



Kit for New Parents
Program Evaluation Report
December 2011



Prepared by the UCLA Center for Healthier Children, Families and Communities

Funded by



First 5 California *Kit for New Parents*

Evaluation Report, December 2011

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EXECUTIVE SUMMARY

The California Children and Families Commission (First 5 California) was established in 1998 by ballot initiative Proposition 10, to allocate tobacco tax revenue for education, health and childcare programs serving children 0-5 and their families. The majority of funds are distributed directly to the 58 County Commissions throughout California to meet local needs and priorities. In addition, First 5 California has developed/designed and sponsored an assortment of signature programs that are implemented through state-county partnerships.

The *Kit for New Parents*, a signature program for parents, was launched in 2001, as part of First 5 California's parent education initiative. Since the initiative's inception, almost 2.5 million *Kits* have been provided to new parents, completely free of charge.

The *Kit* is a decorative boxed package filled with audiovisual and print materials covering a wide range of topics of interest to new parents. Parents can request a *Kit* via a toll-free hotline established by First 5 California. The *Kits* are also distributed within communities as a result of each county's extensive partnerships with hospitals, health clinics, county agencies, home visitation programs, and parent education classes. The *Kit* contains parenting information, health information, parenting tips, a DVD, booklets, obesity prevention guide and nutritional information, and a children's book for parents to read to their child.

The University of California Los Angeles Center for Healthier Children, Families, and Communities (CHCFC) was contracted by First 5 California to conduct a utilization-focused evaluation of the most recent version of the *Kit for New Parents*, rolled out in January 2011. The purpose of this evaluation was to demonstrate the effectiveness of the *Kit* in expanding knowledge and influencing behaviors of new parents who received a *Kit*.

The CHCFC conducted a mail survey with a convenience sample of parents who received either an English language or Spanish language *Kit* between January 2011 and September 2011. A list of parents who requested a *Kit* via the statewide hotline was used to identify the majority of the sample (n=2,246). The survey also included a sample of *Kit* recipients from four counties or county community partners (n=1,142). The total number of *Kit* recipients who were sent surveys was 3,388.¹ Surveys were sent twice to non-responders.² The CHCFC received 696 completed surveys, a very favorable response rate of 20.5%.

Key findings from the survey and recommendations for improvement both in the *Kit* and in future evaluation efforts are summarized next.

¹ A number of these surveys were returned by the Post Office due to parent relocation, missing apartment or unit numbers, etc. When possible, corrections were made and surveys were re-sent.

² One county's list arrived after the first mailing had been concluded. *Kit* recipients from that list only received the survey once, in the second round of mailing.

Key Findings

- Parents felt the *Kit* improved their knowledge and confidence as a parent
- A high percentage of *Kit* recipients used items in the *Kit*
- The *Kit* improved parents' knowledge in several specific areas, including, but not limited to child development, safety and nutrition
- Parents are utilizing some *Kit* items frequently, and sharing the *Kit* resources with others
- Over time, the *Kit* increases parent knowledge and use of the *Kit*
- Some counties are more directly involved in *Kit* distribution than others, and some have implemented particularly effective strategies for distribution

Areas for Improvement in the *Kit* and Recommendations for Future Evaluations of the *Kit* for New Parents

- Reassessing advertising and distribution strategies may help get the *Kit* into the hands of more parents
- Include an invitation to participate in evaluation inside the *Kit*, and conduct pre and post surveys of *Kit* recipients to provide another measure of increased knowledge after receiving the *Kit*
- Incentives lead to increased participation in evaluation efforts. Because the survey showed the children's book was such a popular item, an additional book, along with another copy of "Puppy and Friends" to share with another parent, might be a highly effective incentive to offer
- Track survey recipients by zip code to enable mapping of *Kit* distribution, and to enable more representative sampling of recipients
- Consider sampling the entire population from the Automated Vital Statistics System (AVSS)
- Create a survey to identify barriers to sharing the *Kit* with other parents

OVERVIEW OF THE KIT FOR NEW PARENTS (KNP)

The *Kit for New Parents* was developed under First 5 California's parent education initiative launched in 2001. The *Kit* is distributed to new and expectant parents across the state in English, Spanish, Cantonese, Chinese Mandarin, Korean, and Vietnamese. Almost 2.5 million *Kits* have been provided completely free of charge since the initiative's inception.

The *Kit* is a decoratively packaged box filled with audiovisual and print materials covering a wide range of topics of interest to new parents. Parents can request a *Kit* via a toll-free hotline established by First 5 California.F5CA. The *Kits* are also distributed within communities as a result of extensive First 5 California and County Commission partnerships with hospitals, health clinics, county agencies, home visitation programs, and parent education classes.

The *Kits* are packaged by a vendor under a contract with California First 5. There are no eligibility requirements for parents to receive the *Kit* and it is provided free of charge to all who request one. First 5 California pays publication and distribution costs for the *Kit*.

The *Kit* contains a number of parent educational materials, and was most recently updated in January 2011. The new version includes updated contents that reflect new knowledge about child development, health and well-being and that are better integrated with modern technologies.

The contents of the updated version of the *Kit* include:

- An educational DVD covering a wide range of early childhood topics (general health and oral health, discipline, safety, and more)
- A child development booklet outlining important developmental milestones
- A parents' guide to "What to do When Your Child Gets Sick"
- A book for parents and babies to read together ("Puppy and Friends")
- Pamphlets about obesity prevention strategies, including ideas for interactive activities for parents and young children to do together
- Information about California's Healthy Families program and eligibility guidelines
- A magnet with the Poison Control hotline phone number printed on it
- A brochure about oral health for babies and information about when children should start seeing a dentist

In addition to the standard items above, counties have the opportunity to incorporate additional materials (up to four items) into *Kits* distributed in their communities. This facilitates parents' receipt of important information about local resources, and can provide

additional useful items and information to parents. Examples of additional items added by counties include:

- Baby toothbrushes
- Baby clothing
- How to create a good relationship with your baby
- Car shades
- Electrical outlet covers
- Storybooks
- Information on local mom and baby classes
- Literature about breastfeeding
- Non-prescription medicines
- Measuring charts
- Thermometers
- First aid
- Information on the importance of a smoke-free car
- How parent decision-making shapes a child's future
- Using conversation to discipline instead of violence

PURPOSE OF THIS EVALUATION

The evaluation was intended to investigate the extent to which the *Kit for New Parents* has helped to support parents' knowledge and decision-making in areas such as:

- Child Safety and Discipline
- Early Childhood Learning and Developmental Milestones
- Nutrition
- Health and Dental Care

Accordingly, the CHCFC designed a parent survey to determine what *Kit* items recipients were using or referring to, how frequently they used these items, how helpful the items were, and whether they had shared any of the *Kit* items with others.

The information collected through the parent survey has implications for any future revisions First 5 California may make to the *Kit*, in addition to shedding light on the role the *Kit* is playing in helping First 5 in its mission to educate parents about the importance of early childhood and how to best support their child's growth and development.

Additionally, by learning more about distribution of the *Kits* through avenues other than the hotline, First 5 will have new knowledge that can potentially be used to expand the reach of the *Kit* in the future into the hands of more new parents throughout California.

Methods

The CHCFC investigated and analyzed the distribution methods employed to get *Kits* out to as many new parents as possible to determine the most appropriate rapid survey methodology. In order to learn more about the various distribution strategies employed by California counties, the CHCFC visited each county's First 5 website as a new parent in search of parenting resources might. The website was reviewed for any information regarding the *Kit for New Parents*. Counties that explained ways parents could get the *Kit* (other than calling the statewide toll free hotline) were identified. Counties utilized a range of strategies, some of which were particularly effective in reaching parents in local communities. Counties using the most extensive distribution strategy were identified from among the group of counties facilitating local distribution and subsequently contacted by the CHCFC for more detailed information about their local practices. The information gathered was analyzed for similarities and differences among county strategies.

Data from a subsample of the California Health Interview Survey (CHIS) data from 2009, who were asked general questions about the *Kit*, also were reviewed to assess awareness of the availability of the *Kit*, *Kit* usage, and opinions about the *Kit*'s usefulness among a

randomly selected sample of caretakers of children from the general population of California.

Parents receiving the *Kit* in 2011, the focus of this evaluation, were identified from three sources:

1. The First 5 California *KNP* hotline recipient list
2. Local county recipient lists, as available (Monterey, Sacramento, San Diego³)
3. Community partner assistance⁴

For a number of logistical and practice reasons, many counties did not have access to lists of *Kit* recipients. Language appropriate surveys were sent to all parents on the lists who had received either English or Spanish language *Kits* for whom language preference was stated. If no language was indicated, a bilingual English/Spanish survey packet was sent.

The survey was constructed through an iterative process beginning with a thoughtful discussion with numerous people involved with the design and distribution of the *Kit for New Parents*. CHCFC developed, field tested, modified, and refined the survey to address the important questions proposed by First 5 California, and translated the final version into Spanish. The evaluation was field tested to ensure that *Kit* recipients could provide answers given their likely level of exposure to the *Kit* contents. Ultimately, the survey was organized into five sections (A-E) and included sections on demographic characteristics of the respondents, their use of the *Kit*, both for their families and with other families, and their satisfaction with the various items that comprised the *Kit*. (See Appendix 3 for a copy of the survey.) CHCFC secured IRB exemption from the University of California Los Angeles IRB review board for this survey.

The surveys were mailed between the 3rd week of October 2011 and the last week of November 2011. There were several weeks in between mailings to allow recipients enough time to respond before receiving a second mailing.⁵ Returned mail (e.g., due to a missing apartment number, incorrect zip code, or relocated parent) was logged and, whenever corrections were possible, re-sent to the corrected address. Recipients were removed from the second mailing list once a completed survey was received.

Survey packets included an introductory letter explaining the purpose and confidentiality of the survey, and an incentive offer of a \$25 coupon from Babies “R” Us for completing the survey. Incentives were mailed to respondents on a rolling basis as completed surveys

³ The San Diego list was provided by a San Diego community distribution partner.

⁴ A batch of surveys was sent to staff at First 5 Calaveras County who distributed them through community partners that were able to identify past recipients.

⁵ Due to a timing issue, the recipients on the San Diego list were not part of the first mailing, and received the survey packet only once.

were received in order to ensure a timely turnaround. A total of 3,388 *Kit* recipients were mailed survey packets.⁶

Figure 1 below shows the breakdown of survey distribution by language based on the recipient lists that CHCFC received.

Figure 1. Survey Sample by Language and Recipient List

Survey Sample by Recipient List and Survey Language					
		Language			
		English	Spanish	Bilingual	Totals
Recipient List Source	First 5 California State Hotline	1,699	547	--	2,246
	First 5 Monterey	8	31	--	39
	First 5 Sacramento	--	--	158	158
	First 5 San Diego*	825	68	2	895
	First 5 Calaveras**	--	--	50	50
	Totals	2,532	646	210	3,388

*First 5 San Diego list received survey mailing once

**First 5 Calaveras distributed surveys with the assistance of community partners; surveys were not directly mailed to these parents by CHCFC

Limitations

The use of self-report is a commonly accepted, if imperfect approach to evaluating behavior changes of an intervention such as the *Kit*. Additional limitations include:

- Data are collected at one point in time, relying on respondents to assess change in behavior over time. A pre and post survey design would have provided a more accurate assessment.

⁶ A number of surveys were returned by the Post Office due to parent relocation, missing apartment or unit numbers, etc. and does not represent the actual number of *Kit* recipients who successfully received the survey mailing.

- Because a convenience sample was used and not all counties provided a recipient list, parent populations in those counties that did not provide a list may be underrepresented in the surveyed sample.
- Only recipients who received the *Kit* in 2011 were surveyed; views from parents who may have received a prior version of the *Kit* and have had it longer than a year are not included

REVIEW OF EXISTING DATA: THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

For context, the CHCFC reviewed the California Health Interview Survey (CHIS), a large-scale statewide health survey the UCLA Center for Health Policy Research administers every two years. Its sample includes over 50,000 randomly selected individuals statistically representative of the population of California.⁷

A subsample of the 2009 CHIS Child Questionnaire was administered to adult caretakers of children ages 0-11 who were in the study sample. This survey included questions regarding awareness of the *Kit for New Parents*, receipt of a *Kit*, usage, and helpfulness of the *Kit*.

