Region of Waterloo Public Health and Emergency Services

Child Health Fair Summary and Evaluation, 2014

Child and Family Health

Prepared by: Information and Planning
Child and Family Health
Region of Waterloo Public Health & Emergency Services
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Acknowledgements

Thank you to the dedicated staff and volunteers who have supported the Child Health Fairs since 2003. Your input to the Child Health Fair Summary and Evaluation, 2014 has provided valuable insights and suggestions for future program planning. Thank you to the parents/caregivers who took time to provide their valuable feedback through a feedback form and through a follow-up telephone survey.

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1.0 Introduction and Background

Child Health Fairs (CHFs) were developed in 2003 through a partnership between Region of Waterloo Public Health and various community organization. Currently, CHFs are organized and supported by the Healthy Growth and Development Team of the Child and Family Health Division of Public Health and Emergency Services (ROWPHE).

CHFs are free community events held approximately six times per year with the purpose of supporting the growth and development of children between the ages of birth and six years. At the CHFs, a variety of service providers from across Waterloo Region collaborate by coming together at one location to provide developmental screening and child development and health information to parents/caregivers of children under the age of six.

CHFs are offered as part of ROWPHE’s mandate under the Ontario Public Health Standards to “facilitate access and support for families to complete screening tools to monitor their child’s health and development, and provide a contact for families to discuss results and arrange follow-up” (Ontario Public Health Standards, 2008). The long term objectives of CHFs are to increase the number of children in Waterloo Region who achieve optimal growth and development and to increase the number of parents able to adopt healthy parenting behaviours. Please refer to Appendix A for the CHF Logic Model. The short term objectives of the CHFs are:

- Increase the number of children screened (Nipissing Screens, dental screens, NutriSTEP® screens, speech screens, vision screens)
- Increase linkages between parents and community services
- Increase caregiver awareness of community services
- Increase caregiver knowledge regarding healthy child development
- Increase access to services for rural and ethno cultural families and children
- Decrease barriers such as transportation and language
- Increase the number of linkages made between community agencies
- Increase awareness amongst community service providers regarding services provided

In 2014, the Child and Family Health Division of ROWPHE undertook an evaluation of the CHFs in order to inform future program planning. The evaluation was designed to provide a summary of program activities for 2014 and to evaluate achievements toward achieving short term objectives. Evaluation questions were created to evaluate the achievements of the CHFs toward the program’s short term objectives. The first two evaluation questions compare attendance, screening, and referral data from 2014 with the previous five years. The remaining evaluation questions use data from 2014 only. The following are the evaluation questions for this report. In 2014…
1. How does the attendance and number of developmental screens completed at the CHFs compare with the previous five years?
2. Were parents/caregivers linked with community services as a result of attending CHFs?
3. Did parents/caregivers report an increase in awareness about community services attributed to attending CHFs?
4. Did parents/caregivers report an increase in knowledge about healthy child development attributed to attending CHFs?
5. Did families from rural neighbourhoods and ethno cultural families attend CHFs?
6. Did families from priority neighbourhoods attend CHFs?
7. Did staff and volunteers report an increase in awareness and linkages to other community service providers?

1.1 Purpose of Report
The purpose of this report is to:

1. Provide a summary of the CHF program in 2014, including parent satisfaction and a summary of staff and volunteer suggestions for how to improve the CHFs in the future,
2. Evaluate the achievements made by the CHFs in 2014 toward the program’s short term objectives and make recommendations for future program planning based on the results of the evaluation.

This report will provide a brief description of the CHFs followed by an outline of the evaluation plan and methodology. The report will then summarize results, beginning with a summary of the 2014 program activities, parent satisfaction, and staff and volunteer suggestions for how to improve CHFs in the future. This will be followed by the results of the evaluation related to each evaluation question. Finally, the discussion and conclusion sections will look at the implications of the results and provide recommendations for future planning.

1.2 Description of Child Health Fairs
Promotional flyers for the CHFs are mailed to schools located near an upcoming CHF so that schools can send the flyers home with children under the age of six. Flyers are also sent to all Physicians, child care centres, Ontario Early Years Centres (OEYCs) and major pharmacies in Waterloo Region. The Waterloo Region Peer Health Worker program as well as churches near the CHF location are also sent promotional flyers and provided with information about the CHF.

Various types of screening and information are offered to families that attend the CHFs. At each CHF, children are offered screening using the Nipissing District Developmental Screening (ndds) checklist with a Public Health Nurse, Infant Child Consultant or another qualified professional from a community partner organization. Families are also
offered screening with a Dental Hygienist and a Public Health Nutritionist from ROWPHE. In 2014, the Healthy Babies Healthy Children (HBHC) Screen was also introduced by Public Health staff as another potential screen for referral to the HBHC program. When referred during developmental screening, families also meet with a Speech/Language Pathologist from KidsAbility. Vision and hearing screens were offered in previous years but were not offered in 2014. Interpreters are provided for families who need assistance with translation and the ndds is also available in five different languages (English, French, Spanish, Chinese, and Vietnamese).

At CHFs, families are scheduled for appointment times by a pre-registration process (walk-ins are also welcomed). When the family arrives at their appointment time, they are given a screening tracking form and then invited to meet with developmental screening staff (e.g. Public Health Nurse, Infant Child Consultant, etc.) for developmental screening. The specialist checks to see that the child is reaching his or her developmental milestones and provides the parent/caregiver with relevant education and referrals if necessary. Parents/caregivers also receive a copy of the ndds for their child’s next developmental stage to be used by the parent/caregiver later. Following the developmental screening, the family is invited to complete other screening available at the CHF (e.g., dental, nutrition, speech). There is also a display area where information booths are set up by a variety of community organizations to provide information to parents/caregivers related to services available to families.

Locations for CHFs are selected to increase accessibility of the fairs by priority populations and families from various locations across the Region of Waterloo. Priority populations for the CHFs have been identified through the A Community Fit for Children, 2012 (Ramagnoli, 2012) definition of neighbourhoods with the highest percentage of children scoring low in two of more domains of the Early Development Instrument (EDI). The EDI is used to measure how ready Senior Kindergarten children are for school learning (Ramagnoli, 2012). The EDI measures population level data on readiness to learn in five child development domains. The domains are: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. Because of its focus on child development, the EDI domains are used to prioritize neighbourhoods for CHFs. Refer to Appendix B for a map showing the 10 Waterloo Region neighbourhoods that have the highest percentage (between 19.7% and 29.6%) of children that scored low on two or more child development domains. These neighbourhoods are considered priority neighbourhoods for the CHFs.
2.0 Evaluation Plan and Methodology

2.1 Evaluation Plan

Summary of CHFs

The following data sources were used to provide a summary of program activities, parent/caregiver satisfaction and staff and volunteers suggestions for improving the CHFs:

- CHF screening and tracking form and the 2014 quarterly reports (provide demographic information about children and families that attended the CHFs),
- Parent/caregiver feedback forms (provide additional demographic information, along with how families heard about the CHFs, if they have a family doctor, if they had heard of the 18 month checkup, if they had taken their child for an 18 month checkup, and parent/caregiver level of satisfaction.)
- Staff and volunteer tracking form (provide information on the number of staff that attended the CHFs and what organizations they were from)
- Staff and volunteer feedback forms (provide information on how many staff and volunteer had attended a CHF before, their reason for returning, and their suggestions for how to improve the CHFs in the future).

Evaluation of Achievements toward the CHFs’ Short Term Objectives

Table 1 provides an overview of each program component and program objective and the related evaluation questions. The table also outlines the source(s) of data that were used to answer each evaluation question. In order to answer the first two evaluation questions, data from 2009 to 2014 was used to compare attendance levels, number of screens, and number of referrals completed between 2009 and 2014. To answer questions three to seven, data was used from 2014 only. A description of each data source follows in section 2.2.

