

## CHAPTER 6

# First 5 for Parents Project

“ [First 5 for Parents] helped me as a parent, looking from the outside in, realizing that doing more interaction with your children... and even just playing a game can be a learning tool for them to carry with them on their future years.”

—F5FP Parent



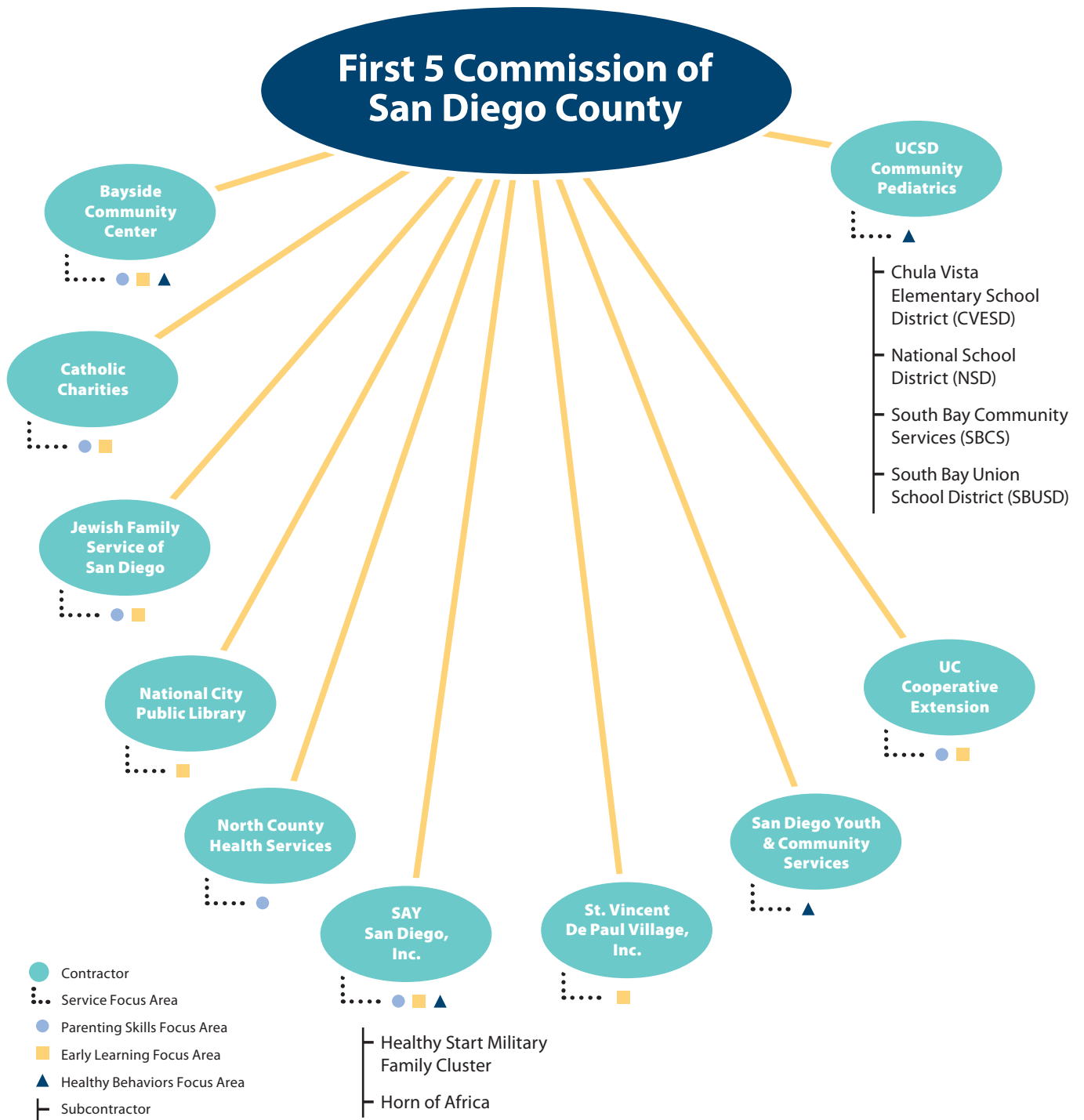
### Key Results

- + **Findings indicate high levels of parental knowledge on most commonly measured indicators.** Nearly all parents demonstrated knowledge of the benefits of playing with children, talking to their children before they are able to articulate words, reading aloud to their children, and facilitating the child's play with other children of the same age. Additionally, nearly all parents demonstrated knowledge of the lifelong benefits of nutrition and exercise, as well as the link between parents modeling healthy behaviors and their children adopting those behaviors.
- + **Findings suggest that incremental changes in behavior occurred according to several commonly measured indicators.** Positive behavior change was observed with respect to: increasing the number of days parents read to their children, telling stories or singing songs, engaging in physical activity; increasing the number of days that children engage in physical activity; and decreasing the number of hours that children watch television, play video games, or spend time on the computer.
- + **Parents reported increased confidence in their parenting skills.** Parents reported higher levels of confidence in their ability to raise, discipline, and help their children learn, as well as make decisions about the services their children need.

### Summing It Up

- + Approximately 4,622 parents and approximately 17,234 children ages 0-5 years were served by First 5 for Parents contractors in FY 2007-08, an increase of 1,281 parents and 7,344 children served from the previous fiscal year.
- + 6,038 home visits were made, an increase of 3,671 from the previous fiscal year.
- + 5,332 classes were held, an increase of 3,277 from the previous fiscal year.
- + 1,122 workshops were held, an increase of 484 from the previous fiscal year.

# First 5 for Parents Project Structure\*



\* Includes First 5 funded Lead Agencies and Partners.

# Introduction

Parents and caregivers are a child's first, and most important, teachers. Research has shown that "the environment provided by the child's first caregivers has profound effects on virtually every facet of early development, ranging from the health and well-being of the baby at birth to the child's readiness to start school at age five."<sup>219</sup> Parent activities, such as showing children how to write words, using complex sentences, and exposing a child to a rich vocabulary produce better outcomes for children in their ability to identify letters, connect letters to speech and sounds, and the use of richer expressive language in kindergarten.<sup>220</sup>

The importance of parents as role models and in creating supportive environments extends beyond traditional school readiness activities to include children's health. The Centers for Disease Control and Prevention's Healthy Schools Healthy Youth! website states: "The prevalence of overweight among children aged six to 11 more than doubled in the past 20 years, going from 7% in 1980 to 18.8% in 2004."<sup>221</sup> This alarming trend highlights the importance of supporting parents as they influence their child's health in providing proper nutrition and exercise. In all areas of their development, children are first exposed to language, attitudes, behaviors and socialization in the home.

To support parents in their important role, First 5 San Diego developed the Parent Development Initiative (see textbox at right) and launched the "First 5 for Parents" Project (F5P) in March 2006, allocating up to \$7.63 million dollars over a three-year

## The Bigger Picture: First 5's Parent Development Initiative

First 5 for Parents is the Commission's strategy to provide direct services under the larger Parent Development Initiative, which aims to educate and support parents to assist them in promoting their children's development and school readiness. In addition to \$7.63 million to support direct services to parents, the Commission has also set aside \$2 million for additional parent development strategies, including:

- Community strengthening and awareness
- Provider training and capacity building
- Systems change and development.

In March 2007, First 5 San Diego commissioned a study to plan and develop these additional strategies for parent development. Information from parents, providers, key informants, Commission staff and the Commission's Technical and Professional Advisory Committee (TPAC) was gathered and synthesized by Nash & Associates. The consultants also conducted a review of parent development activities, best practices and model programs of First 5 Commissions across the state as well as model programs across the country. Results and recommendations from this study were presented to the Commission in June 2008. See the "Making the Connection" section for findings.

<sup>219</sup> National Research Council and Institute of Medicine. Committee on Integrating the Science of Early Childhood Development. From Neurons to Neighborhoods: The Science of Early Childhood Development. Ed. Jack P. Shonkoff and Deborah A. Phillips. Washington, D.C.: National Academy Press, 2000.

<sup>220</sup> Weiss, Heather, Margaret Caspe, and M. Elena Lopez. Family Involvement in Early Childhood Education. Cambridge: Harvard Family Research Project, 2006.

