5 Year Assessment of Healthy Start Sites
Healthy Start Performance Project

National Institute for Children's Health Quality (NICHQ)
Technical Assistance & Support Center (TASC)

May 2024

Prepared by:
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Background

Amaka Consulting and Evaluation Services (ACES), LLC is a certified Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) with the Massachusetts Supplier Diversity Office. Since its incorporation in 2016, ACES has provided invaluable expertise in areas such as health and racial disparities, maternal and child health, program evaluation, grant writing, and mixed methods research. With over 60 consultants representing various public health disciplines, the composition of research associates within ACES reflects the diversity of technical skills and content knowledge to meet clients' needs across many domains.

As a MBE and WBE certified firm, many ACES team members bring a cultural depth and sensitivity to our work in, for, and with underserved communities. ACES evaluation work is grounded in our commitment to health equity, racial and social justice, and inclusion. ACES prides itself on maintaining a team of evaluation experts with diverse expertise and backgrounds. Our team members are people of color, immigrants, first-generation college students, and folks from low-income backgrounds.

ACES' ability to integrate a client-centric approach, **public health experience and expertise positions ACES well to work collaboratively with the National Institute for Children's Health Quality's (NICHQ) Healthy Start TA and Support Center (TASC)**. NICHQ is a nonprofit organization aiming to improve the lives of children and families through innovative, community-based, equity-driven initiatives targeting parental and child health.

One of NICHQ's largest initiatives is the Supporting Healthy Start Performance Project (SHSPP), a program aimed at technical assistance and capacity building for the Healthy Start (HS) program, a community-based federal program to eliminate perinatal and infant health disparities consisting of 101 grantees across 34 U.S. states, Puerto Rico, and Washington, D.C. The SHSPP is made possible through a cooperative agreement with the Maternal and Child Health Bureau Division of Healthy Start and Perinatal Services and the Health Resources and Services Administration (HRSA).

During the past five years, the TA & Support Center (TASC) conducted activities aimed at providing technical assistance and support for all Healthy Start projects. For example, TASC launched Learning Academies on topics such as CAN and structural racism; provided webinars on numerous topics such as fatherhood, maternal and infant health, behavioral and mental health, quality improvement, and virtual home visiting; and organized networking cafes to respond to emergent needs. The TASC has hosted regional convenings, virtual all-grantee meetings, and topical summits in an effort to bring the grantee community together.

TASC has convened cohorts designed and led in partnership with Healthy Start staff, focusing on topics such as fatherhood, recruitment and retention, and evaluation. The TASC has also awarded

several scholarships (e.g., certified lactation counseling, mental health and fatherhood training), organized Healthy Start staff support groups, launched a second Healthy Start Collaborative Innovation Networks (COINs), distributed a monthly newsletter, maintained the EPIC Center website, and processed numerous 1:1 Consultation technical assistance (TA) requests.

From November 2023 through January 2024, ACES worked closely with NICHQ SHSPP's team to design and implement an **opt-in survey** to assess HS sites' perceptions of the support given by the TASC over the course of five years, 2019-2023. This five-year assessment provides the TASC an opportunity to evaluate its delivery of technical assistance over the past five years and identify future priority areas. The TASC sought to understand Healthy Start projects' satisfaction with TASC offerings from 2019 to 2023 as well as solicit feedback on where offerings could be improved upon. The TASC was also interested in learning about the specific topics that grantees were interested in receiving additional technical assistance on.

The findings in this report are based upon sites that chose to respond to the survey (*N*=83 grantees) and *are not* intended to be representative of all Healthy Start sites (*N*=101). Furthermore, the responses given by the staff member from sites that completed the survey are not meant to be inclusive of all the perspectives of staff members at their site.

NOTE: Although the survey was completed by 83 unique grantees, there were 126 survey records, meaning that many sites completed the survey more than once. Most likely, either multiple people from the same site completed the survey, or the respondent started the survey and returned to it, opening a new instance of the survey. For quantitative questions, the most complete response (most questions answered) from a site were used. All qualitative responses (open-ended questions) were included for analysis. Beyond descriptive statistics, characteristics of the site and the person completing the questionnaire were examined as predictors of question responses. Chi-square tests were used to examine the statistical strength of these associations.

Abbreviations and Acronyms

ACES	Amaka Consulting and Evaluation Services
CAN	Community Action Network
CEU/CME	Continuing Education Unit/Continuing Medical Education
CHW	Community Health Worker
CLC	Certified Lactation Counselor
COIN	Collaborative Innovation Network
CoLab	Healthy Start CoLaboratory

DHSPS	Division of Healthy Start and Perinatal Services
EPIC	Healthy Start EPIC Center
FIMR	Fetal and Infant Mortality Review
FP	Family Partner
FPC	Fatherhood Program Coordinator
FQHC	Federally-Qualified Health Center
HRSA	Health Resources and Services Administration
HS	Healthy Start
HSMED	Healthy Start Monitoring and Evaluation Data
JSI	John Snow International
LLC	Limited Liability Corporation
M&E	Monitoring and Evaluation
MBE	Minority Business Enterprise
MCH	Maternal and Child Health
MSW	Master of Social Work
NICHQ	National Institute for Children's Health Quality
PSI	Postpartum Support International
QA	Quality Assurance
QI	Quality Improvement
SHSPP	Supporting Healthy Start Performance Project
SMART	Specific, Measurable, Attainable, Relevant, Time-bound
TA	Technical Assistance
TASC	Technical Assistance and Support Center
WBE	Women Business Enterprise
WIC	Women, Infants, and Children

Participants

I. Site Characteristics

Survey respondents (n=83) represented **82.2%** of the 101 HS grantees across the United States. Responding HS sites served primarily urban areas (n=65; 78.3%), with many grantees serving rural areas (n=26; 31.3%) as well as a handful of grantees serving tribal (n=3; 3.6%) and border (n=2; 2.4%) communities. A list of all participating sites is shown below (Table 1).

Table 1. List of Participating Sites (n=83).

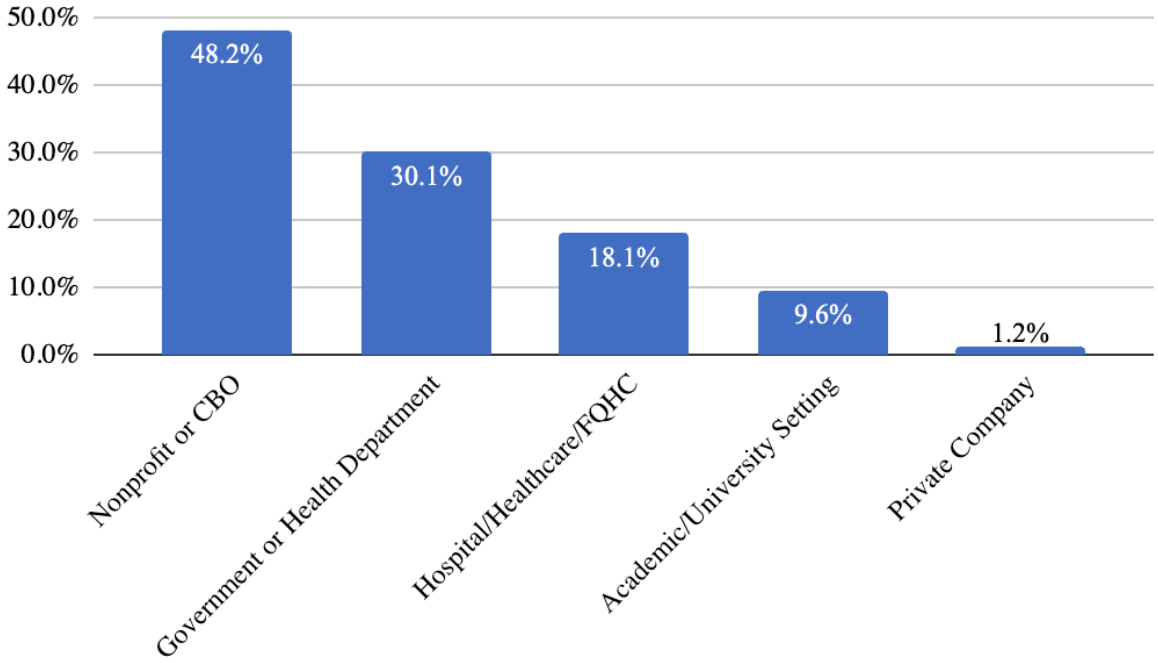
Access Community Health Network	County of Maricopa	North Carolina Department of Health & Human Services
Albert Einstein College of Medicine	County of Multnomah	Northeast Florida Healthy Start Coalition
Albert Einstein Healthcare Network	County of Onondaga	Northern Manhattan Perinatal Partnership
Baltimore Healthy Start	County of Sedgwick	Palmetto Health
BCFS Health and Human Services	County of Tulsa	Pee Dee Healthy Start
Ben Archer Health Center. Inc.	Crescent City WIC Services	Piedmont Health Services and Sickle Cell Agency
Birmingham Healthy Start Plus	Dallas County Hospital District	Project Concern International
Boston Public Health Commission	Delta Health Alliance	Public Health Solutions
Centerstone of Indiana	Family Road (of Greater Baton Rouge)	REACH UP
Centerstone of Tennessee	Family Tree Information Education & Counseling Center	SHIELDS for Families
Children's Hospital Medical Center	Five Rivers Health Centers	South Carolina Office of Rural Health
City of Columbus	Florida Department of Health	Southern Illinois Healthcare Foundation
City of New Orleans	Fort Wayne Medical Society Foundation	Spectrum Health
City of San Antonio	Fund for Public Health in New York. Inc./Healthy Start Brooklyn	The Center for Black Women's Wellness
Cobb County Board of Health	Georgia Department of Public Health	The Center for Health Equity
Colorado Nonprofit Development Center	Gift of Life Foundation	The Corporation of Mercer University

Table 1 (cont.)

