ATTACHMENT G

HEALTHY START SITE VISIT PROTOCOLS

Q1. Introductions
5 minutes
	My name is [fill in] and this is [fill in]. Thank you for your time today. As we mentioned when we scheduled this interview, we are conducting an evaluation of Healthy Start on behalf of the Maternal and Child Health Bureau in the Health Resources and Services Administration (HRSA). The purpose of the evaluation is to find best practices in program implementation and develop evidence on program effect on outcomes. We are visiting [fill number] Healthy Start projects across the country to meet with staff at Healthy Start, provider partners, and other organizations/ agencies that partner with Healthy Start. We are also conducting focus groups with Healthy Start participants to learn more about their experiences.
	
	This interview will take about an hour and fifteen minutes. [My colleague] will take notes as we talk. We also would like to record the conversation as a backup for our notes. We will keep the recording private and use it only for reference purposes for this project. All of the information you provide will be kept confidential to the extent allowed by law. You do not have to answer any question you do not want to, and you can end the interview at any time. We will not attribute any statements or quotes to you without permission. Is it ok for us to begin recording?
	
	First, please tell us a bit about yourself and your job.
	
	    a. What is your position at Healthy Start?
	
	    b. What are your roles and responsibilities?
	
	    c. How long have you been in this position?

Q2. Implementation/ Background on Healthy Start Project
15 minutes
	Next, we are interested in hearing more about your Healthy Start project.
	
	  a. How long has your organization been a Healthy Start grantee?
	
	    b. How many participants does your Healthy Start project serve during the course of a year? PROBE: Please count women and infants separately if you can,.
	
	    c. In how many locations does your Healthy Start project operate?
	
	    - In which communities does the project operate?
	    d. How does your Healthy Start project recruit and enroll participants?
	
	    - Does your project partake in any mass media or community-based outreach?
	    - Do you target specific populations within your community? Which populations?
	    - Do you focus outreach efforts on recruiting women who are in a particular life course stage (i.e., pregnant, postpartum, preconception)?
	    - How content are you with your project's outreach efforts? Would you say your project does a good job reaching its target population in your community or are there things that could be improved?
	    e. Thinking about the strategies you use to recruit

	participants. What do you think are the most successful? What are the least successful strategies? What makes some strategies work better than others?
	Now I'd like to ask you about *assessing* participants' needs for various health and social services, and then *providing* or *linking* participants to those services.
	f. First, what needs does your Healthy Start project try to assess and how do you go about assessing them?
	- What type of staff conduct the assessment (case managers, health care providers, or some other type of staff)?
	- What tools or protocols do you use to do the assessment?
	- Are you satisfied with those tools and protocols? What are their strengths and limitations?
	- Among participants of your Healthy Start project, what needs are most common?
	- What does your Healthy Start project do after needs are identified for a participant? For example, do you develop a care plan and review it with the participant?
	g. Briefly describe the main types of services that your Healthy Start project offers (for example, case management services, home visiting, or health education classes).
	- In which settings do you provide these services?
	- In what ways, if any, is each of those services evidence-based? PROBE: Ask for each type of service the project provides.
	- What have been the successes and challenges of implementing these evidence-based models?
	- Does your project limit who can participate in these services or are they available for all participants? If there are limits on who can participate, why do these limits exist?
	- Which services do participants use most? And least?
	- What do you think explains those patterns?
	h. What does your Healthy Start project do to link participants to health insurance? PROBES:
	- Do you see a lot of individuals who do not have health insurance when they first enroll in Healthy Start?
	- What does your project do for participants to help them get health insurance? Do you provide activities on-site or do you refer participants to other organizations?
	- IF LINK TO OTHER ORGS: Do you link participants to Navigators and Non-Navigator assistance personnel?
	- Is your organization a certified application councilor (CAC)] Why or why not?
	- What else does your organization do to support enrollment in health insurance among participants and in the greater community?
	i. How does your Healthy Start project link participants to medical providers?
	- Describe any partnership(s) with medical providers. What type of agreement do you have with the provider organization(s)?

- Where do the medical providers deliver services (health center, health clinic, somewhere else)? Where is this in relation to your Healthy Start site(s)?
- Does your Healthy Start project use any tools or protocols to determine if a participant has a medical home?
- Do you feel that the tools/protocols used are successful at linking women to providers? What are their strengths and limitations?
- How does your project with follow-up on referrals that individual participants receive? If project staff are unable to reach a participant at first, how many times do they attempt to follow-up? Are there differences in the amount of effort that staff put in to follow-up with certain groups of client, for example those with higher risk, are pregnant, or recently had a baby?
- Do most participants attend appointments after receiving referrals?
- About what proportion of pregnant women who participate in your Healthy Start program give birth at hospitals that provide breasting feeding education and/or lactation consultation?

j. How does your Healthy Start project link participants to mental health services?

