HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality

Supporting Healthy Start Performance Project 2021 Annual Assessment Report

308 Congress Street, 5th Floor
Boston, Massachusetts 02210

www.healthystartepic.org
www.nichq.org

healthystart@nichq.org
info@nichq.org

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INTRODUCTION

Launched in 1991, as a response to the nation's high rate of infant mortality, the federal Healthy Start (HS) program has created partnerships and linkages to services, and improved systems of community care to address disparities in perinatal outcomes for communities "with the greatest risk of losing their babies" in the first year of life. The HS program grantees currently represent 101 distinct communities exhibiting higher than average rates of infant mortality and consist of three Tribal Nations, at least one Appalachian community, and a mix of urban, border, and rural communities across the country serving populations of predominantly African American and Latino/a families. The HS communities' common thread is poverty, lack of resources, and a need to address a constellation of social determinants of health, including housing, education, economic inequality, transportation, poor access to high quality food, high crime, racism, and racial bias that are contributing to poor maternal and infant health outcomes.

To address these community challenges, HS grantees deliver a core set of evidence-based services; these services are effective because they are tailored to the geographic, social, ethnic, and cultural needs of the populations served. The program has been an important resource for families, providing them with a pathway to information and services starting during pregnancy and continuing through the first 18 months of a child's life that, often, they would not have otherwise accessed. In addition to services to individuals, HS programs are tasked with mobilizing various community stakeholders (e.g., residents, service providers, local organizations) through Community Action Networks (CAN) to coordinate and integrate services and steer local action to address social determinants of health related to poor birth outcomes. The HS workforce, including community health workers (CHW), play an important role in the success of these programs, and as such, the national HS program prioritizes staff and CHW development, improvement, and monitoring.

During the current funding cycle (2019-2024), the National Institute for Children's Health Quality (NICHQ) leads the Supporting Healthy Start Performance Project (SHSPP) and serves as the TA & Support Center (TASC) to foster improved service delivery by HS program grantees across the country. To meet the diverse needs of grantees, NICHQ will deliver capacity-building assistance (CBA) to:

1. Improve the consistency and quality for content of HS services delivered through CBA for HS staff in the core competencies and concepts central to the four HS approaches.
2. Increase the delivery of evidence-based services and those based on best practices.
3. Ensure that the HS workforce has appropriate knowledge, and demonstrable skills and competencies to provide services.
4. Increase data collection and data use for quality improvement (QI), performance monitoring, and local evaluation.
5. Promote synergy among HS grant recipients through meaningful collaborations that are aimed at improving perinatal outcomes and reducing disparities.
6. Support grantees in the development of specific, measurable, attainable, realistic, and timely (SMART) objectives, as well as sustainability and succession plans.

NICHQ conducted the 2021 Annual Assessment to understand projects' organizational structures, satisfaction with the TASC, programmatic needs, progress toward benchmarks and key objectives, data capacity, and progress towards sustainability. Like the Needs Assessment from 2019 and the 2020 Annual Assessment, this year's Annual Assessment sought to identify salient programmatic activities for the TASC. In this report, we describe the Annual Assessment's methods and results, synthesize findings, and describe next steps for the TASC.

METHODS

In August 2021, staff from NICHQ's Department of Applied Research and Evaluation (DARE), in partnership with TASC leadership, began to develop the 2021 Annual Assessment. Building from the 2020 Annual Assessment and leveraging the TASC's overall evaluation plan, DARE identified domains for evaluation and inclusion in the Annual Assessment, which align with the aforementioned goals of the SHSPP:

- Organizational structures (location, personnel)
- Satisfaction with the TASC
- Programmatic needs
- Progress toward benchmarks, key objectives, and targets
- Capacity for data collection and use
- Progress towards sustainability

Throughout summer and early fall of 2021, DARE drafted and refined Annual Assessment items within these domains to ensure rigorous measurement and identification of themes critical to the TASC's work and to the success of grantees to meet their objectives. The Annual Assessment included 59 qualitative and quantitative items and was administered to Project Directors of all 101 HS grantees on October 29, 2021. The Assessment remained open throughout the months of November and December 2021 to provide grantees sufficient time to complete to the Assessment amidst many competing priorities. Throughout December 2021, TASC staff conducted extensive outreach with HS grantees to bolster response rates. Reminders were sent through TASC newsletters and staff made targeted phone calls and sent emails to Project Directors who had not yet completed the Annual Assessment.

Throughout this process, DARE staff identified duplicate and incomplete (less than 75.0% complete) Assessment responses and, in partnership with Project Directors, attempted to generate a single, complete response for each HS site. The Assessment closed on January 6, 2022. Responses from HS grantees that were less than 30.0% complete were not included in these analyses. Twenty-nine projects submitted more than one response to the Assessment; for 19 of these, only one of their responses was over the threshold of 30.0% completion and therefore the remaining records were excluded from analysis. The remaining 10 projects that submitted multiple responses were individually contacted by DARE to determine the correct record to retain in the analysis and followed the instructions provided in communication. DARE included 93 responses from HS grantees in the analyses presented here (92.1% response rate).

As with prior survey years, quantitative data were analyzed with descriptive and bivariate analyses. In addition, open-ended survey responses were analyzed using a combination of inductive (i.e., codes were determined as themes arose in the analysis) and deductive (i.e., predetermined codes from prior related questions were applied to the text) thematic qualitative coding methods. Themes that had only one instance in a qualitative response were disqualified to avoid outliers.

RESULTS

Below we present the overall results of the 2021 Annual Assessment, which reflect findings from quantitative and qualitative analyses. Additionally, where possible and pertinent to the TASC's programmatic activities, we compare Assessment results across years. We recognize that comparisons across years may be limited for some Assessment domains, as different grantees responded to the Assessment in 2020 and 2021 and, in some cases, Assessment response categories and questions were updated.

OVERALL SURVEY FINDINGS

Personnel / Staffing

Across the 93 grantees that responded to the 2021 Annual Assessment, over 1,000 distinct staff paid by HS funds were reported.[1] Although different sites responded to the Assessment across years, and we had responses from 18 more sites compared to last year, this is almost 200 staff more than grantees reported in 2020. HS grantees reported paying for almost 300 consultants with HS funds as well. The staff role that was reported with the highest frequency in 2021 was Case Manager (n=227.7 across all responding grantees), followed by CHW (n=222.6). Additional staffing data are available in Appendix 1: Personnel. Over 48 unique HS sites intended to hire in the coming year, predominantly in roles including "other" staff[2] (18.3% of sites) as well as CAN coordinators, Case Managers, CHW and Fatherhood Coordinators (12.9% of sites reported plans to hire each of these roles). The 2021 Annual Assessment included additional staff roles not included in the 2020 Annual Assessment; however, the distribution of roles was very similar across years. Additional longitudinal data for all survey domains can be found in Appendix 2.

Staff Type	Number of total staff paid for with HS funds reported across all grantees
Case Manager	227.7
Community Health Worker (CHW)	222.6
Other	92.2
Care Coordinator	87.6
Fatherhood Coordinator	76.1
Program Manager	72.1
Program Director	64.7
Evaluator/Data Analyst	54.5
Nurse (LPN, RN, APN)	39.7
CAN Coordinator	34.3
Nurse Practitioner	19.2
Midwife (CNM)	7.0
IT Technician	4.1
Medical Doctor	1.9
Nutritionist	1.2
Total	**1,004.7**

Other responses included: mental and behavioral health clinician, supervisor, administrative support, breastfeeding counselor, communication and outreach, director, health educator, clinical coordinator, finance/budgetary, HR and Operations, program/project support, analyst/evaluator, social worker, and others.

