Attachment B1

Healthy Start Program Survey

HRSA's Healthy Start Evaluation and Capacity Building Support Project

October 2022



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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

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.

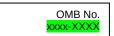
By clicking "I agree to participate," you will be agreeing to participate on behalf of your Healthy Start program and will be directed to the survey on the next page. If you do not want to take the survey, click "I do not agree to participate in this survey."

I agree to participate in this survey
I do not agree to participate in this survey



SECTION I. PROGRAM INFRASTRUCTURE, CAPACITY, AND STAFF

(character limit: 200)
In which types of organizations does your Heathy Start program operate? Select all that apply.
Community health center Faith-based organization Hospital Indian tribe or tribal organization Local (county/city) health department Other community-based organization State public health department Other (Explain): (character limit: 200)
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 \underline{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 Q5No → 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 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 (character limit: 200)					
7.	For what purpose(s) do you use the determination of high-risk? Select all that apply. Determine eligibility for the program Determine the services the participant(s) need Monitor the participant's involvement in Healthy Start to identify any (new) additional needs Determine the effects of Healthy Start participation in addressing the high-risk criteria Other (Explain): (character limit: 200)					



8.	What were the <u>primary</u> 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 <u>outreach strategies</u> 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."

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



To what extent has <u>recruitment</u> of Heaprogram? Select one only.	althy Start partici	oants been a p	oroblem for you	r Healthy Start
Not a problemMinor problemModerate problem. Explain	:	(characte	r limit: 300)	
Serious problem. Explain:		(characte	r limit: 300)	
How much of a challenge is it to retain for each row. REPEAT HEADER ROW AS RESPO	NDENT SCROL	·	tart program? S Moderate challenge	Select one responding Significant challenge
a. Difficulty contacting participants/	challenge	challenge	chanenge	chanenge
transience				
transience				
transience b. Lack of staff for follow-up c. Participant lack of time/				
transience b. Lack of staff for follow-up c. Participant lack of time/ competing priorities				
transience b. Lack of staff for follow-up c. Participant lack of time/ competing priorities d. Participant lack of interest				
transience b. Lack of staff for follow-up c. Participant lack of time/ competing priorities d. Participant lack of interest e. Participant lack of transportation				
transience b. Lack of staff for follow-up c. Participant lack of time/ competing priorities d. Participant lack of interest e. Participant lack of transportation f. Participant lack of child care g. Participant lack of family/				



SECTION III. HEALTHY START SERVICES

13.

14.

As in Section II above, participants are defined as those persons – female <u>and</u> 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.

	Activity	None	Some	Most	All	
a.	Assessment to determine needs					
b.	Case management/care coordination services					
c.	Childcare					
d.	Developmental screenings for children					
e.	Health education and promotion in infant care					
f.	Health education and promotion on maternal care					
g.	Health education and promotion on family wellness					
h.	Interpreter/translation services					
i.	Assistance with accessing Medicaid – female participants					
j.	Assistance with accessing Medicaid – male participants					
k.	Assistance with accessing SNAP/WIC/other food resources					
I.	Assistance with accessing the Temporary Assistance for Needy Families (TANF) program					
m	Transportation					
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						
Do	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 <u>outside referrals</u> for the following specific services/support, when needed? Select one per row.

REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.

16.

Service/Support	Neve	r Sometimes	Often	Always		
a. Breastfeeding/lactation support						
b. Child care						
c. Domestic/family or intimate partner	violence					
d. Doula						
e. Education services						
f. Employment services						
g. Family planning/birth control						
h. Home visiting services						
i. Housing/home heating						
j. Immigration services						
k. Legal services						
I. Medicaid/other insurance						
m. Mental health (depression, anxiety,	stress)					
n. Other mental health services						
s. Primary care for women						
o. Primary/Pediatric care for child						
p. Quitting smoking						
q. Substance abuse, drugs, alcohol tre	eatment					
r. SNAP/WIC/other food resources						
s. TANF (Temporary Assistance for No Families)	eedy					
t. Other (Explain): (character limit: 200)						
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	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 <u>outside</u> services to which your program refers them? Select "Yes" or "No" for each service/support.

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

18.	What are the challenges in addressing women's health in your Healthy Start program?
(char	acter limit: 500)



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

(number limit: 100)		
(Humber limit. 100)		
During CALENDAR YEAR 2022, how many individual nembers attended at least half of the meetings in the		embers of your CAN? Act
(number limit: 100)		
a. Which types of organizations or groups were r 2022? Select "Yes" or "No" for each organizati		r CAN in CALENDAR YE
	Yes	No
a. Health care organizations (hospitals, community health centers, private practices)		
b. Community members		
c. Community-based organizations		
d. Faith-based organizations		
e. Local government		
f. State government		
g. Academic institutions (university and colleges)		
h. Private agencies or organizations (not community based)		
i. Healthy Start female participants (current or past participants)		
j. Healthy Start female partners		
k. Healthy Start fathers/male partners		
Healthy Start staff/contractors		
m. Providers contracting with the Healthy Start program		
n. Other (Explain):		