- How do you make sure participants get the necessary mental health services? Does your Healthy Start project use any tools or protocols to determine if participants need mental health services?
- What are their strengths and limitations of the tools/ protocols used for identifying which participants might require mental health services?
- What types of places does your project refer women who need mental health services?
- What type of agreement do you have with mental health providers?
- How does your project track whether women are going to appointments when they are referred? Do you ever follow-up with participants? How do you follow-up with them (phone, text, in-person, email, other)? If you are unable to reach a participant, how many times do you attempt to follow-up?
- Does your Healthy Start project ever link children to mental health services?

k. How does your Healthy Start project link participants to other services in the community, like housing, WIC, and other social service agencies?

- To which other organizations does your Healthy Start project link participants?
- What type of agreement do you have with these social service agencies? Do you have a contract or MOU? What are some of the terms of your agreement?
- How do you follow-up on these referrals?

l. How does your Healthy Start project provide health education services?

- Who delivers health education services?
- In what venues do you provide education services? (group

	education classes, health fairs/ outreach events in the community, home visiting, other interactions)? - What topics, if any, does your project place special emphasis on? - Have you noticed any specific areas or topics where your project's health education initiatives led to a noticeable increase in participant knowledge and/or desire to learn? - How effective would you say your health education initiatives are? What makes you say that? - What are the biggest barriers to the success of your health education programming? m. Does your Healthy Start project encourage family or father involvement in Healthy Start services? - For which types of services do you encourage fathers to participate? - How has turnout been among fathers? - How have participants responded to inclusion of males in some project activities and services? - What are some of the challenges of incorporating male spouses/ partners in project activities? - Do you think that it is valuable to include fathers in project activities? What makes you say that?
Q3. Staffing and Training 5 minutes	Next we'd like to understand how your Healthy Start project addresses staffing and training. a. How many staff members are employed by your project? - How many are full-time positions? How many are part time positions? - Would you say you have enough staff to cover the needs of all participants? - What is the average caseload for staff who work directly with participants (i.e., case management staff, home visiting staff, health education staff)? b. What levels of education or degrees of certification do you require for staff members (and how does this vary by role)? c. How often does your project require staff members to receive in-house or external trainings? d. Do you ever coordinate trainings with staff who are not employed directly by Healthy Start (for example, staff at partner agencies)? - IF YES: How effective do you think joint trainings are? e. Do you have challenges finding staff with the right skills or retaining them? What are they?

| Q4. Target Population and Community
10 minutes | Now we have a few questions about the population that your Healthy Start project serves and the community in which your project operates.

a. Can you describe the demographic, cultural and linguistic characteristics of your community and your project's target population?

b. What languages are most commonly spoken in the target population?

   - What has your project done to tailor services to individuals from these groups?
   - Do you provide any translation services on-site? What do the health care providers and other agencies with which you partner do to adapt services to people who speak languages other than English?

c. In addition to language, are there any special cultural considerations for any populations you serve? For which populations and what are the different cultural approach that you take?

d. Overall, how would you describe your community in terms of poverty, crime rate, disease burden and other community-related factors?

   - Would you consider your community to be a safe place?
   - What are the biggest problems in the community?
   - Do these problems seem to be improving or getting worse?

e. Do people in the community get together very often for public events, like town fairs, school events and other neighborhood gatherings?

   - Does it seem like people generally trust each other in the community?

f. Is access to services and resources a problem in the community? How big of a problem is access to services?

   - Which specific groups of people tend to lack access to resources like health care and social services?

g. Are there any specific services that are noticeably lacking in this community

   - What specific services are lacking in your community (health care, mental health services, breastfeeding services, early intervention services, home visiting services, social services, health insurance enrollment assistance, housing, food, unemployment services, adult education services, etc.)
   - Which services are more readily available for community members?
   - In addition to what you've already mentioned, what has your Healthy Start project done to try to bridge service gaps in areas where there are limited resources in the community? |
| Q5. Partnerships
15 minutes | Next we will ask about the specific ways that you partner with other organizations in the community.

a. To what extent does your project partner with other organizations?

