Home Visitor Curricula and Training Evaluation

December 2000

The Florida Wages Board set forth a goal to:

> *"Assure that families are able to put into practice those activities that will enhance the health and developmental outcomes of their infants."*

To further this potential, the Wages Board now called the Workforce Development Board, provided funds to the Florida Department of Health, the Division of Family Health Services. In turn, a contract was awarded to the Florida State University Center for Prevention and Early Intervention Policy. The funding period was from October 1, 1999 to September 30, 2000. The award was for $1,392,960, excluding the curricula.

Scope of the Contract Between the Department of Health and the Center for Prevention and Early Intervention Policy

The *Partners for a Healthy Baby* home visiting curricula and training were developed and conducted by the FSU Center for Prevention and Early Intervention Policy for the Department of Health. The stated purpose of the contract was to:

> *"Provide training on the newest brain development research and the prenatal and infant home visiting curricula for all Healthy Start and Healthy Families Florida staff who provide home visiting to high-risk pregnant women and their families."*

The contract provided funding for:

- Conducting 40 training sessions (i.e., 20 prenatal and 20 infant) for a minimum of 1,000 Healthy Start and Healthy Families Florida home visitors.
- Distributing copies of the Baby *Brain Power* Books to participants in the infant training workshops.
- Printing and distributing copies of the *Partners for a Healthy Baby* curricula and training guides to the workshop participants.
- Producing prenatal handout packages and infant handout packages.
- Developing an Internet website to assist in further dissemination of the brain development research and to communicate its importance in early childhood development.

The Evaluation of the Curricula and Training Effort

The Department of Health contracted with the USF Lawton and Rhea Chiles Center for Healthy Mothers and Babies for a third-party evaluation. The purpose of the contract was to evaluate the effectiveness of the *Partners for a Healthy Baby* home visiting curricula and training for Healthy Start and Healthy Families Florida home visiting staff members and their supervisors in order to enhance:

- The staff's knowledge of infant brain development,
- The staff's effective utilization of the infant brain development information with families,
- The client's knowledge of infant brain development, and
- The client's utilization of the brain development information.

This evaluation report describes what happened as a result of the contract and an early assessment of the impact of the training for the home visitors and the families that had the opportunity to use the curricula and handouts.

During the course of the evaluation, the evaluation team reviewed the following documents. They were produced for use in the training and for subsequent use by the trainers and/or home visitors and their supervisors:

Prenatal Curricula and Training Materials

Provided to the Trainers

- Facilitator Guide: *The Partners for a Healthy Baby Workshop*, Draft
- Curricula Training: *Partners for a Healthy Baby: Before Baby Arrives,* Trainer Overview
- Pre-Training/Set-up Checklists: Items to be replenished at trainers' requests, items to be packed for each training, videos, props required, and Checklist for Trainers

Provided to the Workshop Participants

- *The Partners for a Healthy Baby Workshop Maximizing Development: Before Baby Arrives* (Workshop/training workbook)
- *Partners for a Healthy Baby Home Visiting Curriculum for Expectant Families: Before Baby Arrives* (This curriculum includes handouts that were also packaged separately for families.)

Infant Curricula and Training Materials

Provided to the Trainers

- Curricula Training: *Partners for a Healthy Baby: Baby's First Six Months,* Checklist and Overview for Trainers
- Pre-Training/Set-up Checklists: Items to be replenished at trainers' requests, items to be packed for each training, videos, props required, and Checklist for Trainers

Provided to the Workshop Participants

- *Using Partners for a Healthy Baby Curricula to Maximize Baby's Development in First Six Months* (Workshop/training workbook)
- *Partners for a Healthy Baby Home Visiting Curriculum for New Families: Baby's First Six Months* (This curriculum includes handouts that were also packaged separately for families.)

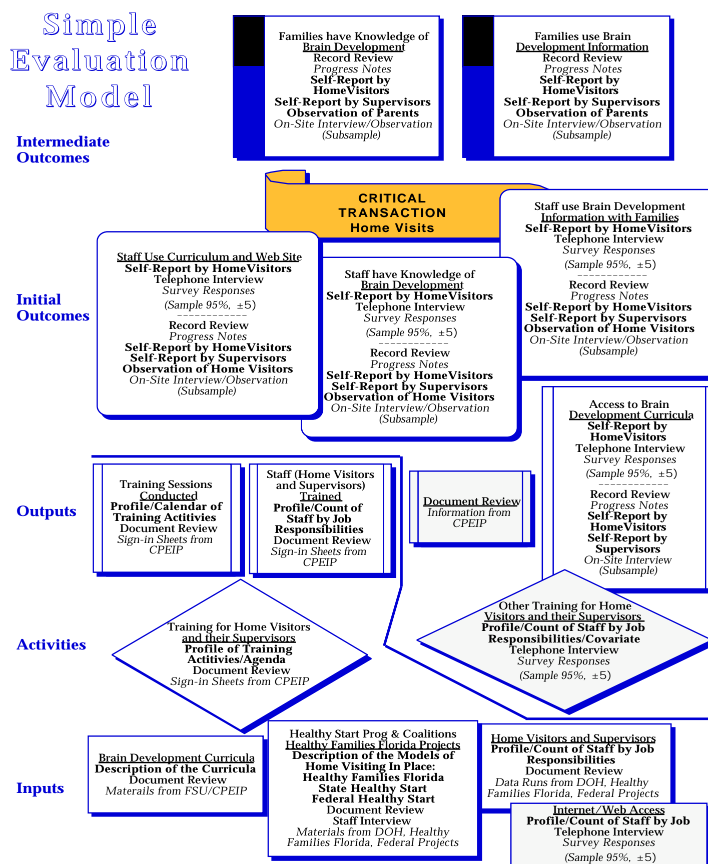
Qualitative and quantitative methodologies were used where both descriptive and analytical information was collected and shared. **Process evaluation** methods documented the activities implemented. Impacts on the home visitors, supervisors and families were identified and studied through an **impact or results evaluation**. Impact or results evaluation methods demonstrated the short-term impacts (e.g., outputs, initial outcomes and possibly intermediate outcomes).

There is no doubt about the importance of helping parents, pregnant and with children, to know how to promote brain development in their babies. Also, it is well understood that home visitors are an optimum tool to use in influencing the decisions and actions of many parents who would profit from this knowledge. The evaluation study considered these as key underlying assumptions of the model upon which the curricula and training project are based. The scope of the evaluation study was therefore to look at the immediate impacts of the curricula and training as funded and not to seek to affirm or challenge the underlying assumptions that have been substantiated in the literature.

The findings in this evaluation report describe and discuss results obtained from:

- Feedback gathered at all 21 prenatal workshops from 690 (78%) of the 880 Healthy Families Florida and Healthy Start participants in the prenatal workshops representing 63 (94%) of the 67 counties. [November 1999 - June 2000]
- Feedback gathered at all 21 prenatal workshops from 774 (82%) of the 946 Healthy Families Florida and Healthy Start participants in the infant workshops representing 63 (94%) of the 67 counties. [November 1999 - June 2000]
- Information collected during telephone interviews with a representative random sample of 375 participants in the training workshops (299 attended the prenatal training, 318 attended the infant training). Of these, 338 (90%) attended both of the curricula training sessions. [June, July and August 2000]
- Interviews with ten of the 15 trainers, representing all 100 percent of the 21 prenatal workshops and 20 (95%) of the 21 infant workshops. [September and October 2000]
- Information collected during on-site interviews [October and November 2000] with a purposeful sample of 53 home visitors, 22 supervisors and 34 families representing
  - Fifteen counties
  - Seven Healthy Families Florida projects in 10 counties and
  - Seven Healthy Start Coalitions in 12 counties.

The Three Major Areas of Study for the Evaluation



1. Curricula Training

- What occurred? When and for whom?
- Did the participants perceive that they had gained knowledge from the training?
- Did the participants like or dislike the training?
- Did the participants leave the training intending to use the curricula and adjunct materials? If so, how?

2. Home Visitors' Knowledge and Use of Brain Development

- Are the participants able to describe activities and information learned from the curricula and/or training that can be used with families during home visits that would enhance brain development?
- Are the home visitors using the curricula?
  - If so, how are they using it? What is working well? What is not? Under what circumstances do they use it? When do they not?
  - If not, why not? What kept them from using it? What would make it more useful? Usable?
- Are the home visitors using the handouts?
  - If so, how are they using them? What is working well? What is not? Under what circumstances do they use them? When do they not?
  - If not, why not? What has kept them from using the handouts? What would make them more useful? Usable?
  - What are some of the activities and information that the home visitors have used with their families during home visits that would enhance brain development?
- Are there other brain development curricula and materials that they use with or instead of the "*Partners for a Healthy Baby*" curricula? What do they use? Why do they use these instead of the "*Partners for a Healthy Baby*" curricula?

3. Families' Knowledge and Use of Brain Development Information/Skills and the Curricula

- Are the families able to describe activities and information learned from the home visitors that they can use to stimulate brain development?
- Are the families able to demonstrate activities and use of information learned from the home visitors that they use to stimulate brain development?
- Have families seen and/or received copies of the handouts? If so, do they keep them? Do they use them? How often do they refer to them? Do they share them with other family members? Are the handouts useful? How? In what ways do they use them?

Appendix 1 provides detail concerning the evaluation methodology. Appendix 2 provides copies of the protocols and forms used during the course of the evaluation.

Limitations of the Study

Training and Evaluation Dates

The evaluation was contracted to coincide with the period during which the training was contracted to occur — from November 1999 through June 2000. It was not possible to assess impact of the training based upon the use of the curricula with families until after home visitors had the opportunity to complete the training, acquire the handouts, incorporate the curricula in home visits and work with families to use the information and skills taught. Because of this, the evaluation dates had to be adjusted and those evaluation activities concerned with process and formative issues were conducted while the training was being provided and those concerned with impact were rescheduled to occur after allowing for a time for the curricula to be implemented. Then due to delays in the final publication, warehousing and availability of some of the handouts for the Healthy Start program sites, there were many sites that had not acquired the handouts as late as August 2000. This in turn caused additional delay in the scheduling of on-site visits and limited the number of Healthy Start home visitors and families who could be interviewed and provide information about the use and impact of the curricula.

Advisory Panel Membership

There was an inherent conflict of interest within the Advisory Panel to the evaluation team and process. The curricula developers and training designers and implementers also served as sitting Advisory Panel members. Although it was healthy to have all interested parties represented during discussions at the table, there were opportunities for the people whose very work was being evaluated to influence the direction and course of the evaluation effort. Every effort was made to achieve a delicate balance and maintain high ethical standards given this situation.

Difference Between Healthy Families Florida and Healthy Start Home Visitation Programs

The curricula and training contract provided for workshops for home visitors and supervisors employed in the Healthy Families Florida and the Healthy Start programs. These programs provided two easily accessible networks of home visitors. However, the two home visiting programs are implemented very differently.

> Healthy Families Florida is a community-based, voluntary primary prevention home visiting program designed to enable children to grow up healthy, safe and nurtured. The program promotes parenting and healthy child development, thereby preventing child abuse and other negative childhood outcomes. It is an initiative of the Florida Department of Children and Families and the Ounce of Prevention Fund of Florida, a non-profit corporation. It offers pregnant women and families of newborns, living in geographically targeted areas and experiencing stressful life situations, home visiting services provided by trained family support workers. The family support worker assists parents and families to promote positive parent-child interaction, healthy child development and to enhance family functioning and problem-solving skills. The family support workers also link families to health and family support services they may need. Services may be offered to families for up to five years. The intensity and duration of service is based on the family's needs.
>
> The Healthy Start system is the organization of activities and services within a community that supports and enhances the community's ability to promote optimal health and developmental outcomes for all pregnant women and babies born in Florida. Responsibility for coordination of the Healthy Start system resides with the local Healthy Start prenatal and infant health care coalitions or the county health department in the event there is no approved local Healthy Start Prenatal and Infant Health Care Service Delivery Plan. Healthy Start programs are available in all Florida counties. The Healthy Start model provides for:
>
> - *Outreach* — helps pregnant women and children birth to three years of age in need of health care into a system of care.
> - *Prenatal and Children's Health Care* — assures all pregnant women and all young children in Florida have access to prenatal and child health care and services necessary to reduce risk for poor outcomes.

- *Risk Screening* — required by Florida Statute, serves to identify pregnant women and young children most at risk (e.g., of preterm labor, delivery of a low birthweight baby, infant mortality, etc.) into the care coordination system for additional intervention.
- *Care Coordination and Other Healthy Start Services* — notifies women and children birth to age 3 years identified at-risk for undesirable outcomes of their risk status; provides: information about community resources, and provides the name of a Healthy Start contact. Also, based on their level of need, families may be "tracked" for future follow-up, provided with a thorough assessment to determine the full extent of intervention needed to offset their risk, and possibly some other Healthy Start services (e.g., tobacco education and cessation, parent education, psychosocial counseling, etc.).

Those families in the highest risk category would be the recipients of home visiting services. Thus, there are many Healthy Start staff members who do not have caseloads, or who do have caseloads but do not conduct home visits. Additionally, the focus of home visits tend to be that of crisis stabilization in order to produce better health outcomes. Healthy Start children's services may be offered to children to age three years.

Thus, the home visiting model provided by Healthy Start is very different from that provided by the Healthy Families Florida home visitors. When the crisis is resolved for a family, Healthy Start home visitations are often concluded. During the course of this evaluation study, Healthy Start home visitors reported that often during the home visits, the information provided to parents in crisis is focused on stabilization and providing for healthy outcomes. When stabilized, families are often found to no longer need Healthy Start home visiting services. In contrast, the Healthy Families Florida model provides for ongoing and consistent home visiting services for as long as five years for a family. During this time, there are many opportunities to provide information and teach skills identified in the *Partners for a Healthy Baby* curricula. Caseloads for Healthy Start are higher than those for Healthy Families Florida. Unless dealing with crises, interaction with families is less frequent for Healthy Start than for Healthy Families Florida staff members. This information is important in that there would be expected at the outset of the study, the utilization of the curricula would be different for the two programs because of the difference in the nature, focus and duration of the types of home visits conducted by the two programs.

