Best Start LA
Pilot Community Evaluation
Focus Group Report 1

A Good Start for Best Start in Metro LA: Focus Group Insights from Parents, Home Visitors, and Community Stakeholders

Prepared for: First 5 LA

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Acknowledgments

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For more information about First 5 LA and its programs, go to www.first5la.org. For more information about Best Start LA, go to www.beststartla.org.
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Executive Summary

Parents and other members of one Los Angeles community are the appreciative beneficiaries of Best Start LA, a place-based investment by First 5 Los Angeles (F5LA) designed to improve the wellbeing, development, and care experienced by children ages 0 through 5, and their parents. Based on a series of focus groups conducted in Best Start LA’s pilot community, referred to as Metro LA, the investment appears to be well-received in the community and off to a good, promising start in achieving its goal of creating an environment where young children are born healthy and grow up eager to learn, with the ability to reach their full potential.

Best Start LA is composed of multiple interwoven strategies designed to strengthen the capacity of families to raise children, and the capacity of communities and broader systems to support families. While Best Start LA will ultimately operate in 14 communities across Los Angeles County, F5LA launched the model first, as a pilot, in a seven square mile neighborhood designated as Metro LA. First 5 LA has contracted with a variety of community-based organizations and service providers in Metro LA to implement the following core strategies:

- **Welcome Baby! Home Visiting:** This family-level activity brings home visitors to visit families prenatally, at birth, and post-partum.

- **Community Mobilization and Place-Based Strategies:** This community-level activity aims to mobilize community members and facilitate their identification of community needs and of strategies and services to address those needs.

- **Systems Change Activities:** Investments at the system-level promote the development of family-friendly services, policies, and systems at the community and county levels.

This report presents findings from the first round of focus groups conducted as part of the Urban Institute’s six-year evaluation of Best Start LA in Metro LA. A total of five focus groups were conducted across three groups: mothers receiving Welcome Baby! home visiting services; Welcome Baby! home visitors; and community members involved in mobilization effort. The focus groups explored parents’ views of how Welcome Baby! home visiting has helped them in raising their newborn children; home visitors’ views on the design of the program and early experiences rendering services; and community stakeholders’ views of early efforts to mobilize residents of Metro LA. Key findings from the focus groups include:

- **Mothers receiving Welcome Baby! home visiting** indicated that the service is highly valued. Mothers expressed great satisfaction, reporting that home visitors provided them with critical information and education about their children’s health and development, and connected them to important resources and support services in their community. Mothers also described having close and trusting relationships with their home visitors;
for many mothers, these relationships offered tremendous emotional support as parents dealt with the stresses of childbirth and raising a newborn. Mothers’ only critique of the program was a strong desire for additional home visits overall.

- **Welcome Baby! home visitors** echoed many of the sentiments expressed by their clients. Home visitors were highly committed to the children and families they served, and reported forming strong bonds with their clients. Home visitors were also well educated and well trained, and displayed flexibility and creativity in making their service family centered. Yet, home visitors felt that the Welcome Baby! model was not always meeting the needs of the high-risk families they served; home visitors, like mothers, felt that the model could be strengthened by adding additional visits to the protocol.

- **Community stakeholders** in Metro LA revealed that the community strategies component of Best Start LA has been slowly making progress. Stakeholders reported that while they were still in the early stages of establishing a structure and process for mobilizing larger numbers of community members and identifying community needs, they were enthusiastic and optimistic about the potential of Best Start LA to affect important and positive change. Community stakeholders also shared a common vision that community change should be led by parents in the community, rather than professionals, providers, or other stakeholders.

The findings of this first round of focus groups provide an encouraging early look at the progress being made under Best Start LA in Metro LA, as expressed by the families, providers, and community members targeted by the investment. The findings also reinforce those from the evaluation’s first case study, and reveal important lessons for First 5 LA and members of the other thirteen communities in Los Angeles County where Best Start LA will be implemented.
I. Introduction

In June 2009, the First 5 Los Angeles (F5LA) Board of Commissioners approved its FY 2009-2015 Strategic Plan (First 5 LA 2010). This strategic plan represents a new commitment by the Commission to direct funding to specific communities in Los Angeles County, called “Best Start Communities.” F5LA has identified 14 Best Start communities throughout Los Angeles County. Through the Best Start framework, F5LA hopes to create environments in Los Angeles’ diverse communities where young children are born healthy and raised in supportive environments that allow them to grow up eager to learn with the ability to reach their full potential.

The Best Start Communities investment represented a shift in F5LA’s grant-making from primarily funding programs based on specific initiatives, to a community-based approach known as “place-based.” The place-based approach enables F5LA to focus its human and financial resources in entire communities to improve the lives of children and families, and works to affect change at three levels—child and family, community, and systems. The investment thus includes multiple, interwoven strategies designed to strengthen the capacity of families to raise children, and the capacity of communities and broader systems to support families. Ultimately, Best Start LA aims to achieve four outcomes for children—specifically, that they are:

- Born healthy;
- Maintain healthy weight;
- Protected from abuse and neglect; and
- Ready to learn upon enrollment in kindergarten.

Best Start LA was first launched in a “pilot” community which is referred to as Metro LA. The Metro LA area encompasses parts of four downtown Los Angeles neighborhoods—Pico-Union, Koreatown, the Byzantine Latino Quarter, and South L.A. (See Figure 1). First 5 LA’s intent is to use lessons from implementation of BSLA in Metro LA to inform the future scaling up of the initiative in other communities in Los Angeles County.

To achieve its goals, First 5 LA has contracted with a variety of community-based organizations and service providers in the pilot community to implement the following core Best Start LA strategies:

- **Home visiting:** This family-level activity brings nurses, college-educated “parent coaches,” and paraprofessionals to visit families in the home prenatally, at birth, and post-partum to provide breast-feeding support, guidance on infant health and development, and referrals to needed resources and services.
• **Community Mobilization and Place-Based Strategies:** This community-level activity empowers a community-based “lead entity,” supported by Community Based Action Research methods, to mobilize community members and facilitate their identification of needs in their neighborhoods, followed by strategies and services to address those needs.

• **Systems Change Activities:** Investments at the system-level promote the development of family-friendly services, policies, and systems at the community and County levels.

**Figure 1: Map of Metro LA Pilot Community**

This report was developed as part of the Best Start LA Pilot Community Evaluation under a six-year contract between First 5 LA and the Urban Institute. The evaluation was launched in 2009 to carefully document and assess the implementation and impacts of the program. The Institute and its partner—the University of California, Los Angeles—are conducting a broad range of evaluation activities over the life of the contract, including case studies of implementation in Metro LA, a longitudinal household survey of parents, and analysis of secondary community data. In addition, the evaluation includes three rounds of focus groups with families and community members in Metro LA; this report summarizes the findings from our first round of focus groups.
Three types of focus groups were conducted—with parents of children receiving BSLA’s home visiting intervention; with home visitors working with families; and with community representatives involved with community mobilization efforts. Focus group discussions were designed to explore participants’ early experiences with Best Start LA, opinions on how well the program seemed to be meeting their needs, and ideas for how it could be improved.

We were particularly interested in learning how parents’ and community members’ views compared with those of key stakeholders involved with BSLA in Metro LA that were interviewed for the evaluation’s first case study. That case study, conducted in the summer and fall of 2010, synthesized results of in-depth interviews with 35 providers, community-based organizations, and program administrators and found that Best Start LA was off to a slow, but generally positive start. Specifically, we found that, after nearly one and a half years of implementation experience, BSLA’s home visiting component—called Welcome Baby!—was operating quite well; initial delays surrounding the launch of the service were overcome, and home visiting services had been rendered to nearly 750 mothers and their infants by the end of 2010. The investment’s community mobilization component, however, had some trouble gaining traction but was beginning to make tangible progress by late 2010. Meanwhile, many systems-level efforts had proceeded on schedule, though largely “took a back seat” while the core building blocks of home visiting and community strategies were launched. Best Start LA in the pilot community had, indeed, experienced many of the “fits and starts” that might be expected in a pilot program (Hill, Benatar, Adams, and Sandstrom, 2011).

The remainder of this report summarizes the findings of our focus groups by presenting:

- Parents’ views of how Welcome Baby! home visiting has helped them in raising their newborns;
- Home visitors’ views on the design of the Welcome Baby! program and early experiences rendering services; and
- Community stakeholders’ views of early efforts to mobilize residents of Metro LA to organize, identify community needs, and develop a structure and process for improving community supports for families with young children.

But first, a summary of our research methods is presented.
II. Methods

In December 2010, five focus groups were conducted in Los Angeles, California with three different types of participants.

Three focus groups were held with Welcome Baby! clients—two were conducted in Spanish, and one in English. Clients were eligible for participation if they had received at least the 3-4 month postpartum home visit by the date of the focus groups. Welcome Baby! clients were recruited for participation with the assistance of Welcome Baby! “parent coaches” (i.e., home visitors) employed by Maternal and Child Health Access (MCH Access), the agency contracting with F5LA to render the service. In November 2010, researchers provided home visitors with a set of materials to assist in the recruitment process. These materials included: an information sheet about the Best Start LA Evaluation and the focus groups, a list of “talking points” to guide their discussion of the focus groups with clients, and a client sign-up sheet. During November and early December of 2010, Welcome Baby! parent coaches introduced the study to clients receiving the 3-4 month or 9 month home visit. Parent coaches supplemented in-person recruitment by contacting other eligible clients via telephone. Mothers interested in participating in the study were added to the sign-up sheet by the parent coach. After signing up, letters were mailed to participants to confirm their intent to participate. On the day before each focus group, parent coaches also placed reminder calls to the clients. As detailed in Table 1, below, a total of 24 Welcome Baby! clients participated in these three focus groups.

One focus group was held with Welcome Baby! home visiting staff. Home visitors were recruited directly at MCH Access with the assistance of agency supervisors. A total of eight home visitors—seven parent coaches and one nurse—participated in this focus group.

Finally, one focus group was held with members of Metro LA’s Community Guidance Body (CGB). CGB members were recruited with the assistance of managers at Para Los Niños, the “lead entity” in Metro LA that is facilitating the community mobilization component of Best Start LA. A total of five Community Guidance Body members participated in this focus group.

Each focus group lasted approximately two hours. Welcome Baby! clients and Community Guidance Body members each received a $50 cash payment in appreciation for their participation. Light refreshments and on-site child care (for clients) were provided during the focus groups.
Table 1. Focus Group Composition and Participation

<table>
<thead>
<tr>
<th>Focus Group Participant Type</th>
<th>Number of Groups</th>
<th>Total Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Baby! English-speaking clients</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Welcome Baby! Spanish-speaking clients</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Welcome Baby! Home Visitors</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Community Guidance Body Members</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

During the focus group design phase, the evaluation team developed three moderator’s guides tailored for each type of focus group (see Appendix 1 for copies of the moderator’s guides). The Welcome Baby! clients’ moderator’s guide was translated into Spanish by Spanish-speaking staff at the Urban Institute and UCLA. The Welcome Baby! clients’ moderator’s guide included questions related to:

- Clients’ backgrounds
- Recruitment experiences with Welcome Baby!
- Content and characteristics of home visits
- Clients’ relationships with home visitors
- Most and least helpful aspect of home visiting
- Clients’ unmet needs
- Clients’ perceptions of their community

The Welcome Baby! home visitor moderator’s guide included questions related to:

- Home visitors’ background and training
- Recruitment of clients
- Characteristics of clients
- Home visitor caseload
- Content and characteristics of a typical home visit
- Retention of clients in the program
- Data collecting and reporting systems
- Rewards and challenges
The Community Guidance Body moderator’s guide included questions related to:

- Members’ personal and professional background
- Perceptions of Metro LA community
- Formation and composition of the CGB
- Roles and responsibilities
- Progress in community mobilization efforts
- Challenges facing the community and the CGB

All focus group participants were given an informed consent form in accordance with Urban Institute Institutional Review Board (IRB) rules, regulations, and prior approval, emphasizing that participation was voluntary and that participants’ privacy would be protected. All focus group proceedings were digitally recorded and transcribed. Bilingual staff translated transcripts of groups conducted in Spanish into English.

