



Introduction

Background Information

According to the “Well-Being of Canada's Young Children 2002 Report,” early years are critical in the development and future well-being of a child.¹ The five domains of child well-being are physical health and motor development, emotional health, social knowledge and competence, cognitive learning and language communication.¹ First, physical health refers to the child's general state of fine and gross motor skills and the child's general state.¹ Secondly, emotional health refers to the child's overall emotional well-being, coping skills and self-esteem.¹ Thirdly, social knowledge and competence is the child's behaviour and his/her ability to communicate wants and feelings.¹ Fourthly, cognitive learning is the way in which a child perceives, analyzes and organizes information provided by his or her physical and social environment. Lastly, language communication refers to the child's ability to communicate using expressive and receptive language skills.¹

The five key environments that affect children's development include physical and community environments, child care and school, family, biological inheritance and society.¹ Of particular interest, communities that have higher levels of social supports have healthier child development.¹ It is fundamentally understood that it is important for communities to take a proactive approach to foster supportive environments that promote child health and well-being. To prevent child health disparities, communities are essential to building capacity for health promotion in the area of child health. This approach yields health promotion programs like the Well Baby and Breastfeeding Clinic that can enhance child health.

Well Baby and Breastfeeding Clinic

The Well Baby and Breastfeeding Clinics were first established in Caledonia in 1996 and later expanded to include Simcoe and Dunnville. The Well Baby and Breastfeeding Clinic is a free, drop-in clinic that provides a supportive environment for postnatal females. At the time this report was written, the Well Baby and Breastfeeding Clinics are offered in Caledonia on Tuesday from 9 to noon, Simcoe on Wednesday from 9 to 11:30 a.m. and Dunnville on Thursday from 9:30 to 11:30 a.m. The Well Baby and Breastfeeding Clinics are offered at the Ontario Early Years Centres (OEYCs). Public Health Nurses and a Family Home Visitor offer support to parents at the Clinics. The Well Baby and Breastfeeding Clinics reflect the purpose of the Mandatory Core Program Guidelines under the umbrella of Child Health to promote the health of children and youth. The objectives of the Child Health Mandatory Core Program Guidelines are as follows:

1. *To increase the percentage of children and youth who meet physical, cognitive, communicative and psychosocial development milestones.*
2. *To increase to 50% the percentage of infants breast-fed up to six months by the year 2010.*
3. *To reduce the prevalence of dental disease in children and youth.*
4. *To increase access to the use of needs-based services and supports for children who are at risk of poor physical, cognitive, communicative and psychosocial development and their families.*
5. *To increase effective parenting ability in high-risk families.*

Specifically, the Well Baby and Breastfeeding Clinic fosters a supportive environment that promotes healthy child development, breastfeeding and also strengthens communities by creating an environment that enables parents to meet one another and form informal parenting support groups. In conjunction with the Child Health Program Mandatory Core Program Guidelines, the Well Baby and Breastfeeding Clinic promotes child health through a provision of services that are offered at the Well Baby and Breastfeeding Clinic to include:

- Breastfeeding support, information and education.
- Weight checks.
- Nutrition information for mothers.
- Child development information and education.
- Immunization information and education.
- Postpartum depression information and education.
- Referrals as required.
- Parenting information and education.
- Family dynamic information and education.
- Emotional support and the opportunity to establish an informal social network.
- Coping skills information and education.
- Provide breast pumps and other devices such as nipple shields etc.

Therefore, the objectives of the Well Baby and Breastfeeding Clinic are threefold:

1. *To provide a place where parents of young children can come for weight checks, have general questions answered, obtain resources and receive support from a professional with expertise in the area (Family Health Public Health Nurse).*
2. *To provide information, support and guidance with breastfeeding issues; this may include the provision of breast-feeding aids.*
3. *To facilitate parents meeting other parents and the establishment of informal networks of peer support and information sharing.*



Methods

Study Objectives

At the macro level, this study was intended to determine whether the Well Baby and Breastfeeding Clinic was operating as it was intended to. Therefore the primary objective of the evaluation was to assess participant's coverage and quality of service delivery for the Well Baby and Breastfeeding Clinics in Haldimand and Norfolk. The elements of the Well Baby and Breastfeeding Clinic that were studied included: (1) participant coverage (socio-demographic/general information, attendance); (2) participants' satisfaction with service administration (accessibility, expectations, overall satisfaction, interpersonal aspects of service delivery), and (3) goal attainment (social capital, health outcomes). The evaluation can be used to determine if the Well Baby and Breastfeeding Clinic was meeting its process objectives, and also assist program planners in future program planning. Moreover, the evaluation can be used as a model for other community Well Baby and Breastfeeding Clinics. The objectives were determined based on program goals and objectives:

The objectives of this study were:

1. To determine participant coverage (socio-demographic/general information, attendance).
2. To determine participant's satisfaction with service administration (accessibility, expectations, overall satisfaction, interpersonal aspects of service delivery).
3. To determine goal attainment (social capital, health outcomes).

Survey Instrumentation

A self administered eight page mail-out survey was developed by Deanna Tries, Epidemiologist from Haldimand-Norfolk Health Unit, in collaboration with program planners (See Appendix 1). A cover letter accompanied the survey (see Appendix 2) as well as a Well Baby and Breastfeeding Clinic face cloth was included in order to provide incentive. Existing instruments and research studies were collected and reviewed in preparation for this research study.^{2,3,4,5,6,7,8,9}

In developing the instrument, some questions were adopted from existing instruments, but none were adopted in their entirety. Questions that measured social capital were based on a theoretical framework.¹⁰ Social capital refers to the connections among individuals.¹⁰ The constructs of social capital consists of trust, sense of inclusion and belonging, safety, participation in community life, and reciprocity.¹⁰ Questions in the survey only pertain to

the respondent's current baby. Items addressed the following participants' characteristics: date of birth, residency, marital status, total family income (before taxes), education level, age of baby, number of children, and attendance. Participants' satisfaction with service administration and logistics included items on access, expectations, overall satisfaction, and interpersonal aspects of service delivery. Goal attainment (health outcomes, social capital) was also measured. The survey consisted of both close-ended and open-ended questions. The respondents were invited to elaborate on their answers at the end of each section. There were seven modules included in the survey:

1. General Information.
2. Access to Services.
3. Service Delivery.
4. Sense of Belonging, Trust, Safety, Social Participation, Social Support, and Helping other Mothers.
5. Health Outcomes.
6. Program Effectiveness.
7. Demographic Information.

A pre-test was conducted to determine the validity of the instrument. Face validity and predictive validity were assessed by a test group to determine whether the instrument made sense intuitively, and could successfully predict the outcome of interest. Moreover, the participants were asked to provide feedback on the wording of the questions, literacy level, and structure of the survey. Eight persons who were currently attending the Well Baby and Breastfeeding Clinic were asked to participate in the pre-test. As a result of the pre-test, minor revisions were made.

Sample Selection

A non-probability consecutive sampling method was used as a way of taking every participant who meets the selection criteria. Although non-probability sampling is deemed less favourable by the scientific community, this sampling method was employed in order to potentially increase the response rate. A decision was made by program planners to disseminate the survey to 290 moms who attended the Well Baby and Breastfeeding Clinic from September 2004 to September 2005. Although fathers attended the Well Baby and Breastfeeding Clinic, it was decided to exclude them from the study. The decision was made to survey females who attended the Well Baby and Breastfeeding Clinic from September 2004 to September 2005 because there were some changes to program delivery before September 2004 that could affect responses.

Data Collection and Administration Methods

The study was approved by the Haldimand-Norfolk Health Unit Ethics Board on Aug. 25, 2005. Participants were asked to return their completed survey within two weeks by Feb. 17, 2006, through the mail or to drop it off at Ontario Early Years Centres in Simcoe, Caledonia, or Dunnville. Procedures for securing confidentiality were arranged. In order to increase the response rate, a follow-up mail distribution took place in March 2006.

Response Rates

Of the 290 surveys distributed, 127 were returned yielding a 43.8% response rate. Two surveys were not usable because they were completed by the same person and the answers differed. To adjust for non-response rates, non-response adjustment weights were employed to reduce bias and increase cell count size. Although it was found that differences between weighted and unweighted variables was small.

Statistical Analysis

Data was entered into Excel and then imported into SPSS for analysis. The majority of the information generated was in the form of frequencies and cross tabulations. Due to a small sample size, cell counts less than 5 for some questions were used. Collapsing variables to increase cell count size for some questions did not produce cell counts more than 5, which can negatively affect data integrity. Moreover, confidence intervals (CI) were used to determine the true value of the proportion contained within the interval with a given probability of 95%. The symbol *n* means the proportion of persons in the sample.



Results

1.0 Participant Coverage

The first section describes participant coverage. Participant coverage consists of socio-demographic/general information, as well as attendance.

1.1 Socio-Demographic/General Information

Age/Place of Residency/Location of Well Baby and Breastfeeding Clinic

The average age of the moms who attended the Well Baby and Breastfeeding Clinic from September 2004 to September 2005 was 32 years. The majority of females lived in Haldimand County [60.0% CI (51.0, 69.0) (n=68)], followed by Norfolk county [35.2% CI (26.4, 44.0) (n=40)], and a small proportion of females lived outside of Haldimand and Norfolk [4.8% CI (0.9, 8.7) (n=5)]. The frequency distribution is shown in Figure 1. This corresponds reasonably to the geographical distribution of Well Baby and Breastfeeding Clinic attendance. More specifically, a higher proportion attended the Well Baby and Breastfeeding Clinic in Haldimand County. This may be explained by the fact that there are two sites in Haldimand County compared to Norfolk (see Figure 2).

