Tribal home visiting perspectives on Nurse-Family Partnership cultural adaptations

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65,000 voices
Vision
A Native Community that enjoys physical, mental, emotional and spiritual wellness

Mission
Working together with the Native Community to achieve wellness through health and related services
Goals

S hared Responsibility
C ommitment to Quality
F amily Wellness
Customer Ownership
Operational Principles

Relationships between customer-owner, family and provider must be fostered and supported

Emphasis on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)

Locations convenient for customer-owners with minimal stops to get all their needs addressed

Access optimized and waiting times limited

Together with the customer-owner as an active partner

Intentional whole-system design to maximize coordination and minimize duplication

Outcome and process measures continuously evaluated and improved

Not complicated but simple and easy to use

Services financially sustainable and viable

Hub of the system is the family

Interests of customer-owners drive the system to determine what we do and how we do it

Population-Based systems and services

Services and systems build on the strengths of Alaska Native cultures
Background

- Women, infants, and young children living in high-risk situations experience higher rates of:
  - infant mortality,
  - low birth weights,
  - unsafe home environments
  - other poor life outcomes.

- Home visiting programs offer a mechanism for ensuring families have social support, knowledge of community services, and ongoing health, developmental, and safety education.
The effectiveness of a home visiting programs with American Indian/Alaska Native (AI/AN) families is unknown.

There is a need to examine the impact of culturally adapted or culturally enhanced national home visiting program models on diverse populations.

Past studies did not describe the process used to adapt the national models--our group sought to describe the process and experience of using culturally adapted materials in home visiting.
Methods

- Sample:
  - primiparous women, multiparous women, Nutaqsiivik nurses.

- Semi structured interview questions

- Recruitment – phone

- Key informant interviews- in person & phone

- Data inductively analyzed using ATLAS.ti
<table>
<thead>
<tr>
<th></th>
<th>Program Participants</th>
<th>Nursing Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>What you think about the SCF Nutaqsiivik Adapted Nurse Family Partnership Program?</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• What do you like about the program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What changes would you make to the program?</td>
<td></td>
<td></td>
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<tr>
<td>What are your thoughts on the fit of the program for the families you serve?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• What are your thoughts on the guidelines? Decisional balance facilitators? NFP education and trainings?</td>
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<tr>
<td>What about the nurse home visits has supported you in your pregnancy and parenting?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• How did the materials support you? Choice sheets? Decisional balance facilitators? Goal setting?</td>
<td></td>
<td></td>
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<tr>
<td>Is there anything that you feel is missing from the program?</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>What are your thoughts about the program meeting the needs of the Alaska Native/American Indian community?</td>
<td>X</td>
<td>X</td>
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</table>
Results

- 13 primip interviews; 8 were currently pregnant or recently delivered a subsequent child
- 7 multip interviews; 4 mentioned receiving past home visiting services
- 9 Staff interviews; 1 no past experience non-NFP Nutaq
- Of the 20 program participant interviews, 4 conducted over the phone rather than in the home or Nutaq office
<table>
<thead>
<tr>
<th>Themes</th>
<th>Description</th>
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<tbody>
<tr>
<td>Program transition</td>
<td>Transitions described include the transition to the new model of care with comments that were positive when reflecting on the model approach and outcomes</td>
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<tr>
<td>Program benefits</td>
<td>Descriptions of general and specific program benefits (e.g. preparing for planned primary care visits; avoiding emergency or primary care visit)</td>
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<tr>
<td>Community resources</td>
<td>Awareness, access to, and navigation of community level resources</td>
</tr>
<tr>
<td>Fit of model framework</td>
<td>Range of views on model specific handouts, home visitor and administrator trainings, and guidelines</td>
</tr>
<tr>
<td>Caseload</td>
<td>Description of complex caseloads of home visitors</td>
</tr>
<tr>
<td>Community &amp; workforce context</td>
<td>Description of the role of the community and workforce contexts on the model adaptations and acceptance of adaptations due to context</td>
</tr>
<tr>
<td>Recruitment &amp; enrollment</td>
<td>Range of views on recruitment and enrollment processes and experiences</td>
</tr>
<tr>
<td>Role of relationships</td>
<td>Description of the development and maintenance of interpersonal relationships within the model and the SCF context</td>
</tr>
</tbody>
</table>
Results

- Integral to the conduct of the SCF culturally-adapted Nurse-Family Partnership model was a congruence of model philosophy with the tribal and organizational values of SCF overall, and the practice of those values within the established Nutaqsiivik program.

- Salient to the perceived effectiveness of the program was enrollment during the prenatal period, allowing for interpersonal relationships to form and time to prepare for and offer prevention based interventions within the home.
Conclusion

- The modified NFP model suited both the interventionist nursing staff and the AI/AN women receiving home visiting services.

- Evaluation of the culturally adapted NFP program is the next step in this research, as is expansion of culturally adapted NFP programs in other tribal communities.
Thank You!

Qağaasakung  Aleut
Quyanaa  Alutiiq
Quyanaq  Inupiaq
Awa'ahdah  Eyak

Mahsi'  Gwich’in Athabascan
Igamsiqanaghghalek  Siberian Yupik
Háw'aa  Haida

Quyana  Yup’ik
T’oyaxsm  Tsimshian

Tsin'aen  Ahtna Athabascan
Gunalchééesh  Tlingit

Chin’an  Dena’ina Athabascan