Division of Healthy Start and Perinatal Services: Conversations with the Division
January 27, 2026

FUNDING

Q: Will Healthy Start grantees with an April 1 start date receive all Year 3 funding in one Notice of Award (NOA)?
A: No, grantees will receive Year 3 funding through more than one NOA. We anticipate that the first NOA will be 33.42 percent of your total requested award for Year 3. At this time, we do not know if the remaining funds will be issued through one or more subsequent disbursements. We recognize that it can be difficult to plan when funding for a full year is dispersed through multiple disbursements. Your Project Officer is available to discuss any concerns.

PROGRAMMATIC TECHNICAL ASSISTANCE

Q: Should Healthy Start grantees change their target population?
A: No, Healthy Start projects should not change their target populations. Healthy Start services are provided to pregnant, preconception, and interconception women, fathers, and children from birth to 18 months in a defined project area. As outlined in your application, your target population should be the group with the highest rates of infant mortality in your project area.

Q: Do you have any suggestions for how we can talk with our staff during times of uncertainty?
A: During times of uncertainty, one of the most important things leaders can do is communicate early, honestly, and consistently. Acknowledging uncertainty establishes trust even when you do not have all the answers. Staff often appreciate transparency more than false reassurances. We encourage leaders to share current updates, evolving information, and estimated timeframes for new updates and information with their staff.

It is also important to create space for asking questions and sharing concerns. Validating staff perspectives can support building trust and rapport. Finally, encourage staff to focus on what they can control like supporting program participants, providing high-quality service, and caring for themselves and one another. Center conversations on the mission and remind staff why their work matters and the real impact it has on families and communities.

Q: What can Healthy Start grantees do to educate stakeholders about the importance of Healthy Start?
A: Steps for developing a communication plan will vary across sites. Here are a few suggestions and considerations as you get started:

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- "Stakeholders" is a broad term and can include a wide range of individuals and organizations. Work with your internal Healthy Start staff, program leadership, and your Community Consortium to identify and clearly define your stakeholders. Ensuring you periodically review your stakeholder list is an important component of developing an overarching communications plan for the program.
- It is also important to identify the audience and type of education needed. For example, are you introducing new partners to Healthy Start? Aligning expectations with current partners? Or educating existing partners to increase engagement or sustainability efforts? When crafting messages and communication/education plans ensure you understand stakeholder organizational structures and internal, local, or national policies that may inform your strategies for engaging specific groups. For example, are there partners, other Healthy Start grantees, or teams within a stakeholder organization who you can collaborate with to disseminate your message?
- Assess what information you already have on public-facing platforms. Review your website content and consider creating a dedicated space for partners and stakeholders. Think about how you market your services and whether there are opportunities to incorporate participant testimonials or stories that illustrate the program's community impact.

In addition to the above considerations, the Healthy Start Technical Assistance and Support Center (HS TASC) will host two new sessions on stakeholder engagement and education:

- February 12, 2026 - *Inside the Georgia Healthy Start Collaborative: Leveraging Healthy Start Partnerships as a Sustainability Strategy*. This webinar will explore how these Georgia Healthy Start partners are leveraging a collective impact model to inform and engage local stakeholders as part of their sustainability strategy. The webinar recording is forthcoming.
- March 26, 2026 - *Healthy Start: Strategies for Connecting with Your Community Using Social Media*. Registration link will be posted in the [Healthy Start Hub](#).

Q: What are some best practices to support recruitment and retention of Healthy Start Staff?
A: Recruiting and retaining Healthy Start staff who have the passion and expertise to deliver high-quality services and build meaningful rapport with mothers, fathers, babies, and families is critical to effective program implementation and a common challenge. Drawing from successful strategies across Healthy Start grantees here are a few suggestions:
- During the recruitment process clearly define roles and responsibilities with transparent communication about workload, expectations, and scope. Sharing realistic caseload ranges, job functions, and anticipated travel or community outreach requirements during the interview process may also help set appropriate expectations.
- Once staff are onboarded, support retention by gradually building caseloads rather than assigning full caseloads immediately. For example, new Community Health Workers might

begin with fewer participants, with caseloads increasing incrementally over the first 60–90 days as they become familiar with program workflows and community resources.

