## **Attachment B2**

# **Healthy Start Network Survey**

HRSA's Healthy Start Evaluation and Capacity Building Support Project

October 2022



#### HRSA's Healthy Start Evaluation and Capacity Building Support Project

#### **Healthy Start Network Survey**

Funding for data collection supported by the Maternal and Child Health Bureau (MCHB) Health Resources and Services Administration (HRSA) U.S. Department of Health and Human Services

#### Introduction

You are invited to participate in the **Healthy Start Network Survey**, which is part of an evaluation project on the Healthy Start program. **Healthy Start** is a national program of the Maternal and Child Health Bureau (MCHB) at the Health Resources and Services Administration (HRSA). The goals of the program are to improve health outcomes before, during, and after pregnancy; and reduce racial and ethnic differences in rates of infant deaths and poor maternal health outcomes. Your local Healthy Start program also goes by **[LOCAL PROGRAM NAME]**.

Every Healthy Start grantee has a **Community Action Network (CAN)**. You may know your local CAN as the **[CAN NAME]**; if we refer to a "CAN" in the survey, please know that we are talking about your local group, **[CAN NAME]**.

As you may know, the CAN is made up of a group of people who come together to collaborate on strategies and activities to develop and achieve goals related to the broader goals of the Healthy Start program. The CAN members include: current and former Healthy Start participants; other community members; individuals representing community-based organizations, churches, health care institutions and providers; and state and local public health entities. The CANs usually meet regularly (for example, monthly, bi-monthly or quarterly) and participate in community activities and events. Some CANs also have committees that focus on specific topics, such as breastfeeding.

We would like your input because you are a member of your local CAN, and we are interested in learning more about [CAN NAME]. Please answer each question from the perspective of your role as a member of [CAN NAME]. The survey will ask about how you collaborate, as a CAN member, with other people and organizations that are listed in this survey. At any time, you can save your responses and come back to the survey later.

Please take a look at the Frequently Asked Questions (FAQ) [insert hyperlink to FAQs] if you have questions about the Network Survey. You can also contact us by email at <a href="mailto:HSEvalSupport@westat.com">HSEvalSupport@westat.com</a> or by phone at 1800-xxx to learn more about the survey.

Click here to show that you have read this information, and you understand that you will be answering
questions from the perspective of your role as a member of [CAN NAME]. Clicking this box will take you
to the next page to read over the Informed Consent.



#### **Informed Consent**

You are invited to participate in an online survey, the Healthy Start Network Survey. This survey will take about **20 minutes** to complete. Your participation in this survey is voluntary, but we hope that you will fill it out to help us understand how people and organizations collaborate with each other to provide services to Healthy Start participants and their families. You may choose not to answer any question, and you can stop the survey at any time.

There are no known risks to you for taking part in this survey. All the information we collect will be kept private. Your name will be kept confidential, and no specific answer will be linked to you or your organization if you are representing one. There are also no direct benefits to you for taking part in this survey, but your answers will help us understand how to make the Healthy Start program better.

If you have any questions about this survey, please contact our Study Support Team by email at <a href="mailto:HSEvalSupport@westat.com">HSEvalSupport@westat.com</a> or by phone at **1800-xxx**.

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 call you back as soon as possible.

By clicking "I agree to participate," you will be agreeing to participate, and you will be taken 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. ABOUT YOU/YOUR ORGANIZATION

In this section, we would like to ask you some questions about you/your organization.

1.	-	ou serve on the Healthy Start CAN ([CAN NAME]) as an individual or as part of an organization? QUIRED]
		<ul> <li>I serve as an individual → SKIP TO Q3.a.</li> <li>I serve as part of an organization → CONTINUE TO Q2</li> <li>Don't know → SKIP TO Q3.a.</li> </ul>
2.	[If Q	1 = I serve as part of an organization]
	a.	Which organization do you represent on the CAN? (character limit: 100)
	b.	Within your organization, do you represent a specific program, such as WIC, or other entity?
		<ul><li>Yes → CONTINUE TO Q2.c.</li><li>No→ SKIP TO Q3.b.</li></ul>
	C.	Within your organization, what is the name of the program, such as WIC, or other entity that you represent? (character limit: 100)
		→ SKIP TO Q3.b.
3.	a.	[If Q1 = I serve as an individual member] How are you involved on the Healthy Start CAN? (CHECK ONE)
		As a Healthy Start participant (I am a current or former participant)  As a community member (I am not a current or former
		participant)  Other (Explain): (character limit: 200)
		→ SKIP TO Q5
	b.	[If Q1 = I serve as part of an organization] What type of organization is that? (CHECK ONE)
		Academic institution Community health center Faith-based organization Hospital Indian tribe or tribal organization
		State/county/city health department Other government department, such as legislature, education, law enforcement Other community-based organization
		Private/for-profit/business Other (Explain type of other organization): (character limit: 200)