Figure 1 – Residence of Females in the Sample

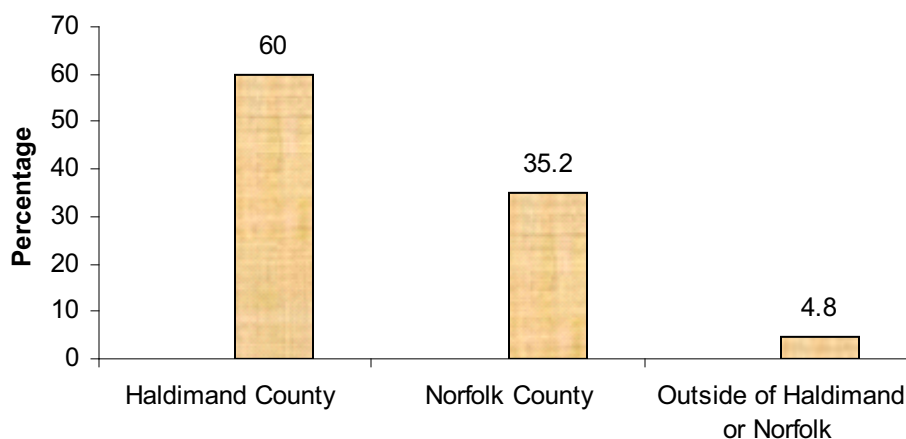
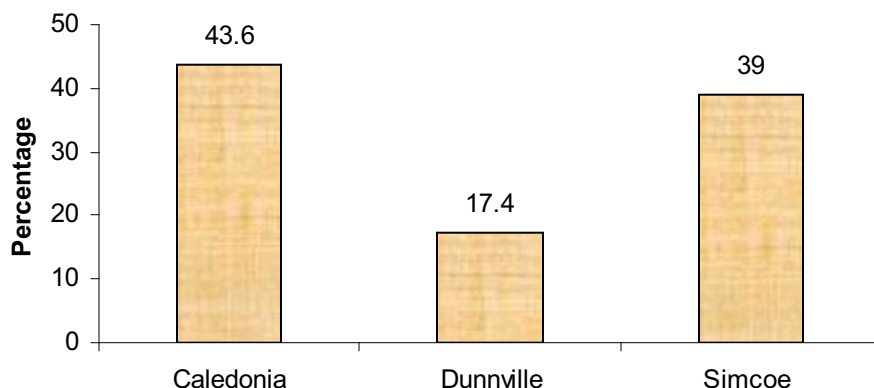


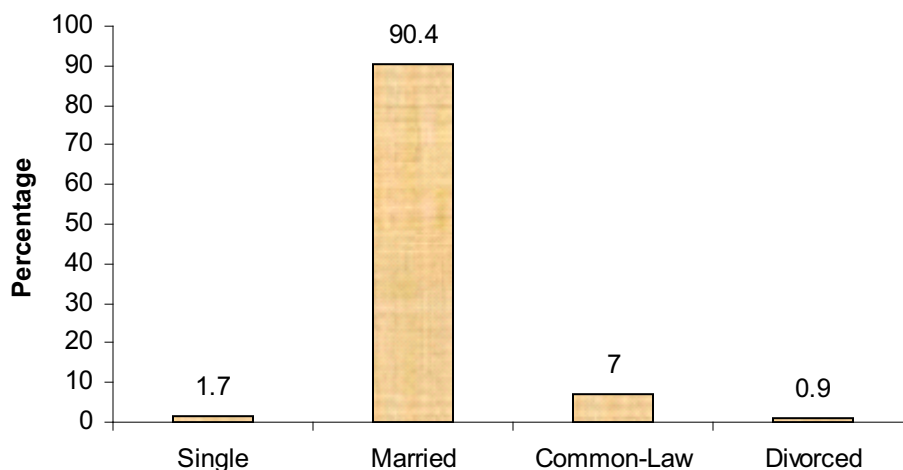
Figure 2 – Location Attended



Marital Status

A higher proportion of females who attended the Well Baby and Breastfeeding Clinic were married [90.4% CI (85.0, 95.8) (n=103)], whereas a smaller proportion of females were common-law [7.0% CI (2.3, 11.7) (n=8)]; single [1.7% CI (-0.7, 4.1) (n=2)]; and divorced [0.9% CI (-0.8, 2.6) (n=1)]. The frequency distribution of marital status is shown in Figure 3.

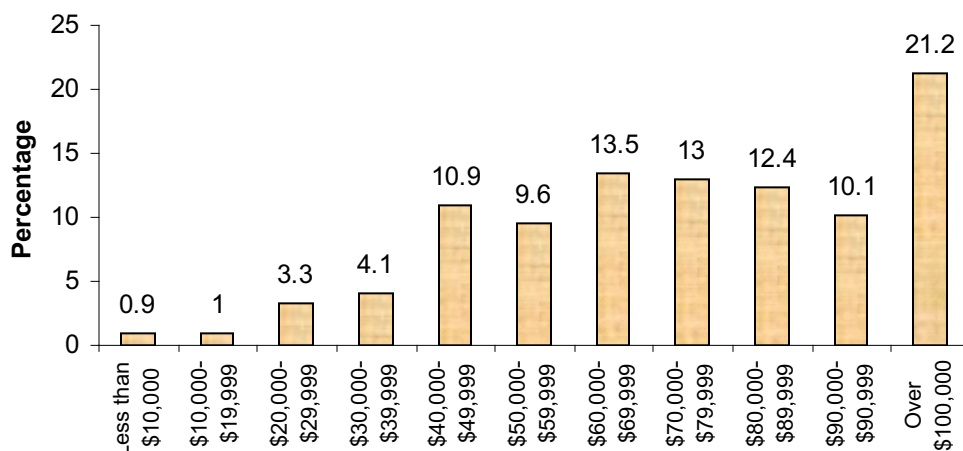
Figure 3 – Marital Status



Total Family Income

The highest proportion of females in the sample earned a total family income (before taxes) of over 100,000 dollars [21.2% CI (13.1, 29.3) (n=21)]. The majority of females in the sample earned a total family income (before taxes) of 40,000 dollars and more, while a smaller proportion of females earned a total family income of 39,999 dollars or less.

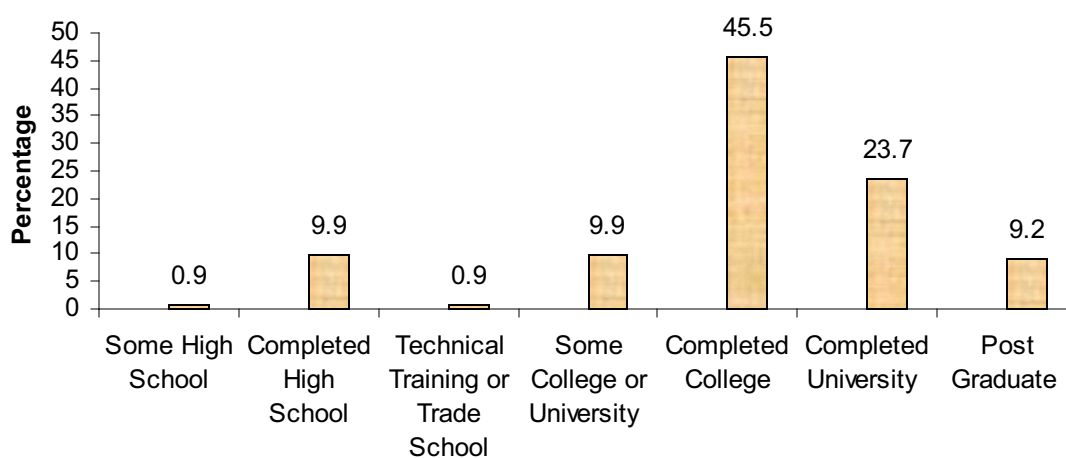
Figure 4 – Total Family Income (before taxes)



Education Level

The majority of the females in the sample reported that they completed college [45.5% CI (36.1, 54.9) (n=49)]; followed by completed university [23.7% CI (18.9, 35.7) (n=26)], while the lowest proportion of females had some high school education [0.9% CI (-0.9, 2.7) (n=1)], or technical training or trade school [0.9% CI (-0.9, 2.7) (n=1)]. The frequency distribution of education level is shown in Figure 5.

