

Head Start Health Managers Descriptive Study

Appendix D-2

Head Start Health Manager Semi-Structured Interview Protocol

October 9, 2012

NOTE: This interview protocol is annotated to show (1) headers for each module and the objective for that section; and (2) question numbers and instructions to the interviewer (in red).

OMB No.: XXXX-XXXX

Expiration Date: MM/DD/YYYY

Explanation and Consent for Semi-Structured Interview

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 asked all health managers within EHS/HS programs to complete an on-line survey. We are also conducting interviews with a small number of health managers, family service workers, teachers and home visitors to gain a better, more in-depth understanding of the health service area within HS. This phone interview will take about 45 minutes.

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 immediate benefits to you for answering the following questions, results from this study are expected to yield benefits to you in the future in your role as health manager. Your participation in this study will provide important information that will help Head Start improve the

health service area and the support, training, and technical assistance that you receive to enhance your health programming.

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 Head Start programs.

If you have any questions or comments about the study please contact Lynn Karoly (Lynn_Karoly@rand.org, 703-413-1100 x 5359) or Laurie Martin (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

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 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you agree to participate in this study?

Yes → proceed to survey

No → Thank you for your consideration

A. CONTACT INFORMATION

OBJECTIVE OF MODULE A. To obtain contact information of staff who design and/or implement the EHS/HS health component.

Interviewer: Before we begin, it would be helpful to obtain some information on your background and role in the Head Start program.

CON1: Name _____

CON2: Title _____

CON3: Head Start Program Name _____

CON4: Contact Phone Number _____

CON5: Contact Email _____

CON6: Interviewer Name _____

CON7: Interview Date and Time _____

B. PLANNING AND IMPLEMENTING HEALTH ACTIVITIES

OBJECTIVE OF MODULE B. To describe the planning and implementation process of health activities within the program, including facilitators and barriers.

Interviewer: To start, we would like to walk through some of the steps you take to decide on, plan for, and implement health promotion activities in your Head Start program. You reported on some of this in the survey, but we would like to learn more about some of the strategies that work for you and what makes this process difficult. Again, for these questions we are talking about health promotion activities (anything that focuses on promoting healthy behaviors, and reducing the risk of disease or illness).

PIH1. Where do you go for information and/or technical assistance to support the health activities you conduct in your EHS/HS program? Please describe the sources of information you look for.

PIH2. How do you decide or prioritize which health promotion activities to conduct in the program? Walk me through this process.

Probe (if not covered):

- *burden of health issues in your program, community or self-assessment data*
- *Feedback from HSAC*
- *Feedback from parents*
- *Requirements by Head Start, local or state policy mandates*

PIH3. What factors make the process of deciding which health promotion activities to conduct easier? What factors make the process of deciding which activities to conduct more challenging?

PIH4. How do you find out about and chose what materials, curricula or program(s) you are going to use to address the health issues or health promotion activities you have selected?

Probe:

- *Recommendations from OHS*
- *Recommendations from other health managers, professional groups, websites*
- *Evidence base*
- *Logistics—resources required to implement, cost*

PIH5. When you implement health promotion activities, how do you roll-out the activity? What has worked well in this process? What impedes roll-out? Implementation?

Probe:

- *Staff, administrative buy-in*
- *Sustainability- policy change, monitoring/evaluation*
- *Training – intensity, duration, frequency*
- *Child receptivity*

C. HEALTH SERVICES ADVISORY COMMITTEE

OBJECTIVE OF MODULE C. To describe the roles and responsibilities of the Health Services Advisory Committee in supporting and informing the EHS/HS health component.

Interviewer: Next, we'd like to learn a bit more about the role and management of the Health Services Advisory Committee (HSAC).

HSC1 [IF HSHM survey indicates that the program shares a HSAC with another program]. What do you see as some of the benefits of sharing a HSAC with another program? What are some of the challenges?

HSC2. How do you establish and maintain a Health Services Advisory Committee that includes professionals and other volunteers from the community? What facilitates this process? What factors make this process challenging?

