TRIBAL HOME VISITING

Meeting the Needs of Urban Indians Through Home Visiting

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INTRODUCTION

Today, there are more American Indian and Alaska Native (AIAN) people living in urban areas than ever before. Some urban AIAN families maintain cultural ties and connections to their homelands by traveling back and forth between their "cultural home" and the suburban or urban communities where they reside. Other families, especially those who have been living in cities for generations, sometimes feel isolated from their tribal communities or feel that they have lost their connections to their tribes and their AIAN identities.

Urban living can provide new opportunities for employment and education, but it can also strain connections to family, history, culture, and traditions. This raises important questions for how home visiting programs can best support AIAN families who want to re-establish or continue meaningful ties to their cultural ways and pass these on to subsequent generations.

This issue brief summarizes the experiences and wisdom of seven Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV, or Tribal Home Visiting) grantees serving urban Indians.[1] It reviews the history of AIAN relocation to urban areas and provides examples of some of the challenges and innovations for meeting the needs of AIAN families in urban areas. These include: (1) helping families ease feelings of isolation by supporting connections to peers and elders; (2) empowering families by leveraging tribal diversity; (3) being flexible in responding to family mobility; and (4) supporting families to access safety-net supports.

The brief also reviews some of the strategies that urban Indian organizations with Tribal MIECHV programs have implemented to increase broader awareness and sensitivity in serving AIAN families. Finally, it offers tips for organizations offering home visiting to AIAN families.

1 Tribal MIECHV grantees interviewed for this issue brief include: the Confederated Tribes of Siletz Indians; Cook Inlet Tribal Council; Native Health; Native American Health Center, Inc.; Native American Professional Parent Resources, Inc.; Southcentral Foundation; and United Indians of All Tribes Foundation.

THE MOVEMENT FROM TRIBAL LANDS TO URBAN AREAS

The movement of AIAN people from tribal lands and into urban areas and towns bordering reservations challenges the widely held perception that most AIAN people continue to live on reservations and that their Native communities provide an essential hub of support. According to the 2010 Census, there were 5.2 million AIAN people living in the United States, and 71% (or 3.7 million) lived in urban areas.[2] This represents an increase of one million AIAN people living in urban areas since the 2000 Census.

There is a long history of removal of Native people from their ancestral homelands, formally dating back to the 1800s. The infamous "Trail of Tears" is just one example of the experiences of many tribes. In addition, the policy of removing children from their homes and families and placing them in boarding schools began in the early 1800s, depriving many AIAN children of their culture. Several of the boarding schools were located in urban areas such as Phoenix and Albuquerque, where children lived in dormitories away from their families. AIAN children were taught European American culture as opposed to their Native heritage, were forced to adopt European American haircuts, were forbidden to speak their Native languages, and had their traditional names replaced with European American names.

In the 20th century—most notably, following World War II—some AIAN men who served in the military chose to live in port cities rather than return to their homes on the reservation.

More recently, large swells of migration to urban areas came about as a result of two significant policy changes. In 1953, Congress adopted House Concurrent Resolution 108, which ended federal benefits and services and terminated 109 tribes. In addition, the Indian Relocation Act of 1956 (also known as Public Law 959 or the Adult Vocational Training Program) provided financial incentives to AIAN people to leave their reservations. The assumption was that they would want to be in urban areas, where there was better access to work and educational opportunities. Several cities were chosen for relocation sites: Chicago, Cincinnati, Cleveland,

2 Urban Indian Health Institute. *U.S. Census Marks Increase in Urban American Indians and Alaska Natives.* Seattle: Urban Indian Health Institute, 2013. Retrieved on January 20, 2018. from www.uihi.org/wp-content/uploads/2013/09/Broadcast_Census-Number_FINAL_v2.pdf

Evelyn and Josh live in the South Lake Union foothills of downtown Seattle with their four children: Gavin (age 14), Adia (age 6), Calliope (age 3), and Jasper (age 1). Evelyn grew up on the Yakama reservation, living with a number of foster families both in the tribe and as part of the Casey Family Program until she joined the Navy at age 18. The trauma she endured as an adolescent weighs heavily. "I separated myself from traditions because of all I experienced. I have very few pieces of my culture that I hold on to, aside from being Native American," said Evelyn.