- Provide opportunities for professional development, mentorship, and peer connection. Examples include offering access to relevant trainings and/or certifications, pairing new staff with experienced team members who are open and willing to provide guidance, and hosting regular peer learning or case-review sessions. Learning from other Healthy Start sites through site visits or virtual peer exchanges, such as participating in cross-site learning calls or shadowing other programs, may also help staff feel supported, engaged, and invested in the work.

The HS TASC and/or your Project Officer are available to support you with additional technical assistance. Grantees may also consider applying to the MATCHS Mentoring Program for peer guidance and support.

Q: What are some of the best practices to support recruitment and retention of Healthy Start participants?
A: Best practices to support recruitment and retention of Healthy Start participants vary based on several factors. Programs with a long-standing presence in the community often benefit from established relationships and referral networks, while newer sites may need additional time to build trust and strengthen referral pathways.

Participant recruitment and retention often increases when staff are trained to provide respectful, culturally affirming services, and when programs address barriers to participation, for example, by providing transportation and childcare at group-based health and parenting education sessions.

Grantees can access more specific technical assistance on this through your Project Officer and the HS TASC. Additionally, grantees are highly encouraged to connect with other Healthy Start sites serving similar communities, whether through the Healthy Start Hub or virtual/in-person visits, to learn about new, effective strategies that may be adaptable to their own programs. Also consider applying to the MATCHS Mentoring Program for additional peer guidance and support.

Q: Where and how can I access technical assistance and resources on the Community Consortium?
A: The Community Consortium is a critical component of each Healthy Start project. The HS TASC website offers a number of resources and supports such as the Spectrum of Engagement Assessment Worksheet and recorded webinars and trainings on developing, leveraging, and sustaining Community Consortia. In addition, all sites will have the opportunity to participate in a HS TASC Community Consortium Community of Practice (small groups of Healthy Start grantees convening to receive technical assistance, share ideas, experiences and exchange best

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practices for strengthening your Community Consortium). If you need individualized support, you can request one-on-one technical assistance on any aspect of developing or implementing your Community Consortium through the HS TASC website.

Q: Do you have any information on the use of doulas to support breastfeeding?
A: Doulas can support breastfeeding in several ways depending on their level of training and expertise. Many doulas have practical breastfeeding knowledge, and some are dual trained as lactation educators or certified lactation consultants. For doulas without specialized breastfeeding training, consider leveraging them as trusted and knowledgeable resource coordinators who can connect your organization and participants with established lactation consultants and community breastfeeding resources. Additionally, the HS TASC has breastfeeding related resources on their website.

Q: Do you have any information on supporting early entry into prenatal care, the fourth trimester and postpartum depression?
A: The HS TASC has developed several resources to support Healthy Start grantees' strategies for working with families in the "fourth trimester", which refers to the first three months after birth. In 2023, the HS TASC hosted a three-part webinar series on the fourth trimester, featuring expert speakers who shared insights and strategies for working with postpartum women. Here are links to the webinar series:

- Fourth Trimester Webinar Series – Session 1
- Fourth Trimester Webinar Series – Session 2
- Fourth Trimester Webinar Series – Session 3

Also in 2023, the HS TASC convened a fourth trimester learning cohort that developed an artifact document outlining strategies to intentionally support mothers and fathers before and during the fourth trimester. The document also identifies available resources to support the design and implementation of interventions targeted towards supporting families in the fourth trimester, gaps in postpartum support, and how Healthy Start programs can help address those gaps.

For information on postpartum depression and other perinatal mental health conditions, many websites exist with information or resources, such as: Postpartum Support International, the MCHB-funded Maternal Health Action and Resource Center, and the Maternal Mental Health Leadership Alliance.