The Training Model

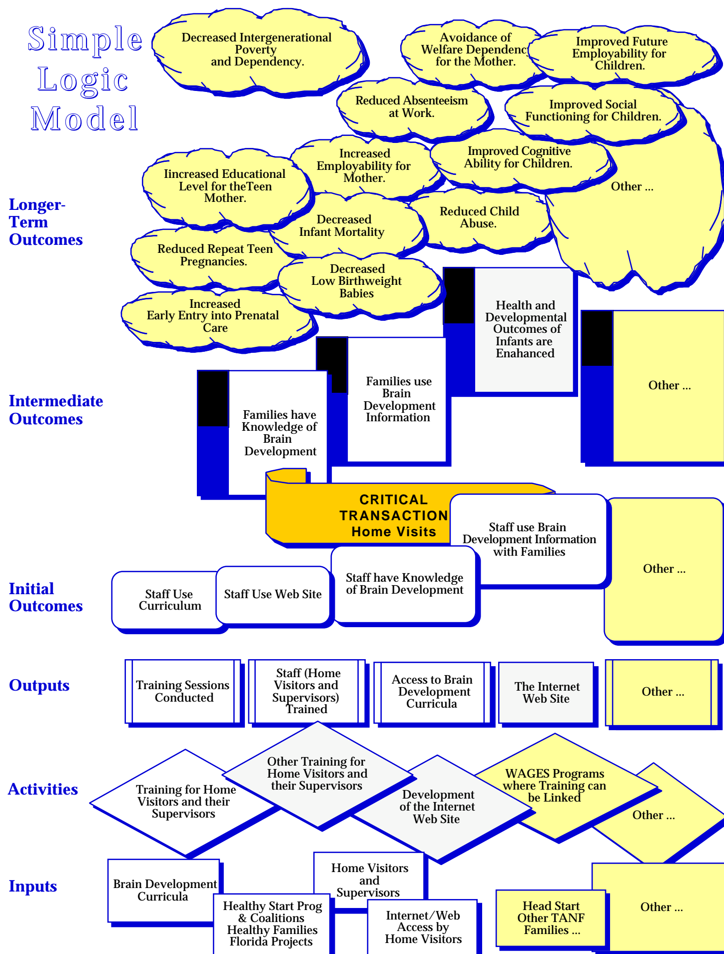
In order to foster collaboration and coordination between the Healthy Start and Healthy Families programs, staff members from both programs were invited to participate in the same training. This resulted in having a wide spectrum of experience and education among the trainees. For example, at the same table, a paraprofessional with a GED and no prior home visiting experience could be sitting next to a nurse with 25+ years of providing medical-related assistance to families.

The composition of the training population also included staff members without home visiting caseloads. For example, Healthy Start nurses, clinical supervisors, outreach coordinators, etc. participated in the training. The Healthy Families Florida program wanted to ensure that supervisors of home visitors were as well-versed in the curricula as were the home visitors themselves. This decision to include the supervisors in the same training workshops provided for the supervisors to gain an understanding of all that the home visitors were taught as well as enable them to better supervise and support the use of the curricula by the home visitors with their families.

Additionally, redundancy on how to use the curriculum had to be built into the training because the order (i.e., prenatal before infant OR infant before prenatal) of which curriculum would be taught first was customized based upon the requirements of the training site. And, since not everyone attended every pairing of workshops, there was no guarantee of which training would be first for an entire group.

These issues were found to influence the findings of this evaluation and should be considered by the reader when making judgments about the curricula and training based upon this study.

The Evaluation Design



The evaluation design was based on a logic model that began with the brain development curricula and home visitors (i.e., inputs) and ended with the achievement and impact of enhanced health and developmental outcomes for infants (i.e., longer term societal outcomes).

Appendix 1 provides more detail about the logic model and evaluation design that were developed.

Because of the time limitations and funding period for this evaluation study, it was necessary to limit its scope to assessments of:

- Inputs,
- Activities,
- Outputs,
- Initial outcomes, and
- Two of the three identified intermediate outcomes.

There is yet a major and fundamental set of questions that will remain outstanding for this evaluation study:

> ***For the children whose families were served by home visitors using the Partners for a Healthy Baby home visiting curricula, are their health and developmental outcomes enhanced? If so, how? If not, why not?***

Given the excitement shown by the home visitors and parents using the curricula and its brain development information and skills, it is with regret that the evaluation team did not have the opportunity to take the next logical step to study and assess the actual impacts of this curricula and training effort for Florida's children.

1. Area of Study Findings
Curricula and Training

Questions the evaluation study answers concerning the curricula and training:
- What occurred? When and for whom?
- Did the participants perceive that they had gained knowledge from the training?
- Did the participants like or dislike the training?
- Did the participants leave the training intending to use the curricula and adjunct materials? If so, how?

These questions were addressed through the data collected from:
- Workshop feedback forms completed by the training participants
- Telephone interviews with home visitors and their supervisors
- Personal interviews with home visitors during site visits

For more information about the study design, please see Appendix 1 to this report.

This section of the report provides information about the curricula, the training experiences and the perceptions of the workshop participants and trainers. Each of the questions listed above are answered below.

What occurred? When? For whom?

Curricula and Training Materials

In order to determine and describe "what happened", the evaluation team reviewed documents, feedback forms and interviewed trainers, home visitors and supervisors participating in the workshops. Below are the findings of the evaluation team concerning the curricula and training.

Prenatal Curriculum

The prenatal curriculum of the *Partners for a Healthy Baby* series was developed by the Center for Prevention specifically for use by home visitor programs. Developers of the curriculum state that

> *"The curriculum is designed to be used by home visiting programs to achieve multiple goals: to help expectant families deal with the multitude of physical and emotional changes pregnancy brings; to foster a strong bond between both parents and their unborn baby; to inspire pregnant women to have a healthy lifestyle and ultimately a healthy baby; to enhance their self-esteem and life goals; to identify early signs of problems; and to prepare for parenthood. Application of the latest brain development research is infused throughout"* (page 6).

The prenatal curriculum is arranged into units. The sections are designed for at least monthly but preferably weekly home visits. Each section includes a list of the purposes of the home visit for that time period, detailed information regarding each purpose, and handouts to use with expectant families. To facilitate additional learning of infant brain development, the curriculum contains extensive listings of additional resources that may be reviewed.

During the telephone interviews, training participants were asked to rate the prenatal curriculum materials in quality on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent." **Responses were very positive with the mean rating being 4.67 and the most frequently reported (73% of the 300 responses) rating being 5 (Excellent).** No significant differences were found between ratings of Healthy Families Florida and Healthy Start staff members.

How would you rate the quality of the curriculum materials?

Participant Ratings	Frequency	%
1 = Poor	0	0.0
2	2	0.7
3	11	3.7
4	69	23.0
5 = Excellent	218	72.7

Several requests concerning the prenatal curriculum were made:

- The curriculum is needed in Spanish and in Creole.
- Ensure immediate access to handouts following the training.

Prenatal curriculum training participants were asked to rate the curriculum in terms of their ability to combine it with other material they use when conducting home visits on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent." **The ratings were very positive with the mean rating being 4.35 with the most frequent rating being 5 (Excellent).**

How would you rate the curriculum in terms of your ability to combine it with other material you use when conducting home visits?

Participant Ratings	Frequency	%
1 = Poor	3	1.0
2	6	2.0
3	20	6.7
4	91	30.4
5 = Excellent	179	59.9

Healthy Families Florida staff members rated their ability to combine the prenatal curriculum with other materials they use in home visits slightly higher (mean = 4.56) than Healthy Start staff members (mean = 4.35, $p = .040$). Unsolicited comments from Healthy Families Florida staff members indicate the participants perceive the curriculum to be easily adaptable with other information and curricula utilized by home visitors when conducting visits. However, unsolicited comments from Healthy Start staff members primarily indicated that lack of access to the handouts has impeded their use of the curricula.

Prenatal curriculum training participants were asked to rate the curriculum in terms of its ability in helping the families visited to enhance their baby's brain development. **Consistent with responses on the previous interview question, the mean rating was 4.32 with the most frequent rating being 5 (Excellent).**

How would you rate the curriculum in terms of its ability in helping you help the families you visit enhance their baby's brain development?

Participant Ratings	Frequency	%
1 = Poor	1	0.3
2	9	3.0
3	26	8.8
4	84	28.3
5 = Excellent	177	59.6

Healthy Families Florida staff members rated this item slightly higher (mean = 4.53) than Healthy Start staff members (mean = 4.35, $p = .045$). Healthy Start staff members reported not having access to the curriculum materials for use and/or distribution to families they visit. Other respondents indicated that the handouts and curriculum materials for families need to be in Spanish and Creole so that families can use them between visits.

Infant Curriculum

The infant curriculum of the *Partners for a Healthy Baby* curriculum series was developed by the Center for Prevention specifically for use by home visitor programs. Developers of the curriculum state that

> *"The curriculum is designed to be used by home visiting programs serving families with young infants to achieve multiple goals: to help families deal with the multitude of changes a new baby brings; to foster a strong bond between both parents and their baby; to inspire families to maximize their child's health, social, cognitive, language and motor development; to identify early signs of problems; and to enhance parenting skills and self esteem. Application of the latest brain development research is infused throughout"* (page v).

For each week of baby's first month and for each subsequent month through the sixth month, the infant curriculum outlines topics for home visitors to discuss and tasks for visitors to accomplish. The curriculum is arranged into units. The sections are designed for preferably weekly home visits. Each section includes a list of the purposes of the home visit for that time period, detailed information regarding each purpose, and handouts to use with new parents. To facilitate additional learning of infant brain development, the curriculum contains extensive listings of additional resources that may be reviewed.

During the telephone interviews, training participants were asked to rate the infant curriculum materials in quality on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent." **Responses of 317 people were very positive with the mean rating being 4.69 and the most frequently reported rating being 5 (Excellent).** No significant differences were found between ratings of Healthy Families Florida and Healthy Start staff members.

How would you rate the quality of the curriculum materials?

Participant Ratings	Frequency	%
1 = Poor	0	0.0
2	2	0.6
3	11	3.5
4	80	25.2
5 = Excellent	224	70.7

Several requests concerning the infant curriculum were made:

- Develop materials for non-English speaking clients.
- Provide culturally appropriate exercises and examples for use with culturally diverse families.

Infant curriculum training participants were asked to rate the training in terms of their ability to combine it with other material they use when conducting home visits on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent." **The ratings were very positive with the mean rating being 4.46 and the most frequent rating being 5 (Excellent).**

How would you rate the terms of your ability to combine it with other material you use when conducting home visits?

Participant Ratings	Frequency	%
1 = Poor	2	0.6
2	7	2.2
3	23	7.3
4	93	29.3
5 = Excellent	192	60.6

Healthy Families Florida staff members rated their ability to combine the infant curriculum with other materials they use in home visits slightly higher (mean = 4.58) than Healthy Start staff members (mean = 4.33, p =.012). Unsolicited comments from Healthy Families Florida staff members indicated that the participants perceived the curriculum to be easily adaptable with other information and curricula utilized by home visitors when conducting visits. The Healthy Start staff members without access to the infant handouts could not address this issue.

Infant curriculum training participants were asked to rate the curriculum in terms of its ability in helping the families visited to enhance their baby's brain development. **Consistent with responses on the previous interview question, the mean rating was 4.44 with the most frequent rating being 5 (Excellent).**

How would you rate the curriculum in terms of its ability in helping you help the families you visit enhance their baby's brain development?

Participant Ratings	Frequency	%
1 = Poor	3	0.9
2	4	1.3
3	32	10.1
4	95	30.1
5 = Excellent	182	57.6

Healthy Families Florida staff members rated this item slightly higher (mean = 4.58) than Healthy Start staff members (mean = 4.30, p = .003). Healthy Start staff members reported not having access to the curriculum materials for use and/or distribution to families they visit. Other respondents indicated that the handouts and curriculum materials for families need to be in Spanish and Creole so that families can use them between visits.

The Faculty

The Florida State University, Center for Prevention and Early Intervention Policy (CPEIP) reports that 15 faculty provided the training. Three of these faculty members contributed to the development of the curricula materials and worked with the other faculty in preparing them to conduct the workshops. For the most part, a new trainer was paired with one of the curricula or training or another trainer who had trained anywhere from 2 to 11 times already.

According to these faculty members, they used two co-training models in the workshops: one in which the two trainers taught side-by-side throughout each day and the other in which the two trainers would take turns teaching different parts of the curricula. Sometimes these would be mixed in a single workshop. The model used in any particular workshop depended on the competence and comfort of the co-trainers as well as the interaction of the participants with the co-trainers. Prepared slides, materials and props were furnished by the FSU Center for Prevention and Early Intervention Policy. The trainers stated that they would select slides and adjust the length of time devoted to particular topics or activities on the basis of:

- The content expertise and interests of the particular trainer,
- The levels of expertise and interests of the participants,
- Questions posed by the participants and the amount of time available.

