

## Linkage to Community Resources

### About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

### Seriousness of the Issue

Connecting families in need with community resources and supports can provide parents opportunities to become self-sufficient and to develop their parenting skills. This can empower them to overcome barriers to providing a healthy home environment for their children.

Minnesota usually ranks high in positive health indicators and outcomes in comparison to other states. In the recent 2009 *Kids Count Data Book*, Minnesota ranked second in the nation on a set of ten indicators of child well-being. In the last seven years, the state has always been ranked in the top five.<sup>1</sup>

Despite these positive trends there are still many pregnant women, mothers and infants who do not have their basic needs met. Homelessness, lack of affordable housing, hunger, lack of access to health care, and unemployment are some of the problems families face.

The Minnesota profile in the KIDS COUNT Data Center shows that in 2005:

- 9.5% of births were to mothers who smoked during pregnancy;
- 17.3% of teen births were to women who were already mothers;
- 10.7% of all births were preterm births;
- 7% of children ages 17 and under were without health insurance;
- 29.8% of births were to unmarried women.<sup>1</sup>

All of these data points indicate there are pregnant women, mothers and infants who did need or will need community resources to help them thrive.

The issues mentioned above do not affect Minnesotans equally. Poverty rates tend to describe which population groups have greater needs and fewer resources.

### Minnesota Children in Poverty by Race (percent)

Race	2007
Black or African-American	41%
Hispanic or Latino	26%
Asian and Pacific Islander	24%
Non-Hispanic White	7%
American Indian	Data not available <sup>1</sup>

Pregnant women, mothers and infants in rural areas, as well as populations of color, tend to have higher rates of unmet needs and fewer available resources. For instance, while the overall rate of low birth-weight babies and infant mortality is low for the state, there are disparities between non-Hispanic White and Populations of Color and American Indians. African-Americans have almost twice the rate of low birth-weight babies and infant mortality than do non-Hispanic Whites.<sup>1</sup>

Furthermore, within these population subgroups, there are differences in levels of income, unemployment rates, health insurance coverage, and adequate housing. In 2003, Children's Defense Fund – MN, commented on 2000 census data that documented poverty rates for African-American children were much higher than rates for White children. What would it look like if we were able to compare poverty rates for more recent African immigrants with U.S.-born African-Americans?<sup>2</sup>

### Evidence-Based Strategies

Effective interventions include: early identification and referral to community resources for problems related to meeting basic needs of food, shelter, clothing and health care; collaboration and cross-department planning (i.e. public health, housing,



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human services); and awareness of the importance of social determinants of health.

For pregnant women, mothers and infants, family home visiting is an evidence-based practice that can improve child and family well-being. It has been shown to be effective at helping families improve health status; achieve economic self sufficiency; improve positive parenting; reduce child maltreatment; achieve goals such as child spacing, education and employment; and establish links to community resources.

Nurse-Family Partnership (NFP) is an evidence-based model of home visiting that several public health agencies throughout the state use. 2009 data from NFP sites in Minnesota show:

- the median age of clients is 19;
- 91% qualify for and utilize the Women, Infants and Children Supplemental Feeding Program (WIC);
- approximately 90% of the infants were assessed by a nurse home visitor as being current with immunizations at 6, 12, 18 and 24 months;
- 65.7% of clients 18 years and older (on intake into the NFP program) are employed when their infants are 18 and 24 months.<sup>3</sup>

These data speak to the effectiveness of home visiting as a tool to link families with community resources that can help them be more self-sufficient.

### Current Resources and Capacity

Communities, including elected officials and political leaders, are recognizing the importance of having supports available, in particular for pregnant women, mothers and infants. However, as state and local agencies as well as community organizations see their budgets being cut or restricted, it becomes more difficult to provide enough resources.

In Minnesota, almost all of the 87 counties and 11 tribal governments have family home visiting programs to promote the health and well-being of families with pregnant women or young children.

The Positive Alternatives Program at the MDH funds activities that support, encourage, and assist women in carrying their pregnancies to term and caring for their babies after birth. While the services and programs provided through Positive Alternatives vary greatly depending on the needs of their communities, there is one common feature of all funded programs. Every

participant is offered information on how to obtain medical care, nutritional services, housing and child care assistance, adoption services, parenting education and support, and education and employment assistance in her community.<sup>4</sup>

The Follow Along Program (FAP) is another public health program that provides families with periodic monitoring and screening of infants and toddlers at risk for health, social emotional or developmental problems. This is done to ensure early identification, help and services. FAP helps connect families to services in their communities in a variety of ways.

According to data in the 2008 FAP Report, the services *families requested information about* most often included: Child Care Assistance; Early Childhood Family Education (ECFE); Dental Services; Head Start/Early Head Start; and Public Health Services. The services that families were *referred to* most frequently included: Early Childhood Special Education (ECSE-Part C); Child and Teen Check-ups; Child Care Assistance; Community Education; Dental Services; Early Childhood Family Education (ECFE); Food Shelf; Food Stamp; Fuel Assistance; Head Start; Medical Assistance; MN Family Investment Program (MFIP); Physicians for a Well Child Visit; Public Health Services; and WIC.<sup>5</sup>

Another piece of the FAP report was to track if the resource requested was actually available in that family's county or community. In several cases, especially for home visiting, it was not.

Given the disparities between who is affected by these issues, strategies aimed at improving linkages to community supports and resources must recognize these differences and make adjustments accordingly. Outreach messages must be tailored to best fit the audience needing the support.

<sup>1</sup> Annie E. Casey Foundation. (2009). *Kids Count Data Book*. Baltimore, MD: Annie E. Casey Foundation.

<sup>2</sup> CDF-MN. (2003). "MN Children and the 2000 Census: Poverty and Ethnicity." Children's Defense Fund – MN, St Paul, MN.

<sup>3</sup> Nurse-Family Partnership. Summary Tables for Minnesota; Data through June 30, 2009.

<sup>4</sup> Minnesota Department of Health. Positive Alternatives Program. <http://www.health.state.mn.us/divs/cfh/paa/> Retrieved 8/25/09.

<sup>5</sup> Minnesota Department of Health. (2008). Follow Along Program 2008 Report. St Paul, MN: Minnesota Department of Health.