**Head Start Health Managers Descriptive Study**

**Appendix J**

**Responses to Federal Register Notice and Response**

**March 6, 2012**

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| **Appendix J: Response #1 to Federal Register Notice** |

**From:** Kevin Martin [mailto:kmartin@scheadstart.com]

**Sent:** Thursday, January 12, 2012 8:07 AM

**To:** ACF OPREInfoCollection

**Subject:** Health survey

I feel that this survey is very much needed and should be implemented  --

Kevin Martin

Health Services Manager

Strafford County Head Start

603-652-0990 ext 151

[kmartin@scheadstart.com](mailto:kmartin@scheadstart.com)

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| **Response** |

None required.

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| **Appendix J: Response #2 to Federal Register Notice** |

**From:** Marilyn Wagner [mailto:mwagner@nocac.org]

**Sent:** Monday, January 23, 2012 9:00 AM

**To:** ACF OPREInfoCollection

**Subject:** Head Start Health Services Survey

Hello

Collecting data from health services workers is an interesting approach. Would not the data produced by those workers speak more objectively and offer concrete proof of their effectiveness and knowledge by showing the numbers of children unserved, issues not resolved, referrals not made, etc.? The Program Information Report indicates that. So it is already known that some are unserved or partially served.

Likewise, would it not be more objective and revealing to examine unresolved issues children retain as well as which other providers were available and contacted by Health Services components of Head Start and Early Head Start Programs?

Determining how health initiatives are prioritized, implemented, and sustained would have to involve not only the health services manager, but their supervisors, who are the determining force for each program.

Sincerely,

Marilyn Wagner, Health Services

1933 East Second Street, Defiance, OH 43512

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| **Response** |

The purpose of the study is to provide a current snapshot of health-related activities and programming within Head Start and Early Head Start programs, to better understand the context in which the health services area operates, and to identify the current needs of health managers and health staff as they work towards improving the health of Head Start children, parents and staff. The study is intended to provide information on services currently provided to children and families and to identify the challenges that Head Start programs face. While outcomes data to which Ms. Wagner refers may be useful in understanding the *effectiveness* of the health services area, this study is not designed to evaluate effectiveness of health managers, nor is it designed to assess performance standards, which we agree would be better suited for an analysis of data available in the Program Information Report.

With respect to Ms. Wagner’s second paragraph, we agree that examining unresolved issues may be insightful and useful to the Office of Head Start. However, this comment is again focused on the effectiveness of the health services area, and would require a longitudinal study design rather than the cross-sectional one planned here. Little is currently known about the health services area, how it is structured, and how it operates within diverse Head Start settings. As such, this study is designed to provide a basic understanding to inform future training and technical assistance to health managers, and to identify areas of need where the Office of Head Start may consider focusing their resources. Results of this study will provide important information to facilitate future follow-up studies around the effectiveness of specific models or approaches to managing the health services area.

Per Ms. Wagner’s last two points, we agree that it is important to understand what types of providers and other community services are contacted by and engage with Head Start programs. A significant component of the survey is devoted to capturing this information. We also agree that Head Start directors and other supervisors are influential in the decision-making and program implementation process. As a result, several of our questions related to decision-making processes, barriers and facilitators include response options related to program director buy-in, funding for such activities, program priorities, and communication between the director and the health manager. We believe these questions will capture this important relationship and its impact on the health services area.