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		
coı	ealth care organiz mmunity health c actices)	ations (hospitals, enters, private			
b. Co	mmunity membe	ers			
c. Co	mmunity-based	organizations			
d. Fa	ith-based organiz	zations			
e. Lo	cal government				
f. Sta	ate government				
-	ademic institution lleges)	ns (university and			
	ivate agencies or ot community bas				
1	ealthy Start femal urrent or past par				
j. He	ealthy Start femal	e partners			
k. He	ealthy Start father	s/male partners			
I. He	ealthy Start staff/c	contractors			
	oviders contractirealthy Start progra				
1	her (Explain): acter limit: 0)				
Are you	Yes → CONT No → SKIP T	INUE TO 23 O 26	Healthy Start CAN? s current goals → SKIP	TO 26	
What a	re the top three n	nain <u>current</u> goals o	of your Healthy Start C	AN?	
G	Goal 1				(character limit: 200)
C	Goal 2				(character limit: 200)
G	Goal 3				(character limit: 200)

22.

23.

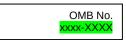




24. How effective do you think the CAN has been in meeting these goals? THE GOALS LISTED ABOVE WILL BE PREPOPULATED

Goal	Not effective	Slightly effective	Somewhat effective	Very effective	Don't know
Goal 1					
Goal 2					
Goal 3					

25.	What do you	u think are the	top	barriers the C	:AN faces in <u>ac</u>	nieving its goals	:2 Select up t	o five.
		Competing ager					·	
		nsufficient reso nsufficient staff			the goals assisting the C	CAN in its efforts	5	
	lı	regular attenda	ance	e at CAN mee	tings by key me	embers		
				•	from necessary	•		our communit
		ack of CAN me			nt			
	L	ack of CAN me	emb	ers' represen	tation on boards	s of other comm	unity organiz	ations
		ack of connect ack of connect		_	jencies //county) agenc	ies		
	<u></u> □ ι	Instable relatio		` •	N members		_	
	=	Insupportive Other	Г		(Explain):	political climat characte)	e er limit: 200)	
		one of the abov on't know <mark>(SIN</mark> e			ECT)			



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
Access to comprehensive maternal, child and family health services					
b. Coordination of services across health and social service systems					
c. Sharing data across organizations to support the provision of services					
d. Community mobilization and involvement in reproductive health					
e. Capacity to address hunger and food insecurity					
f. Capacity to address homelessness and inadequate housing					
g. Capacity to increase access to adult education programs					
h. Capacity to increase access to job training and employment services					
i. Capacity to support families in their communities					



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

Activities	Annually	Semi- annually	Quarterly	Every other month	Monthly	Event not conducted by the CAN
In-person meetings with members						
Virtual meetings with members						
3. Public forums						
4. Trainings						
5. Other (Explain):						

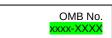
28.	How many community-based presentations or educational sessions on women's health issues did your
	CAN have in CALENDAR YEAR 2022?

(number limit: 100)

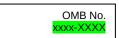


29. The following statements could be about your Healthy Start program's experience with, and observations about, your CAN. Please indicate your agreement with the following statements on a scale from "Strongly Disagree" to "Strongly Agree," and choose the response that is closest to your perception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

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



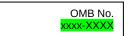
30.	[IF Q29.i. = Strongly Disagree or Disagree] In the previous question, you indicated that the CAN does not include all organizations that are needed to provide services to the Healthy Start community. Select the types of services that these organizations would provide if they were included in the CAN. (CHECK ALL THAT APPLY)
	Clinical (screening, primary and specialty care) Domestic violence prevention or intervention services Education (other such as ESL, computer literacy) Employment Family planning Food assistance Housing assistance Immigration Legal assistance Mental/behavioral health Oral health Services for people currently or previously in prison Substance abuse prevention and treatment Transportation
	Other (Explain): (character limit: 200)
31.	In addition to your CAN-specific activities, in what other state or local activities/committees did your program participate in CALENDAR YEAR 2022? Select all that apply.
	Title V Advisory Committee Fetal and Infant Mortality Review (FIMR) Infant Mortality CoIIN Maternal Morbidity and Mortality Review (MMMR) committee Perinatal Quality Collaborative Perinatal Periods of Risk (PPOR) Local infant mortality coalitions Other (Explain): (character limit: 200)



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

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

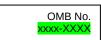
Activities	Less than 1 year	1-3 years	3-5 years	More than 5 years	Don't know
a. Title V Advisory Committee					
b. Fetal and Infant Mortality Review (FIMR)					
c. Infant Mortality CollN					
d. Maternal Morbidity and Mortality Review (MMMR) committee					
e. Perinatal Quality Collaborative					
f. Perinatal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



SECTION V. FATHER/PARTNER INVOLVEMENT

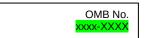
In this section, the questions are focused on fathers/male partners <u>only</u> since fatherhood/male-focused activities are a requirement of the program.

