

Prenatal Education Evaluation: Results from 1997-2005

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Presentation Overview

- ◆ Brief description of considerations for program evaluation
- ◆ Review of the evaluation information from the prenatal education projects conducted at SMDHU from 1997 to 2005



Program Evaluation

- ◆ Program evaluation is the use of social research methods to systematically investigate the effectiveness of social intervention programs. It draws on the techniques and concepts of social science disciplines and is intended to be useful for improving programs and informing social action aimed at ameliorating social problems (Rossi, 2004).

Rossi, P. H., Freeman, H.E., & Lipsey, M.W. (2004). *Evaluation: A systematic approach* (7th ed.). Thousand Oaks, CA: SAGE Publications.

Purpose of Evaluation

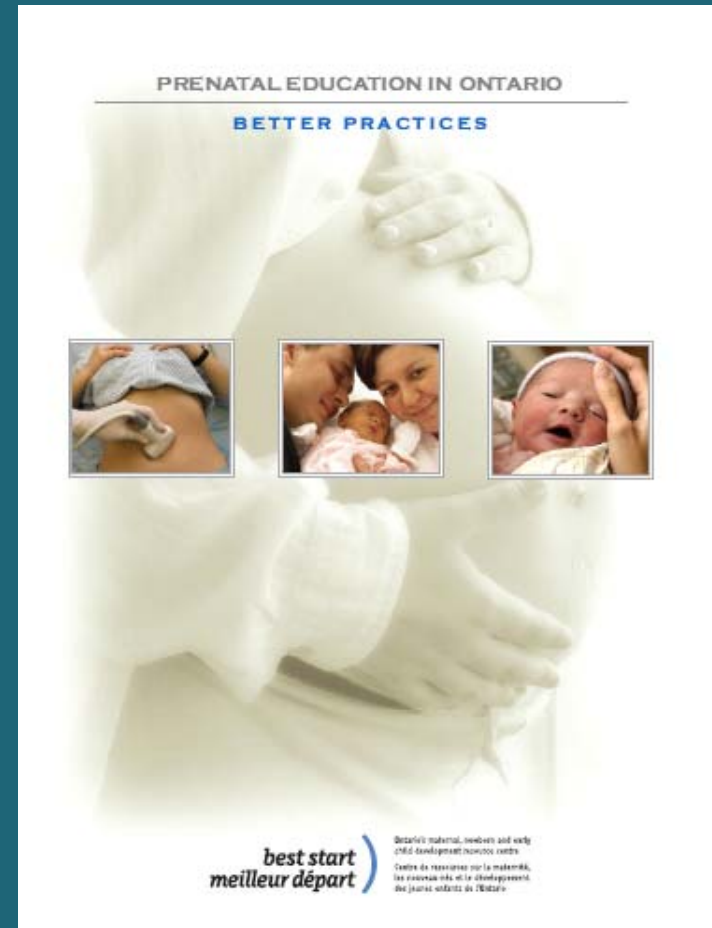
Evaluation typically involves assessment of one or more of five program domains:

- ◆ the need for the program
- ◆ the design of the program
- ◆ program implementation and service delivery
- ◆ program impact or outcomes
- ◆ program efficiency

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Evaluation Design

- ◆ Variety of tools
- ◆ Specific to the type of evaluation conducted and local capacity/ resources
- ◆ Tailored to the political and organizational context of the program being evaluated (Rossi, 2004)



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Acknowledgements

All projects were a collaborative effort:

