

Attachment B2

Healthy Start Network Survey

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

October 2022

HRSA's Healthy Start Evaluation and Capacity Building Support Project

Healthy Start Network Survey

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

Public Burden Statement: *The purpose of this information collection is to obtain performance data for the following: HRSA grantees and cooperative agreement recipients, outcomes of HRSA, and evaluations. In addition, these data will facilitate the ability to demonstrate alignment between MCHB discretionary programs and the Healthy Start Program to quantify outcomes across MCHB. 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 0906-0075 and it is valid until 08/31/2024. Public reporting burden for this collection of information is estimated to average 0.37 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing 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

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

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

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

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

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

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

Informed Consent

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

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

If you have any questions about this survey or if you need help completing the survey, please contact our Study Support Team by email at HSEvalSupport@westat.com or by phone at **1800-xxx**.

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

By clicking "I agree to participate," you will be agreeing to participate, and you will be taken to the survey on the next page. If you do not want to take the survey, click "I do not agree to participate in this survey."

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

SECTION I. ABOUT YOU/YOUR ORGANIZATION

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

1. Do you serve on the Healthy Start CAN (**[CAN NAME]**) as an individual or as part of an organization?
[REQUIRED]

- I serve as an individual → **SKIP TO Q3.a.**
- I serve as part of an organization → **CONTINUE TO Q2**
- Don't know → **SKIP TO Q3.a.**

2. **[If Q1 = I serve as part of an organization]**

a. Which organization do you represent on the CAN?
(character limit: 100)

b. Within your organization, do you represent a specific program, such as WIC, or other entity?

- Yes → **CONTINUE TO Q2.c.**
- No → **SKIP TO Q3.b.**

c. Within your organization, what is the name of the program, such as WIC, or other entity that you represent? (character limit: 100)

→ **SKIP TO Q3.b.**

3. a. **[If Q1 = I serve as an individual member]** How are you involved on the Healthy Start CAN?
(CHECK ONE)

- As a Healthy Start participant (I am a current or former participant)
- As a community member (I am not a current or former participant)
- Other (Explain): (character limit: 200)

→ **SKIP TO Q5**

b. **[If Q1 = I serve as part of an organization]** What type of organization is that? (CHECK ONE)

- Academic institution
- Community health center
- Faith-based organization
- Hospital
- Indian tribe or tribal organization
- State/county/city health department
- Other government department, such as legislature, education, law enforcement
- Other community-based organization
- Private/for-profit/business
- Other (Explain type of other organization): (character limit: 200)

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

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

SECTION II. ABOUT YOUR HEALTHY START CAN PARTICIPATION

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

5. How long have you been a member of the Healthy Start CAN (**[CAN NAME]**)?

- Less than 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years to less than 10 years
- 10 years or more

6. **[If Q1 = I serve as part of an organization]** How long has your organization been a member of the Healthy Start CAN?

- Less than 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years to less than 10 years
- 10 years or more
- Don't know

7. What roles have you had with your Healthy Start CAN? (CHECK ALL THAT APPLY)

- CAN Chair or Co-Chair
- Committee/Workgroup Chair or Co-Chair
- Committee/Workgroup Member
- Leadership/Planning Team
- CAN Member
- Other

(Explain):

(character limit: 200)

8. How would you rate your level of involvement with the Healthy Start CAN during the past 12 months?

- Low
- Moderate
- High
- Very high

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

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

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

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

10. a. Which of the following activities do you think are the highest 3 priorities for your Healthy Start CAN? (CHOOSE TOP 3 RESPONSES ONLY)

- Bring together potential partners and enhance collaboration
- Change maternal and child health practices in the target community or system
- Change maternal and child health policy in the local cities and/or state
- Fulfill requirements of the Healthy Start grant
- Share information and data with the community about maternal and child health issues
- Raise awareness of our local Healthy Start program
- Other (Explain): (character limit: 200)

Don't know (single-select) → **SKIP TO Q11**

b. Please rank the three activities you chose, with "1" being the highest priority and "3" being the lowest priority of the three.

SHOW ONLY THE 3 RESPONSES SELECTED IN Q10.a.

