

# #180

COMPLETE

**Collector:** Gimbel Foundat...nd Evaluation (Web Link)  
**Started:** Friday, March 16, 2018 1:03:49 PM  
**Last Modified:** Friday, March 16, 2018 2:05:26 PM  
**Time Spent:** 01:01:37  
**IP Address:** 72.34.75.162

---

Page 1

**Q1** Name of your organization.

El Sol Neighborhood Educational Center

---

**Q2** Grant #

20160676

---

**Q3** Grant Period

Nov 1, 2016 to Dec 31, 2017

---

**Q4** Location of your organization

City	San Bernardino
State	Ca

---

**Q5** Name and Title of person completing evaluation.

Alexander Fajardo

---

**Q6** Phone Number:

9097145003

---

**Q7** Email address.

alexfajardo@elsolnec.org

---

---

Page 2: Key Outcomes and Results

**Q8** Total number of clients served through this grant funding:

333

**Q9** Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

Project goal: The primary goal is to improve maternal and infant health outcomes by deploying culturally and linguistically appropriate community health education using Community Health Workers.

During the 2017 program year, El Sol served a total of 333 families through the HFA program. Overall, 82% of the 363 participants self-identified themselves as Hispanic by ethnicity and Spanish as their primary language. Additionally, 98% received an AAPI assessment and 96% completed it. In 2017, a total of 230 families were enrolled in the HFA program during the 2014-2015 program year. The program was successful in promoting breastfeeding. 92 percent of mothers were breastfeeding at the hospital, 75 percent were still breastfeeding 2 weeks postpartum, and 53 percent were breastfeeding at 6 weeks postpartum.

Objective 1: By month 12, at least 75 pregnant or recent mothers (less than 12 months) who are at high-risk for developing depression will be identified, screened, recruited, and complete health promotion program as measured by participant logs.

112 Mother were identified, screened and were linked to a postpartum depression support groups

Objective 2: By month 12, 75% of participants will report a change in parent-infant bonding and maternal self-efficacy skills as measured by program standardized pre/post assessments.

Healthy Families America model was designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence. El Sol's HFA program aims to (1) reduce child maltreatment; (2) improve parent-child interactions and children's social-emotional well-being; (3) increase school readiness; (4) promote child physical health and development; (5) promote positive parenting; (6) promote family self-sufficiency; (7) increase access to primary care medical services and community services; and (8) decrease child injuries and emergency department use.

The HFA model uses a strengths-based approach, which promotes parent-child bonding and positive interactions, educates parents about child health and development, helps parent access community resources, and uses family and community supports to assist parents in addressing problems such as substance abuse or mental health issues. Home visitors offer participating families long-term services (usually 3 to 5 years), beginning intensively (at least one visit per week), and use well-defined criteria for determining whether the intensity of service should be increased or decreased. Services are culturally sensitive. Comprehensive services support parents, parent-child interaction, and child development. Families are linked to a medical provider (for timely inoculations and well-child care) and, if needed, financial assistance, food and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters. Home visitor's caseload varies from 15 families who are currently being seen weekly to no more than 25.

When comparing ASQ-3 scores at 2, 4 and 6 months for communication, gross motor, fine motor, problem solving and personal-social, all scores increased with time.

The home visitation program aims to (1) reduce child maltreatment; (2) improve parent-child interactions and children's social-emotional well-being; (3) increase school readiness; (4) promote child physical health and development; (5) promote positive parenting; (6) promote family self-sufficiency; (7) increase access to primary care medical services and community services; and (8) decrease child injuries and emergency department use. Most families receiving these services appear better able to care for their children, to access and effectively use health care services, to avoid reports of child abuse or neglect, and to resolve many personal and familial problems common among low-income, single-parent families. While many of these findings have emerged from the quasi-experimental designs, the randomized trials have produced similar findings.

El Sol's Home Visitation programs are having an important and significant impact on the lives of children and families, particularly vulnerable populations who are at risk of poor health outcomes. The observed effect of home-visitation programs seems to be greatest

## S.L. Gimbel Foundation Fund

in high-risk populations, such as mothers who are teenagers, unmarried, poor, or have been abused themselves, and in children who are preterm or low birth weight. Additionally, there are direct postpartum outcomes related to home visiting programs:

### Postnatal Effects

30% increased in Communication

23% Increased in Gross Motor

28% Increase in Fine Motor

45% Increase in Problem Solving

32% Increase in Personal-Social

Objective 3: By the end of program, 85 percent of participants who complete program will report a change in either knowledge, skills, and behaviors associated with at least one of the following domains: a) mental health, b) nutrition, c) physical activity, d) preventive care services, e) self-care, and f) medical screening, and received assistance in navigating health system, as measured by participant pre/post assessments.

