AN EVALUATION OF THE PARENTS AS TEACHERS MODEL AT THE LATINO FAMILY CENTER IN PITTSBURGH, PA

by

Flor de Abril Gonzalez Alburquerque

BS, Adelphi University, 2012

MPH, University of Sheffield, 2013

Submitted to the Graduate Faculty of

Behavioral and Community Health Sciences

Graduate School of Public Health in partial fulfillment

of the requirements for the degree of

Master of Public Health

University of Pittsburgh

2015

UNIVERSITY OF PITTSBURGH

Graduate School of Public Health

This thesis was presented

by

Flor de Abril Gonzalez Alburquerque

It was defended on

December 7th, 2015

and approved by

Thesis Advisor: Patricia Documet, MD, DrPH, Associate Professor, Department of Behavioral and Community Health Sciences, Graduate School of Public Health, University of Pittsburgh

Edmund Ricci, PhD, Professor and Director, Department of Behavioral and Community Health Sciences, Graduate School of Public Health, University of Pittsburgh

Sharon Ross, PhD, Assistant Professor, Department of Health and Physical Activity, School of Education, University of Pittsburgh

Patricia Documet, MD, DrPH

AN EVALUATION OF THE PARENTS AS TEACHERS MODEL AT THE LATINO FAMILY CENTER IN PITTSBURGH, PA

Flor de Abril Gonzalez Alburquerque, MPH

University of Pittsburgh, 2015

ABSTRACT

BACKGROUND: The Latino Family Center of Pittsburgh has been implementing the Parents as Teachers (PAT) model since 2009, targeting all Latino Families with 0-5 year olds in Allegheny County, Pennsylvania (PA). PAT strategies include home visiting, group connections, developmental screening, and service coordination.

OBJECTIVE: The purpose of this project was to develop and implement an evaluation plan for the PAT program at the Latino Family Center. **METHODS**: Participant observation, meetings with stakeholders (i.e., parents, staff, and program director) and a literature review served as the methods to develop the evaluation plan. A tailored logic model was developed based on the PAT national logic model. A diagram depicting local program implementation was also developed. The evaluation implementation used a mixed methods approach to answer the evaluation questions identified by the program administration and involved a standardized family survey, a quality measures assessment, and documentation review. **PUBLIC HEALTH SIGNIFICANCE**: Through the PAT program, Latino families have improved access to social and health services that would otherwise be quite difficult to obtain. This evaluation will provide the PAT program with valuable information for program improvement. **RESULTS:** Overall, the results indicate a positive change in parenting practices among the sample (n=40). Across all 12 items, parents reported an average improvement of 1.2-points on the parenting practices ladder.

Those surveyed also reported being very satisfied with the services at the Center. Opinions on the helpfulness of the PAT activities indicated that when parents participate, in general they find them very helpful. However, a large percentage of the parents who participated in survey reported not participating in certain program components. **CONCLUSIONS**: Results suggest that the PAT model as implemented at the Latino Family Center is having a positive impact on those who participate in the program. Areas of improvement include increasing parent participation in all program components, encouraging fathers to participate, increasing efforts to get parents to read to their children and continued evaluation efforts.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

PREFACE

To my advisors, Dr. Documet, Dr. Ricci, and Dr. Ross, thank you for believing in my ability to carry out this project and all of your support and guidance. It has been an honor learning form your experiences and having you on my committee.

To my family, thank you for supporting and encouraging me through the crazy times when I thought I did not have it in me to finish this.

To everyone at the Latino Family Center, thank you for your guidance, trust and taking me in throughout this process. You all made me feel part of your team and I truly appreciate that. I admire you all very much and hope to continue to collaborate with you in any way I can in the future.

This thesis is dedicated to all of the hardworking families served by the Latino Family Center without whom this would not have been possible. It was an honor meeting you all and I thank you for allowing me to be part of your community.

1.0 INTRODUCTION

The first couple of years of a child's live have been acknowledged as a critical time period in their development and present a very impactful time to influence their development(Drotar, Robinson, Jeavons, & Lester Kirchner, 2009; J. C. Pfannenstiel & Zigler, 2007). Given that parents spend a great deal of time with their children at this key developmental stage, providing support and education for parents is a good strategy to ensure that children are ready for school and developing appropriately(J. C. Pfannenstiel & Zigler, 2007). Home visiting provides visitors with a complete view of the families with whom they are working with and are a good way to remove traditional barriers to participation in vulnerable populations, such as transportation (M. Wagner & S. L. Clayton, 1999).

The Parents as Teachers model is an evidence-based home visiting program, which has been implemented nationally and internationally with documented success. It was developed in the 1970s with the goal of increasing school readiness in children entering kindergarten. Today, the program has evolved to target four main goals: (1) increasing parent knowledge of early childhood and improving parenting practices; (2) early detection of developmental delays and health issues; (3) prevention of child abuse and neglect; and (4) increasing children's school readiness and school success. The model accomplishes these goals through a combination of home visits, group connections, developmental screening, and service coordination(Parents as Teachers, 2015a, 2015b). The next section provides an overview of the literature regarding the PAT model and

a description of the PAT model currently being implemented at the Latino Family Center in Pittsburgh, PA.

1.1 PAT EVIDENCE BASE

One of the strengths of the PAT model in that it is an evidence-based program. Since its inception in the 1970s, there have been many studies that have looked at the effectiveness of the PAT model in achieving its prescribed goals.

To date, there have been seven (7) peer-reviewed outcome investigations and three qualitative investigations conducted that directly investigate the PAT model. There have been many other studies that are related to, or look at some part of the PAT model and the outcomes it intends to address. For the purposes of this thesis, the focus will be on the studies that directly examine the PAT model. Evidence from the studies conducted to date suggest that the program is successful in impacting parental knowledge on child development and has been shown to also have a positive impact on the other outcomes it intends to address, such as increasing school readiness and success (Drotar et al., 2009; Judy C. Pfannenstiel, Seitz, & Zigler, 2003; J. C. Pfannenstiel & Seltzer, 1989; Wagner, Spiker, Hernandez, Song, & Gerlach-Downie, 2001; M. M. Wagner & S. L. Clayton, 1999; Zigler, Pfannenstiel, & Seitz, 2008).

In theory, home visitation represents an effective way to deliver interventions seeking to address issues within the family system because it does not put a lot of burden on the families, given that the service is brought into the home instead of requiring the family to travel to access services. However, an analysis of six different and well-known home visiting models concluded that “no home visiting model produced impressive or consistent benefits to child development or

child health"(Hebbeler & Gerlach-Downie, 2002). Other studies have suggested that home visiting is effective for some families and some outcomes; however, there is no clear understanding of which families and which outcomes are best served by this methodology.

In their 3-year longitudinal study, Hebbeler and Gerlach-Downie (2002), looked at a sample of 21 case studies and 60 mothers who participated in the PAT program and were not part of the 21 case studies. The authors found that the home visits had a consistent structure but the visitors placed more emphasis in their role as parental support than improving parent-child interaction, which could reduce the models effectiveness. The authors suggested that the program's theory of change and underlying assumptions need to be clearly understood from the home visitor's perspective and ensure that they have a clear understanding of their role, as these may have a strong impact on program effectiveness.

1.1.1 PAT Theory of Change

The PAT model assumes that parents are the best teachers for their children because they are the ones who know them best, and children are born learners (Parents as Teachers, 2015a, 2015b; J. C. Pfannenstiel & Zigler, 2007). In order to address the goals of the model, the program uses home visitation as the main mode of program delivery. During the home visits, the family development specialist presents the PAT curriculum to parents. This includes developmentally appropriate activities, key benchmarks of development, periodic developmental screening, and connection to a wider resource network. Furthermore, the model also promotes the use of group connection activities to create a sense of community and connect families to other families with children and resources. During one-on-one home visits, this is highlighted with the provision of information about community events and resources. Furthermore, the

parent educators encourage families to attend community events and are very knowledgeable about resources within the community. For the purposes of this evaluation, a logic model was developed and it is included in the next section and further explanation of the program components are to follow.

1.2 PAT AT THE LATINO FAMILY CENTER

The PAT program at the Latino Family Center (from here on out referred to as Center) has been running since 2009. Aside from some data tracking, the program has never been formally evaluated. PAT at the Center targets Latino families who live in Allegheny County in Pittsburgh, Pennsylvania and who have children in the age range of 0-5 years. Currently, there are around 60 families enrolled in the intensive program at the center. A team of three staff members, two family developmental specialists (FDS) and one service coordinator, are implementing the program. The Center is in the process of hiring a third family developmental specialist to ensure that each family receives the support they need.

The Center implements the PAT model through two types of group connection, home visits, and service coordination. The following paragraphs describe the program components and how they are implemented to achieve PAT goals. Furthermore, a schematic of how the program functions is also included in this document (Appendix A).

1.2.1 Group Connections

There are two group connection components, the family fun nights and the parent-child interaction groups. The family fun nights are designed to get families together and share an activity. These usually involve a celebration of the theme of the month. For example, in January they may celebrate Three Kings Day as one of the family fun nights. During these events, there is an opportunity for families to eat together and for the children to interact with other children and enjoy a story time with an educational theme.

The second group connection is the parent-child interaction groups called "*Aprendiendo Juntos*", which translates to "learning together." During this activity, the children and their parents sit in a circle and the FDS leads the activities encouraging parents to interact with their child. Each session has a theme attached to it, for example, the importance of routines or accepting other's differences. The group meets for about an hour and during this hour, they sing, read a book, and make a craft. Both of these group connection activities take place at the Latino Family Center.

1.2.2 Home Visits

The next component of the PAT program is the home visits. Each FDS is in charge of 20 families, who they aim to visit at least once a month. The families live across Allegheny County and the FDS use their personal vehicles to attend these home visits, which they schedule in coordination with the families to accommodate their schedule.

During the home visits, the FDS runs a previously planned activity with the family and delivers the PAT curriculum, depending on the monthly theme. This usually involves an age

appropriate activity designed to target one of the goals identified by the parents and FDS, and providing information for the parents on child development. The home visit also serves as an opportunity for families to have their concerns addressed and allows the FDS to bond with the families. Furthermore, it is also where the FDS connects the families to resources in their community and beyond. Lastly, it is at this time that the developmental screenings are conducted. The Center uses the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire- Social Emotional (ASQ-SE) screening tools to screen for potential developmental delays every six months (NA, 2015). If a developmental delay is suspected, the FDS refers the family to the appropriate follow-up service, which then assesses the child and confirms if the child has a developmental delay and provides services for treatment. While the child is in treatment, no more screenings are done until the child completes the treatment. One key thing to note is that it is up to the parents whether they follow through with the referrals.

1.2.3 Service Coordination

The last component of the PAT model is service coordination. This component is carried out by one employee who ensures that the families are able to make efficient connections to services they need. This "service coordinator" also helps families apply for any social or welfare services they may be eligible for. Together, all three of these components work together to comprise PAT model with the overall goal of improving family functioning and self-efficacy.

When the center was funded in 2009, the funding was provided by the Allegheny County and due to the Center's growth, beginning in 2014, the funding source for the Center comes from the State of Pennsylvania. Both the State and the PAT National office have certain evaluation requirements that the PAT program needs to abide by. Specifically, the Center must complete a

participant satisfaction survey (at least once a year), an outcome evaluation, and a quality assurance evaluation (at least once a year). Because of this funding source change, the Center is currently in an evaluation period to ensure it is meeting evaluation requirements and that they are providing a high quality program.

1.3 PUBLIC HEALTH SIGNIFICANCE

1.3.1 The Health of the Latino Population

Latinos are the fastest growing ethnic minority in the United States and as such, have been the subject of multiple research studies looking into the health status and access to care of this population (United States Census Bureau, 2010). These studies have revealed that the Latino population in the US has poorer health status than other ethnicities in the country. For example, they have the lowest number of insured people and a large proportion does not have a regular doctor (Documét & Sharma, 2004). Immigrant Latino children have been shown to have 3 times higher adjusted odds of being assessed in poor/fair health than native born non-Hispanic white children (Singh, Rodriguez-Lainz, & Kogan, 2013). Latino children have also been shown to experience health disparities in the diagnosis of developmental delays, such as autism. For example, one study suggested that Latino children, from low-income families on Medicaid, had their average age at first diagnosis of autism at 7.4 years as compared to 6.3 years for non-Hispanic white children. They also showed that Latino children required twice the number of doctor's visit (8 visits) than white children (4 visits) before they were initially diagnosed

(Chaidez, Hansen, & Hertz-Picciotto, 2012; Mandell, Ittenbach, Levy, & Pinto-Martin, 2007; Mandell et al., 2009).

1.3.2 Barriers to Health Care

Latinos face multiple barriers to access health and social services in the United States, which have been well documented in the literature. These barriers include both economic and non-economic issues, some of which result from specific characteristics of the Hispanic/Latino community in the United States (Documét & Sharma, 2004; Escarce & Kapur, 2006). Some examples include lack of insurance, immigration status, degree of acculturation, language ability, social isolation, familiarity with health and social services systems and perceived discrimination (Documét & Sharma, 2004; Escarce & Kapur, 2006).

Multiple studies have shown that not having insurance in the United States represents a very large barrier to accessing care (Callahan, Hickson, & Cooper, 2006; Documét & Sharma, 2004; Escarce & Kapur, 2006; Flores & Vega, 1998; Freeman & Corey, 1993; Ku & Matani, 2001; Ortega et al., 2007; Ruth E. Zambrana & Olivia Carter-Pokras, 2004; R. E. Zambrana & O. Carter-Pokras, 2004). Furthermore, immigration status has been associated with “fewer preventive and non-preventive health care visits”, which also includes emergency room visits (Ku & Matani, 2001; Siddiqi, Zuberi, & Nguyen, 2009; Xu & Borders, 2008)

Language barriers have also been identified in the literature as a barrier and many service providers have established interpretation services in order to accommodate this issue (Avila & Bramlett, 2013; Caesar, 2006; Callahan et al., 2006; Fiscella, Franks, Doescher, & Saver, 2002; Flores & Vega, 1998; Jacobs & Vela, 2015; Lebrun, 2012). However, this approach has been somewhat fragmented with staff not always offering those services to the community because of

either a lack of knowledge of its existence or how to coordinate the use of those services. Furthermore, multiple studies into interpretation have shown that there are also cross-cultural issues related to interpretation services (Cristancho et al. 2008; Ngo-Metzger et al. 2003; Jacobs et al., 2004).

1.3.3 Latinos in Allegheny County

According to the 2014 census estimates of Allegheny County, the population of the county is 1,231,255 persons. Out of this number, 1.9% or 23,938 people reported being Hispanic or Latino (United States Census Bureau, 2010). As shown by these numbers, the Latino population in Allegheny county is quite small, but growing. In fact, these figures represent a 0.3-point growth from the 2010 census in which there were 19,070 Hispanics or Latinos in Allegheny county in a population of 1,223,348 (Center for Research on Helathcare Data Center, 2010).

The growth in the Latino population in Allegheny County represents a challenge for service providers who have to learn about the cultural context of the Latino population and its intricacies. Given that in past years the population was so small, service providers did not have to do much to provide care for this population, but with growing population, the demand for services and number of Hispanics or Latino accessing or who could potentially access services is increasing. In order to accommodate this service providers, need to ensure access to their services by tailoring services for the community (Cristancho, Garces, Peters, & Mueller, 2008; Documèt et al., 2015)

1.4 EVALUATION QUESTIONS

Through a collaborative process with program administration and staff members at the Center, and taking into consideration the State's evaluation requirements; the following evaluation questions were developed to assess the PAT program:

1. Who participates in the program activities?
2. How satisfied are parents with the program?
3. What is the perceived impact of the program?
4. Where does the program stand in the standards of quality scale (See the Standards of Quality for Family Strengthening and Support)?

The evaluation methodology was also discussed with the program staff and leadership at the Center, to ensure that the selected tools were both culturally- and contextually-appropriate. This collaborative process was used throughout the evaluation plan development, form the questions to the evaluation indicators. The evaluator would have conversations with program staff and leadership about the aspect of the evaluation being developed. Next, the evaluator would develop the technical component of the evaluation and work with the staff and leadership to ensure that the items were contextually appropriate. This collaboration not only provided the evaluator with valuable insight into program functioning, but it also served as an opportunity to expand the Center's evaluation capacity as each step in the plan was discussed and explained to them.

2.0 EVALUATION METHODOLOGY

The evaluator proposed a mixed methods approach in order to evaluate this program. The methods proposed included the use of a survey tool, quality measures assessment, which functioned as a group discussion, and document review. The following sections further describe how these measures were used to answer the evaluation questions. Furthermore, the logic model is also presented in this section.

