

<b>Grantee:</b>	<b>Inter-Tribal Council of Michigan</b>
<b>Program Title:</b>	<i>The Partnership for Anishnaabe Binoojiyensag Tribal Home Visiting Program</i>
<b>Model Selected:</b>	<i>Family Spirit</i>
<b>Program Period:</b>	<i>Cohort 3 (September 30, 2012 to September 29, 2017)</i>

### Key Program Staff:

Name	Title	Phone	Email
Elizabeth Kushman	Project Director	906-440-5660	ekushman@charter.net
Amanda Leonard	Program Coordinator	906-632-6896	amanda@itcmi.org
Lisa Abramson	Program Evaluator	906-632-6896	labramson@itcmi.org
Robin VanDerMoere	CQI Consultant	507-324-8380	rvanderm@mphi.org
Shannon Laing	Evaluation Consultant	517-324-7344	slaing@mphi.org

### Program Goals

The Partnership for Anishinaabe Binoojiyensag Project seeks to address persistent disparities in maternal, infant, and early childhood health and social indicators among the American Indian (AI) population in seven Michigan communities. The project will expand the capacity of an existing network of services, furthering progress toward a comprehensive, high-quality early childhood system.

### Community Context

State	Michigan
Rural or Urban Reservation or Non-Reservation	Rural Reservation and Urban Non-Reservation
Description of Service Area	The Inter-Tribal Council of Michigan (ITCM) distributes funding to seven implementing sites, five rural tribal reservation communities, one non-reservation community, and one urban program. The 7 sites implementing the program include (1) the Bay Mills Indian Community, (2) Nottawaseppi Band of Huron Potawatomi, (3) Keweenaw Bay Indian Community, (4) Lac Vieux Desert Indian Tribe, (5) Little Traverse Bay Bands of Odawa Indians, (6) Match-E-Be-Nash-She-Wish Potawatomi Gun Tribe, and (7) the American Indian Health and Family Services of Southwestern Michigan. The service area spans 19 counties in Michigan and is characterized by significant geographical dispersal, variance in population density, diversity in urban/rural setting, and varying degrees of infrastructure.
Births Per Year	In 2011, there were approximately 600 AI births in the project's service area.

Children ages Birth to Five in Target Community	Estimate of 3,000
Unique Characteristics of Target Community	The target community includes 5 reservation communities and 2 sites that are off reservations that have multiple tribal members. Addressing each distinct tribal culture and context will be challenging.
Key Community Partners	<ul style="list-style-type: none"> <li>• Healthy Start</li> <li>• Head Start</li> <li>• State Medicaid MIHP (Maternal and Infant Health Program)</li> <li>• Teen Pregnancy Services</li> <li>• Tribal Child Care Centers</li> <li>• Child Protective Services</li> <li>• Early Head Start</li> <li>• Tribal PREP</li> <li>• Well-Child Services and Immunizations</li> <li>• Tribal &amp; Community Medical Care</li> <li>• Honoring our Children</li> <li>• Kent County Newborn Visits</li> <li>• W. K. Kellogg Planning Initiative</li> </ul>
Primary Risk Factors in Target Community	Risk factors include a lack of community knowledge about existing services, high rate of low birth weight, teenage pregnancies, high infant mortality, high incidence of sudden unexpected infant deaths, high rates of suicide among women of reproductive age, high rates of child abuse and neglect, high rates of poverty and public assistance use, and high incidence of domestic and intimate partner violence.

## Program Delivery Context

Implementing Agency	Inter-Tribal Council of Michigan, Inc.
Organization Type	Inter-Tribal Council of MI is a non-profit organization that functions as a coalition of federally recognized tribes
Target Population	The target population includes AI children, ages 0-5 years old, and their families who reside in the service area.
Target and Actual Numbers Served	Currently, more than 300 unduplicated families are served per year across the seven implementing sites, which is on target

## Home Visiting Model Selected

Partnership for Anishinaabe Binoojiiyensag Project is using the Family Spirit home visiting model.

