
H E A L T H For **T** W O
Mother and Child
Evaluation of a Prenatal Health Enhancement Program

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EDMONTON SOCIAL PLANNING
COUNCIL

Submitted to
The Health Promotion Division, Edmonton Board of Health

by
The Edmonton Social Planning Council

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INTRODUCTION

This report, along with the information from staff interviews done by the Edmonton Board of Health, provides data for the evaluation of the Health for Two: Mother and Child program. Information on the attitudes and opinions of the program clients has been gathered through client interviews. Advisory committee members and agency directors responded to questionnaires. Demographic information on the program users was reported by staff who deliver the program at the agencies.

Based on the findings of this report the Health for Two program is a successful example in partnership between agencies. It shows that when objectives are clearly defined and when participating agencies have been adequately sensitized to these objectives, clients will receive quality service that is relevant and meets their needs efficiently.

1.1 Program Objective

The objective of the Health for Two program is "to increase opportunities for women in disadvantaged economic and social conditions to make healthy, informed choices for themselves and their families leading to improved health of pregnant women, mothers and infants."

To determine who the Health for Two Program has been serving, information on the women who participated in the program was collected. Specifically, participating agencies reported on clients' age, ethnicity, income source, education, marital status, social service agencies involvement and risk factors.

Of the 157 clients whose age was reported, 93 (59.23%) were between the ages of 16-20. Over 24 per cent (24.84%) of the women whose age was reported were under 18 years of age.

Table 1
Client Age

Age	Number of Clients	% of the Total Number of Clients (age reported)	Age	Number of Clients	% of the Total Number of Clients (age reported)
14	03	1.91%	28	04	2.54%
15	07	4.45%	29	04	2.54%
16	14	8.91%	30	03	1.91%
17	15	9.55%	31	00	
18	20	12.73%	32	04	2.54%
19	21	13.37%	33	02	1.27%
20	13	8.28	34	03	1.91%
21	08	5.10%	35	07	4.45%
22	06	3.82%	36	03	1.91%
23	03	1.91%	37	00	
24	02	1.27%	38	00	
25	06	3.82%	39	00	
26	03	1.91%	40	02	1.27%
27	04	2.54%	41	00	
Total					
Age Reported/Recorded					
157					
Total					
Total Age not Reported/Recorded					
117					

Table 2
Client Ages-Grouped

Age Group	Number of Clients	% of the Number of Clients (Age Reported)
14-17	39	24.84%
18-19	41	26.11%
20-22	27	17.20%
23-25	11	7.01%
26-28	11	7.01%
29-31	07	4.46%
32-34	09	5.73%
35-37	10	6.37%
38-40	02	1.27%
Total	157	100%

Of the 247 women whose ethnicity was reported, the majority were Native Indian (47.78%); 35.23% of the women were Caucasian and 10.94% were Métis.

Table 3
Client Ethnicity

Ethnicity	Number of Clients	% of the Total Number of Clients (Ethnicity Reported)
Native Indian	118	47.78%
Caucasian	87	35.23%
Métis	27	10.94%
Black	04	1.62%
French Canadian	03	1.21%
Mulatto	02	0.81%
Visible Minorities	02	0.81%
Vietnamese	01	0.40%
East Indian	01	0.40%
Ethiopian	01	0.40%
Spanish	01	0.40%
Total Reporting	247	100%
Total Unknown	27	
TOTAL CLIENTS (Reporting + Unknown)	274	
Percent Reporting		90.15%
Percent Unknown		9.85%

Source of income was reported for 257 of the 274 women who have participated in the Health for Two program. Of these women, 228 (88.72%) were receiving welfare payments under the Supports for Independence program of Alberta Family and Social Services.

Sixteen program users were supported through the multiple income sources. All clients in this group were receiving assistance under the Supports For Independence program as well as by supports from other sources. Five women were employed and two were receiving spousal support.

Table 4
Client's Source of Income

Source of Income	Number of Clients	% of the Total Number of Clients (Source of Income Reported)
Supports for Independence	228	88.71%
Employment	05	1.94%
Family	04	1.56%
Spousal Support	02	0.78%
Unemployment Insurance	01	0.39%
None	01	0.39%
Multiple Sources (Total)	16	6.23%
SFI + Spousal Support	08	
SFI + Parental/Family Support	05	
SFI + Employment	01	
SFI + Self-employed	01	
SFI + Spousal Support + Self Employed	01	
Total Reporting	257	100%
Total Unknown	17	
TOTAL CLIENTS (Reporting + Unknown)	274	
Percent Reporting		93.80%
Percent Unknown		6.20%

Of the 111 women participating in the program whose education was known, the majority (81, 72.97%) had a grade 10 education or less.

Table 5
Client's Education

Educational Level Attained	Number of Clients	% of the Total Number of Clients (Reporting)
Grade 05	02	1.80%
Grade 06	01	0.90%
Grade 07	10	9.01%
Grade 08	15	13.51%
Grade 09	20	18.02%
Grade 10	33	29.73%
Grade 11	15	13.51%
Grade 12	14	12.62%
No Schooling	01	0.90%
Total Reporting	111	100%
Total Unknown	163	
TOTAL CLIENTS (Reporting + Unknown)	274	
Percent Reporting		40.51%
Percent Unknown		59.49%

Most women (49%) in the program whose marital status was known were identified as single.

Table 6
Client's Marital Status

Marital Status	Number of Clients	% of the Total Number of Clients (Reporting)
Single	123	49.00%
Common Law (Live-in)	82	32.67%
Boy Friend	26	10.36%
Married	13	5.18%
Multiple (single + boy friend or common law ¹)	07	2.79%
Total Reporting	251	100%
Total Unknown	23	
TOTAL CLIENTS (Reporting + Unknown)	274	
Percent Reporting	91.61%	
Percent Unknown	8.39%	

¹ The marital status is defined as multiple when the client's marital status has changed during her time on the program.

Of the 32 clients with whom Alberta Family and Social Services, Social Supports (child welfare) were involved, 25 were also involved with Supports for Independence. Seven were exclusively involved with Child Welfare.

All but 15 program users involved with other agencies were also involved with Supports for Independence (93.45%).

Table 7
Agencies Involved with Clients

Agency	Number of Clients	% of the Total Number of Clients
Supports for Independence ²	159	69.43%
AFSS Child Welfare	7	3.06%
Child Welfare and SFI	25	10.92%
Mental Health	06	2.62%
Other ³ and SFI	30	13.10%
Other	02	0.87%
Total Reporting	229	100%
Total Unknown	45	
TOTAL CLIENTS (Reporting + Unknown)	274	
Percent Reporting		83.58%
Percent Unknown		16.42%

² Some agencies did not respond to this question. The information provided in an earlier section on sources of income has been used and all women listed as SFI clients have been included here.