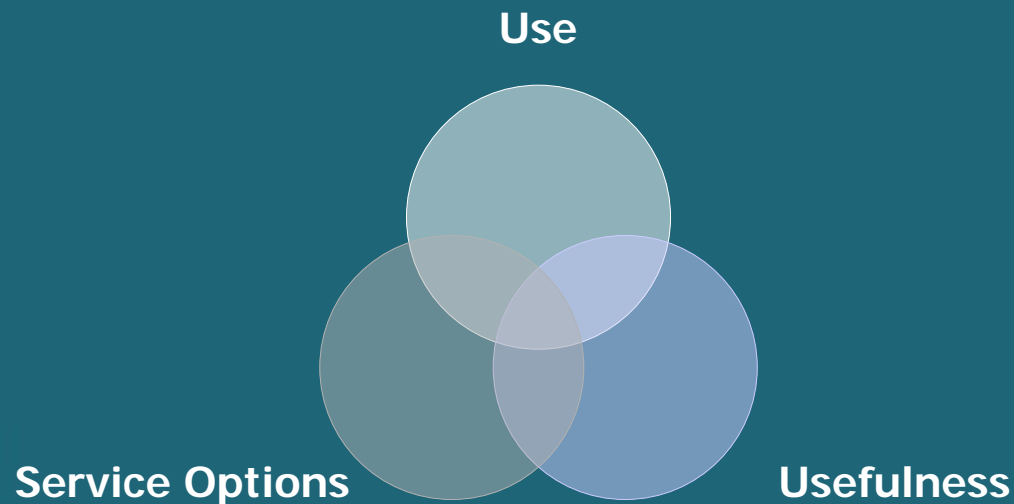
SMDHU Staff

- ◆ PHNs : service delivery as well evaluation design and implementation
- ◆ Epidemiologist & Research Analyst
- ◆ Catherine Bingle, former SMDHU Evaluation Specialist
- ◆ Peggy Govers, Child Health Manager SMDHU
- ◆ Students- MSc, Research Analyst



Evaluation Results

- ◆ Provide the following types of information about prenatal education strategies:





1. Use

- ◆ Target group

2. Usefulness

- ◆ Effectiveness
- ◆ Population survey analysis
- ◆ Pre-/post and follow up client survey data
- ◆ Staff perceptions of usefulness

3. Service Options

- ◆ All of the above, plus
- ◆ preferred ways to receive information/service
- ◆ suggestions for improvement of service
- ◆ successful strategies
- ◆ staff ideas on service options



Evaluation Data Sources

(report sections)

1. 1997 Early Prenatal Class Attendance Study
2. 1999-2002 EPC Attendance Data
3. 1999-2001 EPC Client Evaluation Results
4. 2002 Staff Focus Group on EPC History and Effectiveness Issues
5. 2002 Summary Systematic Review Evidence on Prenatal Education
6. 2002 Practice Survey of Health Units on Prenatal Education Options
7. 2002-03 Community Survey on Early Pregnancy Education Options
8. 2002-03 Infant Feeding Survey Results: Services Use / Assessment
9. 2002 Northern Ontario Perinatal & Child Survey: Services Use
10. 2004 Life with Newborn Class Pilot Impact Evaluation
11. 2005 Pilot “Let’s Grow a Healthy Baby Book” Client Survey

Summary of Key Evaluation Results on Early Prenatal Education Strategies

	Use	Usefulness	Service Options
1997 EPC Attendance Study (Literature Review & Community Survey)	<p>Early Prenatal Class Use:</p> <ul style="list-style-type: none"> 70% of first time mothers were aware of EPC for those early in pregnancy 39% had attended <p>Most found out about EPC from:</p> <ul style="list-style-type: none"> A physician The health unit A friend or relative <p>Barriers to EPC attendance identified by first time mothers were:</p> <ul style="list-style-type: none"> Time and location Not aware of class / found out about it too late in pregnancy Perception of lack of need Personal / family challenges to attending Health problems (e.g. fatigue, labour) <p>Underlying barriers to prenatal class attendance identified in literature:</p> <ul style="list-style-type: none"> Weak class promotion/advertising Inadequate physician referral Poor class relevance to target population 	<p>Attendees regarded EPC as:</p> <ul style="list-style-type: none"> Helpful, informative and enjoyable, but Lacking coverage of late pregnancy issues, and Not a source of new information 	<p>Ways to receive pregnancy information preferred by respondents:</p> <ul style="list-style-type: none"> Printed material (books, pamphlets, information packages) Physician
	Use	Usefulness	Service Options
1999-2001 EPC Client Evaluation Results		<p>Attendees regarded EPC as:</p> <ul style="list-style-type: none"> Relevant, helpful, effective, and comfortable Too short (# sessions) to cover topics. A minority (41%) were confident the class would help them have a healthier baby; most were uncertain or unresponsive. 	<p>Most suggestions from participants for EPC improvement were to add 1 or 2 sessions to allow better coverage of class material.</p>
	Use	Usefulness	Service Options
2002 Staff Focus Group on EPC History and Effectiveness Issues		<p>Staff regarded EPC as:</p> <ul style="list-style-type: none"> Helpful to families in lifestyle choices and connecting with resources/supports Limited in reach and impact on healthy pregnancy and infant health, at population and key target group levels. 	<ul style="list-style-type: none"> Enhance EPC delivery <ul style="list-style-type: none"> invest in promotion, outreach, delivery, & materials adjust content to a more specific early prenatal focus Scale back EPC delivery <ul style="list-style-type: none"> limit schedule & locations

