

Pre-School-U: Implementation Evaluation Findings

A Program by Detroit Public Television



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Introduction

In 2012, the United Way for Southeastern Michigan (UW SEM) was awarded a grant from the Social Innovation Fund (SIF). UWSEM distributed these funds to 11 sub-grantee organizations, all of which aimed to improve school readiness among children, ages zero to five within 10 regions in metropolitan Detroit. Detroit Public Television (DPTV) is a sub-grantee of UWSEM, implementing Pre-School-U: A Program for Parents and Caregivers (PSU). In collaboration with the Interfaith Leadership Council of Metropolitan Detroit (IFLC), DPTV endeavored to address the relationship between poverty, parenting/caregiving, and children's academic outcomes through the PSU program. DPTV aimed to recruit 900 (450 in each of the comparison and treatment groups) low-income parents/caregivers for study participation over the five year implementation period. Broadly, PSU integrates media and a facilitated, educational curriculum for parents and caregivers with the aim of improving children's language, cognitive, socio-emotional, and communication skills.

At the inception of this project, PSU had not been evaluated for its implementation processes, whether its underlying theoretical assumptions are valid, or for its ability to impact participants. Therefore, DPTV partnered with the Michigan Public Health Institute (MPHI) to prepare a sub-grantee evaluation plan (SEP). The study design outlined in the SEP focuses on implementation and formative evaluation prior to evaluating impacts. Specifically, over the five year project period, year 2 was designated as a pilot year, with only process evaluation activities taking place and impact evaluation commencing in subsequent years of the project.

The following report covers the period spanning September 1, 2013 to August 31, 2014 (year 2), and provides an overview of program progress and implementation evaluation findings to date. Findings described provide insight into aspects of study context as well as implementation dimensions such as fidelity and program dosage. Evaluation results are also key to describing specific phases of program implementation, detecting barriers and key success factors, and identifying lessons learned and recommendations for the future. Data sources for the implementation evaluation included observations, key informant interviews, attendance logs, and surveys. While the following narrative provides a comprehensive overview of these methods, information gathered through the evaluation was provided to DPTV and collaborators on an ongoing basis to inform continuous process monitoring and program improvement.

Background

PSU aims to provide caregivers and parents with the knowledge and skills they need to best prepare their children for school. As initially conceived, the intervention consists of six hours of programming (i.e. 6 sessions) with each session focusing on a specific theme. The sessions are carried out by trained peer facilitators from the local community. In each session, caregivers watch a series of video vignettes followed by facilitated discussion. Caregivers are also given an opportunity to practice skills and role play in a safe and open environment. Participants are encouraged to provide praise and support for one another during the sessions.

Pre-School-U integrates elements of Social Learning Theory (SLT) in order to bring about behavioral change. Pre-School-U focuses on constructs central to SLT including observational learning, outcome expectancies, and self-efficacy. SLT also suggests that skill building and self-efficacy can be enhanced by the presence of supportive peers. Thus, Pre-School-U emphasizes the importance of skilled facilitation and participants having the opportunity to give and receive social support.

One of the unique aspects of PSU is that the program is implemented in faith-based settings, which gives the program potential to reach parents and caregivers that are disconnected from traditional educational settings. To execute this aspect of the program, one organization, the Interfaith Leadership Council (IFLC), is responsible for identifying member religious organizations to implement PSU. The IFLC congregation coordinator works with each congregation to identify and provide ongoing support to volunteers who are responsible for facilitating PSU at their respective sites. DPTV also provides an initial orientation and training session to all PSU lay facilitators. In addition, DPTV oversees implementation and provides support to the congregation coordinator.

The logic model, presented in Appendix A, further outlines the mechanisms by which PSU will address the problem of young children's significant under-preparedness for school.

Evaluation Approach

Because PSU had not previously been evaluated for its processes or ability to produce outcomes, the SEP details a multi-pronged approach. The evaluation has two distinct purposes: 1) to refine and describe the PSU curriculum for caregivers and 2) to evaluate its outcomes. To achieve these goals, Implementation and formative evaluation activities focus on exploring program fidelity, including adherence (e.g. content, dose, coverage) and moderators of adherence, such as intervention complexity, implementation facilitation, quality of delivery, participant responsiveness, recruitment, and context. Formative evaluation also strives to identify essential program components as well as outputs and possible covariates.

