



First 5 Sonoma County Program Evaluation Report

Families First Home Visiting
Presented
March 28, 2007



- This program evaluation examines process measures for four fiscal years (from 2002 to 2006) and outcomes objectives for the most recently completed fiscal year, 2005-2006.
- We wish to acknowledge the participation and cooperation of Families First Home Visiting program staff in the evaluation process and in carrying out the FFHV program.
- We also very much appreciate the time and effort that Sonoma County parents/ caregivers put into responding to the evaluation survey.
- We thank the Parent Perspectives Committee, who aided us in developing wording for some of the survey questions.
- Lastly, we are grateful for the insights of the Evaluation Committee and First 5 Sonoma County staff in their review and discussion of evaluation findings, which has helped to deepen the analysis as well as strengthen the interpretation and recommendations.

Program Fit with First 5 Sonoma County's Strategic Plan

- **Goal:**
Through support, education, information, and services, parents, caregivers, and potential parents will use their understanding of the developmental and health needs of children and the demands of pregnancy and parenting to create safe and nurturing environments for children.
- **Priority Outcome:**
Parents and the larger community will be educated and supported to create safe and nurturing environments for children.
- **Pathway to Results Indicator(s):**
 - Increase in breastfeeding
 - Increase in parenting skills
 - Increase in knowledge of child development

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- The work of the FFHV program also touches upon other First 5 Sonoma County Strategic Plan goals and priority outcomes.
 - Secondary goal includes:
 - Children from the prenatal stage to age five will have access to a full continuum of health care and services.**
 - Secondary priority outcomes include:
 - Children will be well nourished and physically active.**
 - Children will have health care coverage.**

Program Overview

- ❑ Program purpose: To promote the health and well-being of babies and families
- ❑ Home visits for families in all regions of the county, with geographic and linguistic equity
- ❑ Provides information to new parents on Early Childhood Development and referrals to appropriate resources

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•FFHV is a universal home visiting program accessible to parents/caregivers of **all firstborn babies in Sonoma County**. In School Readiness Catchment areas in the County, FFHV provides home visits to parent/caregivers of **all newborns (not just firstborns)**. Furthermore, since the summer of 2005, FFHV has collaborated with Watch Me Grow (WGM), First 5 Sonoma County's Special Needs Project, for which home visitors conduct developmental needs screenings during home visits and make appropriate referrals to other WGM components.

•The overall purpose of the FFHV program is to provide information and support to parents of newborns in Sonoma County. Each family is offered three home visits (provided in Spanish or English). During the three visits there is a health check-in where the home visitor asks: how the baby is sleeping and feeding; if the baby has a medical home; questions about the baby's growth and development; and discusses safety issues in the home. Home visitors also provide breastfeeding education and support. Parents are offered the First 5 New Parent Kit with a parenting video set. They discuss issues of smoking and second-hand smoke, and the importance of not smoking near the baby, as well as oral health for the baby, self-care for the parent, and the importance of playtime and nurturing. The home visitor asks if there are any specific parenting/child development issues or needs the parent would like to discuss or requests assistance with. Referrals to outside services are provided.

•FFHV works with ten agencies to provide home visiting services throughout the county. Home visitors are either nurses or health professionals, parent educators, or child development specialists. FFHV also has MOUs with all of the County's birthing hospitals to get referrals for families with newborns.

•First 5 Sonoma County funding time period and amount: January 1, 2002 – June 30, 2005 for \$3,375,625 (1st extension until June 30, 2006 for \$850,000, 2nd extension until June 30, 2007 for \$871,250).

•2,255 families received at least one home visit in 2005-2006. The operating budget for FFHV in 2005-2006 was \$850,000. The budget amount covers the costs to subcontract with home visiting agencies as well as administrative expenses to run the program. Given the budget amount, the cost per family is \$346 in 2005-2006; this is a **cost per family** whether the family received one, two, or three home visits.

•FFHV pays \$165 per visit to the agency coordinating and conducting the home visit: \$150 for the home visitor's time and \$15 for overhead to the agency coordinating the visit.

Evaluation Design

- Research design
 - Quasi-experimental follow-up design
 - Comparison group of families in a similar county who receive services from a Family Resource Center (FRC) but have never had a home visit
- Methods
 - 332 follow-up surveys of FFHV families served in 2005-2006 and 166 comparison group surveys
 - Focus group with home visitors and interview with program director

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•The purpose of the FFHV evaluation is to track progress on outcomes in the evaluation plan and to measure the impact of home visits on families who receive them. Specifically, the evaluation is designed to measure the impact of home visits on parents' skills, knowledge, and confidence in parenting as well as length of breastfeeding, child safety in homes, and knowledge of health and social services for children and families served.

•LFA sent evaluation surveys in both Spanish and English to all FFHV families served in 2005-2006. **322 FFHV families returned surveys** accounting for a **26% response rate**. Families received a \$10 gift card for returning a completed survey.

•Only FFHV clients served in 2005-2006 were surveyed because: 1) the demographic characteristics of this group are representative of all FFHV clients since 2002, and 2) the closer to the home visit families are surveyed the more closely outcomes could be related to the visit(s).

•For four outcome areas (parent confidence, knowledge of child development, parent isolation, and breastfeeding), LFA used a comparison group design with survey results from a group of 166 families in Solano County who had never received a home visit but who have received services through a Family Resource Center (FRC). The comparison group families have children 0-5, have never had a home visit, and received a similar level of intervention as FFHV families. The comparison group responded to a set of identical questions in a similar family survey administered at the FRCs where they receive services.

About the Comparison Model

- Countywide network of FRCs
 - 8 FRCs serving every major city and all regions
 - Highly integrated (e.g., use common data system and tools, hold regular coordination meetings)
 - Multidisciplinary team (PHN, CPS, etc)
- First 5 investment covers costs of systems integration components
 - Benefits from existing FRC infrastructure

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•Solano County has a well-established countywide network of FRCs that serve all regions of the county with a focus on providing services to isolated and underserved families. These FRCs coordinate their services and integrate with the Public Health and Child Protective Services systems through the Integrated Family Services Initiative (IFSI), funded in part by First 5 Solano County (with an annual investment of approximately \$750,000). IFSI is recognized locally and nationally as a best practice model for providing family support services.

•Through FRCs, families may receive information and referral services, parenting and child development classes, health screening, home visits, counseling, case management, and services to help meet basic needs such as vouchers for transportation, food, and clothing.

•The existing FRC infrastructure—facilities, staff, etc.—enables First 5 Solano County to focus its investment on systems integration activities.

Data Analysis Procedures

- ❑ Applied weights to each survey respondent based on ethnicity

- ❑ Controlled for ethnicity, language, education, and income in logistic regression models

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•Two-thirds (65%) of parents in the survey sample were white and one-quarter (26%) were Hispanic/Latino. As seen in later slides, FFHV served a lower percentage of whites (51%) than was in the survey sample and a higher percentage of Hispanics/Latinos (39%) than was in the survey sample.

•In statistical analyses, survey responses from individuals in **under-represented groups (e.g., Latinos) were given a weight greater than 1**, while responses from individuals in **over-represented groups (e.g., whites) were given a weight less than 1**. By applying a weight greater than “1” to Hispanic/Latino survey respondents, the weight given to responses from Spanish-speaking survey respondents and respondents with lower levels of formal education also increased, because these characteristics are correlated with Hispanic/Latino ethnicity in this sample.

•Logistic regression models that controlled for ethnicity, language, education, and income help to isolate the program effect by factoring out other influences on the outcomes.

•The weighted survey sample was used in all statistical analyses to minimize bias in the results, because the weighted survey sample more closely represents the overall FFHV client population in terms of ethnicity, language, and education.

•The survey sample without any weights applied was used to analyze responses to the following open-ended questions (paraphrased):

- What changes did you make to your home to make it safer, based on information received from the Families First Home Visitor? (Q5)

- What did you learn from your Families First Home Visitor about how babies develop? (Q6)

- Has the way you take care of your child changed since being visited by Families First? (Q7)

- What new resources or support in the community did you learn about from Families First?