Table 1. 2009 CHIS Child Questionnaire Responses to *Kit* Questions

Survey Question	Yes	No
<i>Do you know that First 5 California, a state agency, provides a free Parent Kit to parents of young children?*</i>	30.3%	69.7%
<i>Have you ever received this Parent Kit?***</i>	16.4%	13.9%
<i>Did you use any of the materials from this Parent Kit?***</i>	73.9%	26.1%

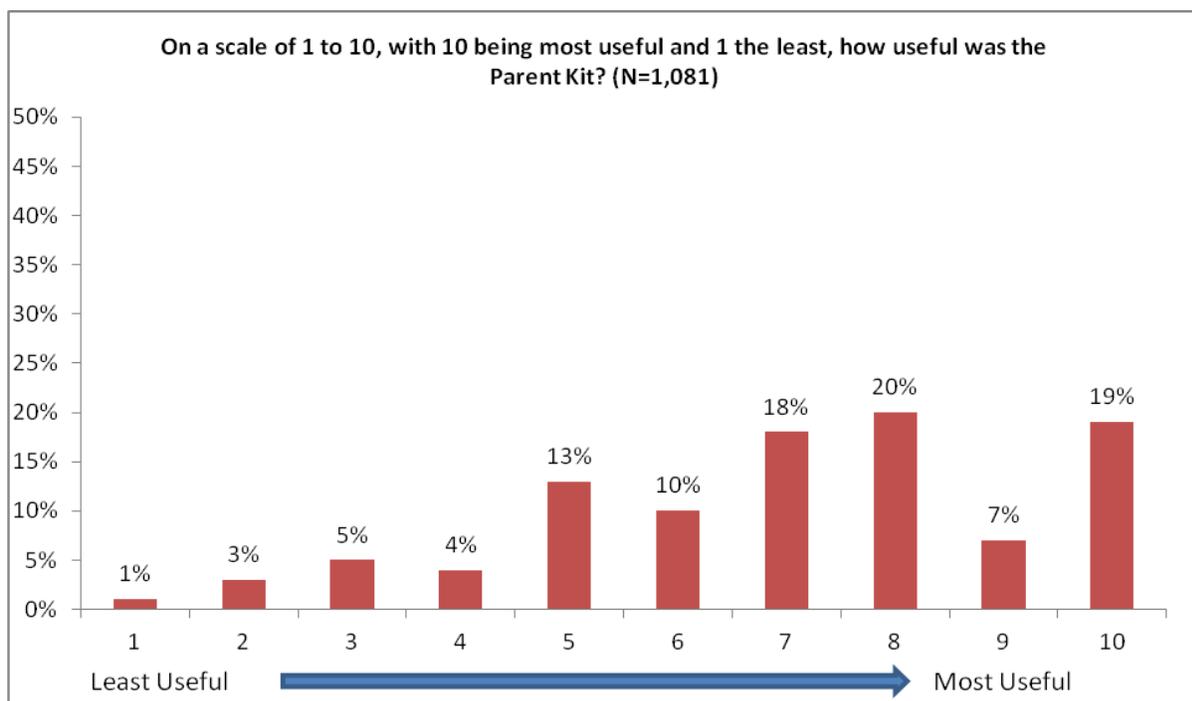
*n=8,945; **n=2,708; ***n=1,463

As Table 1 shows, while the awareness of the *Kit* among CHIS-surveyed caretakers is fair, there is still much room for improvement. Almost a third of the parents were aware of the *Kit*, though only 16% of these had actually received a *Kit*. Because this sample includes caretakers of children up to age 11, it is likely that many who declined to request a *Kit* did so because they are not, in fact, “new” parents. Still, these results may have implications for advertising and outreach strategies for the *Kit*. Providing more information to caretakers about the *Kit* and its potential benefits could increase the number of people who request one.

⁷ University of California Los Angeles, Center for Health Policy Research. *About CHIS*. Retrieved from <http://www.chis.ucla.edu/about.html>

Figure 2 shows that most respondents who received the *Kit* found it to be useful. A relatively small number of *Kit* recipients reported they did not find the *Kit* to be useful. On a scale of 1 to 10, with 1 being least useful and 10 the most, nearly 50% of respondents gave the *Kit* scores of 8 or above. In contrast, less than 10% gave it scores of 3 or less. These data indicate that those respondent parents who did receive the *Kit* overwhelmingly found it to be quite useful. Overall, the CHIS data indicate that the main challenge for the *Kit for New Parents* is getting *Kits* into the hands of caretakers of young children.

Figure 2. CHIS 2009 Survey Results, Rating of Usefulness of the *Kit*



STUDY FINDINGS

Distribution of the *Kit for New Parents*

While the majority of counties do not directly participate in a “hands on” way with the *Kit* distribution - instead referring new parents to the statewide hotline - a number have comparatively extensive, supplemental strategies for local distribution and outreach. The counties that were identified as being most active in facilitating *Kit* distribution (N=13) provided information to CHCFC about their distribution strategies, collaboration with community partners, and local evaluation efforts, if any. Generally speaking, instead of coordinating the distribution of *Kits* to their own community partners, the larger counties had their partners order *Kits* directly from the main distribution center; this is understandable since counties reported having up to 600 community partners engaged in distribution.

Table 2. Locally Implemented Distribution Strategies Utilized by Sample Counties (N=13)

Distribution Method	# of Counties Using Method
Partners order directly from distribution center	6
Local First 5 county commission participates in some form of direct distribution to parents (at community events, in their office, etc.)	4
County coordinates distribution of <i>Kits</i> to their community partners	3
County contracts with one community partner who coordinates distribution on their behalf	2
Local 2-1-1 offers to send a <i>Kit</i> to new parents who call the information line	1

Two of the 13 sample counties have implemented local evaluations of the *Kit*. Another county requests consent to contact *Kit* recipients from among those also receiving services through one of their community partners, though this county is not currently conducting evaluation of the *Kit*.

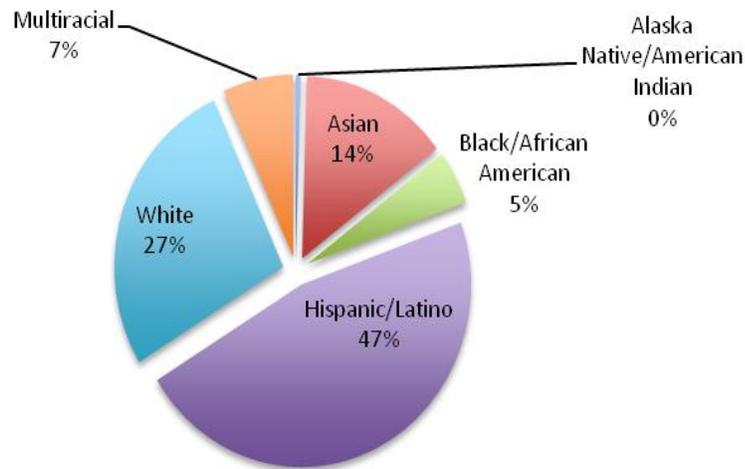
Response Rate and Characteristics of Respondents

The CHCFC received 696 completed surveys.⁸ A total of 567 (81.5%) of the surveys were in English and 129 (18.5%) were in Spanish. The overall response rate was approximately 20.5% , which is considered a good return for a mail survey in the research community. The surveyed parents represent a total of 877 children ages 0-5 years in the same household.

Ethnicity/Race

Figure 3 below shows that most of respondents (47%) reported being of Hispanic/Latino descent, while 27% reported being White, 7% reported being Multiracial and 5% reported being Black/African American.

Figure 3. Ethnicity of Respondents

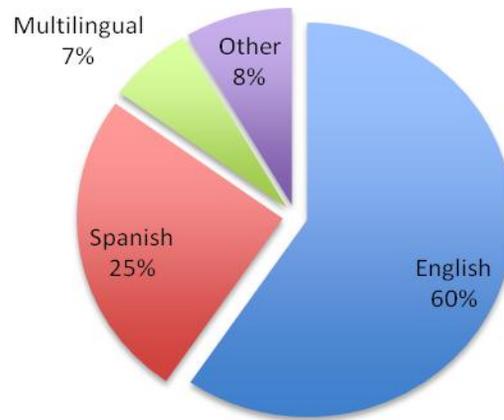


⁸ Results may not be representative of the total *KNP* population and are based on data received and entered as of 12/6/2011.

Language

The majority (60%) of survey respondents spoke English as their primary language. Twenty-five percent (25%) of respondents reported Spanish as their primary language, and 8% reported other languages, such as various Asian dialects (e.g. Chinese, Korean, Tagalog). Seven percent (7%) of respondents reported being multilingual in the household, generally speaking both Spanish and English at home.

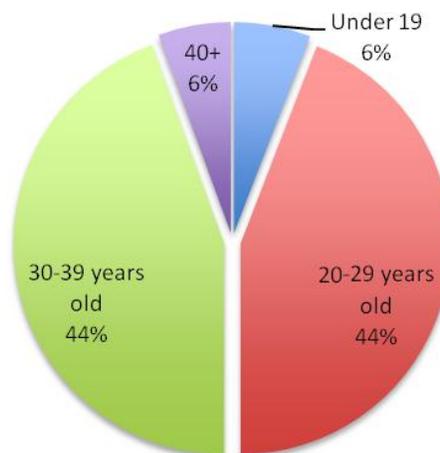
Figure 4. Respondent's Language Spoken at Home



Age

The average age of respondents was 29.5 years old. 44% of respondents reported being between the ages of 20-29 and 44% reported being 30-39. The remaining 12% were split evenly between respondents under the age of 19 or over the age of 40.

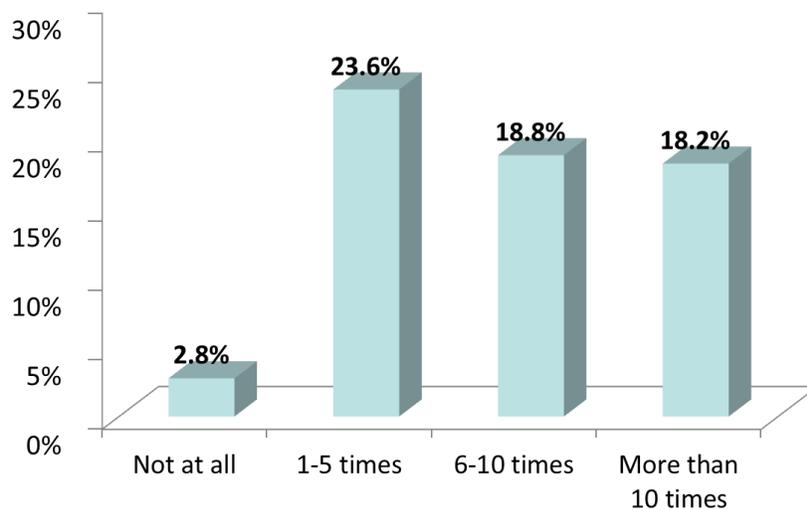
Figure 5. Age of Respondents



Kit Usage

Respondents were asked to rate the number of times they used or looked at the items in the *Kit*. As displayed in Figure 6 below, 23.6% reported using the *Kit* 1-5 times, while 18.8% used the *Kit* 6-10 times, and 18.2% used the *Kit* more than 10 times. Only 2.8% of respondents who received the *Kit* reported never using it at all.

Figure 6. Percent of Parents Reporting the Number of Times Any Item in the *Kit* Was Looked At or Used



Respondents reported using certain items in the *Kit* more than other items. Figure 7 identifies the 5 items respondents reported they looked at most frequently: “What to Do When your Child Gets Sick” (used by 84% of all respondents); “Puppy & Friends” book (80%); Parents’ Guide Book (74%); Feeding & Nutrition Resource Guide (66%), and the Poison Control Magnet (59%). Some of the least frequently used items were: the Early Reading Resource; Healthy Family Resources; the Obesity Prevention Resource; Paid Family Leave Resource; and the Information on Locally Funded Programs. Fewer than 36% of respondents looked at each of these items. It is worth noting that many counties are no longer including information on locally funded programs in the *Kit*, which might explain the reported low usage rate.

Figure 7. The 5 Items Most Frequently Reported as Looked At or Used in the Kit

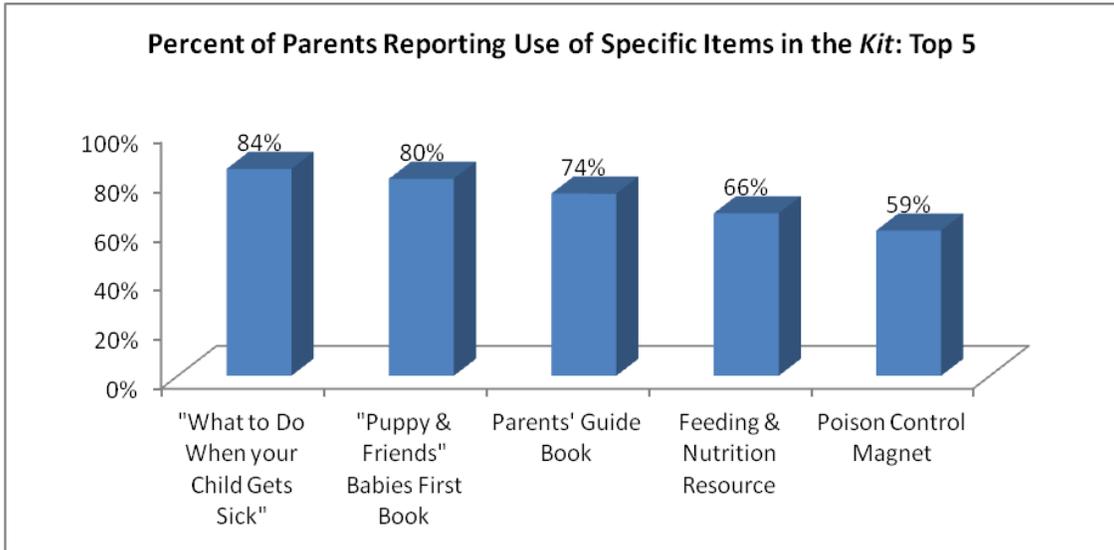
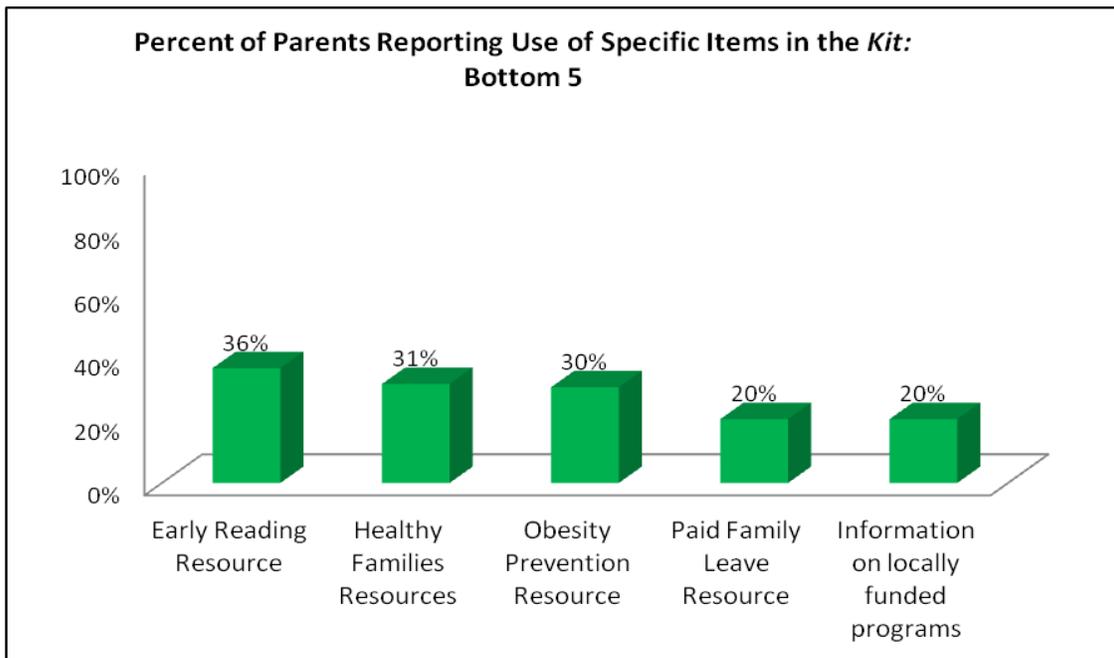