<sup>221</sup> "Healthy Youth!," 2007, Centers for Disease Control and Prevention, 9 September 2007 <<http://www.cdc.gov/HealthyYouth/overweight/index.htm>>.

period. F5P supports the Commission’s vision that *every child enters school ready to learn by equipping parents and primary caregivers with the knowledge, skills, and resources they need to be their children’s first and most effective teachers.*<sup>222</sup>

The First 5 for Parents Project provides direct services to parents. Since the inception of the project in March 2006, First 5 for Parents has touched over 8,000 parents/participants and over 27,000 children. In two years, First 5 for Parents has offered 8,405 home visits, 7,387 classes and 1,760 workshops to parents/caregivers in each of the six county regions.

## Key Elements

First 5 for Parents seeks to strengthen parents’ knowledge and encourage behavior change in three Service Focus Areas:

1. Developing more effective parenting skills (Service Focus Area 1)
2. Promoting children’s early learning and early literacy development (Service Focus Area 2)
3. Fostering healthier behaviors with proper nutrition and exercise (Service Focus Area 3)

To this end, ten contractors were selected to provide parent education services in a variety of communities across San Diego County. Contractors are connected by a shared goal to educate parents, but they address this goal in many ways. Consider the following:

- **Different Service Focus Areas:** Contractors chose to address the Service Focus Area(s) in which they felt they could make the most impact in their community. Some programs address a single area and others address multiple areas (see Exhibit 6.1).
- **Different audiences:** In launching First 5 for Parents, the Commission asked potential contractors to consider the needs of single parents, fathers, parents in immigrant families, parents with lower literacy levels and pregnant and parenting teens, among others. In choosing the programs to fund, special consideration was given to programs that incorporate intergenerational approaches and early intervention for families with children under age three years.
- **Different curricula:** The Commission requires contractors to employ curricula that are evidenced-based or are promising practices to meet the needs of parents and participants.<sup>223</sup> However, since programs address different Service Focus Areas and different audiences, they do not use the same, or even similar, curricula.

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<sup>222</sup> First 5 for Parents falls under the Commission’s Strategic Plan Issue Area 3: Parent and Family Development & Resources, Desired Result 3.1: Families have the skills, comprehensive support and resources they need to promote their children’s optimal development and school readiness.

<sup>223</sup> In the RFP an “Evidence-Based Practice” was defined as “a program, activity or strategy that has been shown to work effectively and produce successful outcomes, and is supported by research and evaluation.” A “promising practice” was defined as “a program, activity or strategy that has achieved successful results in one organization and shows promise during its early stages for becoming an evidence-based practice with long-term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have the potential for replication among other organizations.”

- Different service modalities:** Contractors offer many different service modalities including classes, workshops, and home visits (see Exhibit 6.1).<sup>224</sup> The intensity of service varies greatly. A parent may participate in a drop-in workshop for a total of less than one hour, or could take part in a class that meets for 90 minutes per week for three months and that offers follow-up home visits for six months after completing the class.

Exhibit 6.1 First 5 for Parents Programs by Service Focus Areas and Service Modalities						
Contractors and Programs	Service Focus Areas			Service Modalities		
	1: Parenting Skills	2: Early Learning	3: Healthy Behaviors	Classes	Workshops	Home Visits
Bayside Community Center "Ready, Set, Go"	X	X	X	X	X	X
Catholic Charities "Parents As Teachers"	X	X			X	X
Jewish Family Service of San Diego "Peaceful Parenting"	X	X		X		X
National City Public Library "WOW Mobile"		X			X	
North County Health Services "Project Parenting"	X			X	X	
SAY San Diego, Inc. "Start Smart" & "Our Kids Count"	X	X	X	X	X	X
St. Vincent De Paul Village, Inc. "Project LEAP"		X		X		X
San Diego Youth & Community Services "Options for Health"			X	X	X	
UC Cooperative Extension "Off To A Good Start"	X	X			X	
UCSD Community Pediatrics "NEAT AT 2"			X	X		X

## Summing It Up

FY 2007-08 marked the second year for First 5 for Parents. During the first year, programs took time to hire staff, train them in the curricula, develop outreach and recruitment materials, build relationships with partner agencies and take the overall steps needed to effectively launch their parent education services. By the start of the second year, programs had already begun enrolling parents and offering services; the significant increase in the number of participants served and service units offered reflects this.

<sup>224</sup> Definitions: Classes are a series with definitive first and last sessions. Workshops are less formal, perhaps meeting just one time or meeting over a period of time with no explicit expectation of attendance. Participants may or may not sign-up in advance and may or may not attend consistently or sequentially.

- Increased number of parents/participants:** In FY 2007-2008 First 5 for Parents reached 74.3% more children ages 0-5 years and 37.9% more parents/caregivers (see Exhibit 6.2).<sup>225</sup> The number of senior volunteers refers to the seniors participating as mentors and in other capacities in programs with an intergenerational component. It is of note that in some cases, parents may participate in multiple First 5 for Parents funded programs at the same agency. There may be some clients that are duplicated in the child and parent counts.
- Increased number of home visits, classes and workshops:** As Exhibit 6.3 indicates, contractors offered more services in FY 2007-08. These included a range from light touch services such as drop-in classes, to weekly classes for several weeks to home visits over several months. Some offer both light touch and intensive services (see Exhibit 6.1).
- English language learners predominate:** The majority of parent/participants speak a language other than English at home (67.4%). These languages include Spanish, Arabic, Chinese, Japanese, Kirundi, Somali, Swahili and Vietnamese.

<b>Exhibit 6.2 Number of Participants</b>		
	<b>FY 2006-2007</b>	<b>FY 2007-2008</b>
Total children 0-5*	9,890	17,234
Children 0-2	5,170	6,492
Children 3-5	4,720	10,742
Parents/caregivers*	3,381	4,662
Senior Volunteers**	36	46

*\*In some cases, parents can participate in multiple programs at the same agency. There may be some clients that are duplicated in the child and parent counts. Additionally, one contractor offers a two-program sequence in which the first program is a prerequisite to the second; to avoid duplication the number of parents/caregivers served in the second class was omitted from the total number of parents/caregivers served.*

*\*\*Four contractors' programs use intergenerational service delivery models*

<b>Exhibit 6.3 Number of Service Units by Type of Service</b>		
	<b>FY 2006-2007</b>	<b>FY 2007-2008</b>
Home visits *	2,367	6,038
Classes **	2,055	5,332
Workshops ***	638	1,122

*\* Five of 10 contractors offer home visits*

*\*\* Seven of 10 contractors offer classes*

*\*\*\* Seven of 10 contractors offer workshops*

<sup>225</sup> The total number of parents/caregivers served is based on the number of parents/caregivers who attended at least one class, workshop or home visit; it does not reflect the number who completed the program.

## Making a Difference

Given the variety of focus areas addressed – audiences, curricula, and modalities – it was challenging to develop and implement an evaluation to address project and Commission level outcomes, which is also sensitive enough to capture changes among the wide variety of programs. The evaluation methodology and findings from years 1 and 2 are presented in this section.

### Creating a Cohesive Evaluation Plan across Diverse Programs

The Commission designated knowledge and behavior outcomes to be monitored for evaluation purposes. Some of these outcomes were measured consistently across contractors (common survey questions) and some of these outcomes were measured with contractor-specific questions (individual survey questions). During the first year, Harder+Company Community Research facilitated a consensus-building process for contractors to select questions that would be measured consistently and used collaboratively. The common survey instrument was ready for implementation in mid-January 2007. After a six month pilot, modifications were made, and a revised survey was implemented in July 2007. For comparability across contractors, only results for common survey questions are presented here. (See Appendix B for additional notes on the development of the F5P evaluation).

