RAC Webinar:
Welcome Baby Overview and Current Studies

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F5LA R&E Home Visiting Team

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Webinar Agenda

I. Welcome and Team Introductions
   – Diana Careaga, Interim Senior Program Officer, Program Development

II. Overview of Welcome Baby
   – Allison Wallin, Research Analyst, Research & Evaluation

III. Overview of Pilot Study
   – Nelia Hoffman, Research Analyst, Research & Evaluation

IV. Overview of Early Implementation Study
   – Pegah Faed, Research Analyst, Research & Evaluation

V. Stronger Families Database Overview
   – Melinda Leidy, Research Analyst, Research & Evaluation

VI. RAC Meeting Objectives and Expectations
   – Melinda Leidy, Research Analyst, Research & Evaluation

VII. Webinar Participant Questions
Family Strengthening Strategies

- Strategic Plan FY 2009-2015

- Family Strengthening Strategies:
  - Direct Service Component of Best Start
    - Welcome Baby Program
    - Evidence-Based Home Visiting Programs
Welcome Baby Hospitals

WB Hospitals
- Pilot Hospital
- 9 Contracted Hospitals
- 4 Expansion Hospitals

Best Start Communities
- Broadway/Manchester
- Central Long Beach
- Compton
- East LA
- Lancaster
- Metro LA
- NE SFV
- Palmdale
- Panorama City
- SELA
- South El Monte/El Monte
- Watts/Willowbrook
- West Athens
- Wilmington
Welcome Baby
Implementing Sites

Pilot Site:
- California Hospital Medical Center in partnership with Maternal Child Health Access (community-based organization)
- Began 2009 to present
- Served over 5,000 clients
- Program dosage: Offer up to 9 engagement points to clients within a 5 miles radius

Expansion Sites:
- 12 new sites expanded in cohorts beginning Spring 2013 to present
- Program dosage:
  - Best Start residents: offer up to 9 engagement points
  - Non-Best Start residents: offer hospital visit and if needed, up to 3 postpartum engagement points
Welcome Baby
Participating Welcome Baby Hospitals

**Central/South LA Region:**
California Hospital Medical Center
Centinela Hospital
St. Francis Medical Center

**Eastern Region:**
Citrus Valley Health Partners
Kaiser Baldwin Park
White Memorial Medical Center

**Northern Region:**
Antelope Valley Partners for Health

**Northwest/San Fernando Region:**
Northridge Hospital Medical Center
Providence Holy Cross Medical Center
Valley Presbyterian Medical Center

**Southern Region:**
Miller Children’s Hospital Long Beach
Providence Little Company of Mary San Pedro
St. Mary Medical Center
Torrance Memorial Medical Center
Welcome Baby
PROGRAM OVERVIEW

Universal home visitation program for pregnant and postpartum women

- Serves women living within and outside of Best Start communities and delivering at participating hospitals
- **Free** program providing support and information to pregnant women and new mothers at the hospital and in the home
- Strength-based, family-centered, empathetic approach to enhancing parental understanding of child development.
Welcome Baby

PROGRAM GOALS

- Parents provide enriching, structured, and nurturing environments
- Parents have self-efficacy and resiliency
- Children and mothers are healthy
- Families essential needs are addressed
Welcome Baby

HOW THE PROGRAM WORKS

- One-on-one visits in the home, at the hospital and by phone
- RN, Parent Coach and Hospital Liaison provide personalized support during pregnancy through 9 months
- Provide support and information on:
  * Pregnancy, childbirth and postpartum
  * Breastfeeding and infant feeding
  * Maternal emotional health
  * Home safety before and after birth
  * Healthy attachment, child development
  * Referrals to community resources
  * Program materials to assist with parenting and stimulate baby’s learning
Welcome Baby Client Flow

Welcome Baby Hospital Visit
- All mothers eligible
- Complete Risk Assessment

Legend:
Solid text box: activity completed by Hospital
Dotted text box: activity completed by community-based partner
Welcome Baby Hospital Visit