³ Other agencies listed are, (numbers in parentheses denote how many client's were involved): AADAC (1); Bissell (7); Boyle St. Coop (7); Candora (1); Catholic Social Services (1); Edmonton Board of Health (2); Food Bank (1); Handicapped Children's Services (2); Homemaker (1); Hope Mission (1); McMan Youth Services (1); Métis Children and Family Services (1); Native Worker (1); Norwood Community League (1); Police (1); Remand (2); WEAC (1); and, Win House (1).

Every woman in the program for whom risk factors were reported was identified as having some factor which placed her pregnancy at risk. More than half of the women (59.74%) in the program for whom risk factors were reported had multiple risk factors. As well as identifying women to be at risk in the categories provided, staff noted that three clients were in abusive relationships.

Table 8
Client's Risk Factors

Risk Factor	Number of Clients	% of the Total Number of Clients (Risk factors Reported)
<i>Single Factor (total)</i>	62	40.26%
Poor Nutrition	(28)	(18.18%)
Smoking	(26)	(16.88%)
Alcohol Abuse	(03)	(1.95%)
Premature baby	(02)	(1.30%)
Previous Miscarriages	(01)	(0.65%)
Abusive Partner	(01)	(0.65%)
Drug Abuse	(01)	(0.65%)
<i>Multiple Factors (Total)</i>	92	59.74%
Smoking + Poor Nutrition	(26)	(16.88%)
Alcohol + Smoking + Drugs + Poor Nutrition	(20)	(12.99%)
Alcohol + Smoking + Poor Nutrition	(14)	(9.09%)
Alcohol + Smoking	(10)	(6.49%)
Alcohol + Poor Nutrition	(07)	(4.54%)
Alcohol + Drugs	(04)	(2.60%)
Alcohol + Drugs + Poor Nutrition	(03)	(1.95%)
Alcohol + Smoking + Drugs	(03)	(1.95%)
Smoking and Drugs	(03)	(1.95%)
Drugs + Poor Nutrition	(01)	(0.65%)
Prescription Medication + Poor Nutrition	(01)	(0.65%)
Total Reporting	154	100%
Total Unknown	120	
TOTAL CLIENTS (Reporting + Unknown)	274	
Percent Reporting		56.20%
Percent Unknown		43.80%

2.0 PROGRAM OUTCOMES

2.1 Program Outcome

Community Agencies Have The Capacity To Offer Continued Support To Pregnant Women And Mothers Of Young Infants.

Indicators

A. Agencies have skills, knowledge and educational resources to incorporate pre/post natal health in programs.

Four of the six directors who responded to the questionnaire felt that the Health for Two program is meeting women's needs in terms of prenatal information, milk supplements, nutritional information, and other needs (one director did not know). The binder was noted to be particularly helpful in providing education and connecting the women to their child early in pregnancy.

Three directors stated that the Health for Two program led, in part, to the development of new programs; a drop-in teens group, matching health professional volunteers with pregnant youth, and the development of a continuing support program for women with children. Some program directors felt that complimentary programs were already in place within their agency.

B. Agencies view pre/post natal support for women as a relevant component of their programs.

All directors stated that pre/post natal support for women was a relevant component of their agency's programs. Some directors specified programs or program goals in their agency which focused on pre/post natal support for women. Some of the goals and programs identified were:

- provide support to families living in poverty,
- utilize a health promotion approach,
- help mothers produce healthy babies thus contributing to the foundation of healthy and functional families,

- prenatal component and well baby clinic, parenting groups.

Agency directors felt that Health for Two supported their programs by helping women increase their capacity to meet their own needs through education and health promotion.

Committee members also felt that Health for Two strengthened the agencies current ability to provide information and support to women and children. One committee member did not comment on this. Some of the comments made were as follows:

"Some of the agencies have health as their mandates, some have pregnant women and the remaining agencies have service to women at risk or in need as part of their mandate. Pre/post natal support is a vital part of the work that each agency provides and this program has enhanced our ability to provide such services and support."

"... the coupon is the hook but the prenatal education and support is the goal. (The program) is particularly useful for assisting families to build support and resources that will be in place when the baby is born and to help women learn where and how to reach out for assistance."

C. Increase coordination of resources and services for pregnant women and mothers.

- Committee members describe the Health for Two program as having increased links between the agencies participating in the program and other health and social service agencies. Specifically, members felt that the program has established links with inner city agencies, inner city doctors, and the Royal Alex hospital. Also mentioned were: Alberta Mental Health, Victoria Composite High School, Norwood Community Services, Nobody's Perfect, and Castledowns Health Centres.

Committee members felt that the agencies participating in the program have become linked with each other and often share expertise and refer clients. One committee member did not address this topic.

- Five of the six directors who responded felt that the Health for Two program benefited their agency with resources, and coordination with other agencies. Two of these directors felt that the program had helped their agency to become more accessible.

"..in previous years we were able to find five to-six women per year in the target group who requested our services, we have provided support to about 40 women since the Health for Two began. This is an impressive increase. We always knew the need existed, but we did not have a good way to reach the women."

Also mentioned was the connection to inner city agencies, increased staff and client knowledge of prenatal health and the provision of a tangible support to women. One director noted that the Health for Two program presented an opportunity for positive public relations.

2.2 Program Outcome

Women Identify Themselves Early In Pregnancy And Maintain Contact With Community Agencies

Agencies reported the number of weeks that women were pregnant when they started the program for 216 of the 274 women who have used the program. The majority (33.89%) of these women began the program when they were 11-20 weeks pregnant.

Generally, the women who were interviewed stated that they started Health for Two as soon as they found out about the program. One woman in the sample was in the program more than once. The first time she was pregnant she started the program as soon as she found out about it. She was four months pregnant. The second time she started the program as soon as she found out she was pregnant. She was almost two months pregnant.

Table 9
Weeks Pregnant When Started the Program⁴

Agency	0-5	6-10	11-15	16-20	21-25	26-30	31-35	36+	Un-known	Total Women Reported per agency
Bisselll Centre	01	05	09	06	07	03	05	03	18	57
Boyle St. Co-Op	03	03	07	06	06	09	06	07	04	51
Boyle-McCauley Health Centre	02	04	07	13	03	01	02	00	06	38
Central Health Centre	01	00	01	02	03	06	06	01	04	25
Eastwood Health Centre	01	02	13	10	07	11	04	04	03	55
Terra Association	04	02	07	02	03	05	01	01	23	48 ⁵
Total Women in Weeks Range	12	16	44	40	29	35	24	16	58	274

⁴ The batching of weeks reflects the most common ranges given by agencies when reporting the number of weeks clients were pregnant when they started the Health for Two program.

⁵ The number of women who have used milk coupons in the Service Profile completed by Terra has been reported to be 63. A note on the same page says "The specific # of clients has been approximated as we did not keep accurate statistics when we first started to use the H for 2 coupons."

