**Attachment B1**

**Healthy Start Program Survey**

**HRSA’s Healthy Start Evaluation and Capacity Building Support Project**

October 2022

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| HRSA’s Healthy Start Evaluation and Capacity Building Support Project**Healthy Start Program Survey**Funding for data collection supported by theMaternal and Child Health Bureau (MCHB)Health Resources and Services Administration (HRSA)U.S. Department of Health and Human Services |

Public Burden Statement: This data collection will provide the Health Resources and Services Administration with information to guide future program decisions regarding the Healthy Start program’s effectiveness on individual, organizational, and community-level outcomes. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is xxxx-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. The current project will fully comply with the Privacy Act of 1974 (5 U.S.C. Section 552a, 1998; https://www.justice.gov/opcl/privacy-act-1974). The Privacy Act may apply to some data collection activities (e.g., the study will collect email addresses from some respondents). Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

**Introduction**

The Health Resources and Services Administration (HRSA) supports the Maternal Child and Health Bureau’s (MCHB) Healthy Start program to reduce disparities in infant mortality and improve perinatal outcomes in the United States. HRSA has funded Westat to conduct a national evaluation of the Healthy Start program. Westat is an independent evaluator of the program and is not part of HRSA or any other federal agency.

As part of the Healthy Start evaluation, we are conducting a survey to collect information on your experiences with your program (e.g., program infrastructure, services/activities, participants, community partnerships, new initiatives, and health equity). This information will help MCHB identify best practices for dissemination and replication of Healthy Start program activities, and assist in determining, on a national level, needs for technical assistance to improve program performance, set future priorities, and contribute to the overall strategic planning activities of MCHB. Please refer to the FAQ for additional information on the survey.

The survey should take approximately 30 minutes to complete after you have retrieved information from your Healthy Start systems and records for items 3, 16, 19, 20, 27, and 28. Please consult with your colleagues to gather information for these and other items, as necessary, to complete this survey. Please answer based on your current practice and understanding, unless otherwise indicated.

**Informed Consent**

There are no known risks to you for taking part in this survey. Your responses will remain private. There are also no direct benefits to you for taking part in this survey, but your answers will help us understand how to improve the Healthy Start program. The information we obtain will be used for evaluation purposes only. The report of this survey will only show results that are combined from everyone. The evaluation will not identify individuals or organizations in its reports to HRSA.

If you have any questions about this survey, please contact our Study Support Team at **1800xxxx** or email us at **HSEvalSupport@westat.com****.**

If you have questions about your rights and welfare as a survey participant, please call the Westat Human Subjects Protections office at 1-888-920-7631. Please leave a message with your full name, the name of the research study that you are calling about (Healthy Start Evaluation), and a phone number beginning with the area code. Someone will return your call as soon as possible.

By clicking “I agree to participate,” you will be agreeing to participate on behalf of your Healthy Start program and will be directed to the survey on the next page. If you do not want to take the survey, click “I do not agree to participate in this survey.”

[ ]  I agree to participate in this survey

[ ]  I do not agree to participate in this survey

**SECTION I. PROGRAM INFRASTRUCTURE, CAPACITY, AND STAFF**

1. What is the official name of your Healthy Start program?

|  |
| --- |
|  |

 (character limit: 200)

2. In which types of organizations does your Heathy Start program operate? Select all that apply.

[ ]  Community health center

[ ]  Faith-based organization

[ ]  Hospital

[ ]  Indian tribe or tribal organization

[ ]  Local (county/city) health department

[ ]  Other community-based organization

[ ]  State public health department

[ ]  Other (Explain): (character limit: 200)

3. During CALENDAR YEAR 2022, what was the approximate average caseload for each full-time equivalent case manager/care coordinator/community health worker?

[ ]  Less than 25 participants

[ ]  25-39 participants

[ ]  40-54 participants

[ ]  55-64 participants

[ ]  65-74 participants

[ ]  75 participants or more

**SECTION II. HEALTHY START PARTICIPANTS**

For the questions in this section, participants are defined as those persons – female and male – who are enrolled in the Healthy Start program.