   - Let's start with formal partnerships. What types of organizations do you have MOUs with? What do the MOUs cover? What types of activities do you conduct with the organizations with which you have formal partnerships?
   - How many organizations do you have informal or verbal partnerships with? What types of joint activities do you conduct |

	with them?
	b. How is your relationship different between the organizations with which you have formal partnerships and those with which you have verbal or informal partnerships?
	c. In general, do organizations in the community seem willing and/or excited to partner with your Healthy Start project? What makes you say that?
	d. How does Healthy Start benefit from its community partnerships?
	- Consider benefits for Healthy Start participants, Healthy Start staff and the project as a whole.
	e. Do other organizations/ agencies benefit from the partnerships? What are some specific ways that they benefit from the partnerships?
	f. Describe your project's relationship with the State Title V agency.
	- Do you communicate regularly with your State Title V agency?
	- Are you goals aligned?
	g. Describe your project's relationship with other Maternal and Child Health activities and other Health and Human Service programs. Examples of these include the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, the MCHB Collaborative and Improvement network (CoIIN) to Reduce Infant Mortality, Strong Start, Early Head Start Program and Title X Family Planning Programs.
	- Have you ever had any communication with these other programs? Why or why not?
	- IF YES: How often do you communicate?
	- IF YES: Has your communication led to any joint efforts in the community?
	h. Does your project have any communication with other Healthy Start projects, in the state or elsewhere?
	- What is the purpose of your communication/ collaboration?
	- Did you find this collaboration beneficial?
	i. What are your most successful partnerships? Most challenging? What factors contribute to successful partnerships? What factors hinder successful partnerships?
	I've asked you a lot about your project's current role in the community and your relationships with various partners. Could you also comment on how that role and those relationships may have changed in recent years? What factors account for the change? (probe on the transformation initiative)

Q6. Community Action Network (CAN) 5 minutes	We will now turn our attention specifically to the Community Action Network and the organizations that are part of the CAN. a. Describe the membership of the CAN. What types of organizations and individuals from the community are involved in the CAN? - Are the individual participants who are members of the CAN representative of the target population that your Healthy Start aims to serve? b. Briefly describe how your Healthy Start project determined which people and organizations to include in CAN membership. - What types of people are chosen from an organization to participate in the CAN? How much power do they have in their organization or agency to influence its activities? c. What types of in-person and virtual communication do CAN members share about CAN initiatives? How often do you meet in person? How often do you send out emails or hold conference calls? d. What are the CAN's main initiatives or focuses? How were these priorities determined? e. How effective do you think the CAN is at implementing these initiatives? f. What would make the CAN more effective? PROBE AS NEEDED: - More funding? - More support at the state and national level? - More buy-in from CAN members? - More cooperation among CAN members?
Q7. Network Exercise 10 minutes	[Sociogram exercise to assess linkages, and strength of linkages with partners in the community]
Q8. Differences from Previous Healthy Start 5 minutes	[IF PREVIOUS HEALTHY START GRANTEE] a. What do you differently under this cycle of Healthy Start? - Is there a difference in the service models or curricula you are using? - Do you recruit differently? How so? b. Are there different types of partnerships? Can you provide examples?
Q9. Challenges/ Strengths 5 minutes	a. From your perspective, what have been the greatest strengths of your Healthy Start project? - How much of an impact do you think your Healthy Start project makes on the community? Describe your key achievements in making the community a better place to live? b. What have been the biggest weaknesses or roadblocks to your Healthy Start project's success? c. What resources would help your Healthy Start project become more successful? d. What else would you like to share about your experiences with your Healthy Start project?

| **Q1. Introductions**
5 minutes | My name is [fill in] and this is [fill in]. Thank you for your time today. As we mentioned when we scheduled this interview, we are conducting an evaluation of Healthy Start on behalf of the Maternal and Child Health Bureau in the Health Resources and Services Administration (HRSA). The purpose of the evaluation is to find best practices in program implementation and develop evidence on program effect on outcomes. We are visiting [fill number] Healthy Start projects across the country to meet with staff at Healthy Start, provider partners, and other organizations/ agencies that partner with Healthy Start. We are also conducting focus groups with participants to learn more about their experiences.

This interview will take about 45 minutes [My colleague] will take notes as we talk. We also would like to record the conversation as a backup for our notes. We will keep the recording private and use it only for reference purposes for this project. We will not attribute any statements to a particular person. Is it ok for us to begin recording?