Table 10
Weeks Pregnant When Started the Program-batched

Agency	0-10	11-20	21-30	31-39	Unknown	Total Women Reported per agency
Bissell Centre	06	15	10	08	18	57
Boyle St. Co-Op	06	13	15	13	04	51
Boyle-McCauley Health Centre	06	20	04	02	06	38
Central Health Centre	01	03	09	07	04	25
Eastwood Health Centre	03	23	18	08	03	55
Terra Association	06	09	08	02	23	48
Total Women in Weeks Range	28	84	64	40	58	274

- There were several ways that the women interviewed found out about the program. Seven of the 23 women in the sample learned of the program from friends. Ten women were told by agency staff. Three were told by a sister or cousin who was or had been on the program. Two women were told by health care professionals and one found out by reading a notice posted at an agency.

Eight women said that they had already recommended the program to friends or family who needed it.

- 21 of the 23 women interviewed said the program had been easy to access. The other two women were not put on the program with the agency they initially contacted. Instead, they were directed to the agency closest to their residence.
- The women interviewed stated that they joined the program for free milk. The milk was seen as important for their baby's health and their health.

"So I could have milk. It's essential for pregnant women to have milk and I can't always afford to buy as much as I need."

Some women mentioned that not having to buy milk allowed them to buy other things.

"It saved me \$60 so far and I used this to buy milk for my fiancée and son."

"Instead of buying milk I bought things for the baby like a rattle and bottles."

One woman said she did not know why she was in the Program.

Three women also mentioned that the coupons helped them always have milk available. They had difficulty saving money from their welfare cheque to purchase milk half way through the month.

"I only get a check one time a month on welfare and the milk would go bad by the end of the month."

"...coupons let me buy it later, its hard to save money on welfare."

- There are a number of indicators which demonstrate that women maintain contact with the community agencies. Almost four per cent (3.65%) of the women who were reported to have gone through the program have done so more than once. More than half (55.84%) of the women used the milk coupons until the end of their pregnancy. The agencies reporting on client contact after the pregnancy and client use of other agency services indicated that most of the clients did so.

Table 11
Client Use of Agency

Agency	Women in the program more than once	Used milk coupons until end of pregnancy	Maintained contact after pregnancy	Used other services offered by agency	Total Women Reported per agency
Bissell Centre	03	32	??	??	57
Boyle St. Co-Op	04	38	38	44	51
Boyle-McCauley Health Centre	02	23	22	almost all	38
Central Health Centre	00	23	almost all	almost all	25
Eastwood Health Centre	01	18	all in area	unknown	55
Terra Association	00	19	41	?	48
Total	10	153			274

- Twelve of the 23 women interviewed used other services offered by the agency as well as the Health for Two program. Five of these women attended prenatal classes, two got check-ups at the agency, three went for counselling, and two more went for their babies immunizations. Other supports received from the agencies were: help to get a food hamper, support groups, parenting groups, child care, sewing classes, group outings, baby showers, exercise classes, lunch program, vitamin supplements. One woman applied for parent support but was never called back.

Nine women of the 23 women who were interviewed used the agency only for the Milk for Two program. Two women did not answer this question.

- Seven of the 23 women interviewed said they did not learn of any other places to go to for help from the agency. The other women received information on inner city programs and where they could go for specific needs, for example, Lamaze classes at the Public Health Centre and immunizations. Only five women pursued or were going to pursue these contacts.
- When asked what the most important thing was about coming to the agency during their pregnancy, ten women responded that it was the emotional support and caring.

"It's easy for people to look down, they cared about how I felt, that I was important and so was the baby no matter what anyone said,"

"It was good to talk to the worker, I could talk to her about anything, about things I need, understanding.

"I made some friends... Every time I went there I had a sad face and I when I leave I have a happy face."

"Knowing that there were people out there who are concerned about my health and the baby's."

Six women felt that the support was important but that the health care or the milk they received was equally important.

Three other women felt that information on the pregnancy was the most important thing they received from their involvement with the agency. One of these women felt that the binder was the most important because she could look up all the information herself and did not have to ask anyone else.

Two women felt that the milk was most important to them and another felt it was the daycare. One woman never went to the agency herself.

- Of the women interviewed, the frequency with which they received milk coupons varied between once a week to once in four weeks. This seemed to depend the women's circumstance. Agencies gave out enough coupons to last a couple of weeks if the woman lived far away, and would often "catch her up" if she had missed a week. Women

often sent relatives or partners, especially in the last month of pregnancy and agencies would give the coupons to them for the women. Not having to pick up the coupons every week and being able to have relatives or partners pick them up was much appreciated by these women.

One woman never had any contact with the agency. Her mother made the initial contact and picked up the milk coupons every time.

- Reasons for clients not continuing with the program until the end of their pregnancy (44.16%) were largely unknown (66.12 %). Of the women reported who did not use the program until the end of their pregnancy, over 25 percent (25.62%) stopped using the program because they moved away.

Table 12
Reasons Clients Stopped Using Program

Agency	Moved Away	Mis- carriage	Abortion	Other	Unknown	Total women who stopped using the program	Total Women Reported per agency
Bissell Centre					25	25	57
Boyle St. Co-Op	09	03			01	13	51
Boyle-McCauley Health Centre	09	04	01	01		15	38
Central Health Centre	02					02	25
Eastwood Health Centre	11	02			24	37	55
Terra Association					29	29	48
Total	31	09	01	01	80	121	274

2.3 Program Outcome

Women Have Capacities To Cope Effectively With Pregnancy, Birth And Child Care.

Indicators

A. Pregnant women have a plan.

Twenty-two of the 23 women interviewed had plans for their baby's care once they were born. Information on how to plan came through the different sources. Six women learned what they had to plan for from the Health for Two binder. The list for the layette was mentioned as helpful because it itemized what they would need and when they would need it. This helped mothers plan their purchases.

The other women used the binder just as a refresher, or received guidance from someone else. One woman felt that the binder did not have anything to help plan for after the child was born.

B. Women have information/skills in assertiveness and decision making.

Six of the 23 women interviewed stated that by using the binder they learned how to make good decisions about which foods to eat. For others, the information in the binder taught them what to expect, reassured them that what they were going through was normal or made them realize just how much they already knew.

When asked how the program made them feel about themselves, the answers were very positive.

One woman felt the staff at the agency helped her overcome her embarrassment of being 19 and pregnant for the second time. Two women noted that they did not feel "any less a person" using the program, rather they felt that they were doing something good for their child. Having the milk coupons relieved two women of the worry they felt about whether they would have enough money to buy milk.

"It's nice to have lots of milk in the fridge and not feel guilty about drinking it."

Three women mentioned that they felt more confident because of the information provided in the binder.

Eight women felt better because they knew were taking care of themselves and that their baby was getting what it needed to be healthy.

"It made me feel better, I started taking care of myself, my self-esteem came up."

