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## **PART A. SERVICES**

Part A of the survey asks general questions about the 5 service components that comprise the National Healthy Start program (outreach and recruitment, case management, health education, perinatal depression screening and referral, and interconceptional care), followed by more specific questions related to smoking and tobacco use cessation, healthy weight, breastfeeding, cultural competence, family involvement, male involvement, domestic violence, child abuse, case management, home visiting, and medical home.

### **Section 1: Overview of Service Components**

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This section asks general programmatic information on the 5 service components that comprise the National Healthy Start program (outreach and recruitment, case management, health education, perinatal depression screening and referral, and interconceptional care) to gain an understanding of an individual project's service delivery model. Additional detail about case management, certain health education topics, and other aspects of the service components will be covered in subsequent sections of the survey.

1. Which of the following services does your Healthy Start project offer? **(Check all that apply)**
  - Outreach & participant recruitment
  - Case management
  - Health education
  - Perinatal depression screening
  - Interconceptional Services

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2. How does your Healthy Start project perform the following? (Check all that apply)

	Our Healthy Start project does not perform this activity	Staff employed directly by our Healthy Start project	A local agency or organization under subcontract to our Healthy Start project	Another agency or org in collaboration with our Healthy Start project	Other	If other, please specify
Outreach & participant recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perinatal depression screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interconceptional services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. What is the background of the staff who perform: (Check all that apply)

	Our Healthy Start project does not perform this activity	Staff indigenous to the community	Lay/ para-professional	Social work	Nursing	Doula	Public health	Nutrition	Mental health	Education/ health promotion	Other	If other, please specify
Outreach & participant recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perinatal depression screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interconceptional services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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4. Are any of your staff former Healthy Start participants?

Yes

No

5. What strategies do you use to...? (Check all that apply)

	Community-Based Strategies								Mass Media Strategies					
	Canvass neighborhoods or community settings	Organize community events	Conduct classes or make presentations to local groups	Attend community events	Network with health care providers, schools or other agencies	Operate hotline	Other community-based strategies	Our project does not use any community-based strategies (N/A)	TV	Radio	Newspaper/advertising	Brochures	Other mass media strategies	Our project does not use any mass media strategies (N/A)
...raise awareness & name recognition of your project in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> If checked, are PSAs used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If checked, are PSAs used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____	<input type="checkbox"/>
...conduct outreach & participant recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> If checked, are PSAs used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If checked, are PSAs used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____	<input type="checkbox"/>
...perform health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> If checked, are PSAs used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If checked, are PSAs used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____	<input type="checkbox"/>

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6. Where does your Healthy Start project provide the following services: **(Check all that apply)**

	At our Healthy Start project site	At participant's home	Clinics	Other community-based settings	If other, please specify
Outreach and participant recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perinatal depression screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interconceptional services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. For each of the following services, what is your Healthy Start project's process for following up with a participant who did not complete a referral? **(Check all that apply)**

	Send participant reminder notice	Contact participant by phone	Discuss with participant in person	Our project does not have a follow up process (N/A)	Other	If other, please specify
Case management	<input type="checkbox"/> If checked, is the reminder sent: <input type="checkbox"/> by phone? <input type="checkbox"/> by email? <input type="checkbox"/> by mail?	<input type="checkbox"/>	<input type="checkbox"/> If checked, is discussion <input type="checkbox"/> at home? <input type="checkbox"/> on project site?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perinatal depression screening	<input type="checkbox"/> If checked, is the reminder sent: <input type="checkbox"/> by phone? <input type="checkbox"/> by email? <input type="checkbox"/> by mail?	<input type="checkbox"/>	<input type="checkbox"/> If checked, is discussion <input type="checkbox"/> at home? <input type="checkbox"/> on project site?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interconceptional services	<input type="checkbox"/> If checked, is the reminder sent: <input type="checkbox"/> by phone? <input type="checkbox"/> by email? <input type="checkbox"/> by mail?	<input type="checkbox"/>	<input type="checkbox"/> If checked, is discussion <input type="checkbox"/> at home? <input type="checkbox"/> on project site?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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8. To what extent has retention been a problem for your Healthy Start project?

- Not a problem
- Somewhat of problem
- A problem

9. Are there strategies that you use to help retain participants in Healthy Start during pregnancy/ prenatal period and postpartum/interconceptional period? **(Check all that apply)**

	<b>Pregnancy/Prenatal Period</b>	<b>Postpartum/ Interconceptional Period</b>
Engage in frequent contact	<input type="checkbox"/>	<input type="checkbox"/>
Provide transportation	<input type="checkbox"/>	<input type="checkbox"/>
Provide child care	<input type="checkbox"/>	<input type="checkbox"/>
Provide incentives such as books, graduation certificates, toothbrushes, thermometers, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Follow up at participant's home	<input type="checkbox"/>	<input type="checkbox"/>
Check with providers, when participant does not follow up	<input type="checkbox"/>	<input type="checkbox"/>
Other; specify	_____	_____
Our project does not use any particular strategies for retention	<input type="checkbox"/>	<input type="checkbox"/>

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10. What types of referrals are offered through...? (Check all that apply)

	Clinical referral - MD	Clinical referral - social work, RN	WIC/Food assistance	Housing/ heating	Substance abuse treatment/ counseling	Services/ shelters for women experiencing domestic violence	Transportation	Other, specify	Our Healthy Start project does not offer referrals
Outreach & participant recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Perinatal depression services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Interconceptional services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

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11. What topics does your Healthy Start project address through your health education activities? For each health topic addressed, indicate whether the topic is addressed during pregnancy/prenatal period or postpartum/interconceptional period (or both) and whether the topic is presented to individuals or in group settings (or both). If any topics are addressed in a group setting, please also indicate whether the group is peer-led (i.e., group session led by peer/other participant). **(Check all that apply)**

	Pregnancy/ Prenatal Period	Postpartum/ Interconceptional Period	Individual	Group Setting	If group is checked, is the group peer-led?	We do not address this topic
Labor and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden Unexplained Infant Death Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child safety/injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use cessation*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second hand smoke exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence/Intimate partner abuse*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family and partner supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive life planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment/ job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning/budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education support/GED classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* More detailed questions about this topic are asked in subsequent sections of this survey.



## **Section 2: Smoking and Tobacco Use Cessation**

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This section asks about the prevalence of smoking and tobacco use among Healthy Start participants, how and whether tobacco use cessation is addressed through the Healthy Start project, what types of supports and services are available to participants and staff—either on site or through referral—to aid tobacco use cessation, and potential barriers to participants’ tobacco use cessation efforts.

1. Does your Healthy Start project collect data on: **(Check all that apply)**

Tobacco use [ANSWER 1a -1b]

1a. In 2009, approximately what percentage of participants in your Healthy Start project used tobacco in any form?

\_\_\_%

Unknown

1b. In 2009, approximately what percentage of participants in your Healthy Start project were current smokers?

\_\_\_%

Unknown

Tobacco use cessation [ANSWER 1c]

1c. In 2009, approximately what percentage of participants in your Healthy Start project have quit using tobacco during their participation in the project?

\_\_\_%

Unknown

Readiness for change

Quit attempts

Tobacco use relapse [ANSWER 1d]

1d. In 2009, approximately what percentage of participants in your Healthy Start projects have relapsed after quitting smoking?

\_\_\_%

Unknown

Exposure to second hand smoke

Our Healthy Start project does not collect data smoking and tobacco use cessation

2. Does your Healthy Start project have a no smoking policy on the project premises?

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Yes

No

3. Does your Healthy Start project address tobacco use cessation through any project activities?

Yes

No **[SKIP TO NEXT SECTION]**

4. During which project activities does your Healthy Start project address or discuss tobacco use cessation with participants? **(Check all that apply)**

During home visits

During face-to-face meetings at the Healthy Start site

During other routine care-related contacts

During group health education classes

During depression screening

During outreach activities

Other (specify): \_\_\_\_\_

5. When does your Healthy Start project address or discuss tobacco use cessation with participants? **(Check all that apply)**

During pregnancy/prenatal period

During the postpartum/interconceptional period

6. Does your Healthy Start project conduct activities on-site to support tobacco use cessation?

Yes **[ANSWER 6a-6b]**

No **[ SKIP TO 7 ]**

6a. Does your Healthy Start project offer:

Group tobacco use counseling

6a1. Which topics are covered in group tobacco use cessation counseling? **(Check all that apply)**

Nicotine replacement options

Long-term health consequences of smoking

Health benefits of quitting smoking

Economic benefits of quitting smoking

Birth outcomes associated with smoking during pregnancy

Outcomes associated with second hand smoke exposure during infancy and childhood

Community/online smoking cessation networks

Prescription medications for smoking and other tobacco use cessation

Other (specify): \_\_\_\_\_

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- None of the above
- One-on-one tobacco use counseling

6a2. Which topics are covered in one-on-one tobacco use cessation counseling? (**Check all that apply**)

- Nicotine replacement options
- Long-term health consequences of smoking
- Health benefits of quitting smoking
- Economic benefits of quitting smoking
- Birth outcomes associated with smoking during pregnancy
- Outcomes associated with second hand smoke exposure during infancy and childhood
- Community/online smoking cessation networks
- Prescription medications for smoking and other tobacco use cessation
- Other (specify): \_\_\_\_\_
- None of the above

6b. Which of the following nicotine replacement and other tobacco use cessation medication options are available on-site for participants trying to quit using tobacco? (Check all that apply)

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Nicotine nasal spray
- Bupropion (Zyban or Wellbutrin SR®)
- Varenicline (aka Chantix/Champix®)
- Tobacco cessation-related referrals
- Access to 1-800 quit lines
- Other (specify): \_\_\_\_\_
- None of the above

7. Are tobacco use cessation opportunities offered to: (**Check all that apply**)

- Partners of Healthy Start participants
- Other family members of Healthy Start participants
- Healthy Start Staff
- Only to Healthy Start participants

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7a. **[FOR EACH YES]:** Which opportunities are offered?

- Group counseling
- One-on-one counseling
- Medication options
- Tobacco cessation-related referrals
- Access to state-run or other quit lines

8. What are common barriers to smoking cessation for your Healthy Start participants? (Check all that apply)

- Household members are smokers
- Household members are other non-smoking tobacco users
- Lack of Medicaid or other funding-source coverage of prescription medications for smoking and other tobacco use cessation
- Lack of dedicated staff available within the Healthy Start project
- Staff prioritize other participant needs over tobacco use cessation
- Participants prioritize other needs over tobacco use cessation
- Daily stress experienced by participants
- Physical nicotine addiction
- Other (specify): \_\_\_\_\_
- Unknown

### **Section 3: Healthy Weight**

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The Healthy Weight section captures information about the prevalence of overweight and obesity among Healthy Start participants and how and whether three components of healthy weight (nutrition, physical activity, and weight management) are addressed in the Healthy Start project. This section also asks about supports and services available—either on site or through referral—to assist participants in their efforts to achieve a healthy weight.