First, please tell us a bit about yourself and your job.

    a.   What is your position at Healthy Start?
    b.   What are your roles and responsibilities?
    c.   How long have you been in this position? |
| **Q2. Implementation/ Background on Healthy Start Project**
15 minutes | Next, we are interested in hearing more about your Healthy Start project.

    a.   How many participants does your Healthy Start project serve during the course of a year? PROBE: Please count women and infants separately if you can,..
    b.   How does your Healthy Start project recruit and enroll participants?

       - Does your project partake in any mass media or community-based outreach?

       - Do you target specific populations within your community? Which populations?

       - Do you focus outreach efforts on recruiting women who are in a particular life course stage (i.e., pregnant, postpartum, preconception)?

       - Do you have specific staff who are responsible for recruiting participants?

       - What do you think are the most successful strategies for recruiting women in your community? What are the least successful strategies? What makes some strategies work better than others?

       - If not through recruitment efforts, how do most women who become participants find out about Healthy Start?

       - How are prospective participants enrolled in Healthy Start?

       - Would you say your project does a good job reaching its target population in your community or are there things that could be improved? |

Now I'd like to ask you about *assessing* participants' needs for various health and social services, and then *providing* or *linking* participants to those services.

    c. First, what needs does your Healthy Start project try to assess and how do you go about assessing them?

- What type of staff conduct the assessment (case managers, health care providers, or some other type of staff)?
- What tools or protocols do you use to do the assessment?
- Are you satisfied with those tools and protocols? What are their strengths and limitations?
- Among participants of your Healthy Start project, what needs are most common?
- What does your Healthy Start project do after needs are identified for a participant? For example, do you develop a care plan and review it with the participant?

    d. Briefly describe the main types of services that your Healthy Start project offers.

- In what ways, if any, is each of those services evidence-based? ASK FOR EACH TYPE OF SERVICE THE PROJECT PROVIDES.
- What have been the successes and challenges of implementing these evidence-based models?
- Does your project limit who can participate in these services or are they available for all participants (for example, are some of these services only offered for pregnant women or just for women who recently had babies)? If there are limits on who can participate, why do these limits exist?
- Which services do participants use most? And least?
- What do you think explains those patterns?

    e. What does your Healthy Start project do to link participants to health insurance? PROBES:

- Do you see a lot of individuals who do not have health insurance?
- What does your project do for participants to help them get health insurance? Do you provide activities on-site or do you refer participants to other organizations?
- What else does your organization do to support enrollment in health insurance among participants and in the greater community?

    f. How does your Healthy Start project link participants to medical providers?

- Who (what type of staff) is responsible for linking participants to medical providers?
- Where do the medical providers deliver services? Where is this in relation to your Healthy Start site(s)?
- Who follows-up on referrals to medical providers-Healthy Start staff or staff at the provider agency/

organization?

- IF HEALTHY START STAFF: How do you follow-up on referrals to medical providers (phone, text, email)? When do you follow-up (before the appointment as a reminder, after the appointment)? If you are unable to reach a participant, how many times do you attempt to follow-up? Are there differences in the amount of effort that you put in to follow-up with certain groups of client, for example those with higher risk, are pregnant, or recently had a baby?

- Do most participants attend appointments when they are referred?

- IF NO: What reason do participants usually give for not following up on referrals to medical providers (transportation, lack of time, appointments are always during work hours)?

- What types of services does Healthy Start offer to help participants show up at appointments (transportation assistance, automatic reminders about appointments)?

g. How does your Healthy Start project link participants to mental health services?

- How does Healthy Start determine if a given participant could benefit from mental health services? What type of staff are responsible for determining and referring participants to mental health services? Do you use a specific protocol or is this up to staff discretion?

- What types of places does your project refer women who need mental health services?

- How does your project track whether women are going to appointments when they are referred? Do you ever follow-up with participants? How do you follow-up with them (phone, text, in-person, email, other)? If you are unable to reach a participant, how many times do you attempt to follow-up?

- Does your Healthy Start project ever link children to mental health services?

- What does Healthy Start do to ensure that participants attend their mental health appointments? Do you provide transportation services or make reminder calls? Does somebody from Healthy Start ever physically go with a participant to a mental health referral?

h. How does your Healthy Start project link participants to other services in the community, like housing, WIC, and other social service agencies?

- To which other organizations does your Healthy Start project link participants?

- How do you follow-up on these referrals?

- What types of referrals do you make most frequently?

- Which social service referrals are participants more likely to attend?

	- What factors seem to encourage them to attend?
	
	i. How does your Healthy Start project deliver health education services?
	