We encourage all grantees to share this free HRSA resource with your Healthy Start program participants if you aren't already: National Maternal Mental Health Hotline (1-833-TLC-MAMA).

Additionally, the online Community Health Worker Course, includes content on supporting early entry into prenatal care, postpartum support and care. The HS TASC is also planning an upcoming webinar on maternal mental health later this spring.

Q: What resources are available for new Project Directors?
A: The HS TASC offers several resources designed to support new Project Directors. The Project Director Resources section of the HS TASC website includes the Project Director Guide, developed by the Division to help new Project Directors manage and navigate requirements of administering the Healthy Start program. This section also includes Healthy Start program goals and benchmarks, a project management guide, and an overview of staff roles to support day-to-day operations.

In addition, the HS TASC is launching the MATCHS Mentoring Program, which connects newer Project Directors with experienced Healthy Start leaders for guidance and peer support.

Q: I would like to know of the latest updates concerning fatherhood.
A: Each year Healthy Start grantees serve approximately 5,000 men. In 2023, about 7 percent of Healthy Start participants were men. For more information about fatherhood activities please visit the Healthy Start Technical Assistance and Support Center website. Additionally, www.fatherhood.gov has helpful resources for engaging fathers in services.

Q: What number should fathers text to enroll in the National Healthy Start Association's Texting4Dads program?
A: To enroll in the Texting4Dads program, fathers can text "enroll" to 202-831-9944.

Q: Where can I find the National Healthy Start Association's Texting4Dads program flyer?
A: The Texting4Dads program flyer is included in Appendix 1 of this Frequently Asked Questions document.

ELECTRONIC HANDBOOKS (EHBS)

Q: There is a new registration and verification process for EHBs users, how will my personally identifiable information be protected?
A: All information you provide to a Credential Service Provider (CSP) is secure and encrypted. CSPs never store or share date of birth or Social Security number data.

Regarding Login.gov:
- It is federally owned and protected under U.S. government privacy statutes.

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- It shares information only with user consent and or legitimate agency purposes under federal rules.

Regarding ID.me:
- It follows federal identity standards required by agencies using its services.
- Personally identifiable information (PII) is encrypted and access restricted; users must grant consent before data is shared.
- Users have control over which agencies are authorized to use their data and can revoke access.

Q: What is the opt-out process for submitting personally identifiable information for EHBs user verification?
A: By accepting the Notice of Award (NOA), recipients agree to comply with HRSA's General Terms and Conditions, including all applicable federal statutes, regulations, and HHS/HRSA policies governing the use of federal information systems (2 CFR Part 200; 45 CFR Part 75).

When HRSA requires or allows the use of HRSA-provided systems, such as the Electronic Handbooks (EHBs), recipient organizations and their authorized users must follow all applicable system security, acceptable-use, and data protection requirements. These requirements apply as a condition of award acceptance, even if they are not restated in the NOA or the Notice of Funding Opportunity (NOFO). In addition, consistent with the Federal Information Security Modernization Act (FISMA) and National Institute of Standards and Technology (NIST) requirements, the EHBs system is classified as a Moderate-impact system. Users must meet identity assurance requirements to allow the system to verify that each user is a real person and is who they claim to be.

IN-PERSON CONVENINGS AND SITE VISITS

Q: Will there be an in-person meeting this calendar year?
A: We intend to have an in-person meeting in 2026. The Division and the HS TASC will provide updates about the planning process as we have more information.

Q: Will the Catalyst programs have an in-person site visit?
A: The Division of Healthy Start and Perinatal Services plans to resume in-person site visits this year. Select Catalyst programs will have an in-person site visit. Please contact your Project Officer to inquire if your program will have a site visit.