1. Does your Healthy Start project collect data on: **(Check all that apply)**
  - Overweight [ANSWER 1a]
    - 1a. In 2009, approximately what percentage of your participants was overweight?  
\_\_\_\_%
    - Unknown
  - Obesity [ANSWER 1b]
    - 1b. In 2009, approximately what percentage of your participants was obese?  
\_\_\_\_%
    - Unknown
  - Underweight [ANSWER 1c]
    - 1c. In 2009, approximately what percentage of your participants was underweight?  
\_\_\_\_%
    - Unknown
  - Our Healthy Start project does not collect data on weight
2. Does your Healthy Start project encourage or promote healthy weight-related activities among Healthy Start **staff**?
  - Yes [ANSWER 2a]
  - No

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2a. Which of the following healthy weight-related components does your Healthy Start project promote among Healthy Start staff? How are these components addressed? **(Check all that apply)**

	Literature/ reading materials	Group education	One-on-one counseling	Group counseling	Other, specify:
Nutrition					_____
Physical activity					_____
Weight management					_____
Other, specify: _____					_____

3. Does your Healthy Start project address or discuss healthy weight with **participants**?

- Yes [ANSWER 3a]  
 No [SKIP TO NEXT SECTION]

3a. Which of the following healthy weight-related components does your Healthy Start project address or discuss with participants? **(Check all that apply)**

	During Home Visits	During Face-to Face Meeting at HS Site	During other routine care- related contacts	During group health education classes	During depression screening	During outreach activities	Other, specify:
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weight management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. When is healthy weight addressed with participants? **(Check all that apply)**

	During pregnancy/ prenatal period	During postpartum/ interconceptional period
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Weight management	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

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5. What healthy weight-related activities does your Healthy Start project offer? (**Check all that apply**)

- One-on-one weight loss support
- Weight loss support groups
- Literature/reading materials
- Exercise classes
- Nutrition education
- Healthy cooking classes
- Weight and pregnancy education
- Other (specify): \_\_\_\_\_
- Our Healthy Start project does not offer weight-related activities

6. Does your Healthy Start project measure body mass index (BMI) as part of the healthy weight services offered?

- Yes [**ANSWER 6a-d**]
- No

6a. Does your Healthy Start project have a protocol in place for overweight/obese women?

- Yes
- No

6b. Does your Healthy Start project have a protocol in place for underweight women?

- Yes
- No

6c. Does your Healthy Start project track (i.e. multiple measurements over time) the number of overweight/obese participants?

- Yes
- No

6d. Does your Healthy Start project track (i.e. multiple measurement over time) the number of underweight participants?

- Yes
- No

7. Does your Healthy Start project have a nutritionist or someone with a background in nutrition on site?

- Yes
- No [**ANSWER 7a**]

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- 7a. Does your Healthy Start project make referrals to a nutritionist or someone with a background in nutrition?
- Yes
  - No
8. Does your Healthy Start project make referrals to exercise programs?
- Yes
  - No
9. Does your Healthy Start project make referrals to weight loss programs?
- Yes
  - No
10. Does your Healthy Start project address: **(Check all that apply)**
- Children's nutrition
  - Children and exercise
  - Effects of childhood obesity



## **Section 4: Breastfeeding**

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This section asks about rates, exclusivity, and duration of breastfeeding among Healthy Start project participants. The section includes questions about characteristics of local hospitals, breastfeeding training for staff and education for participants, and the types of supports and services available for Healthy Start participants—either on site or through referral—that promote breastfeeding.

1. Does your Healthy Start project collect data on: **(Check all that apply)**
  - Breastfeeding initiation [**ANSWER 1a**]
    - 1a. In 2009, approximately what percentage of your participants began breastfeeding at birth?  
\_\_\_\_%
    - Unknown
  - Breastfeeding duration [**ANSWER 1b**]
    - 1b. In 2009, approximately what percentage of your participants breastfed, even partially, their infants at 6 months of age?  
\_\_\_\_%
    - Unknown
  - Breastfeeding exclusivity [**ANSWER 1c**]
    - 1c. In 2009, approximately what percentage of your participants breastfed exclusively in the first 6 months postpartum?  
\_\_\_\_%
    - Unknown
  - Reasons for not initiating or stopping breastfeeding
2. Does your Healthy Start site(s) have a private space available for breastfeeding? **(Check all that apply)**
  - For Healthy Start staff
  - For Healthy Start participants
  - We do not have such a space

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3. Do the majority (at least 60%) of your participants deliver at hospitals that: (**Check all that apply**)
- Have “rooming in” for newborns
  - Routinely give supplementation (including formula and water)
  - Provide formula discharge packs
  - Have lactation consultants on staff
  - Have midwives or doulas on staff
  - Have been designated a Baby-Friendly Hospital by WHO (World Health Organization)
4. Does your Healthy Start project conduct activities to recognize or promote National Breastfeeding Awareness Month?
- Yes
  - No
5. Does your Healthy Start project address breastfeeding in any project activities?
- Yes [**ANSWER 6**]
  - No [**SKIP TO NEXT SECTION**]
6. During which project activities are breastfeeding topics addressed or discussed with participants? (**Check all that apply**)
- During home visits
  - During face-to-face meetings at the Healthy Start site
  - During other routine care-related contacts
  - During group classes
  - During depression screening
  - During outreach activities
  - Other (specify): \_\_\_\_\_
7. When are breastfeeding topics addressed with participants? (**Check all that apply**)
- During pregnancy/prenatal period
  - During the postpartum/interconceptional period

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8. What specific breastfeeding-related topics are discussed with **participants**? (**Check all that apply**)

- Infants' health benefits from breastfeeding
- Mothers' health benefits from breastfeeding
- Common breastfeeding challenges
- Strategies/interventions for overcoming breastfeeding challenges
- Effects of breastfeeding on fertility
- Differences between breast milk and formula
- Technique for proper latch on
- Economic benefits of breastfeeding
- Breastfeeding alternatives for mothers who cannot directly breastfeed (e.g., use of breast pumps)
- Breastfeeding and transitioning back to work
- Other (specify): \_\_\_\_\_

9. Does your Healthy Start project provide **staff** training on breastfeeding?

- Yes [**ANSWER 9a**]
- No [**SKIP TO 10**]

9a. If yes, does the training include the following: (**Check all that apply**)

- Infants' health benefits from breastfeeding
- Mothers' health benefits from breastfeeding
- Common breastfeeding challenges
- Strategies/interventions for overcoming breastfeeding challenges
- Lactational amenorrhea and family planning
- Breastfeeding and birth control methods
- Counseling techniques for mothers with breastfeeding concerns
- The physiology of human milk production
- Differences between breast milk and formula
- Technique for proper latch on
- Economic benefits of breastfeeding
- Breastfeeding alternatives for mothers who cannot directly breastfeed their infants (e.g., use of breast pump)
- Breastfeeding and transitioning back to work
- Other, specify: \_\_\_\_\_

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10. Does your Healthy Start project have equipment available to loan or donate to participants to support initiation and continuation of breastfeeding? (**Check all that apply**)

- Breast Pumps
- Breast Shells/Breast Shields
- Nursing Supplementers
- Our Healthy Start project does not loan or donate breastfeeding equipment

11. Does your Healthy Start project offer individualized breastfeeding counseling to postpartum participants?

- Yes [**ANSWER 11a-11c**]
- No [**SKIP TO 11d**]

11a. Does your Healthy Start project have a certified lactation consultant on site?

- Yes
- No

11b. Does your Healthy Start project have a doula on site to support breastfeeding?

- Yes
- No

11c. Does your Healthy Start project have breastfeeding peer counselors available?

- Yes
- No

11d. Does your Healthy Start project refer participants elsewhere for individualized lactation support?

- Yes [**ANSWER 11d1**]
- No

11d1. Where do you refer participants for lactation support? (**Check all that apply**)

- WIC
- Hospital or clinic
- Other, specify:\_\_\_\_\_

## Section 5: Cultural Competence

The Cultural Competence section collects information about the ways in which the Healthy Start project’s delivery of services reflects the needs of the population(s) served. Specifically, we ask about staff training and hiring, communication with non-English speaking participants, cultural competence of outreach and recruitment efforts, and assessment of participants’ cultural backgrounds.

1. How does your Healthy Start project promote the cultural competence of your employees and contractor staff? **(Check all that apply)**

- Hire staff who represent racial/ethnic makeup of our target population
- Require contractors to employ staff reflective of target population
- Provide cultural competence/sensitivity training
- Our Healthy Start project does not implement particular strategies to promote cultural competence of our employees and contractor staff
- Other, specify: \_\_\_\_\_

2. Please indicate which languages are spoken among your participant population and how your Healthy Start staff communicate with participants who do not speak English?

**Respondent Instructions: Please write in the most common languages spoken among your participant population in the column on the left of the table.**

Languages spoken	Participants were assigned to HS staff who spoke their language	HS project contracted for translation/ interpretation services.	Friends or family of the participant translated	Staff were unable to communicate with participants	Other, specify
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

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3. What challenges does your Healthy Start project encounter in promoting the cultural competence of your Healthy Start staff and contracted providers? **(Check all that apply)**

- We do not have adequate funding to hire culturally competent staff
- There are not enough qualified staff in the community
- We don't have staff to cover all cultural groups
- Other (specify):  
\_\_\_\_\_

4. How does your Healthy Start project tailor outreach activities for particular cultural or ethnic groups in your community? **(Check all that apply)**

- Translate written materials into the languages spoken by members of our community **[ANSWER 4a]**

4a. For which languages?

**Respondent Instructions: Please write in the most common languages spoken in your community.**

- {list of languages selected in #2 will pop up here for selection; otherwise, response categories will include: "All, Some, Few"}
- Learn about customs and cultures and apply this knowledge when interacting with participants **[ANSWER 4b]**

4b. For how many cultural groups?

- All or most (more than 60%)
- Some (~30-60%)
- Few (less 30%)
- Enlist members of the community to teach and participate in projects that are relevant to their cultures and customs (i.e. making dream catchers) **[ANSWER 4c]**

4c. For how many cultural groups?

- All or most (more than 60%)
- Some (~30-60%)
- Few (less 30%)
- Contract with translation/interpreter services to attend outreach activities with Healthy Start staff **[ANSWER 4d]**

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4d. For how many cultural groups?

- All or most (more than 60%)
- Some (~30-60%)
- Few (less 30%)
  - Enlist staff that reflect the community being served
  - Connect with other community initiatives that reflect the cultural groups of our participants
  - Our Healthy Start project does not tailor outreach activities for particular cultural or ethnic groups in the community
  - Other, specify:  
\_\_\_\_\_

5. What efforts are made by Healthy Start staff to assess new participants' cultures during enrollment? (**Check all that apply**)

- Ask country of origin
- Listen to dialects
- Ask about customs/spiritual beliefs
- Ask about beliefs about pregnancy and health
- Our Healthy Start project does not perform an assessment of participant's culture
- Other, specify:\_\_\_\_\_

## Section 6: Family Involvement

---

This section asks about the kinds of activities that Healthy Start participants' family members may be involved in, the types of family members that are involved, and the number of Healthy Start participants that involve one or more family members.

1. Does your Healthy Start project encourage family involvement?
  - Yes [**ANSWER 1a**]
  - No [**SKIP TO NEXT SECTION**]
  
- 1a. If yes, how are families involved in services (**Check all that apply**)?
  - Invited to attend health education classes designed specifically for family participation (e.g., depending on the topic)
  - Invited to attend any health education
  - Invited to attend special outreach activities designed for family involvement
  - Invited to attend any outreach activities
  - Invited to be present at specific home visits that include family assessment
  - Invited to be present at any home visits
  - Invited to be present for developing participant written service plan
  - Invited to attend consortium meetings
  - Other, specify: \_\_\_\_\_
  
2. What is the "typical family" that attends these activities/services? (**Check all that apply**)
  - Male/female partner
  - Parents or grandparents
  - Aunts, uncles, or cousins
  - Siblings
  - Participant's offspring (e.g. older children of participant)
  - Persons not related to participant but considered family
  - Other, specify: \_\_\_\_\_
  
3. What percent of Healthy Start participants have their "family" involved in these Healthy Start activities/services?
  - All or most (more than 60%)
  - Some (~30-60%)
  - Few (less 30%)



## Section 7: Male Involvement

---

This section captures information about the number of men that participate in Healthy Start activities, the types of activities and services offered to men, and recruitment and retention strategies to increase/maintain male participation in the Healthy Start project.

