

## **Establishing a Sustainable Evaluation Plan for AltaMed’s “Raising Emotionally Healthy Children” Program**

This project involved an evaluation of six previous AltaMed “Raising Emotionally Healthy Children” programs to determine if there had been a change in parental behavior and knowledge regarding effective parenting practices. In addition, changes were implemented to the current evaluation plan to ensure its effectiveness and sustainability in the future.

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### **Introduction**

Many parents believe that when their newborn is placed into their arms for the first time, they will automatically gain the skills necessary to be a great parent, but this is not always the case. Parents learn to be parents through experience, advice, and practice. Assuming the role as their child’s first teacher can be a difficult task, and every parent could greatly benefit from the support and encouragement offered in a parenting program. Research has shown that the quality of parenting that a child receives can affect their cognitive, social, emotional, and physical development (Sanders, 2008). Furthermore, parenting programs have the potential to improve a child’s mental health, well-being, and family relationships (Sanders, 2008). These programs can help to ensure the most beneficial outcome for the child in each of these areas by helping parents understand how to best meet the needs of their child. Parenting classes equip participants with the necessary strategies to mold children into an educated, confident, respectful adult.

AltaMed Health Services Corporation provides quality healthcare to underserved communities where children are faced with an increased risk for drug use, school failure, gang involvement, and teen pregnancy. Recently, policy makers and researchers have begun to seriously consider prevention as a cost-effective measure to eliminate many of these adolescent health risk behaviors (Stanton, 2004). While working as a pediatrician at the AltaMed clinic in

the Boyle Heights community of Los Angeles, Dr. Puri identified a need for parental guidance and education. With aims of eliminating risk factors for negative adolescent behaviors, the “Raising Emotionally Healthy Children” parenting program was initiated in May 2013.

Over the course of two years, approximately 61 parents have successfully completed the “Raising Emotionally Healthy Children” program. While many parents have verbally expressed their satisfaction with the class, the current evaluation plan has failed to yield the desired data. This project involved evaluating surveys from six previous “Raising Emotionally Healthy Children” parenting programs to determine if there had been a change in knowledge or parental behaviors following completion of the program. In addition, the current evaluation plan was analyzed to determine the possible cause of low response rates which lead to inconsistent data. Changes were suggested and implemented to the current evaluation plan to ensure its effectiveness and sustainability in the future.

### **Background**

Boyle Heights is a small, densely populated urban community east of downtown Los Angeles. With a population of approximately 95,000, Boyle Heights is known for having one of the largest Latino and Mexican immigrant populations in the United States with Latinos representing 98% of the total population. Boyle Heights has historically lagged behind other communities in education, health care, economic well-being, and public safety (Zelman, 2013). According to the 2010 census, 1 in 3 families are living below the federal poverty level, and 70% of the residents have less than a high school education. The Boyle Heights AltaMed clinic is the largest federally qualified health center (FQHC) in this community and provides quality care to a largely federally insured and uninsured population. In 2011, AltaMed had a patient population of 14,000 with more than 93% of the patients being Latino. 65% of the patients were covered by

Medi-Cal or Healthy Families; 7% by Medicare; 14% by special county programs for low-income individuals who did not qualify for Medi-Cal; and 8% did not have insurance and were charged based on a sliding fee scale (Zelman, 2013).

The Boyle Heights community is plagued with numerous social issues including gang violence, domestic violence, and teen pregnancy. Various community-based organizations have begun to implement interventions aimed at combating many of these issues. Many of the behavioral issues that Dr. Puri observed in the waiting and exam rooms of her clinic could be contributed to harsh, inconsistent parenting, and low levels of positive parenting (Gardner, Ward, Burton, & Wilson, 2006). The “Raising Emotionally Healthy Children” parenting classes seek to educate parents regarding the most beneficial parenting practices while continuously highlighting and maintaining the rich Latino culture of a majority of the participants. Dr. Puri hopes that the parenting program will ultimately alleviate the poverty and emotional stress that causes high rates of depression and anxiety in the Boyle Heights community. This intervention provides parents with children aged 6 months to 6 years a solid foundation to guide their parenting practices and ensure success in their child’s education, vocation, interpersonal relationships, and financial well-being.

The program includes a three-session bilingual curriculum with topics focused on discipline, communication, preparing children for outings, and reinforcing positive behaviors. The sessions are very casual with the room being arranged in a round table manner to encourage continuous discussion between the presenter and parents. Each class includes a powerpoint presentation as well as activities with gifts that are intended to assist parents with understanding the parenting technique being presented. During the sessions, children are watched by staff members and educated from a children’s curriculum that teaches sharing with others,

understanding emotions, and saying “please” and “thank you.” Upon completion of all three sessions, each parent receives a certificate and gift bag filled with activities that can be completed with children at home.