Prenatal Workshop Trainers

A — Taught 10 workshops.
Paired with 5 other trainers.
RN
BS Nursing
IBCLC International Board Certified
Lactation Consultant
ASPO/Lamaze Certification

B — Taught 1 workshop.
Paired with 1 other trainer.
RN
MPH Master of Public Health
BS Nursing

C — Taught 7 workshops.
Paired with 3 other trainers.
RN
NM Certificate in Nurse-Midwifery

D — Taught 4 workshops.
Paired with 2 other trainers.
MEd Curricula and Instruction
BS Elementary Education

E — Taught 3 workshops as a 3rd trainer.
Paired with 3 other trainers.
MRCOG Obstetrics & Gynecology
Ph.D. Reproductive Health Care
MD Doctor of Medicine

F — Taught 6 workshops.
Paired with 3 other trainers.
RNC Maternal-Newborn Nursing
IBCLC
MPH Master of Public Health
AS Nursing
BS Zoology

G — Taught 3 workshops.
Paired with 1 other trainer.
MS Instructional Systems
BSW Social Work

H — Taught 11 workshops.
Paired with 4 other trainers.
Ph.D. Educational Research
MS Health Education
BS Nursing
AD Nursing
Certificate Program Evaluation

Infant Workshop Trainers

I — Taught 4 workshops.
Paired with 2 other trainers.
M.Ed. Educational Leadership
MSW
BSW

J — Taught 2 workshops.
Paired with 2 other trainers.
MS Early Childhood Education
BS Early childhood Education

K — Taught 2 workshops.
Paired with 2 other trainers.
Ph.D. Educational Leadership
M. M. Sc. Pediatric Physical Therapy & Education
BS Physical Therapy

L — Taught 11 workshops.
Paired with 2 other trainers.
Ph.D. Special Education
MS Special Education
BS Special Education

M — Taught 4 workshops.
Paired with 4 other trainers.
Ed.D. Education Administration & Leadership
MS Child Development and Family Studies
BS Child Development and Family Studies

N — Taught 17 workshops.
Paired with 6 other trainers.
Ph.D. Counseling Psychology
LMHC
MS Mental Health Counseling
MS Administration and Supervision
BS Deaf and Hard of Hearing Education

O — Taught 1 workshop.
Paired with 1 other trainer.
Ph.D. Special Education
MOT Master of Occupational Therapy
ASOT BS of Occupational Therapy
LOT Licensed Occupational Therapist

Every workshop had at least one and mostly two content experts. For the most part, pairs of co-trainers reported that they had not trained together prior to their first workshop together. Most of the trainers had the opportunity to attend a workshop held in Orlando during which the curricula designers taught the two curricula. The trainers were invited to observe the training and then had the opportunity to provide input and ideas on how the workshops could/should be structured. During this workshop, the trainers did not get to see a co-training model presented nor did they have an opportunity to role-play and work on sections that would pose logistic or content challenges. According to the Center, each trainer was provided with a comprehensive facilitators' guide and were provided with the opportunity to discuss the training that they had observed and make improvements.

The Center for Prevention assigned the pairing of co-trainers. It was evident that every effort was made to have at least one strong content expert, if not two, conducting the training. Also, adjustments were made when the Center believed that a change in pairing would be more effective. Often, co-trainers would talk by phone prior to the workshop and/or meet the night before to plan the day-to-day strategy for who would take the lead for each topic or activity throughout the day. The co-trainers were flexible and switched off in order to meet the needs and requests of the participants. Below is a list of the trainers' activities and credentials. The credentials were collected from curricula vitae provided by the Center for Prevention.

The Center for Prevention provided an array of training supports for the trainers in addition to the prepared materials used in the training sessions:

- Staff members packed and shipped the materials to the training sites.
- Pre-training and set-up checklists were provided for Center staff and for the trainers.
- A facilitators' guide was provided.
- The curricula designers were available for telephone consultations during the workshops so that if a trainer were asked a question she could not answer, there was the opportunity to obtain the answer from the content expert.

The supports were much appreciated and were viewed as contributing to the success of the training efforts. The stressors occurred, on a few occasions, when the materials did not arrive in advance, materials were missing or the negotiated room arrangements with the site were not adequately completed. Sometimes the size or configuration of the room was not appropriate for the size of the group or the type of activities conducted during the training. All in all, this did not daunt the trainers, nor did it seem to detract from the quality and effectiveness of the workshops.

The trainers were very enthusiastic about the ways that brain development research findings were included in the curricula and in the workshop. Every attempt was made to reinforce the brain development information throughout the two-day period. The trainers reported that they fully expected the participants to be able to apply what they learned with their families. This is echoed by the confidence found in the reports of the participants on the training feedback forms and during the telephone interviews.

Recommendations made by the training designers and training faculty for future planning related to preparation and support include:

Pedagogy and Facilitation Preparation

- Model and role play as co-trainers for the curricula.
- Provide access to a trainer who can provide advice about how to handle difficult or confusing situations that arise (e.g., how to handle a misconception, how to segue from one topic to another or one trainer to the other, etc.).
- After a few training sessions, provide an opportunity for the trainers to participate in a group discussion and share strengths and challenges encountered.
- Provide for feedback and assistance of the trainers.

Training Supports

- Ensure adequacy of the room size and arrangements for the size and composition of the participants and training requirements.

- Arrange for advance setup of the training facility, equipment and materials so that setup is not occurring when participants are arriving.
- Continue to provide access to the curricula designers for "help" calls.
- Provide advance information about the entry level skills of the participants and information on how to be responsive to those entry levels.
- Ensure that the knowledge level and credentials of the trainers match or exceed the entry level knowledge and credentials of the participants.
- Ensure that the props are connected to the learning objectives so as to not be construed as silly or demeaning.
- Include the overheads or copies of the electronic PowerPoint files that are shown during the training within the participants' workbook.
- Provide for a facilitators' guide that contains detailed notes and resource materials for each of the slides and activities in the workshop

---

The Training Workshops

For the period, November 1999 — June 2000, 42 workshops were held for 1,857 participants (duplicated count) or 1,177 individuals (unduplicated count), including 575 Healthy Start staff members and 574 Healthy Families Florida staff members. These figures are based on the sign-in sheets provided to the evaluation team by the Center for Prevention. 334 (58%) of the 575 Healthy Start staff members attended both the prenatal and infant training workshops. 343 (60%) of the 574 Healthy Families Florida staff members attended both the prenatal and infant training workshops.

It should be noted that the curricula designers at the Center for Prevention engaged in a continuous improvement effort during the course of providing the training workshops. An initial session was conducted by the authors in Orlando prior to the delivery of the first workshop. The delivery of the content was modeled for the trainers and feedback was solicited for the purpose of improving the courses before they were delivered statewide. After a couple of months of providing training sessions, one of the curricula designers, with input and advice from the trainers, reworked the participants' manuals and the sequencing of the training content and exercises, for the purpose of improving the flow of instruction and improving the learning experience. Also, during the course of the workshop offerings, staff and supports were added for the express purpose of ensuring that materials were ready and in place for each of the workshops.

Prenatal Training Workshops

- Number of Prenatal Workshops Conducted: 21
- Dates: November 1999 through June 2000
- Number of Trainers: Eight (8)
- Total Number of Participants (based on sign-in sheets): 891 people
- 448 Healthy Start Participants
- 432 Healthy Families Florida Participants
- 11 "Other" (i.e., Escambia County Schools, Michigan, Missouri, etc.)
- According to an analysis of the sign-in sheets and/or presence of pre and post feedback forms collected by the trainers and provided to the evaluation team by the FSU Center for Prevention and Early Intervention Policy:
- There were 448 Healthy Start staff members who participated in the 21 two-day prenatal workshops. Of these, 334 (75%) were in attendance for both days of the prenatal training.
- There were 432 Healthy Families Florida staff members who participated in the 21 two-day prenatal workshops. Of these, 343 (79%) were in attendance for both days of training.

Infant Training Workshops

- Number of Infant Workshops Conducted: 21
- Dates: November 1999 through June 2000
- Number of Trainers: Seven (7)
- Total Number of Participants (based on sign-in sheets): 966 people
- 461 Healthy Start Participants
- 485 Healthy Families Florida Participants
- 20 "Other " (i.e., Escambia County Schools, Michigan, etc.)
- According to an analysis of the sign-in sheets and/or presence of pre and post feedback forms collected by the trainers and provided to the evaluation team by the FSU Center for Prevention and Early Intervention Policy:
- There were 460 Healthy Start staff members who participated in the 21 two-day infant workshops. Of these, 429 (93%) were in attendance for both days of the infant training.
- There were 475 Healthy Families Florida staff members who participated in the 21 two-day infant workshops. Of these, 451 (95%) were in attendance for both days of training.

To obtain information about the perceptions and training experiences of the participants, qualitative and quantitative data were obtained from :

- Written feedback collected during the prenatal and infant training sessions;
- Telephone interviews with a random sample of training participants; and
- On-site interviews with a sample of home visitors and supervisors.

Did the participants perceive that they had gained knowledge from the training?

Prenatal Curriculum

According to the feedback forms, the telephone interviews and the on-site interviews, the unequivocal answer is ***"Yes, the participants perceived that they had gained knowledge from the prenatal training."***

Prior to the prenatal training, when asked on the CY2000 training feedback forms whether they knew how to help families maximize babies' brain development, only 2.2 percent of respondents replied "yes, very well" and another 7.4 percent responded "yes, reasonably well." After training, this had increased markedly: 47.1 percent replied "yes, very well," and another 42.3 percent said "yes, reasonably well." This pattern holds true for both Healthy Families Florida and Healthy Start.

Dramatic increases were seen in the numbers (from 65 people to 592 people) and percentages (from 9.6% to 89.4%) of people who responded they knew how to help families maximize babies' brain development after the training. Also, a marked shift is noted for the 160 people who stated that they did not have any knowledge of brain development prior to the training. No one left making this statement at the conclusion of the workshops. This pattern holds true for both Healthy Families Florida and Healthy Start. **All of the people who reported that initially they did not have any knowledge of how to help families maximize their baby's brain development left the prenatal training with new-found confidence and knowledge in this area.**

Pre and Post Responses on the Feedback Forms

Do you know how to help families maximize their baby's brain development?

(prior to training)	#	%	*(after training)*	#	%
Yes, very well	15	2.2%	Yes, very well	312	47.1%
Yes, reasonably well	50	7.4%	Yes, reasonably well	280	42.3%
Somewhat, but I could learn a little more	198	29.2%	Somewhat, but I could learn a little more	46	6.9%
Somewhat, but there is a lot more I need to learn	236	34.8%	Somewhat, but there is a lot more I need to learn	7	1.1%
Don't have any knowledge	**160**	**23.6%**	**Don't have any knowledge**	**0**	**0.0%**
No answer	19	2.8%	No answer	17	2.6%
Total	678	100.0%	Total	662	100.0%

The results from the telephone survey confirmed the information found from the feedback forms collected at the training workshops. Prenatal training participants were asked if they believed they had gained knowledge about prenatal brain development at the conclusion of the training. **Across all 300 prenatal training participants responding to this item, 92 percent (n = 276) reported they had gained this knowledge about how to help families maximize their baby's brain development**. Conversely, 8 percent (n = 21) participants reported they had not gained ***new*** knowledge *("the prenatal curriculum training reinforced previously learned information")* about prenatal brain development at the conclusion of the training. There were no significant differences between Healthy Families Florida and Healthy Start staff members.

During the telephone interviews, the participants were asked to rate on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent" how they would rate the different aspects of the training. Overall, participant responses were very positive. **For the 303 people responding to the question related to brain development, the mean rating was 4.23 with the most frequent rating being 5 (Excellent).**

Learning about brain development

Participant Ratings	Frequency	%
1 = Poor	2	0.7
2	6	2.0
3	30	9.9
4	113	37.2
5 = Excellent	152	50.0

Healthy Families Florida staff members rated this aspect of the training slightly higher (mean = 4.44) than Healthy Start staff members (mean = 4.23, $p = .049$).

Interview participants were asked to explain answers on either end of the rating scale. While no differences in comments were found between Healthy Families Florida participants and Healthy Start participants, comments from participants who rated their training related to brain development as "4" or "5 = Excellent" reported the rating was due to:

- The amount of new research and information provided
- The use of concrete examples and exercises
- The use of visual aids such as slides and overhead transparencies
- The provision of tools to use with parents
- The film that was shown

Individuals rating the learning about brain development aspect of the training as "1 = poor" or "2" reported the following reasons for their rating:

- The information presented was too basic.
- It focused too much on the medical aspects and not on developmental aspects of brain development.
- No new information was presented.

In addition to gaining overall knowledge that they can use to help families, participants also reported they had gained specific knowledge due to the training. When asked how prepared they felt to use various portions of the curriculum (i.e., purpose sheets, handouts for families, curriculum resources), the vast majority of trainees responded that they were "*completely prepared to do this.*"

Results of the on-site reviews of 15 county Healthy Start and/or Healthy Families Florida program overwhelmingly indicate that the participants of the training gained valuable knowledge from the training sessions. Of the 53 home visitors and 21 supervisors interviewed, 69 (93.3%) reported that they gained knowledge about brain development. Only five participants (6.7%) either believed the training was unnecessary for them due to their medical background, or that they already knew the information contained in the training.

In describing the prenatal training, home visitors stated the following:

- The prenatal training was a good, in-depth presentation.
- The prenatal training did a good job of revealing just how complicated and intricate a baby's brain is.
- The prenatal training provided some new information for home visitors with prior exposure to prenatal brain development information, as well as reinforcement of what had previously been learned.

Infant Curriculum

According to the feedback forms, the telephone interviews and the on-site interviews, again the answer is a resounding

"Yes, the participants perceived that they had gained knowledge from the infant training."

Pre and Post Responses on the Feedback Forms

Do you know how to help families maximize their baby's brain development?

(prior to training)	#	%	*(after training)*	#	%
Yes, very well	52	6.9%	Yes, very well	312	41.4%
Yes, reasonably well	195	25.9%	Yes, reasonably well	347	46.0%
Somewhat, but I could learn a little more	271	36.0%	Somewhat, but I could learn a little more	63	8.4%
Somewhat, but there is a lot more I need to learn	199	26.4%	Somewhat, but there is a lot more I need to learn	18	2.4%
Don't have any knowledge	16	2.1%	Don't have any knowledge	0	0.0%
No answer	20	2.7%	No answer	14	1.9%
Total	753	100.0%	Total	754	100.0%

Although prior to the infant training, a larger number of respondents thought that they could somewhat help families with infants maximize brain development, after training, respondents overwhelmingly (87%) said that they could "very well" or "reasonably well" accomplish this task. It is very likely that the more positive pretest responses are a result of the respondents' prior participation in the prenatal training workshops.

The results from the telephone interviews confirmed the information gleaned from the feedback forms collected during the infant training workshops. Infant training participants were asked if they believed they had gained knowledge about infant brain development at the conclusion of the training. **Across all infant training participants, 91 percent (n = 289) reported they had gained knowledge about how to help families maximize their baby's brain development**. There were no significant differences between Healthy Families Florida and Healthy Start staff members.