	    - Who delivers health education services?
	
	    - In what venues do you provide education services (group education classes, health fairs/ outreach events in the community, home visiting, other interactions)? What is the duration of these various health education interactions?
	    - What topics, if any, does your project place special emphasis on?
	    - How educated would you say most participants are about how to care for themselves and their babies? Do they know how to be prepared for giving birth, not drinking during pregnancy, how to put their babies to sleep, importance of immunizations, and other important health – related topics?
	    - How do participants react to health education? Do they ever make any comments about something new or particularly beneficial that they learned?
	
	j. Does your Healthy Start project encourage family or father involvement in Healthy Start services?
	
	    - What types of services do you encourage fathers to be involved in?
	    - How has turnout been among fathers?
	    - How have participants responded to inclusion of males in some project activities and services? Have participants ever said that they liked or did not like having men involved in Healthy Start activities?
	    - What are some of the challenges of incorporating fathers in project activities?

Q3. Staffing and Training
5 minutes
	Next we we'd like to understand how your Healthy Start project addresses staffing and training.
	
	a. What is your caseload? Would you say you have enough time to cover the needs of all participants who are assigned to you?
	
	    - Do you ever think you could do your job better if you had a smaller caseload?
	    - Have you ever mentioned this to your supervisor or another manager?
	
	b. Does Healthy Start require you go to through training on a regular basis?
	
	    - How often do you have to go through training?
	    - Do you think the trainings help you perform your job better? How so?
	    - What suggestions do you have to make the trainings better?
	
	c. Are you ever asked to attend trainings with staff at other organization or agencies?

	- IF YES: How effective do you think joint trainings are? Do you think the trainings help you perform your job better? How so?

Q4. Target Population and Community 5 minutes	Now we have a few questions about the population that your Healthy Start project serves and the community in which Healthy Start operates.
	
	 a. Can you describe the demographic, cultural and linguistic characteristics of your community and your project's target population?
	
	 b. What languages are most commonly spoken in the target population?
	
	     - What has your project done to tailor services to individuals from these groups?
	
	     - Do you provide any translation services on-site?
	
	     - What do the health care providers and other agencies with which you partner do to adapt services to people who speak languages other than English?
	
	 c. In addition to language, are there any special cultural considerations for any populations you serve? For which populations and what are the different cultural approach that you take?
	
	 d. What are the biggest barriers that your Healthy Start project experiences in effectively reaching the target population?
	
	 e. Overall, how would you describe your community in terms of poverty, crime rate, drug use, disease burden and other community-related factors?
	
	     - Would you consider your community to be a safe place?
	
	     - What are the biggest problems in the community?
	
	     - Do these problems seem to be improving or getting worse?
	
	 f. Do people in the community get together very often for public events, like town fairs, school events and other neighborhood gatherings?
	
	     - Does it seem like people generally trust each other in the community?
	
	 g. Is access to services and resources a big problem or small problem in the community?
	
	     - Which specific groups of people tend to lack access to resources like health care and social services?
	
	 h. Are there any specific services that are noticeably lacking in this community?
	
	     - What specific services are lacking in your community? In other words, are there services that participants need but there are no providers in the community or not enough providers in the community? (PROBE FOR SERVICES: health care, mental health services, breastfeeding services, early intervention services, home visiting services, social services, health insurance enrollment assistance services, housing, food, unemployment services, adult education services, etc.)

	- Which services are more readily available for community members?
	i. Based on your interactions with participants, does it seem like they value Healthy Start services?
	- Does it seem like participants learn valuable tips on how to take care of themselves and their children because of Healthy Start?
	- Does it seem like participants are more likely to attend medical appointments because of Healthy Start?
	- Does it seem like participants are better able to access resources in the community like WIC, SNAP/ food stamps, and other social services because of Healthy Start?
Q5. Partnerships 5 minutes	Next we will discuss the specific ways that you partner with other organizations in the community. a. To which places in the community do you refer participants? b. How do you know if a participant follows-up and goes to the appointment? - Do you share a computer system with the other medical or service agencies so you can find out through the electronic system? c. How frequently do you communicate with staff at other organizations in the community to discuss a particular participant or family? d. Which organizations or agencies do you have the easiest time working with? Hardest time working with? What makes an organization/agency easy or hard to work with? e. Have participants provided feedback about any specific ones? Which ones and what was the feedback?