After leaving the military, Evelyn and Josh moved to Seattle because they were able to find the resources they needed to address the symptoms of trauma and addiction that they were facing. As veterans, they were able to get into a housing program. The local resource center recommended that they enroll in the Tribal Home Visiting program operated by the United Indians of All Tribes Foundation. Evelyn states, "We've been in the program for three years now. It is a huge pillar in my life."

She appreciates that her home visitor, Katie, finds ways to remind her of the positive aspects of her heritage and encourages her to participate in traditions such as the powwow or sweat lodge. She continues, "Katie keeps me in tune, holds me accountable, and helps me to recognize that there are some things that I do want to instill in my children so that they can know where they come from and who they are."

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Dallas, Denver, Los Angeles, Oakland, Salt Lake City, San Francisco, Seattle, and St. Louis.[3] For some, this was a welcome opportunity; for others, the promise came at the expense of connection to their tribal identity, family, community, and culture.

The AIAN migration into cities has not resulted in widespread prosperity, as originally promised. According to the 2010 Census, one in five urban Indians is living in poverty.[4] They experience more unemployment and homelessness compared to the general population, lower levels of educational achievement, and higher rates of morbidity and mortality.[5] Urban Indian women have considerably lower rates of prenatal care and higher rates of infant mortality than their reservation counterparts within the same state.[6] While urban Indian organizations attempt to provide critical health and social services, the safety net available to those living on reservations is not matched in urban environments.

Recognizing the health disparities experienced by urban AIAN people, the MIECHV legislation allows Tribal MIECHV funds to be awarded to urban Indian organizations in addition to tribes and tribal organizations. In 2018, there were 10 Tribal Home Visiting grantees serving urban AIAN people (see the following table).

Tribal Home Visiting Grantees Serving Urban AIAN families

Tribal Home Visiting grantee	Location and urban service area	Number of tribes serving
Cook Inlet Tribal Council, Inc.	**Location:** Anchorage, AK **Serving:** Municipality of Anchorage	Will serve all 11 Alaskan Native corporation members and other American Indian tribes in the service area
Inter-Tribal Council of Michigan	**Location:** Sault Ste. Marie, MI **Serving:** Kent, Calhoun, Livingston, Macomb, Monroe, Oakland, St. Claire, Washtenaw, and Wayne Counties	13
Native Health	**Location:** Phoenix, AZ **Serving:** Maricopa County	12
Native American Health Center, Inc.	**Location:** Oakland, CA **Serving:** Alameda County	40

3 National Council of Urban Indian Health. *Relocation.* Washington, DC: National Council of Urban Indian Health, n.d. Retrieved on March 26, 2018, from www.ncuih.org/action/document/download?document_id=120

4 Urban Indian Health Institute, *"U.S. Census Marks Increase."*

5 Westat. *Understanding Urban Indians' Interactions with ACF Programs and Services: Literature Review* [OPRE Report 2014-41]. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2014.

6 National Urban Indian Family Coalition. *Urban Indian America: The Status of American Indian & Alaska Native Children and Families Today* [A report to the Annie E. Casey Foundation]. Seattle: National Urban Indian Family Coalition, 2008.