Input	Activities	Outputs	Short Term Outcomes	Mid-Term Outcomes	Long Term Outcomes
Center infrastructure Staff vehicles State funding 3 Trained Family development specialist Community members/Families part of the program Parents as Teachers curriculum ISAC Service coordinators (not part of PAT program but they give support to PAT families)	**Home visits** -Development centered parenting and family well-being **Group connections** -Parent-child interaction groups - Family Fun Nights **Screening** -Child development screening **Resource network** -Service coordination **Training and professional development of staff** -Family support and parenting education - Child and family development -Human diversity within the family system -Health, safety, and nutrition - Relationships between families and communities	Each FDS will carry a workload of 20 families for a total of 60 families. Each family will receive at least 2 home visits a month. Children will receive developmental screenings every 6 months. (2 screens per year). At least 9 group connections will be organized throughout the year.	-75% of parents surveyed report an increase in knowledge of their child's emerging development and age-appropriate child development. -75% of parents report Improved parenting capacity, practices and parent-child relationships -Early detection of developmental delays and health issues (see indicator table) -75% of families show Improved family health and functioning	-Improved child health and development: 75% of children are vaccinated and have a primary health physician -75% of families score high on the protective factors scale for Prevention of child abuse and neglect -95% of children enrolled in program who are of school age are enrolled in kindergarten on time: Increased school readiness -75% of parents report Increased involvement in children's care and education -Increase by 10% in healthy pregnancies and improved birth outcomes	-Strong communities -Thriving families and children who are healthy, safe and ready to learn

Figure 1 Logic Model

Assumptions

Human Ecology Theory: Development is largely the result of relationships children have with their parents and other caregivers. These relationships are in turn impacted by things in the broader environment including the neighborhood, community and society in general.
Family Systems: a family is more than the sum of its parts It is a system. The actions of one family member can influence all members of the system. All families are in a constant state of change. When individual family members change the family system seeks to restore balance.
Developmental Parenting: a parent's behavior changes over the course of time in response to a child's changing developing needs. It is what parents do to support their children's learning and development.
Attribution Theory: assumes that people try to determine or explain why people do what they do; link causes and behavior, which in turn influences a person's response to a behavior. In this model, providing families with an understanding of the relationship between development and the child's behavior contributes to parents being able to attribute appropriate causes for some of their child's behavior. This helps parents respond on a developmental centered way.
Empowerment Construct: equip or supply with an ability. Takes into account the parts of life a parent has control over and encourages families to develop skills that will buffer present and future challenges. Empowering parents will improve family well-being.
Self-efficacy Theory: refers to having the confidence or beliefs in one's own power or ability to produce desired results. The stronger one's perceived self-efficacy, the more active one's efforts. It is also associated with more persistence, which in turn leads to opportunities to learn from experiences in ways that actually reinforce the sense of self-efficacy.
(Information comes directly from PAT foundational training guide)

External Factors

Community needs and relationships- Families may have prejudice against staff members or not get along with them.

Family has more problems than program can cope with and thus child development is of low priority

Organizational capacity- only three FDS for multiple families thus waiting list and it also reduces the amount of time that each FDS can spend with the families, which in turn reduces the amount of help an FDS can give a family.

External social influencing behaviors may not support change

Resistance to program components

Transportation- low income families may be difficult to leave work to come to these activities and it may be very far from home to argue expenses incurred during travel

Figure 2 Logic Model Assumptions and External Factors

2.1 EVALUATION MEASURES

The evaluation measures described in the following tables were developed using the PAT national guidelines and input from the Center program staff and program director. This approach was taken in order to adapt to the Center's context while also meeting the requirements from the Parents as Teachers national office and the State.

2.1.1 Process Measures

Table 1, details the process evaluation measures that were used to assess the Latino Family Center's Parents as Teachers Program and what documents were used in order to conduct this evaluation.

Table 1 Process Outcome Indicators

Process Measures		
Process Outcome	**Evaluation Indicator**	**Document Needed to Review**
# of Developmental (ASQ and ASQ-SE) screenings done	Enrolled children ages 0-5 receive 2 ASQ and 1 ASQ-SE for 75% of the months enrolled (every 6 months)	State reports and family files
# of home visits	At least 60% of families receive at least 2 home visit per month.	Family files and State reports
# of group connections	Delivered 75% of required group connections in a year (9 of 12).	State reports
# Referrals done	Children who score with a delay in either the ASQ or ASQ-SE get referred to services	State reports, family files
# of referrals completed	Of those referred to services, at least 75% follow-up with connection referral	Mid year and End year reports
#of parents/families attending group connections	Of those enrolled in the intensive program, at least 50% attend at least 1 group connection a month.	Monthly reports
# of goals created by families # of goals achieved	Families enrolled in the intensive program choose and work on at least 2 goals for children and 1 goal for adult every six months	Monthly files
# of children in kindergarten	Of the children enrolled who are ready for kindergarten, 95% of them attend at the first day.	Year end files

2.1.2 Outcome Measures

The following table details the outcome evaluation measures and tools that were used to assess the Latino Family Center's Parents as Teachers Program

Table 2 Outcome Indicators

Outcome Measures		
Evaluation Outcome	**Evaluation Indicator**	**Evaluation Tool**
Parents are satisfied with program components and have an active voice in program implementation.	95% of parents report being satisfied with the program components.	PAT parent satisfaction survey
Increase in healthy pregnancies and improved birth outcomes. -Babies born at 5lbs and 8 oz. or above.	Increase by 10% in healthy pregnancies and improved birth outcomes as measured by document review. -95% of the pregnant women enrolled in the family Center prior to the second trimester and who are intensively enrolled throughout their pregnancy, will have babies born to them that have birth weights 5lbs and 8 oz. or above.	Document review- Family records
Increase in parent knowledge of their child's emerging development and age-appropriateness child development. -Parents are knowledgeable about their child's current and emerging language, intellectual, social-emotional, and motor development.	Increase by 50% in parent knowledge of their child's emerging development and age appropriate child development.	University of Idaho Survey

Table 2 Continued

-Parents recognize their child's developmental strengths and possible delays. -Parents are familiar with key messages about healthy births, attachment, discipline, health, nutrition, safety, sleep, and transition/routines.		
Improved parenting capacity, practices, and parent-child relationships -Parents describe how a child's development influences parenting responses. -Parents display more literacy and language promoting behaviors. -Parents demonstrate positive parenting skills, including nurturing and responsive parenting behaviors and positive discipline techniques. -Parents show increased frequency, duration, and quality of parent-child interaction.	75% of parents report improved parenting capacity, practices and parent child relationships as measured by survey tool.	University of Idaho Survey
Early detection of developmental delays and health issues -Children will have increased identification and referral to services for possible delays and vision/hearing/health issues	75% of children identified as having a possible delay are referred to agencies for treatment of their developmental delay. Of those referred, at least 75% of the parents follow through on the referral. (Might be in process) Of those referred, at least 75% have confirmed a developmental delay.	University of Idaho Survey Document review

Table 2 Continued

Improved family health and functioning: -Improved quality of home environment -Families link with other families and build social connections -Parents are more resilient and less stressed -Parents are empowered to identify and utilize resources and achieve family and child goals -Families are connected to concrete support in times of needs	75% of families report improved family health and functioning	Document Review-Surveys
Improved child health and development	75% of children are vaccinated and have a primary health physician. 75% of children enrolled have health insurance within 3 months of enrollment.	Document review-Family files/Yearly report
Increased school readiness	95% of children enrolled in PAT program are enrolled in Kindergarten on time.	Document review- Year End Report
Increased parent involvement in children's care and education	75% of parents report increased involvement in children's care and education.	University of Idaho Survey

2.2 SURVEY METHODS

For the purposes of this evaluation, two survey instruments were combined to produce a final survey, which was administered at a single point in time. In the following sections, the instruments used are described.

2.2.1 University of Idaho Survey of Parenting Practices Instrument

The University of Idaho's Survey of Parenting Practices (UIPPS) (2000) was developed to specifically assess the progress of PAT programs on achieving its core goals for parents. The survey has been shown to be both reliable and valid in measuring changes in parent knowledge, confidence and practice in families participating in the PAT program for a one-year period (Shaklee & Demares, 2006; University of Idaho Parents as Teachers Demonstration Project, 2000)

The UIPPS measures the impact of the PAT curriculum for parents of young children ages 0-5. The survey asks parents to place themselves on a parenting ladder today (post measure) and before (pre measure) they started the program on 12 items that relate to four main areas: (1) Parent Knowledge, (2) Parent Confidence, (3) Parent Ability and (4) Parent Action/Behavior. The parenting ladder consists of a 7-point Likert scale with 0 being the lowest point and 6 being the highest point (Shaklee & Demares, 2006).

This design is referred as a retrospective design and it is beneficial when a traditional pre- and post-test is impossible. Furthermore, this design takes into account the possibility of participants overestimating their knowledge and skills due to a lack of understanding of what their own limitations are. In other words, participants may not be aware of what they will or need

to learn before they actually learn it, thus resulting in overestimation (Pratt, McGuigan, & Katzev, 2000; Shaklee, 2000; Shaklee & Demares, 2006).

The survey was offered to all the families currently enrolled in the PAT programs that were eligible to receive home visits. An announcement was included in the April and May newsletters and a letter from the Center's director was sent out in order to inform families of the purpose and importance of the survey and other evaluation activities. The survey was administered from the end of May through July 29, 2015.

Due to staff changes at the Center, the survey was administered using mixed modes. For the group of families who were receiving home visits, the evaluator attended home visits with the FDS and administered the survey in-person. For those who were not receiving home visits due to the staff change, but who were still considered "intensive," the evaluator conducted phone interviews using the same survey tool as in the home visits. For those who received a phone call, it was established that four (4) attempts to contact would be made before removing them from the call list in order to stay within the timeframe. In the end 51 families were contacted, out of which forty (40) completed the survey, one (1) refused the survey and ten (10) were removed from the call list after four (4) attempts to contact them were not fruitful.

In interviews done in person, the role of the evaluator was mainly for clarification of items that were not understood by participants and interviewer and for those done over the phone, the evaluator served as interviewer. Despite the reading level of the survey being very low, there are families at the Center whose first language is neither Spanish nor English and thus needed further support to complete the survey.

2.2.2 Parents as Teachers Parent Satisfaction Instrument

In addition to the University of Idaho Parenting Practices Instrument, a parent satisfaction Instrument was also used. This is a 13-item scaled tool designed by Parents as Teachers headquarters. The tool is available in both Spanish and English and seeks to measure participant satisfaction with services provided. Initially this tool was not going to be administered due to increased participant burden; however, the State is requiring its use and thus the evaluation plan was adapted to suit the needs of the Center.

Those who were still receiving home visits or who had scheduled an in-Center visit with the FDS received the survey in-person, while those who did not meet these requirements were scheduled to receive the survey via telephone during the process of updating family files. Given that the requirement for this survey was established after the survey administration was already started, the sample size of the satisfaction survey is smaller than that of the parenting practices survey. Specifically, the satisfaction survey had a sample of 33 parents.

2.2.3 Quality Measures Assessment Questionnaire: Standards of Quality for Family Strengthening and Support

In order to be responsive to the organization's evaluation requirements, another method used was the quality measures assessment. This assessment is based on the standards of quality for family strengthening and support developed by the California Network of Family Strengthening Networks and is designed as a reflection process. These standards include five areas of practice: family centeredness, family strengthening, embracing diversity, community

building, and evaluation. Each of the areas of practice contains specific standards that describe minimum quality and high quality program attributes.

This assessment conducted at the Center required the involvement and input from managers, direct program staff, and parent leaders. The goal of this assessment was to: (1) identify where the program is on a quality continuum scale of 1-5 (1- minimum quality not yet addressed, 2- approaching minimum quality, 3- meets minimum quality, 4- approaching high quality, and 5- meets high quality) and, (2) record how the program meets the indicators associated with the number on the scale. This assessment provides the program with an opportunity to gather input about future action points to move forward in the quality practice continuum (The California Network of Family Strengthening Networks, 2012).

There are five major themes with 17 standards included in the worksheet, family centeredness, family strengthening, embracing diversity, community building and evaluation. The following paragraphs describe the standards within each theme in more detail.

Family centeredness refers to using a family-centered approach that value and acknowledges families as an essential part of the program. The standards in this theme are:

1. Program encourages families to participate in program development and implementation.
2. Program is accessible and welcoming to families.
3. Program conducts outreach to families and sustains constructive relationships with them.
4. Program models family centeredness with staff members an in its administrative practices.

Family strengthening refers to the use of a family strengthening approach to support families to be strong, healthy, and safe, thus promoting optimal development. Standards in this theme include:

5. Program recognizes and affirms families' strengths and resilience, and is responsive to their concerns and priorities.
6. Program enhances families' capacity to support the healthy cognitive, social, emotional, and physical development of their family members.
7. Program recognizes families as significant resources for their own family members and each other.

Embracing diversity refers to recognizing and respecting families' diversity, supporting their participation in a diverse society, as well engaging in ongoing learning and adaptation to diversity. The standards included here are:

8. Program acknowledges and respects the diversity of families, including their cultural traditions, languages, values, socio-economic status, family structures, sexual orientation, religion, individual abilities and other aspects.
9. Program enhances the ability of families and staff to participate in a diverse society and to navigate the dynamics if difference.
10. Program engages in ongoing learning and adaptation of its practices to address diversity.

Community building refers to building strong and healthy communities by facilitating families' social connections, developing their leadership skills, and collaborating with other programs. The standards in this theme include:

11. Program is involved in, and engages families in, the larger community building process.
12. Program supports the development of community-based leadership.
13. Program builds collaborative relationships with other organizations to strengthen families and communities.

Evaluation refers to looking for program strengths and weaknesses in order to guide continuous quality improvement and achieve positive results for the families. The standards included here are:

14. Program collects and analyzes information related to program participation.
15. Program collects and analyzes information related to program quality.
16. Program collects and analyzes information related to program outcomes.
17. Program demonstrates that it incorporates evaluation as a core component of programming.

The tool is currently in English and for the purposes of this evaluation, the evaluator translated the standards into Spanish in order to ensure comprehension by every participant. The self-assessment was completed over three sessions on a Wednesday evening and Thursday morning in June. It included participation of the parent council, program staff and program director. In total, there were 14 participants, 7 in the first session, 6 in the second session and 1 in the third session. Due to a scheduling conflict, the program director was not able to attend the first two sessions and was interviewed individually on a third session.

The session was run as a discussion, in which the standard was explained to the participants with some examples provided. The participants were asked to choose where the program landed on the quality continuum along with a justification for their choice. Lastly,

participants were asked to identify action points to improve the quality of the standard being discussed. Once the participants agreed on an answer, their responses were summarized and relayed back to them to ensure the correct response was being recorded. For the session, ran with only one person, their responses were added to the consensus. The responses were then summarized and a score for each standard was calculated on a scale of 1 to 5, with one being minimum quality not yet addressed and 5 being meets both high quality and minimum quality. Finally, a composite score for each theme was calculated by adding the scores of individual standards under that theme. This was then submitted to the program director.

2.3 DOCUMENT REVIEW

The last method used was document review and included family records and state reports. With the latter, there may have been some issues with consistency of reporting given that the system utilized by the State has had some problems over the past year and some monthly reports were missing. In order to account for this, the evaluator also looked at locally kept documentation of activities at the Center.

The data collected included information about the number of home visits, number of developmental screenings, and number of enrolled families among others. This data was compiled into data sheets and compared to the evaluation indicators described earlier in this document. These indicators were developed in coordination with the FDS and program director to ensure their relevance for the setting.

2.4 DATA ANALYSIS

The University of Idaho Parenting Practices packet, included instructions for data analysis. Thus, the data collected from the survey was initially analyzed using the suggested paired sample t-test in the SPSS statistical software. However, given that the data was not normally distributed and the values are mostly ordinal in nature, the assumptions underlying a typical paired sample t-test are not met (Appendix B). Thus, a second statistical analysis was carried out using the Wilcoxon Signed Rank test. This nonparametric statistical test is better suited for data that does not fit the normal distribution and is paired in nature. It follows a similar logic to the paired sample t-test but compares the median differences instead of the mean differences. The Bonferonni adjustment was applied in order to account for multiple analyses and thus the p-value was set at 0.004 instead of the more common 0.05, making it more difficult to achieve statistical significance. This adjustment was done given that there were multiple comparisons being performed and this adjustment is an efficient way to avoid attaching statistical significance to something that is not actually significant (McDonald, 2015; Napierala, 2012).

The parent satisfaction survey was analyzed using descriptive statistics, specifically frequencies and percentages. For each item, frequency tables were generated using SPSS and are described in the results section of this document. The self-assessment and responses to open ended questions were analyzed for themes, a composite score for each theme in the self-assessment was calculated, and an overall score was generated. The open-ended responses were organized into the themes that best represented the composite responses. From this data, areas of improvement were identified. Lastly, the documents reviewed were mined for the process

outcome being analyzed and compared to the process indicator as presented in the evaluation tables previously presented.

2.5 STRENGTHS AND LIMITATIONS OF EVALUATION METHODOLOGY

The use of a retrospective survey, while convenient is subject to recall bias. Given that some of the participants in this evaluation have been in the program for a longer period than one year, it may have been difficult for them to answer the questions accurately. However, it was expected that despite this bias, the survey provided a snapshot of the state of the program and its impact on the participants.

Another limitation is that most of the data was self-reported and thus there may be some responder bias, especially with the quality measures worksheet. For example, the participants may have been be providing the responses they think the evaluator wants to hear instead of being completely honest. In order to reduce this bias, the participants were assured of the confidentiality of the results and that no repercussions would occur for responding honestly. The staff was also encouraged to be as honest as possible in order to help the parents feel more comfortable giving honest opinions and to ensure reduction of this bias. Lastly, the participants were assured that the results would be reported as a group and not individually.

2.6 EVALUATION TIMELINE

The evaluation data collection and analysis process was conducted over a period of six months over the 2015 spring and summer. Presentation of results for the program staff took place on September 18, 2015, while presentation for the parent council took place on October 7, 2015. Other presentations of the results are slated for the fall of 2015 and spring 2016.

3.0 EVALUATION RESULTS

3.1 DOCUMENT REVIEW RESULTS

Findings in this section are reported in connection to its process indicator (indicators 1-9), which were discussed in the process indicator table earlier in this document. The findings of the document review for the 2014-2015 fiscal year are summarized in Table 10 at the end of this section. The table shows a comparison of the fiscal year indicators compared to the evaluation indicators identified.

3.1.1 At least 75% of intensively enrolled and eligible children ages 0-5 will receive at least two ASQs and one ASQ-SE in the current fiscal year.

In the 2014-2015 fiscal year, there were 52 intensively enrolled and eligible children ages 0-5. Out of this number, 50/52 (96%) received at least ONE ASQ screening, 27/52 (52%) received a second ASQ screening and 36/38 (95%) received at least one ASQ-SE.

3.1.2 Of those referred, at least 75% follow up with referrals.

According to the survey, when parents were recommended to seek further services (in sample: 24 (60%)) 18 (45%) parents followed through with the referral, 4 (10%) parents had yet to do something but intended to do something and 2 (5%) parents had called for an appointment.