Many components of the “Raising Emotionally Healthy Children” program have been studied, but there are very few studies exist focusing on a parenting intervention in Latino communities and in medical settings. Being able to monitor and evaluate the impact of this program is especially important for its further development and larger-scale implementation to the other communities that AltaMed serves. Since the initiation of the parenting classes in 2012, no reliable data has been collected to support changes in parenting behavior, nor knowledge gained. The goal of this project was to determine the reasons that caused this evaluation plan to be ineffective and to implement changes that will improve future evaluations.

## **Methodology**

### ***Initial Evaluation Plan***

A quasi-experimental design using pre- and post-tests was used to evaluate the “Raising Emotionally Healthy Children” program. The goal of the initial evaluation plan was to include: the administration of a demographics survey during the first session, administration of a pre- and posttest immediately before and after each session to evaluate knowledge gained, administration of a parenting behavioral survey pre-, post-, and 3-months out of the class to evaluate changes in parenting behaviors at home, and a post class survey to evaluate the class as a whole. All of the surveys and pre/posttest were available in both English and Spanish, and the questions were adjusted to a 3<sup>rd</sup> grade reading level according to the Flesch-Kincaid test.

The knowledge test was composed of eleven multiple choice questions regarding various topics discussed during the sessions. Changes in parenting behavior and attitudes were evaluated

using a Likert scale. The behavior survey was not divided into a pre and posttest to be distributed separately. Instead, questions related to parenting behaviors before and after the intervention were included in the same survey distributed at the end of the last session. The 20 question behavior survey incorporated two types of rating scales and open-ended responses to determine changes in parenting behaviors and changes in parenting attitudes.

## **Results**

### ***Demographics Survey***

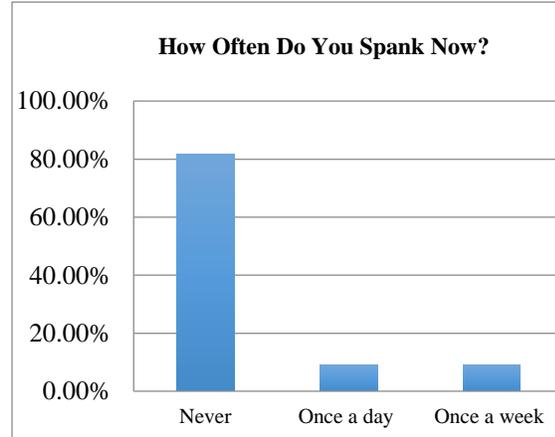
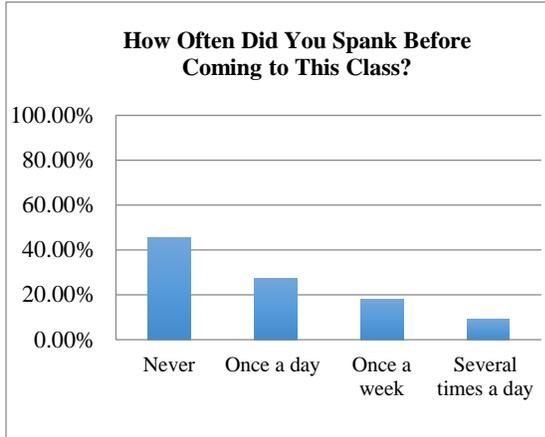
A total of 25 surveys were collected from parenting sessions that occurred in May 2013, July 2013, October 2013, December 2013, February 2014, and May 2014. All of the participants completed the demographics section of the survey in its entirety.

The gender ratio of the participants was 85% female: 15% male. Regarding age, 5% of the participants were less than 20; 33% were between ages 21-30; 36% were between ages 31-40; and 25% were older than 40. 50% of the participants spoke only Spanish and 50% spoke both English and Spanish. 16% of the participants had one child; 32% had two children; 29% had 3 children; 16% had 4 children; and 8% had five children.