Q: Will all Healthy Start grantees receive an in-person site visit by the end 2026?
A: The Division of Healthy Start and Perinatal Services plans to resume in-person site visits this year. Not all sites will receive a site visit by the end of calendar year 2026. However, all grantees

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are expected to receive at least one in-person site visit during the five-year grant period. Your assigned Project Officer will work directly with you to discuss timing and planning for your site visit.

Q: With the current Administration proposing reorganizing some federal Departments such as the U.S. Department of Health and Human Services (HHS), where will the Healthy Start Programs now reside?
A: At this time, we have not received any new or updated information regarding changes to HHS or HRSA. Healthy Start programs continue to be administered by the Division of Healthy Start and Perinatal Services within HRSA's Maternal and Child Health Bureau. We will continue to share any updates as they become available.

DATA AND EVALUATION

Q: Will you consider including fatherhood benchmarks in the future?
A: As evident by the requirements for father participation in the NOFO, the Division places a high priority on engaging fathers in Healthy Start services. To reduce reporting burden, we eliminated several benchmarks including the fatherhood benchmarks for this funding cycle. We continue tracking the number of fathers served through 1) case management/care coordination and 2) group-based health and parenting education. We also collect qualitative data on successful strategies for engaging fathers to promote infant health and family wellness. There is an opportunity to consider including fatherhood benchmarks in the future. As we plan for the next grant cycle, we look forward to engaging with grantees and partners to gather your recommendations for priority benchmark measures.

Q: Will there be any changes to data reporting requirements or data collection tools this year?
A: Currently, we do not have plans to make any changes to data reporting requirements or data collection tools this year. We do need to renew OMB approval of the data collection forms this year. In our review of the materials for this submission, we may determine that there are items or instructions that should be corrected to optimize data collection or analysis. This may involve minor changes to the tools, but we will only implement them if necessary to accurately represent the measure or topic at hand.

Q: What is the anticipated role for local Healthy Start evaluators moving forward?
A: The role of local Healthy Start evaluators remains the same, as they are critical to ensuring the requirements for local evaluation described in the NOFO are fulfilled. The NOFO states that the grantee should monitor impact, ongoing processes, and the progress towards the goals and objectives of the project. Additionally, grantees should continue to refer to the community needs

assessment and environmental scan findings throughout the period of performance and monitor progress to identify opportunities for quality improvement. A program evaluation and performance monitoring plan was required 12 months after the awards were made. A description of progress to implement the program evaluation and performance monitoring plan are due annually in the annual non-competing progress report. Additionally, local evaluators may support future evaluation projects, as applicable.

Q: How is DHSPS working to improve CAREWare?
A: DHSPS is working with NICHQ to implement a series of enhancements aimed at improving the CAREWare and HSMED reporting experience. Our goal is to be proactive in implementing new options and in troubleshooting issues to support CAREWare users and enable improved interactions.

Recent system upgrades include:
- Aligning required system updates with Executive Orders
- Implementing enhancements to improve data quality and reduce validation errors
- Releasing an updated Performance Measure Tool that calculates annual performance measures directly from CAREWare data

Planned improvements to CAREWare support include:
- On-demand trainings based on common technical assistance requests
- Regular CAREWare office hours
- Development of new and enhanced user resources

In addition, DHSPS is strengthening communication with grantees and the HS TASC to enable more real-time issue monitoring, quicker response times, and systematic collection of grantee feedback for consideration in future system updates. These efforts will also create more opportunities for proactive support prior to reporting deadlines.

