



Mapping Evidence-Based Home Visiting Provided by Tribal-Led Organizations

Introduction

In 2022, Congress expanded the federal Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) Program to reach more American Indian Alaska Native (AIAN) families through evidence-based home visiting. Tribal MIECHV aims to support the development of healthy AIAN children and families by implementing culturally relevant home visiting in AIAN communities, expanding the evidence base on home visiting in Native populations through research and evaluation, and supporting coordination among other programs that serve families with young children. The 2022 reauthorization doubled the percentage of funds set aside for Tribal MIECHV from 3 to 6 percent of the total MIECHV allocation (Jackie Walorski Maternal and Child Home Visiting Reauthorization Act, 2022). The Administration for Children and Families has since announced funding opportunities for tribal entitiesⁱ with and without experience implementing evidence-based home visiting.

Tribal MIECHV exists, in part, due to Native communities' commitment to maintaining their cultural heritage and ongoing advocacy for resources to address systemic harms. Present-day maternal and child health statistics illustrate the continued negative impacts of genocide, colonization, historical trauma, systemic racism, and broken treaties by the U.S. government on AIAN people (Barker, 2013; Ely & Driscoll, 2021; Osterman et al., 2022, Peterson et al., 2019). The federal government identifies families in tribes and urban Native communities as a priority population, thanks to rigorous efforts by tribal nation leaders, urban Native leaders, and community members, as well as the sovereign status and unique histories of Native nations.ⁱⁱ

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Many partners work to expand home visiting services that meet the specific needs of AIAN families. [Family Spirit](#)—the only MIECHV-approved evidence-based home visiting model created for, by, and with American Indian families—tailors its delivery approach to individual communities. Communities also adapt and enhance models, with developers' permission, to fit families' needs and to honor the cultural histories, traditions, languages, and values of Native nations (Hiratsuka, et al., 2018; National Congress of American Indians, 2020).

This brief considers the degree to which tribal communities have been able to access—and chosen to implement—evidence-basedⁱⁱⁱ home visiting services. Questions include:

- ✔ What percentage of AIAN families were served by evidence-based home visiting provided by tribal-led organizations?
- ✔ Where did tribal-led organizations provide evidence-based home visiting services?
- ✔ How did services provided by tribal-led organizations vary by state?

We used data collected from seven evidence-based home visiting models about services provided by tribal-led organizations in 2021 (see methodology box). We also looked at opportunities to expand programs based on measures of population reach.

A Note on Methodology

As part of our data collection for the *2022 Home Visiting Yearbook*, we asked evidence-based home visiting models to provide 2021 data on services provided by tribal-led organizations, regardless of funding source. We allowed respondents to define tribal-led organizations as they saw fit; possible examples included community health representative programs, tribal councils, tribal health departments, tribal health clinics and centers, and urban Indian health projects. Seven evidence-based home visiting models submitted data: Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Maternal Infant Health Program, Nurse-Family Partnership, Parents as Teachers, and SafeCare Augmented. We supplemented model-provided geographic data with geographic data of 2021 Tribal MIECHV awardees provided by the Administration for Children and Families. Although this brief looks at data from only evidence-based models, we recognize that many communities use emerging, promising, or local models to serve AIAN families.

We also use population data from the American Community Survey, including information about the AIAN population of expectant families and those with children under the age of 6 not yet in kindergarten. See the full yearbook methodology for more information: <https://nhvrc.org/yearbook/2022-yearbook/methodology/>.

What Percentage of AIAN Families Were Served by Evidence-Based Home Visiting Provided by Tribal-Led Organizations?

According to the data received, tribal-led organizations delivered evidence-based home visiting to a combined 3,878 families^{iv,v} in 2021. This reflects only 1.1 percent of the nearly 349,400 AIAN pregnant people and parenting families who could have benefited from home visiting that year (i.e., all potential AIAN beneficiaries).