4. [If Q1 = I serve as part of an organization] Which kinds of services does your <u>organization provide</u> directly to clients? Do not include services based only on referrals to other organizations. (CHECK ALL THAT APPLY) PROGRAM "Services Not Provided" and "Don't Know" TO BE SINGLE-SELECT IF POSSIBLE. CHECK THAT A RESPONSE IS SELECTED FOR "Other" IF AN ANSWER IS SPECIFIED. REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.

Kinds of services	Services for adults	Services for infants/ children	Services not provided	Don't know
a. Case management				
b. Clinical (screening, primary and specialty care)				
c. Domestic violence prevention or intervention services				
d. Education (health)				
e. Education (other such as ESL, computer literacy)				
f. Employment				
g. Family planning				
h. Food assistance				
i. Housing assistance				
j. Immigration				
k. Legal assistance				
I. Mental/behavioral health				
m. Oral health				
n. Services for people currently or previously in prison				
o. Social services				
p. Substance abuse prevention and treatment				
q. Transportation				
r. Other (Explain):				
(character limit: 200)				



## SECTION II. ABOUT YOUR HEALTHY START CAN PARTICIPATION

These next questions ask about [your/your organization's] participation in your Healthy Start CAN, [CAN NAME].

5.	How long have you been a member of the Healthy Start CAN ([CAN NAME])?
	Less than 1 year  1 year to less than 3 years  3 years to less than 5 years  5 years to less than 10 years  10 years or more
6.	[If Q1 = I serve as part of an organization] How long has <u>your organization</u> been a member of the Healthy Start CAN?
	Less than 1 year  1 year to less than 3 years  3 years to less than 5 years  5 years to less than 10 years  10 years or more  Don't know
7.	What roles have you had with your Healthy Start CAN? (CHECK ALL THAT APPLY)
	CAN Chair or Co-Chair Committee/Workgroup Chair or Co-Chair Committee/Workgroup Member Leadership/Planning Team CAN Member Other (Explain): (character limit: 200)
8.	How would you rate your level of involvement with the Healthy Start CAN <u>during the past 12 months</u> ?
	Low Moderate High Very high



9. a. From the list below, please select the top <u>20</u> people/organizations from the Healthy Start CAN with which [you have/your organization has] most actively collaborated with on Healthy Start CAN activities <u>during the past 12 months</u>. (CHECK ALL THAT APPLY) **THESE WILL BE**PREPOPULATED AND CUSTOMIZED FOR EACH NETWORK, 15 NETWORKS TOTAL. THIS LIST WILL EXCLUDE THE RESPONDENT'S OWN ORGANIZATION.

Person/Organization 1
Person/Organization 2
Person/Organization 3
Person/Organization 4
Person/Organization 5
Person/Organization 6
Person/Organization 7
Person/Organization 8
Person/Organization 9
Person/Organization 10
Person/Organization 11
Person/Organization 12
Person/Organization 13
Person/Organization 14
Person/Organization 15
Person/Organization 16
Person/Organization 17
Person/Organization 18
Person/Organization 19
Person/Organization 20
Include full list of people/organizations in each network.

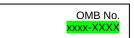


b. How often did [you/your organization] collaborate on Healthy Start CAN activities with each person/organization listed below <u>during the past 12 months</u>? PRE-POPULATE LIST WITH THE PEOPLE/ORGANIZATIONS SELECTED IN 9.a. (UP TO 20). REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.