Implementation Evaluation

The PSU program design gives facilitators a great deal of flexibility in how the curriculum is carried out; as such, it was expected that some adaptations would be made at the ground level. Therefore, the evaluation during the first year of programming (year 2) focused primarily on intervention development. Specifically, evaluation activities were designed to gauge fidelity of implementation. Evaluation of program fidelity plays an important role in intervention development as it includes systematic efforts to review, critique, and revise the theoretical underpinnings and technical ingredients of intervention models.¹ According to the framework for implementation fidelity developed by Carroll and colleagues,² program fidelity can be best understood as adherence, i.e., how closely those responsible for delivering an intervention actually adhere to the intervention as outlined by its designers. Adherence includes

¹ Kazdin, A. E. (1994). *Psychotherapy for children and adolescents*.

² Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation Science*, 2(40), 1-9.

several subcategories such as content, frequency, and duration and coverage. The level of adherence may be moderated by several variables such as the intervention complexity, facilitation strategies, quality of delivery, and participant responsiveness.² This framework suggests that the assessment of fidelity of implementation should also involve the identification of components that are essential for the intervention to produce the intended outcomes. Similar to what others have done,³ recruitment and context will be assessed as additional moderators.

The evaluators employed a qualitative case study design in which observation of the program in operation and interviews formed the principle means of data collection. Trained observers from the evaluation team spent time observing program implementation over the course of one year. To supplement observations, program facilitators also participated in key informant interviews. Other information, such as participant attendance and facilitator satisfaction with training provided, was collected via attendance logs and surveys.

The evaluation team initially adopted a troubleshooting strategy with the goal of providing timely feedback to program developers⁴. Systematic data collection was followed by rapid analysis for key themes, such as those reflecting elements of the PSU model, its theoretical basis, and prescribed program procedures. Other themes included program successes and barriers. Results and recommendations were provided to program stakeholders on an ongoing basis in order to equip them to remedy problems and refine programming.

After the first iteration of PSU, the program was significantly modified. The evaluation team had planned to conduct additional qualitative data collection in order to provide an analysis of the program once it reached stability. This second phase of the evaluation did not occur as data collection was reduced after the sub-grantee announced that it would be leaving the SIF. Therefore, the findings included in the current report are limited to the results of the rapid data collection and feedback which were provided to stakeholders as part of the troubleshooting strategy.

Impact Evaluation

Following implementation evaluation, the SEP outlined impact evaluation was planned to commence in year 3. Impact evaluation was to utilize a quasi-experimental design to evaluate PSU in terms of its anticipated program impacts (i.e. kindergarten readiness) as well as those specified in the program logic model (see Appendix A). To maximize the ability to make causal inferences about PSU and observed outcomes, the evaluation design was to include pre-post testing, matched comparison groups, and triangulation of data sources. Sampling and group assignment would be done at the congregation-level.

To build a moderate level of evidence supporting PSU by year 5, this evaluation planned to utilize a between-group quasi-experimental design to evaluate anticipated program impacts as specified by the

³ Hasson, H. (2010). Systematic evaluation of implementation fidelity of complex interventions in health and social care. *Implement Sci*, 5(1), 67.

⁴ Chen, H. T. (Ed.). (2005). *Practical program evaluation: Assessing and improving planning, implementation, and effectiveness*. Sage.

logic model. These impacts relate to the program’s ability to increase caregivers’ knowledge, self-efficacy, social support, stress, and positive interactions which promote school readiness.

Since it is not feasible to randomly assign sites to serve as control groups, a quasi-experimental design would have offered the strongest analyses for building a moderate level of evidence for PSU effectiveness. To carry out this plan, PSU would incorporate sites on a rolling basis (e.g. new sites begin PSU). As seen in Table 1, 20 new congregations would have be added each year with 10 serving as the intervention group and 10 serving as the comparison group.

Table 1. Impact Evaluation Sampling Schedule

Congregation	Year 3	Year 4	Year 5
1-10	Treatment		
11-20	Comparison		
21-30	Treatment		
31-40	Comparison		
41-50	Treatment		
51-60	Comparison		

Data Collection and Measurement

For implementation evaluation occurring in year 2, evaluators utilized a qualitative case study design in which observation of the program in operation and interviews formed the principle means of data collection. Case study methods sought to provide a holistic picture of the implementation of PSU. Most importantly, the evaluators used case study methods as a formative evaluation approach whereby findings from observations and key informant interviews were rapidly fed back to programmers so that information could be used for program improvement.

