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ABSTRACT

The purpose of this paper is to specify the design for evaluating the second year Health Start Program. This design is used as the basis for the determination of the data to be collected and the comparisons that will be made using these data to provide information to answer the policy questions asked by the Office of Child Development (OCD). For OCD, the basic purpose of the evaluation is to identify successful procedures, strategies, and methods of operation that could be transferred and applied to Head Start or other types of local health service delivery programs. In addition, rapid feedback was to be provided about: (a) whether local projects are complying with program guidelines and grant conditions; (b) the managerial efficiency of projects; and (c) the need for technical assistance either in management or substantive areas. This form of feedback is called project management in this paper, distinguishing it from the evaluation of the program which is the main purpose of this effort. For this analysis, two kinds of comparisons are made: (1) comparisons between particular procedures and strategies within the Health Start program; and (2) comparisons between Health Start and the health component of a sample of Head Start programs. Appendices contain the data collection instruments. (RC)

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August 16, 1972

HEALTH START ANALYSIS PLAN
AND DATA COLLECTION INSTRUMENTS
FOR SECOND PROGRAM YEAR

by

Garth N. Buchanan

and

Leona M. Vogt

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Table of Contents

	<u>Page</u>
I. INTRODUCTION	1
A. Program Development	2
B. Measurement Requirement and the Sources of Data	4
C. Analysis	5
D. Organization of Evaluation Plan	6
II. SITE SELECTION MODEL	7
A. Program Objectives	9
B. Program Guidelines	9
C. Research Questions	11
D. Quantitative Measures	12
E. Descriptions of Project Operations	12
F. Analysis Plan	12
III. START-UP MODEL	12
1A Program Objectives for Step 1: Staffing and Organization of Project	15
1B Program Guidelines	15
1C Research Questions	17
1D Quantitative Measures	17
1E Descriptions of Projects Operations	18
1F Analysis Plan	18
2A Program Objectives for Step 2: Coordination of Health Services	19
2B Program Guidelines	19
2C Research Questions	19
2D Quantitative Measures	20
2E Descriptions of Project Operations	20
2F Analysis Plan	21
3A Program Objectives for Step 3: Use of Grant Funds	22
3B Program Guidelines	22
3C Research Questions	22
3D Quantitative Measures	23
3E Description of Projects Operations	24
3F Analysis Plan	24
4-5A Program Objectives for Step 4 and 5: Outreach and Enrollment	24
4-5B Program Guidelines	25
4-5C Research Questions	25
4-5D Quantitative Measures	26
4-5E Descriptions of Project Operations	26
4-5F Analysis Plan	26

	<u>Page</u>
6A Program Objectives for Step 6: Organized Health Education Program	27
6B Program Guidelines	27
6C Research Questions	28
6D Quantitative Measures	28
6E Descriptions of Project Operations	28
6F Analysis Plan	28
 IV. SERVICE MODEL	 29
A. Program Objectives	31
B. Program Guidelines	31
C. Research Questions	31
D. Quantitative Measures	33
E. Descriptions of Project Operations	34
F. Analysis Plan	34
 V. FUTURE CARE MODEL	 37
A. Program Objectives	39
B. Program Guidelines	39
C. Research Questions	39
D. Quantitative Measures	39
E. Descriptions of Project Operation	40
F. Analysis Plan	40

APPENDIX A - Analysis Plan and Interview Formats for Assessing the Effectiveness of National and Regional Attempts to Coordinate Health Services at these Levels (Developed by Cynthia Thomas)

APPENDIX B - Field Collection Format

APPENDIX C - Quarterly Health Reporting Format

APPENDIX D - Health Start Planning Format
Health Start Expenditure Format

APPENDIX E - Analysis Plan and Survey Instrument for Assessing the Effects of Health Education on the Parent of enrolled Children (Developed by Richard B. Zamoff and Cynthia Lancer)

LIST OF FIGURES

<u>Figure</u>		<u>Page</u>
1.	Health Start Analysis Plan of Local Level Effectiveness	3
2.	Health Start - Site Selection Model	8
3.	Health Start - Start-Up Model	14
4.	Health Start - Service Model	30
5.	Health Start - Future Care Model	38

I. INTRODUCTION

The purpose of this paper is to specify the design for evaluating the second year Health Start Program. The evaluation will be carried out by the Urban Institute over the next year. This design is used as the basis for the determination of the data to be collected and the comparisons that will be made using these data to provide information to answer the policy questions asked by the Office of Child Development (OCD).

For OCD, the basic purpose of the evaluation is to identify successful procedures, strategies, and methods of operation that could be transferred and applied to Head Start or other types of local health service delivery programs. While it may be possible to identify "potentially" useful procedures or strategies from this analysis of the second year program, it must be stated at the beginning that it is very unlikely that we will be able to verify the success of particular procedures or strategies. The reason for this is that program models were not imposed on the second year projects, and, while allowing natural variation to occur usually will lead to the development of many program models, obtaining information about the relative effectiveness of the models is much more difficult and the results are less conclusive than in the case where the program variations are imposed and more carefully controlled. Consequently, in this second year analysis, the best we can hope for is the identification of some "potentially" useful procedures or strategies that can be modeled and imposed on the third year projects.

In addition to the detection of useful and transferable procedures and strategies, the Urban Institute was requested to provide OCD staff with

rapid feedback about: a) whether local projects are complying with program guidelines and grant conditions; b) the managerial efficiency of projects; and c) the need for technical assistance either in management or substantive areas. This form of feedback will be called project monitoring in the remainder of this paper, distinguishing it from the evaluation of the program which is the main purpose of this effort.

For this analysis, two types of comparison will be made: 1) comparisons between particular procedures and strategies within the Health Start program; and 2) comparisons between Health Start and the health component of a sample of Head Start programs. Figure 1 is a schematic diagram which summarizes the evaluation plan for assessing the effectiveness of the overall program, for assessing the relative effectiveness of different local level strategies and methods of operation, and for monitoring the local projects.

A. Program Development

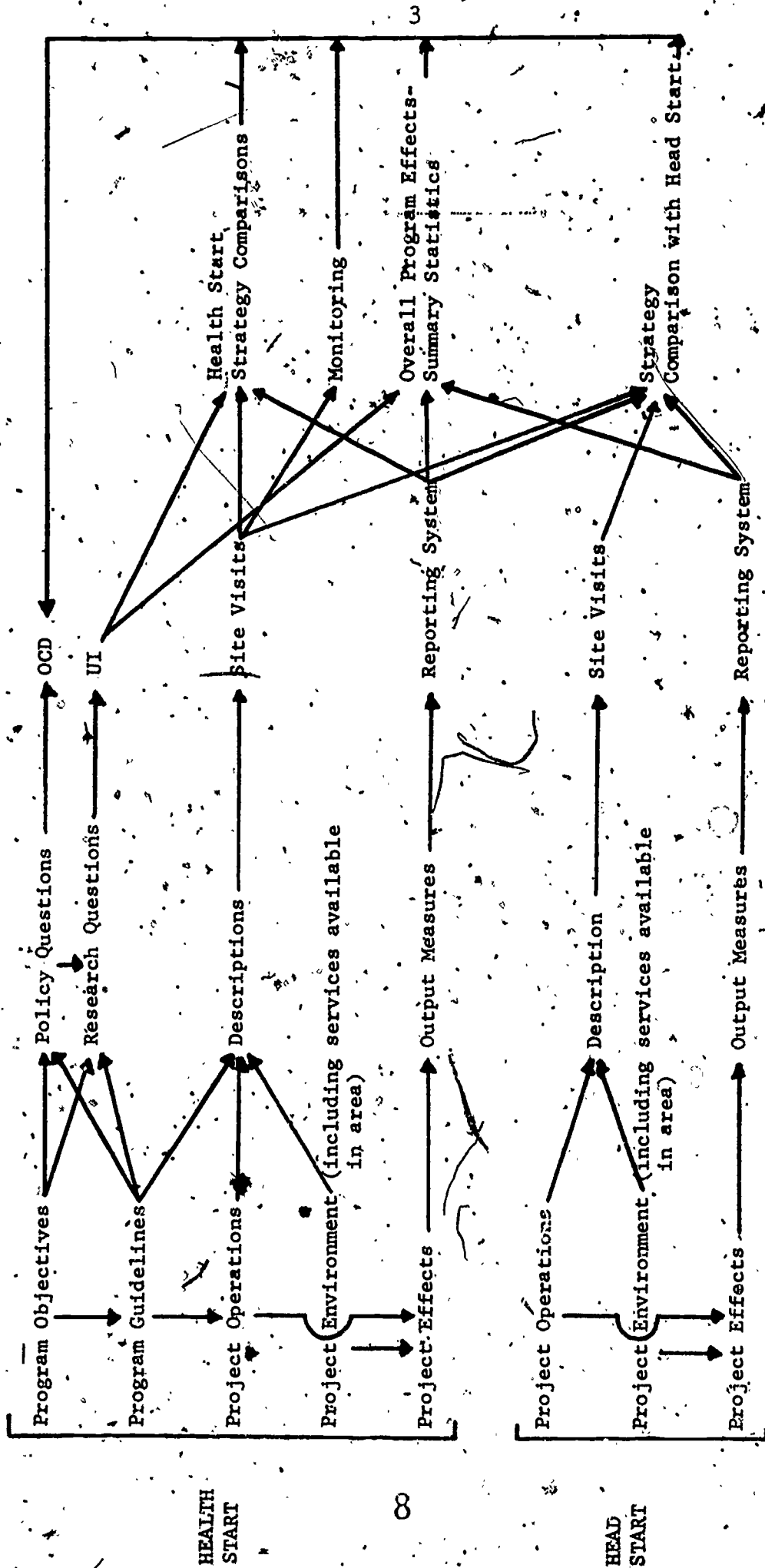
On the left side of the diagram in Figure 1 is shown the sequential steps in the development of a program and the operation of a project to carry out that program. First, program objectives are stated followed by the development of guidelines based on those objectives. Next projects are formed and attempts are made to operate using these guidelines. These projects, of course, operate in an environment that will have some effect on their operations. Finally, the projects have some effect on the people served by the projects and on the communities in which the projects operate.

One part of the analysis will involve the comparison of Health Start projects with the health component of Head Start projects. All 31 second year Health Start project will be included in the analysis and a sample of

Figure 1

HEALTH START ANALYSIS PLAN OF LOCAL LEVEL EFFECTIVENESS

- 1. Program Development
- 2. Research Questions and Types of Measures to be Obtained
- 3. Source
- 4. Analysis



HEALTH START

HEAD START

15 Head Start projects with health components will be selected for comparison purposes. The sample of Head Start projects will be selected by stratifying both Health Start and the health component of Head Start projects on: size; health budget (if obtainable for Head Start); by state; and health resources available. Those strata representing a population of Head Start projects most like Health Start projects will be identified and a probability selection of projects from each Head Start stratum will be made in proportion to the number of Health Start projects in those stratum.

B. Measurement Requirements and the Source of Data

Referring to the second and third columns in Figure 1, research questions have been developed from the program objectives and the program guidelines. For the most part, these research questions are translations by the Urban Institute of policy questions asked by OCD into a form that is more amenable to analysis. For some of the research questions descriptive and qualitative answers only can be provided. For others, quantitative answers can be obtained from the analysis. A careful distinction will be made between the two types of answers in the analysis plan.

In order to answer these research questions, the following general type of data will be collected:

1. From interviews with national and regional Health Start administrators, descriptions will be obtained concerning the efforts to coordinate different health service programs at these levels. The interview forms to be used for this purpose are shown in Appendix A.

2. From observation of the projects' operation and the environment in which they operate, descriptions about what projects are doing and the constraints placed on them by the particular environments in which they

operate will be obtained through site visits by Urban Institute personnel using the Field Collection Format shown in Appendix B. Interviews with non-cooperating and/or cooperating health service agencies will also be conducted during site visits. This interview form is also included in Appendix B.

3. Data about the effects of the program on the children who are served will be obtained from Quarterly Health Reporting Formats developed by the Urban Institute and described in Appendix C. Also, the ability of projects to coordinate with the local health service community and the changes in that community that are brought about by Health Start will be obtained through an Urban Institute-developed Health Start Planning Format, and a Health Start Expenditure Format, both shown in Appendix D, supplemented by information obtained from the site visits.

4. Finally, information about the effects of the health education component on the parents of Health Start and Head Start children will be obtained from a sample survey of parents from the two programs. The analysis plan for that assessment is presented in Appendix E.

C. Analysis

Referring to the fourth column in Figure 1: the first type of analysis shown in the diagram is a comparison to assess the relative effectiveness of different strategies and methods of operation. This comparison will be carried out using output measures obtained from the reporting system and the descriptive data about the projects and the environment in which they operate obtained from the site visits. The analysis will consist of:

- a) Comparison of projects on different output measures to try to determine possible reasons for the variations in these measures from the descriptive data.

- b) Comparison of strategy hypotheses developed in (a) to see if the variance is due entirely to project effects or whether some of the variance can be attributed to different strategies.

The second type of analysis shown in the diagram is monitoring information which will be obtained both from the site visits and from the reporting system. One of the purposes of monitoring is to collect descriptive data for the first type of analysis, as well as to provide rapid feedback to OCD as the projects progress through the year.

The third type of analysis shown in the diagram is the overall effectiveness of the Health Start Program. Here output measures from the reporting system will be used to make comparisons between Health Start projects and the sample of Head Start projects.

Finally, if enough descriptive data can be obtained about Head Start operations, the diagram shows that the fourth type of analysis to be conducted is a strategy comparison between Health Start and Head Start projects. This analysis will be made using output measures from the reporting system and descriptive data from the site visits.

The remainder of this paper will discuss in detail each program objective of Health Start, the program guidelines developed from those objectives, the research questions formulated from the objectives and the guidelines, and the measures and analysis required to provide answers to the research questions.

D. Organization of Evaluation Plan

For the development of the evaluation plan that follows, the local project has been treated as a delivery system and models representing the functioning of this system in four sequential stages of its operation

have been developed. These models are (1) a site selection model; (2) a start-up model; (3) a service model; and (4) a future care model.

Figure 2 is a schematic diagram of the site selection model, Figure 3 the start-up model, Figure 4 the service delivery model, and Figure 5 the future care model.

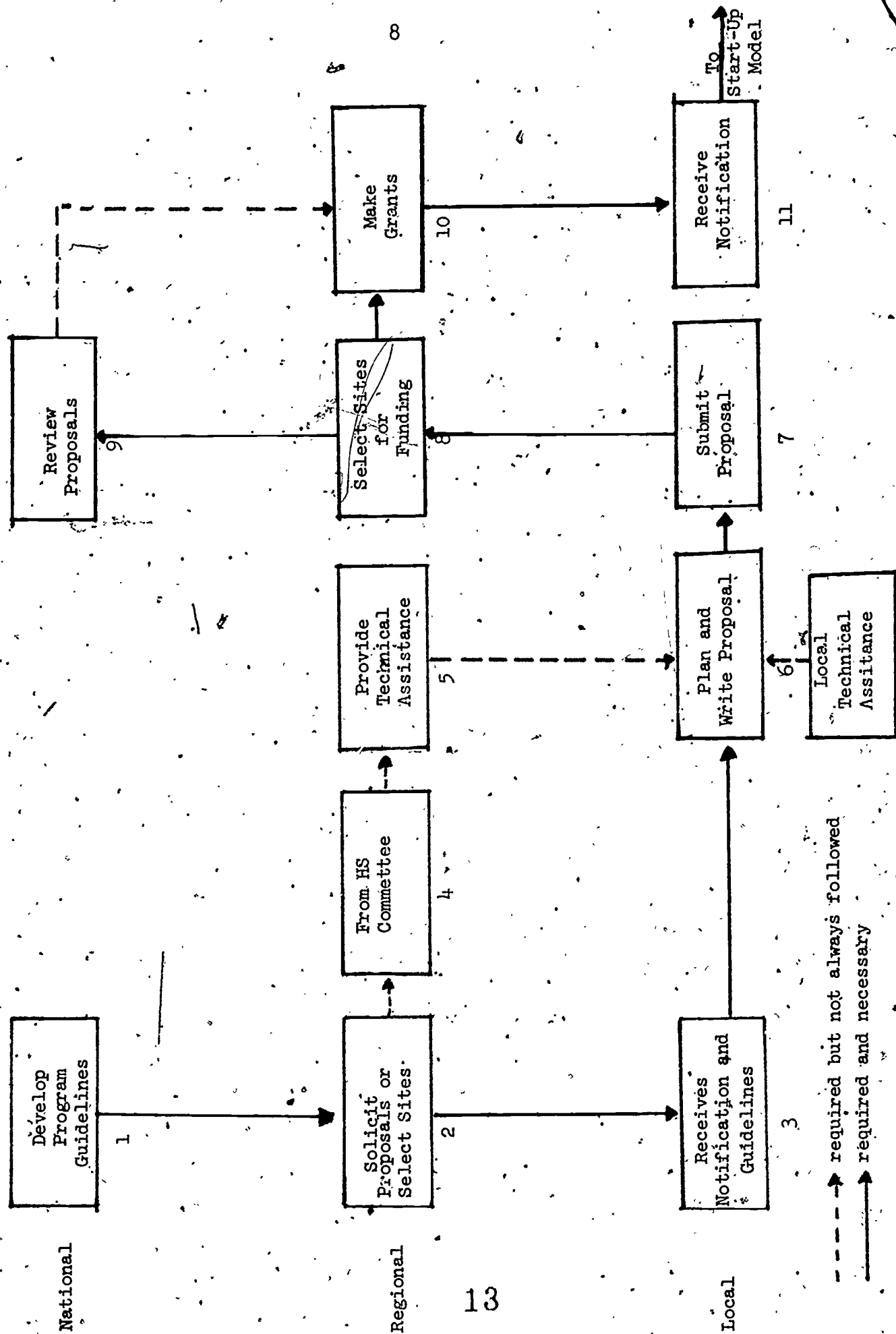
In the following sections, each model will be discussed by first describing the sequential steps in the model. This will be followed by: (1) the objectives and guidelines that apply to the model; (2) the research questions asked about the functioning of the model; (3) the measurements that must be taken at different points in the model and how these measures will be obtained; and (4) the analysis that will be conducted using these measures to help answer the research questions.

II. SITE SELECTION MODEL

The selection of a site for a Health Start project involves actions by national, regional, and local level people and agencies. The site selection model that will be used for this evaluation is shown in Figure 2. The first step in the model is the development of program objectives and guidelines by the OSD national office. These guidelines are transmitted to the regional office with authority to fund projects up to \$80,000. The region either solicits proposals from a number of different sites or else picks the sites before requesting a proposal (Step 2).

The local grantee or delegate agency receives the guidelines (Step 3) and begins to plan and write the proposal (Step 6). The regional office as its next step, could form a Health Start committee composed of representatives of collaborating HEW agencies such as HSMHA and SRS (Step 4). This committee may provide technical assistance to the local

Figure 2 Health Start - Site Selection Model



agency in planning and writing the proposal (Step 5). Technical assistance may also be obtained by the local agency from other sources during the planning phase.

Once developed, the proposal is submitted to the regional office by the local agency (Step 7). The proposals are reviewed by the Health Start committee at the regional level, and the sites to receive fundings are selected (Step 8). The national Health Start committee (made up of OCD, Maternal and Child Health, Social and Rehabilitation Service, and USPHS Division of Dental Health consultants) review the selections (Step 9), make suggestions for changes and give pro forma approval to the projects presented by the regions.

The regional office then makes the grant to the local agency (Step 10). A thirty day waiting period is provided for obtaining the governor's approval (Step 11) and then the project can enter the start-up phase of operation.

A. Program Objectives

No formal stated objectives concerning the selection of sites.

B. Program Guidelines¹

Each region will receive no more than \$80,000 to launch a Health Start program or programs. Existing Health Start programs should not be asked to write a proposal for 1972 unless they can meet guidelines described above, have additional children to serve, and have demonstrated ability to carry out a program.

1. The National Role

Direct responsibility for the quality and successful operation of Health Start programs will rest with the National Health

¹All program guidelines described in this evaluation plan were issued by Edward Zigler, Director of the Office of Child Development, HEW, in a memorandum to the OCD Assistant Regional Directors, dated February 29, 1972.

Start Health Director with assistance from the regions.¹

A committee will be established of representatives of collaborating HEW agencies to assist in planning, selection, implementation, periodic review and evaluation of the Health Start Program.

The Headquarters staff will work with the evaluation contractors to provide the regions relative performance data on the first program year to aid in the application, review and selection processes. Headquarters will also provide training and information, coordination and continuing communication among the region, local communities, USPHS Division of Dental Health, American Academy of Pediatrics and the evaluator through a headquarters funded grantee.

2. Regional Role

Each assistant regional director shall designate one person within that regional office to be administratively responsible for Health Start. Such responsibility is to include the establishment of a regional Health Start Committee which is composed of representatives of collaborating HEW agencies such as HSMHA and SRS. This committee should:

- a) Assist in proposing possible sites.
- b) Solicit proposals.
- c) Recommend which proposals should be funded.
- d) In conjunction with AAP and USPHS Division of Dental Health provide review and recommendations for technical assistance.
- e) Make grants.
- f) Monitor grantees.

3. Eligible Grantees

Acceptable grantees or delegate agencies are agencies who are eligible to receive and administer federal funds. Agencies should be able to ensure delivery of health services, and show knowledge of and contact with the population of eligible children as defined above. This should include, but not be restricted to, Head Start grantees. Other possible grantees are hospitals, medical schools, public health departments, school systems, neighborhood health centers, HMO's, etc.

4. Application and Proposal Requirements

Instructions to communities soliciting proposals should require the applicant to:

- a) Identify in detail their plan and capacity for conducting each component of service and how they will provide that service.

¹After the guidelines were issued a national Health Start director was appointed. His work statement says that "he is directly responsible for every aspect of this project..."

- b) Identify the approximate cost/child for services and the portion of this cost/child to be covered by the Health Start grant and the amount to be generated for the services from other sources.
- c) Indicate how local health providers and other resource persons have been involved in the planning process. Such involvement of local health people and facilities is a must in the planning.
- d) Describe the population to be served, the applicant's present contacts with this population, the methods of recruiting enrolees and the number of children who will be served.
- e) Specify in the plan the manner in which this program will relate to Title XIX (Medicaid) and Title V (Maternal and Child Health) programs.
- f) Include as a part of the proposal a time-phased schedule showing planned dates of enrollment, detection, treatment, and health education.
- g) Submit, along with a narrative of the proposal, forms required by the region.

5. Selection Process:

In each region, proposals should be evaluated and priority rated by a committee composed of representatives from HSMHA, USPHS Division of Dental Health and OCD. Recommendations will be sent to Headquarters NDT May 5. A national committee composed of representatives of OCD, HSMHA and SRS has final concurrence in grantee selection.

Proposals should be evaluated in terms of ability to meet objectives outlined in paragraph II. Regional Selection committee should give priority to those programs that can demonstrate a collaborative approach to provision of health services and have prospects for continuing collaborative efforts in providing needed health services in the future, and/or programs that demonstrate methods of delivering health services in areas of limited resources.

C. Research Questions

1. Did the national office, and the regional offices, conform to the guidelines for the selection of sites for Health Start projects?
2. Did the proposals developed by the local projects conform to the guidelines?
3. Is there a relationship between the way potential sites were notified about Health Start and the time given to submit a proposal, and the degree to which the proposal conformed to the guidelines?

D. Quantitative Measures

1. t_1 = time from notification to required proposal submission date.
2. d_1 = number of deviations in proposal from guidelines.

E. Descriptions of Project Operations - from Site Visits

1. Describe what happened at each step in the model at each site and each regional office.

F. Analysis

1. Research Question #1

Compare what happened at each step in the model obtained from the national and regional interviews with what should have happened at each step according to the guidelines. Indicate where these activities deviated from or conformed to the guidelines.

2. Research Question #2

Compare each project proposal with the guidelines and indicate where these proposals deviated from the guidelines.

3. Research Question #3

Compute Spearman Rho or Biserial r between t_1 and d_1 .

III. START-UP MODEL

Once a proposal has been approved indicating that a site has been selected, and the 30 day waiting period has elapsed the project can begin operation. The first phase of that operation (start-up) will be addressed next.

The first step on the process of "start-up" is the development of some type of management plan, the recruitment of personnel, obtaining office space, etc. This step is shown as box 1 in the start-up model

in Figure 3. The provision of training material and technical assistance is a possible input to this step. Health education material and training provided by the national or regional office would be included here.

Training and technical assistance can also be provided by local agencies as shown in the diagram. This may include the training of para-professionals.