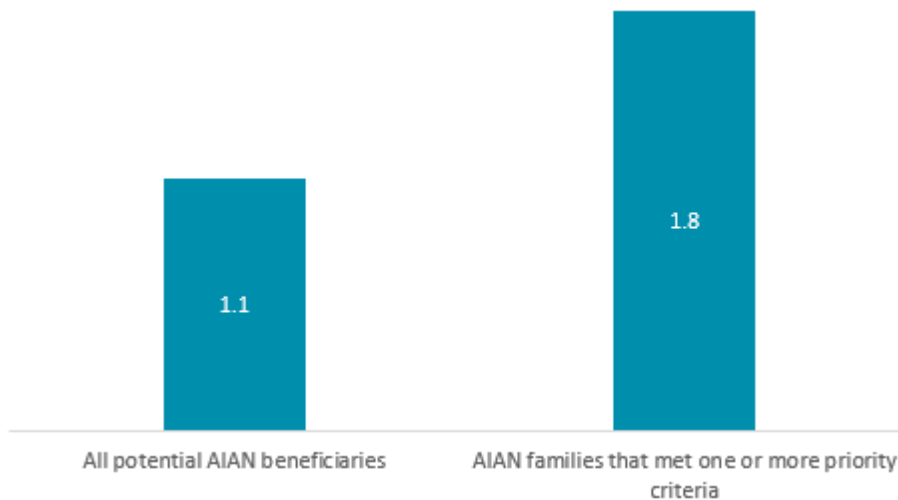
As we have learned from the home visiting field broadly, there are many possible reasons not all families are served. For example, home visitors in rural areas may travel long distances to see one family. Some tribal communities experience a lack of resources due to discriminatory policies and insufficient federal funding. Program staff often piece together limited funding from federal, state, and private dollars to deliver services as they can. Often, programs make decisions on how to direct limited resources to reach families most in need of services.

MIECHV is one of many federal initiatives that include high-priority criteria to help awardees strategically direct limited resources. To explore subpopulations of families who could benefit from home visiting, we chose five priority criteria in alignment with MIECHV's authorizing legislation and other federal examples:

- ✔ Having an infant
- ✔ Income below the federal poverty threshold
- ✔ Pregnant women and mothers under 21
- ✔ Single/never married mothers or pregnant women
- ✔ Parents with less than a high school diploma

When looking only at families who met one or more priority criteria, the percentage of families served by tribal-led organizations rose from 1.1 to 1.8 percent (see exhibit 1).

Exhibit 1. Percentage of Families Served by Evidence-Based Home Visiting Provided by Tribal-Led Organizations (2021)



Source: Authors' calculations based on data collected from six evidence-based models (Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Maternal Infant Health Program, Parents as Teachers, and SafeCare Augmented) operating in the United States in 2021, and tabulations of the American Community Survey (2016–2020). See the *2022 Home Visiting Yearbook* for more information.

Where Did Tribal-Led Organizations Provide Evidence-Based Home Visiting Services?