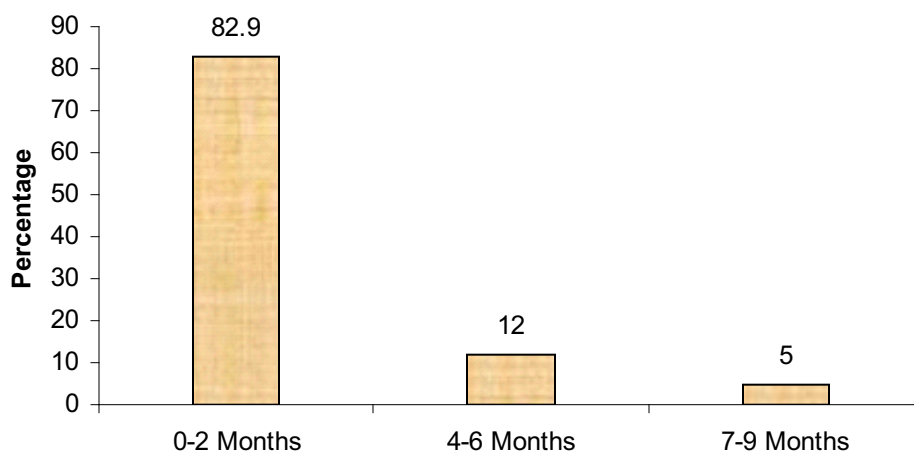
Figure 5 – Highest Level of Education



Age of Baby/Number of Children

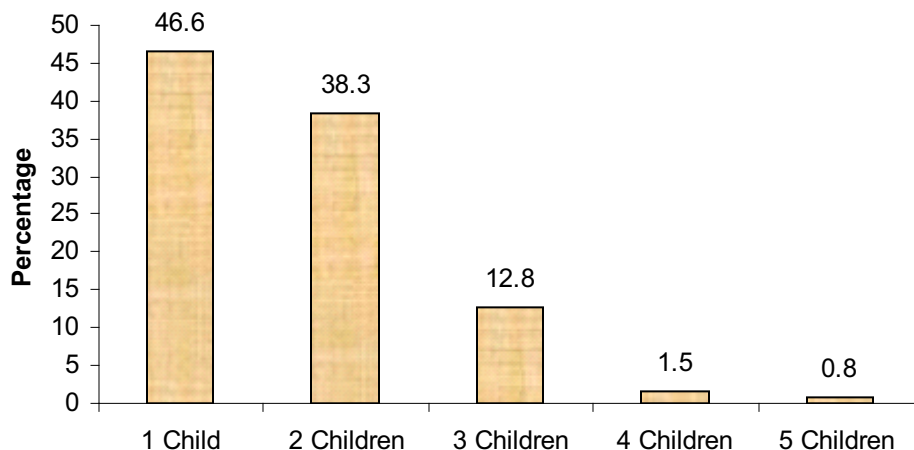
Respondents were asked the age of their current baby the first time they went to the Well Baby and Breastfeeding Clinic. A higher percentage of females reported that their baby was between zero to two months [82.9% CI (76.2, 89.6) (n=101)], while a lower percentage reported that their baby was four to six months [12.0% CI (6.2, 17.8) (n=15)] and 7-9 months [5.0% CI (1.1, 8.9) (n=6)] (see Figure 6).

Figure 6 – Age of Current Baby among Females First Time Attending Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



Participants were then asked how many children they had. Overall, 46.6% [CI (37.9, 55.3) (n=58)] of moms reported that this was their first child, while 38.3% [CI (29.8, 46.8) (n=48)] reported they had two children, 12.8% [CI (6.9, 18.7) (n=16)] reported they had three children, 1.5% [CI (-0.6, 3.6) (n=2)] reported they had four children, and 0.8% [CI (-0.8, 2.4) (n=1)] of females reported they had five children (see Figure 7).

Figure 7 – Total Number of Children among Females Attending Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



Respondents were also asked if they attended the Well Baby and Breastfeeding Clinic with previous children. Overall, 40.5% [CI (31.9, 49.1) (n=51)] reported that they did not have any other children, while 33.1% [CI (24.9, 41.3) (n=41)] reported that they have attended the Well Baby and Breastfeeding Clinic with previous children, while 26.4% [CI (18.7, 34.1) (n=33)] did not.

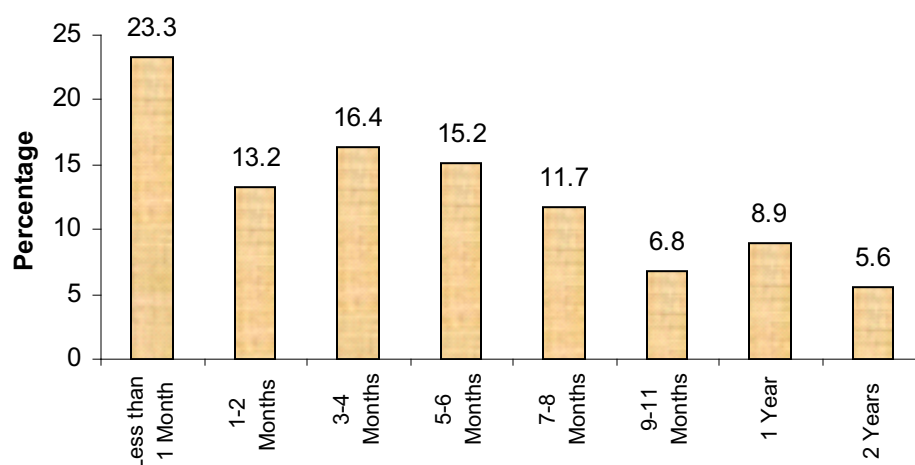
1.2 Attendance

Length of Time Spent at Clinic/Attending Currently

Respondents were first asked how often they had attended the Well Baby and Breastfeeding Clinic. A higher proportion of females who attended the Well Baby and Breastfeeding Clinic from September 2004 to September

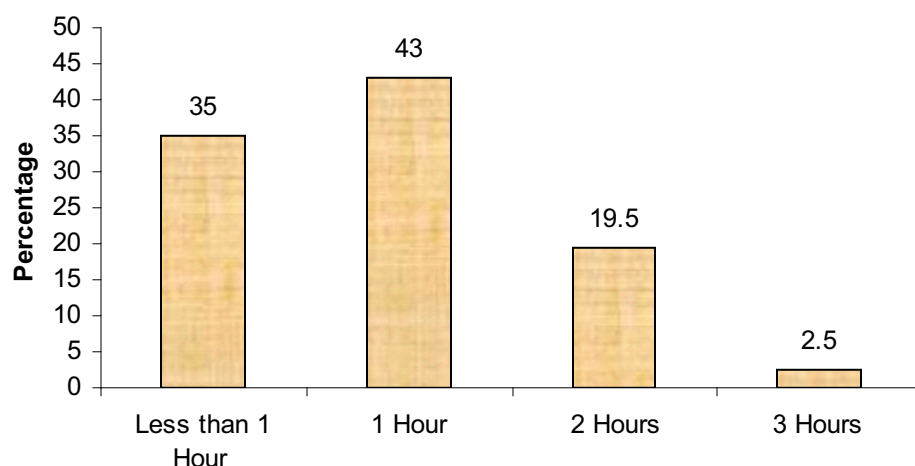
2005 attended the Well Baby and Breastfeeding Clinic for less than one month [23.3% CI (15.2, 31.4) (n=23)], followed by three to four months [16.4% CI (9.3, 23.5) (n=17)], and five to six months [15.2% CI (8.3, 22.1) (n=16)], while a smaller proportion attended for two years [5.6% CI (1.2, 10.0) (n=6)] (see Figure 8).

Figure 8 – Frequency of Attendance among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



Respondents were asked to indicate for their current baby, the average length of time spent per visit at the Well Baby and Breastfeeding Clinic. A higher proportion of females spent one hour at the Well Baby and Breastfeeding Clinic [43% CI (34.1, 51.9) (n=52)], followed by less than one hour [35% CI (26.5, 43.5) (n=42)], and two hours [19.5% CI (12.4, 26.6) (n=23)], while the least number of females spent three hours at the Well Baby and Breastfeeding Clinic [2.5% CI (-0.3, 5.3) (n=3)] (see Figure 9). Women were then asked if they were currently attending the Well Baby and Breastfeeding Clinic. Overall, only 29.7% [CI (21.7, 37.7) (n=37)] were currently attending the Well Baby and Breastfeeding Clinic, while 70.3% [CI (62.3, 78.3) (n=87)] were not. Some reasons why females were no longer attending the Well Baby and Breastfeeding Clinic were that they have gone back to work, their baby was too old, and they no longer need to get their child weighed.

