The Minnesota Integrated Care for Early Childhood Initiative (mn-iceci)

mn·iceci

African American Early Childhood Health Equity Partnership

Family Health Ambassadors 6-Month Performance Report

January–June 2026

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Disclaimer: The findings, conclusions, and recommendations presented herein are those of the authors and are based on the data collected and analyzed during the MN-ICECI FHA reporting period. They do not necessarily represent the views of HRSA or MDH.

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Children and Youth with Special Health Needs (CYSHN) staff work together to champion the health and well-being of people living in Minnesota with special health needs and disabilities from the earliest stages of life through transition to adulthood.

MN-ICECI

Minnesota faces significant challenges in implementing a coordinated early childhood system. More than 400 programs operate across the state, and differences in eligibility, funding, and access can make the system complex and fragmented for families. These challenges point to the need for coordinated screening, referral, and follow-up efforts among populations that have faced the greatest barriers to early childhood services. The Minnesota Integrated Care for Early Childhood Initiative (MN-ICECI) is an African American community-centered partnership designed to connect health resources and strengthen services for African American children ages 0-3 and their families. MN-ICECI aims to build infrastructure for an equitable, family-centered, integrated model for conducting early childhood screenings, referrals, and follow-ups within health settings for African American families who are pregnant or parenting young children ages 0-3. Building on other early childhood initiatives in the state, such as the Preschool Development Grant, MN-ICECI links families with needed supports and resources to promote better childhood and lifelong outcomes. The work is funded through an Early Childhood Comprehensive Systems Health Integration Prenatal-to-Three cooperative agreement awarded to the Minnesota Department of Health (MDH) by the Health Resources and Services Administration (HRSA) of the federal Department of Health and Human Services (HHS). The grant started in August 2021 and ends in July 2026.

Contents

Executive Summary

This second MN-ICECI Family Health Ambassadors (FHA) performance report covers January through June 2026, the final six months of the FHAs' tenure. It documents ambassadors' ongoing work, self-reported accomplishments, and observed contributions to MN-ICECI strategies. Like the "MN-ICECI Family Health Ambassadors 20-Month Performance Report," it draws on ambassadors' monthly "Time Sheet and Work Activities" reports and observations from GrayHall LLP, which supported the FHA work, to update the Minnesota Department of Health (MDH) and the MN-ICECI Community Advisory Council (CAC) on ambassadors progress.

Overall, this second report shows how ambassadors integrated into the FHA role, presents quantitative and qualitative outcomes from their work, and illustrates how some ambassadors describe the impact of the FHA corps on families. It also highlights new activities, partnerships, and collaborations that emerged during the final months of the five-year grant period. Taken together, the first and second reports underscore the promise of the ambassador model and the opportunity to strengthen it through continued investment and clearer direction.

KEY TAKEAWAY: Over 26 months, the Family Health Ambassador pilot generated substantial community-facing activity, including 2,108 reported support hours, 1,005 reported work activities, and $106,650 in community economic investment. The strongest evidence in the report supports the model's value as a trusted outreach and navigation strategy, while the main limitation is that impact findings rely primarily on ambassador self-reports rather than direct family or partner feedback.

This report demonstrates how the FHA corps supported CAC strategies, documents ambassadors' community investments through direct support and economic contribution, summarizes monthly work-experience ratings, presents selected stories from January through June 2026, and compiles the types of support ambassadors requested during the six-month period. The report concludes by returning to a key theme from the first performance report: an ambassador corps can help build a more connected early childhood system by supporting families as they navigate existing services and access needed resources.

FHAs Participation and Engagement

This section summarizes how Family Health Ambassadors advanced MN-ICECI strategies through work hours, work activities, and community economic investment. It presents ambassador performance by the numbers, describes ambassadors' work as a form of community economic development, and highlights the main themes in ambassadors' self-reported work activities.

The section also examines how ambassadors rated their monthly work experiences, shares selected ambassador stories from January through June 2026, and compares selected topics with those discussed in the "MN-ICECI Family Health Ambassadors 20-Month Performance Report." It concludes with ambassadors' requests for assistance in their part-time work. Together, these topics describe ambassador participation and show how their work contributed to the MN-ICECI Initiative from May 2024 through June 2026.

FHA Performance by the Numbers

Numbers, percentages, dollar amounts, qualitative data, and observational data in this report represent the contributions of MN-ICECI ambassadors and project consultants over a 26-month period from May 2024 through June 2026.

