Attachment B5

Healthy Start Stakeholder Interview Guide

HRSA's Healthy Start Evaluation and Capacity Building Support Project

October 2022

OMB No.
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Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
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I. Introduction and Consent

Hello, Mr./Ms. [INSERT PARTICIPANT'S NAME], my name is _____ and I am calling with regard to the Healthy Start evaluation to speak with you about your experiences with the Healthy Start program in your community. You may know this as [**LOCAL HS NAME**] in your community. Is this still a convenient time to talk?

Thank you for agreeing to participate in this interview. This interview should take between 45-60 minutes to complete. Before we start, I would like to go over a few items.

- I want to clarify that I work for Westat, which is a research firm hired by the Health Resources and Services Administration or HRSA to conduct these interviews with people who know about Healthy Start program activities in the community.

- Participation in this interview is voluntary. You may choose not to answer any question, and stop the interview at any time. Your privacy is important to us, and your name and any other information that could identify you will not be used in any report that results from these interviews or shared in any way at all. Whatever you say will be anonymous, as we will combine all the information from the different interviews for our report. Please be as frank as possible about Healthy Start because we want to hear both what works well and what does not so HRSA can improve the overall program. There are no known or expected risks to participating in this interview. There are no benefits to participating in this interview except that your input will help HRSA understand how well the overall Healthy Start program is doing, and make changes to the program in the future.

Do you have any questions? With your permission, I will record the interview. The recording and transcript will not be shared with anyone at your program or with HRSA and will be destroyed after the completion of the study. Do you agree to participate in this interview allow the interview to be recorded?

[INTERVIEWER CHECK CONSENT TO PARTICIPATE]

- ☐ Agrees to participate and be recorded → TURN RECORDER ON
- ☐ Agrees to participate but not be recorded → DO NOT RECORD
- ☐ Does not agree to participate → THANK AND END INTERVIEW

II. Questions for Discussion

1. To begin, tell me how long you have worked with [INSERT HS PROGRAM NAME] and describe your current role.
[INTERVIEWER – CHECK ROLE]

- ☐ HS Data/Evaluation Team Member
- ☐ HS Director
- ☐ HS CAN Coordinator
- ☐ Case Manager (for women)
- ☐ Case Manager (for fathers/male partners)
- ☐ Fatherhood Coordinator
- ☐ Other, _____

There may be some questions that may not apply to your role. Please let me know if that is the case and we can skip that question.

2. In your opinion, what are the core activities/services of your HS program?
PROBES: For example, what are some core activities with regard to case management/referrals, education, screenings, CAN?

   a. How well do you think that your HS program performs these activities/services?
   b. Which activities/services do you think participants find most useful?

3. In your opinion, what are the greatest needs of your Healthy Start participants?

   a. What are some needs in your community that your Healthy Start program is struggling to meet?

4. Are there specific services that you regularly refer your HS participants to?
PROBES: For example, do you regularly refer participants to Medicaid, SNAP, WIC, mental health services?

   a. Do the individuals who you refer generally get the services? Do you track this in your system?
   b. In general, do you think that the participants receive the services in a timely manner? Are there services that you have difficulties finding for HS participants? If yes, what do you do?

We would like to get your thoughts and experiences with Healthy Start around health equity. By health equity we mean when 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.

5. What are some of the activities that HS has implemented to advance health equity and reduce disparities in reproductive health and outcomes for the program's staff, participants and community?

   a. Have there been efforts in the community to support initiatives for reproductive health, structural and implicit bias and unequal treatment?
   b. Who have been the key players in these efforts to advance health equity? For example, were there some specific groups or organizations that led these efforts? What were the roles or job functions of the people responsible for these efforts?
   c. What community organizations and state and local agencies has your HS program partnered with on health equity efforts? Tell me more about the people involved.

d. Tell me about efforts or programs addressing social factors that affect people's health, such as related to healthcare access; education; incarceration; employment; housing; transportation; access to food; or neighborhood crime and violence.
PROBE: How successful were these efforts? What challenges did you encounter in these efforts? How did you address those challenges?
e. What more do you think that your HS program, including the CAN, should do to further advance health equity for the program's staff, participants and community?

6. Now, I would like to ask about maternal health activities in your program.

a. What activities/services has your HS program developed to specifically improve maternal health and reduce disparities in maternal morbidity and mortality, meaning reduce differences in maternal diseases and deaths among some racial and ethnic groups?
b. How successful have these activities been? How do you measure success?
c. What challenges have you faced in developing/implementing these activities/services?
d. Are there additional activities/services related to maternal health specifically that you would like to see the HS program develop/implement?

7. I would now like to discuss activities related to fathers/male partners in your program.

a. How would you describe your activities with this group?
PROBE: For example, would you describe the fathers/male partners' activities as providing:
- *basic services* such as for education, training, and referrals;
- *targeted services* or *an initiative* to integrate men/fathers into existing services; or
- a *service program* designed and implemented to target and provide comprehensive services including case management, job readiness, employment etc.?

b. Can you provide some examples of how your program facilitates inclusion of fathers?
PROBE: For example:
- What are some outreach activities or materials developed specifically for fathers?
- What are some trainings that the HS staff receive to engage fathers?
- Does the program use a curriculum for fathers? If so, what curriculum does the program use?
- Does the program have a support group for fathers/male partners?
- How does the CAN contribute to engaging fathers? What type of services does the CAN provide for fathers/male partners?

c. How effective do you think the fathers/male partners activities are in engaging fathers/partners during pregnancy and after the birth of the infant?
d. What do you think are the strongest components of these activities?
e. How do you measure success of your activities with fathers/male partners?
f. What challenges has HS faced in implementing these activities? What barrier have you faced?
g. What changes would you make to these activities?