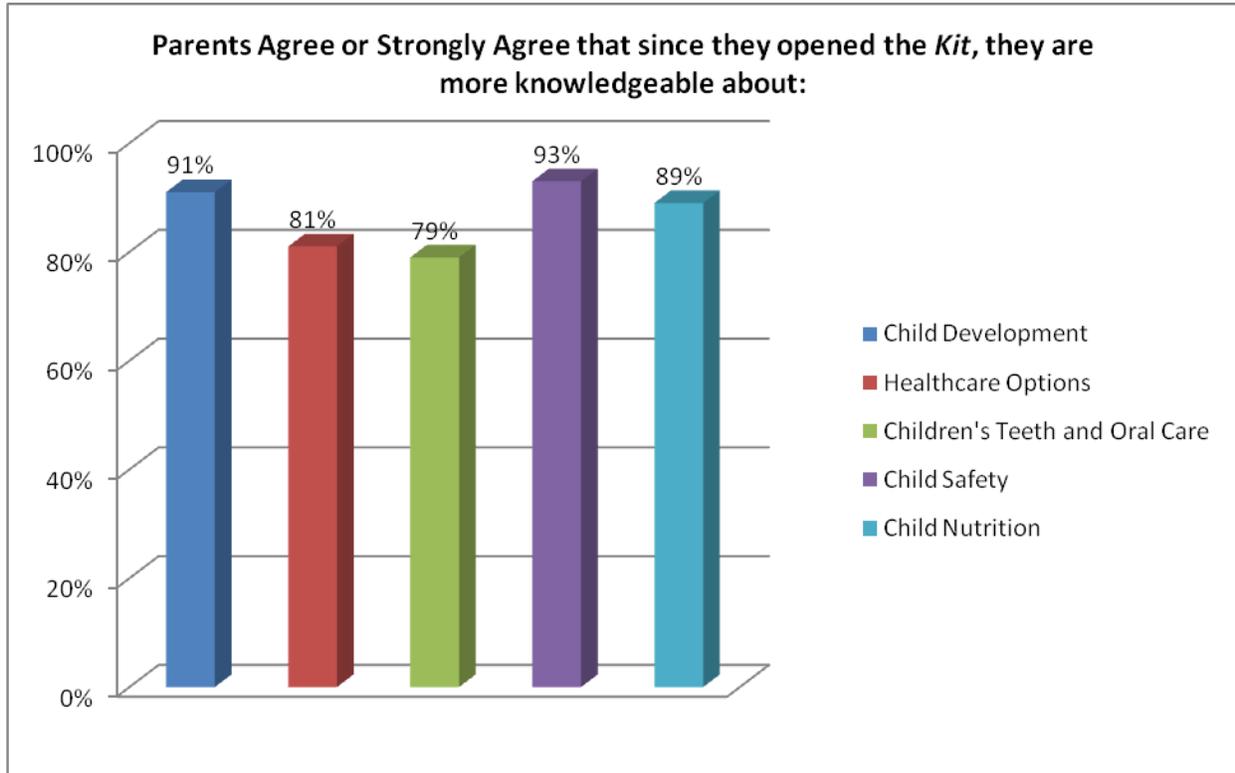
Figure 8. The 5 Items Least Frequently Reported as Looked At or Used in the Kit⁹



⁹ Many counties did not include information on locally funded programs in the 2011 version of the Kit, which likely influenced the low reported usage of this resource.

Respondent Knowledge and Confidence

Figure 9. Reported Knowledge Increase: Child Development, Healthcare Options, Children’s Teeth and Oral Care, Child Safety and Child Nutrition

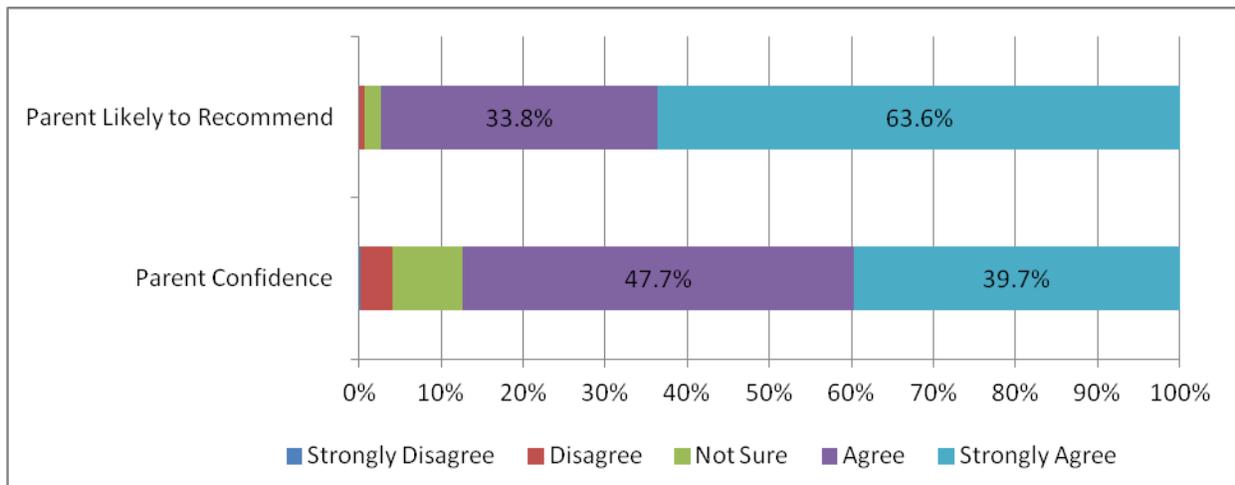


Respondents Felt the *Kit* Improved Their Knowledge and Confidence as a Parent

Respondents were asked to rate the extent to which the *Kit* improved their knowledge on several topics related to their infant’s well-being. As displayed in Figure 9, 91% of respondents reported they agreed or strongly agreed that the *Kit* improved their knowledge about child development. Eighty-one percent (81%) strongly agreed or agreed their knowledge about healthcare options for their infant increased since opening the *Kit*. Seventy-nine (79%) agreed or strongly agreed they felt more knowledgeable about their child’s teeth and oral care. Ninety-three percent (93%) strongly agreed or agreed that they had more knowledge about ways to keep their child safe, and 89% felt more knowledgeable about their child’s nutritional needs after using the *Kit*.

Figure 10 below shows how the *Kit* increased respondent confidence in being a new parent. More than 87% of respondents strongly agreed or agreed they felt more confident about being a new parent after opening the *Kit*. Finally, 97% of respondents strongly agreed or agreed they were likely to recommend the *Kit* to other parents.

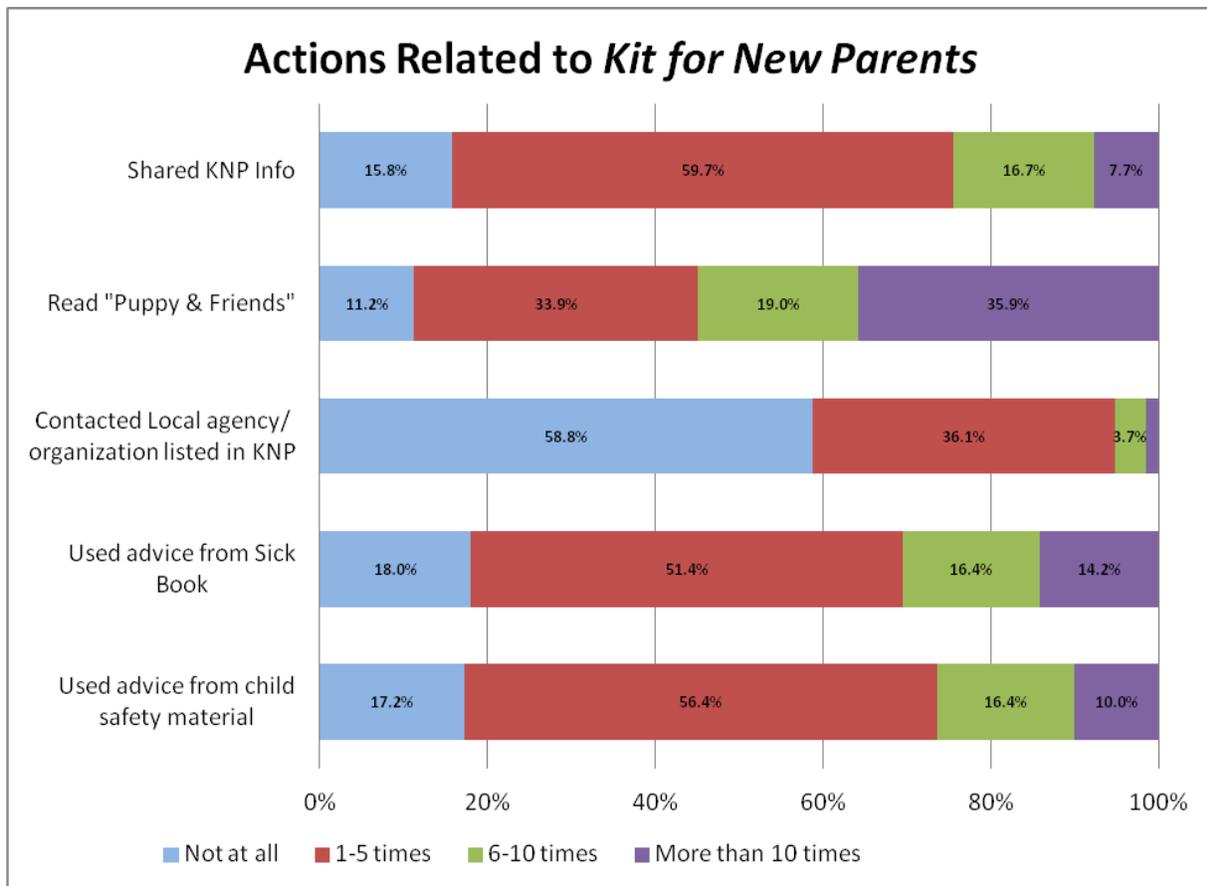
Figure 10. Respondent Intention to Recommend the *Kit* to Other Parents and Confidence as a Parent



Respondent Actions Related to the Kit

Respondents were also asked the number of times they had performed certain actions related to the *Kit for New Parents*, such as actually sharing *Kit* information of items, or reading the book with a child, since receiving the *Kit*. As Figure 11 shows, more than 84% of respondents reported sharing some information from the *Kit*. The book was clearly one of the most popular items to be used in the *Kit*. At least 88% of respondents read the “Puppy & Friends” book to their child at least once, with nearly 36% of them reading it more than 10 times. Eighty-two percent (82%) of respondents reported using advice from “What to Do When Your Child Gets Sick” at least once. Eighty-two percent (82.2%) of respondents reported using advice from the child safety material (i.e., the advice book or the safety manual) at least once, since owning the *Kit*. Of the possible actions that respondents were asked about, contacting a local agency or organization listed in the *KNP* was the action least reported by respondents as most (58.8%) reported never making one of these contacts.

Figure 11. Actions Related to the *Kit for New Parents*



Analysis of the survey data also revealed that the longer the recipients had the *Kit* in their possession, the more often they reported use of items in the *Kit* and taking action related to it. (See Appendix 5 for additional analyses on *Kit* usage as it relates to language and when the *Kit* was received.)

Language Comparisons

A summary analysis of the survey findings by the language respondents spoke most frequently at home revealed the following additional patterns, some of which may be worth further study in future evaluations (See figures in Appendix 4 for greater detail).