4. Does your program have a definition of “high-risk” for your Healthy Start participants?

[ ]  Yes 🡪 **CONTINUE TO Q5**

[ ]  No 🡪 **SKIP TO Q6**

5. What criteria do you use for defining high-risk? Check all that apply.

[ ]  An acute or chronic medical condition associated with an adverse birth outcome

[ ]  A history of poor birth outcome(s) or pregnancy complications, including miscarriage and stillbirth

[ ]  Low-income family

[ ]  Homelessness or housing insecurity

[ ]  Hunger or food insecurity

[ ]  Violence within the participant’s home

[ ]  Substance misuse – alcohol, illicit and/or prescription drugs

[ ]  Pregnant within 18 months of giving birth

[ ]  Began prenatal care in the third trimester

[ ]  No medical home for women or child

[ ]  Language or comprehension barrier

[ ]  Age – teen (<18) or advanced maternal age (35+)

[ ]  Single parent with no partner

[ ]  Lack of social supports

[ ]  Experienced two or more known traumatic events (e.g., adverse childhood experiences)

[ ]  Other (Explain): (character limit: 200)

6. Do you have a tool that you use to make and document the determination of high-risk?

[ ]  No

[ ]  Yes (Explain name of tool or tools):

(character limit: 200)

7. For what purpose(s) do you use the determination of high-risk? Select all that apply.

[ ]  Determine eligibility for the program

[ ]  Determine the services the participant(s) need

[ ]  Monitor the participant’s involvement in Healthy Start to identify any (new) additional needs

[ ]  Determine the effects of Healthy Start participation in addressing the high-risk criteria

[ ]  Other (Explain): (character limit: 200)

8. What were the primary languages of the Healthy Start participants who received services in CALENDAR YEAR 2022? Select all that apply.

[ ]  English

[ ]  Spanish

[ ]  French

[ ]  Chinese (including Mandarin, Cantonese, and other varieties)

[ ]  German

[ ]  Korean

[ ]  Vietnamese

[ ]  Russian

[ ]  Arabic

[ ]  Tagalog

[ ]  Other (Explain): (character limit: 200)

9. What outreach strategies have you tried in attempts to recruit Healthy Start participants during CALENDAR YEAR 2022? Select all that apply. For each strategy select “Yes” or “No.”

 **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

|  |  |  |
| --- | --- | --- |
| **Strategy** | **Yes** | **No** |
| a. Brochures/fliers/mailings | [ ]  | [ ]  |
| b. Internet advertising/social media | [ ]  | [ ]  |
| c. Newspaper/print advertising (ads, articles) | [ ]  | [ ]  |
| d. Poster/billboards | [ ]  | [ ]  |
| e. Radio (ads, PSAs, talk shows) | [ ]  | [ ]  |
| f. TV (ads, PSAs, talk shows) | [ ]  | [ ]  |
| g. Attendance at community events (e.g., health fairs) | [ ]  | [ ]  |
| h. Presentations at community groups | [ ]  | [ ]  |
| i. Networking with clinical providers and community agencies and other organizations | [ ]  | [ ]  |
| j. Other (Explain):  (character limit: 200) | [ ]  | [ ]  |

10. To what extent has recruitment of Healthy Start participants been a problem for your Healthy Start program? Select one only.

[ ]  Not a problem

[ ]  Minor problem

[ ]  Moderate problem. Explain: (character limit: 300)

[ ]  Serious problem. Explain: (character limit: 300)

11. How much of a challenge is it to retain participants in your Healthy Start program? Select one response for each row.

 **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all a challenge** | **Minor challenge** | **Moderate challenge** | **Significant challenge** |
| a. Difficulty contacting participants/ transience | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Lack of staff for follow-up | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Participant lack of time/ competing priorities | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Participant lack of interest | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Participant lack of transportation | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Participant lack of child care | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Participant lack of family/ community support | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Other (Explain):  (character limit: 200) | [ ]  | [ ]  | [ ]  | [ ]  |

**SECTION III. HEALTHY START SERVICES**

As in Section II above, participants are defined as those persons – female and male – who are enrolled in the Healthy Start program except as otherwise indicated.