To analyze the results of the focus groups, the evaluation team utilized commonly accepted qualitative research methods. Unabridged transcripts, along with field notes, served as the basis for the analysis. Evaluators carefully reviewed each transcript and categorized participation responses using a data analysis sheet that mirrored the content and structure of the focus group moderator’s guides. Two evaluation staff independently reviewed each transcript, and categorized responses. Categorizations of participant responses were compared, contrasted, and checked for consistency. Dominant themes and divergent opinions and experiences of participants were noted, discussed, and summarized. Finally, relevant quotes were selected to illustrate key points based on frequency and richness to illustrate key points.

Focus groups represent a qualitative research method. As such, they can provide valuable and nuanced insights into individuals’ experiences with a particular product, process, or program (in this case, the Welcome Baby! home visiting program, and the community strategies component of Best Start LA). By their nature, however, focus groups obtain information from a relatively small number of individuals and, thus, cannot be presumed to be representative of the entire population of interest.

It is also important to note that the method used for recruiting focus group participants may have introduced some bias into the findings. Specifically, for the focus groups with Welcome Baby! clients: given that recruitment was conducted by the home visiting staff, and that we limited recruitment to clients who had received 3-4 month postpartum home visit, we may have been more likely to involve parents who had positive, longer term experiences with the program. Thus, our focus groups do not capture the experiences of Welcome Baby! clients who may have dropped out of the program at an earlier time point (after the in-home nurse visit, for example).

Also, during recruitment, we were unable to use the clients’ residence in the Metro LA pilot community boundary as a criterion for their participation. Thus, clients who participated in our
focus groups did not necessarily reside within the boundaries of the Metro LA, although the Welcome Baby! program is offered exclusively to women who live within a five mile radius of Metro LA’s California Hospital Medical Center, which encompasses the Metro LA Pilot Community’s seven square mile area).

For the other two types of focus groups (the home visiting staff and the Community Guidance Body), it made sense to work through the lead organizations’ managers to recruit participants given the relatively small pool of potential recruits to draw upon at each organization. We recognize that this may also have introduced some bias into the findings for these groups.

III. Findings

The following discussion synthesizes the major findings of our focus groups. The presentation is organized to address, in turn, findings related to: parents receiving Welcome Baby! home visiting; parent coaches and nurses rendering home visiting services; and community stakeholders involved in Metro LA’s Community Guidance Body.

A. What Do Parents Say About Welcome Baby! Home Visiting?

Once again, the Welcome Baby! program is the child/family-centered component of Best Start LA in the Metro LA pilot community. Maternal and Child Health (MCH) Access, a community-based organization in downtown Los Angeles, administers the program under a subcontract with the California Hospital Medical Center (CHMC). Welcome Baby! is a free, voluntary family engagement program offered to pregnant women who give birth at CHMC, the only birthing hospital located within Metro LA. The program was launched in November 2009 and, by the end of 2011, nearly 750 mothers had received its home visiting services. Women may enroll at one of two engagement points: prenatally (at various clinics, agencies, and WIC sites in the community), or after delivery, at the hospital. The home visits are conducted by “parent coaches” and nurses.

The goal of the Welcome Baby! program is to “enhance the wellbeing of mothers and their families.” (MCH Access, 2011). The Welcome Baby! protocol includes the following contacts (all or some of which may occur, depending on whether women drop out before completing the program):

- A prenatal home visit at between 16 and 26 weeks gestation;
- A phone call at between 24 and 28 weeks gestation;
- A prenatal home visit at 32-36 weeks gestation;
- A hospital visit, following delivery (conducted by “hospital liaison” staff);
- A nurse home visit within 72 hours of discharge from the hospital;
- A phone call two weeks postpartum;
- A home visit 1-2 months postpartum;
- A home visit 3-4 months postpartum; and
- A final home visit 9 months postpartum

The actual content of each Welcome Baby! visit varies. As discussed in the Year 1 Case Study, visits generally center on the following topics:

- Prenatal Welcome Baby! home visits focus on strategies for a healthy pregnancy (including prenatal care, nutrition, health education, preparation for child birth, labor and delivery, and warning signs of pre-term labor).
- At the hospital, breastfeeding instruction and support begins, as well as teaching of the importance of parent/infant bonding.
- The 72-hour nurse visit focuses primarily on the health of mother and infant, checking on how breastfeeding is going, family planning strategies, screening for maternal depression, and making sure mothers have a source of health care for themselves and their babies.
- Postpartum visits continue to provide education, guidance, and support on a broad range of issues, including breastfeeding, parent/child attachment, child health and development, home and environmental safety, baby sleeping positions, maternal depression, and referrals to community resources. Home visitors also administer developmental assessments at both the 3–4 month and 9 month visits, utilizing the ASQ (Ages and Stages Questionnaire) instrument.

1. Profile of Welcome Baby! Clients

The Welcome Baby! focus groups were composed almost entirely of women, with the exception of one man who attended with his female partner. The majority of focus group participants were Latino; in addition to the 17 who participated in the Spanish-speaking groups, all but three individuals in the English-speaking group were also Latino. More than half of the participants reported having fewer than three children. For many mothers, the child enrolled in the Welcome Baby! program was their first. The age of the clients’ enrolled children ranged from 3-4 months to 9 months (as would be expected given that recruitment targeted mothers who had completed at least the 3-4 month postpartum home visit). Almost all participants had lived in the Los Angeles area for six years or more, with several stating that they had lived in Los Angeles their entire lives.
2. Clients’ Early Experiences with the Welcome Baby! Program

Our focus groups revealed that clients generally first heard about Welcome Baby! at the point at which they enrolled into the program, with the exception of one mother, who had heard about the program at a prenatal clinic but signed up only after she heard about it again after she gave birth at CHMC.

Overall, focus group participants were evenly split between those recruited prenatally versus those recruited immediately after delivery. Of those who were recruited prenatally, all were recruited at clinics in the community, when they were seeking prenatal care.

“I went to my clinic when I was five months pregnant…a girl that worked at the clinic said, ‘Oh there’s a program that can help you and you should sign up for it, it’s really good.’ So I signed up for it and they came to my house....”

“The day after giving birth, some people came to talk to me and told me they were from Welcome Baby! They asked me if I would like for them to come and visit me, and that I would be signing up for nine months. I told them ‘Okay, that sounds good.’”

When asked why they decided to participate in Welcome Baby!, many mothers cited the appeal of receiving helpful information. Mothers reported having an interest in obtaining information about breastfeeding, their baby’s health and nutrition, their own health, and about community resources and programs that could help their families.

“[I wanted to sign up because of] all of the information they give you …although you may [already] be a mother, there are a lot of things we need to know because not all babies are the same. So they give you more information...”

“For me, what I wanted was to be able to help my daughter, and to be able to find her programs where I would help her get a good start to her life. More than anything, that.”

For several mothers, the allure of receiving information was especially pronounced because they were having their first child, or many years had passed since they’d had their last child. These mothers saw the program as an opportunity to learn, or re-learn, information about raising an infant. This finding suggests that Welcome Baby! may be particularly helpful for mothers in these circumstances.

“It was very interesting [to me] because it’s my first child, and it has been 18 years since my mother had a child. It seemed good to me because they taught me how to breastfeed him and how to tend to him. Because it’s your first, you don’t know what to do, and it’s very difficult.”
“[My expectation was to receive] information, more information about babies because it’s been practically eighteen years since my daughter was born, and it’s like the first time again.”

A few mothers told us that the program was attractive because of the emotional support it could provide during pregnancy and after the birth of their baby. This was particularly important for one mother, who had endured a traumatic miscarriage in her previous pregnancy, and was facing another potentially high risk and difficult pregnancy.

“I feel that Welcome Baby! appealed to me specifically because of the parent coach. In her, I found a friend. I knew that she was going to guide me through this pregnancy which would be, for me, a very difficult pregnancy because of [my] previous miscarriage.”

Several mothers said that Welcome Baby! initially interested them specifically because it could provide them with material goods, such as diapers and pillows. These supplies are essential for taking care of a new baby, but may be difficult for some families with young children to afford.

For the vast majority of the clients participating in our focus groups, the Welcome Baby! program was their first experience with this type of social service. Only one woman reported ever having received home visiting services previously, through an Early Head Start program. The rest of the participants told us they never received home visiting services before; a few clients commented that they had never even heard of home visiting until Welcome Baby!. One woman remarked:

“Before, they [home visiting services] didn’t exist. Or I didn’t know about them, because I’d never heard of it before. My first daughter, I had her here in this hospital, and I’d never heard of this program.”

When participants were asked whether they had any worries or concerns prior to beginning home visiting, and if they felt comfortable with someone visiting them in their homes, many mothers revealed that they initially felt unease and distrust at first. Their concerns centered around the home visitors potentially criticizing or judging them, particularly in relation to their home environment and their ability to appropriately care for their baby. However, these mothers explained that these feelings unease vanished after they got to know their home visitors and understood that they were there for the positive purpose of helping and supporting mother and baby.
“The distrust you feel is because a person is going to come and....say something about how my house is, or ‘that isn’t for the baby.’”

“[My concerns were] they’re going to criticize me, that ‘your house is dirty’ or ‘you don’t care of it well.’ But after they came and they were very nice, they didn’t criticize me, more than anything they just made me informed. Nothing negative like that, everything positive.”

“I felt nervous because if they see something that’s not right with the children’s health, they have the right to speak with child and family services. For me, because of my daughter’s condition, I thought that if she had a nosebleed they would think I wasn’t treating her well and so I was nervous. But my parent coach gave me confidence and I explained my daughter’s condition to her. She told me ‘Don’t worry, we understand what happens with that condition,’ so I felt more confident to ask for advice and receive advice for her.”

In contrast, a handful of mothers reported minimal concerns in advance of the nurses or parent coaches coming to visit them in their home. Reasons offered by these mothers included their experiences with friendly program staff and their trust in the home visitor’s professional knowledge and experience. This may suggest that these mothers had a positive recruitment experience that instilled confidence in the program and its staff.

“No, I didn’t have any concerns about someone coming into my home, because they were nice to me. They had experience with handling babies.”

“I felt safe because I knew that she was someone who would be able to give me good answers.”

“They are very well trained...they come into your house and they help us, just raising our kids and doing different things with them.”

A few women specifically attributed this comfort to the fact that they had previously met their parent coach when they were recruited and enrolled into the program. Thus, the same Welcome Baby! staff member who had recruited them into the program happened to also be the same person that became their parent coach who would see them through the sequence of home visits.

“I didn’t feel unease that [my parent coach] was coming to my house because I met her in the clinic [when I was recruited] and she won my trust from the start. She won my trust because for me, it was like gaining a friend.”
3. The Home Visits

The mothers participating in our focus groups had, by the time we spoke with them, all received at least three home visits through Welcome Baby!, thus giving them multiple experiences from which to draw in discussing their experiences with the program.

All mothers recalled receiving a home visit by a nurse shortly after they gave birth at CHMC; “in the first week that your baby is in the house.” At this visit, they recounted that the nurse weighed and measured their babies, and checked over the mothers. In the cases of Cesarean delivery, a few mothers reported that the nurse checked the abdominal incision. One woman recounted the nurse treating her mastitis, which her own doctor hadn’t correctly diagnosed. Clients reported that during this visit, the nurse assisted them with breastfeeding by showing them different positions to hold the baby, and troubleshooting problems they were having, such as difficulty in getting the baby to latch. Others also recounted that, during this visit, the nurse showed them how to bathe the baby and how to treat a jaundiced baby.

“The nurse came to check the baby, to see how she was, and how much she’d grown, how much she weighed and she explained to me how to clean her, to wash her.”

“She showed me how to clear his nose, because I didn’t know how to do it.”

“The nurse asked me how I was because I’d had a Cesarean. She checked the incision to see how it was.”

“The nurse told me of various positions for how to breast feed. I had heard of that, but she taught me how to do it hands-on.”

“She asks you if you feel okay….she checks over you, she touches you to make sure that nothing hurts. She looks to see if the milk is okay.”

When asked to identify the kinds of help they received from parent coaches, mothers reported getting assistance with: understanding and monitoring their child’s health and development, stress and depression, breastfeeding, child safety (including baby proofing and poison control), and how to manage a new baby with older children.

“The parent coach checks to see if the baby is already beginning to grab onto things, if he’s able to turn over, if he’s able to sit. She sits with him and plays a little bit with the baby to see how the baby’s reflexes are.”
“When they go to my house, they give me a lot of emotional support. It’s difficult having a two year old son and another that’s four months old….the two year old feels jealous and grabs the baby. So, when the parent coach came, she told him that he had to hold her very gently, and had to care of her. She helped me a lot.”