- While there was no difference in general use of the *Kit* by language, Spanish speaking respondents used the *Kit* more frequently (greater than 10 times) than did others (Figure 20)
- Spanish speaking respondents tend to report an increase in knowledge in the following areas more frequently than respondents speaking other languages: child development, health care options, oral care, with the exception of child safety, where >90% of respondents in all language groups reported an increase in knowledge (Figures 21-22).
- Although there is no language difference in the percent of parents (>95%) who would recommend the *Kit* to others, 90% of Spanish and Multilingual respondents report that they actually *did* share the *Kit* with others, and 17% of Spanish speaking respondents did so more than 10 times (Figure 24).
- Spanish speaking respondents read the “Puppy and Friends” book to their children more often than speakers of other languages (>50% read it more than 10 times)(Figure 24).
- English speaking parents were least likely to take advantage of child health and safety materials (Figures 25-26).

Geographic Comparisons

A summary of the geographic analyses revealed the following additional patterns in *Kit* usage (See figures in Appendix 4 for greater detail).

- The Coast and Central Coast parents used the *Kit* more often than other parts of the state (Map 1)
- Parent respondents in Central California seem to report more knowledge of child development after using the *Kit* (Map 2)

- Overall, parents reported that they would recommend it to other parents – regardless of the intra-county sample size (Map 1)
- It seems that there is a gap between parents’ recommendation of the *Kit* to other parents and actually sharing this information with other parents (Maps 1 and 3)
- Communities with fewer than 5 respondents reported the highest percentages of increase in knowledge (Map 2)

CONCLUSIONS AND RECOMMENDATIONS

This evaluation, utilizing self-reported data from a recent parent survey, shows that the *Kit* is successful in improving parent knowledge and promoting positive parenting practices. The *Kit for New Parents* is meeting First 5 California's goal of improving parents' knowledge of child development, safety and nutrition. It is also increasing parents' confidence in their role as a parent. Over time, the longer a recipient has the *Kit*, the more they will likely use its contents and share it. Some items in the *Kit* are more popular than others, with the children's book reported as one of the most frequently used item. Some counties are more directly involved in *Kit* distribution than others, and some have implemented particularly effective strategies for distribution.

This evaluation also revealed some areas for further investigation to improve use and sharing of the *Kit*. While over 97% parents reported they would recommend the *Kit* to others, fewer reported actually sharing the *Kit*. First 5 California could benefit from further investigation as to why the *Kit* is not being shared more or what would make a difference in recipients sharing the information. Consideration also might be given to include tips on how to share the information with others to encourage recipients in doing so.

For future evaluations of the *Kit for New Parents*, First 5 California may wish to consider incorporating plans for such an evaluation into the distribution methods of the *Kit*. For example, First 5 could include an invitation to participate in evaluation inside the *Kit* and mention an offer of an incentive to do so. This could facilitate the conduct of a pre and post survey approach of *Kit* recipients to provide a more accurate measure of increased parent knowledge, confidence and behaviors after receiving the *Kit* contents.

Based on the successful use of incentives in the evaluation, it is suggested that First 5 California continue to use appealing, practical incentives because these clearly result in increased participation in evaluation efforts. Because the survey showed the children's book was such a popular item, an additional book, along with another copy of "Puppy and Friends" to share with another parent, might be a highly effective incentive to offer.

Future evaluations might also incorporate better geocoding (e.g. zip code, census block group, etc.) to enable mapping of distribution and penetration, better targeting of sampling (e.g., if the state desires oversampling of recipient characteristics such as Dual Language Learners, socioeconomic status, etc.) and more detailed analysis.

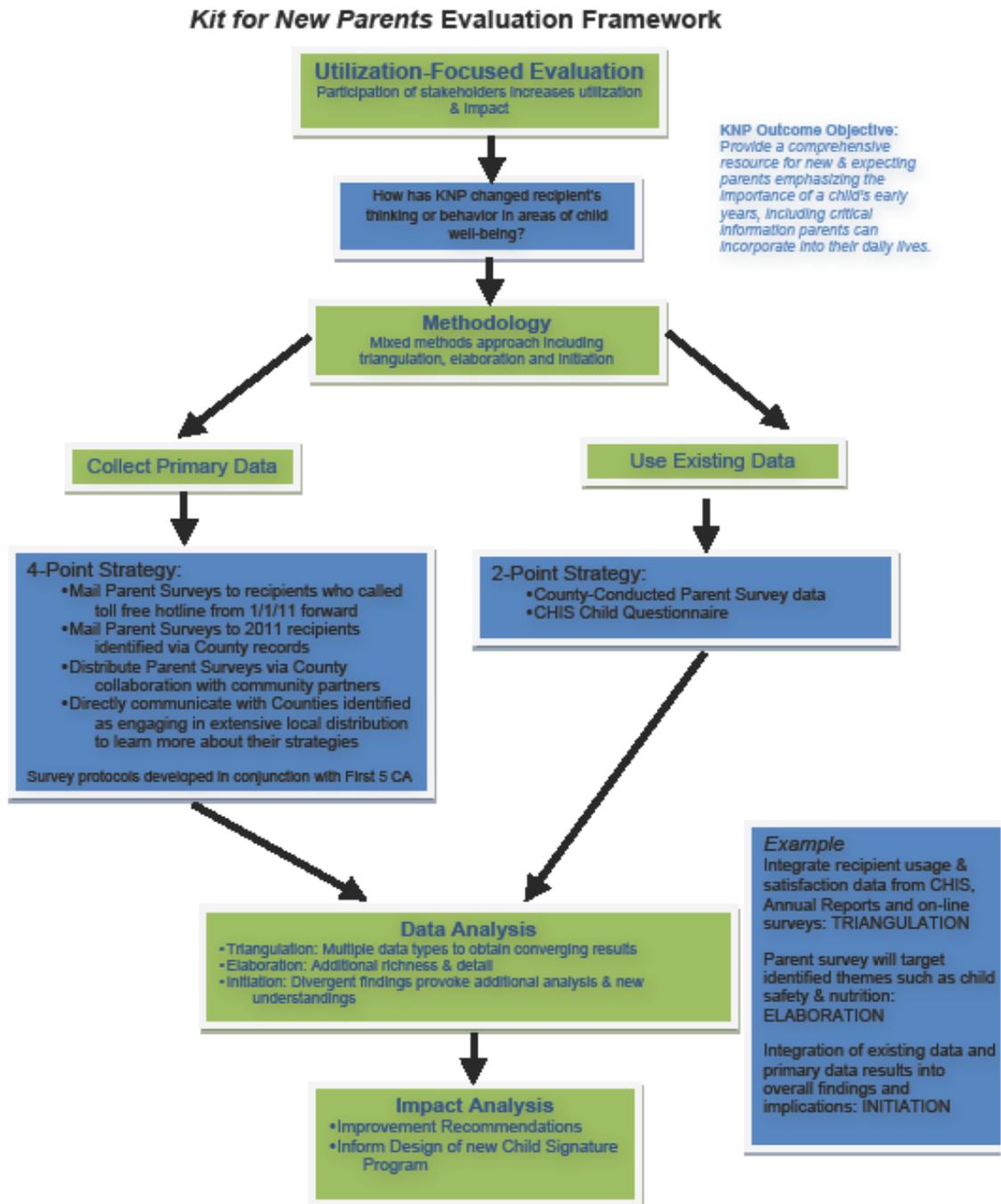
To obtain a good representation of potential *Kit* recipients, future evaluations should consider sampling the entire population of recent parents using the birth dataset from the Automated Vital Statistics System (AVSS) database.

The current gap between parents' recommendation of the *Kit* and actual sharing of it suggests another area for investigation for future evaluations. A reassessment of advertising and distribution strategies may also help get the *Kit* into the hands of more new parents throughout California.

APPENDICES

1. Evaluation Framework
2. Survey Introductory Letter
3. Survey Form
4. Maps
5. Additional Analyses and Figures on *Kit* Usage by Language and Length of Time Since the *Kit* Was Received

Appendix 1. *KNP* Evaluation Framework



Appendix 2. Survey Introductory Letter



Dear New Parent,

Congratulations on becoming a new parent! We are pleased that you received the *Kit for New Parents* when your child was born.

Your views as a new parent are important to us. We invite you to fill out the enclosed survey about the *Kit*. In return, ***we will send you a \$25 coupon for valuable baby items.***

In order to receive your coupon, you need to fill out the survey and mail it to us in the postage-paid envelope in this packet. Also, you will need to write your name and address below and return this information in the envelope with your survey. None of your answers will be connected to your name, and we will only use your address to send the \$25 coupon.

If you have any questions, please call: Leah Hanzlicek at 310-312-9079.

Thank you!

**PLEASE FILL OUT THE BELOW INFORMATION AND SEND IT WITH YOUR SURVEY
TO RECEIVE \$25 COUPON.**

Name _____

Address _____

Address 2 _____

City, State & Zip Code _____

Appendix 3. Survey Form (English)



Congratulations on the birth of your child! As someone who received a *Kit for New Parents* you are invited to fill out this survey. It is about your use of the items inside the *Kit for New Parents*. Your answers will help keep this free resource available for other new parents.

The survey will take about 10 minutes to fill out. Please use the envelope that has been provided to return your survey. Thank you for your time.

Section A: About You

Please answer the questions below.

1. How many children ages 0-5 live with you?

3. From what agency did you get the *Kit for New Parents*?

2. What is your Zip Code?

4. How long ago did you get the *Kit*?

Less than 6 months ago

Between 6 months and a year ago

Over a year ago

Section B: Your Use of the Kit for New Parents

5. About how many times did you use (or look at) any of the items from the *Kit* since you received it? (Please circle 1 of the options below)

More than 10 times

6-10 times

1-5 times

Not at all

6. Please put a check mark next to the items that were in the *Kit* that you looked at or used at least one time.

- | | | |
|--|--|---|
| <input type="checkbox"/> Obesity Prevention Resource | <input type="checkbox"/> Poison Control Magnet | <input type="checkbox"/> Paid Family Leave Resource |
| <input type="checkbox"/> Parents' Guide Book | <input type="checkbox"/> DVD or Videos | <input type="checkbox"/> Early Reading Resource |
| <input type="checkbox"/> Feeding & Nutrition Resource | <input type="checkbox"/> Healthy Families Resource | <input type="checkbox"/> Information on locally funded programs |
| <input type="checkbox"/> "What to Do When your Child Gets Sick" Book | <input type="checkbox"/> "Puppy & Friends" Babies First Book | <input type="checkbox"/> Advice for Parents Resource |
| <input type="checkbox"/> Child Safety Resource | <input type="checkbox"/> Healthy Teeth Resource | <input type="checkbox"/> Developmental Milestones Resource |

7. Depending on where you got the *Kit*, it may have had some items in it that are not listed above. Please list any other items from your *Kit* that you have used one time or more.

Section C: Your Happiness with the Kit for New Parents

Please circle 1 answer for each question or statement below.

8. Since I opened the *Kit for New Parents*, I have more knowledge about child development.

Strongly agree Agree Not Sure Disagree Strongly disagree

9. Since I opened the *Kit*, I have more knowledge about healthcare options for my child.

Strongly agree Agree Not Sure Disagree Strongly disagree

10. Since I opened the *Kit*, I have more knowledge about my child's teeth and oral care.

Strongly agree Agree Not Sure Disagree Strongly disagree

11. Since I opened the *Kit*, I have more knowledge about ways to keep my child safe.
- Strongly agree Agree Not Sure Disagree Strongly disagree*
12. Since I opened the *Kit*, I have more knowledge about my child’s nutritional needs.
- Strongly agree Agree Not Sure Disagree Strongly disagree*
13. Since I opened the *Kit*, I have become more confident about being a new parent.
- Strongly agree Agree Not Sure Disagree Strongly disagree*
14. I would recommend the *Kit for New Parents* to other new parents.
- Strongly agree Agree Not Sure Disagree Strongly disagree*

Section D: Actions Related to the Kit for New Parents

Please circle 1 answer for each question below.

15. About how many times have you shared information from the *Kit for New Parents* with family or friends?
- More than 10 times 6-10 times 1-5 times Not at all*
16. About how many times have you read the “Puppy & Friends” book with your child (or with any of your children, if you have more than one child)?
- More than 10 times 6-10 times 1-5 times Not at all*
17. About how many times have you contacted a local agency or organization you learned about from the materials inside the *Kit for New Parents*?
- More than 10 times 6-10 times 1-5 times Not at all*
18. About how many times have you used advice from the “What to Do When Your Child Gets Sick” book?
- More than 10 times 6-10 times 1-5 times Not at all*

19. About how many times have you used advice from the child safety material that was in the Kit?

More than 10 times

6-10 times

1-5 times

Not at all

Section E: More About You

Please write your answers on the lines below each question.