2,108
Total Community Support Hours

80
Average Monthly Support Hours

$4,102
Average Monthly Economic Investment

$106,650
Total Community Economic Investment

10
Average # Ambassadors Submitting Hours Monthly

4
Average Number of Stars Ambassadors Gave Their Monthly Work Experience
(4 = Exceeds Expectations)

Advancing MN-ICECI's Strategies

The Minnesota Integrated Care for Early Childhood Initiative (MN-ICECI) is guided by a multicultural, gender-diverse Community Advisory Council (CAC) that partners with the Minnesota Department of Health (MDH) to advance the initiative's strategic goals. One of those goals was to recruit and implement an exploratory project—the MN-ICECI Family Health Ambassadors (FHA)—to assess whether ambassadors with lived experience could expand African American families' knowledge of early childhood resources through coordinated outreach related to screenings, referrals, and follow-up supports. The FHA corps was envisioned during the 2023-2024 MN-ICECI CAC strategic planning retreat and was operational for 26 months.

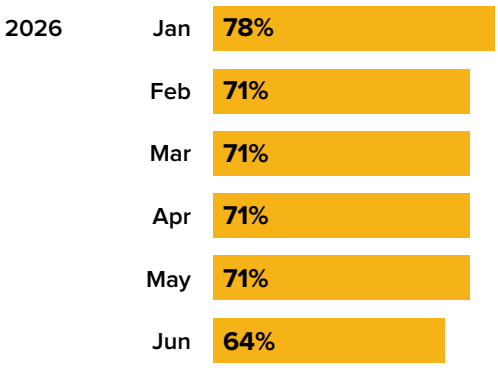
Because the FHA corps was launched as an exploratory activity without a formal Results Framework, the outcomes in this report are based primarily on FHA self-reports. Those reports suggest signs of community change; however, the report does not include direct evidence from program recipients, partners, or other external sources to validate the effects of FHA work on African American families' skills or knowledge related to Minnesota's early childhood system.

This report also draws on the "MN-ICECI Family Health Ambassadors 20-Month Performance Report" completed for the period May 2024 through December 2025 and consultants observations of 26-months of FHA's work.

FIGURE 1

FHAs COMPLETING ACTIVITIES REPORTS JANUARY–JUNE 2026

*N=14**



Ambassadors' Roles

The MN-ICECI FHA are a culturally and geographically diverse corps of African Americans whose responsibilities include:

- **Engaging African American families in conversations about screenings, referrals, and follow-ups within health settings for children ages 0-3.**
- **Introducing families to existing early childhood resources in Minnesota that they may not be familiar with.**
- **Helping families share stories about gaps/issues within early childhood systems to highlight items that need to be addressed by various early childhood system programs.**
- **Partnering with community organizations and others to learn about resources and to meet families that want to engage with an ambassador who is familiar with a wide range of community resources, especially African American centered tools, materials, and programs.**

** From May 2024 through June 2026 the number of MN-ICECI Family Health Ambassadors ranged from 22 to 14, the current number of Ambassadors.*

FHA Work Hours, Community Economic Development, Work Activities, and Work Experience Ratings

Figures and charts on work hours are presented here along with community economic investment data, ambassadors work activities, and work experience ratings. GrayHall LLP, a consulting firm based in Saint Paul, Minnesota, compiled and organized all data under contract with the Minnesota Department of Health (MDH). GrayHall also provided technical assistance, administrative support, and other services to both the MN-ICECI CAC and FHA. The figures and tables in this section show 6-month and 26-month views of various aspects of FHA self-reports.

Work Hours

Ambassadors reported 2,108 community support hours over the 26-month period from May 2024 through June 2026. As shown in Figure 2 and Table 1, reported hours were highest in May 2024 and in April, May, and October 2025. The peak in May 2024 likely reflects the larger ambassador cohort at that time, when 22 Family Health Ambassadors were active. In later months, the number of ambassadors fluctuated, and reported hours generally declined as program transitions occurred Table 2 and Figure 3). On average, 10 ambassadors reported a combined 81 hours per month. Nearly half of all ambassador hours (48%) were recorded during the first 12 months of the program, from May 2024 through April 2025; 30% were reported from May through December 2025; and 22% were documented from January through June 2026 (Figure 4 and Table 3). At this writing, there are 14 MN-ICECI Family Health Ambassadors.