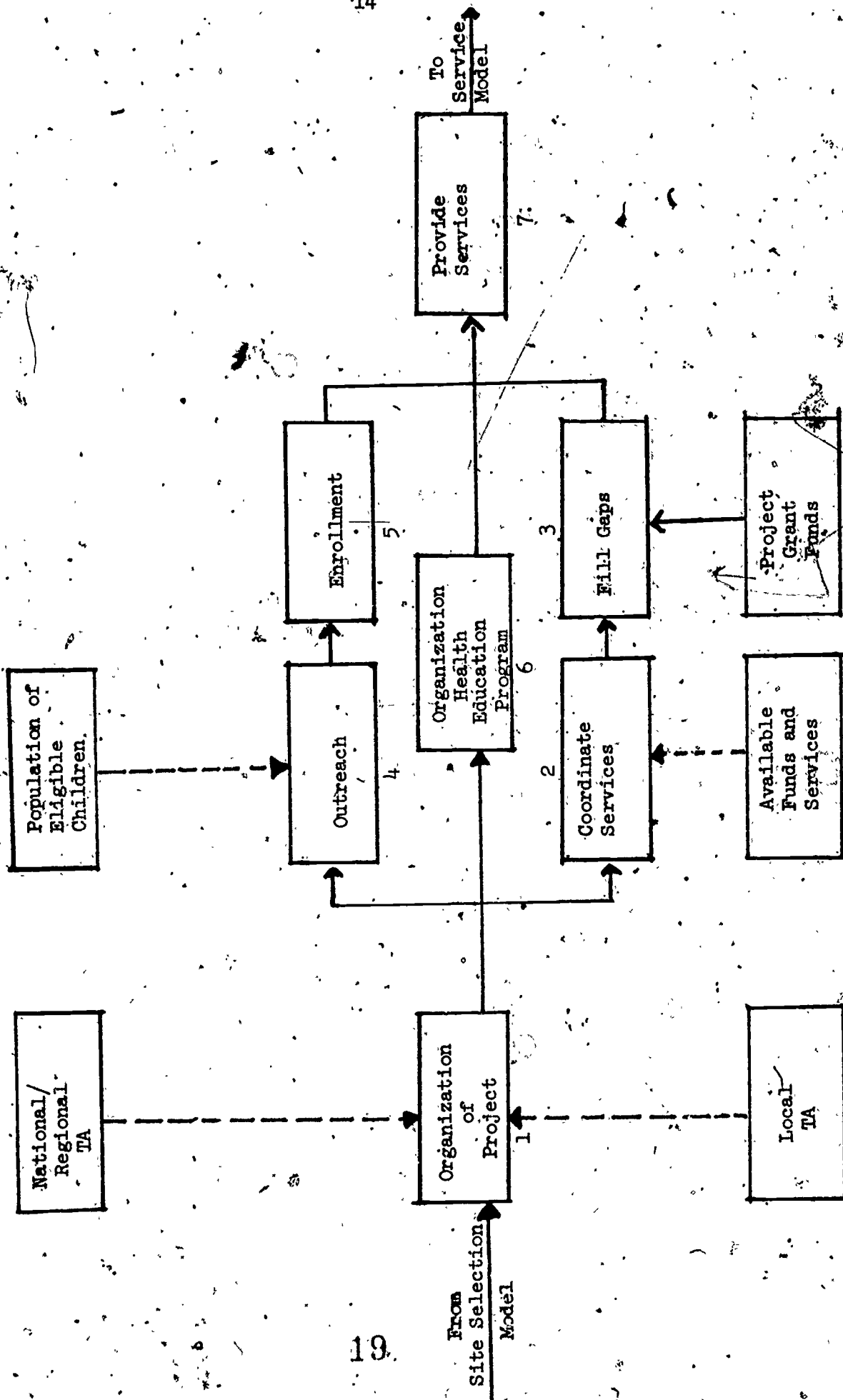
Three activities that proceed in parallel are the next major steps in the model. One activity is the outreach and enrollment of children. These activities are shown as steps 4 and 5 in Figure 3. The types of outreach mechanisms used, the characteristics of the children contacted and of the children not reached as a result of these mechanism, and the characteristic of children finally enrolled, will all be evaluated.

The identification of agencies that are potential suppliers of funds and services for the project and the agreements reached with those agencies is the other major activity in the start-up model. These activities are shown as steps 2 and 3 in Figure 3. Assessing the success of the project in the identification, contacting and arranging for services with the health service sources in the community (coordination) is one of the major objectives of the evaluation.¹ Assessing how well the grant funds are used to help provide a comprehensive service package (Step 3) is a second major objective of the evaluation.

The third major activity is the organization of a health education program (Step 6). The evaluation of the health program, and the material and curriculum used will be done at this step. The provision of health

¹A model for how funds get from the national level to the local level and the coordination agreements that are made at these higher levels is also a part of this evaluation. The evaluation plan for assessing the effectiveness of national and regional coordination efforts is presented in Appendix A along with the interview forms to be used at the national and regional levels.

Figure 3 Health Start - Start-Up Model



education to parents and children by the project staff will be evaluated as part of the service delivery model.

With the children enrolled and the arrangements made with other agencies for providing funds and services, the project can begin to provide services. This is shown as Step 6 in Figure 3. For the start-up model, unlike the other three models, specific objectives and guidelines are given for discrete steps in the model. Consequently, in the following presentation, the letter headings A, B, C, etc. will be preceded by a number representing the step in the model being discussed: 1A, 1B, 1C, etc. for step 1; 2A, 2B, 2C, etc. for Step 2.

1A Program Objectives for Step 1: Staffing and Organization of Project

No specific statement in program description.

1B Program Guidelines for Step 1: Staffing and Organization of Project

All projects must have:

1. Health Coordinator: A coordinator should be employed for a full year for each Health Start project. This may be a full time or part time function in Health Start. Part time employment in a program that related to or enhances the Health Start program is encouraged where the Head Start Health Coordinator's services are not needed full time. This individual should, at a minimum, be a registered nurse, who is knowledgeable in use of community, state and federal resources and has administrative, teaching and counseling abilities. In specific instances, which must be justified in the program plan, the coordinator may be an individual who is knowledgeable in the area of community health resources and has a minimum of two years of experience in medical service administration. Persons familiar with local Title XIX operations, including eligibility certification, could be considered medical service administrator for the purposes of this grant.

2. Administrative Structure: The structures and procedures must be organized to insure the maximum utilization of existing local resources. The Health Coordinator should have



the key role in planning and carrying out this program.

Possible sources of recruitment for this position are:

1. A nurse whose time is shared with a relevant title V program.
2. A nurse who has functioned effectively in a Head Start program.
3. A medical service administrator whose time is shared with a title XIX program and meets requirements in paragraph V above.
4. A nurse who can be detailed for the program from a local health department.

Program planning should include where available local health providers, the Health Coordinator, representatives of federal state and local programs in the area and regional representatives from OCD, HSMHA and SRS.

Regional offices may wish to make funds available to certain proposed grantees for planning purposes.

Detailed records must be kept on all children in order to follow up their health needs and provide an adequate medical record that can be transferred with each child when he leaves the program. Parents must be informed of where their child's health record will be kept.

It is recommended that a professional review committee be established which would provide quality control on expenditures of all treatment funds.

Staff training to insure that every person working in the Health Start program has a clear understanding of program goals, plans, and how to implement those plans is mandatory.

3. Optional components: Once all of the required components have been planned for, additional components which meet local needs can be developed. Examples are: intestinal parasite screening, lead poisoning screening, sickle cell screening, developmental screening, etc. In each case, however, the plan should demonstrate linkages to follow up diagnostic and treatment services.

Transportation, baby sitting and a parent consultant either on a part time or consultant basis may be considered as optional components. The parent consultant would assist the health coordinator in the development and implementation of the health education program.

4. Technical Assistance: The regional health liaison specialist who will be hired under terms of the new AAP contract will provide some technical assistance to Health Start programs. Where necessary, non-physician technical assistance can be requested through the specialist. In addition, each Health Start program will receive at least two visits from a Pediatric Consultant one of which should be to plan the program. OCD regional representatives for Health Start programs should work closely with regional HSMHA, SRS and USPHS Dental Division personnel to insure maximum impact of the resources of these other agencies on Health Start.

1C Research Question for Step 1: Staffing and Organization of Project

1. Does the project organization conform to the guidelines?
2. Were training and technical assistance needs as seen by the project coordinator, met by the national and regional offices?
3. Is there a relationship between the adequacy of the national and regional technical assistance, as evaluated by the project coordinator, and the time elapsed between official approval to start the project and the enrollment of: the first child; full enrollment; first screening; and screening completed?
4. Were optional components planned when there was a need for them in the community being served?

1D Quantitative Measures for Step 1: Staffing and Organization of Project

	<u>Source</u>
t_2 = elapsed time between official start-up and enrollment of first child	Site visit and Reporting System
t_3 = elapsed time between enrollment of first child and full enrollment	Reporting System
t_3 = elapsed time between enrollment of first child and first screening appointment	Reporting System and Site Visits
t_4 = elapsed time between full enrollment and screening completed	Reporting System
N = number of children enrolled	Reporting System
e_1 = number of black children	Reporting System
e_2 = number of urban children	Site Visits

e_3 = number of rural children	Site Visits
m_1 = number of missed appointments	Site Visits
m_2 = number of scheduled appointments	Reporting System

1E Descriptions of Project Operations - (from Site Visits)

1. Describe program in terms of deviations from/or conformance with guidelines.
2. Describe ethnicity and experience of staff.
3. What training and technical assistance was obtained and from whom?
4. Were there particular needs in the community for which optional components were planned such as:
 - a). Intestinal parasite, lead poisoning, sickle cell, or developmental screening, and strep cultures.
 - b) Transportation.
 - c) Baby sitting

1F Analysis Plan for Step 1: Staffing and Organization of Project

1. Research Question #1

Describe how well project organization conforms to guidelines.

2. Research Question #2

Accumulate all project coordinators' assessments of technical assistance..

3. Research Question #3

Compute Biserial r between coordinator's judgement of the adequacy of TA and t_1 , t_2 , t_3 and t_4 .

4. Research Question #4

- a) Sickle cell test when $\frac{e_1}{N} > x \%$

- b) Intestinal parasite tests when $\frac{e_3}{N} > x \%$.
- c) Lead poisoning tests when $\frac{e_2}{N} > x \%$.
- d) Transportation and/or baby sitting service provided when $\frac{m_1}{m_2} > x \%$.

2A Program Objectives for Step 2: Coordination of Health Services

To demonstrate a variety of approaches for coordinating HEW programs in order to provide health services for economically disadvantaged children.

*2B Program Guidelines for Step 2: Coordination of Health Services

1. Use of Title XIX (Medicaid) early screening detection money for children eligible for medicaid.
2. Use of Section 1115 demonstration money.
3. Use of Title V (HSMHA) resources in Health Start Program.

2C Research Questions for Step 2: Coordination of Health Services

1. What approaches or strategies resulted in the greater degree of coordination at the local level, given the services available and the number of children in the program?
2. Was a greater degree of coordination achieved in the Health Start Program than in Head Start programs?
3. Were more children provided with health services in Health Start than in Head Start programs for comparable costs?
4. Could the existing agencies absorb the load required by Health Start or were Health Start children served in lieu of other possible recipient?

5.. What were the different reasons why health services agencies could not or would not provide services to Health Start?

2D Quantitative Measures for Step 2: Coordination of Health Services

Source

SA ₁ = HEW resources available: case load per year	}	from separate analysis
SA ₂ = HEW resources available in dollars		
PL ₁ = Agency case load in year before Health Start	}	from separate analysis
PL ₂ = Agency resources in dollars in year before Health Start		
SO ₁ = Services obtained in units	}	reporting systems
SO ₂ = Services obtained in dollars		
G ₁ = Amount of grant money spent on services	}	reporting systems
T ₁ = Total amount of services provided in units		
T ₂ = Total amount of services provided in dollars		
N = Number of children enrolled		

2E Descriptions of Project Operations - from Site Visits

1. What special arrangements (if any) were developed to use Title XIX money for screening? What strategies were used? What problems were encountered?
2. Did the project get a Section 1115 demonstration grant? What strategies were used? What problems were encountered?
3. What special arrangements were developed to use C & Y, M & I and Crippled Childrens services? What strategies were used? What problems

were encountered?

4. If other funds or services were obtained how was this accomplished?

5. Was it necessary for coordinating agencies to cut back on the number of children they would normally serve in order to accommodate Health Start requests?

6. What reasons were given by non-cooperating agencies for not providing health services to Health Start?

2F Analysis Plan for Step 2: Coordination of Health Services

1. Research Question #1

a) Compare projects on degree of coordination achieved.

Definitions

C = Coordination

$$C_1 = \frac{SA_1}{SO_1}$$

$$C_2 = \frac{SA_2}{SO_2}$$

$$C_3 = \frac{SO_1}{T_1}$$

$$C_4 = \frac{SO_2}{T_2}$$

$$C_5 = \frac{\text{N screened using } G_1}{\text{N screened using } SO_2}$$

b) Try to determine possible reasons for variation in the degree of coordination achieved from the descriptive data.

c) Compare strategy hypotheses developed from (b) to see if variance is due entirely to project effect or whether some of the variance can be attributable to different strategies.

2. Research Question #2

Compare the degree of coordination achieved in Health Start projects

with that achieved in the sample of Head Start projects. (Use same procedures as described in (1) above).

3. Research Question #3

Compare number of children served and number of health service units provided by Health Start projects with the number of children served and number of health service units provided by the sample of Head Start projects for similar amount of project or grant funds:

$$\frac{\text{Health Start } G_1}{N} \geq \frac{\text{Head Start } G_1}{N}$$

4. Research Question #4

Compare Health Start projects, in terms of availability of services:

$$PL_1 \leq SA_1$$

$$PL_2 \leq SA_2$$

$$SA_1 = PL_1 + SO_1$$

$$SA_2 = PL_2 + SO_2$$

3A Program Objectives for Step 3: Use of Grant Funds

To fill health care gaps in limited resource areas where there is a demonstrated need and the possibility exist for getting such services for children in poverty.

3B Program Guidelines for Step 3: Use of Grant Funds

Provide health services to children that have little or no access to health services if necessary from OCD grants.

3C Research Questions for Step 3: Use of Grant Funds

1. How much grant money was required in direct payments to provide services in areas with many and in areas with few services?

2. How many eligible children were not provided with all services and how large an additional grant would have been required in order to provide all services?

3. How many eligible children could not be provided with services because services (not funds) were unavailable?

3D Quantitative Measures for Step 3: Use of Grant Funds

Source

SA₁ = HEW resource available: case load per year from separate analysis

SA₂ = HEW resource available in dollars from separate analysis

SO₁ = Services obtained in units reporting system

SR₁ = Services required in units reporting system

SR₂ = Cost of services in dollars site visit

G₁ = Grant money spent on services reporting system

G₂ = Grant money for services remaining at end of program reporting system

N = Number of children enrolled reporting system

N₁ = Number of enrolled children with incomplete immunization at the end of program reporting system

N₂ = number of children who had not received any or all test or screening at end of program reporting system

N₃ = Number of children with T or R, in box 1 of reporting form, but no B in at least one box 2. reporting system

N_4 = Number of children with B in box 2

but who were terminated before Y or

C (box 3) for lack of funds or

availability of services

reporting system

3E Descriptions of Project Operations - from Site Visits

1. If all children have not received complete health service by end of program, why was this so?

2. If certain types of services were not available in the area, what attempts were made to bring services into area on a temporary basis or to send children to other areas where such services were available?

3F Analysis Plan for Step 3: Use of Grant Funds

1. Research Question #1

Compare G_1 for projects in areas with high SA_1 and SA_2 and in areas with low SA_1 and SA_2 .

2. Research Question #2

Compare projects for inadequate size grants (IG) where:

$$IG = (SR_2 N_1 + SR_2 N_2 + SR_2 N_3 + SR_2 N_4) - G_2$$

3. Research Question #3

Compare projects for inadequate amount of services available (IS)

where:

$$IS = SA_1 - \sqrt{SO_1 + (SR_1 N_1 + SR_1 N_2 + SR_1 N_3 + SR_1 N_4)}$$

4-5A Program Objective for Steps 4 and 5: Outreach and Enrollment

To make health services available and accessible to an increased number of economically disadvantaged children.

4-5B Program Guidelines for Step 4 and 5: Outreach and Enrollment

1. Children to be served are siblings under age six of youngsters currently enrolled in Head Start programs, children on Head Start waiting lists, or other groups of low income children under age six who are not receiving health services. Eligibility will be based on the OEO poverty guidelines or the State Medicaid requirements whichever are higher. Children previously or presently enrolled in a Head Start program or children enrolled in Health Start during the first program year are not eligible for Health Start.

2. Grantees should determine well in advance of the project start up data a system to identify and enroll the children to be served by Health Start. Local agencies, such as a CAA, health department, school system, etc. should be contacted for lists of children most likely to benefit from the Health Start program. This must be done early because many local resource people will not be available during the summer.

3. Care should be taken in planning and recruiting to ensure that children in Health Start will not receive health services which will unnecessarily duplicate those to be provided in the coming year, by the public schools, to the same children.

4-5C Research Questions for Steps 4 and 5: Outreach and Enrollment

1. Did the Health Start outreach allow children to be enrolled that otherwise would not have received health services?

2. Did the project actually enroll the number and type of children planned to be enrolled?

3. Approximately what percentage of the eligible population did the project enroll?

4. How does the sample of Head Start projects compare with Health Start on the above three questions?

5. How does the proportion of eligible children in the area enrolled in Health Start compare with proportion enrolled by the Head Start project in the same area?

4-5D Quantitative Measures for Steps 4 and 5: Outreach and Enrollment

	<u>Source</u>
N = Number of children enrolled	reporting system
N_A = Estimated number of enrolled children who would otherwise not have received health services	site visit
N_B = Number of children in plan	project proposal
N_C = Estimated number of eligible children	site visit
N_H = Number of children enrolled in Head Start health component in same location as Health Start	site visit

4-5E Descriptions of Project Operations - from Site Visits

1. What agencies were contacted as possible sources of eligible children?
2. What procedures or strategies were used, if any, to contact eligible children directly?

4-5F Analysis Plan for Steps 4 and 5: Outreach and Enrollment

1. Research Question #1
 - a) Compare projects on proportion of children enrolled that would otherwise not have received health services: $\frac{N}{N_A}$
 - b) Compare different outreach strategies in terms of the proportion of children reached who otherwise would not have received health services.
2. Research Question #2
 - a) Compare the number of children enrolled with the number planned to be enrolled: Does $N_B = N$.

- b) If particular types of children were specified in the plan, compare the type actually enrolled with those planned to be enrolled.

3. Research Question #3

- a) Compute:

$$\frac{N_C}{N}$$

4. Research Question #4

Compare Health Start results with the results of the sample of Head Start projects on research question 1, 2, and 3.

5. Research Question #5

Compare $\frac{N_H}{N_C}$ with $\frac{N}{N_C}$

6A Program Objectives for Step 6: Organized Health Education Program

To develop an organized health education program for children, parent and staff which is to include basic health principles and concepts.

6B Program Guidelines for Step 6: Organized Health Education Program

1. This component must be a planned activity involving a specific set of items to be covered and must be provided to the children enrolled in the program and their parents. During the summer impact period, a group instructional approach is recommended with a one-to-one approach during the remainder of the program year. Group instruction should not be given on a regular classroom basis. Rather, specific topics should be scheduled at specific times as necessary and pertinent. Preferably such times will be coordinated with group health services delivery activities. For example, if a group of parents is asked to bring their youngsters to a center for mass immunizations, a relevant health lecture could be planned for parents and/or children at that time.

2. Health education should be given equal priority with delivery of health services in any Health Start program. Grantees should develop imaginative, inexpensive ways to carry out this part of the program.

For parents, the program must cover, as a minimum:

- a) Health services available in the community and how to contact and use them to obtain health care for children beyond treatment of health needs detected through Health Start, e.g., treatment of emergencies, or acute episodic illness.
- b) How to tell when your child needs medical care.
- c) Basic personal hygiene.
- d) Oral hygiene instruction to include the proper use of soft toothbrush and unwaxed dental floss.
- e) Nutrition.
- f) Safety and accident prevention.

For children, the program should include:

- a) Basic personal hygiene.
- b) Oral hygiene instruction to include the proper use of soft toothbrush and unwaxed dental floss.
- c) Nutrition.
- d) Safety and accident prevention.

6C Research Questions for Step 6: Organized Health Education Program

1. How does the educational program developed in each project conform with the guidelines?
2. How do educational components of Health Start compare with educational components of the sample of Head Start projects?

6D Quantitative Measures for Step 6: Organized Health Education Program

None.

6E Description of Project Operations - from Site Visits

1. Describe educational program. What topics are included for parents? For children?

6F Analysis Plan for Step 6: Organized Health Education Program

1. Compare education program of projects with guidelines and describe differences.
2. Describe similarities and differences between Health Start health programs and the programs in the sample of Head Start projects.

IV SERVICE MODEL

Once the project has been organized and children are beginning to be enrolled, health services can be provided to them. The provision of four types of health services is the first step in the model shown in Figure 4. These are: (1) determination of immunization needs; (2) laboratory screening which includes tuberculin tests, blood tests and urinalysis; (3) physical screening which includes vision, hearing, speech (optional) dental and medical; and (4) health education.

Following these initial steps, other services can be provided if they are needed. If immunizations are up to date then, of course, no further services are needed (Y).¹ If immunizations are incomplete (N) they can be completed (M).

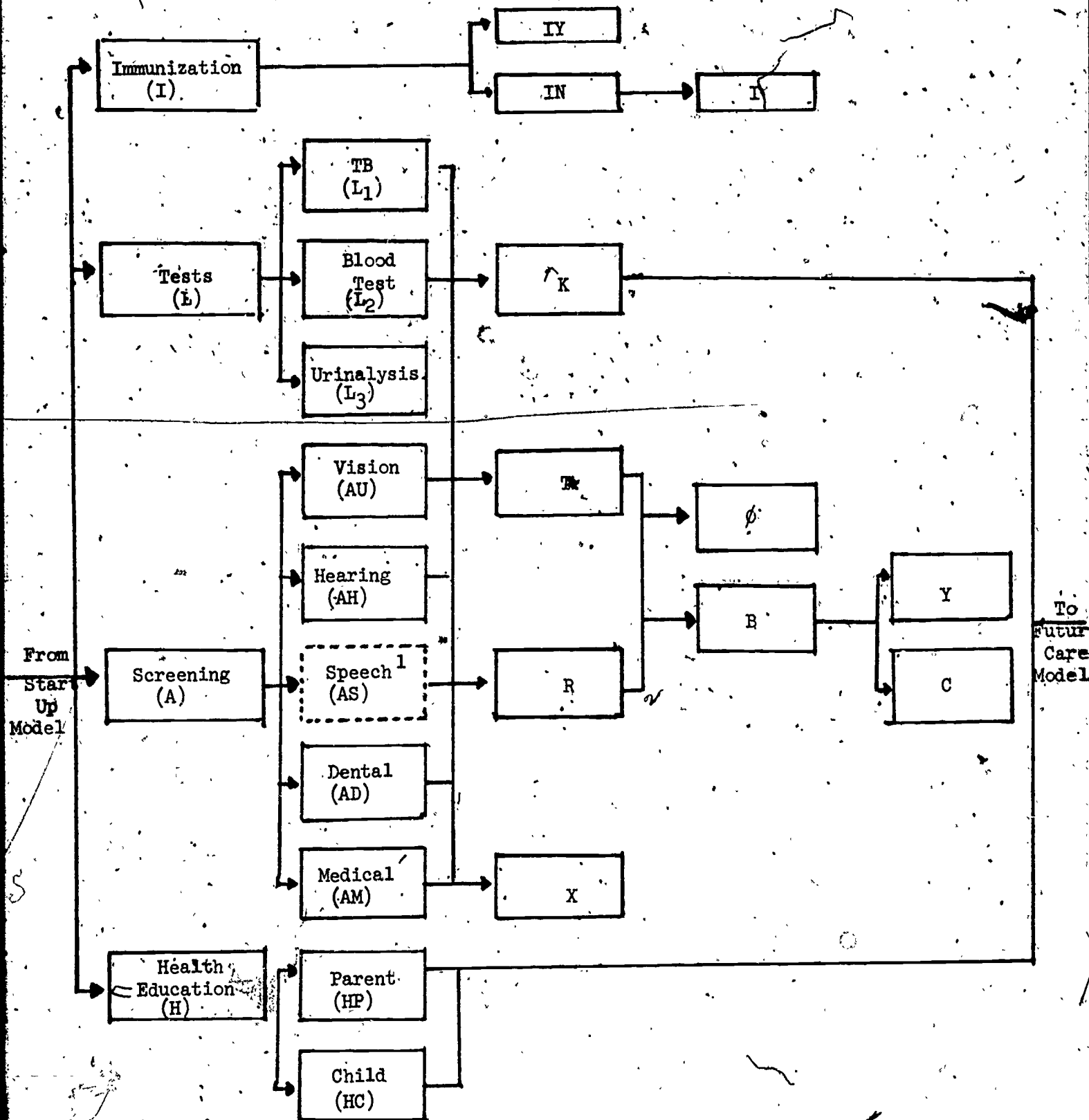
For each of the three required laboratory tests and the five screening tests, the determination can be that no treatment is required (K); that treatment is needed and will be provided by the same individual or agency who administered the test or screening (T); that treatment is needed and the child will be referred to a different person or agency that administered the test or screening (R); that the child is already under treatment for the problem found (X).

Following the determination of who will provide treatment when it is found to be needed, treatment can be started (B) or not started (\emptyset). If started, the treatment can be completed by the end of the Health Start year (Y) or cannot be completed (C).

For health education, the service can be provided to the children, the parents or both (even though both are required).

¹Codes used in the Quarterly Health Format.

Figure 4. Health Start - Service Model



¹Optional

A. Program Objectives

Under goals of Health Start, it states that the projects are expected to focus on the detection and correction of underlying health problems.

B. Program Guidelines

1. Detection Program of Required Services: Detection services must include screening linked with subsequent diagnostic assessment. Minimum detection services required are:
 1. Medical and developmental history.
 2. Determination of immunizations needed.
 3. Physical screening.
 4. Laboratory screening through hematocrit or hemoglobin determination and urinalysis.
 5. Vision and hearing screening.
 6. Preliminary dental screening to establish priorities for treatment.
2. Treatment Program Linked to Detection Process: A organized treatment program must include:
 1. Treatment of all health problems detected.
 2. Providing needed immunizations.
 3. Basic dental care services defined as follows:
 - a) Diagnostic examination including X-rays necessary to complete needed treatment.
 - b) Dental prophylaxis and instruction in self-care oral hygiene procedures.
 - c) Topical fluoride application.
 - d) Restoration of carious (decayed) teeth with silver amalgam, silicate cement, plastic materials, and stainless steel crowns where indicated, with careful consideration for the health of the dental pulp.
 - e) Extraction of non-restorable teeth and other services required for the relief of pain and infection.
 3. Health Education Program: (See Start-Up Model for education program guidelines).

C. Research Questions

1. Were all enrolled children given required laboratory and screening tests?
2. Were required immunizations completed for all enrolled children?
3. What proportion of enrolled children required medical treatment?

4. What types of medical problems were encountered and what proportion of these were judged to be likely to interfere with future health or performance if not treated?
5. What proportion of enrolled children required dental treatment and what type of treatment?
6. What was the average and range of health service encounters required for children to be screened and treated?
7. What proportion of children requiring medical treatment were treated?
8. What proportion of children treated for medical problems that could be corrected within the Health Start year were completed?
9. What proportion of children were treated for medical problems that could not be corrected within the Health Start year?
10. Do certain service delivery strategies consistently show higher performance on research questions 1 through 9 than other strategies?
11. What percentage of parents of enrolled children were provided with health education?¹
12. What percentage of enrolled children were provided with health education?
13. Is there a relationship between deviation from guidelines in the development of the educational program and the percentages of parents and children provided with health education?
14. How well have the Health Start projects done on the delivery of health services in comparison with the sample of Head Start projects?
15. What are the total costs per child and the cost per child for each category of services provided?
16. How do the cost per child in Health Start compare with the health cost per child in Head Start?