12. For approximately how many of your Healthy Start participants did your program provide the following services in CALENDAR YEAR 2022? Select one per row.

 **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **None**  | **Some**  | **Most**  | **All**  |
| a. Assessment to determine needs  | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Case management/care coordination services  | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Childcare  | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Developmental screenings for children | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Health education and promotion in infant care | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Health education and promotion on maternal care | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Health education and promotion on family wellness | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Interpreter/translation services | [ ]  | [ ]  | [ ]  | [ ]  |
| i. Assistance with accessing Medicaid – female participants | [ ]  | [ ]  | [ ]  | [ ]  |
| j. Assistance with accessing Medicaid – male participants | [ ]  | [ ]  | [ ]  | [ ]  |
| k. Assistance with accessing SNAP/WIC/other food resources | [ ]  | [ ]  | [ ]  | [ ]  |
| l. Assistance with accessing the Temporary Assistance for Needy Families (TANF) program | [ ]  | [ ]  | [ ]  | [ ]  |
| m. Transportation  | [ ]  | [ ]  | [ ]  | [ ]  |

13. In CALENDAR YEAR 2022, did your program provide home visits to your Healthy Start participants? Check all that apply.

[ ]  Yes, in-person visit

[ ]  Yes, virtual visit

[ ]  No

14. Do you keep a record of clinical preventive services that Healthy Start participants receive?

[ ]  Yes

[ ]  No

15. In CALENDAR YEAR 2022, approximately how often did you make outside referrals for the following specific services/support, when needed? Select one per row.

 **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service/Support** | **Never** | **Sometimes** | **Often** | **Always** |
| a. Breastfeeding/lactation support | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Child care | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Domestic/family or intimate partner violence | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Doula | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Education services | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Employment services | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Family planning/birth control | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Home visiting services  | [ ]  | [ ]  | [ ]  | [ ]  |
| i. Housing/home heating | [ ]  | [ ]  | [ ]  | [ ]  |
| j. Immigration services | [ ]  | [ ]  | [ ]  | [ ]  |
| k. Legal services | [ ]  | [ ]  | [ ]  | [ ]  |
| l. Medicaid/other insurance  | [ ]  | [ ]  | [ ]  | [ ]  |
| m. Mental health (depression, anxiety, stress) | [ ]  | [ ]  | [ ]  | [ ]  |
| n. Other mental health services | [ ]  | [ ]  | [ ]  | [ ]  |
| s. Primary care for women  | [ ]  | [ ]  | [ ]  | [ ]  |
| o. Primary/Pediatric care for child | [ ]  | [ ]  | [ ]  | [ ]  |
| p. Quitting smoking  | [ ]  | [ ]  | [ ]  | [ ]  |
| q. Substance abuse, drugs, alcohol treatment | [ ]  | [ ]  | [ ]  | [ ]  |
| r. SNAP/WIC/other food resources  | [ ]  | [ ]  | [ ]  | [ ]  |
| s. TANF (Temporary Assistance for Needy Families) | [ ]  | [ ]  | [ ]  | [ ]  |
| t. Other (Explain):(character limit: 200) | [ ]  | [ ]  | [ ]  | [ ]  |

16. In CALENDAR YEAR 2022, how many preconception, pregnant or postpartum people did your program refer to mental health services for diagnosis or treatment for depression or anxiety outside Healthy Start?

a. Preconception people (number limit: 300)

b. Pregnant people (number limit: 300)

c. Post-partum people (number limit: 300)

17. Do you track and document whether Healthy Start participants receive outside services to which your program refers them? Select “Yes” or “No” for each service/support.