Community Health Center of Richmond	Government of the District of Columbia	The Foundation for Delaware County
Community Health Centers	Great Plains Tribal Chairmen's Health Board	The Health & Hospital Corp of Marion County
Connecticut Department of Public Health	Hamilton Health Center	Tougaloo College
County of Clayton	Health Care Coalition of Southern Oregon	University of Arkansas System
County of Cook	Healthy Start	University of Houston System
County of Fresno	Indiana Rural Health Association	University of Illinois
County of Genesee	Institute for Population Health	University of North Carolina at Pembroke
County of Ingham	Inter-Tribal Council of Michigan	University of North Texas Health Science Center at Fort Worth
County of Kalamazoo	Little Dixie Community Action Agency	Urban STRATEGIES
County of Laurens	Louisville-Jefferson County Metro	Virginia Department of Health
County of Los Angeles	Maternity Care Coalition	West Virginia University Research Corporation
County of Lucas	Newark Community Health Centers	

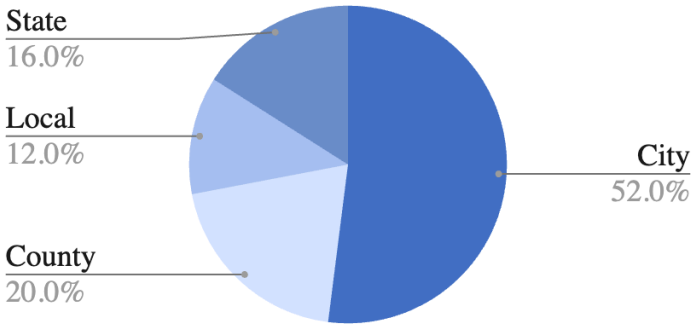
Nearly half of responding sites (n=40; 48.2%) reported that the fiduciary for their HS grant was a **nonprofit or community-based organization**, while other common fiduciary types included city, county, local, or state governments or health departments (n=25; 30.1%); hospitals, healthcare organizations, or FQHCs (n=15; , 18.1%); and academic institutions or universities (n=8; 9.6%). The fiduciaries represented in the present report are shown below (Figure 1).

Figure 1. Types of Fiduciaries for HS Grantees Included in Assessment.



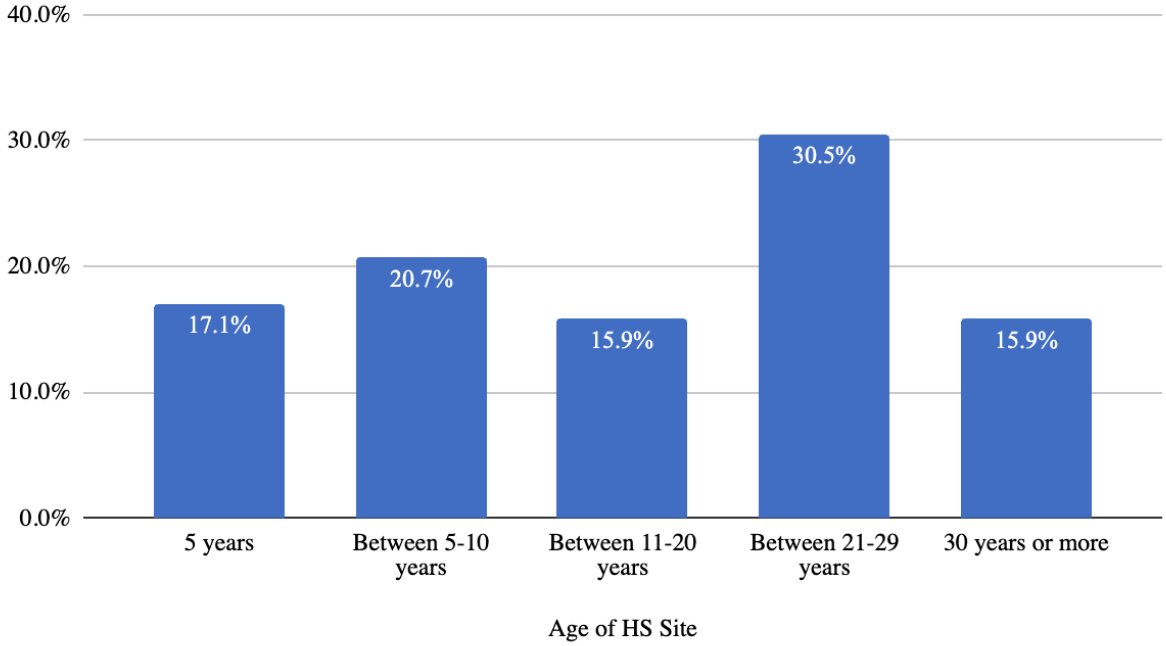
Of the grantees supported by a **government or health department** (n=25), the majority were at the city level (n=13; 52.0% of governmental fiduciaries), followed by county (n=5; 20.0%), state (n=4; 16.0%), and local governments (n=3; 12.0%) (Figure 2).

Figure 2. Governmental Fiduciaries by Level of Jurisdiction (n=25).



Respondents represented HS sites of varying longevity, with HS sites **ranging between 5-34 years** since their establishment (mean: 18.2 ± 9.5 years). Fourteen (17.1%) of the HS sites had been in existence for 5 or fewer years; seventeen HS sites for between 5-10 years (20.7%); thirteen for 11-20 years (15.9%); twenty-five for 21-29 years (30.5%); and thirteen for 30 years or longer (15.9%) (Figure 3).

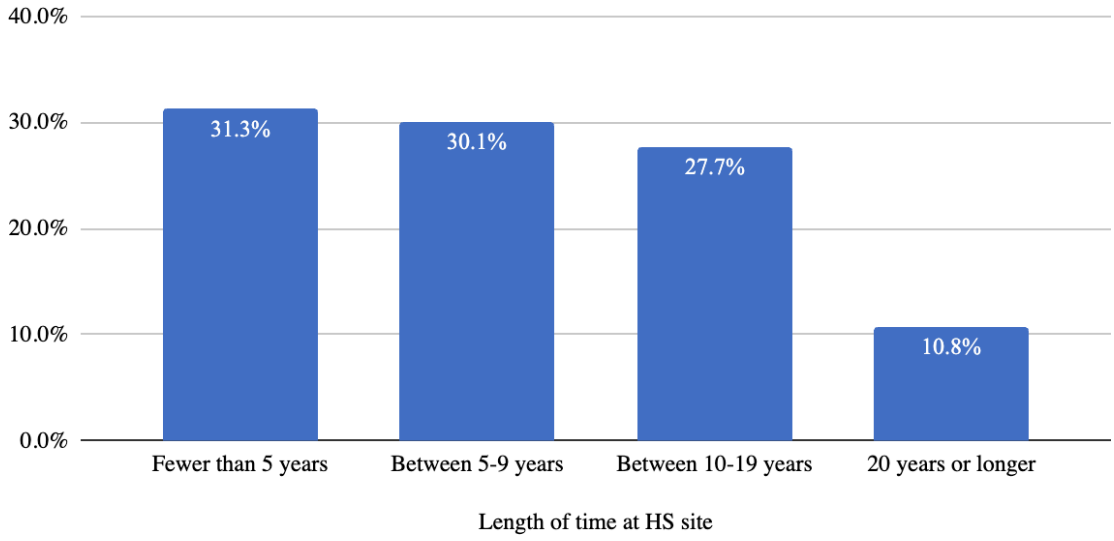
Figure 3. Age of Responding HS Sites.



II. Respondent Characteristics

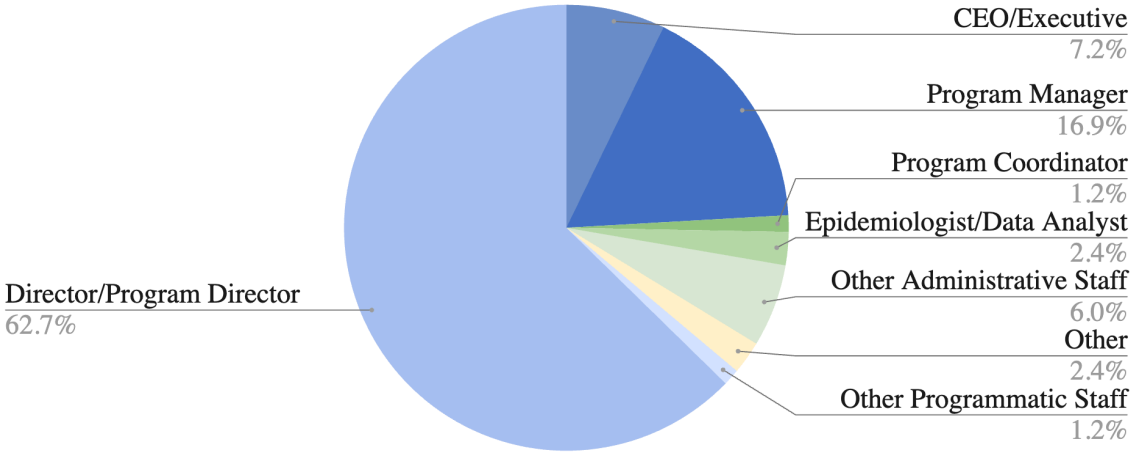
Respondents had a wide range of years of experience working at their HS sites (0-32.5 years; mean: 9.0 ± 7.2 years). Twenty-six respondents (31.3%) had been at their site for **fewer than 5 years**; twenty-five had been at their site **for 5-9 years** (30.1%); twenty-three for 10-19 years (27.7%); and nine for 20+ years (10.8%) (Figure 4). In addition, twenty-three respondents (27.7%) had been at their HS site since its inception.