Three women did not feel the program made any difference in the way they felt about themselves. "

C. Women enter the birth experience familiar with the routine.

Three women that were interviewed were not familiar with the routine. One of these women was early in her pregnancy and said she had not yet read that part of the binder. Another woman stated that she did not go to prenatal class. During the labour she listened to the nurses and doctor at the hospital.

Six women were familiar with the routine because they had children before. Two of these women said that the binder provided a reminder.

Nine other women were familiar with the routine and described what they expected would happen. They cited their knowledge coming from a variety of sources: prenatal class, from relatives and the Health for Two binder.

"The book told me how to breathe, when the labour pains came and when to go to the hospital."

The other five women interviewed said they knew what to expect but did not expand on this.

D. Women identify support (for pregnancy, birth, parenting) outside the formal service network

Most women for whom this information was known (63.87%) had support outside of agencies (98.89%). Most of this support was provided by family and friends.

Table 13
Client's Natural Supports

Source of Support	Number	% of the Total Clients (Source of Support Reported)
Single Source (total)	69	39.43%
Family	24	(13.71%)
Friends	45	(25.71%)
Multiple Sources (Total)	97	55.43%
Family + Friends	92	(52.57%)
Friends + Some Family	05	(2.86%)
Little Support	07	4.00%
No Support	02	1.14%
Total Reporting	175	100%
Total Unknown	99	
TOTAL CLIENTS (Reporting + Unknown)	274	
Percent Reporting		63.87%
Percent Unknown		36.13%

- Twenty of the 23 women interviewed stated that they had non-agency supports that they could go to for help. Most women had support from family members, and friends. Five women also had support from their partners.

2.4 Program Outcome
Women Are Taking Health-Enhancing Actions To Improve Birth Outcomes.

Indicators

A. Women are aware of the importance of nutrition and make changes in food intake to promote healthy weight gain and fetal development.

Ten of the 23 women interviewed stated that they changed their eating habits while they were in the Health for Two program.

"I made sure I ate three good meals a day and had lots of liquids...learned what was good for me."

"I am eating really healthy now, I eat lunch and it provides for a snack. Before I just wanted to eat junk."

"I would eat constantly, and then I would feel bloated and ugly but I thought I had to eat because I as small. I learned I could just snack or could drink milk when I was not hungry and it would be okay."

Eight women said they drank significantly more milk when they were on the program.

"It was good because I was only drinking one glass a day and it increased it to four, that's what I am supposed to be getting."

Two women stated that they made no change in the way they ate because of their pregnancy.

B. Women are aware of the impact of using alcohol, tobacco and (street) drugs, and reduce or eliminate usage.

Of the 23 women interviewed two said they stopped drinking for the babies health. Two women knew drinking was not good for the baby's health so they tried to cut down. One woman felt beer would not have an effect on the baby's health and therefore did not stop drinking it. Two women stopped drinking. Two women who had smoked stopped for the baby's health and three continued despite knowing that it could affect the baby. The other women did not answer this question.

When asked if there were any indications in clients that the program may have had an influence on their health related behaviour two directors felt that clients may have improved their eating habits. One director felt that it was difficult to directly attribute program effect on behaviour but he did see an increase in information seeking, higher birth weight babies, and engagement of male partners.

Directors also mentioned the program users increased awareness of their need for extra calcium and iron and good nutrition during pregnancy, and having medicals, attending parent groups, attending prenatal classes, asking for help with health and child care needs.

Three directors felt unable to answer this question. It was recommended that ongoing data collection be done to enable them obtain outcome data such as intoxicant use.

2.5 Program Outcome

Women Take Health-Enhancing Action To Foster Healthy Child Growth And Development

Indicators

A. Women are aware of recommended infant feeding practices.

All of the women interviewed were aware that breast feeding was recommended. Many of them knew of the specific benefits of breast feeding, such as the effect on the child's immune system.

B. Women choose to breast feed their infants.

Only three of the 23 women interviewed did not or were not going to breast feed their child. Two of these women said that they wanted to breast feed but that they physically could not. The other woman who did not breast feed stated that she knew breast feeding was better but it was too demanding, it took too much time. One woman was going to breast feed and use formula because she was going back to school.

The women who did breast feed did so for a number of reasons: the baby's health, less cost, bonding with the baby, etc.. Most women had decided on their own to breast feed but several noted that the information in the Health for Two binder confirmed their decision. One woman wanted more information on where to get the equipment to freeze her breast milk for later use.

3.0

PROGRAM DELIVERY

- All committee members felt that the partnerships that developed between the agencies delivering Health for Two are an effective way of introducing/delivering new programs.

"The collaboration, exchange of information, ideas generated, the support between agencies and the ability to identify gaps and ensure that services are not duplicated all make for an effective way of introducing/delivering new programs."

The partnership was also seen to provide many access points to the program for women, increase knowledge of services/new programs in inner city, and aid committee members to realize that they were all working toward a common goal. One committee member stated that Health for Two's goals and objectives must be clear so that agencies can evaluate whether their involvement is appropriate.

- Five of the committee members felt that the workers/professionals/agencies worked well together.

The committee "...increased contact and exchange of info and assistance between agencies. Most notable are the links between community agencies and health centres."

Other members mentioned specific benefits derived from the committee such as the increase in referrals amongst agencies involved (2) and the increase in trust, respect and interest and commitment to working together.

- All ten committee members felt that each agency had flexibility in delivering the Health for Two program. Flexibility to deliver the program was seen as the key to it's success.

"Having a few basic principles in place allowed maximum freedom for each agency to deliver service in a manner appropriate to clients, resources and agency structure."

While flexibility was seen as important, eight of the ten committee members felt that the documentation of client information needed to be more consistent and complete, for example, demographic information on the clients and measures of outcome (birth weight etc.). It was recommended that forms should require writing the same information only one time. It was also noted that forms should be developed with consideration of evaluation needs.

Three committee members felt that if criteria for women to participate in the program was to be imposed it should be general, flexible and, developed by consensus. One member felt the criteria in place were sufficient.

Committee

- The strengths of the committee, as identified by the committee members, were many. Most mentioned was the broad representation of organizations on the committee. Also noted was the willingness to work together, the experience, commitment, common concerns, goals and direction of the committee members and the agencies they represent.

Seven committee members identified weaknesses in the committee. Participation by clients (2) and merchants (1) is lacking. Making decisions takes a long time because of the many points of view on the committee and this leads to frustration. Committee members are at different levels in their organizations. Lack of funds limit the committee from doing all that it is capable of doing. People often come late to the meetings. All agencies are not always represented and their input is missed. With all financial resources and related accountability in Edmonton Board of Health hands, it is hard for others to share responsibility. There is no consistent medical doctor available for information and support.

- Eight of the ten committee members felt that committee meetings were useful.

