# RESEARCH QUESTIONS

## IMPACT STUDY

1) What is the impact of the Welcome Baby program on key maternal outcomes?
   a. Maternal outcome examples: health, knowledge of child development, parenting practices

2) What is the impact of the Welcome Baby program on key child outcomes?
   a. Child outcome examples: health, social-emotional development, cognitive development

3) What is the impact of the Welcome Baby program on key family outcomes?
   a. Family outcome examples: home environment, connection to services and supports

4) To what extent does the impact of the Welcome Baby program vary by subgroups?
   a. Subgroup examples: maternal education, cumulative risk, Best Start communities

5) To what extent does the impact of the Welcome Baby program depend on varying dosage levels?
   a. How does the timing of the Welcome Baby program affect child and family outcomes? Timing includes starting Welcome Baby prenatally vs. postpartum, and timing also includes examining if specific home visits that correspond with children’s ages matter more for certain outcomes.
   b. How does the duration of the Welcome Baby program affect child and family outcomes? Duration comprises the number of engagement points a mother completes, and the evaluation would investigate whether a minimum number of visits or threshold exists before seeing improved outcomes.
   c. How does the intensity of the Welcome Baby program affect child and family outcomes? Intensity includes length of home visits (or other engagement points), breadth of material covered during home visits/engagement points, and additional implementation indicators collected by Welcome Baby parent coaches.

## IMPLEMENTATION EVALUATION

1) To what extent have organizational factors at sites affected implementation of Welcome Baby? For example:
   a. Overall operations at the hospital, work climate, culture, communication, leadership’s support for Welcome Baby
   b. Integration of Welcome Baby into existing routines and programming for infants and families

2) What factors account for variability in sites’ ability to reach fidelity to the Welcome Baby model?

3) What are the program-level costs of implementing Welcome Baby? How do costs change over time?
   a. Start-up costs
   b. Costs related to ongoing delivery of services
4) To what extent have TA providers effectively built staff capacity through training and technical assistance?

5) To what extent do staff feel knowledgeable, skilled in and positive towards the Welcome Baby model?

6) How are sites, TA providers and F5LA learning from each other and developing networks for sharing lessons learned? To what extent are sites sharing and connecting to Best Start Community Partnership work?

7) What are the experiences of staff in implementing the Welcome Baby model? For example, what are experiences with:
   a. Outreach and enrollment
   b. The Modified Bridges for Newborns screening tool
   c. Implementing the WB curriculum during engagement points
   d. Identifying community resources and making referrals
   e. Supervisory processes
   f. Client-centered approach

8) What are the experiences of participants in receiving Welcome Baby?

9) What are the demographic characteristics of Welcome Baby participants, and do they differ from what was expected (e.g., higher or lower risk, different demographic mix, etc.)? What groups is Welcome Baby not reaching?

OUTCOMES EVALUATION

1) What features of service models and implementation (i.e. program infrastructure/hospital run vs. hospital + CBO; program fidelity; service quality/client-centered approach) are associated with key child and family outcomes?

2) Is there a difference between outcomes for women with various dosage levels (post-partum WB only, prenatal + post-partum WB, WB-lite, variation in engagement points completed due to clients)?
   a) Which engagement points are associated with positive outcomes? Are some visits more important than others for certain outcomes (e.g., breastfeeding, child development, discipline strategies)?
   b) How many engagement points are needed to demonstrate positive outcomes? Is there a minimum number of engagement points needed?

3) How do client characteristics (i.e., marital/partnership status, race/ethnicity, education level, home language/English proficiency) correlate with child and family outcomes?

4) What are the correlations between client risk profiles, referrals made, whether services (i.e., mental health, substance abuse, etc.) were received, and child and family outcomes?
   a) What is the reason why services were not received?