1. Does your Healthy Start project provide any services to men?
  - Yes
  - No **[SKIP TO NEXT SECTION]**
  
2. In 2009, approximately how many men participated in your project? \_\_\_\_\_
  - 2a. What percentage of these men are partners (or fathers of children) of enrolled female participants? \_\_\_\_\_
  
3. Are services offered to males as a male-only program (for example, males meeting at separate time or have their own classes)?
  - Yes **[ANSWER 3a - 3b]**
  - No **[SKIP TO 4]**

3a. Which of the following services does your Healthy Start project offer as part of the male-only program? How often are these services offered? (**Check all that apply**)

	Weekly	Twice a week	Every other week	Monthly	Twice a month	Quarterly	Other, specify:
Clinical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Case Management services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Court Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

- 3b. Is there a specified program duration (i.e. program ends after a specified period of time)?
  - Yes **[ANSWER 3b1]**
  - No **[SKIP TO 4]**

3b1. What is the duration of the male involvement program? **(Check one)**

- Less than 3 months
- Up to 6 months
- 12 months
- Up to, but not including, 2 years
- 2 years or more
- Other (specify): \_\_\_\_\_

4. What services are offered to men? **(Check all that apply)**

- Clinical services
- Case management services
- Mental health services
- Health Education [ANSWER 4a - 4d]
- Court advocacy
- Other (specify): \_\_\_\_\_

4a. What health education topics are addressed with men in your Healthy Start project? **(Check all that apply)**

		We do not address this topic
Labor and delivery	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding*	<input type="checkbox"/>	<input type="checkbox"/>
Sudden Unexplained Infant Death Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>
Child safety/injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal depression	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>
Disease management	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition*	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity*	<input type="checkbox"/>	<input type="checkbox"/>
Weight management*	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use cessation*	<input type="checkbox"/>	<input type="checkbox"/>
Second hand smoke exposure	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence/Intimate partner abuse*	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse*	<input type="checkbox"/>	<input type="checkbox"/>
Family and partner supports	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Infections	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive life planning	<input type="checkbox"/>	<input type="checkbox"/>
Employment/ job training	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning/budgeting	<input type="checkbox"/>	<input type="checkbox"/>
Education support/GED classes	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- 4b. Do you use a specific male involvement curriculum?
- Yes
  - No
- 4c. Can males only participate as long as their partners are enrolled in the Healthy Start project?
- Yes
  - No
- 4d. Are health education materials prepared specifically for males?
- Yes
  - No
5. Does your project have a dedicated male services coordinator?
- Yes [**SKIP to 6**]
  - No [**ANSWER 5a**]
- 5a. What staff conduct services for males?
- Subcontracted staff [**SKIP to 6**]
  - Healthy Start staff [**ANSWER 5a1**]
- 5a1. Which staff conduct male services/programs? (**Check all that apply**)
- Outreach worker(s)
  - Case manager(s)
  - Health educator(s)
  - Clinic staff
  - Other, specify: \_\_\_\_\_
6. How are males recruited? (**Check all that apply**)
- Referrals through female partner
  - Community outreach
  - Referrals from others service providers
  - Court referral or mandate
  - Other, specify: \_\_\_\_\_

7. What strategies does your Healthy Start project use to facilitate male participant retention?  
(Check all that apply)

- Engage in frequent contact (e.g. phone, mail reminders)
- Provide transportation
- Provide child care
- Provide financial assistance (e.g. food vouchers, merchandise)
- Follow up at the participants home
- Offer services or programs specific to male needs
- Offer community-based events
- Our Healthy Start project does not use strategies to facilitate male participant retention
- Other, specify:  
\_\_\_\_\_

8. What are the challenges to retaining males?

- Lack of providers who are sensitive to male needs
- Lack of transportation
- Lack of child care
- Perceived stigma of receiving public services
- Participants don't believe they need Healthy Start services
- Inconvenient provider hours or locations
- Participants believe they have more pressing needs
- Our Healthy Start project does not have any challenges retaining male participants
- Other, specify:  
\_\_\_\_\_

## Section 8: Domestic Violence

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The Domestic Violence section asks about the prevalence of domestic violence in households of Healthy Start participants, staff training on issues related to domestic violence, screening for domestic violence, and the types of services and supports available—either on site or through referral—for Healthy Start participants that experience domestic violence.

1. Does your Healthy Start project collect data on domestic violence experienced by Healthy Start participants?
  - Yes [ANSWER 1a-c]
  - No [SKIP TO 2]
  
- 1a. In 2009, approximately what percentage of women participating in your Healthy Start project reported experiencing domestic violence?  
  
\_\_\_%
  - Unknown
  
- 1b. In 2009, approximately what percentage of pregnant women participating in your Healthy Start project reported experiencing domestic violence?  
  
\_\_\_%
  - Unknown
  
- 1c. In 2009, approximately what percentage of interconceptional women participating in your Healthy Start project reported experiencing domestic violence?  
  
\_\_\_%
  - Unknown
  
2. Does your Healthy Start project provide staff training on domestic violence?
  - Yes [ANSWER 2a]
  - No [SKIP TO 3]

2a. Does the training include the following: **(Check all that apply)**<sup>1</sup>

- What constitutes domestic violence/intimate partner violence
- Effective and emerging screening tools to assess risk for domestic violence/intimate partner violence
- How to interview survivors of domestic violence/intimate partner violence
- Available resources in the community and through the legal system
- How to make referrals to community/legal resources
- Understanding the relationship between domestic violence and child abuse
- How to assess risk of child abuse in the context of domestic violence
- Other, specify: \_\_\_\_\_

3. Does your Healthy Start project screen for domestic violence?

- Yes [**ANSWER 3a-f**]
- No [**SKIP TO NEXT SECTION**]

3a. Does your Healthy Start project use an evidence-based tool to screen for domestic violence?

- Yes
- No

3b. In what settings are participants screened for domestic violence? **(Check all that apply)**

- During home visits
- During face-to-face meetings at the Healthy Start site
- During other routine care-related contacts
- During group classes
- During depression screening
- During outreach activities
- Other, specify: \_\_\_\_\_

3c. Which participants are screened?

- All participants
- Only pregnant/prenatal participants
- Only postpartum/interconceptional participants

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<sup>1</sup> Adapted from Simmons College Domestic Violence Training Program. <http://www.simmons.edu/ssw/dvtraining/>. Accessed March 22, 2010.

3d. When are Healthy Start participants screened for domestic violence? (**Check all that apply**)

- During pregnancy/prenatal period
- During postpartum/interconceptional period
- Other, specify:\_\_\_\_\_

3e. What is the frequency of screening for domestic violence?

- Once at enrollment
- Monthly
- Bi-monthly
- Twice per year
- Yearly
- Other, specify:\_\_\_\_\_

3f. Does your Healthy Start project have a protocol for assessment of domestic abuse

- Yes [**ANSWER 3f1-2**]
- No [**SKIP TO 4**]

3f1. Has the protocol been: (**Check all that apply**)

- Reviewed by participants or family members
- Translated into languages appropriate for the population your project serves
- Designed to account for cultural differences in family practices
- None of the above

3f2. Does your protocol address appropriate follow-up actions in response to cases of suspected domestic violence?

- Yes
- No

4. What on-site services/resources are available for participants who screen positive for domestic violence? (**Check all that apply**)

- Individual counseling
- Support groups
- Our Healthy Start project does not offer on-site services/resources for participants who screen positive for domestic violence
- Other, specify:\_\_\_\_\_

5. Does your Healthy Start project provide referrals for women screening positive for domestic violence?

Yes [ANSWER 5a-b]

No

5a. If yes, what type of referrals are offered? (**Check all that apply**)

Mental health/Counseling referrals:

For the Healthy Start participant

For the Healthy Start participant's child

For other family members of Healthy Start participants

Referrals to shelters/safe havens for women experiencing domestic violence

Medical referrals for domestic violence-related injuries

Referrals within the criminal justice system

Police

District Attorney's office

Court advocate

Other, specify: \_\_\_\_\_

Crisis hotlines

Support groups

Other, specify: \_\_\_\_\_

5b. What services/assistance does your Healthy Start project offer to assist Healthy Start participants in completing these referrals? (**Check all that apply**)

Transportation services offered to participants

Transportation stipends offered to participants

Healthy Start staff may accompany participant to appointments

Translation/interpreter services

Reimbursement for translation/interpreter services

Assistance securing health insurance

Supplemental health insurance

No such enabling services are offered

Other, specify: \_\_\_\_\_



## Section 9: Child Abuse

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In this section, we ask about the prevalence of child abuse reported by Healthy Start participants, the ways in which child abuse may be addressed through Healthy Start project service components, staff training on child abuse, child abuse assessment, and supports and services available—either on site or through referral—for women whose children experience child abuse.

1. Does your Healthy Start project collect data on child abuse experienced by children of Healthy Start participants?
  - Yes [ANSWER 1a]
  - No [SKIP TO 2]
  
- 1a. In 2009, approximately what percentage of women participating in your Healthy Start project reported any of their children having experienced child abuse?  
  
\_\_\_\_\_%
  - Unknown
  
2. Does your Healthy Start project address child abuse through any project activities?
  - Yes
  - No [SKIP TO NEXT SECTION]
  
3. In what settings is child abuse addressed or discussed with women participating in your project? **(Check all that apply)**
  - During home visits
  - During face-to-face meetings at the Healthy Start site
  - During other routine care-related contacts
  - During group classes
  - During depression screening
  - During outreach activities
  - Other, specify: \_\_\_\_\_
  
4. When is child abuse addressed with women participating in your project? **(Check all that apply)**
  - During the pregnancy/prenatal period
  - During the postpartum/interconceptional period
  
5. Does your Healthy Start project provide staff training on child abuse?
  - Yes [ANSWER 5a]
  - No [SKIP TO 6]

- 5a. Does the training include the following: **(Check all that apply)**<sup>2</sup>
- What constitutes child abuse/neglect
  - Effective and emerging screening tools to assess risk for child abuse/neglect
  - How to interview parents of children who may have suffered abuse/neglect
  - Reporting requirements for suspected child abuse
  - Signs and symptoms of child abuse in children who are non-verbal
  - Available resources in the community and through the legal system and how to make referrals to these resources
  - Understanding the relationship between child abuse and domestic violence and how to assess risk of child abuse in the context of domestic violence
  - Other, specify: \_\_\_\_\_
6. Does your Healthy Start project directly assess participants' children for child abuse?
- Yes [**ANSWER 6a-c**]
  - No [**SKIP TO NEXT SECTION**]
- 6a. When do Healthy Start staff directly assess children for child abuse? **(Check all that apply)**
- During home visits
  - At the Healthy Start site
  - During phone contacts
  - Other, specify: \_\_\_\_\_
- 6b. Which children are screened? **(Check all that apply)**
- All children
  - Those children whose parents report domestic violence
  - Those children with risk factors associated with child abuse
  - Those children presenting with indicators of abuse
- 6c. Does your Healthy Start project have a set of written procedures for assessment of child abuse?
- Yes [**ANSWER 6c1-2**]
  - No [**SKIP TO 7**]

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<sup>2</sup> Adapted from Simmons College Domestic Violence Training Program. <http://www.simmons.edu/ssw/dvtraining/>. Accessed March 22, 2010.

6c1. Has the set of written procedures been: **(Check all that apply)**

- Reviewed by participants or family members
- Translated into languages appropriate for the population your project serves
- Designed to account for cultural differences in family practices
- None of the above

6c2. Does your set of written procedures address appropriate follow-up actions in response to cases of suspected child abuse?