Increased rate of return to, or retention in, school by mothers

– Fewer emergency department visits

– Fewer accidental injuries and poisonings resulting in a visit to the physician

– Decrease in the number of verified incidents of child abuse and neglect

– Decrease in physical punishment and restriction of infants, with an increase in use of appropriate discipline for older children

– Improved maternal–child interaction and maternal satisfaction with parenting

– Increased use of appropriate play materials at home

– Improved growth in low-birth-weight infants

– Higher developmental quotients in infants visited

– Fewer subsequent pregnancies

– Increased spacing between pregnancies

– Increased length of maternal employment

30% increased in Communication

23% Increased in Gross Motor

28% Increase in Fine Motor

45% Increase in Problem Solving

32% Increase in Personal-Social

---

**Q10** Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

A challenge faced by each of the Home Visitors was a permeating fear the families felt over the new immigration reforms. Many families worried whether loved ones and friends would be deported. One of the participants, who was nine months pregnant, was taken during the night to Tijuana, Mexico without being able to take a sweater or her cell phone. Another participant feared her family would be divided and moved out of the service area. In general, all families were living in fear. Coordinators visited the Mexican and Guatemalan consuls for information and resources to be given to families. Home Visitors comforted and supported families during this emotional and challenging period.

Also the home visitors expressed that there were some cases were to delicate and they felt emotionally exhausted as example, Two participants of the program miscarried in their first and third trimesters and the husband of a participant passed away.

---

**Q11** How did you overcome and/or address the challenges and obstacles?

The first one we developed a resource list for immigration forums and we created an MOU with the counsel of Mexico to receive ongoing information to our home visitors also provide support to our families

The second one, we developed a support group for our home visitors with a License Therapist, which the home visitors have their histories espouse and and how to bring emotional boundaries.

**Q12** Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Postpartum Depression

- o Screened – 92%
- o Referral (if required) – 7% (18 individuals)

Topics discussed during first home visit

- o Tobacco (if there is a user) – 2%
- o Prenatal Care – 99%
- o Passenger Safety – 98%
- o Water Safety - 93%
- o Home Safety – 96%

Healthy insurance referral for child(ren) – if necessary

- o 8% - of this 92% obtained insurance

Immunizations

- o Birth shots – 95%
- o 1-2 month shots – 92%
- o 2 month shots – 84%
- o 4 month shots – 81%
- o 6 month shots – 72%

Medical home linkage – if necessary

- o 4% of total

Average of 92% of clients completed the AAPI documents

51% of clients and home visitor complete the family goal plan

---

**Q13** Briefly describe the impact this grant has had on the organization and community served.

El Sol Neighborhood Educational Center (El Sol) promotes optimal health for children and families. Through this project we implemented some strategies that helped our agency to reaffirm our approached some activities include home visitation to strengthen families via parenting education, provide targeted health education and promotion, promote mental health education and behavioral health screening, among other strategies.

The programs were designed to develop and maintain positive family relations, empower parents, support families by providing opportunities to practice new behaviors and skills, and assess family progress accurately. Program outcomes include:

- Improved health and development.
  - Prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits.
  - Improved school readiness and achievement.
  - Reduced crime, including domestic violence.
  - Improved family economic self-sufficiency.
  - Improved the coordination and referrals for other community resources and supports.
-

**Q14** Please provide a budget expenditure report of the approved line items. Include a brief narrative on how the funds were used to fulfill grant objectives.

Project Director Organizational oversight for project personnel. \$14,850.00

Project Coordinator Day to day management of project activities and community health workers.\$28,920

Fringe Benefits Fringe benefits \$7,876

CHWs/ Home Visitors \$18,380.00

Program Material Development of support program material and incentives for mothers. \$385.00

Office supplies Office supplies (e.g. pens, paper, flip chart, folders, etc.) \$50 x 12 months = \$950

Transportation Mileage reimbursement for project personnel \$2,400.00

Training and meetings \$1,236.00

---

## Page 4: Success Stories

**Q15** Please relate a success story:

It is difficult to adapt to a society one is not familiar with, but even more difficult to open the doors of one's home to a stranger. But from the first home visit with this family, I instinctively knew she would need extra support. This individual was newly arrived to this country and going through her first pregnancy. Seven months prior, she had left Nigeria and a position with a major company. With no family in the U.S. besides her husband and stepchildren, she tried to make the best of the situation.

