

## Appendix A

### Data Collection and Analysis

#### **Data Source**

The purpose of GEMS is to capture program-level data including information specific to participants, services, and outcomes. These data are utilized for different purposes by funded programs and First 5 Ventura County. Programs use data in GEMS for quarterly reporting to First 5 Ventura County, grant writing, quality improvement, and program planning and evaluation activities. First 5 Ventura County uses data from GEMS for contract monitoring and evaluation purposes, including the capture of information required as part of ongoing statewide evaluation efforts. In addition, data contained in GEMS also can be useful for informing First 5 Ventura County cross-initiative evaluation efforts.

The final data set that was cleaned, analyzed and summarized in this report represents data entered into GEMS from 39 funded programs.<sup>1</sup> Thirty-six programs submitted full data sets for the entire 2004-2006 period. Three programs were not operational in FY 05-06 and thus only partial data sets were included in analyses.

#### **Data Collection Instruments**

Instruments were developed in 2004 in order to collect information about participant demographics, services, and outcomes. Existing surveys and other instruments were used as often as possible. Data collection tools related to participants and services were drawn primarily from the data elements collected by the First 5 California statewide evaluators, SRI International. Outcome measures were designed using items from state and national surveys. In cases where there were no appropriate pre-existing measures, new measures were designed. Some outcome measures were designed for data collection after receiving services (post-service); other outcome measures included a pre-/post-service design so that changes in attitude and knowledge over time could be measured (see Appendix B for a list of measures and those that were included in this report). Once finalized, all measures were built into GEMS.

#### **Participant Intake Form**

The elements of the Participant Intake Form were taken directly from the First 5 California statewide evaluation requirements. This information was collected for participants defined as “core” according to state evaluation guidelines. Core participants are those who receive a more intense level of service and can include children, family members, or providers. Common demographic data collected from all core participants include: name, address, race/ethnicity, primary language used at home, and developmental status. Identifying information (e.g., name, address) is not forwarded to the central database. Instead, this information is located on computers at each local funded program to maintain the confidentiality of the children, family members, and providers served. In addition to the common demographic data, there are unique items collected for each type of core participant. For example, information about special needs is collected for child core participants and family income data is collected for family member core participants. No individual-level demographic data is collected for non-core participants; that is, those who access only those services that are not considered “core” (e.g., one-time parent education workshops).

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<sup>1</sup> A final data set was delivered to the evaluation team on October 11, 2006.

### **Service Transaction Form**

Services data are collected differently for core participants and non-core participants. For a core participant, the services transaction form records each service, related activities provided during the service, the day on which the service occurred, and the length of the service (in hours or minutes). A single instance of a service is referred to as a service contact and is reported as “one occurrence”. The services transaction form allows program staff to report multiple service occurrences on a single form. For example, in one month a child may receive 10 occurrences of early education services. Program staff can enter “10” for the number of occurrences, rather than complete a form 10 times. Because individual-level data are available, service occurrences can be aggregated for each core participant and the data can be used to determine the level of service (i.e., the intensity of the service for that participant).

For non-core participants, program staff report service-level data; that is, how many non-core children, family members, and/or providers were served during a service contact. This record-keeping method makes it impossible to determine how many unique non-core participants were served. The service-level reporting method resulted in some confusion. A case-by-case review of data revealed inconsistencies in data entry. In some cases, the number of occurrences entered equaled the number of non-core participants, while in other cases, the number of occurrences represented the number of times a service contact occurred regardless of how many non-core participants were served.

Services are defined by individual programs. A program defines a service by identifying three key features: strategy, method, and activities. This approach is similar to the approach used by the First 5 California evaluators. The strategy is the most general aspect of the service and reflects the level or audience of the service. Types of strategies include direct services (those provided directly to a participant), community strengthening (services targeted at a group whose individual characteristics may not be known), provider capacity building (services for providers), systems change (services that are aimed at producing change across service systems), and infrastructure investments (financial investments to improve facilities). The method describes how the service is delivered (e.g., in the home or over the phone). Activities describe what takes place during the service. Activities can range from nutrition education to Kindergarten transition support.

### **Outcome Measures**

Programs use outcome measures to collect information concerning the impact of services. Measures differ in scope; that is, some focus on perceptions regarding the extent to which a service affects participant well-being, while others address participant changes in knowledge relative to a particular topic. For instance, the outcome survey used for transportation-related services measures how easy it is to access needed transportation after receiving services. In contrast, the parent education outcome survey assesses change in knowledge that is assumed to be the result of the parent education service.

When a funded program defines its service by identifying strategy, method and activities, outcome measures are selected as well. Typically, the outcome measure is associated with the intended outcome of that service. The purpose of developing standardized measures for outcomes was to ensure that initiative-wide evaluation could occur across funded programs. By sharing a common approach to data collection through shared methods and measures, outcomes can be examined for all participants receiving services that are intended to produce similar results. In FY 04-05, a manual was designed to guide data collection activities and program staff across the county were trained. Programs were instructed to collect parent satisfaction data in the spring. However, it is evident by examining the GEMS database that

surveys were collected at other times during the year; this may be the result of program timing, with certain programs concluding earlier in the year.