Observations. Trained observers from the evaluation team spent time observing the program implementation over the course of one year. Observations provided an opportunity to systematically describe events, behaviors, and other characteristics occurring during PSU implementation within the social setting in which it occurred. Further, the observations focused on the extent that facilitators were prepared to implement the program with respect to strategies consistent with Pre-School-U’s theoretical underpinnings. These facilitation strategies include providing participants with opportunities to practice skills, conducting role plays, facilitating problem-solving, and encouraging mutual support. Observation also helped inform the development of questions for subsequent key informant interviews. Two observations took place in the Fall and early winter of 2013 during the first cycle of PSU implementation at two different congregations within the SIF regions. Two additional observations occurred during the Spring of 2014 at one preschool location, outside of the SIF regions, to help inform ongoing program development.

Key Informant Interviews. Key informant interviews with program facilitators occurred following PSU implementation. Interview questions were open-ended and focused on program fidelity, adaptation, and outcomes/impacts. Interviews tended to last about 45 minutes and were

conducted via phone. Evaluators received IRB permission to waive documentation of consent; therefore, participants provided verbal consent. Evaluators conducted three interviews with program facilitators at each initial implementation site in late December, 2013 and early January, 2014. The program facilitator for PSU at the preschool location also participated in informal, ongoing discussion with evaluators after implementing several of the PSU sessions. This provided an opportunity for, both, evaluators and program facilitators to maintain an ongoing exchange of information with one another.

Attendance Logs. Attendance logs were maintained for each session of PSU to assess participant engagement, program dosage, and the general composition of program participants.

Intake Forms. Intake forms provided demographic information such as age, gender, and race. In addition, participants were asked to indicate their caregiver role (i.e. parent, grandparent, foster parent, etc.)

Meeting Notes and Quarterly Progress Reports. Notes from program staff meetings and sub-grantee quarterly progress reports were collected and used to understand implementation barriers at an administrative level.

Evaluation Findings

Timeline of Program Implementation

To provide the reader with a sense of context, a timeline of program implementation is provided. In preparation for PSU implementation, facilitator training occurred on September 23, 2013 and included seven congregation facilitators, representing four congregations.

Following training, PSU implementation began in the Fall of 2013 at three religious congregations located within the SIF target zip codes. Implementation sites included: the Muslim Center of Detroit, Christ the King Catholic Church, and the Palmer Park Ward of the Church of Jesus Christ of Latter Day Saints. Two out of the three congregations completed the 6 planned PSU sessions (1 hour each) by the end of January 2014. One congregation, however, only implemented 3 sessions within this timeframe due to significant challenges with recruitment and retention.

Once the first round of implementation was completed, implementation evaluation findings were reviewed and used to inform program modifications during January and February of 2014. The modified 3-session PSU curriculum was then piloted at PerrinVille preschool located in Livonia, Michigan. Although this site is not located in the SIF target regions, it afforded the opportunity to further pilot and refine programming without influencing the number of participants who could participate in PSU during the impact evaluation.

In April, 2014, DPTV began discussions to leave the SIF portfolio. The decision to shift from previous plans to focusing on working to sustain the program after federal funding ends was made. To pilot a fee-for-service model, implementation was extended to Head Start centers. In preparation for this 2nd cycle of PSU implementation within SIF regions, facilitator trainings were conducted and included 25 facilitators from Wayne Metro Head Start centers. The trainees included 4 facilitators from 2 SIF-funded sites. The 2nd training for congregations was held on April 29th and included 7 congregation facilitators from three congregations.

Following these trainings, 2 Head Start centers and 4 congregations located within SIF-funded zip codes implemented the revised 3-session PSU curriculum.