 **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

|  |  |  |
| --- | --- | --- |
| **Service/Support** | **Yes** | **No** |
| a. Breastfeeding support | [ ]   | [ ]   |
| b. Childcare | [ ]   | [ ]   |
| c. Domestic violence/intimate partner violence | [ ]   | [ ]   |
| d. Education services | [ ]   | [ ]   |
| e. Employment services | [ ]   | [ ]   |
| f. Home visiting services  | [ ]   | [ ]   |
| g. Housing/heating | [ ]   | [ ]   |
| h. Immigration issues | [ ]   | [ ]   |
| i. Medicaid/other insurance  | [ ]   | [ ]   |
| j. Mental/behavioral health services  | [ ]   | [ ]   |
| k. Pediatric primary care/medical home | [ ]   | [ ]   |
| l. Primary care for women  | [ ]   | [ ]   |
| m. Reproductive health services  | [ ]   | [ ]   |
| n. Smoking cessation  | [ ]   | [ ]   |
| o. Substance use services  | [ ]   | [ ]   |
| p. SNAP/WIC/other food resources  | [ ]   | [ ]   |
| q. TANF (Temporary Assistance for Needy Families) | [ ]   | [ ]   |

18. What are the challenges in addressing women’s health in your Healthy Start program?

|  |
| --- |
|  |

(character limit: 500)

**SECTION IV. COMMUNITY ACTION NETWORK (CAN) AND OTHER COLLABORATIONS**

19. During CALENDAR YEAR 2022, how many members did your Community Action Network (CAN) have?

(number limit: 100)

20. During CALENDAR YEAR 2022, how many individuals were active members of your CAN? Active members attended at least half of the meetings in the one-year period.

(number limit: 100)

21. a. Which types of organizations or groups were represented in your CAN in CALENDAR YEAR 2022? Select “Yes” or “No” for each organization.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. Health care organizations (hospitals, community health centers, private practices) | [ ]   | [ ]   |
| b. Community members | [ ]   | [ ]   |
| c. Community-based organizations | [ ]   | [ ]   |
| d. Faith-based organizations | [ ]   | [ ]   |
| e. Local government | [ ]   | [ ]   |
| f. State government  | [ ]   | [ ]   |
| g. Academic institutions (university and colleges) | [ ]   | [ ]   |
| h. Private agencies or organizations (not community based) | [ ]   | [ ]   |
| i. Healthy Start female participants (current or past participants) | [ ]   | [ ]   |
| j. Healthy Start female partners | [ ]   | [ ]   |
| k. Healthy Start fathers/male partners | [ ]   | [ ]   |
| l. Healthy Start staff/contractors | [ ]   | [ ]   |
| m. Providers contracting with the Healthy Start program | [ ]   | [ ]   |
| n. Other (Explain):  (character limit: 200) | [ ]   | [ ]   |

b. Which of these organizations were represented by active members? Select all that apply.

 **THESE ORGANIZATIONS WILL BE PREPOPULATED BASED ON RESPONSES TO PREVIOUS QUESTION.**

|  |  |
| --- | --- |
|  | **Active members**  |
| a. Health care organizations (hospitals, community health centers, private practices) | [ ]  |
| b. Community members | [ ]  |
| c. Community-based organizations | [ ]  |
| d. Faith-based organizations | [ ]  |
| e. Local government | [ ]  |
| f. State government  | [ ]  |
| g. Academic institutions (university and colleges) | [ ]  |
| h. Private agencies or organizations (not community based) | [ ]  |
| i. Healthy Start female participants (current or past participants) | [ ]  |
| j. Healthy Start female partners | [ ]  |
| k. Healthy Start fathers/male partners | [ ]  |
| l. Healthy Start staff/contractors | [ ]  |
| m. Providers contracting with the Healthy Start program | [ ]  |
| n. Other (Explain): (character limit: 200) | [ ]  |

22. Are you aware of the current goals of your Healthy Start CAN?

[ ]  Yes 🡪 **CONTINUE TO 23**

[ ]  No 🡪 **SKIP TO 26**

[ ]  My CAN has not yet identified its current goals 🡪 **SKIP TO 26**

23. What are the top three main current goals of your Healthy Start CAN?

**Goal 1** (character limit: 200)

**Goal 2** (character limit: 200)

**Goal 3** (character limit: 200)

24. How effective do you think the CAN has been in meeting these goals?

 **THE GOALS LISTED ABOVE WILL BE PREPOPULATED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Not effective** | **Slightly effective** | **Somewhat effective** | **Very effective** | **Don’t know** |
| **Goal 1** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Goal 2** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Goal 3** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