The committee meetings "...provided an opportunity to share information on programs or changes to services, to discuss issues and concerns and to learn from each other."

As well, several members mentioned that the meetings provided the opportunity to improve relationships with and effectively use other inner-city resources. One committee member felt that while the meetings were necessary to build trust and rapport it took a long time to settle on a plan. One member did not answer this question.

- Seven of the ten committee members felt the number of meetings in the past have been "just right." Several suggestions were made in conjunction with this statement: do not increase the number of meetings, hold meetings on a quarterly basis, subcommittees could do some of the work, e.g., to develop the data collection forms, meetings dates should be set two months in advance.

One member felt that there were too many meetings in the last year and that the same work could have been accomplished in less time. One member did not answer.

- Generally, committee members felt that they had enough involvement in decision-making (eight out of ten, one member did not answer and one did not attend meetings and never received any information from the committee).

Four members of the committee noted that the Edmonton Board of Health controls the decision-making. Two of these members felt that because the Edmonton Board of Health is financially responsible and the initiators of the project that they should make technical/financial decisions. One member felt that Edmonton Board of Health dominates decision-making by setting the agenda, chairing all meetings, and collecting information. One member felt that the Edmonton Board of Health came to the meetings with decisions already made.

- Six of the committee members felt that they had enough information to make the decisions.

"The program is flexible enough to allow agencies to make decisions which affect delivery. Meetings provided information when needed."

Three members felt that information to make decisions was limited when they missed meetings, when there was not an in-depth discussion, or when statistics were not available, for

example, the number of women using the program at each agency. One member did not answer this question.

- Committee members made a number of suggestions for future planning. Seven members recommend expansion to other agencies and areas of the city. Specifically mentioned were the Northeast, Millwoods, Abbotsfield, Far West End, Candora (2), Norwood (2), other Edmonton Board of Health Centres (2), Birth Control Centre, Woodcroft Health Centre, Lurana Family Centre Shelter, Victoria Composite High School, Catholic Social Services Immigration and Settlement. Two members suggested expansion in a multicultural direction, perhaps in the south (Millwoods). Three members suggest other settings such as schools, group homes, jails, addiction treatment sites, the Elizabeth Fry Society, WEAC.

Other suggestions include adding a post natal component, providing child care, education on parenting, strategies to plan pregnancy, and parent support. One member cautions that "...to extend too large might create a bureaucracy."

The Binder

The agencies that responded reported that almost all women (70.1%) in the Health for Two program had used the binder.

Table 14
Number of Women Who Used the Binder

Agency	Used the Binder	Currently Using the Binder	Total Women who used the binder	Total Women Reported per agency
Bissell Centre	44	13	57	57
Boyle St. Co-Op	31	10	41	51
Boyle-McCauley Health Centre	(Not available)	(Not available)	(Not available)	38
Central Health Centre	21	(Not available)	(Not available)	25
Eastwood Health Centre	5-10	20	25-30	55
Terra Association	19	(Not available)	(Not available)	48
Total	145-150	43	188-193	274

Table 15
Reasons Women Did Not Use the Binder

Agency	# of women that did not use binder	Already knew information	Agency did not have enough	Woman did not want to	Total Women Reported per agency
Bissell Centre	0	0	0	0	57
Boyle St. Co-Op	10	0	0	10	51
Boyle-McCauley Health Centre (all that were offered it took it)					38
Central Health Centre	4	0	0	4	25
Eastwood Health Centre	15-20	10-15		5-10	55
Terra Association	(Not available)	(Not available)	(Not available)	(Not available)	48
Total	29-31	10-15	0	19-24	274

The reasons women did not use the binder were that they were either not offered it or they did not want it. Often this happened for the same reason, either agency staff or the women themselves felt that they were experienced enough and that they did not need the binder.

The majority of women in the sample (19 out of 23) using the Health for Two program for milk coupons also used the binder. Two women, who did not use the binder indicated their past pregnancies provided them with enough information. One woman said that, although she was receiving milk coupons, she never knew of the binder until a friend passed it on to her. One woman who did not receive the binder felt that she would like to get it. She was sedated during her last labour.

Several women mentioned that the information in the binder was well organized. All of the women who used the binder (19) found it easy to read and understand.

"I have a hard time with words but I understood it all."

Five women of the 23 women interviewed found the whole binder useful. Women found the information on nutrition (5), the pictures (4) and the information on trimesters (5) particularly helpful. Many women mentioned that the information in the binder helped them understand and deal with changes in their bodies such as swollen legs, morning sickness, getting bigger, etc. Three women mentioned that they liked the stories about the pregnant young women because it made them feel they were not alone. Six women also used the binder to help explain their pregnancy to their children or their partners or to share the experience with their friends or mothers.

"I knew a lot but the parts about the baby's growth and development were nice for my fiancée."

"This was my fifth pregnancy but it was the most worrisome, I was so small. It explained this and the labour -29 hours labour."

"I got the binder because during my first pregnancy I gained too much weight on chocolate bars and I wanted to know how to eat properly and cheaply. It has good examples of what food I can make-so I don't just eat macaroni and cheese everyday- and different ways I can use milk, like in cereal and pudding."

".. the pictures of how the baby grows and what length. A lot of pamphlets tell you these things but they do not show you."

"It was not just a reading book, you have to fill in forms so you are part of it."

"I got a lot of books but I like this one because it is for teenagers all the rest are for adults."

"...sometimes too many people try to give advice and sometimes its wrong that's why the book is helpful, to see if its true."

- Eleven of the 23 women interviewed said that the binder was very complete and that nothing has been left out. Most women suggested including more of what was already there, such as more the young women's stories and changes in the mother's body.

Others identified the following gaps:

"The binder does not go into detail about complications related to sexually transmitted diseases, for example, if Herpes is a risk to the baby."

"There is only one page on drugs and alcohol and ...it didn't say anything I didn't already know."

"I wanted to know if I would get stretch marks."

"There needs to be more information to help you make decisions when you first get pregnant."

"It does not explain exactly what doctors do for a caesarean."

"In the binder there is nothing about how to lose weight, how to eat after the baby is born."

"The binder does not explain how to deal with problems with digesting milk...Milk doesn't really agree with Native people, gives them gas...should include if they have a problem to go to their doctor for Lactaid."

One woman suggested removal of a section from the binder.

"A lot of girls and I have seen the book. What we felt was that it was unnecessary to include the part about how we got pregnant and there it is right at the beginning."

Fifteen of the 19 women interviewed who used the binder said they would use it again if they were pregnant.

"I will look over it because I'm keeping it. I wrote down everything in the book this pregnancy so I can compare if I have another baby."

The Milk Coupons

Twenty of the 23 women interviewed had problems using the milk coupons. Two women had a difficult time using the coupons because they did not live near any of the stores that would redeem the coupons. Two of the women had to travel a long distance to pick up the coupons. Two women felt embarrassed using the coupons.