- Yes
- No

7. What on-site services/resources are available for women whose children screen positive for child abuse? **(Check all that apply)**

- Individual counseling
- Support groups
- Our Healthy Start project does not offer on-site services/resources for women whose children screen positive for child abuse
- Other, specify:  
\_\_\_\_\_

8. Does your Healthy Start project provide referrals for women whose children screen positive for child abuse?

- Yes **[ANSWER 8a-b]**
- No

8a. What type of referrals are offered? **(Check all that apply)**

- Mental health/Counseling referrals:
  - For the Healthy Start participant
  - For the Healthy Start participant's child/children
- Referrals to shelters/safe havens for women experiencing domestic violence
- Medical referrals for domestic violence-related injuries
- Referrals within the criminal justice system
  - Police
  - District Attorney's office
  - Court advocate
  - Other, specify: \_\_\_\_\_
- Crisis hotlines
- Support groups
- Other, specify: \_\_\_\_\_

8b. What services/assistance does your Healthy Start project offer to assist Healthy Start participants in completing these referrals? (**Check all that apply**)

- Transportation services offered to participants
- Transportation stipends offered to participants
- Healthy Start staff may accompany participant to appointments
- Translation/interpreter services
- Reimbursement for translation/interpreter services
- Assistance securing health insurance
- Supplemental health insurance
- Other, specify: \_\_\_\_\_

## Section 10: Case Management

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This section asks detailed information about the features of case management activities, including service variations across participants by type (e.g. pregnant women; infants) and risk category, participants' role in the development of service plans, inclusion of partners and other family members in services, and barriers to effective case management.

1. What case management (CM) services does your Healthy Start project provide? (**Check all that apply**)

	<b>Risk/ screening assessment</b>	<b>Home visiting</b>	<b>Health education</b>	<b>Counseling and guidance</b>	<b>Coordina- tion services</b>	<b>Referrals</b>	<b>CM services are not offered to this group</b>
...to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...to partners of participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...to (non- partner) family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If risk/screening assessment is conducted, how are the screening tools adapted to each participant's cultural background? (**Check all that apply**)

- Administered by staff who speak the participant's language
- Translated
- Assisted by translator
- Adapted for cultural needs/identity
- Advising group reviewed tools
- Screening tools are not adapted
- Other, specify: \_\_\_\_\_
- Our Healthy Start project does not conduct screening assessments

3. How are participants assigned to case managers? **(Check all that apply)**

- Participant health status or risk factors
- Participant demographics
- Caseload or staff availability
- Geographic location
- Other, specify: \_\_\_\_\_
- No particular assignment criteria are used
- Our Healthy Start project does not assign participants to case managers

4. Does your Healthy Start project develop written service plans for participants?

- Yes [ANSWER 4a]
- No [SKIP TO 5]

4a. How are participants involved in the development of the service plan? **(Check all that apply)**

- Participants attend meeting(s) to develop the service plan
- Participants sign/initial the service plan
- Participants receive a written copy of the service plan
- Participants are not involved in the development of the service plan
- Other, specify: \_\_\_\_\_

5. Does your Healthy Start project offer different levels of case management, for example, based on the number of risk factors?

- Yes [ANSWER 5a]
- No [SKIP TO 6]

5a. Please describe the risk categories that you assign based on your assessment:

Risk category 1: \_\_\_\_\_

Risk category 2: \_\_\_\_\_

Risk category 3: \_\_\_\_\_

Risk category 4: \_\_\_\_\_

6. How do case management features vary across participant risk levels? Please provide details of your case management activities for each category of participant (moderate and highest risk pregnant/prenatal and postpartum/interconceptional women and infants and toddlers) in the table below.

Case Management Features	Healthy Start Participant Categories					
	Pregnant/Prenatal Women		Postpartum/Interconceptional Women		Infant and Toddlers (0-23 mo)	
	Moderate	Highest Risk	Moderate	Highest Risk	Moderate	Highest Risk
6a. Frequency of case management interactions/appointments (Check the best response for each participant category)	<input type="checkbox"/> ≥ Weekly <input type="checkbox"/> ≥ Monthly <input type="checkbox"/> ≥ Quarterly <input type="checkbox"/> ≥ Once/yr <input type="checkbox"/> Other _____  <input type="checkbox"/> N/A	<input type="checkbox"/> ≥ Weekly <input type="checkbox"/> ≥ Monthly <input type="checkbox"/> ≥ Quarterly <input type="checkbox"/> ≥ Once/yr <input type="checkbox"/> Other _____  <input type="checkbox"/> N/A	<input type="checkbox"/> ≥ Weekly <input type="checkbox"/> ≥ Monthly <input type="checkbox"/> ≥ Quarterly <input type="checkbox"/> ≥ Once/yr <input type="checkbox"/> Other _____  <input type="checkbox"/> N/A	<input type="checkbox"/> ≥ Weekly <input type="checkbox"/> ≥ Monthly <input type="checkbox"/> ≥ Quarterly <input type="checkbox"/> ≥ Once/yr <input type="checkbox"/> Other _____  <input type="checkbox"/> N/A	<input type="checkbox"/> ≥ Weekly <input type="checkbox"/> ≥ Monthly <input type="checkbox"/> ≥ Quarterly <input type="checkbox"/> ≥ Once/yr <input type="checkbox"/> Other _____  <input type="checkbox"/> N/A	<input type="checkbox"/> ≥ Weekly <input type="checkbox"/> ≥ Monthly <input type="checkbox"/> ≥ Quarterly <input type="checkbox"/> ≥ Once/yr <input type="checkbox"/> Other _____  <input type="checkbox"/> N/A
6b. Type of interaction/appointment (Check all that apply for each participant category)	<input type="checkbox"/> Face to face at HS site <input type="checkbox"/> Home visit <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to face at other location <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Face to face at HS site <input type="checkbox"/> Home visit <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to face at other location <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Face to face at HS site <input type="checkbox"/> Home visit <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to face at other location <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Face to face at HS site <input type="checkbox"/> Home visit <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to face at other location <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Face to face at HS site <input type="checkbox"/> Home visit <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to face at other location <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Face to face at HS site <input type="checkbox"/> Home visit <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to face at other location <input type="checkbox"/> Other <input type="checkbox"/> N/A
6c. Case management services provided (Check all that apply for each participant category)	<input type="checkbox"/> Risk/ screening assessment <input type="checkbox"/> Home visiting <input type="checkbox"/> Health education <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Coordination services <input type="checkbox"/> Referrals <input type="checkbox"/> N/A	<input type="checkbox"/> Risk/ screening assessment <input type="checkbox"/> Home visiting <input type="checkbox"/> Health education <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Coordination services <input type="checkbox"/> Referrals <input type="checkbox"/> N/A	<input type="checkbox"/> Risk/ screening assessment <input type="checkbox"/> Home visiting <input type="checkbox"/> Health education <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Coordination services <input type="checkbox"/> Referrals <input type="checkbox"/> N/A	<input type="checkbox"/> Risk/ screening assessment <input type="checkbox"/> Home visiting <input type="checkbox"/> Health education <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Coordination services <input type="checkbox"/> Referrals <input type="checkbox"/> N/A	<input type="checkbox"/> Risk/ screening assessment <input type="checkbox"/> Home visiting <input type="checkbox"/> Health education <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Coordination services <input type="checkbox"/> Referrals <input type="checkbox"/> N/A	<input type="checkbox"/> Risk/ screening assessment <input type="checkbox"/> Home visiting <input type="checkbox"/> Health education <input type="checkbox"/> Counseling and guidance <input type="checkbox"/> Coordination services <input type="checkbox"/> Referrals <input type="checkbox"/> N/A

Case Management Features	Healthy Start Participant Categories					
	Pregnant/Prenatal Women		Postpartum/Interconceptional Women		Infant and Toddlers (0-23 mo)	
	Moderate	Highest Risk	Moderate	Highest Risk	Moderate	Highest Risk
6d. Case management assignment ( <b>Check one for each participant category</b> )	<input type="checkbox"/> Single case manager assigned <input type="checkbox"/> Team assigned <input type="checkbox"/> Our Healthy Start project does not assign participants to case managers <input type="checkbox"/> N/A	<input type="checkbox"/> Single case manager assigned <input type="checkbox"/> Team assigned <input type="checkbox"/> Our Healthy Start project does not assign participants to case managers <input type="checkbox"/> N/A	<input type="checkbox"/> Single case manager assigned <input type="checkbox"/> Team assigned <input type="checkbox"/> Our Healthy Start project does not assign participants to case managers <input type="checkbox"/> N/A	<input type="checkbox"/> Single case manager assigned <input type="checkbox"/> Team assigned <input type="checkbox"/> Our Healthy Start project does not assign participants to case managers <input type="checkbox"/> N/A	<input type="checkbox"/> Single case manager assigned <input type="checkbox"/> Team assigned <input type="checkbox"/> Our Healthy Start project does not assign participants to case managers <input type="checkbox"/> N/A	<input type="checkbox"/> Single case manager assigned <input type="checkbox"/> Team assigned <input type="checkbox"/> Our Healthy Start project does not assign participants to case managers <input type="checkbox"/> N/A
6e. Educational/professional background of assigned case managers ( <b>Check all that apply for each participant category</b> )	<input type="checkbox"/> Former participant/peer <input type="checkbox"/> Lay/para-professional <input type="checkbox"/> Social worker <input type="checkbox"/> Nursing <input type="checkbox"/> Behavioral/mental health <input type="checkbox"/> Public health <input type="checkbox"/> Nutrition <input type="checkbox"/> Health education <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Former participant/peer <input type="checkbox"/> Lay/para-professional <input type="checkbox"/> Social worker <input type="checkbox"/> Nursing <input type="checkbox"/> Behavioral/mental health <input type="checkbox"/> Public health <input type="checkbox"/> Nutrition <input type="checkbox"/> Health education <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Former participant/peer <input type="checkbox"/> Lay/para-professional <input type="checkbox"/> Social worker <input type="checkbox"/> Nursing <input type="checkbox"/> Behavioral/mental health <input type="checkbox"/> Public health <input type="checkbox"/> Nutrition <input type="checkbox"/> Health education <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Former participant/peer <input type="checkbox"/> Lay/para-professional <input type="checkbox"/> Social worker <input type="checkbox"/> Nursing <input type="checkbox"/> Behavioral/mental health <input type="checkbox"/> Public health <input type="checkbox"/> Nutrition <input type="checkbox"/> Health education <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Former participant/peer <input type="checkbox"/> Lay/para-professional <input type="checkbox"/> Social worker <input type="checkbox"/> Nursing <input type="checkbox"/> Behavioral/mental health <input type="checkbox"/> Public health <input type="checkbox"/> Nutrition <input type="checkbox"/> Health education <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Former participant/peer <input type="checkbox"/> Lay/para-professional <input type="checkbox"/> Social worker <input type="checkbox"/> Nursing <input type="checkbox"/> Behavioral/mental health <input type="checkbox"/> Public health <input type="checkbox"/> Nutrition <input type="checkbox"/> Health education <input type="checkbox"/> Other (specify): _____
6f1. In 2009, what was the average caseload, by category of Healthy Start participant, for Healthy Start case managers?	[# of participants receiving CM services divided by number case manager FTEs]	[# of participants receiving CM services divided by number case manager FTEs]	[# of participants receiving CM services divided by number case manager FTEs]	[# of participants receiving CM services divided by number case manager FTEs]	[# of participants receiving CM services divided by number case manager FTEs]	[# of participants receiving CM services divided by number case manager FTEs]