¹See Appendix E for the analysis plan and the survey instrument to be used for assessing the effects of the health education program on the parents of enrolled children.

D. Quantitative Measures - All from Reporting System

- N = Number of children enrolled
- I = Number of children screened for completeness of immunization
- IY = Number of children with complete immunization
- IN = Number of children with incomplete immunization
- IP = Number of children whose immunization was completed by project
- L₁ = Number of children given TB lab test
- L₂ = Number of children given hemat/hemo lab test
- L₃ = Number of children given urinalysis
- AV = Number of children given vision screening
- AH = Number of children given hearing screening
- AS = Number of children given speech screening
- AM = Number of children given medical screening
- AD = Number of children given dental screening
- HC = Number of children given health education
- P = Number of parents of enrolled children
- HP = Number of parents given health education
- K = Number of children who need no further treatment
- T = Number of children who will be provided treatment given by same agency as for screening
- R = Number of children who needed treatment and were referred to another agency
- X = Number of children already under treatment
- ∅ = Number of children who needed treatment but no treatment was started
- B = Number of children where treatment was started

- Y = Number of children where treatment was completed
- C = Number of children where treatment was started but cannot be completed in Health Start year
- S = Number of children with severe health problems
- M = Number of children with mild health problems
- E₁ = Number of teeth extracted
- E₂ = Number of dental caries repaired
- E₃ = Number of other types of dental treatment given
- SR₂ = Cost of services in dollars
- G = Total grant
- HG = Health component of Head Start grant

E. Description of Project Operations - from Site Visits

1. Describe screening procedures (such as by groups or individual appointments).
2. How are appointments controlled?
3. How is the screening process conducted?
4. How are decisions made about referrals for treatment?
5. How are priorities set if funds or services are less than needed?
6. What problems have been encountered in the provision of health services?

F. Analysis Plan

1. Research Question #1

Does $I_i + L_i + A_i = N$

- (2. Research Question #2

Does $I_i = N$

3. Research Question #3

$$\frac{L_i (T+R+X) + A_i (T+R+X)}{N}$$

4. Research Question #4

a) Type (see medical code) and frequency of medical problems encountered.

b) $\frac{T+R}{S}$ for total and for each type

5. Research Question #5

a) $\frac{AD (T+R+X)}{N}$

b) $\frac{E_1}{AD(T+R)}$

$$\frac{E_2}{AD(T+R)}$$

$$\frac{E_3}{AD(T+R)}$$

6. Research Question #6

a) $\frac{\sum \text{encounters}}{N}$ for total and for each step in the model

b) Frequency distribution of encounters - for total and for each step in the model.

7. Research Question #7

$\frac{Y}{T+R}$ for total and for each type of treatment required

$\frac{B}{T+R}$ for total and for each type of treatment required

8. Research Question #8

$\frac{Y'}{(T+R)-C}$ for total and for each type of treatment

9. Research Questions #9

$\frac{C}{T+R}$ for total and for each type of treatment

10. Research Question #10

Measures from Research Questions 1-9

	1.	2	3	4	5	6	7	8	9
Strategy 1 Group-Screening by Para-Professionals									
Strategy 2 Group-Screening by Professionals									
Strategy 3 Individual-Screening by Para-Professionals									
Strategy 4 Individual-Screening by Professionals									

11. Research Question #11

$\frac{HP}{P}$

12. Research Question #12

$\frac{HC}{H}$

13. Research Question #13

Compute Biserial r between education programs that conform/not conform and $\frac{HP}{P}$ and $\frac{HC}{N}$

14. Research Question #14

Measures from Research Questions 1-13

	1	2	3	4	5	6	7	8	9	10	11	12	13
Health Start													
Sample of 15 Health Starts													

15. Research Question #15

$$\frac{G}{N}$$

$$\frac{SR_2 \times \text{number of children provided each type of treatment}}{\text{number of children provided each type of treatment}}$$

16. Research Question #16

$$\frac{G}{N} > \frac{GH}{N}$$

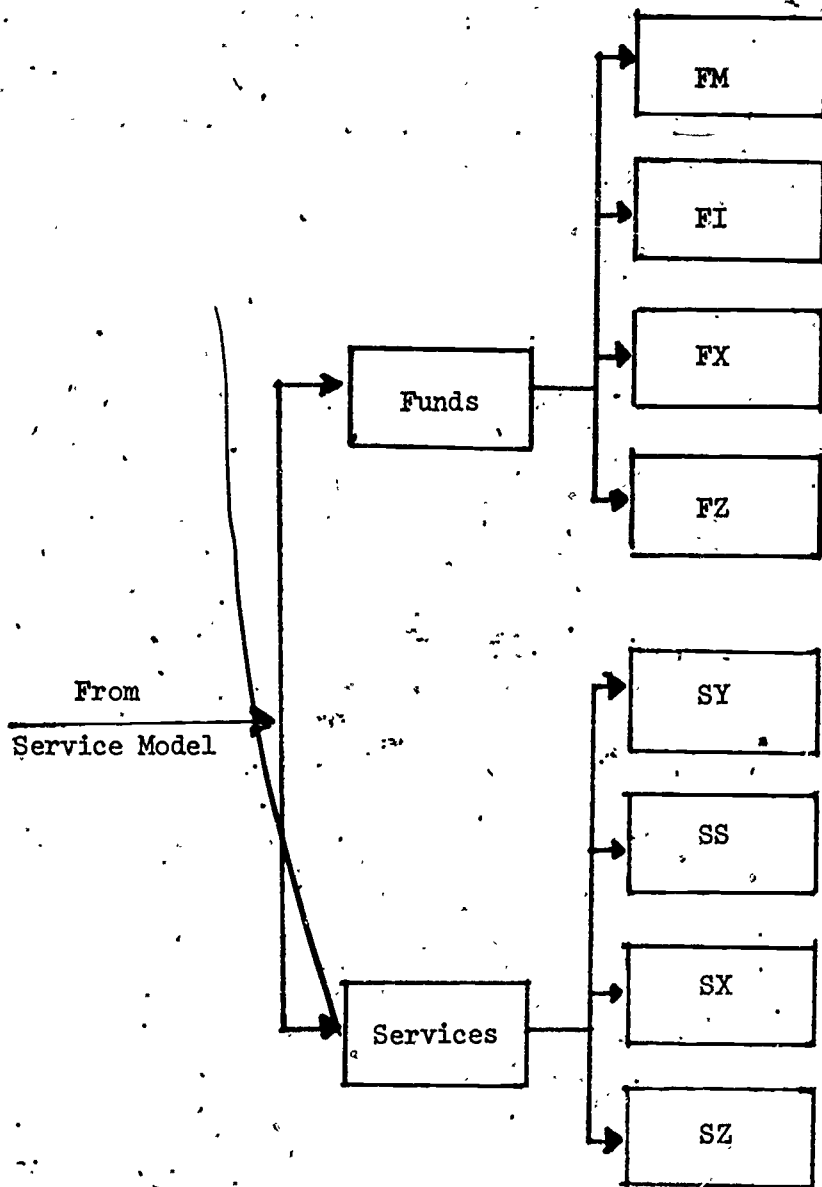
V. FUTURE CARE MODEL

Health Start Projects are funded for one year and children enrolled are not allowed to participate for a second year. The children have continuing health needs and so provision should be made for those future needs during the project's year of operation.

Figure 5 shows the future care model to be used in this evaluation. The project must identify both funds and service sources for each child's future dental and medical care needs. For funds, the child could be enrolled in the Medicaid program (M); could have other insurance (I); the project could find other funds (X); or no funds could be assured (Z).

For services, the individual or agency that provided health services during the Health Start year could continue to provide services (Y); the

Figure 5 Health Start - Future Care Model



services could be the same as used by the family before Health Start (S) other services could be found (X); and no arrangements may be made (Z).

A. Program Objectives

To develop new ways of assisting preschool economically disadvantaged children through their parents to become linked to continuous health delivery arrangements whenever possible.

B. Program Guidelines

No specific guidelines prescribed.

C. Research Questions

1. What proportion of children were assured of continuing health funds and services after the Health Start year was over?
2. What proportion of children were assured of health funds and services were the results of the projects effort?
3. What proportion of children were assured of continuing health funds but have no access to health services?
4. What proportion of children could be provided with continuing health services if funds were available?
5. What strategies employed by different projects resulted in a higher proportion of children being assured of continuing health care?
6. Did a higher proportion of families receiving parent health education obtain continuing health care assurance by one means or another than families who received little or no parent health education?
7. What problems were encountered in assuring future care for children?

D. Quantitative Measures - All from Reporting System

N = Number of children enrolled

- FM = Number of children enrolled in Medicaid
- FI = Number of children with other types of insurance
- FX = Number of children with other sources of funds
- FZ = Number of children with no funds assured for following years
- SY = Number of children who will continue with services provided by Health Start
- SS = Number of children who will go back to services they used before Health Start
- SX = Number of children for whom other services have been found
- SZ = Number of children for which no arrangements for service were made.

E. Description of Project Operations - from Site Visits

1. Describe amount of effort and approaches used to assure funds and services for future health care of children.
2. Describe problems encountered in securing future care for children.

F. Analysis Plan

1. Research Question #1

a)
$$\frac{FM + FI + FX}{N}$$

b)
$$\frac{SY + SS + SX}{N}$$

2. Research Question #2

a)
$$\frac{FX}{FX+FI+FX}$$

b)
$$\frac{SX}{SY+SS+SX}$$

3. Research Question #3

$$\frac{(FM + FI + FX) + SZ}{N}$$

4. Research Question #4

$$\frac{(SY + SS + SX) - FZ}{N}$$

5. Research Question #5

Measures of Research Questions 1 and 2

	1	2
Strategy 1		
Strategy 2		
Strategy n		

6. Research Question #6.

Describe problems encountered.

APPENDICES

to

**HEALTH START ANALYSIS PLAN
AND DATA COLLECTION INSTRUMENTS
FOR SECOND PROGRAM YEAR**

Working Paper 964-2

August 16, 1972

by

Garth N. Buchanan

and

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APPENDIX A

Analysis Plan and Interview Forms for Assessing
The Effectiveness of National and Regional Attempts
to Coordinate Health Services at These Levels

**Analysis Plan and Interview Forms for Assessing
The Effectiveness of National and Regional Attempts
to Coordinate Health Services at These Levels**

Cynthia Thomas

A. Program Objectives

Interagency coordination of HEW resources for Health Start at the national, regional, state and local levels.

Portions of these objectives, as they are stated in the guidelines, are appropriate to this section.

1. To demonstrate the feasibility of a service coordination approach....
2.assure improved utilization of local, state and federal resources in providing health services.

B. Program Guidelines

To maximize the availability of resources to Health Start sites, agencies at the national level have to explain the Health Start program to levels within their agencies that will be responsible for facilitating the coordination of resources. (See Figure). The guidelines state that "responsibility for the quality and successful operation of Health Start programs will rest with the national Health Start Health Director with assistance from the regions (p. 6)." At the regional level, the assistant regional director is supposed to designate someone to be administratively responsible for Health Start. This person should establish a committee that includes representatives of collaborating HEW agencies. This committee is supposed to (1) assist in proposing possible sites, (2) solicit proposals,

(3) recommend which proposals should be funded, (4) (provide review and recommendations for technical assistance) in conjunction with AAP and USPHS Division of Dental Health, (5) make grants, (6) monitor grantees (guidelines, p. 7).

C. Research Questions

1. Did the national and regional offices conform to the guidelines in promoting coordination?
2. What communications took place among agencies at the national level to facilitate the coordination of services for Health Start?
3. What communications were initiated by national HEW agencies with regions, states, and localities to facilitate the coordination of resources?
4. What communications were initiated by regions to facilitate coordination, with the national level, with states, and with localities?
5. What communications were initiated by states with agencies at other levels to facilitate coordination?
6. Why did various agencies expend effort/not expend effort to ensure that resources would be coordinated for Health Start?

D. Quantitative Measures

$\frac{nc}{LA}$ = number of communications initiated at each level (L = national, regional, state, or local) by each appropriate agency (A).

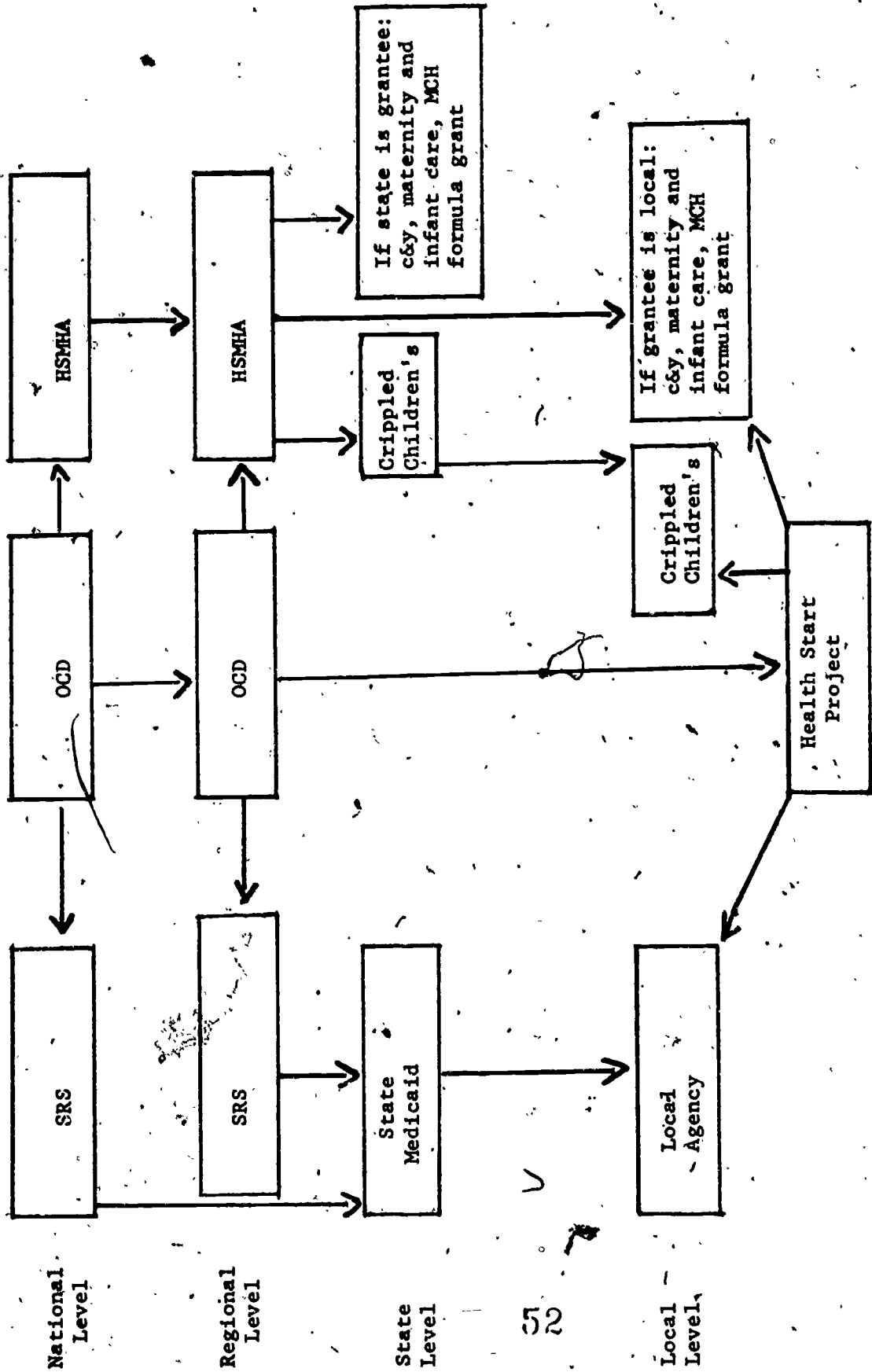
$\frac{U}{nc}$ = proportion of useful communications
 $\frac{U}{LA}$

E. Analysis

1. Research question #1. Compare guideline requirements with reports from national and regional people about their activities.

2. Research question #2-5. Trace communications at each level from the first pre-guidelines messages to final messages, determining decisions made and the outcomes of the decisions.
3. Research question #6. Ask appropriate people at the regional and national levels to specify their program priorities in relation to Health Start, and their problems in interacting with other agencies to coordinate Health Start services.

COMMUNICATION MODEL



Health Start
NATIONAL INTERVIEW

NATIONAL INTERVIEW

RESPONDENT

NAME _____

TITLE _____

AGENCY _____

DATE OF INTERVIEW _____

INTERVIEWER _____

1. Did you receive a copy of the final version of this year's Health Start guidelines, sent by Edward Zigler to the Assistant Regional Directors of OCD on February 29, 1972?

YES (SKIP TO Q.2) 1

NO (ASK A) 2

OTHER 3

IF NO:

- A. Have you seen or read a copy of these guidelines?

YES 1

NO 2

2. Thinking about the plans for this year's Health Start program, as they are stated in the guidelines and elsewhere, are you basically pleased or displeased with them?

PLEASED 1

DISPLEASED 2

OTHER 3

3. What parts of the plans are the strongest?

4. What parts of the plans are the weakest?

IF LISTS WEAK POINTS:

A. What changes would you recommend to improve these weak points?

5. As you understand them, what are the goals and objectives of the 1972 Health Start program?

6. Does your agency have a role at the National level, in relation to Health Start? A person may be on the committee, but his agency is not.

YES (ASK A) 1

NO 2

A. What is that role?

7. A. How would you define coordination of resources, as this term is used for the Health Start program?

If appropriate -

7. B. What does the Health Start definition of coordination mean for your agency at the national level?

8. What should the national Health Start committee do for the Health Start program?

A. [Other than what you've already mentioned] What has the committee done?

B. How could the national Health Start committee be more effective?

9. Thinking back over the last several months, what meetings or discussions have been held, or what memos have been sent, between your agency and (other) HEW agencies (including OCD) at the national level about coordinating resources for Health Start? Try to orient the interviewee towards using their calendar and file. Get the dates first, then fill in information for a, b, c, d, etc.

FIRST, before the February 29 guidelines were issued?

RECORD DATES IN TABLE

SECOND, after the February 29 guidelines were issued?

RECORD DATES IN TABLE

PROBE FOR SESSIONS YOU KNOW ABOUT

**OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT**

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
<p>E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?</p>			
<p>F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?</p>			
<p>G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?</p>			
<p>H. In general, was this (communication) useful, or not useful? Why is that?</p>			

**OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT**

	4. Date	5. Date	6. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

E. [TAKE EACH DECISION SEPARATELY]
Who was responsible for seeing that _____ got done?

F. Were you asked to do something (else) as a result of the meeting?

What was that?

Have you been able to do it?

G. (IF APPROPRIATE)
May I have a copy (this memo) (written records or minutes)?

H. In general, was this (communication) useful, or not useful?

Why is that?

	4. Date	5. Date	6. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

10. Since the guidelines were issued, what meetings or discussions have been held, or what memos have been sent, between (your agency) (OCD) at the federal level and your regional level people concerning coordination of resources for the 1972 Health Start program?

**OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT**

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
<p>E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?</p>			
<p>F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?</p>			
<p>G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?</p>			
<p>H. In general, was this (communication) useful, or not useful? Why is that?</p>			

ASK NON-OCD PEOPLE ONLY:

11. Since the guidelines were issued, what meetings or discussions have been held, or what memos have been sent, between your agency at the federal level and your agency at the state level?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called, (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
<p>E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?</p>			
<p>F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?</p>			
<p>G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?</p>			
<p>H. In general, was this (communication) useful, or not useful? Why is that?</p>			

ASK NON-OCB PEOPLE ONLY

12. Since the guidelines were issued, what meetings or discussions have been held, or what memos have been sent, between your agency at the federal level and your agency at the local level (that is, in cities, counties, or towns)?

**OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT**

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
IF MEETING OR DISCUSSION: D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
<p>E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?</p>			
<p>F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?</p>			
<p>G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?</p>			
<p>H. In general, was this (communication) useful, or not useful? Why is that?</p>			

National/14

ASK EVERYONE:

13. Since the guidelines were issued, what meetings or discussions have been held, or what memos have been sent, between Health Start projects and your agency at the national level?

**OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT**

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

	1. Date	2. Date	3. Date
<p>E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?</p>			
<p>F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?</p>			
<p>G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?</p>			
<p>H. In general, was this (communication) useful, or not useful? Why is that?</p>			

14. As far as you know, what are the main Barriers to Coordination or problems at the local, state, regional, national level in coordinating the following programs with Health Start?

and (READ PROGRAMS APPROPRIATE TO RESPONDENT FIRST)

(ASK FOR EACH: What are the constraints at local (city, town or county), state, regional, or national levels)?

<u>Program</u>	<u>Barriers to Coordination</u>	<u>FOR EACH BARRIER ASK: How can this be overcome?</u>
SRS-Medicaid		
Title XIX Early Periodic Screening		
Diagnosis & Treatment (EPSDT)		
Title XI-Section 1115 Demonstration Money		
HSMHA Maternal & Child Health Services		
Crippled Children's Agencies		
Children & Youth Projects		

<u>Program</u>	<u>Constraint</u>	<u>FOR EACH CONSTRAINT ASK: How can this be overcome?</u>
Migrant Health Service		
Dental Health Projects		
Maternity-Infant Care		
Indian Health Service		
Community Health Centers		
National Health Service Corps		
Community Mental Health Centers		
Neighborhood Lead Poisoning Control		

15. What programs in HEW, other than those I have mentioned, could be coordinated with Health Start?

What are the main barriers to coordination, if any?

16. In general, what programs or tasks in your agency have the highest priority?

A. Why is that?

17. In general, what programs or tasks in your agency have the lowest priority?

A. Why is that?

18. In general, is Health Start closer to being a high priority task, a low priority task, or is it just in between?

A. Why is that?

19. In general, would you say that it is easy or difficult for HEW agencies to work together at the national level for the Health Start program?

EASY 1

DIFFICULT 2

A. Why is that?

20: If you could design a third year Health Start program, what would it be like?

REGION _____

Health Start
REGIONAL INTERVIEW

REGIONAL INTERVIEW

RESPONDENT:

NAME _____

TITLE _____

AGENCY _____

DATE OF INTERVIEW _____

INTERVIEWER _____

LENGTH OF TIME IN PRESENT POSITION _____

INTRODUCTION

We realize that everyone does not have the same level of involvement with the Health Start program. Some of these questions may not apply to you, or to people in this region. We can cover such questions quickly. If you have any records of meetings, or copies of memos that would help you recall the Health Start program, perhaps you would like to get them before we begin.

- 1. When did you first hear (officially) about the Health Start program for 1972 (since you started this job)?

Month _____ Date _____

- A. Who told you about the 1972 program?

NAME: _____

TITLE, AGENCY: _____

- B. Were you informed by memo, by telephone, in a personal conversation, or how?

- MEMO 1
- TELEPHONE 2
- CONVERSATION 3
- OTHER (Explain) 4

C. IF NOT MENTIONED:

Did you receive a copy of the Health Start guidelines?

YES 1

NO 2

2. Do you have a role at the regional level, in relation to Health Start?

YES (ASK A AND B) 1

NO 2

A. What is that role?

(PROBE FOR DESCRIPTION OF RESPONSIBILITIES.)

B. IF LISTS SOMETHING, REPEAT FOR EACH ITEM:

How well have you been able to (ITEM)--very well, fairly well, or not very well?

ITEM 1

ITEM 2

ITEM 3

VERY WELL

FAIRLY WELL

NOT WELL

[ASK (1)]

[ASK (1)]

[ASK (1)]

IF NOT WELL:

(1) Why is that?

ITEM 1 _____

ITEM 2 _____

ITEM 3 _____

3. (Other than what you have mentioned) what are some things that a person in your position might be able to do to make Health Start a successful program?

1.

2.

3.

4. Have you been able to do (these things)? -
[IF APPROPRIATE, PROBE FOR EXPLANATION.]

5. In general, what programs or tasks in your agency have the highest priority?

A. Why is that?

6. In general, what programs or tasks in your agency have the lowest priority?

A. Why is that?

7. In general, is Health Start closer to being a higher priority task, a low priority task, or is it just in between?

A. Why is that?

[FOR SRS PEOPLE ONLY]

8. Which States in your region, with Health Start programs, have State plans for EPSDT funds?

[FOR STATES WITHOUT PLANS]

9. What has to happen before (STATE)'s plan will be ready? (What is holding up the plan?) (Who will ensure that the plan is completed?)

IF STATE PLAN IS IN:

10. Can (STATE) now make payments for EPSDT?

YES 1

NO (ASK A) 2

A. Why not?

11. A. How does (EACH STATE) plan to do screening under EPSDT?

B. Can anyone besides physicians be reimbursed for screening in (EACH STATE)?

12. IF APPROPRIATE:

Who would you contact in each of the following States to provide information about programs supervised by your agency--as they apply to Health Start?

[LIST STATES IN THE REGION WITH HEALTH START PROJECTS]

STATE

CONTACT

13. Are you presently a member of a Regional Health Start Committee in this region?

YES 1

NO (ASK A) 2

A. Have you ever been a member of a Regional Health Start Committee in this region?

YES 1

NO 2

(PROBE FOR EXPLANATION OF STATUS)

14. Have people at the Regional level in this region done any of the following things?

IF YES TO B, ASK C AND D

A. Have they	B. CIRCLE ONE	C. Who worked on this task? (OBTAIN NAMES)	D. What did <u>you</u> do?
a. Established criteria for selecting Health Start sites?	YES NO		
b. Reviewed Health Start project proposals?	YES NO		
c. Selected projects to be funded?	YES NO		
d. Determined the amount of funds for projects?	YES NO		
e. Provided assistance to groups planning Health Start projects?	YES NO		
f. Provided assistance to projects in operating their programs?	YES NO		
g. Coordinated resources for Health Start projects?	YES NO		

15. We would like to find out about how the Health Start committee has functioned in this region. If there have been meetings, memos, or other important communications could you tell us about them? When did you first exchange ideas (about the 1972 Health Start program), either on paper, together at a meeting, or in some other way?