PSU Facilitator Training

The intent of the facilitator training was to prepare facilitators for implementation of PSU. Evaluators observed the training provided to seven congregation facilitators. In addition, the facilitators were asked to complete a satisfaction survey after the training completion. Overall, the facilitators' evaluation of the training was favorable. The majority felt the training was taught at the right level (100%), that the length of the training was appropriate (86%), and that the training was "good" (57%) or "excellent" (43%). As a result of the training, 14% strongly agreed and 71% agreed that they felt confident in their ability to facilitate PSU sessions. Results from the evaluator's observations indicated that more preparation in the area of facilitation may be needed. Specifically, the evaluators suggested that greater emphasis be placed on training the facilitators to provide problem-solving activities and skill building opportunities during their implementation of PSU. In addition, little attention was paid to recruiting

hard-to-reach populations during the trainings. The majority of recruitment strategies which were discussed relied on in-tact networks of parents/caregivers within the congregation setting. The evaluators expressed concern those parents/caregivers most in need of PSU would not be reached unless more targeted recruitment strategies were adopted. These suggestions were provided to the congregation coordinator who provided ongoing support to each of implementation sites.

Following the first cycle of PSU implementation, facilitators also provided feedback on the trainings during key informant interviews. During the interviews, facilitators were asked how they felt the training did or did not prepare them for implementation of the program. All interview participants reported that the training was informative, easy to understand and useful for implementing PSU. Interview participants felt that the materials were clearly explained and facilitators were satisfied with the training overall. After attending the training, however, all three participants reported feeling as though they did not understand fully the nature and extent of PSU programming. This was a significant barrier when trying to describe the program to prospective participants and portray the program in a convincing way. Additional training and/or materials may have been helpful to facilitators in marketing more effectively and generating excitement around the program. All three facilitators reported to work or had worked in educational settings and felt that more extensive training may be needed for those without this professional background. In particular, facilitators noted the great importance of understanding how to incorporate interactive activities throughout the program and noted additional ideas for hands-on/physical activities should be described during training.

After the initial round of implementation, and further program piloting at Perrinville preschool during the winter months, a second round of trainings were conducted with 28 trainees from Head Start Centers and 7 trainees from congregations. Training participants were asked to complete a survey consisting of the following domains: 1) Satisfaction with training 2) Understanding of the Pre-School-U Curriculum, 3) Perceived benefit of program 4) Self-efficacy to implement Pre-School-U, and 5) Anticipated Barriers. On average, the results suggest that Head Start participants were generally satisfied with all aspects of the training. Participants were particularly satisfied with the presenter's preparedness and ability to effectively communicate, as well as the level of instruction.

Most participants either agreed or strongly agreed to understanding the goals of Pre-School-U after completing the training. Similarly, the majority agreed or strongly agreed that the program will be of benefit to the parents and caregivers within their communities. The majority of participants reported to be somewhat or very confident that they could successfully implement the program at their sites. Participants felt strongest in their abilities to facilitate workshops in an interactive fashion (imparting knowledge, leading discussion, and facilitating skill-building activities), but were slightly less confident in the area of recruiting parents and caregivers.

Two themes emerged regarding anticipated barriers to implementation. The first theme related to recruitment and retention with six comments falling into this category. Comments expressed concerns in getting parents and caregivers to enroll and maintain participation throughout the duration of the program. Cultural appropriateness and language barriers constituted a second theme which included three comments. These participants expressed a need for materials to be translated into Arabic and related difficulties associated with having to deliver the program in two languages simultaneously.

Observations confirmed that the training session was well-organized, clearly presented, and highly interactive. The trainees appeared to be very engaged and the facilitators were proactive in helping trainees problem-solve around implementation concerns unique to their diverse settings.

Recruitment & Retention

Following training, facilitators were charged with recruiting parents and caregivers for participation in PSU. In total, 88 parents and caregivers were recruited into PSU. Participant characteristics are displayed in table 1. The vast majority of participants were female (84%). PSU attracted diverse age groups with 33% of participants in their twenties, 25% were ages 30-39, and 33% aged 40 and above. The average participant age was 39. The racial composition was largely Black, which represented 58% of parents and caregivers. The majority of participants indicated to be a parent (72%) or a grandparent (16%) of a pre-school aged child.