3.1.3 Children who score with an at "risk" in either the ASQ or ASQ-SE gets referred to services.

In the 2014-2015 fiscal year, 5 children were identified as "at risk", out of which, 4 were referred to Early Intervention (EI) for any delay and 2 of these were admitted for EI services. Furthermore, there were 24 children receiving EI services in the 2014-2015 fiscal year.

3.1.4 At least 60% of families receive at least 1 home visit per month during the fiscal year.

In the 2014-2015 fiscal year, there were 60 families who received a service visit, out of this number, 56 intensive families and 7 general families received in home services. In this period, there were a total of 599 service visits, out of which 491 were in home (488 intensives, 3 general). For this measure, the Center, is currently meeting the requirements of the PAT national office but not the state, who would like families to receive two home visits per month.

3.1.5 Delivered 75% of required group connections in the fiscal year, which is 9/12.

In the 2014-2015 fiscal year, there were 130 group connections done. This number exceeds the required 9/12 activities required to satisfy this measure.

3.1.6 Of those enrolled in the intensive program, at least 50% attend at least one group connection a month.

In the 2014-2015 fiscal year, the Center hosted 130 group activities and the data collection method did not distinguish between intensive and general families. Thus using the survey data as measure, 45% of participants had not participated in parent meetings, 30% had not participated in learning together, 40% had not participated in family fun nights and 15% had not participated in service coordination. This means that out of those surveyed, at least 50% of participants attended at least one activity during the fiscal year.

3.1.7 Families enrolled in the intensive program have an active goal plan and are making progress to at least achieve one of those goals.

In 2014-2015 fiscal year, there were 60 families with an active goal plan. Out of this number, 47 were intensive and 13 were general families. 50 (39 intensives, 11 general) families made progress on at least one goal in this period.

3.1.8 Of the children enrolled who are ready for kindergarten, 95% of them are enrolled on time and present on the first day.

In 2014-2015, there were 12 kindergarten eligible children, out of which, 12 were enrolled on time and present on the first day of school.

In the previous fiscal year, there were 19 kindergarten eligible children, out of which 17 were enrolled on time and present the first day of school.

3.2 INTERVIEWS WITH PAT FAMILIES

3.2.1 Survey Findings

Findings of the surveys are presented in five categories: (3.2.1.1) demographics and PAT participation, (3.2.1.2) changes in parenting practices, (3.2.1.3) parent ratings and satisfaction of PAT services, and (3.2.1.4) responses to open ended questions.

3.2.1.1 Demographics and PAT Program Participation

The demographics section of the UIPPS asks for level of education, number of people in household, annual income, and ethnicity/race. Furthermore, the survey also asks for time in program, number of home visits and relationship to child. Given that the ethnicity/race item does not allow further description than whether the respondent was of Hispanic or Latino origin, country of origin data was also collected from the family files. This information is available for all of those contacted both complete and incomplete data. The only item where there is

incomplete data is for the annual income item, which multiple parents were not sure or did not want to disclose the amount.

All of those interviewed, identified themselves as Hispanic or Latino and around 73% of respondents come from Mexico. Other countries represented include, Guatemala with 10%, El Salvador and Honduras with 5% each, and Nicaragua and Puerto Rico with 1%. The average time in years in the program was 3.6 years; this translates to around 43 months on average and assuming one home visit per month 43 home visits on average per family.

Of those interviewed, around 38% did not complete high school and around 48% are high school graduates. Only 15% of respondents completed some college or completed four years of college or more. 50% of the respondents refused to answer the annual income item. However, of those that did respond, around 30% identified themselves to be under the $8,000 line. Furthermore, 47.5% of those interviewed reported having five people in the home, 27.5% reported four people, 17.5%, 3 people and 7.5% reported six or more people.

Those who did not take part in the survey (N=11) had somewhat similar demographic characteristics to those who took the survey. However, there is an over-representation of parents who did not complete high school (72.7%). Lastly, for this group the majority of them came from Mexico (63.6%).

Table 3 Demographics

	Survey Participants (N=40) Count (%)	**Did not Participate (N=11) Count (%)**
Education Level		
Did not complete High School	15 (37.5%)	8 (72.7%)
High School Graduate	19 (47.5%)	2 (18.2%)
Some College	3 (7.5%)	1 (9.1)
4 year College or more	3 (7.5%)	
Country of Origin		
Mexico	29 (72.5%)	7 (63.6%)
Guatemala	5 (12.5%)	3 (27.3%)
Honduras	2 (5%)	
El Salvador	2 (5%)	
Nicaragua	1 (5%)	1 (9.1%)
Puerto Rico	1 (5%)	
Annual Income		
Less than $8,000	8 (20%)	
$8,000-$17,999	4 (10%)	
$ 18,000-$27,999	4 (10%)	
$28,000-$35,999	2 (5%)	
$36,000-$47,999	2 (5%)	
Refused	20 (50%)	11 (100%)
Years in Program		
1-2 years	8 (20%)	
2.1-3 years	11 (27.5%)	
3.1-4 years	6 (15%)	
4.1 or more years	15 (37.5%)	
Number of people in home		
3	7 (17.5%)	2 (18.2%)
4	11 (27.5%)	3 (27.3%)
5	19 (47.5%)	5 (45.5%)
6	3 (7.5%)	1 (9.1%)

3.2.1.2 Changes in Parenting Practices

Overall parents reported growth in the different survey items using the paired sample t-test. Across all 12 items, parents reported an average improvement of 1.2 points. The largest improvement was on item A "My knowledge of how my child is growing and developing" with 1.55-point change. The lowest reported improvement was on item K, "The amount I read to my children" with 0.8-point change. The following graph shows the mean pre and post rating for each of the items in the survey. Another view of the data is also presented in the form of the difference of the means, which equates to the point difference between the pre and post ratings.

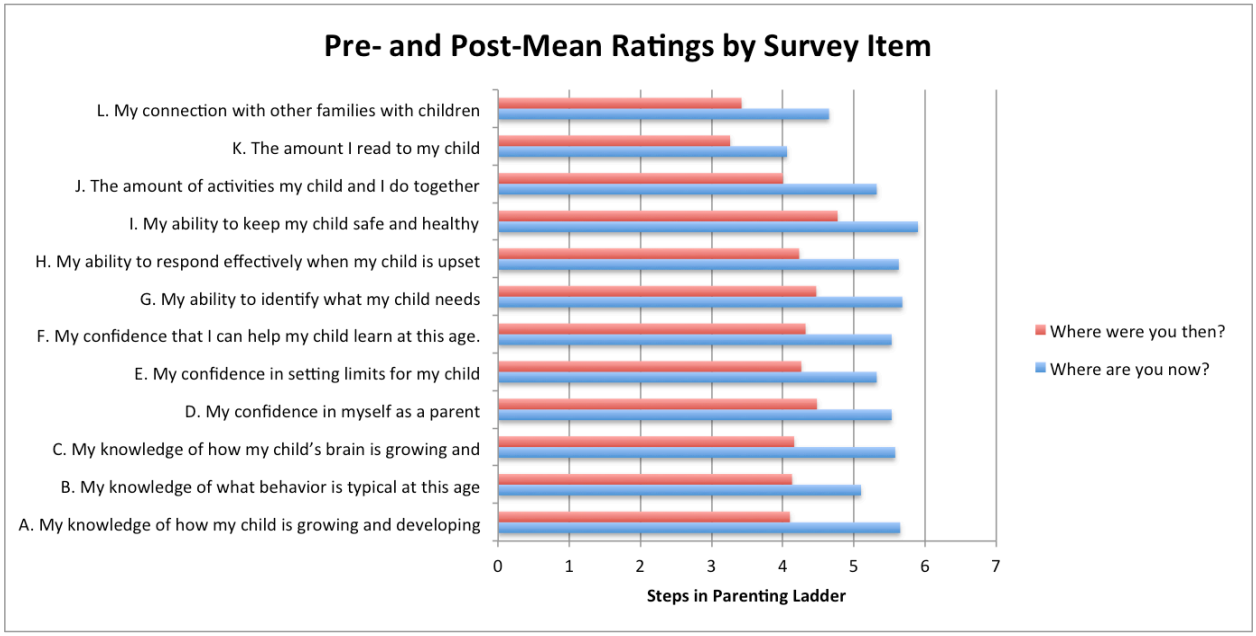


Figure 3 Parenting Practices Survey: Pre- and Post- Mean Scores
This figure shows that there was an improvement in every item in the survey instrument. The largest improvement was on item A "My knowledge of how my child is growing and developing" with 1.55-point change. The lowest reported improvement was on item K, "The amount I read to my children" with 0.8-point change.

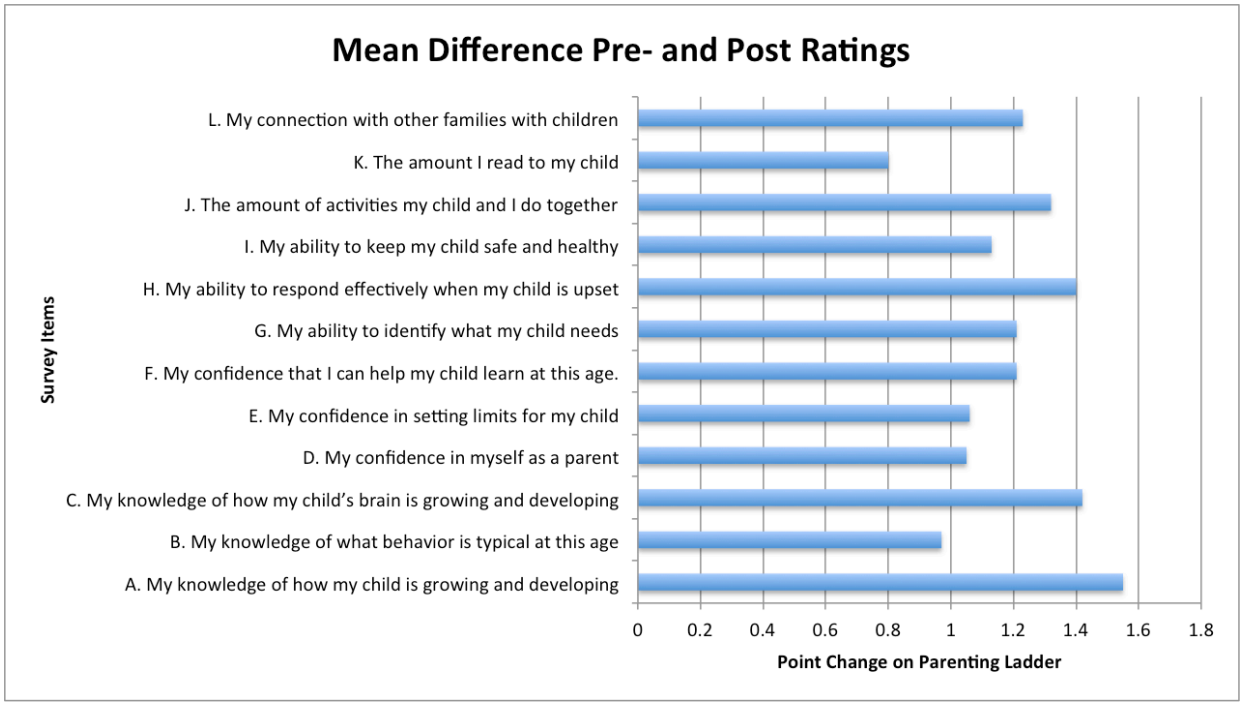


Figure 4 Parenting Practices Survey: Mean Differences of Ratings
This figure shows the average point change for each item in the parenting practices instrument. As noted in this figure, the average point change was and improvement by 1.2 point on the parenting ladder.

The results can also be combined to form a composite score for each of the four main areas targeted by PAT programs, knowledge, confidence, ability and action/behavior. The following table shows the composite mean ratings for these themes.

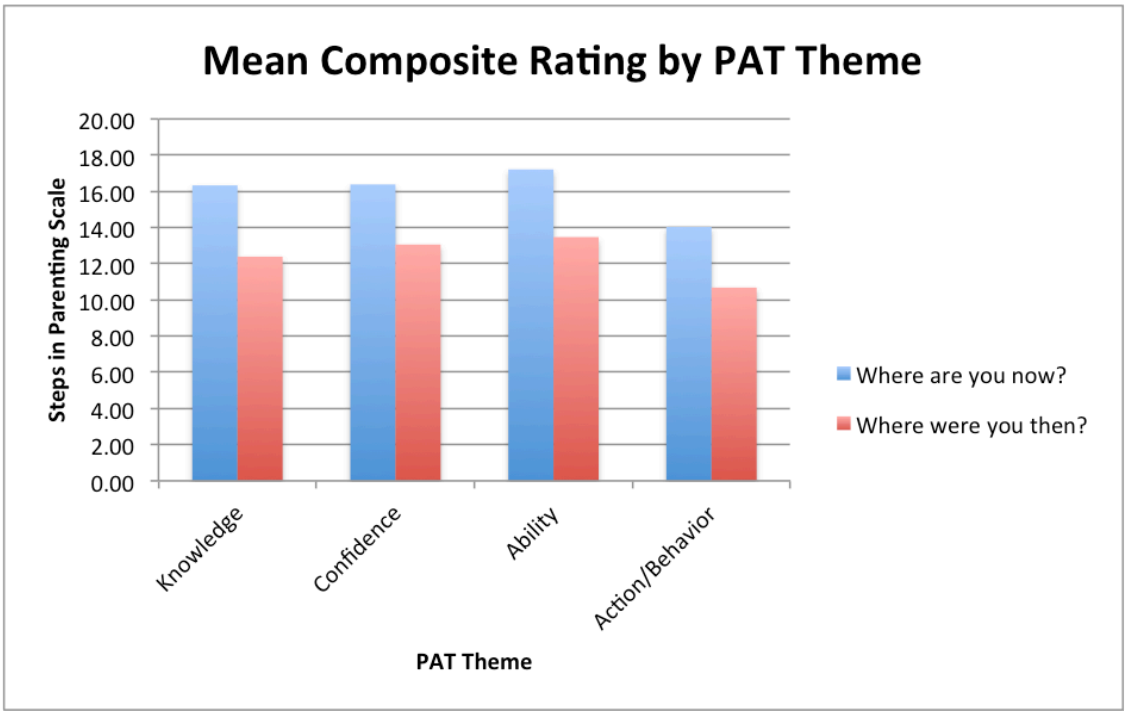


Figure 5 Parenting Practices Survey: Mean composite ratings
This figure presents the results of the survey in mean composite score and shows overall improvement across all four major themes addressed by the instrument. The scores for each category is the sum of three items: Knowledge (A, B, C), Confidence (D, E, F), Ability (G, H, I), and Action/Behavior (J, K, L).

Overall the Wilcoxon Signed Rank test indicated that the median post-test scores were statistically significantly higher than the pre-test scores for each of the items in the survey. Even though, the majority showed improvement, there were also a large percentage of ties or no change results for each item. The tables that follow further illustrate these results for each of the items. Furthermore, a similar graph to the ones previously shown was also generated, but this time using the median for each item instead of the mean, the median differences are also charted.

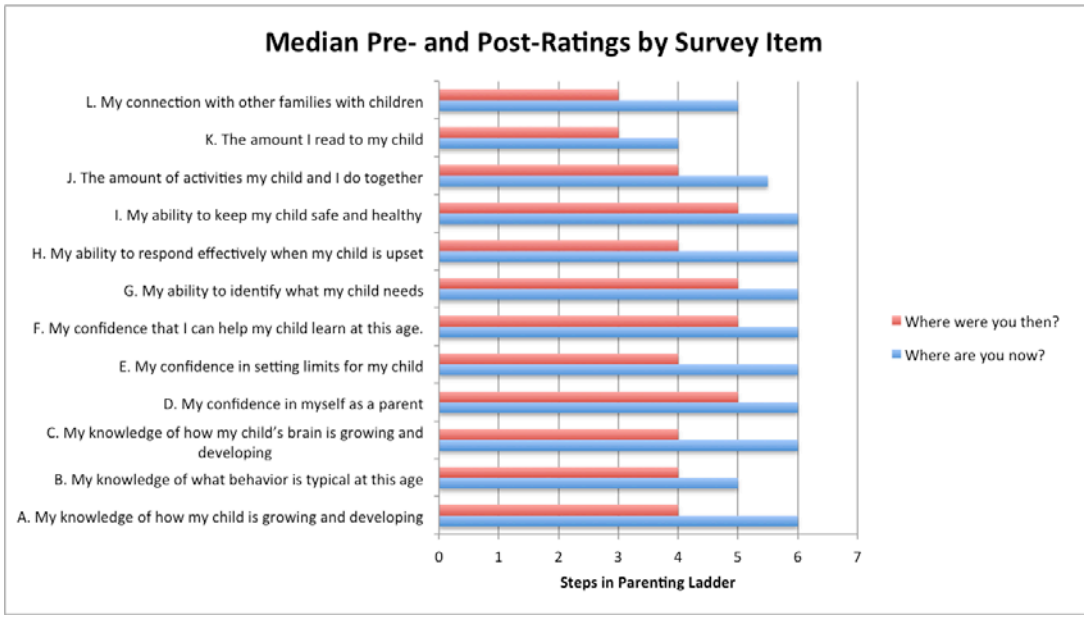


Figure 6 Parenting Practices Survey: Median Pre and Post ratings
This figure shows that there was an improvement in every item in the survey instrument. The largest improvement was on item A "My knowledge of how my child is growing and developing" with 2-point change. The lowest reported improvement was on item K, "The amount I read to my children" with 1-point change.