Tribal Home Visiting grantee	Location and urban service area	Number of tribes serving
Native American Professional Parent Resources, Inc.	**Location:** Albuquerque, NM **Serving:** Bernalillo, Cibola, and Sandoval Counties	10
Riverside–San Bernardino County Indian Health, Inc.	**Location:** Banning, CA **Serving:** Riverside and San Bernardino Counties	10
Confederated Tribes of Siletz Indians	**Locations:** Eugene, Portland, Salem, and Siletz, OR **Serving:** Benton, Clackamas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, and Yamhill Counties	5
South Puget Intertribal Planning Agency	**Location:** Shelton, WA **Serving:** Chehalis, Nisqually, Skokomish, and Squaxin Island tribes and two urban sites in Kitsap and Pierce Counties	4
Southcentral Foundation	**Location:** Anchorage, AK **Serving:** Municipality of Anchorage and the Matanuska–Susitna Borough	91
United Indians of All Tribes Foundation	**Location:** Seattle, WA **Serving:** King County	50

Three Examples of Urban Indian Organizations

What follows are three examples of Tribal Home Visiting grantees that are urban Indian organizations who, for decades, have been working to build family resilience and implement innovative approaches to create a cohesive community for AIAN people living in urban areas. In response to growing concerns that the needs of urban AIAN people were not being met, both the United Indians of All Tribes Foundation and Native American Health Center, Inc., were created in the early 1970s to serve as cultural centers. Native American Professional Parent Resources, Inc., initially began in 1982 as a program to support children with developmental delays and grew over the years to offer additional supports aimed at building and strengthening communities, children, and families.

United Indians of All Tribes Foundation, Seattle, WA

In the early 1970s, with growing concern that urban Indians in Seattle were an invisible part of the population who were receiving little support from the Bureau of Indian Affairs and the Indian Health Service, and with inspiration from an urban Indian uprising in San Francisco, Bernie Whitebear stepped forward to call attention to the social injustices and discrimination against

urban Indians in Seattle. He acknowledged their need for recognition, resources, and support to navigate the challenges of urban living. With Whitebear's leadership, activists engaged in a nonviolent occupation of Fort Lawton, which brought the experiences of the urban Indians to the attention of the public. The goal was to reclaim land to build a cultural and social service center for American Indians living in the urban area that would support self-sufficiency and provide a physical and spiritual space to celebrate their culture and traditions. In 1971, the city government reached an agreement with the United Indians of All Tribes to lease land for 99 years with an option to renew. In 1977, the Daybreak Star Cultural Center opened its doors to serve the Seattle community. Today, Daybreak Star is recognized as an urban base for Native Americans. It serves as a cultural center where regular events are held to celebrate American Indian arts and culture, including the annual Seafair Indian Days Powwow. A host of services are co-located at Daybreak Star as well, so that families can access home visiting, parenting education, preschool and youth programs, foster care services, employment and training support, and elder services. There is an art gallery, two sweat lodges, a traditional smoke house, space for events, and much more. "Bernie's vision was to have a place for the urban Indian people to access resources they needed to live in the urban environment," said Operations Director Lynnette Jordan.

All families served by the United Indians of All Tribes Tribal Home Visiting program live in King County, WA, one of the most populous counties in the country. More than 50 tribes are represented, spanning geographically from the coastal Northwest to Alaska, Canada, and the Midwest. Most have never lived on a reservation, reserve, or village, and they do not have a connection to their tribal land, although many are connected to their culture.

(Source: http://depts.washington.edu/civilr/FtLawton_press.htm)

Native American Health Center, Inc., Oakland, CA

Initially known as the Urban Indian Health Board, the Native American Health Center opened its doors in 1972 to meet the health needs of urban AIAN people living in the San Francisco Bay Area. The concept grew out of the historic occupation of Alcatraz Island from 1969 to 1971. During that time, Dr. Greg Goddard provided dental services to children on the island, which gave rise to recognition of both the health challenges of Native Americans and the need to have a place where the AIAN community could access health services. It sought to blend western-style medical, dental, and mental health services with traditional indigenous health care to create holistic care appropriate for those living in the community.

Today, the Native American Health Center delivers primary family care, comprehensive dental care, women's health care, prenatal care, and teen health services via community and school-based clinics. In addition, the Native American Health Center provides programming in the community that ranges from parenting classes to outpatient counseling and relapse prevention programs.