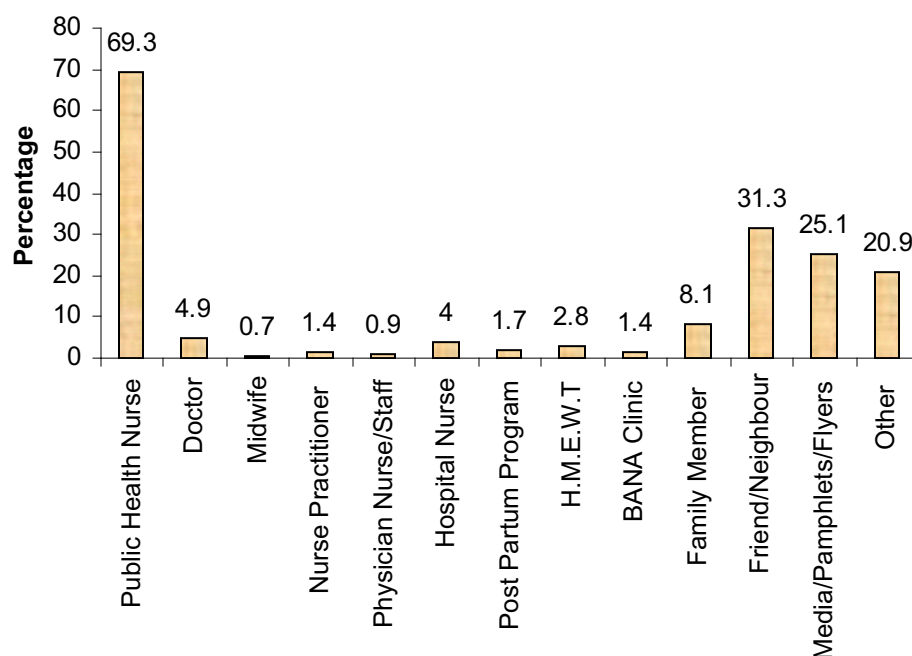
Figure 9 – Average Length of Time per Visit among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



Process Entry/Initial Reasons for Attending

Respondents were asked about how they first found out about the Well Baby and Breastfeeding Clinic. A higher proportion of females found out about the Well Baby and Breastfeeding Clinic through a Public Health Nurse/Healthy Babies Nurse [69.3% CI (61.2, 77.4) (n=86)]; followed by a friend/neighbour [31.3% CI (23.2, 39.4) (n=39)], media/pamphlets/flyers [25.1% CI (17.5, 32.7) (n=31)], and other [20.9% CI (13.8, 28.0) (n=26)]. Respondents who reported other ways that they found out about the Well Baby and Breastfeeding Clinic, that were not part of the selection criteria, reported finding out at the Early Years Centres, Prenatal Classes, and Hospitals. The least percentage of females found out about the Well Baby and Breastfeeding Clinic through a Midwife [0.7% CI (-0.8, 2.2) (n=1)]. The frequency distribution of process entry is shown in Figure 10.

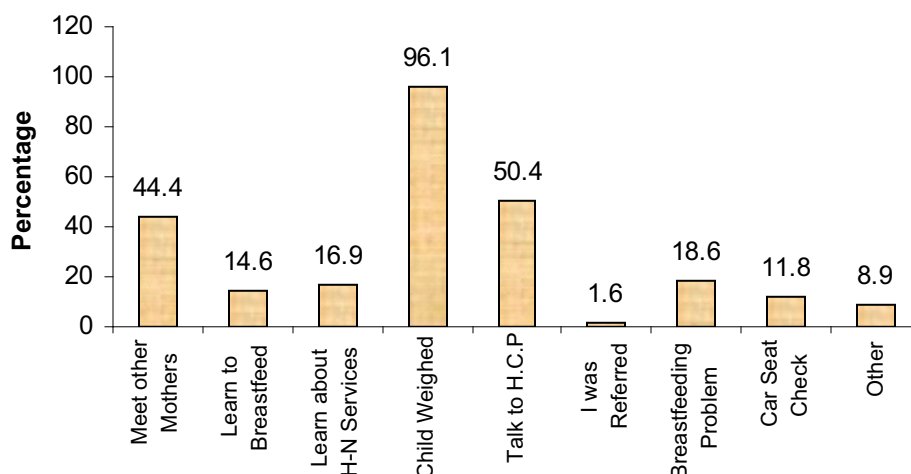
Figure 10 – Process Entry among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



Data Notes: * Percentages do not add up to 100%. * Respondents were asked to check all that apply. * H.M.E.W.T. - Healthy Moms Eating Well for Two. *B.A.N.A. Clinic - Breastfeeding and Newborn Assessment Clinic.

Women were asked to indicate their initial reasons for attending the Well Baby and Breastfeeding Clinic. The majority of females initially attended the Well Baby and Breastfeeding Clinic to have their child weighed [96.1% CI (92.7, 99.5) (n=120)]; to talk to a Health Care Professional [50.4% CI (41.6, 59.2) (n=63)]; and 44.4% [CI (35.7, 53.1) (n=55)] of females attended the Well Baby and Breastfeeding Clinic to meet other mothers. The frequency distribution of the initial reasons for attending the Well Baby and Breastfeeding Clinic is shown in Figure 11.

Figure 11 – Initial Reasons for Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



Data Notes: * Percentages do not add up to 100%. * Respondents were asked to check all that apply. * H.C.P. - Health Care Professional

2.0 Participant Satisfaction with Service Administration

The second section describes participant satisfaction. Particularly, this section provides an overview of participant satisfaction with service administration (accessibility, expectations, satisfactions, interpersonal aspects of service delivery).

2.1 Accessibility

Women were asked questions about accessibility. Specifically, women were asked the convenience of the clinic hours, the duration of the clinic, the location, and the day of the week of which the clinic was held. Participants were also asked whether there were a lot of print materials available. As shown in Table 1, participants who attended the Well Baby and Breastfeeding Clinic from September 2004 to September 2005 found the clinic hours, duration of the clinic, day of the week, and location generally convenient. Moreover, a high percentage of females reported that there were a lot of print materials available (see Table 1).

Table 1 – Satisfaction to Access of Services among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005

Services	Yes	No	Total
a) The clinic hours were convenient	90.1% [CI (84.8, 95.4) (n=108)]	9.9% [CI (4.6, 15.2) (n=12)]	100%
b) The duration of the clinic was convenient	93.0% [CI (88.5, 97.5) (n=112)]	7.0% [CI (2.5, 11.5) (n=8)]	100%
c) The day of the week on which the clinic is held was convenient	93.5% [CI (89.1, 97.9) (n=115)]	6.5% [CI (2.1, 10.9) (n=8)]	100%
d) The location of the clinic was convenient	92.1% [CI (87.3, 96.9) (n=113)]	7.9% [CI (3.1, 12.7) (n=10)]	100%
e) There were a lot of print materials available	89.2% [CI (83.7, 94.7) (n=89)]	10.8% [CI (5.3, 16.3) (n=11)]	100%

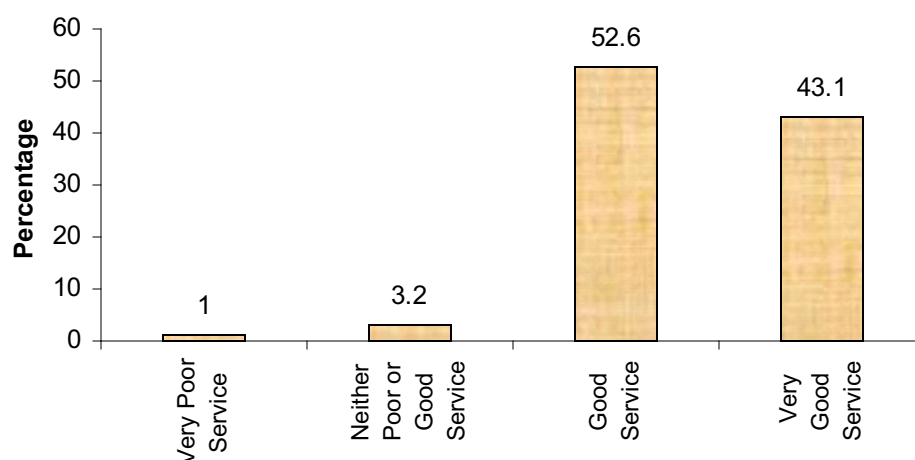
Since the day of the week varied at each Well Baby and Breastfeeding Clinic, through further exploration it was found that a higher proportion of respondents who attended the Caledonia Well Baby and Breastfeeding Clinic reported that the day of the week on which the Well Baby and Breastfeeding Clinic was held was inconvenient, compared to Simcoe and Dunnville. This may be attributed to the recent change in the day of the week on which the Caledonia Well Baby and Breastfeeding Clinic was held; however, this is not conclusive in this report.

Moreover, it was also found that a higher proportion of females who attended the Well Baby and Breastfeeding Clinic in Simcoe reported that the location of the clinic was inconvenient compared to Caledonia and Dunnville. To extend this position, females who attended the Simcoe Well Baby and Breastfeeding Clinic found the lack of available parking to be a barrier. However, due to data constraints (small cell counts), the reliability of the data may be compromised. Since parking was a perceived barrier to access services, two questions that examined participants' satisfaction with the availability of parking was included in the survey. Overall, a higher percentage of females who attended the Well Baby and Breastfeeding Clinic in Simcoe were unsatisfied with parking availability (indifferent or mildly dissatisfied, quite dissatisfied) [51.5% CI (42.0, 60.2) (n=23)]. Participants who were dissatisfied with the availability of parking in Simcoe reported that they could not find a parking spot in close proximity to the clinic, and therefore found the distance difficult with children, especially in the winter.

2.2 Expectations

Women were asked questions about their expectations. Women were first asked to identify the quality of service that they expected from the Health Unit staff during their first visit. Overall, a higher proportion indicated that they had expected good service (52.6%) [CI (43.6, 61.6) (n=61)], followed by very good service (43.1%) [CI (34.1, 52.1) (n=50)] (see Figure 12).