Figure 4. Respondent Tenure at HS Site.



Survey respondents had varying degrees of responsibility at their HS site. Most commonly, the survey was filled out by a director or program director (n=52; 62.7%), followed by program managers (n=14; 16.9%), and CEO/executive directors (n=6, 7.2%). A full breakdown of respondents by job titles is shown below (Figure 5).

Figure 5. Survey Respondents by Job Title.

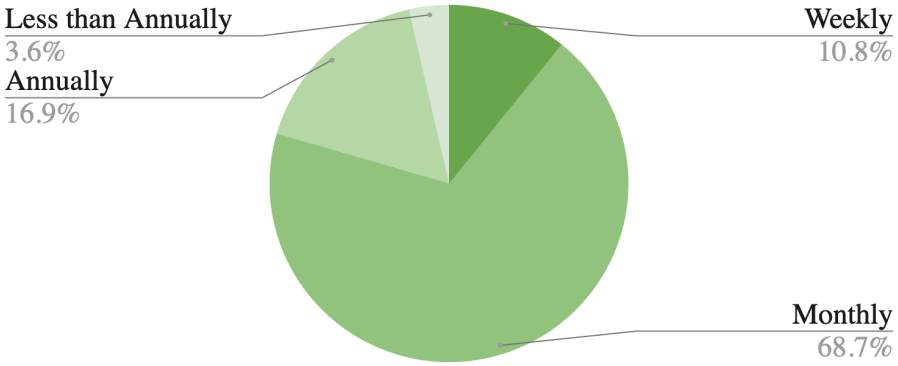


Results

I. TASC Utilization

All sites reported some degree of TASC utilization in the last five years, and the degree of frequency ranged from weekly to less than annually. The majority of sites reported utilizing TASC services **on a monthly basis** (n=57; 68.7%), while others reported using TASC weekly (n=9; 10.8%), annually (n=14; 16.9%), or less than annually (n=3; 3.6%) (Figure 6). No sites reported daily use of TASC services.

Figure 6. Frequency of TASC Utilization.



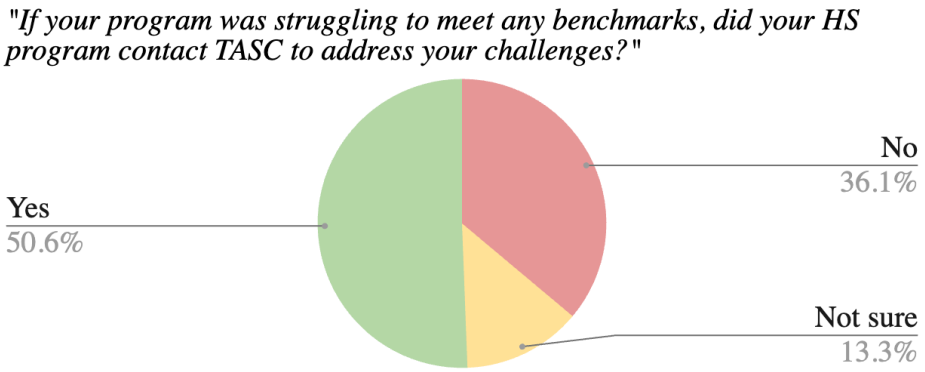
At least three-quarters of the sites accessed **webinars** (n=78; 94.0%), **grantee meetings** (n=76; 91.6%), **the EPIC website** (n=72; 86.7%), and/or **newsletters** (n=64; 77.1%). Activities attended or accessed by over half of the sites included the CHW course (n=60; 72.3%), other in-person events (n=51; 61.4%), and/or 1:1 consultations (n=47, 56.6%). Least frequently accessed were COIN (n=26; 31.3%), communities of practice or workshop series (n=25; 30.1%), HS staff support groups (n=23; 27.7%), the mentoring program (n=23; 27.7%), and online engagement practices such as CoLab (n=16; 19.3%) (Figure 7)

Figure 7. TASC Offerings by Grantee Utilization Rate.

Utilization of TASC activities differed slightly by program setting and by respondent job title. **Urban sites were more likely than rural sites** to report they had participated in webinars (96.9% vs. 83.3%, p=0.03) and 1:1 consultations (63.1% vs. 33.3%, p=0.03). There was no significant difference in participation by site setting for other types of events. In addition, directors/CEOs were less likely to report use of 1:1 consultations than other staff (46.6 vs. 80.0%, p<0.01). Services received did not vary by the time the site had a HS grant.

Notably, despite high general utilization of the TASC, **only around half of the sites** (n=42; 50.6%) **reported contacting the TASC if their site was struggling to meet benchmarks** (Figure 8).

Figure 8. Grantee Utilization of TASC when Struggling to Meet Benchmarks.



When asked why sites did not reach out to TASC **when they struggled to meet benchmarks**, participants noted staff turnover, staffing transitions, feeling the TASC was not helpful in the past (lack of confidence), time constraints of the TA process and resolution, inadequate programmatic compensation, concern that funding would be reduced if benchmarks were not met after having TA, vague guidance, having internal resources (like QI teams) that could better address the issues, the nature of the benchmarks and the cultural or systemic barriers to meeting them, and internal organizational challenges that sites felt could not be helped by TA. As one grantee put it:

*"We did not need to discuss the challenges with TA, as **this would not have changed the outcomes** of the challenges we were addressing."*

Strategies that **helped with meeting the benchmarks** included joining topic-specific cohorts to learn from peers, using internal organizational quality improvement methods, using an outside evaluator, receiving resources in the prior grant cycle, connecting with TASC staff at meetings, identifying performance concerns with sub-recipient sites and working together to amend, and utilizing local partner relationships and state data to improve outcomes:

*"We consulted with our local [redacted] county Perinatal and Early Childhood Home Visitation Consortium for support and resources related to breastfeeding. This also helped us to see that our breastfeeding outcomes were **aligned with outcomes within our immediate service area.** We also connected with one of our local partnering hospitals for direct support for our clients relating to breastfeeding."*

II. TASC Satisfaction

Satisfaction was high with TASC overall, with 73 (88%) reporting they were *Very satisfied* or *Satisfied*, and the remainder reported *Neutral*. Over 90% reported they were *Very satisfied* or *Satisfied* with webinars, resources on the EPIC website, newsletters, grantee meetings, CHW courses, and scholarships and training. Satisfaction was lower for HS staff support groups (78%),

COIN (77%), and online engagement platforms (69%). Median satisfaction was highest for scholarships and training and lowest for online engagement platforms (Table 2).

Table 2. Grantee Satisfaction with TASC Activities/Resources.		***n (%)***
TASC overall (n=83)		
	Very satisfied	34 (41.0)
	Satisfied	**39 (47.0)**
	Neutral	10 (12.1)
Webinar offerings (n=78)		
	Very satisfied	29 (37.2)
	Satisfied	**45 (57.7)**
	Neutral	4 (5.1)
One-on-one consultation TA (n=47)		
	Very satisfied	17 (36.2)
	Satisfied	**24 (51.1)**
	Neutral	4 (8.5)
	Dissatisfied	2 (4.3)
Resources on EPIC (n=72)		
	Very satisfied	25 (34.7)
	Satisfied	**41 (56.9)**
	Neutral	4 (5.6)
	Dissatisfied	2 (2.8)
Newsletters (n=64)		
	Very satisfied	21 (32.8)
	Satisfied	**41 (64.1)**
	Neutral	2 (3.1)
Grantee meetings (n=75)		
	Very satisfied	29 (38.7)
	Satisfied	**41 (54.7)**
	Neutral	4 (5.3)
	Dissatisfied	1 (1.3)
CHW course (n=60)		
	Very satisfied	23 (38.3)
	Satisfied	**32 (53.3)**
	Neutral	3 (5.0)
	Dissatisfied	2 (3.3)
HS staff support groups (n=23)		
	Very satisfied	5 (21.7)
	Satisfied	**13 (56.5)**
	Neutral	5 (21.7)

Table 2 (cont.)