Nine percent (n = 26) of the participants reported they had not gained ***new*** knowledge about infant development at the conclusion of the training *("much of the training was repetitive with the prenatal curriculum training and that both training sessions were not necessary").*

During the telephone interviews, participants were asked to rate on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent" how they would rate the different aspects of the training. Overall, participant responses were very positive. **For the 319 people responding to the question related to brain development, the mean rating was 4.32 with the most frequent rating being 5 (Excellent).**

Learning about brain development

Participant Ratings	Frequency	Percent
1 = Poor	1	0.3
2	4	1.3
3	41	12.9
4	125	39.2
5 = Excellent	148	46.4

No significant differences were found in ratings between Healthy Families Florida and Healthy Staff home visitors. Interview participants were asked to explain answers on either end of the rating scale. Comments from participants who rated their training related to brain development as "4" or "5 = Excellent" reported the rating was due to:

- Learning the most recent research in infant brain development,
- The use of visual aids and real infants or dolls for presentations,
- The use of "hands-on" activities and
- The information contained in the curriculum workbook.

Individuals rating the learning about brain development aspect of the training as "1 = Poor" or "2" reported the information to be redundant from the prenatal curriculum training.

Findings from the On-site Reviews

Results of the on-site reviews of 15 county Healthy Start and/or Healthy Families Florida program overwhelmingly indicated that the participants of the training believed that they gained valuable knowledge from the training sessions. Of the 53 home visitors and 21 supervisors interviewed, only five participants (6.7%) either believed the training was unnecessary for them due to their medical background, or that they already knew the information contained in the training.

Home visitors interviewed consistently rated the infant curriculum training as adequate for their learning needs. One home visitor reported that the infant training was more effective than the prenatal training because the class size was smaller, which made for a quicker pace, contributed to a more personal atmosphere, and helped attendees to feel more able to participate and contribute.

Supervisors interviewed during the on-site reviews consistently reported that both of the training workshops provided useful information to the home visitors they supervise. One supervisor reported that good material combined with good trainers produced a meaningful training experience for the participating home visitors. Another supervisor reported that the home visitors she supervises became very excited about applying the knowledge they had learned. One supervisor interviewed reported that the class size was too large for the training to be as in-depth as needed.

The home visitors and their supervisors interviewed came from a wide variety of backgrounds, work experiences, and educational levels. Some who had previous medical training responded that although they knew much of the material, the training provided a useful framework for their current positions. With the exception of some participants who had degrees in nursing, home visitors and supervisors reported that they and the home visitors they supervised learned new concepts about prenatal and infant brain development.

Did the participants like or dislike the training?

On the training feedback forms, in the telephone interviews and during the site visit interviews, the participants indicated that they liked both the prenatal and infant training. They reported that they thought that the speakers were well informed and were able to communicate effectively. In addition, most reported that the lengths of the workshop and the presentation were appropriate, the visual aids were useful, the participant guide provided organization to the workshop, and the role playing and other activities were useful and helpful and that the participant guide provided organization to the workshop. *There were items on the telephone survey that explored the likes and dislikes of the participants at a level of detail that, although useful to the curricula designers and trainers, is beyond the scope of reporting in this document. These findings were provided in a separate report to the Advisory Committee that also comprised the curricula developers for their use.*

Prenatal Curriculum Training

During the telephone interviews, prenatal training participants were asked to rate the information they received during the training on a scale of 1 being "Not At All Helpful" and 5 being "Very Helpful". **The mean rating for the 302 responses was 4.19 with the most frequently reported rating being 5 (Very Helpful).**

How would you rate the information you received during the prenatal training?

Participant Ratings	Frequency	Percent
1 = Not At All Helpful	6	2.0
2	12	4.0
3	30	9.9
4	87	28.7
5 = Very Helpful	167	55.1

Training participants were also asked to rate their overall satisfaction with the prenatal curriculum training on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent". **The mean rating for the 301 responses was 4.32 and the most frequently reported rating was 5 (Excellent).** No significant differences were found between ratings of Healthy Families Florida and Healthy Start staff members.

Please rate your overall satisfaction with the training.

Participant Ratings	Frequency	%
1 = Poor	3	1.0
2	9	3.0
3	26	8.6
4	101	33.6
5 = Excellent	162	53.8

Infant curriculum

Infant curriculum training participants were asked to rate the information they received during the training on a scale of 1 being "Not At All Helpful" and 5 being "Very Helpful". **The mean rating was 4.37 with the most frequently reported rating being 5 (Very Helpful).**

How would you rate the information you received during the infant training?

Participant Ratings	Frequency	Percent
1 = Not At All Helpful	6	1.9
2	7	2.2
3	33	10.4
4	99	31.2
5 = Very Helpful	172	54.3

No significant differences were found between ratings of Healthy Families Florida and Healthy Start staff members. Unsolicited comments from both Healthy Families Florida and Healthy Start participants responding to this question indicated that while the home visitors thought the materials and curriculum were good and helpful, many participants perceived the information from the training to be reinforcing of previously learned information. Several more participants from the infant training than the prenatal curriculum training remarked that they did not recall specific aspects of the curriculum to be covered during training, and indicated that the time period for the infant curriculum training was too short.

Training participants were also asked to rate their overall satisfaction with the infant curriculum training on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent". **Ratings were very positive with the mean rating being 4.39 and the most frequently reported rating was 5 (Excellent).** No significant differences were found between ratings of Healthy Families Florida and Healthy Start staff members.

Please rate your overall satisfaction with the training.

Participant Ratings	Frequency	%
1 = Poor	2	.6
2	9	2.8
3	24	7.5
4	114	35.7
5 = Excellent	170	53.3

Infant curriculum training participants were asked to rate the training in terms of their ability to combine it with other material they use when conducting home visits on a scale of 1 to 5 with 1 being "Poor" and 5 being "Excellent." **The ratings were very positive with the mean rating being 4.46 with the most frequent rating being 5 (Excellent).**

How would you rate the training in terms of your ability to combine it with other material you use when conducting home visits?

Participant Ratings	Frequency	%
1 = Poor	2	.6
2	7	2.2
3	23	7.3
4	93	29.3
5 = Excellent	192	60.6

Healthy Families Florida staff members rated their ability to combine the infant curriculum with other materials they use in home visits slightly higher (mean = 4.58) than Healthy Start staff members (mean = 4.33, p = .012). Unsolicited comments from Healthy Families Florida staff members indicate the participants perceive the curriculum to be easily adaptable with other information and curricula utilized by home visitors when conducting visits. However, unsolicited comments from Healthy Start staff members primarily indicate that they cannot combine the infant curriculum with other materials because their project does not have the curriculum materials for use with families.

Findings from the On-Site Visits

The participants interviewed during the on-site reviews spoke favorably of the training. Of the 53 home visitors and 21 supervisors interviewed, only four (5.4%) did not think the training was necessary for them. However, one of those participants stated that she thought the training was excellent for paraprofessional staff.

Most indicated that the training was well organized and presented in an interesting and informative manner. Some participants questioned the need for a thorough orientation to the curriculum for both the prenatal and the infant training when they are taken close together, since the two curricula are basically designed in the same way. Specific favorable aspects of the training mentioned by the participants include:

- The training segments using volunteers and real infants were especially well-received by bringing together the knowledge and the practical aspects.
- Concrete examples were used.
- The trainers were qualified.
- The level of presentation was generally perceived to be informative without assuming the participants had a particular knowledge level.
- The training was interactive and dynamic.
- The training was well organized.
- There was interaction between the trainers and the trainees and there was also plenty of time to ask questions.
- The "new research on brain development" part was very interesting.
- The training taught home visitors how to effectively use the planning sessions in the curriculum.

Several quotations that underscore the meaningful training experience had by the home visitors include…

They (the trainers) were awesome.
I enjoyed it.
I've learned a lot at those (the training workshops).

One home visitor reported that the prenatal training was especially helpful because she herself had not had any children. Another home visitor stated that the training, and subsequent use of the curriculum, had really helped her get through some barriers with families.

Some of the dislikes identified by the respondents include:

- The repetition of the orientation to the curricula for both training sessions.
- The use of the "magic wand," which was perceived to be inappropriate for adult learners.
- The size of the group was too large.
- Those who had significant medical training perceived they could use the curriculum without the training.

Did the participants leave the training intending to use the curriculum and adjunct materials? If so, how?

The participants left the training intending to use the curricula and adjunct materials. When asked on the feedback forms whether they would use the purpose sheets, handouts for families, and curricula resources, most respondents answered "yes." The participants interviewed during the on-site visits intended and with few exceptions, are using the curriculum in their daily work. One county had only recently received the handouts and had only been using the curricula for approximately two weeks at the time of the review, but their initial report was favorable. Several other counties had not begun using the curricula due to the delay in obtaining copies of the handouts.

One of the ways home visitors cited using the knowledge gained in the training with their families was using the handouts as both a way of reviewing information themselves and as a teaching device with their families. Other home visitors reported just having the training and curricula provided a comfort level for them to model behavior and disseminate information.

Prenatal Curriculum

During the telephone interviews, prenatal curriculum training participants were asked to rate the curriculum in terms of its ability in helping the families visited to enhance their baby's brain development. **For the 297 respondents, the mean rating was 4.32 with the most frequent rating being 5 (Excellent).**

How would you rate the curriculum in terms of its ability in helping you help the families you visit enhance their baby's brain development?

Participant Ratings	Frequency	%
1 = Poor	1	0.3
2	9	3.0
3	26	8.8
4	84	28.3
5 = Excellent	177	59.6

Healthy Families Florida staff members rated this item slightly higher (mean = 4.53) than Healthy Start staff members (mean = 4.35, p =.045). Healthy Start staff members reported not having access to the curriculum materials for use and/or distribution to families they visit. Other comments indicated that the handouts and curriculum materials for families need to be in Spanish and Creole so that families can use them between visits.

Prenatal curriculum training participants were asked if they felt they were prepared to implement the curriculum with the families they visit at the conclusion of the training. **Slightly more than 97 percent (n = 291) participants reported they felt they were prepared to implement the curriculum.** Conversely, only 3 percent (n = 7) participants felt they were not prepared to implement the curriculum at the conclusion of the training. There were no significant differences in reporting between Healthy Families Florida and Healthy Start training participants.

Infant Curriculum

Infant curriculum training participants were asked to rate the curriculum in terms of its ability in helping the families visited to enhance their baby's brain development. **For the 316 respondents, the mean rating was 4.44 with the most frequent rating being 5 (Excellent).**

How would you rate the curriculum in terms of its ability in helping you help the families you visit enhance their baby's brain development?

Participant Ratings	Frequency	%
1 = Poor	3	0.9
2	4	1.3
3	32	10.1
4	95	30.1
5 = Excellent	182	57.6

Healthy Families Florida staff members rated this item slightly higher (mean = 4.58) than Healthy Start staff members (mean = 4.30, p = .003). Healthy Start staff members reported not having access to the curriculum materials for use and/or distribution to families they visit.

Other comments indicated that the handouts and curriculum materials for families need to be in Spanish and Creole so that families can use them between visits.

Infant curriculum training participants were asked if they believed they were prepared to implement the curriculum with the families they visit at the conclusion of the training. **Nearly 96 percent (n = 305) participants reported they believed they were prepared to implement the curriculum.** Conversely, only 4 percent (n = 7) participants indicated they were not prepared to implement the curriculum at the conclusion of the training. There were no significant differences in reporting between Healthy Families Florida and Healthy Start training participants.

Training-Related Recommendations from the Home Visitors and Supervisors During the On-Site Reviews

Based on interviews with 53 **home visitors** during the on-site reviews, recommendations were made to the interviewers. These recommendations would provide for:

- Improved access to training.
- Tailored training to fit the needs of the participants.

Improve Access to Training

- Develop interim ways to "bridge the gap" between scheduled training workshops. Develop a brief orientation to enable a supervisor to train new home visitors until they are able to schedule a formal training. *[n=7; 4-HFFF, 3-HS]*
- Provide a refresher course that could be taught at least once a year so that as the state of the art changes, it would be useful to have inservice training accessible that incorporates new research and information. *[n=5; 3-HFFF, 2-HS]*
- Increase the number of local or regional training sites (travel time takes away from time to spend serving families). *[n=3; 2-HFFF, 1-HS]*

Tailor Training to Fit the Needs of the Participants

- Collapse the training on how to use the prenatal and infant curricula into one session. *[n=9; 2-HFFF, 7-HS]*
- Teach strategies for using the handouts with families who have low to no reading ability. *[n=5; 1-HFFF, 4-HS]*
- Tailor the training for rural settings. *[n=3; 1-HFFF, 2-HS]*

Based on interviews with 22 **supervisors** during the on-site reviews, recommendations were made to the interviewers. These recommendations would provide for the same two areas:

- Improved access to training.
- Tailored training to fit the needs of the participants.

Improve Access to Training

- Provide for a larger cadre of trainers and higher number (e.g., more frequent/regular intervals) of classes. Train the trainer, turn-key training opportunities and the use of technology supports would help with this. *[n=11; 7-HFFF, 4-HS]*
- Provide smaller class sizes and more one-on-one training opportunities. *[n=2; 1-HFFF, 1-HS]*

Tailor Training to Fit the Needs of the Participants

- Reconsider the training requirements for RNs, LPNs and those who have prior knowledge and training. These professionals may be able to benefit from an accelerated presentation, a video or an online presentation. *[n=8; 8-HS]*

Limitation of the Training Model

One issue that surfaced immediately was the breadth of coverage provided by the training model. The training model funded by the Florida Department of Health contract provided for regional workshops. While the training provided met the contractual requirements, the full need for training statewide was not met. That is, there were more home visitors (i.e., Healthy Families Florida and Healthy Start home visitors) than slots funded for training. In addition, all new hires that occurred after the training was available were excluded from training. As new home visitors were hired on a daily basis due to turnover and program expansion, the remaining percentage of trained home visitors diminished. This in turn reduced the formally trained level of supports and coverage within the counties.