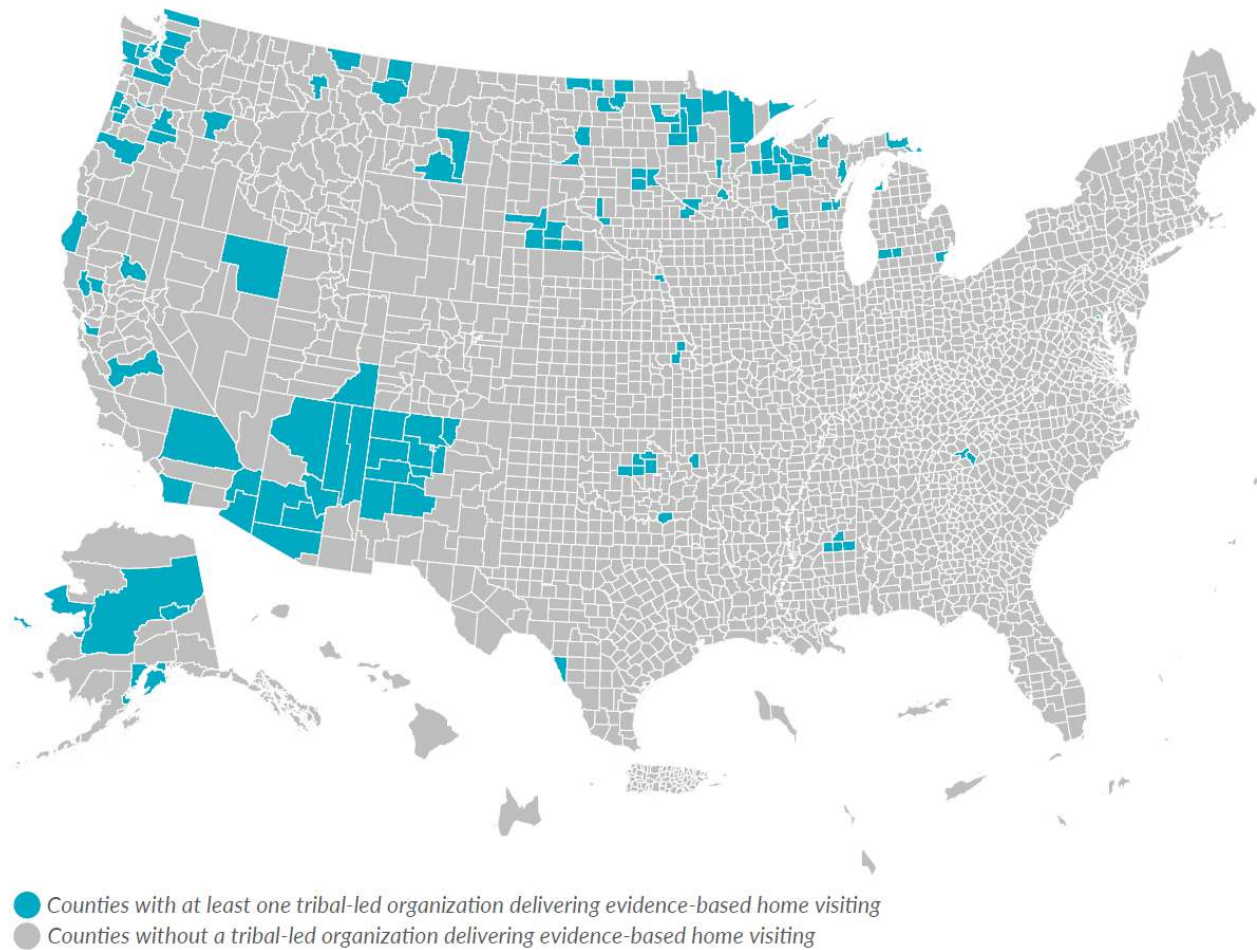
One hundred sixty-five tribal-led organizations delivered evidence-based home visiting across 21 states^{vi} in 2021. Of the 36 states with a federally recognized tribal nation (see sidebar), 20 (56 percent) have at least 1 tribal-led organization providing home visiting services. One state (Maryland) has no federally recognized tribal nations but does have at least one tribal-led organization providing home visiting services. Approximately four percent of all U.S. counties had at least one tribal-led organization offering evidence-based home visiting. Tribal-led organizations were mainly represented in Alaska and the Southwest, Western, Northwest, and Midwest regions; fewer tribal-led organizations served the Southern Plains and Eastern regions.^{vii}

Geography of Native Nations

There are 574 federally recognized Native nations within the United States (Bureau of Indian Affairs, 2022). More than 200 of these share geography with Alaska. The others share geography with 35 other states. Additionally, there are more than 60 state-recognized tribes in 11 states (National Conference of State Legislatures, 2016). Most AIAN people live on nontribal lands.

We also organized data to account for differences within and across states (see exhibit 2). Eleven states offered evidence-based home visiting provided by tribal-led organizations in more than 10 percent of their counties. Only 4 states had tribal-led organizations providing home visiting services in 20 percent or more of their counties.

