

# Attachment C. Community and Home Visitor Survey Instrument

## Online Survey

This survey will be administered to two groups of participants: home visitors at MIEHCV-funded home visiting programs and community service providers who work with similar families. Throughout the protocol, we use two headings to indicate which group(s) of participants will respond to the questions that follow:

- o For all participants
- o For participants from home visiting agencies

## Introduction

Child Trends is conducting a research study funded by the Health Resources and Services Administration, or HRSA, to gather information about how home visiting can address challenges from COVID-19. Specifically, we are exploring home visiting's role in addressing health inequities arising from COVID-19, including how home visiting programs have supported families and communities through collaboration and adaptation. Your responses to these questions will provide helpful information used to inform recommendations for further programs, systems, and supports that may be needed.

We invite you to take this voluntary survey. The survey will take about 45 minutes to complete. Your responses will remain confidential. Only the study team will have access to this information. Your individual answers will not be shared with anyone at your program or any local or state agencies. Your responses will be combined with other responses and summarized in a final report. No individual program or respondent will be identified in any report. Some survey questions ask you to share about your experiences during the COVID-19 pandemic and may be upsetting for some people. It is up to you to share as you feel comfortable. You can skip any questions on the survey you do not want to answer.

We would like to thank you in advance for taking the time to respond thoughtfully to each of the questions in this survey. If you complete the survey by [DATE], you will receive a \$20 gift card as a thank you.

If you have any questions about the survey of the study, please contact the study team at [EMAIL] or [PHONE].

## Background Information

### **For all participants:**

The first set of questions will ask you to share information about your background and demographics.

1. What is the name of your agency?
2. What is your position at [AGENCY]?
3. How long have you worked in your current position?
  - a. Less than one year
  - b. 1-2 years
  - c. 3-5 years

- d. 6-10 years
- e. More than 10 years

4. Have you previously worked in any of the following settings within your community? Please select all that apply.
- a. Early childhood education (child care or Pre-Kindergarten)
  - b. School (K-12)
  - c. Hospital, health clinic
  - d. Social work
  - e. Child welfare/child protective services

## Families experience of COVID-19

### For all participants:

The next set of questions asks about the families you work with and their experiences during COVID-19.

5. Thinking about your caseload of families throughout the pandemic, please indicate how many families have experienced the following since March 2020.

	None Very few families About half of families More than half of families All families
Families have felt worried about contracting COVID-19 themselves	
Families have felt worried about their family/friends getting COVID-19	
Families have felt worried about spreading COVID-19	
Families have felt worried about having enough food because of COVID-19	
Families have felt worried about money because of COVID-19	
Families have felt worried about losing their job due to COVID-19	
Families have lost jobs due to COVID-19	
Families have felt worried about loss of income because of COVID-19	
Families have felt worried about medical bills if they get sick from COVID-19	
Families have felt worried about housing because of COVID-19	
Families have felt lonely due to social distancing, stay-at-home orders, and quarantines	
Families have felt more stress or discord on their relationships due to COVID-19	
Families have had a harder time getting necessities due to business closures	
Families have lost child care due to program closures	
Families have felt increased responsibility for older children's schooling due to school closures	
Families have experienced challenges with public transportation due to COVID-19	

6. Have families you work with been diagnosed with COVID-19? Please select all that apply.

- a. Yes, a family I work(ed) with was diagnosed, but managed symptoms at home
  - b. Yes, a family I work(ed) with was diagnosed, with severe symptoms and required hospitalization
  - c. Yes, a family I work(ed) with was diagnosed, with severe symptoms and required breathing support or ventilation
  - d. No
7. How many adults in the families you work with received at least one dose of the COVID-19 vaccine?
- a. All adults have received a vaccine
  - b. Most adults have received a vaccine
  - c. Some adults have received a vaccine
  - d. A few adults have received a vaccine
  - e. No adults have received a vaccine
  - f. I don't know
8. How many eligible children have received at least one dose of the COVID-19 vaccine?
- a. All children have received a vaccine
  - b. Most children have received a vaccine
  - c. Some children have received a vaccine
  - d. A few children have received a vaccine
  - e. No children have received a vaccine
  - f. I don't know
9. For families that have not received at least one dose of the vaccine, please indicate your perception of why they have not received it. Please select all that apply.
- a. Will only get the vaccine if required
  - b. Will not get the vaccine
  - c. Want to wait and see (e.g., until there is more research)
  - d. Experienced barriers to access vaccines
  - e. Mistrust of the medical system
  - f. Other (please specify)
  - g. I don't know
10. How has the pandemic changed the needs of families you work with? For each item, indicate whether families need access to the following supports or services much less or much more than they did before the pandemic.