For the most part, mothers reported feeling that the visits happened at the right time, although they expressed a desire for additional visits beyond the protocol. A few women said that they would prefer more visits in the months immediately following the baby’s birth; others said that they’d prefer more visits, more frequently, overall; and still others said they would like an additional visit specifically at 6 months postpartum. Based on the current visit schedule, there is a five to six month gap between the 3-4 month visit and the 9 month visit. Several mothers emphasized that this is a challenging time when babies start transitioning to solid foods, and expressed confusion and a desire for guidance from their home visitor at this crucial developmental turning point.

“My son was ready to start solids and I didn’t really know what to give him or at what age, so I called her and asked her and she gave me some advice.”

“I notice that you see changes [in the baby] like every two months…so [having a visit] every two or three months would be good. But that period between three and nine months…there’s a huge difference...”

Mothers told us that it was especially helpful when parent coaches were able to refer them to resources and programs in their community. The list of services mentioned by mothers was long and diverse, including: housing assistance, mental health services, Food Stamps, food banks, Early Head Start, couples counseling, employment agencies, support groups for new mothers, First 5 LA, the Regional Developmental Center, genetic testing, Medi-Cal, pediatricians, childcare, 2-1-1 (a social service hotline), poison control, and WIC.

“The place where I live is small. It’s just one room, and we’re very crowded, and I asked my parent coach to give us a phone number for where I could apply for a low-income housing apartment. She gave me the phone number, and we applied. Thank God...”

“They gave me the telephone numbers for a psychologist to go to with my family [after domestic violence] ”

“I needed a little more help….so they referred me to a program called Head Start which comes every two weeks, so it helped me a little more ‘cause I’m a new parent, and my baby was premature. So it’s like a little hard for me, so this is a little extra help.”
“My parent coach is trying to help me find a program that I could go to, to help me go back to school.”

“They helped me file a report [against my violent ex-husband] and how I ought to deal with him”

Many mothers also were happy to report having received a variety of material goods from their parent coaches to assist them in the raising of their child. These goods included: diapers, toys, baby-proofing materials, clothes, educational DVDs, pillows, a crib, slings, and books describing the different stages of a child’s development.

“God bring them there every time, every time when I need diapers, my parent coach would come with them. I’d be like ‘oh my God how did she know?’”

“I had a bassinet, and my twins barely fit because they couldn't fit together. I said ‘I can't afford a crib’ so she said she said she would provide me with one.”

Mothers reported that Welcome Baby! home visits generally lasted between one-and-a-half to two hours. Several women clarified that the length of the visit depended on the particular problems or issues that the mother and baby were experiencing at the time.

With few exceptions, Welcome Baby! clients described meeting with their nurse or parent coach alone with their baby during visits, with a few exceptions. One woman mentioned that her partner was present at some of the early visits soon after the baby was born, but was not able to attend later visits because he was at work. Another reported intentionally scheduling her home visits for the days that her partner was not working, so that he could be involved. One mother reported that, occasionally, her mother and/or grandmother would also attend the home visit. Finally, yet another mother said that she often had her other children around during the home visit with the parent coach, stating:

“Sometimes they participate in the conversation and [the parent coach] helps them too.”

4. Clients’ Relationships with their Parent Coaches

Most mothers reported seeing the same parent coach for each visit, even prenatally, which appeared to lend comforting continuity to the program. Only one mother recounted having her parent coach changed after a few months, which temporarily disrupted communications between the mother and the program. Also, two mothers reported having other home visiting staff in training, attend their home visits with their parent coach. One of these moms said that having a
new person coming into their home was uncomfortable at first, but that the trainees were polite and that they became more comfortable after getting to know them.

“It’s a little uncomfortable at first, ‘cause you don’t really know them and it’s a new person coming in. But then, ‘cause they’re really polite, so you get to sort of know them so that you’re comfortable with them. Then afterwards you know you [are] gonna see them again so it’s going to be like comfortable.”

It was striking to hear mothers describe their close relationships with their parent coaches. During the focus groups, several spoke at length about the depth and significance of this relationship, and about the level of emotional support and security that this relationship offered during the journey through pregnancy and the first several months of their children’s lives. Importantly, one mother contrasted her experience with Welcome Baby! parent coaches to her past experiences obtaining information from case workers at social services agencies. The mother noted the lack of a sustained connection with these traditional case workers; she felt that she was not being listened to and understood by them. Given that many of these mothers likely derive support from these kinds of agencies, this finding may suggest that the relationship that mothers have with Welcome Baby! parent coaches is particularly important, as it allows them an opportunity to receive one-on-one personal feedback as they process new information about their child’s development.

Several mothers likened their parent coach to a friend or even a family member. For mothers, their parent coaches seemed to offer a source of emotional support that they otherwise might not have, given their personal and family circumstances. Mothers reported feeling highly trusting and comfortable with their parent coaches.

“Basically my coach, she is like family to me. That’s how close we are. I could talk to her about anything. My coach is very confidential. What you tell her, she keep to herself. So I feel like she’s more than my coach, she’s my family, basically. That’s what I feel deep down inside, seriously.”

“Our [parent coach] is around our age, so…we can communicate with her and the interaction between us is very comfortable.”

“My nine siblings and my mom and dad are in Mexico, and it’s just me here, so it feels very nice to be with somebody.”
Along similar lines, nearly all mothers indicated that they would feel comfortable calling their parent coach if they had a question or needed help; indeed, many had done so and several even reported doing so with some frequency. One woman commented that, since her pregnancy resulted in a premature birth, her parent coach called her to check in on occasion.

“My baby was premature, I had her two months early, so she calls to check on me sometimes.”

“I’m constantly calling her. And then when she refers me to certain places, I’ll call her back and let her know how my day went or if I found the place okay.”

5. Overall Perceptions of the Welcome Baby! Program

When mothers were asked about the most helpful aspect of Welcome Baby! home visiting, many mothers pronounced that “everything” about the program was useful to them; in all three groups, no mothers were able to identify a single aspect of the program that they didn’t consider to be helpful.

“Everything they do is helpful for me”

However, more specifically, some mothers indicated that the information and emotional support that they received through the program was the most helpful.

“Because it’s my first baby, I wouldn’t know a lot of things before, that [my parent coach] told me”

“You parent coach gives you the encouragement to keep moving forward…they make you feel like you’re not alone.”

Overall, mothers had glowing reviews of the Welcome Baby! program, and clearly had gained a great deal from their participation, specifically in terms of information and support that they might not otherwise have received.

“She explained everything to us, and she had the patience to bring us through all the information one-on-one. What benefits exist, where you can go, where you shouldn’t go, everything. Incredible—the times that the parent coach came, I learned so much from Welcome Baby!”

“All your needs, with these parent coaches, there’s the opportunity in those nine months to get what you need from them...you just say what you need; if you stay quiet, they aren’t going to be able to help you. You just have to say it, and open your heart.”
Many mothers were sad at the prospect of the visits ending when their child turned nine months old, and almost all mothers wished for more visits.

“When the nine month visit came, I thought ‘Ay, why so soon!’”

“I wish they would extend the visits...at least help us until the children can enter Head Start....to help us in those three years that are so important.”

“I would like if they do more visits, and they keep on coming for a year ....that they continue for a year so that they can see the baby grow.”

6. Community Support for Mothers Receiving Welcome Baby! Home Visiting

We asked mothers about the various challenges they face in their community, whether they believe sufficient supports and services are available in their community, and whether they had heard of Best Start LA and its community-level contractors.

Most mothers had not heard of Best Start LA, except for a few who said that they recognized it from television. Similarly, few mothers had heard of other Best Start LA contractors in Metro LA, including Para Los Niños. Given that the community strategies component of the initiative had encountered delays during its first year of implementation, it is not necessarily surprising that mothers had not yet heard of BSLA nor seen tangible improvements in their community.

When mothers were asked about the biggest challenges they faced as parents of young children, many reported that the area in which they lived is unsafe due to pervasive crime and violence. Mothers felt that this kind of environment was not where they would like to raise their children.

“When I stay is kind of rough, I really don’t want to raise my baby there. But that’s the only place I can be right now because...my money’s a little tight...and my daughter’s father left me when found out I was pregnant, so it’s just me and my grandmother and my mother trying to raise my baby.”

“When I want to take my children out to the park...the area where we live at, the parks are not safe...I can’t take my children to the park, because there’s a lot of violence and everything.”
“We are in an environment that’s not too good. You’re always scared when you’re on the streets, and when you’re even in the [apartment] building you’re still scared because some of the people there are crazy.”

A few of the mothers also felt that the schools in their community were unsafe and not good for their children; concerns about gangs, bullying, and inadequate teaching all arose.

“I’m really worried about the school to put him in, because I don’t want him to be in a school that’s violent…”

Mothers in one of the Spanish-speaking focus groups reported that a major challenge they faced in raising their children was language barriers, particularly in health care settings. Mothers struggled to communicate with doctors in English, and expressed frustration in not being able to fully express themselves in their non-native language.

“A barrier...with the doctors [is that] I understand a lot of English, but when I get nervous it all goes away...The doctors speak another language and I have to be more relaxed to be able to understand. A lot of times my biggest challenge is the language. I would like to be able to speak [English] the way that I understand fluent Spanish.”

When mothers were asked if there were any key services that were missing in their community, mothers’ responses included a library, a park, transportation, and more security and police surveillance.

“This area doesn’t have a library to bring children to.”

“I don’t bring my children to a park because there isn’t a park close by to me. There are a lot of stores and there isn’t enough space for a park. They haven’t built anything.”

“I think providing transportation for us [would be good] to [help us] get to safe places, like to a park, or the market.”

In addition, mothers also reported that obtaining child care could be a major challenge, as it is often a huge expense and inflexible to their working hours; mothers described how many child care centers are open only during normal business hours. Several mother felt it was better to forgo an income in order to stay home with their children, given that any wages they might earn would be consumed by childcare costs.

“In those first three years of my daughter’s life I couldn’t do anything because I’d have to pay daycare...so it was better that I stayed home because it’s the same to be paying a lot...so those three years are practically zero income for a mother.”
“I tried to enroll him in Crystal Stairs [a child care agency in Los Angeles] but they said that I had to be on welfare. But I’m not on welfare, [so I couldn’t get child care]. I am a part-time student….they should have it more in the schools.”

“For a baby at a childcare place it costs $80 or $90 each day only from such and such a time to such and such a time.”

B. What Do Home Visitors Say About Serving Families under Best Start LA?

To implement the Welcome Baby! home visiting component of Best Start LA, MCH Access developed a staffing plan that involved hiring four teams, composed of five staff each. Specifically, each team was to include:

- One “level 3” team supervisor, who would carry her own caseload, while coordinating and overseeing the work of the rest of the team;
- Four “level 2” parent coaches, who would work mostly in the field, visiting mothers prenatally and postpartum; and
- One “level 1” paraprofessional (or promotora) who would concentrate on outreach, intake, and referral to parent coaches.

In addition, MCH Access aimed to hire four full-time registered nurses to conduct all 72-hour post-discharge home visits.

A finding from this evaluation’s first case study was that it took longer than expected for MCH Access to find persons who possessed the desired combination of skills and hands-on experience with community-level home visiting; hiring thus occurred more slowly than planned. In the end, MCH Access scaled back its staffing plan to three teams (of five), and redirected some of its resources to create a new, full-time “outreach coordinator” position to bolster the model’s ability to recruit women into Welcome Baby! while they were pregnant. MCH Access officials, in our case study, expressed great satisfaction with the caliber of staff they hired to carry out the needed work.

Our Year 1 Case Study also revealed that client recruitment into Welcome Baby! had proceeded more slowly than expected. MCH Access staff had found that pregnant women, in particular, were reluctant to sign up for the home visiting intervention, speculating that mothers-to-be either didn’t perceive the need for help, or were not open to the idea of inviting “strangers” into their homes during this busy time. Interestingly, though, hospital liaison staff at CHMC reported much greater success in recruitment at the hospital immediately after birth (estimated at 40 percent), immediately after birth, speculating that new mothers—overwhelmed by the prospect of bringing a new baby home—were suddenly much more open to the offer of help (Hill, Benatar, Adams, and Sandstrom, 2011).
1. **Background and qualifications of Welcome Baby! home visitors**

Of MCH Access’ 20 Welcome Baby! home visitor staff, nine participated in our focus group, including one nurse and eight parent coaches. The majority of participants—all women in their 20s and 30s—had lived in Los Angeles their entire lives. Two, however, hailed from the Dominican Republic and Guatemala. Roughly half of the visitors with whom we spoke had received Bachelor’s degrees from four-year colleges, while the other half had attended or completed studies at the Graduate level. Psychology, sociology, child and family therapy, social work, and community health were among the disciplines that home visitors had focused their studies upon. All home visitors were bilingual English/Spanish speakers. Home visitors were generally quite experienced—while most had only been working at MCHA for a year or less, a majority had been involved with the provision of home visiting services for one to five years. The nurse in attendance had been a practicing Registered Nurse for 15 years. Participants learned of the job opportunity at MCHA through a variety of sources—advertisements posted on the internet, in newspapers, and at a college employment office; from friends or family members; and from a former employer.