MONTH

FORM OF COMMUNICATION

A. Who called (initiated) the meeting (discussion) (sent the memo)?

B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS.

C. What, in general, was discussed (at the meeting) (in the memo)?

D. IF MEETING OR DISCUSSION:

What decisions or recommendations were made? That is, what did participants decide should happen?

ASK E IF DECISIONS WERE MENTIONED IN D:

TAKE EACH DECISION SEPARATELY

E. Who was responsible for seeing that _____ got done?

IF MEETING:

F. Were you asked to do something (else) as a result of the meeting?

What was that?

Have you been able to do it?

G. (IF APPROPRIATE)

May I have a copy of (this memo) (written records or minutes)?

H. In general, was this (communication) useful, or not useful?

Why is that?

Regional/9

16. Since (FIRST DATE) have other meetings been held, memos exchanged, or other communications taken place among people in this region?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED, IN D.

Regional/10

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			12
H. In general, was this (communication) useful, or not useful? Why is that?			

17. Since you first heard about the Health Start program on _____, have any communications, meetings, memos, discussions, taken place between you and people at the national level in OCD, or in some other part of HEW?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

1. Date

2. Date

3. Date

E. [TAKE EACH DECISION SEPARATELY]
Who was responsible for seeing that _____ got done?

F. Were you asked to do something (else) as a result of the meeting?

What was that?

Have you been able to do it?

G. (IF APPROPRIATE)
May I have a copy (this memo) (written records or minutes)?

H. In general, was this (communication) useful, or not useful?

Why is that?

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

18. Since (you first heard about the Health Start program) have any communications--meetings, memos, discussions--taken place between you and people in other regions at the Regional level?

OBTAIN DATES FIRST
PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

E. [TAKE EACH DECISION SEPARATELY]
Who was responsible for seeing that _____ got done?

F. Were you asked to do something (else) as a result of the meeting?

What was that?

Have you been able to do it?

G. (IF APPROPRIATE)
May I have a copy (this memo) (written records or minutes)?

H. In general, was this (communication) useful, or not useful?

Why is that?

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

19. Since (you first heard about the Health Start program) have any communications taken place between you and people at the State level?

OBTAIN DATES FIRST
 PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK IF DECISIONS WERE MENTIONED IN D.

Regional/16

1. Date

2. Date

3. Date

E. [TAKE EACH DECISION
SEPARATELY]
Who was responsible
for seeing that _____
got done?

F. Were you asked to do
something (else) as
a result of the
meeting?

What was that?

Have you been able
to do it?

G. (IF APPROPRIATE)
May I have a copy
(this memo) (written
records or minutes)?

H. In general, was this
(communication) use-
ful, or not useful?

Why is that?

20. Since (you first heard about the Health Start program) have any communications taken place between you and local agencies--in counties, cities, or towns?

OBTAIN DATES FIRST
 PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting) (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

Regional/18 _____

1. Date

2. Date

3. Date

E. [TAKE EACH DECISION SEPARATELY]
Who was responsible for seeing that _____ got done?

F. Were you asked to do something (else) as a result of the meeting?

What was that?

Have you been able to do it?

G. (IF APPROPRIATE)
May I have a copy (this memo) (written records or minutes)?

H. In general, was this (communication) useful, or not useful?

Why is that?

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

21. Since (you first heard about the Health Start program) have any communications taken place between you and _____ Health Start projects?

SPECIFY

OBTAIN DATES FIRST

PROBE FOR SESSIONS YOU KNOW ABOUT

	1. Date	2. Date	3. Date
A. Who called (initiated) meeting (discussion) (sent the memo)?			
B. Who (attended the meeting), (participated in the discussion) (received the memo)? OBTAIN NAMES, AGENCY AFFILIATIONS			
C. What, in general, was discussed (at the meeting) (in the memo)?			
D. IF MEETING OR DISCUSSION: What decisions or recommendations were made? That is, what did participants decide should happen?			

ASK E IF DECISIONS WERE MENTIONED IN D.

E. [TAKE EACH DECISION SEPARATELY]
Who was responsible for seeing that _____ got done?

F. Were you asked to do something (else) as a result of the meeting?

What was that?

Have you been able to do it?

G. (IF APPROPRIATE)
May I have a copy (this memo) (written records or minutes)?

H. In general, was this (communication) useful, or not useful?

Why is that?

	1. Date	2. Date	3. Date
E. [TAKE EACH DECISION SEPARATELY] Who was responsible for seeing that _____ got done?			
F. Were you asked to do something (else) as a result of the meeting? What was that? Have you been able to do it?			
G. (IF APPROPRIATE) May I have a copy (this memo) (written records or minutes)?			
H. In general, was this (communication) useful, or not useful? Why is that?			

ASK EVERYONE, IF APPROPRIATE:

22. As you understand them, what are the goals and objectives of the 1972 Health Start program?

23. How would you define coordination of resources, as this term is used for the Health Start program?

24. As far as you know, what are the main constraints or problems at the local level, at the regional level, and at the national level, in coordinating the following programs with Health Start? [READ PROGRAMS APPROPRIATE TO RESPONDENT]

<u>Program</u>	<u>Constraint</u> (Specify Level)	<u>FOR EACH CONSTRAINT ASK:</u> <u>How can this be overcome?</u>
SRS		
Medicaid		
Title XIX (EPSDT)		
Early Periodic Screening Diagnosis and Treatment		
Title XIX - Section 1115 Demonstration Money		
HSMHA		
Maternity - Infant Care Projects		
Crippled Children's Services		
Children & Youth Projects		
Projects for Dental Health of Children		
Neighborhood Health Centers		

<u>Program</u>	<u>Constraint</u> (Specify Level)	FOR EACH CONSTRAINT ASK: <u>How can this be overcome?</u>
National Health Service Corp.		
Community Mental Health Centers		
Childhood Lead-Based Paint Poisoning Control		
Indian Health Service		
Migrant Health Program		

25. What programs in HEW other than those I have mentioned, could be coordinated with Health Start?

What are the main barriers to coordination, if any?

26. In general, would you say that it is easy, or difficult for agencies to work together in your region for the Health Start program?

EASY 1
DIFFICULT 2

A. Why is that?

27. If you could design a third year Health Start program, what would it be like?

APPENDIX B

Field Collection Format

FIELD COLLECTION FORMAT

Project: _____

U.I. Monitoring Team: _____

Dates of Site Visit: _____

Persons Interviewed:

<u>Name</u>	<u>Title</u>	<u>Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL INSTRUCTIONS FOR MONITORING TEAM

I. PRE-SITE TASKS

1. One member of the team should call the project coordinator well in advance to confirm the monitoring dates and to schedule interviews with the Health Start and Head Start staffs. (Use of the Pre-Site Telephone Interview Format. Look over the (1) Pre-Site Data completed by the coordinator at the Coordinators' Conference and (2) the Proposal Summary - before making the call.)

2. The same team member should call the OCD regional office person assigned to Health Start to clear the dates; (Mary Sarley has the list.) Do this as soon as possible so that the regional people will not say that they were not informed of our activities.

3. (If this is a refunded project) Read from the files: (1) the Field Collection Format and the (2) Debriefing Form. You should also read (but may take along) the (1) Vignette (if one was written for the project you are visiting), (2) the Interim Report (for references about the project), and (3) the Second Supplement to the Interim Report (to review the most recent performance data for the first year program).

4. Read or review Garth's analysis plan, the U.I. proposal, the Health Start guidelines, the SRS guidelines for Early Periodic Screening, Diagnosis and Treatment (EPSDT), the July 31 Quarterly Health Report (if it's in) and any correspondence we've had about the project.

5. Get from Mary Sarley and become familiar with: (1) the proposal and (2) the Field Collection Notebook. The notebook will include: the Field Collection Format, the Health Start guidelines, the EPSDT guidelines, the Pre-Site Data, the Proposal Summary, the Project Profile (of services available to be coordinated), and the Expenditure Format.

II. THE FORMAT-PROCEDURE

A. General Information

1. This Field Collection Format contains 15 sections; some longer than others, some of more importance than others. Before going into the field we give you (1) estimates of time to be spent on each section of the Format and (2) priorities of data needs (and the corresponding sections of the Format) so you will know how to budget your time.

2. Except for the initial session (introductions and Section I), the U.I. team should split up and conduct the remaining sections of the Format separately.

3. Begin each interview with an introduction about: the Health Start program (if it's an outside agency interview), the evaluation and the Urban Institute. Tell the person who is to be interviewed approximately the amount of time you will need. Also verify that the person you are talking with is either (1) the one who is in charge of what you need to discuss or (2) knows the most about what you want to discuss.

4. Avoid leading questions.

5. Do not give technical assistance to the project unless it has something to do with the evaluation, e.g., filling in the forms. Tell them to call their regional office, AAP consultant, dental consultant (whoever is appropriate). If they get no action, tell them to call Jim Kennelly.

6. Please try to write legibly (or re-write if necessary) so that Mary will not have to retype many of the Formats. Use a black pen so that the handwritten copy can be xeroxed.

7. You must hand in your Format and Kennelly memo three days after the site visit. If you will not be returning to D.C. within 5 days, mail your copy in. (Get envelopes from Mary.)

8. Whenever you run across written reports, forms being used or communication, get a copy for our files. Make sure you bring back the final, official version of the budget.

9. You must interview at least two outside agencies (XIII). The priorities are as follows in this order:

- a. HEW agencies - non-cooperating.
- b. The non-cooperating agencies with the largest potential resources for children 0-6 years of age.
- c. Cooperating HEW agencies.
- d. Cooperating agencies with largest potential resources for children 0-6.

I. GENERAL INFORMATION FROM COORDINATOR

A. ASK THE COORDINATOR WHO WAS (IS) IN CHARGE OR KNOWS THE MOST ABOUT EACH SECTION OF THE INTERVIEW. THIS INFORMATION IS NECESSARY SO THAT YOU CAN DETERMINE WHO TO INTERVIEW AND HOW TO SCHEDULE THE APPOINTMENTS.

<u>SECTION</u>	<u>PERSON IN CHARGE OR WITH KNOWLEDGE ABOUT:</u>
II. PLANNING	_____
III. COORDINATION OF RESOURCES (PLANNING FORMAT)	_____
IV. STAFF TRAINING AND COORDINATORS' CONFERENCE	_____
V. OUTREACH AND RECRUITMENT	_____
VI. HEALTH SERVICES	_____
VII. HEALTH EDUCATION	_____
VIII. PARENT PARTICIPATION	_____
IX. RECORD KEEPING: URBAN INSTITUTE FORMS PROJECT BOOKKEEPING	_____ _____ _____
X. TECHNICAL ASSISTANCE	_____
XI. FUTURE CARE ARRANGEMENTS	_____
XII. COORDINATOR'S INTERVIEW	_____
XIII. NON-COOPERATIVE AGENCIES	_____ _____ _____
XIV. HEAD START DIRECTOR COORDINATOR	_____ _____

B. ASK THE COORDINATOR ABOUT THE TIMES OF THE INTERVIEWS SHE HAS SCHEDULED FOR YOU. (IF THE INDIVIDUALS ARE AVAILABLE FOR MOST OF THE TWO-DAY PERIOD, TRY TO KEEP YOUR SCHEDULE FLEXIBLE SO THAT YOU CAN WORK IN YOUR NON-COOPERATING AGENCY INTERVIEWS

<u># DAY</u>	<u>INTERVIEW WITH</u>	<u>TIME</u>

C. ASK THE COORDINATOR FOR THE NAMES OF THE LOCAL AGENCIES WHICH WERE CONTACTED FOR POTENTIAL COORDINATION AND WILL NOT PROVIDE ANY RESOURCES FOR USE IN THE HEALTH START PROGRAM (NON-COOPERATING AGENCIES). ALSO ASK FOR THE NAME AND TITLE OF THE PERSON IN THE NON-COOPERATING AGENCY WITH WHOM THEY NEGOTIATED.

<u>Agency</u>	<u>Person Contacted</u>	<u>Title</u>



D. Which of the agencies you mentioned is the largest potential resource for providing health services to children 0-6 years old?

the second largest? _____

E. AT THIS POINT, ONE OF THE U.I. STAFF MEMBERS SHOULD EXPLAIN THAT IT IS NECESSARY TO FIND OUT WHY COORDINATION DOES NOT WORK IN SOME INSTANCES; THAT WE WOULD LIKE TO INTERVIEW AT LEAST TWO NON-COOPERATING AGENCIES IN EACH PROJECT. SEE IF YOU CAN GET THE TELEPHONE NUMBERS FROM THE COORDINATOR TO SET UP THE INTERVIEWS.

F. GIVE THE COORDINATOR pp. 1-5-9 AND ASK HER TO FILL IN THE INFORMATION ON THE HEALTH START STAFF, INCLUDING THE PAGE ON HER (HIS) OWN BACKGROUND. HAVE HER GIVE IT TO YOU AT THE END OF THE FIELD VISIT.

G. FILL IN THE TIME LINE ON p. 1-4 FOR EACH ACTIVITY LISTED. PROBE FOR EXACT DATES WHENEVER POSSIBLE AND ENTER, e.g. 6-17.

PROJECT TIME-LINE

	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
I. <u>PLANNING</u>												
II. <u>OUTREACH</u>												
III. <u>ENROLLMENT</u>												
IV. <u>SCREENING</u>												
Hearing												
Vision												
Medical												
Dental												
Speech (if given)												
V. <u>IMMUNIZATIONS</u>												
VI. <u>TESTS</u>												
Hemat-Hemo												
T-B												
Urinalysis												
Other												
VII. <u>FOLLOW-UP TREATMENT</u>												
Medical												
Dental												
Other												
VIII. <u>HEALTH EDUCATION*</u>												
Parent (group)												
Parent (one-to-one)												
Child (group)												
Child (one-to-one)												

* Code a = daily
 b = once a week
 c = bi-weekly
 d = once a month
 e = at time of a group meeting
 f = at time of screening, etc.



H. Staff: To Be Completed By Coordinator

1. How many are on the Health Start staff (either paid by Health Start or through other arrangements)? _____

2. Description of Staff

 Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____

Other Community Work (Describe) _____

From Community being Served? _____

Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

 Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

CAP Experience (Describe) _____

Other Community Work (Describe) _____

From Community being Served? _____

Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

Previous Health Start Experience (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

Name _____ Title _____
 How Recruited? _____ When Hired?(Assigned) _____
 Who Hired?(Title) _____ Paid By?(Agency) _____
 Full-Time? _____ Part-Time?(describe arrangement and other work) _____

Profession (if any) _____ Annual Salary: \$ _____
 Head Start Experience? (Describe) _____

CAP Experience (Describe) _____
 Other Community Work (Describe) _____

From Community being Served? _____
 Race/Ethnic Group? _____ Staff Assignments(% of Time) _____

3) Health Coordinator's Background

a. Education

Field _____
Degree(s) _____
From Where _____
When _____

b. Health Experience

<u>Type</u>	<u>Yrs. of Experience</u>
Public Health _____	_____
Pediatric _____	_____
Other (Describe) _____	_____
_____	_____
_____	_____

c. Other Experience

<u>Type</u>	<u>Yrs. of Experience</u>
Administrative _____	_____
Teaching: Head Start _____	_____
Other _____	_____
Community Organization _____	_____
Other _____	_____
_____	_____
_____	_____

d. Previous Position (before Health Start)

Agency _____

Title _____

Number of Years in Position _____

PERSON INTERVIEWED: _____

TITLE: _____

II. PLANNING

A. OFFICIAL NOTIFICATION

1. When did you first hear about Health Start (EITHER FOR THE FIRST TIME OR IF A REFUNDED PROJECT THE 1972 PROGRAM)?

2. Who officially notified you about the 1972 Health Start program?

a. When? _____

3. How were you notified?

a. Did you receive guidelines in mail? _____

b. Were you telephoned by your regional office? _____

c. Other? _____

4. Did your regional office inform you that:

READ THE FIRST SENTENCE OF a, b, c.

a. The region was going to solicit proposals from many grantees yours being one of them?
 (IF YES) How long did you have before the proposal had to be submitted?

b. A limited number of grantees were asked to submit proposals or summaries of their planned activities?
 (IF YES) How many grantees were in competition? _____
 Did you submit a summary before you prepared a proposal?
 (IF YES) How long did you have to write the summary before it had to be submitted?

IF A SUMMARY WAS WRITTEN Were you then notified to write a full proposal?
 (IF YES) How long did you have before the proposal had to be submitted to the regional office?
 (IF NO) What happened?

c. You had been pre-selected (without active competition) by your region?
 (IF YES) Do you know why? _____
 (IF YES) Explain. _____

d. Other alternative (describe).

5. How much time did you actually have to write the proposal (from the time you received official notification until the proposal was due in the regional office)? _____

6. What date was the proposal due in the regional office?

7. Were you aware of how your regional office would determine who would get a Health Start grant? _____
(IF YES) Describe. _____

B. PLANNING ACTIVITIES

We define planning here as the activities that took place that led to the writing of the Health Start proposal.

1. Was there any one individual in charge of the planning for Health Start? _____
(IF YES) Who? _____
Title _____

NOTE: IF THIS IS NOT THE PERSON YOU ARE INTERVIEWING, AND IF THAT PERSON IS AVAILABLE, YOU SHOULD BE INTERVIEWING THE PERSON WHO WAS IN CHARGE.

2. When did you begin planning for this year's Health Start project? _____

3. Was there an official planning committee for Health Start?
(IF SO) Who was on the committee (names & agency)? _____

Describe the activities of the committee.

4. Were there planning activities that took place outside an official committee? _____
(IF YES) Describe. _____

5. How many contacts (meetings, telephone conversations, etc.) were involved in planning your program? _____

- a. number of meetings of the planning committee _____
- b. number of other meetings _____
- c. number of telephone conversations _____
- d. other _____

6. Did the Health Start grant pay for any of the planning activities? _____

a. (IF YES) How much money was spent on planning? \$ _____

b. Did you have another source of funds to pay for the planning? _____

c. (IF YES) Source of funds _____
 Amount of funds \$ _____

7. What roles did agencies/individuals play in the planning process (for example, provide lists of children, lists of agencies to contact, administrative assistance, technical assistance).

(NOTE: PROBE FOR SPECIFICS, ESPECIALLY IN T/A AREA. SEE BELOW.)

<u>Agency</u>	<u>Name or Title</u>	<u>Role(s)</u>	<u># of Planning Contacts</u>
<u>Regional OCD</u>	_____	_____	_____
<u>AAP Consultant</u>	_____	_____	_____
<u>Public Health Dental Consultant</u>	_____	_____	_____
<u>Regional SRS</u>	_____	_____	_____
<u>State Welfare Dept.</u>	_____	_____	_____
<u>Regional MCH</u>	_____	_____	_____
<u>CAP</u>	_____	_____	_____
<u>Head Start</u>	_____	_____	_____
<u>Head Start Parent Advisory Committees</u>	_____	_____	_____
<u>Community Teachers:</u>	_____	_____	_____
_____	_____	_____	_____
<u>Community & Voluntary Organizations</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Agency</u>	<u>Name or Title</u>	<u>Role(s)</u> ^{1/}	<u># of Planning Contacts</u>
<u>Health Service Providers (local)</u>			
<u>Local Health Dept.</u>			
<u>Local Welfare Dept.</u>			
<u>Parent or Parent Groups</u>			
<u>Other:</u>			

1/ Code for possible roles:

- 1 - attended Health Start planning committee meetings
- 2 - provided administrative support (collected back-up data, secretarial help, etc.)
- 3 - wrote proposal
- 4 - supplied list of children
- 5 - set up contacts with other agencies or health providers
- 6 - other technical assistance
- 7 - reviewed proposal
- 8 - other (spell out)

5. Were there any difficulties involved with any of the agencies/ individuals mentioned above, e.g., contacting them, arranging meetings, reaching agreements, etc.

Agency/Individual

Difficulty/Difficulties

6. Were there any agencies you contacted in the planning process who were not interested/not cooperative? _____
(IF YES) Why?

C. DECISIONS REACHED

1. Were any written (binding) agreements reached with any of the agencies/individuals above? _____
(IF SO) Describe.

2. How was the number of children to be served by Health Start determined? _____

3. How was the target population chosen (e.g., health needs, economic needs, services available)? _____

4. Did you use any data to select the target population? _____
(IF YES)-What was the source? _____
For what year were the data? _____

5. Are there children who meet the Health Start guideline requirements in your service area (e.g., CAP boundary, county, city, etc.) who are in need of health services and are not enrolled in Health Start or Head Start? _____

(IF SO) a. What would you estimate the number to be? _____

b. On what data are the estimates based? _____

c. Estimate the percent that are

urban _____

rural _____

migrant _____

6. If resources were not a problem, could you have enrolled and served more children? _____

(IF YES) a. How many more? _____

(IF NO) b. Why not? _____

7. Did you use the Health Start guidelines in planning your program? _____

CHECK TIME LINE OR PROPOSAL SUMMARY TO DETERMINE WHETHER A REQUIRED COMPONENT IS MISSING. IF ONE OR MORE REQUIRED COMPONENTS ARE MISSING, PROBE TO FIND OUT WHY THE GUIDELINE REQUIREMENT(S) ARE NOT INCLUDED IN THE PROGRAM.

COMPONENT

REASON NOT INCLUDED

<u>COMPONENT</u>	<u>REASON NOT INCLUDED</u>
_____	_____
_____	_____
_____	_____
_____	_____

IF ONE OF THE ASTERISKED IMMUNIZATIONS WAS NOT PLANNED TO BE GIVEN, ASK WHY.

8. What immunization series is planned for your program?

IMMUNIZATION

WHY NOT GIVEN

<u>IMMUNIZATION</u>	<u>WHY NOT GIVEN</u>
*DPT _____	_____
*Polio _____	_____
*Measles _____	_____
*Rubella _____	_____
*Mumps _____	_____
Smallpox _____	_____
Other _____	_____

9. CHECK THE PROPOSAL SUMMARY TO SEE IF ANY TESTS, SCREENINGS WERE DONE THAT WERE NOT REQUIRED. IF THERE WERE ANY, ASK WHY THEY WERE PLANNED.

<u>Test/Screening</u>	<u>Rationale</u>

10. Were components planned for your program that were not required by the Health Start guidelines (for example, babysitting, transportation, meals, family planning instruction, etc.)? (IF YES) Why were these components planned?

<u>COMPONENT</u>	<u>WHY PLANNED?</u>

11. Was the first year health coordinator involved in the planning? (IF NO) Why not?

12. (IF A REFUNDED PROJECT) Were any aspects of your first year program dropped or changed?

<u>PROGRAM COMPONENT</u>	<u>DROPPED</u>	<u>CHANGED</u>	<u>HOW CHANGED</u>	<u>WHY DROPPED OR CHANGED</u>

12. (IF THERE IS A HEAD START IN THE COMMUNITY) Are the same or different approaches/persons, etc. used in Head Start and Health Start?

	<u>DON'T KNOW</u>	<u>SAME</u>	<u>DIFFERENT</u>	<u>IF DIFFERENT, WHY?</u>
Outreach Workers	_____	_____	_____	_____
Medical History Forms	_____	_____	_____	_____
Bookkeeping Services	_____	_____	_____	_____
Health Education Materials	_____	_____	_____	_____
Health Education Approaches	_____	_____	_____	_____
Health Advisors (local)	_____	_____	_____	_____
Staff	_____	_____	_____	_____
Facilities	_____	_____	_____	_____
Transportation Arrangements	_____	_____	_____	_____
Dentists	_____	_____	_____	_____
Medical Professionals	_____	_____	_____	_____

D. PROPOSAL

1. Who was principally responsible for writing the proposal?

Name: _____
 Title: _____
 Agency: _____

2. Was the person who was chiefly responsible for writing the proposal involved in the planning?

(IF YES) Did (HE/SHE):

attend the planning committee meetings? _____
 chair the sessions of the planning committee? _____
 negotiate with other persons in the community? _____
 other _____

3. (IF THIS IS A REFUNDED PROJECT) Did this person have any connection with the first year Health Start project? _____
(IF YES)

planning _____
wrote the proposal _____
other _____

4. Who reviewed the proposal before it was submitted to the regional office?

<u>Person</u>	<u>Title</u>	<u>Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Were any changes made as a result of the review? _____
(IF SO) Describe what was added or deleted and why? _____

6. After the proposal was submitted to the regional office, were any changes made:

a. in content? _____ (IF YES) Describe. _____

b. in budget? _____ (IF SO) Describe. _____

7. Were special conditions attached to the grant by the regional office? (IF SO) What were they? _____

(GET COPY OF SPECIAL CONDITIONS IF THERE ARE ANY.)

E. PROJECT START UP

1. Did you have any problems in setting up your program? _____
 (IF YES) What types of problems?

<u>PROBLEM</u>	<u>DESCRIPTION</u>	<u>TECHNICAL ASSISTANCE FROM</u>	<u>RESOLVED?</u>
Staffing	_____	_____	_____
Office/Project Space	_____	_____	_____
Late Funding	_____	_____	_____
Other	_____	_____	_____

2. When (EXACT DATE) did your project begin operations? _____

3. When did you enroll the first child? (DATE) _____

4. What happened between the period the project started operations and the day the first child was enrolled? _____

5. How much time passed between the days the first child was enrolled and the day the first child was screened? _____

6. What happened in the period between the time the first child was enrolled and the time the first child was screened? _____

7. Have you written your regional office since your grant was approved? _____ (IF YES) What about?

8. Have you received any written communication from your regional office since the grant was approved? _____ (IF YES) What was it about?

(GET COPY OF THE COMMUNICATION)

9. Have you been visited by your regional office representative (on Health Start business)? _____ (IF YES)

Who visited _____
When _____
Why _____

10. Have you been visited by anyone from the national office (on Health Start business)? _____ (IF YES)

Who visited _____
When _____
Why _____

11. Is the water in your community fluoridated? _____

PERSON(S) INTERVIEWED:

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

III. COORDINATION OF RESOURCES

BEGIN BY EXPLAINING THAT WE ARE GOING TO GO OVER THE PLANNING FORMAT. ASK THEM TO GET THEIR COPY SO THAT WE CAN WORK FROM IT.

