

# Head Start Health Managers Descriptive Study

## Appendix B-1

### Head Start Director Survey Questionnaire

October 9, 2012

*NOTE: This questionnaire is annotated to show (1) headers for each module and the objective for that section; and (2) question numbers and instructions to the online survey programmer (in red). This text will not appear in the online survey instruments. Please see Appendix G for illustrative screen shots from the MMIC™ (Multimode Interviewing Capability) system.*

## **HOME PAGE FOR HEAD START HEALTH MANAGERS DESCRIPTIVE STUDY:**

OMB No.: XXXX-XXXX

Expiration Date: MM/DD/YYYY

### **Welcome to the Head Start Health Managers Descriptive Study**

#### **Head Start Director Survey**

The Office of Head Start, Administration for Children and Families (ACF) within the Department of Health and Human Services (DHHS), is funding a Head Start Health Managers Descriptive Study. This study is being conducted by the RAND Corporation. The purpose of the Head Start Health Managers Descriptive Study is to provide a current snapshot of health-related activities and programming within Early Head Start (EHS), Head Start (HS), Migrant and Seasonal (MSHS), and American Indian and Alaska Native (AIAN) programs.

Your responses to this survey will provide important information about:

- The characteristics and responsibilities of health managers and other stakeholders;
- The current landscape of health programs and services being offered to children and families;
- Procedures for how health initiatives are prioritized, implemented, and sustained;
- Facilitators and barriers to providing health-related services, support, and education to children, families and staff.

The survey will take about 15 minutes to complete. If needed, you can save your responses and return to the survey later. At the end of the survey, you may print a hard copy for your records. Thank you for your participation!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

**[Click here to continue](#)**

## Explanation and Consent for Director Survey

The Office of Head Start, Administration for Children and Families (ACF) within the Department of Health and Human Services (DHHS), is funding a Head Start Health Managers Descriptive Study. This study is being conducted by the RAND Corporation. The purpose of the study is to provide a current snapshot of health-related activities and programming within Early Head Start (EHS) and Head Start (HS) programs, to better understand the context in which the health service area operates, and to identify the current needs of health managers and health staff as they work towards improving the health of HS children, parents and staff. The objectives of the survey are to:

1. Describe the characteristics of health managers and related staff in HS and EHS programs;
2. Identify the current landscape of health services being offered to children and families;
3. Determine how health initiatives are prioritized, implemented, and sustained; and
4. Identify the programmatic features and policy levers that exist to support health services including staffing, environment, and community collaboration.

This study is descriptive; it is not designed to capture individual child or family data or performance standards compliance. Data from this study will not be used for monitoring purposes. Instead this study will provide the Office of Head Start with a picture of what Head Start programs are working on and the areas in which further assistance may be needed.

As part of this study, we are asking all program directors to complete a short, 15-minute on-line survey that will provide us with some basic information about your program. We will also ask you to provide the name and contact information for your program's health manager, who will then receive an invitation to participate in an on-line survey for health managers. The survey allows you to stop and save your responses at any time and return to them later for completion.

The risk to participation in this study is minimal. In any written reports of the data obtained from this survey, your responses will be combined with others and reported together. If quotations are used in any reports, they will not be connected to an individual or grantee. Identifiable information that you provide (e.g., name, program) will not be shared with anyone outside of the RAND project staff without your permission, except as required by law. At the end of the study, we will destroy any information that identifies you as a participant. There may be questions for which you do not have answers, but as stated earlier, we will not identify your name in any report.

Although there are no direct benefits to you for answering the following questions, your participation in this study will provide information that will help Head Start improve the health service area and the support that you receive to enhance your health programming. You will be able to print or save a copy of your responses to the survey for your own records.

Taking part in this survey is voluntary and you may choose to skip any questions that you do not want to answer. While your participation is voluntary, we do hope you will decide to contribute to this important study. Your participation is extremely important to ensure that we capture what is occurring in all Head Start programs.

If you have any questions or comments about the study please contact Lynn Karoly ([Lynn\\_Karoly@rand.org](mailto:Lynn_Karoly@rand.org), 703-413-1100 x 5359) or Laurie Martin ([Laurie\\_Martin@rand.org](mailto:Laurie_Martin@rand.org), 703-413-

1100 x 5083). If you have any questions about your rights as a research participant, you may contact Tora Bikson, Administrator, RAND Human Subjects Protection Committee by phone at (310)393-0411 or by email: [tora\\_bikson@rand.org](mailto:tora_bikson@rand.org)

Do you agree to participate in this study?

Yes → proceed to survey

No → Thank you for your consideration

## MODULE 1: PROGRAM AND HEALTH COMPONENT BACKGROUND

(Not shown on screen) **OBJECTIVE OF MODULE 1: To obtain information on who in your program implements the EHS/HS health component, the director’s role in the health component, the health component budget, and other background information on the EHS/HS program.**

Thank you for agreeing to take part in this study. The questions that follow will help us learn a bit more about your EHS/HS program. We would also like your help in identifying the most appropriate staff member to complete the health manager survey.

