

Attachment B3

Healthy Start Participant 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 Participant Survey

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

Public Burden Statement: This data collection will provide the Health Resources and Services Administration with information to guide future program decisions regarding the Healthy Start program's effectiveness on individual, organizational, and community-level outcomes. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is xxx-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. The current project will fully comply with the Privacy Act of 1974 (5 U.S.C. Section 552a, 1998; <https://www.justice.gov/opcl/privacy-act-1974>). The Privacy Act may apply to some data collection activities (e.g., the study will collect email addresses from some respondents). Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Welcome!

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

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

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

Questions? Email any questions to HSEvalSupport@westat.com.

Click "Next" to proceed.

Informed Consent

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

There are no known risks to you for taking part in this survey. Your answers will remain private. There are also no direct benefits to you for taking part in this survey, but your answers will help us understand how to improve the Healthy Start program. We won't identify any individual in the reports that we write about the survey results.

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

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

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

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

Directions

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

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

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

SECTION I. BACKGROUND

1. a. Are you currently enrolled in the Healthy Start program? **[REQUIRED]**

- Yes
- No → **GO TO END TO THANK THE RESPONDENT**

b. Please select the name of your Healthy Start program. **[REQUIRED]**

[DROPDOWN MENU OF 15 PROGRAM NAMES (CITY, STATE)]

- I'm not sure

2. Are you 18 years or older? **[REQUIRED]**

- Yes
- No → **GO TO END TO THANK THE RESPONDENT**

3. How long have you been in the Healthy Start program? **If you have enrolled in this program more than once, please respond based on your current experience.** Select one only.

- Less than 1 month
- 1 month to less than 3 months
- 3 months to less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- More than 3 years

4. How would you describe your gender? Select one only.

- Female
- Male
- Prefer to self-describe _____

5. When you signed up for Healthy Start during this enrollment period, were you _____? Please read **ALL** options and select one only. **[REQUIRED]**

- Not pregnant
- Pregnant
- Postpartum – Not pregnant, but gave birth in the 3 months before I enrolled in Healthy Start
- Postpartum – Not pregnant, but gave birth 3 months to 1 year before I enrolled in Healthy Start
- A partner to a woman enrolled in Healthy Start or a father to a child enrolled in Healthy Start → **GO TO SECTION III**
- Other (Please Explain): (Character limit: 200)

SECTION II. HEALTHY START SERVICES

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

6. Do you have a Healthy Start case manager/community health worker? (In the following questions, this role will be referred to as case manager.)

- Yes
- No

7. Was the information and education that you received from Healthy Start helpful?_

- Yes
- No. If no, please explain _____ (Character limit: 300)

8. Did Healthy Start staff **refer** you to SNAP (Supplemental Nutrition Assistance Program)? SNAP is a federal government program that helps people with low or no income to purchase food. In the past, this was known as “food stamps”.

- I didn’t need SNAP benefits; I already had SNAP → **SKIP TO QUESTION 11**
- Yes, Healthy Start referred me
- No, Healthy Start didn’t refer me

9. Did you **apply** for SNAP?

- Yes, I applied and got benefits → **SKIP TO QUESTION 11**
- Yes, I applied but I am waiting to hear back → **SKIP TO QUESTION 11**
- Yes, I applied but I wasn’t eligible → **SKIP TO QUESTION 11**
- No, I didn’t apply

10. What were the reasons you **did not** apply for SNAP? (Check all that apply)

- I was worried that SNAP would affect my other benefits
- I didn’t think I needed it
- I didn’t know how to apply
- I didn’t think I would be eligible
- I didn’t have time
- Other (Please Explain): (Character limit: 200)

11. Did Healthy Start **refer** you to WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)?

- I didn’t need WIC benefits; I already had WIC → **SKIP TO QUESTION 14**
- Yes, Healthy Start referred me
- No, Healthy Start didn’t refer me

12. Did you **apply** for WIC?

- Yes, I applied and enrolled in the program → **SKIP TO QUESTION 14**
- Yes, I applied but I am waiting to hear back → **SKIP TO QUESTION 14**
- Yes, I applied but I wasn't eligible → **SKIP TO QUESTION 14**
- No, I didn't apply

13. What were your reasons you **did not** apply for WIC? (Check all that apply)

- I was worried that WIC would affect my other benefits
- I didn't think I needed it
- I didn't live near a WIC site
- I didn't know how to apply
- I didn't think I would be eligible
- I didn't have time
- Other (Please Explain): (Character limit: 200)