### Limitations of Common Survey Data

- **Follow-up data are not available for every participant:** Only data for participants with pre- and post-test survey data (matched cases) are reported here.
- **Only results for outcomes measured by common survey questions are presented for comparability:** The results in this chapter reflect only the results of the common survey questions and do not capture a complete picture of First 5 for Parents (see Appendix B for a discussion of which outcomes are measured by the Common Survey and which are measured by contractors' individual instruments).
- **Contractors select questions relevant to their programs:** Not all contractors address all three Service Focus Areas, so not all outcomes are relevant to all programs (see Appendix B for more details).
- **Participants may not choose to answer every question:** The data presented reflect the responses of participants who replied to a question (referred to as valid percents). As a result, the total number of respondents varies by question.
- **There are a limited number of duplicated cases in the analysis:** Some contractors run multiple First 5 for Parents programs through their contracts. If a parent participated in more than one of a contractor's programs, he or she may have completed more than one initial or follow-up survey.
- **Attendance data is not available for analysis:** Contractors do not collect individual-level attendance data. Therefore, the evaluation team assumed that matched pre- and post-test surveys indicated that a participant completed the program (and therefore attended the optimal number of classes for that program).
- **The Common Survey changed between Year 1 and Year 2:** The Common Survey was revised at the end of FY 2006-07 to strengthen the design after several months of implementation. As a result some questions were eliminated and new questions were added. Wherever possible, comparable data are presented to facilitate comparisons in outcomes between years 1 and 2.

While individual programs also measured results for components unique to the parent curricula used, only the results of these common survey questions are presented in this chapter.<sup>226</sup> The findings in this section present comparable data from years 1 and 2 wherever possible.

### Common Survey Results

Findings for selected outcome indicators for Focus Areas 1, 2 and 3 are presented in this section.

Harder+Company only included parents with matched pre- and post-test survey data in the analysis of outcomes. Furthermore, individual-level attendance data is not available for analysis. Consequently, for the purposes of analysis, the evaluation team assumed that matched pre- and post-test indicated that the parent not only completed the program, but also attended a sufficient number of classes (referred to as dosage) to reasonably expect an observed knowledge and behavior change at follow-up. It should be noted that the percentage of matched cases for FY 2007-08 was only 30.6% and is not representative of all parents/caregivers served.<sup>227</sup> The relatively low number of matched cases may reflect low retention and program completion rates because parents/caregivers may attend one or more class sessions but miss the survey administration at baseline, follow-up or both.<sup>228</sup> About half (50.3%) of participants who completed a pre-test survey have a matched post-test survey. These percentages suggest that contractors face challenges in ensuring that participants complete the common survey, but they may also suggest that contractors face challenges in retaining clients until the target follow-up period. Beginning in FY 2008-09 contractors will begin tracking individual-level attendance data, program completion rates, and retention rates. These additions will strengthen the evaluation design and enable us to link the amount of exposure to the intervention (dosage) to the observed outcomes measured by the common survey.

Using data from the subsample of participants with matched survey data available, Harder+Company assessed changes from pre- to post-test for over 80 questions on the Year 1 (FY 2006-07) and Year 2 (FY 2007-08) Common Surveys. The results of outcome indicators of particular significance are presented here.

#### Parents' knowledge of the benefits of parent-child interaction and early learning opportunities (Service Focus Areas 1 & 2)

- **High levels of knowledge of the benefits of parent-child interaction and early learning opportunities:** In years 1 and 2 nearly all parents demonstrated knowledge of the benefits of playing with their children, talking to their children before they are able to articulate words, reading aloud to their children, and facilitating the child's play with other children his/her age. The results for parents with matched data in FY 2007-08 are presented here. As shown in Exhibit 6.4, gains were noted in all but one knowledge area, though the high levels of knowledge at pre-test precluded significant increases in knowledge at post-test. The more significant changes between pre- and post-test were measured in parent behavior.

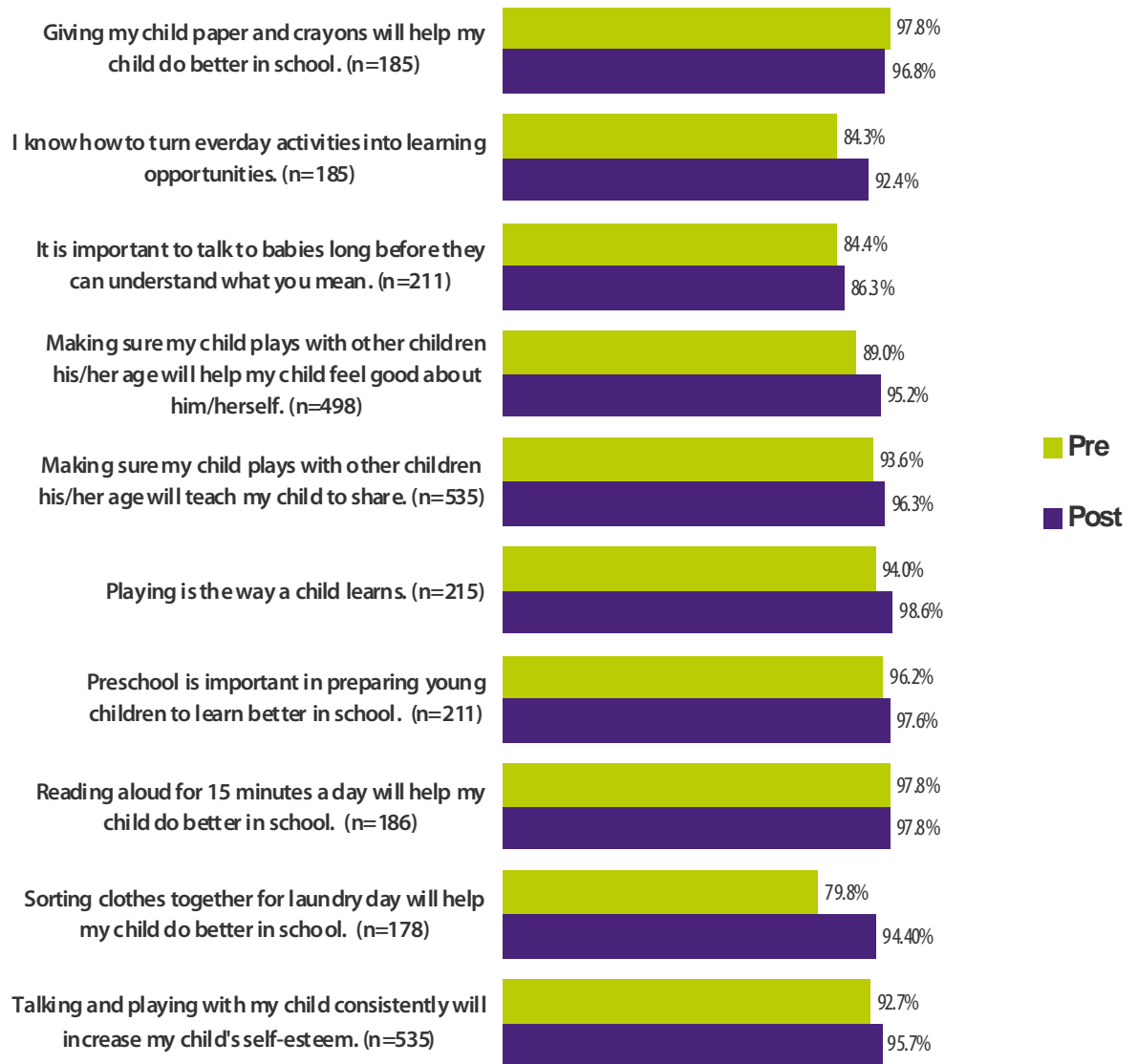
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<sup>226</sup> Please see Appendix B for a description of the Common Survey and a complete summary of the First 5 for Parents Project's evaluation design.

<sup>227</sup> Overall, 60.9% completed a pre-test survey, while only 34.0% completed a post-test survey in FY 2007-08. Of those who completed a pre-test survey, 50.3% had a matched post-test survey.

<sup>228</sup> There may be some parents enrolled late in the year who may not have reached the specified follow-up period to complete the post-test before the end of the fiscal year; however this number was small for parents enrolled in FY2006-07.

**Exhibit 6.4** Parents reporting correct responses to questions demonstrating knowledge of the benefits of parent-child interaction and early learning opportunities, FY 2007-08.\*



\*Includes the valid percent of responses for parents with matched survey data before and after the program.