We use the term “health service area” to mean things that relate to physical health and safety, behavioral health and oral health. All questions in this survey refer to Head Start (HS), Early Head Start (EHS), Migrant Seasonal (MS), and American Indian and Alaska Native programs (AIAN), but we refer to EHS/HS for brevity.

*[Programmer note: question number in brackets is the parallel question in the HM survey]*

DIR01: Who is responsible for the health service area of your EHS/HS program? Please list name, email address, and phone number. Often this individual has the title of “health manager”, please indicate if you use a different title. If there is more than one health manager, please provide the name and contact information for each health manager.

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Office Phone \_\_\_\_\_  
Job Title: 1. Health manager  
2. Other (specify) \_\_\_\_\_

Do you have more than one health manager for your program?

1. Yes → *[Programmer note: display another contact information form above]*
2. No

DIR02: Are you involved in any of the following activities related to the Health Services Advisory Committee (HSAC)? **Check all that apply.**

- a. Identifying potential members
- b. Selecting members
- c. Providing input on committee activities
- d. Scheduling committee activities
- e. Attending committee meeting
- f. Other (specify) \_\_\_\_\_

- g. No involvement

**Instructions on screen:** Now we have a few questions about the population of families and children served by your EHS/HS program.

DIR03: EHS/HS programs face many challenges in serving high need or high risk families. Which, if any, of the following special populations do you serve? **Check all that apply.**

- a. Homeless families
- b. Teen parents
- c. Children with disabilities
- d. Children in foster care
- e. Military families
- f. American Indian and Alaska Native
- g. Migrant and seasonal families
- h. Others? (Specify) \_\_\_\_\_
- i. Do not serve any special populations
- j. Don't know

**Instructions on screen:** The next two questions are about your overall program budget and specifically about the budget for the health component. Again, all your responses are confidential and will not be shared with anyone.

DIR04: What is the total operating budget (federal plus non-Federal) for your EHS/HS program for the current grant year? \_\_\_\_/\_\_\_\_ Grant year start date (mo/yr)  
\_\_\_\_/\_\_\_\_ Grant year end date (mo/yr)  
\$\_\_\_\_\_ Total operating budget

DIR05: What is the total budget (federal plus non-Federal) for the Health Component in the current grant year? \$\_\_\_\_\_ Total health component budget

DIR06. What happens if the need for treatment exceeds the designated budget? **Open ended.**

DIR07: Provide your best estimate for the proportion of your health budget that goes towards covering out of pocket costs incurred by uninsured or underinsured families.  
\_\_\_\_\_%

## MODULE 2: DIRECTOR BACKGROUND

**(Not shown on screen) OBJECTIVE OF MODULE 2: To describe the demographic and professional background of the director.**

**Instructions on screen:** Now we have a few questions about your educational background and work experience.

DED01 : What is the highest grade or year of school that you completed? **Select one.**

1. Less than a high school diploma/equivalent (GED)
2. High School Diploma/Equivalent (GED)
3. Vocational/Technical Program After High School But No Vocational/Technical Diploma
4. Vocational/Technical Diploma After High School
5. College Coursework But No Degree
6. Associate's Degree
7. Bachelor's Degree
8. Graduate Or Professional School But No Degree
9. Master's Degree (MA, MS, MPH, MSN)
10. Doctorate Degree (Ph.D., Ed.D.)
11. Other Postgraduate Degree (Medicine/MD; Dentistry/DDs; Law/JD/LIb; Etc.)

DED02 : Please describe how much coursework you had in the following areas? **Select one response per row.**

	NUMBER
	1. I have not completed any course work in this area 2. I completed a few courses 3. I received an AA or completed a certificate program in this area 4. I received a BA in this area (e.g., major, minor, concentration) 5. I received my master's, doctorate or other postgraduate degree in this area
a. Child health and development	1 2 3 4 5
b. Children with special health care needs/disability	1 2 3 4 5
c. Medicine	1 2 3 4 5
d. Nursing	1 2 3 4 5
e. Behavioral or mental health (e.g., counseling, family therapy)	1 2 3 4 5
f. Social work	1 2 3 4 5
g. Health education	1 2 3 4 5

h. Nutrition	1 2 3 4 5
i. Physical fitness/physical education	1 2 3 4 5
j. Public health/community health	1 2 3 4 5
k. Other health topic (specify _____)	1 2 3 4 5

DED03 : Have you ever had any certificates, credentials, or state awarded licenses pertaining to health such as medicine, nursing, social work, or health education? **Select one.**

1. Yes
2. No →SKIP TO DED05

DED04 : For each one that you have had, say whether it is active at this time. **Check all that apply.**

**[Programmer note. show in grid]**

LICENSE/CERTIFICATION	CURRENT
	1. Yes, it is active at this time 2. No, I had one but it is not active now 3. Not applicable
a. A license as a physician (MD)	
b. A license as an osteopath (DO)	
c. A license as a registered nurse (RN)	
d. A license as a licensed practical nurse (LPN)	
e. A licensed vocational nurse	
f. A certification as a nurse practitioner (NP)	
g. A certification as a school nurse	
h. A certification or license as a social worker	
i. A certification or license as a counselor	
j. A certification or license as a psychologist	
k. A license as a psychiatrist	
l. A license as a dentist	
m	
. A certification or license as a dental hygienist	
n. A certification or license as a nutritionist	
Other license, certificate or credential (Please specify)	
o. _____	