Case Management Features	Healthy Start Participant Categories					
	Pregnant/Prenatal Women		Postpartum/Interconceptional Women		Infant and Toddlers (0-23 mo)	
	Moderate	Highest Risk	Moderate	Highest Risk	Moderate	Highest Risk
6f2. In 2009, what was the range of caseloads, by category of Healthy Start participant, for Healthy Start case managers?	___/___ Lowest # of cases/highest # of cases	___/___ Lowest # of cases/highest # of cases	___/___ Lowest # of cases/highest # of cases	___/___ Lowest # of cases/highest # of cases	___/___ Lowest # of cases/highest # of cases	___/___ Lowest # of cases/highest # of cases
6g1. Are case conferences/chart reviews held?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6g2. Who attends these conferences? <b>Check all that apply for each participant category)</b>	<input type="checkbox"/> Consistent team of HS staff and HS providers  <input type="checkbox"/> Only HS staff and HS providers involved in the case(s)  <input type="checkbox"/> External (non-HS) providers <input type="checkbox"/> Participants <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Consistent team of HS staff and HS providers  <input type="checkbox"/> Only HS staff and HS providers involved in the case(s)  <input type="checkbox"/> External (non-HS) providers <input type="checkbox"/> Participants <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Consistent team of HS staff and HS providers  <input type="checkbox"/> Only HS staff and HS providers involved in the case(s)  <input type="checkbox"/> External (non-HS) providers <input type="checkbox"/> Participants <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Consistent team of HS staff and HS providers  <input type="checkbox"/> Only HS staff and HS providers involved in the case(s)  <input type="checkbox"/> External (non-HS) providers <input type="checkbox"/> Participants <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Consistent team of HS staff and HS providers  <input type="checkbox"/> Only HS staff and HS providers involved in the case(s)  <input type="checkbox"/> External (non-HS) providers <input type="checkbox"/> Participants <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Consistent team of HS staff and HS providers  <input type="checkbox"/> Only HS staff and HS providers involved in the case(s)  <input type="checkbox"/> External (non-HS) providers <input type="checkbox"/> Participants <input type="checkbox"/> Other (specify): _____

7. For how long are case management services typically offered for women in your Healthy Start project? **(Check one only)**
- through pregnancy
  - < 6 months postpartum
  - 6-11 months postpartum
  - 12-17 months postpartum
  - 18-23 months postpartum
  - 2 years postpartum
  - 25 months or more postpartum
8. Through what age are case management services typically offered to infants and toddlers in your Healthy Start project? **(Check one only)**
- < 6 months of age
  - 6-11 months of age
  - 12-17 months of age
  - 18-23 months of age
  - 2 years of age
  - 3-5 years of age
9. What procedures are in place to coordinate services across various providers and organizations? **(Check all that apply)**
- Informal mechanisms
  - Interagency agreements
  - Cross-training
  - Team meetings
  - Unified referral form
  - Record sharing
  - Other, specify: \_\_\_\_\_

10. What are the barriers to your Healthy Start project's participants receiving the necessary services that may be identified by the case manager/team? **(Check all that apply)**

- Lack of insurance coverage
- Lack of access to service providers who are sensitive to participants' beliefs and values
- Lack of transportation
- Lack of child care
- Substance abuse
- Depression or other mental health conditions
- Domestic violence
- Unstable housing
- Language barriers
- Inconvenient provider office hours
- Long waits for appointments with provider
- Lack of culturally appropriate mental health services
- Lack of substance abuse treatments
- Concern of stigma
- Other, specify: \_\_\_\_\_

11. Among the barriers selected in question 10, please select the top 3 barriers to your Healthy Start project's participants receiving the necessary services that may be identified by the case manager/team.

Barrier 1: \_\_\_\_\_

Barrier 2: \_\_\_\_\_

Barrier 3: \_\_\_\_\_

## Section 11: Home Visiting

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The home visiting section captures features of home visiting implemented by Healthy Start projects including the use of evidence-based home visiting models; staff background and training; population served; the onset, duration, and intensity of visits; and the activities conducted at home visits.

1. Does your Healthy Start project conduct home visits to clients?
  - Yes
  - No **[SKIP TO NEXT SECTION]**
  
2. Are your home visits based on a model?
  - Yes **[ANSWER 2a-b]**
  - No **[SKIP TO 3]**
  - 2a. Which model(s) do you use? **(Check all that apply)**
    - Nurse Family Partnership*, a nurse home visitation program developed by David Olds
    - Parents as Teachers (PAT)*, program to promote development of children from birth to age three
    - The Home Instruction Program for Preschool Youngsters (HIPPIE)*, seeks to prepare three to five-year olds for kindergarten and first grade
    - Healthy Families America (HFA)*, a child abuse prevention program that evolved from Hawaii's Healthy Start
    - Other, specify: \_\_\_\_\_
    - We do not use a specific home visiting model. **[SKIP TO 3]**
  - 2b. Have you adapted the model for your Healthy Start project?
    - Yes
    - No
  
3. How is home visiting offered? **(Check one only)**
  - Home visiting is operated as a unique service component separate from the other required components **[SKIP TO 4]**
  - Home visiting is offered through other Healthy Start required service components **[ANSWER 3a]**

3a. If offered through other required components, which ones? **(Check all that apply)**

- Case management services (integrated into case management)
- Health education services
- Outreach services
- Interconceptional care services

4. How many staff conduct home visits?

\_\_\_\_\_

5. Are these Healthy Start staff, contracted staff, or both? **(Check one only)**

- Healthy Start staff only
- Contracted staff only
- Both Healthy Start and contracted staff

6. What is the educational background of the home visitors? **(Check all that apply)**

	High School or GED	Bachelor's degree	Master's degree	Other degree (specify)
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Doulas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Lay/paraprofessionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other professionals Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

7. What are the minimum training requirements for home visitors? **(Check all that apply)**

Pre-service training [ANSWER 7a-7a1]

7a. If pre-service training, how many trainings are required?

\_\_\_\_ # of trainings

7a1. How many hours of pre-service training is this?

\_\_\_\_\_ # hours [total]

In-service training [ANSWER 7b-7b1]

7b. How often does in-service training occur?

Weekly

Monthly

Other, specify: \_\_\_\_\_

N/A – There are no specific training requirements beyond educational degrees

7b1. How many hours of in-service training is this?

\_\_\_\_\_ # hours [total]

8. Who is served through home visits? **(Check only one)**

Infants only [SKIP TO 9]

Women only [ANSWER 8a]

Women and infants [ANSWER 8a]

First-time mothers only (can include infants) [ANSWER 8a]

Families – women, infant and partners [ANSWER 8a]

8a. Are the women served adults, teens, or both?

Adults

Teens

Both

9. When are home visits initiated? **(Check only one)**

During pregnancy/prenatal period only

During the postpartum/interconceptional period only

As needed, determined by initial assessment

10. When do home visiting services typically end? (**Check only one**)
- At birth
  - Up to two years postpartum (child's second birthday)
  - Beyond two years postpartum – please specify: \_\_\_\_\_
  - Varies by needs
11. How long is each scheduled home visit? (**Check only one**)
- 30 minutes or less
  - 45 to 60 minutes
  - 2-3 hours
  - Half-day (4 hours)
  - Varies by needs
12. How often are home visits conducted for a participant? *Check the best response for each participant served through home visits.*

Frequency	Moderate Risk Mothers		Highest Risk Mothers		For Infants and Toddlers (0-23 mo)
	Pregnancy/ Prenatal Period	Postpartum/ Interconcep- tional Period	Pregnancy/ Prenatal Period	Postpartum/ Interconcep- tional Period	
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2x/month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every other month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Healthy Start project does not conduct home visits for these participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Which activities might take place at a home visit? (**Check all that apply**)

- Risk assessment
- Reproductive health, contraception education
- Health education (e.g., nutrition, substance abuse, etc.)
- Parenting education
- Depression screening
- Child development assessment
- Group meetings or group education sessions (held at a participant's home)
- Health services (e.g., well-baby checkups)
- Referrals to health services
- Enabling services – transportation, job training/placement, educational support/tutoring
- Referrals to enabling services
- Individual counseling
- Other, specify: \_\_\_\_\_

14. Are you conducting an evaluation of your home visiting?

- Yes [**ANSWER 14a**]
- No [**SKIP TO 15**]

14a. Does the evaluation use: (**Check all that apply**)

- Pre-post design
- Comparison groups
- Qualitative data (e.g., key informant interviews, focus groups)
- Other, Specify: \_\_\_\_\_

15. Do you collect data on any of the following outcomes as a result of your home visitation program?

***Maternal outcomes***

- Parental attitudes, knowledge and parenting behavior
- Educational and employment outcomes
- Interconception outcomes (birth spacing, pregnancy deferment, maternal depression status, pregnancy weight gain and nutrition, prenatal care)
- Health indicators (pre-pregnancy weight, smoking status)
- Use of preventative health services/medical home access
- Our Healthy Start project does not collect these types of data

***Child outcomes***



- Birth outcomes, child's health outcomes
- Child development, achievement and behavior
- Child abuse and neglect
- Use of preventative health services/medical home access –immunizations, well-baby checkups
- Our Healthy Start project does not collect these types of data [**SKIP TO NEXT SECTION**]

16. How are data collected?

- Standardized tests or questionnaires
- Interviews
- Observation
- Clinical records or case management records
- Data tracking system
- Other, specify: \_\_\_\_\_

## Section 12: Medical Home

---

The medical home section asks about identification of and referrals to regular sources of primary care for Healthy Start participants, partnerships with primary care providers, and processes for tracking referrals and coordinating care.

1. Do you track the number of women with a primary care provider or a usual source of care?

Yes [ANSWER 1a]

No [SKIP TO 3]

1a. The Healthy Start project tracks: (Check all that apply)

Medical home providers available for referral of clients

Referrals made

Referrals completed

Services provided

Diagnoses, outcomes

Other, specify: \_\_\_\_\_

2. What percentage of women participating in your Healthy Start project during calendar year 2009 had a primary care provider or usual source of care?

\_\_\_\_\_%

3. Does your Healthy Start project make referrals for those participants who **do not** have a primary care provider or usual source of care?

Yes

No

4. What services are offered through the primary care providers that your Healthy Start project refers participants to? (**Check all that apply**)

**Women**

- Routine primary care/ postpartum care
- OB/GYN services
- Preventative care
- Medical specialist referrals
- Mental health care/referrals
- Referrals to other health services (dental, eye care, nutrition)
- Referrals to other social services (WIC, Housing)
- Care for chronic conditions
- Weight management
- Emergency services
- Other, specify: \_\_\_\_\_

**Infants**

- Routine well baby care
- Medical specialist referrals
- Referrals to other health services
- Referrals to other social services
- Emergency services
- Other, specify: \_\_\_\_\_

5. At what point in a participant's involvement in your Healthy Start project is a primary care provider/usual source of care established?
- Prenatally/during pregnancy
  - Postnatally/during interconceptional period
  - A primary care provider is established immediately upon entry into the project regardless of pregnancy status
  - Our Healthy Start project does not establish a primary care provider for participants.

6. How are participants followed by your Healthy Start project once they are referred to a primary care provider?

- Chart review/medical record review [**ANSWER 6a**]

6a. Are these electronic records?

- Yes
- No

- Case conferences/team meetings [ANSWER 6b-d]
  - 6b. Does the participant attend?
    - Yes
    - No
  - 6c. Does the primary care provider attend?
    - Yes
    - No
  - 6d. Do other medical specialists attend?
    - Yes
    - No
- Regular communication with the participant [ANSWER 6e-g]
  - 6e. What is the frequency of communication?
    - Daily
    - Weekly
    - Two to three times per week
    - Every other week
    - Monthly
    - Two to three times per month
    - Every other month
    - Quarterly
  - 6f. Does the frequency vary by participant level of risk?
    - Yes
    - No
  - 6g. How is communication made? (**Check all that apply**)
    - Phone
    - In-person
    - Email
- Regular communication with the primary care provider [ANSWER 6h-j]

6h. What is the frequency of communication?

- Daily
- Weekly
- Two to three times per week
- Every other week
- Monthly
- Two to three times per month
- Every other month
- Quarterly

6i. Does the frequency vary by participant level of risk?

- Yes
- No

6j. How is communication made? (**Check all that apply**)

- Phone
- In-person
- Email
- Our Healthy Start project does not have a system to follow participants once they are referred to a primary care provider.

