Acknowledgments

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

Parents and community stakeholders in one Los Angeles community continue to voice generally strong support for services and activities being conducted as part of Best Start LA (BSLA), 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 BSLA’s pilot community—Metro LA—the investment is most clearly benefiting mothers who receive home visiting services and support, but also appears to be mostly well received in the community as it continues to work to create 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. BSLA is being rolled out in a total of 14 communities across Los Angeles County, but was first launched as a pilot in a seven square mile neighborhood in downtown L.A. that has been designated Metro LA. F5LA 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 nurses and parent coaches into the home to visit families prenatally and post-partum to provide a range of health, developmental, and education supports.

- **Community mobilization and place-based strategies**: This community-level activity aims to mobilize parents and other community members and to facilitate their identification of community needs, and services to address those needs.

- **Systems change activities**: System-level investments promote the development of family-friendly services, policies, and systems at the community and county levels.

This report presents findings from the second round of focus groups conducted as part of the Urban Institute’s six-year evaluation of BSLA in Metro LA. A total of six focus groups were conducted across three groups of participants: mothers receiving Welcome Baby! home visiting; nurses and parent coaches providing home visiting support; and community stakeholders involved in mobilization efforts and the implementation of services to support a family-friendly community. The focus groups explored parents’ views of whether home visiting has helped them raise their newborn children, home visitors’ views on the effects and effectiveness of the services they render, and community stakeholders’ views on whether BSLA’s mobilization efforts are engaging and energizing residents and leading to improved services and supports for families. Key findings from the focus groups include the following:
Mothers receiving Welcome Baby! home visiting, as they did 15 months earlier, expressed great satisfaction with and appreciation of the service. Nearly half of mothers reported learning about Welcome Baby! prenatally (rather than after delivery at the hospital), reflecting the success of an important new outreach goal: to begin assisting mothers earlier in the process. Parents were hungry for and looked forward to the promised assistance and described receiving a wide range of supports from the home visitors, including help with breastfeeding, postpartum depression, child sleeping positions and strategies, diet and nutrition, child development milestones to look for, and home safety. Numerous focus group participants praised the family-centered approach of their parent coaches, noting how support and assistance was often extended beyond mother and child to other family members, husbands, and siblings. The only shortcoming described by parents was Welcome Baby!’s lack of a visit during the five month span from infants’ 4th to 9th month—a period of great change when additional help and advice would have been welcomed. Parents generally felt that their communities did not offer abundant support to families with young children, and cited a lack of safe parks in which to play, a shortage of child care resources, and concerns about crime and violence. Unfortunately, Welcome Baby! participants are still largely unaware of the broader BSLA initiative in their community, and only somewhat more familiar with the First 5 LA organization and its goals. Less than one in ten participants said they had either heard of or participated in any of BSLA’s parent engagement events. (At least some of this low recognition could likely be due to the fact that Welcome Baby! serves a catchment area broader than the Metro LA community boundaries and focus group participants could have been recruited from neighborhoods outside Metro LA.)

Welcome Baby! home visitors described their various efforts to modify and fine-tune the Welcome Baby! model to improve its capacity to serve and retain mothers of newborns. One critical shift noted was the hiring of dedicated outreach specialists who focus solely on recruitment of expectant mothers, thereby freeing up parent coaches to concentrate on home visiting with enrollees. Outreach to local prenatal clinics and at community events is augmented by highly productive coordination with California Hospital Medical Center’s (CHMC’s) Outreach Department staff, which gives Welcome Baby! outreach specialists access to all of the hospital physicians and clients. Another key change to the model was the swapping of the two-week postpartum phone call with the two-month postpartum home visit; nurses and parent coaches universally cited the benefits of making earlier face-to-face contact with new mothers, saying that it helped cement the presence of Welcome Baby!, improve continuity as nurses hand clients off to parent coaches, build stronger, earlier rapport between coaches and new mothers, solidify the establishment of breastfeeding by mothers, and increase the odds that mothers will be retained in the program through to completion. Three years in, it appears that Welcome Baby! is operating at full capacity. Still, home visitors wished the program had the
ability to add a 6-month and a 12-month visit to the protocol, and also hoped to add mental health capacity to the array of services it provides.

- **Community stakeholders**, including both members of the *Metro LA* Community Guidance Body (CGB) and representatives of a sample of Collaborative Partner Grantees, expressed both excitement and gratitude for the benefits that BSLA is slowly bringing to their community, as well as frustration with the process that often seems disorganized and inefficient. CGB members described very positive developments regarding parent involvement, task force formation, and Collaborative Partner Grant projects, but also unfortunate dynamics surrounding continued disruptive leadership changes at PLN, and increasingly bureaucratic oversight by F5LA that some felt was somewhat stifling creativity and progress. Collaborative partner grantees, meanwhile, expressed pride and excitement regarding the projects they had developed, but also described the challenges surrounding implementation, focusing criticism primarily on the three-month period that was provided for project completion, a timespan that was described as too short for true, sustainable community change. Still, collaborative partner projects were reportedly embraced by the community and well used. When asked about their broader familiarity with BSLA, participants (as employees of community-based agencies) were generally aware of BSLA, and some had positive views. But several also still held strong, hurt feelings over a controversy that surrounded the initial launch of the place-based investment, and believed it had had lasting detrimental effects on the project’s potential. Still, despite the ups and downs, community members held fundamentally positive feelings for the work they were doing and the projects that had been enabled.

Focus groups can provide rich qualitative insights into how a program—like Best Start LA—is implemented and affecting its target populations and communities. Inherent to this method, however, the small numbers of people with whom we spoke limits the extent to which we can generalize our findings and reach definitive conclusions.

The findings from this second round of focus group with parents of young children, providers, and community members provide additional insights into the progress being made by BSLA in *Metro LA*. It is hoped that they can also shed light on important, ongoing lessons for F5LA and leaders in the other 13 communities where Best Start LA is currently being initiated, so that they can more effectively and efficiently launch their own place-based efforts.
I. Background and 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 represented a new commitment by the Commission to directly fund 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 make Los Angeles’ diverse communities places where young children are born healthy and raised in supportive environments that allow them to grow up eager to learn and with the ability to reach their full potential.

The Best Start Communities’ investment represented a partial, but important 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 (BSLA) aims to achieve four outcomes for children—specifically, that they are:

- Born healthy;
- Maintain healthy weight;
- Safe from abuse and neglect; and
- Ready for kindergarten.

Best Start LA was first launched in a pilot community referred to as Metro LA. Metro LA encompasses parts of four downtown Los Angeles neighborhoods: Pico-Union, Koreatown, the Byzantine Latino Quarter, and South L.A. (See figure 1). F5LA’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, F5LA has contracted with a variety of community-based organizations and service providers in the pilot community to implement the following core BSLA strategies:

- **Home visiting:** Welcome Baby! is the family-level activity that brings nurses, college-educated parent coaches, and paraprofessionals to visit families in the home prenatally, at birth, and postpartum 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, to facilitate their identification of needs in their neighborhoods, and to provide strategies and services to address those needs.

• **Systems Change:** 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 contract between F5LA and the Urban Institute. The evaluation was launched in 2009 to document and assess the implementation and impacts of the initiative. 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 annual 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, conducted every other year; this report summarizes the findings from our second round of focus groups, conducted in Year 3 of the evaluation period.

Four types of focus groups were conducted—with parents of children receiving BSLA’s Welcome Baby! home visiting, with home visitors working with families, with community representatives involved with community mobilization efforts, and with representatives of community-based organizations that received grants to implement community services. Focus group discussions were designed to explore participants’ experiences with BSLA, their opinions about how well the program met their (or their clients’) needs, and their ideas for how it could be improved.

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 their continued experiences rendering services;
- Community stakeholders’—represented by members of Metro LA’s Community Guidance Body and Collaborative Partner Grant recipients—views of efforts to mobilize residents of Metro LA to organize, identify community needs, and develop processes and services for improving community supports for families with young children.

A summary of our research methods precedes and provides context for the focus group findings.

II. Methods

In April 2012, six focus groups were conducted in Los Angeles, California with four different types of participants. During the focus group design phase, the evaluation team developed four moderator’s guides tailored for each type of focus group, one of which was translated into Spanish (see appendix).

The first of the four participant groups was Welcome Baby! clients; three focus groups were conducted with these individuals, including two in English, and one in Spanish. Of these three groups, one was with “graduates” of the program, and two were with current clients.\(^1\) Graduates of the program were defined as those who had completed the 9-month postpartum home visit.