The Center's Tribal Home Visiting program serves families from more than 40 different tribes. Families self-identify as Native often based on verbal accounts from an elder in their family rather than being enrolled tribal members. Staff indicate that the majority of families have been in the urban Bay Area for a generation or more. They typically do not have much knowledge about their tribe or the cultural practices that they are currently applying to their daily lives.

(Source: www.foundsf.org/index.php?title=Native_American_Health_Clinic)

Native American Professional Parent Resources, Inc., Albuquerque, NM

Recognizing the need for early intervention services for Native families with young children, the Bureau of Indian Affairs and the New Mexico Department of Health collaborated to launch Native American Professional Parent Resources, Inc. (NAPPR) in the early 1980s. NAPPR became a 501(c)(3) nonprofit organization in 1996 and expanded its services beyond early intervention, staying true to the organization's mission to "empower, educate, and provide supportive services to build healthy Native American children and families." Today, NAPPR serves more than 700 Native and non-Native families, including the surrounding Native communities in their service area. In addition to early intervention, NAPPR also provides Early Head Start home-based and center-based care and dental support services to providers.

The NAPPR Tribal Home Visiting program serves AIAN families who are living in Bernalillo, Cibola, and Sandoval counties. The service area includes 11 federally recognized tribes, and nearly 30,000 urban AIAN people living in the Albuquerque metro area. Most families remain connected to their ancestral lands and move back and forth for work or school, or when the family may be multitribal, they may move from one tribal community to another. NAPPR strives to build relationships with tribal leadership and community programs in the areas they serve so that they may understand cultural norms and tribal laws and appropriately individualize services for each family and the community. For example, a tribal resolution developed between NAPPR and the Pueblo of Acoma, a community west of Albuquerque, was created and approved by the tribal government. This resolution clarifies expectations for the services that NAPPR will provide to families living on tribal lands. Staff believe that such a formal agreement is helpful in promoting the transparency of the services that will be provided and in partnering with the tribe to support the vision of the tribal community and organization, no matter where the families reside.

(Source: www.nappr.org/about)

Photo © Native American Health Center

Photo © South Puget Intertribal Planning Agency

"In my family, I am the first generation to be born in the urban area; my children are the second. People's understanding of where they are from and how they got to be living in the Bay Area varies. It is a positive story for some, and not for others. Some understand their history and know why their family made the choice to live in an urban area. For others, it may be mysterious and unsettling. Because of this, people have varying degrees of familiarity with tribal language, practices, and ceremonies and varying levels of how they feel about their connection to their history."

Sophia Taula-Lieras, Native American Health Center, Inc.

CHALLENGES AND INNOVATIONS FOR SERVING URBAN AIAN FAMILIES

Tribal MIECHV programs serving urban AIAN families often find themselves navigating a host of challenges that arise because of the cultural and geographic diversity of the families they serve. Many families struggle with isolation after they have moved away from their tribal community, either voluntarily or not. As such, programs serving families from multiple tribes are sometimes challenged to find ways to honor the culture and traditions of all. The need for high-mobility families to move back and forth from their tribal land to an urban area also causes challenges for continuity of care. Finally, families may be accustomed to safety-net or culturally relevant programs and supports available on the reservation or in traditional villages, and comparable services may not be available in an urban area. While the grantees interviewed for this issue brief spoke of these challenges, they were also quick to highlight how they address each challenge through innovative approaches.

Helping Families Ease Feelings of Isolation by Supporting Connections to Peers and Elders

Even though others are likely living nearby, AIAN families often feel invisible and alone in urban areas. The environment is unlike their reservation, pueblo, tribal area, or village. It can feel massive and difficult to navigate. There may not be neighborhoods or communities where AIAN families cluster to live. Many long for the familiarity and comfort of their Native home. They miss peer support and subsistence activities, such as sharing meals or hunting together. In some communities, urban Indian organizations and other nonprofits are able to create a welcoming space for tribal people by connecting them to their cultural practices and providing a gateway to needed resources.