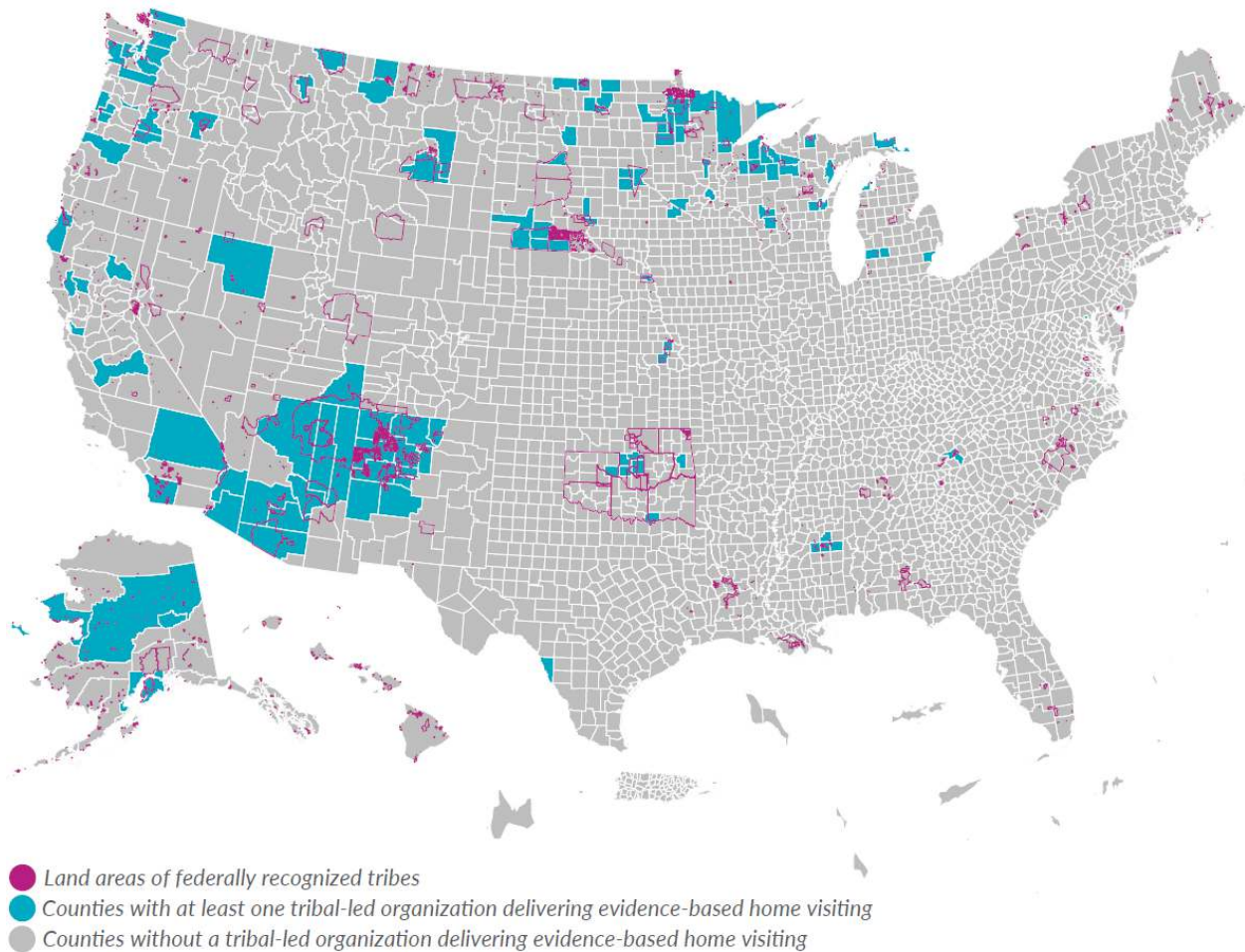
Exhibit 2. Counties With at Least One Tribal-Led Organization Delivering Evidence-Based Home Visiting (2021)



Source: Authors' calculations based on data collected from six evidence-based models (Early Head Start Home-Based Option, Family Spirit, Maternal Infant Health Program, Nurse-Family Partnership, Parents as Teachers, and SafeCare Augmented) operating in the United States in 2021, and geographic information about Tribal MIECHV awardees provided by the Administration for Children and Families. See the 2022 *Home Visiting Yearbook* for more information.

Recognizing that AIAN families live both on and off tribal lands, we explored the location of tribal-led organizations relative to the land areas of federally recognized tribes. Many land areas did not have a tribal-led organization operating evidence-based home visiting in the U. S. county in which they were co-located. Even when overlap did occur (see exhibit 3 on the next page), it did not always equate to the availability of home visiting services for AIAN families, particularly in large counties.

Exhibit 3. Counties With at Least One Tribal-Led Organization Delivering Evidence-Based Home Visiting Mapped Against Land Areas of Federally Recognized Tribes (2021)



Source: Authors' calculations based on data collected from six evidence-based models (Early Head Start Home-Based Option, Family Spirit, Maternal Infant Health Program, Nurse-Family Partnership, Parents as Teachers, and SafeCare Augmented) operating in the United States in 2021, and geographic information about Tribal MIECHV awardees provided by the Administration for Children and Families, along with the Bureau of Indian Affairs Branch of Geospatial Support New Land Area Representation GIS dataset 2018. See the 2022 *Home Visiting Yearbook* for more information.

How Did Services Provided by Tribal-Led Organizations Vary by State?

Twenty-one states had at least one tribal-led organization providing evidence-based home visiting in 2021.^{viii} The number of counties with tribal-led organizations varied by state. Five states had only 1 county with evidence-based home visiting provided by tribal-led organizations, while Minnesota had 14 (see exhibit 4 on the next page). The percentage of counties ranged from 0.4 percent in Texas to 60 percent in Arizona.