1997 EPC Attendance Study

Role in Evaluation



- ◆ Exploratory, not summative
- ◆ No pre-defined expectations for results, their ability to support specific evaluative judgement or actions, or readiness to act
- ◆ To increase EPC attendance, suggested:
 - ◆ increased promotion & outreach,
 - ◆ increased choice in class time/days (e.g. weekends),
 - ◆ increased scope of content incl. L&D

EPC Client Evaluations

Role in Evaluation



- ◆ Shows how client evaluation forms can provide valuable data for program improvement
- ◆ Suggested that for most participants, EPC achieved at least some of its key objectives:
 1. To increase positive attitudes, motivation, knowledge, skills and awareness about healthy reproductive practices
 2. To increase knowledge and use of resources and community supports that can help support healthy pregnancy and infancy.

EPC Client Evaluations

Role in Evaluation



- ◆ Reinforced findings of 1997 study that:
 - (1) participants believe the class is helpful, informative and enjoyable,
 - (2) but also feel the class fails to cover issues at the depth or breadth that many participants would like to see, and
 - (3) limited quantity of classes and variety of times available were barriers to participation.

- ◆ Cannot show to what degree EPC affected healthy pregnancy and infant health outcomes

EPC Staff Focus Group

Role in Evaluation



- ◆ Provided an interpretive framework for results
- ◆ Documented program knowledge of key issues
- ◆ Helped clarify evaluative judgements
 1. despite positive benefit, weak added value for participants
 2. limited population reach
- ◆ Set the stage for exploring options



Systematic Reviews

Role in Evaluation



- ◆ Provided a general sense of what evidence exists on effect of prenatal education strategies
- ◆ Of limited value in evaluation and adjustment of early prenatal education strategies
- ◆ Individual studies were more helpful in the redesign of prenatal class concept and content



Health Unit Practice Survey

Role in Evaluation



Recommendations for next steps:

- ◆ Update and expand preconception health and healthy pregnancy information on the health unit website
- ◆ Conduct community survey of recently pregnant or pregnant women and their partners to identify their preferences on ways to receive prenatal education
- ◆ Further explore how other health units provide prenatal and preconception health fairs
- ◆ Update information packages and distribute to Physicians and Midwives for provision at a woman's first prenatal visit

Community Survey & IFS

Role in Evaluation



Strengthened program knowledge that:

- ◆ Some families will be receptive to preconception education
- ◆ Most pregnant women are aware of prenatal classes, and many will take one
- ◆ Class-based education is viewed as helpful by participants, but lacked the desired information and have uncertain impact
- ◆ Barriers to access to be targeted: lack of awareness, uncertainty about need, lack of family/partner support/capacity to co-attend, and availability/access: times, location, transportation, & child care.
- ◆ Sources of prenatal information: print materials, internet, TV, health professionals, friends and family
- ◆ Relatives, friends and physicians are important intervention targets
- ◆ Strong program of promotion and outreach to increase awareness, access and available information/services is critical.