When asked about the types of services provided by various staff paid by HS funds almost two-thirds (62.4%) of grantees reported staff that provide some type of lactation support. Similarly, approximately half of all grantees employed licensed social workers (49.5%) and staff that provide mental health counseling directly to HS participants (47.3%). Grantees reported having staff that serve as mental health consultants and provide support to HS workers (32.3%), doula support services (22.6%), substance use

[1] The Assessment focused on personnel paid for by HS funds, specifically, as this was of particular interest of the Division of Healthy Start and Perinatal Services. We recognize there may be HS staff paid through other funding mechanisms not reflected in these data.

[2] Other responses included: Social worker, patient coach/navigator, administrative support, program/project support, doula, health educator, mental and behavioral health clinician, breastfeeding counselor, supervisor, finance staff.

counseling directly to HS participants (19.4%), oral health services (17.2%), or are certified mental/behavioral health peer specialists or recovery support specialists/coaches (14.0%). The 2021 Annual Assessment included additional services not included in the 2020 Annual Assessment but for categories where we could make comparisons, the distribution of services provided was very similar across years.

Services provided by staff paid with HS funds	% Grantees
Provide lactation support	62.4%
Are licensed social workers/MSWs	49.5%
Provide mental health counseling directly to HS participants	47.3%
Are mental health consultants who provide support to HS workers (e.g., case consultation)	32.3%
Provide doula support services	22.6%
Provide substance use counseling directly to HS participants	19.4%
Oral health services	17.2%
Are certified mental/behavioral health peer specialists or recovery support specialists/coaches	14.0%
Other	12.9%
Alternate/holistic medicine services	5.4%
Missing	11.8%
Staff role categories are not mutually exclusive; grantees could select more than one staff role category.	

Satisfaction with TA & Support Center

The 2021 Annual Assessment provided the TASC with critical information relating to how satisfied HS grantees are with the technical assistance (TA) and support provided, and several Assessment items addressed this topic.[3] Nearly all grantees (94.6%) participated in all-grantee webinars over the past 12 months and a high proportion (89.2%) wish to receive TA and support in this format in the future. Over half of grantees also reported participation in trainings and certifications (69.9%), Learning Academies (51.6%) and Networking Cafes (50.5%) in the past year; of note, a higher proportion of grantees would like to receive these forms of support in the future. Grantees also continued to participate in and would like to participate in Cohorts, COINs, support groups, and communities of practice. In the 2021 Annual Assessment, many new activity categories were added to this question to reflect the numerous activities that the TASC initiated (Cohorts, the COIN, Learning Academies, for example). However, the strong participation in and preference for webinars, trainings and one-on-one TA was consistent across years.

[3] In addition to the Annual Assessment, the TASC examines satisfaction through other surveys, such as satisfaction surveys following Cohorts, Learning Academies, the COIN, and other webinars and trainings, as well as satisfaction related to one-on-one TA.

Support provided by the TASC	Participated in the last 12 months	Would like to receive support and TA in the future
All-grantee webinars	94.6%	89.2%
Trainings and certifications	69.9%	88.2%
Learning Academies	51.6%	66.7%
Networking Cafes	50.5%	60.2%
One-on-one consultation TA	37.6%	51.6%
Cohorts	35.5%	46.2%
Collaborative Innovation Networks (COIN)	26.9%	35.5%
Postpartum Support International (PSI) Healthy Staff Support Group	23.7%	32.3%
Trauma-Informed, Resilience-Oriented and Equitable Care Community of Practice (TIROE CoP)	19.4%	29.0%
Other	9.7%	2.2%
Missing	1.1%	1.1%
Other responses included: access to tools and resources, attitudes of inclusion training, CAREWare, data collection consultation, fatherhood webinars, Infant Health Equity, mentoring program, regional fatherhood meetings		
**Type of TA and Support categories not mutually exclusive; sites could select more than one Type of TA and Support category.*		

The Assessment newly ascertained the modes of communication that grantees utilized over the past year. The majority of grantees received communication through monthly and quarterly newsletters (89.2%) and the EPIC website (88.2%). Over three-quarters of grantees received weekly update emails (79.6%) and nearly two-thirds (62.4%) used direct email and/or phone communication with the TASC. Roughly one-fifth (22.6%) utilized CoLab as a mode of communication. When asked to rank modes of communication in order of preference, grantees responded in the following order, on average: Other modes of communication (including virtual workshops), CoLab, direct email and/or phone communication with the TASC, EPIC website, monthly and quarterly newsletters, and weekly update emails.

Mode of communication	% sites that have used these modes of communication	Average rank of preference (1 low-6 high)
Monthly and Quarterly Newsletters	89.2%	2.1
EPIC Website	88.2%	3.2
Weekly Update Emails	79.6%	2.0
Direct email and/or phone communication with TASC staff	62.4%	3.3
CoLab	22.6%	4.5
Other	3.2%	6.0
Other responses included: Virtual workshops		
**Type of TA and Support categories not mutually exclusive; sites could select more than one Type of TA and Support category.*		

The Annual Assessment examined overall satisfaction with the TASC and various TASC activities and resources in the past 12 months as well. Grantees reported high levels of satisfaction with the TASC overall, webinar offerings, the EPIC website and newsletters. Approximately 90.0% of respondents indicated they were very satisfied or satisfied with these forms of assistance and support. When it came to one-on-one (1:1) TA and CoLab, 41.9% and 52.7% had not used these forms of TA and support, respectively. Of those who had taken advantage of 1:1 TA, nearly all grantees reported being very satisfied or satisfied. In qualitative responses, two grantees who were not satisfied with 1:1 TA noted that they received TA but found it was not relevant to their project's needs. Satisfaction with CoLab was more dispersed; a quarter (25.8%) of respondents (or nearly half of those who had used CoLab) indicated they were very satisfied or satisfied with the platform. Strong satisfaction with the TASC, webinars, resources

on the EPIC website and CoLab carried over from 2020, although satisfaction ratings were slightly higher in 2021 (The 2020 Annual Assessment did not inquire about grantee satisfaction with 1:1 TA or Newsletters).