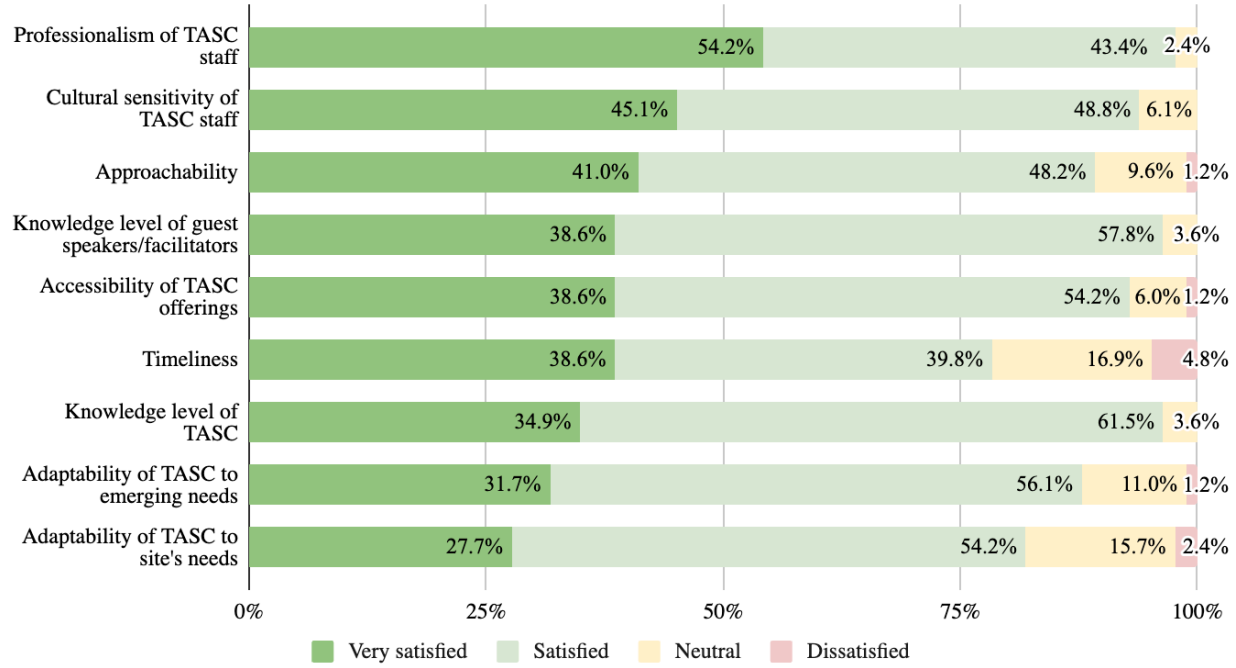
Mentoring program (n=23)		
	*Very satisfied*	8 (34.8)
	Satisfied	**11 (47.8)**
	Neutral	4 (17.4)
Scholarships and training (n=51)		
	***Very satisfied***	**27 (52.9)**
	Satisfied	20 (39.2)
	Neutral	4 (7.8)
COIN (n=26)		
	*Very satisfied*	7 (26.9)
	Satisfied	**13 (50.0)**
	Neutral	4 (15.4)
	Dissatisfied	2 (7.7)
Communities of practice or workshop series (n=24)		
	*Very satisfied*	4 (16.7)
	Satisfied	**16 (66.7)**
	Neutral	3 (12.5)
	Dissatisfied	1 (4.2)
Online engagement platform (n=16)		
	*Very satisfied*	4 (25.0)
	Satisfied	**7 (43.8)**
	Neutral	3 (18.8)
	Dissatisfied	2 (12.5)
Other in-person events (n=51)		
	*Very satisfied*	22 (43.1)
	Satisfied	**23 (45.1)**
	Neutral	6 (11.8)

Satisfaction with TASC activities and resources **differed by site characteristics such as site longevity and respondent job title.** Sites with a shorter history on average were more satisfied with 1:1 consultations ($p=0.02$). Director/CEOs were more satisfied, on average, with the CHW courses and staff support groups ($p<0.01$). There were no differences between urban and rural sites in terms of satisfaction with services.

Grantees also reported on satisfaction with other aspects of the TASC, such as professionalism, approachability, and knowledge level of staff members. **Over 90% of the sites** reported being *Satisfied* or *Very satisfied* with the knowledge level of the TASC staff and guest speakers, the professionalism and cultural sensitivity of the TASC staff, and the accessibility of the offerings. Above 80% reported **satisfaction with the adaptability** of TASC to the site's needs and to

emerging needs, and approachability of the TASC staff. **Lowest satisfaction was with timeliness** (78%) (Figure 9).

Figure 9. Grantee Satisfaction with Various Additional Aspects of the TASC.



Although dissatisfaction with the TASC and its offerings was relatively low, respondents were **asked to elaborate on any dissatisfaction** in a brief text field. Participants said they experienced delays in hearing back from TASC staff (anywhere from immediate, 1-2 weeks, months, or never) for items like adding staff to listservs and accessing EPIC trainings (particularly for CHWs), feeling like their site's circumstances were unique and not generalizable, outdated content on websites, a desire for a more interactive and ongoing HRSA advocate training, inefficient time during TA sessions, issues or errors with the custom forms and performance measures reporting (incorrect auto-filled denominators leading to manual calculation), and the lack of visibility and collaboration from the TASC. One participant noted that more one-on-one TA sessions would have been more useful.

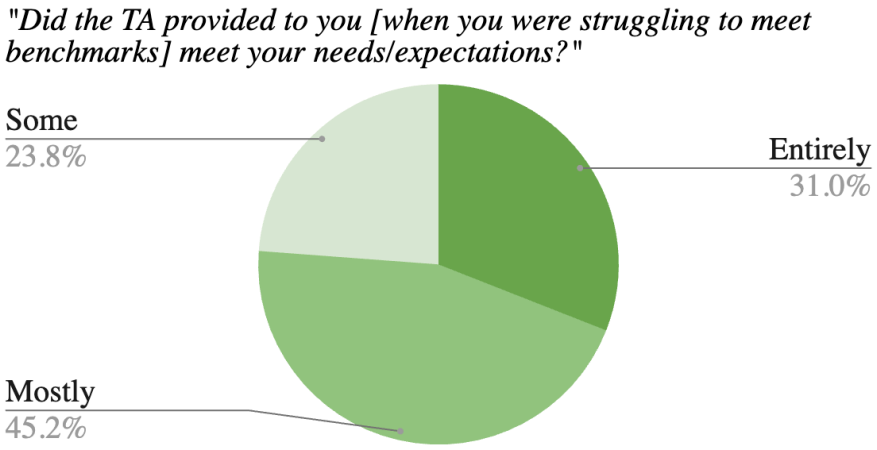
*"We often ended [TA sessions] with **unfinished projects and unclear next steps.** We would join meetings and the TA would spend the meeting time 'checking' individual clients rather than hearing our overall system issues with the given report. It would've been more efficient for the TA **to look into these issues offline** and come up with solutions or explanations."*

*"Finding out after many months that we were the pilots for the PM report was demoralizing. In addition, we were told to write 'we will check' in the [redacted] warning comments, rather than **addressing the underlying issues**."*

*"The visibility of and engagement of programs by the TASC, as operated by NICHQ-NHSA as opposed to JSI in the previous competitive cycle, just seemed to be **less collaborative and uplifting**."*

Sites also reported on their satisfaction with TA received when they were struggling to meet benchmarks. **All sites endorsed that the TA met their needs to some extent**, ranging from *Entirely* (31.0%; n=13) to *Mostly* (45.2%; n=19) to *Somewhat* (23.8%; n=10) (Figure 10).

Figure 10. Satisfaction with TA Provided when Struggling to Meet Benchmarks.



Satisfaction with TA provided when struggling to meet benchmarks differed by respondent job title, whereby directors/CEOs were less likely to say that the TA provided when they were struggling with meeting a benchmark met their needs (p=0.03).

In open-ended responses, participants shared that **TA met expectations when clear (step-by-step) strategies were provided**. Participants shared that they also appreciated when excellent tools/resources, access to other grantees to share best practices, and examples of how to increase engagement were provided. Special mention was made of high satisfaction with the Fatherhood and Recruitment Efforts support.

"TASC broke down the concepts related to the benchmark, provided context, and solutions to how to capture the work we were doing. They also discussed how to improve our approach to meeting families where they begin."

Participants shared that **when expectations were not met** it was due to not providing workflows specific to the type of organization (FQHC, community organization, etc), offering resources that

already had been provided, not following up, and not closing the loop once guidance was given were common concerns.

*"How we are set up as a community organization **required a steeper learning curve** for TASC support. We spent a lot of time **catching up for understanding** organizational dynamics rather than in the details of the support we needed. When we worked with [name redacted]. She had helpful suggestions, but they **didn't quite apply to our organizational context.** [Her] recommendations felt very cookie cutter and not developed specifically for us. She was not patient enough to coach us through understanding and often **stopped the call before we could fully understand**."*

Even if effort in offering TA was expended, sometimes it was still not enough:

*"[We had] good communication with staff about the issue, tips and guidance were on point, [but it] **just didn't drive the needle** as much as we would've hoped."*

III. TASC Impact

Respondents were asked the degree to which they felt TASC had an impact on their programs. TASC was reported as being **most effective in enhancing skill sets** (84.3% agree; n=70), **providing relevant information** (95.2% agree; n=79), and **providing information/assistance that helped serve families better** (88.0% agree; n=73) (Table 3). In addition, 87.9% of respondents (n=73) reported that **they would recommend TASC to a colleague**.