Community Survey & IFS

Role in Evaluation



Contributed to final recommendations:

- ◆ Enhance health unit prenatal health information package distribution using a new package (LGHBB) and developing effective distributional and promotion strategies for it
- ◆ End EPC and redesign prenatal class program to the current 4 session third trimester to postnatal series (GRFB)
- ◆ Professional development for nurses on key topics
- ◆ Outreach to prenatal health care providers to distribute information package and promote classes
- ◆ Maintain prenatal & preconception health web pages
- ◆ Participate in available health fairs

LWN Pilot Impact Evaluation

Role in Evaluation



Reinforced understanding of:

- ◆ the importance of health professionals, friends and family in linking expecting parents to educational resources like prenatal classes
- ◆ the potential and limitations of prenatal classes - added to prior findings of client-perceived benefit, but uncertain objective signs of impact
- ◆ that 1 or 2 sessions for a prenatal class does not seem to provide enough time to satisfy participants that topics are well covered



LWN Pilot Impact Evaluation

Role in Evaluation



- ◆ Suggests that pre-/post-/follow up design used on short term basis for class impact evaluation is feasible and has potential to provide more objective data on class impact
- ◆ If this is further explored, work would be needed to:
 - ◆ assess the value engaging in this work to (1) health unit program decisions, and (2) the public health knowledge base
 - ◆ secure commitment and resources
 - ◆ conduct a thorough, updated literature review on relevant impact evaluation designs and their results
 - ◆ enhance impact design e.g. control groups
 - ◆ refine or redesign tools and processes
 - ◆ ensure strong staff input and orientation prior to implementation.

LGHBB Book Client Evaluation

Role in Evaluation



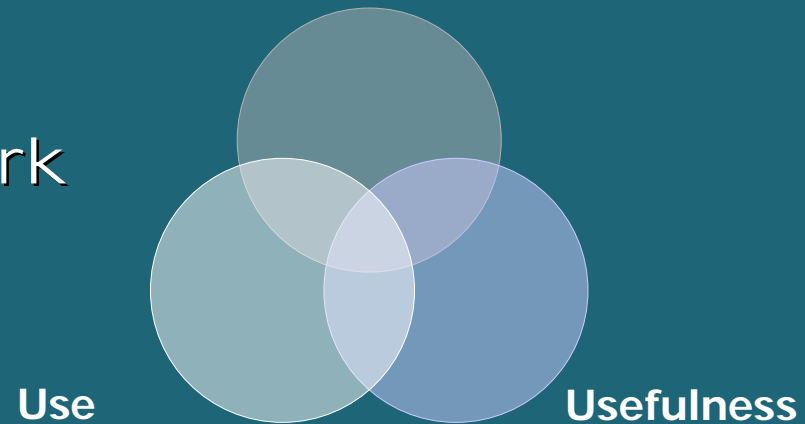
Good formative evaluation information:

- ◆ Majority read it, reported it useful and reported knowledge gained, but signs of impact (respondent actions/change) not as compelling
- ◆ Emphasizes importance of effective promotion & distribution in order to maximize reach
- ◆ Review of targets and results needed to refine expectations of how effective LGHBB/delivery needs to be in what ways



Evaluation Homework

Service Options



- ◆ What things you would like to know that would make a difference to what you do?
- ◆ Where are you already demonstrating the use of evaluation in some of your prenatal education initiatives? Has this information been integrated into your current prenatal education strategy? If so how? If not, what were the barriers?

References and other sources of evaluation information

- ◆ The Health Communication Unit (THCU) -Evaluation case studies <http://www.thcu.ca>
[/http://www.thcu.ca/infoandresources/evaluation.htm](http://www.thcu.ca/infoandresources/evaluation.htm)
- ◆ CES-Ontario Chapter <http://www.evaluationontario.ca/>
- ◆ Guide to Project Evaluation: A Participatory Approach <http://www.phac-aspc.gc.ca/ph-sp/phdd/resources/guide/introduction.htm>
- ◆ Kellogg Foundation <http://www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf>
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- ◆ The University of Texas- Houston Health Science Centre School of Public Health and the Texas Department of Health. 1999. *Practical evaluation of public health programs workbook*. Available: www.phppo.cdc.gov/phtn/Pract-Eval/workbook.asp