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\(^1\) Participants in the graduates group were Spanish speakers, owing to the fact that early participants in Welcome Baby! home visiting were much more likely to be recent immigrant, monolingual Spanish-speaking mothers. Participants in the current enrollees groups were either bi-lingual or English-only speakers, reflecting changing demographics among Welcome Baby! recipients.
Current clients were eligible for participation if they had received at least the 3- to 4-month postpartum home visit by the date of the focus groups. *Welcome Baby!* clients meeting these criteria 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. Parent coaches telephoned clients using a recruitment script and following sampling criteria designed by Urban Institute evaluators, recruiting mothers from MCH Access’ roster of active clients. As detailed in Table 1 below, a total of 31 *Welcome Baby!* clients participated in these three focus groups. The *Welcome Baby!* clients moderator’s guide included questions about the following topics: client background; recruitment experiences with *Welcome Baby!*; content and characteristics of home visits; clients’ relationships with home visitors; most and least helpful aspects of home visiting; clients’ unmet needs; and clients’ perceptions of their community—its strengths, weaknesses, and availability of services. The *Welcome Baby!* clients moderator’s guide was translated into Spanish by Spanish-speaking staff at the Urban Institute and UCLA.

To complement the discussions with clients, a focus group was held with *Welcome Baby!* home visiting staff. Home visitors were recruited directly at MCH Access by agency supervisors utilizing selection criteria designed by the Urban evaluation team. A total of ten home visitors with different roles and varying levels of experience and tenure with the program—one outreach specialist, eight parent coaches, and one nurse—participated in this focus group. The *Welcome Baby!* home visitors moderator’s guide included questions about home visitors’ background and training, outreach and 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, and rewards and challenges of providing in-home support.

One focus group was held with members of *Metro LA*’s Community Guidance Body (CGB). CGB members—composed of parents and representatives of community-based organizations—were directly recruited by Urban Institute staff with the assistance of managers at Para Los Niños, the lead entity in *Metro LA* facilitating the community mobilization/strategies component of Best Start LA. A total of twelve CGB members—roughly one-third of all active CGB members—participated in this focus group. Participants included a roughly equal mix of Spanish and English speakers; one-half were parents living in the community, while the other half represented a variety of organizations, including a worksite wellness program, a science education center, a speech and hearing clinic, a community action agency, and a head start program. The CGB members moderator’s guide included questions about the following topics: members’ personal and professional background; perceptions of the *Metro LA* community; formation and composition of the CGB; roles and responsibilities; progress in community mobilization efforts; challenges facing the community and the CGB and lessons learned.

Finally, a focus group was held with recipients of the first round of Collaborative Partner Grants (also known as mini grants) in *Metro LA*. These grantees were recruited directly over the phone by staff at the Urban Institute. A total of seven Collaborative Partner grantees (out of 16
total grantees) participated in this focus group. The collaborative partner grantees moderator’s guide included questions about the grantees’ scope of work for this funding, implementation experiences, continuation of projects after the first grant cycle, perceptions of Metro LA community, Best Start’s progress in Metro LA thus far, challenges facing the community, and lessons learned.

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>2</td>
<td>21</td>
</tr>
<tr>
<td>Welcome Baby! Spanish-Speaking Clients</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Welcome Baby! Home Visitors</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Community Guidance Body Members</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Collaborative Partner Grantees</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

Each focus group lasted between one and two hours. Welcome Baby! clients, CGB members and Collaborative Partner Grantees 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.

All focus group participants were given an informed consent form in accordance with Urban Institute Institutional Review Board 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 the transcript of the group 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 checked for consistency. Dominant themes and divergent opinions and experiences were noted, discussed, and summarized. Finally, relevant quotations 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 typically obtain information from a relatively small number of individuals and, thus, cannot be presumed to be representative of the entire population of interest. For our focus groups with home visitors, CGB members, and mini-grant recipients, however, this limitation was less present. In each of these cases, we spoke with samples representing between one-third and one-half of the available universe of participants, and thus can assume we heard a relatively robust representation of available opinions.

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 and Collaborative Partner grantees involved in Metro LA’s place-based efforts.

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

The Welcome Baby! program is the child/family-centered component of BSLA 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 spring of 2012, over 2,000 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 CHMC. The home visits are conducted by parent coaches and nurses. The goal of Welcome Baby! is to “enhance the wellbeing of mothers and their families” (MCH Access 2011). The Welcome Baby! protocol includes the following engagement points (all or some of which may occur, depending on when women enroll and whether or not they complete the entire program).

- A prenatal home visit at any point up to 27 weeks gestation
- A phone call between 20 and 32 weeks gestation
- A prenatal home visit between 28 and 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 home visit at two weeks postpartum
• A phone call at one to two months postpartum
• A home visit at three to four months postpartum
• A final home visit at nine months postpartum

The actual content of each Welcome Baby! engagement point varies. Previous case studies and focus group reports produced under this evaluation outline the content of these visits (Hill & Adams, 2011, Hill et al. 2011).

1. Profile of Welcome Baby! Clients

A total of thirty-one Welcome Baby! clients participated in the three focus groups. As noted above, two of these groups were with English-speaking clients who had received at least the 3-4 month home visit, and the third was held with a group of Spanish-speaking graduates of the Welcome Baby! program (i.e., they had completed all home visits up through program’s final 9-month engagement point). In one enrollee group, there was a client who dropped out of the program after being initially recruited in the hospital who was invited to share her experiences related to outreach and recruitment. For one-third of clients, the child enrolled in Welcome Baby! was their first; all other clients had between two and four children. More than half of participants had lived in the Los Angeles area for their entire life.

2. Clients’ Early Experiences with the Welcome Baby! Program

When asked how they first heard about the program, most clients indicated that they first heard about Welcome Baby! at the point at which they were recruited to the program—with just one client having heard about it through word-of-mouth before signing up. Roughly half of focus group participants indicated that they heard about it prenatally, while visiting their physician’s office. For some of these, this was during prenatal classes at their clinic, others in their physicians’ waiting room. One even heard about it first at a baby shower thrown for expectant mothers at her physician’s clinic.

“Before my doctors visit, someone there said something about a new program that they were having which is Welcome Baby! A young lady was walking by, and she offered me a booklet. She said, ‘Would you like to join the Welcome Baby! program?’ She talked about all the things they would do—that they would actually visit you right after you had your baby.”

2 Previously, the schedule included a two-week phone call and a 1-2 month home visit but the order of these were reversed as of spring 2012.
3 All visits conducted by Parent Coaches except where noted.
“I heard about it from my cousin. She went to the doctor the day before I did. So the next day, after hearing about it from her, I talked to the lady [from Welcome Baby].”

The other half of clients that we spoke to heard about the program at CHMC just after delivering their baby there. They were visited in-person by a Welcome Baby! hospital liaison.

“I heard about it at the hospital. They told me about the program right there, and I signed up when my baby was born.”

Mothers’ initial impressions of the program were positive and their motivation to participate was high, given the support and information they’d gain from participating. Several participants highlighted the specific allure of a medical professional—the registered nurse—visiting their home shortly after bringing the baby home from the hospital.

“I was interested because they spoke to me about a nurse that would come visit me at home, and if I had any questions about my baby’s health, they would be able to help me.”

“It sounded good to have a nurse come up.”

One participant was recruited into the program at CHMC, after delivery, but dropped out before the 72-hour home visit, and so did not receive that or any subsequent visits through Welcome Baby! As noted in the section B, below, this is one of the largest drop-off points for clients, so her experiences may provide some insight into factors that contribute to a decision to stop participating in Welcome Baby!:

“Some lady just walked into my room and told me about the program. She [said] ‘do you want to sign up for it?’ It sounded good, so I was like ‘Yeah, I’ll sign up for it.’ Then I was having some problems at home… I was going through some stuff with the baby’s dad…and I was like, I don’t want to go through it right now, so I just left it. But now, listening to all you guys [discuss the benefits of Welcome Baby!] I wish I had done it…”

No clients in any of the three focus groups had previously received home visiting services prior to enrolling in Welcome Baby!. Several participants remarked that nothing like this had ever been available to them before for their other, older children. For a few of these mothers, the long time passed since their last pregnancy meant that Welcome Baby! met a particular need for some refreshers and additional support.

“With my other three older children, they didn’t really have programs where you had a nurse come out and be interested in what your baby and what you need as a parent.”

“I was so interested in the program because I felt a lot of pressure [when I had] my first child. I felt incapable of caring for my first child. I [had] asked for help and I didn’t feel that I received that help with her. But with this program, I wanted to learn more.”