Table 1
PSU Participant Characteristics (N=88)

Variable	N	%
Gender		
Male	14	84%
Female	74	84%
Age (Mean=39)		
20-29	29	33%
30-39	22	25%
40-49	13	15%
50-59	2	2%
60 and over	14	16%
Missing/Refused	8	9%
Race		
Black	51	58%
White	14	16%
Hispanic	6	7%
Native American	1	1%
Other	12	14%
Missing/Refused	4	5%
Relationship to Child		
Parent	63	72%
Grandparent	14	16%
Aunt	3	4%
Other	3	4%
Missing/Refused	5	6%
Location		
Congregation	57	65%
Head Start	31	35%

The evaluators monitored recruitment and retention closely in order to determine the extent that the program will be able to recruit and retain the number of participants required for future impact evaluation. In order for the planned impact evaluation to achieve its analytic goals, each implementation of PSU would need to recruit and retain 15 parents/caregivers and to retain 80% of participants in all of the offered sessions. Table 2 summarizes recruitment and retention results for the 3 sites implementing PSU during the fall and the 6 sites, which implemented the refined program during the spring months. During the fall cycle, the 3 sites implementing PSU recruited an average of 8 participants into the program. The mean number of sessions attended (dose received) was 1.3 of 6 planned sessions (dose administered). Looking at dose-received another way, the average participant received 26% of the program. No participants during the fall cycle received all 6 sessions. During the 2nd cycle of implementation with the 3-session format, both recruitment and retention improved. The average number of recruited participants increased from 7.7 to 10.8 and the dose received increased from 26% to 70% of the available programming. However, only 42% of parents/caregivers were retained in all workshop sessions.

Table 2

Recruitment & Retention by Implementation Cycle

Cycle	# of Sites	Avg. # Participants per Site	Avg. # of Sessions Attended	Mean % of Sessions Attended	% Attending All Sessions
Fall (6 Workshop Format)	3	7.7	1.3	21%	0
Spring (3 Workshop Format)	6	10.8	2.1	70%	42%

Table 3 displays the number of participants recruited, the average number of workshops attended per participant, the mean percent of workshops attended per participant, and the percent of participants attending all workshops. The most successful implementation with respect to retention and recruitment was the Church of Latter Day Saints (LDS) in Palmer Park in their 2nd round of PSU. This site recruited 16 parents/caregivers with the average participant attending 2.6 of the 6 workshops which were offered. Of the 16 participants, 69% attended all three workshops. None of the implementation sites were able to achieve the target recruitment and retention rate.

Table 3**Recruitment & Retention by Implementation Site**

Site	# of Participants Recruited	Avg. # of Sessions Attended	Mean % of Sessions Attended	% Attending All Sessions
Fall Cycle (6 Session Format)				
LDS Palmer Park	11	1.6	27%	0%
Christ the King Church	6	1.0	17%	0%
Muslim Center	6	1.0	17%	0%
Spring Cycle (3 Session Format)				
LDS Palmer Park	16	2.6	85%	69%
Wayne Metro Head Start Hamtramck	16	2.3	77%	50%
Wayne Metro Head Start Courtland	15	1.1	38%	0%
St. Johns Presbyterian Church	9	2.6	85%	67%
Calvary Presbyterian	6	2.3	78%	33%
Christ the King Church Round 2	3	1.0	33%	0%

As these data indicate, recruitment and retention posed significant problems during the first cycle of implementation as no sites were able to recruit and retain the number of participants which would be required for impact evaluation. To inform program improvement, facilitators were asked to describe their recruitment efforts, including what they found to be successful and areas for improvement. Facilitators reported using multiple methods for recruitment such as announcements during religious functions and on Facebook, flyers, one-on-one interactions, etc. Despite the multiple tactics employed, facilitators found recruitment and retention to be extremely difficult and the biggest barriers to program implementation.

Complicating recruitment efforts was the fact that program logistics were confirmed too close to the actual PSU start date (i.e. participants and facilitators had little time to plan). Further, facilitators felt that materials, ideas, and time for marketing the program were insufficient for effectively communicating the nature and purpose of PSU to prospective participants.

As facilitators marketed the program, it became apparent that calling PSU a “parenting program” was intimidating or a turn-off to prospective participants. Facilitators felt participating in a “parenting program” implied that something may be wrong with participants’ current caregiving skills. Additionally, facilitators felt that six sessions may have been too many and deterred participants. Program incentives also may not have been sufficient for attracting participants.

Facilitators felt recruitment efforts were not successful for reaching those individuals in greatest need for a program like PSU; therefore, PSU was not believed to be reaching its intended audience. Facilitators reported that those who did attend were already competent in their caregiving skills and, thus, became disinterested with program content quickly. Participants wanted PSU to add something additional to their existing skill set; facilitators felt the program was not designed to appeal to those at a higher level of skill.

