CalWORKs Home Visiting Program Evaluation Legislative Report

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Appendix B: Primary Data Collection Methods

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ABOUT UCSF

UCSF is part of the 10-campus University of California, the world's premier public research university system, and the only of its campuses dedicated to graduate and professional education. The Family Health Outcomes Project (FHOP) is a cooperative effort of the Department of Family and Community Medicine and the Institute for Health Policy Studies (IHPS) at the University of California, San Francisco (UCSF). Our mission is to improve the health of children and their families and communities by supporting development and implementation of comprehensive community assessment and planning, data-driven policies, evidence-based interventions, and effective evaluation strategies. The UCSF School of Nursing's mission is to educate diverse health leaders, conduct research, advance nursing and inter-professional practice, and provide public service with a focus on promoting health quality and equity.

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RDA Consulting is a mission-driven consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to work toward a just and equitable society by partnering with diverse stakeholders in addressing barriers to individual, organizational, and community well-being. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.

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List of Abbreviations

CalWORKs	California Work Opportunities and Responsibility to Kids
CDSS	California Department of Social Services
EHS-HBO	Early Head Start-Home Based Option
EAW	Evaluation Advisory Workgroup
FHOP	Family Health Outcomes Project
HFA	Healthy Families America
HVP	Home Visiting Program
NFP	Nurse-Family Partnership
PAT	Parents as Teachers
RDA	Resource Development Associates
UCSF	University of California San Francisco

Overview

The prospective arm of the evaluation gathered primary data on what is working well and what could be improved from the viewpoint of those individuals directly involved in the CalWORKs HVP, including leadership, home visiting staff, and clients. The prospective evaluation involved extensive stakeholder consultation (see Appendix A) and was designed to complement the secondary data evaluation.

KEY QUESTIONS

1. What are the perceived impacts of CalWORKs HVP on clients' access, utilization and usefulness of supports for improving child and parent health and healthy parenting?
2. What are perceived impacts of CalWORKs HVP toward enabling education and job skills for future family economic security?
3. What aspects of the CalWORKs HVP are most or least helpful and what challenges remain?

An additional question was added to the prospective evaluation in 2020:

4. How has the COVID-19 pandemic affected CalWORKs HVP implementation and clients' access, services and perceptions of the program?

Prospective Data Collection Methods

EVALUATION METHODS AND OUTREACH

The CalWORKs HVP prospective primary data evaluation occurred over a 23-month period from January 2020 to November 2021 and involved three rounds of data collection, analysis, and reporting. Across California, 43 counties implementing CalWORKs HVP participated in the evaluation at one or more time points. There were 41counties represented in round 1, 40 in round 2, and 41 in round 3. The evaluation methodology included prospective surveys, interviews, and focus groups with county leaders, home visitors, and clients from each of the participating counties.

COUNTY COHORT ASSIGNMENTS

In each round of data collection, all counties participating in CalWORKs HVP were invited to take the survey while focus groups and interviews were conducted in the counties of each respective cohort. For the interviews/focus groups only with clients and home visitors, the evaluation team divided the counties into cohorts that balanced for the variation in size, region, and demographics (Table 1). The cohorts were adjusted over time due to a small number of counties experiencing delays in the HVP CalWORKs implementation.

Table 1. County cohort assignments

Cohort 1: 14 Counties	Cohort 2: 12 Counties	Cohort 3: 17 Counties
Contra Costa	Alameda	Butte
Kern	Del Norte	Imperial
Kings	Fresno	Los Angeles
Merced	Humboldt	Mendocino
Monterey	Madera	Mono
Napa	Riverside	Nevada
Orange	Sacramento	San Bernardino
Placer	San Francisco	San Joaquin
San Diego	Solano	San Luis Obispo
Santa Clara	Sonoma	San Mateo
Shasta	Stanislaus	Santa Cruz
Tehama	Yuba	Sierra
Tulare		Siskiyou
Ventura		Sonoma
		Sutter
		Tuolumne

DATA COLLECTION APPROACH

At the start of each round of data collection, the evaluation team reviewed learning from the previous rounds and adjusted data collection approach, in consultation with CDSS and the EAW, to optimize data collection and participation of both HVP clients and staff. Table 2 depicts the data collection activities within each round of data collection and the cohorts involved.