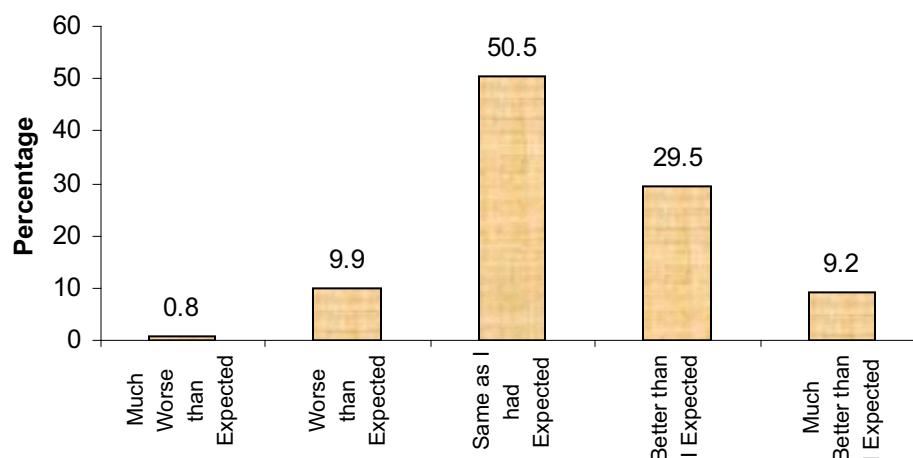
Figure 12 – Quality of Service Expectation among Females Attending Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



Data Note: Poor Service was not illustrated due to zero cell counts.

Women were then asked if the services that they had received from the Well Baby and Breastfeeding Clinic Health Unit Staff compare to what they had expected. Overall, a higher proportion of females reported that the quality of service that they had received was the same as expected [50.5% CI (21.3, 37.7) (n=60)], while 29.5% [CI (21.3, 37.7) (n=35)] reported that the quality of service was better than expected (see Figure 13).

Figure 13 – Expectation Outcome among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005

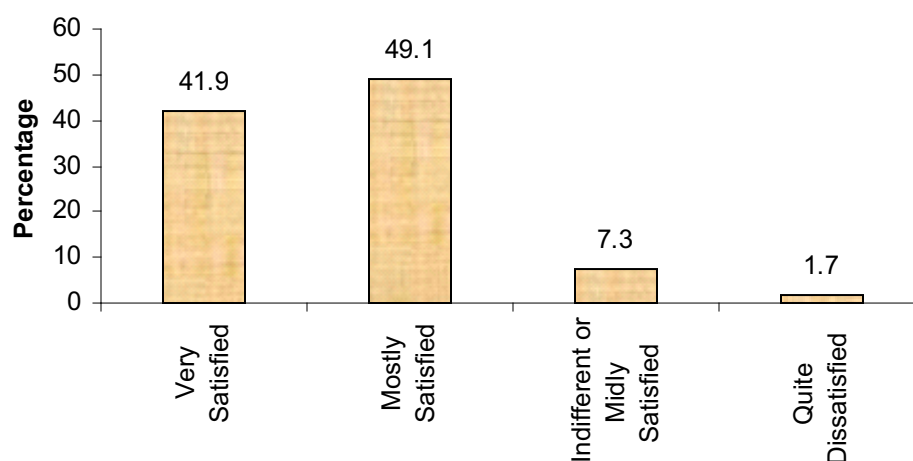


2.3 Overall Satisfaction

Women were asked questions about their overall satisfaction. Participants were first asked how satisfied they were with the Well Baby and Breastfeeding Clinic services they had received. Overall, 91.0% [CI (85.9, 96.1) (n=111)] of participants were satisfied with the services they had received (very satisfied, mostly satisfied); while 9.0% [CI (3.9, 14.1) (n=11)] reported being unsatisfied with the services they had received (indifferent or mildly satisfied, quite dissatisfied) (see Figure 14).

Women were then asked if they would recommend the Well Baby and Breastfeeding Clinic to others. In general, 99.9% [CI (99.3, 100.5) (n=120)] of participants reported that they would recommend the Well Baby and Breastfeeding Clinic to others. Women were then asked, if they were to seek help again, would they come back to the Well Baby and Breastfeeding Clinic. Overall, 93.5% [CI (89.1, 97.9) (n=114)] reported that they would come back to the Well Baby and Breastfeeding Clinic if they were to seek help again. Participants were also asked what they most liked about the Well Baby and Breastfeeding Clinic. A higher percentage of moms reported what they most liked about the Well Baby and Breastfeeding Clinic was having access to information, that staff were friendly and knowledgeable, that they can meet other moms, and that the environment was friendly and conducive to their needs.

Figure 14 – Overall Satisfaction among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



2.4 Interpersonal Aspects of Service Delivery

Participants were asked questions about their satisfaction with the interpersonal aspects of service delivery. Overall, participants were satisfied with the interpersonal aspects of service delivery. Specifically, 89.0% of participants felt comfortable speaking with a staff member, 90.0% reported that staff were knowledgeable and competent, 89.8% reported that staff took the time to understand my concerns, 86.6% reported that staff gave them useful information and 83.3% reported that staff referred them to appropriate resources (human, material) (see Table 2).

Table 2 – Satisfaction with Interpersonal Aspects of Service Delivery among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a) I felt comfortable speaking with a staff member	57.4% [CI (48.6, 66.2) (n=70)]	31.6% [CI (23.4, 39.8) (n=39)]	7.1% [CI (2.5, 11.7) (n=9)]	3.2% [CI (0.1, 6.3) (n=4)]	0.8% [CI (-0.8, 2.4) (n=1)]	100%
b) Staff were knowledgeable and competent	49.8% [CI (41.0, 58.6) (n=61)]	40.2% [CI (31.5, 48.9) (n=49)]	6.8% [CI (2.4, 11.2) (n=8)]	3.2% [CI (0.1, 6.3) (n=4)]	0.0%	100%
c) Staff took the time to understand my concerns	52.9% [CI (44.1, 61.7) (n=65)]	36.9% [CI (28.4, 45.4) (n=45)]	7.7% [CI (-3.0, 12.4) (n=10)]	2.5% [CI (-0.3, 5.3) (n=3)]	0.0%	100%
d) Staff gave me useful information	49.8% [CI (41.0, 58.6) (n=61)]	36.8% [CI (28.3, 45.3) (n=45)]	11.0% [CI (-0.7, 2.9) (n=14)]	2.4% [CI (-0.3, 5.1) (n=3)]	0.0%	100%
e) Staff referred me to the appropriate resources (human, material)	46.1% [CI (37.2, 55.0) (n=56)]	37.2% [CI (28.6, 45.8) (n=45)]	12.7% [CI (6.8, 18.6) (n=15)]	3.2% [CI (0.1, 6.3) (n=4)]	0.7% [CI (-0.8, 2.2) (n=1)]	100%

3.0 Goal Attainment

The third section describes goal attainment. Specifically, this section provides an overview of social capital (trust, sense of inclusion and belonging, safety, participation in community life, and reciprocity), and health outcomes.

3.1 Social Capital

Women were asked questions based on the theoretical framework of social capital. Social capital refers to the connections among individuals.¹⁰ The constructs of social capital consists of trust, sense of inclusion and belonging, safety, participation in community life, and reciprocity.¹⁰ The basic premise of social capital enables people to commit themselves to each other, to build communities, and to knit the social fabric.¹⁰ There has been considerable evidence to suggest that there is a relationship between social capital and better health.¹¹ Overall, 60.7% of participants reported that they felt a sense of belonging with other moms, 86.7% trusted the staff members, 66.8% trusted the other mothers, 89.5% felt safe, 89.9% felt that their baby was safe, 82.0% felt that they were participating in community life, 61.7% felt more connected with the community, 50.5% established new friendships, 33.7% maintained friendships with other moms, and 26.6% felt that they became involved with a group of mothers who tried to help each other (see Table 3).

Table 3 – Social Capital among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a) You felt a sense of belonging with the other mothers	23.5% [CI (15.8, 31.2) (n=28)]	37.2% [CI (19.2, 35.2) (n=44)]	28.9% [CI (20.7, 37.1) (n=34)]	7.9% [CI (3.0, 12.8) (n=9)]	2.5% [CI (-0.3, 5.3) (n=3)]	100%
b) You trusted the staff members	36.4% [CI (27.8, 45.0) (n=44)]	50.3% [CI (41.4, 59.2) (n=61)]	9.3% [CI (4.1, 14.5) (n=11)]	2.2% [CI (-0.4, 4.8) (n=3)]	1.8% [CI (-0.6, 4.2) (n=2)]	100%
c) You trusted the other mothers	19.1% [CI (11.9, 26.3) (n=22)]	47.7% [CI (38.5, 56.9) (n=54)]	30.6% [CI (22.1, 39.1) (n=35)]	2.6% [CI (-0.3, 5.5) (n=3)]	0.0%	100%
d) You felt safe	47.0% [CI (38.1, 55.9) (n=57)]	42.5% [CI (33.7, 51.3) (n=51)]	8.8% [CI (3.8, 13.8) (n=11)]	1.8% [CI (-0.6, 4.2) (n=2)]	0.0%	100%
e) You felt that your baby was safe	47.8% [CI (38.9, 56.7) (n=58)]	42.1% [CI (33.3, 50.9) (n=51)]	9.2% [CI (4.1, 14.3) (n=11)]	1.1% [CI (-0.8, 3.0) (n=1)]	0.0%	100%
f) You felt that you were participating in community life	31.5% [CI (23.2, 39.8) (n=37)]	50.5% [CI (41.5, 59.5) (n=60)]	14.7% [CI (8.3, 21.1) (n=17)]	3.3% [CI (0.1, 6.5) (n=4)]	0.0%	100%
g) You felt more connected with the community	22.2% [CI (14.7, 29.7) (n=26)]	39.5% [CI (30.7, 48.3) (n=47)]	31.5% [CI (23.2, 39.8) (n=37)]	6.8% [CI (2.3, 11.3) (n=8)]	0.0%	100%
h) You established new friendships with other moms	20.4% [CI (13.2, 27.6) (n=24)]	30.1% [CI (21.9, 38.3) (n=36)]	27.2% [CI (19.2, 35.2) (n=32)]	19.8% [CI (12.6, 27.0) (n=24)]	2.5% [CI (-0.3, 5.3) (n=3)]	100%
i) You maintained friendships with other moms	15.9% [CI (9.2, 22.6) (n=18)]	17.8% [CI (10.8, 24.8) (n=21)]	36.3% [CI (27.5, 45.1) (n=42)]	25.5% [CI (17.6, 33.4) (n=30)]	4.5% [CI (0.7, 8.3) (n=5)]	100%
j) You became involved with a group of mothers who tried to help each other	13.1% [CI (7.0, 19.2) (n=15)]	13.5% [CI (7.3, 19.7) (n=16)]	35.6% [CI (26.9, 44.3) (n=42)]	31.0% [CI (22.6, 39.4) (n=36)]	6.9% [CI (2.3, 11.5) (n=8)]	100%