Table 3. TASC Impact on Grantee Operations (*N*=83).		***n* (%)**
"The TASC helped to enhance my skill sets."		
	Strongly agree	24 (28.9)
	Somewhat agree	**46 (55.4)**
	Neither agree nor disagree	13 (15.7)
"The information or assistance provided by the TASC was relevant to my work."		
	Strongly agree	**48 (57.8)**
	Somewhat agree	31 (37.4)
	Neither agree nor disagree	4 (4.8)
"The information or assistance provided by the TASC has helped our program to serve our families better."		
	Strongly agree	34 (41.0)
	Somewhat agree	**39 (47.0)**
	Neither agree nor disagree	10 (12.1)

When asked **what participants have learned from the TASC that they have shared with a colleague**, participants offered a range of responses: fatherhood webinars, recruitment strategies,

and resource links; information on implementing the CAN; CAREWare-related information; mental health toolkits; Cuff Kit Pilot Project support; home visitor-related training and support; breastfeeding tools; information on upcoming trainings, cohorts and meetings; anything that would help new colleagues get an orientation to Healthy Start; resources on evidence-based practices and curriculum development; the CHW course and the EPIC website overall; in-person events and opportunities to network; subject matter experts; strategies on how to more efficiently analyze the data and share it; other organizational structures and staffing approaches to look to; information on new health disparities in other cities; information on expectations from HRSA; infographics; and scholarship opportunities. The below quotes offer some context for these responses:

"We have shared how we capture services to fathers. ***We built on the ICE method of engaging fathers, and added another****, 'E' for equitable engagement. [Inclusion, Collaboration/Connection, Equitable Engagement, and Enrollment]. We are also developing something similar for breastfeeding coming soon."*

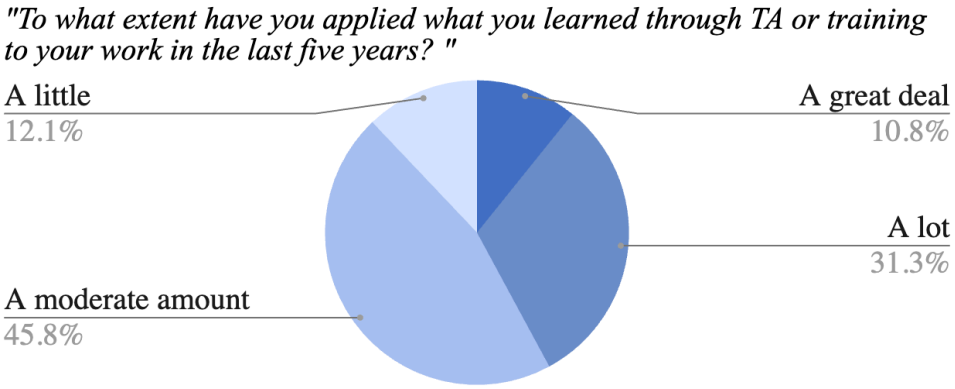
Some participants noted they cannot recall sharing anything or did not share anything with a colleague. Others said they have shared all resources with their staff.

"I shared information/knowledge gained from the consumer convening with others. That experience was ***one of the most engaging and impactful meetings*** *that I attended in the last 5 years!"*

"The TIROE Community of Practice was an amazing experience for our team. We still talk about Coach Linda (what would Coach Linda do!). The timing of the COP was also an important time for us to be laying in place some support to staff as we returned to in person work and visits to homes with families following the COVID 19 pandemic."

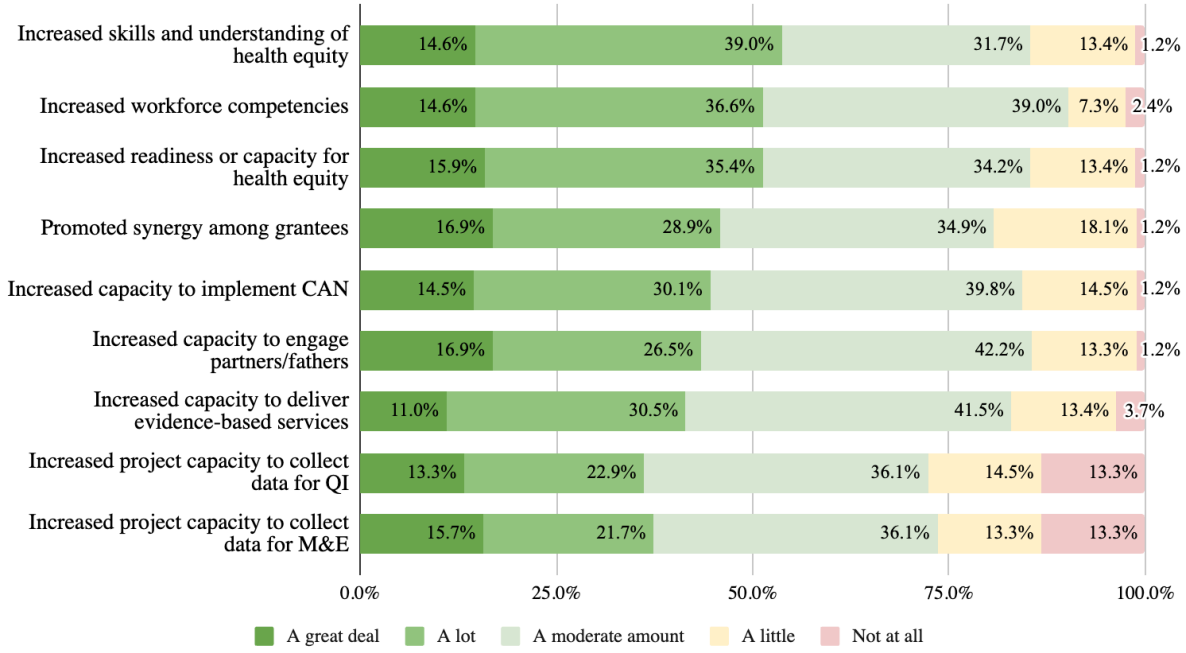
Respondents were also asked the extent to which they have **applied what they learned through TA or training to their work in the last five years**, with the majority of responses falling into either *A moderate amount* (n=38; 45.8%), *A lot* (n=26; 31.3%), or *A great deal* (n=9; 10.8%) (Figure 11).

Figure 11. Grantee Application of TASC Information to Their Work.



Respondents were also asked how TA provided by the TASC impacted specific capabilities at their site over the last five years. Capabilities impacted the most by TASC (defined by responses *A moderate amount*, *A lot*, or *A great deal*) were **skills and understanding of health equity** (85.3% reporting a moderate to large impact of TASC); **workforce competencies** (90.2%); and **readiness or capacity for health equity** (85.5%). The capabilities least impacted by TASC involved **project capacity for data collection for quality improvement** (27.8% reporting little to no impact of TASC) and M&E (26.6%) (Figure 12).

Figure 12. TASC Impact on Site Capabilities.



Of the sites who reported increased capacity for evidence-based services, **the content areas and services most likely to be impacted** were fatherhood (n=50; 60.2%), breastfeeding (n=44;

53.0%, recruitment and outreach (n=44; 53.0%), and community engagement (n=42; 50.6%). Similar trends were observed for increased workforce competencies, with the most impacted services being fatherhood (n-45; 54.9%), breastfeeding (n=41; 50.0%), and community engagement (n=39; 47.6%). The content areas and services least impacted by increased capacity for evidence-based services were consortium evaluation (n=12; 14.5%), CAREware (n=12; 14.5%), and group-based education and care (n=18; 21.7%). Consortium evaluation was also the service least impacted by increased workforce competencies (n=9; 11.0%), followed by CAREware (n=10; 12.2%) and developing a community action plan (n=15; 18.3%).

There were some observed differences in TASC's impact on site capabilities, as well as the content areas and services helped by increased workforce competencies. **Sites with a shorter history** were more likely to report their capacity for delivering evidence-based services, implementing the CAN, and evaluation had increased ($p<0.01$). **Sites with a longer history** were more likely to report an increased capacity for virtual services delivery ($p<0.01$). Director/CEOs were more likely to report increased capacity for evaluation (31.0% vs. 4.0%, $p<0.01$).

In addition, **urban sites** were more likely to report that increased workforce competencies helped with consortium formation (30.8% vs. 5.6%), recruitment and outreach (46.2% vs. 22.2%), and data collection for monitoring and evaluation (46.2% vs. 22.2%). **Sites with a longer history** were more likely to report that increased workforce competencies helped provide behavioral and mental health and virtual services delivery ($p<0.05$).

When asked what was the **most useful resource received from the TA during the last five years**, several participants noted the webinars, 1:1 consultations, CHW course training, breastfeeding, Fatherhood resources, and CAREWare. Other significant responses included:

*"The **ability to learn from other Health Start leaders** such as Alma in the Bronx and Mary in New Orleans."*

*"The ability to build custom reports and forms gave us **a lot of freedom to QA our own data** and gather the specific data we need as an agency."*

*"We had staff participate in the CAN Learning Academy. **This opportunity was timely** as we had experienced turnover in the position in particular."*

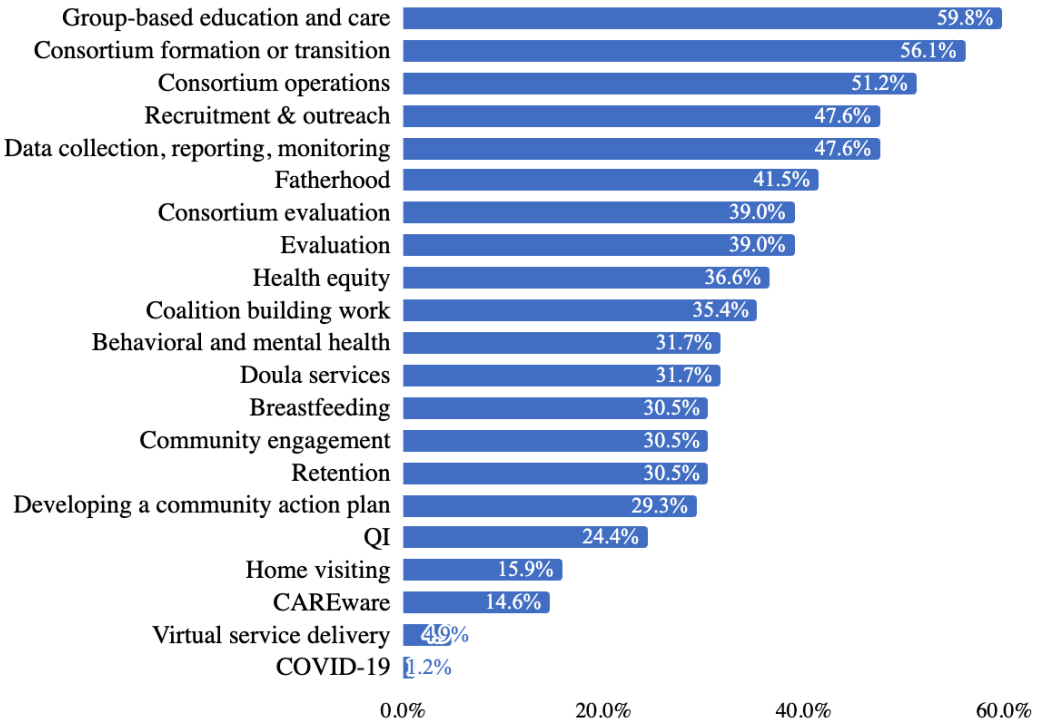
*"Assistance with virtual services delivery. **During COVID**, our staff was having a difficult time retaining participants and gaining access to them. The TA assisted us with this and coming up with unique ideas."*

"Aspiring Leadership Series - it was a TA request that was very well received by staff and CAN".

