

## First 5 California Kit for New Parents

Location: California

Date submitted: 11/2008

Category: **Promising Practice**

### BACKGROUND

There is strong evidence that interventions during pregnancy and early childhood have some of the greatest impacts on children's lifelong health and development. Although parents' knowledge and practices greatly affect their children's healthy development, parenting education is lacking at the population level. A national study of new parents found that information was cited as one of their greatest needs. In a California study, the majority of parents (including 70% of Spanish-speaking parents) believed they did not have adequate knowledge to care for their young children. It has been difficult to reach parents who face barriers of literacy, language, poverty or disability with easy-to-use and engaging information.

The First 5 Kit for New Parents is an innovative, evidence-based approach to reach new parents with information about parenting practices and community resources. The "Kit" is a low-cost, multi-media collection of information for parents of children 0-5 years and their providers. It includes DVDs (featuring celebrities, experts and diverse parents), and printed materials that were written to be widely accessible to parents, including those with limited literacy, and those who speak Spanish, Cantonese, Mandarin, Vietnamese, Korean or English. Since 2001, the Kit has been distributed free of charge to 500,000 California parents each year through diverse perinatal and childcare programs. The Kit model was evaluated in a 3-year longitudinal survey of intervention and comparison groups of English- and Spanish-speaking parents and providers. Findings showed high Kit usage (87%) and satisfaction (94%). Parents in the intervention group showed significantly greater knowledge gains and reported better practices than parents in the comparison group. Providers considered the Kit a valuable resource to incorporate into their educational programs. The Kit model has now been adapted and extended to four other states and has reached over five million families.

### TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

**#4:** A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

**#6:** Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool

**#11:** Percent of children with and without special health care needs having a medical

**#14:** A) Percent of women who smoke during pregnancy  
B) Percent of children who live in households where someone smokes

**#15:** Percent of children 0 through 17 years who are adequately insured.

### PROGRAM OBJECTIVES

The goals of the First 5 Kit are to:

- Provide all California parents with access to accurate, easy-to-use, and engaging information about caring for their children 0-5—especially those who face barriers of literacy, language, poverty or disability
- Provide science-based information to diverse providers who serve these parents
- Evaluate, revise and sustain the Kit program over time
- Extend the Kit model to other states

### TARGET POPULATION SERVED

The First 5 Kit is available to all new parents in California who speak English, Spanish, Mandarin, Cantonese, Vietnamese or Korean—approximately 500,000 families per year. The Kit is targeted to children 0-5 years old.

## PROGRAM ACTIVITIES

The First 5 Kit model is guided by: 1) communication and adult learning theories that suggest that educational interventions are more successful when approaches are interactive, adapted to different learning styles, and build on people's self-identified needs; and 2) social-ecological theories that posit that learning and practice changes are more effective when interventions fit into multiple social contexts of the intended audiences. The Kit model was also informed by diverse science-based obstetric, pediatric and early childhood guidelines.

Highly participatory processes were used to develop, test and revise the Kit over the past seven years. During initial development, diverse experts and hundreds of parents and providers iteratively reviewed and recommended changes to Kit materials. Each of California's 58 counties has a First 5 Commission that works with local providers to customize the Kit with information about local resources and other items.

After the preliminary evaluation, the Kit and its distribution were changed based on parental feedback. For example, parents and providers asked to have the Kits come in key Asian languages; they also requested DVDs rather than the original videos. These suggestions resulted in changes to Kit content, format and distribution and led to an improved end product.

## PROGRAM OUTCOMES/EVALUATION DATA

The main Kit evaluation is described in detail in an article published in the American Journal of Public Health in 2007 (see peer review section of this summary for citation). In this quasi-experimental study, 462 mothers in the intervention group and 1,011 mothers in the comparison group, recruited from typical prenatal and postnatal programs that distributed the Kit in 5 California counties, completed a baseline interview about health-relevant parenting knowledge. Mothers in the intervention group received the Kit, while mothers in the comparison group did not. Both groups were re-interviewed two months later, and again 14-months later. Approximately 350 mothers in the intervention group 414 mothers with equivalent demographic characteristics (comparison group) were interviewed about parenting knowledge and practices. At both follow-ups, mothers in the intervention group showed greater gains in knowledge and reported better practices than mothers in the comparison group. Gains were greater for mothers who had received the Kit during the prenatal period, and for Spanish-speakers. Providers in all counties were highly enthusiastic about the Kit and considered it a valuable resource for their parenting programs. Results showed that of mothers that received the kit, 87% reported using the Kit within 2 months after receiving it, and 53% had shared it with their partner. Evaluations of adapted Kit models in other states have shown similar positive findings.

## PROGRAM COST

The First 5 Kit program started in 2001 and is ongoing. Programs began in other states in 2001 and the model is continuing to expand in the US. The First 5 Kit is estimated to cost on average about \$17.50 for production and delivery to a family. The program is supported by a tobacco tax. The Kit program costs about \$12 million per year out of about \$500 million raised by the tax.

## ASSETS & CHALLENGES

### Assets

- In 1998, California voters passed The California Children and Families proposition mandating a 50-cent tobacco tax that funds the First 5 program to benefit children 0-5, their parents, and providers who serve them.
- There was support from influential people in the community (celebrities).

### Challenges

- The original Kit box was a problem to store and distribute due to its size.
- Providers were not initially convinced that parents would use and benefit from the Kit, particularly Spanish-speakers.
- The original Kit was only in English and Spanish, so there was pressure from healthcare providers and Asian-speaking parents for Kits in Chinese, Vietnamese and Korean.

### Overcoming Challenges

- After DVDs were used instead of videos, the Kit box was halved to be about the size of a brief case, and thus more suitable for storage and distribution.
- The highly positive evaluation results greatly reassured providers about the Kit's value and motivated them to use it in their work.
- Asian versions of the Kits were developed to address that population.

## LESSONS LEARNED

Utilizing the participatory processes to develop this kit (i.e., parental and partner feedback) can be very time intensive, especially those that involve making adaptations at local levels. However, this part of the process was invaluable in developing this kit.

## FUTURE STEPS

The First 5 Kit model has been sustained since its inception in 2001. The First 5 Children and Families Commission based its decision to sustain the Kit support on the evidence-based findings of the evaluation, and the positive feedback of stake-holders statewide.



**COLLABORATIONS**

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**PEER REVIEW & PROGRAM REPLICATION**

Neuhauser, L, Constantine, WL, Constantine, NA, Sokal-Gutierrez, K, Obarski, SK, Clayton, L, Desai, M, Sumner, G, Syme, SL. (2007). *Promoting Prenatal and Early Childhood Health: Evaluation of a Statewide Materials-Based Intervention for Parents*. American Journal of Public Health, 97(10): 813-819.

The Kit model has been extended and adapted in Arizona, Pennsylvania, Alabama and Kentucky. Data from these sites were not available at the time of submission.

**RESOURCES PROVIDED**

The First 5 Kit is available upon request.

**Key words:** Parenting Education, Cultural Competence, Child Development

★ This program was highlighted at AMCHP's 2009 Annual Conference with a Promising Practice award.

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