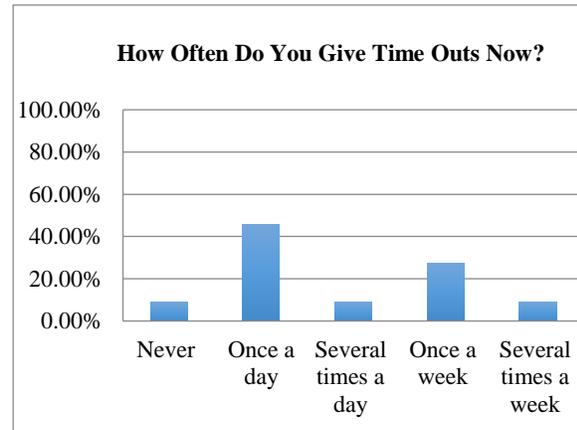
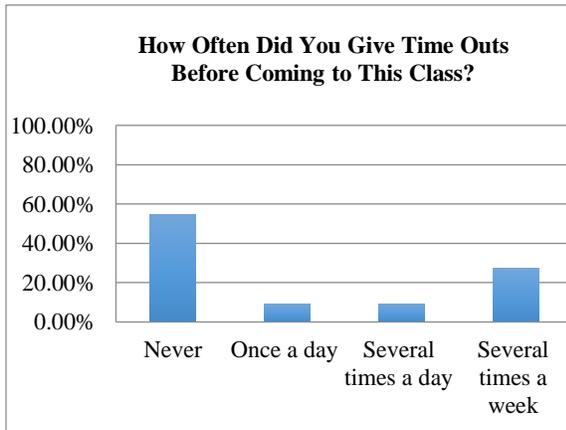
### ***Behavior Survey***

Of the 25 total surveys that were collected, none of participants completed the behavioral section in its entirety. The evaluation focused on changes in parenting behaviors regarding discipline, communication, reinforcing positive behaviors, and preparing children for outings. Nine of the 25 total surveys were used to evaluate the participants' responses to questions regarding these behaviors.

## Discipline

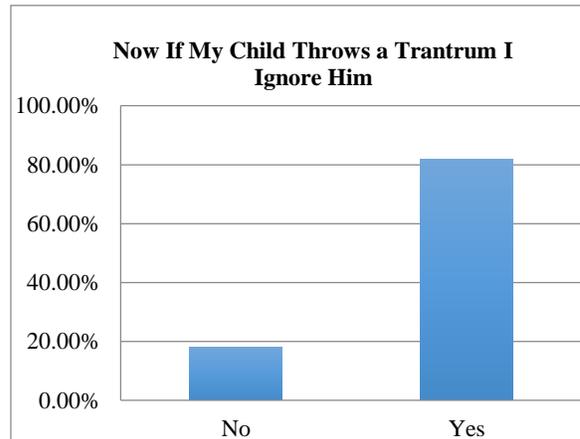
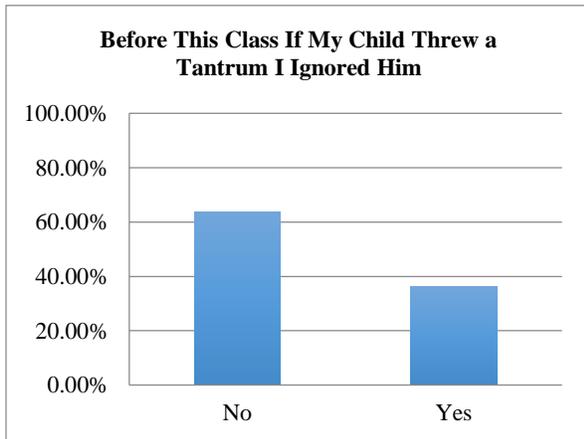


The “Raising Emotionally Healthy Children” Program teaches parents that spanking is not always the most effective method of punishment, and that frequent spankings could possibly lead to children being more aggressive in the future. After completing the parenting program, none of the participants reported spanking their children several times a day compared to 6% before the sessions. There was also a 37% increase in parents who reported never spanking their children, and an 18% decrease in parents who reported spanking their children once a day.



The parenting program encourages participants to incorporate time-outs as a more effective consequence for negative actions. After completing the parenting program, there was a 46% decrease in the number of parents who reported that they never give time-outs, and a 36%