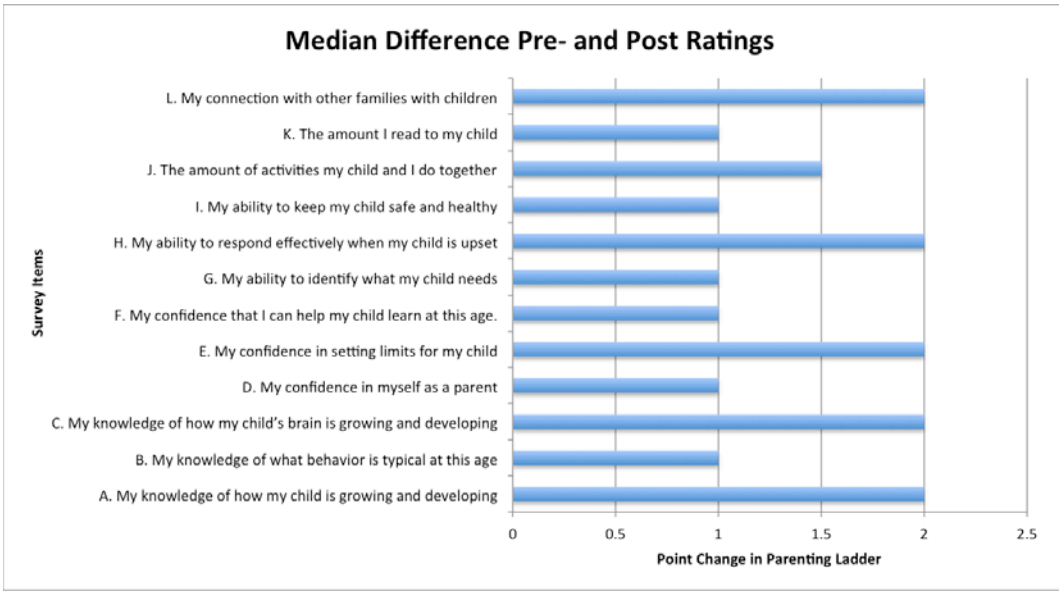


Figure 7 Parenting Practices Survey: Median Differences
This figure shows the average point change for each item in the parenting practices instrument. As noted in this figure, the average point change was and improvement by 2 point on the parenting ladder.

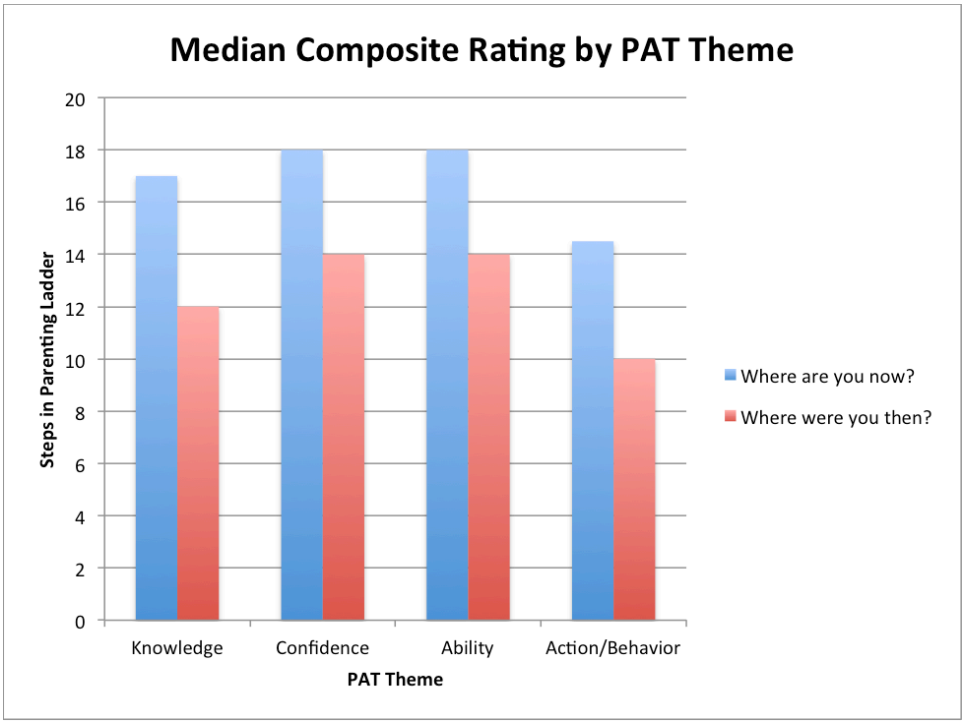


Figure 8 Parenting Practices Survey: Median Composite Ratings
This figure presents the results of the survey in median composite score and shows overall improvement across all four major themes addressed by the instrument. The scores for each category is the sum of three items: Knowledge (A, B, C), Confidence (D, E, F), Ability (G, H, I), and Action/Behavior (J, K, L)

Table 4 Parenting Practices Survey: Wilcoxon Signed Rank Test, Knowledge Theme

Item	Sample Size	Positive Differences		Negative Differences		Ties		Median		P-Value
		Count	%	Count	%	Count	%	Pre	Post	
Item A: My knowledge of how my child is growing and developing	39	1	3	27	69	11	28	4	6	.000
Item B: My knowledge of what behavior is typical at this age	37	2	5	25	68	10	27	4	5	.000
Item C: My knowledge of how my child's brain is growing and developing	39	2	5	29	74	8	21	4	6	.000

Overall, these results show that the majority of changes were positive for each item on the instrument. However, there were also many ties, which indicate no change at all. This is were a limitation of this evaluation comes into play, considering parents had varying time in the program.

Table 5 Parenting Practices Survey: Wilcoxon Signed Rank Test, Confidence Theme

Item	Sample Size	Positive Differences		Negative Differences		Ties		Median		P-Value
		Count	%	Count	%	Count	%	Pre	Post	
Item D: My confidence in myself as a parent	39	1	3	23	59	15	38	5	6	.000
Item E: My confidence in setting limits for my child	39	2	5	24	62	13	33	4	6	.000
Item F: My confidence that I can help my child learn at this age.	39	3	8	26	67	10	26	5	6	.000

Overall, these results show that the majority of changes were positive for each item on the instrument. However, there were also many ties, which indicate no change at all. This is were a limitation of this evaluation comes into play, considering parents had varying time in the program. Of interest in this table are the Item D and E, both of which have 38% and 33% ties respectively.

Table 6 Parenting Practices Survey: Wilcoxon Signed Rank Test, Ability Theme

Item	Sample Size	Positive Differences		Negative Differences		Ties		Median		P-Value
		Count	%	Count	%	Count	%	Pre	Post	
Item G: My ability to identify what my child needs	37	1	3	20	54	16	43	5	6	.000
Item H: My ability to respond effectively when my child is upset	38	0	0	26	68	12	32	4	6	.000
Item I: My ability to keep my child safe and healthy	39	1	3	22	56	16	41	5	6	.000

Overall, these results show that the majority of changes were positive for each item on the instrument. However, there were also many ties, which indicate no change at all. Of interest in this table are the Item G and I, both of which have 43% and 41% ties respectively.

Table 7 Parenting Practices Survey: Wilcoxon Signed Rank Test, Action/Behavior Theme

Item	Sample Size	Positive Differences		Negative Differences		Ties		Median		P-Value
		Count	%	Count	%	Count	%	Pre	Post	
Item J: The amount of activities my child and I do together	38	2	5	24	63	12	32	4	5.5	.000
Item K: The amount I read to my child	38	3	8	19	50	16	42	4	3	.000
Item L: My connection with other families with children	39	3	8	22	56	14	36	3	5	.000

Overall, these results show that the majority of changes were positive for each item on the instrument. However, there were also many ties, which indicate no change at all. Of interest in this table are the Item K and L, both of which have 42% and 36% ties respectively. These two items are also highlighted as areas of improvement in this evaluation.

3.2.1.3 Parent Satisfaction and Rating of PAT Services:

The response to the parent satisfaction survey was overwhelmingly positive, with most respondents scoring the items closer to the strongly agree than the disagree rating. The following table shows the average score across each of the 13 items in the parent satisfaction survey. The parent satisfaction scale is a Likert scale where (1) is strongly disagree, (2) is disagree, (3) neither agree nor disagree, (4) agree and (5) strongly agree. Both the mean and median charts below show illustrate the tremendously positive feedback collected with this survey. However, it is worth looking at these results item by item for a more complete picture of the results.

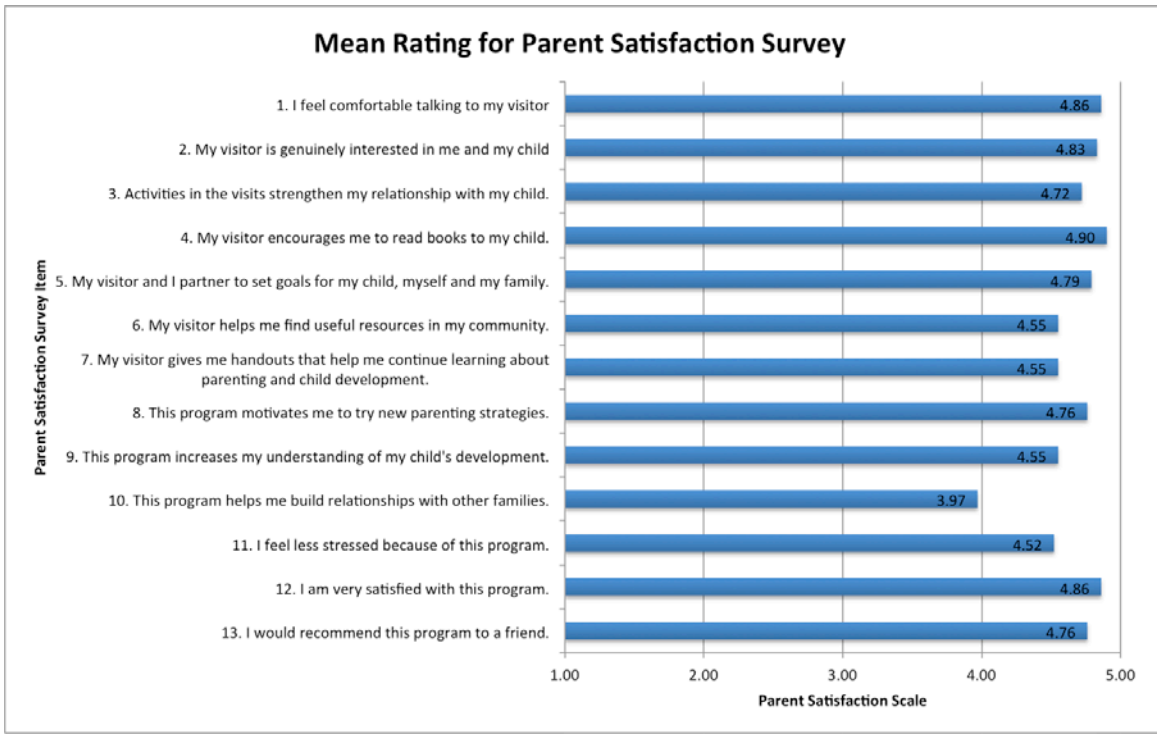


Figure 9 Parent Satisfaction Survey: Mean Rating per Survey Item
The responses to the satisfaction component of this survey were very positive with an average rating of 4.85 on the 1- to 5-point scale. Of interest is the score for item 10, which looks at building relationships. This item had the lowest average score with 3.97 compared to the rest of the items.

The tables and descriptions that follow take a deeper look into the results item, by item. Despite there being an extremely positive response to the satisfaction survey, there were two items that did receive ratings closer to the left (negative side) of the Likert scale. For item 7, “My visitor gives me handouts that help me continue learning about parenting and child development”, 1 respondent (3%) stated that they “completely disagree” with the statement. Interestingly, item 10 “This program helps me build relationships with other families”, 5 (15.2%) respondents stated that they also “completely disagree” with the statement. Table 8 shows the frequencies of each for each of the survey items.

Table 8 Parent Satisfaction Instrument Frequency Tables

Survey Item	Completely Disagree	Neither Agree nor Disagree	Agree	Completely Agree
Item 1 I feel comfortable talking with my visitor.			5 (15.2%)	27 (81.8%)
Item 2 My visitor is genuinely interested in my child and me.		1 (3%)	4 (12.1%)	27 (81.8%)
Item 3 Activities in the visits strengthen my relationship with my child.		1 (3%)	8 (24.2%)	23 (69.7%)
Item 4 My visitor encourages me to read books to my child.			4 (12.1%)	28 (84.8%)
Item 5 My visitor and I partner to set goals for my child, my family and myself.		1 (3%)	6 (18.2%)	25 (75.8%)
Item 6 My visitor helps me find useful resources in my community.		4 (12.1%)	7 (21.2%)	21(63.6%)
Item 7 My visitor gives me handouts that help me continue learning about parenting and child development.	1 (3%)	3 (9.1%)	5 (15.2%)	23 (69.7%)
Item 8 This program motivates me to try new parenting strategies.		1 (3%)	7 (21.2%)	24 (72.7%)
Item 9 This program increases my understanding of my child's development.		2 (6.1%)	10 (30.3%)	20 (60.6%)
Item 10 This program helps me build relationships with other families.	5 (15.2%)	3 (9.1%)	8 (24.2%)	16 (48.5%)
Item 11 I feel less stressed because of this program		3 (9.1%)	10 (30.3%)	19 (57.6%)
Item 12 I am very satisfied with this program.		1 (3%)	4 (12.1%)	27 (81.8%)
Item 13 I would recommend this program to a friend.		2 (6.1%)	3 (9.1%)	27 (81.8%)

This table shows the frequencies for the items on the satisfaction instrument of the survey. As indicated by this table, Items 7 and 10 had scores in the completely disagree category.

3.2.1.4 Rating of PAT services helpfulness

Overall the participating parents rated the services quite high, with scores more often than not closer to the "Very" helpful (5,6) than the "not at all" (0,1) rating, (Table 9). Of importance to note is that for multiple activities there were a considerably large number of survey participants who had not participated in the activities. For example, 45% of those interviewed had not participated in the parent meetings, while 38% of parents found them very useful. Another example comes from the family fun nights, where 40% of those surveyed did not participate in these activities.

Table 9 Parent rating of and participation in services provided by the PAT program

Activity	Not at all helpful #(%)	Somewhat helpful #(%)	Very helpful #(%)	Did not participate #(%)	Did not answer #(%)
Home visits	1 (2.5%)	1 (2.5%)	38 (95%)		
Parent Meetings		7 (17.5%)	15 (37.5%)	18 (45%)	
Learning Together		2 (5%)	25 (62.5%)	12 (30%)	1 (2.5%)
Family Fun Nights	3 (7.5%)	2 (5%)	19 (47.5%)	16 (40%)	
Service Coordination		2 (5%)	31 (77.5%)	6 (15%)	1 (2.5%)

Information in this table illustrate the opinions of parents on the different components of the PAT program. Of interest here are the percentages for people not attending the activities. However, when parents participate they find the activities to be very helpful.

3.2.1.5 Responses to Open-Ended Questions

There were five (5) open-ended questions included in the survey; the findings are first organized by question and then by theme of response. Thus, findings are reported in five sections: (1) How has PAT affected the way that you parent? (2) What would you tell a parent who is considering enrolling in PAT? (3) Is there anything else you would like to tell us about

your experience with PAT? (4) What days and times are most convenient for you to attend activities at the Center?; and (5) What can the Center do to assist you in coming to the activities held at the Center?

How has PAT affected the way that you parent?

Overall the responses for this question all revolved around a "lending a helping hand" theme. With very few exceptions, parents reported being very grateful for the services and having benefited from the assistance provided at the Center. The following quotes are examples of what parents said regarding this question.

> **"***para mi familia es de sumamente importante ya que nosotros no tenemos familia y sentimos una familia con el centro y apoyo incondicional. Son de mucha ayuda en darnos información de todo lo que pedimos" Respondent 2* […for my family [this program] is immensely important, given that we do not have family and we feel like family with the Center and the unconditional support [we receive]. They are very helpful and provide us with the information we ask for.]
>
> *"Es muy favorable contar con este programa e tenido mucho apoyo además que ayuda para que los esposos que abusan de sus esposas pueden ver que la esposa cuenta con el apoyo del gobierno por la gran ayuda que el centro da, ese aspecto además de ayudar a los niños y a los esposos o a toda la familia." Respondent 4* [It is very favorable to count with this program. I have had a lot of support and it also helps with the husbands that abuse their wives to see that the women are not alone and have the support of the government because of the great help that the Center provides. Besides this aspect, they help the children, husbands and the whole family.

"*me ayudado mucho en como saber como esta mi niño cuando necesita algo y también saber mas y tener mas información para su bienestar de el." Respondent 5* [It has helped me a lot in how to identify when my child needs something and to know more and have more information for his wellbeing.]

"*de alguna manera me ha ayudado a partir de conocer el centro disfruto mas compartir con mi niña antes hacia cosas con ella pero me aburría y Antonia me enseno cosas que disfruto con mi niña mas ahora." Respondent 20* [In some ways it has helped me, since I have been at the Center I enjoy spending time with my child. Before [I started] I used to do things with her but I would get bored and Antonia showed me activities that I can do with her which I also enjoy.]

"*Muy buena porque veces uno necesita platicar o información de crianza-castigos, ensenarles saberlos entender cuando hay un problema. También la forma de solucionar problemas por ejemplo problemas de pareja. Antonia nos ensenaba mucho que no deberíais pegarles o [dejar] que vean películas violentas etc. no me puedo quejar de Antonia" Respondent 21*[It has been really good because sometimes one needs to talk or information about child rearing, [proper] punishments and [being] taught how to understand them when there is a problem. They also [teach] about how to solve problems for example, couple's problem. Antonia used to teach us that we should not hit our children or (let them) see violent movies etc.; I cannot complain about Antonia.]

Despite there being plenty of positive comments, some parents found that participating in the program did not affect their parenting style per se, but it had helped in other ways.

"*Pues creo que tal vez me ha ayudado con el idioma, pero en si como padre no creo porque uno no nace sabiendo ser padre y yo voy aprendiendo con mis hijos. Estoy muy agradecida con Patty porque en cuestiones de los niños nos ayuda mucho pero también a la familia." Respondent 19* [Well I think that perhaps they have helped me with the language [barrier], but as a parent, I don't think so because you are not born knowing how to be a parent and I go learning with my children. I feel very grateful of Patty because with things that relate to children she helps us a lot and also the family.]