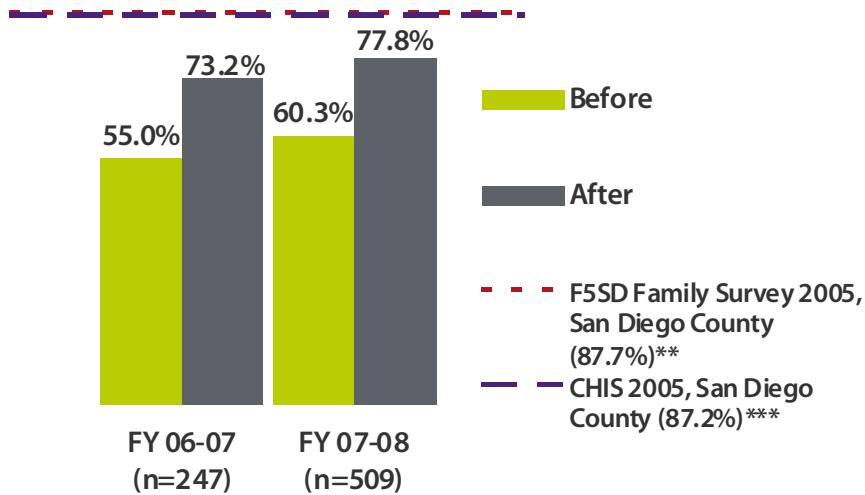
**Parents reading to children (Service Focus Areas 1 & 2)**

- Improvement in frequency of reading to children:** In both years, parents demonstrated an increase in the number of days that they read to their children. Findings from the 2005 First 5 San Diego Family Survey and the 2005 UCLA CHIS survey demonstrate that just under 90% of parents of children under age 6 in San Diego County read to their children three or more days per week. Most parents served by Parent Ed agencies read to their children much less frequently when they started the programs. However, at post-test approximately three-quarters of parents reported reading to their children three or more days in a typical week, indicating a substantial improvement (see Exhibit 6.5).

**“A lot of my parents, since they have never been read to, they have learned to like reading to their kids .”**

**-First 5 Provider**

**Exhibit 6.5** Parents who read to their children 3 or more days in a typical week.\*



\*Includes the valid percent of responses for parents with matched survey data before and after the program.

\*\*Source: First 5 San Diego. Family Survey Report. San Diego, CA: Author, 2005.

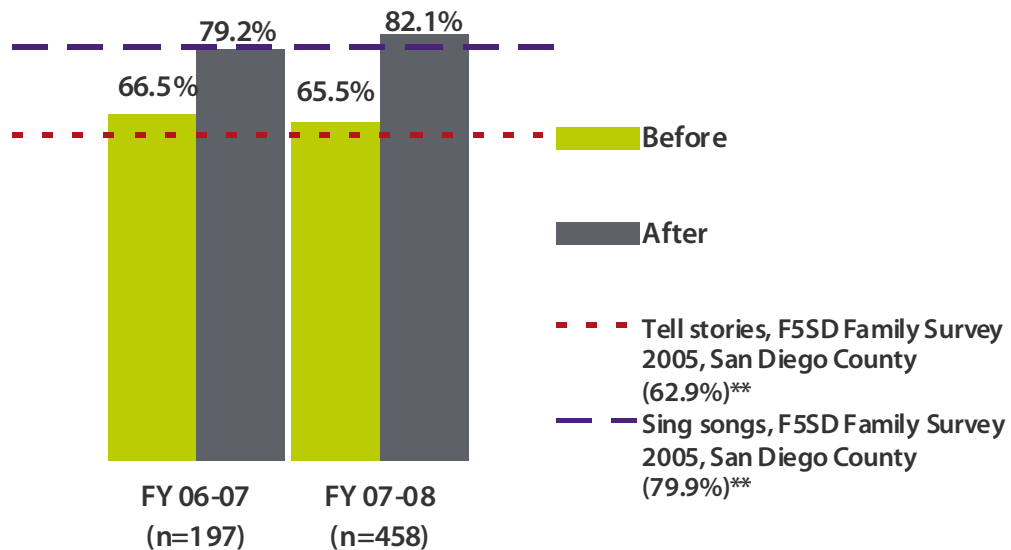
\*\*\*Source: UCLA. California Health Interview Survey (CHIS) 2005. Accessed 10 Sept. 2007. Available at <http://www.chis.ucla.edu/>

Note: CHIS asked about the number of days per week parents read to children (age 0-5 years). The Family Survey asked about the number of times parents read to children in a typical week. F5P SURVEY asked about number of days in a typical week.

**Parents telling stories or singing songs (Service Focus Area 1)**

- Improvement in frequency of telling stories or singing songs with children:** In both years, parents demonstrated an increase in the number of days that they tell stories or sing songs with their children. Findings from the 2005 First 5 San Diego Family Survey suggest that just under two-thirds of parents in San Diego County tell their children stories three or more times per week, while just under 80% sing songs with their children three or more times per week. Most parents served by First 5 for Parents contractors reported engaging in these activities somewhat less frequently at pre-test, but nearly all had met or exceeded these benchmarks at post-test (see Exhibit 6.6).

**Exhibit 6.6** Parents who tell their children stories or sing songs 3 or more days in a typical week.\*



\*Includes the valid percent of responses for parents with matched survey data before and after the program.

\*\*Source: First 5 San Diego. Family Survey Report. San Diego, CA: Author, 2005.

Note: The First 5 San Diego Family Survey asked questions about telling stories and singing songs separately. F5P SURVEY asked about them together. The Family Survey asked about the number of times parents told stories or sang songs in a typical week. F5P SURVEY asked about number of days in a typical week.

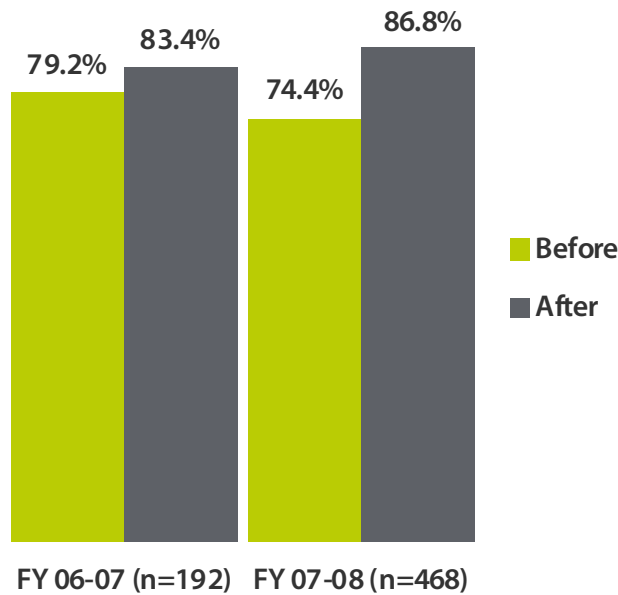
### Parents playing with children (Service Focus Area 1)

- **High frequency of playing with children:** Approximately three-quarters of parents reported playing with their children three or more days per week at pre-test. There was an increase in the percentage reporting the same at post-test; however, the high rates at pre-test precluded substantial improvement.

**"[The program] keeps me inspired to keep teaching my kids."**

**– SDF5 Parent**

**Exhibit 6.7** Parents who play with their children 3 or more days in a typical week.\*



\*Includes the valid percent of responses for parents with matched survey data before and after the program.

**Parents' confidence in their parenting skills (Service Focus Areas 1 & 2)**

- **Significant improvement in parents' confidence in their parenting skills:** Parents indicated a significant, positive increase in confidence on all measured items in both years (Exhibit 6.8). On average parents begin programs with somewhat low levels of confidence in their parenting skills (range of 0 as low to 6 as high), but demonstrate significant improvement by the end of the program.

**“It gives [parents] a feeling of empowerment because now it’s education for them; they are being told about what’s right for development.”**

**Exhibit 6.8 Parents' Confidence in their Parenting Skills, FY 2007-08\*\***

Survey Item	Mean "Then" (Before Program)	Mean "Now" (After Program)	Mean Difference	Mean Difference FY 2006-07***
I am confident that I know what is right for my child. (n=483)	3.34	5.35	2.01*	0.76*
I am confident in my ability to handle the day-to-day challenges of raising my child. (n=484)	3.33	5.25	1.92*	0.87*
I am confident in my ability to discipline my child. (n=479)	3.34	5.28	1.94*	1.02*
I am confident in my ability to help my children learn. (n=482)	3.58	5.43	1.85*	0.94*
I am confident in my ability to make decisions about the services my child needs. (n=480)	3.78	5.42	1.65*	n/a

\*Significant at the  $p \leq 0.05$  and  $p \leq 0.01$  levels.