	Rarely	Occasionally	Frequently	Very frequently
Person/Organization 1				
Person/Organization 2				
Person/Organization 3				
Person/Organization 4				
Person/Organization 5				
Person/Organization 6				
Person/Organization 7				
Person/Organization 8				
Person/Organization 9				
Person/Organization 10				
Person/Organization 11				
Person/Organization 12				
Person/Organization 13				
Person/Organization 14				
Person/Organization 15				
Person/Organization 16				
Person/Organization 17				
Person/Organization 18				
Person/Organization 19				
Person/Organization 20				



10.	a.	Which of the following activities do you think are the highest $\underline{3}$ priorities for your Healthy Start CAN? (CHOOSE TOP 3 RESPONSES ONLY)
		Bring together potential partners and enhance collaboration Change maternal and child health practices in the target community or system Change maternal and child health policy in the local cities and/or state Fulfill requirements of the Healthy Start grant Share information and data with the community about maternal and child health issues Raise Raise Other (Explain): (character limit: 200)
		□ Don't know (single-select) → SKIP TO Q11
	b.	Please rank the three activities you chose, with "1" being the highest priority and "3" being the lowest priority of the three.  SHOW ONLY THE 3 RESPONSES SELECTED IN Q10.a.
		Bring together potential partners and enhance collaboration Change maternal and child health practices in the target community or system Change maternal and child health policy in the local cities and/or state Fulfill requirements of the Healthy Start grant Share information and data with the community about maternal and child health issues Raise awareness of our local Healthy Start program Other (Explain):

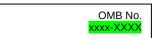


11. You indicated that the people/organizations listed below are those that you have worked most actively with through the Healthy Start CAN ([CAN NAME]) over the last 12 months. For each person/organization, select the areas in which you regularly collaborated to make improvements in services and outcomes for Maternal and Child Health (MCH) populations. Check "Not Applicable" for the person/organization if there has been no active collaboration in these areas. Check "Other" if you collaborated with the person/organization on areas other than the three areas listed. THESE WILL BE PREPOPULATED AND CUSTOMIZED FOR EACH NETWORK, 15 NETWORKS TOTAL. PREPOPULATE LIST WITH THE PEOPLE/ORGANIZATIONS SELECTED IN 9.a. (UP TO 20). PROGRAM "Not Applicable" AND "Don't Know" TO BE SINGLE-SELECT IF POSSIBLE. REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.

	Hea Ith care system issues (e.g., access to culturally and linguistically appropriate comprehensive services that include medical, mental health, substance abuse,	Pr ograms and services that address social determinants of health (e.g., employment, education/ training, food	P romotion of good health outcomes through collaboration s with other public health initiatives		1	I
Person/ Organization Name	and enabling services)	assistance, housing)	(e.g., Title V, Home Visiting)	ther	ot applicable	on't know
Person/Organization 1						
Person/Organization 2						
Person/Organization 3						
Person/Organization 4						
Person/Organization 5						
Person/Organization 6						
Person/Organization 7						
Person/Organization 8						
Person/Organization 9						
Person/ Organization 10						
Person/ Organization 11						
Person/ Organization 12						
Person/ Organization 13						
Person/ Organization 14						
Person/ Organization 15						
Person/ Organization 16						

										OME xxxx-X	3 No. (XXX
Person/ ganization 17											
Person/ ganization 18											
janiza	Person/ ation 19									]	
janiza	Person/ ation 20									]	
cor	what extent do your mmunity improved CROLLS DOWN.	ment? (SEL				PEAT HEA		ROW AS		ONDE	
	improveme		No im	pact	impact	1	act	1	act	_	ow
a.	<ul> <li>Access to comp maternal, child a health services</li> </ul>									[	
b.	. Coordination of across health a service systems	nd social								[	
C.	Sharing data ac organizations to the provision of	support								[	
d.	. Community mol and involvemen reproductive he	nt in								[	
e.	. Capacity to add hunger and food insecurity									[	
f.	Capacity to add homelessness a inadequate hou	and								[	
g.	. Capacity to incr access to adult programs										
h.	. Capacity to incr access to job tra employment se	aining and									
	Capacity to sup	port								[	

My CAN has not yet identified its current goals → SKIP TO 15



	What are the top three main current goals of your Healthy Start CAN?								
	Goal 1			(character limit: 200)					
Goal 2					(characte	r limit: 200)			
	Goa	13			(characte	r limit: 200)			
С.			ve do yo ITERED			has been in me	eeting these goa	als? PRE-POI	PULATE
					Not effective	Slightly effective	Somewhat effective	Very effective	Don't know
Goa	al 1								
Goa	al 2								
Goa	al 3								
		_ack of _ack of	collabor collabor	atio ativ emb	on/cooperation ve efforts gene per involvemer	rally among hea	y partners and s alth and service		
		_ack of _ack of _ack of Jnstab Jnsupp Other	CAN mediconnect connect connect le relation portive	emb tion tion nsh	s with state ag	ation on boards encies //county) agenc N members local or state (Explain):	e political climat		

14.