25. What do you think are the top barriers the CAN faces in achieving its goals? Select up to *five*.

[ ]  Competing agendas of member organizations

[ ]  Insufficient resources to achieve the goals

[ ]  Insufficient staff time dedicated to assisting the CAN in its efforts

[ ]  Irregular attendance at CAN meetings by key members

[ ]  Lack of collaboration/cooperation from necessary partners and stakeholders

[ ]  Lack of collaborative efforts generally among health and service providers in our community

[ ]  Lack of CAN member involvement

[ ]  Lack of strong CAN leadership

[ ]  Lack of CAN members’ representation on boards of other community organizations

[ ]  Lack of connections with state agencies

[ ]  Lack of connection with local (city/county) agencies

[ ]  Unstable relationships among CAN members

[ ]  Unsupportive local or state political climate

[ ]  Other (Explain): (character limit: 200)

[ ]  None of the above **(SINGLE SELECT)**

[ ]  Don’t know **(SINGLE SELECT)**

26. To what extent do you think that the CAN has made a positive impact on each of the following areas of community improvement? Select one per row.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area of community improvement** | **No impact** | **Minor impact** | **Moderate impact** | **Major impact** | **Don’t know** |
| a. Access to comprehensive maternal, child and family health services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Coordination of services across health and social service systems | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Sharing data across organizations to support the provision of services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Community mobilization and involvement in reproductive health | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Capacity to address hunger and food insecurity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Capacity to address homelessness and inadequate housing | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Capacity to increase access to adult education programs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Capacity to increase access to job training and employment services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| i. Capacity to support families in their communities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

27. What types of activities did the CAN conduct in CALENDAR YEAR 2022 and how often were they held? Select one per row.

| **Activities** | **Annually** | **Semi-annually** | **Quarterly** | **Every other month** | **Monthly** | **Event not conducted by the CAN** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. In-person meetings with members | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2. Virtual meetings with members | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3. Public forums | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4. Trainings | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5. Other (Explain):  (character limit: 200) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

28. How many community-based presentations or educational sessions on women’s health issues did your CAN have in CALENDAR YEAR 2022?

(number limit: 100)

29. The following statements could be about your Healthy Start program’s experience with, and observations about, your CAN. Please indicate your agreement with the following statements on a scale from “Strongly Disagree” to “Strongly Agree,” and choose the response that is closest to your perception of your CAN. Select one per row.

 **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** | **Don’t know** |
| a. What we are trying to accomplish as the CAN would be difficult for Healthy Start or any single program or organization to accomplish by itself | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| b. CAN members know and understand its mission and goals | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| c. The CAN members have a clear sense of their roles and responsibilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| d. The level of commitment among the CAN members is high | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| e. People involved in the CAN trust one another | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| f. There is a clear process for making decisions among the CAN members | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| g. There is a balance of power across the membership | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| h. CAN membership represents the different types of people in the Healthy Start target community | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| i. The CAN includes representatives from all of the service areas that Healthy Start participants need | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| j. The CAN membership includes organizations that work with Healthy Start fathers/partners | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| k. Healthy Start fathers/ partners actively participate in CAN activities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

30. **[IF Q29.i. = Strongly Disagree or Disagree]** In the previous question, you indicated that the CAN does not include all organizations that are needed to provide services to the Healthy Start community. Select the types of services that these organizations would provide if they were included in the CAN. (CHECK ALL THAT APPLY)

[ ]  Clinical (screening, primary and specialty care)

[ ]  Domestic violence prevention or intervention services

[ ]  Education (other such as ESL, computer literacy)

[ ]  Employment

[ ]  Family planning

[ ]  Food assistance

[ ]  Housing assistance

[ ]  Immigration

[ ]  Legal assistance

[ ]  Mental/behavioral health

[ ]  Oral health

[ ]  Services for people currently or previously in prison

[ ]  Substance abuse prevention and treatment

[ ]  Transportation

[ ]  Other (Explain): (character limit: 200)

31. In addition to your CAN-specific activities, in what other state or local activities/committees did your program participate in CALENDAR YEAR 2022? Select all that apply.