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4 Evaluators had hoped to conduct a focus group with drop outs from the program, but lack of (or out of date) contact information for these former clients made this unfeasible.
For other participants who were having their first child, the program offered an enticing offer of much-needed information and support throughout the new experience of pregnancy and motherhood.

“With this being my first baby, I needed all the information I could get!”

In anticipation of their first visit, mothers generally felt comfortable with the idea of someone coming into their home, though a few moms felt nervous and uncertain of what to expect from the visit. However, the warm, friendly and accommodating home visitors quickly allayed any concern.

“I was a little nervous at first, not knowing what to expect before you meet them. But when they come out, they’re just so caring and helpful, and showering you with concern—it’s great.”

“I wasn’t sure how it was going to work out, but after the first visit, I was like ‘Okay, this is really cool.’”

“The parent coach that would come to visit me would always call me. She was very nice, and was always available at the time that I could meet. She would ask me, ‘What time is best for you that I visit?’”

3. The Home Visits

As noted above, Welcome Baby! clients who participated in the focus groups were either current enrollees in the program or had graduated from the program. All of the women had received home visits at appropriate engagement points throughout their enrollment, with the exception of one participant that never received a nurse home visit due to difficulties in communicating by phone with the nurse. This exceptional experience could be explained by a recent nursing staff shortage that MCH Access discussed with evaluators during key informant interviews (see Benatar et al. 2012).

During the 72-hour nurse home visit, clients reported that the nurse assisted them with troubleshooting various breastfeeding issues, counseling on postpartum depression, and discussing issues related to the baby’s health.

“We talked about the difference between the baby blues and postpartum depression. I just had the baby blues—I didn’t go through anything else. So that was good—to help me distinguish which was which.”

“I was never able to breastfeed my older children while laying down so I would get up at whatever time and breastfeed them sitting up. So I commented to [the nurse] and she...went to my room and told me to lie down. She showed me how I needed to lay down and be safe.”
“I told the parent coach that my baby would not stop crying during certain hours of the night. I told her that we would hold him and comfort him but he would not stop crying. She told me that if it isn’t colic that he wanted to feel more of mommy. She told me to hold him touching skin-to-skin. I tried it and that was the way that he would find comfort. My other children would hear him cry, and they would say, ‘The nurse said that it has to be skin to skin!’ and they would take off their shirts and hold the baby close to their skin.”

In home visits with parent coaches, mothers participating in our focus groups reported that they discussed issues including breastfeeding, child sleeping, diet and nutrition, progress toward developmental milestones, healthcare needs, educational activities and toys, home safety, and the family’s need for any services or additional supports.

“At first I was really scared because my son wasn’t latching. She showed me how to deal with it.”

“We talked about how the baby sleeps….where you’re laying them, are you laying them on pillows, are there blankets in there, that kind of stuff.”

“My parent coach kept me informed as to what I needed to do with the child and spoke to me about the development of the baby. She would give me information about what the baby’s milestones were, what he should be doing at a certain age.”

“My parent coach is helping me because for three months my baby is really advanced…she’s showing me eight-month-old games to play with him and stuff.”

A key role also played by parent coaches is linking their clients to other programs and services through referrals. Clients reported benefiting from such assistance in matters related to maternity leave, childcare, and sanitation services for cockroach infestations.

“There were a lot of roaches in my apartment and she helped me call the city and advised there was a newborn in the apartment. Sanitation came out to take care of it.”

“I spoke to my home visitor about the fact that my supervisor asked me to go back to work after my 40 days of maternity leave. There was another program that legally extends it another 6 weeks and my parent coach gave me a lot of phone numbers to call. I called my supervisor and he told me I could extend it. So my parent coach helped me very much.”

Mothers remarked that the home visits often occurred at the right time for providing information and resources to help address their needs at that point in time—especially during the first several months of the child’s life.

“The baby goes to get their shots, and the parent coach comes [right] after that. She asked me how the doctor was, any concerns I have, and what to expect from the shots…”

“The timing of the first one or two visits was really good for me, because she would give me really good literature. She gave me a little medical book that talks about rashes, gas,
that kind of thing. It was so on time...when I saw something I was able to look through that book, and say ‘Okay, well, it’s not that.’”

However, a few mothers were not satisfied with the lack of a home visit between the 3/4-month and 9-month engagement points, stating that the large 5 to 6 month period between the two is a big gap, especially given the rapid developmental changes that babies experiences during that time. In particular, they expressed concern about guidance on feeding during this gap.

“From four to nine months, the baby changes completely. They go from not sitting to sitting up, eating solids, getting a little more sick, and maybe wanting to learn how to crawl. Those are big changes.”

The home visitors also provided focus group participants with much-appreciated maternal attention and support—support that they indicated wasn’t always available elsewhere.

“My parent coach not only helped with the development of the baby but also my needs as well. It really made me feel extra comfortable and just really, really like somebody was actually there to help. For my other three children, they didn’t really have programs where you had nurses come out and be interested in what you needed as a parent. For most of the time, they focus on the baby, but my coach is always calling me as well to check up on me if I need anything.”

“My parent coach asks me about how I am dealing with everything, and if I need anyone to talk to. She was really good about that. If you just want to talk and vent, she’s fine with that. She offers you a little guidance. She’s really good that way.”

“There was a time when I became very depressed because my husband’s father died and my husband was very sad. My parent coach helped me very much. She would call me twice per week and tend to me, ask me how I felt. There was a time when she even prayed with me in order for me to feel better.”

A striking theme among focus group participants was that their parent coach did not just assist with mother and baby, but rather took a family-centered approach to include and address the needs of the broader household.

“My parent coach would always ask me first about how the baby was doing; his health, his development and any doubts or worries I had. But she would also ask me about myself, if my husband had any work, how things were going [with him], and how school was going for my other children.”

“My parent coach talked to my sister about her feelings towards the baby and the situation changing and bringing a new baby into the environment. That was very helpful.”

“One time she came to visit and my daughter was in the process of visiting colleges and touring universities. My parent coach was able to give her some advice. The last time she
came to visit me she asked me how things were going for my daughter and whether she had been accepted to the university.”

Welcome Baby! clients described their relationships with their parent coaches as “friends,” and “confidants.” They all saw the same parent coach throughout the duration of the program.

“You become friends…she is your confidant. We talk about our feelings; how we are feeling as a mother or other problems. For me, apart from the fact that she helped me very much with my baby—I felt like I trusted her.”

“I felt extremely comfortable with her.”

Clients reported that they’d call their parent coach between visits if they had questions—and that their parent coach would often call them to follow-up on information or referrals to other services and programs—even after the program had ended at 9 months postpartum.

“My parent coach called me last week to give me the phone number to an arts academy for my children because she saw that my children like instruments. She told me ‘Here is the number to an academy if your children want to attend.’”

4. Overall Perceptions and Impacts of the Welcome Baby! Program

Overall, Welcome Baby! clients participating in our focus groups were unanimously positive about the program

“It went over and beyond what I expected…I love the program.”

Clients agreed that empowerment and a sense of confidence in their ability to take care of their child and family was one of the most useful aspects of their Welcome Baby! home visiting experiences.

“I think for me, the most helpful part about Welcome Baby!...was seeing for myself that [my baby] was on target and on point meeting all her milestones and doing everything she was supposed to do.”

“I would say the program made me a more confident mother and built up my confidence being a first-time mom. Just knowing everything is going to be hard, but, you know, that I can do it.”
Many mothers participating in our focus groups stated that they wish the program would be extended—to provide home visiting to families past the first nine months of the child’s life. Some said it would be helpful to receive visits up to the baby’s 12th month, others to 2 years, and others till the child’s fifth birthday. Clients cited the desire for additional guidance around their child’s development, support, and resources as reasons for this wish.

“I would like the program to go up till the child is 2 years old...by that time they are talking and walking. I worry a lot because I see that he is not developing as much as other children. Those are questions I asked the doctor during my visit- I asked him why. My other children have been different from him. He said not to worry—that all children are different. But that is why I would like to have more time with [Welcome Baby!] in order for them to tell me what is going on.”

The clients’ experiences were so positive that they were eager to spread the word about Welcome Baby! to others—family, friends, and other community members.

“I have recommended this program to my cousins a lot and they want to come and get information. This program helps everyone a lot.”

“I wish there was a way that more people [could] find out about the program and know that it is available. When I had my baby, there were 7 other women who had babies as well and no one knew about the program. I would like to introduce it to my community.”

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

When asked about the challenges they face as parents in their communities, clients cited lack of time, energy, finances, keeping children out of trouble, and making some sacrifices in order to support and spend time with their children and family.