Table 1: Evaluation Questions and Data Sources

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Program Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Screening</td>
<td>Increase the number of children screened (Nipissing Screens, dental screens, NutriSTEP® screens, speech screens, vision screens)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Question: In 2014...</th>
<th>Source(s) of Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How does the attendance and number of developmental screens completed at the CHFs compare with the previous five years?</td>
<td>2009-2014 CHF Quarterly Reports</td>
</tr>
</tbody>
</table>
| Community Resource Linkages | Increase linkages between parents and community services | 2. Were parents/caregivers linked with community services as a result of attending CHFs? | 2009- 2014 CHF Quarterly Reports  
Parent/Caregiver Follow-up Telephone Survey |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014 only</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Community Resource Linkages | Increase caregiver awareness of community services | 3. Did parents/caregivers report an increase in awareness about community services attributed to attending CHFs? | Parent/Caregiver Feedback Form  
Parent/Caregiver Follow-up Telephone Survey |
| Education                   | Increase caregiver knowledge regarding healthy child development | 4. Did parents/caregivers report an increase in knowledge about healthy child development attributed to attending CHFs? | Parent/Caregiver Feedback Form  
Parent/Caregiver Follow-up Telephone Survey |
| Community Outreach          | Increase access to services for rural and ethno cultural families and children  
Decrease barriers such as transportation and language | 5. Did families from rural neighbourhoods and ethno cultural families attend CHFs? | 2014 CHF Screening and Tracking Form |
| Community Partnerships      | Increase the number of linkages made between community agencies  
Increase awareness amongst community service providers regarding services provided | 7. Did staff and volunteers report an increase in awareness and linkages to other community service providers? | Staff and Volunteer Feedback Form |
2.2 Sources of Data

There are five sources of data used to summarize program activities and answer the evaluation questions for this report: the 2014 CHF screening and tracking database and 2009-2014 CHF quarterly reports, parent/caregiver feedback form, parent/caregiver follow-up telephone survey, staff and volunteer feedback form, and staff and volunteer tracking forms.

i. 2014 CHF Screening and Tracking Database and 2009 to 2014 CHF Quarterly Reports

At the CHFs, families were provided a screening tracking form that is used to record screening results as well as basic demographic information. Child and Family Health staff compile this information in a tracking database. The screening and tracking database contains attendance, screening, postal code, and demographic data, along with referrals made to community services for children screened at the CHFs. Data from the screening and tracking database is compiled into CHF quarterly reports and shared back to the program area and management. The quarterly reports from 2009 to 2014 provide a summary of the data for each year.

ii. Parent/Caregiver Feedback Form

For 2014, the parent/caregiver feedback form was enhanced with additional questions to collect information related to the evaluation questions. Parents/caregivers were also asked if they would like to complete a follow-up telephone survey. Please refer to Appendix C for a copy of the parent/caregiver feedback form. The parent/caregiver feedback form was given to each parent or caregiver with the screening tracking form and they were asked to complete and return the feedback form prior to leaving the CHF.

The feedback form collected basic demographic information, if they learned something new about their child’s development or services available for their family, and how likely they were to use the information. The feedback form also asked how they usually find information, how they heard about the CHF, and if they had taken their child to the 18 month checkup.

Parents/caregivers were also asked to rate their level of satisfaction with four aspects of the CHF. Satisfaction was rated between one (Very Dissatisfied) and five (Very Satisfied):

a) Overall, how satisfied are you with the CHF staff’s ability to answer your questions?
b) Overall, how satisfied are you with how easy it is to register for the CHF?
c) Overall, how satisfied are you with the screening provided at the CHF?
d) Overall, how satisfied are you with the location of this CHF?
iii. Parent/Caregiver Follow-up Telephone Survey

Parents and/or caregivers that indicated on their feedback forms that they would like to complete a telephone follow-up survey were called approximately four months after the CHF they attended. The telephone follow-up survey took about five minutes to complete and provided additional information about the knowledge gained and services accessed by families. Please refer to Appendix D for a copy of the telephone follow-up survey.

iv. Staff and Volunteer Feedback Form

At the end of each CHF, a staff and volunteer feedback form was distributed to each staff and volunteer that attended the CHF. Please refer to Appendix E for a copy of the staff and volunteer feedback form. The feedback form collected information about why partners participate in the CHF, whether the CHF met their expectations, and their feedback on how to improve future CHFs. Note that staff and volunteer feedback forms were not distributed at the May CHF.

Staff and Volunteers were also asked to rate their level of agreement with four statements about the CHF. Staff and volunteers rated their level of agreement from one (Strongly Disagree) to five (Strongly Agree) with the following statements:

a) At the fair, I was able to network with other community service staff.
b) From the fair, I have become more aware of the services provided by other community agencies and programs.
c) This fair was in a convenient location for our organization.
d) The fair was a great place to promote our services and programs.

v. Staff and Volunteer Tracking Forms

Staff and volunteer tracking forms are used for each CHF to track how many staff and volunteers are registered to provide screening, work at information displays, and support registration. The 2014 tracking forms were reviewed to see how many staff and volunteers attended each of the CHFs and to compile a list of what organization attended.

3.0 Results Part 1: Summary of Child Health Fairs in 2014

This first part of the results sections will provide a summary of CHFs in 2014 including information about attendees, parent caregiver satisfaction, information about staff and volunteer attendees, and staff and volunteer recommendations for improving the CHFs.
3.1 Attendance, Children Screened, and Location
In 2014, there were six CHFs scheduled. The rural CHF that was scheduled for October in Wellesley was cancelled due to low registration for that event. For the five CHFs that were held, 224 families, with a total of 261 children attended the CHFs. Of these children, 239 were screened at the CHFs. Table 2 shows how many families and children attended each of the five CHFs in 2014 and how many children were screened at each CHF.

Table 2: Number of Attendees and Children Screened by CHF Location, 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Families Attended</th>
<th>Children Attended</th>
<th>Children Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 30, 2014</td>
<td>Noel Chabanel French Catholic School, Cambridge</td>
<td>21</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>March 21, 2014</td>
<td>YMCA Ontario Early Years Centre (OEYC) - Roger Street, Waterloo</td>
<td>99</td>
<td>110</td>
<td>100</td>
</tr>
<tr>
<td>May 14, 2014</td>
<td>St. Daniel Elementary School, Kitchener</td>
<td>40</td>
<td>52</td>
<td>49</td>
</tr>
<tr>
<td>September 18, 2014</td>
<td>St. Bernadette School, Kitchener&lt;sup&gt;1&lt;/sup&gt;</td>
<td>24</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>October 16, 2014</td>
<td>Wellesley Public School, Wellesley: Cancelled due to low registration</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>December 5, 2014</td>
<td>Our Place Family Resources and OEYC, Kitchener</td>
<td>40</td>
<td>45</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>224</td>
<td>261</td>
<td>239</td>
</tr>
</tbody>
</table>

3.2 Demographics

Age of Children at Child Health Fairs
The average age of the children screened at CHFs in 2014 was 30.4 months (2.5 years) and the median age was 28 months (2.3 years). The youngest child screened was one month old and the oldest child screened was six years and two months old. Figure 1 displays the proportion of children in each age group. The zero to one age group had the highest proportion of children (32 %).

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<sup>1</sup> Held at the same time as Parent/Teacher Interview Night at St. Bernadette School.
Figure 1: Age of Children Screened at CHFs, 2014 (N= 239)

Language Spoken at Home
Of the 239 children that were screened, there were 36 various languages that families indicated they spoke most often at home. Just over half spoke some English at home with 37 per cent of families speaking another language other than English. Twenty two families (9 %) did not provide information about the language spoken at home. Table 3 provides a summary of the languages spoken at home. Note that the total number of languages spoken at home will equal more than the number of children screened (N=239) because 28 families reported speaking more than one language at home.

Table 3: Language Spoken at Home of CHF Attendees

<table>
<thead>
<tr>
<th>Language</th>
<th>Count (N=239)</th>
<th>Per cent</th>
<th>Language</th>
<th>Count (N=239)</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>124</td>
<td>52%</td>
<td>Serbian</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Chinese</td>
<td>11</td>
<td>5%</td>
<td>Tigrigna</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>11</td>
<td>5%</td>
<td>Albanian</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Persian</td>
<td>5</td>
<td>2%</td>
<td>Bengali</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>5</td>
<td>2%</td>
<td>Cambodian</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Arabic</td>
<td>4</td>
<td>2%</td>
<td>Croatian</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Korean</td>
<td>4</td>
<td>2%</td>
<td>Czech</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Kurdish</td>
<td>3</td>
<td>1%</td>
<td>Farsi</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Malayalam</td>
<td>3</td>
<td>1%</td>
<td>French</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Spanish</td>
<td>3</td>
<td>1%</td>
<td>Hungarian</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Turkish</td>
<td>3</td>
<td>1%</td>
<td>Indonesian</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Urdu</td>
<td>3</td>
<td>1%</td>
<td>Nuer</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
3.3 Parent/Caregiver Feedback Forms

Of the 224 families that attended the CHFs in 2014, 159 submitted a parent/caregiver feedback form, producing a response rate of 71 per cent\(^2\). Half of the 159 families that submitted feedback forms indicated that they would like to participate in a follow-up telephone survey. ROWPHE staff were able to complete the follow-up telephone calls with those parents/caregivers that attended the January, March, May, and September CHFs. A total of 36 parents/caregivers were reached to complete the follow-up survey. Figure 2 illustrates the breakdown of families attending the CHFs and the number of feedback forms and follow-up calls completed.