[ ]  Title V Advisory Committee

[ ]  Fetal and Infant Mortality Review (FIMR)

[ ]  Infant Mortality CoIIN

[ ]  Maternal Morbidity and Mortality Review (MMMR) committee

[ ]  Perinatal Quality Collaborative

[ ]  Perinatal Periods of Risk (PPOR)

[ ]  Local infant mortality coalitions

[ ]  Other (Explain): (character limit: 200)

32. How long has your program participated in these state or local activities/committees? SELECT ONE PER ROW

 **THESE ACTIVITIES WILL BE PREPOPULATED BASED ON RESPONSES TO PREVIOUS QUESTION.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities** | **Less than 1 year** | **1-3 years** | **3-5 years** | **More than 5 years** | **Don’t know** |
| a. Title V Advisory Committee | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Fetal and Infant Mortality Review (FIMR) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Infant Mortality CoIIN | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Maternal Morbidity and Mortality Review (MMMR) committee | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Perinatal Quality Collaborative | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Perinatal Periods of Risk (PPOR) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Local infant mortality coalitions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Other (Explain):  (character limit: 200) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**SECTION V. FATHER/PARTNER INVOLVEMENT**

In this section, the questions are focused on fathers/male partners only since fatherhood/male-focused activities are a requirement of the program.

33. Are women enrolled in your Healthy Start program asked if they would like their male partners/fathers of their children to be involved in the program?

[ ]  Yes, all were asked

[ ]  Yes, most were asked

[ ]  Yes, some were asked

[ ]  No, none were asked. Explain why not asked:

 (character limit: 500)

34. What fatherhood curriculum does your Healthy Start program use? Check all that apply.

[ ]  24/7 Dad

[ ]  Responsible Fatherhood

[ ]  Family Spirit

[ ]  Wise Guys

[ ]  Nurturing Fathers Program

[ ]  Other (Explain): (character limit: 200)

35. Does your program have a funded case manager position for the fathers/male partners?

[ ]  Yes, and the position is filled

[ ]  Yes, but the position is vacant

[ ]  No

36. How would you classify your father/male partner activities? Select one only.

[ ]  **Fatherhood services:** Basic services such as for education, training, and referrals

[ ]  **Fatherhood initiative:** In addition to basic services above, coordinated efforts to integrate men/fathers into existing and additional services through an established referral system

[ ]  **Fatherhood program:** In addition to the two above, a service program designed and implemented to target and provide comprehensive services including case management, job readiness, employment, etc.

37. Does your program cover the following topics with Healthy Start fathers/male partners? Select “Yes” or “No” for each topic.

| **Topics** | **Information given?(YES/NO)** |
| --- | --- |
| a. Healthy relationships | [ ]  Yes [ ]  No |
| b. Relationship building with the mother | [ ]  Yes [ ]  No |
| c. Co-parenting | [ ]  Yes [ ]  No |
| d. Interpersonal skills | [ ]  Yes [ ]  No |
| e. Dealing with trauma | [ ]  Yes [ ]  No |
| f. Anger management | [ ]  Yes [ ]  No |
| g. Financial/money issues | [ ]  Yes [ ]  No |
| h. Custody information/legal issues | [ ]  Yes [ ]  No |
| i. Health issues | [ ]  Yes [ ]  No |
| j. Other (Explain):  (character limit: 200) | [ ]  Yes [ ]  No |

38. To what extent has ongoing involvement of fathers/male partners in your Healthy Start program been a problem? Select one only.

[ ]  Not a problem

[ ]  Minor problem

[ ]  Moderate problem

[ ]  Serious problem

39. In CALENDAR YEAR 2022, what strategies did your Healthy Start program use to facilitate ongoing involvement of fathers/male partners in the program? Select all that apply.