Survey Sample Characteristics

Characteristic		Percent of Respondents
Race/Ethnicity (n=305)	White	65%
	Hispanic	26%
	Asian/Pacific Islander	6%
	African American	1%
	Multi-racial/Other	3%
Language (n=312)	English	78%
	Spanish	19%
	Other	4%
Level of Education (n=198)	Less than High School	10%
	High School/GED	9%
	More than High School	31%
	Bachelor or Higher	51%
Age Groups (n=312)	13-25	30%
	26-35	48%
	36-56	22%

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- The characteristics presented here represent the raw survey sample, without any weights applied.

Strengths and Limitations of the Evaluation

- **Strengths** of this evaluation:
 - Developed with FFHV staff input
 - Comparison group design
 - Large survey sample size lends confidence to results
- **Limitations** of this evaluation:
 - FFHV clients received a written survey; comparison group survey administered face-to-face
 - Some differences in comparison group characteristics, controlled for in analysis

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•Strength: The survey was designed in collaboration with FFHV and First 5 Sonoma County staff.

•Strength: A response rate of 26% and a large sample size of 322 allows for confidence in findings, particularly once the survey sample was weighted to more precisely reflect the overall FFHV population.

•Limitation: There were differences in administration of the surveys for the comparison group and FFHV parents. The comparison group family survey was administered to most clients face-to-face in the Family Resource Centers. A written survey was used to efficiently reach the high number of FFHV clients, but this may have excluded clients with low or no literacy.

•Limitation: The demographic characteristics of the survey sample are somewhat different from the overall FFHV client population. Proportionately more white, English-speaking parents responded to the survey than have been served overall by FFHV. This limitation is addressed by using the weighting procedure and controlling for ethnicity in regression models.

Evaluation Lesson Learned

- Parents not asked to assess changes in isolation or parenting confidence attributable to Families First
- Unable to report on FFHV progress towards these objectives
 - Other results available

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•The comparison group design became an option long after the logic model and evaluation plan had been developed for this FFHV evaluation. If the comparison group design was a known possibility from the start, the outcome objectives would have been articulated as hypotheses about how outcomes for FFHV participants would compare to comparison group participants.

Process Evaluation Findings

Referral Source	2002-03	2003-04	2004-05	2005-06	Total
Kaiser	226	327	292	274	1119
Petaluma Valley Hospital	69	43	47	94	253
St. Joseph Home Care Network	0	1	75	126	202
Sonoma Valley Hospital	63	81	77	75	296
Santa Rosa Memorial Hospital	306	190	226	183	905
Sutter Medical Center	399	253	304	394	1350
Self-Referral	0	0	20	24	44
Other	64	418	307	96	885

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- The numbers of referrals FFHV received from each referral source fluctuated considerably across fiscal years with no discernible pattern.
- The overall greatest number of referrals to FFHV have been received from Kaiser and Sutter Medical Center.
- The “Self-referral” category includes parents who heard about the program from a family member or friend, or who lost the referral form from the birthing hospital and called FFHV directly for visits.
- The “Other” category includes referrals from a community-based organization. In 2005-06, FFHV created a new category for “St. Joseph Home Care Network,” the community-based organization that accounted for most of the referrals previously tracked in the “Other” category.

Process Evaluation Findings

Referral Source	Percentage of Families that had a First Visit
Petaluma Valley Hospital	98%
St. Joseph Home Care Network	98%
Santa Rosa Memorial Hospital	97%
Sonoma Valley Hospital	97%
Sutter Medical Center	97%
Kaiser	92%
Other	96%
Self-Referral	89%

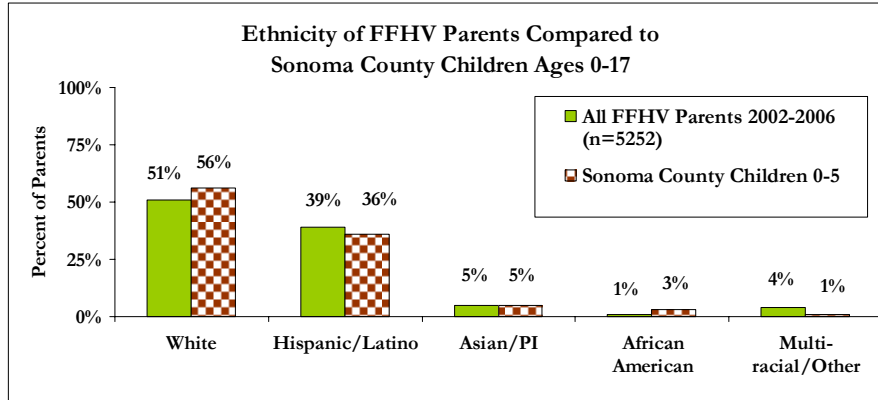
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- According to FFHV records, the vast majority of families referred to the program from all sources received a first visit. The lowest percentages of self-referrals and referrals from Kaiser received a first visit.

Process Evaluation Findings



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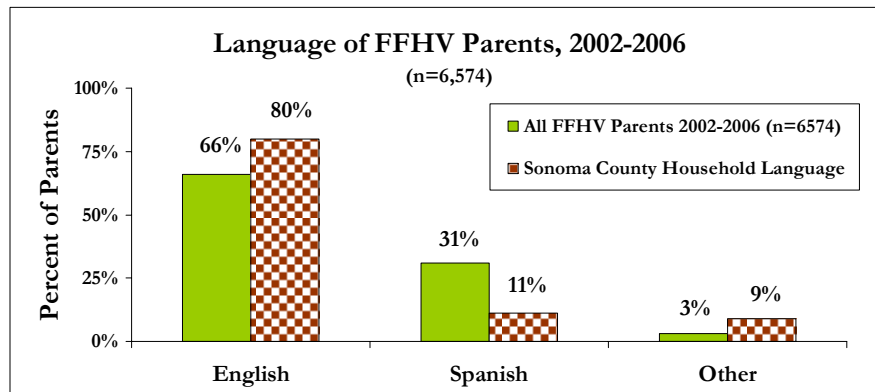
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- Demographic data were extracted from FFHV’s database. “All FFHV parents” includes parents served by FFHV since the program’s inception in 2002. The demographic characteristics of FFHV clients do not vary significantly from year to year.

- FFHV reached a slightly higher percentage of Hispanic/Latino parents than is represented in the county population of children ages 0-5. Conversely, the program reached a slightly lower percentage of white parents than is represented in the county population of children ages 0-5.

- Source for data on Sonoma County children ages 0-5: California State Department of Finance.

Process Evaluation Findings



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- Each family received a survey in both English and Spanish and had a choice to complete the survey in either language. Even though 19% of survey respondents chose Spanish as their primary language, only 16% of parents completed the survey in Spanish. These families are most likely fully bilingual with Spanish as their primary language.

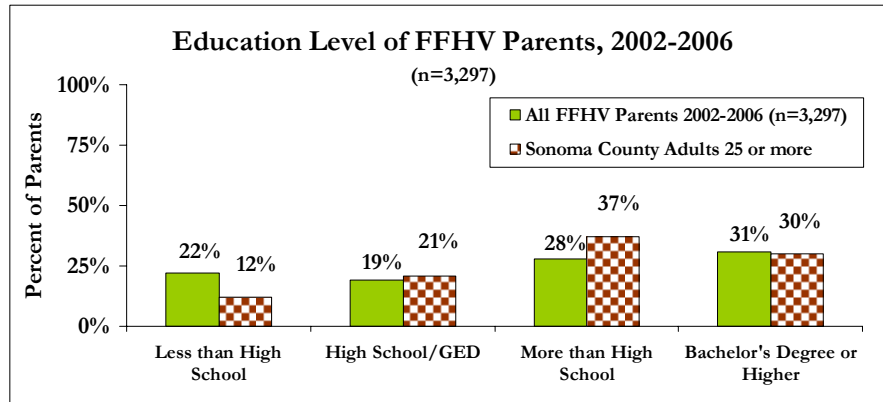
- FFHV reached a higher percentage of Spanish-speaking parents than is represented in the county overall. Conversely, the program reached a lower percentage of English-speaking parents than is represented in the county overall.

