

(Name of County) County Healthy Start Screening Survey

Please return your completed survey to the manila envelope before **(Time/ Date)**. When you return your survey, be sure to select one of the enclosed “thank you” gifts. (Gifts vary, so the faster you return your completed survey, the better your selection!)

If you have any questions regarding this survey, please leave a message at **(Contact number)**, and we will get back to you as soon as possible.

The purpose of this survey is to gather information on the current Healthy Start screening process in **(County Name)** County. This information will be used to improve overall screening rates for the program.

Please briefly share what you feel is working well with Healthy Start’s *New Baby Questionnaire (NBQ)* screening process.

1. Who do you offer the *NBQ* to? Check all that apply.

- first time mothers
- first time fathers
- parents whose first child died of SIDS as a newborn, and are having their second child
- parents who have had a prior child removed from their custody, and are having their second child
- other: _____
- only those who appear to need services



How do you determine “need?”

2. At what time do you typically offer the *NBQ*?

- prenatally
- at time of delivery
- within two weeks post-partum
- before baby is three months of age

3. How long does a typical screening take?

- 5 minutes 15 minutes 30 minutes
- 10 minutes 20 minutes other: _____

4. How much of this time requires your participation, as opposed to the parents working on their own? _____

5. Can you make any recommendations to make the process less time consuming?

6. What would prevent you from offering the *NBQ* to families?

- not enough time to do this in addition to everything else I have to do
- waste of time
- not familiar with the Healthy Start program
- no Healthy Start vacancies
- parents do not need services
- parents not receptive
- other: _____

For the following questions refer to the attached copy of the *Welcome to Healthy Start* consent form and *NBQ*, as needed.

7. When you interact with parents, do you: (Check all that apply.)

- hand the screening packet to the parents, and ask them to fill it out on their own?
- go over the front of the *Welcome to Healthy Start* consent form with the parents and explain anything they have questions on?
- go over the back of the *Welcome to Healthy Start* consent form with the parents and explain anything they have questions on?
- check the front of the *Welcome to Healthy Start* consent form when the parents return it, to see if they have selected one of the following three options?
 - “I agree to participate in Healthy Start and its program evaluation.”
 - “I agree to participate in Healthy Start but not the program evaluation.”
 - “I am not interested in Healthy Start. *Would you share why?*”
- check the front of the *Welcome to Healthy Start* consent form when the parents return it, to see if they have provided a signature at the bottom of the page?
- check the front of the *Welcome to Healthy Start* consent form when the parents return it, to see if they have provided a set of initials at the bottom of the page, indicating that they received the *HIPPA Notice of Privacy* form?
- go through the *NBQ* with the parents?

8. If the parent has not filled in all the blanks on the *Welcome to Healthy Start* consent form, do you ask them to do so?

- yes
- no
- sometimes

9. If the parents have not selected the first box, “I agree to participate in Healthy Start and its program evaluation”, do you explain to them that checking this box: (Check all that apply.)

- allows us to determine what services might be available to them.
- allows us to use the information on the *NBQ* (anonymously) for program evaluation services.
- allows them to decline the receipt of services, while still letting us use their *NBQ* information (anonymously) for program evaluation.

10. If you have not been doing the above, what would help you do this?

11. If the parents selected the third box, “I am not interested in Healthy Start. *Would you share why?*” and have not shared their reason(s), do you ask them why they are not interested, and then fill in that information?

- yes
- no
- sometimes

12. Would you be willing to do this if you are not already doing so?

- yes
- no
- sometimes

13. In your opinion what percentage of families offered Healthy Start information and/or screening decline? _____

14. In your opinion, what prevents families from completing the *NBQ*? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> do not need | <input type="checkbox"/> English-as-a-second-language |
| <input type="checkbox"/> not interested | <input type="checkbox"/> do not want strangers/agencies in home |
| <input type="checkbox"/> waste of time | <input type="checkbox"/> fear of child welfare services |
| <input type="checkbox"/> complex/confusing forms | <input type="checkbox"/> not sure who will see personal |
| <input type="checkbox"/> low literacy level | information/privacy concerns |
| <input type="checkbox"/> other: _____ | |

15. In your opinion, what subset of the population is more likely to decline the screening process, and why?

16. Would the screening process be more successful if we had something in addition to the *Welcome Baby Bag* to offer the parents who do not qualify for intensive services (such as a Parent-Child Play Group or a Parenting Newsletter)?

- yes
- no
- sometimes

17. If so, what incentive(s) would you suggest?

18. Please share your suggestions for ways to improve the screening process and any other comments you may have. You may continue on the back of this page, if necessary.

Thank you for responding to this survey. Your efforts are greatly appreciated!