### ***Data Entry Processes***

The GEMS software was installed at the 39 funded programs, representing approximately 150 data entry users among First 5 Ventura County funded partners. Data entry staff enter data using GEMS intake and service transaction forms, and also enter information from the outcome measurement questionnaires that are collected at specified intervals. Quarterly reports are generated on the GEMS software system and sent to First 5 Ventura Commission staff.

### ***Data Exports***

Data are saved to each funded program site's local computer. At several points during the year, data are transferred or uploaded to the GEMS-Agent server, where data are stored for all funded programs. Data in the GEMS-Agent can be used by First 5 Ventura staff, Commission staff, and evaluators. When the data are transferred to the GEMS-Agent server, any identifying participant information (e.g., name, address, etc.) is removed from the electronic record. For core participants, a unique alphanumeric code is attached to the record so that the individual participant can be identified across the three primary data components (i.e., intake, service transaction, and outcome).

For this report, Mosaic provided the data files in Microsoft Excel format on October 11, 2006. These data were converted into a format used by the Statistical Package for Social Sciences (SPSS) Version 13.0. Data cleaning and analysis were then conducted using SPSS.

### ***Data Cleaning***

Data forwarded for analysis contained a number of errors that were identified and when possible, were "cleaned" or corrected. For example, in child demographic files, several dates of birth were entered using a date in the future. In these cases, the date of birth was not used to calculate the age of the participant, but the other information contained in the record was used. In services transaction files, the number of occurrences reported for non-core participants was entered inconsistently, rendering the data unreliable; thus, services transaction data for non-core participants were not included in analyses (see *Services Transaction Forms*). There was duplicated entry of some outcomes data; that is, the same outcome survey data were entered multiple times for the same core participant on the same date. These duplicated entries were deleted from the files prior to analysis.

For outcomes measures collected on different dates, data from the most recent data collection timeframe within each fiscal year (FY 05-06 and FY 04-05) were selected for analysis. For instance, a core participant completed a case management post-service survey twice in FY 04-05 and three times in FY 05-06. The measure with the most recent date in FY 04-05 was used to represent that fiscal year, while the measure with the most recent date in FY 05-06 was used to represent the next fiscal year. Unfortunately, this level of cleaning could not be applied to non-core participant outcome data, as they were given a generic client code shared by multiple non-core participants so that unique individuals could not be identified.

Once the data cleaning activities were complete, service transaction and outcome measure files were restructured. These files are organized such that an individual's data may be recorded on multiple rows, each row representing a separate service or an item on an outcome measure. In order to conduct analyses for this evaluation, the data were restructured so that each row corresponded to an individual. Once the data were restructured, the participant demographic data, as supplied by the intake forms, were linked to services transaction records. This merge

was applied to core participants only, as demographic information and individual-level services transaction data were not available for non-core participants.

### **Data Analysis**

Descriptive and inferential statistics were used to analyze data provided through GEMS. Descriptive statistics included reporting percentages by categories (e.g., race/ethnicity) and averages when data were appropriate<sup>2</sup> (e.g., average number of services provided to core participants). Inferential statistics were used to detect statistical differences among data observed for different groups. For example, responses to pre-/post-service surveys were compared using a Chi-square or an Analysis of Variance (ANOVA), depending on the type of data collected. Chi-square analysis was used for categorical data, while ANOVA was used for interval data that are normally distributed. When a statistical difference was detected, the probability value ( $p$ ) is reported. If a change from pre-service to post-service was recorded but no probability value is reported, this is because statistical tests did not demonstrate a statistically significant difference. This does not necessarily mean that the difference is not meaningful for program evaluation; however, it indicates that the difference was not great enough to be detected by statistical measures. This can be the consequence of a small sample size or large data variability (i.e., a range of item answers suggesting an inconsistent response pattern across individuals).

In the Annual Evaluation Report 2004-2005, the First 5 Ventura evaluators<sup>3</sup> acknowledged that data collected for FY 04-05 were not sufficiently reliable to conduct analyses that are more complex (e.g., multiple regressions, partial correlations). It was suggested that data in FY 05-06 likely would be appropriate for these types of analyses. Though the FY 05-06 data are more reliable and complete than the previous year, the data quality still is not sufficient to run statistical comparisons that are more complex (data entry errors were detected through case-by-case reviews within data files). At this time, it is difficult to determine if *systematic errors*, or errors that were consistent across programs, occurred in data collection and entry. Systematic errors can seriously skew data and result in invalid conclusions. Compared to FY 04-05, FY 05-06 outcomes data typically represent larger sample sizes, with more core participants surveyed and additional outcome measures collected. A greater number of data points can accommodate inconsistent errors that may be found in large data sets such as GEMS; systematic errors cannot be controlled for unless the error is known.

A review of Ventura County CHIS data<sup>4</sup> was conducted prior to developing the current evaluation report. Ventura County CHIS data are presented when relevant and useful for providing contextual information in addition to GEMS.

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<sup>2</sup> To calculate averages, data must be numeric and reported on a continuous scale where the intervals between numeric values are equal.