This mother frequently mentioned how home sick she was and how she missed her life in Nigeria. There she considered herself a feminist and had dedicated to her career more than her personal life. As we spoke and interacted more, I was able to gain her trust and affection. She spoke about her fears of failing as a mother, due to this being her first child. I began with lessons, empowered and strengths she could share with her future daughter. I remember one rainy and gloomy day, I called to confirm the home visit we had scheduled. As she answered, she said that she really needed the home visit and would eagerly be waiting for me! When I arrived at her house, she opened the door and I noticed her eyes were red and puffy. Trusting me she expressed what was deep in her heart and shared something that stayed with me. While sitting next to her on the couch, she reached across and held my hand, looked me in the face, and said, "Despite all my fears and being away from home, I have found something special here with you - a new home."

With those words, she validated my work. I believe it is never about the income. It is about the outcome. Our program is a wonderful resource for our families. This mother felt alone in a big country, but found the support and extra knowledge to help her grow as a parent with our home visitation program in her city. This mother felt the support from not just me, but from everyone within the organization. Never again has she felt alone, but has felt confident that all the lesson plans taught would be useful tools for her life box. Whenever a situation would arise, she was able to reach into her "tool box" and use one of the tools to help and guide her to a solution. This family believes in the work I do and the mother believes in this program as much as I believe I in her success. Even though she is always thanking me for my work, I deeply thank her for opening the doors of her home and heart to me. Families like her are the reason programs like these are important and the reason I love conducting home visits.

---

**Q16** Please relate a success story here:

In March of 2016, I began to work with a new participant of the Expectant Mothers program. From the beginning, there was a connection with the mother who showed great enthusiasm and interest in the program. She was eight months pregnant, married and had a three-year-old child. The family lived in the same house with her parents, along with the families of her two brothers. After two home visits, the participant gave birth to a beautiful baby boy. The mother followed the tradition of her culture in which she stayed home and accepted no visits from anyone for forty days. We continued to communicate through text messages. After the home visits resumed, the mother shared that she wanted to learn in how to better support her children so they could be successful in life. Recently she had begun to believe she was a terrible mother and was very anxious and stressed over her failure at being a mother. I spoke to her to calm her down and spoke about the difficulties in being a parent. I stressed on how important was her need to change and to be a better parent. I asked her what could be the reason over her worries. She confessed the reason for her stress was her three-year-old son. For weeks he had been throwing tantrums, and his behavior was affecting the entire household. The mother and I began to work on lessons from the curriculum of Nurturing Parenting about discipline. The mother began to listen intently to the lessons and actively participated. During the first lesson, I asked what disciplinary steps were her and her husband taking. She admitted in easily becoming angry and scolding her son. Her husband would discipline their son by spanking him. This would occur daily and would prevent her husband from eating dinner after arriving from work. His tantrums would take over their entire evenings in calming their son. He would angrily throw things, hit them, and would not listen to any family member. She said that the tension between herself, her husband, and the other families living in the house had escalated. The mother would share with her husband what she learned from the lessons and both began to work on changing how they disciplined their child. Though the mother confessed that her husband was not convinced it would work. That it seemed easier for me I was only around the child for an hour a week. I would try to include the child in the home visits by asking him to help me with the lessons, which he would do with much enthusiasm. I would tell the mother not to be discouraged and to continue to invite her husband to work on positive education. I also gave resources on locations for parenting classes. More time passed and the mother shared with me she still became frustrated working with her child, but continued with her decision. The mother was also glad her husband was beginning to change in his parenting style. They both noticed changes in their son. After months of being in the program, I met her husband for the first time. He wanted to meet me and tell me he was thankful. He shared that it had been months since he had last spanked his son. Other family members are personally thanked me for the change in the child. I told them they should be thankful and proud of each other, and of their accomplishment. Changing parenting styles is difficult and they worked very hard. That perseverance made the difference. I encouraged them to continue to work, because change is possible through our actions. We only need to believe in one another.

**Q17** Please relate a success story here:

**Respondent skipped this question**

Page 5: Organizational Information

**Q18** Which category best describes the organization. Please choose only one.

**Service  
Organization**

**Q19** What is the organization's primary program area of interest?

**Children & Families**

**Q20** Percentage of clients served through grant in each ethnic group category. Total must equal 100%

African American	<b>7</b>
Asian/Pacific Islander	<b>1</b>
Hispanic Latino	<b>82</b>
Unknown	<b>10</b>

## S.L. Gimbel Foundation Fund

**Q21** Approximate percentage of clients served from grant funds in each age category.

Children Birth-05 years of age **100**

**Q22** Approximate percentage of clients served with disabilities from grant funds.

Blind & Vision Impaired **1**  
Mentally/Emotionally Disabled **3**

**Q23** Approximate percentage of clients served in each economic group.

At/Below Poverty Level **98**

**Q24** Approximate percentage of clients served from grant funds in each population category.

Families **80**  
Single Parent Families **20**  
LGBTG **2**  
Immigrants **82**  
Students **6**