Attachment B3 Healthy Start Participant Survey

HRSA's Healthy Start Evaluation and Capacity Building Support Project

October 2022



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Healthy Start Participant 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

Welcome!

This is a survey about the Healthy Start Program. We are inviting you to answer the questions in the survey because we want to know if Healthy Start is helpful for you.

Your answers to the survey are very important to us. They will help us know how well the Healthy Start program is doing in supporting families before, during, and after pregnancy.

The survey will take about 15 minutes to finish. There are no right or wrong answers. Your answers are private. We will not share your answers with your case manager or any Healthy Start staff.

Click "Next" to proceed.



Informed Consent

This survey is voluntary. You don't have to respond to it if you don't want to. Your decision to do or not do the survey won't affect your Healthy Start services. You may also choose to skip a question or stop the survey at any time.

There are no known risks to you for taking part in this survey. Your answers 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. We won't identify any individual in the reports that we write about the survey results.

If you have any questions about this survey, please contact Westat at **1800xxxx** or email HSEvalSupport@westat.com. Westat is the company doing the survey. The Health Resources and Services Administration, or HRSA, is funding the Healthy Start program, and hired Westat to survey Healthy Start participants to find out how well the Healthy Start program meets your needs. HRSA is a federal government agency and offers programs for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

Do you have questions about privacy or other issues about doing a survey? Please call Westat's survey office at 1-888-920-7631. Leave a message with your name and number. Say you are calling about the Healthy Start survey. They will call you back.

To do the survey,	click "I agree to	do this survey." If	you don't want to	do the survey,	click "I do not	agree to do
this survey."						



Directions

The survey will take about 15 minutes to finish. Once you start the survey, please try to finish the entire survey without stopping. If you need to stop the survey for longer than 20 minutes, please save your answers first.

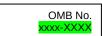
Please select the box next to your answer, and follow the directions next to the question. Some questions may be skipped if they don't apply to you.

If you have been in Healthy Start before, please answer just about your experience for this enrollment period (April 2019 and after).



SECTION I. BACKGROUND

1.	a. Are you <u>currently</u> enrolled in the Healthy Start program? [REQUIRED]
	YesNo → GO TO END TO THANK THE RESPONDENT
	b. Please select the name of your Healthy Start program. [REQUIRED]
	[DROPDOWN MENU OF 15 PROGRAM NAMES (CITY, STATE)]
	i'm not sure
2.	Are you 18 years or older? [REQUIRED]
	YesNo → GO TO END TO THANK THE RESPONDENT
3.	How long have you been in the Healthy Start program? If you have enrolled in this program more than once, please respond based on your <u>current experience</u>. Select one only.
	Less than 1 month 1 month to less than 3 months 3 months to less than 1 year 1 year to less than 2 years 2 years to less than 3 years More than 3 years
4.	How would you describe your gender? Select one only.
	Female Male Prefer to self-describe
5.	When you signed up for Healthy Start during this enrollment period, were you? Please read ALL options and select one only. [REQUIRED]
	 Not pregnant Pregnant Postpartum – Not pregnant, but gave birth in the 3 months before I enrolled in Healthy Start Postpartum – Not pregnant, but gave birth 3 months to 1 year before I enrolled in Healthy Start
	 A <u>partner</u> to a woman enrolled in Healthy Start or a <u>father</u> to a child enrolled in Healthy Start → GO TO SECTION III
	Other (Please Explain): (Character limit: 200)



SECTION II. HEALTHY START SERVICES

This section asks about your Healthy Start services and what you thought of them.

6.	Do you have a Healthy Start case manager/community health worker? (In the following questions, this role will be referred to as case manager.)
	Yes No
7.	Was the information and education that you received from Healthy Start helpful?_
	Yes No. If no, please explain (Character limit: 300)
8.	Did Healthy Start staff <u>refer</u> you to SNAP (Supplemental Nutrition Assistance Program)? SNAP is a federal government program that helps people with low or no income to purchase food. In the past, this was known as "food stamps".
	 I didn't need SNAP benefits; I already had SNAP → SKIP TO QUESTION 11 Yes, Healthy Start referred me No, Healthy Start didn't refer me
9.	Did you apply for SNAP?
	Yes, I applied and got benefits → SKIP TO QUESTION 11 Yes, I applied but I am waiting to hear back → SKIP TO QUESTION 11 Yes, I applied but I wasn't eligible → SKIP TO QUESTION 11 No, I didn't apply
10.	What were the reasons you did not apply for SNAP? (Check all that apply)
	I was worried that SNAP would affect my other benefits I didn't think I needed it I didn't know how to apply I didn't think I would be eligible
	I didn't have time Other (Please Explain): (Character limit: 200)
11.	Did Healthy Start <u>refer</u> you to WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)?
	 I didn't need WIC benefits; I already had WIC → SKIP TO QUESTION 14 Yes, Healthy Start referred me No, Healthy Start didn't refer me