	Much less	Somewh at less	About the same	Somewha t more	Much more	N/A
<b>Material Supports</b>						
Food						
Formula						
Diapers or wipes						
Other material supports						
<b>Resources/referrals for...</b>						
Mental health, social-emotional resources						
Housing or shelter						
Health care coverage (e.g., Medicaid, CHIP)						
Child care						
Unemployment						
Legal status, citizenship for undocumented						

	Much less	Somewhat less	About the same	Somewhat more	Much more	N/A
families						
Supplemental Nutrition and Assistance Program (SNAP) or foodbanks						
Other resource or referral (please specify)						

**For participants from home visiting agencies:**

11. Please select the following technological supports provided to families for use during virtual visits:
- Laptops
  - iPads or other tablets
  - Cellphone
  - Phone service/plan
  - Internet
  - Other technological supports
  - Not applicable / No virtual visits were conducted
  - No technological supports were provided

**Program Response to COVID-19**

**For all participants:**

The next set of questions asks about changes to your home visiting program throughout COVID-19. Please consider the following pandemic milestones when asking the following questions:

- March 2020: COVID-19 pandemic began in the US, shutdowns and “social distancing” began
- Early 2021: Vaccine became widely available for adults (all adults eligible in April)
- September 2022: Vaccines widely available for children (ages 5-11 eligible in November 2021; children <5 eligible in [MONTH] 2022)

12. What types of virtual services were you providing in place of in-home visits at the onset of the pandemic in March 2020? [select all that apply]
- Phone - voice only
  - Phone - video
  - Phone - text
  - Computer - video
  - Computer - voice only
  - Other (please specify)
  - I joined the program after March 2020
  - Not applicable / I was not providing home visits at this time
13. What types of virtual services were you providing in place of in-home visits in early 2021, when vaccines were widely available for adults? [select all that apply]
- Phone - voice only
  - Phone - video

- c. Phone - text
- d. Computer - video
- e. Computer - voice only
- f. Other (please specify)
- g. I joined the program after spring 2021
- h. Not applicable / I was not providing home visits at this time

14. What types of virtual services are you currently providing in place of in-home visits?

[select all that apply]

- a. Phone - voice only
- b. Phone - video
- c. Phone - text
- d. Computer - video
- e. Computer - voice only
- f. Other (please specify)
- g. Not applicable / I am not providing home visits

*If c is selected for #14, ask #15-#17:*

15. For the contact you have with families via text messages, how frequently do you text with these families in a typical week? Please enter the number of texts you typically send per week.

On average or for a typical family	___ Texts per week
When it is a lot of texts (for a family who has a lot of needs)	___ Texts per week
When it is a few texts (for family with few needs)	___ Texts per week

16. On average, how does your time spent texting compare to before COVID-19?

- a. I spend more time texting families now
- b. I spend about the same time texting families
- c. I spend less time texting families now
- d. I did not text families before COVID-19
- e. I joined the program after COVID-19 began

17. How does your time spent texting compare to the beginning of COVID-19?

- a. I spend more time texting families now
- b. I spend about the same time texting families
- c. I spend less time texting families now
- d. I did not text families before COVID-19
- e. I joined the program after COVID-19 began

**For participants from home visiting agencies, ask #18-#22:**

18. Please indicate whether your program provided each type of support and support staff listed below during the COVID-19 pandemic. [select all that apply]

	My program provided...
	Yes
	No

	My program provided...
<b>Support</b>	Don't Know
Written protocols for how to respond to screening results (Ex., a developmental screen for a child or a depression screen for a mother)	
Written protocols for when to make referrals and how to make referrals	
List of community resources for referrals	
IT support	
Support on how to conduct virtual visits	
<b>Support Staff</b>	
Consultants to help address specific family needs (mental health consultants, traditional healers)	
Mental health providers to work with families (therapists, counselors)	
Case manager/coordinator	
Nurse	
Early intervention provider	
Physical therapists, occupational therapists or speech therapists	

19. Are there additional supports that would have been helpful? [paragraph response]

20. What changes did your program make to the screening and assessment process? [select all that apply]

- a. Our program switched to virtual screenings and/or assessments
- b. Our program continued screenings and/or assessing in-person
- c. Our program changed the screening or assessment tools we used
- d. Screenings and/or assessments were paused temporarily
- e. Other (please specify)
- f. None
- g. I joined the program after COVID-19 began