Table 2. Overview of participants and timeline for each of the methods

	Round 1 County Leader Interview	Round 1 Survey	Round 1 Interview (Staff/Clients)	Round 2 County Leader Interview	Round 2 Survey	Round 2 Focus Group (Staff) / Interview (Clients)	Round 3 County Leader Interview	Round 3 Survey	Round 3 Focus Group (Staff) / Interview (Clients)
Cohort 1	X	X	X	½ of counties	X		½ of counties	X	
Cohort 2	X	X		X	X	X		X	
Cohort 3	X	X			X		X	X	X
Timing	Jan-Feb 2020	May-July 2020	May-July 2020	Nov 2020	Jan-Mar 2021	Jan-Mar 2021	July 2021	Sept-Oct 2021	Sept-Oct 2021

Data collection approach adjustments to proposed focus group methodology across rounds

Due to limitations resulting from both program implementation challenges, COVID-19, and HVP staff capacity the evaluation team had to adjust the approach to data collection. A major pivot was shifting between interviews and focus groups. While client and staff focus groups were originally planned across all three rounds, the COVID-19 pandemic and public health guidelines, made in-person focus groups a less feasible options, especially for clients. Early in the pandemic, we assessed that virtual focus groups would also not be feasible given the technology and logistics challenge. In round 1, the evaluation team conducted interviews with both clients and home visitors. After round 1, the evaluation team felt that pivoting back to focus groups with home visitors would provide for a richer discussion of the program. However, due to concerns about accessibility and engagement of a focus group on a remote meeting platform, the team decided to continue to conduct interview with clients through rounds 2 and 3.

PRIMARY DATA COLLECTION METHODS

The evaluation team began each round with key informant interviews with leadership from HVP programs in each county. These interviews provided critical information about the HVP programs in each county. The interviews also served to initiate the process to collect HVP staff and client contact information for subsequent data collection activities with clients and home visitors in each round. A summary of the evaluation approach for the prospective primary data collection is summarized in Table 3 and includes the evaluation tools used, participant groups, evaluation components assessed, and the frequency of assessment.

Table 3. Data collection methods

Evaluation Tool	Participant Group	Evaluation Components	Frequency
Key Informant Telephone Interviews	One or more HVP leaders from each of the participating counties	- Model(s) selection and enrollment levels across and within counties - Implementation strategies employed and implementation progress - Implementation and maintenance barriers and strategies employed to overcome them - Implementation successes, challenges, and lessons learned - Perceived interim impacts of the program to date - Plans for sustainability and integration - Data collection experiences - Areas of need and support from CDSS	Twice – Leadership from all participating counties were interviewed in round 1; Second interviews were split between round 2 and 3.

Evaluation Tool	Participant Group	Evaluation Components	Frequency
Table 3 cont.			
Client Surveys	A random sample of eligible clients from each of the participating counties	• Uptake of services offered and received • Perceived outcomes resulting from participation; program satisfaction over time	Three times across three years; once per round of data collection.
Staff Surveys	All HVP staff and. Home visitors from each of the participating counties	• Perspectives on uptake of services offered and received • Perceived outcomes resulting from participation; program satisfaction over time	Three times across three years; once per round of data collection.
Client Interviews	A representative sample of current HVP adult clients	• Program experience including • Perception of outcomes as a result of services; • Perceptions of what is working well; • Perceived barriers to service access; and service gaps or challenges faced • COVID-19 experiences • Other external impacts	Three times across three years; once per round of data collection.
Home Visitor Interviews and Focus Groups	A representative sample of current county HVP home visitors	• Perceptions of what is working well; • Implementation challenges and barriers; service gaps; overall perception of services; • Perceived effectiveness of related training • Perceived strengths and weaknesses of service coordination and referral processes between county and service organizations • COVID-19 impacts • Other external impacts	Three times across three years; once per round of data collection; For round1 data collection interviews were conducted in lieu of focus groups. Rounds 2 and 3, 1 focus group per county was conducted.

Staff invited to survey included home visiting providers, managers, supervisors, and any other staff involved in CalWORKs HVP; Only home visiting providers were invited to participate in the focus groups and interview.

EVALUATION PARTICIPANT OUTREACH

At the start of each round of data collection, the evaluation team began outreach to eligible staff and clients with soliciting contact information from county representatives and leadership. Counties were provided with contact information spreadsheet templates and a secure file transfer pathway.

Most participants were contacted three times unless they responded or participated in an evaluation activity. Once contact was made, clients, leadership, and staff were informed that their participation was voluntary, was not linked to their home visiting program records, and was not required to continue receiving services. The anonymity of their participation was also confirmed.