Some of those who agreed to participate during recruitment did not show up at the start of implementation. Facilitators reported these individuals expressed concerns regarding childcare and discomfort with bringing their children to PSU sessions. While transportation could have been arranged for participants, one facilitator noted this program feature was not well-communicated or understood among participants.

Analysis of notes from program staff meetings and communications between DPTV and the evaluators indicated that many of the aforementioned challenges were attributed to a lack of capacity on the part of the IFLC. Indeed, the IFLC was responsible for employing and supervising the congregation coordinator whose job it was to support each site in their implementation of PSU. From DPTV's perspective, based upon the coordinator's interview and professional experience, this individual was well equipped to address these issues but did not provide the level of assistance which was needed. The congregation coordinator then resigned before the first cycle of implementation was complete, which further limited IFLC's ability to support PSU's implementation.

Exploration of these challenges helped to inform strategies for improving recruitment and retention after the first cycle of PSU. Suggested improvements included:

- Marketing and reframing PSU as something other than a "parenting program";
- Creating additional promotional materials, e.g. pamphlets, cards, testimonials from past participants;
- Delivering PSU content over fewer sessions and exploring different delivery times and spacing of sessions (e.g. 1x/month over a semester) or even as an after school program;
- Offering the PSU at the beginning of the Fall, when people are preparing for school, or in the Spring/Summer, when the days are longer;
- Recruiting caregivers through a Head Start in the neighborhood;
- Targeting additional populations (e.g. college students studying early childhood education or high school seniors would increase participation); and
- Offering incentives and/or toolkits for participants to practice learnings more easily at home.
- Strengthening the partnership between DPTV and IFLC

During program refinement which occurred before the second cycle, program developers incorporated much feedback generated from formative evaluation which may have contributed to the improved rates of recruitment and retention. During this cycle, qualitative data collection did not occur since DPTV announced that they would be departing as a SIF sub-grantee.

Program Components and Format

Observations and facilitator interviews also captured strengths and areas for improvement with respect to the program format, curriculum, and delivery. Observations and facilitator interviews suggested adequate adherence to the PSU curriculum as all adhered to the following prescribed format:

- Review former week's lesson (if applicable);
 - Review how participants used what they learned;

- Group problem-solving around challenges experienced;
- Introduce new topics to be covered in this week’s session;
- Alternate between showing video vignettes using the iPad (and CD rom) and facilitating discussion with program participants;
- Provide practical, hands-on examples of activities discussed in the videos throughout the session;
 - Participants come up with ideas for activities;
 - Participants practice activities (on their own);
 - Participant practice activities (with their children).

Several factors were successful for engaging participants during the program sessions. The most commonly cited and observed strategy for engaging participants was using interactive activities throughout the sessions. Facilitators expressed a strong desire to receive more guidance around and ideas for supplementing the curriculum with more activities that were both hands-on and physical. Facilitators wanted more interactive activities so they could not just *show* participants the program content, but have them learn by *doing* it. Hands-on activities were also important as icebreakers, in getting people more comfortable to be participating, and as a fun element of the session.

For those groups who had children present, involving the children in the conversation and doing interactive activities was successful in getting participants to engage more fully. Sharing something funny or breaking the ice was important for getting participants to feel more comfortable. Facilitators drew on their own anecdotal experience as parents and/or grandparents. One facilitator reported asking parents/caregivers about how they were cared for as a child was also successful in getting people to participate, especially if a mother and grandmother attended the sessions together. Facilitators used the environment to play games and challenge participants to create new mechanisms for teaching their child (e.g. eye spy).

Facilitators found co-facilitators to be an important way to administer the program as one person was able to walk around and further engage participants while the other was teaching. Having a co-facilitator also provided additional examples/anecdotal evidence to share during the program. Having a co-facilitator from the community was felt to be especially important for one facilitator who was of a different demographic composition and community than the participants.

One facilitator noted that participants responded very well to the informal time after class and hung around to chat and share. The facilitator felt participants may have been nervous before and during the session, but noted participants were more likely to share once they were warmed up and felt less “conspicuous.” Engaging with the participants by sitting with them rather than standing, increased participants’ comfort and willingness to participate. Facilitators supplemented the curriculum with several additional activities (e.g. using the refreshments to build things or create shapes) as well as materials (e.g. welcome packet, program notebook, etc.).