---

<table>
<thead>
<tr>
<th>Language</th>
<th>Form Submitted</th>
<th>Language</th>
<th>Form Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gujarati</td>
<td>2</td>
<td>Portuguese</td>
<td>1</td>
</tr>
<tr>
<td>Hindi</td>
<td>2</td>
<td>Romanian</td>
<td>1</td>
</tr>
<tr>
<td>Japanese</td>
<td>2</td>
<td>Russian</td>
<td>1</td>
</tr>
<tr>
<td>Pashto</td>
<td>2</td>
<td>Tigrina</td>
<td>1</td>
</tr>
<tr>
<td>Filipino</td>
<td>2</td>
<td>Uzbek</td>
<td>1</td>
</tr>
<tr>
<td>Polish</td>
<td>2</td>
<td>Blank</td>
<td>52</td>
</tr>
<tr>
<td>Punjabi</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{2}\) Note that families were given only one feedback form regardless of how many children they brought to the fair.

---

**Figure 2: Families that Attended Fairs, Feedback Forms Completed, and Telephone Calls Completed, 2014**

**Respondent Demographics**

**Gender and Age**

Of the 159 parents/caregivers that completed the feedback forms, 82 per cent were female and 13 per cent were male. Eight respondents did not provide a gender. Respondents were a variety of ages, with more than half being over the age of 30 and...
the largest proportion being between the ages of 30 and 34 (37%). Table 4 is a summary of the age of feedback form respondents.

Table 4: Age of Feedback Form Respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>20-24</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>25-29</td>
<td>31</td>
<td>19%</td>
</tr>
<tr>
<td>30-34</td>
<td>59</td>
<td>37%</td>
</tr>
<tr>
<td>35-39</td>
<td>43</td>
<td>27%</td>
</tr>
<tr>
<td>40 or older</td>
<td>19</td>
<td>12%</td>
</tr>
<tr>
<td>Blank</td>
<td>4</td>
<td>3%</td>
</tr>
</tbody>
</table>

Education

The majority of feedback form respondents (85%) had completed post secondary education with 62 per cent having completed college or university and another 23 per cent having completed Masters or PhD level education. Thirteen per cent had completed high school as their highest level of education. None of the respondents reported having completed no formal education or only completing elementary school.
Figure 3: Education Level of Parent/Caregiver Feedback Survey Respondents

Sources of Information about Services for Young Children

Figure 3 shows the sources parents/caregivers reported using to find information about services for young children. Two thirds of respondents said that they find information on websites (67%) and more than half said they get information from a doctor (54%). Those who selected “other” reported that they usually find information about services for young children from family, friends, school, child care, Google, another health care provider, OEYC, YMCA, and work.

Figure 4: Respondent Sources of Information about Services for Young Children
How Parents/Caregivers Heard about the Child Health Fairs

Figure 4 summarizes how parents/caregivers heard about the CHF. Almost half (47%) reported that they heard about the CHF from an Ontario Early Years Centre and one in four (25%) heard about the CHF from a school. Respondents that selected “other” as their source for hearing about the CHF reported hearing about it from sources such as their family doctor, an email, advertisements at retail stores, their case worker at the Region of Waterloo, the University of Waterloo, child care, a neighbour, a play group, and from calling ROWPHE.

![Figure 4: How Parents/Caregivers Heard about the CHFs, 2014](image)

**Access to a Family Physician and 18 Month Check Up**

Ninety three per cent (148) of respondents reported that they have a family doctor. About 70 per cent (97) of respondents had heard of the 18 month check-up or had somewhat heard of it. Seventy per cent (68) of those who had heard of, or somewhat heard of the 18 month check-up said they had taken their child for the check-up.

Parents/caregivers who reported on the feedback forms that they had not taken their child for the 18 month check-up (N=30) were asked their reasons why during telephone follow-up surveys. Of those reached for a telephone survey, four respondents said that their child is too young and one said that their child is doing well in terms of development. Six respondents said that in the time between the CHF and follow-up call, they had taken their child for the 18 months check-up. One person did not recall if they had taken their child for the check-up.

**3.4 Parent/Caregiver Satisfaction**

The majority (85%) of parents/caregivers reported that they got what they needed from the CHF. Another 11 per cent said that they got part of what they needed and only 2
people (1%) said that they did not get what they needed. Five respondents did not answer this question. Those who only got part of what they needed reported this was because there was a service provider or screen that they had hoped for but was not available or they did not access. These included an optometrist, nutrition screen, and speech/language screen.

Seventy two per cent of those who completed feedback forms said that the CHF they attended was their first and 14 per cent had previously attended a CHF. Thirteen per cent did not respond to this question. Those who had attended a CHF previously (N=23) were asked to comment on their reason for returning. Six parents/caregivers said they returned to bring another child. Five said they returned to get some more screening completed. Three said they returned to learn more information, and three returned to get an update on their child’s development.

**Parent/Caregiver Rating of Satisfaction**

Table 5 summarizes respondents’ ratings of satisfaction about, staff’s ability to answer their questions, how easy it was to register, the screening provided, and the location of the CHF. In analyzing, this data, the ratings were collapsed so that a rating or one or two represents “Unsatisfied”, a rating of three represents “Neutral” and a rating of four or five represents “Satisfied”. A high proportion of parents/caregivers reported being satisfied with staff’s ability to answer their questions, how easy it was to register, the screening provided, and the location of the CHF.

<table>
<thead>
<tr>
<th>Parent/Caregiver satisfaction with…</th>
<th>Blank</th>
<th>Per cent Dissatisfied</th>
<th>Per cent Neutral</th>
<th>Per cent Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>staff’s ability to answer their questions</td>
<td>1%</td>
<td>2%</td>
<td>8%</td>
<td>89%</td>
</tr>
<tr>
<td>how easy it was to register</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>96%</td>
</tr>
<tr>
<td>the screening provided</td>
<td>3%</td>
<td>3%</td>
<td>7%</td>
<td>87%</td>
</tr>
<tr>
<td>Location</td>
<td>1%</td>
<td>2%</td>
<td>7%</td>
<td>90%</td>
</tr>
</tbody>
</table>

**3.5 Staff and Volunteers**

On average, 40 staff and volunteers participated in each CHF in 2014 for an estimated average of approximately 200 staff hours per fair. This estimate includes staff time at each CHF, plus half an hour for setting up for each fair and half an hour cleaning up after each fair (estimated total of 5 hours per staff/volunteer). The estimate does not include time in preparation for the CHFs. More than half of the staff and volunteers at
each CHF were Region of Waterloo (ROW) staff, including both ROWPHE staff and ROW Community Services staff. ROWPHE staff were from the Child and Family Health Division, Infectious Diseases, Dental and Sexual Health Division, and the Healthy Living Division. ROW Community Services staff were from the Child Care Subsidy Program, Home Child Care Program and the Infant and Child Development Program. Community partners attended the CHFs as representatives at information booths or as screeners and were from a variety of organizations. The following is a list of the organizations that were represented at the CHFs. Note that the list below is all of the organizations that attended one of more CHF in 2014. Not all organizations were necessarily at each CHF in 2014.

- Cambridge Francophone Centre
- Canadian Hearing Society
- Canadian National Institute for the Blind
- City of Kitchener Fire Department
- French Catholic School Board
- Front Door (Carizon and Lutherwood)
- KidsAbility
- KW Counselling
- KW Habilitation
- Langs Farm Village Association
- Mill Courtland Community Centre
- Ontario Association of Optometrists
- Ontario Chiropractic Association
- Ontario Early Years Centres
- Project Read Literacy Network
- St. John Ambulance
- University of Waterloo
- Waterloo Region Catholic District School Board
- Waterloo Region District School Board
- Waterloo Public Library
- YMCA Immigrant Services

Table 6 provides a summary of the number of staff and volunteers that participated in each CHF in 2014 along with the estimated number of staff hours per fair.

