Research Advisory Committee (RAC) Webinar:
Follow-up Questions

1) Is Welcome Baby developed by First 5 LA or is it a national model with prior evidence?

Welcome Baby is a locally developed home visiting program.

Questions Related to the Overview of Pilot Study Presentation:

2) Was any formal matching done at the subject-level (e.g., propensity score matching, multivariate matching) for the Pilot Community Study?

No, there was no formal matching of participants at the subject level for the Welcome Baby Pilot Community Evaluation.

3) Does "more" mean statistically significant or just higher?

The group differences presented during the webinar were all statistically significant.

4) What were the breastfeeding rates for both groups?

Two breastfeeding outcomes were presented during the webinar. The differences between the groups were statistically significant.
  - 97% of mothers in the Welcome Baby group and 95% of mothers in the comparison group reported attempting breastfeeding.
  - 40% of mothers in the Welcome Baby group and 33% of mothers in the comparison group reported exclusive breastfeeding during the first four months postpartum.

A third breastfeeding outcome was not presented during the webinar. The difference between the groups was not statistically significant.
  - 90% of the mothers in the Welcome Baby group and 87% of the mothers in the comparison group reported they were breastfeeding at the time of hospital discharge.

5) For the families in the treatment group, could you characterize the level/length of WB services they received?

Women who participated in Welcome Baby could receive up to 9 sessions. To participate in the Welcome Baby Pilot Community Evaluation, a mother must have completed at least 2 sessions. The maximum number of sessions a woman could complete was 9.

The percentage of women in the sample who completed each session is listed below:
  - Home visit up to 27 weeks gestation: 9.1%
  - Phone call between 20 and 28 weeks gestation: 7.7%
  - Home visit between 28 and 38 weeks gestation: 23.8%
  - Hospital visit following delivery: 100%
  - Nurse home visit within 72 hours of hospital discharge: 93.9%
  - Home visit around 2 weeks postpartum: 90.9%
  - Phone call between 1 and 2 months postpartum: 90.0%
  - Home visit between 3 and 4 months postpartum: 83.9%
  - Home visit at 9 months postpartum: 76.5%

6) Were the interviewers blind to who was in WB and not?

Assessment Specialists (i.e., interviewers) were not blind to whether a participant had received Welcome Baby.

7) Will the report provide extensive comparisons of baseline characteristics of the two groups? Will it show treatment and control-group differences across all outcomes, not just the statistically significant ones?

The 12-month report has a table that lists comparisons of the demographic characteristics of the Welcome Baby group and the comparison group. The 12-month report describes findings that are statistically significant as well as findings that are not.
8) What kinds of mothers wouldn’t be living in a Welcome Baby catchment area?

All of the families in the comparison group resided in the Metro LA Best Start community (http://beststartla.org/metro-la/). 47% of the families in the Welcome Baby group resided in the Metro LA Best Start community and the remaining families resided in areas adjacent to the Metro LA Best Start community.

During the pilot phase of Welcome Baby, all families within a 5-mile radius of California Hospital Medical Center were eligible to receive Welcome Baby services. This radius includes all of the Metro LA Best Start community, but this radius also expands beyond the Metro LA Best Start community. Thus, the Welcome Baby samples include both women who live within and slightly outside the area.

9) Is dosage of WB related to initial risk assessment? Is risk level confounded with dosage?

When the families in this sample received Welcome Baby services, the modified Bridges for Newborns screening tool was not being used. Therefore, it is unknown whether Welcome Baby dosage is related to the risk assessment score.

However, it is important to note that in the pilot study dosage was not experimentally manipulated. In other words, Welcome Baby participants determined how many and which Welcome Baby sessions they participated in. Thus, it is possible that some other unknown variable (e.g., maternal motivation, psychosocial risk) accounts for the associations identified between dosage and outcomes.

10) Will we be getting copies of the report and this power point?

Yes. Copies of the 12-month postpartum report for the pilot study will be available. Thursday’s PowerPoint presentation will also be available.

11) Were the outings enrichment activities, or were they just any activities outside the home?

The following items in the maternal survey were included in the engagement in outside activities variable:

- Have relatives you or take (HIM or HER) with you to visit relatives?
- Take (HIM or HER) grocery shopping with you?
- Take (HIM or HER) with you to an activity or event in the community, such as a neighborhood festival, and activity at a community center, or other structured activity or event?
- Take (CHILD) to a public place for learning like a zoo, museum or library?
- Play outside in the yard, a park, or a playground with (HIM or HER)?

Mothers were asked how many times in the past month they had engaged in these activities. Mothers used a 6-point scale to respond (1 = not within past month to 6 = everyday). Summary scores of the frequency of engagement were used in the analyses.

12) Can you summarize what has been learned from this initial study that will lead to improvements in the next phase; what will be changed?

No changes were made to the Welcome Baby program based on the 12-month postpartum study, as we were interested in understanding what findings were sustained (or not sustained) over time. The 24-month study does indicate some areas that not all findings were sustained. We will have internal discussions regarding outcomes and potential program modifications after the official release of the 24-month postpartum study.

13) Why was the ASQ chosen as the primary child assessment? Screening measures typically are not good candidates for measuring differences in children’s performance development.

The Ages and Stages Questionnaire (ASQ) was included in the evaluation of Welcome Baby in the pilot community for several reasons.

- To maintain consistency with the screening tool completed during the Welcome Baby home visits.
- The ASQ is cost-effective and time-efficient. The instrument takes less than 35 minutes to complete. Using parental report made it simple and shorter to include within the survey, which was an important consideration given that many outcomes were measured in the evaluation.
- Training required to administer the ASQ is minimal and does not require a degree in early childhood development or clinical/developmental psychology.
- The ASQ was appropriate for the age targets of the evaluation.
The ASQ has a valid Spanish translation.

14) Are there geographic differences between comparison samples and Welcome Baby families?
see question 8

15) Will there be an emphasis in the impact study on doing an RCT similar to HOMEVEE?
Several design options, including an RCT, will be presented during the RAC meeting. We would like to get input from the RAC members on these design options during the April 23rd meeting.

Questions Related to the Stronger Families LA Database:

16) What proportion do you expect to be immigrant and what languages will be you operating in?
We do not have estimates at this point in time for the proportion of foreign-born families. However, information on place of birth is collected in the recently launched database so we will have this information in the future.
The Welcome Baby program operates in English, Spanish, Chinese, Vietnamese and Khmer.

17) Has the evaluator been selected for the proposed study?
There will be two upcoming studies that we would like to discuss with the RAC members at the April 23rd meeting.
- A cross-site study (e.g., will be conducted across all of the Welcome Baby sites) that will include an implementation component and an outcomes component.
- An impact study that will be conducted in one or more Welcome Baby sites.

Contractors have not been selected for these studies. A competitive bidding process will be employed for contractor selection.

18) What % of clients do you expect will sign all of the data authorizations?
It is unknown what percentage of clients will sign all of the data authorizations forms at this time.

19) Will the data system be able to receive data in languages other than English?
The data system is set up for use by the Welcome Baby staff and, therefore, all information entered will be done so in English.

20) Does the data system take qualitative data or only quantitative?
The data system includes both qualitative (i.e. case notes) and quantitative (i.e. bridges scores) data that will be collected at various engagement points.