# **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 <u>HSEvalSupport@westat.com</u> 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 <u>HSEvalSupport@westat.com or</u> 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  $\rightarrow$  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]

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

b.	Within your	organization, do	you represent	a specific program	, such as WIC	, or other entity?
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Yes → CONTINUE TO Q2.c.
No <b>→ SKIP TO Q3.b.</b>

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

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		_ I
		_ I
		_ I

# → 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 forme						
participant) Other		(Explain):	(character limit: 200)			

# → SKIP TO Q5

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

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

# 4. **[If Q1 = I serve as part of an organization]** Which kinds

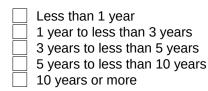
of services does your <u>organization provide directly</u> to clients? Do not include services based only on referrals to other organizations. (CHECK ALL THAT APPLY) **PROGRAM "Services Not Provided"** and "Don't Know" TO BE SINGLE-SELECT IF POSSIBLE. CHECK THAT A RESPONSE IS SELECTED FOR "Other" IF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

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

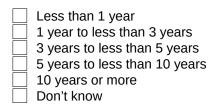
# SECTION II. ABOUT YOUR HEALTHY START CAN PARTICIPATION

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

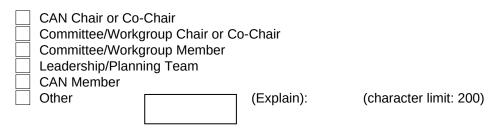
5. How long have you been a member of the Healthy Start CAN ([CAN NAME])?



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



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



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



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

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

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

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

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

	<ul> <li>Bring together potential partners and enhance collaboration</li> <li>Change maternal and child health practices in the target community or system</li> <li>Change maternal and child health policy in the local cities and/or state</li> <li>Fulfill requirements of the Healthy Start grant</li> <li>Share information and data with the community about maternal and child health issues</li> <li>Raise awareness of our local Healthy Start program</li> <li>Other (Explain): (character limit: 200)</li> </ul>				
	Don't know (single-select) → SKIP TO Q11				
b.	<ul> <li>Please rank the three activities you chose, with "1" being the highest priority and "3" being the lowest priority of the three.</li> <li>SHOW ONLY THE 3 RESPONSES SELECTED IN Q10.a.</li> </ul>				
<ul> <li>Bring together potential partners and enhance collaboration</li> <li>Change maternal and child health practices in the target community or system</li> <li>Change maternal and child health policy in the local cities and/or state</li> <li>Fulfill requirements of the Healthy Start grant</li> <li>Share information and data with the community about maternal and child health issue</li> <li>Raise</li> <li>Other</li> <li>(Explain):</li> </ul>					

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

			OMB No: 0906-0 on Date: 08/31/2	
Person/ Organization 17				
Person/ Organization 18				
Person/ Organization 19				
Person/ Organization 20				

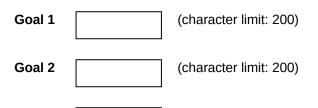
12. To what extent do you think that your CAN has made a positive impact on each of the following areas of community improvement? (SELECT ONE PER ROW) REPEAT HEADER ROW AS RESPONDENT SCROLLS DOWN.

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					
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					

- 13. Are you aware of the current goals of your Healthy Start CAN outlined in your CAN's 12-month a. 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 <u>current</u> goals of your Healthy Start CAN?



- 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					
Goal 2					
Goal 3					

14. What do you think are the top barriers your CAN faces in <u>achieving its goals</u>? (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)

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# 16. The following statements could be about your experience

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

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

# 17. [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 s	pecialty care)							
Domestic violence prevention or intervention services									
Education (other s	uch as ESL, co	mputer literacy)							
Employment									
Family planning									
Food assistance									
Housing assistanc	е								
Immigration									
Legal assistance									
Mental/behavioral	health								
Oral health									
Services for people	e currently or pr	eviously in prison							
Substance abuse	prevention and	treatment							
Transportation									
Other [		(Explain):	(character limit: 200)						
		-	-						

- 18. Overall, how well do you think your CAN functions as a collaborative group working with its community partners?
  - Very poorly Poorly Adequately Well Very well Don't know

### SECTION III. HEALTH EQUITY

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

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

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

	Possible contributors to inequities	N ot at all a contributor	S omewhat of a contributor	A moderate contributor	A significant contributor	۲ on't know
(	Healthcare access and quality (such as primary care, health nsurance, health literacy)					
(   ä	Education access and quality (such as education level achieved, language and iteracy, early childhood education and development)					
	Social and community support (such as community cohesion, civic participation, workplace conditions, incarceration)					
	Discrimination: racism/bias (such as overt, perceived, structural/systemic, cultural, educational, employment, etc.)					
1	Economic stability (such as poverty, employment, hunger, nousing)					
	Neighborhood and built environment (such as quality of nousing, access to transportation, access to nealthy foods, air and water quality, access to recreation facilities, unsafe neighborhood)					
	Laws, regulations, and policies (such as immigration, limited access to family planning services, eligibility criteria to access programs)					
	h. Other (Explain): (character limit: 200)					

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

	CAN's ability to address contributors to inequities	N ot at all able	S omewhat able	M oderately able	E xtremely able	D 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):          (Pre-populated from Q19.g)					

- 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?



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?



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
<ul> <li>Providing pandemic specif services (e.g., performing tracing; promoting vaccina programs)</li> </ul>	contact					
b. Providing communication (e.g., educating community guidelines and recommend						
c. Providing tangible aid or e services (e.g., for housing, financial assistance due to pandemic's economic imp	, food,					
d. Advocating to help bring in control resources (e.g., tes kits, face masks) to comm members hardest hit by Co	sting unity					
e. Addressing health equity is (e.g., developing outreach support systems to strengt traditional healthcare servi disadvantaged individuals)	and then ices for					
f. Other (Explain): (character limit: 200)						

# 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.