Overall satisfaction in past 12 months	TA & Support Center	Webinar offerings	1:1 TA	EPIC website	CoLab	Newsletters
Very satisfied	33.3%	37.6%	19.4%	29.0%	8.6%	33.3%
Satisfied	55.9%	54.8%	29.0%	60.2%	17.2%	55.9%
Neutral	8.6%	7.5%	7.5%	7.5%	16.1%	6.5%
Dissatisfied	1.1%	0.0%	1.1%	2.2%	3.2%	0.0%
Very dissatisfied	0.0%	0.0%	0.0%	0.0%	1.1%	1.1%
Have not used / Did not attend / Not Applicable	1.1%	0.0%	41.9%	1.1%	52.7%	3.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Percentages represent the proportion of grantees among all Assessment respondents

Extent to which TASC impacted these capabilities over past 12 months	A great deal	A lot	A moderate amount	A little	Not at all	Total
Increased your project's capacity to deliver evidence-based services	8.6%	20.4%	41.9%	15.1%	14.0%	**100.0%**
Increased your workforce's competencies in order to provide services	12.9%	28.0%	47.3%	10.8%	1.1%	**100.0%**
Promoted synergy among HS grant recipients through collaborations	12.9%	24.7%	35.5%	21.5%	5.4%	**100.0%**
Increased your project's capacity to collect data and use data for quality improvement, performance monitoring, and local evaluation	11.8%	25.8%	37.6%	12.9%	11.8%	**100.0%**

As part of a new survey item, the Annual Assessment assessed the TASC's impact on certain capabilities that align with the TASC's overall evaluation plan and SHSPP objectives. The majority of grantees reported that the TASC improved the following capabilities a moderate amount, a lot, or a great deal: increased project's capacity to deliver evidenced-based services (70.9% across these categories), increased workforce's competencies in order to provide services (88.2%), promoted synergy among HS grant recipients through collaborations (73.1%) and increased project's capacity to collect data and use data for quality improvement, performance monitoring, and local evaluation (75.2%).[4] Data from 2020 are not available for this metric.

As discussed further in this report (see Benchmarks and Targets, page 13), the Annual Assessment examined grantees' progress with benchmarks. The Assessment also ascertained the extent to which the TASC supported grantees' in attaining these benchmarks. When asked, if struggling to meet benchmarks, did the HS program reach out to the TASC, 26.9% of respondents reported "yes", 48.4% reported "no" and 24.7% reported "does not apply". These data are consistent with those reported in 2020. Among grantees who indicated that they did reach out to the TASC for support around benchmarks, 88.0% indicated that the TA provided met their grantees' needs and expectations, an increase from 75% in 2020, whereas 12.0% reported that the TA provided did not meet their needs.

[4] The TASC assesses its impact on these capabilities as part of non-Annual Assessment surveys efforts as well.

Grantees were provided an opportunity to provide any additional comments or feedback about the TASC from the last 12 months. Of the qualitative responses provided from 30 grantees, 80.0% were highly positive in nature, praising the relevance of TASC resources, TASC communication, and 1:1 TA. A minority of responses (20.0%) reported finding it difficult to communicate with the TASC, difficult to navigate various HS websites and technology, and desired more opportunities to thought share with other grantees.

Additional comments and/or feedback about TASC from the last 12 months	% themes
TASC resources are relevant (inclusive of below): • Mentoring resources are relevant • Benchmark resources are relevant • Webinars and trainings are relevant • VGM was relevant • TASC staff are relevant • TASC SMEs are relevant	51.4%
1:1 TA is relevant (inclusive of below): • 1:1 TA onboarding resources are relevant • 1:1 TA on programmatic topics are relevant	14.3%
TASC communication is relevant (inclusive of below): • TASC is prompt to respond • TASC outreach is concise and relevant	14.3%
1:1 TA is slow to respond	8.6%
Desire more interaction with other grantees	5.7%
Difficulty navigating websites/technology	5.7%
Total	**100.0%**
Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.	

Programmatic Needs

The Annual Assessment captured the programmatic needs and delivery of evidence-based services by HS grantees. Four of the five top areas that grantees reported as requiring support in the next year were also reported in the top five priorities of 2020 (fatherhood, recruitment and outreach, CAN and behavioral and mental health (BMH)). Breastfeeding and evaluation were reported as more salient programmatic areas in 2021, compared to 2020. Topics such as COVID-19 and quality improvement (QI) and assurance remained priorities for grantees across years, and grantees reported interest in support for new topics as well, including virtual service delivery, health equity, doula services, home visiting and CAREWare.

Areas that require support next year	% Grantees
Fatherhood	81.7%
Recruitment & Outreach	61.3%
Community Action Network (CAN)	51.6%
Behavioral and Mental Health (BMH)	50.5%
Breastfeeding	50.5%
Data collection, reporting and monitoring	46.2%
Evaluation	43.0%
Retention	41.9%
Virtual service delivery	39.8%
Health equity	38.7%
Quality improvement and assurance	37.6%
COVID-19	35.5%
Doula services	28.0%
Home visiting	25.8%
CAREWare	16.1%
Other	3.2%
Other responses included: Providing services during a pandemic, FIMR, "new normal" post-COVID.	
Priority Area categories are not mutually exclusive; grantees could select more than one Priority Area category.	

To further understand the programmatic needs of grantees, the Annual Assessment examined grantees' overall level of knowledge of the specific content areas. The content areas for which grantees reported the highest levels of knowledge[5] included breastfeeding, recruitment and outreach, data collection and data collection forms, social determinants of health (SDoH), fatherhood, and maternal mortality and morbidity (MMM). Grantees reported relatively lower levels of knowledge on the topics of equity, QI, BMH, data systems, CAN development, evaluation, and gentrification. These levels of knowledge largely mirror those reported in the 2020 assessment. Although we are limited in our ability to draw conclusions using data over time given that respondents were not identical from year-to-year, we note the greatest improvements in knowledge over time in the areas of fatherhood and breastfeeding (increasing 15 percentage points and 8 percentage points from 2020 to 2021, respectively). Levels of knowledge for evaluation and CAN development decreased the most across years (14 percentage points and 7 percentage points from 2020 to 2021, respectively).

Content Areas	Confident and comfortable in explaining, applying and teaching this topic.	Solid working knowledge of this topic and could demonstrate how to apply it to daily work.	Working knowledge of this topic and could at least explain what it is.	Heard of this topic but could not explain or apply it.	No knowledge on the topic.	Missing	Total
BMH	20.4%	45.2%	30.1%	1.1%	0.0%	20.4%	**100.0%**
Breastfeeding	40.9%	47.3%	9.7%	0.0%	1.1%	40.9%	**100.0%**
CAN Development	14.0%	37.6%	39.8%	6.5%	0.0%	14.0%	**100.0%**
Data Collection and Forms	36.6%	44.1%	15.1%	2.2%	1.1%	36.6%	**100.0%**
Data Systems	26.9%	36.6%	30.1%	4.3%	0.0%	26.9%	**100.0%**
Equity	23.7%	45.2%	26.9%	2.2%	0.0%	23.7%	**100.0%**
Evaluation	15.1%	32.3%	41.9%	7.5%	1.1%	15.1%	**100.0%**
Fatherhood	28.0%	50.5%	18.3%	1.1%	0.0%	28.0%	**100.0%**
Gentrification	6.5%	24.7%	39.8%	21.5%	2.2%	6.5%	**100.0%**
MMM	32.3%	46.2%	15.1%	4.3%	1.1%	32.3%	**100.0%**
Recruitment and Outreach	36.6%	51.6%	8.6%	1.1%	0.0%	36.6%	**100.0%**
SDoH	35.5%	44.1%	18.3%	1.1%	0.0%	35.5%	**100.0%**
QI	17.2%	49.5%	29.0%	3.2%	0.0%	17.2%	**100.0%**

Percentages represent the proportion of grantees among all Assessment respondents.

Another programmatic area assessed as part of the Annual Assessment is the extent to which the TASC can support HS grantees' delivery of evidence-based services and those based on best practices. The Assessment revealed that 97.8% of all grantees delivered evidenced-based services to their clients over the past 12 months. Approximately 70% of grantees reported increased capacity to implement (69.9%) and increased quality (73.1%) of evidence-based services over the past 12 months as well. All indicators related to evidence-based services (use, capacity, and quality) improved from 2020 to 2021. Only 14.0% of grantees indicated that their HS program required additional support from TASC to demonstrate the effectiveness of these evidence-based services and those based on best practices, compared to 19.0% in 2020.