NOTE: SECTION (A) SHOULD BE USED AS AN OPPORTUNITY TO PROVIDE TECHNICAL ASSISTANCE AS WELL AS FOR DATA COLLECTION. IT IS IMPERATIVE THAT THE PROJECT UNDERSTANDS ITS IMPORTANCE AND THAT IT IS FILLED IN PROPERLY WHEN IT IS TURNED IN AT THE END OF THE YEAR.

GO OVER EACH RESOURCE LISTED ON THE PLANNING FORMAT, EVEN IF NO NOTATIONS HAVE BEEN MADE FOR THAT RESOURCE ON THE PROJECT COPY OF FORMAT. YOU MAY HAVE THEM XEROX A COPY OF THE FORMAT IF IT IS COMPREHENSIBLE AND LEGIBLE. IF IT IS NOT, FILL IN THE BLANK PLANNING FORMAT. DO NOT TAKE THEIR ONLY COPY.

We are going to begin this section by going over the Planning Format, asking at the same time additional questions about the resources contacted. Then we will ask special questions about the Title XIX - Medicaid Early Periodic Screening, Diagnosis and Treatment money.

READ THE FIRST ENTRY (SRS-MEDICAID, EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT), FIND OUT WHAT THEY DID. IT IS NOT NECESSARY TO ASK ABOUT TREATMENT REIMBURSEMENT BECAUSE THOSE ELIGIBLE FOR MEDICAID GET AUTOMATIC REIMBURSEMENT. (NO NEGOTIATION FOR COORDINATION IS NECESSARY.)

TRY TO USE SECTIONS A & B SIMULTANEOUSLY. (SECTION B DEALS ONLY WITH THE AGENCIES CONTACTED.) IT IS EASIER TO ASK ALL THE QUESTIONS ABOUT A RESOURCE AT ONE TIME THEN TO DOUBLE BACK ON THE RESOURCES.

KEEP YOUR COPY OF THE PROJECT PROFILE (RESOURCES FOR COORDINATION) HANDY TO SEE IF THE DATA THE U.I. PUT TOGETHER MATCHES THE INFORMATION ON THE PLANNING FORMAT.

Health Start Project

PLANNING FORMAT

(Coordination of Funding, Service and Technical Assistance Resources)

RESOURCES NOT USED		RESOURCES USED	
(2)		(4)	
(1)	(2)	(3)	(4)
Not Available	Available but Not Contacted	Available but no Agreement Reached	Agreement Reached: Specify Arrangements Made
Not in Area	Miles (in distance)	Other (Specify)	Not Able to Contact
Ineligible	Other (Specify)	Not Attempted	Other (Specify)
	Not Able to Contact	No Money	Other (Specify)
	Not Cooperative	Ineligible	Other (Specify)
	Filled to Capacity	Filled to Capacity	Other (Specify)
	# Served (if filled)	Other (Specify)	Funding
			# of Children
			\$ Amount Per Child
			(if applicable)
			Total \$ Amount
			Type of Service
			# of Children
			(if applicable)
			# of Units of
			Service
			\$ Amount per
			Service Unit
			(if applicable)
			\$ Amount per Child
			(if applicable)
			Technical Assistance
			Type
			(Describe Briefly)
Potential Resources Available			
SMS-MEDICAID			
Title XIX			
-Early Periodic Screening, Diagnosis, & Treatment (EPSDT)			
-Reimbursement for Treatment (does not have to be neglected)			
-Sec. 1115 Demonstration Money			
HSVHA			
MATERNAL & CHILD HEALTH SERVICES			
Crippled Childrens Agencies			
Children & Youth Projects			
Migrant Health Service			
Projects for Dental Health of Children			
Maternity & Infant Care			



III-3
PLANNING FORMAT

Health Start Project

(Coordination of Funding, Service and Technical Assistance Resources)

Potential Resources Available	RESOURCES NOT USED				RESOURCES USED				Type (Describe Briefly)							
	(1) Not Available	(2) Available But Not Contacted	(3) Contacted, but no Agreement Reached	(4) Other (Specify)	Funding	Agreement Reached: Services	Specify Arrangements Made	Technical Assistance								
	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	Failed to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	# of Units of Service	\$ Amount per Service Unit (if applicable)	\$ Amount per Child (if applicable)	\$ Amount per Child (if applicable)	\$ Amount per Child (if applicable)
Potential Resources Available																
INDIAN HEALTH SERVICE																
COMMUNITY HEALTH CENTERS																
NATIONAL HEALTH SERVICE CORPS																
COMMUNITY MENTAL HEALTH CENTERS																
CHILDHOOD LEAD POISONING CONTROL SOCIAL SERVICES																
Title IV - A & B																
STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS																
U.S. ARMED FORCES SPECIAL FOOD SERVICES PROGRAM FOR CHILDREN MODEL CITIES																
OEO-NEIGHBORHOOD HEALTH CENTERS FAMILY SERVICES ASSOCIATIONS																

Health Start Project

III-4
PLANNING FORMAT

Service and Technical Assistance Resources

	RESOURCES NOT USED								RESOURCES USED												
	(2)				(3)				(4)				(4)								
	Not Available	Available	Not Available	Available	Not Available	Available	Not Available	Available	Not Available	Available	Funding	Services	Technical Assistance	Type							
Inaccessible	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Inaccessible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children	Type of Service	# of Children	\$ Amount per Service Unit	\$ Amount per Child (if applicable)	\$ Amount per Service Unit	\$ Amount per Child (if applicable)	\$ Amount per Service Unit	\$ Amount per Child (if applicable)	(Describe Briefly)	
Potential Resources Available																					
OTHER STATE AGENCIES																					
PRIVATE HEALTH CARE PRACTITIONERS																					
PUBLIC AND PRIVATE HOSPITALS																					
MEDICAL AND DENTAL SCHOOLS																					
UNIVERSITIES AND COLLEGES																					
PRIVATE FIRMS																					
HEAD START																					
RELIGIOUS WELFARE ASSOCIATIONS																					
LIONS AND ELKS CLUBS																					
ASSOCIATION FOR BLIND AND PREVENTION OF BLINDNESS																					
TUBERCULOSIS ASSOCIATIONS																					
OTHER VOLUNTARY ORGANIZATIONS																					



PLANNING FORMAT

Health Start Project.

(Coordination of Funding,
Service and Technical Assistance Resources)

RESOURCES USED

	RESOURCES NOT USED										RESOURCES USED				Type (Describe Briefly)						
	(1)					(2)					(3)					(4)					
	Not Available	Available	Not Available	But Not Contacted	Other (Specify)	Not Cooperative	Ineligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	\$ Amount Per Child (if applicable)	Total \$ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	\$ Amount per Service Unit (if applicable)	\$ Amount per Child (if applicable)	Technical Assistance	
Potential Resources Available																					
OTHER ASSOCIATIONS FOR CHILDREN'S DISEASES																					
LOCAL CLINICS (excluding above)																					
OTHER																					

LEVEL OF EFFORT FOR COORDINATION (AGENCIES CONTACTED)

III-6

Resources	Who Negotiated	# of Meetings Held	# of Phone Calls	# of Days Spent in Effort	Technical Assistance From	Used in Head Start (if applicable)	Used in First Year Health Start (if applicable)	Special Problems Encountered
SRS - MEDICAID								
Title XIX								
-EDPSDT (See below in Section C)								
-Reimbursement								
Title XI-Sect. 1115								
HSMHA								
Maternal & Child Health Services								
Crippled Childrens' Agencies								
Children & Youth Projects								
Migrant Health Service								
Projects for Dental Health of Children								
Maternity - Infant Care								
Indian Health Service								
Community Health Centers								

Resources	Who Negotiated	# of Meetings Held	# of Phone Calls	# of Days Spent in Effort	Technical Assistance From	Used in Head Start, (if applicable)	Used in First Year Health Start (if applicable)	Special Problems Encountered
National Health Service Corps								
Community Mental Health Centers								
Childhood Lead Poisoning Control								
SOCIAL SERVICES								
LOCAL P.H. DEPT.								
HEAD START								
U.S. ARMED FORCES								
SPECIAL FOOD SERVICE PROGRAM FOR CHILDREN								
MODEL CITIES								
OO-NEIGHBORHOOD HEALTH CENTERS								
FAMILY SERVICE ASSOCIATIONS								
OTHER STATE AGENCIES								
PRIVATE PHYSICIAN								
PRIVATE DENTIST								
HOSPITALS								

Resources	Who Negotiated	# of Meetings Held	# of Phone Calls	# of Days Spent in Effort	Technical Assistance From	Used in Head Start (if applicable)	Used in First Year Health Start (if applicable)	Special Problems Encountered
MEDICAL AND DENTAL SCHOOLS								
UNIVERSITIES AND COLLEGES								
PRIVATE FIRMS								
RELIGIOUS WELFARE ASSOCIATION								
LIONS, ELKS CLUBS								
ASSOC. FOR BLIND/PREVENTION OF BLINDNESS								
TUBERCULOSIS ASSOCIATIONS								
OTHER VOLUNTARY ORGANIZATIONS								
OTHER ASSOC. FOR CHILDRENS' DISEASES								
LOGAL CLINICS (excluding above)								
OTHER								

C. TITLE XIX (MEDICAID) EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT AGREEMENTS (EPSDT)

1. Does your project have a written agreement with your State Title XIX agency to use the new EPSDT money? _____
 (IF YES, GET A COPY FOR U.I. FILES.)

2. (IF THE PLANNING FORMAT INDICATES THAT NO ATTEMPTS WERE MADE TO GET AN AGREEMENT TO USE THE EPSDT) Why did you not attempt to get an agreement with your State agency to use the new Title XIX EPSDT money?

3. Did you ask your regional OCD office for assistance in negotiating with:

- a. Regional SRS? _____
- b. State Title XIX Agency? _____

4. Did you receive any help from your regional OCD office (even if you did not ask for assistance) in negotiating with:

- a. Regional SRS? _____
- b. State Title XIX Agency? _____

5. (IF ASSISTANCE WAS GIVEN BY THE REGIONAL OCD STAFF) What did the OCD regional office do? _____

6. Did you contact directly (without assistance from the OCD regional office):

- a. the SRS Regional Office? _____
- b. the State Title XIX Agency? _____

7. (IF YES TO EITHER 6a. or 6b.) Who did you talk to in:

- a. the SRS Regional Office

Name _____

Title _____

- b. the State Title XIX Agency

Name _____

Title _____

Name of Agency _____

8. (IF YES TO EITHER 6a. or 6b.) What were you told by:

a. The SRS Regional Office? _____

b. the State Title XIX Agency? _____

9. (IF NO AGREEMENT WAS REACHED WITH THE STATE AGENCY)

Do you know why the State Agency did not make money available to your project? _____

(IF YES) Describe.

10. Do you know of any agencies in your community who received EPSDT money, e.g., Head Start, C&Y project, etc.? _____
(IF YES) Which agency/agencies? _____

NOTE: IF NO AGREEMENT WAS REACHED FOR USE OF EPSDT MONEY, DO NOT ASK REMAINING QUESTIONS IN THIS SECTION (C).

11. Did you inform the Medicaid-eligible parents of the existence of EPSDT? _____ How? _____

12. Were materials circulated to the Medicaid-eligible families to describe EPSDT? _____

a. (IF YES) Were they circulated:

- _____ with the monthly welfare check
- _____ by the Public Health Department case workers
- _____ at time of Health Start outreach
- _____ at time of enrollment in Health Start
- _____ other _____

13. Were the Medicaid-eligible parents told of the importance of preventative services? _____
(IF YES) Through written material? _____ Verbally? _____

14. Were you advised on what "periodic" meant (in the early periodic screening, diagnosis and treatment sequence)? _____

- a. By whom? _____
- b. How often were you told the child should be screened? _____
- c. Did you communicate this information to the Medicaid-eligible parents? _____

15. What problems did you encounter in using EPSDT?

<u>Problem</u>	<u>Description</u>
meeting guideline requirements	
negotiating agreement	
finding providers	
other	
other	

PERSON INTERVIEWED: _____

TITLE: _____

IV. STAFF TRAINING

BE SURE TO INTERVIEW THE PERSON(S) WHO ATTENDED THE TRAINING SESSIONS.

A. OCD - GEORGETOWN UNIVERSITY TRAINING SESSION

1. Who attended the OCD headquarters-sponsored training session (in San Francisco, Chicago or New York)?

Name _____

Title _____

Name _____

Title _____

2. In what way(s) were the training sessions of help to you?

a. What was not helpful? _____

b. What would you have liked to have been included as a part of the training? _____

3. Did you change any of your planned activities/approaches because of the training? _____
(IF YES) Describe. _____

4. Did you understand the purpose of the audio-tapes? _____

a. (IF YES) What was the purpose? _____

b. How have you used your audio-tapes? _____

c. Did you find that the audio-tapes were more helpful/
useful than written materials? _____ Why? _____

less helpful/useful than written materials? _____ Why? _____

7. Were any agreements reached during the training session with your regional OCD office representative on the assistance he will provide to aid you in the coordination of resources? _____
 (IF YES) What was the OCD regional office supposed to do? _____

8. Were any other agreements (about your program) reached during the training sessions?

<u>Agency</u>	<u>Agreement</u>
Regional SRS	_____
State Medicaid Agency	_____
Regional MCH	_____
Regional Public Health Dental Service	_____
AAP	_____

B. OTHER STAFF TRAINING

1. Were any other training programs held for the Health Start staff? _____

IF THE ANSWER TO QUESTION 1 IS NO, END THIS SECTION IV AT THIS POINT.

2. (IF THERE WERE ANY OTHER TRAINING PROGRAMS), FILL IN THE INFORMATION on p. IV-3.

TRAINING PROGRAM

Conducted By (1)	Attended By (2)	Number of Sessions (3)	Hours Per Session (4)	Paid By (5)	Estimated Cost (6)	Content Areas Covered (7)	Problems Encountered (8)
1.							
2.							
3.							
4.							

1/ Use the following codes in column (7): 2/ Use the following codes in column (8):

- 1 - resources in the community
 - 2 - administering tests/screening
 - 3 - outreach/recruitment techniques
 - 4 - completion of forms
 - 5 - general administration
 - 6 - parent and community participation
 - 7 - health education
 - 8 - other (describe in column)
- a. scheduling
 - b. lack of expertise
 - c. lack of materials
 - d. lack of time
 - e. other (describe in column)

4. If Health Start continues for another year, would you recommend a similar type of training program sponsored by the national office? _____

(IF NO) What would you like to happen? _____

PERSON INTERVIEWED: _____

TITLE: _____

V. OUTREACH/RECRUITMENT/ENROLLMENT

A. OUTREACH (DEFINED AS THE PROCEDURE USED TO ALERT THE POTENTIAL PARTICIPANTS OF THE EXISTENCE OF THE HEALTH START PROGRAM).

1. Did you develop a procedure of informing the community of Health Start? _____
(IF YES) Did you announce it:

	<u>How often?</u>	<u>What was said?</u>
at community meetings?	_____	_____
by passing out leaflets?	_____	_____
on radio?	_____	_____
through TV spots?	_____	_____
through newspaper articles?	_____	_____
through other type of advertising?	_____	_____
other _____	_____	_____

2. When did the outreach begin? _____

3. How long did it last? _____

4. Were any of the announcements/materials bi-lingual? _____

5. What, in your opinion was the most effective procedure you used in Outreach? _____
Why? _____

B. Recruitment

1. How were the children recruited for Health Start?

<u>Technique</u>	<u>% of children (est.)</u>
door-to-door	_____
Head Start waiting lists	_____
Head Start siblings	_____
from lists supplied by local school system	_____
from list from Public Health Department	_____
from lists from Welfare Department	_____
by signing up parents at meetings	_____
parents sought project out	_____
other _____	_____

2. Who did the recruitment?

<u>Staff</u>	<u>Number of days spent</u>
Health Coordinator	_____
Health Start Aide	_____
Health Start Aide	_____
Health Start Aide	_____
Head Start Aide	_____
CAP Outreach Worker	_____
Parents	_____
Other volunteers (Describe _____)	_____
Other _____	_____

3. Is the recruitment process finished? _____

- a. (IF YES) How long did it take? _____
- b. (IF YES) How many children did you enroll? _____
- c. (IF NO) How many children have you enrolled? _____
- d. (IF NO) How many more children do you intend to enroll? _____
- e. (IF NO) When do you expect that you will complete the enrollment? _____
- f. (IF NO) Is the reason why you are still enrolling because -
it was planned? _____
problems have developed? _____

4. What problems have you had in recruiting the children for Health Start?

families have moved _____
 lists used out of date _____
 overestimated the number of children in need _____
 parents not interested _____
 parents unavailable for enrollment _____
 not enough _____
 other _____

5. Did you change your original plans for recruitment in any way?
 (IF YES) Describe what you planned and what you changed.

C. ENROLLMENT AND MEDICAL HISTORIES

1. Was the actual enrollment (filling out official forms, getting parents signatures) done:

- a. at the same time that the child was recruited? _____
 b. at a later time? _____
 c. (IF LATER) When? _____

2. Did the same individuals who recruited also do the enrollment?

(IF NO) Describe the procedure that was used. _____

3. What percent of the parents were present at the time of the enrollment? _____ %

4. Who took the medical histories?

Health Coordinator _____
 Health Aides _____
 Physician _____
 Physician's Nurse _____
 Other _____

5. Was the medical history taken at the same time the child was enrolled in the program? _____

a. (IF NO) When was the medical history taken? _____

b. Who took it? _____

6. Were special forms used for the enrollment? _____
(IF YES GET COPY.)

a. Who developed it? _____

b. Is it being used in any other program or agency? _____

c. (IF YES) Which program or agency? _____

7. Who developed the forms used for this medical history?

a. Are they being used by any other program/agency? _____

b. (IF YES) Which ones? _____

8. What percentage of the children recruited

urban	_____	%
rural	_____	%
Migrant	_____	%

Indian	_____	%
Black	_____	%
Spanish-Speaking	_____	%
Puerto Rican	_____	%
White	_____	%

PERSON INTERVIEWED: _____

TITLE: _____

VI. HEALTH SERVICES

A. FILLING HEALTH CARE GAPS

1. Were any health care providers (physicians, dentists, screening teams, etc.) brought into the community on a temporary basis to provide service to the Health Start children? _____
(IF YES)

<u>Who Provided Services?</u>	<u>Service Performed?</u>	<u>Distance Travelled?</u>	<u>Length of Stay?</u>	<u>No. of Children Served?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Were any children transported out of the community to receive some type of health care? _____
(IF YES)

<u>Who Provided Services?</u>	<u>Service Performed?</u>	<u>Distance Travelled?</u>	<u>Length of Stay?</u>	<u>No. of Children Served?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. HEALTH SCREENING AND DIAGNOSIS (We would like to know the following information about your screening and diagnostic processes:)

* Required in Program	Where Held	Session		Who Does It?	
		Group Average Amount of Time for Process	Individual Average Amount of Time for Process	Professionals (Private/Agencies) (Title)	Para-Professional (Previously Trained) (Title) Health Staff (Title)
Process					
*Immunizations					
*Physical Growth					
*Developmental assessment					
*Unclothed physical inspection					
*Ear, Nose, Mouth inspection					
*Vision testing					
*Hearing testing					
*Diagnosis					
*Blood tests					
*Nutritional status					
*Tuberculin tests					
*Urine tests					
Dental Screening					
Sickle Cell tests					
Lead poisoning screening					
Strep cultures					
Intestinal Parasite test					
Speech					

3. Who schedules the appointments for the screening sessions?

4. How are the parents informed of their child's appointments?

project telephones parent _____
card or note sent home with child _____
by mail _____
other (describe) _____

5. Who ensures that the child gets to scheduled appointments?

- a. the project _____
b. the parents _____

6. Are priorities set as to who is screened first? _____

a. (IF YES) How are priorities determined? _____

b. (IF NO) How are schedules determined? _____

7. Are the parents required to be present for screening sessions?

8. What percentage of the parents attend the screening sessions?
_____%

9. (IF NOT 100%) What are some of the reasons why parents do not attend screening sessions?

- a. no babysitting arrangement _____%
b. no transportation _____%
c. parents work and are unable to attend sessions _____%
d. no interest _____%

10. Is babysitting provided by the project (if it is needed) so that parents can attend screening sessions? _____

(IF YES) For what percent of the parents? _____%

11. Is transportation for the screening provided by the project:

- a. for parents? _____%
b. for children? _____%

C. TREATMENT AND REFERRAL PROCESSES

1. Who schedules appointments for follow-up treatment that is needed?

- a. the person/agency that did the screening _____
b. the Health Start project _____

2. Who is responsible for the child keeping scheduled appointment?

- a. the parents _____
- b. the Health Start project _____

3. If resources for follow-up are limited, how are priorities set to determine which children who need treatment will be scheduled first?

- a. first come, first serve _____
- b. least expensive taken first _____
- c. those in greatest need treated first _____
- d. provide care up to a certain dollar amount per child _____
- e. other _____

4. If a child needs treatment and will not be treated by the same person/agency that did the screening who determines where the child will be referred?

- a. the person doing the screening _____
- b. the Health Start project _____

5. What types of problems have you had in obtaining health services?

- a. finding service providers to participate in the program _____
- b. finding service providers willing to take Medicaid patients _____
- c. scheduling appointments _____
- d. ensuring that appointments are kept _____
- e. retrieving data (for reporting) from providers _____
- f. negotiating for schedules _____
- g. providing transportation for children _____
- h. involving parents in the screening/treatment process _____
- i. not enough money _____
- j. other _____

6. What percent of appointments for screening and treatment would you estimate are missed? _____%

7. What happens if screening or follow-up appointments are missed?

8. (IF PARA-PROFESSIONALS DID ANY OF THE SCREENING) Are any of the children who are screening by para-professionals re-screened? _____
(IF YES)

- a. By whom? _____
- b. For which tests? _____

9. What is the average distance that the children have to travel or providers have to travel for -

- a. Medical screening? _____
- b. Dental screening? _____
- c. Other (Specify) _____

PERSON INTERVIEWED: _____

TITLE: _____

VII. HEALTH EDUCATION

A. GENERAL DESCRIPTION

1. Do you have a scheduled list of topics that are planned to be covered in a health instruction program:

- a. for parents? _____
- b. for children? _____

IF YES TO EITHER 1a. OR 1b., ASK TO SEE A COPY OF THE TOPICS TO BE COVERED.

2. (IF THERE IS NOT A LIST) What do you plan to do in the area of health education?
IF NOTHING IS PLANNED, PROBE TO SEE WHY.

3. Is there one person chiefly responsible for the health education component?
(IF YES) Who? (Name and Title) _____

(IF NO) How is the health education component handled? _____

4. Who designed (developed) the health education component?

5. (IF A FORMAL CURRICULUM IS BEING USED) What is it? _____

a. Who designed it? _____

b. Are you supplementing the curriculum with your own health education activities? _____

c. (IF YES) Describe. _____

6. (IF THE PROJECT SERVES A SPANISH-SPEAKING POPULATION) Do you have access to bi-lingual health education materials? _____

a. (IF YES) Who developed them? _____

b. Are they for children? _____

c. Are they for adults? _____

d. What topics are covered for children? _____

e. What topics are covered for parents? _____

f. Are you using them in your Health Start program?

for parents: _____

for children _____

g. Do they meet your needs? _____

((IF NO) Why not? _____

HEALTH EDUCATION PROCESS

Process	When and Where Held	Sessions			Averages Attendance %	Instructors			Trained Through Health Start (Who)	Topics Planned ^{1/}	
		Total Sessions Planned	Per Week	Per Month		(Private/Agencies Health Start)	Professionals	(Who)		Parent	Child
Parent Health Education: Group											
Parent Health Education: One-to-One											
Child Health Education: Group											
Child Health Education: One-to-One											

RESOURCE	ELIGIBILITY REQUIREMENTS	FEE? (AMOUNT)	TYPES OF SERVICE	WAITING LIST

C. CONSUMER HEALTH EDUCATION

1. Are parents told about what resources exist in the community? _____ (IF YES, ASK QUESTION 2.)

2. What are parents told about the existing health resources in the community? (FILL IN ON CHART BELOW.)

- ^{1/} Code for Topics:
- a. health services available
 - b. personal hygiene
 - c. oral hygiene (flossing and brushing)
 - d. nutrition
 - e. safety and accident prevention
 - f. emergency care
 - g. other (specify)

2. How did you determine what exists in your community? _____

3. Is there a directory that lists health resources in your community? _____
 (IF YES, GET THE AGENCY THAT PREPARED IT, PRICE, ETC. SEE IF WE CAN GET A
 COPY BEFORE LEAVING PROJECT.)

Name of Directory _____

Available Through _____

Address _____

D. PROBLEMS ENCOUNTERED

1. What problems have you had in your parent health education?

- a. poor attendance _____
- b. lack of resource materials _____
- c. lack of staff _____
- d. lack of expertise _____
- e. other _____

2. What problems have been encountered in the health education component for children?

- a. poor attendance _____
- b. not enough materials _____
- c. lack of staff _____
- d. lack of expertise _____
- e. other _____

PERSON INTERVIEWED: _____

TITLE: _____

VIII: PARENT PARTICIPATION

1. In what ways did the parents participate in the planning/operation of the project?

<u>Task</u>	<u>Estimated Number</u>
Planning	_____
Proposal writing	_____
Review of proposal	_____
Recruitment	_____
Transportation	_____
Health aides	_____
Other _____	_____

2. Were parents formally invited to participate in the project?
_____ ? (IF YES)

a. by whom (name and title) _____

b. when _____

c. how _____

PERSON INTERVIEWED: _____

TITLE: _____

IX. RECORD KEEPING

A. URBAN INSTITUTE RECORDS

1. Describe procedure used:

<u>Report</u>	<u>Who Responsible</u>	<u>Frequency Kept</u>	<u>Problems Encountered</u>
Quarterly Health Report	_____	_____	_____
Planning Format.	_____	_____	_____
Expenditure Form	_____	_____	_____

*(D)=Daily; (W)=Weekly; (M)=Monthly; (Q)=Quarterly; (O)=Other; (Specify)

2. Were the forms helpful in managing your program?

Quarterly Health Reports _____ (If yes) Describe.

Planning Format _____ (If yes) Describe.

Expenditure Form _____ (If yes) Describe.