- A greater percentage of Spanish-speaking FFHV parents (63%), as compared to English-speaking FFHV parents (13%), had received less than high school-level formal education ($\chi^2, p < .001$).

- A greater percentage of Spanish-speaking FFHV parents (89%), as compared to English-speaking FFHV parents (34%), were eligible for Medi-Cal, indicating that they had incomes that are 200% of the Federal Poverty Level ($\chi^2, p < .001$).

- Source for data on Sonoma County Household language: U.S. Census Bureau 2000

Process Evaluation Findings



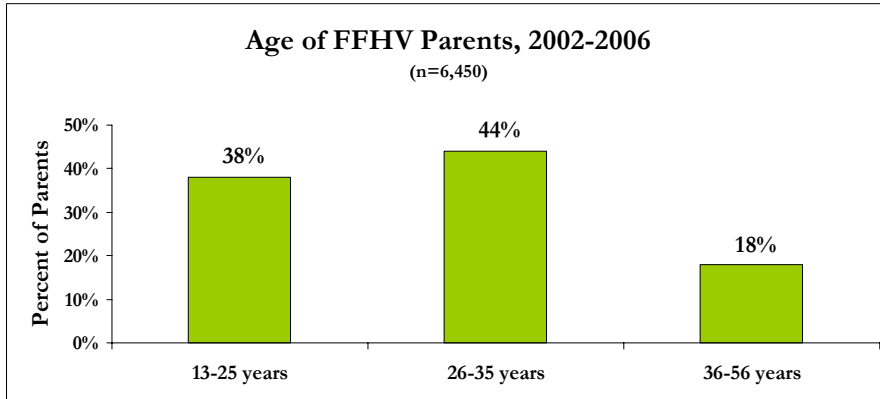
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- Over half (59%) of all FFHV parents have been formally educated beyond high school.
- FFHV reached a higher percentage of parents who have below a high school education than is represented in the overall county population of adults ages 25 years and over.
- Source for data on Sonoma County education levels for adults 25 and over: U.S. Census 2000 Supplementary Survey Profile: Sonoma County

Process Evaluation Findings



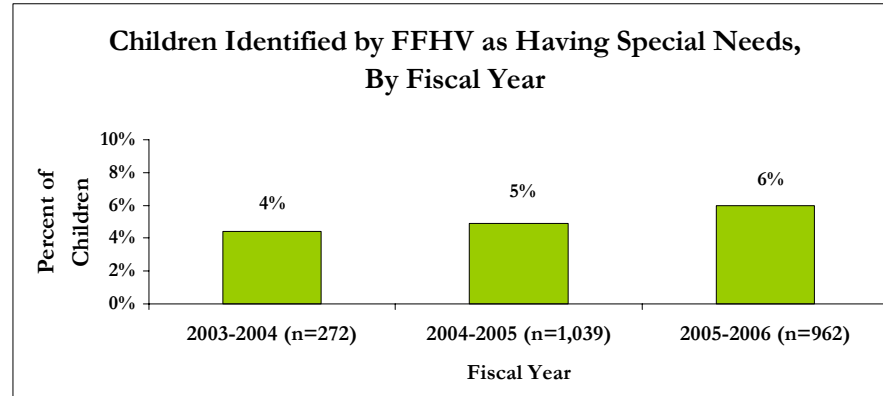
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- Nearly half (44%) of parents served by FFHV were between the ages of 26 and 35 years.
- The average age of all FFHV parents was 29 years.

Process Evaluation Findings



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- The number of special needs children identified grew from year to year.
- Based on results from the National Survey of Children with Special Health Care Needs, 5.8% of children ages 0-5 in California have special needs (viewed at http://mchb.hrsa.gov/chscn/state_data/ca.htm on March 21, 2007).
- In 2002-2003, this information was not tracked in the FFHV database and is therefore not represented in this report.

Process Evaluation Findings

Fiscal Year	Unduplicated Number of Families Served WITHIN EACH FISCAL YEAR
2005-2006	2,255
2004-2005	2,230
2003-2004	2,093
2002-2003	1,121

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•Unduplicated Number of Families Served Within Each Fiscal Year = Number of families who received one or more home visits in a fiscal year. Families could be duplicated across fiscal years; they could have received their first home visit in one fiscal year and one or more subsequent visits in a later fiscal year.

•Evaluators also looked at the number of unique new families with a first visit occurring in each fiscal year. For example, a family who was first seen in fiscal year 2002-03 is only counted in that year; if this family received a 2nd or 3rd visit in fiscal year 2003-04, they do not show up in the FY 2003-04 count.

- 2005-2006: 1158
- 2004-2005: 1310
- 2003-2004: 1198
- 2002-2003: 1121

Process Evaluation Findings

Fiscal Year	Total Number of Home Visits Provided Each Fiscal Year
2005-2006	3,505
2004-2005	3,548
2003-2004	3,262
2002-2003	1,671

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- The average number of visits per family across all fiscal years (2002-2006) is 2.2.

Process Evaluation Findings

Fiscal Year	Percent of Families Who Received a PARENT KIT	Percent of Families Who Received REFERRALS TO SUPPORT SERVICES*
2005-2006 (n=1,207)	73%	76%
2004-2005 (n=2,146)	88%	81%
2003-2004 (n=2,030)	89%	80%
2002-2003 (n=1,096)	88%	73%

* Only includes cases that have been officially closed.

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- The referral log is only collected after a case is closed. FFHV staff explained that numbers in the referral logs may be under-counted because they suspect home visitors do not document all referrals provided.

- Some families may no longer accept the First 5 New Parent Kit because the kit contains VHS videos (not DVDs) and are not able to view the tapes, potentially accounting for the decrease in the percentage of families who received (accepted) Parent Kits in 2005-2006.

Key Outcomes: Comparison Group Analysis

- FFHV parents scored statistically significantly higher than comparison group parents in 3 out of 4 outcome areas.

Outcome Area	Mean Composite Score: FFHV Parents	Mean Composite Score: Comparison Group	Possible Range for Composite Score
Breastfeeding	18.8*** (n=249)	17.2 (n=60)	6-25
Increased Child Development Knowledge	11.9* (n=316)	11.4 (n=109)	3-15
Increased Parent Confidence	13.0 (n=309)	12.9 (n=109)	3-15
Decreased Parent Isolation	20.2*** (n=294)	19.2 (n=97)	6-24

Significance levels *= $p < .1$; **= $p < .05$; ***= $p < .01$.

Note: means are based on composite scores from various items in the Families First Home Visiting Family Survey
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- There is no statistically significant difference between FFHV parents and comparison group parents in the area of Parent Confidence.
- The finding that mothers seen by FFHV home visitors breastfeed longer than mothers receiving services at FRCs is especially significant given that breastfeeding promotes bonding and is known to be protective against childhood obesity.

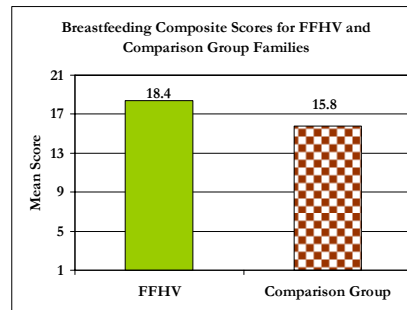
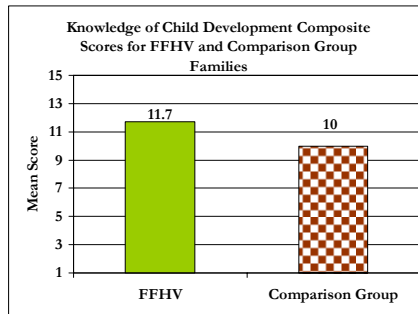
Composite scores were created for each outcome area, including the following items from the parent survey:

- Child Development Knowledge** (scores range from 3-15) (FFHV n=316, comparison group n=109)
 - What to expect of my child's development at different ages
 - What I can do to help my child learn and develop
 - Where to get services that can help with my child's physical and emotional development
- Parent Confidence** (scores range from 3-15) (FFHV n=309, comparison group n=109)
 - My skills as a parent
 - My ability to get the services my child needs
 - My ability to take care of my child
- Parent Isolation** (scores range from 6-24) (FFHV n=294, comparison group n=97)
 - I don't see or talk with other parents very often (reverse scored)
 - I can find information on improving my parenting skills
 - I can find parenting classes or support groups
 - I can get information about the benefits of breastfeeding
 - I can find information about medical services and health insurance
 - I can get services I need or want for my family (such as housing assistance, car seats and installation help, food stamps, etc.)
- Breastfeeding (scores range from 6-25)** (FFHV n=249, comparison group n=60)
 - Parent confidence in "How to get support to continue breastfeeding my baby," rated on a 5-point scale
 - Parent agreement with the statement, "Breastfeeding is important," rated on a 4-point scale
 - Length of time in months parents breastfed their baby (ranging from "less than 1 month" to "1 year or more")

*Results are based on statistical analyses using the weighted survey sample.