FIGURE 2

PERCENT OF FHA HOURS BY MONTH MAY 2024–JUNE 2026 *N=22**

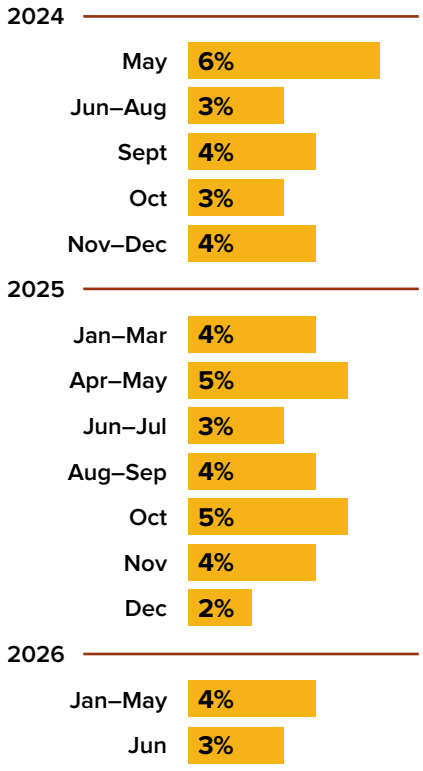


TABLE 1

FHA HOURS BY MONTH *N=22**

DATE	WORK HOURS
2024 May	125 (6%)
June	74 (3%)
July	77 (3%)
August	66 (3%)
September	89 (4%)
October	64 (3%)
November	76 (4%)
December	79 (4%)
2025 January	89 (4%)
February	77 (4%)
March	95 (4%)
April	97.5 (5%)
May	97.5 (5%)
June	70.5 (3%)
July	68 (3%)
August	84.5 (4%)
September	85.5 (4%)
October	101 (5%)
November	76 (4%)
December	45.5 (2%)
2026 January	85.5 (4%)
February	78.5 (4%)
March	80 (4%)
April	77 (4%)
May	78 (4%)
June	72 (3%)
TOTAL	2,108 (100%)

** From May 2024 through June 2026 the number of MN-ICECI Family Health Ambassadors ranged from 22 to 14, the current number of Ambassadors.*

TABLE 2

NUMBER OF FHAs SUBMITTING HOURS MONTHLY

*N=22**

2024	HOURS	2025	HOURS	2026	HOURS
May	12 (5%)	January	11 (4%)	January	11 (4%)
June	9 (3%)	February	10 (4%)	February	10 (4%)
July	11 (4%)	March	12 (5%)	March	10 (4%)
August	9 (3%)	April	11 (4%)	April	10 (4%)
September	10 (4%)	May	12 (5%)	May	10 (4%)
October	9 (3%)	June	10 (4%)	June	9 (3%)
November	10 (4%)	July	11 (4%)		
December	10 (4%)	August	10 (4%)		
		September	11 (4%)		
		October	10 (4%)		
		November	9 (3%)		
		December	11 (4%)		
SUBTOTAL	80 (30%)	SUBTOTAL	128 (47%)	SUBTOTAL	60 (23%)

FIGURE 3

FHAs SUBMITTING HOURS MONTHLY

*N=22**

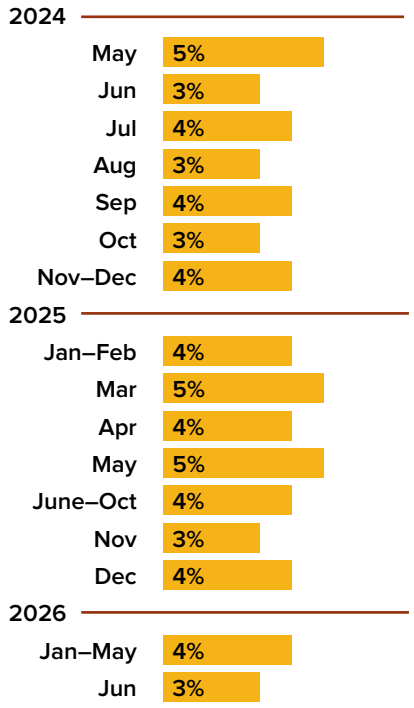


TABLE 3

FHA WORK HOURS BY YEARS

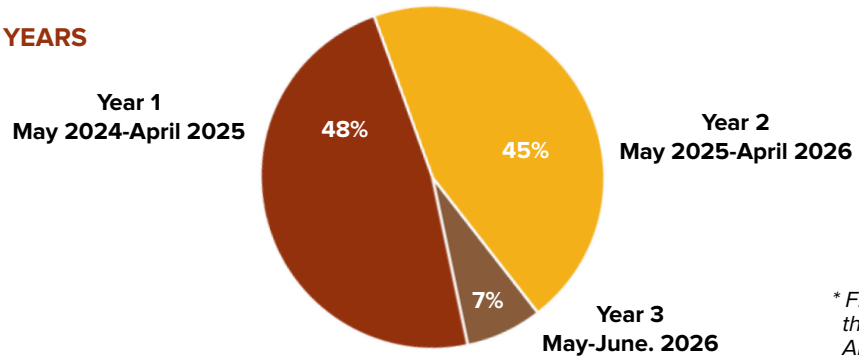
*N=22**

MONTH	HOURS	MONTH	HOURS	MONTH	HOURS
2024 May	125	2025 May	97.5	May	78
June	74	June	70.5	June	72
July	77	July	68		
August	66	August	84.5		
September	89	September	85.5		
October	64	October	101		
November	76	November	76		
December	79	December	45.5		
2025 January	89	2026 January	85.5		
February	77	February	78.5		
March	95	March	80		
April	97.5	April	77		
SUBTOTAL	1,008.5	SUBTOTAL	949.5	SUBTOTAL	150

FIGURE 4

FHA HOURS BY YEARS

*N=22**



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Community Economic Investment

Although it was not an original goal of the grant, the incentive structure for MN-ICECI Family Health Ambassadors has generated measurable economic value for Minnesota communities (Table 4 and Figure 5). Because the ambassadors served as part-time, grant-funded contractors at an hourly rate above the state minimum wage and worked in paraprofessional roles, their participation produced additional benefits that extended beyond those described in the grant application.