DED05 : Counting this program year, how many years have you ever worked ... Note: you may have the same answer for more than one row

**[Programmer note: show in grid. Check that b is not greater than a.]**

WORK HISTORY (rows)		TIME 1. No experience of this type 2. Less than 1 year 3. 1-2 years 4. 3-5 years 5. 6-10 years 6. 11-24 years 7. 25 years or more						
a.	With children under 6 years of age in any child care or education setting? (Include years as child care provider, teacher, director, etc., for EHS/HS and non-Head Start settings, but do not include years spent raising your own children.)	1	2	3	4	5	6	7
b.	In any EHS/HS programs? (Include MSHS and AIAN)	1	2	3	4	5	6	7
c.	In any Migrant and Seasonal (MSHS) EHS/HS programs, specifically?	1	2	3	4	5	6	7
d.	In any American Indian or Alaska Native (AIAN) EHS/HS programs, specifically?	1	2	3	4	5	6	7
e.	As a health manager in an EHS/HS program?	1	2	3	4	5	6	7
f.	In a health care setting, such as a community health clinic or school-based health center?	1	2	3	4	5	6	7

DED06 [STF05]. Aside from your responsibilities as program director, do you have other responsibilities with this EHS/HS program? **Select one.**

1. Yes
0. No → SKIP TO DED08

DED07 [STF06]. Other than your responsibilities as director, what other responsibilities do you have with EHS/HS?

- a. \_\_\_\_\_ Responsibilities/job title
  - b. \_\_\_\_\_ Responsibilities/job title
  - c. \_\_\_\_\_ Responsibilities/job title
1. Teacher
  2. Teacher's aide/instructional aide
  3. Education coordinator
  4. Family service worker/home visitor
  5. Outreach staff/recruiter/enrollment coordinator
  6. Counselor

7. Disability coordinator
8. Parent involvement coordinator
9. Behavioral health (or mental health) coordinator
10. Nutrition coordinator
11. Culinary or food services staff
12. Receptionist/office staff
13. Bus driver or related transportation
14. Center director, associate center director, or other program manager
15. Other (Specify) \_\_\_\_\_
16. No additional responsibilities→ SKIP to STF08

DED08 : Before the position you have now, what other positions have you held at your program now or another EHS/HS program?**Check all that apply.**

- a. Health manager at another EHS/HS program
- b. Health coordinator
- c. Teacher
- d. Teacher's aide/instructional aide
- e. Education coordinator
- f. Family service worker/home visitor
- g. Outreach staff/recruiter/enrollment coordinator
- h. Counselor
- i. Disability coordinator
- j. Parent involvement coordinator
- k. Behavioral health (or mental health) coordinator
- l. Nutrition coordinator
- m. Culinary or food services staff
- n. Receptionist/office staff
- o. Bus driver or related transportation
- p. Center director, associate center director, or other program manager
- q. Other (Specify) \_\_\_\_\_
- r. None – no previous positions

**Instructions on screen:** In this final section, we have a few questions about your background including what languages you speak, read, or understand.

DDM01 : What is your sex? **Select one.**

1. Male
2. Female

DDM02 : Are you Hispanic, Latino/a, or Spanish origin? **One or more categories may be selected.**

- a. No, not of Hispanic, Latino/a, or Spanish origin
- b. Yes, Mexican, Mexican American, Chicano/a
- c. Yes, Puerto Rican
- d. Yes, Cuban
- e. Yes, another Hispanic, Latino, or Spanish origin

DDM03 : What is your race? **One or more categories may be selected.**

- a. White
- b. Black or African American
- c. American Indian or Alaska Native
- d. Asian Indian
- e. Chinese
- f. Filipino
- g. Japanese
- h. Korean
- i. Vietnamese
- j. Other Asian
- k. Native Hawaiian
- l. Guamanian or Chamorro
- m. Samoan
- n. Other Pacific Islander

DDM04 [DEM04]: How well do you speak English?

1. Very well
2. Well
3. Not well
4. Not at all

DDM05 [DEM05]: Do you speak a language other than English at home?

1. Yes
2. No -> SKIP to DDM07

DDM06 [DEM06]: What is this language?

- a. Spanish
- b. Other Language (Specify)

DDM07 [DEM07]: Is your age...? **Select one.**

1. Under age 25
2. 25 to 34
3. 35 to 44
4. 45 to 54

5. 55 to 64
6. 65 or older

DDM08 : Do you or did you ever have a child in your household who attends/attended EHS/HS?Head  
Start now? **Select one.**

1. Yes → SKIP to closing text
2. No

DDM09 [DEM14]: Is there anything else that you would like to share about the health services area or health needs of the children and families in your program? **Open ended.**

**Instructions on screen:** Thank you for taking the time to fill out this important survey!