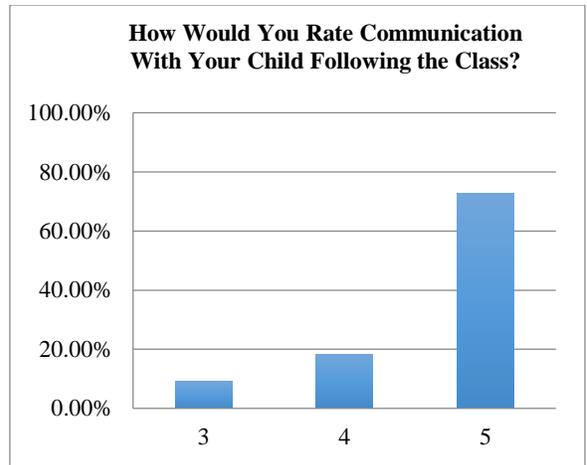
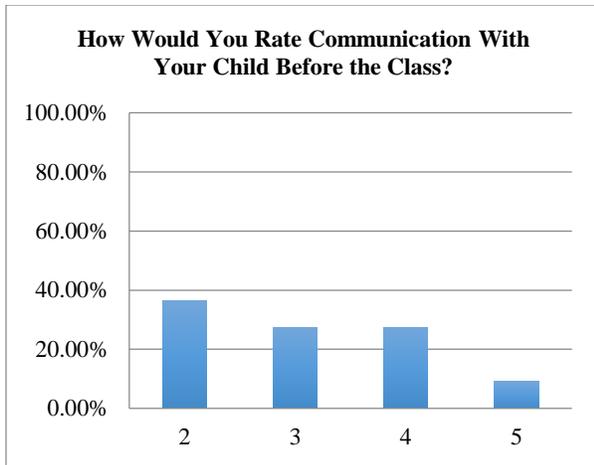
increase in the number of parents who reported giving time-outs once a day. Before the parenting sessions, no parents reported giving time-outs once a week. This number increased to 27% following participation in the program.



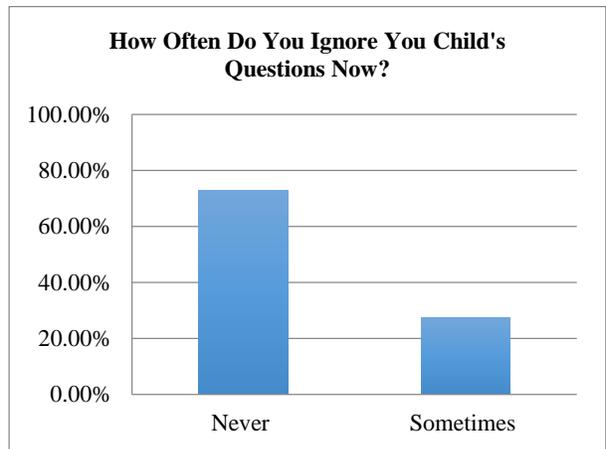
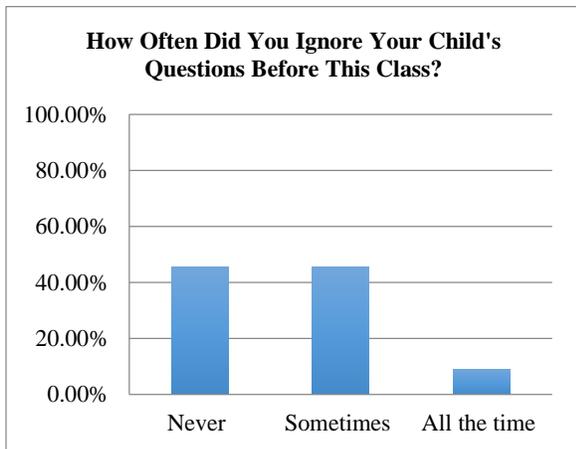
The parenting program teaches that children throw tantrums for attention and that tantrums represent bad tempers. Parents are taught that the best way to minimize tantrums is to simply ignore them. Following the sessions, there was a 46% increase in the number of parents who reported that they ignore their children when they throw tantrums.

### **Communication**

The “Raising Emotionally Healthy Children” program emphasizes that is a parent’s responsibility to socialize their children and teach them to communicate effectively. Parents are taught the importance of attempting to understand how their child communicates and establishing healthy methods of communicating at a young age.



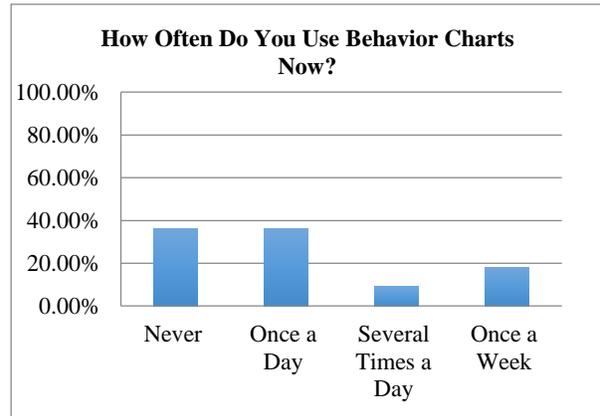
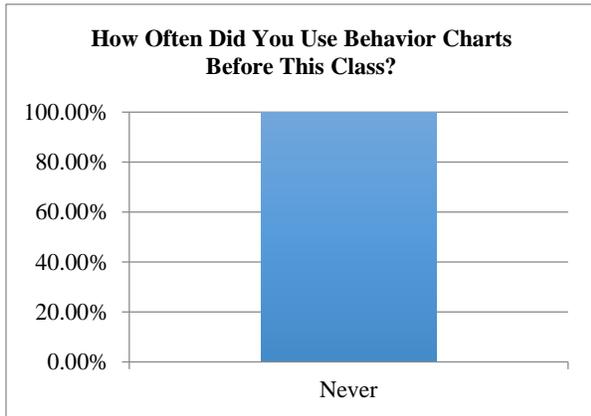
Parents were asked to rate communication with their child with (1) being bad and (5) being very good. Following the parenting sessions, there was a 64% increase in the number of parents who rated communication with their child as very good. Also, there were no parents who rated communication with their child as a (2) following the sessions compared to 36% before the sessions.