Universal Risk Screening

- Aims to identify families at greatest risk and link families to supportive services
- Utilizing the Bridges for Newborn Screening Tool
- Used by Orange County hospitals for past 11 years
- A score above or below a cut-off point determines additional support provided
- **Tool modified for Welcome Baby by First 5 LA**
Bridges for Newborns Screening

- Welcome Baby Pilot Phase

- Tool Modifications
  - Scoring and separation of double-barreled questions

  - Identified sub-score categories:
    • Medical
    • Psycho-social
    • Demographics/basic needs

- Modified tool not validated
Additional Screening Tools

- Patient Health Questionnaire (PHQ9)
  - Completed at every engagement point
  - Screening tool for depression

- Life Skills Progression Tool
  - Completed:
    - Prenatally (if enrolled prenatally)
    - 3-4 Month Post partum engagement point
    - 9 Month engagement point
  - Establishes baseline client profiles, identifies strengths and needs, and monitors family progress and outcomes

- Ages and Stages Questionnaire (ASQ-3)
  - Completed postpartum at infant’s 3-4 Months and 9 Months of age
  - Screening tool to identify developmental performance
Welcome Baby Fidelity Framework

- Framework based on:
  - Lessons learned and best practices from Pilot site
  - Literature/knowledge concerning variables most associated with quality in home visiting

- Key Areas:
  - Staffing Qualification
  - Completion of Welcome Baby Training
  - Supervisory Requirements
  - Provision of Reflective Supervision
  - Home Visitor Caseloads
  - Enrollment targets
  - Service Dosage
  - Adherence to engagement point time periods
  - Family-Centered Approach
  - Content of home visits
Oversight Entity

Key Roles:

- Coordinate Welcome Baby Training
- Ensure adherence to Fidelity Framework and standardized program implementation
- Oversee database development and training
- Provision of technical assistance
- Communication/Marketing support
- Conduct Quarterly Peer-to-Peer Learning Exchanges
- Track achievement of performance objectives across and between sites
F5LA Stronger Families Database

Database Role:

- Track objectives and outcomes
- Assess data from single sites and across sites
- Quality assurance and monitoring
- Adherence to program fidelity
Births from Participating Hospitals

- *42,993 births

  - Estimated Participation at Full Implementation (80% Take-up Rate):
    - Welcome Baby Hospital Visit & Assessment Screen: 34,300 Families (25% of county wide births)
    - Welcome Baby: 13,000 Best Start Families
    - Non-Best Start Families: 21,300

*California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2012.*
Welcome Baby: Next Steps

- 13 sites fully staffed by Summer 2014
- Increased enrollment over time
- F5LA Stronger Families Database launched
- Ongoing quality assurance and fidelity monitoring
Overview of Welcome Baby Pilot Community Impact Evaluation

Allison Wallin, Research Analyst
Study Purpose

• To assess the effects of Welcome Baby with an initial set of clients in the Metro LA pilot community
Research Questions

• What child and family outcomes are associated with receiving Welcome Baby services?

• How does the dosage of Welcome Baby services received affect child and family outcomes?
Participants

• Welcome Baby participants (n=454)

• Comparison participants (n=280)
Study Design

2010-2011: Women participate in WB
2011-2012: 12-month postpartum data collection
2012-2013: 24-month postpartum data collection
2013-2014: 36-month postpartum data collection

2010-2011: 2010-2011
2012-2013: 2012-2013
Study Design

- Women participate in WB
- 12-month postpartum data collection
- 24-month postpartum data collection
- 36-month postpartum data collection
Procedure

• Verbally administered maternal survey
• Observation of mother-child interaction
• Observational assessment of home environment
• Height and weight assessment
Outcomes of Interest

• Breastfeeding
• Home environment
• Parenting behaviors
• Child development
Research Question 1