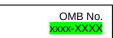
15.

OMB No.

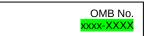


16. The following statements could be about your experience with, and observations about, your Healthy Start CAN. Please indicate your agreement with the statements on a scale from "Strongly Disagree" to "Strongly Agree," and choose the response that is closest to your perception of your Healthy Start CAN. 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					



17.	not include representatives from all of the service areas that Healthy Start participants need. Select the service areas that Healthy Start participants need that are not represented on 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)
18.	Overall, how well do you think your CAN functions as a collaborative group working with its community partners?
	Very poorly Poorly Adequately Well Very well Don't know



#### **SECTION III. 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.

19. To what extent do you think the following contribute to inequities in maternal and child health in your community? CHECK THAT A RESPONSE IS SELECTED FOR "Other" IF AN ANSWER IS SPECIFIED. REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.

	Possible contributors to inequities	N ot at all a contributor	S omewhat of a contributor	A moderate contributor	A significant contributor	on'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):					

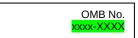


20. To what extent do you think your CAN ([CAN NAME]) has been able to address the contributors to inequities in maternal and child health in your community? **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.** 

CAN's ability to address contributors to inequities	N ot at all able	S omewhat able	M oderately able	E xtremely able	on't know
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):  (Pre-populated from Q19.g)					



	<ul> <li>Builds coalitions</li> <li>Leads community-based health equity projects</li> <li>Participates in state and local health equity initiatives and committees</li> <li>Engages in health equity advocacy for resources and programs with legislatures and state</li> </ul>
	and local government agencies  Supports health equity community/political organizing efforts
	<ul> <li>Provides health equity presentations/trainings to the CAN membership</li> <li>Provides health equity presentations/trainings to health care and community providers who see Healthy Start participants</li> </ul>
	Provides health equity presentations/trainings to members of the broader Healthy Start targ community
	Shares data and resources about health equity and its drivers with the Healthy Start target community
	<ul><li>My Healthy Start CAN does not address health equity (single-select)</li><li>Don't know (single-select)</li></ul>
a.	Are there additional activities that you would like your CAN to conduct to further address health equity for Healthy Start participants and their families in your community?
	<ul> <li>Yes → CONTINUE TO 22.b.</li> <li>No → SKIP TO 23.a.</li> </ul>
b.	Please describe these additional activities. (character limit: 500)
a.	Are there additional resources and support that you would like your CAN to get in order to enhance its health equity work?
a.	



24. How much did [you/your organization] collaborate with other Healthy Start CAN members around the following activities to respond to COVID-19 in your Healthy Start community? CHECK THAT A RESPONSE IS SELECTED FOR "Other" IF AN ANSWER IS SPECIFIED. REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.

		Not at all	Very little	A moderate amount	A lot	Don't know
a.	Providing pandemic specific services (e.g., performing contact tracing; promoting vaccination programs)					
b.	Providing communication (e.g., educating community about guidelines and recommendations)					
C.	Providing tangible aid or enabling services (e.g., for housing, food, financial assistance due to pandemic's economic impact)					
d.	Advocating to help bring infection control resources (e.g., testing kits, face masks) to community members hardest hit by COVID-19					
e.	Addressing health equity issues (e.g., developing outreach and support systems to strengthen traditional healthcare services for disadvantaged individuals)					
f.	Other (Explain):  (character limit: 200)					



## SECTION IV. THINKING ABOUT THE FUTURE

I, [CAN NAME].
oration between CAN
bout [your/your ealth of preconception, ter limit: 500)

Thank you for completing the survey.

Please press "Send" to submit your survey.