CalWORKs HVP leadership interviews

Interviews with county leaders were conducted at each round of the evaluation. The evaluation team kept an updated list of HVP program leadership in each county from information provided by CDSS. Interviewees included county leadership and management representatives who could speak to the current program administration and implementation and provide contact information for further outreach efforts. At the start of each data collection round the evaluation team reached out to HVP leadership to schedule and conduct an interview. Outreach was conducted by an evaluation team member through email and telephone.

CalWORKs HVP client outreach

For communications to HVP clients, phone calls, SMS messages, and emails were used for outreach. While email was the preferred mode of communication, HVP client contact information often included only phone numbers and evaluation team also relied heavily on SMS text messages and phone calls to connect with HVP clients. If an email was provided, clients were emailed.

In each round, all current HVP clients were invited to take the survey either by email or SMS text messages. In round 1 and 2 of data collection, the evaluation conducted survey outreach to clients and home visitor staff from email and SMS texting platform. The evaluation team reached out to participants 3 times over the course of 3 weeks. While this method did result in an acceptable response rate (26% - 30%), it also proved to be an inefficient outreach method especially when the number of client survey respondents more than doubled from round 1 to round 2. In round 3, the evaluation shifted to using an email and SMS campaign tool built into Alchemer, a survey platform used for round 3 data collection. This allowed the team to automate the outreach process as well as track the responses across each outreach attempt. There was no noticeable change in response rates in round 3, with 29% of invited clients completing a survey.

For each round, a random sample of clients from the county cohort for that round were invited to take part the interview. Up to ten clients from each county were invited. In round 1, interview clients who had not yet responded after two text message or email attempts, a third outreach was attempted by calling them directly. A learning from round 1, was that cold calling clients

and scheduling an interview time was redundant and created more of a burden on the client to show up for the scheduled interview.

For rounds 2 and 3, the evaluation shifted to a phone intercept model where the evaluation team members cold called randomly sampled clients for interviews from each cohort's counties. If a client answered and agreed to do the interview at the time of the call, the team conducted the interview at that moment. Both client interview and survey participants were offered a modest gift card incentive for their participation.

Incentives

The evaluation included incentives for clients that participated in the survey or the evaluation. In round 1, clients were offered $10 incentives for completing the survey and $15 incentives for participating in the interviews. In round 2, the evaluation decided to increase the incentives to $15 for survey completion and $20 for interviews in response to feedback about increasing the amount from HVP stakeholders. In round 3, the evaluation team and CDSS agreed to increase the incentive amount further to $20 per survey and interview. Due to the budget impacts of the increase, the number of surveys eligible for incentives was capped at 500. After the cap was received, we removed the incentive description and instructions from the survey invitation. We received an additional 237 survey responses for which no incentive was offered.

CalWORKs HVP staff outreach

The staff outreach approach was similar to that of the client approach. HVP staff who were eligible to participate in the survey included home visitors, managers, and supervisors, and other staff involved in CalWORKs HVP. All HVP staff from all counties were invited to take the survey through email communications. All participants were sent a link to online survey through the survey platform. This allowed the evaluation to track the number the responsiveness of each participant as well as track response rates across counties and programs. Each week, an automated reminder email was sent to participants who had not completed the survey. Home visitors from each cohort was invited to take part in interviews (round 1 only) and focus groups (rounds 2 and 3). With the improving public health situation in California and improvements in video technology access, focus groups for home visitors were conducted in round 2, as originally proposed, to gain insights from the interaction of participants in the sessions. However, the focus groups were all conducted virtually. In round 2, the evaluation team conducted all outreach and scheduling directly, with additional support from county leaders. However, this turned out to be labor intensive and not efficient. In round 3, the evaluation team worked with county leaders who then scheduled focus groups to coincide with regularly scheduled meetings.

TOPICS EXPLORED

The protocols were semi-structured to allow for exploration of pre-specified topics and for new topics to be identified. Each data collection tool (leadership interview, interviews, focus groups, and surveys) was designed to explore similar topics, but questions often differed based on the research participant. For instance, county leadership interviews specifically probed areas of need and technical assistance for startup, implementation and sustainability of county's

CalWORKs HVP programs, whereas HVP staff were asked questions focused on impact of HVP on clients and professional development and trainings needs as well as recommendations for program improvements.

