

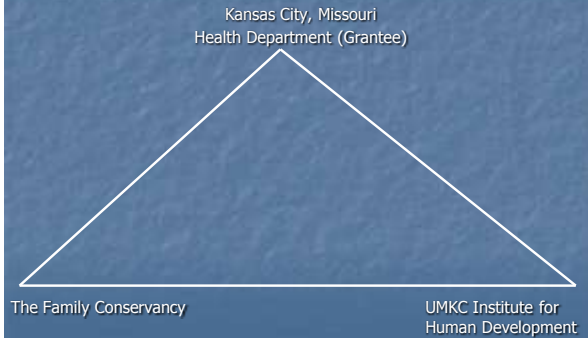
“Welcoming Kansas City, Missouri’s Newest Residents”



Kansas City Missouri Health Department
Programa Esperanza Para Los Niños
Hope For The Children Program

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Esperanza Para Los Niños Partners



Cooperative Relationships

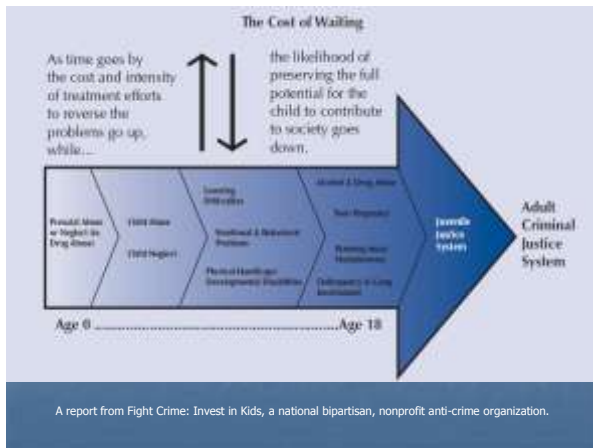
- UCLA Family Development Project
- Truman Medical Center
- St. Luke’s Hospital
- Westside Cabot Clinic
- Mattie Rhodes Counseling Center
- American Red Cross
- Head Start
- Westside Lions Club

* *Two awards out of 76 applications nationally*
* *Funding provided by SAMHSA, Dept. of Health & Human Services – Grant #1U795M-55226-01*

Esperanza Para Los Niños

Program Planning:

- Early Intervention
 - Earliest intervention possible with long lasting outcomes
 - Previous experience of school-based programming
- Evidence-based Model
 - Research-based Intervention
 - Replicated model in different communities with different populations
- Cultural Competency
 - Linguistically appropriate and culturally sensitive
 - More than just holidays
 - Consumer participation = cultural competency



- ## Background
- Large increase in the number of Spanish-speaking immigrants
 - Likely that they will stay in this area (El Centro, 2002)
 - Risk of depression and infant-mother bonding problems due to socio-economic stressors and institutional barriers
 - Parental depression can have long term affects on newborns/infants (National Center on Minority Health and Health Disparities, HIH)
 - Predisposition to develop insecurity of attachment, as well as mood and conduct disorders
 - Opportunity to “intervene and prevent”

- ## Evidence-Based Model
- Culturally competent, evidence-based model
 - Developer: Dr Christoph Heinicke, UCLA Family Development Project
 - Utilize a relationship-based home visitation model with a parent coach
 - The intervention increases perceived support and responsiveness in new mothers
 - Also encourages infants who are more secure, autonomous and task oriented

- ## Relationship-Based Home Visitation Model
- Primary relationship with parent coach which focuses on developing mother’s self-efficacy, self-esteem and self-control
 - Weekly one hours visits / role-modeling
 - Case management - life stressors, referral and follow-up
 - Consultation - breastfeeding, infant stimulation, safe home
 - Attendance at prenatal/childbirth education classes
 - Consultation / problem solving family issues
 - Positive parenting and non-violent discipline techniques
 - Transportation to medical appointments

Relationship-Based Home Visitation Model

- Parenting classes including nutrition, prenatal care, childbirth education, child development, lactation support, immunization education, parent & infant interactive play time, infant massage, mother stress reduction group, support groups and infant CRP certification
- Helping parents understand brain development in children
- Foster social, emotional and intellectual growth

Cultural Competency

- Participant Focus Groups – Outreach Strategies
- Program Graduates trained to serve as associate home visitors
- Leadership development classes and program planning input from consumers
- Cultural competency conferences for behavioral health professions, healthcare staff, consumers, etc.



Translation of Program Flyer

GIVE THE GIFT OF THEIR FUTURE TODAY
HOPE FOR THE CHILDREN

Our program is specially designed for first-time Latina mothers and you can benefit free of charge in your own language and in the comfort of your home.

We offer help and support during your pregnancy and we continue to work with you after your baby is born.

You want to do the best for your baby and we can help you accomplish that goal.

Register in the program and learn about:

- Prenatal care
- Your baby's needs during their first days of life
- Providing for your baby's good health and the bonding which comes with breastfeeding
- For more information call 816-513-6123

Esperanza Outcomes

Consumer Satisfaction

Esperanza staff were consistently rated as ...

- Accessible
- Fair
- Caring
- Knowledgeable
- Dependable

Dunst Family Support Scale* Primary Sources of Support (Mean Rank)

3-6 months (N=31)

1. Child's father
2. Agencies (i.e. WIC)
3. Mentor
4. Child's doctor
5. Support Group

1 year (N=9)

1. Support Group
2. Child's father
3. Mentor
4. Agencies
5. Child's doctor

*(Dunst, Jenkins, & Trivette, 1984)

Family Risk Scale* Greatest Risk Factors at Intake

Family Support:

- 42% of mothers were marginally supported
- 19% of mothers were partially or completely isolated

Finances:

- 44% of mothers had constant financial problems

Preparation for Parenting:

- 27% of mothers had good commitment but lacked resources
- 9% had difficulty with commitment

Problem Solving:

- 26% of mothers lacked concern and/or confidence

*(Magura, Moses, & Jones, 1987)

Family Needs Survey*

From intake to 6 months in the program, there was significant (N=23; p<.05) reduction in the need for the following information, services, or supports

- Transportation
- Choose/prepare food for baby
- Medical care for self
- Medical care for family
- Shots for children
- Information about labor and delivery
- Child care
- Public assistance
- Someone to talk to
- Learn to read/speak English
- Family planning
- Mental health counseling

*(Bailey & Simeonson, 1985)

Parenting Perceptions

- Results from the Adult Adolescent Parenting Inventory* indicated a slight increase in positive parenting perceptions pre and post parenting classes.
- Proclivity for valuing obedience

*(Bavelock, 1979)



Madison