MN-ICECI has functioned as a source of employment in Minnesota by creating as many as 22 part-time opportunities in the early childhood paraprofessional health field across the Twin Cities and nearby communities around Minneapolis and Saint Paul. These roles help support social workers, health care providers, public health agencies, and community-based health organizations while contributing to employment growth in the state.

MN-ICECI also contributes to Minnesota's economy by strengthening the pipeline of trained paraprofessionals in the health care and social services sectors. Through training and paid community-based work, the initiative helps build skills that can support innovation, workforce readiness, and longer-term economic growth. Up to 22 community members have received financial support as Family Health Ambassadors at $50 per hour, a rate substantially higher than Minnesota's minimum wage.

Because compensation is often spent locally on necessities such as food, housing, transportation, and other household expenses, ambassador payments may have circulated within local communities while also supporting workforce skills, economic equity, and community stability. The ambassador role also offers workforce development value by creating skill-building opportunities for individuals who may not have previously worked on early childhood issues or within the early childhood field.

By prioritizing lived experience and knowledge of early childhood systems, MN-ICECI enables applicants to highlight community navigation, trust-building, and engagement skills that are essential to effective outreach. Over 26 months, the ambassador corps generated an average monthly community economic investment of more than $4,000, annual investments of approximately $49,000, and a total investment of $106,650

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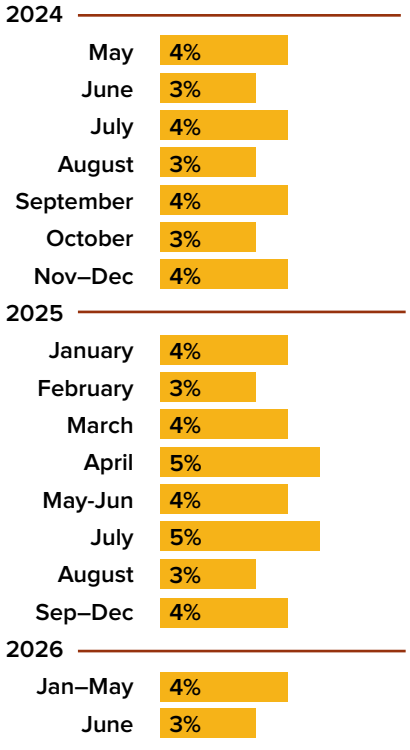
TABLE 4

OVERALL ECONOMIC INVESTMENT OF FHA FUNDS *N=22**

2024	$ AMOUNT	2025	$ AMOUNT	2026	$ AMOUNT
May	4,425 (4%)	January	4,425 (4%)	January	4,275 (4%)
June	3,125 (3%)	February	3,825 (3%)	February	3,925 (4%)
July	4,300 (4%)	March	4,750 (4%)	March	4,000 (4%)
August	3,500 (3%)	April	5,275 (5%)	April	3,850 (4%)
September	4,600 (4%)	May	4,450 (4%)	May	3,900 (4%)
October	3,300 (3%)	June	4,300 (4%)	June	3,500 (3%)
November	3,800 (4%)	July	5,600 (5%)		
December	3,950 (4%)	August	3,425 (3%)		
		September	4,275 (4%)		
		October	3,800 (4%)		
		November	3,800 (4%)		
		December	4,275 (4%)		
SUBTOTAL	$31,000 (29%)	SUBTOTAL	$52,200 (48%)	SUBTOTAL	$23,450 (23%)
				TOTAL	$106,650

FIGURE 5

OVERALL ECONOMIC INVESTMENT OF FHA FUNDS MONTHLY *N=22**



** From May 2024 through June 2026 the number of MN-ICECI Family Health Ambassadors ranged from 22 to 14, the current number of Ambassadors.*

Work Activities

This section summarizes FHA-reported work activities across two timeframes: May 2024 through June 2026 (Table 5 and Figure 6), representing the full 26-month period of FHA activity, and January through June 2026 (Table 6 and Figure 7), representing the activities not included in the prior performance report. During the full reporting period, ambassadors documented 1,005 work activities, averaging approximately 39 activities per month. The work activities are organized into six categories: Parent Visits/Engagement; Community Engagement, Outreach, and Advocacy; Partner Meetings; Compiling Resources; Social Media; and Professional Education. These categories reflect ambassadors' efforts to identify and respond to challenges affecting families with children ages 0-3, as well as broader issues that may influence the future well-being of African American children in early childhood.