IV. TA Needs & Opportunities for the Next Five-Year Cycle

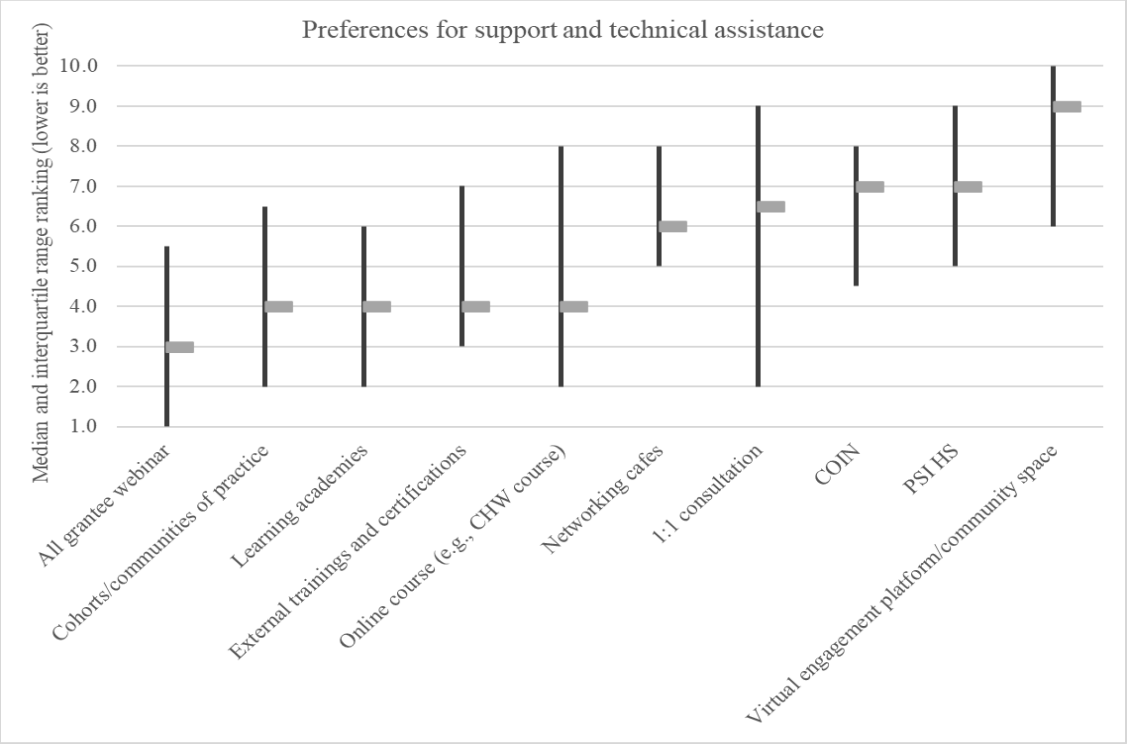
Most grantees expected their need for TA to stay the same (n=44; 53.7%) **or increase** (n=37; 45.1%), with only one expecting it to decrease. **However, grantees endorsed a wide range of content areas, services, tools, and processes requiring further technical assistance**. Over half of respondents reported that group-based education and care would require TA (n=49; 59.8%), followed by consortium formation or transition (n=46; 56.1%); consortium operations (n=42; 51.2%); recruitment and outreach (n=39; 47.6%); and data collection, reporting, and monitoring (n=39; 47.6%). Areas least prioritized for future funding cycles include COVID-19 (n=1; 1.2%), virtual service delivery (n=4; 4.9%), and CAREware (n=12; 14.6%) (Figure 13). **There were no differences between urban and rural sites**, or based on the time the site was in existence, in terms of anticipated needs.

Figure 13. Priority Areas for TASC in the Next 5 Years.



There was substantial variation in response to preferences for support and technical assistance, with all options being ranked *1st* and *9th or later* for at least one site. Median rank was highest for all-grantee webinars, cohorts/communities of practice, and learning academies. Lowest rank was a virtual platform, PSI support group, and COIN (Figure 14).

Figure 14. Preferences for Support and Technical Assistance.



When asked what other support **options grantees would like to see provided by the TASC**, they noted CEUs; CAREware; regularly scheduled one-on-ones with TA and grantee, recommend quarterly; more mental health information/training; mentorship; in-person trainings; more scholarships for advocates and supervisors; and strategies on how to address postpartum culturally. A few other unique responses included the following:

> *"Program Staff assessment. **It would be nice to have an assessment** that programs can routinely send their program staff to gauge their knowledge for continuing education and program service delivery. For example, the CHW training is offered but there isn't an assessment to see where they are prior to completing the course and an annual check to see where areas of improvement may be required. This would be great for community engagement, retention, data collection and monitoring, etc. I currently complete these activities at my site but it is a lot of work for one person in addition to my other responsibilities as a Director."*

"1. More information on strategies for staff recruitment and retention. 2. Addressing MCH in a post-COVID world 3. ***deeper dive into staff roles and responsibilities*** *in a real work setting 4. More sessions that are for Project Directors that are geared toward joint problem-solving."*

*"****More support groups or interactions*** *related to data collection, evaluation, reporting and monitoring. The opportunity or space for data collection/ Epidemiologists to collaborate, share concerns/ wins, etc."*

"We have had to do direct outreach and virtual outreach - would be helpful if it were ***more intentionally supported in our ability to connect*** *with others who are navigating similar situations and challenges. We have had soft introductions from our Project Officer but perhaps a matching system would be helpful in some way."*

"TASC should collaborate with Project Officers to identify TA needs of their grantees and maybe that will increase utilization. ***Create a Healthy Start orientation video*** *regarding history, purpose and goals and then include instructions for each grantee to share their local data and services."*

"I would like to see more peer communities of practice spaces. In addition, ***offering more Spanish translation*** *for their services and/or dedicated Spanish services."*

When asked **what the TASC helps with that grantees would otherwise not easily find help** with at their site, they cited one-on-one consultations, interactive program-specific advice, grant requirement support, various toolkits, Technical Assistance for CAREWare, and connections with other Healthy Start sites. Other unique responses included the following:

"Resources on a national level. ***Keeping sites updated on the current events/guidelines.****"*

"The ***various tool kits*** *have been helpful for CAN and Fatherhood."*

"A vast ***assortment of webinars and trainings/certifications****, scholarships, and 1 on 1 consultations on benchmark goals."*

"Lots of ***readily available resources*** *that are specific to Healthy Start."*

When asked what advice they would give to the TASC to **improve its offerings in the next grant cycle**, responses noted periodic direct calls to the Healthy Start sites to check in with the

Program Director, quarterly or 6-month calendar of events to plan out how and what the site/teams should participate in, specific resource list that pertains to individual sites, and more engaging and personalized learning opportunities based on a site's needs. Other unique suggestions included the following:

> *"**Create an access point** for Director monitoring of staff engagement with TASC. It would be helpful to see which TASC activities staff engaged in such as CHW completion or webinars attendance without having to send an email for program oversight and reporting."*

> *"Provide **more trainings/resources** to support the creation and implementation of the Community Consortium."*

> *"More webinars or trainings **for fatherhood engagement specifically** case management for dads."*

> *"Let webinar attendees know in advance **the training will be interactive** and whether they need to download (ahead of time) some other random software program in order to effectively participate."*

> *"HS sites, although similar, often vary in structure. General information sometimes is not helpful. Get to know the site and **really tailor information to the site**. One of the best things that helped us through a difficult situation was when our PO connected us to a site with a similar structure that had been through a similar circumstance. **Peer learning is amazing** and it grows the connections throughout the HS network of programs."*

Executive Summary and Conclusion

Response and Participation

Over 80% of grantee sites participated in the survey, with good participation from both urban and rural sites, though urban sites comprised the majority of participants in the evaluation. Only small numbers of tribal and border sites participated; relatively few of those sites exist, so this does not necessarily represent low levels of participation, but makes generalizing by these factors difficult. Responding sites had been established for a wide range of years (5-34 years), and respondents had a wide range of years of experience at their site. For the most part, administrators (Directors or Program Directors) at the sites filled out the survey, and it is possible that more mid-level employees would have different perspectives.