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.



Topics	Information given? (YES/NO)
. Healthy relationships	☐ Yes ☐ No
. Relationship building with the mother	☐ Yes ☐ No
:. Co-parenting	☐ Yes ☐ No
I. Interpersonal skills	☐ Yes ☐ No
e. Dealing with trauma	☐ Yes ☐ No
. Anger management	☐ Yes ☐ No
j. Financial/money issues	☐ Yes ☐ No
n. Custody information/legal issues	☐ Yes ☐ No
Health issues	☐ Yes ☐ No
Other (Explain): (character limit: 200)	☐ Yes ☐ No

	a. Healthy relationships	☐ Yes ☐ NO
	b. Relationship building with the mother	Yes No
	c. Co-parenting	☐ Yes ☐ No
	d. Interpersonal skills	☐ Yes ☐ No
	e. Dealing with trauma	☐ Yes ☐ No
	f. Anger management	☐ Yes ☐ No
	g. Financial/money issues	☐ Yes ☐ No
	h. Custody information/legal issues	☐ Yes ☐ No
	i. Health issues	☐ Yes ☐ No
	j. Other (Explain):	☐ Yes ☐ No
	(character limit: 200)	
	problem? Select one only. Not a problem Minor problem Moderate problem Serious problem	
39.	In CALENDAR YEAR 2022, what strategies did your involvement of <u>fathers/male partners</u> in the program'	, , ,
	Frequent contact and follow-up with the fall Incentives (such as raffles, coupons, prize Provide community-based events Provide financial assistance (e.g., food vo	s, and gifts) uchers, merchandise)
	Provide transp Other (Expla	ortation ain): (character limit: 200)



SECTION VI. DATA COLLECTION, QUALITY IMPROVEMENT AND PERFORMANCE MONITORING

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

	Data elements	Yes	No			
a.	Data collected in the HSMED forms					
b.	Case management/care coordination/ community health worker encounters that were by telephone or virtual					
c.	Case management/care coordination/ community health worker encounters that were in-person					
d.	Results of the maternal and child needs/risk assessments					
e.	Developmental screenings for children					
f.	Father/partner involvement activities					
g.	Health education topics covered					
h.	Parent education					
i.	Health Insurance outreach and enrollment					
j.	Reproductive life plans					
k.	Specific referrals for women					
I.	Specific referrals for infants/children					
m.	Specific referrals for fathers/partners					
j.	Other (Explain):					
	(character limit: 200)					
Does your Healthy Start program have a quality improvement plan? Yes, annually Yes, but not annually No						
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)					

41.

42.



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?

	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): (character limit: 200)					

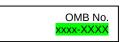


44.	In what types of local community efforts that address health equity and social determinants of health (e.g., health care access, education access, social and community support, immigration, racism/bias, economic stability, neighborhood/built environment) have members of your Healthy Start team been involved? Select all that apply.		
	 Membership on community boards Affiliation with coalitions or collaboratives outside the Healthy Start and the CAN Ad hoc meetings Trainings Other We have not been involved in such local community efforts → SKIP TO Q46 		

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

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

Community effort	Topic/Purpose
Membership on community boards	
Affiliation with coalition or collaboratives outside the Healthy Start and the CAN	
Ad hoc meetings	
Trainings	
Other	
(character limit: 200)	



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

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

	e. Trainings for CAN members			
	f. Health equity-focused CAN activities			
	g. Community presentations			
	h. Other (Explain):			
	(character limit: 200)			l
47.	Do you monitor your progress toward the achieve Yes → CONTINUE TO Q48 No → SKIP TO Q49	ment of health equity?		
48.	What measures do you look at to assess how well and improves outcomes among mothers and their		ogram achieves health	equity
(char	acter limit: 500)			
49.	Are there additional activities that your program w mothers and their families in your community?	rould like to conduct to	address health equity f	or

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(character limit: 500)



SECTION VII. OTHER QUESTIONS

50.	Did you receive any supplemental funds from H	HRSA? Check all that apply.
	Infant health equity plansDoula servicesClinical providers	
51.	Please describe how you used these funds in y PROGRAMS WILL BE PREPOPULATED BA SKIP QUESTION IF NO RESPONSE CHECK	SED ON RESPONSES TO PREVIOUS QUESTION.
	Program	Description
	Infant health equity plans	
	Doula services	
	Clinical providers	
	(character limit: 500)	
	We changed home visits to virtual m We had to change our outreach stra We diverted some Healthy Start functions contact tracing We diverted Healthy Start staff to Contact tracing	virtual meetings and/or telephone calls leetings and/or telephone calls
53.	How did the COVID pandemic affect your new participants in the program? Check all that app	enrollment numbers and involvement of Healthy Start ly.
	convenient for	ation in our Healthy Start program Iown



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.