2. **Training for Welcome Baby!**

We asked home visitor staff whether they had received any training from MCHA after being hired for the Welcome Baby program. They responded that they had; indeed, there was universal high praise expressed for both the broad content and multi-pronged approach to the training that was received.

Our focus group revealed that all home visitors, upon being hired, underwent a two-month training regimen that was described as “intense…all day, every day.” (Three different training sessions were provided by MCHA, as employees were brought onto the program over time.) Topics covered during training included such substantive areas as maternal and child health, child development, effective child rearing practices, home and environmental safety, maternal depression, and domestic violence. All nurses and parent coaches also received training to become Certified Lactation Educators. The training included modules on skills needed to be an effective home visitor, such as communications skills, reflective listening, counseling techniques, and motivational interviewing. This latter skill was described as:

“Showing empathy and reflecting things you hear from the client back to them…to make sure you’re hearing what you’re hearing.”

While most training occurred in a classroom setting, some was more “hands on.” For example, “shadowing” supervisors or nurses to observe how they conducted visits was an important component of the training and gave parent coaches a frame of reference for how to
conduct visits themselves. Indeed, shadowing is part of ongoing quality improvement; as one visitor described,

“There’s always...shadowing going on...”

We asked home visitors about their expectations regarding what home visiting would be like, and whether they were surprised by or unprepared for things they’ve experienced. Some visitors admitted to being a bit frightened, after the training highlighted such intense issues as child abuse, domestic violence, safety, and maternal depression.

“Great...what have I gotten myself into?!?”

“[I thought to myself], ‘I think I need to re-evaluate what I’m doing here...’”

Indeed, several home visitors expressed surprise that the women, children, and families with whom they’ve worked have displayed such high risks. One parent coach remarked:

“We’ve had more high risk clients...than any other program that I’ve worked on.”

The nurse concurred:

“I didn’t expect to have such high, high risk populations...not just the living conditions, the psychosocial issues in the community, but also some very high risk medical issues.”

This nurse explained that premature birth and complications from pregnancy were two of the medical risks that she had encountered.

Still, these participants expressed relief that they found themselves well prepared for the challenge. Remarks shared by participants included:

“Thankfully, it hasn’t been as terrifying as the training made it seem it was going to be...”

“I was like, ‘Alright, let’s do this!’ I felt prepared.”

3. Outreach and recruitment

We spoke with home visitors about the extent to which they conducted outreach and recruitment for Welcome Baby! We learned that the bulk of recruitment is carried out by the Parent Coach I (PC I) staff person on each of the three teams. The PC I who we spoke with said that her outreach efforts—which comprise roughly 40 percent of her work—are concentrated on a handful of private obstetrical providers and the largest public family clinic in the area—South
Central Clinic. This is reflective of MCH Access’ push in recent months to try to recruit more women into Welcome Baby! while they are still pregnant, and not just after delivery. In the private practice, given lower patient volume, the parent coach is able to meet one-on-one with pregnant women, describe the home visiting service, and solicit their interest. At South Central Clinic, a more chaotic environment, she “squeezes in” time with patients as best she can.

“I sit with a client for a minute or so…talk about the program…and if they say ‘yes’ I get her name and telephone number (so that I can call her back later)...”

Home visitors reported recruiting pregnant women is challenging, a finding that was consistent with that key informant interviews conducted for this evaluation’s Year 1 Case Study.

“A lot of mommies tend not to want the service. You just know that they need a lot of help…but for some reason when you present them with home visitation, they tend to deny it.”

When asked the reasons why pregnant women turn down the service, home visitors explained that many seem reluctant to have someone come into their homes. More generally,

“They don’t see the benefit of what home visiting is and how it could help them...”

However, this Parent Coach I said that she’ll often see some of the same women several times, and repeated conversations appear to build trust and help the recruitment process.

“It’s good, because if they see you again you kind of start talking and grow a type of bonding…and sometimes they say ‘yes’.”

Consistent with our case study findings, home visitors told us that the majority of women recruited into Welcome Baby! are signed up in the hospital, immediately after delivery, by CHMC’s Hospital Liaison staff. At that point, the realities of raising a newborn have set in for new mothers, explained one home visitor, and the their new attitudes are: “Help me!” Furthermore, mothers are a “captive audience” at that point, and have more tangible “incentive to get help,” as one parent coach described.

4. Caseloads, workflow, and attrition

Generally speaking, home visitors told us that they carry caseloads of approximately 50 mothers, though these caseloads constantly ebb and flow. Some reported spikes as high as 70 and dips as low as 25 mothers. When asked how many visits per week they perform, most visitors answered that they conducted between five and ten. For most of the staff, this level of caseload felt about right, but for some it felt heavy.
“Sometimes I feel like I’m stretched a little thin…”

Many visitors expressed the feeling that their workload was heavy not strictly because of the number of women and families they were helping, but because of all their other responsibilities.

“Not only do I have to go out and see the clients... I have to do progress notes, the case management part of it... I have to supervise other staff, do time sheets, mileage sheets, and meetings…”

“I’ve never been in an organization that had so many meetings!”

“In my perfect world, I would not have any paperwork, and I would not have any meetings to go to, so that I could do 10 visits a day!”

One negative factor that apparently holds caseloads down is attrition. Home visitors told us that attrition could be particularly high among mothers shortly after they are discharged from the hospital. As the registered nurse participating in the group told us:

“I would say that 25 to 30 percent of mothers decline the program after they go home from the hospital.”

Reasons given by mothers vary, and include changing their minds about wanting the service, feeling they no longer need it, or stating that they’re not having any problems that they need help with. Other home visitors, however, said that much of this attrition occurs because visitors simply cannot contact mothers.

“I find that it’s really hard to get hold of (mothers); either their phone numbers are disconnected, they won’t return calls, or their voicemail is full so I can’t leave a message.”
“(These families) switch numbers a lot...they tend to move around a lot…”

Another point where attrition was noted is around the 3-4 month home visit. At this time, many mothers are going back to work or school, and seem to no longer have time for home visits.

“Trying to figure out days and times for visits becomes a lot harder, and then we tend to start noticing a wave of mothers that might be lost to contact….”

Of particular concern, home visitors told us that they fear that some of the highest risk mothers are the ones dropping out.
“They might have a partner who doesn’t want them to have services, like if it’s domestic violence. Or sometimes it’s homeless mothers; you know, it’s hard to do a home visit if they don’t have a stable house.”

5. What do Parent Coaches and Nurses help clients with during visits?

As this evaluation learned during its first case study, Welcome Baby! home visitors have a series of protocols that they follow when conducting visits, whether prenatal or at various points postpartum. Our focus group revealed, however, that while these protocols provide a useful framework, they do not provide a definitive script for what transpires during any given visit. In fact, the content of visits is client driven, and can vary tremendously depending on the issues and factors a mother and her infant are experiencing.

“Every visit is very different, because you never know what you’re going to see when you get there!”

“I may read a progress note from a Hospital Liaison that says I should address A, B, C, and D with this client; I get there and I have to deal with Z!”

According the focus group participants, the 72-hour postpartum nurse visit is very focused on infant and maternal health. But visitors also use this visit to assess the home environment and emphasize proper baby sleeping practices.

“I’ll do vital signs of the mom…and see if there are any complications. I’ll take blood pressure and temperatures, check the incision if there was a C-Section…”

“As far as safety, are there bars on the windows, a fire extinguisher, smoking in the home, any immediate hazards that I can see?”

“We have to check where the baby is sleeping…give them information…make sure that the baby is sleeping in a safe place, no big gigantic pillows or blankets or stuff like that…”

The original protocol called for a telephone call two weeks after hospital discharge. But several parent coaches explained that they preferred to conduct a home visit at that point, if their schedules permitted. (MCH Access changed the protocol to officially permit home visits at two weeks in November 2010.) This seemed especially important for women recruited into Welcome Baby! in the hospital, since this would actually be the first contact between the parent coach and the client.

“If they’re from the hospital, it’s harder because you just don’t know them...”
“The phone is just not a real effective way (to meet a client for the first time)…”

This contact explores a number of issues, including the baby’s health and mother’s state of mind. But a major emphasis is breastfeeding.

“Two weeks is a big crisis point for breastfeeding...it’s a growth spurt that moms are not ever prepared for...so there’s almost always not enough milk [and mothers think they] need to start formula feeding. So we end up doing a visit just to help out with the breastfeeding…”

The next visit, occurring between one and two months postpartum, continues with its focus on breastfeeding support, introduces discussion of family planning and birth control, and often entails making referrals to services in the community—for mother, infant, or other children in the family. Home visitors told us they often referred clients to Early Head Start, Food Stamps, and pediatric providers or public clinics to keep up on childhood vaccinations. The 1-2 month visit is also one in which mother/child attachment and child development are addressed.

“I like to actually get the baby and explain...things that they can do to help [the] baby’s development, like tummy time…”

At the 3-4 month visit, child development becomes an even larger component of the protocol, as coaches begin administering the Ages and Stages Questionnaire with parents.

Considerable time during the focus group was spent discussing the home visit protocol’s gap between the 3-4 month and the 9-month visits.

“I have to say...when I tell [my clients] at the 3-4 month visit, ‘OK, next time we see you the baby will be 9 months old,’...their reaction is just, like, ‘WHY?!?’”

Several parent coaches expressed a strong desire to add another visit at the 6-month point.

“That big gap toward the end...things actually start happening with the kids when they are around 6 months old, you know, they start eating solids, they start sitting up, they start crawling. I think that if we could squeeze in another visit in that period...we would be even more successful…”

Coaches described how their supervisors often characterized Welcome Baby! as a “low risk model with a high-risk population.” Even the program’s end at 9 months postpartum felt “arbitrary” to parent coaches.
“It’s sort of an odd place to end things…you would think that…we’d go til the baby was a year [old].”

To compensate for this perceived shortcoming of the model, nurses and parent coaches often add extra visits and phone contacts to the standard protocol. The nurse with whom we spoke told us that she typically spoke with clients about the various issues—medical or otherwise—that can come up during an infant’s first year of life, adding that they are always welcome to call her or their parent coach at any time. This nurse said her message is always:

“Listen, okay, I’m only coming out this once, but you can talk to me anytime within the 9 month period…”

If a parent coach wants to make an “extra” visit during the course of a client’s nine-month enrollment, she contacts her supervisor, discusses the client’s situation, and considers whether there’s room in the coach’s schedule. Depending on these circumstances, additional visits are authorized on a case by case basis. When asked what proportion of their clients received additional visits, beyond the protocol, coaches placed the estimate at between 25 and 40 percent.

When asked about whether it was difficult to end a “case” at nine months, there was general consensus that it was.

“It’s pretty difficult, I think…just because I feel like there’s so much more still to do from a developmental standpoint, and to…help families work through…”

Coaches and the nurse agreed that every client and family is different; some may be ready to take what they’ve learned and thrive, but many are not.

“If everything’s fine, nine months, you’ve taught them everything and the kid’s running around already… ‘Okay, love ya, miss ya, kiss ya, goodbye!’”

“But for moms who may not have much support…there’s that feeling that we could be of so much more service to them…that there’s so much more to come. But you’re just sort of left saying, ‘Right, well, good luck!’”

There was near consensus that an additional visit at 12 months would be of great value to the majority of Welcome Baby! clients. Ideally, coaches felt that discharge from the program should be client-centered, and based on their needs and prospects moving forward.
6. **Referrals to services in the community**

A critical function of *Welcome Baby!* home visitors is to identify child and family needs and make referrals to services in the community that might help address these needs. Indeed, during our focus group, nurses and parent coaches identified a wide range of services to which they commonly refer families. Some forms of assistance are readily available, including Food Stamps, Medi-Cal (or other forms of public health coverage, such as Healthy Families or Healthy Kids), Early Head Start, WIC, and various food banks.