- Cook Inlet Tribal Council is exploring ways to implement more peer-based, peer-led services into their home visiting program to increase informal familial support, build community, and minimize feelings of isolation. In part, this is motivated by recent family surveys that highlighted the importance of social connections for families. Like Tribal Home Visiting, the Temporary Assistance for Needy Families program and the Child and Family Services program have begun offering opportunities for family gatherings and outings. This may involve parent–child fishing trips followed by sharing the catch as a community. Larger themed events are also organized that may focus on drumming, dancing, or seasonal activities.

Photo © United Indian of All Tribes, Inc.

- The Confederated Tribe of Siletz Indians emphasizes building social support through family activity nights six times a year, as part of their home visiting program. Peer connections are initiated and grow as families come together to share a meal and engage in a cultural activity. Initially, staff planned the gatherings themselves, but they soon came to realize that families wanted a voice in selecting the activities and planning the events. Some families also travel back to their tribal area to attend the annual "Culture Camp," where they can be immersed in the Siletz culture and learn about how to make baskets, moccasins, pine nut necklaces, and other regalia.

- United Indians of All Tribes pairs grandmothers ("Kias") with home visitors for families at highest risk. The grandmothers provide an important connection to Native culture for both the families served and the home visitors. Families enjoy having the grandma come into their home, as she is someone they can respect and learn from, especially when they are feeling disconnected from their family of origin. Home visitors benefit from the guidance that grandmothers offer on cultural responsiveness and awareness.

> "The children and families are losing their connection to the land and a subsistence way of living. They can go to a store to buy meat, rather than fish, hunt, and trap. They don't know that they need to learn these things to survive. Not everything can be bought from a store."
>
> Joni Bennett, Cook Inlet Tribal Council

Empowering Families by Leveraging Tribal Diversity

Urban home visiting programs serve families from many tribes. This is very different from programs based on a reservation, pueblo, tribal area, or village that often serve just one tribal community. Because these types of programs take place on tribal lands, language, cultural knowledge, and traditions are often embedded into the fabric of the home visiting program. For some in urban areas, living with the abundance of tribes represented is viewed as an opportunity to be with and learn from other Native people. However, for other families, this poses a challenge if the family wants to learn about their specific Native identity—the history, values, language, and customs of their tribe. Fortunately, Tribal Home Visiting programs have developed creative strategies for turning this obstacle into an opportunity. With an authentic commitment to building relationships with families and honoring what they want, programs are finding ways to be sensitive to differences and to empower families in determining how they can access specific information about their culture to be able to express themselves as Native people.

- NAPPR recognizes that the families they serve represent multiple tribes and that many are intermixed with other tribes or heritages. Given this, staff believe that their role is not to be teachers but to be facilitators or supporters of conversations about culture. Staff do this by

explaining to families that they are there to support and help families find ways to access the information that can answer their questions. Staff also make sure not to generalize regarding cultural values. When challenges arise, staff receive reflective supervision to help improve understanding and work through issues. The program calls upon tribal community members and other families and tribal programs that have a deeper knowledge of a particular tradition or cultural understanding to offer groups or workshops to provide the information that the families desire.

- With more than 200 Alaska Native villages represented, the Cook Inlet Tribal Council needed to find a way to honor the culture of many. The Tribal Home Visiting program prides itself on being part of a values-driven organization. As such, the program went through a process of gathering information from stakeholders, participants, and staff to identify values that resonate with all. Furthermore, program leadership felt that it would be more graceful and welcoming if they could say "hello," "goodbye," "please," and "thank you" in the Native languages of the families served. Not only would it show respect, but it would also help the children to hear their language as well.