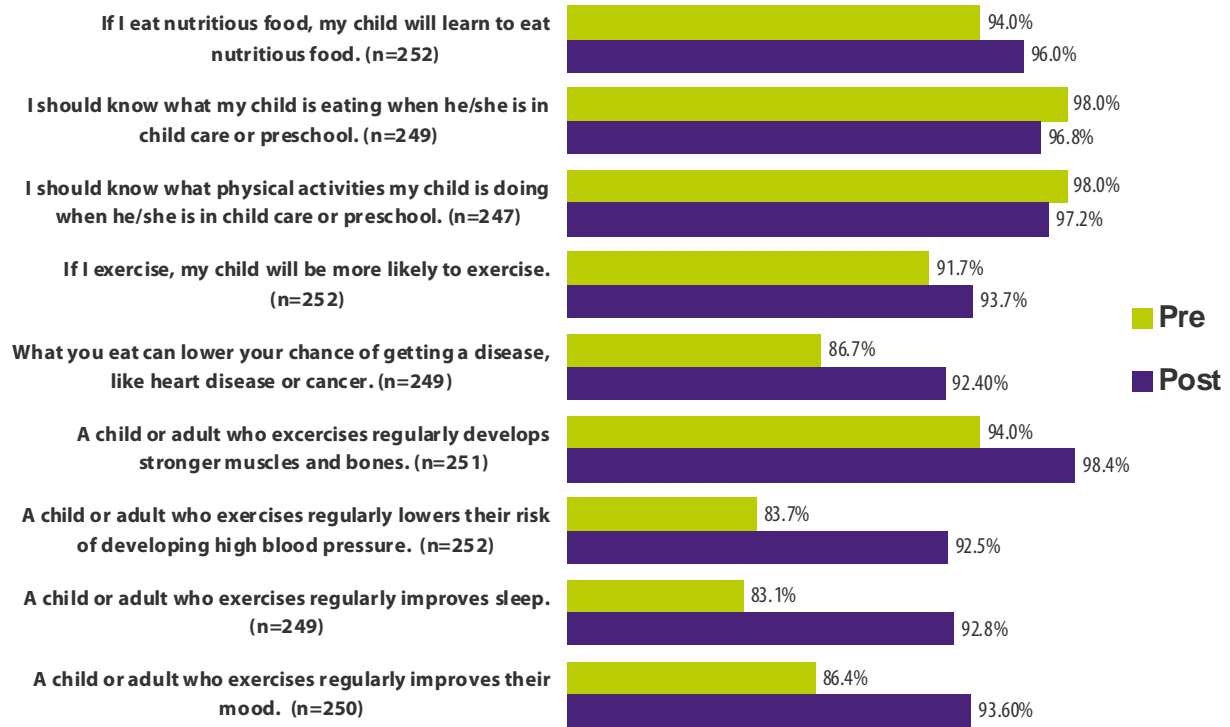
\*\* Includes the valid number of responses for parents with matched survey data before and after the program.

\*\*\*In FY 2007-08, questions about parental confidence before and after the program were asked only at the end of the program on the post-test survey. In FY 2006-07, these questions were asked separately at pre- and post-test; therefore, the results are not precisely comparable due to the change in the timing of administration of the questions.

**Parents' knowledge of the benefits of nutrition and exercise (Service Focus Area 3)**

- High levels of knowledge of the benefits of good nutrition and regular exercise, including lifelong benefits:**  
 In years 1 and 2, nearly all parents demonstrated knowledge of the link between parents modeling healthy behaviors and their children adopting those behaviors (such as exercise for lowering risk of disease). The results for parents with matched data in FY 2007-08 are presented here. As shown in Exhibit 6.9, the high levels of knowledge at pre-test precluded significant increases in knowledge at post-test.

**Exhibit 6.9** Parents reporting correct responses on questions that demonstrate knowledge of the benefits of nutrition and exercise at baseline and follow-up, FY 2007-08.\*



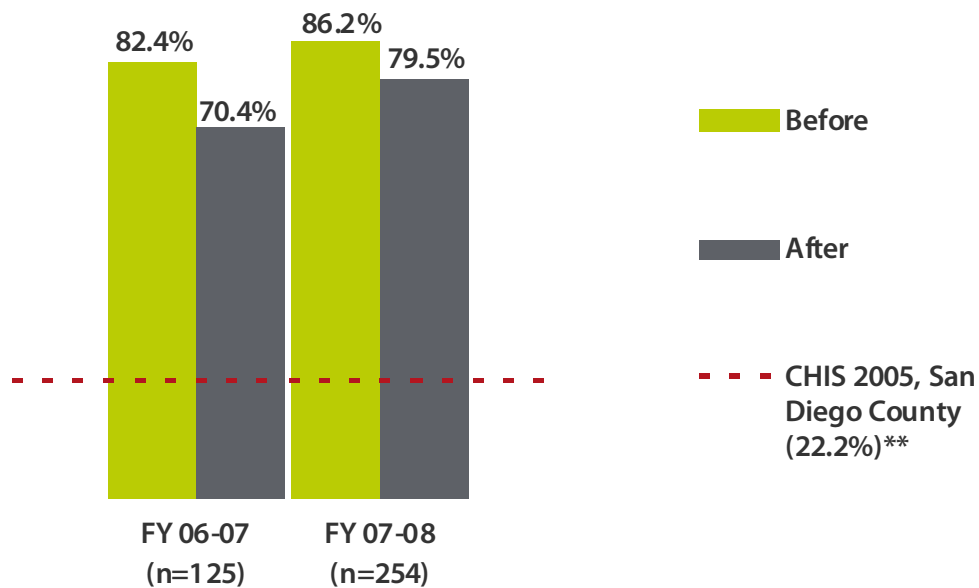
\*Includes the valid percent of responses for parents with matched survey data before and after the program.

## Eating fast food

- Little improvement in decreasing fast food consumption:** In both years, a very high percentage of parents reported eating fast food at least once in a typical week at pre and post. County comparison data from the 2005 UCLA CHIS offers a benchmark for how many residents with children ages 2-5 years reported eating a fast food meal on the previous day (22.2%). Although the reference periods are different, a much higher percentage of parents served by First 5 for Parents report eating fast food. There was no significant change in fast food consumption at post-test. This finding held when the analysis was restricted to FY 2007-08 data, which asked parents to report the number of days (from 0 to 7) that they eat fast food in a typical week, rather than in broad categories. Usually a range of values is a more sensitive measure of small changes in behavior than categorical responses; however, a difference in means test restricted to FY 2007-08 parents showed no significant change at post.

**“I want to eat better now, too, ‘cause I know what the food is doing to me, and I know more about health.”**  
 - First 5 Parent

**Exhibit 6.10** Parents who reported that their families eat meals out at fast food restaurants at least one day in a typical week.\*



\*Includes the valid percent of responses for parents with matched survey data before and after the program.

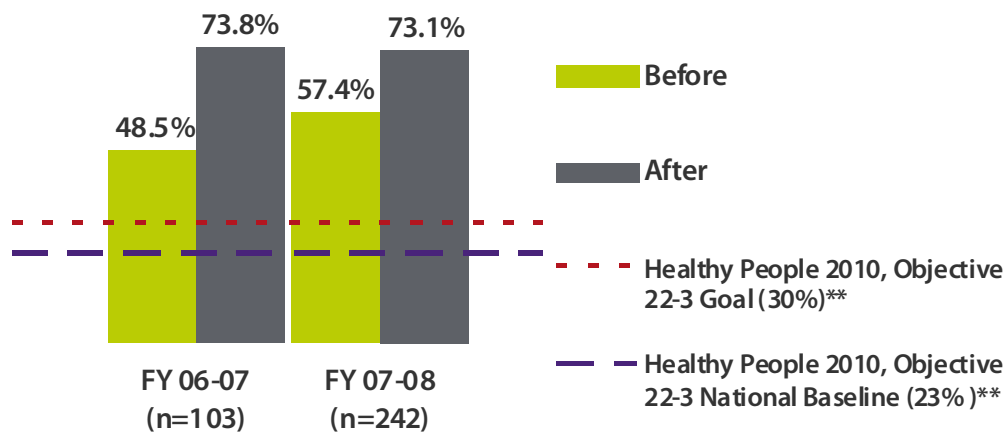
\*\* Percentage of respondents with children ages 2-5 who reported eating fast food one or more times on the previous day. Source: UCLA. California Health Interview Survey (CHIS) 2005. Accessed 26 Sept. 2007. Available at <http://www.chis.ucla.edu/>

\*\*Note: CHIS asked how many times respondent had eaten fast food on the previous day. FSP SURVEY asked the number of days that the family eats fast food at breakfast, lunch or dinner in a typical week.