Key Outcomes: Comparison Group Analysis

Differences in Outcome Areas looking exclusively at Spanish-speaking parents



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- There were no significant differences in the average composite scores for Spanish-speaking parents comparing those served by FFHV to those served by an FRC in the areas of increased parent confidence and decreased parent isolation.
- Those parents visited by FFHV (mean=11.7) compared to those served by an FRC (mean=10.0) had higher “knowledge of child development” composite scores (ANOVA, $p < .001$).
- Those parents visited by FFHV (mean=18.4) compared to those served by an FRC (mean=15.8) had higher “breastfeeding” composite scores (ANOVA, $p < .001$).
- Results are based on statistical analyses using the weighted survey sample.

Key Outcomes: Child Development Knowledge

Target Objective: 75% of parents will report an increase in their knowledge of child development

Finding: 80% of parents reported learning something new from FFHV about how babies develop

Child Development Topic Learned:	Percentage of FFHV Parents
Expectations and general knowledge of developmental milestones	44%
New parent practices and activities to enhance child development	40%
How to communicate with an infant child	15%
Variations in development are to be expected	12%

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- Four out of five parents (80% or 245 respondents) responded “Yes” to the question “Did you learn something new from FFHV about how babies develop?” (n=306)

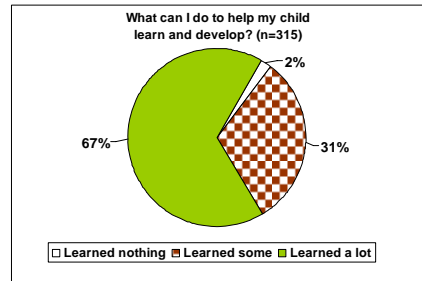
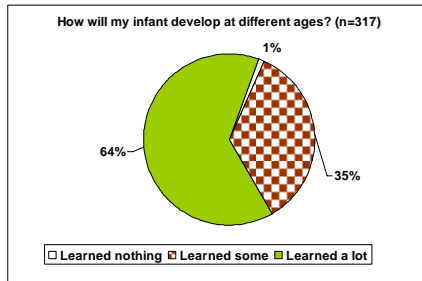
- The outcome target for parents reporting an increase in their knowledge of child development is 75%. The program surpassed the outcome target by 5 percentage points. These results are based on statistical analyses using the weighted survey sample.

- Of the 245 parents who said that they had learned something new, 53% (130) substantiated what they learned by providing written detail. These open-ended responses were categorized into the four topic areas presented in the table above. The sum of the percentages is more than 100% because some parents gave responses that fell into multiple categories. The sample size (n) of 172 in the table represents the number of responses given by the 130 families who provided open-ended responses. Because the percentages reported here are for an open-ended question, results are based on the unweighted survey sample so that all parents’ responses have equal weight.

Key Outcomes: Child Development Knowledge

Additional Findings:

- 99% of parents learned “some” or “a lot” from FFHV about how infants develop at different ages
- 98% of parents learned “some” or “a lot” from FFHV about what they can do to help their child learn and develop



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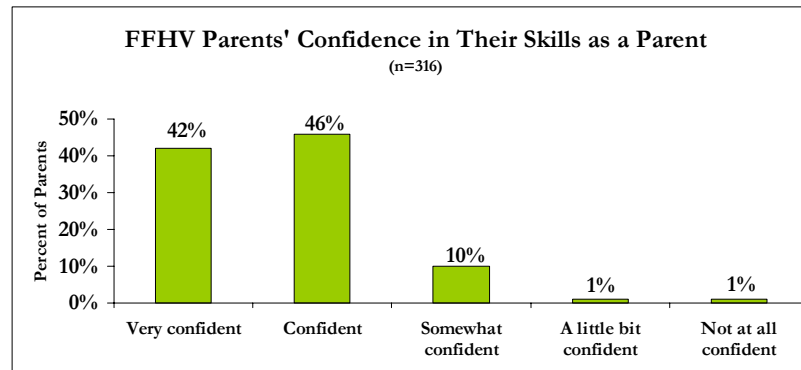
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•Results are based on statistical analyses using the weighted survey sample.

Key Outcomes: Parent Confidence

Target Objective: 80% of parents will report an increase in their confidence in parenting

Finding: Data unavailable on changes in parent confidence attributable to FFHV



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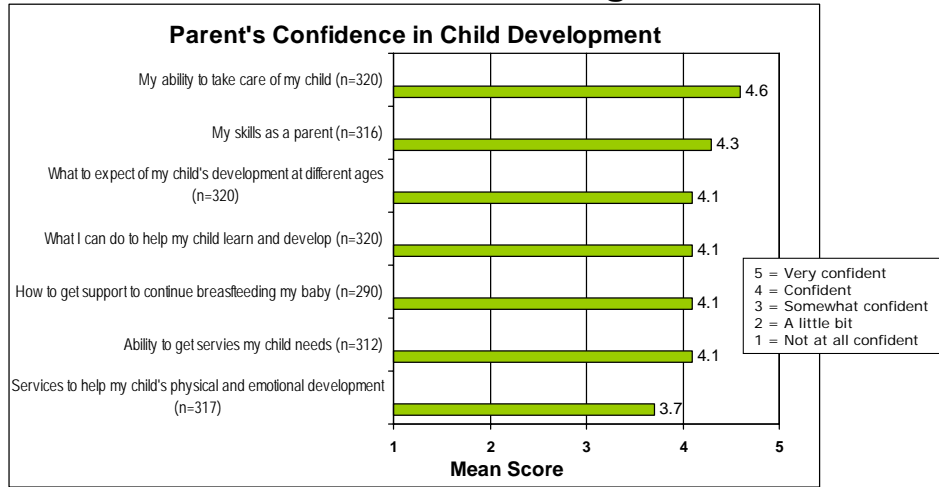
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- About nine in ten (88%) of surveyed parents were either “confident” or “very confident” in their skills as a parent.

- Results are based on statistical analyses using the weighted survey sample.

Key Outcomes: Parent Confidence

Additional Findings



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- Several survey questions inquired about parent’s confidence in specific aspects of their parenting skills and practices. The table above depicts the mean score (on a scale of 1-5 with 1 = not at all confident and 5= very confident) for each question related to parent confidence.

- Results are based on statistical analyses using the weighted survey sample.

Key Outcomes: Parenting Skills and Practices

Target Objective: 75% of parents will improve their parenting skills and practices

Finding: 45% of parents said the way they take care of their child has changed since being visited by FFHV

Changes in Parenting as a Result of Families First Home Visiting (n=101 responses)	
Parenting Practice or Skill that Has Changed:	Percentage of FFHV Parents
Utilizes new parenting practices and techniques (e.g. tummy time, feeding and dental care techniques)	35%
Responds to child with less stress and greater confidence	28%
Understands and more able to respond to child's needs	18%
Engages in more parent-child bonding activities (e.g. developmental games, parent-child conversation)	17%
Has made home child-safe	6%
Continued breastfeeding after receiving support/encouragement from home visitors	5%

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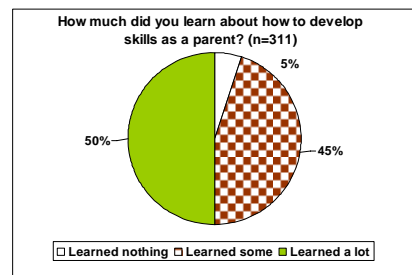
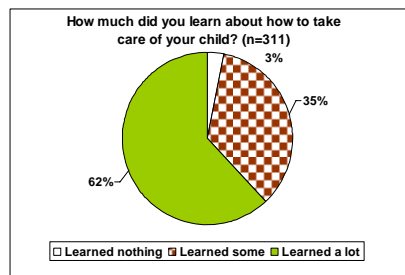
- Less than half (45%) of parents reported that the way they take care of their child has changed since being visited by Families First (n=309). The outcome target for parenting skills and practices is 75%. The program did not meet its target objective in this outcome area. These results are based on statistical analyses using the weighted survey sample.