<sup>3</sup> UCLA Center for Healthier Children, Families and Communities

<sup>4</sup> The California Health Interview Survey (CHIS) is a collaborative project of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. Funding for CHIS comes from state and federal agencies and from several private foundations. The California Health Interview Survey is based at the UCLA Center for Health Policy Research in Los Angeles, California.

## Appendix B

### Survey Data Availability

Name of Survey	Pre-Service	Post-service (may include follow-ups)	Data Available in FY 05-06
Community R&R to Health and Social Services		✓	✓
Case Management/Service Coordination		✓	✓
Enrollment/Assistance with TANF/WIC/Food Stamps, or Food Program		✓	
Provision of Food, Clothes, Emergency Funds, Housing or Other Basic Needs	✓	✓	✓
Transportation Services or Vouchers	✓	✓	✓
Safety Education and Injury/Violence Prevention (Child Abuse Prevention)	✓	✓	
Safety Education and Injury/Violence Prevention (Unintentional Injury)	✓	✓	
Parenting Education	✓	✓	✓
Parent Caregiver Support	✓	✓	✓
Family Planning		✓	
Adult Literacy	✓	✓	✓
Health Insurance Enrollment and Assistance		✓	✓
Tobacco Cessation Education or Prevention (prenatal)	✓	✓	
Tobacco Cessation Education or Prevention	✓	✓	
Tobacco Cessation		✓	
Mental Health Abuse Assessments or Services	✓	✓	Pre-service only
Substance Abuse Treatment/Screening		✓	
Prenatal and Birth Care Education	✓	✓	
Prenatal Education (medical care)		✓	
Breastfeeding Assistance/Education	✓	✓	
Well-Baby or Well Child Check ups	✓	✓	
Health Screenings		✓	✓
Immunizations		✓	
Oral Health Screening		✓	✓
Oral Health Treatment, Screening or Prevention	✓	✓	Pre-service only
Nutrition Education and Assessments	✓	✓	✓
Developmental Screening/Assessments		✓	
Recreational/Physical Activities for Children	✓	✓	✓
Family Literacy	✓	✓	✓
Early Childhood Education/Childcare R&R		✓	
Early Childhood Education/Childcare Subsidies or Vouchers		✓	✓
Kindergarten Transition Programs		✓	✓
Parent Satisfaction		✓	✓
All Providers Receiving Provider Capacity Building Services		✓	✓
Other Provider Training/Professional Development Information (specify)		✓	✓
Provider Capacity Building – Licensing/Accreditation		✓	✓
Provider Capacity Building	✓	✓	

## Appendix C

### Child, Family Member and Provider Participants: Fiscal Year Comparisons

The following tables were developed to detail findings from comparative analyses (i.e., FY 04-05 compared to FY 05-06), which were conducted on number of key variables concerning participants. This information is supplemental to the findings described in the body of the report.

**Table C.1. Core Child Participant Demographic Data by Year**

		FY 04-05	FY 05-06
Total children served		2,093	3,255
Gender	Males	52.2%	54.7%
	Females	47.8%	45.3%
Insurance Status	Uninsured	34.5%	21.4%
Primary Language	Another language	61.7%	53.1%
	Mostly/all English	22.9%	26.2%
	Bilingual	13.9%	19.3%
	Unknown	1.5%	1.4%
	Most common language spoken other than English	Spanish (94.4%)	Spanish (93.2%)
Race/Ethnicity	Latino	82.4%	75.8%
	White	8.6%	12.2%
	Multi-racial	4.1%	6.1%
	Asian/Pacific Islander	2.4%	2.7%
	Other	1.2%	2.0%
	African American	0.7%	0.7%
	Alaska Native/American Indian	0.2%	0.3%
	(included in Latino - Mixteco)	(0.2%)	(0.2%)

**Table C.2. Core Child Participant Age Group Data by Year**

		FY 04-05	FY 05-06
Total children served		2,093	3,255
Age Category	Less than 12 months	4.6%	6.8%
	12 to 23 months	4.9%	5.4%
	24 to 35 months	7.3%	9.9%
	36 to 47 months	15.5%	22.6%
	48 to 59 months	38.5%	32.3%
	60 to 71 months	24.2%	19.6%
	72 months and older	5.0%	3.4%