Table 6: Number of Staff/Volunteers that Participated in CHFs in 2014 and Estimated Staff Hours

<table>
<thead>
<tr>
<th>Date</th>
<th>ROWPHE staff</th>
<th>ROW Community Services Staff</th>
<th>Community Partners</th>
<th>Total</th>
<th>Estimated Staff Hours at CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 30, 2014</td>
<td>16</td>
<td>3</td>
<td>19</td>
<td>38</td>
<td>190</td>
</tr>
<tr>
<td>March 21, 2014</td>
<td>21</td>
<td>3</td>
<td>19</td>
<td>43</td>
<td>215</td>
</tr>
<tr>
<td>May 14, 2014</td>
<td>18</td>
<td>2</td>
<td>14</td>
<td>34</td>
<td>170</td>
</tr>
<tr>
<td>September 18, 2014</td>
<td>14</td>
<td>3</td>
<td>17</td>
<td>34</td>
<td>170</td>
</tr>
</tbody>
</table>
Staff and Volunteer Feedback Forms

Eighty two staff and volunteer feedback forms were completed over the five CHFs in 2014. Staff and volunteers who competed feedback forms were from 17 different organizations, including ROWPHE and ROW Community Services and 15 community organizations. Respondents included administrative staff, screeners, and vendors/representatives at information booths. Ninety per cent of staff and volunteer respondents had attended more than one CHF, with almost half (45%) having attended more than six CHFs.

Staff and volunteers were asked their reasons for returning to participate in another CHF. Table 7 provides a summary of the number of CHFs that staff and volunteers attended and their reason for returning. Common reasons reported included job requirement, promoting their agency or program, sharing information/public education, and the opportunity to network with community partners and families.

### Table 7: Staff and Volunteer Reasons for Returning to the CHF

<table>
<thead>
<tr>
<th>Number of CHFs attended (N=82)</th>
<th>Per cent of staff that attended</th>
<th>Reason for returning to participate in more than one CHF (per cent of respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7%</td>
<td>• Job requirement (32%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Promoting agency or program (23%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sharing information/public education (14%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Networking/interacting with other partners and families (11%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Atmosphere at the CHFs (7%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enjoy the CHFs (4%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Informative/helpful (4%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Was invited (3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Blank (7%)</td>
</tr>
<tr>
<td>2-3</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>4-5</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>6+</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Blank</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

Staff and Volunteer Expectations

Seventy three per cent of staff and volunteer respondents stated that the CHF met their expectations while 27 per cent stated that the CHF did not, or only somewhat met their expectations. Seventy one per cent of those who said the CHF did not meet, or only somewhat met expectations said that the reason was low attendance.
Staff and Volunteer Rating of the Child Health Fairs

Table 8 provides a summary of the proportion of staff and volunteers by their level of agreement with statements about the CHF. In analyzing this data, ratings were collapsed so that a rating of one or two represents “Disagree”, a rating of three represents “Neutral”, and a rating of four or five represents “Agree”. The majority of staff and volunteers agreed that they were able to network with other staff, that they became more aware of services provided by other agencies, that the fair was in a convenient location, and that the fair was a great place to promote their services and program.

Table 8: Staff and Volunteer Reported Level of Agreement with Statements about the CHF

<table>
<thead>
<tr>
<th>Respondent level of agreement with the following statements… (N=82)</th>
<th>Per cent that Disagree</th>
<th>Per cent Neutral</th>
<th>Per cent that Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the fair, I was able to network with other community service staff.</td>
<td>4%</td>
<td>23%</td>
<td>73%</td>
</tr>
<tr>
<td>From the fair, I have become more aware of the services provided by other community agencies and programs.</td>
<td>4%</td>
<td>23%</td>
<td>73%</td>
</tr>
<tr>
<td>This fair was in a convenient location for our organization.</td>
<td>1%</td>
<td>7%</td>
<td>91%</td>
</tr>
<tr>
<td>The fair is a great place to promote our services and programs.</td>
<td>6%</td>
<td>16%</td>
<td>78%</td>
</tr>
</tbody>
</table>

3.6 Staff and Volunteer Suggestions for Improvement

Table 9 provides a summary of the suggestions shared by staff and volunteers about how to improve the CHFs. More than half of the respondents (56 %) did not respond to this question and seven per cent stated that they were happy with the CHFs or did not think that it needed to change. Staff and volunteers that did respond had varying ideas for how to improve the CHFs. About one quarter of those who responded suggested more advertisement or increasing the attendance at the CHFs.

Table 9: Staff and Volunteer Suggestions for Improving the CHFs

<table>
<thead>
<tr>
<th>Suggestions for Improving the CHFs – Summarized by Theme (N=30)</th>
<th>Per cent of Respondents (Number of Respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More advertising/increase attendance</td>
<td>23% (7)</td>
</tr>
<tr>
<td>Make the CHFs shorter</td>
<td>13% (4)</td>
</tr>
<tr>
<td>Make changes to the screening that is offered</td>
<td>10% (3)</td>
</tr>
<tr>
<td>Start the morning CHFs later</td>
<td>10% (3)</td>
</tr>
<tr>
<td>Have more activities for children to do</td>
<td>10% (3)</td>
</tr>
<tr>
<td>Make the CHFs easier to navigate for families</td>
<td>10% (3)</td>
</tr>
<tr>
<td>Have the CHFs are the same time as other events at</td>
<td>7% (2)</td>
</tr>
</tbody>
</table>
Developmental Screening

Objective:
Increase the Number of Children Screened (Nipissing, dental, NutriSTEP®, speech, and vision)

| Developmental Screening Objective: | Increase the Number of Children Screened (Nipissing, dental, NutriSTEP®, speech, and vision) |

Other Comments from Staff and Volunteers
Some staff commented that the CHF was well done, that they liked the location, they liked the snack and that the fair was a good place to connect and learn about other agencies.

Three respondents from the September CHF shared that they liked having the fair at the same time as parent teacher night.

4.0 Results Part 2: Achievements toward the Child Health Fairs’ Short Term Objectives (2009-2014)
The second part of the results section will provide details related the attendance, screening and parent/caregiver connections to community services. Results in this section include attendance, screening and referral data from 2009 to 2014 along with specific data about what services parents/caregivers contacted since the CHF they attended in 2014.

4.1 Attendance and Screening from 2009-2014
In 2014, 261 children attended the CHFs in total, with an average of 52 children per CHF. Table 10 provides a summary of the number of children that attended the CHFs from 2009 to 2014, along with the average per CHF for each year. While there have been fluctuations in number of CHFs and attendance from year to year, the overall number of children and the average number of children per CHF over the past six years has decreased. From 2009 to 2014 the decrease in average attendance was 33 per cent.

Table 10: Number of Children Attended CHFs per Year 2009-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of CHFs</th>
<th>Number of Children Attended</th>
<th>Average Number of Children per CHF (rounded up)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>6</td>
<td>468</td>
<td>78</td>
</tr>
<tr>
<td>2010</td>
<td>4</td>
<td>365</td>
<td>91</td>
</tr>
</tbody>
</table>
Community Resource Linkages Objective:

Increase Linkages Between Parents and Community Services.

Of the 239 children screened at the CHFs in 2014, 228 were screened using the ndds. In addition to this, 210 other screens were completed, including 56 speech screens, 87 dental screens, and 67 NutriSTEP® screens, for a total of 438 screens completed at the CHFs in 2014. As with attendance, the number of screens completed per year has fluctuated, with a decrease of 49 per cent between 2009 and 2014. Figure 5 illustrates this trend.

<table>
<thead>
<tr>
<th>Year</th>
<th>Nutri-Step</th>
<th>Hearing</th>
<th>Dental</th>
<th>Vision</th>
<th>Speech</th>
<th>Nipissing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>45</td>
<td>0</td>
<td>231</td>
<td>86</td>
<td>84</td>
<td>408</td>
</tr>
<tr>
<td>2010*</td>
<td>40</td>
<td>0</td>
<td>178</td>
<td>86</td>
<td>32</td>
<td>233</td>
</tr>
<tr>
<td>2011</td>
<td>100</td>
<td>121</td>
<td>314</td>
<td>155</td>
<td>58</td>
<td>402</td>
</tr>
<tr>
<td>2012</td>
<td>52</td>
<td>58</td>
<td>219</td>
<td>88</td>
<td>0</td>
<td>306</td>
</tr>
<tr>
<td>2013</td>
<td>39</td>
<td>0</td>
<td>85</td>
<td>0</td>
<td>0</td>
<td>153</td>
</tr>
<tr>
<td>2014</td>
<td>67</td>
<td>0</td>
<td>87</td>
<td>0</td>
<td>56</td>
<td>228</td>
</tr>
</tbody>
</table>

Figure 6: Total Number of Screens Completed per Year, 2009-2014

4.2 Linkages Between Parents and Community Partners

In 2014, 97 referrals were made to community services. These referrals were made to a variety of services, including KidsAbility, EatRight Ontario, physicians, and to a dentist. Figure 7 provides an overview of referrals made in 2014. As with attendance and screening, the number of referrals made per year has fluctuated over the past six years (see figure 8). However, 2009 and 2014
were at very similar levels with 94 and 97 referrals respectively.