> “Another big one is home safety. We have some really, really, really sad living situations, so there’s an organization [called Esperanza] where we refer and they’ll come out and do an assessment and do a cleanup if there’s a roach infestation or mold or bed bugs.”

Other service needs are much harder to meet.

> “Housing and child care are unmet needs...”

> “I’d say...mental health...is a really hard thing to get support [for]...”

When asked whether their clients ever need help with issues related to immigration, we heard two different messages.

> “I’ve given referrals for immigration help [to families] that were in crisis...when a family member was in threat of being deported...”

But beyond such crisis situations, few families ever bring up issues related to immigration or citizenship.

> “I don’t think they want to openly say that they need help, they don’t want to admit, you know, I think it’s a very touchy subject...”

> “These people are very knowledgeable...if you’re not in crisis there’s nothing for you to do, there is no path to citizenship...so it’s really sort of a moot point.”

Unfortunately, the larger Best Start LA investment and its community mobilization component did not appear to constitute a tangible resource for *Welcome Baby!* home visitors, at least not yet. Some parent coaches had never heard of Best Start LA. Others knew that various community fairs had been convened under the name of “Best Start,” and some were handing out fliers to their clients. One parent coach had attended a Best Start LA community meeting with her supervisor. One coach said that she had referred families to Para Los Niños in the past, but had not had any direct contact with the organization.
7. Data reporting under DCAR

The Data Collection and Reporting (DCAR) system that supports Welcome Baby! home visiting continues to pose challenges to its users; a finding that echoed that of this evaluation’s first case study report. While some parent coaches felt the system had become “a little bit easier” to use, the majority applied adjectives such as “frustrating” and “archaic” to it. One coach remarked playfully that DCAR was:

“Driving us all to drink!”

According to the home visitors we spoke with, data entry is time consuming, yet the system seems challenged in its ability to produced useful reports.

“There’s no effective real way to get the information out…”

Home visitors were frustrated that DCAR reports that can be produced don’t seem to fully reflect the level and amount of work they are doing with clients, nor does it produce program management information, such as plans that identify “…what visits are coming up…” that would make their jobs easier.

8. Lessons and achievements of home visitors, thus far

Our focus group with home visitors concluded with a discussion of “lessons learned” during the first year-and-one-half of helping families through Welcome Baby! and the extent to which nurses and parent coaches felt like they were making a difference in the lives of their clients. Indeed, home visitors described how they derived much gratification from the work they were doing. When asked what some of their most rewarding experiences were, home visitors shared the following:

“I want to say it’s making strong mommies…”

“I think it’s empowerment…when you walk into a home…and sort of get that connection going and feel important in that relationship…”

“It changes [the mother’s] trajectory, because she begins to recognize that, yes, she can affect change, and she can take care of her children and she can grow. It’s just a remarkable…cool change to watch people go through.”

“It’s making a difference for them, in terms of educating them, giving them that one piece of advice that they were so much in need of…”
“[One client] was really depressed when we first got there and by the time our visit was over, you could just see the relief…in her posture…and she even said, ‘I’m so happy you guys came out.’ I mean, THAT is rewarding right there…”

Home visitors were also surprised, and gratified, that fathers were so involved with Welcome Baby! and the raising of their children. Such involvement was usually quite positive, and parent coaches estimated that fathers were in attendance at visits approximately 30 percent of the time.

We also discussed challenges home visitors faced and circumstances where they felt frustrated in their ability to help mothers. The nurse in the group honed in on occasions when she couldn’t help mothers with breastfeeding.

“When I can’t get a baby to latch onto a breast is when I feel like I’ve failed miserably…”

Some parent coaches felt less effective when attempting to address the mental health issues of their clients.

“We’re filling a therapeutic role in a lot of ways [but] we’re not therapists… There are some visits where…[I am] sort of winging it…hoping I did a good job and not really…sure if I did…”

When asked whether the Welcome Baby! model could be improved in any way, parent coaches expressed the sense that mental health capacity could be strengthened.

“I think incorporating mental health into the program…like a therapist on site…so that we wouldn’t have to refer families out…”

Other ideas for strengthening the model included building more expertise in child care systems (so that coaches could better assist mothers in navigating that system), and having more money and resources to share with families as incentives. Finally, coaches circled back to the focus group’s earlier discussion and re-emphasized that Welcome Baby! would serve mothers more effectively if it incorporated into the protocol both a 6-month and a 12-month visit.

C. What Do Community Stakeholders Say about Best Start LA?

Para Los Niños (PLN) is a not-for-profit family service organization in Los Angeles that is serving as the “lead entity” working in the pilot Metro LA community to build cohesion and facilitate change under Best Start LA. As documented in this evaluation’s Year 1 Case Study, PLN encountered some delays during its first year of implementation due a combination of factors, including clarifying its work plan and its relationships with existing community agencies
(Hill, Benatar, Adams, and Sandstrom, 2011). However, the agency was able to launch its community engagement strategy, conducting outreach and education with individuals, groups, and agencies in the community. During the first year, PLN hosted three “information sessions” in Metro LA designed to introduce BSLA to the community, describe the vision of what Best Start LA hopes to achieve, and invite individuals and organizations to get involved and join the BSLA Partnership. The agency shifted its strategy at the beginning of 2010 to more directly target parents; the Parent Engagement Event that took place in February of that year was, by all counts, the most successful community event to date and brought together an estimated 160 parents and community members at San Pedro Elementary School. By June 2010, PLN reached an important milestone by convening a “retreat,” attended by 25 community stakeholders, with the goal of forming a “community guidance body” to provide direction for future community activities and to form a charter and governance structure for moving forward.

1. Who are the community stakeholders with whom we spoke?

One goal of this evaluation’s focus groups was to speak directly to members of the Metro LA community, persons who might have witnessed or felt the effects of Best Start LA’s investments there. At this early stage of implementation, however, and given delays encountered during year one of implementation, it was unlikely that members of the general public would have had enough exposure to Best Start LA to have formed opinions of it. On the other hand, community members who had been recruited to participate in its nascent Community Guidance Body would represent stakeholders that had stepped forth to be a part of the community’s mobilization. Therefore, for our Year 1 focus groups, we recruited participants from this group with the assistance of officials from Para Los Ninos.

Five individuals from the Community Guidance Body (CGB) joined us for our discussion. One was a director of education at a not-for-profit science center in downtown Los Angeles, a museum whose mission is to stimulate curiosity and inspire learning in the sciences among children, youth, and families. The center has a long history of partnering with L.A. schools to work not only with students, but to also conduct professional and curriculum development with teachers. A second participant in the group was involved with health education and outreach for a 100 percent volunteer staffed community-based agency that promotes education and literacy among disadvantaged families, particularly Central American and Mexican immigrant families. A behavioral health professional from the county agency responsible for substance abuse prevention and treatment programs was our third participant. Our fourth participant was a chief executive officer of a prominent speech and hearing clinic in the community, well known not only for its professional audiology training programs and clinical services, but also for extensive community outreach and screening efforts targeting low-income Los Angeles families.\footnote{This individual, it should be noted, was previously the BSLA project director at Para Los Niños and, thus, brought a particular knowledge, perspective, and potential bias to her discussion of community mobilization efforts in Metro LA.}

The
fifth participant was a parent from the community, a life-long resident of L.A., and a social worker at a local elementary school. Her professional focus is to support high academic achievement by promoting healthy family functioning, and involves working with children and families struggling with mental and socio-emotional health issues.

Together, this small group brought a range of perspectives—parental, professional, volunteer, educational, physical and behavioral health—to the table.

2. **What are the strengths and weaknesses of the Metro LA community?**

The focus group began with a discussion of the *Metro LA* pilot community, its diversity, its strengths and resources, as well as its challenges. Participants described how local demographics had shifted in recent years.

“It used to...have a balance between African American and Latino populations. [But] I think the last ten years we’ve seen a big shift in that, now it’s more predominantly Latino...and it’s only certain sections of Metro L.A. that are highly populated by African Americans.”

Another participant described how the area has a large immigrant community, noting that the 1980s saw a “big wave” of Salvadoran immigrants, followed by Guatemalan immigrants, and a significant community of Mayan indigenous peoples. With regard to the Salvadorans, this group was:

“Coming from a country that was in war...there was a big need for mental health services and PTSD...”

Participants believed that *Metro LA* possesses significant resources that give it potential to be a good place to raise children.

“This is a community that is very rich in that it has...a lot of resources...a lot of programs and community agencies, non-profits, whose vision are to enrich the community...”

One remarked that, while the community is traditionally underserved,

“They do help each other very much and are a very close-knit community...”

But challenges facing families in the community are numerous, including high levels of poverty, illiteracy, violence, and domestic violence. And while participants acknowledged the large number of community agencies serving disadvantaged families, they also noted that they’re often underfunded.
“I think the problem is that although there’s all these resources, all of these programs and agencies are highly limited in terms of their funding, and so the amount of services or the amount of people that they can really target is highly limited.”

3. How did these stakeholders get involved with Best Start LA?

When asked how they became aware of, and involved with Best Start LA, some participants pointed to the personal relationships they and their organizations had had with Para los Niños, the “lead entity” in Metro LA.

“We had partnered with Para Los Niños at the science center, and we’ve been dedicated to serving the community. So when [they] called me, it sounded very exciting...because it would help us have greater reach within the community, to get our resources out there.”

Participants also mentioned attending one or more of the community “information sessions” that were convened by PLN in the prior year.

“Yes, we probably had two or three introductory meetings so I could become fully versed on what this is all about...”

Our parent participant learned of BSLA through her school; Para Los Niños was working to reach parents in the community and approached the principal of her school to see if he would be willing to host a “parent engagement” session. The principal agreed and put the school social worker in charge of coordinating arrangements with PLN. After working closely with the social worker, PLN leadership approached her, confirmed that she was a parent of young children, and asked whether she’d like to become more involved on an ongoing basis.

“I was offered to get involved as a parent, on a personal level...[but] it was just a natural fit for me because as a professional that’s what I do... I was just excited to know that my parents were going to be getting this really rich opportunity of getting involved with something that can really make a mark in the community...”

4. What has the Community Guidance Body been working on, and how is it going?

By the time of our focus group, the CGB had been in existence for approximately six months, meeting on a monthly basis. As described in this evaluation’s Year 1 Case Study, early work of the group focused on developing a governance structure, engaging with larger numbers of community members, forming and launching task forces, and beginning to identify needs in the community that might be addressed by placed strategies developed by the CGB. When asked to
comment on the first six months of activity, focus group participants said that an Executive Board of the CGB was formed to provide a focus for leadership, adding:

“I think the first goal was to really develop the structure. We worked a lot on establishing the charter, which really identified a lot of the structure for what we’re going to do…”

From the beginning, CGB members acknowledged the special role they believed parents should play in the overall effort.

“We all come from it in our heart...we want the parents to be privileged and benefit the most from this effort…”

Indeed, a parent (the individual participating in our focus group) was appointed Chair of the Executive Board. As one professional who participated in the focus group explained:

“Anyone of us could take over and lead the process, but that wasn’t the idea... There was no discussion about [a parent] being our president; it was the best way to do it...and it’s working, very well.”

At all costs, CGB members expressed the desire to avoid the mistakes made by previous community-level efforts that paid lip service to parent involvement but didn’t really commit to their full-fledged involvement.

“I would hope...that parents are not used sort of as a token and that [BSLA] stays true and honest to the philosophy of having the community be the ones making decisions, leading...I’ve seen so many other groups [where] parents are sort of used...and then it backfires...the community resents what goes on because they felt they were really used…”

When asked how they would avoid this pitfall and accomplish true parental involvement, a participant said:

“I think we need to be very honest in designing some checks and balances, so we keep getting our own biases and needs and angles out of the way...checking ourselves on a regular basis to make sure we’re staying true to the principles that the community needs to be the leaders.”

Not surprisingly, therefore, the CGB’s efforts to form task forces focused first on the creation of the Parents Task Force. In late-2010, another “parent engagement event” was held to continue the strategy of reaching out to and involving more families in BSLA. The event was viewed as quite successful.
“We had over 82 children who we provided child care for, and a total of 70 registered parents (but more than that showed up). Out of that, we had ten parents sign up to be part of the Parents Task Force.”