Q6. Differences from Previous Healthy Start
5 minutes
	[IF PREVIOUS HEALTHY START GRANTEE]
	
	a. What do you differently under this cycle of Healthy Start?
	   - Is there a difference in the service models or curricula you are using?
	   - Do you recruit differently? How so?
	   - Are there different types of partnerships? Can you provide examples?

Q7. Challenges/ Strengths 5 minutes	a. From your perspective, what have been the greatest strengths of this Healthy Start project? - How much of an impact do you think your Healthy Start project makes on the community? b. What have been the biggest weaknesses or roadblocks for this Healthy Start project? c. What resources would help your Healthy Start project become even more successful? d. What else would you like to share about your experiences with Healthy Start?

Q1. Introductions
3 minutes
	My name is [fill in] and this is [fill in]. Thank you for your time today. As we mentioned when we scheduled this interview, we are conducting an evaluation of Healthy Start on behalf of the Maternal and Child Health Bureau in the Health Resources and Services Administration (HRSA).
	
	The purpose of the evaluation is to find best practices in program implementation and develop evidence on program effect on outcomes. We are visiting [fill number] Healthy Start projects across the country to meet with staff at Healthy Start, provider partners like [this health clinic], and other organizations/ agencies that partner with Healthy Start. We are also conducting focus groups with Healthy Start participants to learn more about their experiences.
	
	This interview will take about 30 minutes. [My colleague] will take notes as we talk. We also would like to record the conversation as a backup for our notes. We will keep the recording private and use it only for reference purposes for this project. We will not attribute any statements or quotes to you. Is it ok for us to begin recording?
	
	First, please tell us a bit about yourself and your job.
	
	   a. What is your position (and what kind of medicine do you practice)?
	   b. What are your roles and responsibilities in addition to seeing patients?
	   c. How long have you been in this position?

Q2. Partnership with Healthy Start and Other Organizations
10 minutes
	I'd like to start by asking you about Healthy Start.
	
	   a. First, how long have you known about Healthy Start?
	   b. How would you describe Healthy Start's role in the community?
	   c. Please tell me about the relationship between your organization and Healthy Start. What are your main forms of interaction.
	
	      - Do you have an MOU, contract or other sort of agreement with [fill Healthy Start Grantee name]?
	      - How frequently does [fill org name] communicate with Healthy Start?
	      - Does [fill org name] refer clients to Healthy Start ever?
	     o How often do you refer clients to Healthy Start?
	     o Which clients do you refer to Healthy Start?
	     o When you refer clients to Healthy Start, are you likely to know whether they followed through? Why or why not?
	
	      - Does [fill org name] share a data with Healthy Start? Are your data systems linked in anyway?
	     o What types of information is shared (health information about patients, information about referrals for specific patients, information about services received, other information)?
	
	      - In what other ways does [fill org name] collaborate with Healthy Start (for example, submit joint proposal, plan health education events, plan other outreach events in the

	community, share data on specific patients/ families)

	d. Would you describe the relationship between your organization and Healthy Start as mutually beneficial, or does one organization benefit more than the other? What makes you say that?
	
	   - From your perspective, what have been the greatest benefit for [fill health org name] in partnering with Healthy Start project?
	
	   - What have been the biggest weaknesses or roadblocks to a productive partnership with Healthy Start?
	
	e. To what extent does your project partner with other organizations in the community?
	
	f. Does [fill org name] refer clients to other places in the community that offer other services?
	
	   - What places does [fill org name] refer clients?
	
	   - How often does [fill org name] refer clients?
	
	g. How does your relationship with Healthy Start compare to your relationships with other organizations in this community?
	
	   - More or less formal?
	
	   - More or less productive?
	
	   - More or less key to fulfilling the mission of your organization

Q3. Clinic Background
5 minutes
	Please tell me a little about this clinic.
	
	a. How many patients do you serve in a month?
	
	   - What proportion of your patients would call your clinic their medical home?
	
	   - What proportion of your patients are women and children?
	
	   - If they participate in Healthy Start, are you likely to know? How would you know?
	
	   - Does [fill clinic or health center] have any sort of tracking system to indicate whether a patient is also a Healthy Start participant?
	
	   - IF YES: How many of those patients are Healthy Start participants (or roughly what percent of the total patient population are Healthy Start participants)?
	
	b. What health care services do you provide to women and children? How about other services, like mental health, dental, health education, and so forth
	
	c. How many doctors are on staff at [fill clinic of health center]? How many nurse practitioners are on staff?
	