[5] Here, we describe those content areas in which more than 70.0% of grantees had solid working knowledge or confidence/comfort explaining, applying, and teaching the topic.

Grantees who reported improving the quality of their evidence-based services over the last 12 months were asked to elaborate on how they accomplished this in qualitative responses. Answers varied widely, with the most common response being staff training and educational opportunities (19.8%), followed by using a validated curriculum (16.8%) and improving their case and data management processes (15.8%). There were some responses (13.9%) that discussed how grantees changed their programming to better meet family and population needs; several specifically noted family needs changing due to the COVID-19 pandemic. Relatedly, 12.9% referenced adapting to virtual environments helped them better improve their evidence-based services. Remaining responses included an emphasis on QI (9.9%), retaining talented staff (4.0%), collaborating with community stakeholders (4.0%), and setting and meeting goals (3.0%).

How have you improved the *quality* of your evidence-based services and those based on best practices?	% themes
Staff training/educational/certification opportunities	19.8%
Using a validated curriculum	16.8%
Improved case and data management	15.8%
Changing programming to meet family needs (inclusive of below): • Changing programming to meet family needs in a pandemic	13.9%
Adapting to virtual environment	12.9%
Focus on QI	9.9%
Talented staff	4.0%
Stakeholder collaboration	4.0%
Goal setting	3.0%
Total	**100.0%**
Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.	

Grantees who reported improving their capacity to implement evidence-based services over the last 12 months were also asked to elaborate on how they accomplished this in qualitative responses. Similar to the prior question on service quality, the most common response was staff training and educational opportunities (26.2%). This was followed by program development (16.9%) and adapting to a virtual environment (13.8%). The remaining themes were each referenced in fewer than 10.0% of responses: improved case and data management, hiring new talent, setting attainable goals, collaborating with stakeholders, using a validated curriculum, focusing on QI, and using TA services.

How have you improved your *capacity* to implement evidence-based services and those based on best practices?	% themes
Staff training/educational/certification opportunities	26.2%
Program development (inclusive of below): • Changing programming to meet family needs	16.9%
Adapting to virtual environment	13.8%
Improved case and data management	9.2%
Hiring new talent	9.2%
Goal setting	7.7%
Stakeholder collaboration	6.2%
Using a validated curriculum	4.6%
Focus on QI	3.1%
TA	3.1%
Total	**100.0%**
Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.	

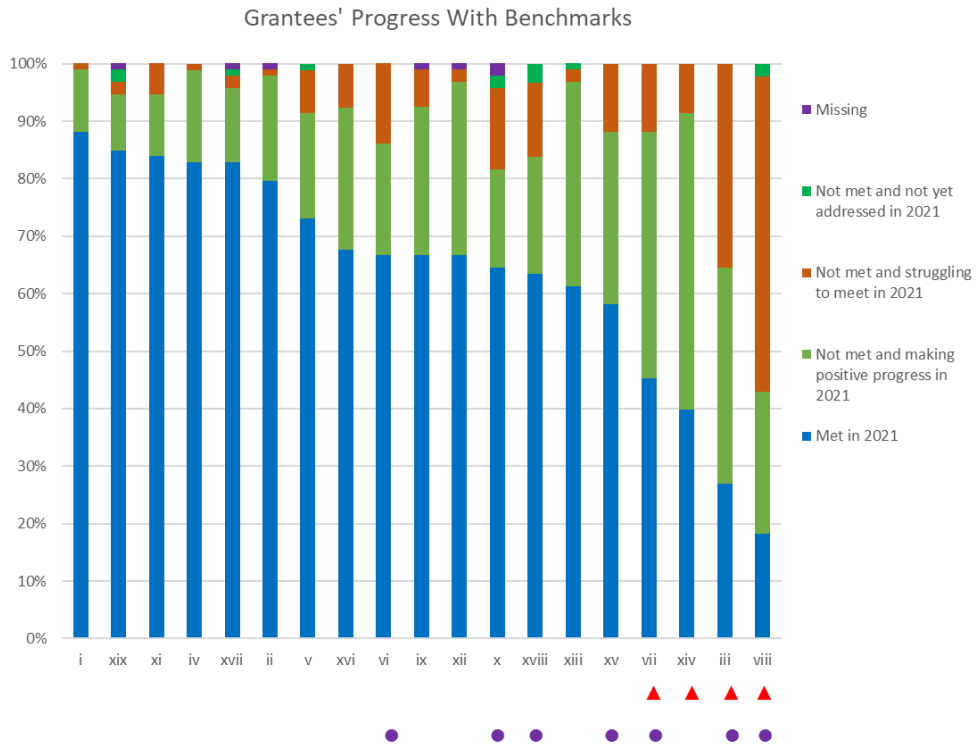
When asked how the TASC could support grantees in demonstrating the effectiveness of evidence-based services, three individuals responded that assistance in developing evaluation and measurement plans would be welcome.

Benchmarks and Targets

Grantees provided critical information related to their successes and challenges with achieving the 19 HS benchmarks and meeting targets for number of individuals served. For each benchmark, grantees reported whether they 1) met in 2021; 2) did not meet but were making positive progress in 2021; 3) did not meet and were struggling to meet in 2021; or 4) did not meet and not yet addressed in 2021 (see Appendix 3 for a complete list of benchmarks).

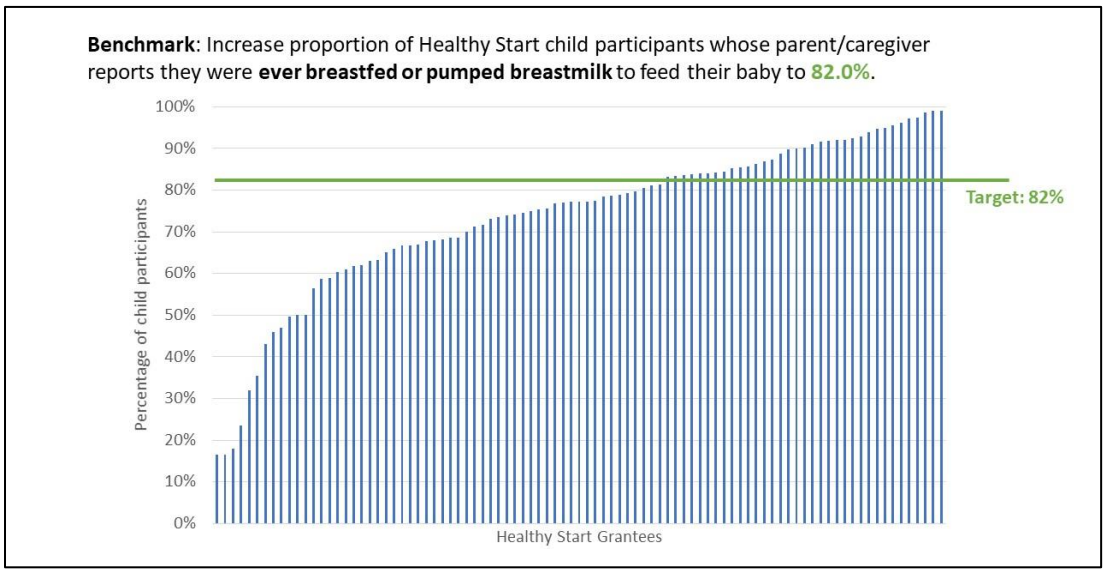
For 15 of the 19 benchmarks, over half of grantees reporting meeting the benchmark in 2021. In the chart below, we note with a red triangle (▲) the four benchmarks for which less than half of grantees reported meeting the established criteria set forth by HRSA/MCHB. These four benchmarks focus on the following programmatic areas: postpartum visits, breastfeeding and father or partner involvement. These same four benchmarks were also met by less than half of grantees in the 2020 Assessment as well.[6]