In keeping with the goal of having community efforts parent driven, one activity at the engagement event involved distributing surveys and asking parents what types of place-based activities or services should be developed. Some of the early ideas generated included farmers markets, park clean-ups, and infant and toddler parenting sessions. The parent in our focus group, chair of the Executive Board of the CGB, had her own vision of future investments.

“My vision is really to provide a lot of resiliency building, capacity building, and really empowering parents and give them the skills that they need to learn, so that they know what to do in situations where they have issues… A lot of parents unfortunately feel powerless…but parents are BEYOND powerless, you know?”

After discussing parent empowerment, focus group participants were asked if they were aware of the Welcome Baby! component of BSLA, a home visiting program whose primary goals include building mothers’ capacity to effectively raise their children. The parent participant said “yes” and described how she invited a representative from MCH Access to make a presentation on Welcome Baby! at the parent engagement event.

“She [came to] educate the parents on the wonderful resources that as an organization and as a program they...provide within our community.”

While the Parents Task Force was becoming well established, progress on launching other task forces was occurring more slowly. One of our participants was anxious to get started with the Community Mobilization Task Force, which would involve BSLA’s Community Based Action Research contractor, Special Service for Groups (SSG). We heard some frustration expressed at the slow progress, but participants agreed that they were engaged in a new and sometimes complex process, and that momentum was starting to build.

“It’s been interesting... First you just kind of try to learn about each other...who we are and what we are trying to do... Then there starts to be a structure and certain people and relationships [form], definitions of ‘oh, here’s what we need to do’... We’re getting there. I really feel like in the past couple of weeks, we’re starting to grow some legs.”

“It was kind of frustrating for a while, [but] we are finally on the right track.”
“[Now that] the parents are in place, things are going to roll...”
Related to this process, one goal of PLN is to recede to the background, as a “neutral convener” of community mobilization efforts rather than the leader organization. Indeed, the comments of our focus group participants indicate that this shift was already occurring.

“I think this group—we have to take ownership and leadership of this whole process, and so, Para Los Niños can kind of be on the sidelines…”

5. What early lessons have been learned about community mobilization?

To close out the focus group, participants were asked whether they had any early “lessons learned” to share with other community guidance bodies that will be formed as BSLA expands to 13 new communities in the coming years. One participant offered that Best Start LA is a complex model whose multiple facets and goals are sometimes hard to understand. Her advice to other communities was:

“If they truly want to involve parents from the very beginning, they need to tone down the terminology and make things simple and accessible for people...make it parent friendly, taking all the professional lingo out of it, and all the acronyms…”

Another participant observed that the early efforts at community outreach were not very successful (a comment that supports findings from this evaluation’s Year 1 Case Study), and that things began turning around when parents became the focal point.

“My best recommendation is...always target schools... Whenever we’ve had outreach meetings take place at schools we have over 100 parents... We have to stay realistic and honest to what the purpose of this initiative is, which is to be parent driven.”

In keeping with this theme, another participant recommended that future communities resist the temptation to involve too many “outside experts.”

“Look for the parents, because they have the expertise.”

Finally, participants agreed that they felt the Community Guidance Body had been successful and effective, thus far.

“It has been] just so smooth... And although we all have different backgrounds and different expertise, I feel like we’re all very open in communication... That’s one thing I feel we can definitely show the other programs—how our community guidance body has really functioned in a very positive and cooperative manner.”
IV. Conclusions

The findings from our focus groups with consumers, home visitors, and community stakeholders are encouraging for both First 5 LA and for the children and families the agency is striving to help. Policymakers and managers who have devoted considerable energy and resources to designing and overseeing the launch of Best Start LA in the Metro LA pilot community can take heart in knowing that the child and family component of the effort—Welcome Baby! home visiting—appears to be providing a promising, highly valued service to parents with young children. Meanwhile, the community mobilization component of the place-based investment—which has encountered some frustrating delays during start-up—is showing tangible signs of progress, gaining momentum as parents and other community members have become more involved and invested in Best Start LA. Specific, important “takeaways” from the focus groups include:

- **Mothers receiving Welcome Baby! home visiting** expressed great satisfaction with the service. The program appears to be providing critical information and education about their children’s health and development, and has played a valuable role in connecting mothers to available resources and services in their community. Close relationships are evident between mothers and their parent coaches; these relationships offer tremendous emotional support as parents dealt with the stresses of childbirth and raising a newborn. Logistically, the program seems to be working well, as mothers generally report seeing the same parent coach for each visit and having steady and reliable contact with their visitors. Mothers are also comfortable with and trusting of their nurses and parent coaches; almost no complaints were express about the program, while almost all mothers wished for additional visits by their parent coaches, expressing sadness and regret about the home visits coming to an end after nine months.

- **Welcome Baby! home visitors** appear to be well educated, well trained, and highly skilled practitioners. Both nurses and parent coaches expressed high levels of commitment to the families they serve, embraced flexibility and creativity in making their service family centered, and have often gone beyond the intervention’s protocol to better meet families’ needs. Home visitors’ reflections on the strong bonds they’ve formed with clients and the benefits they see accruing to new mothers, fathers, and infants reinforce comments made by the parents themselves. The primary tension that persists is the general feeling that the high-risk families in Metro LA need more ongoing assistance than the Welcome Baby! home visiting model affords.

- **Community stakeholders**, represented by members of the new Community Guidance Body, expressed great optimism and enthusiasm for the potential of Best Start LA to make a difference in Metro LA. While admitting that they are “just getting started,”
these stakeholders seem excited to further organize community members, identify and address community needs, and assume control for the process moving forward. Critically, stakeholders share a common vision that community change should be family focused, and thus parents must be nurtured as leaders and given special status as the initiative grows. This was the most important “lesson” learned expressed by CGB members at this point in the initiative.

Focus groups, by their nature, provide rich qualitative insights into how a program (like Best Start LA) is being implemented and may be affecting its target populations and communities. Inherently, though, the small numbers of people with whom we spoke limits the extent to which we can reach definitive conclusions or generalize our findings.

However, the strong and consistently positive comments we heard from families, providers, and community members about their early experiences with Best Start LA are promising, and reveal important lessons for First 5 LA and members of the other thirteen communities where Best Start LA will be implemented.
References


Appendix 1: Focus Group Moderator’s Guides
Introduction and Overview of Purpose  

Hello and welcome to our focus group. I’d like to begin by thanking each of you for taking time out of your day to be here. We appreciate it. I also want to say that the reason you’re here is quite important, and that I think your time here will be time well spent.

My name is _______, and I’m here with ________. We both work for an organization called the Urban Institute and have been hired to conduct this focus group to talk with you about your experiences with home visiting services you have received through the Welcome Baby! program and the Best Start LA (BSLA) initiative.

Each of you has been invited here because you have received Welcome Baby! home visiting services. Over the next hour or so, we want to talk with you about your experiences with this program.

We are having discussions like this with several groups of parents involved with this program so that we can help the people who created the program learn if its working, and how they can work to best serve you and your family.

Ground Rules  

Before we go any further, let me go over a few “ground rules” for today’s discussion.

1. Before we go any further, I want to ask whether any of you have ever been in a “focus group” before? Just so you know, a “focus group” is an informal small group discussion, moderated by a facilitator (me) who will guide the discussion through a series of questions, focused on a particular issue (in this case—Welcome Baby!). I’d like us to just imagine that we’re sitting around a kitchen table, relaxed and casually chatting with some new friends. Sound good?

2. First, there are no “right” or “wrong” answers here today. Please feel free to share your views, even if they are different from what others have said. Please also know that we don’t work for Welcome Baby!, MCH Access, or First 5 LA so please tell us your thoughts and opinions, whether they are positive or negative.

3. Second, your participation here is entirely voluntary. You are free to leave at any time. Also, your confidentiality will be completely protected. When we summarize the findings of the group, all responses will be “anonymous,” meaning nobody’s name will appear, and nothing you say will be attributed to you so please be as open as possible in sharing your thoughts with us.

4. I would really like to encourage everyone to participate. Each of you does not have to answer each and every question, though, nor do you need to raise your hand to
speak. If, however, some of you are shy or don’t get a chance to speak, I may call on you to give you a turn, because I’d like to know what everyone here thinks.

5. It is important that only one person speak at a time. We want to be respectful of everyone and give everyone their chance to speak. Also, you may have noticed that we are recording today’s discussion, so taking turns is important here too—if two people talk at once, we won’t be able to understand the tape.

6. Now, about the recording. We’re recording the session because we don’t want to miss anything. Even though we’ll be taking notes as fast as we can, I’m certain we won’t be able to write everything down! So, the taping is simply a back-up, a tool to ensure that we get all of your comments. Don’t worry, no one will be listening to these tapes besides the research team; your confidentiality will be protected.

7. Now, I have a lot that I want to talk about with you today. So I may be forced, from time to time, to interrupt the discussion and move us along to another topic. But, don’t let me cut you off! If there’s something important you want to say, let me know before we change the subject.

8. Just a word about cell phones and restrooms. Please either turn off your cell phone or put it in “vibrate/silent” mode. If you need to use the restroom, please do so at any time; you do not need to ask permission. The restrooms are located _________.

9. We will be on a first name basis today, and we’ve placed name cards on the table in front of you to help us remember each other’s names.

10. Any questions? Okay, let’s begin.

**Background Questions***

Let’s start by going around the table and introducing ourselves. I’d like each of you to tell us your first name. Then, to break the ice, why don’t you share with all of us a little about yourself.

- Why don’t you tell me how long you and your family have lived in Los Angeles?
- What neighborhood do you live in?
- How many children do you have, and what are their ages?
Implementation Questions

(30 – 45 minutes)

I’d like to begin by asking you some questions about the home visiting services you’re receiving through Welcome Baby! and MCH Access.

1. First of all, do you refer to the home visiting services that you receive through MCH Access as Welcome Baby!, or do you call it something else?

2. How did you first hear about the Welcome Baby! program?

3. When did you sign up for the Welcome Baby! program?
   • Prenatally? In the hospital at birth? Later?
   • Where did you sign up? At a clinic? At a hospital?
   • Who signed you up?

4. Why did you decide to participate in the Welcome Baby! program? What did you expect to gain (if anything) from the home visiting service?

5. Before the home visiting started from Welcome Baby!, had you ever received any type of home visiting services previously?
   • If so, from where? What was the name of the program? What type of services did they provide?

6. Before you began home visiting with Welcome Baby!, did you have any concerns about it? Were you comfortable with someone visiting you in your home and talking with you about how you were going to be raising your child?
Okay, let's now talk about your experiences so far with home visiting services with Welcome Baby! so far.

7. How long have each of you been receiving home visiting from Welcome Baby!? How many visits, roughly, have you had?

8. Did a nurse visit you in your home shortly after you gave birth? Tell me about that visit—what are some of the things that you talked about?

9. Tell me about a typical home visit with your parent coach.
   - What usually happens?
   - What are some of the things that you talk about? (Probe: referrals to services in the community (e.g., health care, WIC, etc.), mother’s health, baby’s health, breastfeeding, child rearing, child development, etc.)

10. Do you usually meet alone with your parent coach and your child or are you joined by other family members?

11. Tell me about your relationship with your parent coach.
   - Do you see the same person for each visit? What are some of the things that you talk about?
   - Do you get along well with your parent coach?
   - Are you comfortable with her?

12. Do you think that the visits happened at the right time for you? Is there too much or too little time between visits?

13. Do you feel that home visiting has been helpful to you?
   - What has been most helpful part of home visiting for you?
   - The nurse visit? The parent coaching? Breastfeeding support? Referrals? Learning about child development, home safety, etc.?

14. What do you believe has been least helpful part? Do you/did you have any needs that are not being met by home visitors?
Let’s now shift gears and talk about the community in which you live and what it’s like to be a parent in your community.

I’d like to begin by asking you some questions about being a parent.

1. What are some of the best things you feel as a parent of a young child?

2. What are some of the biggest challenges you face as a parent of a young child in your community?

3. Generally, what are your views on the level of support for children and families in your neighborhood?

4. What services do you currently use in the community?
   - How often?
   - Did you find out about any of those services from your parent coach?

5. Does the community in which you live have all of the resources and services you need, as a parent? For example, health services, food support (WIC), education and child development support, parks, libraries?

6. What are the key services you need that are missing from your community?

7. What services would you like to see developed in your community?

8. Have you heard of “Best Start LA?”
   - How or where did you first hear about it?
   - What is your understanding of what Best Start LA is and what it is trying to accomplish?