20. What language do you speak most of the time in your home?

22. What is your ethnic background?

21. What is your age?

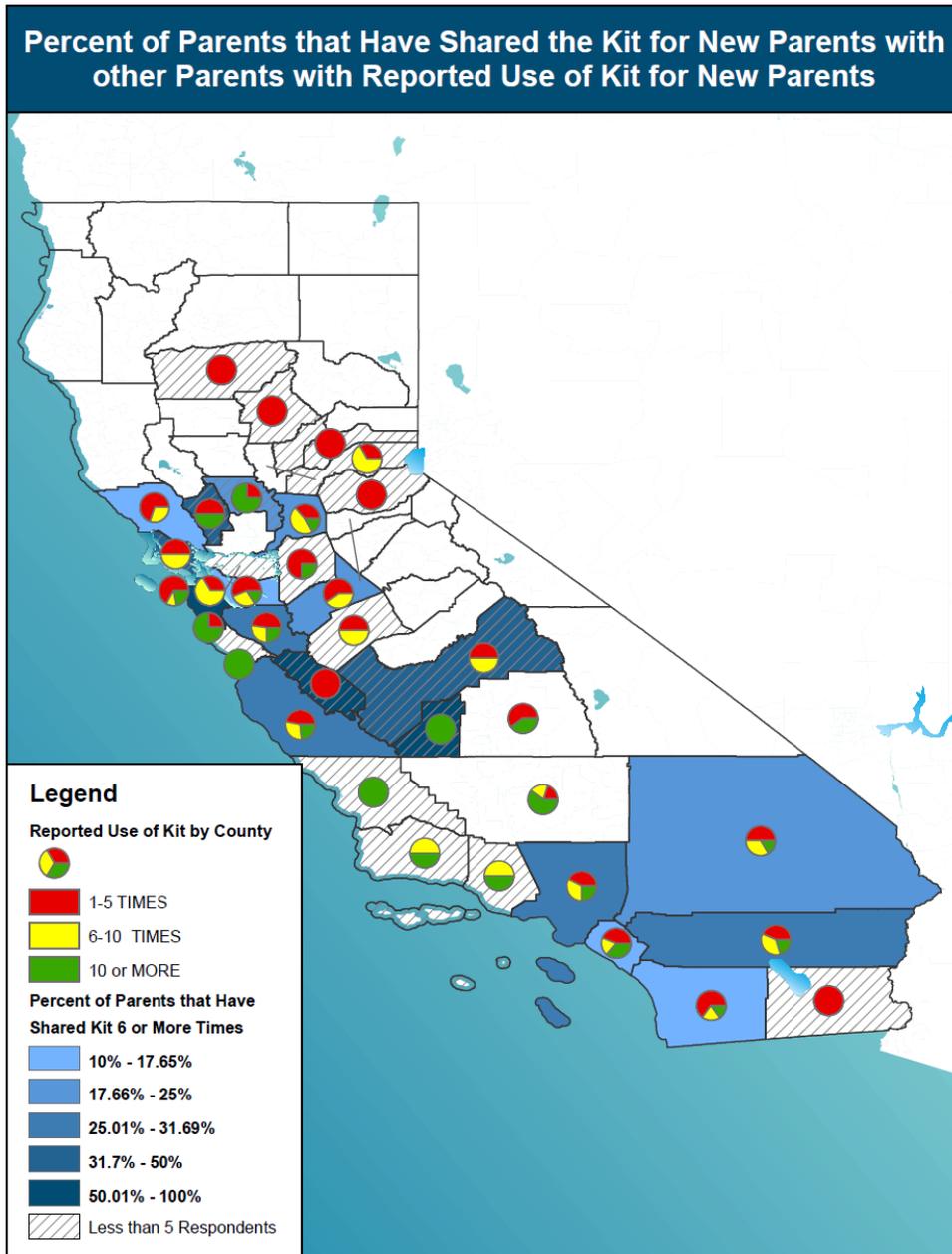
You are FINISHED! Thank you for your time and response. If you have any questions you may call Leah Hanzlicek at 310-312-9079.

THANK YOU!

Please send in your finished survey in the envelope from the packet.

To receive your "thank you" coupon for \$25 good for baby products, make sure you also return the bottom half of the Parent Letter from this packet. We need your address in order to mail the coupon to you.

Map 3



Appendix 5: Additional Analyses of the *Kit*

Looking at Differences in Parent Knowledge and Behavior by Time and Language

Sections C (Knowledge and Confidence) & D (Actions) of the survey were broken down for analysis on the following variables:

1. How long *KNP* was in their possession

Less than < 6 months

Between 6 and -12 months

More than > 12 months¹⁰

2. Primary Language

English

Spanish

Multilingual

Other

By breaking down responses on these variables, the CHCFC was able to assess whether parent perceptions of *Kit* usefulness changed as they had the *Kit* longer, and whether there were differences in perceived usefulness depending on primary language.

Length of Time *Kit* Was in Respondent Possession

The majority of respondents, regardless of whether they received the *Kit for New Parents* less than 6 months ago, between 6 months and a year ago, or over 1 year ago, have used (or looked at) the items in the *Kit* 1 – 5 times since receiving it. 25% of respondents who received the *Kit* between 6 to 12 or more months ago have used the *Kit* more than 10 times. Section C rated respondents' happiness with the *Kit for New Parents*. Roughly 90% of respondents across each time frame strongly agreed or agreed that since opening the *Kit*, they have more knowledge about child development. About 80% of respondents in each time frame strongly agreed or agreed that their knowledge about healthcare options for their child increased. On average 79% of respondents strongly agreed or agreed that they had more knowledge about their child's teeth and oral care. Ninety-eight percent (98%) of respondents who received their *Kit* over 1 year ago, strongly agreed or agreed that they had more knowledge about ways to keep their child safe. On average, 89% of respondents

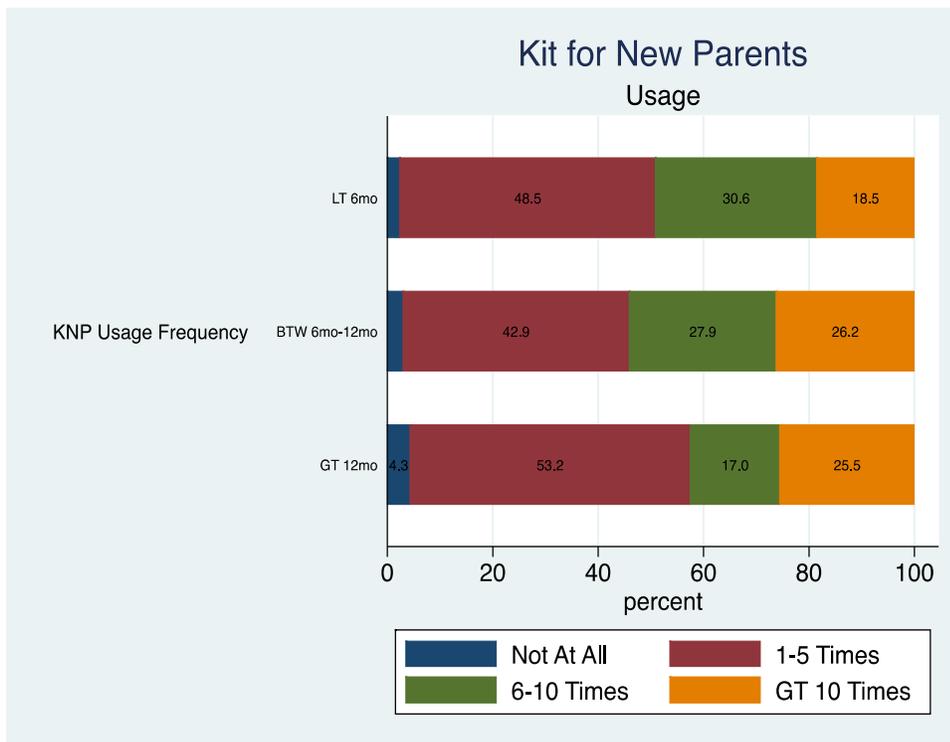
¹⁰ Recipients who had possessed their *Kit* more than 12 months were not part of our targeted sample population, though some respondents did report having their *Kit* for this length of time.

strongly agreed or agreed that their knowledge about children’s nutritional needs has increased. Regardless of how long they've had the *Kit*, an average of 88% of respondents were more confident about being a new parent. Over 86% of respondents in each time frame would recommend the *Kit* to other parents.

The questions in Section D detailed actions related to the *Kit for New Parents*. 63% of respondents who received the Kit less than 6 months ago shared information from the *Kit* with family or friends 1 – 5 times, while nearly 22% of those who had the *Kit* for more than 1 year shared information more than 10 times. Less than 1/5 of respondents in each time frame did not share the information at all. Over half of the respondents who had the *Kit* for more than 1 year read “Puppy & Friends” with their children more 10 times, with more than 95% reading the book at least once. As many as 62% of respondents did not contact a local agency or organization they learned about from the materials in the *Kit*. Of those who have owned the Kit for over 1 year, 18% have made contact 6 – 10+ times. Across all time frames, an average of 84% used advice from the “What to Do When Your Child Gets Sick” book at least once, while over 30% of respondents who’ve had the kit over 1 year used the advice more than 10 times. Over half of the respondents in each time frame used advice from the child safety material 1 – 5 times, with nearly 30% of those who ovent the *Kit* over a year using the advice more than 10 times.

The figure below looks at the number of times respondent use any item in the *Kit* relative to the length of time they have had the *Kit*.

Figure 12. Number of Times Respondents Used Any Item in the *Kit* Relative to the Length of Time Respondents Have Owned the *Kit*



The following set of figures look at the length of time that recipients have had the *Kit* relative to their reported increase in knowledge of various topics.

Figure 13. Reported Increase in Parent Knowledge of Child Development and Healthcare Options for Their Child Relative to Length of Time Respondent Has Owned the *Kit*

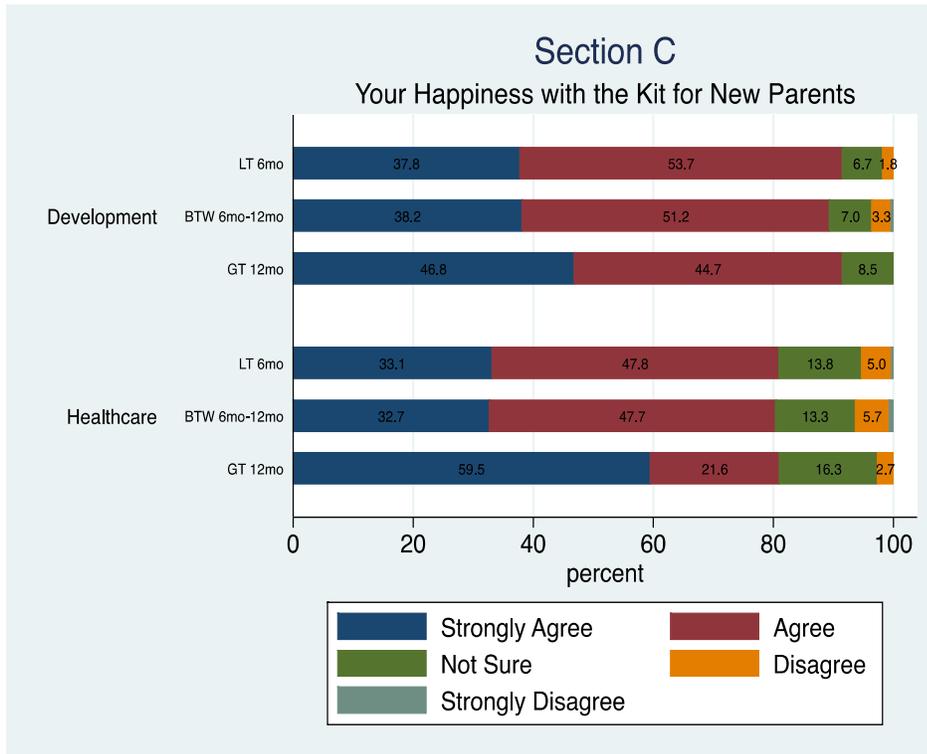


Figure 14. Reported Increase in Parent Knowledge of Caring For Their Child’s Teeth and Ways To Keep Their Child Safe Relative to Length of Time Respondent Has Owned the *Kit*

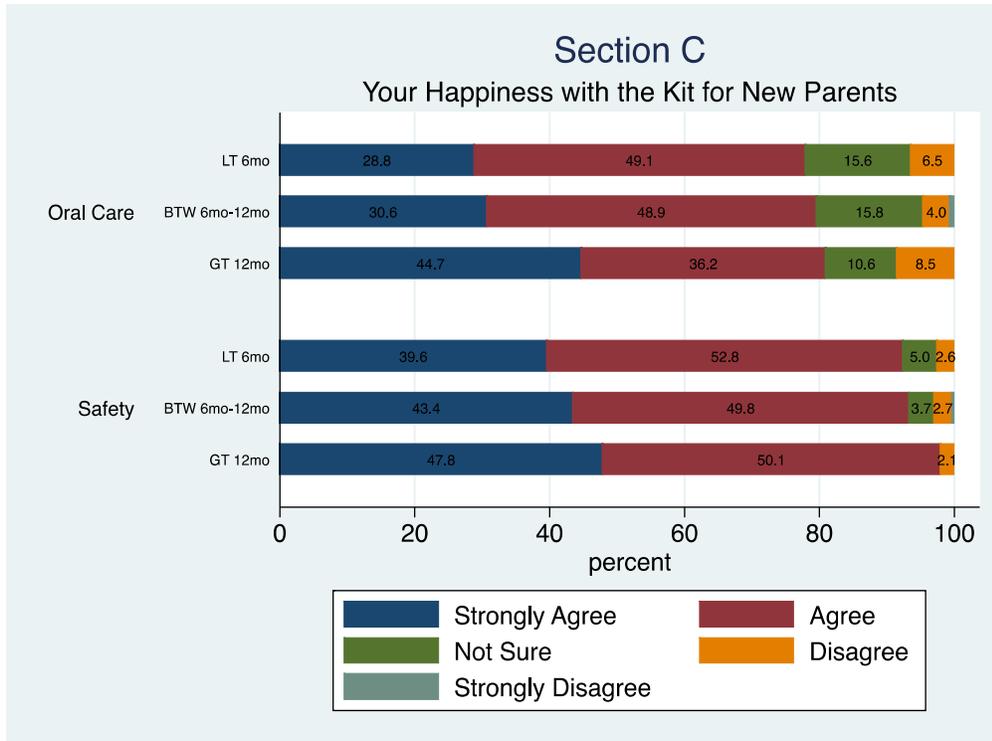


Figure 15. Reported Increase in Parent Knowledge of Child Nutrition and Their Confidence in Being a Parent Relative to Length of Time Respondent Has Owned the Kit