“I have four kids. It’s tough sometimes, when you’re living paycheck to paycheck, and you don’t live in a very nice area… You’re paying a lot of rent yet you still got to take care of what your children need. You need diapers, wipes… That’s overwhelming sometimes—you don’t know how you’re going to go about the next week. It’s consuming, depressing, stressful...you got to put on a happy face for your family and just take it one day at a time.”

“I make the sacrifice of working at night in order to spend more time with him. Sometimes I only sleep 3 hours and that is hard but I feel good because I am with him all day long and I get to enjoy him more of the time.”
Clients generally agreed that they felt minimal levels of support for children and families in their communities. In substantiating this, they cited the lack of safe parks, shortage of nearby and accessible services—particularly childcare—and safety concerns related to crime and violence.

“I don’t know what they really have as far as support in my area. I mean, we don’t even have a decent park.”

“When the parent coaches came to talk to us, they would talk about childcare for children, and classes. But those are not close to our area, where we can travel to. They are very far away. It is hard to get to it, and even applying to those places is hard too.”

“We have a park close by, but it’s infested with gang members. The last time we were there, I took my kids to the free activities there—baseball, karate, basketball—and someone got stabbed while my kids were in karate. We couldn’t get out of the park, because you had this dead body laying there.”

Clients’ wish lists for their community included having more safe parks, classes for families, and childcare services.

“I would like to have childcare for infants.”

“I would like more services and activities so the children can learn things. And classes for fathers.”

“I would like to have parks available.”

When asked about their familiarity with the broader Best Start LA initiative, a total of five parents (out of our total sample of 31) had heard about the community investment. One of these parents had attended a parent engagement event in Metro LA held at her child’s school. Asked to describe Best Start in their own words, these clients provided a range of different responses:

“Best Start LA is to help the community get more parks, to get more daycares, to help the kids, and to be more focused.”

“When I went to the parent engagement event for Best Start LA at the school, they talked about parks, daycares, clinics, hospitals.”

“The parent coach that went to visit me, she talked about Best Start LA. It is a program where they help the children develop better.”

A greater number of parents had heard of First 5 LA, the agency sponsoring Best Start LA. A total of nine parents were familiar with it and had heard about it from commercials on TV,
advertisements in their grocery store, or at their clinics. Asked to describe what they know about First 5 LA in their own words, these clients stated:

“First 5 LA mainly focuses on the first five years of the child’s life, their overall development, what they should be doing, what you should do as parents to encourage them. I heard a lot about it, and I’m like ‘I’m for it. I’m for First 5.”

“I’ve just seen advertisements where they give you really good ideas about making the grocery store a learning experience for the babies.”

“First 5 LA talks about how to eat better—to eat more fruits and vegetables.”

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 relies on staff who work in a variety of capacities. These include:

- Level 3 team supervisors, who carry their own caseloads while coordinating and overseeing the work of the rest of the team;
- Level 2 parent coaches, who work mostly in the field, visiting mothers prenatally and postpartum;
- Level 1 parent coaches (who are paraprofessional promotoras) who conduct home visits but also concentrate on outreach, intake, and referral to other parent coaches;
- Registered nurses who conduct all 72-hour postpartum home visits;
- Outreach specialists who focus on conducting outreach and recruitment; and
- Hospital liaisons who work at California Hospital to recruit new mothers at the time of delivery

With several years of experience under its belt, MCH Access has reached a comfortable equilibrium with the overall size of its staff and the model through which they are deployed. Our findings from a focus group with a sample of these staff are summarized below.

1. **Background and qualifications of Welcome Baby! home visitors**

Of MCH Access’ 19 home visitor staff, 10 participated in our focus group, including one nurse, one outreach specialist, seven parent coaches, and one hospital liaison. Four had been with the Welcome Baby! program for over two years, five for between one and two years, and two for less than one year. Several of the participants had participated in focus groups and interviews during previous years’ site visits for the Best Start LA Evaluation. Roughly half of the visitors with whom we spoke had received bachelor’s degrees from four-year colleges, and some had attended or completed studies at the graduate school level. (Psychology, sociology, child and family
therapy, social work, and community health were among the disciplines that home visitors had studied.) All home visitors were bilingual English/Spanish speakers. Paraprofessional parent coaches (PC I) see lower-risk clients, while the BA-level parent coaches (PC II) are typically assigned the more high risk families. In general parent coaches visit between 5 and 10 families a week.

2. Training for Welcome Baby!

In the Evaluation’s Year 1 focus groups, discussions with home visitors revealed that they were universally satisfied by the range of content covered in their training, and felt that it had prepared them well for their work with clients. Home visitors at the time stated that their training included a two-month intensive classroom regimen, followed by hands-on shadowing of home visits. Topics covered in the classroom training included substantive areas such as maternal and child health, child development, effective child rearing practices, home and environmental safety, maternal depression, domestic violence. Home visitors also underwent Certified Lactation Educator training. They developed skills including: communication, reflective listening, counseling, and motivational interviewing skills (Hill and Adams 2011).

When asked about training in this year’s focus group, home visitors reported that the more recently added staff have received less intensive classroom training than the original group of home visitors, but more emphasis on shadowing and in the field experiences. Home visitors attributed this difference to the fact that, in its early stages, the program was not in full swing in terms of caseload, resulting in more time and flexibility for intensive classroom training.

“Those of us that came in the first and second cohort, our training was really, really intensive. It was intensive because, at that time, we weren’t seeing [as many] clients, so I think it was a little bit different. We had time to do that intensive training. But now that the program is in full swing and we have a client base, it’s kind of hard to have intensive training like that still.”

Home visitors continued to report that that they felt prepared by this training for their work, and particularly appreciated the hands-on training and shadowing of other parent coaches’ home visits, and the understanding of Welcome Baby!’s client-centered approach that it affords.

“It is taking what you learn and incorporating it; working with the client. It’s like, okay, this is the book knowledge, but when you get to the home and you see the environment and understand the challenges the client may have, or questions that they have, it’s you engaging from what they know and then you add in your common sense with the book knowledge. It’s about being client-centered. We have our protocols, and we have things that we need to address at each different engagement point, but a lot of times, it’s just doing a needs assessment.”
3. Outreach and recruitment

In the first several years of the program, outreach and recruitment for Welcome Baby! was the responsibility of Level I parent coach (PC I) staff. Given rising caseloads and increasingly over-stretched parent coaches, and the perception that a dedicated outreach staff would benefit recruitment, two new outreach specialist positions were created in spring 2011 to take on this role. One outreach specialist participated in our focus group. As of April 2012, PC I staff no longer conduct outreach. The outreach specialist with whom we spoke said that she focused exclusively on prenatal outreach at provider clinic sites and California Hospital Medical Center (CHMC). This reflects the increased commitment by Welcome Baby! to recruit clients in the prenatal time period.

From our focus group, we learned that the outreach specialist began her prenatal recruitment work by visiting provider clinics (clinics that deliver at CHMC) at their busiest times, or at designated baby shower events for expecting patients at large community health clinics. When visiting these clinics, she spoke to prospective clients in the waiting rooms, before and after they saw their doctors. However, motivated by the desire to reach a broader audience and recruit prospective clients more efficiently, Welcome Baby! leadership began considering alternative outreach strategies. Building on their partnership with CHMC as the designated birthing hospital for Welcome Baby!, the outreach specialist started working more closely with the hospital’s outreach department. This CHMC Outreach Department has relationships with all of the 100 providers who have delivery privileges at CHMC, giving Welcome Baby! access to this larger network of relationships.

“The CHMC Outreach Department does a lot of heavy outreach with all of the providers. They reach all of the providers that we’re not able to reach because we don’t have the staff needed to cover all of them. There are approximately 100 providers that deliver at CHMC.”

At first, this new partnership involved working together at community health fairs, but later expanded to include a Welcome Baby! presence at CHMC hospital tours for expectant mothers. These hospital tours are an opportunity for the expectant parents to visit the hospital to check out the delivery room and ask questions. The women reached are at various stages of their pregnancies—some are very early in their pregnancy, while others are very close to their delivery dates. Overall, she estimated that most are in their late-second or third trimester at the time of the tour.

This new outreach strategy was considered a tremendous success by MCH Access staff, given the efficiency, the large audience reached, and reduced follow-up it typically involved. Outreach staff spend less time out in the field, leaving them more time to do the requisite intake calls with those who are interested in enrolling in the program.
“It’s time efficient, and it is productive, in the sense that you get big groups. [Doing hospital tours requires spending less time being out of the field] and leaves more time for “intake”—making the calls and doing actual intake with clients. And you definitely want to reach them- you don’t want to wait too long before you contact them because then you’ve missed that opportunity.”