![Figure 7: Referrals to Community Services, 2014](image)

In the telephone follow-up survey, parents/caregivers that had learned something about services available for their family reported what services they had contacted since the CHF. Of the 14 respondents that said they had contacted a service, more than half had

![Figure 8: Number of Referrals per Year, 2009-2014](image)

*there were only four CHFs held in 2010.*
contacted KidsAbility. Table 12 provides a summary of the services parents/caregivers reported contacting after the CHF.

Table 11: Services Contacted by Parents/Caregivers

<table>
<thead>
<tr>
<th>Services Contacted by Parents/Caregivers after Attending a CHF</th>
<th>Per cent of Respondents (Number of Respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KidsAbility</td>
<td>22% (8)</td>
</tr>
<tr>
<td>Ontario Early Years Centre</td>
<td>5% (2)</td>
</tr>
<tr>
<td>Other Community Groups</td>
<td>5% (2)</td>
</tr>
<tr>
<td>Sign Language Class</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Car seat vendor</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Did not contact a service</td>
<td>44% (16)</td>
</tr>
<tr>
<td>Don’t remember</td>
<td>8% (3)</td>
</tr>
<tr>
<td>Blank</td>
<td>11% (4)</td>
</tr>
</tbody>
</table>

5.0 Results Part 3: Achievements toward the Child Health Fairs' Short Term Objectives (2014)

The final results section provides a summary of 2014 data related to parent/caregiver awareness of community services and knowledge about child development, the proportion of CHF attendees from rural and priority neighbourhoods, and linkages among community service providers.

5.1 Parent/Caregiver Awareness of Community Services

Eighty per cent of parent/caregiver feedback form respondents said that they learned something new about the services available for their family. Of those who learned something new about the services available for their family, 89 per cent reported that they were likely or very likely to contact those services.

5.2 Parent/Caregiver Knowledge about their Child’s Development

Eighty two per cent of all feedback form respondents in 2014 indicated that they learned something new about their child’s growth and development from attending the CHF. Additionally, 73 per cent of respondents who attended more than one CHF reported learning something new about their child’s growth and development at each CHF attended. Of those who learned something new about their child’s development, 91 per cent
reported that they were likely or very likely to use the new information. Six per cent (8 respondents) indicated that they were very unlikely to use the new information.

Table 11 summarizes parent/caregiver responses to telephone follow-up questions about what new information they learned about their child’s development at the CHFs. Parents who reported learning something new about their child’s development primarily reported they learned about dental health, speech/language, and developmental screening. The following are the areas in which parents/caregivers reported using new information: dental hygiene, speech and language techniques and skills, nutrition, car seat safety and vision.

Table 12: New Information Learned about Growth and Development Reported by Parents/Caregivers at Four Month Follow-up Telephone Call

<table>
<thead>
<tr>
<th>New information parents/caregivers remembered learning about (N=29)</th>
<th>New information parents/caregivers used since the CHF (N=29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dental health (41%)</td>
<td>• Dental hygiene skills (28%)</td>
</tr>
<tr>
<td>• Speech/ language (34%)</td>
<td>• Speech/ language techniques and skills (17%)</td>
</tr>
<tr>
<td>• Developmental screening (14%)</td>
<td>• Techniques to support child development (17%)</td>
</tr>
<tr>
<td>• Vision (7%)</td>
<td>• Nutrition (14%)</td>
</tr>
<tr>
<td>• Nutrition (7%)</td>
<td>• Car Seat Safety (7%)</td>
</tr>
<tr>
<td>• Car seat safety (7%)</td>
<td>• Vision (3%)</td>
</tr>
<tr>
<td>• Early Years Centre (3%)</td>
<td>• Nothing/not yet (14%)</td>
</tr>
<tr>
<td>• Service for free eye glasses (3%)</td>
<td>• Did not remember (7%)</td>
</tr>
<tr>
<td>• School registration (3%)</td>
<td></td>
</tr>
<tr>
<td>• Physicians check before starting school (3%)</td>
<td></td>
</tr>
<tr>
<td>• Did not remember (21%)</td>
<td></td>
</tr>
</tbody>
</table>

*Raw data available on request

5.3 Attendance of Families from Rural Neighbourhoods and Ethno Cultural Families

Two hundred and seven parents/caregivers provided their postal code on the screening tracking form. Mapping of this postal code data showed that families who attended the CHFs were generally clustered in the neighbourhoods surrounding the CHF locations. Refer to Appendix F for the proportion of CHF attendees by neighbourhood for all of the CHFs in 2014 on one map, along with a legend of Waterloo Region neighbourhoods. Refer to Appendix G for the proportion of attendees by neighbourhood on separate maps for each CHF in 2014. These maps show that families attending CHFs were mostly from neighbourhoods close to the CHF location. A rural CHF was scheduled in Wellesley in October 2014 but was cancelled due to low registration. As such, each of
the five CHFs held in 2014 were located in an urban area, with a very low number of families attending from rural neighbourhoods.

Section 3.2 showed that there were 36 languages spoken at home and only just over half of parents/caregivers speaking some English at home. This is one data point that suggests families may be from an ethno cultural community.

### 5.4 Reaching Priority Neighbourhoods

Table 13 provides a list of the priority neighbourhoods identified through the EDI and the percentage of families who attended the CHFs that were from each neighbourhood. Refer to Appendix B for a map that shows the ten neighbourhoods with the highest percentage of children that scored low on more than two domains of the EDI. About 35 per cent of CHF attendees were from priority neighbourhoods with very low attendance from the majority of the priority neighbourhoods. Downtown Kitchener and Area (10.1% of CHF attendees) and Columbia/Lakeshore (6.3% of CHF attendees) were the neighbourhoods where CHFs had the highest attendance from priority neighbourhoods.

**Table 13: Percentage of Families that Attended CHFs from Priority Neighbourhoods Identified Through the EDI**

<table>
<thead>
<tr>
<th>Priority Neighbourhood Identified Through the EDI (Neighbourhood Number)</th>
<th>Number CHFs Located within Neighbourhood</th>
<th>Percentage of families from priority neighbourhood that attended CHFs, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downtown Kitchener &amp; Area (16)</td>
<td>1</td>
<td>10.1%</td>
</tr>
<tr>
<td>Columbia/Lakeshore (4)</td>
<td>0</td>
<td>6.3%</td>
</tr>
<tr>
<td>Victoria Hills/ Cherry Hill/ Grand River Hospital (12)</td>
<td>0</td>
<td>4.3%</td>
</tr>
<tr>
<td>Forest Heights/ Forest Hill/ Lakeside (11)</td>
<td>1</td>
<td>3.9%</td>
</tr>
<tr>
<td>Bridgeport/ Breithaupt/ Mt. Hope (13)</td>
<td>0</td>
<td>2.9%</td>
</tr>
<tr>
<td>Vanier/Rockway (20)</td>
<td>0</td>
<td>2.4%</td>
</tr>
<tr>
<td>North Galt/ Elgin Park (27)</td>
<td>0</td>
<td>2.4%</td>
</tr>
<tr>
<td>Westvale (8)</td>
<td>0</td>
<td>1.9%</td>
</tr>
<tr>
<td>Southwood/ Southwest Galt (29)</td>
<td>0</td>
<td>0.9%</td>
</tr>
<tr>
<td>North Dumfries/ Beverley (33)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2</strong></td>
<td><strong>35.1%</strong></td>
</tr>
</tbody>
</table>
5.6 Linkages and Awareness between Service Providers

Seventy three per cent of staff and volunteers that completed feedback forms reported that they agreed with the statement “At the fair, I was able to network with other community service staff”. The same number indicated that they agreed with the statement “From the fair, I became more aware of the services provided by other community agencies and programs.” Only four per cent of staff and volunteers said that they disagreed with these statements.

6.0 Limitations

The data collected using the parent/caregiver feedback form is not a statistically representative sample of all parents/caregivers at the CHFs. Data collected from the feedback forms provides helpful information for future program planning but should be interpreted with caution and should be accompanied with further consultation of potential program participants.

The same limitation exists for the staff and volunteer feedback form. While the data collected using the staff and volunteer feedback form has valuable information, particularly for program planning, the data should also be interpreted with caution. Use of the data from the staff and volunteer feedback form should also be accompanied by consultation with community partners.

While parent/caregiver feedback forms were handed out to each family that attended the CHFs, not every feedback form was completed and submitted. The feedback form was available in English only. As such, the opinions of those who do not primarily speak or read English may not be as well represented in the results.