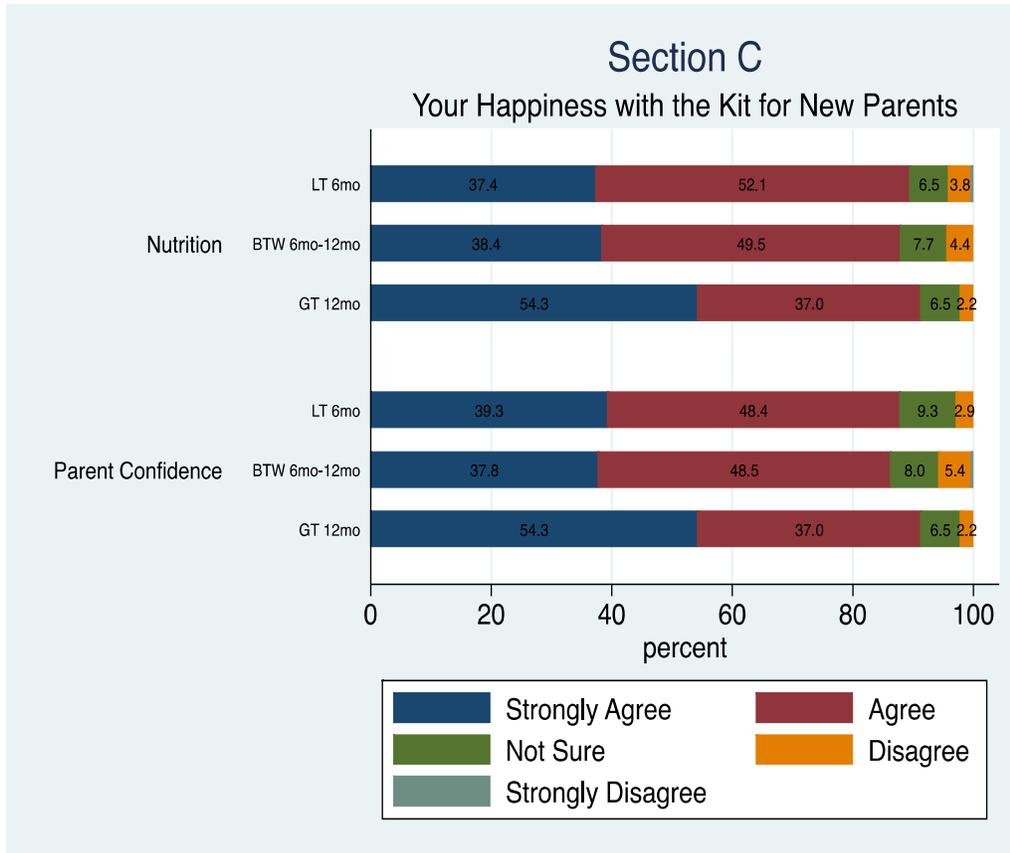


Figure 16. Respondent Recommendation of the *Kit* to Others Relative to Length of Time Respondent Has Owned the *Kit*

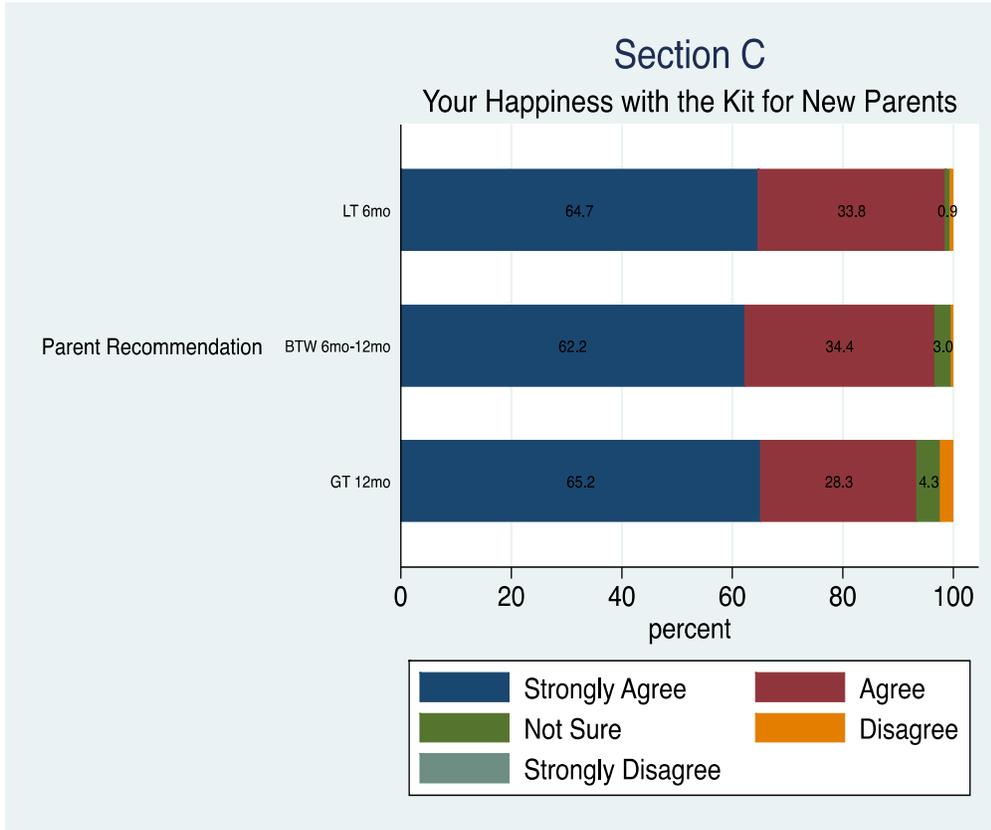


Figure 17. Respondent Sharing of the *Kit* With Others or Reading the Children’s Book Relative to Length of Time Respondent Has Owned the *Kit*

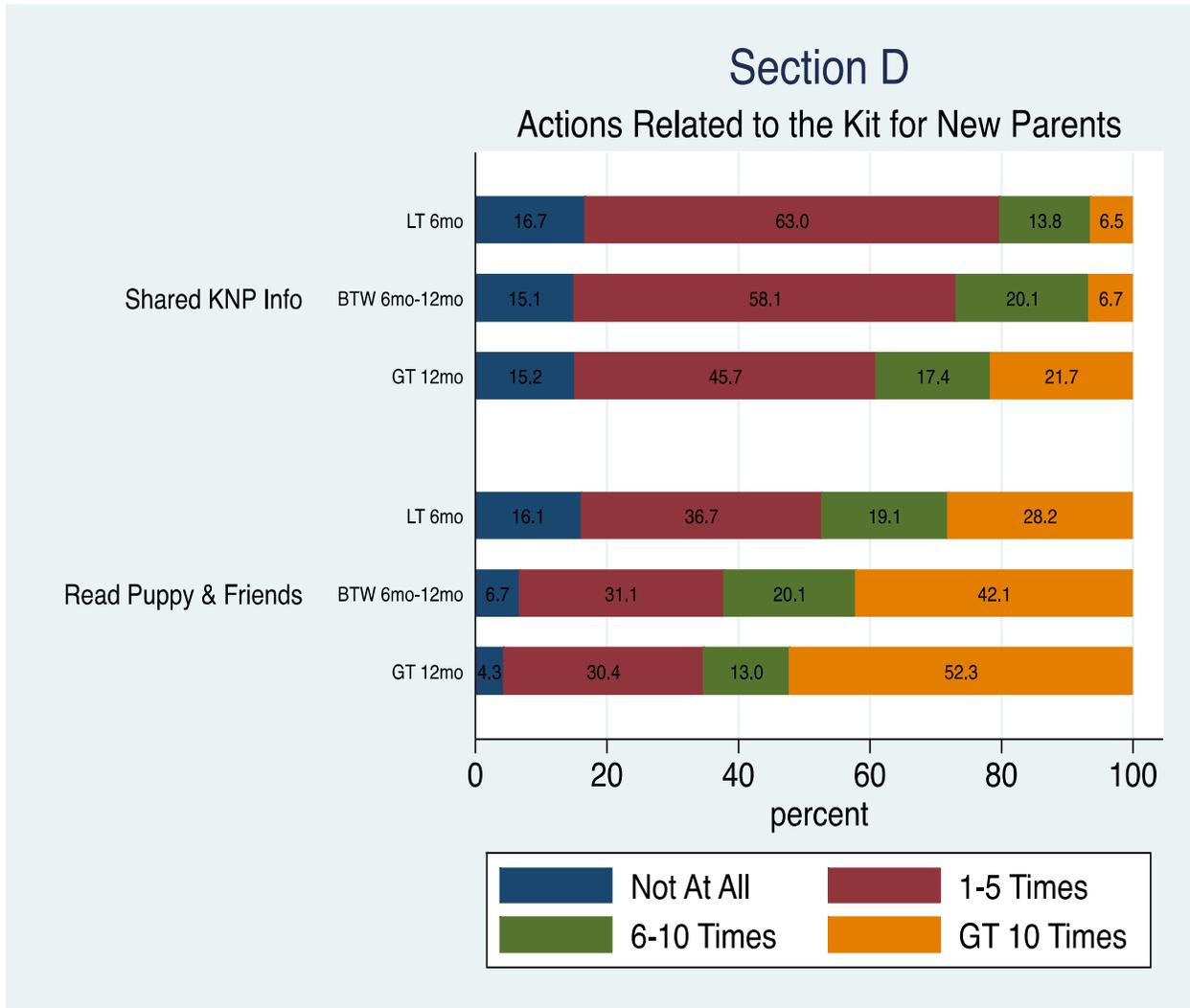


Figure 18. Respondents Reporting Contacting and Agency from the *Kit* Or Using the Advice from the *Child Gets Sick Book* Relative to Length of Time Respondent Has Owned the *Kit*

