

Baby Basics Educational Programs

Case History #1:

The Plains Indian's Healthy Start

The Plains Indian Healthy Start has 16 sites at reservations across 4 states (South Dakota, North Dakota, Nebraska and Iowa.) There are 20 case managers who visit close to 800 mothers a year.

Key Characteristics of the Program

Every mom who receives a home visit from a Healthy Start Case Manager receives a copy of the Baby Basics book and a planner. She is encouraged to look at the book on her own and it used to focus the conversation when the case manager visits. Moms write questions down in the planner, and case managers can note pages that she can look at for her next visit. Literacy is not an issue within the Native American population – but health literacy and empowerment skills, and comfort working with the healthcare system is a definite problem.



Training

All of the case managers were trained to:



1. Use the Baby Basics book as a framework for their visit
2. Use the Baby Basics Mom's Club Curriculum to start conversations and bring health literacy into their daily practice.
3. Use the Baby Basics Mom's Club Curriculum to run Groups.
4. Help moms develop, practice asking and write down questions in the Planner.
5. Encourage moms to take the planner to their appointments at Indian Health and show their questions to their providers.



A Baby Basics Moms Club on the reservation

Technical Assistance

Working with the staff of the Healthy Start a training curriculum was developed specifically for this group of case managers. In addition, the evaluation tools and strategies were supplied by the WTEF and MHRA.

Evaluation Results

Moms and dads were very receptive to the book.

- 100% of the case managers reported using the book Always or Usually during a home visit.
- Over 80% used the book to teach new vocabulary words to mothers.
- 98% of the moms found the books very or somewhat helpful and 91% reported that they had looked up the answer to a question in the book.

- Clients who reported that they read more than half of the book – which was 86% of women who responded to the survey -- were more likely to report that they felt “very comfortable” asking their providers questions about their pregnancy.

Next Steps

Staff turnover is very high, so training needs are constant. A train the trainer program must be developed, as well as more tools for case managers to empower them to continue to bring health literacy skills to their moms.

Case History #2:

The Home Visiting Programs of the State of Missouri

The State of Missouri funds 15 home visiting programs across the state. Each site chooses their model. Some of the programs chose to run the Nurse Family Partnership Program, others used peer education models, such as Promotoras and others use the Healthy Family Model.

Key characteristics of the Program

All programs visited pregnant women at their home, and a few held prenatal groups.. Each program received a year supply of books and planner for every mother they served and 1 BABY BASICS Moms Club Curriculum- they could purchase Curriculum for other staff at a discount (all of them did).

Training

1. 60 case managers were trained to use the materials and the moms club curriculum.
2. The training received 100% favorable evaluations from the group with only one complaint –“the training was so good, she didn’t go to the potty so she didn’t miss something.”

Technical Assistance

In addition to building a customized training that spanned a wide variety of program models, TWEF worked with individual sites to integrate BABY BASICS and health literacy skills into their programs existing models and curricula.

Next Steps

The States’ funding has dried up, but many of these sites continue to rely on the materials. They ask that we hold another training for new employees. This will be one of our training goals.