TABLE 5

FHA WORK ACTIVITIES / MAY 2024–JUNE 2026

*N=22**

WORK ACTIVITIES	ACTIONS PERFORMED
Parent Visits/Engagement	488 (49%)
Community Engagement, Outreach and Advocacy	243 (24%)
Compiling Resources	121 (12%)
Partner Meetings	92 (9%)
Social Media	35 (3%)
Professional Education	26 (3%)
TOTAL	1,005 (100%)

More than one option could be mentioned per respondent

FIGURE 6

FHA WORK ACTIVITIES / MAY 2024–JUNE 2026

*N=22**

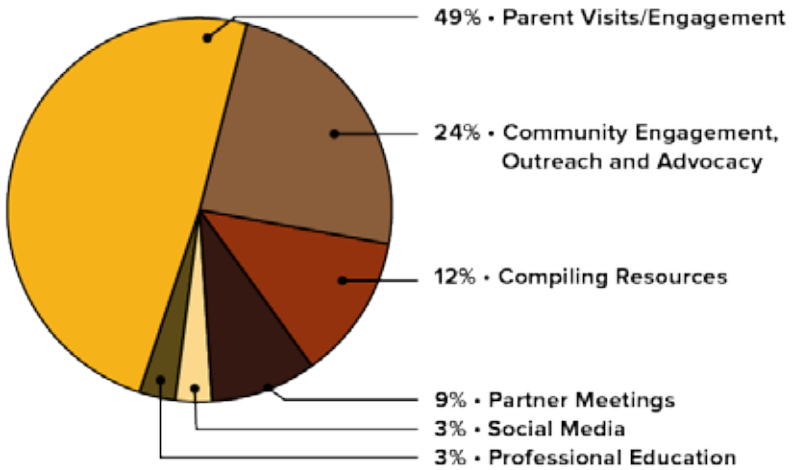


TABLE 6

FHA WORK ACTIVITIES / JANUARY–JUNE 2026

*N=14**

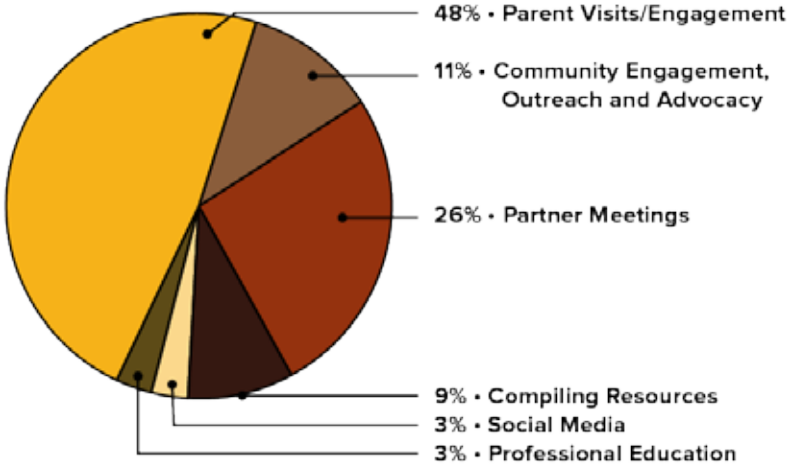
WORK ACTIVITIES	ACTIONS PERFORMED
Parent Visits/Engagement	114 (48%)
Community Engagement, Outreach and Advocacy	27 (11%)
Compiling Resources	23 (9%)
Partner Meetings	63 (26%)
Social Media	7 (3%)
Professional Education	6 (3%)
TOTAL	240 (100%)

More than one option could be mentioned per respondent

FIGURE 7

FHA WORK ACTIVITIES / JANUARY–JUNE 2026

*N=14**



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What FHA Self-Reported Work Activities Emphasize

The May 2024 through June 2026 self-reported data from MN-ICECI ambassadors indicates that their work time has centered on six community support activities. Listed in priority order, with 1 representing the area where ambassadors reported spending the most time and 6 representing the area where they reported spending the least time, those activities are:

1. Parent Visits/Engagement
2. Community Engagement, Outreach, and Advocacy
3. Partner Meetings
4. Compiling Resources
5. Social Media
6. Professional Education

FHA Work Activity Areas

PARENT VISITS /ENGAGEMENT

Highlights the value of direct, relational work with various populations. Families often face barriers such as lack of awareness, trust, confidence, or time, which, when prioritized, can fill a critical gap. The community benefit is improved utilization, understanding, and outcomes from existing resources.