The parenting program encourages participants to answer all of their child's questions to not only enhance the child's communication skills, but to also encourage their development and build their self-esteem. After completion of the parenting program, there was a 28% increase in the number of parents who reported that they never ignore their child's questions. In addition, no

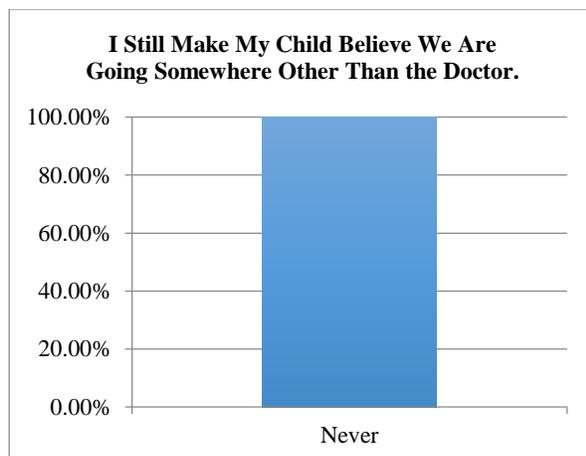
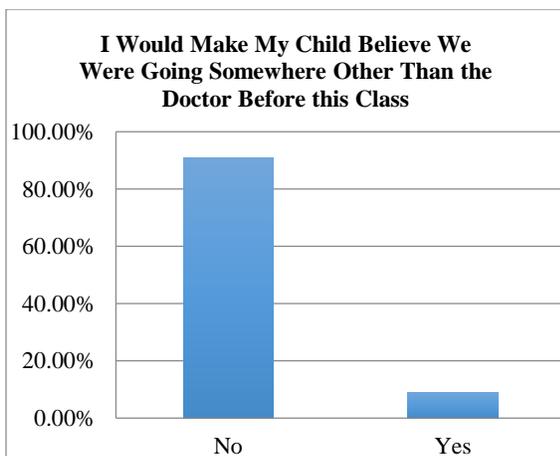
parents reported ignoring their child's questions all the time compared to 9% before participation in the program.

### **Reinforcing Positive Behaviors**



Parents were encouraged to recognize their child for good behavior. Behavior charts were introduced as a method to encourage children to repeat a behavior or task. 100% of the participants reported that before the parenting sessions they did not use behavior charts. Following the session there was an overall increase in parenting utilizing behavior charts to reinforce positive behavior with 36% reporting that they used behavior charts once a day.

### **Preparing for Outings**



The parenting program provided parents with advice regarding how to prepare their child for an outing, focusing specifically on visits to the doctor. Parents were encouraged to be truthful with their children and explain to them what will happen when they visit the doctor. Before the parenting program, 9% of the participants reported that they would make their child believe they were going somewhere other than the doctor. After the sessions, 100% of the participants report that they never made their child believe they were going somewhere other than the doctor.

### ***Knowledge Survey***

Only the three participants from the May 2014 parenting session were administered both the knowledge pre- and posttest during the first and last sessions respectively. All other participants only received the knowledge pretest. Due to the missing data, no reliable information could be gathered regarding a change in knowledge of effective parenting behaviors.

## **Discussion**

After analyzing the data from the “Raising Emotionally Healthy Children” program, it was evident that the evaluation plan was not being conducted as intended. No results could be gathered regarding changes in knowledge because only three participants had completed both a pre- and posttest. None of the participants were administered a behavior survey three months after the program, and some bias may have been introduced due to the behavior survey being administered as a combined pre/posttest. The overall low response rates could have been due to coordinators not assisting parents when needed and not reviewing the surveys for completeness while collecting them.