7. Does your Healthy Start project have a process for following up with participants who do not complete a referral?

- Yes [**ANSWER 7a**]
- No [**SKIP TO 8**]

7a. What is your Healthy Start project's process for following up with a participant who did not complete a referral? (**Check all that apply**)

- Send participant reminder notice by mail
- Send participant reminder notice by email
- Contact participant by phone
- Discuss with participant in person
- Other, specify: \_\_\_\_\_

8. What services/assistance does your Healthy Start project offer to assist Healthy Start participants in establishing (or completing a referral to) primary/ usual source of care?

- Transportation services offered to participants
- Transportation stipends offered to participants
- Healthy Start staff may accompany participant to first few appointments
- Translation/interpreter services are paid for participants
- Assistance with securing health insurance
- Supplemental health insurance offered
- Free health services offered onsite at Healthy Start project
- No such enabling services are offered
- Other, specify: \_\_\_\_\_

9. Does your Healthy Start project have partnerships with primary care providers?

- Yes [ANSWER 9a-e]
- No [SKIP TO 10]

9a. How many primary care providers did your Healthy Start project partner with in 2009:  
\_\_\_\_\_

9b. How formalized is the partnership? (**Check all that apply**)

- Informal (verbal agreement)  
# of informal partnerships in 2009 \_\_\_\_\_
- We have an Memorandum of Understanding (MOU) with the primary care provider  
# of MOUs in 2009 \_\_\_\_\_
- We have a subcontract with the primary care provider:  
# of subcontracts in 2009 \_\_\_\_\_

9c. Who delivers the primary care to women? (**Check all that apply**)

- Nurse practitioner
- MD (please specify specialty):
  - Internal Medicine
  - Primary Care/General Medicine
  - Pediatrician
  - OB/GYN
  - Other, specify: \_\_\_\_\_

9d. Who delivers the primary care to infants? **(Check all that apply)**

- Nurse practitioner
- MD (please specify specialty):
  - Internal Medicine
  - Primary Care/General Medicine
  - Pediatrician
  - OB/GYN
  - Other, specify: \_\_\_\_\_

9e. In what setting(s) are the primary care providers located? **(Check all that apply)**

***Women***

- Community Health Center
- Hospital Clinic
- Private practice
- Other, specify: \_\_\_\_\_

***Infants***

- Community Health Center
- Hospital Clinic
- Private practice
- Other, specify: \_\_\_\_\_

10. Do the partnering primary care providers use electronic medical records or electronic health records (Electronic Medical Record [EMR]/Electronic Health Record [EHR])?

- Yes **[ANSWER 10a]**
- No **[SKIP TO 11]**

10a. If yes, is there a system in place to link participants to Healthy Start for tracking purposes?

- Yes
- No

11. Are the primary care providers in your Healthy Start project's network considered medical home providers?

- Yes **[ANSWER 11a]**
- No **[SKIP TO 12]**

11a. What percentage of primary care providers in your Healthy Start project's network were considered medical home providers in 2009? \_\_\_\_\_%

12. In 2009, what percent of participants' primary care costs was covered by the following?

\_\_\_\_\_ % Medicaid

\_\_\_\_\_ % Free care

\_\_\_\_\_ % Private insurance

\_\_\_\_\_ % Other, specify: \_\_\_\_\_

13. Does your Healthy Start project use protocols to: **(Check all that apply)**

- Assess whether participants have a primary care provider
- Assess whether participants' children have a primary care provider
- Assess the fit between participants and available primary care providers
- Educate participants on the importance of primary care for their health and the health of their children
- No such protocols are used for our Healthy Start project
- Other, specify: \_\_\_\_\_

14. What are the barriers to Healthy Start participants accessing care through a primary care provider? **(Check all that apply)**

- Lack of health insurance or inability to pay
- Language barrier between participant and provider
- Lack of available referrals (i.e. not enough providers)
- Participant perceptions/misperceptions of primary care
- Lack of transportation to and from appointments
- Other, specify: \_\_\_\_\_
- Our Healthy Start participants do not experience barriers accessing a primary care provider

15. Among the barriers selected in question 14, please select the top 3 barriers to your Healthy Start participants accessing care through a primary care provider.

Barrier 1: \_\_\_\_\_

Barrier 2: \_\_\_\_\_

Barrier 3: \_\_\_\_\_



## PART B. SYSTEMS

Part B of the survey asks general questions about the 4 service components that comprise the National Healthy Start program (consortium, local health action plan, collaboration/coordination with Title V, and sustainability planning), followed by additional questions about consortium.

### Section 1: Overview of Systems Components

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In this section of the survey, we ask you for some basic information about the 4 systems components of the Healthy Start Program (consortium, Local Health System Action Plan, collaboration with State Title V, and sustainability activities) and how these and other systems activities are implemented by the project. Additional details about consortium are collected in the next section.

1. Does your Healthy Start project have at least one active consortium that addresses maternal and child issues?
  - Yes
  - No
  
2. Does your consortium have an executive or other sub-committee that provides leadership for the entire consortium?
  - Yes [ANSWER 2a]
  - No [SKIP TO 3]
  - 2a. If yes: # of members on this executive or sub-committee in 2009 \_\_\_\_\_
  
3. Does your Healthy Start project have a Local Health System Action Plan (LHSAP)?
  - Yes [ANSWER 3a-b]
  - No [SKIP TO 6]
  - 3a. Is the LHSAP specific to the Healthy Start project?
    - Yes
    - No
  
  - 3b. Is the LHSAP connected to or part of another community or child health plan?
    - Yes [ANSWER 3b1]
    - No [SKIP TO 4]

3b1. What plan is it connected to? **(Check all that apply)**

- MCH Block grant
- Local public health department
- Other, specify: \_\_\_\_\_

4. Who is involved in the development of the LHSAP? **(Check all that apply)**

- Healthy Start staff
- Healthy Start consortium or subcommittee of the consortium
- State Title V agency
- Local Title V grantee
- Local health department
- Local government agencies
- Key community partners
- Participants
- Other,  
specify: \_\_\_\_\_

5. To what extent do you agree with the following statement: The goals outlined in the LHSAP guide the consortium's work. **(Check one only)**

- Strongly agree
- Agree somewhat
- Neither agree nor disagree
- Disagree somewhat
- Strongly disagree

6. Were your Healthy Start project's goals drawn from the State Title V plan?

- Yes
- No

7. Describe relationship between your Healthy Start project and State Title V agency. **(Check all that apply)**

- State Title V agency is the Healthy Start grantee
- Management is shared between Healthy Start project and State Title V agency
- Healthy Start project and State Title V are housed in the same organization
- State Title V funds some Healthy Start programming or services
- Informal relationship
- Other, specify: \_\_\_\_\_
- Healthy Start project **does not** have a relationship with State Title V agency  
[SKIP TO 10]

8. What are the benefits to your Healthy Start project of coordination with the State Title V agency? **(Check all that apply)**

- State Title V provides resource materials for health education programs
- State Title V provides training for staff
- State Title V provides data and other information for needs assessment
- State Title V provides funds or in-kind contributions that helped sustain Healthy Start initiatives
- State Title V helps with efforts to advocate for Healthy Start target populations
- State Title V helps coordinate care for our participants
- State Title V helps increase our visibility in policy arenas
- Other, specify: \_\_\_\_\_
- There are no perceived benefits

9. What are the benefits to the State Title V agency of coordination with Healthy Start (**Check all that apply**)
- Healthy Start provides the State Title V agency with a community perspective on issues and problems
  - Healthy Start's local needs assessment data are used by the State Title V agency in its own needs assessment for the State Block grant
  - Healthy Start provides a local partner that could implement and/or augment State Title V initiatives and programs on the local level
  - Healthy Start projects could be replicated by the State Title V agency
  - Healthy Start provides data to help change policy
  - Healthy Start makes policy/funding recommendations to the State Title V agency on important policy and funding issues
  - Other, specify: \_\_\_\_\_
  - The State Title V agency does not perceive any benefit from coordination with Healthy Start
10. Does your Healthy Start project participate in any formal alliance(s) with other Healthy Start grantees (not including the National Healthy Start Association)?
- Yes [**ANSWER 10a**]
  - No [**SKIP TO 12**]
- 10a. What is/are the purpose(s) of this/these alliance(s)? (**Check all that apply**)
- Information sharing
  - Pooling resources
  - Joint training
  - Educating policy makers
  - Working with state agencies
  - Other, specify: \_\_\_\_\_
11. What benefits have resulted from the alliance(s) to date? (**Check all that apply**)
- Increased access to information
  - Expanded resources available to use for common activities such as evaluation, training, and health education
  - Enhanced ability to work with state policy makers on common issues
  - Other, specify: \_\_\_\_\_
  - No benefits have resulted to date

12. Does your Healthy Start project have a sustainability plan, that is, a plan to maintain services to the target population after federal Healthy Start funding ends?
- Yes
  - No
13. What strategies is your Healthy Start project using to ensure sustainability? (**Check all that apply**)
- Seeking additional Healthy Start funding
  - Seeking other federal funding
  - Seeking state or local funding
  - Implementing a fund-development strategy
  - Incorporating (such as obtaining 501(c)(3) status) in order to apply for other funds
  - Developing collaborative efforts with the State or Local Title V
  - Developing collaborative efforts with other organizations
  - Packaging services to secure Medicaid or other health plan reimbursement
  - Other, specify: \_\_\_\_\_
14. Will any of the services provided by your Healthy Start project be absorbed by the Title V Block Grant or other funders? (**Check all that apply**)
- Yes, by Title V
  - Yes, by other funders (please explain):  
\_\_\_\_\_
  - No
15. What are the challenges to sustainability faced by your Healthy Start project? (**Check all that apply**)
- Fiscal climate
  - Unstable collaborative relationships
  - Political climate
  - Organizational setting not supportive
  - Unable to document results of our Healthy Start project
  - Healthy Start is no longer a unique project
  - Our Healthy Start project does not have any challenges to sustainability
  - Other, specify: \_\_\_\_\_

16. Which of the following “systems activities” does your Healthy Start project engage in? (**Check all that apply**)

- Conduct needs assessment
- Develop priorities to direct Healthy Start activities
- Coordinate existing services and resources (such as building referral networks or reducing service duplication)
- Expand existing services for the target population
- Create new services for the target population
- Improve cultural competence of the providers serving the target population
- Address other access barriers in the community
- Enhance community participation in identifying community needs, setting priorities, and implementing changes
- Influence (or change) state or local policy (please provide an example):  
\_\_\_\_\_
- Other, specify:\_\_\_\_\_

17. Is your Healthy Start project involved in community-wide collaborative efforts related to:

- Smoking and tobacco use cessation
- Healthy weight
- Breastfeeding
- Other, specify:\_\_\_\_\_
- Our Healthy Start project is not involved in community-wide collaborative efforts

18. What types of collaborative activities does your Healthy Start project establish with the health agencies or providers listed below? NOTE: For each activity, please check only the agencies or providers to which the activity or relationship applies. Check the box in row 18a if the agency does not exist in your community, or check the box in row 18b if the agency does exist in your community but there is no collaborative relationship with that agency.

