

The American Academy of Pediatrics
The Role of Tribal Home Visiting in Supporting AI/AN Child Health
Congressional Briefing
April 5, 2022

Testimony in Support of FY22 MIECHV Program Reauthorization
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I. Introduction:

Thank you Dr. Empey for the introduction. I would like to start by thanking the American Academy of Pediatrics for organizing this briefing and providing a platform for Tribal MIECHV grantees to share their voice about the impact evidenced-based home visiting has on the families and the communities they serve. I would also like to thank all of you in attendance today, your interest in learning about effective ways to foster health equity in tribal communities is heartening.

Tribal MIECHV funded home visiting programs provide early identification and intervention that improve health outcome; strengthen connections to primary care providers; educate families about early development and learning; and facilitate the navigation of community-based systems of support.

Tribal MIECHV funding supported Southcentral Foundation's Nutaqsiivik program, which began in 1994, as it transitioned to an evidence-based prenatal program as a Nurse-Family Partnership (NFP) site. Nutaqsiivik-NFP launched in June 2012 and was the first NFP program in Alaska and the 2nd Tribal program in the country. As of October 2021, the program has enrolled 958 pregnant women and graduated 249 families from the program, which is a 2.5-year long commitment.

The first Tribal MIECHV awards were made in October 2010. Currently, there are 23 Tribal MIECHV Grantees and they have chosen to implement Parents as Teachers, Family Spirit, NFP or the Parent Child Assistance Program. Eighteen grantees serve rural communities, and 9 grantees serve urban ones. In 2020, Tribal MIECHV grantees served 3,315 families.

II. Home Visiting Coalition Reauthorization Recommendations:

The Home Visiting Coalition Reauthorization Recommendations include an increase in MIECHV funding in order to reach more families. MIECHV legislation sets aside 3% of MIECHV funds for tribes and tribally designated organizations. Though there are currently 23 grantees, there have been 29 over time with 7 losing their funding between project period competitions. New tribal grantees are created as a result of lost Tribal MIECHV resources from other tribal communities. Nearly a decade of flat funding exacerbates the situation and results in less funding to support the delivery of services to families and makes expansion nearly impossible.

The Home Visiting Coalition also recommends that the Tribal set-aside be significantly increased from 3% to 6%. I fully support this recommendation because between 2006 and 2014, Native women had the 2nd highest maternal mortality rate in the nation.¹ In 2017, Native families had the 2nd highest rate of infant mortality in the nation and the highest post neonatal mortality rate.² We know home visiting has a positive impact on these outcomes.

¹ Moaddab. Trends in Maternal Mortality: 2005 to 2014. Obstet Gyencol 2016.

² https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm

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The National Home Visiting Resource Center reported that Native families made up only 3% of families served through evidence-based home visiting in 2019. Currently, only 34% of states with Federally recognized tribes have Tribal MIECHV grantees. Approximately 4% of all Federally Recognized tribes receive Tribal MIECHV funding. There is clearly a disconnect between need and resources.

Tribal grantees positively impact their communities and families served. In 2019, 95% of index children had timely immunizations; and 88% of well-child visits were completed based on the AAP recommendations. In 2020, 90% of enrolled moms initiated breast feeding; and 82% of families were retained in their programs despite the COVID-19 pandemic. 78% of Tribal grantees provide services in rural communities, which are often healthcare, community service and transportation deserts. 83% of Tribal grantees enhance, adapt, or supplement MIECHV approved home visiting models, tailoring services to their communities.

In partnership with NFP, Southcentral Foundation pioneered model changes with national implications, such as serving multiparous women, enrolling up to delivery and increasing the low-income threshold. These changes align with the cultural values of the communities Southcentral Foundation serves.

Despite the pandemic, the Nutaqsiivik NFP program's outcome for 2018-2021 resulted in 95% of enrolled children completing their age specific immunizations; 92% had timely well-child visits; 92% received timely developmental screenings; 88% of enrolled moms were screened for depression; and 98% of moms initiated breast feeding. In 2021, home visitors served 263 families and completed 3,276 visits; and retained 91% of enrolled families.

The Home Visiting Coalition's Recommendation to increase MIECHV funding by \$200 million per year for 5 years with a 100% increase in the Tribal set-aside could result in the following: a 28% increase in the percentage of tribes receiving Tribal MIECHV funds; 700% increase in the home visiting investment and in the number of Tribal grantees; and 1000% or higher increase in the number of Tribal families served by 2027, exceeding 30,000 per year.

III. Conclusion:

Tribal MIECHV grantees foster culturally resonate evidenced-based home visiting services tailored to meet the specific needs and goals of tribal families and the communities they serve. Tribal grantees address long-standing health disparities and serve as equity accelerators for our youngest tribal citizens and their families. This funding needs to be reauthorized on time and be made more widely available to tribal families.