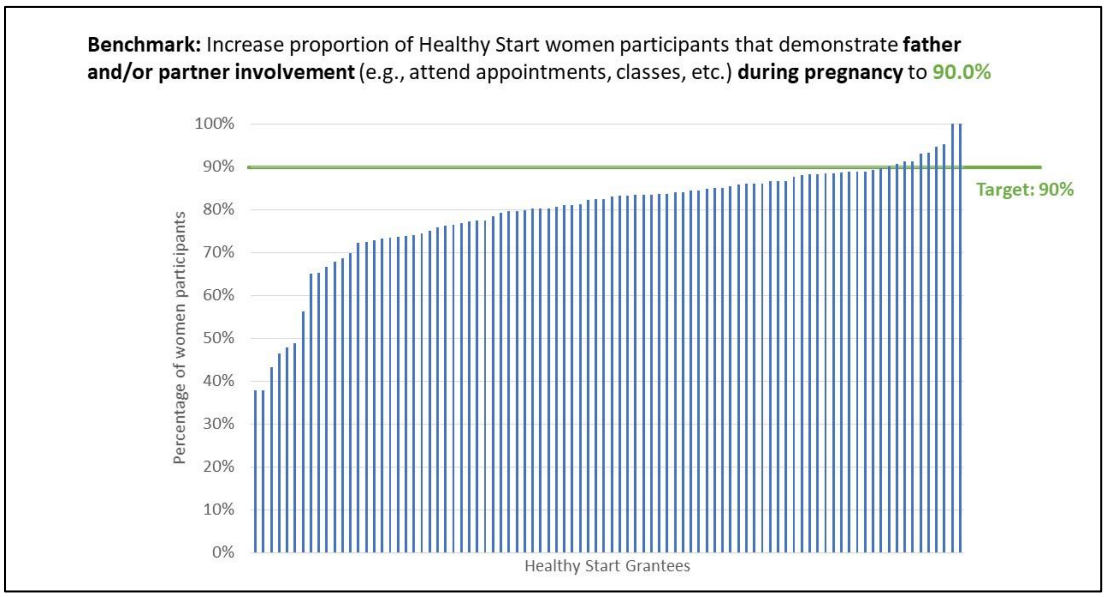
We note with a purple circle (●) benchmarks for which more than 10% of grantees indicated they were not meeting or struggling to meet established criteria. These benchmarks overlap somewhat, but not completely, with those noted with a red triangle (▲) and, again, overlap overwhelmingly with our finding from the 2020 assessment. More than 10.0% of grantees reported not meeting or struggling to meet the following benchmarks, despite more than half of the grantees also being able to meet the benchmark: vi (safe sleep), x (interconception care), xv (fatherhood), and xviii (CANs).



[6] In 2020, the following benchmarks were highlighted because fewer than 50% of sites indicated meeting them: iii, vi, vii, viii, xiv and xv.

Given its current programmatic emphasis on breastfeeding and fatherhood, the TASC sought additional data related to benchmarks vii (increase proportion of Healthy Start child participants whose parent/ caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 82.0%) and xiv (increase proportion of Healthy Start women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during pregnancy to 90.0%). These benchmarks serve as two of the four benchmarks highlighted above for which less than half of grantees reported they are meeting established criteria set forth by HRSA/MCHB. Grantees provided numerators and denominators from which a percentage could be calculated and compared to the benchmark's target percentage. For benchmark vii, with a target of 82.0%, the average percentage of child participants ever breastfed or fed pumped breast milk in 2020 was 73.7% (minimum, 16.5%, maximum 99.0%). Likewise, for benchmark xiv, with a target of 90%, the average percentage of HS women participants that demonstrated father and/or partner involvement during pregnancy in 2020 was 79.5% (minimum, 37.8%, maximum, 100.0%).





Grantees who reported struggling to meet benchmarks were asked why they did not reach out to TASC to address their challenges. Over half (54.5%) of these qualitative responses reported that they have a plan in place to address their benchmark completion, which included grantees who developed a QI plan or intend to reach out to the TASC soon. However, nearly a quarter (22.7%) of responses noted that the benchmarks are not a feasible goal nor within the realm of possibility for their project. The remaining themes noted COVID-19-related barriers to benchmark completion (13.6%) and that the grantee participated in other TASC activities to aid in benchmark progress (9.1%).

Why grantee did not reach out to TASC despite struggling to meet benchmarks	% themes
Plan in place to address (inclusive of below) • QI plan in place to address • Plan to reach out to TASC soon	54.5%
Benchmarks are not realistic goals for project	22.7%
COVID-19 related barriers	13.6%
Participated in other TASC activities	9.1%
Total	**100.0%**
Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.	

Almost three-quarters (72.0%) of grantees indicated that COVID impacted their program's ability to meet benchmarks in 2021, down from almost 90.0% of grantees in 2020. When asked to elaborate on how COVID-19 impacted their ability to meet benchmarks, more than one-third (36.4%) of responses referenced physical distancing impacting operations, specifically for home visiting, breastfeeding, and fatherhood. Another 15.2% of responses referenced generally low client participation and staff capacity limitations and overload. Under 10.0% of responses mentioned changing COVID-19 guidelines, different family priorities, client mental health barriers, delays in hiring new talent, and virtual activities being not well attended or providing access barriers.

As reported previously, just over a quarter (26.9%) of grantees struggling to meet benchmarks reached out to the TASC for support. The Assessment revealed that HS programs struggling to reach benchmarks also reached out to the following non-TASC stakeholders: other HS grantees (57.0%), Project Officers (52.7%), subject-matter experts (SMEs) (37.6%), CAN partners (34.4%) and the National Healthy Start Association (14.0%). Other write-in responses included in-house resources, local evaluator, medical consultant, and other programs such as NICHQ's National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN) project.

Like some benchmarks, HS grantees anticipated challenges meeting targets. For ease of interpretation, we interchangeably refer to the target of serving 300 pregnant women per year as Target 1, serving 300 infants/children per year as Target 2, and serving 100 fathers/male partners per year as Target 3. Challenges in meeting targets were most pronounced for Target 3; only a quarter (25.8%) of grantees anticipated they would meet this target in 2021. Likewise, 43.0% and 68.8% of grantees reported they will meet targets related to pregnant women (Target 1) and infants/children/preconception/interconception women (Target 2) in 2021, respectively. In 2020, a similar proportion of grantees reported meeting the target related to infants/children/preconception/interconception women. However, the proportion of grantees anticipating meeting the Target 1 and Target 3was lower in 2021 than 2020 (by 7 percentage points and 10 percentage points lower, respectively). Qualitative responses provided insights as to why grantees struggled to meet Target 1 (300 pregnant women served) and Target 3 (100 fathers/male partners served) specifically. Several grantees noted successfully completing Target 1 (300 pregnant women served) historically resulted in the subsequent completion of Target 3 (100 fathers/male partners

served), as many pregnant women served by HS programs would recruit their male partners to participate as well.