• What child and family outcomes are associated with receiving Welcome Baby services?
Child & Family Outcomes: Breastfeeding

• Mothers who participated in Welcome Baby were more likely than mothers in the comparison group to:
  – Have attempted breastfeeding
  – Have breastfed exclusively during the first 4 months postpartum
Child & Family Outcomes: Home Environment

- Families who participated in Welcome Baby score higher than comparison families on measures of quality of the home environment
Child & Family Outcomes: Parenting Behaviors

- Mothers who participated in Welcome Baby were more **responsive and encouraging towards their children** than mothers in the comparison group.
Child & Family Outcomes: Child Development

- Children in Welcome Baby group demonstrate stronger attainment of communication and problem-solving skills at 12-months postpartum than children in the comparison group.

- Children in the Welcome Baby group demonstrate stronger attainment of communication skills at 24-months postpartum than children in the comparison group.
Research Question 2

• How does the dosage of Welcome Baby services received affect child and family outcomes?
Defining Dosage

• 12-month data analysis: Total number of Welcome Baby engagement points the mother completed

• 24-month data analysis: Completion of the final home visit
Welcome Baby Dosage: Breastfeeding

• Participation in more Welcome Baby sessions was associated with an increase in the number of months a mother breastfed
Welcome Baby Dosage: Home Environment

• Welcome Baby dosage was not associated with the quality of the home environment

• Mothers who completed the final Welcome Baby visit reported in engaging in more activities outside the home than mothers who did not complete the final Welcome Baby visit
Welcome Baby Dosage: Parenting Behaviors

- Mothers who completed the final Welcome Baby visit scored higher on responsiveness and encouragement towards their children than mothers who did not complete the final Welcome Baby visit.
Welcome Baby Dosage: Child Development

- Children of mothers who participated in more Welcome Baby sessions were more likely to be on-track in fine motor development and problem solving skills
Notable Null Findings

- Health insurance coverage and health care utilization
- Child healthy weight
- Physical punishment
Summary

• Promising results in multiple outcome categories

• Importance of involving mothers in as many Welcome Baby sessions as possible

• Results are not conclusive, but warrant further investigation
Goal of Early Implementation Study

To assess the infrastructure and early implementation of Welcome Baby as the program expands to the 14 Best Start communities
Research Questions

1. To what extent have organizational factors at sites affected implementation of Welcome Baby?
   - Work climate, culture, communication, integration of programming into existing routines

2. To what extent have technical assistance providers effectively prepared staff to implement Welcome Baby?
Research Questions

3. To what extent do staff feel knowledgeable, skilled and positive towards Welcome Baby?

4. What are the early experiences of staff in implementing the Welcome Baby model?
   – Outreach and enrollment, implementing the WB curriculum, identifying community resources and making referrals, supervisory processes
Method and Study Participants

- Individual and Group Semi-Structured Interviews with:
  - First 5 LA Staff
  - TA Providers (LABBN, MCHA, PAC/LAC)
  - Welcome Baby Providers at 10 hospitals throughout LA County:
    - Program Directors, Clinical Supervisors, Outreach Specialists, Parent Coaches, Nurses, Hospital Liaisons

- Study builds upon case studies and focus groups that occurred in the Metro LA community
Preliminary Results

- Providers are excited about WB and its potential to positively impact communities.
- Many sites are implementing “best practices” from the Metro LA Pilot Community, especially outreach and prenatal recruitment.
- Staff praised the training they received, but felt under-prepared to go to the field and expressed a need for more ‘hands-on’ training. Despite this, WB providers are quickly learning “on the job” and are encouraged by their accomplishments.
Preliminary Results
- Many providers are frustrated with WB eligibility criteria and messaging WB to non-Best Start clients.
- Some providers are unclear about the level of professional discretion to exercise with the modified Bridges tool.
- The rapid roll-out of WB is challenged by the late release of supports- such as the fidelity framework and database.
- WB is well-integrated into hospital operations, especially those with histories of community work.
Next Steps