Staff survey

The staff survey collected information from HVP staff about themselves, their HVP program, and their role as well as respond to questions about their experience as a home visiting program staff. Staff were asked to respond to survey questions on the following topics: demographics, background, services and satisfaction, perception of impact, coordination, and training.

Client survey

The client survey was designed to have clients provide basic information about themselves and their experience with their HVP program across a range of constructs. Clients were asked to respond to survey questions on the following topics: demographics and background, home visitor, home visiting services, health services, child development and parenting skills, and economic self-sufficiency and social services. They survey was also designed to cover topics that would complement and triangulate findings from other primary data collection activities.

Leadership interviews

Leadership interviews aimed to generate a comprehensive understanding of the implementation of CalWORKs HVP across the participating counties in the state. In round 1, leadership from all counties were interviewed. Round 1 interviews focused on contextual information from county leadership to inform data collection efforts with home visitors and client. In rounds 2 and 3, leadership from half of the counties were interviewed in each round. While COVID-19 related topics were discussed in rounds and 3, these topics were not discussed with county leadership in round 1 as the interviews were conducted prior to the onset of the COVID-19 pandemic.

Table 4. Leadership interview topics and subtopics

Evaluation Topic Area	Leadership Interview Subtopics
Program strengths and impacts	• Client impact • Positive collaboration • Implementation and alteration successes • Training successes
Program opportunities for growth	• Implementation barriers • Data collection and reporting barriers • Barriers to participation in HVP: Challenges faced (by clients) • Staff challenges • Barriers to participation: Program-level
COVID-19 program experience	COVID-19 Challenges • Difficulty with enrollment • Staff feeling overstretched/stressed • Technology issues COVID-19 Successes • Positive experience with Telehealth • Innovative and Creative strategies with clients
County identified areas of need	• Feedback and recommendation to CDSS for support, training, and technical assistance
HVP implementation variation across counties	• Insights, opportunities, and challenges relations to implementation of HVP programs in each county

Home visitor interviews and focus groups

Individual interviews were conducted with home visitors in round 1. The data collection format shifted to focus groups in round 2 and 3. In round 2, approximately 7 home visitors participated per focus group and in round 3, approximately 4 home visitors participated per focus group. Interview and focus groups discussions queried specific issues surrounding HVP program strengths and impacts, opportunities and growth, and COVID-19 experience. The table below provides sub-topics within covered within each of these areas.

Table 5. Home visitor interview and focus group topics and subtopics

Evaluation Topic Area	Home Visitor Subtopics
Program strengths and impacts	• Client impact • HVP model successes partnership • Program training • Serviced used most by clients
Program opportunities for growth	• Barriers to participation: Challenges faced by clients • Barriers to participation: Program-level • Resources/services clients want more of • Training needs
COVID-19 program experience	COVID-19 Challenges • Use of telecare • Client and Staff stress • Client Access to technology COVID-19 Successes • Use of Telecare • Creative service delivery approaches

Client interviews

In all three rounds of data collection, clients of HVP programs in participating counties were interviewed. Counties were divided into cohorts across three rounds to ensure representation. Refer to the Table 1 for the listing of counties represented in each round of client interviews. The interview process was similar across rounds, with some minor modifications and expansion of some questions. Client interviews focused on the following topics outlined in the table below:

Table 6. Client interview topics and subtopics

Evaluation Topic Area	Client Subtopics
Program strengths and impacts	• Provider-client relationship • Overall program impact • Enrollment process • Program activities
Program opportunities for growth	• Barriers to participation: Challenges faced by clients • Barriers to participation: Program level • Services clients want more of • Challenges in accessing/following up with referrals • Improvement to program marketing for improved enrollment • Training needs
COVID-19 program experience	COVID-19 Challenges • Remote service delivery/Telehealth • Lower frequency of contact COVID-19 Successes • Telehealth • Creative service delivery

Interviews with representatives of the national evidence-based home visiting models

Interviews were conducted with representatives of the four national evidence-based home visiting models (Nurse Family Partnership [NFP], Healthy Families America [HFA], Parents as Teachers [PAT], and Early Head Start-Home Based Option [EHS-HBO]) to deepen our understanding of COVID-19 impacts. Specifically, we wanted to learn about the COVID-19 related guidance that was provided to California counties implementing these models, how the pandemic impacted the delivery of HVP services, client and staff recruitment and retention, and lessons learned. Below is a summary of what we learned.