21. How have changes to screenings affected referral practices, if at all? For example, has the pandemic impacted the frequency of referrals? [paragraph response]

22. How difficult has it been to fill your caseload during the COVID-19 crisis?

- a. It has been more difficult during COVID to build my caseload
- b. It has been about the same during COVID
- c. It has been less difficult during COVID
- d. My program is not actively enrolling new clients during COVID
- e. I joined the program after COVID-19 began

*If a or c is selected for #22, ask #23:*

23. Please explain why you chose that response. [paragraph response]

24. How has your caseload changed due to the COVID-19 crisis?
- a. My caseload has increased
  - b. My caseload has decreased
  - c. My caseload has remained the same

**For all participants:**

25. Since the beginning of the COVID-19 crisis (approximately early March 2020), have you experienced any of the following? [Select all that apply]

- a. Promotion
- b. Demotion
- c. Furlough
- d. Increase in hours
- e. Reduction in hours
- f. Deployment or reassignment to other work in your agency
- g. Some other type of position change (please specify)
  - i. If yes, please specify \_\_\_\_\_

26. Have you experienced changes to your compensation or employment status?

- a. Yes
  - If yes, have you experience an increase or decrease in your compensation?
  - i. Increase
  - ii. Decrease
- b. No

27. Do you anticipate there will be changes to your compensation?

- a. Yes
  - If yes, have you experienced an increase or decrease in your compensation?
  - i. Increase
  - ii. Decrease
- b. No
- c. I don't know

28. Do you anticipate that you will leave your position in the next 6 months?

- a. Yes
- b. No
- c. I don't know

29. Please indicate whether you have experienced the following throughout the pandemic.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Felt worried about contracting COVID-19						
Felt worried about your family/friends getting COVID-19						

Felt worried about spreading COVID-19						
Felt worried about money because of COVID-19						
Felt worried about having enough food because of COVID-19						
Felt worried about loss of income because of COVID-19						
Felt worried about losing your job because of COVID-19						
Felt worried about medical bills if you get sick from COVID-19						
Felt worried about housing because of COVID-19						
Felt lonely due to social distancing, stay-at-home orders, and quarantines						
Felt more stress or discord on your relationships due to COVID-19						
Had a harder time getting necessities due to business closures						
Lost child care due to program closures						

30. Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way **during the past week** by checking the appropriate box for each question.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
1. I was bothered by things that don't usually bother me.				
2. I had trouble keeping my mind on what I was doing.				
3. I felt depressed.				
4. I felt that everything I did was an effort.				
5. I felt hopeful about the future.				
6. I felt fearful.				
7. My sleep was restless.				
8. I was happy.				

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
9. I felt lonely.				
10. I could not "get going."				

Note: As measured by the 10-item version of the Center for Epidemiological Studies Depression Scale (CES-D)

## Home Visiting's Role in Health Equity

### For participants from home visiting agencies:

The next set of questions asks about your perceptions of your home visiting program's role in addressing health equity in your community.

### For all participants:

The next set of questions asks about your perceptions of home visiting's role in addressing health equity in your community. Please reflect on home visiting programs within your community.

31. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A / I don't have enough experience to rate
Home visiting programs play a vital role in addressing the needs of pregnant people, young children, and families						
Home visiting programs play a vital role in promoting prenatal health and preventing poor birth outcomes						
Home visiting programs play a vital role in promoting child health and pediatric care						
Home visiting programs play a vital role in promoting positive parenting behaviors						
Home visiting programs play a vital role in preventing child abuse and neglect						
Home visiting programs play a						

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A / I don't have enough experience to rate
vital role in preventing and reducing mental health issues						
Home visiting programs play a vital role in connecting families to needed community resources						
Home visiting programs prioritize health equity e.g., by developing health-equity specific goals and objectives						
Home visiting programs include families as leaders and decision-makers at all levels						
Home visiting programs meet the needs of families experiencing a disproportionate impact of health inequities						
Home visiting programs acknowledge historical contexts and oppression that exists within the community						
Home visiting programs identify and address institutional racism and its impact on health equity through organizational culture and communications						
Home visiting programs work collaboratively with families to select services to support their needs						

32. What factors make it difficult for home visiting programs to address gaps in health equity, if any? [paragraph response]

## Organizational Collaboration

### For all participants:

The next set of questions asks about the MIECHV-funded home visiting program(s) and the other community organizations that home visitors interact with the most (up to 10 organizations), such as pediatric providers, mental health providers, WIC providers, etc. Please note, for each organization you enter, you will be asked up to 8 follow-up questions.