Although there was not a question on the demographics survey regarding ethnicity, qualitative responses revealed that the participants were representative of the 98% Hispanic population of Boyle Heights with 100% of the participants being fluent in Spanish. The

evaluation of the behavior surveys revealed an overall change in parental practices to include more effective methods of child-rearing in regards to discipline, communication, reinforcing positive behaviors, and preparing for outings. Following the program, parents were less likely to give spankings and more likely to give time-outs to punish their child. There was also a significant increase in the number of parents who ignored tantrums. When parents utilize the most effective methods of punishment for a child's unacceptable actions, they are decreasing the chance of the child repeating that behavior and minimizing overall negative behaviors.

There was an improvement in communication between parents and their children following participation in the parenting program. There was also an increase in the number of parents who reported that they never ignore their child's questions. Helping a child develop effective communication skills will help aid in the formation of healthy relationships later in life. There was a significant increase in the number of parents who reported using behavior charts to reinforce positive behaviors. When used properly, this method of parenting can be effective in compelling children to repeat a certain behavior or task.

After completing the parenting program, all parents reported that they did not tell their child they were going somewhere other than the doctor. Parents were provided with advice regarding the best way to prepare children for a visit to the doctor with an emphasis on being completely honest. This method ensures that the child is aware of exactly what will happen and eliminates much of the fear and anxiety young children face when going to visit their doctor. These beneficial changes in parenting behaviors will ensure that children are being raised to be emotionally healthy adults.

## **Recommendations**

To create a more sustainable and efficient evaluation plan for the “Raising Emotionally Healthy Children” program, changes should be implemented to address the inconsistencies and low response rates. Implementation of some of the suggested revisions began with the parenting session held on Thursday, July 10, 2014. In order to gain a better understanding of how the Boyle Heights community was represented by program participants, questions regarding education level, ethnicity, community and marital status were added to the demographics survey

Instead of a single knowledge pretest being given at the beginning of the first session and repeated as the posttest at the end of the last session, a separate pre/posttest was created for each session with questions focused on the objectives of that respective session. Participants will complete a pretest before the beginning of the each session and repeat it at the end of that same session in order to assess a change in knowledge. The pre/posttest includes multiple choice questions aimed at evaluating changes in parental knowledge questions based on the Likert scale to evaluate changes in attitude. Although the data from the behavioral survey provided some significant results, to eliminate all bias the survey should be administered pre-, post-, and 3 months out of the class as initially intended. Also, during each session, the coordinators should be actively seeking to assist participants who need help completing the surveys and checking to ensure completeness when collecting them.

It would be beneficial to have specific, measurable goals that are attainable, relevant, and time bound for each session of the parenting program. Having S.M.A.R.T. objectives will make the evaluation of the sessions more specific and focused. The average number of participants for each parenting class was approximately five parents. With such small numbers, the data could prove to be unreliable. More consistent data regarding the effectiveness of the program could be

obtained by having yearly evaluations incorporating surveys collecting from parenting class throughout that year.

It is also important to ensure that the information being presented to the parents is culturally appropriate and responds to a real need or concern expressed by parents. Surveys could be administered and/or focus groups held to determine which area of parenting potential participants believe they need the most advice and guidance. Modifying the curriculum to address a real need expressed by the parents could possibly lead to an increase in the number of participants. In the Latino culture, extended family members play an important role in raising children, especially grandparents. Since most of the participants are Latino, it would be beneficial to try to include grandparents and other extended family members in the sessions to ensure that the information and parenting strategies are consistent throughout the household.

### **Conclusion**

Consistently poor parenting increases a child's risk for delinquency, mental illness, and violence later in life (Fergusson, Horwood, & Ridder, 2005). Parenting interventions are especially important in underserved communities such as Boyle Heights where children have an increased risk of being exposed to factors that contribute to the development of these detrimental behaviors. The "Raising Emotionally Healthy Children" program has the potential to educate thousands of AltaMed parents regarding the most culturally competent and effective parenting practices. Although this evaluation revealed some significant changes in parental behaviors following participation in the program, changes to the evaluation plan are necessary to ensure that the data generated is reliable and consistent. Establishing a reliable evaluation plan and valuable curriculum is essential for further development and larger-scale implementation of the "Raising Emotionally Healthy Children" program to the other communities that AltaMed serves.