- Open-ended responses to the question, “How has the way you take care of your child changed since being visited by Families First?” were coded and categorized into the six topic areas in the table above. About one-third (31%) of survey respondents were able to give specific examples of how their parenting has improved as a result of their FFHV visit. The sum of the percentages is more than 100% because some parents gave responses that fell into multiple categories. The sample size (n) of 101 in the table above represents the number of responses given by the families who provided open-ended responses. Because the percentages reported here are for an open-ended question, results are based on the unweighted survey sample so that all parents’ responses have equal weight.

Key Outcomes: Parenting Skills and Practices

Additional Findings:

- 97% of parents reported learning “some” or “a lot” from FFHV about how to take care of their child
- 95% of parents reported learning “some” or “a lot” from FFHV about how to develop their skills as a parent



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- The survey included these additional two questions regarding how much parents learned about how to take care of their child and how to develop their skills as a parent.

- The question used to assess progress towards FFHV's outcome objective in the area of improved parenting skills and practices (presented in a previous slide) is specifically about behavior change, while these questions are about increased knowledge.

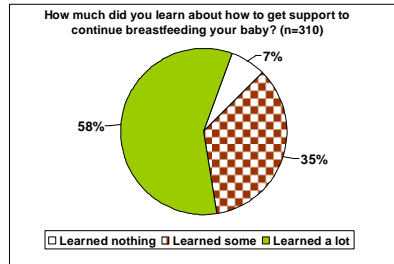
- Results are based on statistical analyses using the weighted survey sample.

Key Outcomes: Breastfeeding

Target Objective: 33% of mothers will report that visits helped extend breastfeeding

Finding: Mothers who received 1 visit breastfed for an average of **7 months** compared to **9 months** for mothers who received 3 visits

Additional Finding: 93% of mothers reported learning “some” or “a lot” from FFHV about how to get support to continue breastfeeding their baby.



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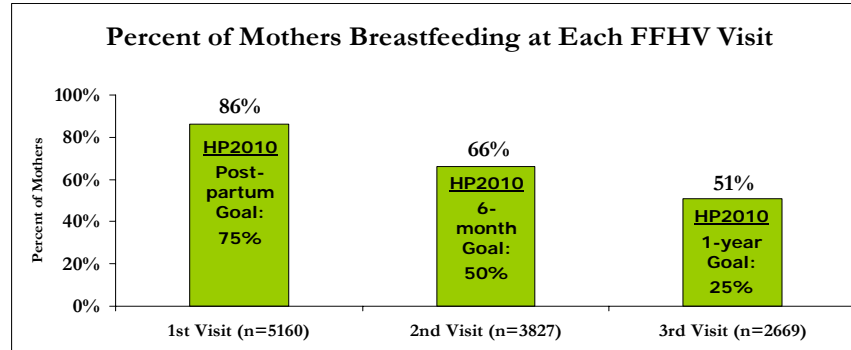
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- The number of visits received had a positive effect on the length of time that mothers breastfed. Mothers who received one visit breastfed for an average of seven months compared to nine months for mothers who received a third visit (this is significant at the highest level of confidence, $p < .001$).
- This result is based on statistical analyses using the weighted survey sample. The parent survey asked mothers how long they breastfed, and results for mothers with one visit were compared to those who received a second and third visit.
- Additionally, the vast majority (93%) of mothers reported learning “some” or “a lot” from FFHV about how to get support to continue breastfeeding their baby.
- These results are based on statistical analyses using the weighted survey sample.

Key Outcomes: Breastfeeding

Target Objective: 60% of mothers breastfeeding at 2nd visit;
48% of mothers breastfeeding at 3rd visit

Finding: 66% of mothers breastfeeding at 2nd visit;
51% of mothers breastfeeding at 3rd visit



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- FFHV exceeded both targets: At 2nd visit 66% of mothers were breastfeeding, exceeding the target by 6%. At third visit, 51% were breastfeeding, exceeding the target by 3%.

- FFHV also exceeded similar Healthy People 2010 objectives for breastfeeding (75% of mothers breastfeeding in early postpartum period, 50% at 6 months, and 25% at one year).

- These data are for the full population of FFHV mothers served, not only the sample of survey respondents. Therefore, the analysis did not require weighting.

Key Outcomes: Health, Safety, and Social Support Services

Target Objective: 50% of parents will learn of at least one new resource

Finding: 86% of parents reported learning about at least one new resource from FFHV

Community Resources Parents Learned About from FFHV (n=96 responses)	
Community Resource	Percentage of FFHV Parents
California Parenting Institute (CPI) classes and other parent education classes	39%
Parent support groups (e.g., Mother's groups, play groups)	26%
Breastfeeding resources (e.g., La Leche League)	19%
Financial assistance (e.g., car seat assistance, food stamps)	13%
Medical services (e.g., health insurance, Kaiser, Healthy Families)	11%
Women, Infants, and Children (WIC)	10%

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•A large majority (86%) of parents reported learning about at least one new resource from FFHV. The outcome target for health and social support is 50%. The program surpassed the outcome target by 36 percentage points. These results are based on statistical analyses using the weighted survey sample.

•Of the 86% parents (249) who learned of a new resource from FFHV, 30% (75) listed one or more resource they learned about (providing a total of 96 responses). Open-ended responses were categorized into the six areas above. The sum of the percentages is more than 100% because some parents gave responses that fell into multiple categories. The sample size (n) of 96 in the table above represents the number of responses given by the 75 parent respondents who provided open-ended responses. Because the percentages reported here correspond to an open-ended question, results are based on the unweighted survey sample so that all parents' responses have equal weight.

Key Outcomes: Health, Safety, and Social Support Services

Target Objective: 50% of visited homes will be safer for children

Finding: 87% of families made a change in their home to make it safer

What Parents Did to Make Their Homes Child-Safe (n=179 responses)	
Change Made to Home	Percentage of FFHV Parents
Cover electrical outlets and cords	64%
Install child safety locks	37%
Move dangerous objects out of reach	37%
Install baby gates	24%
Ensure smoke-free environment	4%

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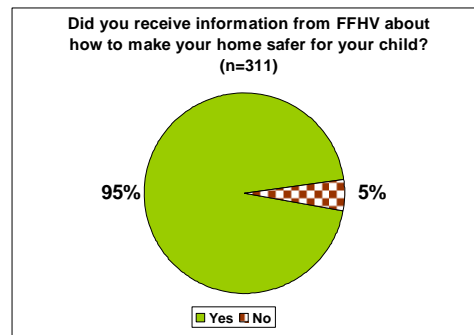
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•About nine in ten (87%) parents reported that they made a change in their home to make it safer based on information provided by FFHV. The outcome target for safer homes is 50%. The program surpassed the outcome target by 37 percentage points. These results are based on statistical analyses using the weighted survey sample.

•Of the 87% parents (249) who made a change to make their home safer as a result of information from FFHV, 56% (139) gave specific information to substantiate how they have made their homes safer for their children. Open-ended responses were categorized into the five areas above. The sum of the percentages is more than 100% because some parents gave responses that fell into multiple categories. The sample size (n) of 179 in the table above represents the number of responses given by the 139 families who provided open-ended responses. Because the percentages reported here correspond to an open-ended question, results are based on the unweighted survey sample so that all parents' responses have equal weight.