Since the frequency of attendance may affect the degree of social capital, this was further explored for the following constructs that demonstrated weak 'stock' of social capital to include: sense of belonging, trust, participation, connected with the community, new friendships, maintained friendships, and reciprocity. The constructs are highlighted yellow in Table 3 for further clarification. Overall, it was found that for the most part, as the frequency of Well Baby and Breastfeeding Clinic visits increased, so did the degree of social capital from less than one month to eight months for each construct highlighted yellow. Particularly interesting, it was found that women who attended the Well Baby and Breastfeeding Clinic for seven to eight months reported a higher degree of social capital for the constructs sense of belonging, and connection, whereas, women who attended the Well Baby and Breastfeeding Clinic for two years reported a higher degree of social capital for the constructs new friendships, maintaining friendships, and reciprocity. Participants who attended the Well Baby and Breastfeeding Clinic for two years or seven to eight months reported that they trusted other mothers.

3.2 Health Outcomes

Participants were asked questions about health outcomes. On the whole, 61.1% of participants reported that the Well Baby and Breastfeeding Clinic helped them to make better choices regarding their babies health, 62.7% helped them to have a better understanding about feeding their baby, 68.6% helped them to feel more confident as a mother, 53.2% helped them to make more positive changes in parenting approaches, and 66.4% helped them to anticipate what to expect in the future (see Table 4).

Table 4 – Health Outcomes among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005

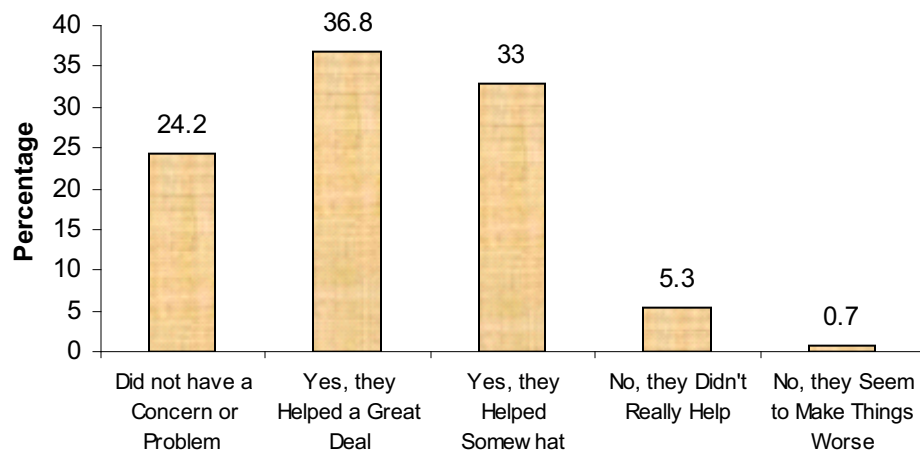
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a) It helped you to make better choices, regarding your baby's health	23.2% [CI (15.5, 30.9) (n=26)]	37.9% [CI (29.0, 46.8) (n=43)]	33.2% [CI (24.6, 41.8) (n=38)]	4.7% [CI (0.8, 8.6) (n=5)]	1.0% [CI (-0.5, 0.7) (n=1)]	100%
b) It helped you to have a better understanding about feeding your baby	23.8% [CI (15.8, 31.8) (n=26)]	38.9% [CI (29.7, 48.1) (n=42)]	30.9% [CI (22.2, 39.6) (n=34)]	6.4% [CI (1.8, 11.0) (n=7)]	0.0%	100%
c) It helped you to feel more confident as a mother	22.5% [CI (14.8, 30.2) (n=26)]	46.1% [CI (36.9, 55.3) (n=52)]	20.9% [CI (13.4, 28.4) (n=24)]	10.5% [CI (4.9, 16.1) (n=12)]	0.0%	100%
d) It helped you make more positive changes in your parenting approaches	17.0% [CI (9.9, 24.1) (n=19)]	36.2% [CI (27.2, 45.2) (n=39)]	38.7% [CI (29.6, 47.8) (n=42)]	7.4% [CI (2.5, 12.3) (n=8)]	0.8% [CI (-0.9, 2.5) (n=1)]	100%
e) It helped you to anticipate what to expect in the future (i.e., child development like teething, immunization, feeding, etc.	23.0% [CI (15.1, 30.9) (n=25)]	43.4% [CI (34.1, 52.7) (n=47)]	26.0% [CI (17.7, 34.3) (n=28)]	6.5% [CI (1.9, 11.1) (n=7)]	1.1% [CI (-0.9, 2.9) (n=1)]	100%

Since the frequency of attendance and average length of time spent at the Well Baby and Breastfeeding Clinic may affect health outcomes, this was further explored. Particularly interesting, it was found that there was no consistent pattern or trend between frequency of attendance and health outcomes.

However, it was found that a higher percentage of women who attended the Well Baby and Breastfeeding Clinic for 2 hours per visit reported positive health effects with the exception of parenting approaches and future anticipation. Specifically, respondents who reported attending the Well Baby and Breastfeeding Clinic for three hours reported that it helped them to make positive changes in their parenting approaches and helped them to anticipate future events. However, the reliability of the data may be compromised by small cell counts (less than five). It was also found that a higher proportion of females who had one child, predominantly reported positive health outcomes as a result of attending the Well Baby and Breastfeeding Clinic.

Respondents were also asked if the services that they had received helped them to deal more effectively with a concern or problem. Overall, of the respondents who had a concern or problem, 36.8% [CI (28.2, 45.4) (n=45)] reported that the services helped them a great deal, while only 0.7% [CI (-0.8, 2.2) (n=1)] reported that the services seemed to make things worse (see Figure 15).

Figure 15 – Service Satisfaction among Females Attending the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk Counties from September 2004 - September 2005



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Discussion

The Well Baby and Breastfeeding Clinic study was intended to determine whether the Well Baby and Breastfeeding Clinic was operating as it was intended to. Therefore, the primary objective of the evaluation was to assess participant coverage and quality of service delivery for the Well Baby and Breastfeeding Clinic in Haldimand and Norfolk. The elements of the Well Baby and Breastfeeding Clinic that were studied included: (1) participants' coverage (socio-demographic/general information, attendance); (2) participants' satisfaction with service administration (accessibility, expectations, overall satisfaction, interpersonal aspects of service delivery), and (3) goal attainment (social capital, health outcomes).

Based on the analysis, this report provided new information about the Well Baby and Breastfeeding Clinic that will assist in future program planning and can also be used as a model for other community Well Baby and Breastfeeding Clinics. This process evaluation revealed high levels of satisfaction and infers that the Well Baby and Breastfeeding Clinic is operating as it was intended to, thereby meeting program goals and objectives. However, it is important to note that persons who are less satisfied with the Well Baby and Breastfeeding Clinic are more likely not to complete the survey. However, the manner in which the sample was taken (a complete enumeration of the participants who attended the Well Baby and Breastfeeding Clinic) reduces selection bias and increases the confidence of a representative sample.

The first study objective was to determine participant coverage. It was found that the average age of participants was 32 years. Moreover, higher proportions of participants lived in Haldimand County, were married, earned over \$100,000 (total family income before taxes), completed college, had one child, and the age of their current baby when they first went to the Well Baby and Breastfeeding Clinic was between zero to two months. It was also found that a higher percentage of participants attended the Well Baby and Breastfeeding Clinic for less than one month and spent one hour at the Well Baby and Breastfeeding Clinic. Most participants found out about the Well Baby and Breastfeeding Clinic through a Public Health Nurse/Healthy Babies Nurse, and their initial reason for attending the clinic was to get their child weighed.

The second study objective was to determine participant's satisfaction. It was found that persons were highly satisfied with service administration. Specifically, they reported that the clinic hours, duration of the clinic, the day that the clinic was held, and the location was convenient, as well there were a lot of print materials made available to them. However, it was also found that participants who attended the Well Baby and Breastfeeding Clinic in Simcoe were generally dissatisfied with the availability of parking. Moreover, the participants reported that the

day of the week in which the Well Baby and Breastfeeding Clinic was held in Caledonia was inconvenient compared to Simcoe and Dunnville. This may be attributed to the recent change in the day of the week which the Caledonia Well Baby and Breastfeeding Clinic was held; however, this is not conclusive in this report. Participants generally reported that they had expected good service or very good service, and after attending the Well Baby and Breastfeeding Clinic the majority of participants reported that the level of service was the same as they had expected. Overall, participants were satisfied and reported that they would recommend the Well Baby and Breastfeeding Clinics to others, and they would come back to the clinic to seek help again. Participants were also generally satisfied with interpersonal aspects of service delivery.