HSC3. In the survey you reported that your HSAC did the following activities very well (you rated them as strongly agree)[FILL IN FROM SURVEY]. It would be helpful to understand how you have achieved this so we might draw from examples where the HSAC is working well to achieve this objective. Could you

select 2-3 of these activities and talk about how you achieved them?

[Potential response items from survey]:

- a. Develops comprehensive health promotion programs for HS children, families, and staff
- b. Helps to develop health policies and procedures that support the health goals for HS children, families, and staff
- c. Engages parents in identifying and accessing sources of continuous, accessible health care
- d. Supports parents in becoming advocates for their children's health
- e. Supports parents as leaders in efforts to improve the health of their community
- f. Informs your program about current and emergent health issues, trends, and best practices
- g. Develops long- and short-term goals and objectives and strategies for implementing services that meet the needs of the community
- h. Advocates for community systems changes that support the health of the children and families in your program
- i. Helps to establish ongoing, collaborative partnerships with community organizations
- j. Educates health care providers, other professionals, and community leaders or policy makers on
the needs and issues of HS/EHS/MS/AIAN children and families
- k. Other (specify) _____

HSC4. Sometimes there is a real or perceived power differential between parents and professional service providers (e.g., physicians) on the Health Services Advisory Committee. What steps do you take to ensure that parents have a voice at the table? Feel comfortable participating?

D. SERVING THE MEDICALLY FRAGILE/CHRONIC CONDITION POPULATION

OBJECTIVE OF MODULE D. To describe how the needs of medically fragile children and/or those with chronic health conditions are met.

Interviewer: Now we'd like to ask a couple of questions about meeting the needs of medically fragile children and/or those with chronic health conditions.

MFP1. How do you serve children with multiple health needs? Is programming adapted in any way? If so, how?

MFP2. What challenges do you face in serving the children who are medically fragile, have chronic health issues, etc.? What happens for children that have a chronic health issue but do not meet the requirements for Part B/C?

MFP3. What supports (e.g., resources, training, staff, community partners) do you need that you don't have to support medically fragile children/children with chronic health conditions? Probe: Other challenges?

MFP4. What successes have you had in meeting the needs of children with multiple health needs? How did you arrive at this success? Describe.

E. Home Visiting

OBJECTIVE OF MODULE E. To describe the role of home visitors in EHS/HS programs.

HMV1. Do you work with home visitors in your program? If so, how do you train home visitors and work with them to implement health activities in the home? How do you monitor their activities?

HMV2. What about health case management services? To what extent does your program provide case management? Who provides case management services within your program? What is their case load?

HMV3. Does your program link with an external case manager through health services that you offer to some children and families (e.g., medically fragile)? What level of communication do you have with children's medical homes? What level of data sharing do you have?

F. PARTNERSHIPS WITH COMMUNITY PROVIDERS AND OTHER STAKEHOLDERS

OBJECTIVE OF MODULE F. To describe the network of community partners and other stakeholders that support health activities in EHS/HS and provide other health and social services for children and families.

Interviewer: Next, we'd like to learn a bit more about how you engage with community health providers and the extent to which you engage in the broader network of community services to support your Head Start families.

PRT1. How do you go about identifying and engaging health providers to support health services in your program? To support health promotion activities in your program? What has facilitated that process? What has made it difficult to engage health providers? What is the level of effort to engage and sustain these partnerships?

PRT2. Do you link with community health activities to support the health activities within Head Start (e.g., health fairs)? If so, how did that linkage come about (e.g., HSAC, you or staff participate in other community coalitions or boards)? If not, why not?

PRT3. How would you characterize your partnerships with community organizations to support Head Start health activities? Do you feel that your Head Start program is well-integrated into the community service network?

PRT4. Are there particular partnerships that you would like to have, and have not been able to forge? If so, what are they, and what has impeded that partnership to date?

PRT5. What do you consider a medical home? Which definition do you use for a medical home? Where did you get that definition?

PRT6. How do you work with children's medical homes?

G. MONITORING AND EVALUATION

OBJECTIVE OF MODULE G. To describe how health activities are monitored and evaluated, including potential facilitators.