12.	Did you apply for WIC?
	Yes, I applied and enrolled in the program → SKIP TO QUESTION 14 Yes, I applied but I am waiting to hear back → SKIP TO QUESTION 14 Yes, I applied but I wasn't eligible → SKIP TO QUESTION 14 No, I didn't apply
13.	What were your reasons you did not apply for WIC? (Check all that apply)
	I was worried that WIC would affect my other benefits I didn't think I needed it I didn't live near a WIC site I didn't know how to apply I didn't think I would be eligible I didn't have time Other (Please Explain): (Character limit: 200)
14.	Did Healthy Start staff <u>refer</u> you to Medicaid?
	 I didn't need Medicaid benefits; I already had Medicaid → SKIP TO QUESTION 18 Yes, Healthy Start referred me No, Healthy Start didn't refer me
15.	Did you apply for Medicaid?
	Yes, I applied and enrolled in the program Yes, I applied but I am waiting to hear back Yes, I applied but I wasn't eligible No, I didn't apply → SKIP TO QUESTION 17
16.	Did Healthy Start staff help you with your Medicaid application?
	 Yes → SKIP TO QUESTION 18 No → SKIP TO QUESTION 18
17.	What were the reasons you <u>did not</u> apply for Medicaid? (Check all that apply)
	I had other insurance I didn't know how to apply I didn't think I would be eligible I was worried that Medicaid would affect my other benefits I didn't think I needed it I didn't have time Other (Please Explain): (Character limit: 200)



18.	Did Healthy Start staff <u>refer</u> you to TANF (Temporary Assistance to Needy Families program)? TANF is a federally-funded program that provides cash assistance to help families meet their basic needs. In the past, this was known as welfare.
	 I didn't need TANF benefits; I already had TANF → SKIP TO QUESTION 21 Yes, Healthy Start referred me No, Healthy Start didn't refer me
19.	Did you <u>apply</u> for TANF?
	Yes, I applied and got benefits → SKIP TO QUESTION 21 Yes, I applied but I am waiting to hear back → SKIP TO QUESTION 21 Yes, I applied but I wasn't eligible → SKIP TO QUESTION 21 No, I didn't apply
20.	What were the reasons you did not apply for TANF? (Check all that apply)
	I was worried that TANF would affect my other benefits I didn't think I needed it I didn't know how to apply I didn't think I would be eligible I didn't have time Other (Please Explain): (Character limit: 200)
	Character limit. 200)

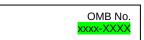


21. a. Did Healthy Start staff <u>refer</u> you to any of the following services outside Healthy Start? Select "Yes" or "No" per row.

Service	Healthy Start referred me (YES/NO)
a. Breastfeeding/lactation support	☐ Yes ☐ No
b. Child care	☐ Yes ☐ No
c. Domestic/family or intimate partner violence	☐ Yes ☐ No
d. Doula	Yes No
e. Family planning/birth control	Yes No
f. Home visiting programs	Yes No
g. Mental health (such as for depression, anxiety, stress)	☐ Yes ☐ No
h. Other mental health services	Yes No
i. Primary care/Basic healthcare for women	Yes No
j. Primary/Pediatric care for child	Yes No
k. Quitting smoking	Yes No
I. Substance abuse, drugs, alcohol treatment	Yes No
m. Other (Please Explain): (Character limit: 200)	☐ Yes ☐ No

b. Did you receive any of the following services that Healthy Start staff referred you to? Select "Yes" or "No" per row. [THIS QUESTION WILL BE PREPOPULATED TO SHOW ONLY THE RESPONSES SELECTED IN 21.a. AND WILL BE SKIPPED IF NO RESPONSES SELECTED IN 21.a.]