- Native Health is undertaking a cultural assessment whereby they are engaging in conversation with families to learn what they want from a cultural perspective. Program staff take family perspectives into account as they develop a plan for engagement with each family and identify how the program will support a family's gathering of information about their unique cultural customs. In large-group settings, home visiting staff keep conversations and activities related to culture more broad based so that they can apply to families of many different backgrounds.

- Native American Health Center staff feel that it is important for families to be able to participate in cultural opportunities even if they are not directly connected to their specific tribe. However, if they do offer something specific to a tribe or geographical area, staff always share this information and name the tribe so that participants can understand the connections. For example, as a starting point, a home visitor might work with a group of families to develop medicine bags that are more relevant to certain tribal geographic areas. The home visitor will then take this opportunity to turn to a specific family and ask them what they might know of their tribe and the use of traditional medicines. The home visiting team is completely committed to supporting families' connection to their cultures.

Being Flexible in Responding to Family Mobility

Either by choice or circumstance, some AIAN families move back and forth between an urban area and their Native land. This is often due to changes in employment or education, not having a permanent home, or being a multitribal family who is trying to maintain some connection to multiple communities. Seasonal subsistence activities generally occur outside of urban areas, resulting in a 3- to 4-month period in which the families are physically in a different part of the state as they travel to various camps and sites. This frequent mobility poses challenges

Photo © Yellowhawk Tribal Health Center

Photo © Southcentral Foundation

"Lots of times we talk about the challenges, but there are a lot of strengths for urban Indians as well. Sometimes we think that the referral sources will not be specifically for Native populations, but some of our areas are really rich with resources so we are able to help families find the support to address things like food insecurity. That is helpful in a whole lot of ways, because if basic needs are met, we can then focus on what we are trying to share as part of the home visiting program. Also, another strength is that we have access to a lot of health resources (primary care, dental care, behavioral health, community health and wellness). Dental hygienists will attend our group meetings and provide preliminary triage. We have legal aid, SNAP (Supplemental Nutrition Assistance Program), and other supports so families can come in and do a one-stop shop to get their needs met."

Bea Salazar, Native Health

for home visiting programs that are trying to provide consistent support and ensure that families benefit from the full program. Tribal Home Visiting programs handle this situation differently, as described below.

- Southcentral Foundation finds that about 10–15% of their families move back and forth between Anchorage and rural villages. This percentage is even higher during the prime subsistence months of May through September. In response, the nurses who are part of Southcentral's home visiting program work to accommodate the needs of highly mobile families, especially because they realize that high mobility is typically related to affordable and safe housing issues. When faced with a housing crisis, returning to their villages provides a familiar place to land and the social support that goes along with familiarity and community. Other families may just want to participate in traditional seasonal activities such as fish camp, where they may be gone for a few months but will later return to Anchorage. The program has adopted a number of family retention policies to keep families enrolled when the absence is preplanned and will use other visiting options to keep families engaged. For instance, if a family is moving and will not have access to a telephone or the Internet, the family will be discharged and encouraged to re-enroll upon return. Families also remain eligible for services until the originally enrolled child turns two. Also, if they move out of state, the nurse home visitor will work to have them transferred to a Nurse Family Partnership program in their new community if one is available.

- Because of its location and service area, Native Health expects that families will move between their home in Phoenix and their home on the reservation. Staff address this by discharging families when they leave and then re-enrolling them when they return. If a family explains that they will be gone for just a few months, the program might put them in an "inactive" category, but this is not common. Staff also try to reach out to other home visiting programs and service providers to connect the family to resources wherever they may be living.

Supporting Families to Access Safety-Net Supports

AIAN families may be accustomed—either by lived experience or understanding of tradition—to culturally relevant safety-net programs available on the reservation, such as Indian Health Services and tribal Head Start. In addition, social support and a commitment to communal subsistence are core values and abundantly available in many Native communities. These formal and informal supports are not matched in urban areas. As such, AIAN families in urban areas are faced with navigating complex health, education, and social service systems that are typically not culturally competent and have an insufficient capacity to meet the needs for the vast number of families seeking support. Tribal Home Visiting grantees also report significant challenges for enrolled families related to accessing

housing and transportation. Long waiting lists and roadblocks are discouraging and contribute to high rates of poverty and a lack of access to eligible services among urban Indians, as well as their return to tribal areas. Programs use various strategies for supporting families as described below.