[ ]  Frequent contact and follow-up with the fathers/male partners

[ ]  Incentives (such as raffles, coupons, prizes, and gifts)

[ ]  Provide community-based events

[ ]  Provide financial assistance (e.g., food vouchers, merchandise)

[ ]  Provide transportation

[ ]  Other (Explain): (character limit: 200)

**SECTION VI. DATA COLLECTION, QUALITY IMPROVEMENT AND PERFORMANCE MONITORING**

40. What data elements are included in your local data system(s)? Select one “Yes” or “No” response per row.

|  |  |  |
| --- | --- | --- |
| **Data elements** | **Yes** | **No** |
| a. Data collected in the HSMED forms | [ ]  | [ ]  |
| b. Case management/care coordination/ community health worker encounters that were by telephone or virtual  | [ ]  | [ ]  |
| c. Case management/care coordination/ community health worker encounters that were in-person  | [ ]  | [ ]  |
| d. Results of the maternal and child needs/risk assessments | [ ]  | [ ]  |
| e. Developmental screenings for children  | [ ]  | [ ]  |
| f. Father/partner involvement activities | [ ]  | [ ]  |
| g. Health education topics covered | [ ]  | [ ]  |
| h. Parent education  | [ ]  | [ ]  |
| i. Health Insurance outreach and enrollment  | [ ]  | [ ]  |
| j. Reproductive life plans  | [ ]  | [ ]  |
| k. Specific referrals for women  | [ ]  | [ ]  |
| l. Specific referrals for infants/children | [ ]  | [ ]  |
| m. Specific referrals for fathers/partners  | [ ]  | [ ]  |
| j. Other (Explain):  (character limit: 200) | [ ]  | [ ]  |

41. Does your Healthy Start program have a quality improvement plan?

[ ]  Yes, annually

[ ]  Yes, but not annually

[ ]  No

42. What measures does your Healthy Start program use for quality improvement? Select all that apply.

[ ]  Healthy Start performance measures/benchmarks

[ ]  Service utilization measures

[ ]  Other (Explain): (character limit: 200)

**SECTION VII. HEALTH EQUITY**

In this section, we would like to get your thoughts and experiences with Healthy Start around health equity. We have included one organization’s definition of health equity below for your reference and consideration.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing barriers/obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

43. To what extent do you think the following contribute to inequities in maternal and child health in your community?

 **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Possible contributors to inequities** | **Not at all a contributor** | **Somewhat of a contributor** | **A moderate contributor** | **A significant contributor** | **Don’t know** |
| a. Healthcare access and quality (such as primary care, health insurance, health literacy) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Education access and quality (such as education level achieved, language and literacy, early childhood education and development) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Social and community support (such as community cohesion, civic participation, workplace conditions, incarceration) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Discrimination: racism/bias (such as overt, perceived, structural/systemic, cultural, educational, employment, etc.) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Economic stability (such as poverty, employment, hunger, housing) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Neighborhood and built environment (such as quality of housing, access to transportation, access to healthy foods, air and water quality, access to recreation facilities, unsafe neighborhood) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Laws, regulations, and policies (such as immigration, limited access to family planning services, eligibility criteria to access programs) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Other (Explain):  (character limit: 200) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

44. In what types of local community efforts that address health equity and social determinants of health (e.g., health care access, education access, social and community support, immigration, racism/bias, economic stability, neighborhood/built environment) have members of your Healthy Start team been involved? Select all that apply.

[ ]  Membership on community boards

[ ]  Affiliation with coalitions or collaboratives outside the Healthy Start and the CAN

[ ]  Ad hoc meetings

[ ]  Trainings

[ ]  Other

[ ]  We have not been involved in such local community efforts🡪 **SKIP TO Q46**

45. Please explain the topic or purpose of the community efforts in which your Healthy Start team members have been involved to address health equity and social determinants of health (e.g., health care access, education access, social and community support, immigration, racism/bias, economic stability, neighborhood/built environment).