TASC Utilization & Successes

A large majority of the sites who participated in TASC activities participated fairly frequently, and the majority of sites reported utilizing the TASC on a monthly basis. Sites were overall satisfied with TASC offerings, and at least three-quarters of the sites accessed webinars, grantee meetings, the EPIC website, and/or newsletters. Urban sites were more likely than rural sites to report they had participated in webinars and 1:1 consultations, but there was no significant difference in participation by site setting for other types of events.

Sites were quite satisfied with the knowledge level of the TASC staff and guest speakers; professionalism, approachability, and cultural sensitivity of the TASC staff; and the accessibility of the offerings. Respondents were particularly satisfied with webinars, resources on the EPIC website, newsletters, grantee meetings, CHW courses, and scholarships and training. Sites reported that TASC assisted in developing capabilities for several HS competencies, and there were no differences between urban and rural sites in terms of satisfaction with services.

Sites were also asked the degree to which they felt TASC had an impact on their programs. TASC was reported as being most effective in enhancing skill sets, providing relevant information, and providing information/assistance that helped serve families better. Sites were also asked the extent to which they have applied what they learned through TA or training to their work in the last five years, with the majority of responses being a moderate amount to a great deal. Capabilities impacted the most by TASC were skills and understanding of health equity, workforce competencies, and readiness or capacity for health equity.

Mixed Results for Engagement

Despite high general utilization of the TASC, only around half of the sites reported contacting the TASC if their site was struggling to meet benchmarks. When asked why sites did not reach out to TASC when they struggled to meet benchmarks, participants noted staff turnover, staffing transitions, feeling the TASC was not helpful in the past (lack of confidence), time constraints of the TA process and resolution, inadequate programmatic compensation, concern that funding would be reduced if benchmarks were not met after having TA, vague guidance, having internal resources (like QI teams) that could better address the issues, the nature of the benchmarks and the cultural or systemic barriers to meeting them, and internal organizational challenges that sites felt could not be helped by TA.

Since TASC's expertise is presumably most useful to those sites, there may be opportunities to make resources more clearly available. This may also be reflected in, in these circumstances, a quarter indicated that the TA met their needs only somewhat. When asked the extent to which respondents had applied what they learned through TA or training to their work in the last five

years, a plurality said “a moderate amount”. Similarly, a majority said they “somewhat agreed” that the TA improved their skill set.

In regards to satisfaction with TASC services, lowest satisfaction was with timeliness. Participants said they experienced delays in hearing back from TASC staff (anywhere from immediate, 1-2 weeks, months, or never) for items like adding staff to listservs and accessing EPIC training (particularly for CHWs). Despite this, all sites endorsed that the TA met their needs to some extent. The capabilities least impacted by TASC that were reported by the sites involved project capacity for data collection for QI and monitoring and evaluation.

Opportunities for Improvement: TASC

Most grantees expected their need for TA to stay the same or increase. Grantees provided suggestions regarding how TASC can improve its offerings in the next grant cycle. Responses included more regular check-ins from TASC, additional planned events, a resource list specific to the site and their needs, and additional training/webinars for fatherhood engagement. An outstanding recommendation noted that TASC recognizes that HS sites, although similar, often vary in structure. While general information can be useful, TASC must tailor information to the site. Connecting sites to those with similar structures can be highly beneficial to the growth and connection of the HS network.

When asked what other support options grantees would like to see provided by the TASC, they noted CEUs; CAREware; regularly scheduled one-on-ones with TA and grantee, recommend quarterly; more mental health information/training; mentorship; in-person trainings; more scholarships for advocates and supervisors; and strategies on how to address postpartum culturally. When asked what advice they would give to the TASC to improve its offerings in the next grant cycle, responses noted periodic direct calls to the Healthy Start sites to check in with the Program Director, quarterly or six-month calendar of events to plan out how and what the site/teams should participate in, specific resource list that pertains to individual sites, and more engaging and personalized learning opportunities based on a site’s needs.

Strategies that helped with meeting the benchmarks included joining topic-specific cohorts to learn from peers, using internal organizational quality improvement methods, using an outside evaluator, receiving resources in the prior grant cycle, connecting with TASC staff at meetings, identifying performance concerns with sub-recipient sites and working together to amend, and utilizing local partner relationships and state data to improve outcomes

Conclusion

Overall, the evaluation indicated widespread usage of TASC services and general satisfaction with those services. However, a few places for improvement were identified, and several suggestions for additional assistance and formatting for that assistance.

Appendix

Appendix A. Assessment Questions and Corresponding Tables/Figures.

Question Text	Question Number	Table / Figure Number
"Please tell us your project name."	Q1	Table 1
"Who is the fiduciary for your Healthy Start grant?"	Q3	Figure 1 Figure 2
"How long has your Healthy Start been in existence?"	Q4	Figure 3
"How long have you been working at your Healthy Start?"	Q5	Figure 4
"What is your job title at your HS?"	Q6	Figure 5
"On average, how often would you say you or someone at your site utilized TASC services (including attending webinars, having 1:1 consultations, or using resources on the website) in the past five years?"	Q7	Figure 6
"Which of the following TASC activities/resources have you accessed in the last five years? Please select all that apply."	Q8	Figure 7
"If your program was struggling to meet any benchmarks, did your HS program reach out to TASC to address your challenges?"	Q11	Figure 8
"Please rank your overall satisfaction with TASC and its activities/resources over the last 5 years."	Q9	Table 2
"Please rate your satisfaction with the following aspects of TASC over the last five years."	Q10	Figure 9
"Did the TA provided to you at that time meet your needs/expectations?"	Q13	Figure 10
"Please think about any information or assistance you have received from the TASC over the last five years and rank how much you agree or disagree with the following statements."	Q15	Table 3
"To what extent have you applied what you learned through TA or training to your work in the last five years?"	Q17	Figure 11

Question Text	Question Number	Table / Figure Number
"Please rate the extent to which the support you received from TASC impacted the following capabilities at your site over the past five years."	Q18	Figure 12
"Which priority areas do you anticipate will require further technical assistance and support to increase or sustain your services in the next funding cycle? Please check all that apply."	Q21	Figure 13
"As we look towards the next 5 years, please rank the following options for support and technical assistance, with the first being the most preferred method going forward and the last being the least preferred."	Q22	Figure 14

Appendix B. Healthy Start Five-Year Assessment - Full Text

Introduction

Background:
This five-year assessment provides the Healthy Start Technical Assistance & Support Center (TASC) an opportunity to evaluate its delivery of technical assistance over the past five years (2019 - 2024) and identify future priority areas. Your participation in this Five-Year Assessment is especially important, as we enter the future funding cycle. We hope to hear from all 101 Healthy Start programs in this assessment.

During the past five years, the TA & Support Center (TASC) conducted activities aimed at providing technical assistance and support for all Healthy Start projects. For example, TASC launched Learning Academies on topics such as CAN and structural racism; provided webinars on numerous topics such as: fatherhood, maternal and infant health, behavioral and mental health, quality improvement, and virtual home visiting; and organized networking cafes to respond to emergent needs. The TASC has hosted regional convenings, virtual all grantee meetings, and topical summits in an effort to bring the grantee community together.

TASC has convened cohorts designed and led in partnership with Healthy Start staff, focusing on topics such as fatherhood, recruitment and retention, and evaluation. The TASC has also awarded several scholarships (e.g., certified lactation counseling, mental health and fatherhood training), organized Healthy Start staff support groups, launched a second Healthy Start Collaborative Innovation Networks (COINs), distributed a monthly newsletter, maintained the EPIC Center website, and processed numerous 1:1 Consultation TA requests.

Goal:
The TASC seeks to understand Healthy Start projects' satisfaction with TASC offerings from 2019 to date

as well as solicit feedback on where offerings can be improved upon. The TASC is also interested in learning about the specific topics that grantees are interested in receiving additional technical assistance on.

Directions:
Please consider printing the survey and reviewing with your staff prior to completing online. We are interested in constructive feedback from a variety of viewpoints. The assessment should take less than 25 minutes to complete. A progress bar will indicate your overall progress. Please note that there is no option to pause your progress and return later.

We sincerely appreciate your time and participation, and we look forward to using these findings to improve our technical assistance and training plan that supports you and your Healthy Start teams.

Background & Grantee Information

Q1 Please tell us your project name:

▼ Grantee 1

Q2 Please select the best description(s) for your project service area (select all that apply). Your response should match the HRSA-defined service area.

- ◯ Urban
- ◯ Rural
- ◯ Tribal Community
- ◯ Border Community
- ◯ Other (Describe) _____

Q3 Who is the fiduciary for your Healthy Start grant?

- ◯ Academic/university
- ◯ Nonprofit organization
- ◯ Hospital/healthcare system
- ◯ City government
- ◯ Other (Describe) _____

Q4 How long has your Healthy Start been in existence?

_____ years

Q5 How long have you been working at your Healthy Start?

_____ years

Q6 What is your job title at your HS?

- ◯ CEO / Executive
- ◯ Director / Program Director / Project Director
- ◯ Program Manager / Project Manager
- ◯ Program Coordinator / Project Coordinator
- ◯ Epidemiologist / Data Analyst
- ◯ Other Administrative Staff (please specify:_____)
- ◯ Other Programmatic Staff (please specify:_____)
- ◯ Other (please specify:_____)

TA Utilization & Satisfaction

Q7 On average, how often would you say you or someone at your site utilized TASC services (including attending webinars, having 1:1 consultations, or using resources on the website) in the past five years?

- ◯ Daily
- ◯ Weekly
- ◯ Monthly
- ◯ Annually
- ◯ Less than annually
- ◯ Have never accessed TASC

Q8 Which of the following TASC activities/resources have you accessed in the last five years? Please select all that apply.