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## Appendix 1: Revised Demographics Survey

### Demographics Survey for “Raising Emotionally Healthy Children” Class

1. **What is your ethnicity?**  Hispanic or Latino       African American     Caucasian  
 Native America/American Indian       Asian/Pacific Islander     Other \_\_\_\_\_
2. **What is your age range?**     <20                       21-30                       31-40                       >40
3. **What is your gender?**             Male                       Female
4. **What is your education level?**  Elementary  High School  Some College  College
5. **Do you live in Boyle Heights or the surrounding area?**  Yes  No
6. **What is your marital status?**             Single, Never Married  Married  Domestic Partner  
 Widowed     Divorced  Separated
7. **What is the age(s) and gender of your child/children?**

	0-2 years	3-5 years	6-8 years	9-10 years	11+ years	Gender (M or F)
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						

8. **What language(s) do you speak?**  
 Spanish Only                       English Only                       Both Spanish and English
9. **Mark everyone who lives in the home:**  
 Mother       Father       Grandmother       Grandfather       Aunt  
 Uncle     Other \_\_\_\_\_
10. **Mark everyone who responsible for caring for the children:**  
 Mother       Father                       Aunt                       Uncle  
 Grandmother                       Other \_\_\_\_\_  
 Grandfather
11. **How did you hear about this class?**  
 Dr. Puri       Clinic Staff                       Friend       Flyer  
 Other: \_\_\_\_\_

**12. Why are you taking this class?**

- Improve communication between me and my child/children
- Learn to deal with the stress that comes with being a parent
- Learn effective methods of disciplining my child/children
- Improve overall parenting skills
- Other

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## Appendix 2: Revised Session One Knowledge Survey

### Session One of “Raising Emotionally Healthy Children” Class

1. Which of the following lowers a child’s self-esteem? (Only circle one)
  - a. Praising him/her for their good behavior
  - b. Comparing them to their siblings
  - c. Assisting them when they ask for help
  
2. Which of the following raises a child’s self-esteem? (Only circle one)
  - a. Not allowing him/her complete a task successfully without your help
  - b. Acknowledging when he/she does something positive
  - c. Constantly reminding him/her that they can do better in school
  
3. Parents should share control with their children when it is safe for them.
  - a. Yes
  - b. No
  
4. Is it acceptable to ignore your child when they ask you a million questions?
  - a. Yes
  - b. No
  
5. On a scale of 1 to 5 (1 being not at all important and 5 being very important), how important is it to build your child’s self-esteem?  
1                      2                      3                      4                      5
  
6. Mark the most correct statement:
  - a. I should sometimes let my child make decisions when I know it is safe and he won’t get hurt
  - b. I should always try and have control over my child’s actions
  
7. Which of the following actions should a child NOT be punished for? (Only circle one)
  - a. Playing in the dirt
  - b. Hitting, kicking, and biting others
  - c. Misbehaving at school
  
8. Is it okay to give your child options?
  - a. Yes
  - b. no
  
9. How can you show empathy to your child?
  - a. Ask questions to better understand how they feel
  - b. Ignore his/her questions
  - c. Make them understand that as the parent you always know what is best for him/her

### **Appendix 3: Revised Session Two Knowledge Survey**

#### Session Two of “Raising Emotionally Healthy Children” Class

1. What is an example of GOOD communication? (Only circle one)
  - a. Listening to your child while doing other tasks
  - b. Ignoring them until you have time
  - c. Making eye contact while they are talking to you
  - d. Raising your voice until they obey
  - e. Not explaining until they do what you say
  
2. What is an example of BAD communication? (Only circle one)
  - a. Denying his/her feelings
  - b. Smiling and nodding when talking to him/her
  - c. Answering all of his/her questions
  
3. What do you think is the best way to discipline children? (Only circle one)
  - a. Spank
  - b. Raise my voice
  - c. Ignore them
  - d. Give them time outs
  - e. Threaten to punish them
  
4. If my child throws a tantrum I should ignore him.
  - a. Yes
  - b. No
  
5. TV teaches children to communicate.
  - a. True
  - b. False
  
6. By age one my child should be able to speak clearly.
  - a. Yes
  - b. No
  
7. On a scale of 1 to 5 (1=not important; 2=somewhat important; 3=important 4=very important), how important is communicating with your child?  
1                      2                      3                      4
  
8. On a scale of 1 to 5 (1=not important; 2=somewhat important; 3=important 4=very important), how important is reading to your child?  
1                      2                      3                      4