Anticipate meeting target	Target 1: 300 pregnant women per year in 2021	Target 2: 300 infants/children/ preconception/ interconception women per year in 2021	Target 3: 100 fathers/male partners per year in 2021
Yes	43.0%	68.8%	25.8%
No	55.9%	30.1%	73.1%
Missing	1.1%	1.1%	1.1%
Total	**100.0%**	**100.0%**	**100.0%**

When asked to describe the challenges grantees face in meeting targets, the most common qualitative response for all targets was recruitment challenges (72.4% for Target 1, 71.4% for Target 2, and 74.0% for Target 3), specifically noting the difficulty of recruiting during COVID-19, barriers around referrals, and general difficulties around engaging with fathers/male partners. Staff capacity and priorities also presented challenges to meeting targets, with several grantees who worked within health departments noting that staff were re-assigned to COVID-19 relief roles, impacting target completion. Barriers to hiring new talent were mentioned as challenges to completing targets, as were challenges related to demographic or geographic changes in the HS project's surrounding neighborhood. Funding and a lack of male staff to engage with clients were cited as barriers only for Target 3, and lacking partnerships with other stakeholders was only perceived as obstacles to Targets 2 and 3.

Challenges grantees are experiencing in meeting this target	% themes for Target 1: 300 pregnant women per year in 2021	% themes for Target 2: 300 infants/children/ preconception/ interconception women per year in 2021	% themes for Target 3: 100 fathers/male partners per year in 2021
Recruitment challenges	72.4%	71.4%	74.0%
Staff capacity and priorities	13.8%	14.3%	10.4%
Barriers in hiring new talent	10.3%	4.8%	4.2%
Neighborhood demographic barriers	3.4%	4.8%	3.1%
Funding challenges	N/A	N/A	3.1%
Lack of male staff to engage men/partners	N/A	N/A	3.1%
Partnership lacking with other stakeholders/organizations	N/A	4.8%	2.1%
Total	**100.0%**	**100.0%**	**100.0%**
Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.			

While the challenges grantees faced in meeting targets were somewhat consistent across the different targets, respondents were more varied when asked about the support required to meet targets. Approximately one-third of responses identified a lack of a recruitment and retention strategy as something that would help with Targets 1 and 3, with several grantees specifically requesting virtual recruitment strategies; substantially more thought developing a recruitment strategy would be helpful to achieve Target 2 (60.9%). Grantees also both identified expanding staff and/or training to aid in target completion (14.6% for Target 1, 17.4% for Target 2, and 18.2% for Target 3).

There were several strategies mentioned by grantees to support completion for Target 1 and Target 3. While nearly one-fifth (18.8%) of responses felt innovating their referral sources would aid in progress towards Target 1, only 6.8% thought this was true for Target 3. Receiving guidance on how to effectively manage program budgets and funding sources (12.5% and 11.4% for Target 1 and 3, respectively) would reportedly provide better circumstances to meet both targets. A smaller percentage of respondents thought fostering relationships and sharing information with other grantees would support target completion for Target 1 (4.2%) and Target 3 (9.1%). Increased COVID-19 vaccinations were referenced as supports for both Targets 1 and 2. Partnering with other stakeholders and reevaluating service area was discussed as a support for Target 1; the suggestion that HRSA reevaluate if the targets are realistic goals was shared as a support for Target 2; and developing resources specific to community/population needs and general program expansion were cited as supports for Target 3.

Supports needed to meet this target	% themes for Target 1: 300 pregnant women per year in 2021	% themes for Target 2: 300 infants/children/ preconception/ interconception women per year in 2021	% themes for Target 3: 100 fathers/male partners per year in 2021
Developing recruitment/retention strategy	33.3%	60.9%	31.8%
Identifying/innovating referral sources	18.8%	N/A	6.8%
Expanding staff and/or training	14.6%	17.4%	18.2%
Resources specific to community needs	N/A	N/A	15.9%
Innovation around program budgets/funding	12.5%	N/A	11.4%
Partner with other stakeholders	8.3%	N/A	N/A
Thought sharing with other grantees	4.2%	N/A	9.1%
General program expansion	N/A	N/A	6.8%
Reevaluating geographic service area	4.2%	N/A	N/A
Increased COVID-19 vaccinations	4.2%	13.0%	N/A
HRSA should consider if targets are realistic	N/A	8.7%	N/A
Total	**100.0%**	**100.0%**	**100.0%**

Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.

Additional Support and Mentoring

The TASC sought to understand additional supports available to HS grantees. One area of interest (new to this year's Assessment) included CAN membership. Data revealed that 87.1% of all grantees reported having CAN members, with an average of 55 CAN members per grantee (range: 0-300 members). Similarly, more than three-fourths of grantees have the following roles as part of their CANs: HS program staff (86.0%), service providers (83.9%), community organizations (77.4%), HS program recipients (77.4%) and community residents (75.3%). The number of these specific roles on each CAN varied by grantee (see min and max in table below). For example, at least one grantee reported zero service providers on its CAN, whereas at least one reported 150 service providers. CAN coordinators are another common role; 63.4% of grantees reported having this role as part of their CANs.

CAN Membership	% projects with these CAN roles	# of CAN members (average)	# of CAN members (min)	# of CAN members (max)
Total CAN members	**87.1%**	**55.2**	**0**	**300**
Healthy Start program staff	86.0%	7.5	0	21
Service provider	83.9%	20.5	0	150
Community organization	77.4%	14.8	0	52
Healthy Start program recipients	77.4%	11.3	0	94
Community resident	75.3%	13.6	0	95
CAN Coordinator	63.4%	1.1	0	3

**Categories not mutually exclusive; sites could select more than one category*

Another form of support that the TASC coordinates, in partnership with the National Healthy Start Association, is the peer mentoring program. Over half (54.8%) of HS grantees reported that their program would be willing to serve as a mentoring project to new projects in the future, which is comparable to lasts years' responses. The most common content areas for which grantees are willing to provide mentorship included: CAN, breastfeeding, fatherhood, data collection forms and equity.

Content areas willing provide mentorship	% sites
CAN	23.7%
Breastfeeding	19.4%
Fatherhood	18.3%
Data Collection Forms	16.1%
Equity	16.1%
Marketing and Communications	15.1%
Evaluation	12.9%
Behavioral and Mental Health	10.8%
Technology Platforms and Support	8.6%
Other	8.6%
Missing	47.3%

**Categories not mutually exclusive; sites could select more than content area*

Capacity for Data Collection and Use

Most (76.3%) grantees reported planning or conducting a local evaluation during this funding cycle; these data are nearly identical to data reported in the 2020 Annual Assessment. Similarly, 80.6% of grantees reported having developed SMART (Specific, Measurable, Attainable, Relevant and Timely) objectives, down four percentage points from 2020. A small proportion (11.8%) of grantees indicated that they developed objectives using an alternate framework, including the Re-Aim (reach,

Factors relating to collection and submission of data	Helped	Hindered[7]
Access to technology	83.9%	0.0%
Other[8]	80.6%	26.9%
Other data management systems	79.6%	0.0%
Standardized Data Collection Forms	76.3%	30.1%
Staff resources dedicated to data collection/submission	67.7%	22.6%
HRSA-provided data management system (CAREWare, HSMED, etc.)	38.7%	0.0%
Responsiveness of TASC	21.5%	6.5%
Patient privacy rules and regulations	19.4%	15.1%
Responsiveness of DHSPS staff	18.3%	6.5%

**Response categories not mutually exclusive; sites could select more than one response category.*

[7] 20 grantees did not respond to the question about factors hindering the collection and submission of client-level data.