COMMUNITY ENGAGEMENT, OUTREACH, AND ADVOCACY

Reflects the importance of bridging systems and people. Outreach and advocacy can elevate missing voices, helping ensure that historically underserved or disconnected groups' voices are heard and that such populations are aware of, trust, and can access what already exists.

PARTNER MEETINGS

Indicates that connections and coordination can reduce fragmentation. Some people believe that many mature service ecosystems operate in silos. Partner meetings increase alignment, reduce redundancy, and enable existing resources to work together more efficiently, strengthening the overall community infrastructure.

COMPILING RESOURCES

Reinforces the notion that information, services, tools and other resources are scattered, maybe even unknowingly siloed. Compiling resources adds value by curating, simplifying, and contextualizing information so it is easily usable by families. The community benefit is clarity and navigability.

SOCIAL MEDIA

Supports—are useful for awareness and reinforcement, but less effective than direct engagement or partnership-building when resources already exist. Their value is in extending reach, not replacing relationships.

PROFESSIONAL EDUCATION

Was not as important as the other five items discussed here. The community impact is incremental rather than transformational when compared to direct family and community-facing work.

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Although many of these services and resources already exist within the community, the ambassadors' continued investment of time in these areas underscores the need to amplify, coordinate, and improve access to available supports.

From the outset, the Community Advisory Committee (CAC) envisioned the ambassador role as one that would add value not by duplicating existing services, but by strengthening how those services reach families. This includes helping families connect to resources in ways that are responsive to the broader circumstances shaping their lives, such as systems navigation, food access, housing stability, and other social determinants of health—the conditions in which people are born, grow, live, work, and age that influence health and well-being.

The paragraphs that follow summarize each of the six work activity areas. Examples are provided of ambassadors work activities completed from January through June 2026. Activities completed from May 2024 through December 2025 are documented in the "MN-ICECI Family Health Ambassadors 20-Month Performance Report." Collectively, ambassadors' use of time suggests that the greatest community value of their work lies in activation, connection, and trust-building. Their activity patterns reinforce that even within a long-established service landscape, gaps remain in awareness, access, coordination, and relationship-building. The services ambassadors prioritized are important not because they replace existing systems, but because they help families and communities use those systems more effectively.

FHAs Rate Their Monthly Work Experiences

Question 10 of the MN-ICECI FHA "Timesheet and Work Activities Report" asks ambassadors to reflect on their experience over the previous four weeks and rate it on a five-star scale, where 1 star represents "Unsatisfactory" and 5 stars represents "Excellent." Monthly star-rating averages from July 2024, when activity reports were first introduced, through December 2025 are reported in the "MN-ICECI Family Health Ambassadors 20-Month Performance Report." For the January to June 2026 reporting period, monthly averages ranged from 3.8 to 4.6. Across the full 24-month period from July 2024 through June 2026, the average rating was 4 stars. During this period, the number of completed reports submitted each month ranged from four to 13.

FHA Average Star Ratings

Monthly / January–June 2026

June (N=9)	4.6
May (N=10)	4.2
February (N=10)	4.1
January (N=11)	4
March (N=10)	4
April (N=10)	3.8

Specific Data Collection Periods

July 2024	
August 2024–December 2025	
January–June 2026	

Full 24-months

July 2024–June 2026	

Story Topics Across Reporting Periods

Family Health Ambassadors' stories were organized into eight topic areas that describe the issues families raised, and the supports ambassadors helped them access. Together, the topics span individual family needs, early childhood and parent health concerns, school and childcare experiences, outreach activities, and broader systems-level work.

8 Story Categories

- Connecting Families to Resources
- Systems Navigation
- Children's Issues
- Father's Needs
- Mom's Health
- Childcare and Schools
- Outreach Education
- Systems Change

From July 2024 through December 2025, Ambassadors submitted stories across all eight topic areas. The largest share of stories focused on **Connecting Families to Resources** (38%), including support related to school supplies, food banks, housing, and childcare. Systems Navigation was the second-largest category (21%), with stories highlighting early childhood testing, shelter access, services for children with special needs, and pregnancy supports such as doula services.

Several categories reflected specific family health needs. Stories about **Children's Issues** described newborn and toddler behavior, missed developmental milestones, and children's emotional behavior. **Father's Needs** stories represented 12% of the total and emphasized the experiences of single and new fathers as well as the importance of support systems for fathers. **Mom's Health** stories accounted for 7% and centered on postpartum physical and mental health concerns.

Other topic areas appeared less frequently but provided important context for ambassador work. **Childcare and Schools** stories (4%) described efforts to find appropriate childcare for children with special needs and to help parents navigate school systems. **Outreach Education** stories (4%) captured ambassador preparation for podcasts and other outreach activities. One story (2%) focused on MN-ICECI's "real systems change" work. Shared story topics and stories for the period July 2024 to December 2025 can be found in "MN-ICECI Family Health Ambassadors 20-Month Performance Report."