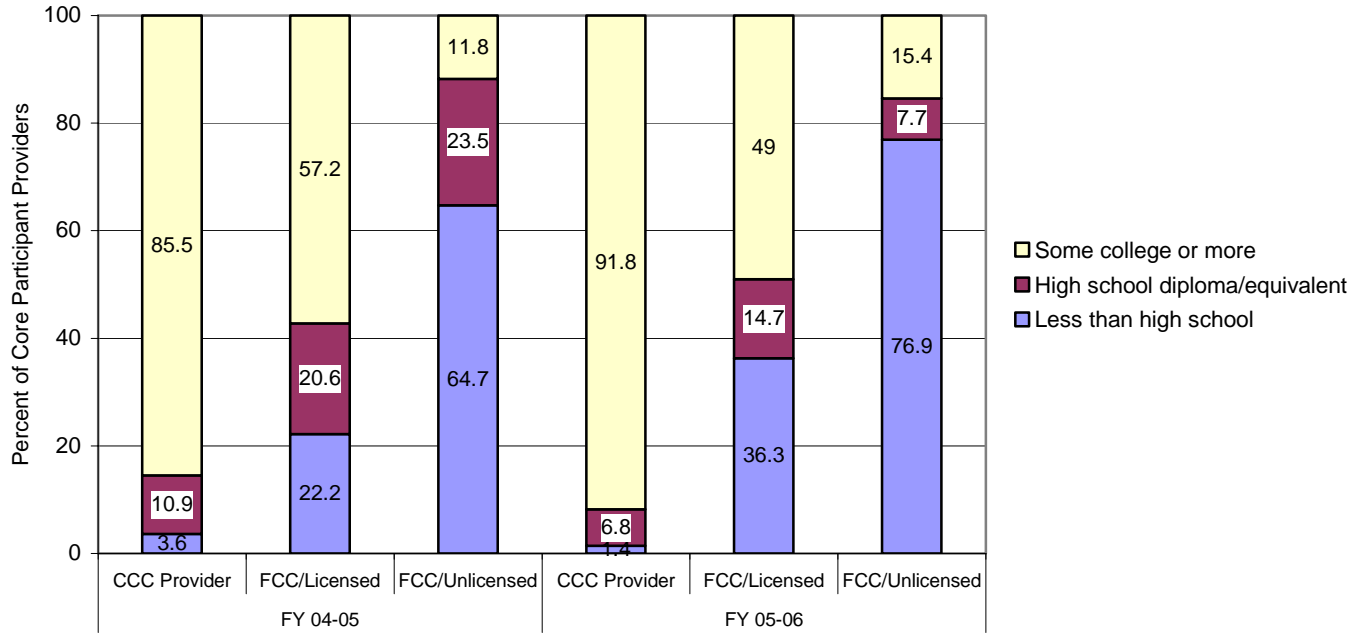
**Table C.3. Core Family Member Role by Year**

		FY 04-05	FY 05-06
Total family members served		1,598	3,128
Type	Biological parent	88.8%	89.7%
	Foster parent	3.2%	3.1%
	Expecting parent	4.1%	2.7%
	Grandparent	1.8%	2.0%
	Other relative of child 0-5	1.2%	1.1%
	Adoptive parent	0.3%	0.7%
	Domestic partner	0.4%	0.4%
	Sibling 16-18 years old	0.3%	0.3%
Gender	Male	14.8%	10.3%
	Female	85.2%	89.7%
Race/Ethnicity	Latino	80.9%	77.1%
	White	12.0%	14.6%
	Asian/Pacific Islander	2.6%	3.4%
	Multi-racial	3.0%	2.3%
	African American	0.7%	1.2%
	Alaska Native/American Indian	0.1%	0.1%
	Other	0.6%	1.2%
	(included in Latino - Mixteco)	(0.3%)	(0.7%)
Education Level	High school diploma/GED	45.0%	46.9%
Employment	Unemployed	55.4%	59.3%
	Part-time employment	13.8%	12.0%
	Full-time employment	27.8%	24.7%
	Seasonal worker	1.2%	1.6%
	Temporary employment	1.7%	2.3%

**Table C.4. Provider Demographic Characteristics by Year**

		FY 04-05	FY 05-06
Total providers served		158	215
Gender	Females	98.1%	97.2%
	Males	1.9%	2.8%
Language	Mostly/all English	47.7%	45.6%
	Bilingual	26.5%	23.7%
	Another language	25.8%	30.7%
	Most common other language	0.0%	0.0%
Race/Ethnicity	Latino	55.0%	59.2%
	White	31.5%	29.1%
	Asian/Pacific Islander	4.7%	3.9%
	Other	4.7%	3.4%
	Multi-racial	2.0%	2.4%
	African American	1.3%	1.5%
	Alaska Native/American Indian	0.7%	0.5%
Initiative	Neighborhoods for Learning	81.0%	64.2%
	Health	13.3%	29.3%
	Family Strengthening	5.7%	6.5%

**Figure C.1. Provider Education Level by Year**



## Appendix D

### Services Received by Children, Family Members and Providers: Fiscal Year Comparisons

The following tables were developed to detail findings from comparative analyses (i.e., FY 04-05 compared to FY 05-06), which were conducted on number of key variables concerning services. This information is supplemental to the findings described in the body of the report.