**Physical activity of parents and children (Service Focus Area 3)**

- Parents increased the frequency of their physical activity:** Parents reported significant increases in the number of days in a typical week when they engage in physical activity that makes them sweat or breathe hard for at least 20 minutes. In addition, the percentage of parents reporting that they engage in such physical activity 3 or more days in a typical week substantially exceeds the Healthy People 2010 Goal and National Baseline for frequency of comparable exercise at pre- and post-test in both years (see Exhibit 6.11). One of the Healthy People 2010 Physical Activity and Fitness Goals is that 30% of U.S. adults will participate in “vigorous physical activity that promotes the development and maintenance of cardio respiratory fitness for at least 20 minutes per day 3 or more days per week” (Objective 22-3). The Healthy People 2010 National Baseline indicates that 23% of U.S. adults participate in “vigorous physical activity that promotes the development and maintenance of cardio respiratory fitness for at least 20 minutes per day 3 or more days per week”. The goal and national baseline data is comparable to the measure used in the First 5 for Parents Common Survey.

**Exhibit 6.11** Parents who reported participating in physical activity for at least 20 minutes (that makes them sweat or breathe hard) 3 or more days in a typical week.\*



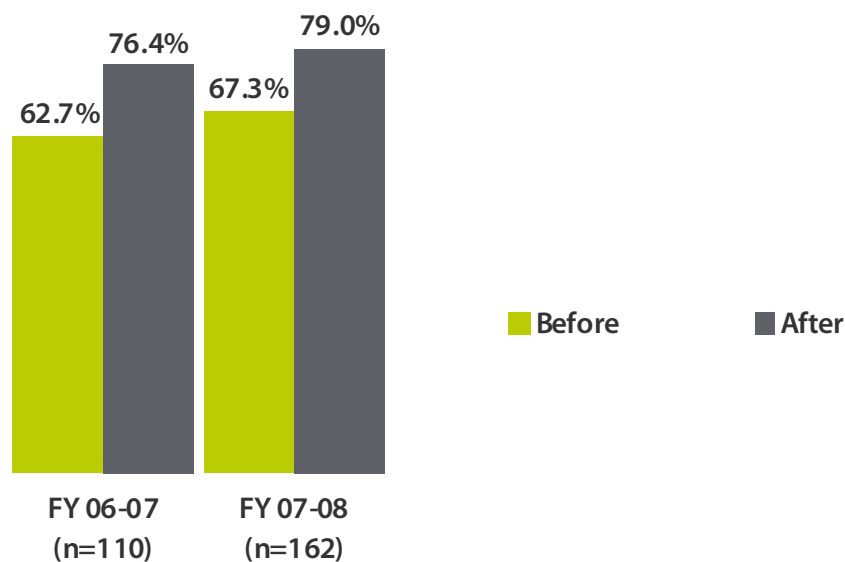
\*Includes the valid percent of responses for parents with matched survey data before and after the program.

\*\* The Healthy People 2010, Objective 22-3 Goal is that 30% of U.S. adults will participate in “vigorous physical activity that promotes the development and maintenance of cardio respiratory fitness for at least 20 minutes per day 3 or more days per week”. Source: Healthy People 2010, Physical Activity and Fitness Indicators. Accessed 25 Sept. 2008. Available at <http://www.healthypeople.gov/>

\*\*Note: The Healthy People 2010 Objective 22-3 Goal is stated in terms of “vigorous physical activity that promotes the development and maintenance of cardio respiratory fitness” for at least 20 minutes per day 3 or more days per week. PE Common Survey asked respondents how many days in a typical week that they participate in physical activity for at least 20 minutes that makes them “sweat or breathe hard”.

- Children exercise more often than their parents do:** At pre-test, approximately two-thirds of parents reporting on behalf of a children ages 2-5 years indicated that their children engaged in physical activity for at least 10 minutes 5 or more days per week. This data suggests that children engage in physical activity at substantially higher rates than their parents do.<sup>229</sup> Given the relatively high frequency of physical activity of children by this measure, there was only moderate room for improvement between pre- and post-test.

**Exhibit 6.12** Parents who reported that children ages 2-5 participated in physical activity for at least 10 minutes at a time 5 or more days in a typical week.\*



\*Includes the valid percent of responses for parents with matched survey data before and after the program.

- On average parents and children ages 2-5 years increased the number of days that they engage in physical activity by half a day:** The average number of days that parents and children engage in physical activity showed statistically significant improvement at post-test (see Exhibit 6.13). On average at post-test, parents responded that they increased the average number of days that they engage in physical activity in a typical week by 0.50 days. At pre-test, parents on average engaged in physical activity 3 days per week.<sup>230</sup> Given that behavior change often happens in small increments and the average number of days of physical activity was already high for parents served compared to national benchmarks, an increase of half a day is a noteworthy improvement. Parents reporting on behalf of children ages 2-5 years similarly indicated an increase of 0.59 days that children engage in physical activity between pre- and post-test.

<sup>229</sup> The duration of physical activity specified in the question is lower for children than parents and the level of intensity is not specified.

<sup>230</sup> Analysis was restricted to parents who completed the FY 2007-08 Common Survey. Parents answered questions by specifying a range of days (0-7 days).

**Exhibit 6.13 Number of days in a typical week that parents and children ages 2-5 years participate in physical activity, FY 2007-08\*\***

Survey Item	Pre	Post	Mean Difference	Mean Difference FY 2006-07***
Number of days in a typical week that parent participates in physical activity for at least 20 minutes that makes him/her sweat or breathe hard. (n=242)	3.02	3.52	0.50*	1.33*
Number of days in a typical week that children ages 2-5 years participates in physical activity for at least 10 minutes at a time. (n=162)	5.25	5.85	0.59*	n/a**

\*Significant at the  $p \leq 0.05$  and  $p \leq 0.01$  levels.

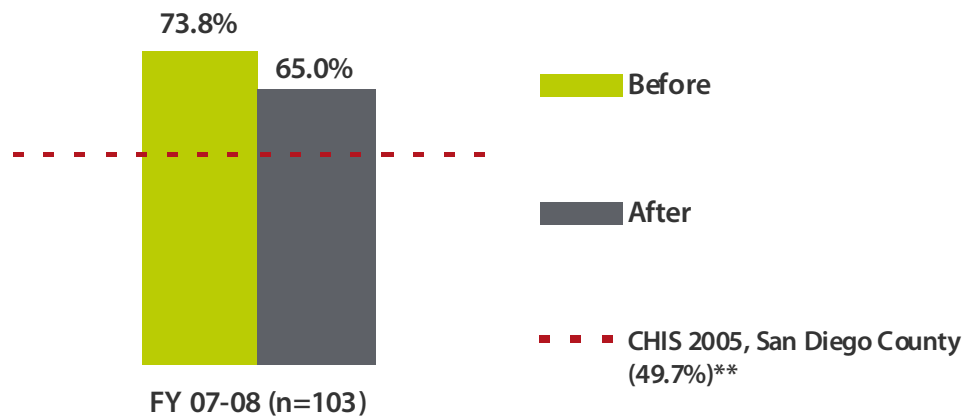
\*\* Includes the valid number of responses for parents with matched survey data before and after the program.

\*\*\*In FY 07-08, the questions about physical activity of parents and children ages 2-5 asked for the number of days that parents/children participated in physical activity in a typical week. In FY06-07, only the parents were asked for the number of days. Responses for child physical activity were in categories that cannot be used to compare means in the present analysis.