Housing Challenges and Opportunities

- Home visiting staff from the Cook Inlet Tribal Council find that families relocating from villages to urban areas for the first time have no real understanding of how difficult it will be to locate housing in Anchorage, where rent is high and the vacancy rate is low. There are limited shelters and transitional housing options, and families have been on wait lists for subsidized housing for a year or more. Staff encourage families to apply for housing help through the Temporary Assistance for Needy Families program, but it is a lengthy process with an application, fee, and background check. Home visiting staff have worked to develop relationships with the housing authority, other housing programs, and individual landlords so that they can try to help AIAN families be more successful in locating housing.

A Partnership Between Native American Health Center, Inc., and Alameda County

The 2017 needs assessment for the Native American Health Center Tribal Home Visiting program surfaced a lack of access to basic housing and food services as a significant concern for urban Indians living in the Bay Area. "I learned very quickly that the early needs assessment [conducted in 2012] didn't reflect how high the need for housing really was. I started as a home visitor thinking that I had this wonderful curriculum to implement and that I would spend my days talking about pregnancy and care for babies. But then I learned that if a family does not have access to stable housing and food, and is not feeling safe, these other conversations cannot happen as quickly," said Program Manager Sophia Taula-Lieras.

The Native American Health Center formed a relationship with Alameda County to hire a dedicated case manager for the Tribal Home Visiting program. This position is paid for through funds from Measure A, The Essential Heath Care Services Initiative, a one-half-cent tax passed by voters in 2004 to provide additional financial support for emergency medical, hospital inpatient, outpatient, public health, mental health, and substance abuse services to indigent, low-income, and uninsured adults, children, families, and seniors and other residents of Alameda County.

Together, the home visitor and case manager work as a team to meet the needs of families. The program estimates that about 80% of families need some level of case management but that 50% need intensive case management, and those are the families who will be able to receive support from the county-funded case manager. The home visitor will support basic, short-term case management requests and provide parenting and child development education. For more complex situations, the case manager will work with families on housing applications, child care enrollment, and other needs that require longer term support.

In addition to the case manager position, the Alameda County Social Services Agency supports "Seasons of Sharing," a private fund for one-time crisis-based assistance for housing and critical family needs. One of the tribal home visitors is a trained Seasons of Sharing liaison and is able to help families complete the application for emergency support.

"We have been working to build a web of connections to housing, food security, and other programs. We are figuring out the work-arounds to get families the support they need," said Taula-Lieras.

Photo © United Indian of All Tribes, Inc.

Transportation Challenges and Opportunities

- The geography of Albuquerque makes it difficult for families to get where they need to go if they do not own or have access to a personal vehicle. For many, however, car ownership is unaffordable. To address this issue, NAPPR offers 30-day bus passes that can be used for unlimited travel for families who are maintaining their home visits. They also try to hold events near bus stops, so that families who are using public transportation can more easily attend.

- Southcentral Foundation provides agency cars that tribal home visitors can use if they need to help transport someone for care. Nurse home visitors also know how to access transportation support through Medicaid to cover visits for early prevention and screening. The program has recently added bus passes as an option for families, but with recent changes further reducing routes and stops for the already limited public transportation system, as well as the difficulty of waiting at a stop with small children in subzero temperatures, the utility of the bus passes is limited.