Q: Can you share the data that was presented at the All-Grantee Meeting?
A: The slides from the data presentation are posted in the Healthy Start Hub (the collaboration platform). Please contact the HS TASC if you need assistance with accessing or navigating the Hub to find materials and presentations from the All-Grantee Meeting. We also have other plans for sharing data in the near future, once the materials are approved by HRSA leadership. We are in the process of:
- Finalizing customized fact sheets that contain both national and grantee-specific data as related to evaluation findings and performance measures
- Creating a new Healthy Start fact sheet for the HRSA website that summarizes overall program accomplishments
- Developing a communication plan detailing how/when we hope to share additional data in the future

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Q: Can the Division comment on grantee performance and highlight areas for improvement?
A: Based on 2023 data, the program seems to be performing quite well reaching most benchmark targets and matching (or nearly meeting) national comparisons. There are a few benchmarks that remain a challenge: receiving a postpartum visit in the recommended timeframe and continued breastfeeding at 6 months. Furthermore, while screening rates are high for depression and intimate partner violence, the referral rates drop slightly.

We see that our outcomes measures, based on infant birth-death indicators, are also strong. The HSMED data gives us better insight into these measures such that we can report on neonatal infant mortality rate, low birthweight, and preterm birth with more confidence and accuracy than ever before. For example, Healthy Start's neonatal outcomes are quite promising – Healthy Start rates are similar to or better than national benchmarks, which is quite remarkable given the populations served, which are at higher risk for adverse birth outcomes. Also, while we have data for more than 90 percent of infants in the first month following birth, we see a large drop in follow-up by the end of their first year. Strengthening the 12-month follow-up is critical for showing the full impact of Healthy Start services on infant mortality.

We are currently in the process of finalizing 2024 DGIS data and hope to share those findings with grantees in the near future.

Q: When reporting on the number of infant deaths should we include data for enrolled and discharged participants?
A: Yes. Report all infant deaths that occur before the child's first birthday for any infant who was enrolled in your program during the calendar year, regardless of current enrollment status.

To support more accurate infant mortality estimates for the Healthy Start program, we strongly encourage grantees to follow up with all families (enrolled or discharged) shortly after the infant's first birthday to confirm the infant's status at age one. This follow-up is an opportunity to confirm the infant's health status at one year of age, assess any ongoing needs, and (re)engage families as appropriate (e.g., referrals or invitations to group-based education).

This approach strengthens the accuracy of infant mortality data across the full 12-month period we aim to impact and more fully reflects the program's efforts to improve infant survival, including post-birth activities such as promoting safe sleep practices and other protective factors.

Q: Would DHSPS consider adding "lost to follow-up" as an option for updating the Background Form?

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A: Yes, DHSPS will consider adding a "lost to follow-up" option as a reason for updating the Background Form. As you may be aware, grantees may select "Other Update" for Question G4 when a participant is deemed lost to follow-up, but there is no way to specify the reason for the update. Thank you for the suggestion, as this was previously captured in the open-ended text field in prior versions of the Background Form.

Q: The service data and performance measures for the report due on June 30th, 2026 will be for CY 2025, correct?
A: Yes, the next DGIS report, due on June 30, 2026, should be populated with participant count and performance measure data collected during Calendar Year 2025 (1/1/25 – 12/31/25). The financial form includes data from the general reporting cycle (4/01/25 – 4/30/26).

CORRECTION (March 23, 2026): The next quarterly HSMED report will be available on April 1, 2026 and is due April 21, 2026. This HSMED reporting period covers January 1, 2026 through March 31, 2026.

Q: Usually, the reporting period for the Healthy Start DGIS data sections are the previous calendar year, have the reporting periods changed this year?

Healthy Start Initiative Grantees (Please find Healthy Start Enhanced in Appendix 2 of the FAQs)

Type of DGIS Performance Report	Reporting Period	Available Date in the EHB	Report Due Date
New Competing performance Report (NCPR) This report provides baseline information describing planned activities and objectives for the entire budget period and establishes the project baseline.	05/01/2024 - 03/31/2029 *Administrative data and performance measure projections.*	Period of performance start date	90 Days from the available date
Non-Competing performance Report (NCCPR) This report documents accomplishments and progress made during the previous budget period. *(years 2-5, as applicable)*	**Financial Form** 4/01/2024 – 3/31/2025 4/01/2025 – 3/31/2026 4/01/2026 – 3/31/2027 4/01/2027 – 3/31/2028	Beginning of each budget period	90 Days from the available date

