Developing Home Visiting Models for Tribal Communities: Takeaways from the HomVEE Tribal Review

PURPOSE

This brief provides key findings specifically related to the development and effectiveness of home visiting models in tribal communities from the Home Visiting Evidence of Effectiveness (HomVEE) project’s review of research in tribal communities.1 Two other briefs in this series highlight findings related to designing and conducting high quality home visiting evaluations in tribal communities, and implementing home visiting models in tribal settings.2

TAKEAWAYS ON DESIGNING, ADAPTING, AND IMPLEMENTING MODELS IN TRIBAL COMMUNITIES

It is important to examine the impact of home visiting models in tribal communities and to explore adapting evidence-based home visiting models to make them more culturally relevant for families from diverse backgrounds. In the studies included in HomVEE’s review of research in tribal communities, HomVEE examined how model developers designed, adapted, and implemented home visiting models to serve the needs of tribal communities.

BACKGROUND

Studies in this review described using a variety of approaches to providing culturally relevant services. Some programs offered all participants, including tribal families, the same home visiting model—a general model not designed or adapted for a specific population. Other programs designed or adapted a model to engage a specific population. The programs in the studies HomVEE’s review examined included home visiting models not specifically created for tribal communities, models adapted to engage tribal communities, and models developed specifically for tribal populations.
The studies reviewed described some common approaches for creating culturally relevant home visiting models for tribal communities, including:

- Involving tribal leaders.
- Employing native staff.
- Building upon a community’s traditions and strengths.

The following are some specific strategies for developing and adapting, and implementing culturally relevant home visiting models as described in the studies HomVEE examined as part of the review of research in tribal communities.3

**FINDINGS ON DEVELOPING AND ADAPTING MODELS**

HomVEE’s review found that more work is needed to develop detailed, well-operationalsed home visiting models for tribal communities. Across the studies reviewed, collaboration between model developers and the tribal communities they hope their model will serve emerged as an important theme in designing culturally relevant models. The studies described some specific strategies used to design and adapt culturally relevant home visiting models. Table 1 summarizes a few of the strategies the studies described and highlights specific examples.

**Table 1. Sample strategies described in the studies reviewed for developing and adapting culturally relevant home visiting models**

<table>
<thead>
<tr>
<th>Strategies described for developing and adapting culturally relevant models</th>
<th>Specific examples from the studies revieweda</th>
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<tr>
<td>Involving tribal leaders and members of the tribal community in planning and developing or adapting the model</td>
<td>• Establishing a cultural oversight committee that includes members of tribal communities to oversee development or adaptation of the model.</td>
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| Incorporating into the model the cultural strengths and customs of the tribal communities | • Acknowledging and incorporating traditional child-rearing practices and wisdom.  
• Incorporating tribal communication approaches, such as storytelling.  
• Integrating traditional arts and crafts, food, and music into the curriculum. |
| Including tribal elders and community members in delivering the model | • Involving tribal elders and members of the tribal community in (1) developing program promotional and curricular materials, and (2) delivering pre-service 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.  
• Inviting tribal elders to contribute to program content, such as by narrating tribal stories included in the model’s curriculum. |

a HomVEE derived the strategies in this table from the studies examined in HomVEE’s review of research in tribal communities, but the researchers who led the studies did not test the effectiveness of the strategies. This is not an exhaustive list of strategies.
FINDINGS ON IMPLEMENTING MODELS

To help support tribal home visiting model implementation and replication, findings from HomVEE’s review of research in tribal communities suggest that programs need detailed information from model developers on the following:

- Model specifications, including operations manuals, training manuals, information about qualified trainers, documentation of curriculum or program content, and forms and assessments for service delivery
- Empirically validated core elements of the model (see box) that programs must implement to achieve the target outcomes of the model
- Implementation fidelity standards (benchmarks that assess the degree to which a model is implemented as planned) for core model elements, to ensure that programs can implement models with fidelity
- Adaptations that can be made 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 the model that must be implemented to achieve the model’s target 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 address the manner in which the content should be delivered.
THE HOMVEE PROJECT

The Home Visiting Evidence of Effectiveness (HomVEE) project is a systematic review of the effectiveness of 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 of models that have been implemented in tribal communities or evaluated in studies in which tribal participants comprise 10 percent or more of the sample.4

HOMVEE’S PROCESS FOR REVIEWING RESEARCH IN TRIBAL COMMUNITIES5

HomVEE’s review of research in tribal communities involved four steps related to identifying and reviewing implementation and effectiveness studies about home visiting in tribal communities (Figure 1).

TRIBAL STUDY RATINGS AND MODEL EFFECTIVENESS

HomVEE conducted its first review of research in tribal communities in fall 2010. As the research literature on home visiting models studied with tribal populations grows, HomVEE updates the review. As of the fifth update, which was released in September 2017, the evidence base was still fairly small. The review identified 49 effectiveness studies involving tribal populations. Forty-one percent of these (20 studies) used a sufficiently rigorous design to provide unbiased estimates of home visiting impacts (these studies received a high or moderate rating – see Figure 2). Only six of the high- or moderate-rated studies specifically examined the effect of a model with tribal populations. That is, the studies included samples made up 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’s review also examined and summarized information from 27 implementation or outcome studies on home visiting with tribal populations, but did not rate the quality of those studies because they did not test effectiveness.

Figure 2. Tribal home visiting effectiveness studies: research quality by study design

Source: The 49 effectiveness studies included in HomVEE’s review of research in tribal communities.

Note: In the HomVEE review, including HomVEE’s review of research in tribal communities, a QED can receive only a moderate or low study-quality rating.

RCT = randomized controlled trial; QED = quasi-experimental design.
ENDNOTES

1 In this brief, HomVEE uses the terms ‘tribal’ and ‘native’ to 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/or legal structure or status, and contemporary context.

2 The briefs are available on the HomVEE website (http://homvee.acf.hhs.gov/tribal.aspx).

3 Please see the report, Assessing the Research on Home Visiting Program Models Implemented in Tribal Communities—Part 2: Lessons Learned about Implementation and Evaluation, for additional information on the lessons learned for supporting the development and implementation of tribal home visiting models. The report is available on the HomVEE website.

4 HomVEE’s review of research in tribal communities included study participants who identified as American Indian, Alaska Native, Native Hawaiians or Other Pacific Islanders, or who identified as members of indigenous groups in other countries.

5 Additional information on the process and detailed findings from HomVEE’s review of research in tribal communities are available in the report, Assessing the Research on Home Visiting Program Models Implemented in Tribal Communities—Part 1: Evidence of Effectiveness, which is available on the HomVEE website (http://homvee.acf.hhs.gov/tribal.aspx).