**Table D.1. Core Child Participants: Service Recipients and Numbers of Service Contacts by Activity and Year**

Activities Provided to Core Child Participants	FY 04-05		FY 05-06	
	Number who received services	Average number of service contacts	Number who received services	Average number of service contacts
Activity				
Family Support, Education, and Services				
Mental health assessment or services	227	12.04	197	5.78
Community R & R to health and social services	71	6.69	55	2.44
Case management/Service coordination	34	3.71	27	1.81
Health Education and Services				
Oral health treatment, screening or prevention	429	1.57	503	1.29
Other health and education services	69	6.42	181	4.91
Vision screening /service	79	1.25	85	1.02
Health screenings	21	2.29	23	1.22
Child Development Services				
Early education programs for children	654	71.80	1133	65.84
Developmental services	328	1.55	527	9.87
Kindergarten transition programs for children	374	18.26	416	18.42
Recreational/physical activities for children	68	2.78	367	6.09
Developmental screenings/assessments	328	1.55	349	4.50
Early education programs for children + parents	33	7.55	314	20.41
Family literacy programs	35	51.43	94	4.51

**Table D.2. Methods Used to Provide Services to Core Child Participants by Year**

Method	FY 04-05		FY 05-06	
	Number who received services	Average number of service contacts	Number who received services	Average number of service contacts
Class/workshop	1065	52.4	1972	44.5
In-person consultation service	1139	4.3	1359	5.7
Group client event	150	1.8	213	3.4
Phone consultation	87	2.7	133	3.6
Mobile service	22	8.9	118	18.9
Home visit	13	7.7	14	13.7

**Table D.3. Core Family Members: Service Recipients and Numbers of Service Contacts by Activity and Year.**

Activities Provided to Core Family Members  Activity	FY 04-05		FY 05-06	
	Number who received services	Average number of service contacts	Number who received services	Average number of service contacts
<b>Family Support, Education, and Services</b>				
Case management/Service coordination	499	6.41	984	6.84
Parenting education	380	4.65	674	5.33
Community R & R to health and social services	236	2.38	620	2.71
Other family support, education and services	134	3.08	198	7.23
Adult literacy	69	22.74	146	14.38
Mental health assessment or services	163	4.23	138	6.12
Parenting/Caregiver support	210	5.17	75	9.28
Provision of food, clothes, emergency funds, housing	-	-	73	2.11
Transportation services or vouchers	3	12.67	15	3.87
<b>Health Education and Services</b>				
Oral health treatment, screening or prevention	77	1.34	195	1.71
Health insurance enrollment/assistance	52	1.27	158	1.37
Nutrition education and assessment	18	4.56	70	2.36
Prenatal and birth care and education	72	3.40	45	3.62
Other health and education services	-	-	34	4.15
Breastfeeding assistance/education	45	2.67	33	3.21
<b>Child Development Services</b>				
Family literacy programs	160	4.54	367	23.51
Early education programs for children + parents	11	8.82	331	9.01
Kindergarten transition programs for children	-	-	268	2.09
Recreational/physical activities for children	55	1.53	111	6.12
Other child development services	121	9.36	43	1.51
ECE/childcare subsidies or vouchers	-	-	14	6.57

**Table D.4. Methods Used to Provide Services to Core Family Member Participants by Year**

Method	FY 04-05		FY 05-06	
	Number who received services	Average number of service contacts	Number who received services	Average number of service contacts
Class/workshop	519	7.3	1502	6.7
In-person consultation/service	779	3.1	1271	3.1
Phone consultation	296	6.9	717	7.8
Home visit	236	6.1	363	6.5
Voucher/subsidy	131	3.9	134	4.2
Group client event	55	1.5	121	6.0
Mailing/distributing materials	50	18.7	71	31.6
Support group session	50	2.9	50	5.7
Other	120	9.4	49	1.5
Mobile service	7	12.3	16	4.6

**Table D.5. Core Providers: Service Recipients and Numbers of Service Contacts by Activity and Year**

Activity	FY 04-05		FY 05-06	
	Number who received services	Average number of service contacts	Number received services	Average number of service contacts
Practices or information to support school readiness	51	7.5	61	4.5
Other provider training/professional development	23	2.5	31	5.0
Licensing/accreditation	12	1.2	21	2.1
Serving families and children with special needs	2	3.0	7	2.4

**Table D.6. Methods Used to Provide Services to Core Provider Participants by Year**

Method	FY 04-05		FY 05-06	
	Number who received services	Average number of service contacts	Number who received services	Average number of service contacts
Phone consultation	22	2.0	56	3.0
In-person consultation/service	43	6.5	51	3.5
Site visit	17	2.0	38	2.8
Class/workshop	53	5.5	15	2.3

## Appendix E

### Family Member Satisfaction: Fiscal Year Comparisons

The following tables were developed to detail findings from comparative analyses (i.e., FY 04-05 compared to FY 05-06), which were conducted on number of key variables concerning family member satisfaction with services. This information is supplemental to the findings described in the body of the report.

**Table E.1. Frequency Ratings Regarding Provision of Information and Assistance by Year**

Survey Question	FY 04-05 (N=380)		FY 05-06 (N=1,451)	
	Yes	No	Yes	No
Has this program given you the information/assistance that you needed?	99.2%	0.8%	98.5%	1.5%