14. Did Healthy Start staff **refer** you to Medicaid?

- I didn't need Medicaid benefits; I already had Medicaid → **SKIP TO QUESTION 18**
- Yes, Healthy Start referred me
- No, Healthy Start didn't refer me

15. Did you **apply** for Medicaid?

- Yes, I applied and enrolled in the program
- Yes, I applied but I am waiting to hear back
- Yes, I applied but I wasn't eligible
- No, I didn't apply → **SKIP TO QUESTION 17**

16. Did Healthy Start staff help you with your Medicaid application?

- Yes → **SKIP TO QUESTION 18**
- No → **SKIP TO QUESTION 18**

17. What were the reasons you **did not** apply for Medicaid? (Check all that apply)

- I had other insurance
- I didn't know how to apply
- I didn't think I would be eligible
- I was worried that Medicaid would affect my other benefits
- I didn't think I needed it
- I didn't have time
- Other (Please Explain): (Character limit: 200)

18. Did Healthy Start staff **refer** you to TANF (Temporary Assistance to Needy Families program)? TANF is a federally-funded program that provides cash assistance to help families meet their basic needs. In the past, this was known as welfare.

- I didn't need TANF benefits; I already had TANF → **SKIP TO QUESTION 21**
- Yes, Healthy Start referred me
- No, Healthy Start didn't refer me

19. Did you **apply** for TANF?

- Yes, I applied and got benefits → **SKIP TO QUESTION 21**
- Yes, I applied but I am waiting to hear back → **SKIP TO QUESTION 21**
- Yes, I applied but I wasn't eligible → **SKIP TO QUESTION 21**
- No, I didn't apply

20. What were the reasons you **did not** apply for TANF? (Check all that apply)

- I was worried that TANF would affect my other benefits
- I didn't think I needed it
- I didn't know how to apply
- I didn't think I would be eligible
- I didn't have time
- Other (Please Explain): (Character limit: 200)

21. a. Did Healthy Start staff refer you to any of the following services outside Healthy Start? Select “Yes” or “No” per row.

| Service | Healthy Start referred me (YES/NO) |
|---|--|
| a. Breastfeeding/lactation support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Child care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Domestic/family or intimate partner violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Doula | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Family planning/birth control | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Home visiting programs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Mental health (such as for depression, anxiety, stress) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Other mental health services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Primary care/Basic healthcare for women | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Primary/Pediatric care for child | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Quitting smoking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l. Substance abuse, drugs, alcohol treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m. Other (Please Explain): <input style="width: 100px; height: 20px;" type="text"/> (Character limit: 200) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

| Service | I received this service (YES/NO) |
|---|--|
| a. Breastfeeding/lactation support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Child care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Domestic/family or intimate partner violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Doula | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Family planning/birth control | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Home visiting programs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Mental health (such as for depression, anxiety, stress) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Other mental health services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Primary care for women | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Primary/Pediatric care for child | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Quitting smoking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l. Substance abuse, drugs, alcohol treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m. Other (Please Explain): <input style="width: 100px; height: 20px;" type="text"/> (Character limit: 200) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

22. a. Did Healthy Start staff refer you to any of the following services or programs outside Healthy Start? Select “Yes” or “No” per row.

| Service | Healthy Start referred me (YES/NO) |
|-------------------------------------|--|
| a. Education | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Job services/job training | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Housing or home heating services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Immigration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Legal services | <input type="checkbox"/> Yes <input type="checkbox"/> No |

b. Did you receive any of the following services that Healthy Start staff referred you to? Select “Yes” or “No” per row. **[THIS QUESTION WILL BE PREPOPULATED TO SHOW ONLY THE RESPONSES SELECTED IN 22.a. AND WILL BE SKIPPED IF NO RESPONSES SELECTED IN 22.a.]**

| Service | I received the service (YES/NO) |
|---|--|
| a. Education | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Job services/job training | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Housing or other home-related services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Immigration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Legal services | <input type="checkbox"/> Yes <input type="checkbox"/> No |

23. How satisfied are you with the services and support you received from Healthy Start staff?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

(Please Explain):

(Character limit: 300)

24. Do you think that the services and support you have received from Healthy Start staff have taken into account your culture and traditions?

- Yes
- No. If no, briefly explain:

(Character limit: 300)

25. How often have you been able to reach your Healthy Start case manager when you need to?

- Almost never
- Less than half the time
- About half of the time
- More than half the time
- Almost all of the time

26. What have been the most helpful parts of Healthy Start for you? (Check all that apply)

- Having a case manager
- Learning about health
- Learning about parenting
- Getting referrals to community services and programs
- Meeting other program participants
- Other (Please Explain): (Character limit: 200)

27. What changes would you make to improve Healthy Start?

(Character limit: 500)

GO TO SECTION IV

SECTION III. HEALTHY START FATHER/PARTNER INVOLVEMENT

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

28. At the time you began participating in Healthy Start, was your partner? Please read **ALL** options and select one only.

