

Attachment B1

Healthy Start Program 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 Program 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

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 xxx-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 Healthy 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) (Explain): (character limit: 200)
- 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 (Explain): (character limit: 200)
- 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	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet advertising/social media	<input type="checkbox"/>	<input type="checkbox"/>
c. Newspaper/print advertising (ads, articles)	<input type="checkbox"/>	<input type="checkbox"/>
d. Poster/billboards	<input type="checkbox"/>	<input type="checkbox"/>
e. Radio (ads, PSAs, talk shows)	<input type="checkbox"/>	<input type="checkbox"/>
f. TV (ads, PSAs, talk shows)	<input type="checkbox"/>	<input type="checkbox"/>
g. Attendance at community events (e.g., health fairs)	<input type="checkbox"/>	<input type="checkbox"/>
h. Presentations at community groups	<input type="checkbox"/>	<input type="checkbox"/>
i. Networking with clinical providers and community agencies and other organizations	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (Explain): <input style="width: 100px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> (character limit: 200)	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of staff for follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Participant lack of time/competing priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Participant lack of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Participant lack of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Participant lack of child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Participant lack of family/community support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 10px;"></div> <div> h. Other (Explain): (character limit: 200) </div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Case management/care coordination services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Developmental screenings for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health education and promotion in infant care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health education and promotion on maternal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Health education and promotion on family wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Interpreter/translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Assistance with accessing Medicaid – female participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Assistance with accessing Medicaid – male participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Assistance with accessing SNAP/WIC/other food resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Assistance with accessing the Temporary Assistance for Needy Families (TANF) program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Domestic/family or intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Family planning/birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Home visiting services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Housing/home heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Immigration services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Medicaid/other insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Mental health (depression, anxiety, stress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Primary care for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Primary/Pediatric care for child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Substance abuse, drugs, alcohol treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. SNAP/WIC/other food resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (character limit: 200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
b. Childcare	<input type="checkbox"/>	<input type="checkbox"/>
c. Domestic violence/intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>
d. Education services	<input type="checkbox"/>	<input type="checkbox"/>
e. Employment services	<input type="checkbox"/>	<input type="checkbox"/>
f. Home visiting services	<input type="checkbox"/>	<input type="checkbox"/>
g. Housing/heating	<input type="checkbox"/>	<input type="checkbox"/>
h. Immigration issues	<input type="checkbox"/>	<input type="checkbox"/>
i. Medicaid/other insurance	<input type="checkbox"/>	<input type="checkbox"/>
j. Mental/behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>
k. Pediatric primary care/medical home	<input type="checkbox"/>	<input type="checkbox"/>
l. Primary care for women	<input type="checkbox"/>	<input type="checkbox"/>
m. Reproductive health services	<input type="checkbox"/>	<input type="checkbox"/>
n. Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>
o. Substance use services	<input type="checkbox"/>	<input type="checkbox"/>
p. SNAP/WIC/other food resources	<input type="checkbox"/>	<input type="checkbox"/>
q. TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="checkbox"/>	<input type="checkbox"/>
b. Community members	<input type="checkbox"/>	<input type="checkbox"/>
c. Community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>
d. Faith-based organizations	<input type="checkbox"/>	<input type="checkbox"/>
e. Local government	<input type="checkbox"/>	<input type="checkbox"/>
f. State government	<input type="checkbox"/>	<input type="checkbox"/>
g. Academic institutions (university and colleges)	<input type="checkbox"/>	<input type="checkbox"/>
h. Private agencies or organizations (not community based)	<input type="checkbox"/>	<input type="checkbox"/>
i. Healthy Start female participants (current or past participants)	<input type="checkbox"/>	<input type="checkbox"/>
j. Healthy Start female partners	<input type="checkbox"/>	<input type="checkbox"/>
k. Healthy Start fathers/male partners	<input type="checkbox"/>	<input type="checkbox"/>
l. Healthy Start staff/contractors	<input type="checkbox"/>	<input type="checkbox"/>
m. Providers contracting with the Healthy Start program	<input type="checkbox"/>	<input type="checkbox"/>
n. Other (Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (character limit: 200)	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="checkbox"/>
b. Community members	<input type="checkbox"/>
c. Community-based organizations	<input type="checkbox"/>
d. Faith-based organizations	<input type="checkbox"/>
e. Local government	<input type="checkbox"/>
f. State government	<input type="checkbox"/>
g. Academic institutions (university and colleges)	<input type="checkbox"/>
h. Private agencies or organizations (not community based)	<input type="checkbox"/>
i. Healthy Start female participants (current or past participants)	<input type="checkbox"/>
j. Healthy Start female partners	<input type="checkbox"/>
k. Healthy Start fathers/male partners	<input type="checkbox"/>
l. Healthy Start staff/contractors	<input type="checkbox"/>
m. Providers contracting with the Healthy Start program	<input type="checkbox"/>
n. Other (Explain): <input style="width: 100px; height: 20px;" type="text"/> (character limit: 200)	<input type="checkbox"/>