9. Have you heard of Para Los Niños? What is your understanding of what they do?

10. Have you heard of Hope Street? (If so, what do they do?)

11. Have you heard of The Children’s Bureau? (If so, what do they do?)

12. Have you seen any recent improvements in your community, with regard to services for families with young children? If so, please describe.
Lessons Learned

We’re almost done. Thank you so much for the information you’ve provided so far! Now, to conclude, we would like to ask you about any advice you might have for the folks who run Welcome Baby! and Best Start LA.

13. Are you happy with the services you have received through Welcome Baby!? Has the program met your needs in terms of supporting you and your family?

14. Are there ways in which the program has not helped you? If not, how so?

15. What other experiences (good or bad) can you share with us about getting services through Welcome Baby!?

16. If you had to identify one benefits or positive thing has come out of your participation in this program, what would it be?

17. [Only ask this if they group was familiar with BSLA]: Overall, how do you feel now about the Best Start LA initiative? Was it a good idea? How could First 5 LA have done a better job with this initiative?

18. Is there anything that you think should be done to improve Welcome Baby! or BSLA?

Thank you

Those are all the questions that I have for you today. Is there anything else that anyone would like to add that you think might be helpful for us?

Thank you very much for your time and your thoughts
Presentación y Propósitos Generales (5 minutos)

Buenos días/Buenas tardes y bienvenidas a nuestro grupo de discusión. Me gustaría empezar dándole las gracias a cada una de ustedes por tomarse tiempo de su día para estar aquí. Se lo agradecemos. También deseo decirles que la razón por la que están aquí es muy importante, y creo que su tiempo aquí será muy bien invertido.

Mi nombre es ________, y estoy aquí con ________. Ambas trabajamos para las organizaciones llamadas el Instituto Urbano y la Universidad de California en Los Angeles. Hemos sido contratadas para dirigir este grupo de discusión y hablar con ustedes acerca de sus experiencias obteniendo servicios de visitas al hogar por el programa Welcome Baby!

Cada una de ustedes ha sido invitada porque ha recibido servicios por este programa. En la siguiente hora aproximadamente, queremos hablar con ustedes sobre sus experiencias con este programa.

Nosotros estamos realizando discusiones como ésta con otras madres que han recibido estos servicios, para poder ayudar a que los políticos y proveedores mejoren sus programas para niños y familias como las suyas.

Reglas Básicas (5 - 10 minutos)

Antes de seguir adelante permítanme señalar algunas reglas básicas para nuestra plática de hoy.

1. Antes de comenzar, les quiero preguntar: Hay alguien aquí que alguna vez ha participado en un grupo de discusión, o “un grupo focal”? Un grupo de discusión es una discusión pequeña con una moderadora, como yo, que guía la discusión con una lista de preguntas enfocado en un tema. En este caso, el tema es el programa de Welcome Baby! Me gustaría que todas imaginaran estar sentadas alrededor de una mesa de cocina, conversando con amigas nuevas. ¿Les suena bien?

2. Primero, no hay respuestas buenas o malas en este grupo de discusión. Siéntase en confianza de compartir sus puntos de vista, aun cuando estos sean diferentes de los demás. Quiero que sepan que no trabajamos para Welcome Baby!, MCH Access, ni para First 5 LA, así que por favor díganos sus opiniones, así sean positivas o negativas.

3. Segundo, su participación en este grupo de discusión es voluntaria. Se pueden retirar en cualquier momento. También, su confidencialidad será completamente protegida. Cuando hacemos un resumen de la discusión del grupo, todas las respuestas serán anónimas y no se le identificará a usted.
4. Quiero animarlas para que cada uno de ustedes participe en esta plática. No todos tienen que contestar cada una de las preguntas, tampoco necesitan levantar la mano para hablar. Sin embargo, si alguna de ustedes no participa y es importante para mi saber su opinión, le pediremos por favor que me la de.

5. Es importante que hablen una a la vez. Mostremos respeto hacia los demás y demos a cada una la oportunidad de hablar. También, usted habrá notado que estamos grabando la plática de hoy, de manera pues, que es importante que hablemos por turnos—si dos personas hablan al mismo tiempo, no podremos entender después lo que se grabó.

6. Ahora, hablemos de la grabación. Estamos grabando la reunión porque no deseamos pasar por alto nada de lo que usted nos diga. Aun cuando estaremos tomando notas tan rápido como podamos, de seguro que no podremos escribir todo! De manera que la grabación es simplemente un apoyo, una herramienta para asegurarnos que tendremos todos sus comentarios. Por favor no se preocupe, nadie además del equipo investigador estará escuchando estas grabaciones; su confidencialidad será protegida.

7. Ahora, tengo mucho que hablar con ustedes en este día. Así que habrá momentos en que me veré forzada a interrumpir la plática y continuar con el siguiente tema. Pero no me permitan interrumpirles si hay algo importante que ustedes desean decir, solo avísennme antes de pasar a otro tema.

8. Una nota sobre los celulares. Por favor, apaguen sus celulares o pónganlos en vibración o silencio. Si necesite usar el baño, por favor vaya; no nos necesitan pedir permiso. Los baños están ________.

9. Nos dirigimos a usted solo por su primer nombre, y hemos colocado tarjetas con su nombre sobre la mesa para ayudarnos a recordarlo.


**Preguntas de sobre antecedentes.**

(10 - 15 minutos)

1. Empecemos alrededor de la mesa y presentémonos. Me gustaría que cada uno de ustedes nos diga su primer nombre. Y para conocernos mejor, cuéntenos

   - ¿Cuánto tiempo llevan usted y su familia viviendo en Los Ángeles?
   - ¿En qué barrio vive?
   - ¿Cuántos niños tiene, y cuantos años tienen?

**Preguntas de Implementación del Programa**

(20 minutos)

Ahora, me gustaría preguntarles sobre los servicios de visitas al hogar que están recibiendo [o que han recibido] por el programa Welcome Baby! y MCH Access.
1. Primero, ¿Cómo se le llama el programa de visitas al hogar que recibes por MCH Access? ¿Se le llama Welcome Baby!, u usa otro nombre?
2. ¿Dónde escuchó sobre el programa de Welcome Baby! por primera vez?
3. ¿Cuándo se inscribió en el programa?
   - ¿Antes del parto? En el hospital después del parto? ¿Más tarde?
   - ¿Dónde se inscribió? ¿En una clínica? ¿En el hospital?
   - ¿Quién le ayudó?
4. ¿Por qué decidió participar en el programa de Welcome Baby!? ¿Cuáles fueron sus expectativas y sus metas para los servicios de visitas al hogar por el programa de Welcome Baby!?
5. ¿Antes de recibir los servicios de visitas al hogar por Welcome Baby!, recibió otro tipo de visitas al hogar por algún programa?
   - Si las recibió, ¿de dónde? ¿Cómo se llamaba el programa? ¿Qué tipo de servicios les proveyó ese programa?
6. Antes de la primera visita al hogar por Welcome Baby! ¿Se sintió cómoda con la idea de una persona visitándole en su hogar y discutiendo con usted la crianza de su(s) hijo(s)? ¿Hubo algo que le preocupó?

Bueno, ahora hablemos más específicamente sobre sus experiencias con las visitas al hogar.

7. ¿Por cuánto tiempo ha recibido servicios de visitas al hogar por el programa Welcome Baby!? ¿Aproximadamente, cuántas visitas ha tenido?
8. ¿Le visitó una enfermera poco después de su parto? Describa esa visita. ¿De qué hablaron durante la visita?
   - ¿Qué pasa?
   - ¿De qué hablan durante la visita? [Referencias para servicios en la comunidad (como servicios de salud, WIC, etc.), salud de la madre, salud de los niños, crianza de hijos, desarrollo de niños)]
10. Típicamente, ¿se reúne sola con la visitadora y su bebé en privado, o hay otra gente [esposo, otros hijos, familiares, amigos] en el cuarto también?

11. ¿Cómo es su relación con su visitadora al hogar?
   - ¿La misma visitadora viene a su casa cada vez, o hay varias personas?
   - ¿Cómo se llevan[n] con ella[s]?
   - ¿Se relacionan[n] bien con usted?

12. ¿Piensa que las visitas ocurrieron cuando las necesitaban? ¿Hay demasiado o insuficiente tiempo entre las visitas?

13. ¿Se siente que las visitas al hogar son útiles para usted? ¿Cuál es el aspecto más útil del programa?

14. ¿Cuál es el aspecto más inútil del programa? ¿Tiene algunas necesidades no satisfechas por las visitadoras al hogar?

Ahora, hablemos de sus experiencias como madres en esta comunidad, los servicios que existen allí, y si usted ha visto algunos cambios en su comunidad debido a la iniciativa “Best Start LA.”

1. ¿En su opinión, cuáles son algunas de las recompensas más grandes que se siente usted por ser madre de un niño/a?

2. ¿Cuáles son los desafíos más grandes que siente usted por ser madre de un niño/a en esta comunidad?

3. En general, ¿qué piensa usted sobre el nivel de apoyo para niños y familias en su comunidad?

4. ¿Actualmente usted usa algunos servicios en su comunidad?
   - ¿Cuáles?
   - ¿Con qué frecuencia?
   - ¿Se enteró de estos servicios por su visitadora al hogar?

5. ¿Su comunidad tiene todos los recursos y servicios que necesita una madre? Por ejemplo, ¿tiene servicios de salud, asistencia nutricional, educación, o servicios para el desarrollo de niños, parques, bibliotecas?

6. ¿Cuáles servicios claves faltan en su comunidad?
7. ¿Cuáles servicios le gustarían ver desarrollados en su comunidad?

8. ¿Ha escuchado de la iniciativa “Best Start LA”?
   - ¿Cómo, y dónde lo escuchó por primera vez?
   - ¿Cuál es su entendimiento del propósito de “Best Start LA” y lo que trata de lograr?

9. ¿Ha escuchado de una organización llamada Para Los Niños? (Si sí: ¿Qué hace?)

10. ¿Ha escuchado de una organización llamada el Centro Familiar de Hope Street? (Si sí: ¿Qué hace?)

11. ¿Ha escuchado de una organización llamada Children’s Bureau? (Si sí: ¿Qué hace?)

12. ¿Ha visto algunos mejoramientos recientes en su comunidad, con respecto a los servicios para niños y sus familias?

**Lecciones Aprendidas**

Casi hemos terminado. Muchas gracias por todo lo que nos han dicho hasta ahora. Para concluir, nos gustaría oír sus recomendaciones para los que dirigen el programa de Welcome Baby! y el iniciativo “Best Start LA.”

De todo lo que me han dicho, suena que el programa Welcome Baby!...

[HAGA UN RESUMEN DE SUS COMENTARIOS EN PALABRAS GENERALES, Y CONTINÚE CON LAS PREGUNTAS ABAJO SI EXISTE LAGUNAS]

1. ¿Se encuentra usted satisfecha con los servicios que ha recibido por el programa Welcome Baby!? ¿Ha satisfecho las necesidades de usted y su familia?

2. ¿En qué no le ha ayudado el programa a satisfacer sus necesidades?

1. ¿Tiene otras experiencias – buenas o malas – que puede compartir sobre el programa de Welcome Baby!?

2. Si tenía que identificar un beneficio específico que le ha resultado a usted por su participación en este programa, ¿qué sería?

3. [En general, ¿cómo se siente ahora sobre la iniciativa de “Best Start LA”? ¿Fue una buena idea? ¿Qué pudiera hacer mejor la organización First 5 LA con esta iniciativa?]

4. ¿Hay algo que debemos hacer para mejorar el programa Welcome Baby! o “Best Start LA”?]
Gracias

Ya hemos terminado todas las preguntas que teníamos para ustedes. ¿Hay algo que requieran decir o preguntar antes de terminar?

Gracias de nuevo por su valiosa participación en este grupo.
FOCUS GROUPS: CORE MODERATOR’S GUIDE: WELCOME BABY! HOME VISITORS

Introduction and Overview of Purpose (5 minutes)

Hello and welcome to our focus group. I’d like to begin by thanking each of you for taking time out of your day to be here. We appreciate it. I also want to say that the reason you’re here is quite important, and that I think your time here will be time well spent.

My name is ________, and I’m here with ________. We both work for an organization called the Urban Institute and have been hired to conduct this focus group to talk with you about your experiences with the Best Start LA initiative.

Each of you has been invited here because you work for MCH Access and provide home visiting services through the Welcome Baby! program. Over the next hour or so, we want to talk with you about your experiences with Welcome, Baby! and the Best Start LA Initiative more generally.