**Amount of time children spend watching television (Service Focus Area 3)**

- Children spend a large amount of time watching television, playing video games, and/or spending time on the computer:** Nearly all parents reported that their young children watch television, play video games, and/or spend time on the computer on a typical weekday in both years. In FY 2007-08, a follow-up question was added to the Common Survey that asked parents reporting on behalf of children ages 3-5 years to indicate the number of hours that the child engaged in these activities. This addition provides a more sensitive measure of change. Of those who reported engaging in these activities on a typical weekday in FY 2007-08, approximately three-quarters reported the child engaged in these activities for 2 or more hours on a typical weekday.

**Exhibit 6.14** Percentage of children ages 3-5 who watch television, play video games and/or spend time on the computer for 2 or more hours on a typical weekday, FY 2007-08.\*



\*Includes the valid percent of responses for parents with children ages 3-5 years with matched survey data before and after the program. In FY 07-08, if parents reported that their children watch television, play video games and/or spend time on the computer on a typical weekday, then they were asked to report the number of hours that the child spends on a typical weekday. This follow-up question was not asked in FY 06-07 so no data is available for FY 06-07 for this analysis.

\*\* Percentage of parents with children ages 3-5 reporting that children watch television for 2 or more hours on weekdays.  
Source: UCLA. California Health Interview Survey (CHIS) 2005. Accessed 26 Sept. 2007. Available at <http://www.chis.ucla.edu/>

\*\*Note: CHIS asked the amount of television that children age 3-5 watch on weekdays. F5P SURVEY asked parents to report the number of hours that their children watch television, play video games and/or spend time on the computer on a typical weekday.

- **Although children continue to watch television, play video games, and/or spend time on the computer at follow-up, the number of hours significantly decreased:** When restricting the analysis to matched cases available for the FY 2007-08 survey, the average 0.71 difference in mean hours indicates a statistically significant decrease in the number of hours that children ages 3-5 years engage in these activities at post-test.

**Exhibit 6.15 Number of hours children ages 3-5 years watch television, play video games and/or spend time on the computer on a typical weekday, FY 2007-08\*\***

Survey Item	Pre	Post	Mean Difference	Mean Difference FY 2006-07***
Number of hours children ages 3-5 years watch television, play video games and/or spend time on the computer on a typical weekday. (n=103)	2.68	1.97	-0.71*	n/a

\*Significant at the  $p \leq 0.05$  and  $p \leq 0.01$  levels.

\*\* Includes the valid number of responses for parents with matched survey data before and after the program.

\*\*\*In FY 2007-08, if parents reported that their children watch television, play video games and/or spend time on the computer on a typical weekday, then they were asked to report the number of hours that the child spends on a typical weekday. This follow-up question was not asked in FY 2006-07; therefore, no data is available for FY 2006-07 for this analysis.

## General findings

The following findings outline some of the overarching trends that emerged from the data or through observations of the First 5 for Parents implementation process.

- **Knowledge versus Behavior:** Part of the F5P Survey measured parents' knowledge of the benefits of parent-child interaction, early learning opportunities for children and the lifelong benefits of good nutrition and exercise. Responses were high at baseline, so there was not substantial improvement in knowledge. As the data indicate, knowledge itself is not sufficient to generate behavior change. Survey change on behavior change did show more improvement pre- and post-test.
- **Incremental Changes in Behavior:** The FY 2007-08 Common Survey was significantly strengthened to ask parents to report the number of days and hours that behaviors of interest occur, rather than asking parents to choose from predetermined frequency categories. This change has increased the sensitivity of the measures of behavior change, which is very important to adequately capture changes that occur, particularly in the case

**"...I see progress in my kids' child care with how they can pick their colors, they understand words, they can see a picture and name the picture, so it's definitely been a positive progress for my two children..."**

**First 5 Parent**

of behaviors that are difficult to modify such as eating and exercise habits. The Common Survey results highlighted here suggest that small increments of behavior change have occurred with respect to several indicators, including increases in the number of days parents read to their children, tell stories or sing songs; increases in the frequency that parents engage in physical activity; increases in the number of days that children engage in physical activity; and decreases in the number of hours that children watch television, play video games and/or spend time on the computer.

- ***Adopting and Adapting Curricula:*** Interviews with First 5 for Parents contractors revealed that most programs have modified an existing curriculum that is evidence-based or a promising practice to suit their target population. Common modifications include restructuring activities to address different age ranges or to adapt to space constraints; making materials more culturally responsive, such as altering recipes for a cooking class and translating materials; and shortening the length of a course in order to meet the time constraints of new parents. Most, if not all, programs that were initially categorized as utilizing a best practice curriculum found the need to modify the materials or approaches.

## Making the Connection

The findings from the 2007 Parent Development Initiative Study (see textbox at right) echoed the findings from last year's interviews with key experts, suggesting that community leaders in early childhood sectors were not yet fully aware of First 5 for Parents. In response to recommendations last year, First 5 for Parents contractors have begun to promote their programs to parents and other First 5 San Diego contractors. First 5 for Parents contractors have increased their linkages with service providers contracted to provide developmental screenings as part of the Healthy Development Services Initiative (described in Chapter 3) and have begun actively referring their clients to these providers for routine developmental screenings. There is a continued need to further enhance linkages and facilitate referrals across First 5 San Diego initiatives.

The 2007 Parent Development Initiative Study also indicated that many parents are not aware of parent development services and/or have the perception that what exists is not relevant to them. The study also indicated that barriers to accessing services exist for many parents, including lack of child care during parenting classes, lack of access to transportation, not enough classes offered at night or on the weekends when parents are available, and lack of classes in languages other than English and Spanish. To address these barriers and enhance participation, the Commission offered additional funding of up to \$10,000 to each of the First 5 for Parents contracts to implement and evaluate strategies to improve access. Results of these efforts will be available at the end of FY 2008-09.

### Parent Development Initiative Study Recommendations & Results

In May 2007 the Commission contracted a study to identify additional parent development strategies as part of a process to expand the initiative, including community strengthening and awareness; provider training and capacity building; and systems change and development.

Results and recommendations from this study were presented to the Commission in June 2008.

Recommendations include the following<sup>1</sup>:

- Develop and support activities that address barriers to access, including allocation of funds to offer child care during parenting classes and produce culturally specific outreach materials;
- Implement education campaigns that impact parent behavior and community norms;
- Support parent leadership and engagement;
- Strengthen the capacity of parent educators;
- Use technology to its full potential.

As a result of these recommendations, the Commission plans to implement the following activities in FY 2008-09:

- Enhance the First 5 San Diego website to serve as a resource for parents;
- Develop and implement a program to promote child and family friendly business practices among San Diego County employers;
- Increase access to and improve awareness of existing parent development resources and services;
- Develop and coordinate activities providing professional development and support of parent educators.

<sup>1</sup>*Parent Development Initiative: Opportunities and Recommendations, Executive Summary, Nash & Associates, January 2008.*

## Update on Recommendations from FY 2006-07

Last year, Harder+Company made the following recommendations to improve the First 5 for Parents Project and facilitate learning across contractors. The findings of the 2007 Parent Development Initiative Study highlighted some of the challenges mentioned and suggested possible causes for barriers to access and retention. A summary of the progress to date on these recommendations is discussed below.

### **Recommendation 1: Link First 5 for Parents programs to other programs and initiatives.**

Update: As noted in the Making the Connection section, last year's interviews with key experts suggested that community leaders in early childhood sectors were not yet fully aware of First 5 for Parents, and there was a need to promote First 5 for Parents programs to parents and community leaders. In response, this year First 5 for Parents contractors have cultivated linkages with service providers funded through the Healthy Development Services Initiative and referred their clients to providers who offer routine developmental screenings. Although progress has been made toward integrating First 5 for Parents into the wider network of First 5 San Diego services, continued efforts in this area are needed.

### **Recommendation 2: Learn from the wide base of existing curricula and narrow the focus in the future.**

Update: As noted last year, contractors currently use varied curricula and service modalities and address an array of topics. This variability poses a challenge for evaluating the individual and collective impact of the Project. This breadth, however, is also engenders the opportunity to examine the curricula and methods used and create a learning community among First 5 for Parents contractors. Individual and shared results can be used to identify one or more locally effective curricula that the Commission could support on a broader basis in the future. Now that matched data for a sample of clients is available to review, the Commission could facilitate dialogue and generate recommendations for new parent development services in this area.