- Not pregnant
- Pregnant
- Postpartum – Not pregnant, but gave birth in the 3 months before I enrolled in Healthy Start
- Postpartum – Not pregnant, but gave birth 3 months to 1 year before I enrolled in Healthy Start
- Other (Please Explain): (Character limit: 200)

29. What activities have you participated in as a father/partner? Check all that apply.

- Going to partner’s healthcare appointments
- Going to child’s healthcare appointments
- Meetings or calls with my Healthy Start case manager /community health worker? (In the following questions, this role will be referred to as case manager)
- Healthy Start support group(s)
- Healthy Start health education or other sessions
- Healthy Start Community Action Network (CAN) meetings
- Healthy Start community events
- Other (Please Explain): (Character limit: 200)

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

| Information | Information given? (YES/NO) |
|---|--|
| a. Healthy relationships | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Relationship-building with the mother or co-parent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Co-parenting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Interpersonal skills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Dealing with trauma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Anger management | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Financial/money issues | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Custody information/other legal issues | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Health issues | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Other (Please Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (Character limit: 200) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

| Information | Information helpful? (YES/NO) | Not applicable |
|---|--|--------------------------|
| a. Healthy relationships | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| b. Relationship-building with the mother | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| c. Co-parenting | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| d. Interpersonal skills | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| e. Overcoming trauma | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| f. Anger management | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| g. Financial/money issues | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| h. Custody information/other legal issues | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| i. Health issues | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| j. Other (Please Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (Character limit: 200) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |

31. Was there information that Healthy Start staff **did not** provide that you would have liked to receive?

- Yes (Please Explain): (Character limit: 200)
- No

32. a. Did Healthy Start staff refer you to any of the following services? Select “Yes” or “No” per row.

| Service | Healthy Start referred me (YES/NO) |
|--|--|
| a. Domestic/family or intimate partner violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Housing/home heating | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Immigration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Job services/job training | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Legal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Medicaid | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Medical | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Mental health | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Substance abuse, alcohol, drug treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Quitting smoking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. SNAP (Supplemental Nutrition Assistance Program) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l. TANF (Temporary Assistance to Needy Families program) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m. Other (Please Explain): <input style="width: 100px; height: 20px;" type="text"/> (Character limit: 200) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

| Service | I received this service (YES/NO) |
|---|--|
| a. Domestic/family or intimate partner violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Housing/home heating | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Immigration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Job services/job training | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Legal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Medicaid | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Medical | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Mental health | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Substance abuse, alcohol, drug treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Quitting smoking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. SNAP (Supplemental Nutrition Assistance Program) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l. TANF (Temporary Assistance to Needy Families program) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m. Other (Please Explain): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> (Character limit: 200) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SKIP NEXT QUESTION IF YES IS CHECKED FOR ALL RESPONSES IN 32.b.

33. Use the list below to describe the reason(s) you **did not** receive the services that Healthy Start referred you to. Check ALL of the reason(s) that you **did not** receive the services.

- I didn't think I needed this service
- I didn't have time
- I didn't have transportation
- I didn't have childcare
- I didn't have anyone to help with interpreter services and translation
- I didn't know where to go
- I couldn't pay for the service
- I didn't trust the organization I was referred to
- I wasn't eligible for the service
- Other (Please describe the other reasons you didn't receive the services)

(Character limit: 200)

34. Do you have a Healthy Start case manager who works with you?

- Yes
- No → **SKIP TO QUESTION 36**

35. How often have you been able to reach your Healthy Start case manager when you need to?

- Almost never
- Less than half the time
- About half of the time
- More than half the time
- Almost all of the time

36. How satisfied have you been with the services and support that you received from the Healthy Start program?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

(Please Explain):

(Character limit: 300)

37. Do you think that the services and support you have received from Healthy Start staff have taken into account your culture and traditions?