In fact, one respondent could not think of any way that PAT had affected their parenting style. Respondent 3 said *"de ningún modo"* [In no way].

What would you tell a parent who is considering enrolling in PAT?

Most parents said that they would encourage other parents to enroll in the program, some even saying they would offer to bring them to the Center themselves.

"*Que no se van a arrepentir de pertenecer al centro inscríbase." Respondent 1* [That they will not regret being part of the Center, sign up.]

"*Son programas donde uno puede aprender cosas de los niños y crianzas de ellos y donde ayudan a la familia." Respondent 10* [They are programs where one can learn about children and how to parent them and where they help families.]

"*Que es una ayuda extra la cual es muy grata y confidencial que vale la pena aceptar." Respondent 16* [That it is an extra help which is very helpful and confidential. That it is worth accepting [the help].]

"*Le diría que fuera que es un apoyo muy grande y [dan] ayuda familiar y oportunidades de convivir con las demás familias." Respondent 18* [I would tell them to

go [because] it is a very strong support and they [provide] assistance for families and opportunities to spend time with other families]

"*Deberían de ir porque alguna duda o problema que tenga te ayudan y te dan información sobre cualquier cosa que necesites." Respondent 20* [You should go because if you have a doubt or problem they help you and provide information about anything you may need.]

"*Los animo a participar es muy bueno para los niños hacen muchas actividades que se ponen bien bonito aunque no he podido ir por transportación he escuchado que se pone muy bonito." Respondent 40* [I encourage them to participate, it is really good for the children they do many activities and its very beautiful [experience] even though I haven't been able to go in a while due to transportation, I have heard [the events] are really nice.]

There was however, one parent who despite being satisfied and happy with the Center, was also not satisfied with the time it took to actually get services or enroll in the program. However, after explaining the types of programs at the Center (PAT and ISAC) she said that then she would recommend it.

"*Que tenga paciencia, que se vaya a Casa San José [se rio]. Hay una lista y tardan mucho en inscribir a las personas pero en Casa San José lo hacen rápido. Si están ya inscritos en el centro te ayudan pero si no, no. Sabiendo ahora que hay otro programa ahora si lo recomendaría." Respondent 19* [(I tell them) to have patience, to got to Casa San Jose (laughs). There is a waitlist and they take a long time to enroll people but in Casa San Jose they do it quickly. But if they are already enrolled in the

Center they help you, but if not, they don't. Knowing now that there is another program [at the Center] I would recommend it.]

Is there anything else you would like to tell us about your experience in PAT?

Responses to this question mostly revolved around gratitude to the Center and its staff for their assistance and support throughout the years. Some parents did use this time to express some discontent with the state of things at the time of the survey.

"*Estoy muy contento con ustedes y no me gustaría perder el programa." Respondent 25* [I am very happy with you and I would not like to lose the program]

"*Tienen un bonito programa y ayudan a la gente. Me han apoyado muchísimo y estoy muy agradecida." Respondent 26* [They have a very beautiful program and they help people. I have received a lot of support and I am very grateful.]

"*Yo siempre lo recomiendo porque me a ayudado bastante. Mi niña esta aprendiendo mucho y me ayudaron con los impuestos y a la familia con idioma y otros servicios me han ayudado bastante." Respondent 30* [I always recommend it because it has helped me a lot. My daughter is learning a lot and they help me with the taxes and my family with the language [barrier] and the other services have helped me a lot.]

"*Estoy muy agradecida aparte de consejos en momentos de crisis contamos con el apoyo del centro." Respondent 33* [I am very grateful, aside from the advices in moments of crisis, I [know, I can] count with the support of the Center.]

Some examples of parents using this time to express discontent are shown below.

"*No ha venido nadie en los últimos meses que me mude." Respondent 40* [Nobody has come to visit in the last couple of months since I moved]

"A veces no me ayudan pero hablaba con Antonia o Patty y me ayudaban. En cuestiones económicas la iglesia me la dio cuando el centro no me la quiso dar. No me puedo quejar siempre esta ahí Patty para ayudarme y si no puede nos explica y nos trata de ayudar. Nos gusta porque es sincera y si no sabe nos dice e investiga como puede ayudarnos." Respondent 21 [Sometimes they would not help me, but I would talk with Antonia or Patty and they would help me. In economic issues, the church gave me the assistance when the Center did not want to provide me with it. I cannot complain, Patty is always there to help me and if she can't help, she explains things to us and does her best to provide assistance. We like her because she is sincere and if she does not know she tells us and does research to try and help us.]

What days and time are most convenient for you to attend events at the Center? What can the Center do to assist with coming to the activities at the Center?

This question elicited many different responses form the participants but for the most part, respondents identified afternoons and evenings as the best time to attend activities at the Center. There were 10 respondents who expressed weekends (Saturday and Sunday) to be the best times for them to attend activities.

Some parents reported that they work different hours every week thus it is difficult for them to narrow down a schedule. Furthermore, some parents take care of other children and unless the rules regarding bringing children who are not your own to the Center changes they would not be able to attend. Furthermore, some also said that the distance of the Center was a barrier for them to attend during the week and thus weekend days worked better.

Some participants further expanded on the location theme by stating "*que se ubiquen mas cerca, la mudanza retirado inseguridad el sitio de ir para allá viví por ahí pase muchos sustos."*

respondent 37 [that you relocate to a place that is closer, the move has left the Center very far and [I feel] insecure in the area. I used to live around there and had many close calls]. Some parents also suggested that providing transportation aids would assist them in attending the Center. Others could not think of how the Center could help them further as the barriers they faced were mostly of the personal kind.

3.3 INTERVIEWS WITH PARENT LEADERSHIP AND CENTER STAFF

3.3.1 Quality Measures Results

The findings of the quality measure self-assessment are presented in five categories: (3.3.1.1) Family Centeredness, (3.3.1.2) Family Strengthening, (3.3.1.3) Embracing Diversity, (3.3.1.4) Community Building and (3.3.1.5) Evaluation.

3.3.1.1 Family Centeredness

Overall, this theme scored 27 out of 30 possible points. The next couple of paragraphs take a closer look at these numbers. This theme is composed of 4 standards, two of which have two extra descriptive qualities that make up the overall score for this theme. Figure 14 shows the scores for each of the standards under this theme.

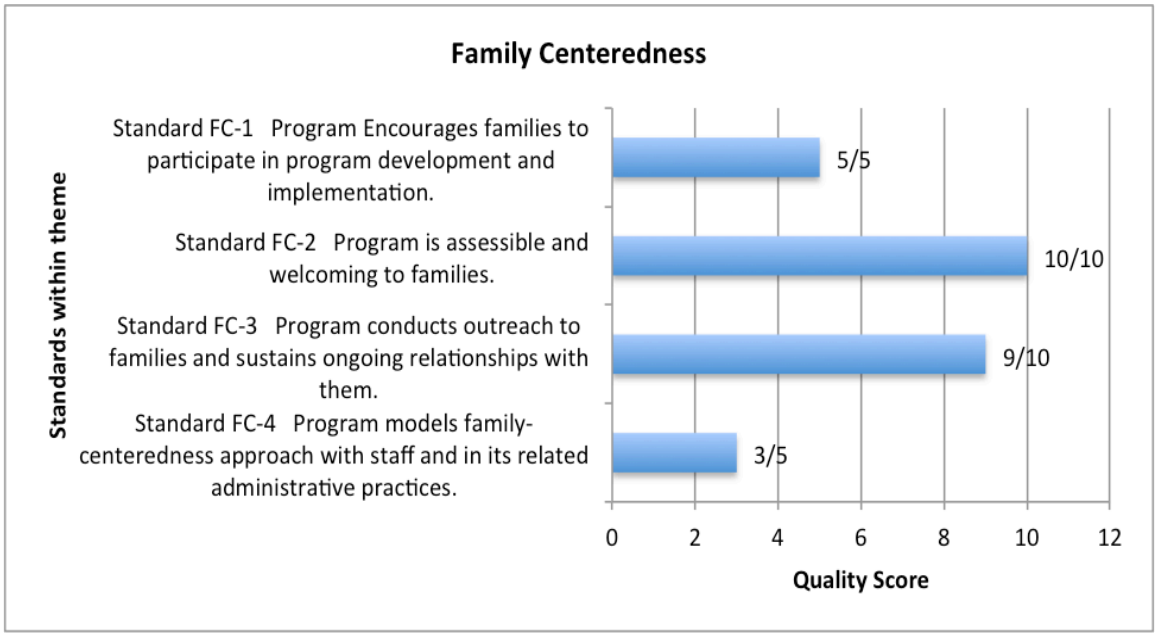


Figure 10 Self-Assessment Reflection: Family Centeredness Theme Scores
Overall, this graph shows very positive results and show that Standard FC-3 on conducting outreach to families and Standard FC-4 on modeling family-centeredness approach with staff had the lowest scores.

The participants reported that some of the ways they meet these scores are by always requesting input from parents and taking that input into consideration when making programing decisions, partnering with parents to create and implement programming in at the Center and feeling at home due to the welcoming environment created by the staff members who make sure to always have coffee and food available for the families when they come to the Center. Out of the four standards, Standard FC-4, Program models family-centeredness approach with staff and its related administrative practices, scored the lowest, 3 (meets minimum quality). Participants suggested this score because while the Center is really good at allowing time for family and family emergencies, at the time of this reflection the Center was under-staffed and arranging leave time was quite difficult. Since this reflection, the staffing situation at the Center has

changed. They are currently fully staffed in both the ISAC and PAT programs. More examples of how the Center meets these scores and the full form can be seen in Appendix C.

3.3.1.2 Family Strengthening

The theme of family strengthening is composed of three standards, each with two descriptive qualities upon which the scores are based on. The overall score for this theme was 27 points out of 30 possible points in total. The figure below shows the scores per standards in this theme.

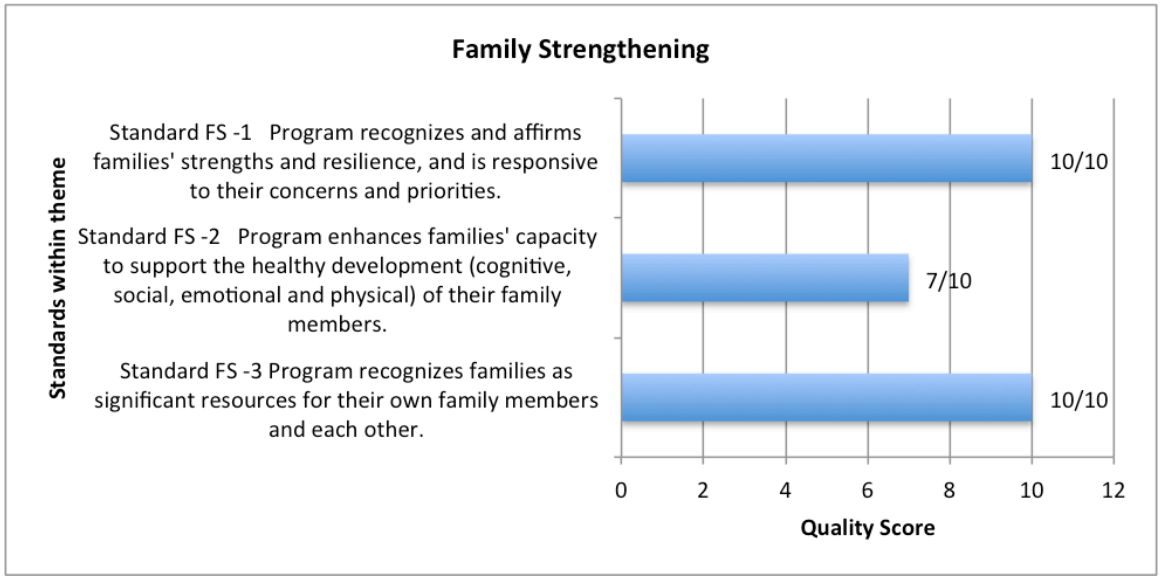


Figure 11 Self-Assessment Reflection: Family Strengthening Theme Scores
Overall, this graph shows very positive results and show that Standard FS-2, which looks at enhancing families capacity to support the healthy development of their family members had the lowest score in this theme.

Taking a closer look at the reasoning behind this score, Standard FS-2 was based on two qualities, which were scored 4 (Approaching High Quality) and 3 (Meets Minimum Quality) respectively. Participants in the reflection process stated that while the program provides high quality information and the staff is well trained in topics of child development, they would like

to see the program grow to include older children and provide opportunities for them to continue to grow and socialize with other children through programming designed for them.

3.3.1.3 Embracing Diversity

Embracing diversity is composed of three main standards and two of these standards have two extra descriptive qualities associated to them. The overall score for this theme was 22 out of 25 possible points. The figure below illustrates the scores for each standard under this theme. Looking deeper into the standards, standard ED-1 and ED-3 both received the full score possible for these standards. However, standard ED-2 received 7 out of 10 possible points.

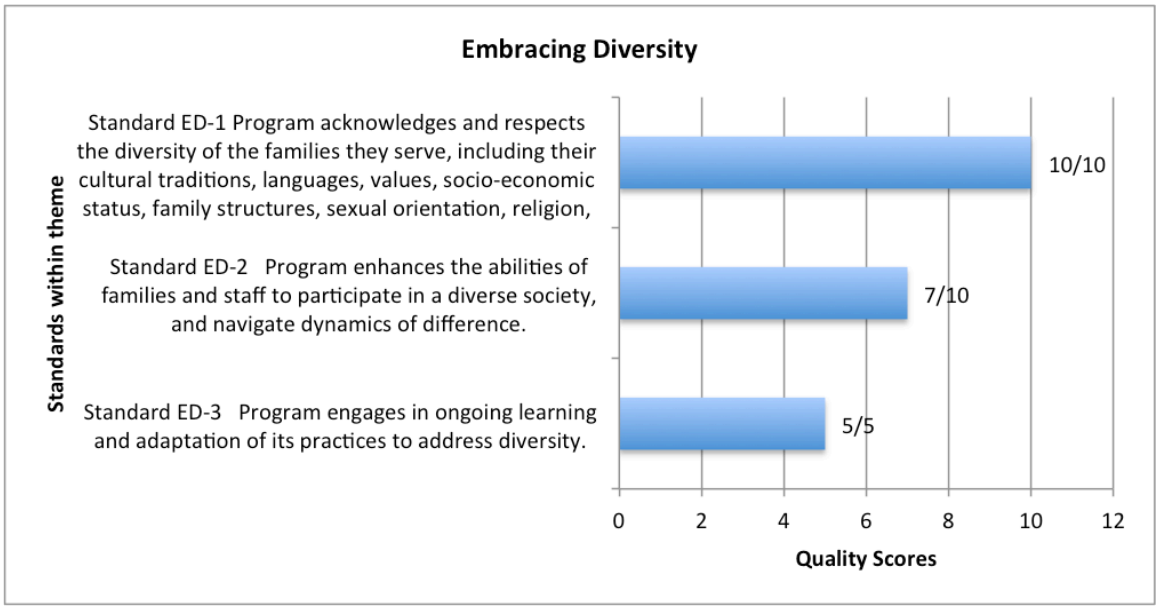


Figure 12 Self-Assessment Reflection: Embracing Diversity Theme Scores
Overall, this graph shows very positive results and show that Standard FD-2 on enhancing the abilities of families and staff to participate in a diverse society had the lowest score in this theme.

Standard ED-2 is made up of two descriptive qualities, one that was scored 3 (meets minimum quality) and 4 (Meets minimum and is approaching high quality). These qualities refer to cultural diversity and training of staff on cultural diversity. In this respect, the participants

reported that while the Center was very diverse in its representation of Hispanic backgrounds and staff was very culturally aware, there was not much diversity of other racial backgrounds, such as African American, Asian, or Caucasian, or other cultural backgrounds such as Jewish cultures. The participants suggested that the creation of events and programming that promote and encourage cultural and racial diversity as well as requiring continuous training on cultural diversity for the PAT staff would be beneficial for the Center and move it to a score of 5 (meets minimum and meets high quality).

3.3.1.4 Community Building

The community building theme is composed of three standards and just the first standard has two descriptive qualities associated to it. The overall score for this theme was 18 out of 20 possible points. This was one of the areas that the Center excelled according to the participants in the reflection session.

The Center ensures to provide participants with information about potential safety concerns that may affect their community and plans advocacy trips to Harrisburg, to which parents are invited and involved. Furthermore, the reflection session participants suggested that the multiple partnerships with local organizations such as UPMC, Latinos Parents United in Action, Pittsburgh Public Schools and Pittsburgh Action Against Rape, provide the Center with multiple venues to promote community building and act as resources that strengthen the families enrolled at the Center. Lastly, parents suggested that in order to receive the full score, the center should place more effort in getting more parents involved in the advocacy process, spread the word about the services provided at the Center, provide more opportunities for fathers to get involved and participate in educational sessions provided by partner organizations. The figure that follows is an illustration of the scores for each standard within this theme.