Data collection for this report was only for CHFs held in 2014. This does not provide a representative sample. In addition to this, telephone follow-up surveys were only completed for the first four CHFs in 2014 due to time constraints.

7.0 Discussion

The purpose of this report was to provide a summary of the CHF program activities in 2014 and to evaluate the achievements made by the CHFs in relation to the program logic model’s objectives in order to inform future program planning.

Attendance and Screening

In spite of a great deal of promotion and advertising for the CHFs in 2014, there was an overall decrease in attendance and screening completed compared with the previous
six years. Part of the overall decrease in the number of screens completed in 2014 can be explained by the loss of hearing and vision screens. However, the number of ndds, speech, and dental screens also decreased over this time period, along with the overall attendance. In line with the attendance data, staff and volunteers also commonly reported lower attendance as a reason that the CHFs did not, or only somewhat, met their expectations. Some staff and volunteers also suggested increasing the attendance and doing more advertising for the CHFs.

Promotion

In considering promotion and advertising for the CHFs, parents/caregivers reported that they usually find information about services for young children from websites, doctors and pamphlets. However, for the CHFs in 2014, most said that they heard about the fair from an OEYC or from a school. While it is important that people continue to hear about services from the OEYCs and from schools, further advertising and promoting through websites, pamphlets and family doctors may help to reach more families and increase attendance.

Some staff/volunteers said that they liked having the CHF at the same time as Parent/Teacher interview night in September. In terms of attendance however, the September CHF had below average attendance. As such, holding CHFs at the same time as Parent/Teacher interview night may require further exploration before implementation.

Parent/Caregiver Linkages and Awareness

Most parents/caregivers reported learning something new about their child’s development and about the services available for their family. Further, the majority of those reached for a telephone survey reported that they used some of the new information they learned at the CHFs. While it is not possible to follow up with every family to find out what services they contacted following the CHFs, fourteen parents/caregivers interviewed by telephone said that they had contacted a service they learned about at the CHFs.

Information about what parents/caregivers recalled learning and the services they contacted could be used to help inform future CHFs. It appears from parent/caregiver responses that they were interested in learning about things such as their child’s dental health, speech and language, and overall development. As such, CHF staff should continue to offer screening and information in these areas. Parents and caregivers could also be asked what other types of screening and information would be relevant for them.
Parent/Caregiver Satisfaction

While attendance at the CHFs has decreased over the past five years, the majority of parents/caregivers that submitted feedback forms reported that they "got what they needed" from the CHFs. Parents/caregivers also reported being generally satisfied with staff’s ability to answer their questions, how easy it was to register for the CHFs, the screening that was provided, and the location of the CHFs.

Because of the high level of parent/caregiver satisfaction, staff should continue to answer parent’s/caregiver’s questions and continue to provide relevant screening. Locations should continue to be accessible to people with children aged zero to six years old and registration should remain as easy and as accessible as possible.

Rural Neighbourhoods

Mapping the postal codes of families (see Appendix F and G) shows that those who attended the CHFs tend to live in neighbourhoods close to the location of the CHFs. This suggests that walkability or ease of access using transit may be a factor for those who attend the CHFs. The map in Appendix F also shows that there are 13 neighbourhoods, mostly rural, from which no families attended the CHFs. One CHF was planned for a rural location but was cancelled due to low registration. As such, it will be important to further explore ways to reach families from rural neighbourhoods.

Families from Ethno Cultural Communities

With 36 languages spoken at home and only just over half of parents/caregivers speaking some English at home, it appears that the CHFs have had some success reaching ethno cultural families. However, language spoken at home was the only data point used to suggest a family might be part of an ethno cultural community. As such, this should be interpreted with caution and is an area for further exploration at future CHFs. In order to reduce language as a barrier for attendance, CHF organizers should continue to offer interpreters upon request.

Priority Populations

Only a little over one third of CHF attendees were from the priority neighbourhoods identified through the EDI. The priority neighbourhood with the highest attendance was Downtown Kitchener and Area, which was in close proximity to four out of the five CHFs. Because attendance levels were generally higher in neighbourhoods closer to the CHF locations, in order to reach more people from priority neighbourhoods, future CHFs may need to be held within or near each of those neighbourhoods. Child and Family Health staff could also consult with families and service providers in priority
neighbourhoods to learn about the best ways to reach people within those
neighbourhoods.

Data showed that 85 per cent of parents/caregivers that submitted feedback forms had
completed post secondary education. Further, 93 per cent said they are connected with
a family physician. Respondents also reported that they have access to information
through the internet, their physician, and an OEYC. Families that have a physician and
that are participating with an OEYC may already be well connected and may have child
screening opportunities available to them. Future planning could therefore explore ways
to reach the most vulnerable families who are not already well informed and well
connected to community resources.

Staff and Volunteers Linkages and Awareness

For staff and volunteers, the CHFs appear to be meeting the objective of increasing
linkages and awareness among community services. Almost three quarters of staff and
volunteers that completed feedback forms said that they were able to network with other
staff and that they became more aware of other services in the community at the CHFs.

Staff and Volunteer Time

An average of 40 staff and volunteers attended each CHF in 2014, with an estimated
total number of staff hours invested of 1015 hours. With 239 children screened, this
means that approximately 4.25 hours of staff and volunteer time are invested in each
child that is screened at the CHFs. This estimate includes staff time at each fair, plus
half an hour for setting up for each fair and half an hour cleaning up after each fair. The
estimate does not include time in preparation for the CHFs. Future planning for CHFs
could explore opportunities to meet program objectives, particularly the objectives to
increase screening and parent/caregiver knowledge and awareness of services with a
lower overall staff time investment.

Staff and Volunteer Suggestions for Improvement

Staff and volunteers at the CHFs provided a variety of suggestions for how to improve
CHFs in the future. Many of the suggestions offered by staff and volunteers are in line
with data presented in this report. For example, data has shown that the attendance
has decreased over the past five years and staff and volunteers suggested doing more
advertising and increasing the attendance at the CHFs. Some staff and volunteers also
suggested changing CHF locations in order to reach priority populations. The
suggestions of staff and volunteers from community partner agencies should be
considered in the planning and design of future CHFs.
8.0 Conclusion and Next Steps

Results from this evaluation have shown that parents/caregivers and staff and volunteers were generally satisfied with the CHFs in 2014. For parents/caregivers who attended, the CHFs appear to have helped to increase their knowledge about their children’s growth and development and the services available to their family. For staff and volunteers, the CHFs appear to have helped to create opportunities to form linkages and learn more about other services in the community. However, 2014 also saw decreasing attendance and screening, along with a low level of participation from families in rural and priority neighbourhoods. As such, the objectives to increase the number of screens completed, to increase linkages between families and services, and to increase access for families from rural populations and priority neighbourhoods are areas of further program development.

It is recommended that the results from this evaluation, including suggestions from staff and volunteers be used in future program planning. In order to ensure that identified objectives to

- Increase the number of children screened (Nipissing Screens, dental screens, NutriSTEP® screens, speech screens, vision screens)
- Increase linkages between parents and community services
- Increase caregiver awareness of community services
- Increase caregiver knowledge regarding healthy child development
- Increase access to services for rural and ethno cultural families and children
- Decrease barriers such as transportation and language
- Increase the number of linkages made between community agencies
- Increase awareness amongst community service providers regarding services provided

are met effectively and efficiently, and vulnerable families are reached, it is recommended that a needs assessment be undertaken. A needs assessment should include research on best practices in delivering screening to priority populations as well as consultation with community partners and families with children under the age of six.
References

Appendix A: Child Health Fair Logic Model

Child Health Fair: Program Logic Model
Program Goal: To help children (aged 0-6) in Waterloo Region achieve optimal social, physical, and cognitive development.