### **Recommendation 3: Extend programming to a more ethnically and linguistically diverse audience.**

Update: One of the aims of the project at its start was to engage immigrant parents. As noted last year, contractors have successfully engaged parents from Latino populations, but are serving other immigrants to a much lesser extent. There continues to be an important opportunity to expand services to underserved immigrant populations, while maintaining services for Latino families. The findings from the 2007 Parent Development Initiative Study highlighted cultural and linguistic barriers to accessing parent development services, including a lack of classes offered in languages other than English and Spanish and the need to develop culturally specific outreach materials. To address these needs, the Commission offered additional funding of up to \$10,000 to each of the First 5 for Parents contractors to implement and evaluate strategies to improve access that became effective in April 2008. The results of these efforts will be available at the close of FY 2008-09.

## Recommendations

In the future, the Commission may wish to consider the following recommendations:

- + Improve linkages with other First 5 San Diego programs and initiatives.** This year First 5 for Parents contractors have worked to better integrate their clients into the Healthy Development Services Initiative's spectrum of services. There is opportunity to continue building these linkages and referral networks. Additionally, Parent Education classes could provide an effective vehicle for linking parents with very young children to Oral Health Initiative providers and services. As suggested last year, there are a number of opportunities First 5 for Parent contractors could take to enhance participation in their programs by drawing on the network of services funded by First 5 San Diego. For example, the 2007 Parent Development Initiative study noted that many parents and providers are not aware of 211 San Diego, which is an information and referral line for health and human services. First 5 for Parents contractors could partner with 211 to maximize outreach to parents and appropriate referrals to parenting programs. Similarly, teachers in School Readiness and Preschool for All programs could be contacted and encouraged to provide parents with information on First 5 for Parents classes. In the coming year, First 5 for Parents contractors will continue to promote their programs to parents and other First 5 contractors across First 5 San Diego initiatives.
- + Facilitate learning communities to explore the efficacy of evidence-based interventions that have been modified and/or adapted to meet the needs of multiple immigrant populations who often speak languages other than English or Spanish.** Several contractors provide services to multiple immigrant populations, often in languages other than English or Spanish. As a result, all of the First 5 for Parents contractors have adapted or combined evidence-based curricula to meet the needs of their clientele. The results of the 2007 Parent Development Initiative Study reflected these realities and noted that agencies in San Diego working with immigrants and parents who speak languages other than English or Spanish often have to modify and/or adapt evidence-based curricula to meet the needs of their target groups, with whom the curricula have not previously been tested. The study also noted that parents who speak languages other than English or Spanish often have the perception that agencies do not have the capacity to serve them in their native tongue (even though agencies report that they do have this capacity), a finding which may shed light on barriers to access and problems with retention that have been observed. In anticipation of the final year of the First 5 for Parents Project, the Commission could facilitate a learning community to address the lessons learned in this process of modification/adaptation and explore which evidence-based curricula have been the most flexible and effective with a variety of immigrant populations in San Diego County.
- + Facilitate learning among agency partners about effective recruitment, retention and incentives for completion of program activities as designed.** Now in its third year, First 5 for Parents contractors have much experience and insight to offer one another. As part of the proposed learning community, the Commission could facilitate dialogue about effective recruitment, retention, and incentives for completion of programs. The barriers to accessing parent development services noted in the 2007 Parent Development Initiative Study may be contributing to low retention rates and low program completion rates suggested by the relatively low percentage of matched data available in both years. The Commission could host a special learning community at the end of FY 2008-09 to share the results and impact of the additional resources allocated for this fiscal year to improve outreach and access across contractors. Retention and program completion continue to be challenges that agencies face, and the shared knowledge and expertise could

help to improve the number of participants who successfully complete all program activities and demonstrate improvement at follow-up assessment.

## **A Final Word on the First 5 for Parents Project**

Although creating a common evaluation across disparate programs has been a challenge, this year's report indicates that improvement on several core outcome indicators has been achieved across contractors. As the First 5 for Parents project enters its third year, the Commission will be reflecting on the successes and challenges of its first major effort to provide direct services to parents of children ages 0-5 years through the Parent Education Project. To this end, the Commission funded the 2007 Parent Development Initiative study to explore ways to better meet the needs of parents and has already begun to respond to its findings released in January 2008. The successes and challenges of the First 5 for Parents Project to date will provide rich information and experience to inform strategies to provide parent development services going forward.

## Case Study 6

### An Angel Extends a Helping Hand\*

#### *Vivian's First Child*

When Vivian gave birth to her first child, Eddie, the hospital contacted Rady Children's Hospital Home Care (Rady), which provides newborn home visits. Shortly thereafter, Vivian was offered a home visit through First 5 San Diego's Healthy Development Services (HDS) project. After Vivian and Eddie had been home for about a week, she decided to take Rady up on their home visit offer: "...I didn't know everything about how to take care of the baby because I'm a first-time mom....And it's a big help, really, it's a big help." But unfortunately Vivian had no way of knowing that she would be returning to the hospital in the middle of her first "home visit."

#### *A Home Visit Cut Short*

Vivian calls Elaine, the "angel of my baby" because after Eddie was discharged from the hospital he got sick. Vivian received a call from Elaine, a home visitor from Rady, checking in on Eddie's status. When Elaine found out that Eddie was sick she decided to drop by Vivian's house. Once Elaine arrived, she and Vivian began talking and within five minutes of their conversation, Vivian noticed that Eddie was unconscious. "His lips were blue-violet and he [was] just like a vegetable; he [didn't] move." Elaine took control and realized that Eddie had no heartbeat and called 911. Meanwhile, while they waited for the ambulance, Elaine performed CPR and Eddie began breathing again.

Eddie was taken to the hospital and transferred to the Intensive Care Unit where he received numerous tests and was sedated for one week. Vivian initially received differing opinions on Eddie's condition and diagnosis, but she finally learned that he had a reflux condition in which the milk he consumes automatically comes back up from his stomach. Elaine continually checked in on Eddie and Vivian while they were in the hospital. When Eddie was released from the hospital, Vivian was able to learn from Elaine different ways to handle Eddie's condition. "She just [taught] me how to feed the baby...the proper way to incline him," Vivian said. "He needs to be inside every time I feed him, and then after I feed him...the burping is very important." With these teachings, Vivian was able to avoid a potential surgery for Eddie's condition.

#### *Healthy Development Visits*

Vivian has received a total of two visits from Rady, the first was when she was rushed to the hospital with Eddie and the second took place at her house after Eddie was discharged – when he was one month old (these are called At-Risk Home Visitations, provided by the HDS providers). During the first visit, Elaine had the opportunity to speak to Vivian about her experience as a mom and also her experience about her baby [who] has a reflux. During the second visit, Elaine presented, and explained, the Kit for New Parents to Vivian (this kit is a project funded by First 5 San Diego). During this visit, Elaine recorded some general physical development information. "She just [checked] my baby's weight, his length," Vivian recalled. "She gave me this book...she told me I can read it to my baby to help his brain development."

**"Actually, I'm satisfied because almost all of my questions have been answered, so I don't need to ask, they just give me the information, they just feed me the information that I need."**

**- Vivian, First 5 Parent**

### ***Lessons Learned***

From the Kit, Vivian learned about child development and baby care topics, such as brain development, baby earwax, sore throats, and burping a baby. Elaine also taught Vivian the proper incline position, how to obtain the baby's temperature, how to feed the baby, as well as how to use the sanitizer when holding Eddie and exposing him to sunlight. Vivian now gives Eddie a sponge bath so that he does not sit in water for a long period of time to avoid a cough or cold.

### ***Eddie and Vivian Now***

Vivian is thankful for Eddie's condition. He has not gotten sick again. "He's doing good," Vivian said. "He's healthy, and he's starting to gain weight now." In a couple of months, Eddie will be 3 months old and Vivian hopes that his reflux will be gone.

Vivian has experienced much in the first month of her son's birth and from the information that Rady has provided, she has taken away many valuable lessons. "...Being a parent is a process that you can't learn it right on the spot," Vivian said. Rady has provided Vivian with knowledge and hands-on assistance that will enable her to care for Eddie for many years to come.

**"I'm just...always  
thanking [Elaine] and  
thanking the program and  
everything because it's  
fantastic."**

**- Vivian, First 5 Parent**

*\*All names were changed to protect confidentiality*