

METRO ALLIANCE FOR HEALTHY FAMILIES

Because Parents Are Not Born Overnight

Newborns don't come with an instruction manual. Raising healthy, successful children is a challenge for all families – even more so for first-time parents who may be vulnerable and highly mobile.

The Metro Alliance for Healthy Families (MAHF) is a proven effective home visiting program that strives to assure that infants are healthy, safe, and nurtured, leading to children who arrive at kindergarten eager and ready to learn. Families are served without regard to where they seek prenatal and delivery services and move within the Minnesota Twin Cities region. MAHF innovations include systematic engagement of vulnerable families, continuity of service across jurisdictions and consistent practice among home visitors.



Partners:

MAHF partners include Hennepin, Ramsey, Dakota, Anoka, Washington, Scott and Carver Counties and the city of Bloomington. The Alliance is based upon a Joint Powers Agreement and has an eight member Governing Board of elected officials.

Funding:

MAHF is grateful for financial support from the Bush Foundation, Better Way Foundation, McKnight Foundation, and the Greater Twin Cities United Way. Participating counties contribute ongoing support to sustain MAHF.



Accomplishments

Over the last 24 months, MAHF public health and social service agencies effectively replicated a successful pilot project across the metro area with positive results for parents and children. More than 600 vulnerable first-time parents gained the skills and access to resources resulting in better health, education, and behavioral outcomes. These results benefit all of us – socially and economically.

The process

First-time parents are reached through county public health and social services and at three metro area hospitals – United in St. Paul, Fairview Ridges in Burnsville and Abbott Northwestern in Minneapolis. Engaging parents when they are most receptive to help opens the door to a long term, trusting relationship, before parenting patterns are established or critical health and developmental milestones are missed. The Parent Visitor screens for risk factors and conducts the Parent Survey conversation to determine if the family is eligible for and receptive to home visiting services.

Home visiting services

Home visits are provided by more than 60 MAHF public health nurses, family support workers, early childhood educators and social workers, all of whom trained together and use the same evidence based Growing Great Kids (GGK) curriculum*. This means mobile families experience service continuity and consistency across the seven counties. Home visits begin prenatally or postpartum. Visits occur weekly over the first 9-18 months of service, with decreasing visits up to age four.

Home visitors promote:

- Parent-infant attachment
- Family health and well being
- Parenting skills
- Cognitive, emotional and behavioral skills of children
- Linkage to healthcare, social services and education resources

*Great Kids, Inc., Copyright 2000. Revised 2004; 2007. <http://www.greatkidsinc.org>

Families served

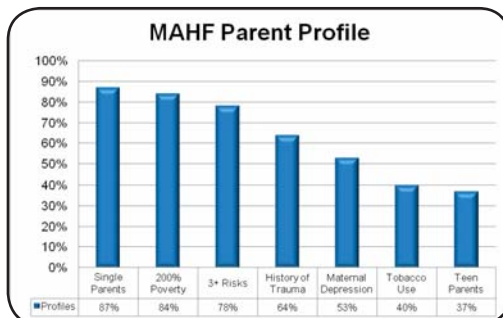
- 2,200 first-time parents screened, including every first-time mother delivering at three hospital sites (1650) and mothers seeking health and community services in their county of residence (550).
- One-third of all families screened had multiple risks such as low income, limited education, social isolation, history of disruption/abuse and mental illness, and no health care.
- 623 families were served and 8,750 home visits were provided.



Parent profile

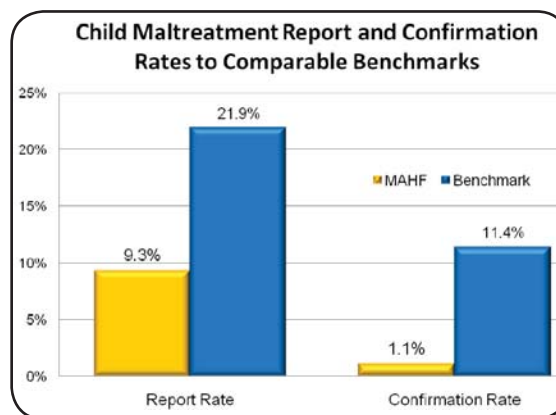
MAHF is reaching families who can most benefit from the service. Families face multiple risks, challenges and circumstances that make parenting and optimal child development difficult:

Two-thirds experienced abuse and family disruption themselves as children, and more than half screened positive for maternal depression by their home visitor.



Child maltreatment reduced or prevented

The child maltreatment report rate was 9.3% (42 out of 453 families in the 23 month study period), considerably below the national 21.9% benchmark and even below the target of 10% or fewer confirmed cases of abuse.



Cost-effective compared to child protection costs

A 2005 study of the Dakota County pilot program found that providing intensive home visiting services to one family (\$6,150) costs about a quarter of the expense of investigating and prosecuting a single case of abuse in the county's child protection system (\$26,000 per case in 2002 dollars).

Access to preventive health services

- 92% of families (N=407) met the target for connection to a primary health provider
- 89% of families were current with well-child exams
- Immunization rates for MAHF families at 24 months (98%) exceeded all targets, relative to seven-county immunization rates ranging from 30-59% fully immunized by age two.

Children develop as expected (after 15 or more home visits in a 12 month period)

- 85% rated within average range for cognitive and physical growth
- 95% rated within average range for behavioral/emotional milestones

Story from the frontline:
 One MAHF mom told her home visitor that a pregnant friend had asked for advice. The mom wrote up a list of meaningful pointers for her friend, including, "Your baby cries for a reason, it doesn't mean they're bad. It just means that they need something."

For more information about the Metro Alliance for Healthy Families, contact: Gay Bakken, Project Manager, gay.bakken@co.dakota.mn.us or 651-554-6370.

To learn more visit: www.metroallianceforhealthyfamilies.org