- Bring together potential partners and enhance collaboration
- Change maternal and child health practices in the target community or system
- Change maternal and child health policy in the local cities and/or state
- Fulfill requirements of the Healthy Start grant
- Share information and data with the community about maternal and child health issues
- Raise awareness of our local Healthy Start program
- Other (Explain):

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

Person/ Organization Name	Health care system issues (e.g., access to culturally and linguistically appropriate comprehensive services that include medical, mental health, substance abuse, and enabling services)	Programs and services that address social determinants of health (e.g., employment, education/training, food assistance, housing)	Promotion of good health outcomes through collaborations with other public health initiatives (e.g., Title V, Home Visiting)	Other	Not applicable	Don't know
Person/Organization 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Organization 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person/ Organization 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/ Organization 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/ Organization 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/ Organization 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. To what extent do you think that your CAN has made a positive impact on each of the following areas of community improvement? (SELECT ONE PER ROW) **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

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"/>

13. a. Are you aware of the current goals of your Healthy Start CAN outlined in your CAN's 12-month work plan? (each HS CAN is required to submit a 12-month work plan with goals and objectives)

- Yes → **CONTINUE TO 13.b.**
- No → **SKIP TO 15**

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

b. 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)

c. How effective do you think your CAN has been in meeting these goals? **PRE-POPULATE GOALS ENTERED IN Q13.**

		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"/>

14. What do you think are the top barriers your CAN faces in achieving its goals? (SELECT UP TO 5)

- 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)**

15. What do you think are the most important contributions [you have/your organization has] made to the Healthy Start CAN? (character limit: 500)

[Empty rectangular box]

16. The following statements could be about your experience with, and observations about, your Healthy Start CAN. Please indicate your agreement with the statements on a scale from “Strongly Disagree” to “Strongly Agree,” and choose the response that is closest to your perception of your Healthy Start CAN. **REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.**

Statement	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
a. What we are trying to accomplish as the CAN would be difficult for Healthy Start or any single program or organization to accomplish by itself	<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"/>

17. **[IF Q16.i. = Strongly Disagree or Disagree]** In the previous question, you indicated that the CAN does not include representatives from all of the service areas that Healthy Start participants need. Select the service areas that Healthy Start participants need that are not represented on the CAN. (CHECK ALL THAT APPLY)

- Clinical (screening, primary and specialty care)
 - Domestic violence prevention or intervention services
 - Education (other such as ESL, computer literacy)
 - Employment
 - Family planning
 - Food assistance
 - Housing assistance
 - Immigration
 - Legal assistance
 - Mental/behavioral health
 - Oral health
 - Services for people currently or previously in prison
 - Substance abuse prevention and treatment
 - Transportation
 - Other
- (Explain): (character limit: 200)

18. Overall, how well do you think your CAN functions as a collaborative group working with its community partners?

- Very poorly
- Poorly
- Adequately
- Well
- Very well
- Don't know

SECTION III. HEALTH EQUITY

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

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

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

Possible contributors to inequities	Not at all a contributor	Somewhat of a contributor	Moderate contributor	Significant contributor	Don'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): <input data-bbox="228 1797 412 1860" type="text"/> (character limit: 200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

CAN's ability to address contributors to inequities	Not at all able	Somewhat able	Moderately able	Extremely able	Don'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): <input data-bbox="228 1549 412 1612" type="text"/> (Pre-populated from Q19.g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How does your Healthy Start CAN address health equity?
(CHECK ALL THAT APPLY)

- Builds coalitions
- Leads community-based health equity projects
- Participates in state and local health equity initiatives and committees
- Engages in health equity advocacy for resources and programs with legislatures and state and local government agencies
- Supports health equity community/political organizing efforts
- Provides health equity presentations/trainings to the CAN membership
- Provides health equity presentations/trainings to health care and community providers who see Healthy Start participants
- Provides health equity presentations/trainings to members of the broader Healthy Start target community
- Shares data and resources about health equity and its drivers with the Healthy Start target community
- My Healthy Start CAN does not address health equity **(single-select)**
- Don't know **(single-select)**

22. a. Are there additional activities that you would like your CAN to conduct to further address health equity for Healthy Start participants and their families in your community?

- Yes → **CONTINUE TO 22.b.**
- No → **SKIP TO 23.a.**

b. Please describe these additional activities. (character limit: 500)

23. a. Are there additional resources and support that you would like your CAN to get in order to enhance its health equity work?

- Yes → **CONTINUE TO 23.b.**
- No → **SKIP TO 24**

b. Please describe these additional resources and support. (character limit: 500)

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

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

SECTION IV. THINKING ABOUT THE FUTURE

These last few questions ask about your thoughts on future collaboration with your CAN, **[CAN NAME]**.

25. Please list one thing that **[CAN NAME]** could do that would most enhance collaboration between CAN members. (character limit: 500)

26. Is there anything else you would like to tell us about **[CAN NAME]** or generally about [your/your organization's] efforts to collaborate with other CAN members in promoting the health of preconception, pregnant, and post-partum people, and their families in your community? (character limit: 500)

Thank you for completing the survey.

Please press "Send" to submit your survey.