

FAMILY SUPPORT SERVICES & PARENT EDUCATION

IMPROVING THE HEALTH AND WELL-BEING OF NORTH DAKOTA'S MCH POPULATION

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For 2011 through 2015, the North Dakota Department of Health's Maternal and Child Health (MCH) programs have placed priority on promoting family support services and parent education programs.¹ Parents may need education and support to help them improve their child's growth and development. Parent education programs and family support services are shown to strengthen families by increasing parent involvement, confidence and skills.²



The positive effects of education and counseling of persons with chronic and acute conditions are well documented, and health-care providers generally are considered credible sources for patient and family education and information. Education and family support services promote self-management and encourage family empowerment that leads to improved health and well-being.¹

During the 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure for North Dakota were identified as follows:

Priority Needs Statement: Increase participation in and utilization of family support services and parent education programs.¹

State Performance Measure: The percent of parents who reported that they usually or always received the specific information they needed from their child's doctor and other health-care providers during the past 12 months.¹

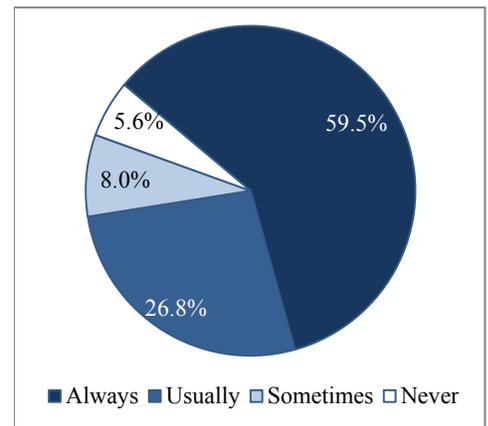
North Dakota's Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.

HOW DOES NORTH DAKOTA MEASURE UP?

In 2007, 86.3 percent of children had parents who usually or always received the specific information they needed from their child's health-care provider (see Figure 1); North Dakota's goal is 89 percent.¹ The proportion of parents of children with special health-care needs who got needed information was 85.2 percent.³

In 2007, 6 percent of children ages birth through 17 had parents who indicated that they had no one to turn to for day-to-day emotional help with parenthood and raising children. This was better than the national average of 12 percent, but still reflects a segment of the population that has unmet emotional needs with parenting.³

Figure 1. How often doctors provided information specific to child's health, North Dakota, 2007



Source: 2007 National Survey of Children's Health³



Divisions

- Children’s Special Health Services
- Family Health
- Nutrition and Physical Activity
- Injury Prevention and Control

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References:

¹ North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf

² North Dakota State University Extension Service; www.ag.ndsu.edu/extension

³ 2007 National Survey of Children’s Health; www.childhealthdata.org

⁴ 2005-2006 National Survey of Children with Special Health Care Needs; www.childhealthdata.org

Family support services can contribute to the success of North Dakota parents and children. In 2005-2006, nearly one in five families with children with special health-care needs (18.4%) reported being in need of at least one support service (such as respite care, advice about genetic conditions, or family mental health care).⁴



There are a variety of community resources and partners that parents look to for parent support and education. These include family lead support agencies, state government agencies, county social services, Head Start, schools, Parent Information Resource Centers, mental health professionals and nonprofit organizations.¹

In 2007, parent education programs funded through a child abuse prevention grant showed positive results for participating parents:

- 90 percent said the program helped improve their parenting skills.²
- 82 percent said the program helped reduce their level of stress.²
- 92 percent said the program helped them achieve their personal and family goals.²

Barriers to participation in parent education programs include a lack of parental effort, a lack of time, life challenges, a lack of transportation, the need for child care, and stigma associated with participation.^{1,2}

“Parent education strengthens families as parents gain confidence and skills needed to guide and nurture their children at each developmental stage.”²

MOVING NORTH DAKOTA FORWARD

Family support services and parent education programs offer families the opportunity to learn about healthy living and well-being. Programs and services for North Dakota’s MCH population are promoted by:

- Promoting North Dakota’s 1.800.KIDS.NOW and the First Link 2-1-1 toll-free lines by distributing informational materials to partners and providing links on websites.¹
- Collaborating with the North Dakota Department of Human Services on updating and maintaining the availability of the resource directory: *A Connection for Families and Agencies: Resources for North Dakota Families with Young Children Ages Birth through 8.*¹
- Partnering with various programs, within and outside of the North Dakota Department of Health, to create combined newsletters, mailings and other educational materials for program services.¹
- Developing a public information services plan that includes operation of a Children’s Special Health Services Information Resource Center.¹
- Collaborating with family partners in order to determine the effectiveness of information and referral efforts for children with special health-care needs.¹