3. Did any of the Urban Institute forms cause particular problems? (Specify which one(s)).

too time consuming _____

difficult to retrieve data _____

not useful for project use _____

other _____

4. Who keeps the books for the Health Start program?

PERSON INTERVIEWED: _____

TITLE: _____

B. BOOKKEEPING (TALK TO BOOKKEEPER)

1. Is the Health Start coordinator (director) kept informed of the expenditures to date? _____

a. (IF YES) How often are expenditure reports submitted to the Health Start director or coordinator? _____

b. (IF NOT) Do you alert the coordinator or director if they are about to exceed expenditures on a line item? _____

2. Does someone review the bills before they are paid? _____

a. (IF YES) Who? _____

b. Describe the process.

c. How long does it usually take from the time a bill arrives until it is paid? _____

3. Who authorizes payment of bills? (Name and Title)

4. Are bills paid one-at-a-time (as they are authorized) or is some other procedure used?

a. one-at-a-time _____

b. other _____

5. ASK TO SEE (a) THE LAST QUARTERLY HEALTH REPORT AND (b) SOME HEALTH START BILLS FOR HEALTH SERVICES. CHECK TO SEE IF:

- THE RECORDS ARE IN ORDER

- IF THE CHILDREN'S NAMES ON THE BILLS ARE ON THE QUARTERLY HEALTH REPORTS

- IF THE BILLS ARE ITEMIZED TO DETERMINE WHAT SPECIFICALLY WAS DONE FOR THE CHILD. (THIS IS IMPORTANT BECAUSE IT WILL BE IMPOSSIBLE TO COMPLETE THE HEALTH START EXPENDITURE FORM WITHOUT A BREAKDOWN OF EXPENDITURES, E.G., MEDICAL SCREENING MUST BE SEPARATED FROM MEDICAL TREATMENT.)

6. When did you get the OCD Health Start money? _____
7. What was the Federal share of the total budget? _____
8. (IF A REFUNDED PROJECT) Were any funds carried over from the first year grant? _____
- a. (IF YES) How much? \$ _____
- b. (IF YES) Is this included in the amount you quoted as the Federal share? _____
9. Was any money added to the headquarters grant by the region?

 (IF YES) How much? \$ _____

IF QUESTIONS 6, 7, 8, 9 CANNOT BE ANSWERED BY THE BOOKKEEPER, ASK THE COORDINATOR OR CAP DIRECTOR, ETC.

GET A COPY OF THE OFFICIAL FINAL VERSION OF THE BUDGET FROM THE BOOKKEEPER OR COORDINATOR. DO NOT COME BACK WITHOUT IT. IF IT IS THE SAME AS THE XEROX COPY ATTACHED TO THE PROPOSAL. INDICATE HERE.

_____ SAME AS XEROXED COPY

10. ASK THE BOOKKEEPER: Do you have a copy of the Health Start Expenditure Form? _____
- a. (IF NO) Have you seen a copy? _____
- b. IF THE BOOKKEEPER HAS NOT SEEN A COPY OF THE EXPENDITURE FORM, GIVE HIM (HER) YOUR COPY. EXPLAIN THAT THE EXPENDITURE DATA MUST BE REPORTED AS INDICATED ON THE FORM.
- c. Will it be possible to report the Health Start grant expenditures as indicated on the Health Start expenditure form?
 (IF NO) Why?

PROBE TO SEE IF THE BOOKKEEPING SYSTEM CAN BE MODIFIED SO THAT WE CAN GET THE DATA.

11. (IF YES TO 6c.) ASK THE BOOKKEEPER: Did you have to modify your bookkeeping system to retrieve the data we need? _____
(IF YES) What was involved? _____

NOTE: IF THE BOOKKEEPER IS NOT COMPLETELY AWARE OF WHAT IS EXPECTED, RETURN TO THE COORDINATOR IMMEDIATELY AND FIND OUT WHY THE BOOKKEEPER WAS NOT INFORMED OF HIS/HER ROLE.

12. REASON STATED: _____

13. AFTER THE INTERVIEW IS OVER, ANSWER THE FOLLOWING QUESTIONS TO YOUR BEST ABILITY.

a. ARE THE HEALTH START RECORDS IN ORDER? _____
IF NO, DESCRIBE THE PROBLEM(S).

b. IN YOUR OPINION, DO THE COORDINATOR AND THE BOOKKEEPER UNDERSTAND THE FORMS? _____
IF NO, WHAT ARE THE PROBLEMS?

PERSON INTERVIEWED: _____

TITLE: _____

X. TECHNICAL ASSISTANCE NEEDS AND PROVIDERS

1. Have you asked for technical assistance from any outside source?
(IF YES)

PROBLEM	HELP REQUESTED FROM ^{1/}	RECEIVED	HELPFUL	HOW?
a. record keeping				
b. medical services				
c. dental services				
d. project administration				
e. parent participation				
f. health education				
g. coordination of resources				
h. political/personal difficulties				
i. staff training				
j. other				

2. Did you receive a copy of the Rainbow Series from the national office? _____

a. Do you have a copy of:

- the Health Book? _____
- the Dental Book? _____
- the Nutrition Book? _____
- the Parent Participation Book? _____

- 1/ Code: 1 - AAP
2 - Public Health Dental Consultant
3 - Regional Health Liaison Specialists
4 - Regional OCD
5 - Local Health Advisor
6 - Other

PERSON INTERVIEWED: _____

TITLE: _____

XI. FUTURE CARE ARRANGEMENTS

1. Did you interview the parents at any time in the program year to determine:

a. whether the family had access to health services before Health Start? medical? _____ dental? _____

b. (IF THEY HAD ACCESS) whether they preferred continuing with the health care arrangements they were using before Health Start or would like some other arrangements? _____

c. if they preferred the health service providers used in Health Start? medical? _____ dental? _____

d. if they have access to a third party payment system (e.g., Medicaid, insurance) _____

2. (IF THE RESPONSE TO ANY OF THE ABOVE IN QUESTION (1) WAS "NO") How will you determine:

a. where to send the health records after the program is over? _____

b. what future care arrangements exist/do not exist?

3. (IF THE RESPONSES TO QUESTION (1) WERE ALL "YES")

a. What percentage of the families had access to health care services? _____ %

b. What percentage of the parents preferred to use the health care arrangements they had previous to Health Start? _____ %

c. What percentage of the parents indicated that they would prefer another arrangement? _____ %

d. What percentage of the parents were preferred with the health care providers used in Health Start? _____ %

e. What percentage of the children have access to some health payment arrangement e.g., Medicaid, insurance, etc.? _____ %

f. What percentage of the children will have access to clinics, etc., where the fee schedule is set to match income levels?
_____ %

4. Were the parents told where the child's health records will go after the program year is over? _____

a. How many different places will the records go? (List)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

5. Were the health service providers used in Health Start asked if they would continue to serve the Health Start children or families? _____

a. (IF YES) What percentage of the children will be able to return to the same service providers used in Health Start (providing they have a way of paying for the services)?

Medical _____%

Dental _____%

6. (IF THE PROJECT IS SERVING A MIGRANT POPULATION) Where do the records go for the migrants? _____

a. To your knowledge will the migrant children in your program have access to any future care arrangement, e.g., clinic in home base area? _____

7. What problems have you had in insuring future care arrangements for the children in the program?

8. Were any strategies to overcome the problems mentioned successful?

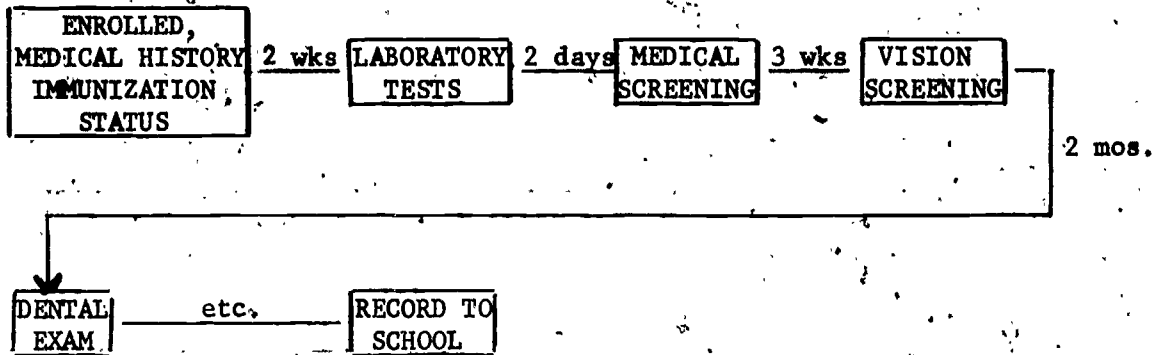
9. Who tells the parents about health problems that need continuing care? _____

PERSON INTERVIEWED: _____

TITLE: _____

XII. OVERVIEW QUESTIONS FOR HEALTH COORDINATOR

1. BEGIN BY ASKING THE COORDINATOR TO HELP YOU CONSTRUCT A FLOW DIAGRAM OF AN INDIVIDUAL HEALTH START CHILD. HAVE HER TRACE ONE CHILD, E.G., JOHNNY JONES, THROUGH THE PROGRAM. DEVELOP THE DIAGRAM BY (1) SHOWING HOW MUCH HAPPENS IN ONE ENCOUNTER AND (2) HOW MUCH TIME LAPSES BETWEEN ENCOUNTERS. NOTE: INCLUDE ALL TESTS/SCREENINGS GIVEN. FOR EXAMPLE:



2. What percent of the children are processed in the way you described? _____

(IF NOT 100%) What happens to the other children? _____

(NOTE: IF NECESSARY DRAW ANOTHER FLOW CHART FOR AS MANY AS NECESSARY TO DESCRIBE WHAT PROCESSES ARE USED.)

MODEL #2

% Children _____

2a. Why is a different procedure used?

3. Are there any local institutions, agencies, individual health providers, community groups, etc., that have changed their operations as a result of Health Start proving need, etc.?

- a. expanded services offered _____
- b. expanded present services to accommodate more recipients _____
- c. served Medicaid recipient (if not done previous to Health Start) _____
- d. changed eligibility requirements for services (e.g., geographic boundaries) _____
- e. other _____

4. Describe in detail what was done, what agencies were involved, the strategies used by the project, outside resources, technical assistance received, etc.

5. What, in your opinion, are the major strengths of your program (either in terms of components, approaches or accomplishments)?

6. Of the strengths you mentioned are there any which you think could be adopted for other child health programs or Head Start?

6.a. Are there any other aspects of your program that could be used in other child health programs or Head Start?

7. What, in your opinion, are the major weaknesses of your program?

8. What were the major problems you encountered in the program?



9. If Health Start is not continued (either nationally or in your community), will there be any lasting effects of the program (either as it affected the community or the families being served)?

BE SURE AND GET THE STAFF BACKGROUND SHEETS FROM THE COORDINATOR BEFORE YOU LEAVE. GO OVER THEM TO SEE IF THEY ARE UNDERSTANDABLE AND LEGIBLE.

10. Finally, you are called a health coordinator and the major goal of Health Start is coordination of health resources to provide services to children. What does coordination in Health Start mean to you?

NAME OF AGENCY: _____

PERSON INTERVIEWED: _____

TITLE: _____

XIII. AGENCY INTERVIEW (NON-COOPERATING)

A. GENERAL INFORMATION

1. Does this agency have any programs, services funds, or other resources available for children from 0-6? _____

a. Are any of these services or resources related to health? _____

2. How much money was budgeted this year for health services?

a. \$ _____

b. Fiscal Year _____

3. How much of the total amount was budgeted for child health services?

a. \$ _____

b. ages _____

c. (IF IT IS POSSIBLE TO ESTIMATE) amount for health services for children 0-6 \$ _____

4. How many children are receiving health services annually through your agency?

a. age range _____

b. number _____

5. Of the number of children receiving health services, how many are 0-6? _____

6. What health services are being provided to the children through your program? _____

7. Within the present budget, could more children be given services than are presently being served? _____

a. How many? _____

b. For what services? _____

8. Are there any non-health services you provide to children?

a. (IF YES) What are they? _____

b. How many of those you mentioned are offered to children 0-6? _____

9. Do you have eligibility requirements for participants in your program? _____

a. (IF YES) income criteria (describe) _____

b. geographic criteria _____

c. special groups in the population _____

d. other _____

10. How is one enrolled in your program? What procedure is used? _____

11. Were you (or was someone else in this agency) contacted by someone from the local Health Start Project about coordinating resources from your agency with the program? _____

a. (IF YES) Who? (Name and Title) _____

b. (IF HE/SHE DOESN'T KNOW) Who else in the agency might know whether a Health Start employee contacted you about use of your resources? (Name and Title) _____

12. (IF THE ANSWER TO QUESTION 11 WAS YES)

a. What did the Health Start representative ask of your agency? _____

b. What was the response from your agency to that request?

c. How many discussions did your agency have with someone from the Health Start program? _____

13. Would any of the following services that Health Start provides be useful to your agency? _____

- a. Transportation for children to health care facilities _____
- b. Screening of children for health problems _____
- c. Health education _____
- d. Outreach _____
- e. Record keeping/administration _____
- f. Coordination for follow-up treatment _____

14. (IF NO TO QUESTION 13) Why not?

15. (IF AN HEW AGENCY) Was your agency contacted by your regional office (SRS, HSMHA, etc.) about the Health Start program? _____
(IF YES) What were you told? _____

(IF HE/SHE DOES NOT KNOW)

a. Who in your agency would know? (Name and Title)

b. (IF YES) What type of contact was it?

- phone call _____
- letter _____
- other _____

(GET COPY OF CORRESPONDENCE)

16. To your best knowledge, why was there no coordination between your agency and the local Health Start project?

17. What would a program, like Health Start, have to do to be able to use your resources? _____

18. (IF HEW AGENCY) What would facilitate coordination of resources between your agency and Health Start or Head Start?

a. national action _____

b. regional action _____

c. other _____

NAME OF AGENCY: _____

PERSON INTERVIEWED: _____

TITLE: _____

XIII. AGENCY INTERVIEW (NON-COOPERATING)

A. GENERAL INFORMATION

1. Does this agency have any programs, services funds, or other resources available for children from 0-6? _____

a. Are any of these services or resources related to health? _____

2. How much money was budgeted this year for health services?

a. \$ _____

b. Fiscal Year _____

3. How much of the total amount was budgeted for child health services?

a. \$ _____

b. ages _____

c. (IF IT IS POSSIBLE TO ESTIMATE) amount for health services for children 0-6 \$ _____

4. How many children are receiving health services annually through your agency?

a. age range _____

b. number _____

5. Of the number of children receiving health services, how many are 0-6? _____

6. What health services are being provided to the children through your program? _____

7. Within the present budget, could more children be given services than are presently being served? _____

a. How many? _____

b. For what services? _____

8. Are there any non-health services you provide to children?

a. (IF YES) What are they? _____

b. How many of those you mentioned are offered to children 0-6? _____

9. Do you have eligibility requirements for participants in your program? _____

a. (IF YES) income criteria (describe) _____

b. geographic criteria _____

c. special groups in the population _____

d. other _____

10. How is one enrolled in your program? What procedure is used? _____

11. Were you (or was someone else in this agency) contacted by someone from the local Health Start Project about coordinating resources from your agency with the program? _____

a. (IF YES) Who? (Name and Title) _____

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- c. Health education _____
- d. Outreach _____
- e. Record keeping/administration _____
- f. Coordination for follow-up treatment _____

14. (IF NO TO QUESTION 13) Why not? _____

15. (IF AN HEW AGENCY) Was your agency contacted by your regional office (SRS, HSMHA, etc.) about the Health Start program? _____
(IF YES) What were you told?

(IF HE/SHE DOES NOT KNOW)

a. Who in your agency would know? (Name and Title)

b. (IF YES) What type of contact was it?

- phone call _____
- letter _____
- other _____

(GET COPY OF CORRESPONDENCE)

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17. What would a program, like Health Start, have to do to be able to use your resources? _____

18. (IF HEW AGENCY) What would facilitate coordination of resources between your agency and Health Start or Head Start?

a. national action _____

b. regional action _____

c. other _____

NAME OF AGENCY: _____

PERSON INTERVIEWED: _____

TITLE: _____

XIII. AGENCY INTERVIEW (COOPERATING)

A. GENERAL INFORMATION

1. Does this agency have any programs, services funds, or other resources available for children from 0-6? _____

a. Are any of these services or resources related to health? _____

2. How much money was budgeted this year for health services?

- a. \$ _____
- b. Fiscal Year _____

3. How much of the total amount was budgeted for child health services?

- a. \$ _____
- b. ages _____
- c. (IF IT IS POSSIBLE TO ESTIMATE) amount for health services for children 0-6 \$ _____

4. How many children are receiving health services annually through your agency?

- a. age range _____
- b. number _____

5. Of the number of children receiving health services, how many are 0-6? _____

6. What health services are being provided to the children through your program? _____

7. Within the present budget, could more children be given services than are presently being served? _____

- a. How many? _____
- b. For what services? _____



8. Are there any non-health services you provide to children?

a. (IF YES) What are they? _____

b. How many of those you mentioned are offered to children 0-6? _____

9. Do you have eligibility requirements for participants in your program? _____

a. (IF YES) income criteria (describe) _____

b. geographic criteria _____

c. special groups in the population _____

d. other _____

10. How is one enrolled in your program? What procedure is used? _____

11. Were you (or was someone else in this agency) contacted by someone from the local Health Start Project about coordinating resources from your agency with the program? _____

a. (IF YES) Who? (Name and Title) _____

b. (IF HE/SHE DOESN'T KNOW) Who else in the agency might know whether a Health Start employee contacted you about use of your resources? (Name and Title) _____

12. (IF THE ANSWER TO QUESTION 11 WAS YES)

a. What did the Health Start representative ask of your agency? _____

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- c. Health education _____
- d. Outreach _____
- e. Record keeping/administration _____
- f. Coordination for follow-up treatment _____

14. (IF NO TO QUESTION 13) Why not?

15. (IF AN HEW AGENCY) Was your agency contacted by your regional office (SRS, HSMHA, etc.) about the Health Start program? _____
(IF YES) What were you told?

(IF HE/SHE DOES NOT KNOW)

a. Who in your agency would know? (Name and Title)

b. (IF YES) What type of contact was it?

phone call _____
letter _____
other _____

(GET COPY OF CORRESPONDENCE)

16. If Health Start children would not have received services from your agency, how would the resources they are using have been used?

17. Has working with the Health Start program aided the operation of your program in any way?

18. What problems have you encountered in working with either the Health Start program or Health Start children?

19. Do you think that your agency would be willing to cooperate with a Health Start program or a Head Start program in the future? _____

a. Why or why not?

20. (IF HEW AGENCY) Would anything facilitate coordination of resources between your agency and Health Start or Head Start?

a. national action _____

b. regional action _____

c. other _____

NAME OF AGENCY: _____

PERSON INTERVIEWED: _____

TITLE: _____

XIII. AGENCY INTERVIEW (COOPERATING)

A. GENERAL INFORMATION

1. Does this agency have any programs, services funds, or other resources available for children from 0-6? _____

a. Are any of these services or resources related to health? _____

2. How much money was budgeted this year for health services?

a. \$ _____

b. Fiscal Year _____

3. How much of the total amount was budgeted for child health services?

a. \$ _____

b. ages _____

c. (IF IT IS POSSIBLE TO ESTIMATE) amount for health services for children 0-6 \$ _____

4. How many children are receiving health services annually through your agency?

a. age range _____

b. number _____

5. Of the number of children receiving health services, how many are 0-6? _____

6. What health services are being provided to the children through your program? _____

7. Within the present budget, could more children be given services than are presently being served? _____

a. How many? _____

b. For what services? _____

8. Are there any non-health services you provide to children?

a. (IF YES) What are they? _____

b. How many of those you mentioned are offered to children 0-6? _____

9. Do you have eligibility requirements for participants in your program? _____

a. (IF YES) income criteria (describe) _____

b. geographic criteria _____

c. special groups in the population _____

d. other _____

10. How is one enrolled in your program? What procedure is used? _____

11. Were you (or was someone else in this agency) contacted by someone from the local Health Start Project about coordinating resources from your agency with the program? _____

a. (IF YES) Who? (Name and Title) _____

b. (IF HE/SHE DOESN'T KNOW) Who else in the agency might know whether a Health Start employee contacted you about use of your resources? (Name and Title) _____

12. (IF THE ANSWER TO QUESTION 11 WAS YES)

a. What did the Health Start representative ask of your agency? _____

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13. Would any of the following services that Health Start provides be useful to your agency? _____

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- c. Health education _____
- d. Outreach _____
- e. Record keeping/administration _____
- f. Coordination for follow-up treatment _____

14. (IF NO TO QUESTION 13) Why not?

15. (IF AN HEW AGENCY) Was your agency contacted by your regional office (SRS, HSMHA, etc.) about the Health Start program? _____
(IF YES) What were you told?

(IF HE/SHE DOES NOT KNOW)

a. Who in your agency would know? (Name and Title)

b. (IF YES) What type of contact was it?

phone call _____
letter _____
other _____

(GET COPY OF CORRESPONDENCE)

16. If Health Start children would not have received services from your agency, how would the resources they are using have been used?

17. Has working with the Health Start program aided the operation of your program in any way?

18. What problems have you encountered in working with either the Health Start program or Health Start children?

19. Do you think that your agency would be willing to cooperate with a Health Start program or a Head Start program in the future? _____

a. Why or why not?

20. (IF HEW AGENCY) Would anything facilitate coordination of resources between your agency and Health Start or Head Start?

a. national action _____

b. regional action _____

c. other _____

HEAD START INTERVIEW:

P.XIV-1 - PLEASE NOTE THAT IF THE RESPONSE TO QUESTION 8 REVEALS THAT THE HEALTH COMPONENT FOR HEAD START IS THE SAME AS HEALTH START, YOU DO NOT NEED TO ASK MANY OF THE QUESTIONS THAT YOU KNOW THE ANSWERS TO.

ERRATTA:

P. XIV-1, INSTRUCTION 1: DELETE QUESTION 1, CHANGE TO:

How many Head Start staff members are there (paid and volunteer)?

a. Can people be identified as working primarily on the health component? _____

b. (IF YES) How many? _____

c. What positions do they hold?

P. XIV - 5 - OUTREACH

(ASK THE PERSON BEING INTERVIEWED:

1. Is it necessary to recruit children for Head Start?

2. Is there a Head Start waiting list?

IF THERE IS NO RECRUITMENT PROCESS, DO NOT ASK ANY QUESTIONS FOR SECTIONS A & B.

DELETIONS OR CHANGES

1. P. XIV-10, #f: CHANGE HEALTH START TO HEAD START.
2. P. XIV-23, #10: DELETE HEAD START
3. P. XIV-23, #12.a: DELETE "AT TIME OF HEALTH START OUTREACH" AND "AT TIME OF ENROLLEM'TN IN HEALTH START."
4. P. XIV-25, A1: CHANGE HEALTH START TO HEAD START.

XIV. HEAD START INTERVIEW

Person Interviewed: _____

Title: _____

I. GENERAL INFORMATION ON HEALTH COMPONENT

1. Is there a health component in your Head Start program? _____
2. How many children are enrolled in the program? _____ How many receive health services? _____ %
3. If there is no health component why not?

Who made the decision?

END THE INTERVIEW AT THIS POINT IF THERE IS NO HEALTH COMPONENT.

4. If a health component What is the total Head Start budget (1971-72)? _____ Approximately what percentage of it was spent on health? _____ %
5. Were you or anyone in Head Start asked to aid in the planning of Health Start? _____ Who? _____ Describe what Head Start staff did. _____

6. Were you (or anyone in the Head Start program) asked to train the Health Start staff? _____ (If yes) What was done? _____
7. Have you been asked to provide technical assistance to the Health Start project? _____ (If yes) What was asked? What was done? _____
8. Does your health component differ in any major or minor way from the approach taken in Health Start? _____ (If yes) Describe.

II. STAFFING: HEAD START

1. How many Head Start staff members are there (paid and voluntary)? _____
How many of them work on the health component? _____

2. Is there a health coordinator (or equivalent person)? _____
(If yes, ask for the following information about the coordinator.)

a. Education

Field _____
Degree(s) _____
From Where _____
When _____

b. Health Experience

<u>Type</u>	<u>Yrs. of Experience</u>
Public Health _____	_____
Pediatric _____	_____
Other (Describe) _____	_____
_____	_____
_____	_____

c. Other Experience

<u>Type</u>	<u>Yrs. of Experience</u>
Administrative _____	_____
Teaching: Head Start _____	_____
Other _____	_____
Community Organization _____	_____
Other _____	_____
_____	_____
_____	_____

d. Staff Assignment

(1) full time? _____ part-time? _____%

(2) percent of time spent on health _____%
other _____%

(3) percent of time spent on various activities

<u>%</u>	<u>Activity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Other Health Staff

What other Head Start staff members (either paid by Head Start or other arrangement) are working on the health component?

Title	% Time On Health	Health Related Job Assignments	From Community Being Served	Race/ Ethnic Group

III. STAFF TRAINING: HEAD START

Have you provided any staff training on health? _____

(IF YES, ASK FOR THE FOLLOWING INFORMATION.)

Conducted By (1)	Attended By (2)	Number of Sessions (3)	Hours Per Session (4)	Estimated Cost (5)	Estimated Cost (6)	Content Areas 1/ Covered (7)	Problems Encountered 2/ (8)
1.							
2.							
3.							
4.							

1/ Use the following codes in column (7):

- 1 - resources in the community
- 2 - administering tests/screening
- 3 - outreach/recruitment techniques
- 4 - completion of forms
- 5 - general administration
- 6 - parent and community participation
- 7 - health education
- 8 - other (describe in column)

2/ Use the following codes in column (8):

- a. scheduling
- b. lack of expertise
- c. lack of materials
- d. lack of time
- e. other (describe in column)

PERSON INTERVIEWED: _____

TITLE: _____

IV. OUTREACH/RECRUITMENT/ENROLLMENT

A. OUTREACH (DEFINED AS THE PROCEDURE USED TO ALERT THE POTENTIAL PARTICIPANTS OF THE EXISTENCE OF THE HEALTH START PROGRAM).