**Table E.2. Frequency Ratings Regarding Meeting Family Needs by Year**

	FY 04-05 (N=380)			FY 05-06 (N=1,451)		
	Usually or Always	Some- times	Never	Usually or Always	Some- times	Never
Take time to understand your (or your child's) specific needs	88.3%	9.7%	1.9%	89.9%	8.8%	1.3%
Respect you as an expert about your child	94.3%	4.6%	1.1%	94.8%	4.7%	0.4%
Build your confidence as a parent	92.9%	4.8%	2.3%	94.2%	4.9%	0.9%
Ask about how you are feeling as a parent	84.3%	10.5%	5.2%	86.6%	10.0%	3.4%
Take time to understand you and your family and how you prefer to raise your child	85.4%	10.2%	4.4%	86.3%	10.0%	3.7%
Talk to you about issues in your community that may affect your child's health and development	79.7%	13.2%	7.1%	79.8%	13.8%	6.4%
Thinking about the program environment, would you say it is clean and safe	97.8%	1.6%	0.5%	97.4%	2.2%	0.4%

**Table E.3. Family Member Satisfaction with Program Operations by Year**

	FY 04-05 (N=380)			FY 05-06 (N=1,451)		
	Very or somewhat satisfied	Somewhat dis-satisfied	Very dis-satisfied	Very or somewhat satisfied	Somewhat dis-satisfied	Very dis-satisfied
Program location	98.2%	0.8%	1.1%	96.7%	1.5%	1.8%
Hours of the program	96.2%	2.4%	1.3%	91.4%	0.9%	0.8%

**Table E.4. Language Challenges Experienced with Program Staff by Year**

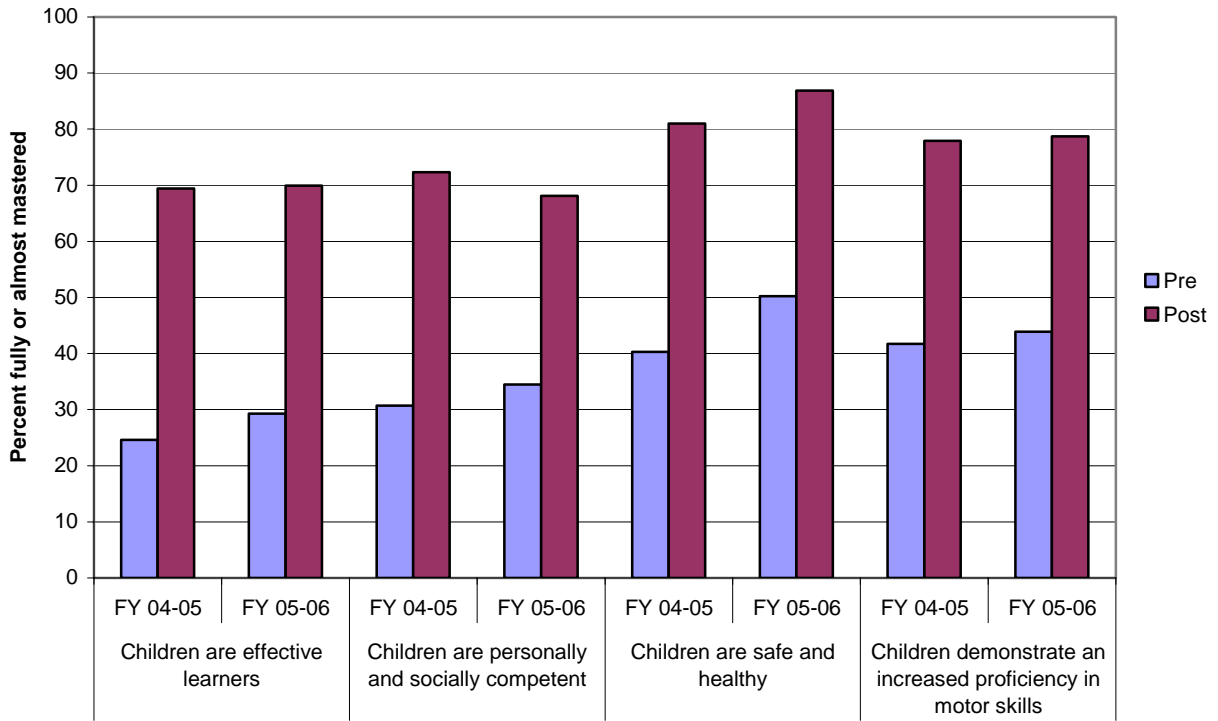
Survey Question	FY 04-05 (N=380)		FY 05-06 (N=1,451)	
	Yes	No	Yes	No
Have you ever had a hard time understanding any person that works at the program because they did not speak your language?	10.8%	89.2%	7.5%	92.5%

## Appendix F

### Outcomes: Fiscal Year Comparisons

The following tables were developed to detail findings from comparative analyses (i.e., FY 04-05 compared to FY 05-06), which were conducted on number of key variables concerning participant outcomes. This information is supplemental to the findings described in the body of the report.