Collaborative Activities	Check the appropriate box(es) below for each health agency or provider. At least one box should be checked in each column:						
	State Title V Agency	Medicaid	Local health department	Private Physicians	Hospitals	Mental health agency	Substance abuse treatment
18a. Agency/provider does not exist in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18b. Agency/provider has no collaborative relationship with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18c. Agency/provider is a member of the Healthy Start consortium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18d. Agency/provider has a written memorandum of understanding or agreement (MOU/MOA) with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18e. Agency/provider provides contracted services to Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18f. Agency/provider hosts outstationed Healthy Start staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18g. Agency/provider participates in joint training with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18h. Agency/provider has a shared staffing arrangement with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18i. Agency/provider coordinates case management or is planning with Healthy Start for shared participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18j. Agency/provider shares protocols with Healthy Start (such as intake, risk/needs assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18k. Agency/provider is involved in Healthy Start sustainability planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18l. Agency/provider has a data-sharing arrangement with Healthy Start (such as shared case files or MIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18m. Agency/provider contributes to pooled funding streams to support joint services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18n. Agency/provider has a Healthy Start employee on their board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18o. Agency/provider works with Healthy Start to develop consistent health messages for participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18p. Agency/provider receives cultural competence training from Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What types of collaborative activities does your Healthy Start project establish with the social service agencies or public institutions listed below? NOTE: For each activity, please check only the agencies or providers to which the activity or relationship applies. Check 19a if the agency does not exist in your community or check 19b if the agency does exist in your community but there is no collaborative relationship with that agency.

Collaborative Activities	Check the appropriate box(es) below for each social service agency or public institution. At least one box should be checked in each column:						
	Welfare	Child protective services	Head Start	Child care agencies	Schools	Courts	WIC
19a. Agency/institution does not exist in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19b. Agency/institution has no collaborative relationship with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19c. Agency/institution is a member of the Healthy Start consortium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19d. Agency/institution has a written memorandum of understanding or agreement (MOU/MOA) with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19e. Agency/institution provides contracted services to Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19f. Agency/institution hosts outstationed Healthy Start staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19g. Agency/institution participates in joint training with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19h. Agency/institution has a shared staffing arrangement with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19i. Agency/institution coordinates case management or is planning with Healthy Start for shared participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19j. Agency/institution shares protocols with Healthy Start (such as intake, risk/needs assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19k. Agency/institution is involved in Healthy Start sustainability planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19l. Agency/institution has a data-sharing arrangement with Healthy Start (such as shared case files or MIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19m. Agency/institution contributes to pooled funding streams to support joint services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19n. Agency/institution has a Healthy Start employee on their board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19o. Agency/institution works with Healthy Start to develop consistent health messages for participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19p. Agency/institution receives cultural competence training from Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



20. What types of collaborative activities does your Healthy Start project establish with the community-based agencies or providers listed below? For each activity, please check only the agencies or providers to which the activity or relationship applies. Check the box in row 20a if the agency does not exist in your community, and check the box in row 20b if there is no collaborative relationship.

Collaborative Activities	Check the appropriate box(es) below for each community-based agency or provider. At least one box should be checked in each column:						
	FQHCs (330 Centers)	Faith- based groups	Advocacy groups	Profes- sional assoc.	Ethnic orgs.	Disease- based orgs.	Civic groups
20a. Agency/provider does not exist in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20b. Agency/provider has no collaborative relationship with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20c. Agency/provider is a member of the Healthy Start consortium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20d. Agency/provider has a written memorandum of understanding or agreement (MOU/MOA) with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20e. Agency/provider provides contracted services to Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20f. Agency/provider hosts outstationed Healthy Start staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20g. Agency/provider participates in joint training with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20h. Agency/provider shares staffing arrangement with Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20i. Agency/provider coordinates case management or is planning with Healthy Start for shared participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20j. Agency/provider shares protocols with Healthy Start (such as intake, risk/needs assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20k. Agency/provider is involved in Healthy Start sustainability planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20l. Agency/provider has a data-sharing arrangement with Healthy Start (such as shared case files or MIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20m. Agency/provider contributes to pooled funding streams to support joint services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20n. Agency/provider has a Healthy Start employee on their board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20o. Agency/provider works with Healthy Start to develop consistent health messages for participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20p. Agency/provider receives cultural competence training from Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Consortium

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This section asks for information that will enhance our understanding of the various models by which the Healthy Start projects have structured their consortia. Questions also focus on the specific roles, activities and impacts of the consortia, with particular attention to the role of Healthy Start participants in consortium activities and decisions.

1. How many consortia does your Healthy Start project operate?  
# in 2009 \_\_\_\_\_  
**[IF 1 CONSORTIUM, ANSWER #2, THEN SKIP TO #5]**  
**[IF MORE THAN 1 CONSORTIUM, SKIP TO #3]**
  
2. Does your consortium have an executive committee, board of directors, advisory committee, or other smaller body of the whole?
  - Yes **[SKIP TO #5]**
  - No **[SKIP TO #5]**
  
3. Do the consortia vary by: **(Check all that apply)**
  - Focus (e.g. one consortium focuses on sustainability planning, another on strengthening community partnerships, a third on Healthy Start programming)?
  - Composition (e.g. one consortium is composed, by design, solely of Healthy Start participants, another has representatives from community based organizations and providers)?
  - Region(s) covered (e.g. one consortium per county within the Healthy Start catchment area)?
  - Decision-making authority (e.g. some consortia act in an advisory capacity, others have decision-making authority)?
  - Other, specify: \_\_\_\_\_
  
4. Which model best describes the structure of your consortia? **(Check all that apply)**
  - All consortia are governed by an overarching executive committee, board of directors, advisory committee, or other smaller body
  - Each consortium is governed by a consortium-specific executive committee, board of directors, advisory committee, or other smaller body of the whole
  - Individual members of each consortium have equal voting rights/decision-making authority
  - Other, specify: \_\_\_\_\_
  
5. Approximately how long had the consortium/set of consortia (in its current structure) been in place in 2009?  
# years: \_\_\_\_\_ # months: \_\_\_\_\_

6. How has the consortium/a's structure(s) changed since the first Healthy Start funds were awarded? **(Check all that apply)**

- Larger consortium/a divided into sub-committees or task forces
- Multiple smaller consortia or committees consolidated into one larger group
- Executive committee formed
- Executive committee dissolved
- New consortium/a formed or added
- One or more consortia dissolved
- Other, specify \_\_\_\_\_
- No changes to the consortium/a's

**If you indicated that you operate more than one consortium in question #1, above, please respond to the following set of questions for each *level* of consortia you have. By *level* we mean the location of the consortium within the hierarchical structure of all of your Healthy Start project's decision-making and advisory bodies. For example, if your Healthy Start project has a consortium for each site that it operates and a separate consortium that guides Healthy Start efforts at the project level, please respond to questions 7-15 for the site-level consortia considered as a whole and then repeat questions 7-15 for the project-level consortium. You may repeat questions 7-15 as many times as needed to cover the levels of consortia that your Healthy Start project has.**

**If you indicated that you have one consortium in question #1, above, please respond to the following set of questions for that consortium.**

7. What groups are included in the *active membership* of the consortium? By *active membership*, we mean members that attend at least half of the consortium's meeting. **(Check all that apply)**

- Healthy Start staff
- State government
- Local government
- Project participants (i.e., recipient of Healthy Start services)
- Community participants
- Community-based organizations
- Private agencies or organizations (not community –based)
- Providers contracting with the Healthy Start project
- Other providers
- Faith-based participants
- Academic participants
- Other, specify: \_\_\_\_\_

8. What is/are the main purpose(s) of the consortium? **(Check all that apply)**

- Fulfill requirements of grant guidance
- Change MCH policy in the state
- Change maternal and child health practices in the target community or system
- Share information with the community and raise awareness of maternal and child health issues
- Oversee Healthy Start project operations
- Work toward goals in the LHSAP (if applicable) or other action plan
- Bring together potential partners and enhance collaboration
- Other, specify: \_\_\_\_\_

9. What is/are the main area(s) of the consortium's activity? **(Check all that apply)**

- Budget/finance planning and monitoring
- Personnel recruiting/ hiring
- Developing the scope of Healthy Start service offerings
- Bring together potential partners and enhance collaboration
- Awareness, communication, and media efforts
- Data collection/evaluation
- Sustainability planning
- Other, specify: \_\_\_\_\_

10. What events are conducted by the consortium, and how often?

Activity	Frequency
10a. Meetings	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Twice per year <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> N/A
10b. Public Forums	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Twice per year <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> N/A
10c. Training/conferences	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Twice per year <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> N/A
10d. Other (specify): _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Twice per year <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> N/A

11. To what extent do you agree with the following statement: In 2009, the Healthy Start participants on the consortium were culturally representative of the target community. **(Check one only)**

- Strongly agree
- Agree somewhat
- Neither agree nor disagree
- Disagree somewhat
- Strongly disagree
- There are no Healthy Start participants on the consortium

12. To what extent do you agree with the following statement: In 2009, the provider membership on the consortium was culturally representative of the target population. **(Check one only)**
- Strongly agree
  - Agree somewhat
  - Neither agree nor disagree
  - Disagree somewhat
  - Strongly disagree
  - There are no providers on the consortium
13. To what extent do you agree with the following statement: In 2009, the consortium made considerable progress toward meeting its goals. **(Check one only)**
- Strongly Agree
  - Agree Somewhat
  - Neither Agree nor Disagree
  - Disagree Somewhat
  - Strongly Disagree
14. What did the consortium accomplished during 2009? **(Check all that apply)**
- Increased awareness of infant mortality in the community
  - Increased service capacity in the community
  - Obtained new grants or funding
  - Used funds in an innovative manner
  - Increased integration of service systems
  - Created sustainable partnerships among member agencies
  - Influenced policy affecting access to care for the Healthy Start target population
  - Enhanced cultural competence of providers
  - Enhanced ability of Healthy Start project to address disparities in access and utilizing health services
  - Increased Healthy Start participant involvement in our project's decision-making activities
  - Increased the amount of, or access to, data available to partner organizations on the health status of the target population
  - Other, specify: \_\_\_\_\_
  - There were no accomplishments made in 2009

15. What barriers challenged the effectiveness of the consortium in 2009? (**Check all that apply**)

- Insufficient staff time dedicated to assisting the consortium in its efforts
- Lack of resources for consortium activities
- Lack of collaboration/cooperation from necessary partners/stakeholders
- Irregular consortium attendance by key members
- Competing agendas member organizations
- Unstable relationships among consortium members
- Lack of history of collaborative effort among maternal and child health providers in our Healthy Start project's target area
- Unsupportive political climate
- Insufficient resources in the state or community to support our consortium's goals
- Lack of participant involvement
- Lack of strong consortium leadership
- Lack of a strategic plan for the consortium's work
- Other, specify: \_\_\_\_\_
- Our consortium did not have any challenges in 2009

**If you indicated that you operate more than one consortium in question #1, above, please respond to the following set of questions for your entire set of consortia considered together. If you indicated that you have one consortium in question #1, above, please respond to the following set of questions for that consortium.**

16. What consortium activities are Healthy Start participants involved in?

- Strategic planning
- Budget/finance
- Personnel recruiting/hiring
- Developing the scope of Healthy Start service offerings
- Communication/media efforts
- Data collection/evaluation
- Sustainability activities
- Other, specify: \_\_\_\_\_
- There are no Healthy Start participants on the consortium

17. What strategies are used to facilitate involvement of Healthy Start participants in the consortium? **(Check all that apply)**

- Project outreach at local health centers, schools, etc.
- Flyer distribution, mailings
- Design meetings to be welcoming and interesting
- Participation in other local consortia
- Hold meetings and events at times that are convenient for participants
- Hold meetings at locations that are convenient for participants.
- Provide participation supports (e.g. hot meals, transportation, child care) (specify):  
\_\_\_\_\_
- Other, specify: \_\_\_\_\_
- No particular strategies are used
- There are no Healthy Start participants on the consortium

18. What strategies are used to promote leadership among Healthy Start participants in the consortium? **(Check all that apply)**

- Conduct leadership training sessions for participants
- Send participants to relevant conferences
- Pay tuition for workshops or institutes
- Invite participants to facilitate meetings
- Invite participants to participate in or lead data collection efforts
- Invite participants to serve on subcommittees
- Hold retreats to include participants
- Other, specify: \_\_\_\_\_
- No particular strategies are used
- There are no Healthy Start participants on the consortium

19. To what extent do you agree with the following statement: In 2009, leaders within agencies/programs/organizations and the community who have a stake in the Healthy Start project were aware of the Healthy Start consortium and its activities. **(Check one only)**

- Strongly agree
- Agree somewhat
- Neither agree nor disagree
- Disagree somewhat
- Strongly disagree



20. To what extent do you agree with the following statement: In 2009, the consortium included members who were decision-makers (that is, people who could influence funding, policy, and programming of the organization that they represent). **(Check one only)**

- Strongly agree
- Agree somewhat
- Neither agree nor disagree
- Disagree somewhat
- Strongly disagree

21. To what extent do you agree with the following statement: In 2009, nearly all of the agencies/programs/organizations that have a stake in what our Healthy Start project is trying to accomplish were represented in the consortium. **(Check one only)**

- Strongly agree
- Agree somewhat
- Neither agree nor disagree
- Disagree somewhat
- Strongly disagree

22. Please list the stakeholder agencies/programs/organizations that you have **not been able to engage** with your consortium, or check the box below to indicate that all stakeholder agencies/programs/ organizations are represented on your consortium.