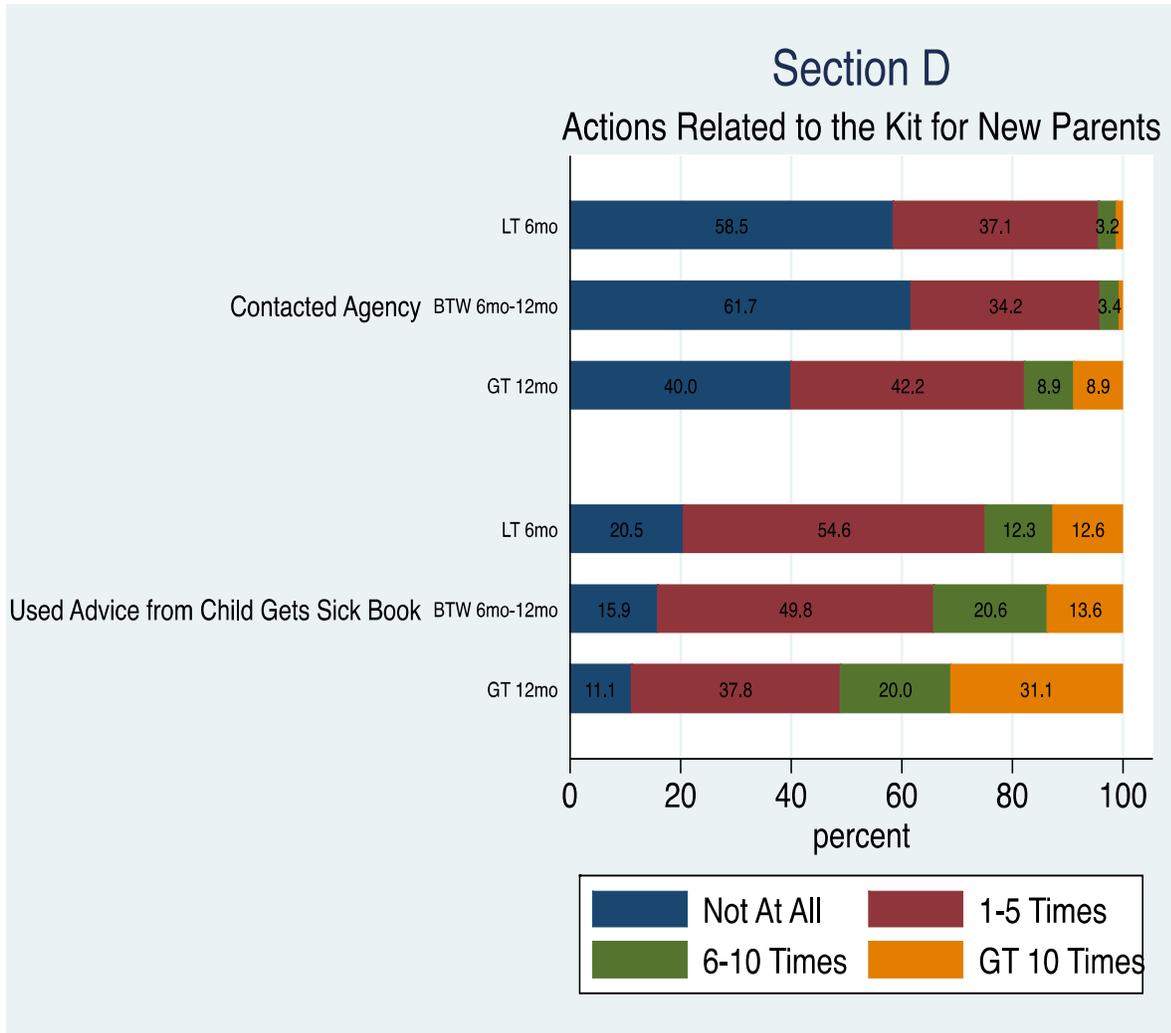
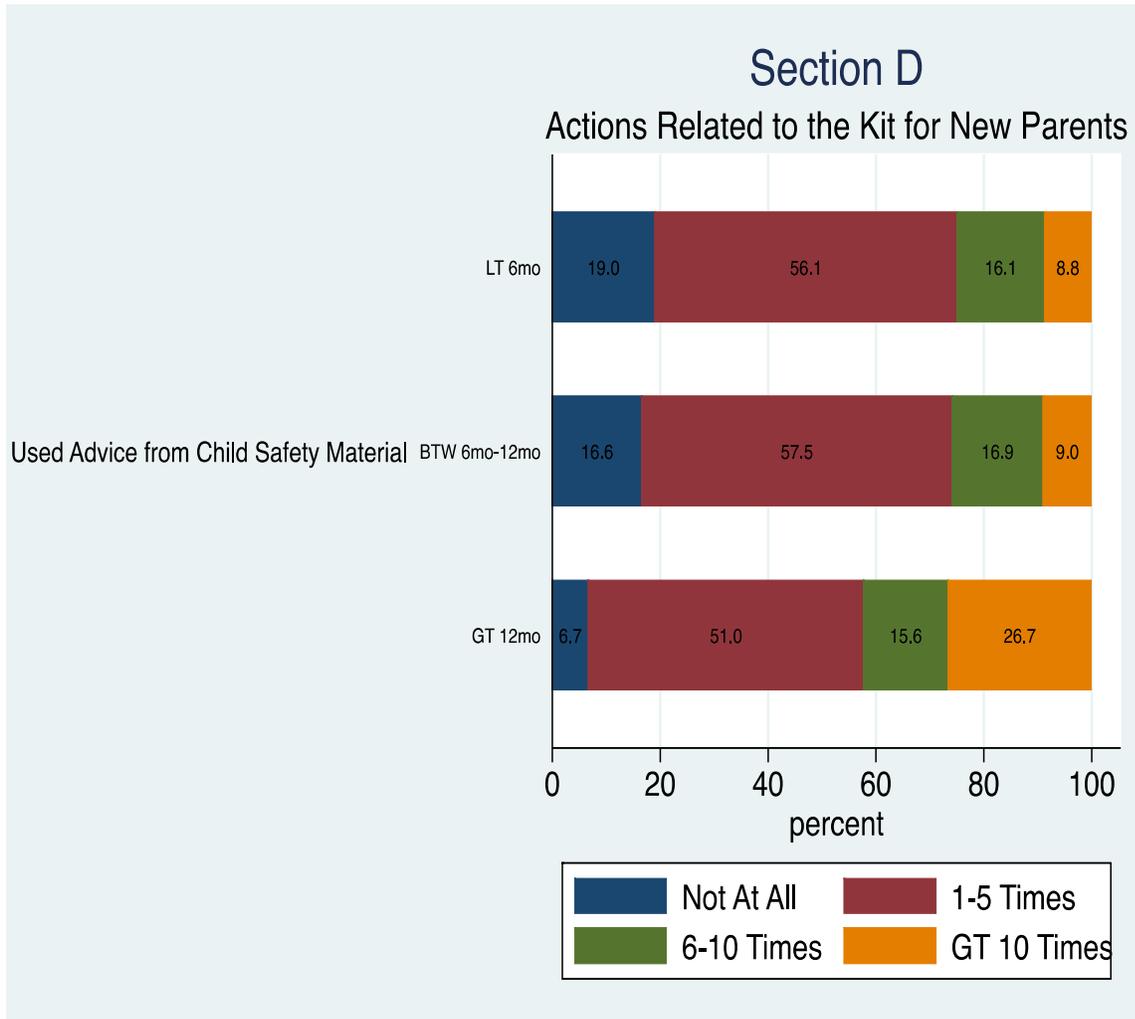


Figure 19. Respondent Use of the Child Safety Material Relative to Length of Time Respondent Has Owned the *Kit*



Primary Language

The following figures represent responses to the same questions as above (Figures 12-19), this time analyzed by the language spoken most frequently in the home (English, Spanish, Multilingual, or Other). Over 90% of respondents in each language category used (or looked at) the items in the *Kit* at least once, with over 30% of Spanish speakers using the *Kit* more than 10 times (Figure 20). In Section C the survey asked respondents to rate their happiness with the *Kit* for New Parents. One hundred percent (100%) of Spanish speaking respondents strongly agreed or agreed that since opening the *Kit*, they have more knowledge about child development compared to nearly 85% of English respondents (Figure 21). Nearly 95% of Spanish speakers reported an increase in knowledge about healthcare options for their child, compared to 72% of English speaking respondents

(Figure 21). In terms of knowledge about their child's teeth and oral care, 90% of Spanish speakers reported an increase, as did 74% of English speaking respondents. One hundred percent (100%) of multilingual respondents strongly agreed or agreed that they had more knowledge about ways to keep their child safe (Figure 22). At least 90% of English, Spanish, and Other respondents saw an increase in safety knowledge as well. On average, 91% of respondents strongly agreed or agreed that their knowledge about children's nutritional needs has increased. Regardless of the language spoken at home, over 80% of respondents are more confident about being a new parent. One hundred percent (100%) of Spanish and Multilingual respondents would recommend the *Kit* to other new parents, while over 95% of English and Other would also recommend the *Kit* (Figure 23).

The questions in Section D detailed actions related to the *Kit for New Parents*. About 80% of English and Other speakers and 90% of Spanish and Multilingual speakers shared the *Kit* information with family or friends, at least once (Figure 24). Seventeen percent (17%) of Spanish respondents shared the information more than 10 times. Fifty percent (50%) of the Spanish speakers read "Puppy & Friends" with their children more 10 times, with more than 95% reading the book at least once (Figure 24). Over 80% of those in all other language groups read the book at least once. Over 30% of each group contacted an agency or organization they learned about from the materials in the *Kit* at least 1 – 5 times, while 59% of respondents in each language category did not contact a local agency or organization (Figure 25). Across all languages, an average of 87% used advice from the "What to Do When Your Child Gets Sick" book at least once. Twenty-five percent (25%) of English speakers did not use this advice at all. Over ½ of the respondents in each language category used advice from the child safety material 1 – 5 times, with over 10% of Spanish and Multilingual speakers using the advice more than 10 times. As with the advice book, 23% of English speaking parents did not use the safety manual at all.

Figure 20. Respondent Use of Any Item in the *Kit* Relative to Respondent Language

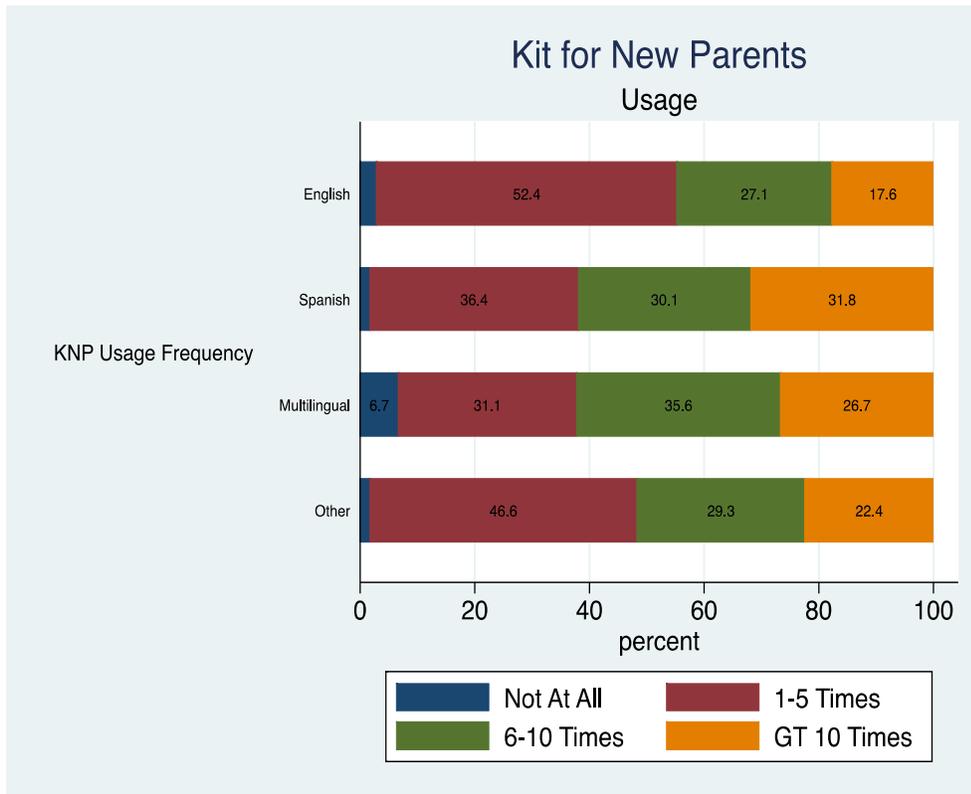


Figure 21. Reported Increase in Parent Knowledge of Child Development and Healthcare Options for Their Child Relative to Respondent Language

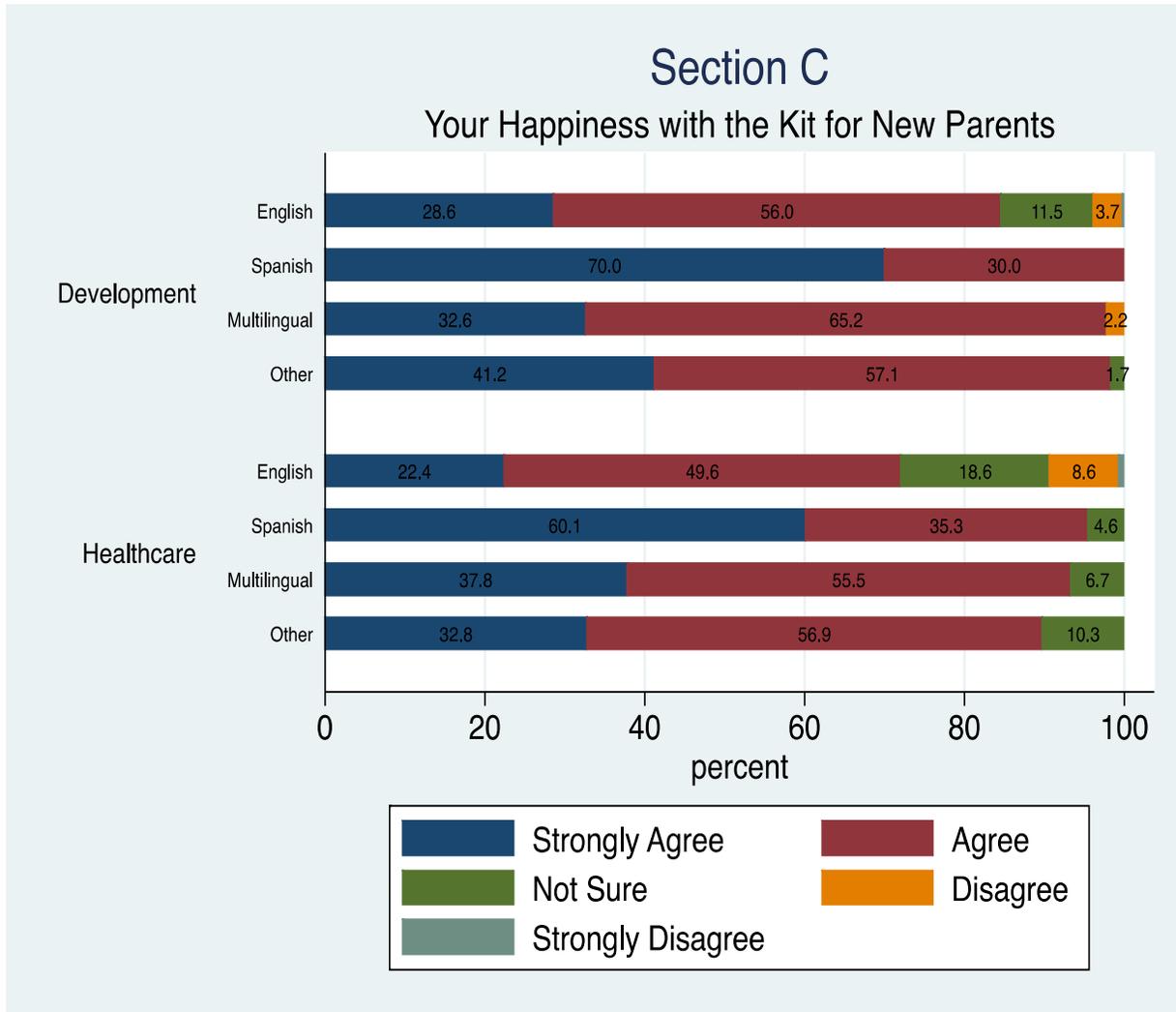


Figure 22. Reported Increase in Parent Knowledge of Caring for Their Child’s Teeth and Ways to Keep Their Child Safe Relative to Respondent Language