Most of the problems were with particular stores or store clerks. One woman said that the clerks did not believe she was pregnant (at the Macs on 82 Street and 120 Avenue).

"I was nine months pregnant and two different guys asked if I was pregnant I had to show them my stomach."

"The coupons expired but I got them stamped to have them extended but the Macs would not redeem. It made me feel stupid. (Macs store near 116 Street and 104 avenue.)

Three women felt that the clerks ask too many questions. Two women encountered clerks that did not know about the coupons.

"If staff at places knew then we could take them there and it wouldn't take very long."

Several women made suggestions to address these problems. The clerks should be properly trained. To prevent problems because of coupon expiry, coupons should be printed for every month. More stores should be involved in the program (2).

"Most people don't shop at IGA, most shop at Superstore or Safeway."

For the women who had to travel long distances to pickup the coupons they suggested that the milk companies deliver the milk or that the coupons be mailed, or delivered to the women.

One woman suggested that the coupons should be valid throughout Alberta. Another woman suggested that "the people giving out the coupons should reassure the women that all kinds of women use these and they do not all look poor."

Two women stated that they knew women who have given their coupons to other women.

METHODOLOGY

Information for this report was gathered from the agencies delivering the Health for Two: Mother and Child program – Boyle McCauley Health Centre, Bissell Centre, Eastwood Health Centre, TERRA Association, Safe House of Catholic Social Services, Boyle Street Community Services Co-Operative, Central Health Centre, and the administrators of the program; Edmonton Board of Health, (Health Promotion and Nursing Divisions).

5.1 Client Information Request and Service Profile

Of the seven agencies delivering the program six returned the "Client Information Request" and the "Service Profile" (attached). This form solicited information such as age, ethnicity, source of income, education, marital status, and involvement with social services and risk factors for each client in the program. These forms were completed by staff working directly with the program users. Information on clients was recorded in varying detail and completeness amongst the agencies. Some of the information was reported on the "Client Information Form" and the "Service Profile" with the caveat that it was "the best approximation" and a great deal of the information was not reported.

The total number of women reported to have been involved in the program were 274, including the 80 current participants.

5.2 Director's Questionnaire

The directors of the programs involved in the Health for Two Program were sent a questionnaire (attached). Five directors filled out the questionnaire. One other questionnaire was filled out by an alternate, for a total of six responses.

5.3 Committee Member Questionnaires

Members of the Health for Two committee were sent a questionnaire (attached). Members of six of the seven agencies that delivered the program filled out a questionnaire. Two members of one agency each filled out a questionnaire. The Edmonton Board of Health submitted

three questionnaires, representing the various divisions involved in the project. In all ten responses were received.

5.4 Client Interviews

The questions for the client interviews were developed with reference to the stated program objective and outcomes. Questions posed by committee members and the BC Pregnancy Outreach Project were incorporated. The questionnaire was reviewed by Edmonton Board of Health staff and pretested with Health for Two clients. Program coordinators arranged the interviews with the clients. They were asked to choose those who would be representative of all clients in terms of compliance, ethnicity and age. Many of the coordinators necessarily selected clients based on their availability.

Twenty-three of the 274 women who had or were currently using the program were interviewed during March and April 1993. 13 of the women were past clients. Nine women were present clients. One woman had been in the program in the past and was currently in it.

The client questionnaire was administered through telephone interviews (15) or personal interviews (8) at the program site.

A conversational format was used. Interviews lasted for 15-57 minutes. Clients were assured of the anonymity of their responses.

Because client attendance at interviews was less than 50%, the Edmonton Board of Health offered a twenty dollar payment to clients who would be interviewed. Ten women had agreed to and did the interview before the payments were introduced. Three women agreed to do the interview before they were told about the payment, but were told of payment before interview. Eight women were told of the payment before they agreed to an interview.

The sample population seems to be similar to the total population that used Health for Two program in age, marital status, racial origin, education and source of income. Information on the total population is incomplete.

Table 16
Comparison of the Sample to the Total
Population of Women Who Accessed The Program

1	2	3
Factor	Women in Sample 23	Total Women Who Accessed the Program 274
<i>Age</i>		
Under 18 years	04 (17.39%)	039 (14.24%)
18-34 Years	15 (65.22%)	106 (38.68%)
35 and Over	01 (04.35%)	012 (04.38%)
Unknown	03 (13.04%)	117 ((42.70%)
<i>Marital Status</i>		
Single	08 (34.79%)	123 (49.00%)
Common Law	12 (52.17%)	082 (32.67%)
Unknown	03 (13.04%)	023 (08.39%)
<i>Racial Origin</i>		
Native Indian ⁶	10 (43.48%)	145 (52.92%)
Mulatto	01 (04.35%)	002 (00.73%)
Caucasian ⁷	09 (39.13%)	091 (33.21%)
Unknown	03 (13.04%)	027 (09.85%)
<i>Education</i>		
Less than grade 12	15 (65.22%)	096 (35.04%)
Grade 12 or greater	03 (13.04%)	014 (05.11%)
Unknown	05 (21.74%)	163 (59.49%)
<i>Source of Income</i>		
Employment	02 (08.69%)	005 (01.82%)
Welfare	14 (60.87%)	228 (83.21%)
Multiple Sources	03 (13.04%)	016 (05.84%)
Unknown	04 (17.40%)	029 (10.58%)

⁶ The numbers for Native Indian program users also include those reporting to be Métis or Inuit.

⁷ The numbers for Caucasian program users include those reporting Spanish and French Canadian.

CONCLUSIONS 1: SUMMARIZING THE RESULTS

The Health for Two program has proven to be a successful exercise in community partnering and collaborative processes. The program has been instrumental in increasing links between the Edmonton Board of Health and several community-based health and social service agencies. It has met needs of its target group in terms of the provision of prenatal and nutritional information and milk supplements.

The total number of women reported to have been involved in the program were 274, including the 80 current participants.

In reviewing the information produced by this report it must be considered that, of the seven agencies delivering the program, one did not return the "Client Information Request" and "Service Profile." As well, the agencies that did return these forms did not report or reported "best guesses" for many program users. These forms included client information such as age, ethnicity, source of income, education, marital status, and involvement with social services and risk factors. One agency director and one agency on the committee did not complete questionnaires.

The program users who were interviewed were chosen by agency staff. Many of the coordinators necessarily selected clients by their availability as opposed to representativeness of the group. As well 11 of the 23 women interviewed knew they would be receiving money for their participation in this evaluation.

Due to the small non-random sample of program users, and the incomplete data on total population, the information gathered may lead to impressionistic rather than definite deductions.

The objective of the Health for Two program is "to increase opportunities for women in disadvantaged economic and social conditions to make healthy, informed choices for themselves and their families leading to improved health of pregnant women, mothers and infants."