Key Outcomes: Health, Safety, and Social Support Services

Additional Finding: 95% of families received information from FFHV about how to make their home safer



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- The vast majority (95%) of parents reported that they received information from FFHV about how to make their home safer for their child. About nine in ten parents (87%) reported that they actually made a change in their home to make it safer. The outcome target for safer homes is 50%. The program surpassed the outcome target by 37 percentage points.

- In addition, FFHV home visitors tracked the presence of second-hand smoke in the home at each visit. Second-hand smoke was present in 172 family homes during the first visit. It was present in only 68 family homes at the third visit (accounting for a 61% reduction).

- All results except second-hand smoke are based on statistical analyses using the weighted survey sample. Second-hand smoke data were extracted from the FFHV database, and therefore represents the entire FFHV client population (not just the survey sample).

Key Outcomes: Health, Safety and Social Support Services

Target Objective: 90% of families without a medical home at first visit will have one by the last visit

Finding: 37 families did not have a medical home at their first visit. All 37 (100%) had a medical home by their last visit.

Target Objective: 90% of children identified with special needs will be referred for screenings

Finding: All 119 children (100%) identified as having special needs were referred for screenings.

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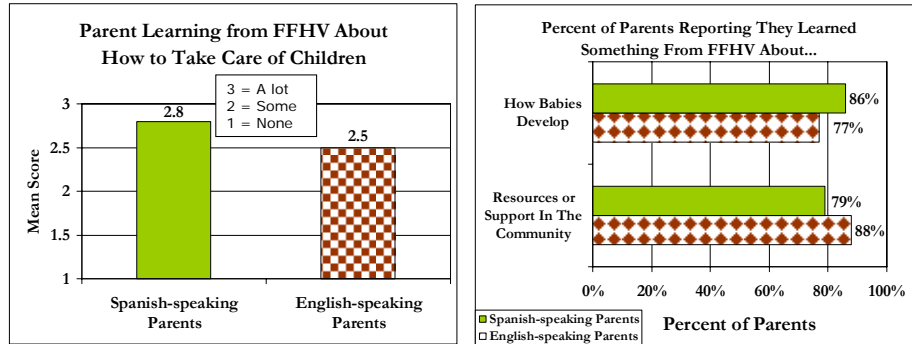
- FFHV surpassed both outcome targets.

- Very few families did not have a medical home at their first visit and few children were identified as having special needs; still, all families received the appropriate services from FFHV in these areas. 50 referrals were made to the Watch Me Grow program in 2005-2006.

- These data were collected by the home visitors and extracted from the FFHV database. The data represent all FFHV families served since the program's inception, not just survey respondents; therefore, it is not necessary to apply weighting.

Key Outcomes: Differences by Client Characteristics

Differences in Parent Learning from FFHV



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- On average, Spanish-speaking parents (mean=2.8, where 3 = “a lot”) compared to English-speaking parents (mean=2.5) reported they learned **more** about “**how to take care of my child**” from FFHV (ANOVA, $p < .001$).

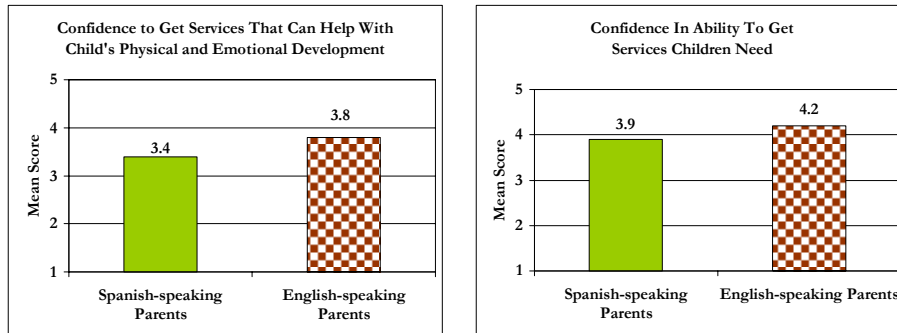
- A **higher** percentage of Spanish-speaking parents (86%), compared to English-speaking parents (77%), reported that they “**learned something new from (their) Families First Home Visitor about how babies develop**” (χ^2 , $p = .07$).

- A **lower** percentage of Spanish-speaking parents (79%), compared to English-speaking parents (88%), reported that they “**learned about any resources or support in the community from Families First**” (χ^2 , $p = .04$).

- Results are based on statistical analyses using the weighted survey sample.

Key Outcomes: Differences by Client Characteristics

Differences in Parent Confidence



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- On average, Spanish-speaking parents (mean=3.4, where 5 = “very confident”) compared to English-speaking parents (mean=3.8) reported a **lower** level of confidence in **“Where to get services that can help with my child’s physical and emotional development”** (ANOVA, $p < .001$).
- On average, Spanish-speaking parents (mean=3.9, where 5 = “very confident”) compared to English-speaking parents (mean=4.2) reported a **lower** level of confidence in **“My ability to get the services my child needs”** (ANOVA, $p < .001$).
- Results are based on statistical analyses using the weighted survey sample.

Parents' View of FFHV's Unique Value

- **47% of parents in the full survey sample say FFHV provided them with support not found anywhere else. Of these:**
 - 34% gained in-depth knowledge of developmental milestones and what to expect at different stages;
 - 29% gained information on community resources available;
 - 20% gained one-on-one support from a professional;
 - 13% gained knowledge on how to create a child-safe environment (home, car, etc.);
 - 10% gained medical and health-related information;
 - 9% gained knowledge of parent-child activities that can help stimulate healthy development, learning, and parent-child bonding;
 - 6% gained breastfeeding support;
 - 5% gained feeding techniques and nutritional information; and
 - 5% gained early literacy resources and information.

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•Open-ended responses to the question, “What information or services, if any, did you receive from your home visit(s) that you did not get anywhere else (like from a doctor, friend, social worker, or family)?” were categorized and quantified.

Unique Support (n=151)

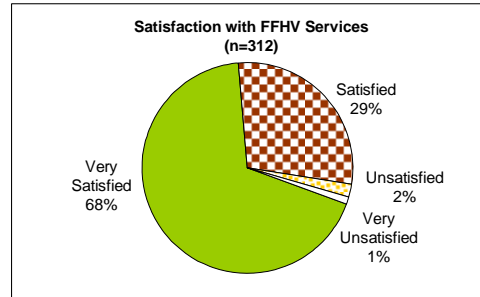
- Information on community resources and health services – for example, parent groups, parent education classes, affordable health coverage, local child care, community organizations
- Parent-child activities that can help stimulate healthy development and learning – for example, sleeping schedules and positions, tummy time, imaginative play, handling colicky babies
- Feeding techniques and nutritional information – for example, feeding practices and cautions (allergies)

- The sum of the percentages is more than 100% because some responses fall into multiple categories.

- Because the percentages reported here correspond to an open-ended question, results are based on the unweighted survey sample so that all parents' responses have equal weight.

FFHV Parents' Perspectives on the Program: Program Satisfaction

Overall, how satisfied are you with the services you and your child received from FFHV?



Also, 90% parents agree or strongly agree that:

- The home visitor was respectful;
- The information and support provided by the home visitor was helpful;
- The recommendations given (if any) were useful; and
- They were told about and understood the purpose of the visit(s).

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Agreement/Strong Agreement on Provision of Services Questions

- “The home visitor was respectful” (99%, n=311);
 - “The information and support provided by the home visitor was helpful” (96%, n=310);
 - “The recommendations given (if any) were useful” (95%, n=309); and
 - “I was told about and understood the purpose of the visit(s)” (94%, n=304).
-
- These results are based on statistical analyses using the weighted survey sample.

FFHV Parents' Perspectives on the Program

In survey responses, parents suggested the following ideas.

Parents reported they would like more information from home visitors in these areas:

- Local child-care and schools (17%);
- Information on co-sleeping (10%);
- Special needs resources (7%); and
- Post-partum information (7%).

Parents recommended the FFHV program provide:

- More time for asking specific questions, engaging discussions (24%);
- Consistency in disseminating information (some parents did not learn about resources mentioned to others) (14%);
- More contextual information for referrals rather than names and phone numbers (10%); and
- Thorough follow-up and responsiveness with families (10%).