This was first encountered during the selection of the random sampling process for the telephone interview. When contacting 375 people who had participated in the training, 56 people were no longer in their jobs that they were holding at the time they participated in the training workshops. This averaged out to a drop-out rate of 15 percent. When looking at the distribution on a county-by-county basis, some of the "drop-out" rates were as high as 50 percent! It was not possible to attribute these rates to the length of time that a program had been implemented, the size of the county, or to the difference between a clinical versus a paraprofessional model. The issue was again encountered during the selection of the home visitors to be selected for the on-site reviews.

Projecting the average 15 percent turnover rate on the participant population of 1,177, it is possible to estimate that there remain as many as 1,000 home visitors and supervisors who have been trained on at least one of the curricula are still in their positions. Conversely, using the same projections, it could be estimated that approximately 177 people who were trained were no longer in their current jobs. One supervisor, experiencing high turnover in home visitation staff members stated: *"I love the curriculum. I'd just like to have my staff better trained on it."*

The Website

As part of the contract, an Internet website was to be developed to assist in further dissemination of the brain development research and to communicate its importance in early childhood development. A visit to the web in November 2000 failed to find the website. The curricula designers stated that work has begun on the site. It was not available for review at the time the report was written.

During the course of the study, suggestions were provided concerning the use of the web as a possible dissemination tool, especially as more and more people are gaining access to the web.

For example, during the telephone and on-site interviews, home visitors and supervisors gave unsolicited suggestions about how the web could be useful to their work and continued education:

- Provide handouts in a downloadable format so that high-use handouts can be captured individually and replicated.
- Provide for sharing across projects and programs effective ways the curricula are being used.
- Provide a place to access additional activities and resources that can be used with families.
- Provide instruction on how to use the curricula in lieu of having to physically go to a training session.
- Provide access to answers to frequently asked questions from the field.
- Provide updates to the curricula for those who have already purchased copies.

Summary

The training participants rated the prenatal and infant curricula as excellent in terms of quality and their ability to help families enhance their babies' brain development.

The majority of trainees participating in the prenatal and infant training workshops perceived that they had gained knowledge from the training. Dramatic increases were seen in the numbers of trainees who responded they knew how to help families maximize babies' brain development after the training. Fewer than 10 percent of participants reported that they had not gained new knowledge, either because the information presented reinforced previously learned information or because the information presented was repetitive of that received during the previous training attended. The majority of prenatal and infant training participants found the information received either helpful or very helpful and most participants perceived the information from the training to be reinforcing of previously learned information.

Some participants questioned the need for a thorough orientation to the curriculum for both training workshops when they were taken close together, since the two curricula are designed in the same way. The majority of participants reported that they felt they were prepared to implement the curriculum with the families they visit at the conclusion of the training. In summary, the training participants perceived that they had gained knowledge about prenatal and infant brain development from the training, and they left the training intending to use the curricula and handouts.

When asked on the feedback forms whether they would use the purpose sheets, handouts for families, and curricula resources, most respondents answered "yes." The participants interviewed during the on-site visits intended and, with few exceptions, are using the curriculum in their daily work. Four counties reported that they had only recently received the handouts and one had only been using the curricula for approximately two weeks at the time of the review, but their initial report was favorable. One of the ways they cited using the knowledge gained in the training with their families was using the handouts as both a way of reviewing information themselves and as a teaching device with their families. Other home visitors reported just having the training and curricula provided a comfort level for them to model behavior and disseminate information.

2. Area of Study Findings

Home Visitors' Knowledge and Use of Brain Development

Questions the evaluation study answers concerning
Program Goal 1 — The staff members are knowledgeable of brain development and
Program Goal 2 — The staff members effectively use the brain development information with families
include:

- Are the participants able to describe activities and information learned from the curricula and/or training that can be used with their families during home visits that would enhance brain development?
- Are the home visitors using the curricula?
  - If so, how are they using it? What is working well? What is not? Under what circumstances do they use it? When do they not?
  - If not, why not? What has kept them from using the curricula? What would make it more useful? What would make it more usable?
- Are the home visitors using the handouts?
  - If so, how are they using them? What is working well? What is not? Under what circumstances do they use them? When do they not?
  - If not, why not? What has kept them from using the handouts? What would make them more useful? What would make them more usable?
- What are some of the activities and information that the home visitors have used with their families during home visits that would enhance brain development?

These questions were addressed through the data collected from:

- Telephone interviews with a sample of home visitors and supervisors who participated in the training
- Personal interviews with home visitors during site visits
- Personal interviews with families during home visits
- Observations/demonstrations of the families during home visits

For more information about the study design, please see Appendix 1 to this report.

Are the participants able to describe activities and information learned from the curricula and/or training that can be used with their families during home visits that would enhance brain development?

All of the 53 home visitors who participated in the on-site reviews were able to describe activities and information learned from the curriculum in general and practical ways, although few had immediate recall of many of the specifics of brain development. For example, rather than explaining that babies hear before they are born as part of their brain development, home visitors were more likely to inform a family about the importance of talking and singing to an unborn baby so he/she can learn the sound of the mother's voice. Home visitors were proficient in using the curriculum in accessing needed information quickly by using the index or topic list.

Home visitors interviewed were consistently clearly aware that a baby has the capacity to learn while in the womb. Furthermore, home visitors were able to identify numerous specifics regarding prenatal brain development (e.g., babies develop the capacity to hear while in the womb). Secondly, home visitors were able to identify several specific negative impacts of smoking and stress on a baby's brain development, and overall development.

How do the home visitors use this knowledge with families?

Home visitors reported the following changes gained from the curriculum and/or training:

- Enhanced their comfort levels in providing information about brain development;
- Provided a vast amount of information that was easily retrieved;
- Reinforced previously learned information and helped them link different aspects of brain development; and
- Provided a vehicle for sharing information with families.

Home visitors reported using this knowledge about brain development in a variety of ways, including:

- Discussing the different ways babies could be "smart;"
- Achieving a greater level of comfort and preparedness;
- Using the handouts as a teaching tool; and
- Introducing topics for the families to think about and discuss.

Home visitors interviewed identified a common approach of identifying the issue(s) needing to be addressed and, using the index in the curriculum, locating the corresponding Healthy Families information. This information was then provided to the families in one of several ways. The handouts were the most consistently identified means for delivering targeted information to families. The approach was for the home visitors to provide to the family the handouts that are specific to the identified need. In essence, the handouts often serve as a focal point for the home visitor's discussions while in the home.

Activities (often in conjunction with the handouts) were another means for the home visitors to convey, in an interactive manner, the developmental knowledge from which families can benefit. To the extent that the Healthy Families curriculum includes activities, it was used. When necessary, home visitors use other curricula and other sources in general (such as the Internet) to locate activities that can effectively convey the needed developmental information to the families being served.

Are the home visitors using the curriculum?

- ***If so, how are they using it? What is working well? What is not? Under what circumstances do they use it? When do they not?***
- ***If not, why not? What has kept them from using the curriculum? What would make it more useful? What would make it more usable?***

In preparation for the on-site reviews, programs in 26 sites (i.e., 13 Healthy Families Florida and 13 Healthy Start) were asked to identify the number of staff members who had participated in the training (i.e., prenatal and/or infant) and to record caseloads and curricula use by these staff members. Below are the results of this survey. Please note that turnover has been factored out and that the data reflect only those who were still employed at the time of the survey in August and September 2000.

Based on the pre-site-review survey, the answer to the question, "Are the home visitors using the curricula?" is twofold: "yes" and "no".

- "Yes" — Of the 92 training participants with home visiting caseloads, 77 (84%) are using the curricula with families.

- "No" — Of the 182 total training participants, only 77 (42%) are using the curricula with families.

Caseloads and Curricula Use

26	Number of sites
182	Number of people trained
106	Number of training participants with client caseloads
92	Number of training participants who make home visits
77	Number of training participants using the curricula
3,644	Total of all of the caseloads of the training participants
2,236	Total of all of the home visiting caseloads of the training participants
737	Total number of families with whom the trained home visitors are using the curricula (i.e., prenatal and/or infant)
58%	Percent of all training participants who have client caseloads
51%	Percent of all training participants who make home visits
42%	Percent of all training participants using the curricula with families
84%	Percent of training participants with home visiting caseloads using the curricula with families

These data indicate that 42 percent of the participants in the training workshops did not have client caseloads and that 49 percent did not conduct home visits. Thus, these training participants filled training slots that could have been filled by home visitors who could now be using the curricula with families. This disparity of utilization speaks to the importance of targeting participation in the training workshops and tailoring the training for meeting the disparity of utilization expectations of the participants. For those with home visiting duties, 84 percent are putting the information and skills learned in the training to use with families. As will be shown later in this report, families indeed are profiting from their home visitors' using the curricula with them. A modification to the training model used by the State is warranted due to the fact that the total need for training has not been met and the current model has only provided for a return of 42 percent utilization of the curricula with families.

Prenatal Curriculum

During the telephone interviews, training participants were asked if they had used the *Partners for a Healthy Baby* prenatal curriculum with the families they visit. The results are similar to those found in the August/September site survey. **Nearly 84 percent of home visitors (n = 207) reported they had used the curriculum.** Conversely, nearly 17 percent of participants (n = 41) reported they had not used the curriculum. More Healthy Families Florida staff members (n = 95; 92%) than Healthy Start staff members (n = 68; 70%) reported using the curriculum with families they visit (p = .01).

When asked about the percentage of families on their caseloads they have used the curriculum, with which the mean was reported as 65 percent. As expected from the previous question's responses, Healthy Families Florida staff members reported using the prenatal curriculum with a higher percentage of families visited (79%) than Healthy Start staff members reported (65%; p = .01).

Prenatal training participants who reported using the curriculum with families visited were asked if they used all of the units in the curriculum with families they visit. **Fifty percent of training participants reported they use all of the units in the curriculum.** Slightly more than 60 percent (n = 56) of Healthy Families Florida staff members reported they use all units of the prenatal curriculum while slightly more than 35 percent (n = 24) of Healthy Start staff members report using all of the units (p = .01). Across the two project models, participants indicated that they most frequently use the units that are associated with the stage of pregnancy the family has reached at the time of the home visit.

Healthy Families Florida staff members reported most frequently using the following parts of the prenatal curriculum:

- Third trimester materials because mothers enter the projects late in their pregnancies
- Units corresponding to the 2nd, 4th, and 5th months of pregnancy
- Selected parts of the curriculum depending on the needs of the family
- The handouts

Healthy Start staff members reported most frequently using the following parts of the prenatal curriculum:

- Boosting Self-esteem
- Brain Development
- Bonding
- Birth Control
- Tobacco, Alcohol, and Drugs
- Breastfeeding
- Labor and Delivery for Mothers
- First and Second Trimester Units
- Purpose Sheets

Prenatal curriculum training participants who reported they had not used the curriculum were asked if they were planning to use the *Partners for a Healthy Baby* Prenatal Curriculum with the families they visit. **Over 74 percent (n = 29) of these participants reported they were planning to use the curriculum.** Conversely, nearly 26 percent of these participants (n = 10) reported they were not planning to use the curriculum. There were no differences between responses for Healthy Families Florida and Healthy Start staff members.

When those participants reporting they were planning to use the curriculum were asked when they were planning to use it, the reports were:

When are you planning to use it?

Participant Ratings	Frequency	Percent
In the next week	2	8.0
In the next two weeks	3	12.0
In the next month	3	12.0
Don't know	17	68.0

When those training participants who reported they were not planning on using the curriculum with families were asked why they would not use the curriculum, the two most frequent responses were:

- The projects do not have the curriculum materials for use with families (e.g., the handouts for use with the families)
- The handouts cannot be duplicated because they are proprietary and they are too expensive to buy.
- The project serves Spanish speaking families and needs Spanish materials

The training emphasized the use of varied resources (e.q., videos, pamphlets, books, websites) and participant practiced finding topic-related resources. In addition, the *Brain Power* book was distributed. **Nearly 70 percent of prenatal curriculum training participants (n = 169) reported using other curricula** and/or materials to teach families how to enhance their baby's brain development in addition to or instead of the *Partners for a Healthy Baby* prenatal curriculum.

Healthy Families Florida home visitors reported using the following curricula and materials instead of or in addition to the Prenatal Curriculum:

- *Brain Power* Book
- Hawaii Curriculum
- Healthy Start Prenatal Material
- St. Angelo Curriculum
- What to Expect When Expecting
- Various books, pamphlets, documents, and web resources

Healthy Start home visitors reported using the following curricula and materials instead of or in addition to the Prenatal Curriculum:

- Hawaii Curriculum
- Healthy Mom Healthy Baby
- Healthy Start materials
- Various books, pamphlets, documents and web resources

Infant Curriculum

During the telephone interviews, training participants were asked if they had used the *Partners for a Healthy Baby* Infant Curriculum with the families they visit. **Nearly 85 percent of home visitors (n=221) reported they had used the curriculum.** Conversely, nearly 15 percent of participants (n = 39) reported they had not used the curriculum. More Healthy Families Florida staff members (n = 104; 95%) than Healthy Start staff members (n = 77; 74%) report using the curriculum with families they visit ($p = .01$).

When asked about the percentage of families on their caseloads, they have used the curriculum with, the mean was reported as 74 percent. As expected from the previous question's responses, Healthy Families Florida staff members report using the infant curriculum with a higher percentage of families visited (83%) than Healthy Start staff members report (62%; $p = .001$).

Infant training participants who reported using the curriculum with families visited were asked if they used all of the units in the curriculum with families they visit. **Nearly 60 percent of training participants reported they use all of the units in the curriculum.** Slightly more than 72 percent (n = 73) of Healthy Families Florida staff members report they use all units of the infant curriculum while slightly more than 42 percent (n = 34) of Healthy Start staff members report using all of the units (*p* = .001). Across the two project models, participants indicated that they most frequently use the units that are associated with infant's age at the time of the home visit.