Service	I received this service (YES/NO)
a. Breastfeeding/lactation support	☐ Yes ☐ No
b. Child care	☐ Yes ☐ No
c. Domestic/family or intimate partner violence	☐ Yes ☐ No
d. Doula	☐ Yes ☐ No
e. Family planning/birth control	☐ Yes ☐ No
f. Home visiting programs	☐ Yes ☐ No
g. Mental health (such as for depression, anxiety, stress)	☐ Yes ☐ No
h. Other mental health services	Yes No
i. Primary care for women	☐ Yes ☐ No
j. Primary/Pediatric care for child	☐ Yes ☐ No
k. Quitting smoking	☐ Yes ☐ No
I. Substance abuse, drugs, alcohol treatment	☐ Yes ☐ No
m. Other (Please Explain): (Character limit: 200)	☐ Yes ☐ No



	Service	Healthy Start referred me (YES/NO)
a.	Education	☐ Yes ☐ No
b.	Job services/job training	☐ Yes ☐ No
c.	Housing or home heating services	☐ Yes ☐ No
d.	Immigration	☐ Yes ☐ No
e.	Legal services	Yes No
	RESPONSES SELECTED IN 22.a. AND IN 22.a.] Service	I received the service (YES/NO)
<u>а</u> .	Education	Yes No
b.	Job services/job training	Yes No
c.	Housing or other home-related services	Yes No
d.	Immigration	Yes No
	Legal services	Yes No
٥V	v satisfied are you with the services and sup Very dissatisfied Dissatisfied	port you received from Healthy St
	Satisfied Very satisfied (Please Explain): (Character limit: 300)	
	Satisfied Very satisfied (Please Explain):	nave received from Healthy Star

22.

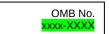
23.

24.



25.	How often have you been able to reach your Healthy Start case manager when you need to?		
	Almost never Less than half the time About half of the time More than half the time Almost all of the time		
26.	What have been the most helpful parts of Healthy Start for you? (Check all that apply)		
	Having a case manager Learning about health Learning about parenting Getting referrals to community services and programs Meeting other program participants Other (Please Explain): (Character limit: 200)		
27.	What changes would you make to improve Healthy Start?		
(Cha	(Character limit: 500)		

GO TO SECTION IV



SECTION III. HEALTHY START FATHER/PARTNER INVOLVEMENT

Answer the questions in this section ONLY if you are a father or partner of a Healthy Start participant. If you have participated in Healthy Start before, please answer the questions only for this enrollment period (April 2019 and after).

28.	At the time you began participating in Healthy Start, <u>was your partner?</u> Please read <u>ALL</u> options and select one only.
	Not pregnant Pregnant Postpartum – Not pregnant, but gave birth in the 3 months before I enrolled in Healthy Start Postpartum – Not pregnant, but gave birth 3 months to 1 year before I enrolled in Healthy Start Other (Please Explain): (Character limit: 200)
29.	What activities have you participated in as a father/partner? Check all that apply.
	Going to partner's healthcare appointments Going to child's healthcare appointments Meetings or calls with my Healthy Start case manager /community health worker? (In the following questions, this role will be referred to as case manager) Healthy Start support group(s) Healthy Start health education or other sessions Healthy Start Community Action Network (CAN) meetings Healthy Start community events Other (Please Explain): (Character limit: 200)



30. a. Did Healthy Start staff provide information on the following activities? Select "Yes" or "No" per row.

Information	Information given? (YES/NO)
a. Healthy relationships	☐ Yes ☐ No
b. Relationship-building with the mother or coparent	☐ 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/other legal issues	☐ Yes ☐ No
i. Health issues	☐ Yes ☐ No
j. Other (Please Explain):	
	☐ Yes ☐ No
(Character limit: 200)	

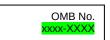
b. Was the information provided by the Healthy Start staff on these activities helpful? Select "Yes," "No," or "Not Applicable" per row.

[THIS QUESTION WILL BE PREPOPULATED TO SHOW ONLY THE RESPONSES SELECTED IN 30.a. AND WILL BE SKIPPED IF NO RESPONSES SELECTED IN 30.a.]