• Urban Institute conducting data analysis.
• Early Implementation Study report finalized by June 30, 2014.
Stronger Families LA Database

Pegah Faed, DrPH, MPH, CHES
Research Analyst
Database & Evaluation

• Stronger Families LA is a web-based database for First 5 LA home visiting efforts.
• Welcome Baby & Select Home Visiting Information
• Inform Welcome Baby evaluation
Welcome Baby Database Users

• Outreach Specialists (OS)
• Hospital Liaisons (HL)
• Parent Coaches (PC)
• RNs
• Supervisors

Each role has different functions in the system and will see different work lists and ticklers.
Forms

- **Outreach Specialist Call Log**: Where prenatally-recruited women are listed for follow-up and conversion to clients. The data from this area can only ever be pulled in the aggregate for consent reasons.

- **Prenatal Intake**: Basic, non-Patient Health Information (PHI) about client (collected with verbal consent), shared with hospital liaison (once written consent obtained).

- **Transfer Tabs**: Messages between sites when moving clients.

- **Hospital Visit**: Bridges screening and post-partum intake, shared with PC and RN (with written consent).

- **Visits**: Home and phone-based engagement points, only viewable by agency that created them.
Data Sharing Consent

• **Service consent vs. data authorization:** Participants have the right to services without having their data shared beyond the immediate service provider.

• **Legal entity:** Data cannot be shared between different agencies (legal entities) without data authorization. This includes hospitals with their sub-contractors.
Which data will the evaluator get?

- **Outreach data (prenatal and hospital):** only aggregate numbers, as no consent given

- **Client-level data (if client has signed appropriate data authorizations):**
  - Demographics (primary & secondary caregiver), employment, income, insurance, public benefits
  - **Engagement Points:** dates, duration, participants, location, education topics
  - **Screenings:** Bridges risk screening, home safety checklists, Ages and Stages Questionnaire (ASQ), Patient Health Questionnaire (PHQ), Life Skills Progression Tool (LSP)
  - Referrals given and fulfilled by need
  - Breastfeeding intent and actual (initiation, duration, exclusivity)
  - Prenatal dental visit, ER visits (mom and baby), well-baby visits, post-partum visit, immunization status
  - Closure reasons
Upcoming Development Plans

- Majority of planned reports, including fidelity reports
- Human Resources Module to track staff background, training and supervision
- Tools for reimbursement from public sources, such as Targeted Case Management (TCM) and Medi-Cal Administrative Activities (MAA)
Timeline

- January-March 2014: Welcome Baby (WB) sites trained on database
- March 2014: WB database went LIVE!
- April 1st: DCAR* data migrated to MCHA
- April-July 2014: Reports & Tableau database rolled out for getting data out of system
- November 2014: Select Home Visiting database goes live
- Future: Additional Features, reports, etc. may be added

*DCAR was the previous database used the Pilot Welcome Baby site, Metro LA.
RAC Meeting Objectives and Expectations

Melinda Leidy, Research Analyst
Input on three study designs:

- Implementation Study
- Outcomes Study
- Impact Study
Implementation Study

• Is the study scope and focus feasible?
• Are there suggested changes or additions to the research questions?
• Are the methods adequate given the research questions?
• How should implementation feed into and help inform the outcomes and impact studies?
Outcomes Study

• Which outcomes are most relevant to evaluate?
• What is an appropriate timeframe for follow-up of participants?
• What are the most critical subgroup comparisons to consider evaluating?
• What is an appropriate method to evaluate dosage levels (WB vs WB-light)?
Impact Study

• How can we best use information gleaned from the cross-site study to inform the impact study?
• How will we know when we are ready to conduct an impact study?
• What are the critical outcomes that should be included?
Next Steps

• We will be developing two RFPs:
  – Implementation and Outcome Study
  – Impact Study

• Dropbox link with materials emailed tomorrow

• Binder at RAC meeting
Any questions?