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	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal 3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Coordination of services across health and social service systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sharing data across organizations to support the provision of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Community mobilization and involvement in reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Capacity to address hunger and food insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Capacity to address homelessness and inadequate housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Capacity to increase access to adult education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Capacity to increase access to job training and employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Capacity to support families in their communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Virtual meetings with members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Public forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other (Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px;"></div> 200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. CAN members know and understand its mission and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The CAN members have a clear sense of their roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The level of commitment among the CAN members is high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People involved in the CAN trust one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is a clear process for making decisions among the CAN members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is a balance of power across the membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. CAN membership represents the different types of people in the Healthy Start target community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The CAN includes representatives from all of the service areas that Healthy Start participants need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The CAN membership includes organizations that work with Healthy Start fathers/partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Healthy Start fathers/ partners actively participate in CAN activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fetal and Infant Mortality Review (FIMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Infant Mortality CoIIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Maternal Morbidity and Mortality Review (MMMR) committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Perinatal Quality Collaborative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Perinatal Periods of Risk (PPOR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Local infant mortality coalitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (character limit: 200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- Other

Fathers Program
(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	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Relationship building with the mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Co-parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Interpersonal skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Dealing with trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Anger management	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Financial/money issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Custody information/legal issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Other (Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (character limit: 200)	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>
b. Case management/care coordination/ community health worker encounters that were by telephone or virtual	<input type="checkbox"/>	<input type="checkbox"/>
c. Case management/care coordination/ community health worker encounters that were in-person	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of the maternal and child needs/risk assessments	<input type="checkbox"/>	<input type="checkbox"/>
e. Developmental screenings for children	<input type="checkbox"/>	<input type="checkbox"/>
f. Father/partner involvement activities	<input type="checkbox"/>	<input type="checkbox"/>
g. Health education topics covered	<input type="checkbox"/>	<input type="checkbox"/>
h. Parent education	<input type="checkbox"/>	<input type="checkbox"/>
i. Health Insurance outreach and enrollment	<input type="checkbox"/>	<input type="checkbox"/>
j. Reproductive life plans	<input type="checkbox"/>	<input type="checkbox"/>
k. Specific referrals for women	<input type="checkbox"/>	<input type="checkbox"/>
l. Specific referrals for infants/children	<input type="checkbox"/>	<input type="checkbox"/>
m. Specific referrals for fathers/partners	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (character limit: 200)	<input type="checkbox"/>	<input type="checkbox"/>

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	N ot at all a contributor	S omewhat of a contributor	A moderate contributor	A significant contributor	D on't know
a. Healthcare access and quality (such as primary care, health insurance, health literacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Education access and quality (such as education level achieved, language and literacy, early childhood education and development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social and community support (such as community cohesion, civic participation, workplace conditions, incarceration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Discrimination: racism/bias (such as overt, perceived, structural/systemic, cultural, educational, employment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Economic stability (such as poverty, employment, hunger, housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Laws, regulations, and policies (such as immigration, limited access to family planning services, eligibility criteria to access programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (Explain): <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> (character limit: 200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input style="width: 100%; height: 20px;" type="text"/>
Affiliation with coalition or collaboratives outside the Healthy Start and the CAN	<input style="width: 100%; height: 20px;" type="text"/>
Ad hoc meetings	<input style="width: 100%; height: 20px;" type="text"/>
Trainings	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>

(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	<input type="checkbox"/>	<input type="checkbox"/>
b. Referrals to address risk factors for health inequities	<input type="checkbox"/>	<input type="checkbox"/>
c. Trainings for Healthy Start staff and contractors	<input type="checkbox"/>	<input type="checkbox"/>
d. Trainings for clinical partners	<input type="checkbox"/>	<input type="checkbox"/>
e. Trainings for CAN members	<input type="checkbox"/>	<input type="checkbox"/>
f. Health equity-focused CAN activities	<input type="checkbox"/>	<input type="checkbox"/>
g. Community presentations	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (character limit: 200)	<input type="checkbox"/>	<input type="checkbox"/>

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.