[8] Other responses for Helped included: Data monitoring by coordinators and program manager, dedicated data manager, Lisa Hong's 1:1 TA and training support, our Data Management Analyst who is quite the expert. Other responses for Hindered included: CAREWare, access to mothers and fathers, confusion and timing, related to updating the screening forms., aggregate report, getting responses from TASC in timely manner, data collection system issues (including the need for HIPAA compliant tools), data reporting requirements, staffing, participant burden/length of evaluation questions, COVID and service limitations, a Cyber-attack.

effectiveness, adoption, implementation, maintenance) and PDSA (plan-do-study-act) frameworks as well as utilizing tools such as Logic Models and Workplans. The majority of grantees (88.2%) shared that they did not need support from the TASC to develop and refine program objectives (up from 78.7% percent last year).

The TASC sought to understand factors that helped or hindered grantees' collection and submission of client-level data in the past 12 months. Access to technology, data management systems, standardized data collection tools, and staff resources and trainings contributed greatly to the successful collection and submission of client-level data. Additional write-in responses that grantees provided included strong staff and TA to support data collection and submission. Similar factors were also described as facilitators to data collection and submission last year. Standardized data collection forms and staff resources hindered the collection and submission of data for 30.1% and 22.6% of grantees, respectively (though, many other grantees also noted that these forms helped data collection and submission). Write-in responses suggest that confusion and challenges around data collection forms and systems as well as data collection requirements hindered grantees' ability to collect and submit data in 2021. These results were closely aligned to those from 2020. Of note, last year only 9.3% of grantees reported that HRSA-provided data management systems aided the collection and submission of data, and this increased substantially to 38.7% in 2021.

Data management system(s) in use	% Grantees
Other	60.4%
REDCap	15.4%
ChallengerSoft	14.3%
CAREWare	13.2%
HealthySoft	4.4%

Categories not mutually exclusive; sites could select more than one data management system.

Like 2020, almost all (97.8%) HS grantees reported utilizing a data management system for the collection and submission of client- and participant-level data. Similar to last year, there remained a lot of variability in the platforms used to manage and report data in 2021. Over half (60.4%) utilized lesser-known or home-grown systems.[9] Under one-fifth of grantees use REDCap (15.4%), ChallengerSoft (14.3%) or CAREWare (13.2%) as a data management system. Four percent (4.4%) utilize HealthySoft. Over three-quarters (75.3%) of grantees are not required to use the data system reported because of the organization in which they reside.

Progress Towards Sustainability

Grantees were asked questions regarding their progress toward sustainability of their programs beyond the current funding cycle. Roughly half of grantees report the highest levels of sustainability (responses 6 and 7 on a scale of 1-7) in the following areas related to sustainability: planning to sustain key project elements (45.2% across responses 6 and 7, combined), such as strategies, services or interventions; ensuring goals are understood by all stakeholders (52.7% across responses 6 and 7, combined); and establishing clear roles and responsibilities for all stakeholders (49.5% across responses 6 and 7, combined). Grantees appeared to require the most support in implementing of sustainability strategies, such as linking certifications and training curricula to reimbursable services covered by Medicaid and/or Managed Care Organizations. Compared to 2020 Assessment data, we note reductions in the proportion of grantees succeeding in all areas of sustainability but, most markedly, plans for future resource needs

[9] Other data management systems included: Well Family System/Go Beyond (56.0% of other responses), a custom-built model (20.0% of other responses), Efforts to Outcome (10.0% of other responses), Access, and Apricot (both below 10.0% of other responses).

and long-term financial planning.[10]

Levels of sustainability	The project plans for future resource needs.	The project has a long-term financial plan.	The project has a plan to sustain key project elements.	The project has been able to implement sustainability strategies.	The project goals are understood by all stakeholders.	The project clearly outlines roles and responsibilities for all stakeholders.
1: *To little or no extent*	2.2%	8.6%	5.4%	29.0%	1.1%	1.1%
2	5.4%	4.3%	3.2%	7.5%	5.4%	5.4%
3	6.5%	16.1%	8.6%	8.6%	2.2%	3.2%
4	19.4%	20.4%	15.1%	12.9%	10.8%	14.0%
5	22.6%	21.5%	18.3%	16.1%	19.4%	19.4%
6	19.4%	11.8%	26.9%	6.5%	19.4%	26.9%
7: *To a very great extent*	20.4%	11.8%	18.3%	11.8%	33.3%	22.6%
Not Applicable	0.0%	0.0%	0.0%	3.2%	4.3%	3.2%
Missing	4.3%	5.4%	4.3%	4.3%	4.3%	4.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
**% represents the proportion of sites among all Assessment respondents*						

When asked about support needed from the TASC to establish or enhance sustainability plans, 30.0% of respondents would welcome TASC-provided forms and templates for grantees to develop sustainability plans as well as assistance to help identify new funding streams to maintain services. Fifteen percent of respondents mentioned assistance in Medicaid reimbursement set up as well as brainstorming ideas around program and service expansion. Finally, 10.0% of responses referenced developing marketing and promotional plans.

Support needed from TASC to establish and/or enhance sustainability plans	% themes
Conversational and planning templates	30.0%
Assistance with identifying alternative funding streams	30.0%
Assistance with Medicaid set up	15.0%
Program expansion	15.0%
Marketing and promotional plans	10.0%
Total	**100.0%**
Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.	

[10] When responses for categories 6 and 7 are combined, we note a reduction of 21 percentage points each for the proportion of grantees excelling in these sustainability areas: plans for future resource needs and long-term financial planning.

CONCLUSIONS

As part of its ongoing assessment of HS grantee' needs, the TASC conducted an Annual Assessment to understand the various projects' organizational structures, satisfaction with the TASC, programmatic needs, progress toward benchmarks and key objectives and progress towards sustainability. Ninety-three HS grantees (92.1% of projects) provided invaluable data to aid the TASC's continuous efforts to refine and improve its CBA plan.

The findings from this Assessment reinforce the importance of capacity-building activities currently in place by the TASC and allows the TASC and HRSA to make data-driven decisions about future activities. Considering the 2021 Assessment data across all domains, it is evident that grantees continue to exhibit passion and tenacity as they work toward benchmarks and targets as the program progresses through Year 3 of the grant cycle and grantees continue to navigate on an ongoing global pandemic. Below we present key takeaways from the data, areas of opportunity and next steps for the TASC.