Outreach staff reported that most women on these tours sign up; staff estimated that they are able to sign up about 90 percent of women with whom they are able to directly speak.

“For the most part, everyone in the group signs up and is interested in the program. There’s a couple of people that are on the fence; that are borderline, and they mark “maybe.” We get very few “no’s.”

“Usually, if they pick up the phone, they sign up.”

In addition to this successful new outreach strategy, the outreach specialist said that she still attends the baby shower events in the community, but most of her efforts are now focused on the hospital tour partnership.

“We are still going out to the clinics for the baby showers, because some of our biggest partners-community health clinics-they organize baby showers for their prenatal patients and they are usually good groups. We find that that’s a great time to reach them; it’s the perfect opportunity to offer them the program.”

When outreach and home visiting staff were asked about the responses of prospective clients to the program, they said “you get a whole range of feelings.” Some mothers’ faces brighten up, as they are clearly excited about the program and often sign up immediately. Others are reported to be more hesitant, perhaps because of the prospect of a stranger coming into their home, or perhaps thinking that outreach staff are representatives of a government agency. Others are shocked that it’s free, and think that there must be a catch, that they will sign up but end up getting charged at the hospital.

“I think what I’ve gotten most from those interactions is, ‘It’s free?!’ They can’t believe it’s free and we go visit them in their house. They always think there’s a catch, like- ‘how is this going to come back to me? How is my kid going to be charged for this? Or are they going to charge me at the hospital?’ I think it’s really hard for them to believe that there’s this person that’s trying to help, and it’s free... it’s just like ‘No, it’s too good to be true,’ pretty much.”

A challenge that the Welcome Baby! program has faced is determining the appropriate number of clients to assign to each parent coach, especially given the uneven, staggered spacing of the program’s engagement points.
“We are not looking at it in terms of caseloads, but visits. If you count just caseloads, there may be gaps where you’re carrying a case but the visit isn’t happening. So, we have shifted to looking at visits: we forecast the month’s visits for each parent coach.”

Parent coaches reported that they conduct between eight and twelve home visits each week. The nurse reported her workload to be more variable—given that many clients who are lost to follow-up between enrollment in the program at CHMC and the 72-hour postpartum nurse home visit. The program has been short one nurse since December 2011, and since then the nurses have been overstretched, and have had to prioritize clients based on their urgency.

“We have been pretty inundated...we’re kind of at the point of seeing the emergency ones first. If they’re having issues, we try and see them first and then just prioritize from there. It can be anywhere from 8 to 15 visits a week. It just depends.”

When asked to compare their workload at the time of our focus group compared to our last round in 2010, parent coaches unanimously agreed that they are much busier now. One coach attributed part of this to the protocol’s new home visit at two weeks postpartum (which, before spring 2012, had been a phone call), and to the fact that this home visit often results in more urgency to get out to see the client as soon as possible.

“Since [we added that visit], it’s been pretty solid, where a lot of people have signed up for the program prenatally, and also at the hospital, and we have been following through on all of the engagement points. It was like a switch flipped.”

Several home visitors felt so busy that they were occasionally compromising quality for quantity, in that they weren’t able to spend as much time with each client as they had been in the early stages of the program.

“We’ve had to say to management, ‘Either it’s going to be about volume and numbers, or it’s going to be about quality.’ I can easily do 5 visits in a day if you just want me to spend 30 minutes with each client...but that’s not going to be quality. We’re not going to retain clients like that. For the nurse home visit, our visits are probably a little longer because we do walk in during a crisis moment. So you are always cognizant of the time in the back of your head. But you know that you have to come there, meet the client where they are. If it takes you more than an hour, then it takes you more than an hour.”

“It seems like before, Welcome Baby! was operating kind of like it was an intensive program with referrals and case management. The caseloads were smaller. But now, there has been a shift—almost in the culture of the program.”

While home visitors all agreed that there had been such a shift, some disagreed and felt that quality was not being compromised despite their larger caseloads, especially given their emphasis on having a client-centered, empowerment-driven approach.
“Personally, I don’t feel like it is taking away quality. It’s about empowering our clients, because we don’t want to keep doing a lot of the extra work that we were doing before. I don’t think it needs to take away quality... I would say that our high-risk clients definitely still get that extra attention. It may not be with additional visits, just a phone call.”

“Now, I’m more comfortable with the information I’m giving. I have more knowledge now [than I did when I first started being a parent coach]. I don’t have to always run back and look at the information- there’s less back and forth.”

“We make sure that we give them the tools that they need to move forward after we’re gone. With breastfeeding, I’ll show them how to do it, but then I need them to return the demonstration, because I’m not going to be standing there holding their breast, from now on. They need to be able to do it themselves. The more that we are able to empower them, that is what keeps the quality...if they feel like they can’t go on without you, that means you didn’t empower them—they need to feel confident in being able to take care of their babies themselves.”

4. Year 3 Changes to the Welcome Baby! Model

As mentioned above, the two week postpartum home visit is a new addition to the Welcome Baby! protocol. Previously, there had been a two-week postpartum phone call and a 1-2 months postpartum home visit, which represented the first in-person home visit by the parent coach (after having first been visited by the nurse at 72-hours postpartum). With this change, clients are instead visited at two weeks postpartum, and receive a phone call at 1-2 months postpartum. This change took effect in February 2012. In our last round of focus groups, home visitors had identified the need for this change and this round, they were pleased that the change had been implemented.

“Before, we did a phone call, and it was just somebody calling you saying ‘Hey, I’m X, I’m your parent coach.’ And then the mom doesn’t see you again until her kid is two months old. By then, she’s forgotten all about you.”

Home visitors felt that this change improved the continuity of their care and the hand-off from the nurse to the parent coach, as well as the relationship between the client and their parent coach. The opportunity to directly connect with clients early on led home visitors to believe that they’d develop greater trust and rapport with the clients.

“It seems that when I go out for the 2 week visit, they’re more open to talk about what’s going on and if they need help, whereas I felt like on the phone it was different... It just feels like you build more rapport with the client.”

“And when you make the call at 1-2 months, they’re more eager to talk to you, and you know what’s going on...”
Home visitors were hopeful that this change would also improve retention through the entire postpartum period. However, since it is a relatively recent change, there is not yet evidence to support this.

“When the nurse goes into the home at 72-hours postpartum, it’s a crisis moment because the mom has just come home from the hospital. Her nipples are sore and bleeding, the baby is crying, and mom’s clueless as to what to do. For the nurse to go in to do that visit when it’s a crisis moment, and then the parent coach to come right behind us at two weeks postpartum to follow up, I think it really does something for the continuity of care we’re providing, and it helps to cultivate that relationship and retain those clients. I think we’ll see that clients will feel more connected and more inclined to remain in the program for the entire nine months.”

“Anecdotally speaking, I think it’s fair to say that as a nurse, for me to come in and can give them the support right when they’ve come home, and I can say, ‘Your parent coach…is going to call you next week to set up an appointment to come out and see your baby when your baby is 2 weeks old,’ I think that goes a long way in helping us retain these clients. But it’s too early right now to say if that’s helping.”

The switch to a two-week visit also means that clients have three engagement points with Welcome Baby! during the first month of the child’s life: the hospital visit, just after delivery, by the hospital liaison; the 72-hour nurse home visit; and the two-week parent coach home visit. Given that the first month of a child’s life is critically important for breastfeeding, home visitors felt very positively about this much interaction.

“It helps us too, because, in the hospital we can tell them they will have three visits in the baby’s first month. That is prime time for visits… One of the biggest things that we support mommies with is breastfeeding. Typically, that first month is when things are either going really well or they’re going really wrong. So to have three people from Welcome Baby! support them with breastfeeding in the first month of the program, I think that’s going to go a long way.”

“There was one client we visited in the first couple of weeks. We noticed there were a lot of breastfeeding issues which she did have the nurse to assist her with but there were additional things she needed help with. She said ‘I am going to go to WIC to see if I can follow up on these issues…’ but we just did everything during the first. She avoided having to go to WIC and get help with breastfeeding issues, which was a big benefit to her—and she didn’t have to wait for the second month.”

Home visitors reported that the content of the home visits has not changed since our last site visit.
5. Changes to the Populations Served

*Welcome Baby!* is a universal home visitation model, meaning that it is offered to every woman, regardless of socioeconomic status, who resides within a five mile radius of CHMC. The surrounding urban areas have evolved over time. When asked about any changes over time in the types of clients they are seeing, home visitors didn’t point to any specific changes in the community itself, but did highlight that they see a wide range of family circumstances and perhaps a broadening of that range over time.