Exhibit 4. Reach of Tribal-Led Organizations Providing Evidence-Based Home Visiting by State (2021)

States with at least one tribal-led organization	Number of counties with at least one tribal-led organization	Percentage of counties with at least one tribal-led organization
Alaska	5	17.2
Arizona	9	60
California	8	13.8
Kansas	2	1.9
Maryland	1	4.2
Michigan	7	8.4
Minnesota	14	16.1
Mississippi	4	4.9
Montana	6	10.7
Nebraska	1	1.1
Nevada	1	5.9
New Mexico	11	33.3
North Carolina	2	2.0
North Dakota	7	13.2
Oklahoma	7	9.1
Oregon	8	22.2
South Dakota	10	15.2
Texas	1	0.4
Utah	1	3.4
Washington	8	20.5
Wisconsin	12	16.7
Total	125	3.9

Source: Authors' calculations based on data provided by the Administration for Children and Families on Tribal MIECHV awardees and by six evidence-based models: Early Head Start Home-Based Option, Family Spirit, Maternal Infant Health Program, Nurse-Family Partnership, Parents as Teachers, and SafeCare Augmented.

Note: According to data provided by six evidence-based models, the following states and territories did not have a tribal-led organization providing evidence-based home visiting services in 2021: Alabama, American Samoa, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Northern Mariana Islands, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, U.S. Virgin Islands, Virginia, West Virginia, and Wyoming.

Conclusion

Home visiting could provide approximately 350,000 AIAN families with a designated support person who connects them to information and resources. Limited funding and other factors prevent programs from reaching all potential AIAN beneficiaries; however, the recent expansion of Tribal MIECHV provides a critical opportunity to serve more families.

Home visiting adapted for and provided by AIAN communities has been shown to leverage community strengths and resources (Hiratsuka et al., 2018). This brief explores the reach of evidence-based home visiting services provided by tribal-led organizations and offers valuable context for understanding opportunities to expand services. Although tribal-led organizations worked hard to serve as many families as possible in 2021, they reached just over 1 percent of AIAN families (1.8 percent of high-priority AIAN families).

The data presented in this brief highlight opportunities to support more AIAN families with culturally tailored services that can meet their needs and honor cultural traditions. One option focuses on expanding services to new geographic areas. However, even the 21 states (100+ counties) with a federally recognized tribal nation and tribal-led home visiting could benefit from additional resources as home visitors attempt to navigate large distances between families.

Another option focuses on increased partnerships among people and organizations interested in providing culturally adapted services. Tribal-led organizations can partner with tribal communities, consortia of tribes, urban Indian organizations, and state and local agencies interested in expanding home visiting services to AIAN families. Home visiting models and state administrators can also examine their own service data and tailor recruitment efforts to expand the reach of services to AIAN families. Visit the [Administration for Children and Families Office of Early Childhood Development website](#) for more information.

Acknowledgments

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Notes

ⁱ Federal funding is available to AIAN tribal communities, including Indian tribes or urban Indian centers (as defined by section 4 of the Indian Health Care Improvement Act, Public Law 94-437).

ⁱⁱ Native nations share geography with U. S. states, counties, and land areas, but maintain sovereign status with their own systems of government. Native nations may be referred to as tribes, nations, bands, pueblos, communities, and Native villages.

ⁱⁱⁱ We recognize that many communities use emerging, promising, or local models to serve AIAN families rather than evidence-based models; however, we believe the information provided offers important context for expanding home visiting's reach in tribal communities and for spreading its known benefits to more children and families.

^{iv} The data presented in this section were provided by six evidence-based home visiting models (Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Maternal Infant Health Program, Parents as Teachers, and SafeCare Augmented). Respondents did not distinguish between AIAN and non-AIAN families served. Therefore, this number may include families who did not identify as AIAN.

^v When not restricting our count to services provided by tribal-led organizations in 2021, we see that evidence-based home visiting models reached more than 7,500 families who identified as AIAN.

^{vi} Native nations share geography with U.S. states and function as independent nations. The data presented in this section use state designations to signify the locations of tribal-led organizations based on data provided by six evidence-based home visiting models (Early Head Start Home-Based Option, Family Spirit, Maternal Infant Health Program, Nurse-Family Partnership, Parents as Teachers, and SafeCare Augmented) and data about Tribal MIECHV programs provided by the Administration for Children and Families.

^{vii} The Bureau of Indian Affairs recognizes 12 regions across the United States. Get more information at <https://www.bia.gov/regional-offices>.

^{viii} The following states have at least one federally recognized tribal nation but no evidence-based home visiting delivered by tribal-led organizations: Alabama, Colorado, Connecticut, Florida, Idaho, Indiana, Iowa, Louisiana, Maine, Massachusetts, New York, Rhode Island, South Carolina, Tennessee, Virginia, Wyoming.

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