapeutic office chairs, air purifiers for the office, and lights to ease seasonal affective disorder
- **Self-care kits** – gift cards for vendors that offer bath and body products, warm blankets, self-care books, and nutritious meals

“The past three years have taken a toll on the home visitors’ mental and emotional reserves. Well-being incentives and reflective supervision materials have been purchased for staff to inspire self-care and to show appreciation for their work during COVID. We appreciate our home visitors and the opportunity to show them a little extra support during this trying time.”

~ CHOCTAW NATION OF OKLAHOMA

The federal government also eased student loan payback requirements for those working in the nonprofit service sector, including complete loan forgiveness above \$10,000. The Public Service Loan Forgiveness program created a valuable opportunity for home visitors to have significant amounts of their student loans forgiven. In the future, Tribal Home Visiting grantees are encouraged to share opportunities like this so that all federal resources available can benefit the staff.



CONCLUSION

Purposeful investment in building and retaining a stable, well-supported workforce is essential for Tribal Home Visiting grantees. It is not an overstatement to say that the quality of support provided to families can only be as effective as the quality of the home visiting staff.

The truth is that home visitors develop a valuable set of skills that can be easily transferable to other careers, many of which pay higher salaries. For Tribal Home Visiting grantees to retain staff and be competitive employers, consideration needs to be given to how grantees can meet employee needs and connect them to the workforce supports that home visitors most value. It is remarkable that, during such a tumultuous time because of COVID-19, many home visitors stayed in their positions. Credit goes to the program managers and supervisors who found creative ways to purposefully invest in their staff and to the staff themselves for their unwavering commitment to each other, the profession, and the families they serve.

As Tribal Home Visiting programs build on these innovations and continue to improve support for their workforce, there are three considerations that need careful attention.

First, the early childhood field needs to invest in and support home visiting supervisors and program leaders. Cortes raises the question, “Who is nurturing the supervisors and program leaders? Some feel that it’s okay to be stressed and shoulder a heavy emotional load.” However, that can lead to burnout. Programmatic Assistance for Tribal Home Visiting is developing a practice resource for organizations and administrators that

addresses how to effectively support a Tribal Home Visiting supervisor and the program and thus achieve a strong sense of belonging and care within the organization and the community.

Second, several people who were interviewed for this brief emphasized that attention needs to be given to equitable pay for home visitors. As stated earlier, this should be part of a broader conversation across the health, early childhood, and social services sectors, not just limited to the home visiting workforce. Many home visitors stay in their jobs because they see it as a calling, but they also deserve to be fairly compensated for the work they are doing.



Shared Waters "Mni 'Owazinda" Crow Creek/Lower Brule



Finally, Tribal Home Visiting programs should be encouraged to continue living out their values with how they support their staff. "There were many years when programs felt that they could not have workforce practices like smudging, prayer, or time off for cultural events as part of their offerings for staff. And now they can. And it is so powerful," said Taula-Lieras. Grantees are bringing in their own cultural advisors and elders as teachers, incorporating ceremony and medicine, and engaging in reflective practice to better understand the root causes of trauma. They are acknowledging that the teachings and cultural practices that have existed for

generations can still support the health and well-being of their communities. They are rebalancing in a way that ensures that they connect to and honor their past and carry that knowledge into taking care of each other and the families they serve today.

Looking forward, two things are certain: Tribal Home Visiting grantees will continue to recognize the importance of their staff for providing effective support to the families, and grantees will continue to innovate as they search for just the right supports that will ensure a strong, stable, and effective workforce for years to come.

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AU: Please confirm that this is the intended reference for Gibbs (1988), which was cited in text on page 14.

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