“This program enrolls everybody, no matter what their socioeconomic status is. We had a set of parents who are attorneys who live in a sky rise loft, where you’re saying ‘Whoa, this is really nice.’ Then we also have a client that is living in a converted garage with 15 people living almost in squalor. Then we have those clients that are right in the middle. We enroll such a variety of women and families.”

“I think the people who are accepting the program; the people who are joining us are starting to broaden. I think we’re starting to see more professional people join our program... I think that’s a big deal because I think historically programs like this are accepted by people who are of lower socioeconomic status. I have one client I went to see and I asked her if she was receiving WIC, and she said ‘What’s WIC?’”

Home visitors felt that this diversity of clients enrolling in the program was “powerful,” “interesting,” and speaks to the program’s positive image and the results of word-of-mouth recommendations. In fact, home visitors noted that after three years, they’ve started to see repeat clients and referrals in the program.

“We’re also starting to get a lot of repeat clients, and referrals... I got assigned a case last year and when I pulled up to the house, I was like ‘This is very familiar.’ When I walked in the door, a young lady answered the door and I asked ‘Have I been here before?’ She said, ‘Yeah, you came to see me last year. I had a baby.’ It was her little sister I was there to see this time. There are a lot of families telling each other about the program, and we’re getting referrals that way.”

Such word-of-mouth referrals seemed to make home visitors’ job easier; a positive recommendation paves the way for a client to have more trust in the home visitor from the start.

“I think anytime you have word-of-mouth that’s positive, it always makes things easier, because—if a friend refers someone to me to do work on my house and they did a good job for her, I’m going to have a little bit more faith in them than if I just cold call them out of a phone book.”
6. Retention Challenges

The highest rate of clients lost to follow-up continues to be for those clients that enroll at the hospital and drop out of the program before the 72-hour nurse home visit. (MCH Access supervisors reported that about 18 percent of mothers recruited at the hospital drop out of the program.) We previously heard from home visitors in the project’s first round of focus groups that this was the most challenging time point for retention (Hill et al., 2011, Hill and Adams, 2011). When asked about the reasons for this drop-off, home visitors said that it’s often young mothers that live with their own mothers and the perception that these young mothers don’t want a stranger coming into their home. Other clients may say they’re too busy, or their phone numbers are disconnected, or the address they gave isn’t where they are actually residing and happens to be outside of the program’s catchment area.

“Normally, it’s my younger mommies, who I met at the hospital. Their mother, who they live with, didn’t know that they signed up [for Welcome Baby!]. Their mother is like, ‘I don’t want anybody coming into my home.’” So when we call to make the visit, they’re like ‘Oh, never mind, I changed my mind.’ They [may] tell you ‘My mom doesn’t want me to participate.’”

“When a client signs up in the hospital—they give a different address from where they actually live. When I try to get a hold of them, they give me a different address—some of those are out of our area [so] they can’t participate in the program.”

“We have a very transient population whose phones are [shut] off from one minute to the next. So for the nurse home visit, if they enrolled at the hospital and 3 days later I call and their phone is disconnected, there’s not a whole lot for me to do but just tell the parent coach. The nurse client volume is so high, we don’t have the time to chase clients like that.”

Home visitors indicated that pitching the program to prospective clients was challenging to do at the hospital after prospective clients have just delivered their baby, and that that might also play a factor in the large drop-out rate for those clients. They suggested that this setting might not be ideal for recruitment.

“It’s hard for them to understand exactly what it is at first, [because] it’s a very hard program to explain with just our talking points.”

“You’re trying to explain something to somebody who has just had a baby, and what you’re telling them is not even going in—they’re not processing it. I think that’s why we have so much dropout [after] the hospital. I attribute it to baby brain…I know the hospital liaisons do a really good job of explaining our program, but when we call, they’re like ‘Well, who are you? What, what is this program about again?’”
To counteract this challenge, home visitors emphasized the importance of their push to recruit clients prenatally. This strategy has enabled them to demonstrate the benefits of the program early on, and to establish a relationship with the parent coach before the baby is born.

“If you can lay the foundation, it makes building the rest of the house easier. If we enroll them at the hospital, the foundation is just being laid and it’s a really thin layer. But when we enroll them prenatally, we have a big foundation.”

In contrasting their prenatally-recruited clients with the hospital recruits, home visitors said that the prenatal clients proactively engage with their parent coaches immediately after the baby is brought home from the hospital, or in one client’s case when they were in labor and en route to the hospital. Indeed, MCH Access supervisors reported that half as many prenatally-recruited mothers drop out of Welcome Baby! as do hospital-recruited mothers—9 percent vs. 18 percent.

“With the prenatal clients, a lot of them tend to call as soon as they get home [from the hospital]. They say, when is the nurse coming?”

“One client called her parent coach on the way to the hospital and said, ‘I’m in labor!’”

The second most common time for drop-outs occurs between the 3-4 month and 9-month home visit. This four to five month period continues to be a gap that the home visitors previously identified in the Welcome Baby! model (Hill and Adams 2011). This gap—which covers critical stages of the infants’ development, including crawling and walking, and starting solids—is a source of frustration for home visitors.

“Think about the course of the clients’ relationship with the program up until the four-month point. If it was a prenatal client, they enroll prenataally and were exposed to the outreach specialist. They then were exposed to their parent coach. Then they saw the hospital liaison. Then they saw a nurse. Then they saw their parent coach again—and two more times after that. All that happened by the time the baby was four months old. Then we said ‘Oops, never mind, we won’t see you again until your baby is nine months old.’ We went from seeing you all the time to not seeing you at all.”

“There is so much that happens between four and nine months. The child becomes a whole different person. The mother becomes a whole different person. I think that’s something that is really lacking from this program. It is something that I think needs to be reevaluated.”

Home visitors often lose contact with families in that time, or get calls from clients in that window asking “When are you coming again?” or questions about starting solids.

“They are always calling; they have a lot of questions about six months and starting solids.”
The visitors said that they often give as much information as possible in the 3-4 month visit, because they know this might be the last time they’ll see them if they can’t get reach them again. This includes information about the transition to solids feeding.

“I find that a lot of our clients are giving the children solids earlier than six months because they have the information already... versus waiting and doing a visit closer to 6 months—they’d get the information and won’t start giving the baby solids as early.”

7. **Rewards and challenges**

*Welcome Baby!* home visitors found their work to be highly rewarding, particularly around their clients’ appreciation for their work. Home visitors also found the empowerment and success stories of clients to be a particularly gratifying aspect of their job.

When asked to identify any other challenges associated with their work, home visitors identified three main challenges. First, they wished for *Welcome Baby!* to be expanded to a larger geographic area, so that they could accept more clients. Second, they desired a mental health component for the program, given that they find referrals to mental health services some of the most challenging to accomplish, particularly due to recent cuts for adult mental health services in California. Finally, home visitors revealed that taking care of their own mental and emotional health was a challenge given the intensity of their work.

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

Positive change at the community level is an important goal of the Best Start LA investment. To spur such change, community mobilization and place-based strategies are supported by First 5 LA through funding of a lead entity and a group that specializes in Community Based Action Research (CBAR) who together work to mobilize community members, facilitate their identification of needs in their neighborhoods, and to promote strategies and services to address those needs. In *Metro LA*, Para Los Niños (PLN) is the lead entity and Special Service for Groups (SSG) is facilitating the CBAR process.

As described in this evaluation’s case study reports, PLN initially got off to a slow start during its first year, but quickly learned that active engagement of parents in the community was critical for successful mobilization (Hill et al. 2011, Hill and Benatar, 2011). A Community Guidance Body (CGB) was eventually formed, charged with leading the development of strategies for community action. Over time, the CGB created four task forces to focus their various mobilization efforts, including the 1) Parent Task Force, 2) CBAR Task Force, 3) Communications Task Force, and 4) Training and Technical Assistance Task Force. The second year of implementation culminated in the funding of 17 collaborative partner grants to
community organizations for short term, shovel-ready projects, providing a first step to community strategies that had been engaged primarily in process up to that point (Hill et al. 2011). A second round of Collaborative Partner Grants was funded during the third year of the investment, and awards were announced in February 2012 (Benatar et al. 2012). As described in the case studies, PLN eventually made a conscious move to step back and give the CGB center stage, describing its role as providing logistical support to the CGB, facilitating community organization and relationship building between the CGB and First 5 LA. In addition, PLN has worked with the CGB on the development of its new Community Plan, a requirement introduced by F5LA in May 2011 which entails specifying activities that the CGB plans to implement.