Healthy Families Florida staff members report most frequently using the following parts of the infant curriculum:

- Brain Development
- Breastfeeding
- Bonding
- Diet and Nutrition
- Handouts
- Safety Information

Healthy Start staff members report most frequently using the following parts of the infant curriculum:

- Brain Development
- Bonding
- Breastfeeding vs. Bottle
- Caring for Babies
- Safe Toys
- Handouts
- Materials for Fathers

Infant curriculum training participants who reported they had not used the curriculum were asked if they were planning to use the *Partners for a Healthy Baby* Infant Curriculum with the families they visit. **Sixty-nine percent (n = 29) of these participants reported they were planning to use the curriculum.** Conversely, nearly 31 percent of these participants (n = 13) reported they were not planning to use the curriculum. There were no differences between responses for Healthy Families Florida and Healthy Start staff members. When those participants reporting they were planning to use the curriculum were asked when they were planning to use it, the reports were:

When are you planning to use it?

Participant Ratings	Frequency	Percent
In the next week	2	6.7
In the next two weeks	4	13.3
In the next month	3	10.0
Later than that	4	13.3
Don't know	17	56.7

When those training participants who reported they were not planning on using the curriculum with families were asked why they would not use the curriculum, the most frequent responses were:

- Families visited are non-English speaking
- Projects do not have curriculum materials (e.g., the handouts for use with the families) either due to expense or unavailability
- Some Healthy Start home visitors reported not visiting families with infants

Nearly 83 percent of infant curriculum training participants (n = 216) reported using other curricula and/or materials to teach families how to enhance their baby's brain development in addition to or instead of the *Partners for a Healthy Baby* infant curriculum.

Healthy Families Florida home visitors report using the following curricula and materials in addition to the Infant Curriculum:

- American Academy of Pediatrics
- *Brain Power*
- Cradle Crier
- Hawaii Curriculum
- Healthy Families Curriculum
- Little Bits
- Partners for Learning
- St. Angelos
- Additional resources, books, and videos available at the project

Healthy Start home visitors reported using the following curricula and materials in addition to the Infant Curriculum:

- *Brain Power*
- Denver
- Healthy Mom Healthy Baby
- Healthy Start materials
- St. Angelos
- Additional resources, books, and videos available at the project

Findings from the On-Site Reviews

Of the 53 home visitors interviewed in the on-site reviews, 46 (87%) reported using the curricula extensively. (Note that more were using the infant materials currently than the prenatal material. This is because home visitors may be without a pregnant mom on their caseload at any given time.) Home visitors interviewed reported using the curricula primarily as planning tools around which they center their home visits with families. For example, a home visitor begins each week by reviewing the status of individual families (on the home visitor's caseload) and tailoring a plan for each home visit using the curriculum. A home visitor may review the curriculum in advance to summarize the information to be provided to a family. Other home visitors indicated that they estimate how much information they can realistically go over with a family during a home visit and then prepare materials (information) to be left with the family. Whether or how much information is left with a family is dependent on the family's unique situation (e.g., are they a family that is likely to independently review the information and be able to understand and use the information?).

In the counties that were not using it extensively, one county reported that do not conduct home visits due to the distances involved. Another county had only recently obtained the handouts. In two other counties, one home visitor reported using the curricula infrequently, and another reported using it as a supplement to other materials and curricula. A few participants had no expectant mothers on their caseloads at the time of the review, but had used the prenatal curriculum in the past.

In reference to the curriculum, one home visitor responded, *"I'm quick to use it before I use anything else."* Several important aspects of the home visitors' responses include the following:

- Home visitors typically do not use the infant curriculum with families whose children have aged-out (i.e., children who are six-months old or older); and
- It is necessary to take into account the ability of the family (e.g., the mother) to process the material. One home visitor reported that she views the material as useful with developmentally-delayed moms. Others express concern about leaving the handouts with mothers who are non-readers or developmentally delayed.

Home visitors interviewed identified several components of the **prenatal** curriculum that are working well. These include the following:

- The planning guide directs implementation with a family. Benefits to the home visitor include that the guide provides ideas and helps with "recall" of things the home visitor didn't think of. A benefit to the families, and the intervention process overall, is the guide helps to refocus a family from a present crisis.
- The family planning sheets educate the family on each type of birth control.
- The curriculum goes into sufficient detail to provide useful information to families.

Home visitors interviewed identified several components of the **infant** curriculum that are working well. These include the following:

- The planning guide directs implementation with a family. Benefits to the home visitor include that the guide provides ideas and helps "recall" things the home visitor didn't think of. Benefits to the families (and the intervention process overall) is that the guide helps to refocus a family from whatever crisis may be present at the time.
- The family planning sheets educate the family on each type of birth control.
- The curriculum goes into sufficient detail to provide useful information to families.
- The "Watch Me Grow" section is particularly useful.

Supervisors interviewed identified several strengths of the curricula that contribute to its effectiveness with families. These include:

- The curricula, as presented, make the families want to look at the handouts and discuss their contents.
- The curricula are easy to read and sequential (but yet a home visitor does not have to follow a certain sequence).

- The curricula provide useful outlines of the material (i.e., the outline covers the relevant topics).

Regarding aspects of the curricula that are not working well, home visitors interviewed reported the following:
- The one-page "feel goods" seemed too juvenile in many cases; and
- The curricula do not go beyond six months (i.e., have to use another curriculum with families once the children age beyond six months).

Some of the ways the home visitors reported using the curricula that were working well:
- Help prepare for each home visit;
- Show what is happening and what can be anticipated in the next month;
- Stimulate discussions and answer questions;
- Help families set goals;
- Assist in making assessments;
- Help families organize information;
- Assist mothers in a residential program for substance abuse problems;
- Serve as a foundation for home visits after the baby is born;
- Aid student nurses doing a practicum with mothers are using curriculum; and
- Provide additional information in a childbirth class.

Several participants have caseloads with non-English speaking clients and stated the need for the curriculum to be translated into Spanish and Creole versions. Other issues that participants reported as problematic included:
- Time and workloads do not permit using the suggested forms as an organizational tool for home visits;
- Healthy Start families often lack the continuity of weekly visits and a commitment to the program, so relaying information is sporadic;
- Older mothers who already have children are frequently not as responsive to new ideas and information;
- The curriculum is not as effective with mothers with limited levels of understanding the concepts and/or non-readers;
- Not having the family handouts until very recently created a "learning/practicing gap;"
- Problems with family compliance in keeping appointments reduces the likelihood that the home visitors will use the curricula that requires some time to go through;
- Caseload sizes and vacancies within the agency prevent making as many home visits as desirable; and
- Turnover in agencies leaves many untrained home visitors.

Most of the home visitors interviewed reported that they use the curriculum with the families with which they work. Each of the home visitors reported that the Healthy Babies curriculum is their primary curriculum. Several important aspects of the home visitors' responses include the following:
- The first trimester material is often not as useful as the remaining prenatal material simply because home visitors often do not become involved with families until the second trimester (or later); and
- It is necessary to take into account the ability of the family (e.g., the mother) to process the material. One home visitor reported that she views the material as useful with moms who have developmental delays.

Home visitors interviewed consistently reported that they use other sources for prenatal and infant information to share with their families. For the most part, these materials were used in addition to the *Partners for a Healthy Baby* curricula. Additional sources used by the home visitors include the following:
- "What to Expect After You're Expecting";
- Nutritional information pamphlets from the Health Department;
- Videos from Healthy Start on childbirth information;
- Various videos;
- St. Angelos; and
- University of Florida developmental material (as a back-up).

Recommendations from the Home Visitors and their Supervisors Concerning the Curricula and Their Use

During the on-site reviews, 53 home visitors and 22 of their supervisors offered recommendations that would not only improve the curricula as published but could also expand the scope of the curricula and in turn their potential impact for families. These include:

- Expanding access to and availability of the curricula
- Expanding the content of the existing curricula
- Expanding the usefulness of the curricula

Expansion of Access and Availability

- Translate the existing handouts as well as those to be developed for infants and toddlers into **Spanish and Creole**. *[n=26; 11-HFFF, 15-HS]*
- Develop a curriculum for **infants 7-12 months and another for toddlers aged 1-5**. *[n=26; 16-HFFF, 10-HS]*
- Get the curricula to **child care workers** and **those who work with teen mothers** in schools. *[n=1; 1-HS]*
- Hold a **book fair** or other forum where agencies could purchase some of the materials listed in the bibliography. *[n=2; 2-HFFF]*
- Provide **updates** to the curricula for those who have already purchased copies. *[n=1; 1-HFFF]*

Expansion of Content of the Existing Curricula

- Provide a greater emphasis on the role and involvement of **fathers**. *[n=9; 3-HFFF, 6-HS]*
- Include topics and the issues of **very young mothers**. *[n=6; 1-HFFF, 5-HS]*
- Update the curricula as necessary to maintain and enhance its usefulness. *[n=4; 2-HFFF, 2-HS]*
- Add topics to dispel **cultural myths** that can lead to health problems. *[n=3; 1-HFFF, 2-HS]*
- Add a topic about the role of others in the household who may be taking over **as primary caregiver**. *[n=2; 2-HS]*
- **Abstinence** is only mentioned, but warrants more discussion as a means of family planning. *[n=2; 2-HFFF]*
- Include information about **budgeting** as it can often be a weak area for many of the families served by home visitors. *[n=2;1-HFFF,1-HS]*
- Include topics related to family acceptance of issues of **HIV**. *[n=1; 1-HS]*
- Incorporate more training about issues of **premature babies**. *[n=1; 1-HFFF]*
- Address remaining involved with the family in the event a/the child is being served by **Child Protective Services**. *[n=1; 1-HFFF]*

Are the home visitors using the handouts?

- ***If so, how are they using them? What is working well? What is not? Under what circumstances do they use them? When do they not?***
- ***If not, why not? What has kept them from using the handouts? What would make them more useful? What would make them more usable?***

Based on the feedback from the telephone interviews and the on-site interviews, the handouts are very well received and play a major role in the use of the curricula.

Prenatal Curriculum

During the telephone interviews, prenatal training participants were asked about their use of "Handouts for Families" from the curriculum. **Responses indicate a high frequency of use, with the mean rating being 4.04 and the most frequently reported rating being 5.**

Healthy Families Florida staff members reported using the handouts more frequently (mean = 4.48) than Healthy Start staff members (mean = 3.43, $p = .001$). Once again, the main reason some of the Healthy Start staff members reported not using the handouts was because the projects did not have them.

Handouts for Families

Participant Ratings	Frequency	Percent
1 = Never	19	9.2
2	8	3.9
3	18	8.7
4	51	24.8
5 = At Each Visit	110	53.4

Training participants who reported using the Handouts for Families were asked to rate how well the handouts worked for them when using them with families they visit. Participants were asked to rate the handouts on a scale where 1 is "Poor" and 5 is "Excellent." **The effectiveness of the handouts was rated very high with a mean rating of 4.56.** Unsolicited comments indicated that families "love" the handouts. No differences were found between ratings provided by Healthy Families Florida staff members and those provided by Healthy Start staff members.

Effectiveness of Handouts for Families

Participant Ratings	Frequency	Percent
1 = Poor	4	2.1
2	1	0.5
3	12	6.3
4	44	23.3
5 = Excellent	128	67.7

Infant Curriculum

During the telephone interviews, infant training participants were asked about their use of "Handouts for Families" from the curriculum. Responses indicate a high frequency of use, with the mean rating being 4.10 and the most frequently reported rating being 5 (At Each Visit).

Handouts for Families

Participant Ratings	Frequency	Percent
1 = Never	21	9.4
2	4	1.8
3	25	11.2
4	48	21.5
5 = At Each Visit	125	56.1

Consistent with findings concerning other documentation contained within the curriculum, Healthy Families Florida staff members reports using handouts more frequently (mean = 4.53) than Healthy Start staff members (mean = 3.49, p =.001). Once again, staff members reported not using the handouts for Families when the projects do not have the curriculum materials.

Training participants who reported using the handouts were asked to rate how well the handouts worked for them when using them with families they visit. Participants were asked to rate the handouts on a scale where 1 is "Poor" and 5 is "Excellent." **The effectiveness of the handouts was rated very high with a mean rating of 4.60.**
(mean = 4.41, p = .001).

Effectiveness of Handouts for Families

Participant Ratings	Frequency	Percent
1 = Poor	2	1.0
2	0	0.0
3	16	8.0
4	41	20.5
5 = Excellent	141	70.5

Unsolicited comments indicated that families "*love*" the handouts. Healthy Families Florida staff members report the handouts to be more effective (mean = 4.71) than Healthy Start staff members. Although not asked to critique the handouts, a few respondents raised concerns about four handouts in the infant curriculum, especially for use with low literacy families:

- *Handout #26* shows a woman burping a baby without supporting the baby's head. Concern was expressed that this could cause damage due to the baby being shaken from being hit on the back without supporting the head (akin to shaken baby syndrome).
- *Handout #27* shows a child being bathed in a sink that is small and has an overhanging faucet. The home visitor was concerned that the faucet could hurt the baby when the mother was putting her into the sink or taking her out. She thought that the type of faucet that overhangs the baby as depicted could pose a threat to the baby's safety.
- *Handout #70*, which focuses on the topic of teething, shows a child biting or mouthing another child. This was viewed as potentially sending the wrong message — that it is OK for one child to bite or chew on another child.
- *Handout #86*, which focuses on the topic of baby bottle tooth decay, shows a picture of a child asleep with a bottle in his mouth. The picture models the behavior the handout seeks to eliminate. A non-literate person looking at the handout might be left with the impression that a bottle left in a sleeping baby's mouth is OK.

Findings from the On-Site Reviews

Of the 53 home visitors interviewed on site, only two (1.8%) reported **not** using the handouts. With the exceptions noted in the previous section, most home visitors in the on-site review reported using the handouts extensively. Virtually all of the home visitors reported that they use the handouts with all the families they serve, although many reported that they use handouts with families as their respective situations match the material presented in specific handouts. In other words, these home visitors do not just provide all families with a full set of handouts. However, a point brought out by one of the home visitors interviewed is that most of the handouts are applicable to all families since the material does a good job of anticipating/tracking the needs of families.

While virtually all of the home visitors use the handouts, they reported variations in the way they use them. Examples of handout use include the following:

- Giving a family the entire set of handouts;
- Providing a family with only those handouts that are relevant to the family's unique situation/needs;
- Giving more handouts to new mothers, and correspondingly less to experienced mothers;
- Highlighting the most important aspects of the handouts prior to distributing them; and
- Providing families with three-ring binders in which to safely maintain their own set of handouts.