 **THE COMMUNITY EFFORTS WILL BE PREPOPULATED BASED ON RESPONSES TO THE PREVIOUS QUESTION.**

|  |  |
| --- | --- |
| **Community effort** | **Topic/Purpose** |
| Membership on community boards |  |
| Affiliation with coalition or collaboratives outside the Healthy Start and the CAN |  |
| Ad hoc meetings |  |
| Trainings  |  |
| Other |  |

 (character limit: 200)

46. Which of the following activities does your Healthy Start program conduct to address maternal and child health inequity in your community? Select “Yes” or “No” for each activity.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Yes** | **No** |
| a. Screening for risk factors for health inequities | [ ]  | [ ]  |
| b. Referrals to address risk factors for health inequities | [ ]  | [ ]  |
| c. Trainings for Healthy Start staff and contractors | [ ]  | [ ]  |
| d. Trainings for clinical partners | [ ]  | [ ]  |
| e. Trainings for CAN members | [ ]  | [ ]  |
| f. Health equity-focused CAN activities | [ ]  | [ ]  |
| g. Community presentations | [ ]  | [ ]  |
| h. Other (Explain):  (character limit: 200) | [ ]  | [ ]  |

47. Do you monitor your progress toward the achievement of health equity?

[ ]  Yes 🡪 **CONTINUE TO** **Q48**

[ ]  No 🡪 **SKIP TO** **Q49**

48. What measures do you look at to assess how well your Healthy Start program achieves health equity and improves outcomes among mothers and their families?

|  |
| --- |
|  |

(character limit: 500)

49. Are there additional activities that your program would like to conduct to address health equity for mothers and their families in your community?

|  |
| --- |
|  |

(character limit: 500)

**SECTION VII. OTHER QUESTIONS**

50. Did you receive any supplemental funds from HRSA? Check all that apply.

[ ]  Infant health equity plans

[ ]  Doula services

[ ]  Clinical providers

51. Please describe how you used these funds in your program?

 **PROGRAMS WILL BE PREPOPULATED BASED ON RESPONSES TO PREVIOUS QUESTION. SKIP QUESTION IF NO RESPONSE CHECKED IN PREVIOUS QUESTION.**

|  |  |
| --- | --- |
| **Program** | **Description** |
| Infant health equity plans  |  |
| Doula services |  |
| Clinical providers |  |

 (character limit: 500)

52. How did the COVID pandemic affect your program operations? Check all that apply.

[ ]  We added COVID to the topics we cover with Healthy Start participants

[ ]  We changed in-person meetings to virtual meetings and/or telephone calls

[ ]  We changed home visits to virtual meetings and/or telephone calls

[ ]  We had to change our outreach strategies

[ ]  We diverted some Healthy Start funds to COVID activities such as vaccinations, testing and contact tracing

[ ]  We diverted Healthy Start staff to COVID activities such as vaccinations, testing and contact tracing

[ ]  Other (Explain): (character limit: 200)

53. How did the COVID pandemic affect your new enrollment numbers and involvement of Healthy Start participants in the program? Check all that apply.

[ ]  The pandemic did not affect our new enrollment numbers

[ ]  The pandemic did not affect participation in our Healthy Start program

[ ]  Our new enrollment numbers went down

[ ]  Participation in Healthy Start went down

[ ]  Participation in Healthy Start went up (for example because virtual opportunities were more convenient for some participants)

[ ]  Other (Explain): (character limit: 200)

54. How did the COVID pandemic affect your Healthy Start CAN? Check all that apply.

[ ]  The pandemic did not affect our Healthy Start CAN

[ ]  We changed our in-person events to virtual meetings

[ ]  We reduced the number of meetings and/or events that we held

[ ]  Attendance increased during the virtual meetings

[ ]  Attendance decreased during the virtual meetings

[ ]  Other (Explain): (character limit: 200)

55. Healthy Start staff who contributed to complete this survey. Check all that apply.

[ ]  CAN Coordinator

[ ]  Case Manager(s)

[ ]  Evaluator/Data Analyst

[ ]  Fatherhood Coordinator

[ ]  Program Director

[ ]  Program Manager

[ ]  Other (Explain): (character limit: 200)

**Thank you for completing the survey.**

**Please press “send” to submit your survey.**