



Executive Summary

Report at a Glance

This report describes how Tribal MIECHV programs were planned and what influenced the planning process. Report findings, generated through analysis of Tribal MIECHV implementation plans (2017), enhance understanding of the impacts of evidence-based policy on Tribal MIECHV program planning. The report also offers recommendations for using evidence-based policy meaningfully and ethically in Indigenous communities.

Home visiting programs support expectant families and families with young children. Those programs that are federally funded seek to influence outcomes across various domains, including maternal and child health, child development and school readiness, and positive parenting practices (U.S. Department of Health and Human Services [HHS], n.d.-b). Although home visiting has a strong evidence base that demonstrates impacts generally, less is known about model implementation and effectiveness in Indigenous communities. This report analyzes Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) programs' implementation plans from 2016 to 2017 to better understand how programs planned for implementation when evidence of effectiveness for home visiting models was insufficient or absent or lacked relevance for the context.

Tribal MIECHV Program

Through the Tribal MIECHV program, the Administration for Children and Families (ACF) provides funding to develop, implement, and evaluate home visiting programs in American Indian/Alaska Native (AI/AN) communities. Funds are awarded to Tribes, consortia of Tribes, Tribal organizations, and urban Indian organizations. The program was designed to support Tribes and Tribal organizations in promoting the health and well-being of AI/AN families through evidence-based home visiting; expand the evidence base on home visiting in AI/AN communities; and contribute to coordinated, comprehensive early childhood systems.

Effectively expanding the evidence base on home visiting in AI/AN communities requires recognition that Indigenous communities in the United States are politically, culturally, and geographically diverse. There are 574 federally recognized Tribes in the United States (U.S. Department of the Interior, n.d.) that represent an array of cultures, traditions, world views, and modes of governance (Sarche & Spicer, 2008; Tribal Evaluation Workgroup, 2013). AI/AN communities are also geographically diverse. Tribal MIECHV programs reflect this diversity and span 13 states serving 11 rural, 5 urban, and 7 mixed communities (Administration for Children and Families, 2021).

Tribal MIECHV's emphasis on expanding the evidence base is critical because most home visiting models that meet the HHS criteria² were not created or tested with Indigenous communities. As part of the larger shift to evidence-based policymaking at the federal level, it is important to better understand program implementation in settings that have not been the focus



of effectiveness studies. Studying Tribal MIECHV programs' implementation planning sheds light on how federally funded programs approached implementation when the types of evidence (e.g., results from randomized controlled trials) prioritized in evidence-based policy, such as MIECHV legislation, are insufficient or do not exist for the implementing community.

Multi-Site Implementation Evaluation of Tribal Home Visiting

This report presents findings from an analysis of the implementation plans developed by a cohort of Tribal MIECHV grant recipients. The analysis was conducted as part of the Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE), led by James Bell Associates in partnership with the Centers for American Indian and Alaska Native Health at the University of Colorado Anschutz Medical Campus.

MUSE is a mixed-methods study; it integrates quantitative and qualitative methodologies to examine how Tribal MIECHV programs operate in diverse contexts. Through a community-engaged approach, MUSE partnered with Tribal MIECHV programs to design and conduct a

² To meet HHS criteria for an evidence-based early childhood home visiting service delivery model, models must meet at least one of the following criteria: (1) at least one high- or moderate-rated impact study of the model finds favorable (statistically significant) impacts in two or more of the eight outcome domains or (2) at least two high- or moderate-rated impact studies of the model (using nonoverlapping analytic study samples) find one or more favorable (statistically significant) impacts in the same domain (U.S. Department of Health and Human Services, n.d.-a).

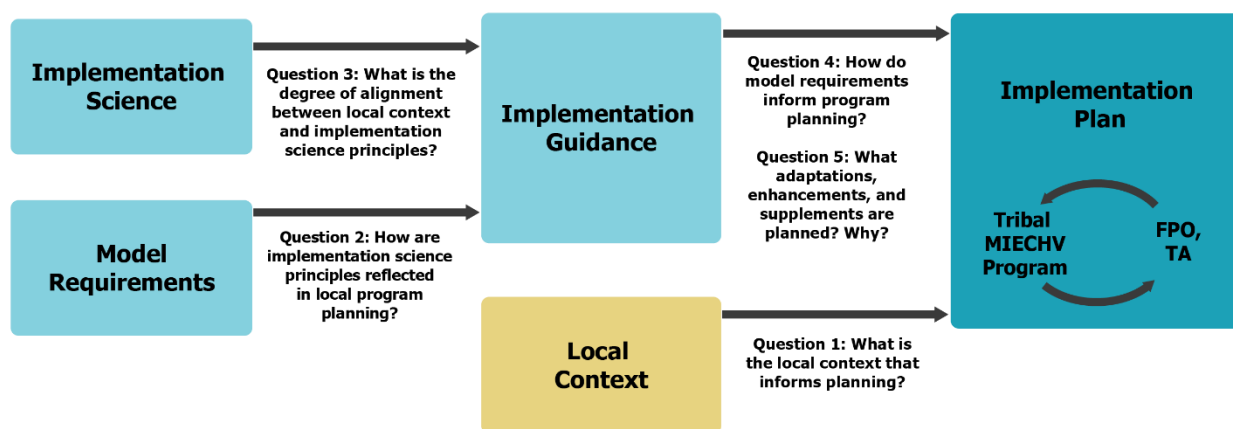
study that will return meaningful findings to partnering communities and ACF. The study builds on the rigorous local evaluations of 17 Tribal MIECHV programs in a prior 5-year funding period, as well as the Mother and Infant Home Visiting Program Evaluation, the Roadmap for Collaborative and Effective Evaluation in Tribal Communities (Tribal Evaluation Workgroup, 2013), and implementation science. MUSE has three aims:

1. Identify and describe primary influences shaping Tribal MIECHV program planning.
2. Identify and describe how Tribal MIECHV programs are being implemented.
3. Explore supports and challenges to home visiting implementation in Tribal communities.

This report presents findings for Aim 1, based on a systematic qualitative analysis of Tribal MIECHV program implementation plans as a secondary data source (exhibit 1).

Exhibit 1. MUSE Aim 1 Analytic Approach

The MUSE team developed an analytic approach for Aim 1 analysis (exhibit 1) linking Aim 1 research questions to several interrelated influencing domains: implementation science, model requirements, local context, and the Implementation Plan Guidance provided by funders.



FPO = federal project officer; **TA** = technical assistance; **MIECHV**= Maternal, Infant, and Early Childhood Home Visiting.

About This Report

This report describes how Tribal MIECHV programs were planned and what influenced the planning process. It also offers general findings and recommendations for using evidence-based policy meaningfully and ethically in Indigenous communities.

The report is organized by the following chapters.

Chapter 1. Introduction

Chapter 2. Research Methods for Identifying and Describing Influences on Planning Tribal MIECHV Programs describes the MUSE study and the analytic approach, data source, and methods used for this report.

Chapter 3. Ripples in a Pond: Planning Home Visiting as an Investment in Community by Community focuses on home visiting as critical to connecting children and families to community resources and (re)invigorating Indigenous knowledge and practice.

Chapter 4. Rigorous Indigenous Frameworks: Incorporating Equity Into Tribal MIECHV Program Planning focuses on Tribal MIECHV programs' attention to inequity and injustice in both historical and contemporary forms and their strategies to advance equity for families and staff.

Chapter 5. Supporting Cultural Values and Fit: Applying Flexibility and Using Multiple Sources of Evidence in Tribal MIECHV Program Planning investigates how Tribal MIECHV programs modify home visiting model delivery for families in Native communities.

Chapter 6. Strengthening Ties: Serving Families, Engaging Community, and Building Trust describes the family, home visitor, and community domains and how programs envision the families they will serve during planning.

Chapter 7. Findings, Recommendations, and Implications summarizes findings and provides recommendations based on the analysis of Tribal MIECHV implementation plans.

General Findings and Recommendations

MUSE study findings for Aim 1 analysis culminate in the three general findings presented below and detailed in subsequent chapters. For this executive summary, we have included a set of



recommendations related to each general finding and addressed to individuals serving in the following roles: Tribal MIECHV implementation support staff (e.g., Tribal MIECHV program staff, technical assistance providers); implementation researchers; and home visiting researchers, practitioners, and policymakers. This strategy is intended to clarify who might be most able to act on a given recommendation but not to limit any person's engagement with a particular recommendation. We recognize that individuals can work across these roles and hope that others may find inspiration in the recommendations as well.

The recommendations are based on findings from secondary data analysis of implementation plans written by 17 Tribal MIECHV awardees between 2016 and 2017. Changes have occurred since then. For example, implementation frameworks have increasingly focused on equity, and Tribal MIECHV implementation support staff have made significant adjustments to the support they provide to awardees, including to Implementation Plan Guidance provided.

We offer the following recommendations not to dismiss these important changes. Rather, we hope they amplify these efforts and suggest additional ways to align home visiting implementation with Indigenous community priorities.

Finally, the recommendations are intended to support readers as they begin thinking through opportunities to apply the findings to their work and are not meant as directives. We recognize that the recommendations may not be appropriate in all settings; even when appropriate, they may not be applicable given constraints such as resources.

Tribal MIECHV programs planned to use equity-focused Indigenous practices to support child and community well-being through home visiting. Implementation plans called attention to the effects of historical harm and contemporary inequity on the community and on child, family, and home visitor relationships and well-being. Programs planned to advance equity in multiple ways, including by (re)building trusting relationships between community members and agencies, supporting staff in trauma-informed ways, and weaving cultural (re)engagement throughout program implementation. Given this finding, we recommend the following.

Tribal MIECHV implementation support staff might consider—

- ★ Adding experience with inequity to the list of family and community at-risk designations in Implementation Plan Guidance. Such action could highlight the structural components that sustain risk and need.
- ★ Incorporating strengths-based perspectives into designations of priority service populations (e.g., young mothers interested in their child’s development) rather than emphasizing need and risk.
- ★ Focusing on connectedness and community goals and outcomes along with individual behavior change throughout service delivery supports and evaluation.
- ★ Learning from Native staff what supports recruitment and retention of Native staff and applying those supports.
- ★ Strengthening trauma-informed approaches for families and staff, especially approaches developed by and for Indigenous communities.