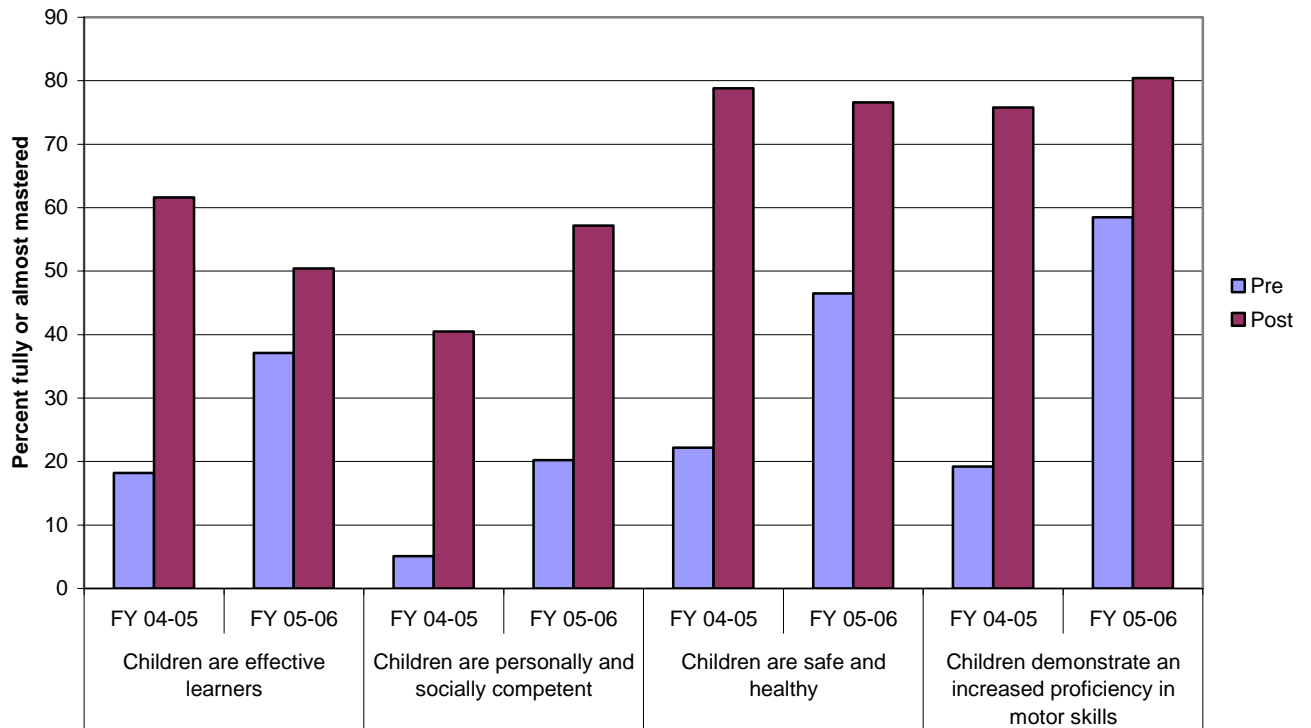
**Figure F.1. Desired Results Developmental Profile Outcomes by Year**



**Table F.1. Average Overall DRDP Mastery Scores by Year**

	FY 04-05 (N=228)		FY 05-06 (N=264)	
	Pre-service	Post-service	Pre-service	Post-service
Overall Score	141.7	184.3	144.2	180.9
Range	59-218	110-220	56-219	74-220

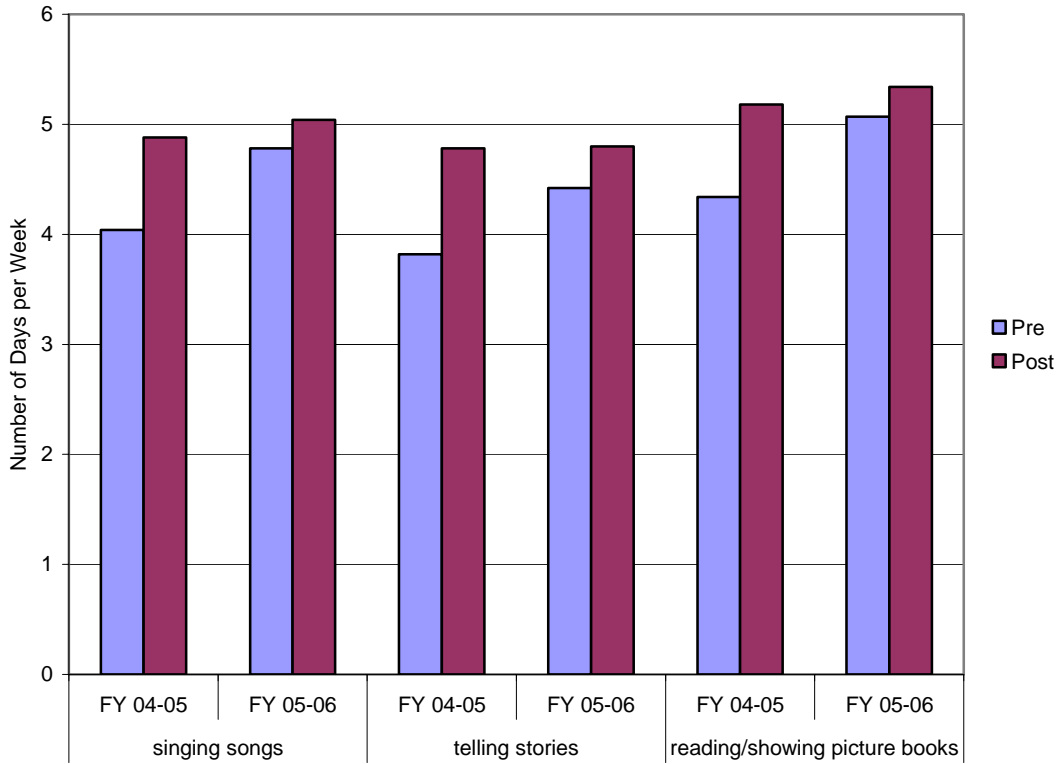
**Figure F.2. Mini-Desired Results Developmental Profile Outcomes by Year**