The third study objective was to determine goal attainment. It was found that participants demonstrated good “stock” of social capital with some constructs (trusted staff members, felt safe, felt baby was safe, and participation in community life). However, participants demonstrated weaker “stock” with the following constructs: sense of belonging and inclusion, trusting other moms, connection with community, establishing new friendships, maintaining friendships, and reciprocity. The weakest ‘stock’ was reciprocity, followed by the establishment and maintenance of friendships. For the most part, it was also found that as the frequency of Well Baby and Breastfeeding Clinics visits increased, so did the degree of social capital from less than one month to eight months for each weak “stock” of social capital construct. With regards to health outcomes, it was found that participants generally reported positive health outcomes. This was more predominant in participants who had one child.

In conclusion, this report will indeed provide important information that can be used to further strengthen the services offered at the Well Baby and Breastfeeding Clinics in Haldimand-Norfolk to support child health.

Recommendations

1. Investigate offering more outreach Well Baby and Breastfeeding Services in all the Ontario Early Years Centres (OEYCs).
2. Investigate if teens are accessing parent support systems.
3. Explore with other agencies ways in which to reach and offer services to persons with lower-socio economic status, who may have limited ability to access services (i.e. transportation).
4. Evaluate the Well Baby and Breastfeeding Clinic on an ongoing basis and develop an annual report to assist in program planning and implementation.
5. Explore expansion of the Well Baby and Breastfeeding Clinic on a regular basis to the low-German-speaking community.
6. Explore rural health disparities that may prohibit access to services offered at the Well Baby and Breastfeeding Clinic (i.e., social isolation, lack of awareness, lack of transportation, lack of access to health care services, etc.).

Appendix 1 – Survey

Haldimand-Norfolk Health Unit Well Baby Clinic Survey



Part 1: General Information

This Section is About Your Background Information

First, we would like you to answer some general background questions. An opportunity is available at the end of Part 1 to provide comments, if appropriate.

1. For your **CURRENT BABY**, how often have you attended the Well Baby Clinic in **Haldimand and/or Norfolk**? *(please fill in the space that best represents your answer)*

- ☐ # of weeks _____
- ☐ # of months _____
- ☐ # of years _____
- ☐ Don't know _____
- ☐ Refuse

2. For your **CURRENT BABY**, what is the average length of time you spent per visit at the Well Baby Clinic in **Haldimand and/or Norfolk**? *(please fill in the space that best represents your answer)*

- ☐ Average length of time spent per visit _____
- ☐ Don't know
- ☐ Refuse

3. Are you **CURRENTLY** attending the Well-Baby Clinic in **Haldimand and/or Norfolk**?

- ☐ Yes
- ☐ No → Please explain? _____
- ☐ Don't know
- ☐ Refuse

4. For your **CURRENT BABY**, what was the **LOCATION** of the Well-Baby Clinic that you attended, or are currently attending now in **Haldimand and/or Norfolk**? *(please check all that apply)*

- ☐ Caledonia
- ☐ Dunnville
- ☐ Simcoe
- ☐ Don't know
- ☐ Refuse

5. How did you **FIND OUT** about the Well-Baby Clinic in **Haldimand and/or Norfolk**? *(please check all that apply)*

- ☐ Public Health Nurse/Healthy Babies Nurse
- ☐ Doctor
- ☐ Midwife
- ☐ Nurse Practitioner
- ☐ Physician's Nurse/Staff
- ☐ Hospital Nurse
- ☐ Post Partum Outreach Program
- ☐ Healthy Moms Eating Well for Two
- ☐ BANA Clinic
- ☐ Spouse/Partner
- ☐ Family Member
- ☐ Friend/Neighbour
- ☐ Media/Pamphlets/Flyers
- ☐ Other (please specify) _____
- ☐ Don't know
- ☐ Refuse

6. For your **CURRENT BABY**, what were the initial reason(s) you attended the Well-Baby Clinic in **Haldimand and/or Norfolk**? *(please check all that apply)*

- ☐ To meet other mothers
- ☐ To learn how to breastfeed
- ☐ To learn about services available in Haldimand and/or Norfolk
- ☐ To have my child weighed
- ☐ To talk with a health care professional
- ☐ I was referred
- ☐ Breastfeeding problem
- ☐ Car seat check
- ☐ Other _____
- ☐ Don't know
- ☐ Refuse

7. For your **CURRENT BABY**, what is your baby's date of birth? (yy/mm/dd) (____/____/____)

8. For your **CURRENT BABY**, what was the age of your baby the **FIRST TIME** you went to the Well-Baby Clinic in **Haldimand and/or Norfolk**?

- ☐ 0-2 months
☐ 4-6 months
☐ 7-9 months
☐ 10-12 months
☐ More than 12 months
☐ Don't know
☐ Refuse

9. How many **CHILDREN** do you have?

- ☐ 1 child
☐ 2 children
☐ 3 children
☐ 4 children
☐ 5 children
☐ More than 5 children
☐ Refuse

10. Did you attend the Well-Baby Clinic in **Haldimand and/or Norfolk** with previous children?

- ☐ Yes
☐ No
☐ I do not have any other children
☐ Don't know
☐ Refuse

Thank you for completing Part 1. Please provide any comments for Part 1 below.

Comments: _____

Part 2: Access

This Section is About Access to Services

Now, we would like you to answer questions about accessibility. An opportunity is available at the end of Part 2 to provide comments, if appropriate.

1. For each item, please fill in the boxes that best represents your opinion. For your **CURRENT BABY**, would you say.....?

	Yes	No	Don't Know	Refuse
a) The Clinic hours were convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The duration of the Clinic was convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The day of the week which the Clinic is held was convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The location of Clinic was convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) There were a lot of print materials available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing Part 2. Please provide any comments for Part 2 below.

Comments: _____

Part 3: Service Delivery

This Section is About Service Delivery from the Health Unit Staff (Nurse/Family Home Visitor) at the Well Baby Clinic in Haldimand and/or Norfolk.

Now, we would like you to answer questions about service delivery from our Health Unit Staff (Nurse/Family Home Visitor). An opportunity is available at the end of Part 3 to provide comments, if appropriate.

1. For your **CURRENT BABY**, how would you rate the service delivery from the Health Unit Staff (Nurse/Family Home Visitor) at the Well Baby Clinic in **Haldimand and/or Norfolk**? For each item, please fill in the boxes that best represents your opinion. *Would you say.....?*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refuse
a) I felt comfortable speaking with a staff member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Staff were knowledgeable and competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Staff took the time to understand my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Staff gave me useful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Staff referred me to the appropriate resources (human, material)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank-you for completing Part 3. Please provide any comments for Part 3 below.

Comments: _____

Part 4: Sense of Belonging, Trust, Safety, Social Participation, Social Support, and Helping Other Mothers

This Section is About Social Outcomes

Now, we would like you to answer questions about social outcomes. An opportunity is available at the end of Part 4 to provide comments .

1. For your **CURRENT BABY**, how would you rate the following social outcomes as a result of attending the Well-Baby Clinic in **Haldimand and/or Norfolk**? For each item, please fill in the boxes that best represents your opinion.
Would you say.....?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refuse
a) You felt a sense of belonging with the other mothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) You trusted the staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) You trusted the other mothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) You felt safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) You felt that your baby was safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) You felt that you were participating in community life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) You felt more connected with the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) You established new friendships with other moms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) You maintained friendships with other moms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) You became involved with a group of mothers who tried to help each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing Part 4. Please provide any comments for Part 4 below.

Comments: _____

Part 5: Health Outcomes

This Section is About Health Outcomes

Now, we would like you to answer questions about your health, and your baby's health, as a result of attending the Well Baby Clinic in Haldimand and/or Norfolk. All questions are scales (check the box which most represents your opinion). An opportunity is available at the end of Part 5 to provide comments, if appropriate.

1. For your **CURRENT BABY**, as a result of attending the Well-Baby Clinic in **Haldimand and/or Norfolk**, has anything **CHANGED** for you? For each item, please fill in the boxes that best represents your opinion.
Would you say.....?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refuse	Non Applicable
a) It helped you to make better choices, regarding your baby's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) It helped you to have a better understanding about feeding your baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) It helped you to feel more confident as a mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) It helped you make more positive changes in your parenting approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) It helped you to anticipate what to expect in the future (i.e. child development like teething, immunization, feeding etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing Part 5. Please provide any comments for Part 5 below.

Comments: _____

Part 6: Program Effectiveness

This First Section is About Expectations

Now, we would like you to answer questions about your expectations of the Well Baby Clinic in Haldimand and/or Norfolk. An opportunity is available at the end of Part 6 to provide comments, if appropriate.