8. Now I have some questions about the Community Action Network or CAN.

a. In what ways has the CAN contributed to your HS program?
b. How well do you think your CAN functions as a community network?
c. What do you think are the strengths of your CAN?
d. Are there activities that the CAN has conducted that you think have been the most successful? What were they? How do you define success?
e. Is there active participation of the CAN members?
f. Is there a core group of members who are the most active? How many? What organizations/areas of expertise do they represent?
g. Are there types of organizations and areas of expertise that should be added to the CAN?

9. What do you think are the major accomplishment of your HS program?
PROBES: Tell me about outcomes, core services, specific initiatives (e.g., Fatherhood, Community Action Network or CAN), or innovations.

    a. Who were the key players/drivers of these accomplishments? For example, what were the roles or job functions of people who were responsible for the success of these activities?

10. Overall, what have been the major challenges or difficulties for the program?

    a. What have been the challenges in providing core program services?
    PROBES: For example, services related to outreach/enrollment, case management/ referrals, working with clinical partners
    b. How has COVID-19 affected your program?
    PROBES: For example, what were the changes you had to make with regard to your operations/procedures, outreach/enrollment, connecting with families?

11. I would like to turn to the activities related to HS Benchmarks (INTERVIEWER – REVIEW LIST OF BENCHMARKS IN THE APPENDIX A FOR REFERENCE)

    a. What were some key activities that your HS program has conducted to meet some of the benchmarks?
    b. What do you attribute to the successes in meeting the benchmarks?
    c. What benchmarks have been the most challenging to meet? Why?
    d. Who were the key players/drivers for the success of the benchmarks? For example, what were the roles or job functions of people responsible for activities to meet the benchmarks? Were there some groups/teams that were drivers of success of these activities?

12. In thinking about some of the new national programs/policies, how have they impacted your community?
PROBES: For example, how have immigration reform and protection for immigrants from detention/deportation by the Immigration and Customs Enforcement or ICE, new Federal plans – rescue, jobs, families helped/impacted your program?

    a. Could you describe any effects of these changes to the community?
    b. What are some groups/organizations that have helped implement such policies/programs at the local community level?

13. From your perspective, are there other topic areas that are important for the Healthy Start program that we have not discussed?

    a. If so, what are they?

III. Closing

Those were all the questions that I had, do you have any questions or comments?

Thank you for taking the time to speak with me today. Please feel free to contact me if you have any additional questions. You can also reach us at HSEvalSupport@westat.com.

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APPENDIX A:
HEALTHY START BENCHMARKS

1. Increase the proportion of HS women and child participants with **health insurance** to 90 percent (reduce uninsured to less than 10 percent).

2. Increase the proportion of HS women participants who have a documented **reproductive life plan** to 90 percent.

3. Increase the proportion of HS women participants who receive a **postpartum visit** to 80 percent.

4. Increase proportion HS women and child participants who have a usual **source of medical care** to 80 percent.

5. Increase proportion of HS women participants that receive a **well-woman visit** to 80 percent.

6. Increase proportion of HS women participants who engage in **safe sleep practices** to 80 percent.

7. Increase proportion of HS child participants whose parent/ caregiver reports they were ever **breastfed** or pumped breast milk to feed their baby to 82 percent.

8. Increase proportion of HS child participants whose parent/ caregiver reports they were **breastfed** or fed breast milk at 6 months to 61 percent.

9. Increase the proportion of pregnant HS participants that abstain from **cigarette smoking** to 90 percent.

10. Reduce the proportion of HS women participants who **conceive within 18 months** of a previous birth to 30 percent.

11. Increase proportion of HS child participants who receive the last age-appropriate recommended **well child visit** based on AAP schedule to 90 percent.

12. Increase the proportion of HS women participants who receive **depression screening and referral** to 100 percent.

13. Increase proportion of HS women participants who **receive intimate partner violence (IPV) screening** to 100 percent.

14. Increase proportion of HS women participants that demonstrate **father and/or partner involvement** (e.g., attend appointments, classes, etc.) **during pregnancy** to 90 percent.

15. Increase proportion of HS women participants that demonstrate **father and/or partner involvement** (e.g., attend appointments, classes, infant/child care) **with their child** participant to 80 percent.

16. Increase the proportion of HS child participants aged <18 months who are **read to by a parent or family member** 3 or more times per week to 50 percent.

17. Increase the proportion of HS programs with a fully implemented **Community Action Network (CAN)** to 100 percent.

18. Increase the proportion of HS programs with at least 25 percent **community members and HS program participants serving as members of their CAN** to 100 percent.

19. Increase the proportion of HS programs who establish a **QI and performance monitoring process** to 100 percent.