ANALYTIC APPROACH

Survey analysis

We conducted a descriptive analysis of survey data by tabulating frequencies, proportions, and means of responses by round of data collection. To examine changes in survey responses over the rounds of data collection, we conducted bivariate analyses using Chi-squared tests for categorical data and Kruskal-Wallis tests for ranked data (i.e., where response options were strongly disagree, disagree, neither agree or disagree and not sure/don't know, agree, and strongly agree). We used a significance level of $p<0.05$ and we did not adjust for multiple comparisons due to the descriptive nature of the analysis. In tables, "NS" indicates that a

bivariate association was not statistically significant, "≤10" indicates that a frequency was ≤10 and has been censored, and "-" indicates that a survey question was not asked in that round of data collection.

For geographical summaries, we grouped participating counties into the five CalWORKs HVP Technical Assistance Regions (Table 7).

Table 7. Counties by CalWORKs HVP Technical Assistance Regions

Region 1	Region 2	Region 3	Region 4	Region 5
Fresno	Los Angeles	Alameda	Butte	Mono
Kings	San Diego	Contra Costa	Del Norte	Nevada
Kern	Imperial	Mendocino	Humboldt	Placer
Madera	Ventura	Monterey	Sacramento	Siskiyou
Merced	San Bernardino	Napa	Shasta	Sierra
San Joaquin	Riverside	San Francisco	Tehama	Sutter
San Luis Obispo	Orange	San Mateo	Yolo	Tuolumne
Stanislaus	Santa Clara	Santa Cruz	Solano	Yuba
Tulare		Sonoma		

Interview and focus group analysis

The first step in the analysis was to transcribe the interviews and enter transcripts and field notes into NVivo software. Data were analyzed within and across the data collection rounds using conventional thematic content analysis to organize qualitative data and identify meaningful themes, sub-topics, and trends across the data sets (Braun & Clarke, 2012). The original code scheme developed in round 1 was updated with each round of data collection based on updates made to the interview and focus groups tools as well as new topic areas that emerged. During each round of analysis, a designated member of the evaluation team lead would pull random transcripts and code them to test interrater reliability. Selected transcripts were then coded and compared for alignment coding. Analytic rigor was confirmed by the evaluation teams at regular team meetings and any divergence in coding was addressed through discussion and consensus.

EVALUATION PARTICIPANTS

Over the three rounds of data collection, the evaluation team collected 1,617 surveys from clients and 974 surveys from staff and conducted interviews with 110 clients and interviews and focus groups with 186 staff. Table 7 below provides the response rates for each round of data collection and cumulatively.

Evaluation participants

All counties were represented across the rounds of data collection. By CalWORKs regions, clients from Region 2 had the highest representation making up more than half (52%) of all survey respondents, followed by Region 1 (27%), Region 3 (12%), Region 5 (5%), and Region 5 (2%).

All models were represented in all rounds, with the highest proportion of client respondents participating in PAT (38%), followed by HFA (21%), and EHS-HBO (20%). Among staff, the highest proportion of respondents came from HFA (40%) and PAT (38%). Smaller numbers of respondents came from the EHS-HBO (14%), NFP (14%) and other (7%). Other models included Healthy Beginnings, Home Instruction For Parents Of Preschool Youngsters (Hippy), and local models.

Table 8. CalWORKs HVP leadership interviews and client and staff survey and interview/focus group participation

	Round 1	Round 2	Round 3	All Rounds
Client surveys completed	243	662	712	1,617
Client survey participation rate	26%	30%	29%	29%
Staff surveys completed	343	393	238	974
Staff survey participation rate	84%	60%	38%	58%
Client interview participants	36	37	37	110
Client interview participation rate	32%	38%	48%	38%
Leadership interviews (counties)	43	20	23	86
Staff interview/focus group participants	51	75	60*	186
Staff interview/focus group participation rate	57%	50%	N/A	N/A