1. For your **CURRENT BABY**, during your first visit at the Well Baby Clinic, what **QUALITY OF SERVICE** did you expect from the Health Unit staff in Haldimand and/or Norfolk? *(Please check ONE.)*

- ☐ Very poor service
- ☐ Poor service
- ☐ Neither poor or good service
- ☐ Good service
- ☐ Very good service
- ☐ Don't know
- ☐ Refused

2. For your **CURRENT BABY**, overall, how did the service you received from the Well Baby Clinic Health Unit staff compare to what you **EXPECTED** in Haldimand and/or Norfolk? *(Please check ONE.)*

- ☐ Much worse than expected
- ☐ Worse than expected
- ☐ Same as I had expected
- ☐ Better than I expected
- ☐ Much better than I expected
- ☐ Don't know
- ☐ Refused

This Second Section is About Your Satisfaction

*Now, we would like you to answer questions about our **OVERALL** satisfaction with the Well Baby Clinic Services you received in Haldimand and/or Norfolk?*

1. Overall, how **SATISFIED** were you with the availability of **PARKING** at the Well-Baby Clinic in Haldimand and/or Norfolk? *(Please check ONE.)*

- ☐ Very satisfied
 - ☐ Mostly satisfied
 - ☐ Indifferent or mildly dissatisfied
 - ☐ Quite dissatisfied
 - ☐ Don't know
 - ☐ Refused
- } —→ (Go to question 3)

2. Why were you **NOT SATISFIED** with the availability of **PARKING** at the Well-Baby Clinic in Haldimand and/or Norfolk, and at which Clinic?

Explain: _____

3. Overall, did the **SERVICES** you received help you deal more effectively with your concerns or problems? *(Please check ONE)*

- ☐ Did not have a concern or problem
- ☐ Yes, they helped a great deal
- ☐ Yes, they helped somewhat
- ☐ No, they really didn't help
- ☐ No, they seem to make things worse
- ☐ Don't know
- ☐ Refused

4. Overall, **HOW SATISFIED** were you/are you with the Well-Baby Clinic services you received in **Haldimand and/or Norfolk?** *(Please check ONE.)*

- ☐ Very satisfied
☐ Mostly satisfied } —→ (Go to question 6)
☐ Indifferent or mildly dissatisfied
☐ Quite dissatisfied
☐ Don't know
☐ Refused

5. Why were you **NOT SATISFIED** with Well-Baby Clinic Services you received in **Haldimand and/or Norfolk?**

Explain: _____

6. Would you **RECOMMEND** the Well Baby Clinic to others in **Haldimand and/or Norfolk?** *(Please check ONE.)*

- ☐ No, definitely not
☐ No, I don't think so
☐ Yes, I think so
☐ Yes, definitely
☐ Don't know
☐ Refused

7. If you were to seek help again, would you **COME BACK** to the Well-Baby Clinic in **Haldimand and/or Norfolk?** *(Please check ONE.)*

- ☐ No, definitely not
☐ No, I don't think so
☐ Yes, I think so } —→ (Go to question 9)
☐ Yes, definitely
☐ Don't know
☐ Refused

8. Why would you **NOT COME BACK** to the Well-Baby Clinic in **Haldimand and/or Norfolk?**

Explain: _____

9. What did you **MOST LIKE** about the Well-Baby Clinic in **Haldimand and/or Norfolk?**

11. Is there something, we can do **DIFFERENTLY?**

Thank-you for completing Part 6. Please provide any comments for Part 6 below:

Comments: _____

Part 7: Demographic Information

This Section is About Your Demographic Information

The following questions help us know about the people who have completed our questionnaire.

1. **WHAT** is your date of birth?
(yy/mm/dd) (____/____/____)

2. **YOUR** home is presently in:

- ☐ Haldimand County
- ☐ Norfolk County
- ☐ Not sure → Town of residence _____
- ☐ Outside of Haldimand and/or Norfolk (specify) _____
- ☐ Refused _____

3. **WHAT** is your current marital status?

- ☐ Single
- ☐ Married
- ☐ Common-law
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Other
- ☐ Refused

4. **WHAT** is your **TOTAL FAMILY** income for one year? (before taxes)

- ☐ Less than \$10,000
- ☐ \$10,000 - \$19,999
- ☐ \$20,000 - \$29,999
- ☐ \$30,000 - \$39,999
- ☐ \$40,000 - \$49,999
- ☐ \$50,000 - \$59,999
- ☐ \$60,000 - \$69,999
- ☐ \$70,000 - \$79,999
- ☐ \$80,000 - \$89,999
- ☐ \$90,000 - \$99,999
- ☐ Over \$100,000
- ☐ Don't know
- ☐ Refused

5. **WHAT** is the total number of people living in your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ More than 5
- ☐ Don't know
- ☐ Refuse

6. **WHAT** is your highest level of education that you have completed?

- ☐ Less than Grade 9
- ☐ Some high school
- ☐ Completed high school
- ☐ Technical training or trade school
- ☐ Some college or university
- ☐ Completed college
- ☐ Completed university
- ☐ Post graduate
- ☐ Refused

Please provide additional comments and/or suggestions below.

THANK YOU FOR YOUR PARTICIPATION!

Appendix 2 – Cover Letter

HALDIMAND-NORFOLK HEALTH UNIT

A Division of the Health & Social Services Dept.

NORFOLK

HALDIMAND

Dedicated to Improving Our Communities' Health

Well-Baby Clinic Survey

You Have Been Chosen to Participate in a Survey

The Haldimand-Norfolk Health Unit is conducting a survey about the Well-Baby Clinic in our community. This survey will help us to identify and understand if we are meeting our client's needs. A random sample of moms who have attended the Well Baby Clinic from September 2004 to September 2005 will be surveyed.



The survey will take about 10 minutes to complete. You will be asked questions about:

1. Your Background
2. Access of Services
3. Service Delivery
4. Sense of Belonging, Trust, Safety, Social Participation, Social Support, and Helping Other Moms
5. Health Outcomes
6. Program Effectiveness
7. Demographic Information

When you have completed the survey, please mail it to Haldimand-Norfolk Health Unit (self-addressed envelope enclosed), or you can return it by dropping it off in the survey boxes provided at the Well-Baby Clinics. Please accept the baby face cloth as a token of our appreciation.

The Principle Investigator is Deanna Tries, Epidemiologist, from Haldimand-Norfolk Health Unit. The survey has been approved by the Health Unit's Ethics Committee. If you have any questions please contact Deanna Tries at (519) 426-6170 Ext. 3215 or (905) 318-6623 Ext. 3215 (free from 905).

Participation is completely voluntary and your individual information will remain confidential and anonymous. Please do not put your name on the survey. No individual information will be reported. You can refuse to answer any questions. A summary of the results will be reported on the Health Unit's website (www.hnhu.org). Completion of this survey will serve as consent to be part of the overall study.

PLEASE FILL OUT THIS SURVEY AND RETURN IT BY FEBRUARY 17, 2006

Thank you for your participation.

- ☐ 12 Gilbertson Drive, PO Box 247
Simcoe ON N3Y 4L1
(519) 426-6170
Fax (519) 426-9974

- ☐ **Addiction Services**
12 Gilbertson Drive, PO Box 247
Simcoe ON N3Y 4L1
(519) 428-1805
Fax (519) 428-7710



www.haldimand-norfolk.org

Email: hnmoh@haldimand-norfolk.org Email: addictions@haldimand-norfolk.org

- ☐ 282 Argyle Street South
Caledonia ON N3W 1K7
905-318-5367
Fax 905-765-8905

- ☐ 117 Forest Street East
Dunnville ON N1A 1B9
905-318-6623
Fax 905-774-1538

References

1. Human Resources Development Canada and Health Canada (2002). The Well-being of Canada's young children: Government of Canada report. Retrieved December 2005, from <http://www.socialunion.ca/ecd/2002/reportb-e.pdf>.
2. Hilton, A., Budgen, C., Molzahn, A., & Attridge, C. (September/October, 2001). Developing and testing instruments to measure client outcomes at the Comox Valley Nursing Centre. *Public Health Nursing*, 18 (5), 327-339.
3. Porteous, R., Kaufman, K., & Rush, J. (2000). The effect of individualized professional support on duration of breastfeeding: A randomized controlled trial. *J Hum Lact*, 16 (4), 303-307.
4. Gill, S. (July/August 2001). The little things: Perceptions of breastfeeding support. *JOGNN Clinical Studies*, 401-409.
5. Shulver, D., & Shaw-Flach, A. (2004, December). Enabling women to breastfeed. *The Practising Midwife*, 7(11), 12-16.
6. Pastore, M., & Nelson, A. (1997). A breastfeeding drop-in centre survey evaluation. *J Hum Lact*, 13(4), 291-298.
7. Caddy, R. (November, 2002). The reading breastfeeding drop-in centre. *The Practising Midwife*, 5(10), 18-22.
8. Stefiuk, W., Green, K., Turnell, R., Smith, B. (2002). Process evaluation of the Saskatoon Breastfeeding Centre. *J Hum Lact* 18 (1), 29-37.
9. Adams, C., Berger, R., Conning, P., Cruikshank, L., & Dore, K. (December, 2000). Breastfeeding trends at a community breastfeeding centre: An evaluative survey. *JOGNN Clinical Studies*, 30(4), 392-400.
10. Infed (2006). *Social Capital* . Retrieved August 1, 2006 from http://www.infed.org/biblio/social_capital.htm.
11. Statistics Canada (December, 2005). *The Daily: Study: Community Belonging and Self-Perceived Health*. Retrieved December 22, 2005 from <http://www.statcan.ca/Daily/English/051221/d051221c.htm>.