TRIBAL HOME VISITING AS A CATALYST FOR GROWING CULTURALLY RELEVANT SERVICES

The Tribal MIECHV program and its leaders are not only working to provide direct services to the AIAN population living in urban areas but are also trying to elevate awareness among other health and social service providers of their presence and the need for culturally relevant services. With more than 70% of AIAN families living in urban areas, and Tribal Home Visiting funds representing just a small fraction of dollars available in some communities, it is important for all service providers to recognize they are likely serving AIAN families. What does this mean for how other agencies engage AIAN families? The grantees interviewed have the following experiences to share and tips to offer.

Increase Awareness Among Other Service Providers in an Urban Area

Tribal MIECHV grantees recognize that they have a role to play in raising awareness among other providers in their service area about the circumstances of AIAN families and how the Tribal Home Visiting program engages families in services. This is important in order to extend

the network of services for AIAN families in need who are too often invisible in the urban environment, to minimize stereotyping, and to increase culturally appropriate interventions.

Some of the activities Tribal Home Visiting staff do to increase awareness of AIAN families include:

- Participating in community events and gatherings to help others understand the services available through the Tribal Home Visiting program.
- Offering quarterly presentations to referral partners and other collaborators so they know what the Tribal Home Visiting program offers and how the Tribal Home Visiting program works to engage and serve AIAN families.
- Providing cross-trainings with child welfare and hospital outreach programs to educate them on culturally appropriate engagement.

Photo © South Puget Intertribal Planning Agency

> "In community meetings, we try to be a voice for the families and make sure their unique challenges are being heard."
>
> Rebecca Riley, Native American Professional Parent Resources, Inc.

- Inviting medical students, nursing students, pediatric residents, and new midwives to join home visits to see firsthand the home visiting program and the real challenges faced by families.
- Participating on steering committees and task forces to have a place at the table to talk about the experiences, strengths, and needs of AIAN families.
- Developing memoranda of understanding (MOUs) with service providers where partnership is key for AIAN family success.
- Developing a universal database to support more holistic service delivery.
- Serving as advocates for parents as they navigate the child welfare system so that the actions of parents are not misinterpreted because of lack of cultural understanding of the child welfare staff.

Offer Tips for All Programs That Serve AIAN Families

Those interviewed for this brief respectfully offer the following tips to their state Tribal MIECHV programs and other home visiting colleagues serving AIAN families in urban areas:

- Acknowledge that you may not know the AIAN community.
- Invite AIAN families to express themselves.

- Understand that historical trauma is deeply rooted.
- Demonstrate genuine interest and curiosity in learning about the issues and concerns of the AIAN families and their cultural norms.
- When conducting home visits, build trust first and then look for ways to adapt the curriculum for each family.
- Learn about the disparities that urban AIAN families face.
- Connect with other Native service agencies (even if they are not obvious partners) to learn about the population, connect with Native families through nontraditional means, and build relationships with potential partners for further collaboration.
- Include a tribal coordinator as part of the state MIECHV staff.
- Continuously have conversations about cultural values within the agency and how they influence decisions and programming.

IN CLOSING

The Tribal MIECHV grantees interviewed for this issue brief stand out for their responsive, strengths-based approach to helping AIAN families in urban areas re-establish or continue meaningful ties to their cultural ways while also supporting their overall improved health and well-being. Home visitors support families as they explore how they want to express themselves as Native people and consider how they will pass their heritage on to their children through parenting and engagement with greater community programming. With more than 70% of AIAN people living in urban areas, the approach taken by Tribal Home Visiting programs can help guide how other social service systems and providers engage AIAN families.

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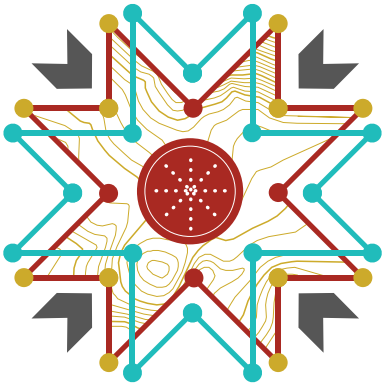

TRIBAL HOME VISITING

ADMINISTRATION FOR CHILDREN & FAMILIES

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