*Since HVP staff arranged the focus groups, the total number of staff invited to focus groups was not recorded. Only the number of staff who participated is known.
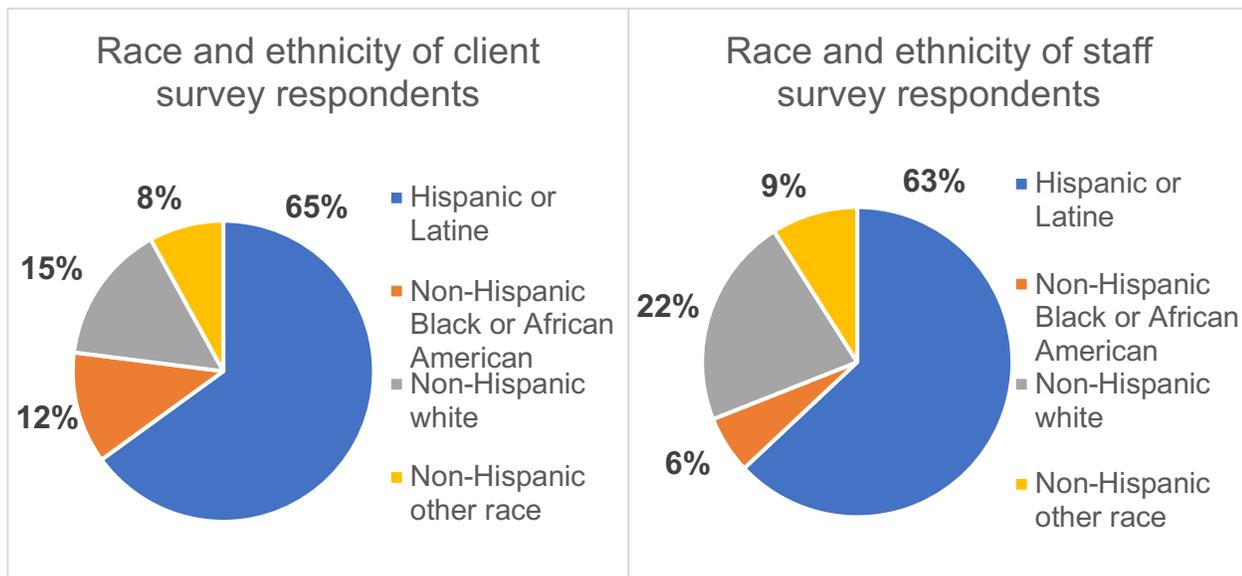
Age and gender

Almost all client survey respondents were female and between one-half to two-thirds were between 26-39 years of age. Approximately one-third were 25 years of age or less. About half of the staff were under 40 years of age and the other half were over 40 years of age.

Race and ethnicity

Approximately two-thirds of client survey respondents were Hispanic or Latine. The remainder were in similar proportions Non-Hispanic Black/African American or non-Hispanic white. About two-thirds of staff respondents were Hispanic/Latine, one-fifth were non-Hispanic white.

Figure 1. Race and ethnicity of client and staff survey respondents

Race and ethnicity of client survey respondents

- Hispanic or Latine — 65%
- Non-Hispanic Black or African American — 12%
- Non-Hispanic white — 15%
- Non-Hispanic other race — 8%

Race and ethnicity of staff survey respondents

- Hispanic or Latine — 63%
- Non-Hispanic Black or African American — 6%
- Non-Hispanic white — 22%
- Non-Hispanic other race — 9%

Language

English was the primary language for three-quarters of client respondents. For non- English respondents, the majority preferred Spanish. Five other languages were preferred by 1% or less of respondents. About half of staff were fluent in Spanish and1% or less were fluent in any other languages.

Other client respondent demographics

Just over 90% of client respondents were parents of young children, and less than 10%were pregnant at the time of the survey (or interviews). Additional details about respondents and their families are shown in Appendix D.

Other staff respondent demographics

Approximately 60% of staff respondents had a bachelor's degree and 20% had a master's or other graduate-level degree. About half of staff held licensure or certificationin California as a teacher, lactation consultant, registered nurse, or public health nurse. Half of survey respondents were home visitors, and the remainder were supervisors, managers or other staff.

Of the 42 counties currently participating in HVP, data from the Memoranda of Understanding between the counties and CDSS indicated that about half of the counties directly employee the home visitors (i.e., considered county staff) and about half counties contracted with an organization in the community that employees the home visitors. In several of the counties that have multiple home visiting models, there is a mix of both county and private employers for the home visiting staff.

Involvement in HVP

In round 1, most client respondents had been involved in HVP for 6 months or less. By round 3, about 30% of clients had been involved in HVP for 6 months or less, >6 months to 1 year and >1 year to 2 years, and 15% had been involved for >2 years.

Current enrollment status was asked only in round 3, at which time 85% of respondents were currently enrolled in the program. Of the 15% who were not currently enrolled, just over one-quarter had graduated, and one-quarter were no longer eligible. As expected for staff respondents, the length of service with HVP changed over the course of the evaluation. By round 3, 33% had been with the program over two years, 33% from >1 year to 2 years, and 33% for one year or less.

References

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