	   - Does that patient to staff ratio allow you to schedule appointments promptly and spend enough time with patients during office visits?
	
	d. Do patients have access to after-hours consultation?
	
	e. If you have an EHR, does it help you get your work done?
	
	f. What proportion of your patients have insurance? Do you help them enroll if they don't?
	
	   - Among those insured, are most patients insured through Medicaid or CHIP?
	
	g. Does [fill health center or clinic] have Navigators or Non-Navigator

	Assistance Personnel on staff? - IF NO: Is [fill health center or clinic] a certified application counselor (CAC) organization?
Q4. Target Population and Community 5 minutes	Now we have a few questions about the population that [fill clinic or health center] serves and the community in which it operates. a. Please describe the demographic, cultural and linguistic characteristics of your community and your patient population? b. What languages are most commonly spoken among patients? - What has [fill health center or clinic] done to tailor services to individuals from these groups? - Do you have staff who speak these other languages or provide any translation services on-site? c. In addition to language, are there any special cultural considerations for any populations you serve? For which populations? What are the different cultural approaches that you take? d. How does your clinic address the linguistic and cultural needs of your patient population? - Have you or the other provider staff at [fill health center or clinic] ever participated in cultural competence training? What organization provided this training (was it Healthy Start)? - IF YES: How do you think that the training has affected the way you deliver care?
Q5. Health Education and Behavior 5 minutes	Next we will discuss the health education and behavior among patients. a. If you consider this health center's typical patient, how would you describe her health literacy? Would she know about the personal health issues that might affect her, would she know how to get health information, and would she understand it? - How do Healthy Start participants differ from non-Healthy Start patients in terms of health knowledge? - Are there any specific topics that patients generally lack knowledge of? - Are there any specific topics that patients seem more familiar with? b. Does [fill health center or clinic] refer patients elsewhere in the community for health education services? c. If you consider this health center's typical patient, how would you describe her preventive and risky behaviors? - Which risky behaviors would you say are the most important to address? Why?
Q6. Challenges/ Strengths 2 minutes	a. From your perspective, what has been the biggest benefit to having Healthy Start in the community? b. What can Healthy Start do to have a greater impact on the community? c. What else would you like to share about your experiences working in the community and partnering with [Healthy Start Grantee]?

Q1. Introductions
5 minutes
	My name is [fill in] and this is [fill in]. Thank you for your time today. As we mentioned when we scheduled this interview, we are conducting an evaluation of Healthy Start on behalf of the Maternal and Child Health Bureau in the Health Resources and Services Administration (HRSA). The purpose of the evaluation is to find best practices in program implementation and develop evidence on program effect on outcomes. We are visiting [fill number] Healthy Start projects across the country to meet with staff at Healthy Start, provider partners, and other organizations/ agencies that partner with Healthy Start, like [this one]. We are also conducting focus groups with Healthy Start participants to learn more about their experiences.
	
	This interview will take about 45 minutes. [My colleague] will take notes as we talk. We also would like to record the conversation as a backup for our notes. We will keep the recording private and use it only for reference purposes for this project. We will not attribute any statements or quotes to you. Is it ok for us to begin recording?
	
	First, please tell us a bit about yourself and your job.
	
	    a. What is your position?
	    b. What are your roles and responsibilities?
	    c. How long have you been in this position?

Q2. Background
5 minutes
	Next, we are interested in hearing more about the services that [fill org name] provides.
	
	    a. What services does [fill org name] provide for women and children?
	    b. Is there a lot of demand for these types of services?
	    c. How many clients does [fill org name] serve in a year? What proportion of your clients are women and children?
	        - Does [fill org name] have any sort of tracking system to indicate whether a client is also a Healthy Start participant?
	        - IF YES: Do you have a sense of whether Healthy Start participants are large or small proportion of your clients overall? Do you have data like that on your clients—data on what other health and social services your clients use?
	    d. How many people are on staff at [fill org name]?
	    e. Does [fill org name] have sufficient resources to meet the needs of its clients? Consider staff size, funding and other resources, like technical skills.

Q3. Partnerships
10 minutes
	Next we will ask about the specific ways that you partner with Healthy Start and other organizations in the community.
	
	    a. Please tell me about the relationship between your organization and Healthy Start. What are your main forms of interaction.
	        - Do you have an MOU, contract or other sort of agreement with [fill Healthy Start Grantee name]?