1. Did you develop a procedure of informing the community of Health Start? _____

(IF YES) Did you announce it:

	<u>How often?</u>	<u>What was said?</u>
at community meetings?	_____	_____
by passing out leaflets?	_____	_____
on radio?	_____	_____
through TV spots?	_____	_____
through newspaper articles?	_____	_____
through other type of advertising?	_____	_____
other _____	_____	_____

2. When did the outreach begin? _____

3. How long did it last? _____

4. Were any of the announcements/materials bi-lingual? _____

5. What, in your opinion was the most effective procedure you used in Outreach? _____
Why? _____

B. Recruitment

1. How were the children recruited for Health Start?

<u>Technique</u>	<u>% of children (est.)</u>
door-to-door	_____
Head Start waiting lists	_____
Head Start siblings	_____
from lists supplied by local school system	_____
from list from Public Health Department	_____
from lists from Welfare Department	_____
by signing up parents at meetings	_____
parents sought project out	_____
other _____	_____

2. Who did the recruitment?

Staff

Number of days spent

Health Coordinator _____

Head Start Aide _____

Head Start Aide _____

Head Start Aide _____

Head Start Aide _____

CAP Outreach Worker _____

Parents _____

Other volunteers (Describe _____)

Other _____

3. Is the recruitment process finished? /

a. (IF YES) How long did it take? _____

b. (IF YES) How many children did you enroll? _____

c. (IF NO) How many children have you enrolled? _____

d. (IF NO) How many more children do you intend to enroll? _____

e. (IF NO) When do you expect that you will complete the enrollment? _____

f. (IF NO) Is the reason why you are still enrolling because it was planned? _____
 problems have developed? _____

4. What problems have you had in recruiting the children for Health Start?

families have moved _____
 lists used out of date _____
 overestimated the number of children in need _____
 parents not interested _____
 parents unavailable for enrollment _____
 not enough _____
 other _____

5. Did you change your original plans for recruitment in any way?
 (IF YES) Describe what you planned and what you changed.

C. ENROLLMENT AND MEDICAL HISTORIES

1. Was the actual enrollment (filling out official forms, getting parents signatures) done:

- at the same time that the child was recruited? _____
- at a later time? _____
- (IF LATER) When? _____

2. Did the same individuals who recruited also do the enrollment?

(IF NO) Describe the procedure that was used.

3. What percent of the parents were present at the time of the enrollment? _____ %

4. Who took the medical histories?

Health Coordinator _____
 Health Aides _____
 Physician _____
 Physician's Nurse _____
 Other _____

5. Was the medical history taken at the same time the child was enrolled in the program? _____

a. (IF NO) When was the medical history taken? _____

b. Who took it? _____

6. Were special forms used for the enrollment? _____
(IF YES GET COPY.)

a. Who developed it? _____

b. Is it being used in any other program or agency? _____

c. (IF YES) Which program or agency? _____

7. Who developed the forms used for this medical history? _____

a. Are they being used by any other program/agency? _____

b. (IF YES) Which ones? _____

8. What percentage of the children recruited

urban	_____	%
rural	_____	%
Migrant	_____	%
Indian	_____	%
Black	_____	%
Spanish-Speaking	_____	%
Puerto Rican	_____	%
White	_____	%

PERSON INTERVIEWED: _____

TITLE: _____

V. HEALTH EDUCATION

A. GENERAL DESCRIPTION

1. Do you have a scheduled list of topics that are planned to be covered in a health instruction program:

- a. for parents? _____
 b. for children? _____

IF YES TO EITHER 1a. OR 1b., ASK TO SEE A COPY OF THE TOPICS TO BE COVERED.

2. (IF THERE IS NOT A LIST) What do you plan to do in the area of health education?
 IF NOTHING IS PLANNED, PROBE TO SEE WHY.

3. Is there one person chiefly responsible for the health education component? _____
 (IF YES) Who? (Name and Title) _____

(IF NO) How is the health education component handled? _____

4. Who designed (developed) the health education component?

5. (IF A FORMAL CURRICULUM IS BEING USED) What is it? _____

a. Who designed it? _____

b. Are you supplementing the curriculum with your own health education activities? _____

c. (IF YES) Describe. _____

6. (IF THE PROJECT SERVES A SPANISH-SPEAKING POPULATION) Do you have access to bi-lingual health education materials? _____

a. (IF YES) Who developed them? _____

b. Are they for children? _____

c. Are they for adults? _____

d. What topics are covered for children? _____

e. What topics are covered for parents? _____

f. Are you using them in your Health Start program?

for parents _____
for children _____

g. Do they meet your needs? _____

(IF NO) Why not? _____

HEALTH EDUCATION PROCESS



Process	When and Where Held	Sessions		Averages % Attendance	Instructors		Trained Through Health Start (Who)	Topics Planned	
		Total Sessions Planned	Planned No. of Sessions Per Week		(Private/Agencies Health Start) Professionals	Previously Trained (Who)		Parent	Child
Parent Health Education: Group									
Parent Health Education: One-to-One									
Child Health Education: Group									
Child Health Education: One-to-One									
C. CONSUMER HEALTH EDUCATION									
1. Are parents told about what resources exist in the community? _____ (IF YES, ASK QUESTION 2.)									
2. What are parents told about the existing health resources in the community? (FILL IN ON CHART BELOW.)									
RESOURCE	ELIGIBILITY REQUIREMENTS	FEE? (AMOUNT)	TYPES OF SERVICE	WAITING LIST					

1/ Code for Topics:
a. health services available
b. personal hygiene
c. oral hygiene (flossing and brushing)

d. nutrition
e. safety and accident prevention
f. emergency care
g. other (specify)

2. How did you determine what exists in your community? _____

3. Is there a directory that lists health resources in your community? _____
 (IF YES, GET THE AGENCY THAT PREPARED IT, PRICE, ETC.. SEE IF WE CAN GET A
 COPY BEFORE LEAVING PROJECT.)

Name of Directory _____

Available Through _____

Address _____

D: PROBLEMS ENCOUNTERED

1. What problems have you had in your parent health education?

a. poor attendance _____

b. lack of resource materials _____

c. lack of staff _____

d. lack of expertise _____

e. other, _____

2. What problems have been encountered in the health education component
 for children?

a. poor attendance _____

b. not enough materials _____

c. lack of staff _____

d. lack of expertise _____

e. other, _____

VI. COORDINATION OF RESOURCES: HEAD START

A. USE THE PLANNING FORMAT AS A GUIDE TO THIS SECTION. THIS PART OF INTERVIEW IS INCLUDED TO DETERMINE WHETHER THE SAME/DIFFERENT RESOURCES ARE BEING USED IN HEAD AND HEALTH START. GO OVER EACH RESOURCE LISTED AND FILL IN THE INFORMATION ON EACH RESOURCE LISTED.

Health Start Project

-PLANNING FORMAT

(Coordination of Funding, Service and Technical Assistance Resources)

RESOURCES NOT USED		RESOURCES USED															
(1)		(2)		(3)						(4)							
Not Available	Available	Not Available	Available	Not Reached	Reached	Other	Not Reached	Reached	Other	Funding	Services	Technical Assistance	Type				
Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children (if applicable)	\$ Amount per Child (if applicable)	# of Children (if applicable)	\$ Amount per Child (if applicable)	\$ Amount per Service Unit (if applicable)	\$ Amount per Child (if applicable)	(Describe Briefly)	
Ineligible																	
Potential Resources Available																	
SRS-MEDICAID Title XIX																	
-Early Periodic Screening, Diagnosis & Treatment (EPSDT)																	
-Reimbursement for Treatment (does not have to be neglected)																	
-Sec. 1115 Demonstration Money																	
HSMHA																	
MATERNAL & CHILD HEALTH SERVICES																	
Crippled Childrens Agencies																	
Children & Youth Projects																	
Migrant Health Service																	
Projects for Dental Health of Children																	
Maternity & Infant Care																	



Health Start Project

XIV-15

PLANNING FORMAT

(Coordination of Funding, Service and Technical Assistance Resources)

Potential Resources Available	RESOURCES NOT USED										RESOURCES USED				Type (Describe Briefly)												
	(1)		(2)		(3)						(4)																
	Not Available	Available	Not Available	Available	Not Available	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	No Money	Failed to Capacity	# Served (if filled)	Other (Specify)	# of Children	\$ Amount per Child (if applicable)	Total \$ Amount	Type of Service	# of Children (if applicable)	# of Units of Service	\$ Amount per Service Unit (if applicable)	\$ Amount per Child (if applicable)	\$ Amount per Service Unit (if applicable)	\$ Amount per Child (if applicable)		
INDIAN HEALTH SERVICE COMMUNITY HEALTH CENTERS																											
NATIONAL HEALTH SERVICE CORPS																											
COMMUNITY MENTAL HEALTH CENTERS																											
CHILDHOOD LEAD POISONING CONTROL SOCIAL SERVICES																											
Title IV - A & B																											
STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS																											
U.S. ARMED FORCES																											
SPECIAL FOOD SERVICES PROGRAM FOR CHILDREN																											
MODEL CITIES																											
CEO-NEIGHBORHOOD HEALTH CENTERS																											
FAMILY SERVICES ASSOCIATIONS																											

Health Start Project

XIV-16

PLANNING FORMAT

(Coordination of Funding, Service and Technical Assistance Resources)

Potential Resources Available	RESOURCES NOT USED										RESOURCES USED										
	(1)		(2)		(3)		(4)														
	Not Available	Available (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Intelligible	No Money	Filled to Capacity	# Served (if filled)	Other (Specify)	Funding		Services		Agreement Reached: Specify Arrangements Made		Type		
														# of Children (if applicable)	\$ Amount per Child (if applicable)	\$ Amount per Service Unit (if applicable)	# of Children (if applicable)	\$ Amount per Service Unit (if applicable)	\$ Amount per Child (if applicable)	\$ Amount per Service Unit (if applicable)	(Describe Briefly)
OTHER STATE AGENCIES																					
PRIVATE HEALTH CARE PRACTITIONERS																					
PUBLIC AND PRIVATE HOSPITALS																					
MEDICAL AND DENTAL SCHOOLS																					
UNIVERSITIES AND COLLEGES																					
PRIVATE FIRMS																					
HEAD START																					
RELIGIOUS WELFARE ASSOCIATIONS																					
LIONS AND ELKS CLUBS																					
ASSOCIATION FOR BLIND AND PREVENTION OF BLINDNESS																					
TUBERCULOSIS ASSOCIATIONS																					
OTHER VOLUNTARY ORGANIZATIONS																					

Health Start Project

PLANNING FORMAT

(Coordination of Funding, Service and Technical Assistance Resources)

	RESOURCES NOT USED										RESOURCES USED																			
	(1)					(2)					(3)					(4)														
Potential Resources Available	Not Available		Available			Not Available		Available			Not Available		Available			Not Available		Available			Not Available		Available							
	Miles (in distance)	Other (Specify)	Not Able to Contact	No Attempt Made	Other (Specify)	Not Cooperative	Ineligible	Other (Specify)	Filled to Capacity	# Served (if filled)	Other (Specify)	# of Children	\$ Amount per Child	(if applicable)	Total \$ Amount	Type of Service	# of Children	(if applicable)	# of Units of Service	\$ Amount per Service Unit	\$ Amount per Child	(if applicable)	Service Unit	(if applicable)	\$ Amount per Service Unit	(if applicable)	\$ Amount per Child	(if applicable)	Type	(Describe Briefly)
Potential Resources Available																														
OTHER ASSOCIATIONS FOR CHILDREN'S DISEASES																														
LOCAL CLINICS (excluding above)																														
OTHER																														



C. TITLE XIX (MEDICAID) EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT AGREEMENTS (EPSDT)

1. Does your project have a written agreement with your State Title XIX agency to use the new EPSDT money? _____
(IF YES, GET A COPY FOR U.I. FILES.)

2. (IF THE PLANNING FORMAT INDICATES THAT NO ATTEMPTS WERE MADE TO GET AN AGREEMENT TO USE THE EPSDT) Why did you not attempt to get an agreement with your State agency to use the new Title XIX EPSDT money?

3. Did you ask your regional OCD office for assistance in negotiating with:

- a. Regional SRS? _____
b. State Title XIX Agency? _____

4. Did you receive any help from your regional OCD office (even if you did not ask for assistance) in negotiating with:

- a. Regional SRS? _____
b. State Title XIX Agency? _____

5. (IF ASSISTANCE WAS GIVEN BY THE REGIONAL OCD STAFF)
What did the OCD regional office do?

6. Did you contact directly (without assistance from the OCD regional office):

- a. the SRS Regional Office? _____
b. the State Title XIX Agency? _____

7. (IF YES TO EITHER 6a. or 6b.) Who did you talk to in:

- a. the SRS Regional Office

Name _____

Title _____

- b. the State Title XIX Agency

Name _____

Title _____

Name of Agency _____

8. (IF YES TO EITHER 6a. or 6b.) What were you told by:

a. The SRS Regional Office? _____

b. the State Title XIX Agency? _____

9. (IF NO AGREEMENT WAS REACHED WITH THE STATE AGENCY)

Do you know why the State Agency did not make money available to your project? _____

(IF YES) Describe: _____

10. Do you know of any agencies in your community who received EPSDT money, e.g., Head Start, G&Y project, etc.? _____

(IF YES) Which agency/agencies? _____

NOTE: IF NO AGREEMENT WAS REACHED FOR USE OF EPSDT MONEY; DO NOT ASK REMAINING QUESTIONS IN THIS SECTION (C).

11. Did you inform the Medicaid-eligible parents of the existence of EPSDT? _____ How? _____

12. Were materials circulated to the Medicaid-eligible families to describe EPSDT? _____

a. (IF YES) Were they circulated:

- _____ with the monthly welfare check
- _____ by the Public Health Department case workers
- _____ at time of Health Start outreach
- _____ at time of enrollment in Health Start
- _____ other _____

13. Were the Medicaid-eligible parents told of the importance of preventative services? _____

(IF YES) Through written material? _____ Verbally? _____

14. Were you advised on what "periodic" meant (in the early periodic screening, diagnosis and treatment sequence)? _____

a. By whom? _____

b. How often were you told the child should be screened? _____

c. Did you communicate this information to the Medicaid-eligible parents? _____

15. What problems did you encounter in using EPSDT?

Problem

Description

meeting guideline requirements _____

negotiating agreement _____

finding providers _____

other _____

other _____

PERSON INTERVIEWED: _____

TITLE: _____

VI. HEALTH SERVICES

A. FILLING HEALTH CARE GAPS

1. Were any health care providers (physicians, dentists, screening teams, etc.) brought into the community on a temporary basis to provide service to the Health Start children? _____
(IF YES)

<u>Who Provided Services?</u>	<u>Service Performed?</u>	<u>Distance Travelled?</u>	<u>Length of Stay?</u>	<u>No. of Children Served?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Were any children transported out of the community to receive some type of health care? _____
(IF YES)

<u>Who Provided Services?</u>	<u>Service Performed?</u>	<u>Distance Travelled?</u>	<u>Length of Stay?</u>	<u>No. of Children Served?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. HEALTH SCREENING AND DIAGNOSIS (We would like to know the following information about your screening and diagnostic processes:)

* Required in Program	Where Held	Session		Who Does It?		
		Group Average Amount of Time for Process	Individual Average Amount of Time for Process	Professionals (Private/Agencies) (Title)	Para-Professional (Previously Trained) (Title)	Trained Through Health Start (Title)
Process						
*Immunizations						
*Physical growth						
*Developmental assessment						
*Unclothed physical inspection						
*Ear, Nose, Mouth inspection						
*Vision testing						
*Hearing testing						
*Diagnosis						
*Blood tests						
*Nutritional status						
*Tuberculin tests						
*Urine tests						
Dental Screening						
Sickle Cell tests						
Lead poisoning screening						
Strep cultures						
Intestinal Parasite test						
Speech						

210

3. Who schedules the appointments for the screening sessions?

4. How are the parents informed of their child's appointments?
project telephones parent _____
card or note sent home with child _____
by mail _____
other (describe) _____
5. Who ensures that the child gets to scheduled appointments?
a. the project _____
b. the parents _____
6. Are priorities set as to who is screened first? _____
a. (IF YES) How are priorities determined? _____
b. (IF NO) How are schedules determined? _____
7. Are the parents required to be present for screening sessions?

8. What percentage of the parents attend the screening sessions?
_____ %
9. (IF NOT 100%) What are some of the reasons why parents do not attend screening sessions?
a. no babysitting arrangement _____ %
b. no transportation _____ %
c. parents work and are unable to attend sessions. _____ %
d. no interest _____ %
10. Is babysitting provided by the project (if it is needed) so that parents can attend screening sessions?
(IF YES) For what percent of the parents? _____ %
11. Is transportation for the screening provided by the project:
a. for parents? _____ %
b. for children? _____ %

C. TREATMENT AND REFERRAL PROCESSES

1. Who schedules appointments for follow-up treatment that is needed?
a. the person/agency that did the screening _____
b. the Head Start project _____

2. Who is responsible for the child keeping scheduled appointment?
- the parents _____
 - the Head Start project _____
3. If resources for follow-up are limited, how are priorities set to determine which children who need treatment will be scheduled first?
- first come, first serve _____
 - least expensive taken first _____
 - those in greatest need treated first _____
 - provide care up to a certain dollar amount per child _____
 - other _____
4. If a child needs treatment and will not be treated by the same person/agency that did the screening who determines where the child will be referred?
- the person doing the screening? _____
 - the Head Start project _____
5. What types of problems have you had in the provision of health services?
- finding service providers to participate in the program _____
 - finding service providers willing to take Medicaid patients _____
 - scheduling appointments _____
 - ensuring that appointments are kept _____
 - retrieving data (for reporting) from providers _____
 - negotiating for schedules _____
 - providing transportation for children _____
 - involving parents in the screening/treatment process _____
 - other _____

TITLE: _____

VII. PARENT PARTICIPATION

1. In what ways did the parents participate in the planning/ operation of the project?

<u>Task</u>	<u>Estimated Number</u>
Planning	_____
Proposal writing	_____
Review of proposal	_____
Recruitment	_____
Transportation	_____
Health aides	_____
Other _____	_____

2. Were parents formally invited to participate in the project?

_____ ? (IF YES)

a. by whom (name and title) _____

b. when _____

c. how _____

PERSON INTERVIEWED: _____

TITLE: _____

VIII. TECHNICAL ASSISTANCE NEEDS AND PROVIDERS

Have you asked for technical assistance from any outside source?
 IF YES

PROBLEM	HELP REQUESTED FROM ^{1/}	RECEIVED	HELPFUL	HOW?
a. record keeping				
b. medical services				
c. dental services				
d. project administration				
e. parent participation				
f. health education				
g. coordination of resources				
h. political/personal difficulties				
i. staff training				
j. other				

- ^{1/} Code: 1 - AAP
 2 - Public Health Dental Consultant
 3 - Regional Health Liason Specialists
 4 - Regional OCD
 5 - Local Health Advisor
 6 - Other

IX. RECORD TRANSMITTAL

Where are the health records sent when the children leave Head Start? _____

XI. OVERVIEW QUESTIONS FOR HEALTH COORDINATOR: HEAD START

1. Are there any local institutions, agencies, individual health providers, community groups, etc., that have changed their operations as a result of Head Start proving need, etc.?

- _____ expanded services offered
- _____ expanded present services to accommodate more recipients
- _____ served Medicaid recipient (if not done previous to Health Start)
- _____ changed eligibility requirements for services (e.g., geographic boundaries)
- _____ other _____
- _____
- _____

2. Describe in detail what was done, what agencies were involved, the strategies used by the project, outside resources, technical assistance received, etc.

XV. DESCRIPTIVE SUMMARY OF PROJECT

(TO BE COMPLETED BY EACH INTERVIEWER AFTER ALL INTERVIEWS COMPLETE.
PLEASE GIVE THIS SOME THOUGHT. REFERENCE SECTIONS OF EARLIER SECTIONS IF
NECESSARY.)

1. What in your opinion, are the strengths of the program?

2. What, in your opinion, are the weaknesses?

217

3. How would you describe this program? (THINK IN TERMS OF MATERIAL FOR THE VIGNETTES.)

4. Were any interesting approaches taken that would be worthy of replicating in another program?

URBAN INSTITUTE

WASHINGTON, D. C.

MEMORANDUM

TO: Jim Kennelly

FROM: Leona Vogt

DATE:

SUBJECT: Summary of Health Start Monitoring Visit

Project _____

Dates of U.I. Monitoring Visit _____

U.I. Monitoring Team _____

1. Is the project complying with the guideline requirements and the grant conditions? _____ (If no) Describe deviations or omissions.

2. Are there any major weaknesses in the project? Describe.

_____ Management _____

_____ Staff _____

_____ Budgeting _____

_____ Community Relations _____

_____ Behind Schedule _____

_____ Other _____

3. Is technical assistance needed? _____

Suggested Source

AAP Consultant
Regional Office
National Office
Dental Consultant
Other _____

Area of Need

APPENDIX C

Quarterly Health/Reporting Format

HEALTH START CENTER
(if more than one site)

HEALTH STAR

CIRCLE IMMUNIZATIONS TO BE GIVEN IN PROGRAM:

- D.P.T.
- Polio
- Measles
- Rubella
- Mumps
- Smallpox

DO NOT FILL IN NAME OF CHILD

HEALTH COORDINATOR

TESTS/SCREENING/TREATMENT

REPORTING PERIOD

51	Source of Recruitment	
52	Month	Date Enrolled
53	Day	
54	Month	Date of Birth
55	Year	
56	Sex (M , F)	
57	Race/Minority	
58	Migrant	
59	Medicaid Eligibility	
60	Dental	Prev. Care
61	Medical	
62	Height	
63	Weight	

Immunizations	
Blood Tests	Hemoglobin
	Hematocrit
Tuberculin	
Urinalysis	
Vision	
Hearing	
Speech	
Other	

222

20	Dental	222
21		
22		
23		
24	Medical	
25		
26	# Extractions	Dental Treatment
27	# Caries Repaired	
28	Pulp Restoration	
29		
30		
31	Medical Condition	
32		
33		
34	Severity of Condition	
35	Screening	Dental Encounters
36	# Treatment Providers	
37		
38	Screening	Medical Encounters
39	# Treatment Providers	
40		
41	Child	Health Education Encounters
42	Parent	
43		
44	Month	Date Screening and Treatment Completed
45	Day	
46		
47	Month	Date Terminated
48	Day	
49		
50	Record Transmittal	
51	Funds	Dental Future Care
52	Services	
53	Funds	Medical
54	Services	
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57		
58		
59		
60		
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REMARKS

NOTE: These reports are cumulative and data should be added as services/treatment are given. Attached to each control sheet are five (5) copies (no carbon required). Please fill in information with firm pencil or ball point pen to ensure that all copies will be readable. For each reporting period, detach the appropriate perforated copy of each sheet used and mail to:

Ms. Leona M. Vogt
c/o The Urban Institute
2100 M Street, N.W.
Washington, D.C. 20037

Heading

Enter name of Health Start Project.
Enter name of Health Start Center (if there is more than one site).
Enter name of Health Coordinator. If the coordinator changes from one reporting period to another (due to resignation, for example), make that change on the copy for the appropriate reporting period.
Enter page number.
Circle appropriate reporting period and indicate number of pages submitted at each reporting period.
Circle immunizations to be given in program. (Required immunizations are specified in the Head Start Rainbow Series.)

Columns

Enter name of child enrolled in Health Start (last name first). Do not erase or cross out name if child drops from program.

51a

SOURCE OF RECRUITMENT. Indicate with:

- (W) if child was on waiting list for Head Start
 - (SB) if child is sibling of a Head Start child
 - (DR) if enrolled through door to door recruitment
 - (AF) if child's name came from AFDC list
 - (SS) if child was recruited through the local school system
 - (HD) if child was referred by the local public health department
 - (XX) other (indicate in remarks column)
- DATE ENROLLED:** Enter month and day.
DATE OF BIRTH: Enter month and year.

62a

SEX: Indicate with (M) or (F).

- B = Black
- I = Indian
- M = Mexican-American
- P = Puerto Rican
- W = White
- X = Other

63a

RACE/MINORITY GROUP. Use appropriate code or codes:

- M = Mexican-American
 - W = White
 - X = Other
- MIGRANT.** Indicate with:
- (Y) if child is a migrant
 - (N) if child is not a migrant
 - (Z) if unknown

64a

MEDICARE ELIGIBILITY. Indicate with:

- (Y) if child was enrolled in the Medicaid program before Health Start (if family has Medicaid card)
- (E) if child is eligible for Medicaid and not enrolled
- (X) if child was enrolled during the Health Start program (received Medicaid card)
- (N) if not eligible
- (Z) if unknown

65a

PREVIOUS CARE. (Refers to health care before Health Start year.)
DENTAL. Indicate with:

- (Y) if child has received dental care within past 12 months
- (N) if no dental care within past 12 months
- (A) if child is considered too young for dental care at time of screening (usually 36 months)
- (Z) if unknown

66a

MEDICAL. Indicate with:

- (C) if child has received crisis care within past 12 months
- (P) if child has received preventive care in past 12 months (excluding immunizations)
- (N) if no care within past 12 months
- (Z) if unknown

67a

HEIGHT. Enter in inches and quarter inches (example 36 3/4).

71a

WEIGHT. Enter in pounds. (Round ounces to nearest pound.)

74a

IMMUNIZATIONS. Indicate status of immunizations (as planned for your project).
(Y) if child's immunizations were up-to-date upon enrolling in Health Start program
(N) if immunizations are incomplete or unknown at reporting period
(X) if the immunizations are brought up to date during the Health Start year

Immunizations completed are defined as follows:

- a. D.P.T.—at least three doses of D.P.T. (diphtheria, pertussis, tetanus) vaccine, the most recent within the past 2 years.
- b. Polio—at least 2 doses of trivalent oral polio vaccine or 3 doses of monovalent oral polio vaccine plus 1 dose of trivalent vaccine.
- c. Measles, Rubella, Mumps—1 dose of each vaccine; may be combined in a single injection; naturally occurring measles, mumps also give "complete" immunization.
- d. Smallpox—1 smallpox vaccination in the past 2 years.

100-45b

TESTS, SCREENING AND TREATMENT.

100-18b

Blood Tests: Use following codes for tests) being administered. If both blood tests are administered use columns 100-18b.

- Box 1 use code for Box 1 below.
- Box 2 Hemoglobin, enter in grams/100 ml (col 11b)
Hematocrit, enter in percent volume. (col 16b)
- Box 3 use code for Box 3 below.