TABLE 7

FHA SHARED STORY TOPICS / JANUARY–JUNE 2026

*N=14**

TOPIC	NUMBER OF STORIES SHARED
Connecting Families to Resources	18 (45%)
Outreach Education	11 (28%)
Systems Navigation	9 (22%)
Systems Change	2 (5%)
TOTAL	40 (100%)

During January through June 2026, ambassador stories were concentrated in four categories rather than all eight. As in the prior reporting period, **Connecting Families to Resources** remained the most common topic (45%). **Outreach Education** represented more than a quarter of stories (28%), followed by **Systems Navigation** (22%) and **Systems Change** (5%). These 2026 patterns are summarized in Table 7

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Selected FHA Stories

During the reporting period January through June 2026, MN-ICECI ambassadors shared work stories about Connecting Families to Resources, Outreach Education, Systems Navigation, and Systems Change.

Connecting Families to Resources

During our monthly fatherhood gathering we discussed healthy ways to engage toddlers while at home such as educational materials, assisting with home tasks, kinesthetic play.

- Salvation Army on west 7th partnered with me to throw [Mom's name] a beautiful baby shower. She needed the postpartum pick me up. Her baby girl was born in December [2025].
- I met with three families expecting little babies in March 2026. Through our connection they became connected to food resources, employment opportunities, and received their Welcome Baby Bag. Super happy with this opportunity to serve in community.
- Due to the ICE activity. I have been contacting [organizations] seeing how they can help families and compiling resources on a document. Additionally, I met with youth (especially parenting youth) who needed food resources for their children.
- I had a parent with a new born but didn't know how to connect to services. I walked her through health insurance, finding providers, and scheduling appointments for, if I do say so, a beautiful baby girl..
- February 2026 was a month when I checked in with families who I previously met and provided supplies (material assistance services, client and family support).
- Was able to refer a Mom . . . to Transformative Coaching, which helps parents heal while parenting and she was able to get some coping skills that she needed [because] she was struggling with having a new baby and toddlers.
- Had a great experience with father's engaging in an experience bringing toddlers to the Children's Museum and talking through the importance of variety in experience for young children.
- Justice smiles [on] mothers and fathers faces when they get diapers or food from the food [shelf] just to make sure that baby is healthy and growing.
- I was able to be direct help to a family with several young children. I gave them a ride to resources in the community.
- I have a Mom of 7 [children] who is pregnant. Her youngest [child is] two and the oldest 14. She is struggling to identify basic needs for her family including resources. Some barriers she has include transportation, childcare if and when she has to take someone to the doctor, and lack of mental health resources for her children. Two [of her children who are ages] three and two ..., she believes may have cognitive deficits.
- It will take time for families affected by ICE to recover. It would be nice to put together an event to provide support and goods like diapers, canned foods, etc.
- Identified resources for families including childcare and mental health support.
- Connected a family to resources that helped them save their home.
- Assisting families with resources for babies arriving in July and August.
- [Person's Name] is a mother of 5. She and her husband were unaware of several resource opportunities. Because they are a dual income household they were assuming they wouldn't receive financial assistance. I have helped them search for income based housing, apply for Think Small [a "resource for early learning"] and find food resources.
- I've been connecting with a couple of families...and providing resources on where they can take children for free activities, food, etc.
- I helped a family get into shelter.

Outreach Education

Met with other agencies who are trying to help families ages 0-3 who are struggling with homelessness.

- I have been passing out the MN-ICECI card to my colleagues, and they have been sharing the cards with families who need the help navigating our current systems. I have actually gotten quite a few families I meet with now! More than 10!
- Through networking at Mom group, I've gained resources that provide gift cards to individuals or families.
- Child and Parent wellbeing --worried about the children due to ICE activity so have been reaching out to organization.
- I was able to do a table at an event this month [and] . . . collect a total of 28 phone numbers from . . . people who might need assistance.
- Sharing MN-ICECI with other professionals.
- Reaching out to ECFE to tell them about MN-ICECI.
- I have met with a partner in the community to help the 0-3 age groups and shared some contact information with them as well.
- I hosted a fatherhood retreat focused on self-care and building effective bonds with each individual's child.
- Attending parent meetings and sharing resources.
- Tabled an event for college bound [a citywide initiative that gives every child born on or after January 1, 2020, a college savings account seeded with $50, plus access to financial education, early childhood resources, and bonus opportunities] and connected with families one on one.

Systems Navigation

It has been hard to witness how these systems are so siloed and children get lost in them.