	- How frequently does [fill org name] communicate with Healthy Start?
	- Does [fill org name] refer clients to Healthy Start ever?
	o How often do you refer clients to Healthy Start?
	o Which clients do you refer to Healthy Start?
	o When you refer clients to Healthy Start, are you likely to know whether they followed through? Why or why not?
	- Does [fill org name] share a data system with Healthy Start?
	o IF YES: What types of information is shared (health information about patients, information about referrals for specific patients, information about services received, other information)?
	- In what other ways does [fill org name] collaborate with Healthy Start (for example, submit joint proposal, plan health education events, plan other outreach events in the community, share data on specific patients/ families)
	b. Would you describe the relationship between your organization and Healthy Start as mutually beneficial, or does one organization benefit more than the other? What makes you say that?
	- From your perspective, what have been the greatest benefit for [fill health org name] in partnering with Healthy Start project?
	- What have been the biggest weaknesses or roadblocks to a productive partnership with Healthy Start?
	c. To what extent does your project partner with other organizations in the community?
	- How many MOUs or contracts does your project have? What types of organizations do you have MOUs with? What do the MOUs cover? What types of activities do you conduct with the organizations with which you have formal partnerships?
	- How many organizations do you have informal or verbal partnerships with? What types of joint activities do you conduct with them?
	d. Does [fill org name] refer clients to other places in the community that offer other services?
	- What places does [fill org name] refer clients?
	- How often does [fill org name] refer clients?
	e. How does your relationship with Healthy Start compare to your relationships with other organizations in this community?
	- More or less formal?
	- More or less productive?
	- More or less key to fulfilling the mission of your organization?

Q4. Community Action Network (CAN) 10 minutes	We will now turn our attention specifically to the Community Action Network and the organizations that are part of the CAN.
	a. Is [fill org name] involved in the CAN?
	- To what extent?
	b. Are you personally involved in the CAN?
	- To what extent?
	IF PERSONALLY INVOLVED IN THE CAN:
	c. Please describe Healthy Starts leadership and role on the CAN.
	- What are the processes and procedures that Healthy Start uses to mobilize CAN member? How are meetings and work groups organized? How are tasks or activities managed and followed up on?
	- How effective would you say these processes and procedures are?
	d. Please describe the role of the CAN in the community. What are the CAN's main initiatives or focuses? How were these priorities determined?
	e. How effective do you think the CAN is at implementing these initiatives?
	f. What has been successful about the CAN? What has not been successful about the CAN?
	PROBE IF NEEDED:You might consider:
	- Is the membership representative of the community?
	- Are the meetings productive?
	- Is communication regular and informative? How frequent is communication (in-person, phone and via email)?
	- Does the group work well together?
	- Do individual agencies/ organization seem invested in the CAN?
	g. What would make the CAN more effective? PROBE AS NEEDED:
	- More funding?
	- More support at the state and national level?
	- More buy-in from other CAN members?
	- More cooperation among CAN members?
Q5. Target Population and Community 10 minutes	Now we have a few questions about the population that [fill org name] serves and the community in which it operates.
	a. Please describe the demographic, cultural and linguistic characteristics of your community and your client population?
	b. What languages are most commonly spoken by clients?
	- What has [fill org name] done to tailor services to individuals from these groups?
	- Do you have staff who speak these other languages or provide any translation services on-site?
	c. Are there any special cultural considerations for any populations you serve? For which populations? What are the different cultural

	approaches that you take?
	d. Have you or the other staff at [fill org name] ever participated in a cultural competence training? What organization provided this training (was it Healthy Start)?
	e. Overall, how would you describe community in which [fill org name] operates, in terms of poverty, crime rate, disease burden and other community-related factors? - Would you consider your community to be a safe place? - What are the biggest problems in the community? - Do these problems seem to be improving or getting worse?
	f. Do people in the community get together very often for public events, like town fairs, school events and other neighborhood gatherings? - Does it seem like people generally trust each other in the community?
	g. Is access to services and resources a problem in the community? How big of a problem is access to services? - Which specific groups of people tend to lack access to resources like health care and social services?
	h. Are there any specific services that are noticeably lacking in this community (i.e., housing, early intervention services, employment services, disease management services)? - What specific services are lacking in your community (health care, mental health services, breastfeeding services, early intervention services, home visiting services, social services, health insurance enrollment assistance services, housing, food, unemployment services, adult education services, etc.) - Which services are more readily available for community members?
	i. How much of an impact do you think [fill org name] makes on the overall well-being of the community?
Q6. Wrap-up 5 minutes	a. What else would you like to share about your experiences working in the community and partnering with [Healthy Start Grantee]?