One goal of this evaluation’s focus groups was to speak directly with members of the Metro LA community to learn whether they had witnessed or felt the effects of Best Start LA’s investment. Given delays in Metro LA’s implementation during year one, however, the project decided that the best way to approach this task was to convene a focus group comprising members of the CGB—representatives of the community that had stepped forward to be part of the mobilization effort—to hear more about their early efforts. For this second round of focus groups, we again met with members of the CGB to see how, and how well, community mobilization was progressing. In addition, we conducted a focus group with representatives of the Collaborative Partner Grantees to gain additional insights into their experiences working with Best Start LA and implementing targeted community-improvement projects. The results of these two focus groups are presented below.

Focus Group with Community Guidance Body Members

PLN officials estimate that, as of spring 2012, there were about 50 members of the CGB, including 15 parents; of these, about 30 can be considered active participants in the body. Eleven of these CGB members joined us for our focus group. Five were parents, including the co-chair of the Parent Task Force, and the remainder were representatives of a variety of agencies and organizations in Metro LA, including a not-for-profit science and education center, a Healthy Start agency, a group that targets education and outreach to disadvantaged families (particularly Central American and Mexican immigrant families), a firm involved in worksite wellness and health education, a speech and hearing clinic, and a community-based multi-service agency. Together, this group brought a diverse range of perspectives to the conversation.

1. **Strengths and weaknesses of the Metro LA community**

After introductions, the focus group began with a discussion of the Metro LA pilot community and its strengths and weaknesses. Generally, participants believed that the community was undergoing considerable change—some positive, some negative.
“There are more Latino people and also more low income. It is ever changing...a lot of culture...our community is very diverse.”

“You have more choices as far as education goes... There are a lot of charter schools popping out in the area and it is not just public schools.”

“I have seen a very positive impact as far as parents becoming leaders and trying to take more charge of their own community.”

“The numbers of children here are unbelievable! You walk along and you can see in many places mothers with little children...”

“The other day I was walking with my children...and [my son] said, ‘Oh Mommy, there is a lot of trash here! Why do people throw it here?’ That made me think that while there are things I like in my community...there are also things that I don't like.”

“Because of development...we have land owners kicking families out, renovating and trying to get students or whoever can afford higher rents... A lot of communities are being lost...”

2. How stakeholders got involved with Best Start LA

When asked how they became aware of and involved with Best Start LA, most CGB members described how they were recruited by PLN or other members of the CGB, illustrating the active outreach to the community that was a goal of the lead entity and the CGB.

“I got involved because a health promotora came to our group...and gave us information. She told us...one of the goals is that children stay healthy...and that they are ready for kindergarten...that this organization can give us more opportunities.”

“I found out through an assistant director [at PLN]... She was in different places, getting people together and I was very excited.”

3. Major activities of the CBG over the last year

The bulk of our conversation with CGB members focused on activities they’ve been engaged in over the last year-and-one-half, since our first focus group. Participants described very positive developments regarding parent involvement, task force formation, and Collaborative Partner
Grant projects, but also unfortunate dynamics surrounding continued disruptive leadership changes at PLN, and increasingly bureaucratic oversight by F5LA that some felt was stifling creativity and progress.

“Well, since the last focus group, a couple of things have taken off. One...is that there are more parents involved. For any project that is discussed, it really needs to be rooted in the parents and the community which is the driving factor.”

“We were able to recruit more members and some members are more active, as well. And that’s good, [because] at the beginning...it was the same people that talked over and over and over and over again. But not now.”

“Right now in the Parents Task Force, we are organizing a summit...to showcase our activities and hold workshops for parent capacity building.”

“We are working on the goals that they are born healthy, ready for school, far from the reach of abuse and negligence... We are planning to put together a fair, this will be the second one, with resources for children zero to five so they can be ready to go to kindergarten...”

“We have done two rounds now of granting...and some really cool programs have been developed.”

“With the approval we have received from F5LA, I am able to bring workshops from other organizations...every Thursday... Right now we have the diabetes workshop...and we involve children so they can have a healthy weight. This week, we will be having another workshop on nutrition...”

“Even though it has been great to have the collaborative projects...the first one was only 3 months, so it was very hectic for us as an organization. I had three different projects at my school, so trying to balance those...all at once and trying to meet the deadline was very hectic. But in the end, those were marvelous projects...and a lot of community members were able to benefit from it.”

“But there seems to have been a layer of bureaucracy that has been added...we are working through it...but that new dimension I think slows [us] down.”

“It seems like there is so much paperwork and the logistic procedures that we have to go through...before we can actually get approvals and funding to start some of these projects...it is a little frustrating I would say.”
“If we are talking about the F5LA coming onboard…I could be wrong, but I think their reputation is one of having more control…and oversight, which personally I think [is] a mistake because…there needs to be the trust from F5LA…”

“I have even felt disrespected… They have failed to be professional in deciding on approval of projects. [They] review the proposal…[ask] for things to be changed…30 days go by and then they want to change another line from the proposal. This is not a game, I do not understand what is going on with them.”

“And this Community Plan…they said they are going to give us a template that we can fit in our goals and our ideas…[but] it feels a little weird to say our words in their boxes and it is kind of hard to fit them in, so…that is the frustration we had...”

“It is now like they want every community to have to fit in the same box and I think if they went back to their original goal of the community...which knows best where the resources should go and how they should be implemented and who should do it...I think it would be successful.”

“I started feeling like, ‘Okay, well, they are going to tell us how to do things now.’ It kind of feels more controlled, more scripted...more top down.”

“The other thing was that we had three director changes [at PLN]...and for a while they didn’t have anyone...[that has] slowed things down as well.”

4. Overarching views on progress to date

To close, participants were asked to reflect on the last year or two and share their concluding observations about the work they had been doing and any lessons they had learned about community mobilization. Despite ups and downs, the CGB members were mostly positive about the progress they’ve made and the process they’ve followed.

“I feel that it is mostly positive. I sense that a lot of our organizations have worked together [like] they have never done so before... The grant process was not the best…but it has been very positive in general...”

“The parents have pulled together in ways they weren’t pulling together before, so that is very positive.”
“Yes, there are positive things...we have worked together...the parents have been taken into consideration from the beginning and we have become involved little by little... Things are not right for the things we talked about, but I believe that it is very positive that the parents have been able to take a place at this table, in this space, and been able to work on those things that we know need help in the community.”

Focus Group with Collaborative Partner Grantees

Representatives of seven agencies that received Collaborative Partner Grants participated in our focus group. These individuals worked for very diverse organizations, including a literacy project for Latino populations, a multi-service community agency, a community housing project, a Head Start agency, a parenting education organization, and a land trust working to bring parks and gardens to disadvantaged communities. Our conversation focused primarily on the projects they implemented with F5LA support, their impressions on the extent to which families were taking advantage of and benefiting from their projects, the process of grant making that they each completed to participate in the Collaborative Partner program, and their overall impressions of Best Start LA.

1. Goals of the Collaborative Partner Grant projects

Discussion initially involved participants sharing stories about the projects they developed and implemented under the Collaborative Partner Grants. Some examples of these projects are summarized below in the words of participants.

“We applied for funding to build a “tot lot” within a park and also to restore a central area of the park that is a grassy area that gets heavily used... Our approach is to do what we call ‘community build days’ that involve members of the community and creates more ownership by the community...”

“We had funding for three projects [at our housing project]. One was called ‘maintaining healthy weight in young children’...and our promotoras presented a great curriculum for nutrition education. They went door to door in Pico Union and South LA...where there is a lot of lack of information about nutrition... The second was called ‘la hora del te’ which is a stress management curriculum, and we targeted [both] grandparents and parents who take care of young children... We talked about what causes stress, what can you do to release stress...and so we did a lot of exercises like breathing...journaling... The third was a parenting group...and so promotoras taught [parents] how to do interactions with their kids...”
“We were funded for...a parent institute. We had 3 tracks...one was focused on child abuse prevention... The other was nutrition, you know, shopping and going to the grocery...and actually cooking healthy...we worked with promotoras. The third was a computer literacy class, and the idea was for the parents to become familiar with resources and how to use...the Internet and how to get services for their children...especially ages zero to five... A lot of them had never been in front of a computer, so that was kind of tough...but also very productive. The parents, I think, liked it very much.”

2. Challenges with project implementation

Participants spoke at length about the challenges surrounding implementation of their projects, and focused primarily on the short, three-month period that was provided for project completion.

“Having a three-month turnaround...felt very oppressive. I mean, they had the money for the whole year, so why was it a three-month turnaround? It made you wonder, was it really about the community?”

“For us it was just the time...[we] didn’t have enough time... We had a deadline...where we felt a lot of pressure to get everything done at the same time. And that pressure carried over to the parents, as well...”