We are having discussions like this with several groups of Best Start LA stakeholders here in Los Angeles so that we can help policymakers and providers improve their efforts to serve children and families in Metro LA.

Ground Rules (5 – 10 minutes)

Before we go any further, let me go over a few “ground rules” for today’s discussion.

11. Before we go any further, I want to ask whether any of you have ever been in a “focus group” before? Just so you know, a “focus group” is an informal small group discussion, moderated by a facilitator (me) who will guide the discussion through a series of questions, focused on a particular issue (in this case—Welcome Baby!). I’d like us to just imagine that we’re sitting around a kitchen table, relaxed and casually chatting with some new friends. Sound good?

12. First, there are no “right” or “wrong” answers here today. Please feel free to share your views, even if they are different from what others have said. Please also know that we don’t work for First 5 or Best Start LA. Also, your remarks here today will in no way affect your relationship with your employer, MCH Access. So, please tell us your thoughts and opinions, whether they are positive or negative.

13. Second, your participation here is entirely voluntary. You are free to leave at any time. Also, your confidentiality will be completely protected. When we summarize the findings of the group, all responses will be “anonymous” and none will be attributed to you.

14. I would really like to encourage everyone to participate. Each of you does not have to answer each and every question, though, nor do you need to raise your hand to speak. If, however, some of you are shy or I really want to know what you think, I may call on you.
15. It is important that only one person speak at a time. Let’s show each other the respect we deserve and give everyone their chance to speak. Also, you may have noticed that we are recording today’s discussion, so taking turns is important here too—if two people talk at once, we won’t be able to understand the tape.

16. Now, about the recording. We’re recording the session because we don’t want to miss anything. Even though we’ll be taking notes as fast as we can, I’m certain we won’t be able to write everything down! So, the taping is simply a back-up, a tool to ensure that we get all of your comments. Don’t worry, no one will be listening to these tapes besides the research team; your confidentiality will be protected.

17. Now, I have a lot that I want to talk about today. So I may be forced, from time to time, to interrupt the discussion and move us along to another topic. But, don’t let me cut you off! If there’s something important you want to say, let me know before we change subjects.

18. Just a word about cell phones and bathrooms. Please either turn off your cell phone or put it in “vibrate/silent” mode. If you need to use the bathroom, please do so at any time; you do not need to ask permission. The bathrooms are located _________.

19. We will be on a first name basis today, and we’ve placed name cards on the table in front of you to help us remember each other’s names.

20. Any questions? Okay, let’s begin.

**Background Questions**

(10 – 15 minutes)

Let’s start by going around the table and introducing ourselves. I’d like each of you to tell us your first name. Then, to break the ice, why don’t you share with all of us a little about yourself.

- What is your educational background?
- Have you been involved with home visiting before?
Implementation Questions

(30 – 45 minutes)

For Home Visitors:

Let’s begin with a few background questions.

1. Please tell me a little bit more about your background and training.

2. How long have you worked at MCH Access with the Welcome Baby! program? Why did you want to work there? How did you hear about MCH Access and the Welcome Baby! program?

3. What role do you specifically play in home visiting? (Are you a nurse? A parent coach?)

4. What type of training did you receive from MCH Access to prepare you for home visiting? What was covered during this training? Do you think that this training prepared you well for conducting home visits for this program? [Probes: Why or why not? Was anything missing?]

5. What were your expectations for Welcome Baby! before you started? What kinds of families did you expect to work with, and what types of challenges did you expect families to be facing?

Let’s now talk about your actual experiences, thus far, with Welcome Baby!:

1. Is it part of your job to recruit clients into Welcome Baby!?
   - Where and how do you recruit clients? (At prenatal clinics? In the hospital? At pediatrician’s offices? Where else?)
   - How do potential clients respond to the Welcome Baby! program when you first “pitch” the program to them?
   - How much of your time do you spend recruiting versus doing home visits?

2. How many families do you have in your caseload right now? Does this feel like the “right” amount of cases? Or is this too few cases? Or are you being stretched too thin?

3. Tell me about the families you meet with. What are some of the challenges they typically face? Are these what you expected or different somehow? In what ways?

4. Tell me about a typical home visit. Do get the sense that families feel comfortable with you in their homes? What subjects/topics do you discuss during a typical first
visit? A second visit? Etc? What topics are the mothers most eager to discuss with you? What are they less eager to talk about, or uncomfortable with discussing?

5. Normally, how much time do you spend with each client during a visit?

6. Do you make calls to the families in between in-person visits to check in and see how are things are going? How often?

7. How do you coordinate and schedule visits with families? Is it easy or difficult? What are some of the obstacles you have encountered?

8. How does the transition of clients between nurses and parent coaches work? Is this a smooth transition? What kind of information do you share about your mutual clients?

9. How many visits do you typically complete w/ each family? Do most families complete the full course (through the 9 month visit) of home visiting? If not, why do you think this is?

10. Do you think that you are providing enough visits to families through the Welcome Baby! program? Do you feel that clients would benefit from having more visits?

11. We understand that you collect data about each family during your home visits. Does all of this data go into the DCAR system? How well does that system support your work? What are its strengths? Weaknesses? How could it be improved?

Lessons Learned

1. What are some of the biggest rewards that you experience as a nurse or a parent coach?

2. What are some of the biggest challenges that you experience as a nurse or a parent coach?

3. Do you feel like you’re helping these families? In what ways? What benefits do you see parents and children experiencing in the short term? What about the longer term effects of the home visiting? What has been most effective aspect of the home visits? Why?

4. What challenges have you observed with home visiting? Do you feel like there are ways in which the visits are falling short of their potential? What’s not working as well as you’d like?

5. Do you have any ideas of ways to improve the Welcome Baby! program?

Thank you

Those are all the questions that I have for you today. Is there anything else that anyone would like to add that you think might be helpful for us?

Thank you very much for your time and your thoughts.
FOCUS GROUPS: CORE MODERATOR’S GUIDE: COMMUNITY GUIDANCE BODY MEMBERS

Introduction and Overview of Purpose (5 minutes)

Hello and welcome to our focus group. I’d like to begin by thanking each of you for taking time out of your day to be here. We appreciate it. I also want to say that the reason you’re here is quite important, and that I think your time here will be time well spent.

My name is ________, and I’m here with ________. We both work for an organization called the Urban Institute and have been hired to conduct this focus group to talk with you about your experiences with the Best Start LA (BSLA) initiative.

Each of you has been invited here because you are a member of the Community Guidance Body for the “Metro LA” neighborhood, under the Best Start LA initiative. Over the next hour or so, we want to talk with you about your experiences with Best Start LA.

We are having discussions like this with several groups of BSLA stakeholders here in Los Angeles so that we can help policymakers and providers improve their efforts to serve the Pilot Community (Metro LA).

Ground Rules (5 – 10 minutes)

Before we go any further, let me go over a few “ground rules” for today’s discussion.

21. First, I want to ask whether any of you have ever been in a “focus group” before? Just so you know, a “focus group” is an informal small group discussion, moderated by a facilitator (me) who will guide the discussion through a series of questions, focused on a particular issue (in this case—Best Start LA). I’d like us to just imagine that we’re sitting around a kitchen table, relaxed and casually chatting with some new friends. Sound good?

22. There are no “right” or “wrong” answers here today. Please feel free to share your views, even if they are different from what others have said. Please also know that we don’t work for First 5 LA, so please tell us your thoughts and opinions, whether they are positive or negative.

23. In addition, your participation here is entirely voluntary. You are free to leave at any time. Also, your confidentiality will be completely protected. When we summarize the findings of the group, all responses will be “anonymous” and none will be attributed to you.

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30. Any questions? Okay, let’s begin.

**Background Questions**

**Background Questions**

1. Let’s start by going around the table and introducing ourselves. I’d like each of you to tell us your first name. Then, to break the ice, why don’t you share with all of us a little about yourself.

   • What is your personal connection to the Metro LA community?

   • For the parents in the group: Tell us a little about yourselves and your family. How long have you and your family lived in Metro LA? How many children do you have, and what are their ages?

   • For those representing community organizations in the group: What is your professional background? Could you tell us a little bit about the mission of the organization that you work for? Is your organization located within the boundaries of Metro LA?
Implementation Questions  

(30 – 45 minutes)

Once again, you are all here today because you are a part of the Best Start LA Community Guidance Body for Metro LA. I’d like to start off by talking about how each of you became involved with the BSLA Initiative.

2. Let’s talk about the “pilot community” where Best Start LA has been launched. How would you describe the Metro LA community to someone who has never been there before?
   - Tell me about its diversity, its families, its businesses, its services, or anything else that comes to mind.

3. What would you say are Metro LA’s biggest strengths? What about the community’s biggest weaknesses?

4. How did you first hear about the Best Start LA Initiative?
   - Did you hear about it through contact w/ Para Los Niños? First 5 LA? Someone/somewhere else?

5. Why/how did you decide to get involved in the Best Start LA Initiative and the Community Guidance Body in particular?
   - Did you attend any of the “Information Sessions” and/or “Parent’s Sessions” over the last year? What were those like?

6. We understand that PLN facilitated a “retreat” last June. Was that where the Community Guidance Body was officially formed? Or did it occur before then?
   - In general, what was the process like for the formation of the Community Guidance Body?
   - How did the membership “emerge”? Was it a smooth process? If not, what were the biggest challenges?

7. I know that everyone from the CGB couldn’t make it to our focus group tonight and that you are a subset of the larger group. Given that, what can you tell us about the composition of the Community Guidance Body (as a whole)?
   - Do you feel that it contains all the right mix of people? (i.e., parents, professionals, etc.)?
   - Is there anyone missing from the table (or under-represented)? Is any group over-represented?
• Who else would you like to see involved?

8. What are your roles and responsibilities as members of the Community Guidance Body?

• Are you involved with a particular task force? Please tell me about that…

• Do you serve on the Executive Committee?

• How often do you meet as a group?

9. What have been the agendas of the various meetings that have occurred since June? What kind of progress have you made?

I’d like to now ask you a few questions about your views on the Best Start LA initiative and its progress thus far.

10. In your own words, what do you think the Best Start LA Initiative is trying to accomplish in Metro LA? What are its objectives?

11. In general, how do you feel about Best Start’s progress in Metro LA so far?

12. How has parent engagement in Best Start LA been going? Do parents seem eager to get involved?

13. What about BSLA’s efforts to mobilize Metro LA and build its unity? How is that going?

• Is the community aware of Best Start LA? Why or why not?

14. We understand that there have been some recent leadership changes at Para Los Niños. How has that affected the work of the Community Guidance Body?

• Has it slowed progress?

• Has it made things more difficult? Easier? How?

15. I know that you’ve recently read or heard about First 5 LA’s “Strategic Plan” and its roll-out of Best Start LA in 14 other communities in Los Angeles County. We understand that the Community Guidance Body recently voted to align itself with F5LA’s new strategic plan. How do you feel about this?

• How does this affect Best Start in Metro LA?

• How has it impacted your work in particular?
16. Looking ahead, can you share with us a specific example or two of what you’d like to see developed in the community as a result of Best Start, and why?

17. Have you heard anything about the home visiting services being provided in Metro LA through the Welcome Baby! program? Do you think the community is aware that these services are being offered to new mothers? Do you know if they are working well or not?

18. Are you involved with any of the BSLA Community Partners (Hope Street, Maternal Child Health Access, etc.)?

19. How about The Children’s Bureau and/or Magnolia Place; have you ever worked with them on any programs or services in the community? Please describe.

**Lessons Learned**

Let’s wrap up by talking about some of the “lessons” you’ve learned thus far. Community mobilization, or organization, is a complex undertaking and you folks have been hard at work for many months. Reflecting on that time:

20. What have been the biggest accomplishments for the Community Guidance Body so far?

21. What have been the biggest challenges for the Community Guidance Body so far?

22. Where do you hope to be six months from now? One year from now?

23. What challenges do you think lie ahead for Best Start in Metro LA?

24. Thinking back on the last year, is there anything you think that Best Start LA, or PLN, or the CGB itself should have done differently?
   - Were there particular areas where things could have been done better?
   - What “lessons” would you share with CGBs that are forming in the 14 other Best Start LA communities that might help them get off to a good start?

**Thank you**

Those are all the questions that I have for you today. Is there anything else that anyone would like to add that you think might be helpful for us?

Thank you very much for your time and your thoughts.