Important components of the Pre-School-U program were the video vignettes. Facilitators were trained on the iPad to display the vignettes and felt the training was clear and informative. The iPads themselves were generally reported as being easy to use, although some found them more useful than others. One

facilitator felt the iPad was an unnecessary tool. Facilitators reported showing all the vignettes as it was unclear as to whether they were to select only certain videos to show or were required to show all.

Intervention participants represented a diverse group and, while no specific comments were made by participants, the facilitators felt the vignettes were culturally appropriate and relevant. Some reported challenges facilitators expressed with respect to showing the vignettes included redundancy with videos and the ability to show the vignettes more easily in a different order as some videos from the different sections seemed related to others.

One facilitator did not like the fact that the facilitator questions appeared on the screen after the video and it would be nice to have a DVD with just the vignettes and to use the iPad only as a teaching tool for the facilitators. Some technical issues revolved around the HDMI cord being too short for one facilitator and another reported having to bring in her own TV to the church every week, as the church did not have one that was compatible with the HDMI cord. One facilitator reported having difficulties with the vignettes presented in session 2 skipping and another felt the vignette where the child and father are playing a game with his wallet was inappropriate.

There were some barriers with respect to participant engagement. Intervention participants seemed nervous during the refreshment period and formal instruction time; after the session, however, they spoke informally for a long time after each session. Facilitators thought more informal time might be helpful.

As participants were most engaged while doing hands-on activities, the program curriculum should involve a great deal more interactive activities to engage participants and break the ice. To increase participation, it is important for facilitators to ask challenging questions to stimulate critical thinking. Participants also appeared to agree with everything the facilitators said and reported they were already doing the things the facilitators described; this may have been an indication that participants did not feel comfortable sharing honestly about their caregiving practices.

During the initial round of implementation, having a different group at each session and inconsistent participation limited participants' willingness to participate and share and continues the theme of feeling comfortable as a group. Facilitators also reported that those most in need of the intervention generally were not present. As the facilitators prepared for the sessions some became overwhelmed with the amount of responsibility and felt more time to prepare for and market the program would have been beneficial. Further, have more "team" members planning and implementing Pre-School-U may help distribute the responsibilities more. Consistent participation during the second iteration of implementation seemed to improve participants comfort level with one another and their willingness to share and provide social support.

Lessons Learned & Program Modifications

Evaluation findings were shared with DPTV and collaborators on an ongoing basis to inform improvements to PSU. Over the first year of implementation, the following modifications were made to strengthen programming:

- Recruitment and retention of participants was PSU's biggest challenge. To address the challenge of recruitment and retention, the curriculum was revised so that it can be presented in a shorter amount of time (e.g. 3 hours of programming). The curriculum content was reordered and additional activities added. DPTV believes that these curriculum changes will better draw people into the conversations. In addition, a new congregations coordinator who has extensive background in participant recruitment and retention was hired to better assist the congregations in this area. The congregation coordinator instituted one-on-one meetings with each congregation which focused on developing stronger recruitment and retention plans. In addition, program facilitators were encouraged to send text messages to participants for the purpose of engaging them in PSU between sessions. The IFLC also developed a recruitment flyer which could be customized by each congregation and assisted with printing and distribution. It was hoped that these efforts will enable the project to meet its recruitment and retention goals.
- The observation found that the training was lacking in facilitation strategies that included, providing participants with opportunities to practice skills, conducting role plays, facilitating problem-solving, and encouraging mutual support. In response, additional training materials were developed and provided to facilitators. In addition, the program coordinator provided one-on-one training to each facilitator to ensure they were comfortable with employing these strategies during implementation.
- Interviews with program facilitators revealed that they felt overwhelmed with all elements of the project including recruitment, retention, facilitation, workshop logistics, and program evaluation. In response, DPTV created additional training materials including an implementation manual. In order to reduce the burden of program facilitators, DPTV suggests that congregations identify several individuals to fill the various roles associated with program implementation. The new implementation manual includes descriptions of these roles and also provides recruitment strategies.
- DPTV piloted the revised program (revisions described above) at a Head Start in Livonia during the month of March. While concerns persist around program dosage and theory with the revised curriculum, changes have been made to strengthen the training and implementation manual to include more problem-solving activities, role-plays, and opportunities to practice new skills and receive feedback.

Appendix A. PSU Logic Model