It was found that the program was serving disadvantaged women:

- The majority (over 59%) of the women who used the program for whom ages were known were 16-20 years old and over 24 per cent were under 18 years of age.
- Native women constituted the single largest user group, they were almost 49 per cent of all users.
- Almost 94 per cent of women reporting income source were on Supports for Independence program of Alberta Family and Social Services.
- Nearly 79 per cent women had grade 10 or less education.
- More than half of the women in the program (59.74%) had multiple risk factors.

Agency directors felt the Health for Two program had many strengths. Generally, directors felt that the program helped people living in poverty because it provided tangible supports (milk and written, comprehensible material) and contact with agencies whose staff tried their needs in a non-threatening way. Also mentioned as strengths were the emphasis on prevention, the integration into the existing community services, and the multiple and diverse points of access to the program.

The Health for Two program was also seen as providing service to women who were hard to reach. It provided the opportunity to offer education and advocacy more informally to clients who might not otherwise seek information.

CONCLUSIONS 2: WHERE TO FROM HERE?

Record-Keeping

Consistency between agencies on what information to collect was determined to be needed by agency directors and committee members. It was suggested that information gathered should include staff time and client outcomes.

"In a time when government demands to provide outcome data are increasing, we cannot afford to have inadequate data."

After Birth Support

Six of the 23 women interviewed felt that they did not need any support after the birth. They had family and friends who would support them. Four women felt they would need more information on how to care for themselves and the child. One of these women suggested that another binder be made up to give information on the first 12 months of the baby's life. She acknowledged that pamphlets with this information were available but felt that "...it's a hassle because they are so spread out, they get lost. If it is all in a binder it's all right there."

Thirteen of the 23 women interviewed felt that women who were breast feeding should continue to receive the milk coupons. Some women suggested the coupons be continued for a few weeks and others a few months.

"Give them to mothers who are breast feeding because they need the same amount of milk. It is still "Milk for Two"."

Two women wanted coupons for baby formula because it is so expensive. One woman suggested that "while children are small and not on formula (around one year old) then give discounts for milk, not free."

Four agency directors recommended giving milk to post natal, breast feeding mothers for a limited time. One director stated that "it would be nice to give the coupons to young mothers already parenting, who don't have enough money for food and milk."

One agency director felt that the milk coupons should be good for other milk products, such as chocolate milk and cottage cheese.

One woman stated that she needed help to get furniture after the baby was born. Another woman suggested that public health nurses could get all the mothers and fathers together in small groups to talk about breast feeding.

Collaboration

Six committee members offered suggestions on other ways interagency work with this program could be done. The majority of the suggestions dealt with communication. It was suggested that information could be shared through interagency newsletters and general staff meetings. Meetings should be held to communicate with all agency staff rather than just the agency representative on the committee. Meetings could be done by teleconferencing. A buddy system, especially with new agencies, could be established as well as more site visits, and training.

One member suggested that "the agencies involved should review their goals, client group, mandates and communities to ensure an appropriate fit amongst the participating organizations."

Seven of the ten committee members felt the number of meetings in the past have been "just right." Several suggestions were made in conjunction with this statement: do not increase the number of meetings, hold meetings on a quarterly basis, subcommittees could do some of the work, e.g., to develop the data collection forms, meetings dates should be set two months in advance.

Expansion

Agency directors recommended expansion to other areas of the city where there are women who fit the target group and creating an opportunity for women of other cultures to participate in their own language and to receive culturally appropriate support.

One director suggested that the program was "...too dependent on the agency sponsor-should be community based...Great opportunity to train local residents and former program participants to deliver the service."

Two directors felt that the program should continue as it is. One of these directors felt that program should continue with permanent funding in place.

Seven committee members recommend expansion to other agencies and areas of the city. Specifically mentioned were the Northeast, Millwoods, Abbotsfield, Far West End, Candora (2), Norwood (2), other Edmonton Board of Health Centres (2), Birth Control Centre, Woodcroft Health Centre, Lurana Family Centre Shelter, Victoria Composite High School, Catholic Social Services Immigration and Settlement. Two members suggested expansion in a multicultural

direction, perhaps in the south (Millwoods). Three members suggest other settings such as schools, group homes, jails, addiction treatment sites, the Elizabeth Fry Society, WEAC.

Another director suggested that the Edmonton Board of Health teach agency staff how to use the binders.

The women who were interviewed suggested some ways to inform women that the program existed. These suggestions included sending flyers in the mail, newspaper advertising, notices in health centres and supermarkets, informing doctors (especially in Medicentres) and social services workers.

Other Suggestions

To improve delivery of the Health for Two program four directors felt that they needed more staff. These staff could spend more time with the women and do statistics. One director felt Health for Two needed to be legitimized as a program and another felt that the participating public nurses needed more resources, such as in-service training sessions on the needs of the high risk clients. Other suggestions for improvement were "the ability to do screening e.g. weight, urine etc.", provision of alternate supplements for women who cannot drink milk, and continued support for women after birth especially for breast feeding mothers. One director felt that the program needed no improvements.

Other suggestions include adding a post natal component, providing child care, education on parenting, strategies to plan pregnancy, and parent support. One member cautions that "...to extend too large might create a bureaucracy."

HEALTH FOR TWO CLIENT QUESTIONNAIRE

Client # _____

Interview Location Agency Telephone	Program
Time Started	Time Finished
Date	

Introductions

I would like to ask you some questions about your pregnancy and how you've felt about the milk coupons and/or binder provided by the Health for Two program. I am asking these questions as part of an evaluation of the Health for Two program to help make this program better for women. I am very interested in what you have to say. The information in the report will be anonymous. A report of the evaluation's findings will be available from the agency which gave you the milk coupons.

1. How did you find out about the milk coupons and/or binder?
2. How did you become involved in the milk coupon program?
3. Why did you get involved with the milk coupon program?
4. What happens when you come to the agency?
5. What do you like best about the milk coupons?
6. What difference have the milk coupons made?
7. Did you have any problems using the coupons? If so what?
8. What did you not like about the milk coupons?
9. What could be done to make the milk coupon program better?
10. Did you use the Health for Two binder? How did you use it?
11. Was the binder easy to understand?
12. What sections were most helpful?
13. Did the binder leave out any information you wanted to know?
14. Would you use the binder again if you were pregnant?
15. Would you share what you learned from the binder with your friends, family, or other pregnant women?
16. Is there anything that could be done to make the binder better?
17. What did you like best about the binder?