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- Open-ended responses to the question, "Was there anything the home visitor(s) could not help you with?" were categorized and quantified.
- A small percentage (9%) of FFHV parents reported there was something that the Home Visitor could not help them with.
- Responses from this question were grouped into two categories: 1) further information desired from home visitor(s) and 2) program-related recommendations.

Further explanation of categories (n=29)

- Thorough follow-up and responsiveness with families (families in transition who move homes, some families say the community resources to which they were referred have not responded to them)
- Consistency in disseminating information (some parents did not learn about resources mentioned to others)
- The sum of the percentages is more than 100% because some responses fell into multiple categories. Because the percentages reported here correspond to an open-ended question, results are based on the unweighted survey sample so that all parents' responses have equal weight.

FFHV Home Visitors' Perspectives on the Program

In a focus group discussion, home visitors suggested the following program recommendations:

- Improve outreach to Latino families
- Improve referral process
- Educate providers about scope and purpose of program
- Customize the number of visits based on family need
- Provide some families with more than three visits

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- Home visitors estimate that approximately 5% of families could benefit from more than three visits. These high-risk clients need additional support services that are beyond the scope of three visits (these families might have issues related to domestic violence, depression or other mental health issues, or an absent father).
- Home visitors feel that services should not be “targeted” to specific families based on their demographic characteristics, but rather the home visitor should conduct an assessment during the first visit that allows them to determine the number of visits based family need.

In the words of FFHV Parents...

Increase in Parenting Knowledge and Skills

I learned so much. Being a new parent is scary and having this support was so helpful and knowledgeable for myself and my husband too.

Great handouts on development, much more thorough than what I got at the doctor. There is nothing better than a personalized visit from a health educator at your house within those first few weeks. I looked forward to her coming back. It was a very valuable service for me.

Increase in Parent Confidence

They gave me more confidence that I was doing the right things to nurture [my child]. As a result, I feel better about my mothering skills, and enjoy my time with him more. They share a great love of children and mothers.

It has increased my confidence that I am a good parent and given me more tools to always increase my abilities as a parent.

In the words of FFHV Parents...

Breastfeeding Support

Breastfeeding was not easy at first, but thanks to Families First and their wonderful staff we are successful and love the experience!

I know that I stuck with breastfeeding until my baby decided she was done because of the visits.

She could listen to my breastfeeding issues...even just being able to talk to her about it helped me stick with it.

Making a Child-Safe Home

I learned the most from the baby-proofing ideas. [The Home Visitor] took the time to look at our home set-up and offered great suggestions.

Overall

It was really wonderful to have the same nurse for each visit. I got to know her and felt comfortable. Additionally, coming to my house meant I didn't have to go to them, which is worth so much when you have a young baby.

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Formal Recommendations

- Consider making the target number of visits per family flexible
 - No difference in outcomes based on number of visits
 - At first visit, home visitors could assess family need and/or motivation to help determine target number of visits

- Revisit approach to sharing available resources with Spanish-speaking families

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•Analysis looking at outcomes for families who receive more than one visit did not reveal that they experience better results than families who only receive one visit (except in the area of breastfeeding). Home visitors indicate that families have varying needs and the ability to customize the number of visits per family would be cost-effective (some families do not need all three visits) and at the same time beneficial for high-needs families.

•A lower percentage of Spanish-speaking parents compared to English-speaking parents reported learning about resources or support in the community from Families First. These parents also have lower levels of confidence compared to their English-speaking counterparts in knowing where and how to get services that can help with their child's development.

Committee Recommendations

- FFHV staff work with First 5 staff and evaluation team to discuss implications of results, such as:
 - Whether and how to target services
 - Definition and assessment of “high risk”
 - Flexibility in the number of visits provided
 - For Spanish-speaking parents, how to effectively deliver information about and make connections to available resources

- Consider in future evaluations:
 - Telephone survey of random sample
 - Pre/post assessment

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Conclusion

- ▣ Program has been successful at meeting most target objectives
- ▣ Compared to a Family Resource Center-based model, the home visiting model produces equally successful, and at times better, results
- ▣ FFHV was particularly successful at extending breastfeeding

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Attachments

- ▣ Logic Model
- ▣ Evaluation Plan
- ▣ Data Collection Instruments

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First 5 Sonoma Children and Families Commission
Grantee Logic Model
Families First Home Visiting

PROGRAM GOALS	PROGRAM OUTCOMES (0-3 YEARS)	ACTIVITIES	INPUTS
<p>The purpose of this program is:</p> <p>(This is not about providing the services.)</p>	<p>We expect that once completed or underway these activities will produce the following changes in our target population:</p>	<p>In order to address our problem or asset we will conduct the following activities:</p>	<p>In order to accomplish these activities, we will need:</p>
<p>Provide information to new parents on Early Childhood Development and information and referrals to appropriate resources and services in order to promote the health and well-being of baby and family.</p>	<p>Parents will have increased knowledge of child development milestones</p> <p>Parents will have increased confidence in parenting</p> <p>Parents will have increased parenting skills and practices</p> <p>Children with developmental delays/special needs will be referred for and receive appropriate services</p> <p>Parents will report a decrease in isolation</p> <p>Parents will learn of new resources</p> <p>Parents will access referred to resources</p> <p>Infant injury will be reduced through safer home environments</p> <p>Rates of breastfeeding among participating mothers will increase</p> <p>An increased number of families will be linked to medical services</p>	<p>Three home visits provided</p> <p>Parents are provided a parent kit</p> <p>Information is provided on:</p> <ul style="list-style-type: none"> • Child development Milestones • Community resources on parenting, basic needs • Health insurance and medical services • Breastfeeding • SIDS and injury prevention <p>Referrals provided to:</p> <ul style="list-style-type: none"> • Health services/medical care • Parenting classes • Parent support groups • Play groups • Special needs services for children with developmental delays <p>ASQ/ASQ – SE Health and Safety Gifts</p>	

**First 5 Sonoma Children and Families Commission
Grantee Evaluation Plan
Families First Home Visiting**

TARGETS	HOW THE DATA WILL BE GATHERED	PARTY RESPONSIBLE FOR DATA COLLECTION
We expect that as a result of our activities, this proportion of our population will change. (Data source, as indicated in next column, provided in italics)	We will use these instruments, approaches, and/or methods to know if we have reached our targets.	Who will be responsible for data collection.
70% of parents served who go on to complete two visits (3)	<ol style="list-style-type: none"> 1. Follow-up Parent Survey 2. Parent Postcard 3. Home Visit Records 4. Client Information Form 5. Closure Form 6. Referral Logs 	<ol style="list-style-type: none"> 1. LFA 2. FFHV 3. FFHV 4. FFHV 5. FFHV 6. FFHV
60 % of parents served who go on to complete three visits (3)		
75% of parents will report an increase in their knowledge of child development (1)		
80% of parents will report an increase in their confidence in parenting (1)		
75% of parents will improve their parenting skills and practices (1)		
50% of parents will report a decrease in isolation (1)		
50% of parents who learn of at least one new resource (6)		
25% of parents who learn of a new resource, will access a new resource (6)		
50% of visited homes will be “safer for children” (checklist including; working smoke detectors, covers for electrical outlets, smoke-free environment, etc) (1)		
60% of mothers who are breastfeeding at 2 nd visit (3)		
48% of mothers who are breastfeeding at 3 rd visit (3)		
33% of mothers who report that visits helped extend breastfeeding (1)		
90% of families without a medical home at first visit, who have a medical home by last visit (3)		
90% of children identified with possible developmental delays/special needs referred for screenings (3)		



Families First Home Visiting Family Survey

Thank you very much for participating in this survey. Your responses to these questions will help us improve services for families in Sonoma County.

Your answers to this survey will be confidential. No one at Families First or First 5 Sonoma will see your individual responses. You may skip any question you do not want to answer. The survey will take about 10 minutes to complete.

We will send you a \$10 Safeway gift certificate to thank you for helping us with this survey. Send your completed survey and contact information sheet in the enclosed postage paid envelope by October 27th, 2006 and we will mail you your gift certificate. Thank you for your participation.