**Program Components**

- **Developmental Screening**
  - To provide developmental screening for children (i.e. Nipissing screens, Vision, Dental, Speech, and Nutritional)

- **Education**
  - To provide information to caregivers regarding healthy child development
  - To answer caregivers' questions regarding healthy child development

- **Community Resource Linkages**
  - To inform caregivers of community agencies/resources
  - To assist in linking caregivers to community services/agencies

- **Community Outreach**
  - To provide access to community services for underserved families in Waterloo Region
  - To remove barriers to participating in Child Health Fairs

- **Community Partnerships**
  - To assist community agencies in building partnerships and linkages

**Activities**

- **Children aged 0-6**
  - ↑ # of children screened using the Nipissing Screens
  - ↑ # Vision screens
  - ↑ # Dental screens
  - ↑ # Speech screens
  - ↑ # Nutri-step screens

- **Parents and caregivers**
  - ↑ Caregiver knowledge regarding healthy child development
  - ↑ Caregiver awareness of community services
  - ↑ Linkages between parents and community services

- **Service Providers**
  - ↑ # of linkages made between community agencies
  - ↑ Awareness amongst community service providers regarding services provided

**Target Groups**

- **Short-Term Objectives**
  - ↑ # of children who achieve optimal growth and development
  - ↑ # of parents able to adopt healthy parenting behaviours

- **Long-Term Objectives**
  - ↑ # of children who achieve optimal growth and development
  - ↑ # of parents able to adopt healthy parenting behaviours
Appendix B: Priority Neighbourhoods Identified by the EDI

Legend of Neighbourhoods, Waterloo Region, 2011

<table>
<thead>
<tr>
<th>#</th>
<th>Neighbourhood</th>
<th>#</th>
<th>Neighbourhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>West Waterloo</td>
<td>24</td>
<td>Hespeler</td>
</tr>
<tr>
<td>2</td>
<td>Lakeshore North/Conservation</td>
<td>25</td>
<td>Central Preston/Preston Heights</td>
</tr>
<tr>
<td>3</td>
<td>Beechwood</td>
<td>26</td>
<td>Langs/Industrial</td>
</tr>
<tr>
<td>4</td>
<td>Columbia/Lakeshore</td>
<td>27</td>
<td>North Galt/Elgin Park</td>
</tr>
<tr>
<td>5</td>
<td>Lincoln/Dearborn</td>
<td>28</td>
<td>Shades Mills</td>
</tr>
<tr>
<td>6</td>
<td>Eastbridge/Lexington</td>
<td>29</td>
<td>Southwood/Southwest Galt</td>
</tr>
<tr>
<td>7</td>
<td>Central Waterloo</td>
<td>30</td>
<td>Galt City Centre/South Galt</td>
</tr>
<tr>
<td>8</td>
<td>Westvale</td>
<td>31</td>
<td>South East Galt</td>
</tr>
<tr>
<td>9</td>
<td>Westmount</td>
<td>32</td>
<td>Blair</td>
</tr>
<tr>
<td>10</td>
<td>Highland West</td>
<td>33</td>
<td>North Dumfries/Beverley</td>
</tr>
<tr>
<td>11</td>
<td>Forest Heights/Forest Hill/Lakeside</td>
<td>34</td>
<td>Ayr</td>
</tr>
<tr>
<td>12</td>
<td>Victoria Hills/Cherry Hill/Grand River Hospital</td>
<td>35</td>
<td>New Dundee/Manheim</td>
</tr>
<tr>
<td>13</td>
<td>Bridgeport/Breithaupt/Mt Hope</td>
<td>36</td>
<td>Baden</td>
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<tr>
<td></td>
<td>Area Name</td>
<td></td>
<td>Name</td>
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</tr>
<tr>
<td>14</td>
<td>Grand River/Stanley Park/Chicopee</td>
<td>37</td>
<td>New Hamburg</td>
</tr>
<tr>
<td>15</td>
<td>Frederick/Rosemount/Auditorium</td>
<td>38</td>
<td>North Wilmot</td>
</tr>
<tr>
<td>16</td>
<td>Downtown Kitchener &amp; Area</td>
<td>39</td>
<td>Wellesley Village</td>
</tr>
<tr>
<td>17</td>
<td>Alpine/Laurentian</td>
<td>40</td>
<td>Wellesley Rural South</td>
</tr>
<tr>
<td>18</td>
<td>Southwest Kitchener</td>
<td>41</td>
<td>Wellesley Rural North</td>
</tr>
<tr>
<td>19</td>
<td>Country Hills/Huron Area</td>
<td>42</td>
<td>Woolwich Rural North</td>
</tr>
<tr>
<td>20</td>
<td>Vanier/Rockway</td>
<td>43</td>
<td>Elmira</td>
</tr>
<tr>
<td>21</td>
<td>Doon/Pioneer Park</td>
<td>44</td>
<td>St. Jacobs</td>
</tr>
<tr>
<td>22</td>
<td>Hidden Valley/Pioneer Tower</td>
<td>45</td>
<td>Woolwich Rural East</td>
</tr>
<tr>
<td>23</td>
<td>North Cambridge</td>
<td></td>
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</tbody>
</table>
Dear Parent/Caregiver

Region of Waterloo Public Health is working to provide the best possible programs and services. The Child and Family Health Division is asking that you provide feedback on your Child Health Fair experience. The form will take you less than three minutes to complete.

Your response will be used by Public Health to improve our Child Health Fairs to better serve your needs. A summary of the results will be available to anyone who is interested. Any changes that will be made to the Child Health Fairs will be communicated to the Public.

Do I have to fill out the Feedback Form?
No. You can choose not to fill out the form and/or you can skip any questions you do not want to answer. **Whether or not you fill out the form is not recorded and will not affect your future Child Health Fair experience.**

Are my answers confidential?
Yes. At the end of the survey, you will be asked if you would be willing to have a Public Health staff member contact you in four months for a quick follow-up questionnaire. Providing your contact information is optional. If you choose to provide your contact information, only public health staff will have access to this information. It will only be used to contact you for the follow-up questionnaire. **We will not include your name or contact information in any reports.**

Do you have questions?
If you do not understand a question or would like help while completing the form, please speak with the person who gave you this letter or ask a Public Health staff member. If you want more information about the feedback form or would like to receive a copy of the results, please contact Heidy Choi-Keirstead, Manager of Information and Planning at HChoi-Keirstead@regionofwaterloo.ca, or by phone at 519-575-4400 x 5028.

You can now start to fill out the form if:
- You understand why the feedback form is being done
- You know that you can choose to participate or not
- You have decided that you want to participate

Turn page over to begin!
1. Have you attended a Child Health Fair before?  Yes ☐  No ☐
a. If Yes, what is your reason for attending another? ________________________________

2. Where did you hear about this Child Health Fair? (please check all that apply)
☐ Early Years Centre ☐ Friend/Relative ☐ Website (Region of Waterloo Public Health)
☐ School ☐ Flyer ☐ Newspaper
☐ Health Care Provider ☐ Twitter ☐ Facebook
☐ Other: ______________________________________________________________________

3. Overall, did you get what you needed from the Child Health Fair?
☐ Yes  ☐ No  ☐ I got part of what I needed
a. If no or partly, please explain: ________________________________________________

Please use the check-boxes on the right to answer the following questions about your Child Health Fair experience:

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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<tr>
<td>2</td>
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<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

a. Overall, how satisfied are you with the Child Health Fair staff’s ability to answer your questions? ☐ ☐ ☐ ☐ ☐
b. Overall, how satisfied are you with how easy it was to register for the Child Health Fair? ☐ ☐ ☐ ☐ ☐
c. Overall, how satisfied are you with the screening provided at the Child Health Fair? ☐ ☐ ☐ ☐ ☐
d. Overall, how satisfied are you with the location of this Child Health Fair? ☐ ☐ ☐ ☐ ☐

4. Did you learn anything new about your child’s growth and development from this fair?  Yes ☐  No ☐
a. If yes, how likely is it that you will use this new information?
☐ Very unlikely ☐ Unlikely ☐ Likely ☐ Very likely

5. Did you learn anything new about services for your family from this fair?  Yes ☐  No ☐
a. If yes, how likely is it that you will contact these services?
☐ Very unlikely ☐ Unlikely ☐ Likely ☐ Very likely

6. Do you have a family physician?  ☐ Yes  ☐ No

7. Have you heard of an 18 month checkup?  ☐ Yes  ☐ No  ☐ Somewhat
a. If yes, have you taken your child for an 18 month checkup?  ☐ Yes  ☐ No

8. Where do you usually find information about services available for young children? (Check all that apply)
☐ Doctor ☐ DVD’s ☐ Websites ☐ Facebook ☐ Library ☐ Newspaper
☐ Pamphlets ☐ Books ☐ Youtube ☐ Magazines ☐ Other, please specify: _____________________

9. What is your gender?  ☐ Male ☐ Female ☐ Other, how do you identify?: ______________________

10. What is your age?
☐ Under 20 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40 or older
11. What is the age of your child or children? (Check multiple boxes if needed)
- 0-6 months
- 7-11 months
- 1-2 years
- 2-3 years
- 4-5 years
- 6 years
- Older than 6 years

12. What is your postal code?

13. What is the highest level of schooling that you have completed?
- No formal education
- Elementary school
- High school
- College / University
- Master or PhD
- Other
  (specify): __________________________

14. What language do you speak most often at home?

15. Would you be willing to have Region of Waterloo Public Health contact you in four months for a quick follow-up questionnaire?
- Yes
- No
  a. If yes, please provide your:
  First Name: __________________ Phone number and best time to call: ______________________

Thank you for your feedback.
# Appendix D: Telephone Follow-up Questionnaire

## Instructions for Survey User

- The script followed will be different based on your particular respondent’s survey response.
- Please see your respondents' answers to questions 4, 5 and 7 on their parent/caregiver feedback form prior to contact. This will help you map out your survey script.