Information	Information helpful? (YES/NO)	Not applicable
a. Healthy relationships	Yes No	
b. Relationship-building with the mother	Yes No	
c. Co-parenting	Yes No	
d. Interpersonal skills	Yes No	
e. Overcoming trauma	Yes No	
f. Anger management	Yes No	
g. Financial/money issues	Yes No	
h. Custody information/other legal issues	Yes No	
i. Health issues	Yes No	
j. Other (Please Explain): (Character limit: 200)	☐ Yes ☐ No	



31.	Was there information that Healthy Start staff did no	ot provide that you would have	liked to receive?
	Yes (Please Explain):	(Character limit: 200)	
	☐ No		
32.	a. Did Healthy Start staff <u>refer</u> you to any of the fo	ollowing services? Select "Yes"	or "No" per row.
	Convice	Healthy Start referred me	
	a. Domestic/family or intimate partner violence	(YES/NO)	
	b. Housing/home heating	Yes No	
	c. Immigration	Yes No	
	d. Job services/job training	YesNo	
	e. Legal	YesNo	
	f. Medicaid	Yes No	
	g. Medical	Yes No	
	h. Mental health	☐ Yes ☐ No	
	i. Substance abuse, alcohol, drug treatment	Yes No	
	j. Quitting smoking	Yes No	
	k. SNAP (Supplemental Nutrition Assistance Program)	☐ Yes ☐ No	
	I. TANF (Temporary Assistance to Needy Families program)	☐ Yes ☐ No	
	m. Other (Please Explain):		
		☐ Yes ☐ No	
	(Character limit: 200)		



b. Did you receive any of the services that Healthy Start referred you to? Select "Yes" or "No" per row.

[THIS QUESTION WILL BE PREPOPULATED TO SHOW ONLY THE RESPONSES SELECTED IN 32.a. AND WILL BE SKIPPED IF NO RESPONSES SELECTED IN 32.a.]

	Service	I received this service (YES/NO)		
	a. Domestic/family or intimate partner violence	Yes No		
	b. Housing/home heating	Yes No		
	c. Immigration	Yes No		
	d. Job services/job training	☐ Yes ☐ No		
	e. Legal	☐ Yes ☐ No		
	f. Medicaid	☐ Yes ☐ No		
	g. Medical	☐ Yes ☐ No		
	h. Mental health	☐ Yes ☐ No		
	i. Substance abuse, alcohol, drug treatment	☐ Yes ☐ No		
	j. Quitting smoking	☐ Yes ☐ No		
	k. SNAP (Supplemental Nutrition Assistance Program)	☐ Yes ☐ No		
	I. TANF (Temporary Assistance to Needy Families program)	☐ Yes ☐ No		
	m. Other (Please Explain):			
		☐ Yes ☐ No		
	(Character limit: 200)			
	SKIP NEXT QUESTION IF YES IS CHECKED FOR ALL RESPONSES IN 32.b.			
	Use the list below to describe the reason(s) you <u>did not</u> receive the services that Healthy Start referred you to. Check ALL of the reason(s) that you <u>did not</u> receive the services.			
I didn't think I needed this service I didn't have time I didn't have transportation I didn't have childcare I didn't have anyone to help with interpreter services and translation I didn't know where to go I couldn't pay for the service I didn't trust the organization I was referred to				

33.

Other (Please describe the other reasons you didn't receive the services)

I wasn't eligible for the service

(Character limit: 200)



34.	Do you have a Healthy Start case manager who works with you?
	YesNo → SKIP TO QUESTION 36
35.	How often have you been able to reach your Healthy Start case manager when you need to? Almost never Less than half the time About half of the time More than half the time Almost all of the time
36.	How satisfied have you been with the services and support that you received from the Healthy Start program? Very dissatisfied Dissatisfied Satisfied Very satisfied Very satisfied (Please Explain): (Character limit: 300)
37.	Do you think that the services and support you have received from Healthy Start staff have taken into account your culture and traditions? Yes No. If no, explain: (Character limit: 300)
38.	What have been the most helpful parts of Healthy Start for you? (Check all that apply) Having a case manager Learning about health topics Learning about parenting Healthy Start referrals to community services and programs that I needed Involvement with other fathers/male partners The program was not helpful for me Other (Please Explain): (Character limit: 200)



39.	What about Healthy Start has helped you be a more supportive partner? Check all that apply.	
	Working with a case manager Learning about health topics Learning about parenting Healthy Start referrals to community services and programs that I needed Involvement with other male partners Other (Please Explain): (Character limit: 200)	
	Healthy Start didn't help me to be a more supportive partner Not applicable because I am not a partner	
40.	D. What about Healthy Start has helped you be a better parent? Check all that apply.	
	Working with a case manager Learning about health topics Learning about parenting Healthy Start referrals to community services and programs that I needed Involvement with other male partners Other (Please Explain): (Character limit: 200) Healthy Start didn't help me to be a better parent Not applicable because I am not a parent	
41.	What changes would you make to improve Healthy Start?	
(Cha	racter limit: 500)	
Ulla	140(6) IIIII. 300)	

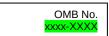


SECTION IV. HEALTH EQUITY

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.