-
18. What have you learned while you've been coming here that has been important to you and your baby? Your family?
 19. What do you expect to happen when it is time to deliver the baby.?
 20. Will you use formula or breastfeed your baby? Why?
 21. What are some of the things you will have to do to care for the baby once it is born?
 22. Did you learn anything about yourself through the using the coupons and/or the binder?
 23. Did you make any changes in any of the things you usually do since you've used the coupons and/or the binder?
 24. What was the most important thing about coming to the agency while you were pregnant/since you've been pregnant?
 25. Did you use any other services offered by the agency that you get the coupons from?
 26. Did you learn of any other places to go to for help or information since you/ you have been coming here? Specify.
 27. Do you go to any of the places you learned about or were referred to through the program?
 28. Are there any other ways that coming here for coupons helped you?
 29. Is there anyone outside the agency who you can go to for help (nonagency)?
 30. What did you not like about the milk coupon and binder?
 31. Is there anything you think could be done to make the milk coupon program better?
 32. What did you like best about the milk coupon and binder?
 33. Do you have any ideas that would help us find women who would like to use (who need to use) the milk coupons or binders?
 34. What would you think/how would you feel if the milk coupons and binder were no longer available?
 35. If a friend was interested in the coupons and/or the binder, what would you say to her about it?
 36. How did the program make you feel about yourself?
 37. Do you need any support after the birth? What kind?
 38. Is there anything else you would like to tell me about this program?

Note: If the baby is already born these questions are to be answered for when they were pregnant.

39. Date of involvement in the program	43. Age
40. Date finished using coupons	44. Education
41. Weeks pregnant when started the program	45. Ethnicity
42. Number and frequency of visits to program	46. Source of income
	47. Marital Status

51. How have previous/ is the present pregnancy going?
52. Any difference between the pregnancy when you were using the milk coupons and when you were not. Why?
53. How far do you live from the agency? Why do you use this agency?
54. What is the baby's due date/When was the baby born?
55. Since you had the baby do you still use the agency? What for?

THANK YOU

Health for Two Program Evaluation
COMMITTEE MEMBER QUESTIONNAIRE

Agency: _____ Date: _____

1. What activities has the Health for Two committee undertaken? For example, has the committee done any joint planning for cooperative training ventures?

2. Does each agency have flexibility in delivering the Health for Two program?
Please describe: _____

3. Should additional guidelines be provided to the agencies for their delivery of the program? For example, documentation to be maintained, qualifying criteria for clients etc. If so please list: _____

4. Do agencies delivering the Health for Two program view pre/post natal support for women as a relevant component of their programs? How is this manifested?

5. Is the Health for Two program linked with other health and social agencies in the community? How? _____

6. Were any programs developed out of the Health for Two program? For example, a parenting skills group, food buying club. If so please list: _____

7. What has been the response to the program by the community at large? _____

8. What are some other ways interagency work for this program could be done? _____

9. Were the committee meetings useful? Please explain: (for example, were they an effective way of developing and introducing the Health for Two program?) _____

10. Were there enough meetings, not enough or just right? _____

11. Did you have enough involvement in decision-making? Please explain:

12. Did you have enough information to make decisions? Please explain:

13. Did some persons/groups have more influence in the decision-making than others? Was this good or bad?

14. How well have the workers/professionals/agencies worked together? What has worked, what hasn't?

15. Do you think the partnerships that developed between agencies in delivering Health for Two are an effective way of introducing/delivering new programs?

16. What are the strengths of the committee?

17. What are the weaknesses of the committee? Please list any suggestions for improvement.

18. What future directions do you see for this community partnership? For example, what agencies/groups should be included in the program in the future and why?

19. What has the committee accomplished?

THANK YOU

HEALTH FOR TWO

Program Evaluation

Director's Questionnaire

Agency: _____ Date: _____

1. Since your agency has delivered the Health for Two Program, how many women have needed to use the program but could not? Please indicate why they could not.

2. Does your agency view pre/post natal support for women as a relevant component of your programs? Please explain.

3. How is the Health for Two program integrated with existing outreach, counseling, and support services in your agency?

4. Please describe the part you have played in the Health for Two program? For example, how often are you/were you involved?

5. Has your agency benefitted from the Health for Two program? Please explain.

6. What has been your staff's response to the Health for Two program?

7. Do you feel that the Health for Two program is meeting the women's needs in terms of prenatal information, milk supplements, nutritional information, and other needs? Please specify.

8. What do you require to improve delivery of the Health for Two program?

9. Were any programs developed out of the Health for Two program? For example, a parenting skills group.

10. To what degree do you feel the community has a sense of involvement and interest in the Health for Two program? Please explain.

11. How would you rate the overall degree of client participation, interest and satisfaction in the Health for Two program?

12. Have you seen any indications in clients that the program may have had an influence on their health related behavior? Please describe.

13. What priority is Health for Two given in your agency?

14. Do you support the integration of Health for Two within your agency?

15. What do you see as the future demand for the Health for Two program within your agency and the community?

16. What do you think are the strengths of the Health for Two program?

17. What do you think are the weaknesses of the Health for Two program?

18. Where do you think the program should go from here? Please describe, for example, what changes are needed, what are the opportunities for development, what are the barriers.

19. Is there anything else you would like to say about your experience with the Health for Two program?

THANK YOU

Health for Two Programme Evaluation: CLIENT INFORMATION REQUEST

Agency: _____ Date: _____

Please provide as much information as possible for all the women who have been, and all the women who are currently using the *Health for Two* program in your agency.

Important Notes on Completing Table 1:

- Each column represents one client. Please give each client a number at the top of the Table.
- Please make as many copies as you need to fill a column for each client.
- Please fill in dates as follows: day/month/year, for example 10/04/93.
- Health for Two has been abbreviated as Hf2.

Table 1: Client Profile

Item	Client#	Client#	Client#	Client#	Client#	Client#
Mother's Date of Birth						
Due Date						
Date first used Hf2						
Date of last used Hf2						
Total times used Hf2						
Date of birth/Other						
Ethnicity: Native Indian						
Caucasian						
Visible Minorities						
Other, (specify)						
Income Source: UI						
social assistance						
employment						
spousal support						
other (specify)						
Education: university						
college diploma						
last grade completed						
never attended school						
Other Agencies involved						
Child Welfare						
SFI (welfare)						
Mental Health						
other, (specify)						
Natural supports						
friends						
family						
Marital Status: single						
common law (live-in)						
boyfriend						
married						
Risk factors: alcohol						
smoking						
drug use						
poor nutrition						

Table 2: Service Profile

How many women have used the milk coupons	
How many women are currently using the milk coupons	
How many women have used the binder	
How many women are currently using the binder	
How many women have not used binder because:	
-they already knew all the information	
-your agency did not have enough binders	
-the woman did not want to	
-other, please specify:	
How many women have been in the program more than once	
How many women used the milk coupons until the end of their pregnancy	
How many stopped using the program before their baby was born because:	
-they moved away	
-miscarriage	
-abortion	
-other, please specify:	
How many women used other services offered by your agency while using the milk coupons	
-child care	
-prenatal checkup	
-other, please specify:	
How many women maintained contact with the agency after the pregnancy	
for how long	
for medical attention	
for child care	
for other, please specify:	

Additional comments: _____