Interviewer: In the survey, we asked about how you track the implementation and impact of your health activities. We'd like to learn more about that process.

MEV1. How do you know whether you are meeting your objectives re: health in your Head Start program? How do you track your progress or areas where you may be struggling? If so, what do you do with this information? (e.g., reach out to other HS programs)

Probe for evaluation information in these areas:

- health screening,
- referral for health services and following up on the referral,
- prevention activities,
- health education,
- treating or addressing the needs of medically fragile children/children with chronic health conditions)
- What do you do if parents do not follow-up with services?

MEV2. Do you evaluate/monitor your health activities? If so, how (classroom observation, monitoring changes in BMI, eating practices, etc.)? If not, why not?

Have any policies been created (e.g., policy on how much physical activity occurs) to facilitate implementation/sustainability of these evaluation processes? What are these policies?

MEV3. What recommendations/strategies would you suggest to better assist you in tracking and evaluating the health activities that you implement?

H. TRAINING/SUPPORT FOR HEALTH STAFF, AND HEALTH ACTIVITIES

OBJECTIVE OF MODULE H. To learn more about potential needs for training and support for the health component of the Head Start program.

Interviewer: Finally, we would like to learn more about what would help you (and your health staff) in your efforts to support health in your Head Start program.

TSP1. What training topics would benefit you and/or your health staff in support health activities in your program? What topics would benefit other Head Start staff (e.g., teachers)?

TSP2. How do you provide training on health topics? Explore duration, frequency, intensity, and topics.

TSP3. What other resources or support would help you in these areas:

- Addressing the needs of chronically ill children?
- Supporting health promotion activities in your program?
- Linking with community partners to support HS health activities?
- Evaluating your health efforts?
- Other?

TSP4. Is there anything else that you would like to share about your experience as a health manager?
The health needs of the children and families? The health needs of staff/teachers?

I. CONTACT INFORMATION FOR PROGRAM STAFF

OBJECTIVE OF MODULE H. To obtain contact information for up to two teachers, two family service workers, and two home visitors for additional interviews.

Interviewer: In addition to the online survey of health managers and the interview you have just completed, we will also be conducting interviews with a small number of teachers, family service workers, and home visitors. At this time, we would like to ask you to nominate other members of your program's staff in these positions to participate in the study. If individuals on your program's staff are selected for interview, they will have the opportunity to decide if they would like to participate. The information you provide will allow us to contact them to see if they would like to be included in the study.

Please nominate up to two teachers, two family service workers, and two home visitors and provide their contact information (phone and email). If your program operates different models (e.g., Early Head Start, Head Start, Migrant and Seasonal program, American Indian or Alaska Native program, home-based model), please nominate individuals for each position from different models.

POSITION(CIRCLE): TEACHER FSW HV	MODEL (CIRCLE): HS EHS MS AIAN	CENTER HOME
NAME	EMAIL	PHONE

POSITION(CIRCLE): TEACHER FSW HV	MODEL (CIRCLE): HS EHS MS AIAN	CENTER HOME
NAME	EMAIL	PHONE

POSITION(CIRCLE): TEACHER FSW HV	MODEL (CIRCLE): HS EHS MS AIAN	CENTER HOME
NAME	EMAIL	PHONE

POSITION(CIRCLE): TEACHER FSW HV	MODEL (CIRCLE): HS EHS MS AIAN	CENTER HOME
NAME	EMAIL	PHONE

POSITION(CIRCLE): TEACHER FSW HV	MODEL (CIRCLE): HS EHS MS AIAN	CENTER HOME
NAME	EMAIL	PHONE

POSITION(CIRCLE): TEACHER FSW HV	MODEL (CIRCLE): HS EHS MS AIAN	CENTER HOME
NAME	EMAIL	PHONE

POSITION(CIRCLE): TEACHER FSW HV	MODEL (CIRCLE): HS EHS MS AIAN	CENTER HOME
NAME	EMAIL	PHONE

POSITION(CIRCLE): TEACHER FSW HV	MODEL (CIRCLE): HS EHS MS AIAN	CENTER HOME
NAME	EMAIL	PHONE

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