Implementation researchers might consider—

- ★ Incorporating social theories, especially Indigenous theories and frameworks and those pertinent to understanding (in)equity, throughout implementation science. Such effort could enhance the applicability of implementation frameworks in Indigenous communities and beyond and contribute to anti-racist frameworks and equity within implementation science (e.g., Shelton et al., 2021).

- ★ Studying trust, and the repair of trust, as a primary driver or foundational influence for implementation.

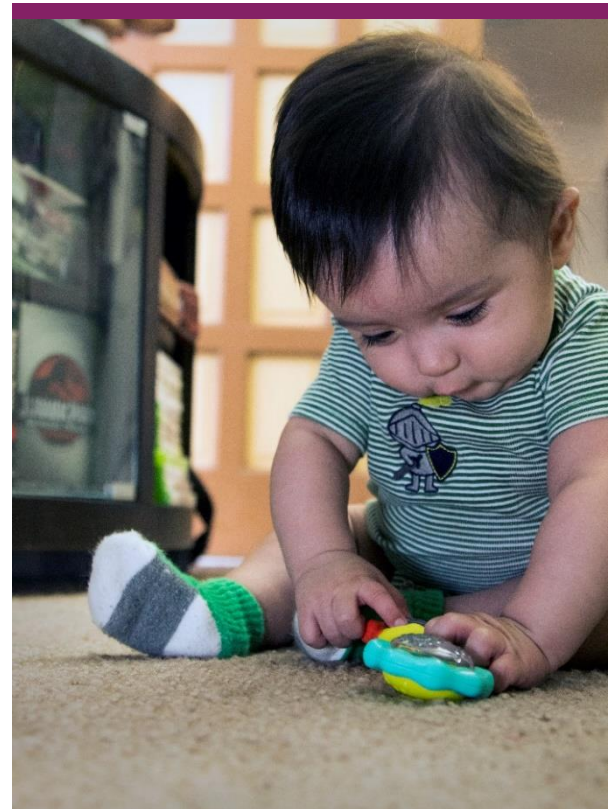
Home visiting researchers, practitioners, and policymakers might consider—

- ★ Studying how child–family–community relationships influence home visiting implementation.
- ★ Evaluating the feasibility and effectiveness of home visiting service delivery strategies used to broaden service populations and caregiver participation (e.g., fathers, grandparents).

Programs built on Implementation Plan Guidance and model guidance to plan their home visiting programs. Implementation plans reflected implementation science principles prioritized in the guidance, emphasizing needs assessment, evidence-based models, and fidelity. Programs balanced model requirements with community context and strengths-based approaches and recognized the importance of flexibility for successful implementation. Given this finding, we recommend the following.

Tribal MIECHV implementation support staff might consider—

- ★ Enhancing the relevance of future implementation guidance by incorporating Indigenous concepts (e.g., about children, family, community). Participatory processes could help ensure that guidance addresses Indigenous concepts and implementation science principles that are most meaningful to Tribal MIECHV programs. Such integration could lead to the development of new tools, strategies, and approaches.
- ★ Expanding opportunities to amplify Tribal MIECHV programs' innovations and implementation strategies to support cross-site learning. Several plans mentioned using implementation strategies learned through peer-learning program planning opportunities.
- ★ Supporting Tribal MIECHV programs to rebuild the trust necessary to (re)invigorate home visiting in Native communities.



Additional and augmented implementation approaches and concepts may be required to adequately support evidence-based program implementation in Native communities. Implementation science emphasizes the use of theories, models, and frameworks (Nilsen, 2015). Although analysis of implementation plans showed significant influence of Indigenous and experience-based knowledge, few available implementation theories, models, and frameworks emerge from or reference Indigenous knowledge, especially at the time these plans were written. Given this finding, we recommend the following.

Implementation researchers might consider—

- ★ Recognizing how implementation frameworks that emphasize the present and future at the expense of the past may not adequately account for the ways historical harms and enduring Indigenous practices shape planning. Findings suggest that successful implementation may mean returning strategically to organizational and/or community histories to address both harms from the past and longstanding practices that sustain community well-being.

Home visiting researchers, practitioners, and policymakers might consider—

- ★ Continuing to learn more about Indigenous home visiting programs and how they work.
- ★ Developing and testing strategies for incorporating flexibility into the design of models to make implementation more practical, effective, and sustainable in diverse settings. It may be particularly important to clarify core components of models that are best implemented with fidelity and define thresholds for modifications.
- ★ Assessing how screeners used in home visiting could be modified or augmented to advance more strengths-based and trauma-informed assessments of caregivers and children.
- ★ Following White House guidance (White House, 2022) to apply Indigenous knowledge to better understand maternal and infant health, and home visiting in Tribal communities.