Among the things that were cited as working well were:

- The addition of a notebook keeps handouts organized and protects them for future use.
- The handouts are designed for the home visitor to highlight and leave for the family to read.
- The handouts include topics that help mothers as well as help them care for their babies.
- The handouts can be shared with prospective fathers and friends.
- The handouts are bright and colorful and provide a great deal of information without a lot of reading.
- The handouts checklist provides a way to keep track of what's been provided without additional paperwork.
- The handouts provide a basis to initiate conversations with families.
- The handouts help focus the visit.
- The handouts provide flexibility to impart the same information to people in different ways, according to their needs and learning styles.
- The pictures portray a multicultural society.
- The handouts are easy to use (not time consuming).
- Moms are readily able to understand the handouts and the pictures help moms to relate to others in similar situations.
- Giving "tidbits" of information is more helpful than bombarding.
- The contraceptive and family planning handouts are especially helpful.
- The handouts present important information in a non-medical model way.

One home visitor stated "*I like all of it*!" (i.e., the handouts and the curricula in general). Things that the home visitors reported as not working well included:

- Sometimes there is duplication if Healthy Start and Healthy Families Florida are both serving a family. (This is a reflection of systemic collaboration issues when multiple providers use the same curricula.)
- There is a lack of pictures and topics specific to very young mothers.
- The handouts are less effective with mothers with low reading skills.

Recommendations from the Home Visitors and their Supervisors Concerning the Handouts and Their Use

During the on-site reviews, 53 home visitors and 22 of their supervisors offered recommendations that would not only improve the handouts as published but could also expand the scope of the handouts and in turn their potential impact for families. These include:

- Expanding access to and availability of the handouts
- Expanding or revising the content of the existing handouts
- Expanding the usefulness of the handouts

Expansion of Access and Availability

- Add handouts for **months 7-12 and ages 1-5.** *[n=34; 23-HFFF, 11-HS]*
- Translate the existing handouts as well as those to be developed for infants and toddlers into **Spanish and Creole**. *[n=32; 13-HFFF, 19-HS]*
- Provide for the ability to order **individual handouts** rather than a full set. Concerns included the expense, time consumed in separating the packets and the waste of not using all handouts with a family. *[n=12; 12-HS]*

Expansion or Revision of Content of the Existing Curricula

- Make the handouts more **interactive**, such as questions imbedded in the handouts to facilitate a stronger connection between the individual and the material. *[n=14; 11-HFF, 3-HS]*
- Ensure that the motivational material is **age-appropriate** for the audience — *"the one-page 'feel good' may be too juvenile in some cases."* *[n=3; 1-HFF, 2-HS]*
- Increase information on **Bottle Feeding**. *[n=1; 1-HFF]*

Expansion of Usefulness

- Produce or package the handouts so they can be distributed and organized in **protective binders**. *[n=6; 1-HFFF, 5-HS]*
- Make a **video** that could be used as a substitute for the handouts and left with families with low literacy skills. *[n=2; 2-HFFF]*

What are some of the activities and information that the home visitors have used with their families during home visits that would enhance brain development?

Home visitors tended to answer this question by referring to the handouts to illustrate how they select activities to use for different situations. Most said they demonstrated the concepts whenever possible. They also reported reading the materials contained in the curriculum and other resources with the mothers and answering any questions. Other home visitors reported using the handouts to demonstrate how to prepare the mothers for bonding and playing with, holding, and interacting with the baby; taking the baby's temperature, holding the baby's head, and making eye contact.

Three systems issues were identified during the on-site reviews:

- Four Healthy Start staff members requested assistance with developing strategies for avoiding duplication when Healthy Start and Healthy Families Florida are both serving the same family.
- Five Healthy Start staff members asked that ways be explored that would assist Healthy Start to creatively use the curriculum given the less frequent visits to families.
- One Healthy Start home visitor suggested that it is important to expand the access of those who work with at-risk parents and families to the curricula. Healthy Start and Healthy Families Florida home visitors are only one segment of the people who reach populations at risk of poor birth and child-health outcomes.

Summary

The participants who agreed to be interviewed were able to describe activities and information learned from the curricula and/or training that can be used with their families during home visits that would enhance brain development. A random sample of participants throughout the state and the training participants who agreed to be interviewed are using the curricula and target its use based on the needs of the families they serve. Lower utilization occurs in areas where home visitors have not had access to training, budgets have been limited, handouts have not been available for purchase, home visitors wanted to use only one or two handouts and did not want to break up an entire packet, and families have either low literacy or are non-English speaking.

The curricula and handouts have been used by the home visitors to teach and model strategies and concepts that would help families put into practice those activities that will enhance the health and developmental outcomes of their babies and infants.

Of particular import is that the number of slots purchased for the training does not meet the ongoing needs of the home visitors. In addition, based on the data collected for this study, there is a high percentage (58%) of employees filling those training slots who are not using the curricula during home visits with families. This in turn has limited the potential impact of the training dollars.

3. Area of Study Findings

Families' Knowledge and Use of Brain Development Curricula

Questions the evaluation study answers concerning
Program Goal 3 — The families are knowledgeable of brain development and
Program Goal 4 —The families effectively use the brain development information.
include:

- Have families seen and/or received copies of the handouts? If so,
  - Do they keep them?
  - Do they use them?
  - Are the handouts useful?
- Are the families able to describe activities and information learned from the home visitors that they can use to stimulate brain development?
- Are the families able to demonstrate activities and use of information learned from the home visitors that they use to stimulate brain development?

These questions were addressed through the data collected from:

- Personal interviews with families during home visits
- Observations/demonstrations of the families during home visits

For more information about the study design, please see Appendix 1 to this report.

The findings in this section are based on interviews and visits with 34 families; 23 served by the Healthy Families Florida program and 11 served by the Healthy Start program. The sample of families identified for site visits was developed by the project staff members. They were selected on the basis of several factors:

- The home visitor was using the curriculum with the family.
- The family was not in a state of crisis that would be exacerbated by the intrusion of the interview.
- The family member was willing to participate on a volunteer basis.
- The family member was available during the days that the interviewer would be visiting the project.

The families interviewed should not be construed to represent the full range of families served by the home visitors in the Healthy Start and Healthy Families Florida programs. Families in crisis and those unwilling to be interviewed are very likely to have different characteristics (and most likely different answers to questions) than those who were selected to be interviewed and those who agreed to be interviewed. In all but one case, the interviews with the families were conducted without the home visitor being present. That is, the families were able to provide information independent of the home visitor.

Have families seen and/or received copies of the handouts? If so,

- ***Do they keep them?***
- ***Do they use them?***
- ***Are the handouts useful?***

All of the 34 families who participated in the on-site review reported receiving and keeping the handouts. They reported using them to "prove their point" with someone, for future reference, to share with friends and family members, and to look up information without having to call the home visitor.

All families interviewed reported that they keep the handouts they have received. Examples of how the handouts are maintained (kept) and include:

- Many moms keep their handouts in the notebooks provided by their home visitors. One mom mentioned that the notebook keeps the handouts *safe* from her two-year old.

- Several family members keep the handouts in their baby books.

All of the families interviewed reported that they use the handouts they have received. The general response regarding referring to the handouts is that they refer to them on an as-needed basis. All families interviewed reported that the handouts are useful. Some of the ways they use them include for encouragement and ideas, as well as to find factual information. Many families reported that they have shared the information with family members and with parents. Following are examples of how the handouts are used:

- Many reported sharing the handouts with their immediate family. For example,
  - The baby's father or their significant other.
  - Other family members.
  - With their mothers and fathers.
- Many reported sharing the handouts with others. For example,
  - Pregnant friends.
  - A cousin.
  - Other women in rehab.
  - With her day care worker.
- Some of the mothers reported referring back to handouts between visits from home visitors in order to learn additional information and to refer to information without calling the home visitor.
- One mother stated that she now watches *Baby Steps* and understands what is going on.
- Other ways parents reported using the handouts include:
  - to "prove their point" when differences arise about a topic,
  - use as an "easy read" because they are brief and are not boring.
- One mother reported that she knew a lot of the information before but now she has begun to really use it and apply it. She particularly recalled the following handouts; breastfeeding, nutrition, sex and contraception and has more than 30 more at home. She stated that she goes back to her notebook to re-read the handouts and particularly likes the photographs. She said the handouts compliment the information she learned from the video (other curriculum) on how to tell the difference between real and false contractions.

Are the families able to describe activities and information learned from the home visitors that they can use to stimulate brain development?

All of the 34 families interviewed were able to describe at least one activity or bit of information from the curriculum that their home visitor had shared with them.

Prenatal Curriculum

Moms who were provided with home visits during pregnancy reported the following types of activities and information they learned from their home visitors that they thought would stimulate brain development:

- Control stress; recognize that stress can harm a baby.
- Eat well; eat healthy; drink water.
- Stay away from drugs and caffeine.
- Talk, sing and read to the baby before birth.
- Show love to the baby before birth.
- Rub the stomach.

Many mothers indicated that they were aware that their babies are learning before birth. For example, one mother indicated that the baby's brain development information was the most interesting to her and she shared it with other family members and friends. She said she was playing music and massaging her "belly" and realized she did not want stress in her life after learning how it could affect her baby.

Another mother talked about how her "significant other" is more involved now that he knows what's happening to her and the baby. And another talked about the importance of "kick counts" from the seventh month onward.

Infant Curriculum

Moms who were provided with home visits after their babies were born described and demonstrated the following types of activities and information they learned from their home visitors that they thought would stimulate brain development:

Interaction-Related

- Talk to your baby.
- Read to your baby.
- Sing to your baby.
- You can't spoil a baby.
- Pick up your baby.
- Hold your baby.
- Calm a baby when crying.
- Play with your baby every day.
- Respond to your baby's verbal cues.
- Do many things with the infant until the infant shows signs of being tired or the attention span wanes.
- Play on the floor with toys.

Safety-Related

- Do not use honey on the bottle.
- Keep your baby on his/her back.
- Control stress in your life; take time for yourself.
- Avoid violence in the home.
- Never shake your baby.
- Avoid choking hazards.
- Ensure appropriate bath water temperature.

Basic Caregiving-Related

- Eat well.
- Listen to the baby.
- Learn what your baby needs.
- Provide for a baby's basic needs.
- Nurture your baby's development.

Developmental Issues-Related

- Realize when to potty train.
- Recognize a realistic developmental schedule for the baby.
- Use developmentally appropriate and safe toys.
- It is important to bond with your baby.

One mother described how she learned to take turns with the father when the baby is fussy to alleviate stress.

Quite a few mothers reported that their home visitors showed them how to make stimulating toys for their infants out of common household items; helped them decide which toys to buy to enhance brain development; showed them how to play simple games with infants; and explained the importance of communicating with their infants by touching, reading, singing, and playing music.

One mother indicated that prior to the home visitor, her husband at the time would not let her have toys around the house stating that the toys made the house messy. With support from the home visitor, the mother is now reading to the baby daily along with her other child, playing music and reading much of the training materials.

Families noted that home visitors had taught them how to touch and hold their babies, provide toys, books and materials that keep their babies focused and felt they had had their knowledge increased immensely.

A mom with a premature infant talked about the importance of repetition and reading to her child. She also discussed the importance of using developmentally appropriate toys and not pushing baby to the next step but to watch and support what the baby is doing.

Additionally, the most common topics and information mentioned by the mothers to the reviewers dealt with safety, contraception, developmental milestones, listening to the baby to discern his/her needs, and using the *Brain Power* activities.

One mom with two other children said she wished she had had the information with the 5 and 3 year olds. Another mother reported that her "significant other" learned about how massaging can help her and baby; and the importance of managing stress.

A great concluding thought to this section is shared by a mother who reported that without this instruction and information, she would not have known to do all these activities with her baby or how important it was for his brain to grow.

Are the families able to demonstrate activities and use of information learned from the home visitors that they use to stimulate brain development?

Although most of the 34 family participants were able to describe activities and techniques, few actually seemed comfortable demonstrating techniques they had learned. Many preferred to describe activities they had learned how to do. One who was comfortable demonstrated her ease in breastfeeding her premature infant and gave credit to the information and the support of the home visitor. Another picked up her three-month old, established eye contact, and smiled to show the reviewer how the baby imitated her. Below are excerpts from the observation notes of the reviewers.

- She very proudly showed off the "hard cover" books she bought at the Dollar Store and how she read to her baby, pointing to the pictures and talking about the pictures on the page.
- The dad came over and showed how he has gone through the notebook with the handouts and that he knows the information as well.
- She is glad she knows what to do when the baby is fussy. She and her husband take turns when they are stressed out.
- She showed how she does *Brain Power* activities every day.
- She now eats healthy and drinks water.
- She talks to the baby and listens to music.
- She demonstrated how to rub her belly and then talked about how she is following suggestions from the home visitor on managing her nutrition and stress.
- She reported removing cradle cap so the baby feels better, talking to the baby and telling the baby what is going on.
- They move things in front of the baby's face to stimulate the environment.
- They take time out instead of spanking!
- They shared reading aloud, eating nutritious foods, singing and talking to baby, stress relievers, and dancing/ movement.

Summary

Selected families have received copies of the handouts. They keep them and value them. Selected parents reported using the handouts to shape their own activities, to enlist help and understanding from members of their households and extended families, and to assist other parents seeking advice and assistance. The parents who agreed to be interviewed were able to describe and model activities and information learned from the home visitors that they can use to stimulate brain development.

Summary and Conclusions

The Curricula and Handouts

During telephone interviews with a representative sample of training participants, 73 percent rated the prenatal curriculum as Excellent, and almost 71 percent rated the infant curriculum as Excellent in terms of quality. Only two individuals surveyed rated each curriculum as Poor. When asked how they would rate the infant curriculum in terms of its ability to help families enhance their baby's brain development, the mean rating was 4.44, with the most frequent rating being 5 with a "5" defined as Excellent.