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	All Other Forms (e.g., Performance Measures) Year 1: • 4/01/2024 – 12/31/2024 for new starts • 1/01/2024 - 12/31/2024 for continuing grantees Years 2-4: 1/01/2025 –12/31/2025 1/01/2026 –12/31/2026 1/01/2027 –12/31/2027		
Project Period End Performance Report (PPER) This report summarizes accomplishments from the final budget period.	Financial Form 4/01/2028 – 3/31/2029 All Other Forms (e.g., Performance Measures) 1/01/2028 –12/31/2028	Project period end date	120 days from the available date

The reporting periods provided in the EHBs and MCHB's DGIS reference materials reflect default timeframes for MCHB programs; however, the Healthy Start Benchmarks Data Dictionary notes that the reporting period for annual HS performance measures is always by calendar year. Instructions in the Healthy Start Benchmarks Data Dictionary override the general DGIS instructions. All DGIS inputs should be based on calendar year except for the Financial Form. The Financial Form should reflect inputs for the budget year reporting period.

Q: When will the full evaluation report be disseminated and how can I access it?
A: We do not yet know when the full evaluation report will be made available to grantees. We are still in the process of finalizing the report with the evaluation contractor. Once that is complete, the report will likely undergo several layers of review prior to release. After HRSA's Office of Communications authorizes its release, DHSPS will post the full report to the Healthy Start TASC website. The previous evaluation report (2020) is posted here: https://healthystart-tasc.org/implement/national-healthy-start-evaluation/.

APPENDIX 2

Updated: March 23, 2026

National Healthy Start Association

Texting4Dads

A text messaging platform to support fathers

Purpose

A text messaging platform to support fathers whose partners are enrolled in an MCH fatherhood program. It offers free text messages that give weekly information focused on maternal, infant and men's health aimed at improving healthy birth and maternal outcomes as well as improving men's health. The platform elevates the importance of father's and men's role and participation in improving birth outcomes, contributing to short and long-term wellbeing of the child as well as importance of taking care of his own health.

What To Expect

Short informative messages based on the perinatal stage (pre-birth, birth, after birth) up to age 2 of the child.

✓ One message per week / 52 messages per year

✓ Message aligned with stage of development of infant

✓ Evaluate the program along the way

Messages can be terminated at any time by entering STOP.

How To Get Started

Text "Enroll" to 202-831-9944

You are not being tracked and you should not be receiving spam messages. You want to save the enrollment number to your contacts so you will recognize it when the messages begin to come.

Text to Enroll and for More Information

202-831-9944

info@nationalhealthystart.org

MALE INVOLVEMENT
WhereDadsMatter*Initiative*

NATIONAL HEALTHY START ASSOCIATION

PRENATAL | POST PARTUM | EARLY YEARS

Healthy Start Enhanced Grantees

Type of DGIS Performance Report	Reporting Period	Available Date in the EHB	Report Due Date
New Competing performance Report (NCPR) This report provides baseline information describing planned activities and objectives for the entire budget period and establishes the project baseline.	09/30/2023 - 09/29/2028 *Administrative data and performance measure projections.*	Period of performance start date	90 Days from the available date
Non-Competing performance Report (NCCPR) This report documents accomplishments and progress made during the previous budget period. *(years 2-5, as applicable)*	<u>Year 1</u> Financial information and participant counts: - 9/30/2023 – 9/29/2024 Benchmark outcomes: - 6/14/2024 – 9/29/2024 <u>Years 2-4</u> 9/30/2024 – 9/29/2025 9/30/2025 – 9/29/2026 9/30/2026 – 9/29/2027	Beginning of each budget period	90 Days from the available date
Project Period End Performance Report (PPER) This report summarizes accomplishments from the final budget period.	9/30/2027 – 9/29/2028	Project period end date	90 days from the available date