42.	Do you think that Healthy Start helps contribute to improving health equity for the people it serves?
	Yes No
43.	How often have you experienced any type of bias, such as discrimination due to race, ethnicity, level of ability, income, etc., when getting healthcare or social services?
	Never Sometimes Often Very often
44.	Has Healthy Start made it easier or more comfortable for you to receive healthcare or social services?
	☐ Yes ☐ No
45.	In what ways has Healthy Start made it easier for you to receive healthcare services (such as prenatal care) or social services (such as housing or job assistance)? Please briefly describe up to three ways that Healthy Start has promoted health equity for you personally, or ways that the program has helped remove barriers to receiving healthcare or social services.
	a.
	b.
	C.
	(Character limit: 500)



46.	What more do you think Healthy Start can do to reduce the bias in health services and social services your community?	s <u>in</u>
(2)		
(Cha	racter limit: 500)	



SECTION V. ADDITIONAL INFORMATION

Finally, please answer a few questions about you.

47.	What state do you live in?	
	SELECT FROM DROP DOWN LIST OF STATES	
48.	How old are you (in years)?	
49.	Are you Hispanic/Latino?	
	Yes No Prefer not to answer	
50.	What is your race? (Check all that apply)	
	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other (Please Explain): (Character limit: 200)	
	Prefer not to answer	
51.	What is the language you are most comfortable speaking?	
	English Spanish French German Russian Chinese (including Cantonese, Mandarin, and other varieties) Tagalog Korean Vietnamese Arabic Other (Please Explain): (Character limit: 200)	
	U Strict (i lease Explain). (Character limit. 200)	



52.	Did you get interpreter or translation services from Healthy Start? (Check all that apply)
	Yes No, but I needed it No, I bring a family member or friend to interpret for me I don't need these services because I am fluent in English
53.	What is your current marital status?
	Never married Partnered, but not married Married Separated Divorced Widowed Other (Please Explain): (Character limit: 200)
54.	What was the <u>highest</u> level of school you completed?
	No formal schooling 8th grade or less Some high school (grades 9, 10, 11, 12) High school diploma (completed 12th grade) GED Some college or 2-year degree Technical or trade school Bachelor's degree Graduate or professional school Prefer not to answer
55.	Which best describes your current job situation? (SELECT ONE ANSWER)
	Have a full-time job Have a part-time job or seasonal job Have multiple part-time jobs Not employed – caregiver/homemaker Not employed – unable to work due to health or disability Not employed – unable to find work Not employed – student Other (Please Explain): (Character limit: 200)
	Prefer not to answer



56.	How difficult has it been to continue participating in your Healthy Start program?
	It hasn't been difficult at all It's been a little difficult It's been moderately difficult It's been extremely difficult
	(Please Explain):
	(Character limit: 200)
57.	How did the COVID pandemic affect your participation in Healthy Start and other services? Check al that apply.
	I didn't have my regular <u>in-person</u> visits with my Healthy Start case manager I did all or most of my visits with my case manager on the telephone and/or the computer I didn't have regular <u>in-person</u> visits with my doctor or nurse
	I did all or most of my visits with my doctor or nurse on the telephone and/or the computer I didn't have <u>in-person</u> visits with my child's doctor or nurse I did all or most of my child's visits with their doctor or nurse on the telephone and/or the computer I didn't get the tests/vaccinations that I needed for myself and my child on time
	I didn't go to other medical or social service appointments that lusually go to Other (Please Explain): (Character limit: 200)
58.	How satisfied were you with the <u>telehealth/virtual</u> care you received during the COVID pandemic? Select one.
	Very dissatisfied Dissatisfied Satisfied Very satisfied
	(Please Explain):
	(Character limit: 200)
	I didn't receive telehealth/virtual care during the pandemic
59.	What were your greatest challenges during the pandemic?
(Cna	racter limit: 500)



Thank you for completing the survey.

Please press $\underline{\text{SEND}}$ to submit the survey.