Stakeholder group #1: \_\_\_\_\_  
Stakeholder group #2: \_\_\_\_\_  
Stakeholder group #3: \_\_\_\_\_  
Stakeholder group #4: \_\_\_\_\_  
Stakeholder group #5: \_\_\_\_\_

- Our consortium includes representation from all agencies/programs/organizations that have a stake in what our Healthy Start project is trying to accomplish

## PART C: DATA SYSTEMS AND TRACKING

Part C of the survey asks questions about tracking systems, local evaluation efforts, and mortality reviews that may have been conducted in the communities of Healthy Start projects.

### Section 1: Tracking Systems

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In this section, we collect information about the Healthy Start project's ability to track information at the participant-level on services received, referrals made and completed, and health outcomes and how these data are used.

1. Does your Healthy Start project have a tracking system for each Healthy Start participant? **(Check all that apply)**

- Yes, a record is maintained by Healthy Start project [ANSWER 1a-b]
- Yes, a record is maintained by contractor [ANSWER 1a-b]
- No [SKIP TO 2]

- 1a. If yes, please specify what data are collected at the participant level:

- Referrals made
- Referrals completed
- Services provided
- Diagnoses, health outcomes
- Other, specify: \_\_\_\_\_

- 1b. Are these records maintained electronically or in a hard-copy format? **(Check one only)**

- Electronic format only
- Hard-copy format only
- Some types of records are maintained electronically and other types are maintained in a hard-copy format
- Our project maintains both electronic and hard-copy records for each participant
- Other, specify: \_\_\_\_\_

2. Does your Healthy Start project have a tracking system by service?

- Yes [ANSWER 2a-b]
- No [SKIP TO 4]

2a. Is participation tracked for the following services:

- Outreach/recruitment
- Health education
- Home visiting
- Case management
- Use of enabling services
- Other, specify: \_\_\_\_\_

2b. Do these records include only services provided within your Healthy Start project or also services delivered by outside providers as a result of a Healthy Start referral? (**Check one only**)

- Only Healthy Start services
- Both Healthy Start services and services delivered by referral to outside providers
- Other, specify: \_\_\_\_\_

3. **[If yes to 1 and 2]:** Are the tracking systems for services and participants linked?

- Yes
- No

4. Does your Healthy Start project share case files or MIS with other agencies/providers (with appropriate approvals/consent)?

- Yes
- No

5. Are data examined?

- Yes [ANSWER 5a]
- No [SKIP TO NEXT SECTION]

5a. For what purpose are data examined?

- Project evaluation
- Project planning
- Required reporting (performance measures, impact reporting)
- Reporting to consortium
- Grant-writing
- Media campaigns
- Other, specify: \_\_\_\_\_

## Section 2: Evaluation of Components

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The Evaluation section of the survey asks about the Healthy Start project's local evaluation efforts, including the types of studies and evaluations that have been conducted and the services that have been evaluated.

1. Do you have a dedicated staff person for data tracking and analysis?
  - Yes
  - No
  
2. Do you have a local evaluator?
  - Yes [ANSWER 2a-c]
  - No [SKIP TO 3]
  - 2a. Is your local evaluator on staff?
    - Yes [SKIP TO 3]
    - No
  - 2b. Is your local evaluator contracted?
    - Yes
    - No [SKIP TO 3]
  - 2c. If contracted, is your local evaluator university affiliated?
    - Yes
    - No
  
3. Does your local evaluator collect data in addition to the requirements of the National Healthy Start program?
  - Yes
  - No
  
4. Have you ever conducted an evaluation of any of the services offered by your Healthy Start?
  - Yes [ANSWER 4a-b]
  - No [SKIP TO 5]
  - 4a. Did the evaluation use: (Check all that apply)
    - Pre-post design
    - Comparison group
    - Other, specify: \_\_\_\_\_

4b. Which services were evaluated?

- Outreach/recruitment
- Health education
- Home visiting
- Case management
- Use of enabling services
- Other, specify: \_\_\_\_\_

5. Do you collect data on any of the following as a result of the services offered?

***Maternal***

- Parental attitudes, knowledge and parenting behavior
- Educational and employment outcomes
- Interconception outcomes (birth spacing, pregnancy deferment, maternal depression status, pregnancy weight gain and nutrition, prenatal care)
- Health indicators (pre-pregnancy weight, smoking status)
- Use of preventative health services/medical home access
- Our Healthy Start project does not collect these types of data

***Child***

- Birth outcomes, child's health outcomes
- Child development, achievement and behavior
- Child abuse and neglect
- Use of preventative health services/medical home access –immunizations, well-baby checkups
- Our Healthy Start project does not collect these types of data

### **Section 3: Mortality Review Data**

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This section collects information about maternal, fetal, infant, and child mortality reviews that may be conducted in the Healthy Start project's community and how and whether these data reviews are used to inform Health Start project Activities.

1. In 2009, did any of the following exist in your community?

- Fetal mortality review
- Infant mortality review
- Maternal mortality review
- Child mortality review
- Other, specify: \_\_\_\_\_
- No mortality reviews existed in our community during 2009

1a. If yes, was Healthy Start represented?

- Yes
- No

2. Does your Healthy Start project use data from any mortality reviews?

- Yes [ANSWER 2a]
- No [SKIP TO NEXT SECTION]

2a. In 2009, how were mortality review data used by your project?

- To track mortality by age group, race/ethnicity, socioeconomic group, and /or neighborhood
- To target outreach or health promotion
- To generate systems change goals
- Other, specify: \_\_\_\_\_

## PART D. REFLECTIONS AND ACCOMPLISHMENTS

### Section 1: Reflections on Your Healthy Start Project

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This section assesses grantees' perceived accomplishments and progress towards intermediate and long-term outcomes. Finally, questions related to changes over time capture information about key contextual factors and barriers.

1. Which of the following intermediate outcomes did your Healthy Start project achieve in 2009?  
(Check all that apply)

- Increased access to the services available for our participants
- Increased positive health behaviors among our participants
- Increased number of participants with a medical home
- Increased integration of prenatal, primary care, and mental health services
- Increased awareness of the importance of interconceptional care
- Increased awareness of disparities in birth outcomes as a priority in the community
- Increased screening for perinatal depression among providers in the community
- Increased cultural competence of providers in our community
- Increased participant involvement in Healthy Start decision-making
- Increased participant involvement in decision-making among partner agencies
- Increased participant involvement in other community activities addressing systems changes
- Other, specify: \_\_\_\_\_
- No intermediate outcomes were achieved in 2009

1a. **If any of the above are checked, ask 1a (for each):** What evidence/findings does your project have to support this?

- Healthy Start Impact Reports
- MCHB Performance Measures
- New and Continuing Applications
- Local Evaluation Findings
- Anecdotal/ Case Study Findings [**ANSWER 1ai**]
  - 1ai Is this verified?
    - Yes
    - No
  - Other, specify: \_\_\_\_\_
  - No intermediate outcomes were achieved in 2009

2. Which of the following long term outcomes did your Healthy Start project achieve in 2009? (**Check all that apply**)

- Improved birth outcomes
- Improved maternal health
- Increased birth spacing
- Improved child health
- Sustained community capacity to reduce disparities in health status in the community
- No long-term outcomes were achieved in 2009

2a. **If any of the above are checked, ask 2a (for each):** What evidence/findings does your project have to support this?

- Healthy Start Impact Reports
- MCHB Performance Measures
- New and Continuing Applications
- Local Evaluation Findings
- Anecdotal/ Case Study Findings [**ANSWER 2ai**]
  - 2ai Is this verified?
    - Yes
    - No
  - Other, specify: \_\_\_\_\_



3. To what extent did the following activities conducted by your Healthy Start project contribute to reducing disparities in maternal and infant health outcomes? For each activity listed in 3a –3s, indicate the extent of the contribution. If your Healthy Start project did not perform an activity, please check column E, “No contribution.”

Activities	Check one box only for each row below:				
	A	B	C	D	E
	Primary contribution ↓	Major contribution ↓	Moderate contribution ↓	Minor contribution ↓	No contribution or N/A ↓
3a. Outreach and client recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Client health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Consortium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e. Local health systems action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3f. Collaboration with participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3g. Collaboration with State Title V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3h. Collaboration with Local Title V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3i. Collaboration with other public agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3j. Collaboration with community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3k. Collaboration with private agencies (including private health care providers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3l. Provider education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3m. Perinatal depression screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3n. Interconceptional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3o. Enabling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3p. Home visiting services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3q. Male involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3r. Medical Home partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3s. Other, specify: _____					

4. Below are some general statements about how a Healthy Start project may relate to the community in which it is based. For each statement (4a-4p), check one box only to indicate how strongly you agree or disagree with the statement.

<b>Check one box only for each row:</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
	<b>Strongly Agree</b> ↓	<b>Agree Somewhat</b> ↓	<b>Neither Agree nor Disagree</b> ↓	<b>Disagree Somewhat</b> ↓	<b>Strongly Disagree</b> ↓
4a. Many changes/solutions have been implemented as a result of Healthy Start recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Healthy Start is connected to the community's power structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Policy-makers participate in or are accessible to the Healthy Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. An institutional and fiscal base of support sustains Healthy Start activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. MCH agencies/providers take ownership of Healthy Start goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Healthy Start contributes to the community's capacity for assessing maternal and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Healthy Start is an integral part of the delivery system in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4h. Healthy Start has identified access problems in the health care system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4i. Healthy Start has created solutions to address health care access problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4j. Healthy Start has identified strategies for addressing disparities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4k. Healthy Start has implemented strategies for reducing disparities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4l. Healthy Start processes maintain a good balance between medical, public health, and community viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4m. Communication between community agencies and institutions has improved as a result of Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4n. The consortium takes into account participants' views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4o. Residents of our community are aware of the Healthy Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4p. Healthy Start can document a positive effect on local maternal and child health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate whether the following community-related factors remain unchanged, have improved, or have declined over the past 5 years:

<b>Community Factors</b>	<b>Unchanged</b> ↓	<b>Improved</b> ↓	<b>Declined</b> ↓
5a. Poverty/Income level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Availability of mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Availability of funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5e. Access to health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5f. Crime rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5g. Quality/adequacy of available care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5h. Disease burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5i. Other, specify: _____			

6. Over the past 5 years, has the racial/ethnic make up of the community in which your Healthy Start project operates changed?

- Yes  
 No

7. Please indicate whether the following project-related factors remain unchanged, have increased or decreased over the past 5 years:

<b>Community Factors</b>	<b>Unchanged</b> ↓	<b>Improved</b> ↓	<b>Declined</b> ↓
7a. Number of eligible women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Availability of funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Type of collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. Number of collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e. Availability of culturally competent staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f. Participant involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g. Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>