190-45b

All other tests, screening and treatment.

Box 1: When test/screening is given, enter:

224

X = if child never
T = if treatment
by the same
ministered
R = if treatment
by a different
ministered test
X = if the child
problem fol-

Box 2: Enter:
B = when the t
not been co

Box 3: Enter:
Y = when treat
no further r
C = when treat
which came
Health Start

31b-40b

SPECIAL INSTRUCTIONS:
SPEECH: not required (31b-33b)
"OTHER": Enter code for name
(34b-39b)
Code Text

- GD = G₆PD
- IP = Intestinal Parasites
- LP = Lead Poisoning

Dental: Use this column for so treatment and diagnosis (40b), considered too young for Dent usually 36 months. If not too above.

46b-50b

DENTAL TREATMENT. Do not be treatment completed.

Enter number of teeth extracted; (4) Enter number of dental caries rest Pulp restoration, etc. Use this column, e.g., number of caps. (Ident none (50b)).

51b-53b

MEDICAL CONDITION:
After diagnosis is complete, enter conditions).

Specific Medical Problem. Specify a

- AS = Asthma
- BE = Behavior/Emotional
- CD = Communicable Disease
- CN = Convulsive Disorder (seizure, epilepsy)
- EA = Diseases of the Ear
- EN = Enuresis (bed wetting)

if needs no further treatment (OK)
 if same individual/agency who ad-
 mitted test/screening
 if treatment is needed and will be given
 by same individual/agency than admin-
 istrator (person/agency than admin-
 istrator) (test/screening (Referral))
 if child is already under treatment for
 in found

the treatment has begun but has
 been completed

treatment has been completed and
 other remedial action is required
 treatment has begun for a condition
 cannot be corrected within the
 Start year (e.g., chronic condition)

3-33b)
 name of tests at top of column.

- Code Test
- PS = Psychological Screening
- SC = Scalle Cell
- ST = Strip Culture

for screening, prophylaxis, fluoride
 (400). Indicate with (A) if child is
 Dental Care at time of screening,
 too young use codes as in box 1

at complete this section with all
 (45b).
 as restored; if none (48b).
 this column for other dental treat-
 (Identify in remarks column); if

enter code(s) of -specific medical

specify as:

- EY = Eye Disorder (including strabismus)
- GI = Gastro Intestinal Disorders/Diseases
- GU = Genito Urinary Disorders/Diseases
- HD = Heart Disease
- HF = Hay Fever

HM = Heart Murmur (requiring specialist consultation)
 HQ = Hernia (including umbilical, inguinal or femoral)
 HT = Hematological Disorders (in blood-forming organs)
 LD = Learning Disability
 ME = Metabolic Disorder
 MR = Mental Retardation
 MS = Muscular-Skeletal (includes orthopedic)
 NE = Neurological Disorder/Dysfunction

NT = Nose, Throat Dis-
 orders/Diseases (in-
 cludes tonsils, adenoids)
 NU = Nutritional Deficiency
 RS = Chronic Respiratory Diseases (sinusitis, bronchitis)
 SK = Skin Disorders
 UR = Acute Upper Respiratory Diseases (lasting less than 3 months)
 OT = Other (specify in remarks column)

SEVERITY OF CONDITIONS. Complete when all treatment is
 initiated. Enter code for most serious condition (found).
 S = likely to interfere with future health or performance if
 not treated (severe)
 M = unlikely to interfere with future health or performance
 if not treated (mild)
 if none

54b

DENTAL HEALTH ENCOUNTERS.

55b-57b

Screening: Tally the number of occasions child was involved
 in screening sessions (55b).
 Treatment: Tally number of different individuals/agencies to
 which the child was referred for treatment (57b).

59b-61b

MEDICAL HEALTH ENCOUNTERS.

Screening: Tally the number of times child was involved in
 screening sessions (either at Health Start site or in doctors
 offices, clinics, hospitals, etc.) (59b).
 Treatment: Tally the number of different individuals/agencies
 to which the child was referred for treatment (61b).

63b-65b

HEALTH EDUCATION ENCOUNTERS.

Tally number of one-to-one health education sessions attended
 by child (column 63b) and parents (column 65b).
 Note: The inserted boxes in columns 59b to 65b should not
 be filled in until the end of the fourth reporting period. At
 that time enter total number of tallies.

67b-69b

ALL SCREENING AND TREATMENT COMPLETED.

Enter date all
 immunizations, required tests, screening and required treat-
 ment are completed for the child.

71b-73b

DATE TERMINATED.

Enter month and day the child leaves the
 program.

75b

RECORD TRANSMITTAL.

Indicate where the child's records
 were sent at the end of the Health Start program. If records
 were sent to more than one place enter one in col. 75b; others
 in remarks column.

- (S) local school system
- (H) local public health department
- (C) clinic
- (X) other (indicate in remarks column)
- (Z) unknown

76b-79b

FUTURE CARE

DENTAL—Indicate whether funds and/or services will be avail-
 able for future health needs of the child (76b-77b).
 FUNDS. In column 76b, enter:
 (M) if child enrolled in the Medicaid program (and State Medic-
 aid plan covers dental work for ages 0-6)
 (I) insurance
 (X) other (indicate source of funds/service in remarks column)
 (Z) unknown

78b

SEVICES.

In column 77b, enter:
 (Y) if the dentist/clinic providing the dental services to the
 child during Health Start will be available to care for fu-
 ture illness or problems
 (S) if the service provider (clinic, dentist, etc.) will be the
 same as used by family before Health Start
 (X) other (indicate source of service in remarks column)
 (Z) unknown

FUNDS.

In column 78b, enter:
 (M) if child enrolled in the Medicaid program
 (I) insurance
 (X) other (indicate source of funds in remarks column)
 (Z) unknown

REMARKS.

This space may be used to describe the reason for
 the child's termination, description of problem, care arrange-
 ment, etc. Indicate the column number to which the remark
 refers.

APPENDIX D

Health Start Planning Format
(See Appendix B pp. XIV 13-17
for form)
Health Start Expenditure Format

HEALTH START PLANNING FORMAT

I. GENERAL PROCEDURES

The Planning Format is designed to be used in four ways:

- (1) to provide the project with a list of possible resources which may be used in the Health Start project.
- (2) to aid the project in preparing for the Urban Institute monitoring visits (at which time the information in the format will be discussed).
- (3) to establish a data base for the project completion of the "Health Start Expenditure Form."
- (4) to report to the Urban Institute late in the program year about project activities in "coordination of services" for the Health Start project.

NOTE: For evaluation purposes it is almost as important to collect information about why no agreement was reached with a particular agency/individual as to determine what resources were used, the amount involved (in terms of dollar amount, children served, units of service, etc.).

II. INSTRUCTIONS

A. HEADING

1. Enter name of Health Start Project.
2. Enter name and title of person completing the form. (In most cases this will be the Health Start Coordinator.)

B. RESOURCES NOT USED

If a particular resource will not be used in your project, for each program check (✓) the appropriate subheading(s) under one of the columns indicated for "Resources Not Used": Not Available; Available, But Not Contacted, or Contacted, But No Agreement Reached.

NOTE: Leave blank if not investigated as a possible resource.

(1) Not Available:

To be checked only if a resource is determined unavailable. If the reason specified is distance, please note how many miles away the resource is located.

(2) Available, But Not Contacted:

If a program was not contacted even though it was assumed or known that the resource was available, check the appropriate sub-category.

(3) Contacted, But No Agreement Reached:

(3) to establish a data base for the project completion of the "Health Start Expenditure Form."

- (4) to report to the Urban Institute late in the program year about project activities in "coordination of services" for the Health Start project.

NOTE: For evaluation purposes it is almost as important to collect information about why no agreement was reached with a particular agency/individual as to determine what resources were used, the amount involved (in terms of dollar amount, children served, units of service, etc.).

II. INSTRUCTIONS

A. HEADING

1. Enter name of Health Start Project.
2. Enter name and title of person completing the form. (In most cases this will be the Health Start Coordinator.)

B. RESOURCES NOT USED:

If a particular resource will not be used in your project, for each program check (✓) the appropriate subheading(s) under one of the columns indicated for "Resources Not Used": Not Available; Available, But Not Contacted, or Contacted, But No Agreement Reached.

NOTE: Leave blank if not investigated as a possible resource.

(1) Not Available:

To be checked only if a resource is determined unavailable. If the reason specified is distance, please note how many miles away the resource is located.

(2) Available, But Not Contacted:

If a program was not contacted even though it was assumed or known that the resource was available, check the appropriate sub-category.

(3) Contacted, But No Agreement Reached:

a) Not cooperative: Check when agency or program personnel do not make themselves available for discussions or are uninterested in coordination with Health Start.

b) Ineligible: Check when Health Start as a project is not eligible for funds or when Health Start children, because of age, residence, or income requirements are ineligible for funds or service.

- c) No Money: Check when a resource which is primarily a funding agency has awarded all grants for the present time period.
- d) Filled to Capacity: Check when a provider is already serving the maximum number of recipients and indicate in the next column what that number is.
- e) Other: When checking "other" -- give as complete an explanation as possible, using the reverse side of page if necessary.

C. RESOURCES USED - Column (4)

If a Health Start project will receive money, services, or technical assistance from one of the resource agencies, check one or more categories in this area if an agreement was reached. "Funds" include supplemental monies to the project as well as direct payment for service, e.g., through Title XIX-Medicaid. "Service" indicates a direct health service to a child, while "technical assistance" refers to a service to the project or staff which serves the child indirectly.

- (1) Funding: If supplemental money is awarded to the project, please supply the following information:
 - a) The number of children who are eligible and will receive services from this money. (If applicable)
 - b) The \$ amount each child. (If applicable)
 - c) The total dollar amount of money involved.
- (2) Services:
 - a) Type of service. Abbreviate service(s) provided. (e.g., immunization (imm.))
 - b) The number of children who will receive this service.
 - c) The number of units of service to be provided. For example, if vision screening were the service provided, the number of screenings (tests).
 - d) The dollar amount per service unit. For example, the cost of each screening (per child).
 - e) The dollar amount per child (if applicable).
- (3) Technical Assistance:
 - a) The dollar amount per service unit (if applicable).
 - b) The dollar amount per child (if applicable).
 - c) Describe the type of technical assistance provided.

I. General Procedure

Expenditure data from the bookkeeper's records, as well as information from the Planning Format and the Quarterly Health Reports, will be needed to compute this form.

It is suggested that the Health Start Coordinator work with the bookkeeper to ensure that the needed expenditure data will be collected from the outset of the program year.

Finer breakdowns of the Health Start budget will be needed than are normally recorded by CAP bookkeepers, for example. Actual costs, not just OCD grant expenditures, must be collected, if at all possible. We would like to gather the following data: (1) non-health services: who paid and amount for each item; (2) for individual health services: who paid (Health Start, Title XIX, other), the form of payment (fee-for-service, in-kind, etc), who provided the services, and the cost of the service.

These reports are to be cumulative and are to be submitted twice during the Health Start year. If you have any questions, call the Urban Institute collect at (202) 223-1950.

II. Instructions

A. Submit one set of the expenditure forms on October 31 and April 30. Extra copies will be provided for your own records.

Send copies to:

Ms. Leona M. Vogt
The Urban Institute
2100 M Street, N.W.
Washington, D.C. 20037

B. Heading (p. 2)

1. Enter name of Health Start project.
2. Circle appropriate reporting period.

C. Non-Health Service Expenditures (p. 2)

1. It is assumed that the bookkeeper can fill in the grant expenditure (Col. 1). For each item listed, enter the amount of the OCD Health Start grant expended (whether or not bills have been paid).

2. The Health Coordinator will have to fill in the information for Columns 2 and 3. If the Planning Format is completed, the data should be available from that document.

3. The consultant item under Personnel Costs should include only consultants not providing health service (e.g., early childhood specialists).

4. Consumable supply items should show all costs except those supplies used in health education (which should be included under health education).

D. Health Services Expenditures (pp. 3-5)

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3. The consultant item under Personnel Costs should include only consultants not providing health service (e.g., early childhood specialists).

4. Consumable supply items should show all costs except those supplies used in health education (which should be included under health education).

D. Health Services Expenditures (pp. 3-5)

1. This section will have to be completed by the Health Coordinator. The bookkeeper should be able to supply information for Column 7 for each provider of services.

2. The Health Coordinator will have to complete all other columns except 7.

Columns 4-7. Grant Expenditures

Space is available for three different service providers for each item. Use additional sheets if necessary. Fill in the following data for each item.

Column 4. The provider of the service(s).

Column 5. The source of payment and the type of payment (e.g., Health Start, fee for service). Only two codes should be used. either 1 or 5.

Column 6. The number of children receiving services from that provider.

Column 7. The amount expended to date for each provider of service.

Columns 8-13. Other Sources of Funds/Service. Space is available for three different service providers. Use additional sheets if necessary. Fill in the following data for each item.

Column 8. The provider of these service(s).

Column 9. The payment source.

Column 10. The number of children receiving service from that provider.

Column 11. The number of service units. This number could be the same as the number entered in column 10. However, if one provider, Public Health Department, for example, gave 50 immunizations to 20 children, the number entered in column 11 would be 50; the number entered in column 10 would be 20.

Column 12. Dollar amount of service unit. The provider should be asked what the cost to him would be for each service unit provided. Note: This figure should represent the actual cost for service not free market costs. This information should be available from the Planning Format. If costs are not available by the unit of service, (e.g., one audiologist for three days of service with no per child cost estimates), do not enter an amount.

Column 13: To be completed only for April 30 reporting period. This amount should be requested from each provider at that time.

Note: An extra sheet is provided to allow for more than 3 providers per service.

HEALTH START EXPENDITURE FORM
(Non-Health Service)

Health Start Project		Reporting Period		Oct. 31	Apr. 30
Items	Health Start Grant Expenditures 1. \$ Expended to date	Other Federal, State and Local Funds and Services Provided			
		2 Provider	3 \$ Amount	2 Provider	3 \$ Amount
Total Personnel Costs ^a		NA	NA		
Salaries & Wages (total)		NA	NA		
Coordinator					
Other ^a					
Fringe Benefits					
Consultants ^b					
Travel					
Space Costs and Rentals					
Rental, Lease, Purchase of Equipment					
Consumable Supplies ^c					
Food					
Other Costs					
Total Non-Health Services					

a/ Identify job title.
b/ Should include number individuals providing health services.
c/ All consumable supplies except those for education.

HEALTH CARE EXPENDITURE FORM
(Health Services)

th Start Grant Expenditures

Other Federal, State & Local Funds & Services Provider

Provider	4f	5g	6	7	8f	9g	10	11	12	13h	8f	9g	10	11	12	13h	8f	9g	10	11	12	13h
Payment Source																						
No. of Children																						
\$ Expended To Date																						
Provider																						
Payment Source																						
No. of Children																						
\$ Amt. per Svc. Unit																						
Total \$ Amount																						
Provider																						
Payment Source																						
No. of Children																						
No. of Service Units																						
\$ Amt. per Svc. Unit																						
Total \$ Amount																						

Reporting Period	Oct 31	Apr 30
------------------	--------	--------

TY AVAILABLE

d/ Give total only when costs cannot be identified further.

e/ To the extent possible, specify the problems treated as:

AS = Asthma	HT = Hematological Disorders (in blood-forming organs)
BE = Behavior/Emotional	LD = Learning Disability
CD = Communicable Disease	ME = Metabolic Disorder
CN = Convulsive Disorder (seizure, epilepsy)	MR = Mental Retardation
EA = Diseases or Infections of the ear	MS = Muscular-Skeletal (includes orthopedic)
EN = Enuresis (bed wetting)	NE = Neurological Disorder/ Dysfunction
EY = Eye Disorder (including strabismus)	NT = Nose, Throat Disorders/ Diseases (includes tonsils, adenoids)
GI = Gastro-Intestinal Disorders/Diseases	NU = Nutritional Deficiency
GU = Genito Urinary Disorders Disorders/Diseases	RS = Chronic Respiratory Diseases (sinusitis, bronchitis)
HD = Heart Disease	SK = Skin Disorders
HF = Hay Fever	UR = Acute Upper Respiratory Diseases (lasting less than 3 months)
HM = Heart Murmur (requiring specialist consultation)	OT = Other (specify in remarks column)
HR = Hernia (including umbilical, inguinal or femoral)	

f/ The provider of service codes are:

<u>Code</u>	<u>Definition</u>
B	= Health Start Staff
P	= Private Physician or Dentist
D	= Local Public Health Department
S	= Social Services
Y	= C & Y Clinics
R	= Grippled Childrens
N	= Neighborhood Health Centers
H	= Hospitals
M	= Medical & Dental Schools
L	= Other Clinics
E	= Other Universities & Colleges
V	= Voluntary Organizations
F	= Private Firms
Z	= Other State Agencies
A	= U.S. Armed Forces
O	= Other

g/ The source of the payment codes are:

<u>Code</u>	<u>Definition</u>
1	= Fee for service (paid by Health Start)
2	= In-kind (paid by provider)
3	= Paid by Title XIX - Medicaid
4	= Contract (paid by Health Start)
5	= Other

h/ The dollar amount for resources received from other Federal, State and Local providers need not be entered until the final reporting period (i.e., April 30).

APPENDIX E

Analysis Plan and Survey Instrument for Assessing the
Effects of Health Education on the Parents of Enrolled Children

Analysis Plan and Survey Instrument for Assessing the
Effects of Health Education on the Parents of Enrolled Children

Richard B. Zamoff
and
Cynthia Lancer

Purposes of Evaluation

The aim of this part of the Health Start Evaluation is first to identify innovative ways to provide health education that could be adopted by summer and full-year Head Start projects and second, to assess the impact of these health education components on parents. Urban Institute site visits to the 31 Health Start projects will identify 5 or 6 projects that have developed new and promising ways to provide health education for parents and children and at least 3 other projects that do not appear to have promising health education components. In addition, 5 or 6 Head Start projects (randomly selected from the 15 Head Start projects identified for use in other parts of the Health Start Evaluation) will serve as a comparison group. While these Head Start projects will vary in terms of their health education components, Head Start projects using the newly developed health education curriculum guide, Healthy, That's Me, deliberately will be excluded from the sample.¹

A survey instrument will be developed and used in all projects to determine the effects of the health education component on the parents. The design and execution of parent interviews in the evaluation of Head Start experience with Healthy, That's Me, will be useful in preparing the data collection instrument.

Research Design

In the summer and fall 1972, Urban Institute staff will site visit

¹A separate Urban Institute evaluation is designed to assess the impact of Healthy, That's Me on Head Start parents and staffs.

the 31 Health Start projects. Information collected at these projects, and recorded on the Field Collection Form, will permit the selection of 5 or 6 projects with health education components that are innovative, relatively inexpensive, seem to be working well, and offer promise of reproducibility, and the selection of at least 3 projects that do not seem to have promising health education components. An important criteria for selection of all Health Start projects will be the degree of parent involvement in the project and in the health education component. Since interviews are to be administered to Health Start parents by members of The Urban Institute project staff, and since a high interview completion rate ultimately will depend on gaining access to parents through health coordinators or parent consultants in a limited amount of time, substantial parent involvement is essential to fulfilling the data collection requirements of the evaluation effort.

Once the Health Start projects with the most promising health education components, those with health education components that are not promising, and a comparison group of Head Start projects have been selected, a random sample of Health Start and Head Start parents will be chosen for subsequent interviews. In the Health Start projects the sampling procedure will involve the selection of children from the quarterly Health Reporting Forms. The parents of the sampled children will constitute the interview sample. In the Head Start projects, lists of enrolled children will be requested from directors of the sampled projects.

In view of the resources available to the project, it appears feasible to conduct interviews with approximately 40 parents at each project site selected. Since the number of children at the Health Start projects ranged from 100 to 2,000 children this year (median = 222 children),

the interview sample would be approximately 20 percent of the number of enrolled children. Since the projects have yet to be selected, it is impossible to be more precise about sample size at this time.

The Survey Instrument

In order to evaluate the effects on the health education component in the selected Health Start projects, interviews will be administered to between 320 and 360 parents and to a comparison group of between 200 and 240 Head Start parents near the end of the program year (i.e., about April 1973). The assumption is made that if positive gains are derived from health education efforts, they will show up among parents in projects with the most promising health education components, that at least some of these positive gains will be observable after approximately 10 months exposure to the health education component, and that equivalent gains will not be achieved by parents in projects with health education components that do not appear promising or by parents in a comparison group of Head Start projects (it also should be noted that Head Start and Health Start have different educational emphases). While it is recognized that this "after-only" design is not as powerful as a "before-after" design for making causal inferences, it should serve as an appropriate design for highlighting successful health education models that can be recommended for possible adoption in other child programs.

The draft interview which follows attempts to assess the impact of the health education component in the selected Health Start projects. Emphasis will be on parent education (e.g., the recognition and use of existing resources). Illustrations of the types of questions addressed are:

1. What did parents and children learn about health?
2. Are parents aware of the ongoing treatment program to which they have been introduced?
3. Are parents more aware of the services available to them as a result of Health Start?
4. How was the health education knowledge put to use by parents and children?

HEALTH START PARENT INTERVIEW

I. INTRODUCTORY INFORMATION

1. What is the first name of the child enrolled in Health Start?

_____ /USE AS APPROPRIATE THROUGHOUT
REST OF INTERVIEW/

II. HEALTH EDUCATION PROGRAM

2. Do you think _____ /FIRST NAME OF CHILD ENROLLED,
IN HEALTH START/understands more about how to care for his/her
health since he/she has been enrolled in Health Start?

_____ Yes
_____ No

a. Are there things he/she does now that he/she did not do
before he/she was enrolled in the Health Start Program?
What does he/she do differently now?

3. Do you feel that you know more about the health services available
in your community since your child has been enrolled in Health
Start? If yes, what did you learn that you didn't know before?
(Probe to obtain specific information on services, agencies, etc.)

a. Can you tell me the names of some of the places in your community where you would go to obtain health services for you or your children? (List each resource named and then ask the questions indicated by the column headings.)

Resource	Where is it located? (Address)	What are the eligibility requirements?	What is the fee?	What type of service is provided?	Is there a waiting list?

b. Where would you go to obtain the following services for one of your children?

1. Vaccinations/immunizations _____
2. A vision test _____
3. Eye glasses _____
4. A dental examination _____
5. Dental treatment _____
6. A hearing test _____
7. Treatment for a hearing problem _____



- 8. A general medical check-up _____
- 9. Laboratory tests _____
- 10. Emergency treatment _____

III. PARENT EDUCATION

4. Have you met with other parents and members of the Health Start staff since this Health Start Program opened in _____
FILL IN STARTING DATE OF PROGRAM?

____ Yes
____ No

a. Did you talk about the health of your children, or about the health services available to you?

____ Yes
____ No

b. Did you find these meetings about health helpful? What did you learn from these meetings that you hadn't known before? (Probe to obtain specific information.)

5. Have you been visited by any Health Start staff in your home?

____ Yes
____ No

- a. If yes, why did they visit you? Were you shown or told how to do anything concerning your children's health? Were your children shown anything? Were you shown or told anything concerning your own health?

- 6. Has the health information that you've received from Health Start made any difference in the way you care for your child's (or children's) health? In what way?

- 7. Have you followed any of the suggestions about caring for your child's (or children's) health?

 Yes
 No

- a. If yes, which suggestions have you followed?

- b. If no, why not?

c. Which suggestions, if any, are you unable to follow? Why?

8. Which childhood illnesses or health problems have you learned more about since _____ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ has been enrolled in Health Start?

- _____ Chicken Pox
- _____ Dental Disease
- _____ German Measles
- _____ Impetigo
- _____ Measles
- _____ Mumps

- _____ Nutritional Deficiency
- _____ Ringworm
- _____ Sickle Cell Anemia
- _____ Strep Throat
- _____ Whooping Cough
- _____ Other (Specify: _____)

a. What have you learned about this (these) illness(es) that you didn't know before?

b. What other health problems have you learned more about?

What have you learned that you didn't know before?

c. Until you could get your child to a doctor, what would you do if your child:

1. Stepped on a rusty nail? _____

What is the most important thing to be concerned about with this kind of injury? _____

2. Swallowed a bottle containing cleaning fluid? _____

What is the most important thing to be concerned about with this kind of injury? _____

3. Was bitten by a dog, cat, or other animal? _____

What is the most important thing to be concerned about with this kind of injury? _____

D

4. Appeared to have broken a bone? _____

What is the most important thing to be concerned about with this kind of injury? _____

5. Burned himself/herself badly? _____

What is the most important thing to be concerned about with this kind of injury? _____

IV. HEALTH BEHAVIORS RELATED TO CHILD (REN)

9. Has _____ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ been checked by a doctor in the past 12 months?

____ Yes
____ No

a. Has _____ /FIRST NAME OF CHILD ENROLLED IN HEALTH START/ been checked by a dentist in the past 12 months?

____ Yes
____ No

- c. Should _____ FIRST NAME OF CHILD ENROLLED
IN HEALTH START/ rest at any other time(s) during the day?
If yes, when and for how long?
- _____
- _____
- _____

14. How many times each day does _____ FIRST NAME OF CHILD ENROLLED IN HEALTH START/ eat each of the following foods:

_____ Green and yellow vegetables?
 _____ Fresh fruit?
 _____ Milk and milk products?
 _____ Meat, poultry, fish or eggs?
 _____ Bread, flour, cereals?

V. HEALTH BEHAVIORS AND ATTITUDES RELATED TO PARENTS

15. In the past 12 months have you been examined by:

A doctor: _____ Yes _____ No
 A dentist: _____ Yes _____ No
 An eye doctor: _____ Yes _____ No

- a. Was there any time during the past year when you think you should have gone to someone to get glasses, or to a doctor, or dentist, but you didn't go?

_____ Yes
 _____ No

If yes, why didn't you go?

_____ Didn't know where to go
 _____ Didn't have time
 _____ Were afraid
 _____ Thought it would be too expensive
 _____ Had no transportation
 _____ Other (Specify: _____)

16. Do you believe people should see a doctor regularly even if they are well, or do you think people should wait until they are really sick before going to a doctor?

_____ Should see a doctor regularly
 _____ Should wait until really sick

THANK YOU VERY MUCH FOR YOUR COOPERATION!