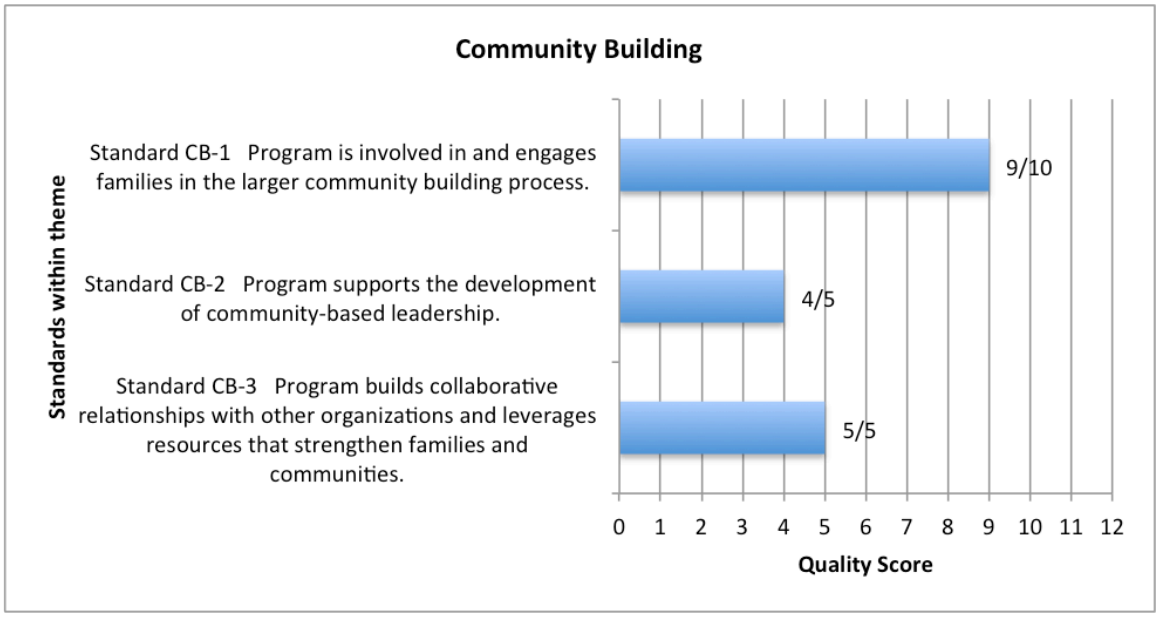


Figure 13 Self-Assessment Reflection: Community Building Theme
Overall, this graph shows very positive results and show that Standard CB-1 on engaging families in the larger community building process, and Standard CB-2 on supporting development of community-based leadership had the lowest score in this theme.

3.3.1.5 Evaluation

The last section in this survey was the evaluation section. This was the lowest scoring section, with an overall score of 21 out of 30 possible points. One standard that the participants scored the Center quite high was standard E-2, which relates to the program's data collection habits. Before this evaluation, the data was collected but not much was actually done with the data afterwards, thus this evaluation was included into the factors used to come up with the score. This standard is composed of two descriptive qualities and they were both scored 4 (meets minimum quality and is approaching high quality).

A few action points have been suggested to move the scores closer to meeting both minimum and high quality for the standards in this theme. These include providing further training in evaluation methods to staff members, continue to establish a system of monitoring that promotes evaluation, continue to carry out program evaluation every couple of years and

modify the program according to the results of the evaluation. The figure that follows is a visual representation of the results for this theme.

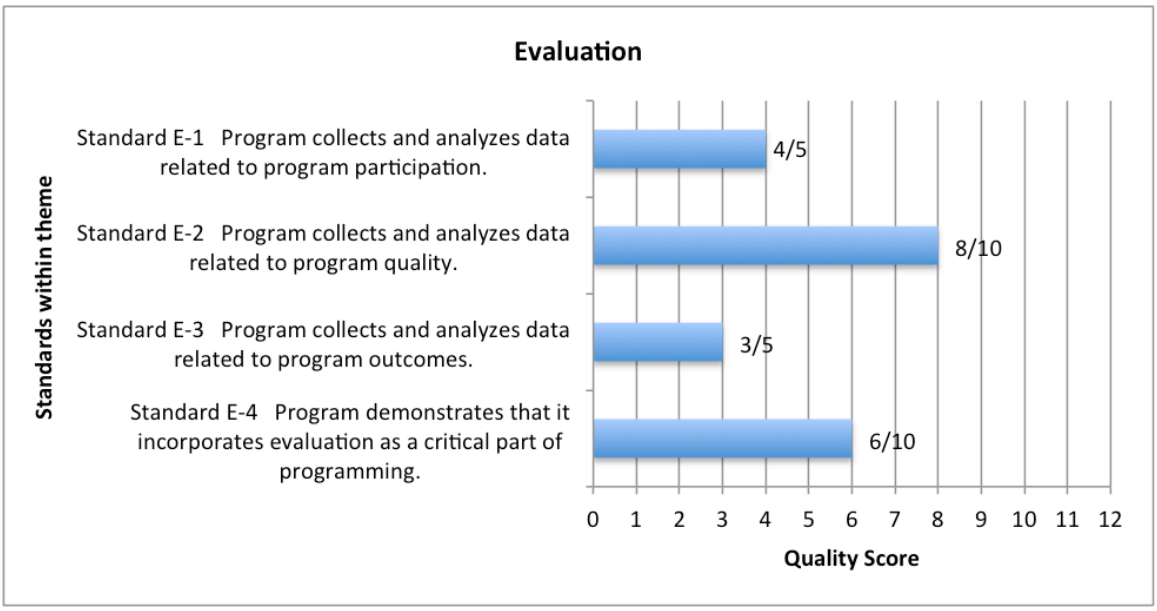


Figure 14 Self-Assessment Reflection: Evaluation Theme
This was the lowest scoring Theme within this questionnaire and there is room for improvement in each of the Standards under this theme.

Overall, the responses for each theme were quite positive, with the group providing good examples of high quality practices at the Center. The overall score, calculated from the addition of every score for each theme, was 115 out of 135 possible points or 85.2 out of 100. The chart below shows the composite scores for each theme, as a summary of the previously described sections.

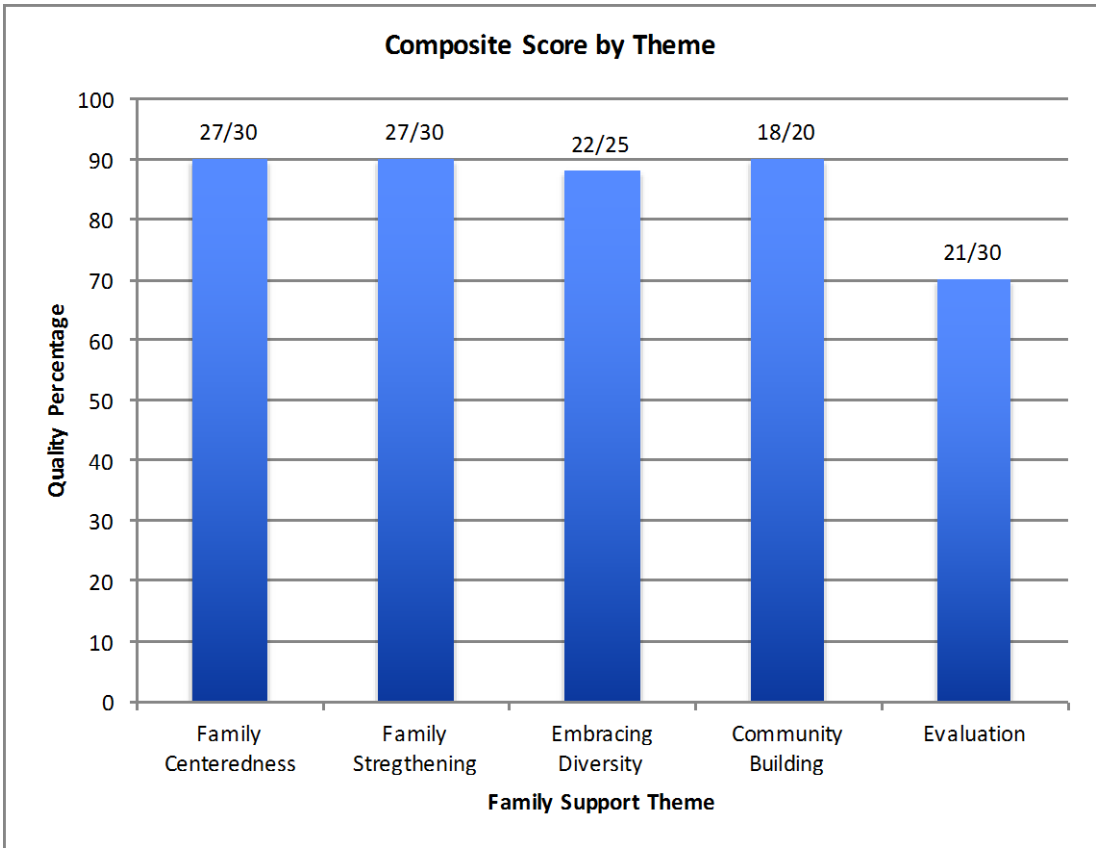


Figure 15 Self-Assessment Reflection Composite Scores by Theme
This graph shows the composite scores of each theme as percentages for each major theme in this Questionnaire. Family Centeredness and Strengthening and Community building all had 90%, Embracing Diversity had 88% and Evaluation had the lowest percentage at 70%.

3.4 RESULTS COMPARED TO EVALUATION TABLES

Table 10 describes the results from the documentation review as they relate to the process measures table previously presented in this document. The results indicate that the Center is meeting its process outcome goals.

Table 10 Process Measures: Results

Process Measures		
Process Outcome	**Evaluation Indicator**	**2014-2015 Fiscal Year**
# of Developmental (ASQ and ASQ-SE) screenings done	Enrolled children ages 0-5 receive 2 ASQ and 1 ASQ-SE for 75% of the months enrolled (every 6 months) At least 75% of intensively enrolled and eligible children ages 0-5 will receive at least two ASQs and one ASQ-SE in the current fiscal year.	In the 2014-2015 fiscal year, there were 52 intensively enrolled and eligible children ages 0-5. Out of this number, 50/52 (96.2%) received at least ONE ASQ screening, 27/52 (51.9%) received a second ASQ screening and 36/38 (94.7%) received at least one ASQ-SE.
# of home visits	At least 60% of families receive at least 1 home visit per month.	In the 2014-2015 fiscal year, there were a total of 60 families who received a service visit, out of this number, 56 intensive families and 7 general families received in home services. In this period there were a total of 599 service visits, out of which 491 were in home (488 intensives, 3 general).
# of group connections	Delivered 75% of required group connections in a year (9 of 12).	In the 2014-2015 fiscal year, there were a total of 130 group connections done.
# Referrals done	Children who score with a delay in either the ASQ or ASQ-SE get referred to services	In the 2014-2015 fiscal year, 5 children were identified as “at risk”, out of which, 4 were referred to Early Intervention (EI) for any delay and 2 of these were admitted for EI services. Furthermore, there were 24 children receiving EI services in the 2014-2015 fiscal year.

Table 10 Continued

# of referrals completed	Of those referred to services, at least 75% follow-up with connection referral	According to the survey, when parents were recommended to seek further services (24 or 60%) 18 (45%) parents followed through with the referral, 4 (10%) parents had yet to do something but intended to do something and 2 (5%) parents had called for an appointment.
#of parents/families attending group connections	Of those enrolled in the intensive program, at least 50% attend at least 1 group connection a month.	In the 2014-2015 fiscal year, the Center hosted a total of 130 group activities and the data collection method do not distinguish between intensive and general families. Thus using the survey data as measure, 45% of participants had not participated in parent meetings, 30% had not participated in learning together, 40% had not participated in family fun nights and 15% had not participated in service coordination. This means that out of those surveyed, at least 50% of participants attended at least one activity during the fiscal year.
# of goals created by families # of goals achieved	95% Families enrolled in the intensive program have an active goal plan and are making progress to at least achieve one of those goals.	In 2014-2015 fiscal year, there were a total of 60 families with an active goal plan. Out of this number, 47 were intensive and 13 were general families. A total of 50 (39 intensives, 11 general) families made progress on at least one goal in this period.
# of children in kindergarten	Of the children enrolled who are ready for kindergarten, 95% of them attend at the first day.	In 2014-2015, there were 12 kindergarten eligible children, out of which, 12 were enrolled on time and present on the first day of school. In the previous fiscal year, there were 19 kindergarten eligible children, out of which 17 were enrolled on time and present the first day of school.

Table 10 Continued

# of families served	Each FDS will carry a workload of 20 families and a total of 60 families will be enrolled in the intensive program.	In the 2014-2015 fiscal year, the Center had 91 enrolled families (47 intensive, 44 general). In this period, a total of 6 families were exited (2 intensive, 4 general).

Table 11 describes the results of this evaluation compared to its evaluation measure to provide an overview of the results. As is shown by this table, the PAT program run at the Latino Family Center is producing the desired effects.

Table 11 Outcome Measures: Results

Outcome Measures		
Evaluation Outcome	**Evaluation Indicator**	**Evaluation Findings**
Parents are satisfied with program components and have an active voice in program implementation.	95% of parents report being satisfied with the program components.	82% of those surveyed reported being satisfied with the program.
Increase in healthy pregnancies and improved birth outcomes. -Babies born at 5lbs and 8 oz. or above.	Increase by 10% in healthy pregnancies and improved birth outcomes as measured by document review. -95% of the pregnant women enrolled in the family Center prior to the second trimester and who are intensively enrolled throughout their pregnancy, will	8 babies were born to 10 women in the 2014-2015 fiscal year and all 8 babies had a birth weight of at least 5 lbs. and 8 oz. In the previous fiscal year (2013-2014), 12 babies were born to 13 women and all 12 babies had a birth weight of at least 5 lbs. and 8 oz.

Table 11 Continued

	have babies born to them that have birth weights 5lbs and 8 oz. or above.	
Increase in parent knowledge of their child's emerging development and age-appropriateness child development. -Parents are knowledgeable about their child's current and emerging language, intellectual, social-emotional, and motor development. -Parents recognize their child's developmental strengths and possible delays. -Parents are familiar with key messages about healthy births, attachment, discipline, health, nutrition, safety, sleep, and transition/routines.	75% of parents demonstrate an increase in parent knowledge of their child's emerging development and age appropriate child development.	Analysis of survey data suggests that all parents who participated in the survey improved on average by 1.2 points on the parenting scale.
Improved parenting capacity, practices, and parent-child relationships -Parents describe how a child's development influences parenting responses. -Parents display more literacy and language promoting behaviors. -Parents demonstrate positive	75% of parents report improved parenting capacity, practices and parent child relationships.	-The University of Idaho survey also suggests that on average parents who participate in the PAT program report a 1.55-point growth in knowledge about parenting (items A, B, C) -The analysis of the University of Idaho parenting practices survey suggests that parents report an average improvement of 1.3 points on the parting scale on the amount of activities they do with their children.

Table 11 Continued

parenting skills, including nurturing and responsive parenting behaviors and positive discipline techniques. -Parents show increased frequency, duration, and quality of parent-child interaction.		-Further analysis also suggest that the majority of the sample, 24/38 (63%), reported an improvement, while 12 (32%) reported no change and 2 (5%) reported a decrease in the activities they do with their children.
Early detection of developmental delays and health issues -Children will have increased identification and referral to services for possible delays and vision/hearing/health issues	75% of children identified as having a possible delay are referred to agencies for treatment of their developmental delay. Of those referred, at least 75% of the parents follow through on the referral. (Might be in process) Of those referred, at least 75% have confirmed a developmental delay.	Of those surveyed, 16 (40%) were not recommended to see a specialist and 24 (60%) received a recommendation for services. Out of this number, 18 (45%) took their child to see a specialist, 4 (10%) planned to take action and 2 (5%) made an appointment or called for advice.
Improved family health and functioning -Improved quality of home environment -Families link with other families and build social connections -Parents are more resilient and less stressed -Parents are empowered to	75% of families report improved family health and functioning	Analysis of University of Idaho survey suggests that parents report an average growth of around 1.2 points on the parenting scale in regards to their relationships with other families with children. Furthermore, most parents 24 (72.5%) reported that they either agreed or strongly agreed with item 10 (This program helps me build relationships with other families.) on the satisfaction survey. However, 8(24.1%) of

Table 11 Continued

identify and utilize resources and achieve family and child goals -Families are connected to concrete support in times of needs		parents also completely disagreed or were neutral on this item. Further analysis showed that 22(56%) of parents reported an increase in the amount of relationships with other families, while 14 (36%) reported no change and 3 (8%) reported a decrease in relationships since participating in the program.
Improved child health and development	75% of children are vaccinated according to vaccination schedule. 75% of children enrolled have health insurance within 3 months of enrollment.	-In the 2014-2015 fiscal year, 98.72% (154/174) of enrolled children aged 0-5 have a current vaccination record. -In the 2014-2015 fiscal year, there were 174 children aged 0-17 enrolled in the intensive and general services at the Center. Out of this number, 147 (84.48%) [Intensive 85 (85.86%), General 62 (82.67%)] had health insurance.
Increased school readiness	95% of children enrolled in PAT program are enrolled in Kindergarten on time and are present on the first day of class.	-In the fall of the 2014-2015 fiscal year, there were 12 kindergarten eligible children enrolled in the PAT program. All 12 of those children were enrolled on time for kindergarten and present on the first day of school.
Increased parent involvement in children's care and education	75% of parents report increased involvement in children's care and education.	-The analysis of the University of Idaho parenting practices survey suggests that parents report an average improvement of 1.3 points on the parting scale on the amount of activities they do with their children. -Further analysis also suggest that the majority

Table 11 Continued

		of the sample, 24/38 (63%), reported an improvement, while 12 (32%) reported no change and 2 (5%) reported a decrease in the activities they do with their children.

4.0 DISCUSSION

The results presented here indicate that the Parents as Teachers model as implemented at the Latino Family Center is having a statistically significant positive impact on the families who participate in the program and seem to support existing reports of success (Carroll, Smith, & Thomson, 2015; Drotar et al., 2009; Hebbeler & Gerlach-Downie, 2002; Judy C. Pfannenstiel et al., 2003; J. C. Pfannenstiel & Seltzer, 1989; J. C. Pfannenstiel & Zigler, 2007; M. Wagner & S. L. Clayton, 1999; Wagner et al., 2001; Wagner, Spiker, & Inman Linn, 2002; Washington State Institute for Public Policy, 2012; Williams, Comrie, & Sligo, 2001). Through this evaluation process, the evaluator was able to identify areas of strength and areas of improvement. What follows is a description of these and this evaluator's recommendations for improvement of services.