- ☐ Webinar offerings (e.g., Networking Cafe, Learning Academies, CIGNAL, Topical webinars, etc.)
- ☐ 1:1 consultation TA
- ☐ Resources on the EPIC website
- ☐ Newsletters
- ☐ Grantee meetings (e.g., Regional Meetings, Virtual Grantee Meetings during COVID)
- ☐ Community Health Worker Course
- ☐ HS Staff Support Groups (operated in partnership with Postpartum Support International)
- ☐ Mentoring Program (operated in partnership with NHSA)
- ☐ Scholarships and trainings (e.g., breastfeeding trainings/certifications, mental and behavioral health trainings, fatherhood trainings)
- ☐ COIN (Collaborative Innovation Network)

- ☐ Communities of Practice or workshop series (e.g., TIROE, StoryWork Project, NACCHO series)
- ☐ Online engagement platforms (CoLab, Peerboard, Buddyboss)
- ☐ Other in-person events (Fatherhood, Consumer Convening)
- ☐ Other (please specify:_____)

Q9 Please rank your overall satisfaction with TASC and its activities/resources over the last 5 years.

	Very satisfied (1)	Satisfied (2)	Neutral (3)	Dissatisfied (4)	Very dissatisfied (5)
TASC Overall	○	○	○	○	○
Webinar offerings	○	○	○	○	○
1:1 Consultation TA	○	○	○	○	○
Resources on EPIC website	○	○	○	○	○
Newsletters	○	○	○	○	○
In-person events	○	○	○	○	○
Scholarships and trainings	○	○	○	○	○
COIN (Collaborative Innovation Network)	○	○	○	○	○
Other online resources (CoLab, Peerboard, Buddyboss)	○	○	○	○	○

Q10 Please rate your satisfaction with the following aspects of TASC over the last five years.

	Very satisfied	Satisfied	Neutral	Dissatisfied ↳	Very dissatisfied ↳
Knowledge level of TASC staff	○	○	○	○	○
Knowledge level of guest speakers or facilitators	○	○	○	○	○
Professionalism of TASC staff	○	○	○	○	○

Cultural sensitivity of TASC staff	◯	◯	◯	◯	◯
Adaptability of TASC to our site's unique needs	◯	◯	◯	◯	◯
Adaptability of TASC to emerging issues	◯	◯	◯	◯	◯
Timeliness of direct phone and/or email conversations with TASC staff	◯	◯	◯	◯	◯
Approachability of TASC staff	◯	◯	◯	◯	◯
Accessibility of TASC offerings	◯	◯	◯	◯	◯

↳ **Q10a** *If selected "Dissatisfied" or "Very dissatisfied" for any of the options in Q10:* If you were dissatisfied or very dissatisfied with the TASC in the past five years, please explain.

_____

_____

_____

Q11 If your program was struggling to meet any benchmarks, did your HS program reach out to TASC to address your challenges?

- ◯ Yes
- ◯ No
- ◯ Not sure

Q12 If you struggled to meet benchmarks but did not reach out to TASC to address challenges, please describe why not.

_____

_____

_____

Q13 Did the TA provided to you at that time meet your needs/expectations?

- ◯ Not at all
- ◯ Some
- ◯ Mostly
- ◯ Entirely

Q14 Please describe how the TA provided met or did not meet your needs/expectations.

_____

_____

_____

<u>Training and TA Impact</u>

Q15 Please think about any information or assistance you have received from the TASC over the last five years and rank how much you agree or disagree with the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree ↳	Strongly disagree ↳
The TASC helped to enhance my skill sets	◯	◯	◯	◯	◯
The information or assistance provided by the TASC was relevant to my work	◯	◯	◯	◯	◯
The information or assistance provided by the TASC has helped our program to serve our families better	◯	◯	◯	◯	◯
I would recommend that a colleague take advantage of the TASC	◯	◯	◯	◯	◯

↳ **Q15a** *If selected "Somewhat disagree" or "Strongly disagree" for any of the first three statements in Q15:* If you did not feel like the information provided by the TASC in the last five years was helpful or relevant, please explain.

_____

_____

↳ **Q15b** *If selected "Somewhat disagree" or "Strongly disagree" for the last statement in Q15:*
If you would not recommend the TASC to a colleague, please explain.

_____

_____

Q16 What have you shared with a colleague that you have learned from the TASC?

_____

_____

_____

Q17 To what extent have you applied what you learned through TA to your work in the last five years?

- ◯ Not at all
- ◯ A little
- ◯ A moderate amount
- ◯ A lot
- ◯ A great deal

Q18 Please rate the extent to which the support you received from TASC impacted the following capabilities at your site over the past five years.

	A great deal (1) ↳	A lot (2) ↳	A moderate amount (3) ↳	A little (4) ↳	Not at all (5)
Increased your project's capacity to deliver evidence-based services ↳	◯	◯	◯	◯	◯
Increased your workforce's competencies in order to provide services ↳	◯	◯	◯	◯	◯
Promoted synergy among HS grant recipients through collaborations	◯	◯	◯	◯	◯
Increased your project's capacity to collect and use data for quality improvement	◯	◯	◯	◯	◯

Increased your project's capacity to collect and use data for monitoring and evaluation	○	○	○	○	○
Increased your project's skills and understanding of health equity work	○	○	○	○	○
Increased your readiness or capacity to engage in health equity work	○	○	○	○	○
Increased capacity to implement Community Action Network (CAN)	○	○	○	○	○
Increased capacity to engage partners/fathers	○	○	○	○	○

↳ **Q18a** *If selected "A little" or more for "Increased your project's capacity to deliver evidence-based services" in Q18*: Which of the following services showed increased capacity? Please check all that apply.

Content areas and services:

- ☐ Behavioral and Mental Health
- ☐ Breastfeeding
- ☐ Coalition building work
- ☐ Community engagement
- ☐ Consortium evaluation
- ☐ Consortium formation or transition
- ☐ Consortium operations
- ☐ COVID-19
- ☐ Developing a community action plan
- ☐ Doula services
- ☐ Fatherhood
- ☐ Group-based education and care
- ☐ Health equity
- ☐ Home visiting
- ☐ Recruitment & Outreach
- ☐ Retention
- ☐ Other _____

Tools and processes:

- ☐ CAREWare
- ☐ Evaluation
- ☐ Data collection, reporting and monitoring

- ☐ Quality improvement and assurance
- ☐ Virtual service delivery
- ☐ Other _____

↳ **Q18b** *If selected "A little" or more for "Increased your workforce's competencies in order to provide services" in Q18*: Which of the following services did the increased workforce competencies help provide? Please check all that apply.

Content areas and services:

- ☐ Behavioral and Mental Health
- ☐ Breastfeeding
- ☐ Coalition building work
- ☐ Community engagement
- ☐ Consortium evaluation
- ☐ Consortium formation or transition
- ☐ Consortium operations
- ☐ COVID-19
- ☐ Developing a community action plan
- ☐ Doula services
- ☐ Fatherhood
- ☐ Group-based education and care
- ☐ Health equity
- ☐ Home visiting
- ☐ Recruitment & Outreach
- ☐ Retention
- ☐ Other _____

Tools and processes:

- ☐ CAREWare
- ☐ Evaluation
- ☐ Data collection, reporting and monitoring
- ☐ Quality improvement and assurance
- ☐ Virtual service delivery
- ☐ Other _____

Q19 What was the most useful resource you received from the TA during the last five years for your work or role?

_____

_____

_____

TA Needs & Opportunities for the Next Five-Year Cycle

Q20 In the next funding cycle, I anticipate my need for TA will…

- ◯ Increase
- ◯ Decrease
- ◯ Stay the same

Q21 Which priority areas do you anticipate will require further technical assistance and support to increase or sustain your services in the next funding cycle? Please check all that apply.

Content areas and services:

- ☐ Behavioral and Mental Health
- ☐ Breastfeeding
- ☐ Coalition building work
- ☐ Community engagement
- ☐ Consortium evaluation
- ☐ Consortium formation or transition
- ☐ Consortium operations
- ☐ COVID-19
- ☐ Developing a community action plan
- ☐ Doula services
- ☐ Fatherhood
- ☐ Group-based education and care
- ☐ Health equity
- ☐ Home visiting
- ☐ Recruitment & Outreach
- ☐ Retention
- ☐ Other _____

Tools and processes:

- ☐ CAREWare
- ☐ Evaluation
- ☐ Data collection, reporting and monitoring
- ☐ Quality improvement and assurance
- ☐ Virtual service delivery
- ☐ Other _____

Q22 As we look towards the next 5 years, please rank the following options for support and technical assistance, with the first being the most preferred method going forward and the last being the least preferred.

1 Cohorts

1 Learning Academies

1 Collaborative Innovation Networks (COIN)

1 Postpartum Support International (PSI) Healthy Staff Support Group

1 Networking Cafes

1 All grantee webinars

1 Trainings and certifications

1 One-on-one Consultation TA

1 Other support options not listed here

Q23 What other support options (if any) would you like to see provided by the TASC?

_____

_____

_____

Q24 What does the TASC help you with that you otherwise would not easily find help with at your site?

_____

_____

_____

Q25 What advice would you give to the TASC to improve its offerings in the next grant cycle?

_____

_____

_____

Thank you for taking the time to complete this assessment.

This is the end of the assessment. If you need to edit or look over your responses, please go back and do that now.

If you are done looking over your survey, and are satisfied with your responses, please click the forward

button to submit your survey. Once you submit your survey you can no longer go back and edit your responses further.

Thank you for your time and effort in answering this assessment!