Proceed to the next page when you are ready to begin with your respondent.

Please note:
If a caller asks a question you are unable to answer, please transfer them to call response by pressing transfer, entering the extension 3925, and pressing transfer again.

## Phone Script:

"Hello. My name is ________from Region of Waterloo Public Health. May I speak with ______ Please?"

"You attended a child health fair and indicated on our feedback form that you would be open to answering a few questions about your experience. The questions should only take between 2-5 minutes to answer."

NOTE: If the person who answers the phone is not the survey participant: "Can you please ask ______ to call me back at 519-575-4400 ext ____? Thank you and have a great day/afternoon.

NOTE: If the person who answers the call asks the purpose of the phone call and if they can answer any questions: "I am calling to conduct a survey about an event that was put on by Region of Waterloo Public Health's Child and Family Health Division."

If the person asks if they can answer the questions/ respond to the survey: "I only need to speak with those who attended the event".

1. "Is now a good time to talk?"

   - Yes - Proceed to next page
   - No - Ask "When is a better time for me to call back?" Record below and say thank you for your time.

2. Record the name of respondent:__

3. "Great. The first question I have for you is are you the mother/father of the child that was brought to the child health fair? If not, please indicate your relationship."
4. For survey user:
You must refer to your respondent's feedback form.

The first part of the answer refers to your respondent's answer to question 4. The second part of the answer refers to your respondent's answer to 4A

Select the option which contains your respondent's answers. The response for this question will determine your survey path.

- Yes - Very Likely / Likely - Proceed to Page 5
- Yes - Very Unlikely/ Unlikely - Proceed to Page 6
- No - Proceed to Page 7

5. "Firstly, you answered that you **did** learn something new about your child's development, and that you were **likely/very likely** to use this new information.

Do you remember what specific new information you learned that **night/day**?"

6. "Did you end up using this new information in any way since the fair?" **After recording answer, proceed to Page 7 question 9.**

7. "On the parent feedback form, you answered that you **did** learn something new about your child's development, and that you were **unlikely/very unlikely** to use this new information."
"Do you remember what specific new information you learned that night/day?"

8. "Did you end up using this new information in any way since the fair?"

9. Please indicate your respondent’s answers to Question 5 and 5A from their parent/caregiver feedback form.
   - Yes- Very Likely/Likely - Proceed to Page 8
   - Yes - Very Unlikely/Unlikely - Proceed to Page 9
   - No - No - Proceed to Page 10

10."On the parent feedback form, you answered that you did learn something new about services for your family at the fair, and that you were likely/very likely to contact these services. Which services did you end up contacting after the fair?" After recording answer, Proceed to Page 11 Question 13.

11."On the parent feedback form, you answered that you did learn something new about services for your family at the fair, but you were unlikely/very unlikely to contact these services. Did you end up contacting a service after the fair? If yes, which one did you contact?" After recording answer, proceed to Page 11 Question 13.
12. "You answered that you did not learn something new about services for your family at the fair. Even though you didn’t learn something new about any services for your family, did you still find the fair useful? Please explain."

13. "Please refresh my memory, how old is your child that you brought to the child health fair?"

- Less than 18 months
- 18 months or older

14. The first part of the answer refers to your respondent’s answer to question 7. The second part of the answer refers to your respondent's answer to 7A

Select the option which contains your respondent’s answers.

- Yes/Somewhat - Yes - Proceed to Page 15 (END OF SURVEY)
- Yes/Somewhat - No - Proceed to Page 13
- No - Proceed to Page 14

15. "On the parent/caregiver feedback form, you indicated that you knew about the 18 month check up, but did not take your child for the 18 month check-up. Would you mind sharing your reasons why you didn’t take your child for the check-up?" After recording answer, proceed to Page 15 (END OF SURVEY)
"You answered that you did not know what the 18 month check up is. Do you mind if I tell you the benefits of the 18 month checkup?" If yes, proceed:

"At the 18 month check-up, also know as the enhanced 18 month old visit, your health care provider will review your child’s growth and development with you in more detail. This gives you the opportunity to discuss your child’s development and ask any questions you may have. This more detailed check-up also allows early identification of any concerns and opportunity for referrals to specialized community services, if necessary, for your child."

"That's all the questions I have for you today. Thank you for your time."
Child Health Fair Feedback Form – Consent Letter

Dear Child Health Fair Staff/Volunteers

Region of Waterloo Public Health is working to provide the best possible programs and services. The Child and Family Health Division is asking that you provide feedback on your Child Health Fair experience. The form will take you less than three minutes to complete.

Your response will be used by Public Health to improve our Child Health Fairs to better serve your needs. A summary of the results will be available to anyone who is interested. Any changes that will be made to the Child Health Fairs will be communicated to the Public.

Do I have to fill out the Feedback Form?
No. You can choose not to fill out the form and/or you can skip any questions you do not want to answer. Whether or not you fill out the form is not recorded and will not affect your future Child Health Fair experience.

Are my answers confidential?
Yes. At the end of the survey, you will be asked if you would be willing to be a part of a follow up focus group. Providing your contact information is optional. If you choose to provide your contact information, only public health staff will have access to this information. It will only be used to contact you for the follow-up focus group. We will not include your name or contact information in any reports.

Do you have questions?
If you do not understand a question or would like help while completing the form, please speak with the person who gave you this letter or ask a Public Health staff member. If you want more information about the feedback form or would like to receive a copy of the results, please contact Heidy Choi-Keirstead, Manager of Information and Planning at HChoi-Keirstead@regionofwaterloo.ca, or by phone at 519-575-4400 x 5028.

You can now start to fill out the form if:
• You understand why the feedback form is being done
• You know that you can choose to participate or not
• You have decided that you want to participate

Turn page over to begin!
STAFF & VOLUNTEER FEEDBACK FORM
CHILD HEALTH FAIR 2014

1. Have you participated in a Child Health Fair before?
   □ Yes  □ No

   a. If yes, what are your reasons for returning?
      ______________________________________________________________
      ______________________________________________________________

2. Overall, did the Child Health Fair meet your expectations?
   □ Yes  □ No  □ Somewhat

   a. If no or somewhat, please explain:
      ______________________________________________________________
      ______________________________________________________________

3. Please use the check-boxes on the right to answer the following questions about your Child Health Fair experience:

   e. At the fair, I was able to network with other community service staff.
      □ 1  □ 2  □ 3  □ 4  □ 5
   f. From the fair, I have became more aware of the services provided by other community agencies and programs.
      □ 1  □ 2  □ 3  □ 4  □ 5
   g. This fair was in a convenient location for our organization.
      □ 1  □ 2  □ 3  □ 4  □ 5
   h. The fair is a great place to promote our services and programs.
      □ 1  □ 2  □ 3  □ 4  □ 5

4. Please list suggestions/ideas for improving future Child Health Fairs:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Other comments:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. Which community organization are you representing? ____________________________

7. How many Child Health Fairs have you participated in?
   □ 0-1  □ 2-3  □ 4-5  □ 6 or more

8. Would you be willing to have a Public Health representative contact you to sit in on a focus group? □ Yes  □ No
   a. If yes, please provide your:
      First Name: __________________________________________________
      Phone Number and Best time to call: ______________________________
Appendix F: Map of all CHF Attendees by Neighbourhood in 2014

Legend of Neighbourhoods, Waterloo Region, 2011

<table>
<thead>
<tr>
<th>#</th>
<th>Neighbourhood</th>
<th>#</th>
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Appendix G: Maps of the Proportion of CHF Attendees by Neighbourhood for Each Child Health Fair in 2014.

Proportion of Child Health Fair Attendees by Neighbourhood, March 21, 2014. YMCA Ontario Early Years Centre, Roger St., Waterloo.
Proportion of Child Health Fair Attendees by Neighbourhood, Waterloo Region, September 2014

Proportion of Child Health Fair Attendees by Neighbourhood, September 18, 2014. St Bernadette School, Kitchener
Proportion of Child Health Fair Attendees by Neighbourhood, December 5, 2014. Our Place Family Resources and OEYC, Kitchener.