The Center exhibits many areas of strength such as community building, diversity, and parental leadership. The way the program is structured allows for parents to have a real input in the day-to-day activities that are conducted in the Center. For example, the parent council plays a key role in deciding major celebration events such as father's and mother's day, they also have input during the hiring process. Another area of great strength of the program is its involvement with the community and linking families to resources within their community. The center has multiple partnerships with community organizations that provide resources to the families at the Center.

Even though the Center does many things quite well, there are some areas that could benefit from improvement and these were highlighted through the evaluation process. One major area in need of improvement is participation in all the major activities of the PAT program, namely the Parent Meetings, Family Fun Nights and Learning Together activities. A large proportion of the families surveyed reported that they had not participated in these activities (Parent meetings 18 (45%), Family Fun Nights 16 (40%) and Learning Together 12 (30%)), both of which aim to help the families make connections with other families. Building relationships is at the core of many of the activities implemented in order to accomplish PAT goals. This lack of participation in the activities could explain why some families surveyed did not feel that they had made connections with other families with children through the PAT program. There are multiple factors that could be driving this lack of participation, for example, transportation with multiple children and a possible misunderstanding of how the program components work.

Throughout the survey, the evaluator got the sense that many parents surveyed thought of the PAT program as just home visiting, not home visiting, group connections and service coordination. Thus it may benefit the Center to emphasize how the activities are connected and how their participation will benefit them. Another possible solution to this participation issue is to either bring the activities into the community and see how the change in location changes the participation rates or having a satellite office in another key location to share part of the workload.

Another area that could benefit from more emphasis is improving the number of parents who report reading to their children, as this was one of the lowest scoring areas in the parenting practice survey. Placing effort in identifying barriers to reading to their children would allow the family educator to better assist the families in improving this goal. Lastly, continuing a culture of

evaluation through staff training and application of evaluation methods would allow the Center to continue to provide high quality services to the Latino community in Allegheny County.

As mentioned before, the results presented in this evaluation indicate a positive impact of parenting practices. However, during the second round of analysis using the Wilcoxon Signed Rank Test, there were multiple ties for each of the survey items, which indicated no change at all. This could be explained by either parents overestimating what the knew before they began the program or simply having come into the program with a good knowledge base in parenting practices, especially considering that many of the participating parents were not first time parents, but had children before commencing the program. In fact, in the opened ended questions, one respondent could not think of any way that PAT had affected their parenting style. Respondent 3 said *"de ningún modo"* [In no way]. This response might have something to do with the way the question was translated to Spanish in which the word affected was translated to "afectado", which may denote a negative feeling. Thus this respondent might simply have been saying that it has not impacted them negatively. These instances of no reported change also support the current literature on home visiting, where it is unclear who exactly benefits the most this type of intervention (Hebbeler & Gerlach-Downie, 2002).

The last area highlighted by this evaluation as having room to improve was the evaluation practices in general. Currently, the Center uses multiple tools from the Parents as Teachers toolkit but not all. These tools would enable the Center to have access to baseline data next time they perform an outcome evaluation. Furthermore, the PAT national website has suggestions of tools to use in order to evaluate program outcomes. However, in order to use these tools effectively, the Center should consider updating its database system to a more user-friendly platform that allows them to use the data in real-time through the generation of reports and

effective tracking. Lastly, provision of opportunities to train the Center staff in evaluation could also prove beneficial as an understanding of evaluation would make it easier for them to perform these activities in the future. All of this being said, the Center is currently in the process of improving their evaluation practices and this evaluation is proof of that.

This evaluation was the result of a highly collaborative effort between the evaluator and both the Center staff and leadership. With this in mind, the results of this process was presented to the team at the Center, the parent council and other presentations for stakeholders are scheduled for Fall 2015 and Spring 2016. Furthermore, an evaluation report was developed for the Center to use as they deem fit. Lastly, an infographic was created highlighting the main findings of the evaluation for inclusion in the parent newsletter. This was done to share with participants and stakeholders the results of this utilization focused evaluation.

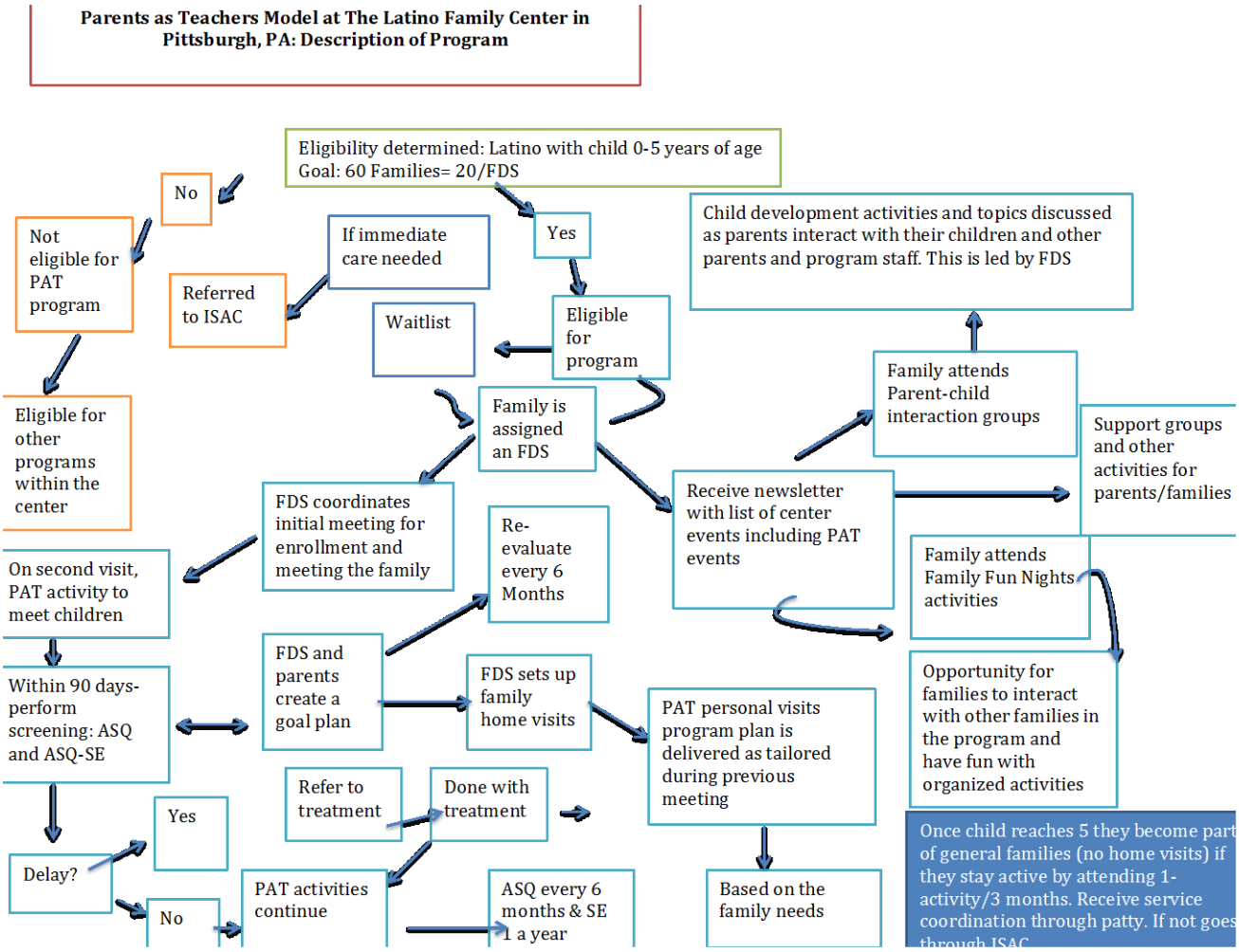
In conclusion, the Latino Family Center through their Parents as Teachers model seem to have had a positive impact on the families who have participated in the program. For the most parts, parents are very satisfied with the program and would recommend the program to a friend. Furthermore, parent reported that the Center has provided them with a key resource for information and support throughout their participation and are generally very thankful for this program. Despite the positive feedback some areas of improvement include increasing parent participation in activities at the Center, improving the number of parents who report reading to their child, and continuing to build their evaluation capacity.

5.0 FUTURE EVALUATIONS

Future evaluations should take into consideration the unique contextual setting of the Latino Family Center and the limitations presented in this study. Some possible ways to overcome the limitations of this evaluation in the future is to implement the use of a pre and post survey at the point of intake and exit. In other words, have the families complete a survey at the moment of program enrollment and then another at the point of program graduation. This last survey should also include a section for program improvement suggestions from the participant. This would allow the Center to have access to baseline data to use as comparison at completion of the program. Furthermore, the use of observation tools in the home such as the Life Skills Progression tool or Keys to Interactive Parenting Scale, both of which have been shown to be reliable observation tools to assess the outcomes of the Parents as Teachers home visiting mode, would enhance the evaluation practices of the Center. Lastly, the addition of other qualitative methods, such as focus groups, could potentially provide deeper insight into some of the barriers faced by families that prevent their participation in Center activities. Despite there being a cost associated with some of the suggestions here, for the most part they are all cost effective methods, that could be easily integrated into the daily practices of the Center and facilitate evaluation in the future.

APPENDIX A: SCHEMATIC OF THE ADMISSION PROCESS TO THE PAT PROGRAM

Starting at the eligibility section, this schematic describes the process through which Families entering the program go through.



APPENDIX B: FREQUENCY TABLES PARENTING PRACTICES

Item A: My knowledge of how my child is growing and developing

Item A Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	2.2	2.6	2.6
	1.0	1	2.2	2.6	5.1
	2.0	3	6.5	7.7	12.8
	3.0	9	19.6	23.1	35.9
	4.0	8	17.4	20.5	56.4
	5.0	9	19.6	23.1	79.5
	6.0	8	17.4	20.5	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		
Item A After		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	4.0	1	2.2	2.6	2.6
	5.0	13	28.3	33.3	35.9
	6.0	25	54.3	64.1	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item B: My knowledge of what behavior is typical at this age

Item B Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	2.2	2.7	2.7
	1.0	1	2.2	2.7	5.4
	2.0	3	6.5	8.1	13.5
	3.0	6	13.0	16.2	29.7
	4.0	11	23.9	29.7	59.5
	5.0	9	19.6	24.3	83.8
	6.0	6	13.0	16.2	100.0
	Total	37	80.4	100.0	
Missing	System	9	19.6		
Total		46	100.0		
Item B After		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	3.0	2	4.3	5.4	5.4
	4.0	9	19.6	24.3	29.7
	5.0	8	17.4	21.6	51.4
	6.0	18	39.1	48.6	100.0
	Total	37	80.4	100.0	
Missing	System	9	19.6		
Total		46	100.0		

Item C: My knowledge of how my child's brain is growing and developing

Item C Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	2.2	2.6	2.6
	2.0	4	8.7	10.3	12.8
	3.0	8	17.4	20.5	33.3
	4.0	10	21.7	25.6	59.0
	5.0	7	15.2	17.9	76.9
	6.0	9	19.6	23.1	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item C After		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.0	1	2.2	2.6	2.6
	4.0	1	2.2	2.6	5.1
	5.0	12	26.1	30.8	35.9
	6.0	25	54.3	64.1	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item D: My confidence in myself as a parent

Item D Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	2.2	2.6	2.6
	2.0	2	4.3	5.1	7.7
	3.0	4	8.7	10.3	17.9
	4.0	12	26.1	30.8	48.7
	5.0	11	23.9	28.2	76.9
	6.0	9	19.6	23.1	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item D After		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.0	3	6.5	7.7	7.7
	5.0	16	34.8	41.0	48.7
	6.0	20	43.5	51.3	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item E: My confidence in setting limits for my child

Item E Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	2.2	2.6	2.6
	1.0	1	2.2	2.6	5.1
	3.0	6	13.0	15.4	20.5
	4.0	14	30.4	35.9	56.4
	5.0	7	15.2	17.9	74.4
	6.0	10	21.7	25.6	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		
Item E After		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	3.0	1	2.2	2.6	2.6
	4.0	3	6.5	7.7	10.3
	5.0	14	30.4	35.9	46.2
	6.0	21	45.7	53.8	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item F: My confidence that I can help my child learn at this age

Item F Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	2.2	2.6	2.6
	1.0	1	2.2	2.6	5.1
	2.0	3	6.5	7.7	12.8
	3.0	3	6.5	7.7	20.5
	4.0	8	17.4	20.5	41.0
	5.0	16	34.8	41.0	82.1
	6.0	7	15.2	17.9	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item F After		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.0	1	2.2	2.6	2.6
	5.0	14	30.4	35.9	38.5
	6.0	24	52.2	61.5	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item G. My ability to identify what my child needs.

Item G Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	2	4.3	5.4	5.4
	2.0	3	6.5	8.1	13.5
	3.0	4	8.7	10.8	24.3
	4.0	7	15.2	18.9	43.2
	5.0	8	17.4	21.6	64.9
	6.0	13	28.3	35.1	100.0
	Total	37	80.4	100.0	
Missing	System	9	19.6		
Total		46	100.0		

Item G After		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.0	1	2.2	2.6	2.6
	5.0	7	15.2	17.9	20.5
	6.0	31	67.4	79.5	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item H: My ability to respond effectively when my child is upset

Item H Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	2.2	2.6	2.6
	1.0	1	2.2	2.6	5.1
	2.0	5	10.9	12.8	17.9
	3.0	2	4.3	5.1	23.1
	4.0	11	23.9	28.2	51.3
	5.0	12	26.1	30.8	82.1
	6.0	7	15.2	17.9	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item H After		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.0	3	6.5	7.9	7.9
	5.0	9	19.6	23.7	31.6
	6.0	26	56.5	68.4	100.0
	Total	38	82.6	100.0	
Missing	System	8	17.4		
Total		46	100.0		

Item I: My ability to keep my child safe and healthy

Item I Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	2.2	2.6	2.6
	2.0	1	2.2	2.6	5.1
	3.0	2	4.3	5.1	10.3
	4.0	9	19.6	23.1	33.3
	5.0	10	21.7	25.6	59.0
	6.0	16	34.8	41.0	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item I After		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5.0	6	13.0	15.4	15.4
	6.0	33	71.7	84.6	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item J: The amount of activities my child and I do together

Item J Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	2	4.3	5.3	5.3
	2.0	2	4.3	5.3	10.5
	3.0	9	19.6	23.7	34.2
	4.0	9	19.6	23.7	57.9
	5.0	10	21.7	26.3	84.2
	6.0	6	13.0	15.8	100.0
	Total	38	82.6	100.0	
Missing	System	8	17.4		
Total		46	100.0		
Item J After		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	3.0	2	4.3	5.3	5.3
	4.0	2	4.3	5.3	10.5
	5.0	15	32.6	39.5	50.0
	6.0	19	41.3	50.0	100.0
	Total	38	82.6	100.0	
Missing	System	8	17.4		
Total		46	100.0		

Item K: The amount I read to my child

Item K Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	6	13.0	15.8	15.8
	1.0	2	4.3	5.3	21.1
	2.0	4	8.7	10.5	31.6
	3.0	8	17.4	21.1	52.6
	4.0	8	17.4	21.1	73.7
	5.0	6	13.0	15.8	89.5
	6.0	4	8.7	10.5	100.0
	Total	38	82.6	100.0	
Missing	System	8	17.4		
Total		46	100.0		

Item K After		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	2	4.3	5.3	5.3
	2.0	3	6.5	7.9	13.2
	3.0	4	8.7	10.5	23.7
	4.0	12	26.1	31.6	55.3
	5.0	10	21.7	26.3	81.6
	6.0	7	15.2	18.4	100.0
	Total	38	82.6	100.0	
Missing	System	8	17.4		
Total		46	100.0		

Item L: My connection with other families with children

Item L Before		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	4	8.7	10.3	10.3
	1.0	4	8.7	10.3	20.5
	2.0	6	13.0	15.4	35.9
	3.0	7	15.2	17.9	53.8
	4.0	6	13.0	15.4	69.2
	5.0	6	13.0	15.4	84.6
	6.0	6	13.0	15.4	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

Item L After		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	3	6.5	7.7	7.7
	2.0	3	6.5	7.7	15.4
	3.0	4	8.7	10.3	25.6
	4.0	6	13.0	15.4	41.0
	5.0	8	17.4	20.5	61.5
	6.0	15	32.6	38.5	100.0
	Total	39	84.8	100.0	
Missing	System	7	15.2		
Total		46	100.0		

APPENDIX C: QUALITY MEASURES ASSESSMENT QUESTIONNAIRE

Standards of Quality for Family Support Centers: Self-Assessment Summary 1

Center Name __Latino Family Center_____ _____June 3, 2015___

	Minimum Quality Not Yet Addressed 1	Approaching Minimum Quality 2	Meets Minimum Quality 3	Approaching High Quality 4	Point Value (1-5)
FAMILY CENTEREDNESS (FC)					
Standard FC-1 Program Encourages families to participate in program development and implementation.					
FC-1.1					5
We chose this rating because (list 2-3 things to support your decision): 1. Program requests and takes into consideration parental input when making decisions about program actvities. 2. Program partners with participants to create and implement programs/activities. 3. Parents have a voice or say on most decisions made in the					
Standard FC-2 Program is assessible and welcoming to families.					
FC-2.1					5
We chose this rating because (list 2-3 things to support your decision): 1. The physical location of the center and the hours it is opened are accessible to program participants.2.Before the new location for the center was finalized, the program asked the parents for their input on the location and issues around transportation were explored and tested to ensure that participants had good access to the center.					
FC-2.2					5
We chose this rating because (list 2-3 things to support your decision):1. Participants express feeling at home due to the welcoming enviornment created by the provision of food and coffee when they arrive. 2. Parents report that havng a voice in the programs's decision making, promotes ownership of the program and makes them feeled valued and part of the program.					
Standard FC-3 Program conducts outreach to families and sustains ongoing relationsh					
FC-3.1				X	4
We chose this rating because (list 2-3 things to support your decision): 1. Program uses social media to invite and send reminiders to participants to events. 2. Program uses word of mouth and printed documents to conduct outreach. 3. Program has not had to do any outreach since we have been at capacity since we first opened our doors in 2009, therefore it has not been a high priority since we do not have the resources to 1) do an outreach plan and 2) serve more families					
FC-3.2					5

We chose this rating because (list 2-3 things to support your decision): 1. Program staff mantians a trustful, respectful and warm relationship with program participants. 2. Staff is trained to follow up with families regarding services and any other concerns they may have. 3. Program encourages parent leadership through parent council and motivates them to participate in other leadership roles within the community.