1. Please tell us how much you learned about the following topics from being visited by Families First. Check one box per row.	Nothing	Some	A Lot
	(1)	(2)	(3)
a. How my infant will develop at different ages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What I can do to help my child learn and develop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Where to get services that can help with my child's physical and emotional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to get support to continue breastfeeding my baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to develop my skills as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Where and how to get the services my child needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How to take care of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please rate your current level of confidence in these areas:	Not at all confident	A little bit	Somewhat	Confident	Very confident
	(1)	(2)	(3)	(4)	(5)
a. What to expect of my child's development at different ages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What I can do to help my child learn and develop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Where to get services that can help with my child's physical and emotional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to get support to continue breastfeeding my baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My skills as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My ability to get the services my child needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My ability to take care of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please tell us how much you agree with the following statements by checking one box per row.	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I don't see or talk with other parents very often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeeding is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can find information on improving my parenting skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can find parenting classes or support groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can get information about the benefits of breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can find information about medical services and health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can get services I need or want for my family (such as housing assistance, car seats and installation help, food stamps, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How long did you breastfeed your baby (includes pumped breastmilk from a bottle)? Please check only one box.

I never breastfed

I tried to breastfeed but was not successful

I breastfed my baby for:

< 1	1 mo.	2 mos.	3 mos.	4 mos.	5 mos.	6 mos.	7 mos.	8 mos.	9 mos.	10 mos.	11 mos.	1 yr. or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Did you receive information from your Families First Home Visitor about how to make your home safer for your child? Yes No

↳ If yes, did you make any changes in your home based on that information? Yes No

↳ If you made changes, what were they?

6. Did you learn something new from your Families First Home Visitor about how babies develop? Yes No

↳ If yes, what did you learn?

7. Has the way you take care of your child changed since being visited by Families First? Yes No

↳ If yes, please explain how.

8. What is one important thing you learned from your home visitor(s)? Why was this so important or valuable to you?

9. Please tell us how much you agree with the following statements about the services provided to you and your child through Families First Home Visiting?

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I was told about and understood the purpose of the visit(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The home visitor was respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The information and support provided by the home visitor was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The recommendations given to me (if any) were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Did you learn about any resources or support in the community from Families First? Yes No
 ↳ If yes, have you used any and how did they impact you and your family?

11. What information or services, if any, did you receive from your home visit(s) that you did not get from anywhere else (like from a doctor, friend, social worker, or family)?

12. Was there anything the home visitor(s) could not help you with? Yes No
 ↳ If yes, what did you need?

13. Overall, how satisfied are you with the services you and your child received from Families First Home Visiting?

Very Satisfied Satisfied Unsatisfied Very Unsatisfied

Thank you!



Encuesta Familiar del Programa
Families First Home Visiting

Muchas gracias por participar en esta encuesta. Sus respuestas a estas preguntas nos ayudaran a mejorar los servicios para las familias del Condado de Sonoma.

Sus respuestas a esta encuesta serán confidenciales. Nadie del programa Las Familias son Primero (*Families First*) o Primeros 5 (*First 5*) vera sus respuestas. Usted puede saltar cualquier pregunta que no quiera contestar. El completar esta encuesta le tomará al rededor de 10 minutos.

Nosotros le mandemos un certificado de la tienda *Safeway* con valor de \$10 para agradecerle su ayuda en esta encuesta. Mande su encuesta y la hoja con su información personal en el sobre prepagado que viene incluido y nosotros le mandaremos su certificado. Muchas gracias por su participación.

1. Por favor díganos cuanto ha aprendido sobre los siguientes temas de la visita de Las Familias son Primero . Marque una casilla por cada hilera.	Nada	Algo	Mucho
	(1)	(2)	(3)
a. Como mi niño(a) se va a desarrollar a diferentes edades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Que puedo hacer para ayudar a que mi niño(a) aprenda y se desarrolle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Donde obtener servicios que le puedan ayudar al desarrollo físico y emocional de mi niño(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Como obtener apoyo para seguirle dando leche de pecho a mi niño(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Como desarrollar mis habilidades como madre de familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Donde y como obtener los servicios que necesita mi niño(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Como cuidar a mi niño(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Por favor indique que tan seguro(a) se siente actualmente sobre las siguiente áreas:	No estoy nada seguro(a)	Un poco seguro(a)	Algo seguro(a)	Seguro(a)	Muy seguro(a)
	(1)	(2)	(3)	(4)	(5)
a. Lo que espero sobre el desarrollo de mi niño(a) a diferentes edades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lo que puedo hacer para que mi niño(a) aprenda y se desarrolle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Donde obtener servicios que le puedan ayudar al desarrollo físico y emocional de mi niño(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Como obtener apoyo para seguirle dando leche de pecho a mi niño(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mis habilidades como madre de familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mi habilidad para obtener los servicios que necesita mi niño(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mis habilidad para cuidar a mi niño(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Por favor díganos que tan de acuerdo esta sobre las siguientes oraciones marcando una casilla por hilera.	Completamente En Desacuerdo	En Desacuerdo	De Acuerdo	Completamente De Acuerdo
a. No veo o hablo con otros padres de familia muy seguido.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Es importante dar leche de pecho.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Puedo encontrar información para mejorar mis habilidades como madre de familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Puedo encontrar clases o grupos de apoyo para madres de familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Puedo encontrar información sobre los beneficios de la leche de pecho.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Puedo encontrar información sobre servicios y seguro medico.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Puedo obtener servicios que necesita mi familia. (así como ayuda de vivienda, asientos de bebes para carro, estampillas de comida, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. ¿Por cuanto tiempo le dio leche de pecho a su bebe (incluyendo biberones de leche de pecho extraída con pompa)? Por favor marque solamente una casilla.

Yo nunca di leche de pecho.

Yo trate de dar leche de pecho pero no pude.

Yo le di leche de pecho a mi bebe por:

<1	2	3	4	5	6	7	8	9	10	11	1 año
mes	meses	meses	meses	meses	meses	meses	meses	meses	meses	meses	o mas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ¿Recibió información de Las Familias son Primero (*Families First*) sobre como hacer su hogar un lugar mas seguro para su niño(a)? Sí No

↳ Si respondió que sí, ¿Hizo algún cambio en su hogar basado en esa información? Sí No

↳ Si hizo algunos cambios, ¿Cuáles fueron?

6. ¿Aprendió algo nuevo sobre como se desarrollan los bebes por parte de la persona que la visitó del programa Las Familias Son Primero (*Families First*)? Sí No

↳ Si respondió que sí, ¿Qué fue lo que aprendió?

7. ¿Ha cambiado la manera que cuida a su niño(a) desde que la visitaron del programa Las Familias Son Primero (Families First)? Sí No

↳ Si respondió que sí, por favor explique como.

8. ¿Que fue algo importante que aprendió de la persona que la visitó? ¿Por qué fue importante o valioso para usted?

9. Por favor díganos que tan de acuerdo esta sobre las siguientes oraciones sobre los servicios que le proporcionaron a usted y a su niño(a) por medio del programa Las Familias Son Primero.

	Completamente En Desacuerdo	En Desacuerdo	De Acuerdo	Completamente De Acuerdo
a. Me dijeron y entendí el propósito de la visita(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. La persona que me visito fue muy respetuosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. La información y el apoyo que me dieron en mi casa me ayudo mucho.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Las recomendaciones que me dieron (si hubo alguna) me ayudaron.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. ¿Aprendió sobre apoyo o recursos comunitarios por parte del programa Las Familias Son Primero? Sí No

↳ Si respondió que sí, ¿Utilizo alguno?, ¿Como le impacto a usted y a su familia?

11. ¿Que información o servicios, si hubo alguno, recibió de la(s) visita(s) en su casa que no obtuvo de ningún otro lugar (como de un doctor, amigo, trabajador(a) social, o familiar)?

12. ¿Hubo algo con lo que la persona que la visitó no le pudo ayudar? Sí No

↳ Si respondió que sí, ¿Qué necesitaba?

13. En general, que tan satisfecha quedo con los servicios que le dieron a usted y a su niño(a) por parte del programa Las Familias Son Primero?

Muy Satisfecha

Satisfecha

Insatisfecha

Muy Insatisfecha

¡Gracias!