- Yes
- No. If no, explain:

(Character limit: 300)

38. What have been the most helpful parts of Healthy Start for you? (Check all that apply)

- Having a case manager
- Learning about health topics
- Learning about parenting
- Healthy Start referrals to community services and programs that I needed
- Involvement with other fathers/male partners
- The program was not helpful for me
- Other (Please Explain): (Character limit: 200)

39. What about Healthy Start has helped you be a more supportive partner? Check all that apply.

- Working with a case manager
 - Learning about health topics
 - Learning about parenting
 - Healthy Start referrals to community services and programs that I needed
 - Involvement with other male partners
 - Other (Please Explain): (Character limit: 200)
-
- Healthy Start **didn't** help me to be a more supportive partner
 - Not applicable because I am not a partner

40. What about Healthy Start has helped you be a better parent? Check all that apply.

- Working with a case manager
 - Learning about health topics
 - Learning about parenting
 - Healthy Start referrals to community services and programs that I needed
 - Involvement with other male partners
 - Other (Please Explain): (Character limit: 200)
-
- Healthy Start **didn't** help me to be a better parent
 - Not applicable because I am not a parent

41. What changes would you make to improve Healthy Start?

(Character limit: 500)

SECTION IV. HEALTH EQUITY

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

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

42. Do you think that Healthy Start helps contribute to improving health equity for the people it serves?

- Yes
- No

43. How often have you experienced any type of bias, such as discrimination due to race, ethnicity, level of ability, income, etc., when getting healthcare or social services?

- Never
- Sometimes
- Often
- Very often

44. Has Healthy Start made it easier or more comfortable for you to receive healthcare or social services?

- Yes
- No

45. In what ways has Healthy Start made it easier for you to receive healthcare services (such as prenatal care) or social services (such as housing or job assistance)? Please briefly describe up to three ways that Healthy Start has promoted health equity for you personally, or ways that the program has helped remove barriers to receiving healthcare or social services.

a.

b.

c.

(Character limit: 500)

46. What more do you think Healthy Start can do to reduce the bias in health services and social services in your community?

(Character limit: 500)

SECTION V. ADDITIONAL INFORMATION

Finally, please answer a few questions about you.

47. What state do you live in?

SELECT FROM DROP DOWN LIST OF STATES

48. How old are you (in years)?

49. Are you Hispanic/Latino?

- Yes
- No
- Prefer not to answer

50. What is your race? (Check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (Please Explain): (Character limit: 200)
- Prefer not to answer

51. What is the language you are most comfortable speaking?

- English
- Spanish
- French
- German
- Russian
- Chinese (including Cantonese, Mandarin, and other varieties)
- Tagalog
- Korean
- Vietnamese
- Arabic
- Other (Please Explain): (Character limit: 200)

52. Did you get interpreter or translation services from Healthy Start? (Check all that apply)

- Yes
- No, but I needed it
- No, I bring a family member or friend to interpret for me
- I don't need these services because I am fluent in English

53. What is your current marital status?

- Never married
- Partnered, but not married
- Married
- Separated
- Divorced
- Widowed
- Other (Please Explain): (Character limit: 200)

54. What was the highest level of school you completed?

- No formal schooling
- 8th grade or less
- Some high school (grades 9, 10, 11, 12)
- High school diploma (completed 12th grade)
- GED
- Some college or 2-year degree
- Technical or trade school
- Bachelor's degree
- Graduate or professional school
- Prefer not to answer

55. Which best describes your current job situation? (SELECT ONE ANSWER)

- Have a full-time job
- Have a part-time job or seasonal job
- Have multiple part-time jobs
- Not employed – caregiver/homemaker
- Not employed – unable to work due to health or disability
- Not employed – unable to find work
- Not employed – student
- Other (Please Explain): (Character limit: 200)

- Prefer not to answer

56. How difficult has it been to continue participating in your Healthy Start program?

- It hasn't been difficult at all
- It's been a little difficult
- It's been moderately difficult
- It's been extremely difficult

(Please Explain):

(Character limit: 200)

57. How did the COVID pandemic affect your participation in Healthy Start and other services? Check all that apply.

- I didn't have my regular in-person visits with my Healthy Start case manager
- I did all or most of my visits with my case manager on the telephone and/or the computer
- I didn't have regular in-person visits with my doctor or nurse

- I did all or most of my visits with my doctor or nurse on the telephone and/or the computer
- I didn't have in-person visits with my child's doctor or nurse
- I did all or most of my child's visits with their doctor or nurse on the telephone and/or the computer
- I didn't get the tests/vaccinations that I needed for myself and my child on time
- I didn't go to other medical or social service appointments that I usually go to
- Other (Please Explain): (Character limit: 200)

58. How satisfied were you with the telehealth/virtual care you received during the COVID pandemic? Select one.

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

(Please Explain):

(Character limit: 200)

- I didn't receive telehealth/virtual care during the pandemic

59. What were your greatest challenges during the pandemic?

(Character limit: 500)

Thank you for completing the survey.
Please press SEND to submit the survey.