- Service access barriers—a lot of Hispanic and people of color still scared to leave their homes.
- I went to the AMCHP (Association of Maternal and Child Health Programs) conference, and it was incredible.
- Helping a parent put together [a personal] toolkit . . . since it is hard navigating the legal system, healthcare system, and job market.
- I have a client who is navigating a separation. I helped this client with resources and navigating the transition.
- The Connectors meeting gave a lot of insight as to how extensive the workload is to reach so many communities experiencing challenges all across the state.
- I learned a lot about joint community efforts [serving families and children ages 0-3] from attending the Connectors meeting earlier this month.
- Doula groups are creating universal resource lists for families all over the state.
- Helped parent find food shelves.

Systems Change

- Our community is exhausted. I think we should discuss at our next meeting how we can better support during this difficult time of ICE being in our community.
- I think we all need to be researching how we can find funding to continue this work.

Requested Support

Between April and November 2025, 14 FHAs indicated a need for assistance in their activity reports in response to the question, “Is there anything you need help with?” The limited number of requests suggests that ambassadors were generally able to perform their responsibilities without substantial additional support; however, targeted enhancements to available tools and strategies may further strengthen their experience. As shown in Table 8, among the 14 FHAs eligible to submit requests for assistance from January through June 2026, only a small proportion did so. The most common requests were related to scheduling assistance and additional work hours. Individual requests also included support related to Child Protection Services, childcare, and economic resources.

TABLE 8

ITEMS FHAS NEED HELP WITH

N=14

TOPIC	REQUEST	NUMBER/PERCENT OF REQUESTS
Scheduling support	I would like the meetings sent via meeting invite, so they are automatically added to my calendar.	3 (36%)
More hours	I do feel that ambassadors should have a few people who are more full time instead of 8 hours a month. There are more families in need now—more than ever and I don’t have enough hours to help them all. We should have more hours to accommodate MN-ICECI meetings plus work in the community. Also, it is difficult for myself to attend Zoom meetings with my kids at home. Meeting in person is important. That way I can schedule a babysitter and be fully attentive.	2 (25%)
Child Protection Services	Need resources regarding CPS and legal services	1 (13%)
Childcare	Resources to support children (childcare help)	1 (13%)
Support for two Income families	Resources for dual income families that struggle to pay bills	1 (13%)
		8 (100%)

More than one option could be mentioned per respondent

** From May 2024 through June 2026 the number of MN-ICECI Family Health Ambassadors ranged from 22 to 14, the current number of Ambassadors.*

Conclusion

The Family Health Ambassador pilot, implemented from May 2024 through June 2026, shows promise as a community-centered strategy for strengthening engagement, awareness, and trust among families with children ages 0–3. Based on FHA self-reports, ambassadors helped extend outreach, connect families to existing health and community resources, and serve as trusted liaisons between families and service providers. The volume of reported contacts with parents and other family members also suggests that there is meaningful interest in these services within the community.

One of the pilot's clearest strengths is the population-specific design of the FHA role. Ambassadors reported that their lived experience, cultural knowledge, and community connections improved credibility and accessibility in ways that traditional staffing models may not easily achieve. Their work appears to have helped families learn about available supports, navigate service systems, and communicate more effectively with agencies and providers.

At the same time, the pilot findings should be interpreted with caution because they rely primarily on ambassador self-reports. The part-time structure and pilot-phase scope created capacity limitations, and the absence of more direct feedback from families receiving services limits the ability to fully assess impact. These considerations point to the need for clearer priorities, stronger feedback mechanisms, and outcome-based measures that can capture both service reach and family experience.

Overall, the pilot supports continued development of population-specific ambassador positions as a viable and adaptable approach to targeted health engagement. Future iterations should build on the accomplishments of the first 26 months by refining role expectations, clarifying performance metrics, expanding agency support, and incorporating the voices of families served. The MN-ICECI CAC is at an important moment to recognize early successes while also strengthening the evidence needed to understand the true impact and sustainability of the FHA model. Building a more connected early childhood system may depend on continued partnerships between government and people with lived experience who can help families navigate existing systems and resources.

In summary, the Family Health Ambassador pilot suggests that trusted, population-specific community roles can help strengthen early childhood systems through three key outcomes: **expanded outreach, increased awareness of available health and community resources, and stronger support for families navigating services**. While the pilot demonstrates meaningful promise, future work should pair ambassador self-reports with family feedback and clearer outcome measures to better assess the model's long-term impact, sustainability, and role in reducing inequities.

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If you would like to learn more about the MN-ICECI FHAs or the MN-ICECI Strategic Plan, please visit the MN-ICECI website. To explore opportunities to take action and partner with us, please reach out to us at mn-iceci.org.

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Children and Youth with Special Health Needs (CYSHN) staff work together to champion the health and well-being of people living in Minnesota with special health needs and disabilities from the earliest stages of life through transition to adulthood.