The majority of trainees participating in the prenatal and infant training workshops perceived that they had gained knowledge from the training. Dramatic increases were seen in the numbers of trainees who responded they knew how to help families maximize babies' brain development after the training. All of the trainees who reported that they initially did not have any knowledge of how to help families maximize their baby's brain development left the training workshops with new-found confidence and knowledge in this area. Fewer than 10 percent of participants reported that they had not gained new knowledge, either because the information presented reinforced previously learned information or because the information presented was repetitive of that received during the previous training attended. Only 6.7 percent of the trainees and supervisors (n=5) interviewed on site either believed that the training was unnecessary for them due to their medical background or that they already knew the information presented.

The majority of prenatal and infant training participants found the information received either helpful or very helpful (85%). There were no significant differences in the ratings of Healthy Start or Healthy Families staff members. Some participants questioned the need for a thorough orientation to the curriculum for both training workshops when they were taken close together, since the two curricula are designed in the same way.

The majority of participants (96%) reported that they felt they were prepared to implement the curriculum with the families they visit at the conclusion of the training. In summary, the training participants perceived that they had gained knowledge about prenatal and infant brain development from the training, and they left the training intending to use the curricula and handouts.

The vast majority of home visitors (i.e., those who participated in the training and agreed to respond to inquiries via the telephone and/or on-site visits) reported using the curricula, with many of them describing it as a central component of their practice serving families. With few exceptions, the supervisors interviewed (i.e., those who participated in the training and agreed to respond to inquiries via the telephone and/or on-site visits) confirmed home visitors' reliance on the curricula. In fact, noted by a majority of the home visitors interviewed was that the curricula needs to be expanded to beyond six months so that they can continue to rely on it in their work with families.

The most frequently documented uses of the curricula were as a planning tool and a resource which home visitors use to identify other resources to use with their families. Also, the curricula were used to conduct activities with families. However, frequent comments from home visitors indicated that the curricula should be expanded and could be strengthened by adding more activities, and that other resources offer more/better activities.

A number of strengths of the curricula that contribute to their effectiveness with families were identified. These include:

- **The curricula and handouts present well.** What home visitors, supervisors, and families alike reported is that the curricula and handouts, as presented, make you want to read them.
- **The handouts are easy to read.** Home visitors reported that the vast majority of families they work with are able to readily comprehend the material.

- **The curricula are sequential.** The curricula follow an order that allows home visitors to establish some routine in the planning process. However, home visitors added that a strength of the curricula is that the sequential order does not have to always be followed for the curricula to be useful.
- **The curricula provide a useful outline of the material that should be covered with families.** The outline covers almost all of the relevant topics.

A number of weaknesses of the curricula that were identified as detracting from their effectiveness with families were identified. These include:

- **The curricula do not cover the age ranges supported by the programs (i.e., prenatal to age 5).** What home visitors, supervisors, and families alike reported is that the curricula are quickly outgrown by their service populations, necessitating shifting to other curricula and supports.
- **The curricula, or at the least the handouts, are not provided in other languages.** Home visitors reported that there are many families they work with who are not bilingual, leaving them with making decisions such as using one curricula with English speakers and another with non-English speakers, not using the curricula at all, translating the handouts for non-English speakers and not leaving the handouts, etc.
- **The handouts are packaged so that all must be purchased in a packet.** Home visitors reported that there are many families they visit on few occasions and would have the need to use only selected handouts.
- **The curricula and handouts are proprietary and expensive.** Home visitors and supervisors reported that the inability to reproduce sections of the curricula or selected handouts was restrictive and limited potential use, especially when purchasing or having purchase requests filled was delayed or budgets were limited.

An important distinction between how home visitors approach their work with families should be made within the context of a discussion of curricula use. This distinction is important to understand in light of whether home visitors use the *Partners for a Healthy Baby* curricula, or in conjunction with other curricula in their practice. The distinction is simply that some home visitors express a desire to rely on a single curricula around which to build their practice, whereas other home visitors report that they are comfortable using several curricula, with no one curriculum being their dominant resource.

Clearly the most relied-upon component of the *Partners for a Healthy Baby* curricula is the handouts. With virtually no exception, home visitors across the various sites and across the Healthy Families Florida and Healthy Start programs extensively use the handouts with the families they serve. The reasons for this were clearly stated by home visitors, and include the following:

- The handouts are easy to use (i.e., not time consuming).
- Moms are readily able to understand the handouts and the pictures help moms to relate to others in similar situations.
- Giving "tidbits" of information is more helpful than bombarding parents with a lot of complex information at one time.
- The organization and design make it easy to identify and include in the home visit discussion, those topics and other services appropriate for the stage of pregnancy or child's age.

Home visitors reported variations in the way they use the handouts. Examples of handout use include the following:

- Giving a family the entire set of handouts;
- Providing a family with only those handouts that are relevant to the family's unique situation/needs;
- Giving more handouts to new mothers, and correspondingly less to experienced mothers;
- Highlighting the most important aspects of the handouts prior to distributing them; and
- Providing families with three-ring binders in which to safely maintain their own set of handouts.

Overall, the handouts are well-received and constitute an important part of the work of virtually all of the 53 home visitors interviewed.

The Training

Between November 1999 and June 2000, 21 prenatal and 21 infant Partners for a Healthy Baby training workshops for 1,177 participants (unduplicated count) were conducted throughout the state, evenly distributed between Healthy Start and Healthy Families staff (both home visitors and supervisors). Training was provided using a co-facilitation model (at least two trainers at each workshop) by a multi-disciplinary faculty that included the original designers of the curricula. The workshop designers provided an array of training supports for the trainers that were viewed by the trainers as contributing to the success of the training efforts. Recommendations by the faculty were incorporated into subsequent workshops using a continuous improvement model.

Both the home visitors and the supervisors interviewed consistently reported that they (i.e., the home visitors) had gained knowledge from the both the prenatal and the infant training workshops. Typical comments describing the benefits of the training include the following:

- Home visitors were made aware of how extensively a baby's brain can develop and how much can be done to influence that development.
- The training was effective in getting home visitors excited about applying what they had learned.

Reasons for the high effectiveness ratings for the training included fundamentally good material combined with effective trainers. Smaller class size (when that was the case) was noted as a contributor to a more useful learning experience for home visitors.

A problem relative to training that warrants noting is that ongoing access to training provided "free" to the programs is not readily available. The Center for Prevention and Early Intervention Policy does provide this training on contractual basis nationwide. The lack of on-going "free" access is exacerbated by the presence of high turnover among home visitors in certain areas across the state. In effect, new hires may have to go long periods of time without being formally trained if they are hired at some point after the most recent training has been delivered. Additionally, there were some staff members who were employed at the time the training was provided, but were not able to participate in the classes because the slots were filled. This lack of accessibility to training on an as-needed or just-in-time basis was reported to prevent untrained staff members and new hires from being able to fully utilize the curricula and the handouts in a timely manner. This problem was noted in all counties and reiterated in the telephone interviews and during the site visits. In such circumstances, new hires are dependent upon their veteran co-workers to get them "up to speed" with the curricula. In cases where their co-workers may not be relying extensively on the *Partners for a Healthy Baby* curricula, these new hires may get minimal or no exposure to the curricula.

During the course of the evaluation, it was learned that program staff members had the impression that home visitors were not to use the curricula without formal training. The curricula designers have suggested that the extensive "how to use" guides provided in the curricula should enable those who have not attended the formal training to be able to use the curricula.

Additionally, there are those who had already received other formal training on the content provided in the curricula. These home visitors and supervisors recommended that training could be adapted so that those with prior content knowledge would not have to miss several days of work to learn how to use the curricula.

In contrast, less than half of the people participating in the training were using the curricula with families. Some of this was due to the fact that they had not been able to acquire copies of the handouts, or because their caseloads consisted of families who were non-English speakers. However, the majority of these who were not using the curricula, 90 (49%) of the 182 training participants surveyed, did not have home visiting caseloads!

There are those who want to know about the curricula because they supervise or support the home visiting efforts, but do not conduct

home visits themselves. In order to support the curricula use, it is important to understand the content and process for using the curricula. However, this too could be accomplished in a different and shorter format. If this were done, then those who could profit would not take up valuable slots from a less intensive and costly training experience.

Access and reliance on technology are paving the way for just-in-time learning to be continuous and accessible. It is believed that the original intent of the funders to support the development of web-based information was to begin to build on this capacity to assist in further dissemination of the brain development research and to communicate its importance in early childhood development. The home visitors and supervisors reported that they are using the web to access and acquire supports and supporting materials for their work and their families.

Home Visitors' Knowledge and Use of Brain Development Information

All of the trainees (n=53) who participated in the on-site reviews were able to describe activities and information from the curriculum in general and practical ways. Approximately 85 percent of the training participants reported that they had used the prenatal and infant curricula with the families they serve. The majority of participants interviewed also reported using other materials to teach families how to enhance their baby's brain development, primarily the *Brain Power* book (provided to training participants through this contract) and the Hawaii curriculum. The curricula designers purposely included other resources within the curriculum, so it is rewarding to note that both Healthy Start and Healthy Families staff members highly rated their ability to use these curricula in combination with other resources. Prenatal training participants reported using the handouts and rated their effectiveness highly. Similar findings were noted with respect to the infant handouts. Home visitors that participated in the on-site reviews reported using the handouts to select activities to enhance baby's brain development during home visits. Trainees reported the need for developing materials for non-English speaking clients. In summary, the home visitor staff members appeared knowledgeable and were effectively able to use the prenatal and infant brain development information obtained from the *Partners for a Healthy Baby* prenatal and infant curricula.

Families' Knowledge and Use of Brain Development Information

All the 34 families who participated in the on-site reviews reported receiving and keeping the handouts and using them for future reference on an as-needed basis. All participants surveyed reported finding the handouts useful, and some even shared them with family members. When asked to, all families interviewed were able to describe at least one activity or piece of information from the curricula that they thought would stimulate brain development, that they had learned from their home visitor. Although few seemed comfortable demonstrating techniques that they had learned, all families were able to describe activities taught by their home visitors using the *Partners for a Healthy Baby* curricula. In summary, the families served by home visitors who had been trained to use the *Partners for a Healthy Baby* curriculum appeared knowledgeable and were effectively able to use the prenatal and infant brain development information provided.

With these impacts, one could conclude that when high-quality research-based curricula are put into the hands of home visitors, they can make a difference for the families that are served. The challenge that remains for the state is how to provide for access to the materials and for ensuring competent use of the materials.

Recommendations of the Advisory Panel to the Evaluation Team

The evaluation study included the guidance and work of an Advisory Panel with representation from:

- *Contractor* -- Florida Department of Health, Division of Family Health Services
- *Curricula Developers and Trainers* -- FSU, Center for Prevention and Early Intervention Policy
- *Healthy Families Florida* -- Ounce of Prevention Fund of Florida
- *Healthy Families Florida Evaluator* -- Williams, Stern & Associates, Inc.
- *Healthy Start Coalitions* -- Central Healthy Start Coalition/North Central Florida Healthy Start Coalition
- *Third Party Evaluator* -- USF, Lawton and Rhea Chiles Center for Healthy Mothers and Babies

The Advisory Panel offered three recommendations after review of the experiences and suggestions from home visitors and supervisors who participated in the training and were using the curricula and from a sample of families who were receiving home visiting services that included the use of the curricula.

Provide for Ongoing Access to Training.

It is recommended that the training model be changed in order to provide support for continuous workforce development and address the needs of programs with high turnover or expansion. This model should include the expansion of a cadre of competent trainers throughout the state who are accessible and available to conduct training throughout the year. The type of training provided should be competency-based and tailored to the needs as identified by the programs (e.g., adjusting the length, breadth and scope of the training based upon the training needs and desires of the participant groups).

Provide for Continued Technical Assistance and Support for Home Visitors and Others Implementing Home Visiting Programs.

It is recommended that an ongoing forum for access to technical assistance and information be made available to those conducting home visiting services. This forum should be easily accessible statewide (e.g., via the web). It should be designed to provide information to the field that includes answers to frequently asked questions, allow for the sharing across programs and venues practices that have been found to be useful and would be of interest and value to other home visitors in the state, and provide for access to instructional and support materials useful for home visiting (e.g., handouts, activities, etc.).

Ensure that Major Florida Home Visiting Programs have Access to Quality Research-Based Curricula.

It is recommended that curricula of the caliber of the prenatal and infant *Partners for a Healthy Baby* curricula be developed for serving families with children beyond one year of age (i.e., through age five). The curricula should be research-based, field-tested and updated to reflect current best practices as well as feedback collected on an on-going basis from home visitors and practitioners using the curricula.

Recommendations of the Evaluation Team to the Florida Department of Health and the Florida Workforce Development Board

The evaluation team embraces the recommendations offered by the Advisory Panel:

- Provide for ongoing access to training in order to support continuous workforce development and address the needs of programs with high turnover or expansion.
- Provide for continued technical assistance and support that are easily accessible statewide (e.g., via the web) for home visitors and others implementing home visiting programs.
- Ensure that major Florida home visiting programs have access to current, high quality research-based curricula that could be provided to home visitors that serve families with children up to age five.

In addition to embracing these recommendations of the Advisory Panel, the evaluation team makes the following recommendations to the Florida Department of Health and the Florida Workforce Development Board.

Invest in just-in-time training that is neither space- nor time-bound.

It is recommended that investment should be made so that high quality training could be provided by way of CD-ROM, video, the web or a cadre of readily available and local trainers.

Enter into agreements that provide unlimited access to curricula and home visiting materials.

It is recommended that future investments provide for curricula that may be duplicated locally and may be obtained via the web. For example, it is recommended that co-development or copyright agreements be implemented that provide access to curricula at cost for state and federally funded home visitor programs and that allow for unlimited duplication (without fees or royalties) as long as they are used with families served by those programs.

Provide for universal access to technical support and information.

It is recommended that provision be made for web-based technical support and information sharing activities that are free for use by federally and state funded home visitors and are responsive to needs identified by practitioners and professionals in the field of home visiting.

Expand the opportunity for access by other home visiting programs.

It is recommended that opportunities be provided for other networks and home visiting programs (e.g., teen parent programs, WIC, adoption and foster care programs, in-home child care providers, etc.) to have access to training such as that provided to the Healthy Families Florida and Healthy Start programs.