**Table F.2. Average Overall Mini-DRDP Mastery Scores by Year**

	FY 04-05 (N=99)		FY 05-06 (N=407)	
	Pre-service	Post-service	Pre-service	Post-service
Overall Score	39.2	57.1	47.4	61.1
Range	20-76	24-80	20-80	29-80

**Figure F.3. Frequency of Family Literacy Activities Before and After Family Literacy Services by Year**



**Table F.3. Ability to Read as a Result of Family Literacy Services by Year**

	FY 04-05				FY 05-06			
	Strongly agree	agree	disagree	Strongly disagree	Strongly agree	agree	disagree	Strongly disagree
Ability to read has improved	74.4%	23.3%	2.6%	0.0%	57.0%	36.5%	4.3%	2.2%

**Table F.4. Satisfaction with Provider Capacity Building Services by Year**

	FY 04-05 (N=414)				FY 05-06 (N=759)			
	Strongly agree	Agree	Disagree	Strongly Disagree	Strongly agree	Agree	Disagree	Strongly Disagree
Made me more aware of training and professional development opportunities	55.7%	43.3%	0.7%	0.2%	65.2%	32.0%	2.7%	0.2%
Increased my interest in staying in my field	56.5%	40.4%	2.6%	0.5%	64.6%	33.2%	1.9%	0.3%
Given me opportunities to meet others working in my field	54.0%	44.0%	1.8%	0.3%	60.6%	37.1%	2.2%	0.1%
Professional development and/or resources have been organized so they are easy to use	62.6%	35.1%	2.2%	0.0%	78.7%	19.3%	1.9%	0.1%
Program made me feel more respected as a professional	54.5%	43.0%	2.3%	0.3%	62.5%	35.6%	1.3%	0.6%
Program improved my skills	54.3%	44.2%	1.5%	0.0%	67.2%	31.9%	0.7%	0.3%
	Very likely	Somewhat likely	Somewhat unlikely	Not at all likely	Very likely	Somewhat likely	Somewhat unlikely	Not at all likely
Likelihood or recommending the program to other providers	86.3%	13.2%	0.5%	0.0%	91.0%	8.0%	0.8%	0.3%
	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
Satisfied with services received	83.0%	15.5%	0.7%	0.7%	88.6%	9.8%	0.8%	0.8%

**Table F.5. Satisfaction of Providers for Other Training/Professional Development Activities by Year**

	FY 04-05 (N=482)				FY 05-06 (N=784)			
	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor
Overall quality of workshop	69.9%	27.0%	3.1%	0.0%	75.2%	22.3%	2.2%	0.3%
Clarity of agenda	69.2%	28.0%	2.5%	0.2%	75.6%	21.2%	2.8%	0.4%
Met stated objectives	68.1%	30.4%	1.5%	0.0%	76.8%	21.4%	1.4%	0.3%
	Strongly agree	Agree	Disagree	Strongly Disagree	Strongly agree	Agree	Disagree	Strongly Disagree
Gained knowledge about the topics discussed	58.2%	40.5%	0.4%	0.9%	65.6%	32.3%	0.7%	1.4%
Significantly increased ability	58.7%	39.7%	0.9%	0.6%	57.3%	39.9%	1.7%	1.0%

**Table F.6. Satisfaction with Case Management/Care Coordination Services by Year**

	FY 04-05 (N=31)				FY 05-06 (N=209)			
	Very satisfied	Satisfied	Somewhat satisfied	Not satisfied	Very satisfied	Satisfied	Somewhat satisfied	Not satisfied
Satisfied or dissatisfied with the help received in coordinating services for their child	80.6%	16.1%	3.2%	0.0%	83.7%	15.8%	0.0%	0.5%
	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor
How program communicates with other providers to help coordinate services your child needs	66.7%	30.0%	0.0%	3.3%	70.6%	26.4%	1.2%	1.8%

**Table F.7. Changes in Knowledge Related to Nutrition by Year**

	FY 04-05		FY 05-06	
	Percent Answered Correctly on Pre-service survey (N=13)	Percent Answered Correctly on Post-service survey (N=31)	Percent Answered Correctly on Pre-service survey (N=147)	Percent Answered Correctly on Post-service survey (N=172)
When do you think the best age to start feeding your baby cereal or other solid foods?	50.0%	57.7%	69.2%	62.5%
What is the best way to feed a two-month old baby?	72.7%	72.4%	61.0%	65.5%
What should a four-year old eat?	46.2%	93.3%	56.2%	68.2%
What age can you give your young children 2% or low-fat milk?	9.1%	46.4%	52.4%	57.3%