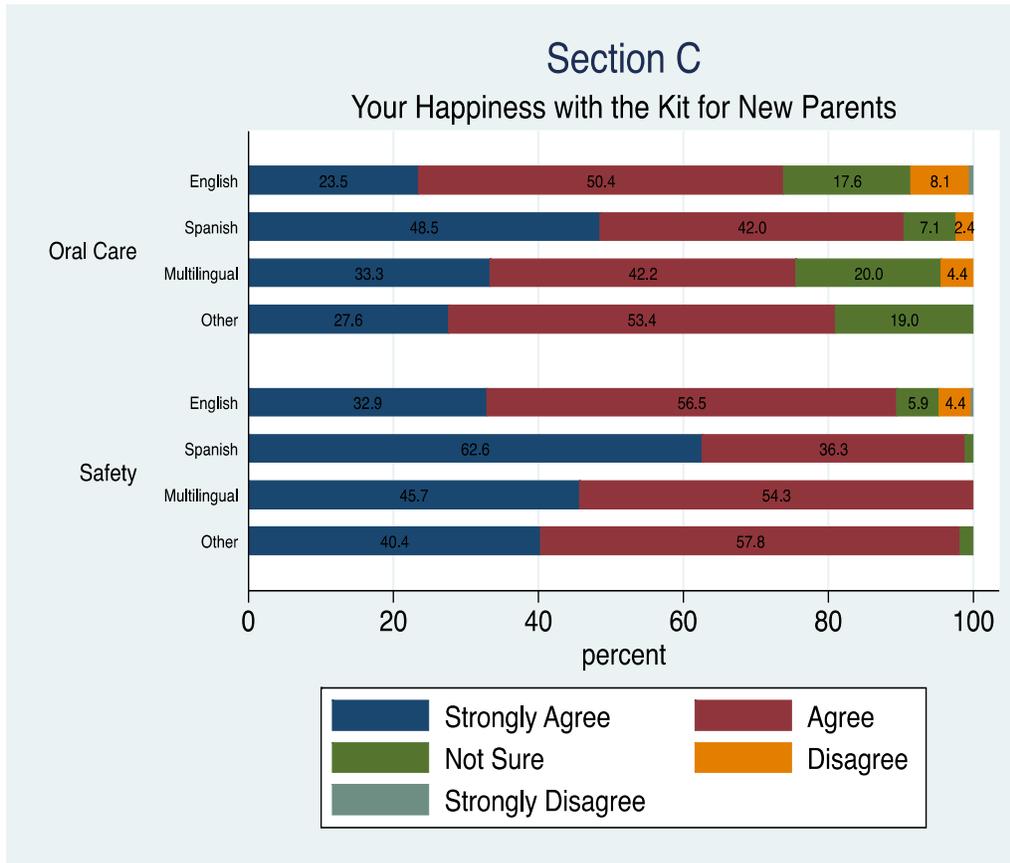


Figure 23. Respondent Recommendation of the *Kit* to Others Relative to Respondent Language

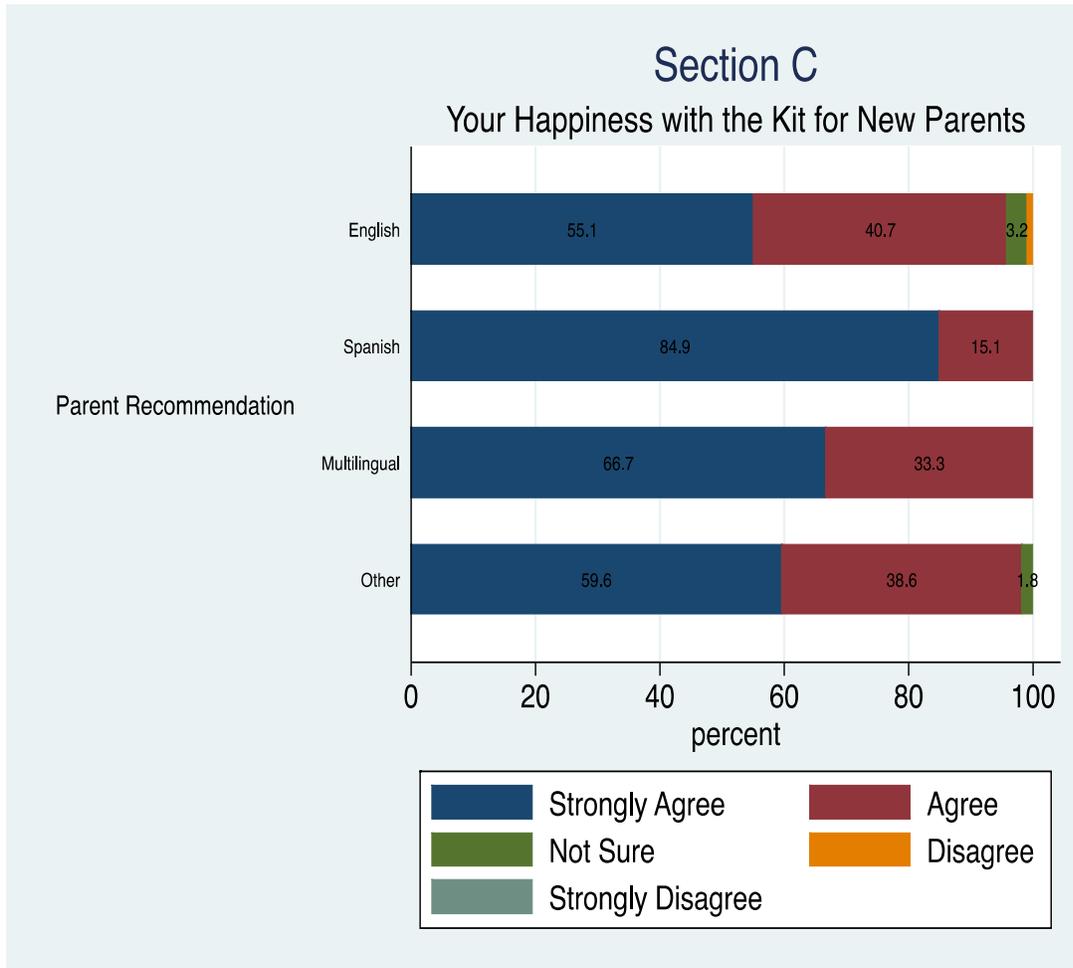


Figure 24. Respondent Sharing of the *Kit Or* Reading the Children’s Book Relative to Respondent Language

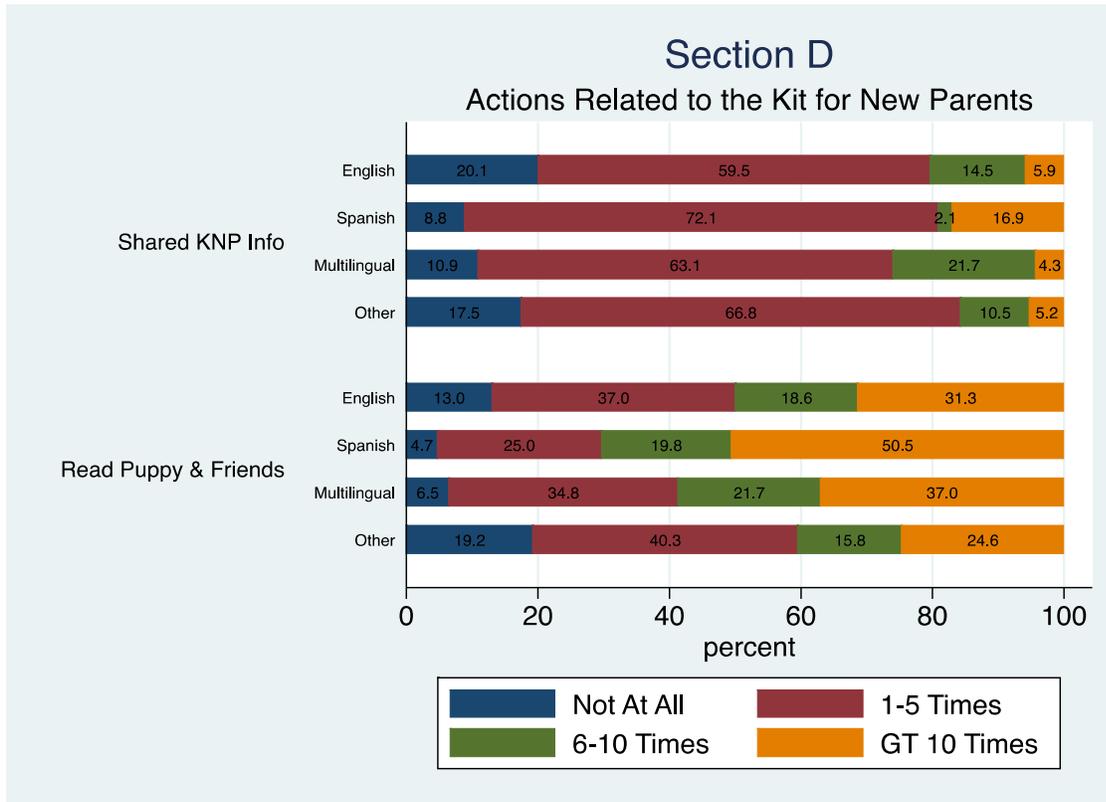


Figure 25. Respondents Reporting Contacting an Agency or Using the Advice from the Child Gets Sick Book Relative to Respondent Language

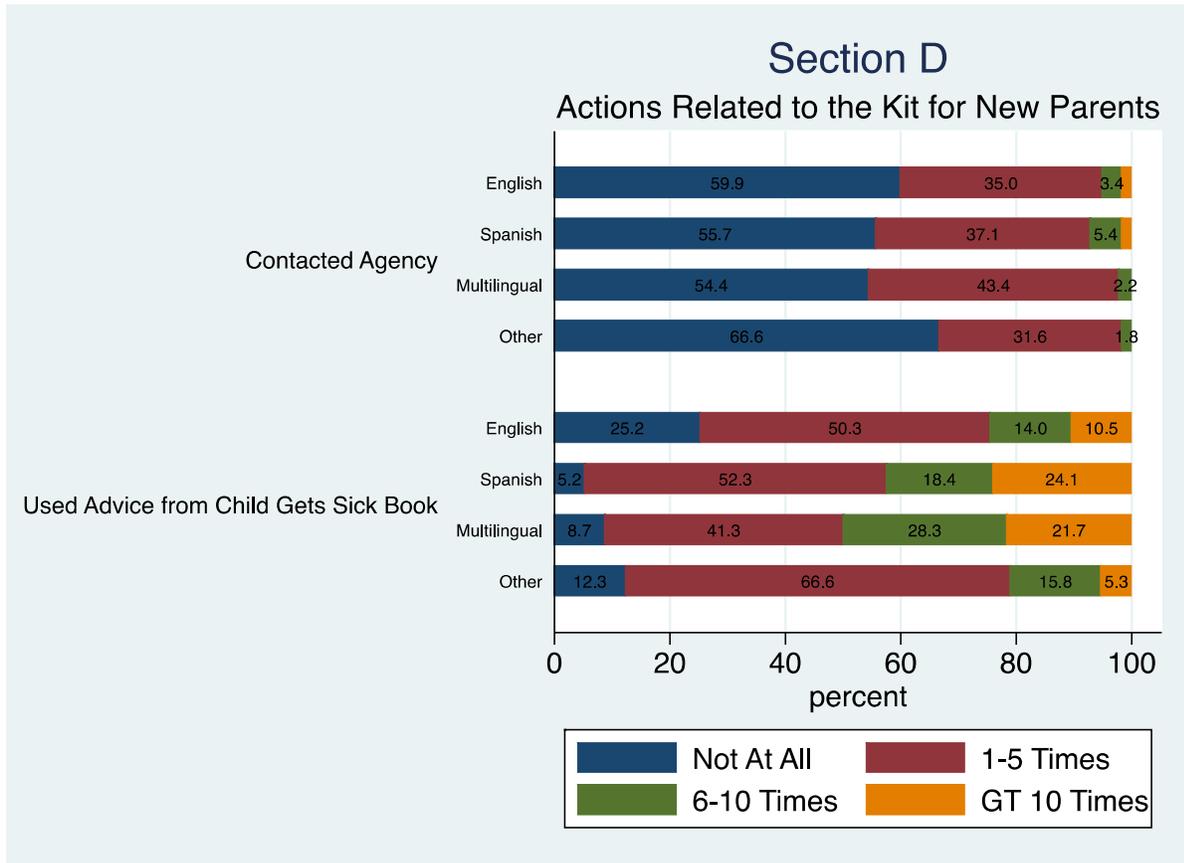


Figure 26. Respondent Use of Advice from the Child Safety Material Relative to Respondent Language