33. Please provide the **name** of up to 10 community organizations that you interact with most frequently, and the type of service each organization provides to families:

Community Organization	Service or Support provided [Dropdown box; Select all that apply]
1.	Health Care
2.	<ul style="list-style-type: none"> <li>• OB/GYN or midwife</li> <li>• Pediatric provider</li> <li>• Primary care provider</li> <li>• Urgent care</li> </ul>
3.	Social Services
4.	<ul style="list-style-type: none"> <li>• Financial assistance</li> <li>• Food assistance</li> <li>• Employment or education assistance</li> <li>• WIC</li> </ul>
5.	Housing
6.	<ul style="list-style-type: none"> <li>• Homeless prevention</li> <li>• Transitional housing</li> <li>• Permanent supportive housing</li> <li>• County financing for housing</li> <li>• Section 8</li> <li>• Utility assistance</li> <li>• Rental assistance</li> </ul>
7.	Behavioral Health
8.	<ul style="list-style-type: none"> <li>• Mental health provider</li> <li>• Substance use treatment</li> <li>• Intimate Partner Violence</li> </ul>
9.	Child Services
10.	<ul style="list-style-type: none"> <li>• Early intervention</li> <li>• Child Care</li> <li>• Child abuse and neglect</li> </ul> <p>Other (please describe)</p>

34. How has [OTHER COMMUNITY ORGANIZATION] helped to reduce disparities in health and social outcomes? [select all that apply]

- a. Provided services in languages other than English
- b. Hired staff from the community
- c. Hired staff representative of people in the community
- d. I'm not sure
- e. Other (please specify)

35. What needs related to health and health equity have [OTHER COMMUNITY ORGANIZATION] **NOT** been able to address during the pandemic? [paragraph response]

36. In what ways do you interact with staff at [OTHER COMMUNITY ORGANIZATION]?  
[select all that apply]
- a. Making direct referrals for clients
  - b. Obtaining paperwork for enrollment
  - c. Following up on client's enrollment process
  - d. Consulting on a shared client
  - e. Attending shared trainings
  - f. Attending community events
  - g. Other (please specify)
  - h. I do not interact with staff at this organization

*If a, b, c, or d are selected for #36, ask #37:*

37. How do you rate the selected service provided by the organization?
- a. Very good
  - b. Good
  - c. Acceptable
  - d. Poor
  - e. Very poor

38. How frequently do you interact with staff at [OTHER COMMUNITY ORGANIZATION]?
- a. Daily
  - b. Weekly
  - c. Monthly
  - d. 3-4 times a year / Quarterly
  - e. 1-2 times a year
  - f. Other (please specify)

39. Please select which best describes the changes in collaboration between your program and [OTHER COMMUNITY ORGANIZATION] across the pandemic:
- a. This is a new partnership formed during the pandemic
  - b. This partnership is much stronger than before the pandemic
  - c. This partnership is somewhat stronger than before the pandemic
  - d. This partnership is about the same compared to before the pandemic
  - e. This partnership is weaker than before the pandemic
  - f. I joined the program after COVID-19
  - g. Other (please specify)

*If b, or c is selected for #39, ask #40:*

40. What made this partnership with [COMMUNITY ORGANIZATION] successful?  
[paragraph response]

## Demographics

### For all participants:

41. Please select your race. Select all that apply.
- a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Middle Eastern or North African
  - e. Native Hawaiian or Other Pacific Islander
  - f. White
  - g. Other (please specify)
  - h. Prefer not to answer

*If a is selected from #41:*

42. Please specify the tribe(s) you are a member/descendent of:

\_\_\_\_\_

*If b is selected from #41:*

43. Please specify the group(s) you most closely identify with (e.g., Asian Indian, Chinese, Filipino, Japanese, etc.) \_\_\_\_\_

*If e is selected from #41:*

44. Please specify the group(s) you most closely identify with (e.g., Native Hawaiian, Guamanian or Chamorro, Samoan, etc.) \_\_\_\_\_

45. Are you of Hispanic, Latine, or Spanish origin?
- a. Yes
  - b. No
  - c. Prefer not to answer

46. What languages do you speak? Select all that apply.
- a. English
  - b. Spanish
  - c. Chinese
  - d. Tagalog
  - e. Vietnamese
  - f. Other (please specify)

47. Is there anything else you would like to add about your experiences providing services to families during the COVID-19 pandemic?