**DATE:** August XX, 2023

**TO:** Dan Cline, OMB Desk Officer

**FROM:** [Name], HRSA Information Collection Clearance Officer

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**Request**: The Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau requests approval for changes to the Healthy Start Evaluation (OMB 0906-0076 expiration date 08/31/2024).

**Purpose**: The purpose of this request is to make changes to the Healthy Start (HS) evaluation Network Survey and the Participant Survey to provide clarification to survey questions and instructions in response to public comment received on January 18, 2023. This will improve the quality of the data that HRSA receives from HS partners and participants for the evaluation of the HS program, which will allow HRSA to gain a better understanding of training and technical assistance needs among grantees and inform future funding and programmatic decisions.

This memo explains the changes and supporting rationale.

**Changes:****Instruments:**

Table A includes the type of instrument that received the change, the variable name which was altered/added, a description of the change, and the rationale for the change. Attached are the HS Network Survey and Informed Consent (Attachment 1), the HS Network Survey Recruitment Email (Attachment 2), and the HS Participant Survey and Informed Consent (Attachment 3) with the changes tracked, for reference. The overall scope of change is minimal, representing an update of existing content. All edits are to address concerns raised through public comment.

**Time Sensitivity**: The data collection changes must be completed in a timely manner to ensure that the survey data collection schedule will not experience significant delay. Approval of these changes is needed by September 15, 2023, to implement the changes in the data collection instruments and to prepare for the timely collection of data critical to HRSA researchers.

**Burden:** These changes included herein do not substantially change the estimated reporting burden for HS partners and participants. Making these changes will allow HRSA researchers to more accurately capture data from grantee partners and HS participants.

**PROPOSED CLARIFICATIONS AND NON-SUBSTANTIVE CHANGES:**

**Table A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instrument** | **Variable** | **Change implemented** | **Rationale** |
| HS Network Survey | 13a | Question 13a was edited to highlight a CAN 12-month work plan that outlines the CAN’s goals, objectives, activities, entities responsible for completing the work, and timelines. This is one of the criteria for having a “fully implemented CAN” (which is one of the HS grantee benchmarks). | This edit provides important context for question 13b and may help to better orient the respondent to the question and specifically, to clarify which “main current goals” of the HS CAN to consider when responding to question 13b. |
| HS Network Survey | n/a | The following was added to the HS Network Survey recruitment email: “If you have any questions or need assistance with completing the survey, please contact our Study Support Team by email at [HSEvalSupport@westat.com](mailto:HSEvalSupport@westat.com) or by phone at [INSERT PHONE NUMBER**]**.”  The italicized text was added to the HS Network Survey Informed Consent: “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**](mailto:HSEvalSupport@westat.com) **or** by phone at **1800-xxx**.” | The Network Survey is designed to be completed by members of HS grantees’ Community Action Networks (CANs). Members include current and former HS participants, other community members, individuals representing community- based organizations, churches, health care institutions, and providers, among others. It is likely that some members will require assistance completing the survey. We are also adding language to the HS Participant Survey informed consent. |
| HS Participant Survey | 3 | Instructions for this question were edited to specify that “current experience” is intended to mean their current experience or enrollment period in HS. | Clarity is needed to help respondents define “current experience”. |
| HS Participant Survey | n/a | The italicized text was added to the HS Participant Survey Informed Consent: “If you have any questions about this survey, *or if you need help completing the survey*, please contact Westat at **1800xxxx** or email [**HSEvalSupport@westat.com**](mailto:HSEvalSupport@westat.com).” | These instructions are currently in the HS Participant Survey recruitment email only. Adding it to the survey informed consent as well will help ensure that respondents see the information. |
| HS Participant Survey | 39 | This question was revised from “What about Healthy Start has helped you be a more supportive partner? Check all that apply” to “Has Healthy Start Helped you be a more supportive partner? If yes, how? Check all that apply.” | This question, as it was previously worded, was a leading question that presumed HS impact and may have conveyed judgment regarding participants’ need to improve their relationship skills. |
| HS Participant Survey | 40 | This question was revised from “What about Healthy Start has helped you be a better parent? Check all that apply” to “Has Healthy Start Helped you be a better parent? If yes, how? Check all that apply.” | This question, as it was previously worded, was a leading question that presumed HS impact and may have conveyed judgment regarding participants’ need to improve their parenting skills. |

**Attachments:**

1. Healthy Start Network Survey and Informed Consent (All changes and additions are tracked in the attached document)
2. Healthy Start Network Survey Recruitment Email (All changes and additions are tracked in the attached document)
3. Healthy Start Participant Survey and Informed Consent (All changes and additions are tracked in the attached document)