Standard FC-4 Program models family-centeredness approach with staff and in its related administrative prac

FC-4.1			x		3

We chose this rating because (list 2-3 things to support your decision): 1. When staff have a family emergency or medical appointment, center is flexible in providing opportunities or working around them. 2. Program inquires about the family of the staff needs and state. 3. Program accomodates new mothers and responds to needs such as providing breastfeeding breaks.

FAMILY STRENGTHENING (FS)

Standard FS -1 Program recognizes and affirms families' strengths and resilience, and is responsiv

FS-1.1					5

We chose this rating because (list 2-3 things to support your decision): 1. staff connects families with servvice, follows up on progress and celebrates any accomplishments. 2. Participants are encouraged to create goals for themselves, their children and their family. These goals are tracked and when accomplished celebrated.

FS-1.2					5

We chose this rating because (list 2-3 things to support your decision): 1. Staff listens and responds to families concerns and problems. 2. Staff is well trained to respond to a variety of scenarios/challenges. 3. Staff connects participants to resources in the community

Standard FS -2 Program enhances families' capacity to support the healthy development (cognitive, social, emotional and physical) of their family members.

FS-2.1				X	4

We chose this rating because (list 2-3 things to support your decision): 1. Staff is knowledgeableabout child development and is able to respond to parents questions and concerns. 2. Staff has the opportunity to attend trainings that develop their skills and help them better respond to parent concerns. 3. Staff is required to attend trainings on different topics ranging from child development to staff self-care.

FS-2.2			X		3

We chose this rating because (list 2-3 things to support your decision): 1. Program shares pamphlets about healthy choices with families. 2. Program has a newsletter, which has easy recepies, tips and theme of the month. 3. Program implements an evidence based program- Parents as Teachers.

Standard FS -3 Program recognizes families as significant resources for their own

FS-3.1					5

We chose this rating because (list 2-3 things to support your decision): 1. Newsletter is sent to all families participating in the Parents as Teachers program and to any who requests it. The newsletter contains inforamtion about current events both in the community and at the center and include invitations to those events. 2. Program runs a family fun night event every month, in these events, the whole family is welcomed and encouraged to participate.

FS-3.2					5

We chose this rating because (list 2-3 things to support your decision): 1. Family fun nights provide opportunities for families to connect with other families and socialize. 2. In the past, participants have led arts and craft lessons. 3. Parent council in partnership with staff organizes celerations for special events such as mother's and father's day.

EMBRACING DIVERSITY (ED)

Standard ED-1 Program acknowledges and respects the diversity of the families they serve, including their cultural traditions, languages, values, socio-economic status, family structures, sexual orientation, religion, individual abilities and other aspects.

ED-1.1					5

We chose this rating because (list 2-3 things to support your decision): 1. Program materials are availbale in spanish and new documents are created in both english and spanish. Furthermore, documents that are not in spanish are in the process of being translated. 2. Staff is bilingual and culturally diverse, from different countries from Latin America and the United States. 3. Staff recruitment involves requirement of being bilingual.

ED-1.2					5

We chose this rating because (list 2-3 things to support your decision): 1. Announcement of mobile consulates from different countries. 2. Parent council has both mothers and fathers as members. 3. During potluck events, different cultures are represented by the families and staff. 4. Staff is all female, but with diverse nationalities.

Standard ED-2 Program enhances the abilities of families and staff to participate in a diverse society, and navigate dynamics of difference.

ED-2.1			X		3

We chose this rating because (list 2-3 things to support your decision):1. Fatherhood groups bring together different cultures such as the Latino and African American culture. 2. Newsletter anounces community events, such as the three rivers festival and Social media is used to remind participants of events. 3. The new Hazelwood location is a more culturally diverse neighborhood.

ED-2.2				X	4

We chose this rating because (list 2-3 things to support your decision): 1. Staff supports each other in navegating differences. 2. Staff have the opportunity to attend different conferences on diversity. 3. ISAC profeam has continous trainings on diversity.

Standard ED-3 Program engages in ongoing learning and adaptation of its practices

ED-3.1					5

We chose this rating because (list 2-3 things to support your decision): 1. Staff gets to know participants and creates relationships that allow for an understandig of cultural diversity. 2. Events planned take into consideration reliogious holidays. 3. Staff and Participants represent different nationalities within Latin America and the US

COMMUNITY BUILDING (CB)

Standard CB-1 Program is involved in and engages families in the larger community

CB-1.1				X	4

We chose this rating because (list 2-3 things to support your decision):We chose this rating because (list 2-3 things to support your decision): 1. Program provides participants with information on potential safety concerns. 2. Newsletter is a source of information on community events. 3. Planned trip to Harrisburg for advocacy activities.

CB-1.2					5

We chose this rating because (list 2-3 things to support your decision): 1. Program supports and encourages parents to advocate for bilingual professionals at schools. 2. Program has active partnership with LPUA, which succeded in creating a language line in Pittsburgh Public Schools.

Standard CB-2 Program supports the development of community-based leadership.

CB-2.1				X	4

We chose this rating because (list 2-3 things to support your decision):1. ISAC program aims to teach families how to navigate services. 2. Parents are encouraged to participate in Latino Parents United For Action (LPUA) 3. Parents have a voice and vote on activities helt at the center.

Standard CB-3 Program builds collaborative relationships with other organizations and leverages resources that strengthen families and communities.

CB-3.1					5

1. Program creates collaborative relationship with other organizations such as UPMC-health education and maternity tours, PAAR- child safety classes, Birth Circle- Mom groups and prenatal classes.

EVALUATION (E)

Standard E-1 Program collects and analyzes data related to program participation.

E-1.1				X	4

We chose this rating because (list 2-3 things to support your decision):1 Program collects and compiles data monthly regarding program participation. 2. ISAC has a functioning database that allows for the creation of reports

Standard E-2 Program collects and analyzes data related to program quality.

E-2.1				X	4

We chose this rating because (list 2-3 things to support your decision): 1. Program is being evaluated by an outside evaluator at the Univeristy of Pittsburgh. 2. Evaluation is looking at quality through satisfaction of parents. 3. Results will be shared with stakeholders and appropriate program modifications will be made.

E-2.2				X	4

We chose this rating because (list 2-3 things to support your decision): 1.Program has begun to use self-assessment tool. 2. Program reviews comments posted on social media and feedback from parent council meetings. 3. Program has started to use parent satisfaction survey from parents as teachers resources.

Standard E-3 Program collects and analyzes data related to program outcomes.

E-3.1			X		3

We chose this rating because (list 2-3 things to support your decision): 1. Program began usung the University of Idaho Parenting Practices survey to evaluate outcomes. 2. Program collects data on participants but no more action is taken.

Standard E-4 Program demonstrates that it incorporates evaluation as a critical part

E-4.1				X	4

We chose this rating because (list 2-3 things to support your decision): 1. Program developed evaluation questions and evaluator developed an evaluation plan. 2. Evaluation plan is currently being implemented

E-4.2		X			2

We chose this rating because (list 2-3 things to support your decision): 1. Program staff will receive presentation regarding evaluation methods employed to carry out the evaluation currently being implemented. This presentation will help give an overview of evaluation practices and how it could be integrated going forward. The presentation will be done by the outside evaluator from the University of Pittsburgh.

BIBLIOGRAPHY

Avila, R. M., & Bramlett, M. D. (2013). Language and immigrant status effects on disparities in Hispanic children's health status and access to health care. *Matern Child Health J, 17*(3), 415-423. doi:10.1007/s10995-012-0988-9

Caesar, L. G. (2006). English Proficiency and Access to Health Insurance in Hispanics Who Are Elderly: Implications for Adequate Health Care. *Hispanic Journal of Behavioral Sciences, 28*(1), 143-152. doi:10.1177/0739986305284018

Callahan, S. T., Hickson, G. B., & Cooper, W. O. (2006). Health care access of Hispanic young adults in the United States. *J Adolesc Health, 39*(5), 627-633. doi:10.1016/j.jadohealth.2006.04.012

Carroll, L. N., Smith, S. A., & Thomson, N. R. (2015). Parents as Teachers Health Literacy Demonstration project: integrating an empowerment model of health literacy promotion into home-based parent education. *Health Promot Pract, 16*(2), 282-290. doi:10.1177/1524839914538968

Center for Research on Helathcare Data Center. (2010). Allegheny County: Demographics. Retrieved from http://www.pacenterofexcellence.pitt.edu/counties/allegheny/demographics_allegheny.html

Chaidez, V., Hansen, R. L., & Hertz-Picciotto, I. (2012). Autism spectrum disorders in Hispanics and non-Hispanics. *Autism, 16*(4), 381-397. doi:10.1177/1362361311434787

Cristancho, S., Garces, D. M., Peters, K. E., & Mueller, B. C. (2008). Listening to Rural Hispanic Immigrants in the Midwest: A Community-Based Participatory Assessment of Major Barriers to Health Care Access and Use. *Qualitative Health Research, 18*(5), 633-646. doi:10.1177/1049732308316669

Documėt, P., Kamouyerou, A., Pesantes, A., Macia, L., Maldonado, H., Fox, A., . . . Guadamuz, T. (2015). Participatory Assessment of the Health of Latino Immigrant Men in a Community with a Growing Latino Population. *Journal of Immigrant and Minority Health, 17*(1), 239-247. doi:10.1007/s10903-013-9897-2

Documét, P., & Sharma, R. (2004). Latinos' Health Care Access: Financial and Cultural Barriers. *Journal of Immigrant Health, 6*(1), 5-13. doi:10.1023/B:JOIH.0000014638.87569.2e

Drotar, D., Robinson, J., Jeavons, L., & Lester Kirchner, H. (2009). A randomized, controlled evaluation of early intervention: the Born to Learn curriculum. *Child Care Health Dev, 35*(5), 643-649. doi:10.1111/j.1365-2214.2008.00915.x

Escarce, J. J., & Kapur, K. (2006). Access to and Quality of Health Care. In M. Tienda & F. Mitchell (Eds.), *Hispanics and the Future of America* (pp. 410). Washington, D.C: National Acadamies Press.

Fiscella, K., Franks, P., Doescher, M. P., & Saver, B. G. (2002). Disparities in health care by race, ethnicity, and language among the insured: findings from a national sample. *Med Care, 40*(1), 52-59.

Flores, G., & Vega, L. R. (1998). Barriers to health care access for Latino children: a review. *Fam Med, 30*(3), 196-205.

Freeman, H. E., & Corey, C. R. (1993). Insurance status and access to health services among poor persons. *Health Serv Res, 28*(5), 531-541. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1069962/pdf/hsresearch00062-0012.pdf

Hebbeler, K., & Gerlach-Downie. (2002). Inside the black box of home visiting a qualitative analysis of why intended outcomes were not achieved. *Early Childhood Research Quarterly, 17*, 28-51.

Jacobs, E. A., & Vela, M. (2015). Reducing Language Barriers in Health Care: Is Technology the Answer? *JAMA Pediatr*, 1-2. doi:10.1001/jamapediatrics.2015.3022

Ku, L., & Matani, S. (2001). Left Out: Immigrants' Access To Health Care And Insurance. *Health Affairs, 20*(1), 247-256. doi:10.1377/hlthaff.20.1.247

Lebrun, L. A. (2012). Effects of length of stay and language proficiency on health care experiences among immigrants in Canada and the United States. *Soc Sci Med, 74*(7), 1062-1072. doi:10.1016/j.socscimed.2011.11.031

Mandell, D. S., Ittenbach, R. F., Levy, S. E., & Pinto-Martin, J. A. (2007). Disparities in Diagnoses Received Prior to a Diagnosis of Autism Spectrum Disorder. *Journal of autism and developmental disorders, 37*(9), 1795-1802. doi:10.1007/s10803-006-0314-8

Mandell, D. S., Wiggins, L. D., Carpenter, L. A., Daniels, J., DiGuiseppi, C., Durkin, M. S., . . . Kirby, R. S. (2009). Racial/Ethnic Disparities in the Identification of Children With Autism Spectrum Disorders. *Am J Public Health, 99*(3), 493-498. doi:10.2105/AJPH.2007.131243

McDonald, J. (2015). Multiple Comparisons. *Handbook of Biological Statistics.* Retrieved from http://www.biostathandbook.com/multiplecomparisons.html

NA. (2015). About ASQ: Ages & Stages Questionnaires. *Ages & Stages Questionnaires.* Retrieved from http://agesandstages.com/about-asq/

Napierala, M. (2012). What is the Bonferroni Correction? Retrieved from http://www.aaos.org/news/aaosnow/apr12/research7.asp

Ortega, A. N., Fang, H., Perez, V. H., Rizzo, J. A., Carter-Pokras, O., Wallace, S. P., & Gelberg, L. (2007). Health care access, use of services, and experiences among undocumented Mexicans and other Latinos. *Arch Intern Med, 167*(21), 2354-2360. doi:10.1001/archinte.167.21.2354

Parents as Teachers. (2015a). *Parents as Teachers Informaition Booklet*. Retrieved from ONLINE: http://www.parentsasteachers.org/images/stories/PAT_970_restricted.pdf

Parents as Teachers. (2015b). Vision, Mission, History. Retrieved from http://www.parentsasteachers.org/about/what-we-do/visionmission-history

Pfannenstiel, J. C., Seitz, V., & Zigler, E. (2003). Promoting School Readiness: The Role of the Parents as Teachers Program. *NHSA Dialog, 6*(1), 71-86. doi:10.1207/s19309325nhsa0601_6

Pfannenstiel, J. C., & Seltzer, D. (1989). New Parents as Teachers: Evaluation of an Early Parent Education Program. *Early Childhood Research Quarterly, 4*, 1-18.

Pfannenstiel, J. C., & Zigler, E. (2007). *Research Summary: Prekindergarten experiences, school readiness and early elementary achievement*. Parents as Teachers National Center. ONLINE.

Pratt, C., McGuigan, W., & Katzev, A. (2000). Measuring program outcomes: Using retrospective pre-test methodology. *American Journal of Evaluation, 21*, 341-349.

Shaklee, H. (2000). *A closer look at Retrospective Pre-test methodology*. Retrieved from

Shaklee, H., & Demares, D. (2006). *The University of Idaho Parenting Practice Survey Tool Kit*. Retrieved from

Siddiqi, A., Zuberi, D., & Nguyen, Q. C. (2009). The role of health insurance in explaining immigrant versus non-immigrant disparities in access to health care: comparing the United States to Canada. *Soc Sci Med, 69*(10), 1452-1459. doi:10.1016/j.socscimed.2009.08.030

Singh, G. K., Rodriguez-Lainz, A., & Kogan, M. D. (2013). Immigrant health inequalities in the United States: use of eight major national data systems. *ScientificWorldJournal, 2013*, 512313. doi:10.1155/2013/512313

The California Network of Family Strengthening Networks. (2012). Standards of Quality for Family Strengthening and Support: The California Network of Family Strengthening Networks.

United States Census Bureau. (2010). Census Quick Facts: United States and Allegheny County, PA. Retrieved from http://www.census.gov/quickfacts/table/PST045214/00,42003

University of Idaho Parents as Teachers Demonstration Project. (2000). The University of Idaho Survey of Parenting Practices: University of Idaho.

Wagner, M., & Clayton, S. L. (1999). The Parents as Teachers Program: Results from Two Demonstrations. *The Future of Children, 9*(1). Retrieved from https://www.princeton.edu/futureofchildren/publications/docs/09_01_04.pdf

Wagner, M., Spiker, D., Hernandez, F., Song, J., & Gerlach-Downie, S. (2001). *Multisite Parents as Teachers evaluation: Experiences and outcomes for children and families*. Retrieved from ONLINE: http://www.parentsasteachers.org/images/stories/Wagner_Spiker_2001.pdf

Wagner, M., Spiker, D., & Inman Linn, M. (2002). The effectiveness of the parents as teachers program with low income parents and children. *Topics in Early Childhood Specil Education, 22*(2), 67-81.

Wagner, M. M., & Clayton, S. L. (1999). The Parents as Teachers program: results from two demonstrations. *Future Child, 9*(1), 91-115, 179-189.

Washington State Institute for Public Policy. (2012). *Parents as Teachers Meta-analysis*. Washington State Institute for Public Policy. Online. Retrieved from http://www.wsipp.wa.gov/ReportFile/1489

Williams, J., Comrie, M., & Sligo, F. (2001). *Walking The Path With New Parents*. Retrieved from Sydney:

Xu, K. T., & Borders, T. F. (2008). Does being an immigrant make a difference in seeking physician services? *J Health Care Poor Underserved, 19*(2), 380-390. doi:10.1353/hpu.0.0001

Zambrana, R. E., & Carter-Pokras, O. (2004). Improving health insurance coverage for Latino children: a review of barriers, challenges and State strategies. *Journal of the National Medical Association, 96*(4), 508-523. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2594984/

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2594984/pdf/jnma00304-0116.pdf
Zambrana, R. E., & Carter-Pokras, O. (2004). Improving health insurance coverage for Latino children: a review of barriers, challenges and State strategies. *J Natl Med Assoc, 96*(4), 508-523. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2594984/pdf/jnma00304-0116.pdf
Zigler, E., Pfannenstiel, J. C., & Seitz, V. (2008). The Parents as Teachers program and school success: a replication and extension. *J Prim Prev, 29*(2), 103-120. doi:10.1007/s10935-008-0132-1