“We really didn’t have time to do the sort of building that these projects need...I mean, it wasn’t a community change model... It was ‘come in and do a service and leave,’ you know?”

“I’m also a member of the CGB and...I have strong opinions about this... We’ve been through four directors [at PLN] and all that transition...and indecision...leads to three month [projects] when it should have been at least a year.”

“We’re all developing programs to meet the funding requirements... I think there needs to be a real discussion around...just providing general operating support to organizations that are doing good work around the target population, and not doing [short term] grants or project grants that require this level of capacity.”
3. **Families’ participation in and responses to community projects**

Despite timing challenges, projects enjoyed strong participation and were highly valued by families, as perceived by grantees.

“**I think it went above [my expectations]. One of the things that resonates is that... when you put it out there, people are hungry to participate...**”

“**We could have been providing parenting classes all year! I’m really pleased that there’s a real [demand] for nonviolence in the community, a real need to break the cycles of violence in the community...**”

“**I think we were ambitious with what we wrote...but had only three months to find [parents] and cultivate their interest. I think we had hopes of having 15 or 20...and in actuality we came in around 10.**”

“**We asked for $45,000 and got $18,000...and we had 45 days to do something. We were able to enroll 16 parents...so it was really quite good. We had one gentleman who has a three-year-old boy. He was learning how to write his letters and he would make room on his dining room table, and his little boy would come and they would practice their letters together... [It was] a beautiful story...**”

4. **Familiarity with the broader Best Start LA investment**

Participants were asked about their impressions of the Best Start LA investment, beyond the Collaborative Partner Grant process. Since they were employees of community-based agencies, these professionals generally were aware of BSLA, and some had positive views. But several also still held strong, hurt feelings over the controversy that surrounded the initial launch of the place-based investment.

“**I remember the initial meeting at First 5 LA...so we [from the agency that did not win the Lead Entity contract] were part of that whole political thing from the beginning...**”

“**One of the things that frustrates me...is that a lot of different entities are already working in this community... It [the award to PLN] kind of minimized a lot of the work that we were already doing...at least that’s how it felt...**”

“**The organizations that are already existing for so many years trying to make a positive impact, not a change... The positive impact on the community was kind of pushed to the**”
side.... But now that we’re involved, I think we have the opportunity to go back and do a lot of what we want to see…”

“I think any kind of funder-led place-based initiative is confusing the people... It narrows opportunities for partnership…and excludes organizations or work that is already naturally engaged... Ultimately, it’s a funder-led initiative, not a community-led initiative.”

“Still, the beautiful thing…is that I feel like I’ve built some really great relationships…”

5. Overarching views on the Collaborative Partner Grant process

In conclusion, participants were asked to share final thoughts about their involvement, as well as lessons learned and advice for First 5 LA about future work in the community.

“Oh, we’re really grateful to have had the money to be able to provide the services. I mean, we wouldn’t have been able to provide them with the budget...so we’re grateful for that.”

“We’ve got five months this time around, so that’s better. But why couldn’t we have a full year to work with? I still don’t quite understand that…”

“In terms of creating new programs and something new [for the grant applications], I guess we would have liked to just, you know, fund the programs that we already had, but I actually brought some new ideas and I think that was actually interesting…”

“Ours was already an existing program, so we didn’t have to change the curriculum, but got this grant and we had to add on extra families…and serving all those extra families in the short time was our biggest challenge.”

“The strengths were that these were things we wanted to do. So the ability to access funding allowed us to really jumpstart those very quickly and get them rolling.”

 “[But] then you have the challenge of sustainment and sustainability for those things…”

“I used the opportunity to really look at our outreach material to come up with something that looked just a lot sharper and better and test these things out. So that was really good.”
IV. Conclusions

Our second round of focus groups for the Best Start LA Pilot Community Evaluation provides further evidence that, three years in, Welcome Baby! home visiting has evolved into a very effective service for families with young children. Home visitors provide highly valued educational and emotional support to mothers, strengthening their capacity to successfully raise their infants. Mothers report increased knowledge about their children’s health and development, success in breastfeeding, and confidence in their childrearing abilities. Meanwhile, community mobilization efforts are progressing but continue to be hampered by leadership turnover, hurried implementation of grant-funded projects, and simmering tensions among some community agencies. Specific, important takeaways from our focus groups with consumers, home visitors, and community stakeholders include the following:

- **Mothers receiving Welcome Baby! home visiting**, as they did 15 months earlier, expressed great satisfaction with and appreciation of the service. Nearly half of mothers reported learning about Welcome Baby! prenatally (rather than after delivery at the hospital), reflecting the success of an important outreach goal for MCH Access to begin assisting mothers earlier in the process. Parents were hungry for and looked forward to the promised assistance and described receiving a wide range of supports from the home visitors, including help with breastfeeding, postpartum depression, child sleeping positions and strategies, diet and nutrition, child development milestones to look for, and home safety. Numerous focus group participants praised the family-centered approach of their parent coaches, noting how support and assistance was often extended beyond mother and child to other family members, husbands, and siblings. The only shortcoming described by parents was Welcome Baby’s lack of a visit during the five month span from the infants 4th to 9th month—a period of great change when additional help and advice would have been welcomed. Parents generally felt that their communities did not offer abundant support to families with young children, and cited a lack of safe parks in which to play, a shortage of child care resources, and concerns about crime and violence. Unfortunately, Welcome Baby! participants are still largely unaware of the broader BSLA initiative in their community, and only somewhat more familiar with the First 5 LA organization and its goals. Less than one in 10 participants said they had either heard of or participated in any of BSLA’s parent engagement events. (At least some of this low recognition could likely be due to the fact that Welcome Baby! serves a catchment area broader than the Metro LA community boundaries and focus group participants could have been recruited from neighborhoods outside Metro LA.)

- **Welcome Baby! home visitors** described their various efforts to modify and fine-tune the Welcome Baby! model to improve its capacity to serve and retain mothers of newborns. One critical shift noted was the hiring of dedicated outreach specialists who focus solely
on recruitment of expectant mothers, thereby freeing up parent coaches to concentrate on home visiting with enrollees. Outreach to local prenatal clinics and at community events is augmented by highly productive coordination with California Hospital Medical Center’s (CHMC’s) Outreach Department staff, which gives Welcome Baby! outreach specialists access to all of the hospital physicians and clients. Another key change to the model was swapping out the two-week postpartum phone call for the two-month postpartum home visit; nurses and parent coaches universally cited the benefits of making earlier face-to-face contact with new mothers, saying that it helped cement the presence of Welcome Baby!, improve continuity as nurses hand clients off to parent coaches, build stronger, earlier rapport between coaches and new mothers, solidify the establishment of breastfeeding, and increase the odds that mothers will be retained in the program through to completion. Three years in, it appears that Welcome Baby! is operating at full capacity. Still, home visitors wished the program had the ability to add a 6 month and a 12-month visit to the protocol, and also hoped to add mental health capacity to the array of services it provides.

- **Community stakeholders**, including both members of the Metro LA Community Guidance Body and representatives of a sample of Collaborative Partner Grantees, expressed both excitement and gratitude for the benefits that BSLA is slowly bringing to their community, as well as frustration with the process that often seems disorganized and inefficient. CGB members described very positive developments regarding parent involvement, task force formation, and Collaborative Partner Grant projects, but also unfortunate dynamics surrounding continued disruptive leadership changes at PLN, and increasingly bureaucratic oversight by F5LA that some felt was stifling creativity and progress. Collaborative partner grantees, meanwhile, expressed pride and excitement regarding the projects they had developed, but also described the challenges surrounding implementation, focusing criticism primarily on the three-month period that was provided for project completion, a timespan that was described as too short for true, sustainable community change. Still, collaborative partner projects were embraced by the community and well used. When asked about their broader familiarity with BSLA, participants (as employees of community-based agencies) were generally aware of BSLA, and some had positive views. But several also still held strong, hurt feelings over the controversy that surrounded the initial launch of the place-based investment, and believed it had had lasting detrimental effects on the project’s potential. Still, despite the ups and downs, community members held fundamentally positive feelings for the work they were doing and the projects that had been enabled.

Focus groups can provide rich qualitative insights into how a program—like Best Start LA—is implemented and affecting its target populations and communities. Inherent to this
method, however, the small numbers of people with whom we spoke limits the extent to which we can generalize our findings and reach definitive conclusions.

It is hoped that the comments heard from families, providers, and community members about their early experiences with BSLA—via these focus groups—can provide important lessons for F5LA and members of the other 13 communities where Best Start LA is being implemented.
References