## Appendix 4: Revised Session Three Knowledge Survey

### Session Three of “Raising Emotionally Healthy Children” Class

1. I make my child believe we are going somewhere else instead of to the doctor’s office.  
d. Yes    b. No
2. A child should have a daily routine.  
a. Yes    b. No
3. Do you praise your child for good behavior?  
a. Yes    b. No
4. What can we use to get our children to do the things we want them to do? (Only circle one)  
a. Use behavioral charts  
b. Reward them with food  
c. Punish them  
d. Reward them with TV time
5. What is a positive reward for good behavior? (Only circle one)  
a. Take them to their favorite fast food restaurant (McDonalds, Burger King, etc)  
b. Take them to the park or the library  
c. Money  
d. TV time
6. How can you best help your child understand what it means to go to the doctor?  
a. Tell him/her that shots do not hurt  
b. Talk to him/her about your experiences as a child  
c. Tell him/her that they will be punished if they misbehave  
d. It is the doctors job to make my child understand what is happening
7. What is something you should do before you child begins preschool?  
a. Review what is going to happen in preschool  
b. Visit the school at least once  
c. Try to make nap and feeding time at home the same as that at school  
d. All of the above
8. What is a safe and healthy way of coping with stress? (Only circle one)  
a. Raise my voice  
b. Smoke  
c. Drink alcohol  
d. Exercise or go for a walk
9. On a scale of 1 to 5 (1 being not at all important and 5 being very important), how important is stress management?  
1                      2                      3                      4                      5

10. It is okay for me to take some time for myself.

a. Yes

No

## Appendix 5: Behavior Survey

### Behavioral Survey for “Raising Emotionally Healthy Children” Class

**10.** How often did you use to spank before coming to this class?

- Never
- Once a day
- Several times a day
- Once a week
- Several times a week

How often do you spank now?

- Never
- Once a day
- Several times a day
- Once a week
- Several times a week

Answer question #2 only if your child is 1-4 years old:

**11.** Before starting this class how often did you use to give time-outs?

- Never
- Once a day
- Several times a day
- Once a week
- Several times a week

How often do you give time-outs after taking this class?

- Never
- Once a day
- Several times a day
- Once a week
- Several times a week

Answer question #3 only if your child is 2-6 years old:

**12.** Before this class how often did you use a behavior chart?

- Never
- Once a day
- Several times a day
- Once a week
- Several times a week

How often do you use them now?

- Never
- Once a day
- Several times a day
- Once a week
- Several times a week

**13.** Before starting these classes how often did you ignore your child's questions?

- Never
- Sometimes
- All the time

How often do you ignore them now?

- Never
- Sometimes
- All the time

**14.** On a scale of 1 to 5 (1 being bad and 5 being very good), how would you rate your communication with your child before starting this class?

1                      2                      3                      4                      5

How would you rate it now?

1                      2                      3                      4                      5

**15.** On a scale of 1 to 5 (1 being not at all important and 5 being very important), how important was communicating with your child before starting this class?

1                      2                      3                      4                      5

How important is it now?

1                      2                      3                      4                      5

**16.** On a scale of 1 to 5 (1 being not at all important and 5 being very important), how important was building your child's self-esteem before starting this class?

1                      2                      3                      4                      5

How important is it now?

1                      2                      3                      4                      5

**17.** On a scale of 1 to 5 (1 being not at all important and 5 being very important), how important was reading to your child before starting this class?

1                      2                      3                      4                      5

How important is it now?

1                      2                      3                      4                      5

**18.** On a scale of 1 to 5 (1 being not at all important and 5 being very important), how important was stress management before starting this class?

1                      2                      3                      4                      5

How important is it now?

1                      2                      3                      4                      5

**19.** Before starting these classes did you praise your child for good behavior?

Yes                      No

Do you praise them now? Yes                      No

20. I used to make my child believe we were going somewhere else instead of to the doctor's office. Yes            No  
I still make my child believe we are going somewhere else instead of to the doctor's office.  
Yes                            No

21. Mark which is more like you:

- a. I sometimes let my child make decision when I know it is safe and he won't get hurt
- b. I always try and have control over my child's actions

22. Before how often did you used to relax or do something you enjoyed?

- Never
- Once a day
- Several times a day
- Once a week
- Several times a week

How often do you now relax or do something you enjoy?

- Never
- Once a day
- Several times a day
- Once a week
- Several times a week

23. How did you used to reward your child? \_\_\_\_\_  
How do you reward your child now? \_\_\_\_\_

24. Before this class if my child threw a tantrum I ignored him. Yes                            No  
Now if my child throws a tantrum I ignore him. Yes                            No

25. How did you use to punish you child? \_\_\_\_\_  
How do you punish them now? \_\_\_\_\_

26. Have you noticed any changes in your child due to changes you have made due to attending these classes?

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27. What has been the biggest change since starting these classes?

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28. What did you enjoy the most about these classes?

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**29.** What would you like to see changed?

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