## Key Model Adaptations or Enhancements

Adaptations include:

- Addition of a school readiness component by integrating a culture based supplementary curriculum (developed by the grantee) which features evidence-informed early literacy and numeracy tools and activities for use during visits with families of 3 to 5 year olds
- Conducting Family Spirit prenatal lessons with mothers who want to begin the program before 28 weeks of gestation;



- Use of added parent-focused assessments (Protective Factors Survey and PICCOLO) to measure parent-based outcomes in place of the Family Spirit Knowledge Assessments;
- Conducting staff Quality Assurance reviews semi-annually instead of quarterly to accommodate geographic distances between central office and sites;
- Incorporating staff from a variety of professional backgrounds in home visits including paraprofessionals, social workers, nurses, and early childhood development specialists; and
- At each of the seven sites, examples of language, teachings, and other relevant content specific to each community are woven in by the Home Visitor as appropriate

Other possible cultural adaptations include drawing upon the strengths of community teachings as they relate to family, parent, and child/infant wellness.

## Description of Early Childhood System

All seven sites implementing the Partnership for Anishinaabe Binoojiiyensag Project (PAB) have their own early childhood systems. ITCM collaborates extensively with three programs—Healthy Start (prenatal to age 2 home visiting) Head Start, and Early Head Start—that also operate in the target area.. Healthy Start serves six of the seven sites which are also Partnership for Anishinaabe Binoojiiyensag Project sites. Four of the seven PAB sites have both Early Head Start and Head Start, a fifth site has Head Start only, and the Early Head Start program provides a small number of home visits at one tribal site (Little Traverse Bay Band of Odawa). The total childhood system funding dedicated to specifically serving AI children, averaged across all seven sites (for both administration and direct service), and is approximately \$3.7 M, which is roughly equivalent to \$1,200 to \$2,200 per child per year (depending on the population estimate used). Although parents and community members highly value existing programs and services, focus group results suggest that families continue to face many needs related to early childhood, and most of the Head Start and Early Head Start programs have long waiting lists. While birth outcomes have improved, delays and deficits in early literacy and numeracy skills are continually documented on Tribal Head Start enrollment assessments. Aside from the three Head Start/Early Head Start programs, Partnership for Anishinaabe Binoojiiyensag Project staff participate regularly in workgroups, steering committees, and programs with the following early childhood programs: Michigan Healthy Start, Chronic Disease Prevention, Access to Recovery Substance and Abuse/Tribal Behavioral Health Network. These partnerships are aimed at sharing resources and working in line with tribes’ holistic view of health and understanding of life.

## Evaluation Approach

### Evaluation Question

When compared to families receiving standard Family Spirit Home Visiting services, do families who participate in “scaled up” Family Spirit Home Visiting services with early learning enhancements, have:

1. Improved achievement in developmental parenting skills, responsiveness, encouragement, and teaching skills that support early literacy for children age 12 months to 5 years of age.
2. Improved developmentally appropriate early literacy skills for children age 24 months to 5 years of age.



## Evaluation Design

	Observations/ points of measurement	"Scaled up" Family Spirit Home Visiting services intervention	Observations / points of measurement	Observations/ points of measurement	"Scaled up" Family Spirit Home Visiting services intervention	Observations/ points of measurement
	T1 (baseline)		T2	T3		T4
Program Sites randomly assigned in Group 1	O	X	O	O	X	O
Program Sites randomly assigned in Group 2	O		O	O	X	O

The proposed evaluation design is a **Stepped Wedge Cluster Randomization** procedure for assigning intervention status to each group/Tribe (Tribe/program site will be used as the randomization unit). This is similar to the waitlist approach where each randomization unit enters the intervention phase on a waitlist basis. Stepped Wedge Cluster Randomization design is a variant of cluster randomized controlled trial that are extensively used to evaluate intervention especially when the intervention is administered in a group setting. For this study, the procedure will involve creating two groups; each group consists of 5 program sites. The intervention will be rolled out first to one group of 5 sites and the second group of 5 sites will receive intervention after a lag thus establishing a cross-over design in one direction. All the sites will enter the trial at the same time point but the second group of sites will act as a comparison group until such time when they crossover from being a comparison to intervention group. Two of the sites included in the study do not receive Tribal Home Visiting funding but are implementing the full program protocol with support from other sources.

## Key Federal and Technical Assistance (TA) Staff

Name	Title	Phone	Email
Carrie Peake	Federal Project Officer	202-690-6059	Carrie.Peake@acf.hhs.gov
Christy Stanton	PATH TA Specialist	202-857-2996	cstanton@zerotothree.org
Erica Roberts	TEI Liaison (Evaluation TA)	410-733-6381	roberts@jbassoc.com