Key takeaways from the data

- **Healthy Start grantees continue to build their internal capacity and staffing.** Grantees reported employing over 1,000 staff paid for with HS funds, and almost half of grantees indicated intentions to hire in the next year. Grantees also referenced challenges related to staff capacity in the context of and redeployment due to COVID-19.
- **Grantees are overwhelmingly satisfied with TA and support.** Quantitative and qualitative data suggest that large proportions of grantees are accessing supports such as webinars, trainings, learning academies, networking cafes, 1:1 TA and cohorts, among other forms of support. Grantees are also engaging with monthly and quarterly newsletters from the TASC, the EPIC website, weekly update emails from the TASC, and direct communication from the TASC. Like last year, there continues to be opportunity to increase usage of 1:1 TA and CoLab (and satisfaction with the latter). Qualitative data indicates that online resources can be challenging to navigate.
- **Priority areas continue to reflect a need for support in fatherhood, recruitment and outreach, CAN, BMH and breastfeeding.** In addition, evaluation appears to be a more salient priority area in 2021, compared to last year. Staff knowledge for topics like BMH, CAN, and evaluation were relatively low, compared to other topics, and represent opportunities for additional TASC support.
- **Grantees reported the most challenges meeting benchmarks related to postpartum visits, breastfeeding, and father or partner involvement.** These findings are consistent with some of the priority areas reported as requiring support.
- **Grantees' revealed challenges in their ability to meet benchmarks and targets, especially in the context of the ongoing COVID-19 pandemic.** In 2021, the pandemic impacted the ability to meet benchmarks for 72.0% grantees. Qualitative data further highlighted that physical distancing hindered grantee operations and that the pandemic negatively affected client participation and staff capacity required to meet benchmarks. Likewise, grantees reported challenges meeting targets, especially those concerning pregnant women and fathers/partners. Qualitative data revealed that recruitment challenges had the greatest impact on these targets, and grantees shared that they need additional supports around the development of recruitment and retention strategies.
- **Grantees' delivery of evidence-based services and those based on best practices is strong**. Only 14.0% of grantees responded that they require additional support from the TASC in this area. According to qualitative data, staff training and education have aided grantees in improving quality of and capacity to implement evidence-based services.

- **Grantees reported strong capacity for data collection and reporting**. Nearly all grantees utilized a data management system, although most reported using alternate or home-grown systems and 13.2% utilized CAREWare in 2021. Grantees indicated success in developing local evaluation plans and program objectives. Data revealed the collection and submission of client-level data was hindered by staff resources data collection forms (for example, changing forms and requirements not being user friendly, though grantees also referenced data collection forms as a factor that helped data collection).
- **Grantees reported progress toward sustainability of their programs past the current funding cycle.** However, quantitative data revealed reductions in the proportion of grantees succeeding in all areas of sustainability but, most markedly, plans for future resource needs and long-term financial planning.
- **Location of grantees should be considered when looking at needs.** Stratified analyses (not presented here) indicate some variability in staffing and priorities as well as the ability to meet targets and benchmarks by location type, which may impact how the TASC delivers CBA.

Key areas of opportunities for the TASC

- **Promote the modes of support most desired by grantees.** Grantees report very high actual and desired participation in webinars, however, there is an opportunity to promote lesser utilized but relatively desired activities including trainings and certifications, learning academies and networking cafes. Likewise, a higher proportion of grantees would like to utilize 1:1 TA than have utilized this form of support. The TASC can continue to increase participation in these sought-after forms of assistance. Similarly, CoLab remains well-liked but underutilized by grantees; the TASC may wish to promote this platform further. In several qualitative responses, grantees suggested that interacting and thought sharing with other grantees would be a welcome area for support across activities, another programming opportunity for the TASC to consider.
- **Provide additional support and trainings in key programmatic areas.** Data related to priority areas, benchmarks, and targets reveal the importance of support related to breastfeeding and father or partner involvement, postpartum visits, recruitment and outreach, evaluation, BMH, and CAN.
- **Consider how grantee location and other factors impact needs.** Stratified analyses indicate variability in benchmark and target attainment, required priority areas, and staffing. A recognition of these similarities and differences according to grantee location may be a powerful programmatic lever for the TASC.
- **Incentivize and support the use of CAREWare.** Data suggests continued variety in the data management systems that grantees leverage. The TASC may wish to incentivize the consolidation of systems and, specifically, the use of CAREWare.
- **Support grantees in their sustainability planning.** As the TASC and grantees approach the end of Year 3 of the five-year grant cycle, sustainability planning remains salient. Annual Assessment data indicates that grantees are making progress on sustainability planning but may require additional supports. Qualitative data identify conversational and planning templates and assistance with identifying alternative funding streams as the most relevant opportunities for the TASC to support grantee sustainability plans.

Following the 2021 Annual Assessment, the TASC will engage in active outreach to the grantees that are not represented in this report. Throughout Year 4, the TASC will also continue to administer and analyze satisfaction surveys conducted with all one-on-one TA, cohorts, learning activities, COINs, webinars, and other TASC activities to ascertain real-time feedback and areas for improvement.

APPENDICES WITH ADDITIONAL TABLES AND DATA

Appendix 1: Personnel

Staff Category	% sites responding any staff paid with HS funds	% sites with 0 staff	% sites with >0 and <4 staff	% sites with 4+ staff
Other	86.0%	57.0%	42.5%	0.5%
Program Director	79.6%	20.4%	79.6%	0.0%
Program Manager	74.2%	25.8%	74.2%	0.0%
Fatherhood Coordinator	68.8%	31.2%	67.7%	1.1%
Community Health Worker	59.1%	40.9%	33.3%	25.8%
Case Manager	57.0%	43.0%	23.7%	33.3%
Evaluator/Data Analyst	55.9%	44.1%	55.9%	0.0%
CAN Coordinator	41.9%	58.1%	41.9%	0.0%
Care Coordinator	33.3%	66.7%	24.7%	8.6%
Nurse (LPN, RN, APN)	26.9%	73.1%	25.8%	1.1%
Nurse Practitioner	20.4%	79.6%	20.4%	0.0%
IT Technician	8.6%	91.4%	8.6%	0.0%
Medical Doctor	6.5%	93.5%	6.5%	0.0%
Midwife (CNM)	6.5%	93.5%	6.5%	0.0%
Nutritionist	3.2%	96.8%	3.2%	0.0%

Other responses included: Mental and behavioral health clinician, Supervisor, Administrative support, Breastfeeding counselor, Communication and outreach, Director, Health educator, Clinical coordinator, Finance/Budgetary, HR and Operations, Program/project support, Analyst/Evaluator, Social worker, Child/Family specialist, Patient coach/navigator, Doula, Emergency services, Nurse, Transportation

**% represents the proportion of sites among all Assessment respondents*

Staff Category	% sites responding intentions to hire*
Other	18.3%
CAN Coordinator	12.9%
Case Manager	12.9%
Community Health Worker	12.9%
Fatherhood Coordinator	12.9%
Nurse (LPN, RN, APN)	9.7%
Midwife (CNM)	7.5%
Evaluator/Data Analyst	4.3%
Care Coordinator	3.2%
Nurse Practitioner	3.2%
Program Manager	3.2%
IT Technician	2.2%
Program Director	2.2%
Medical Doctor	1.1%
Nutritionist	1.1%

Other responses included: Social worker, Patient coach/navigator, Administrative support, Program/project support, Doula, Health educator, Mental and behavioral health clinician, Breastfeeding counselor, Supervisor, Finance/Budgetary

**% represents the proportion of sites among all Assessment respondents; responding sites indicated they plan to hire 98 total staff in the short- to mid-term across 48 unique HS sites.*

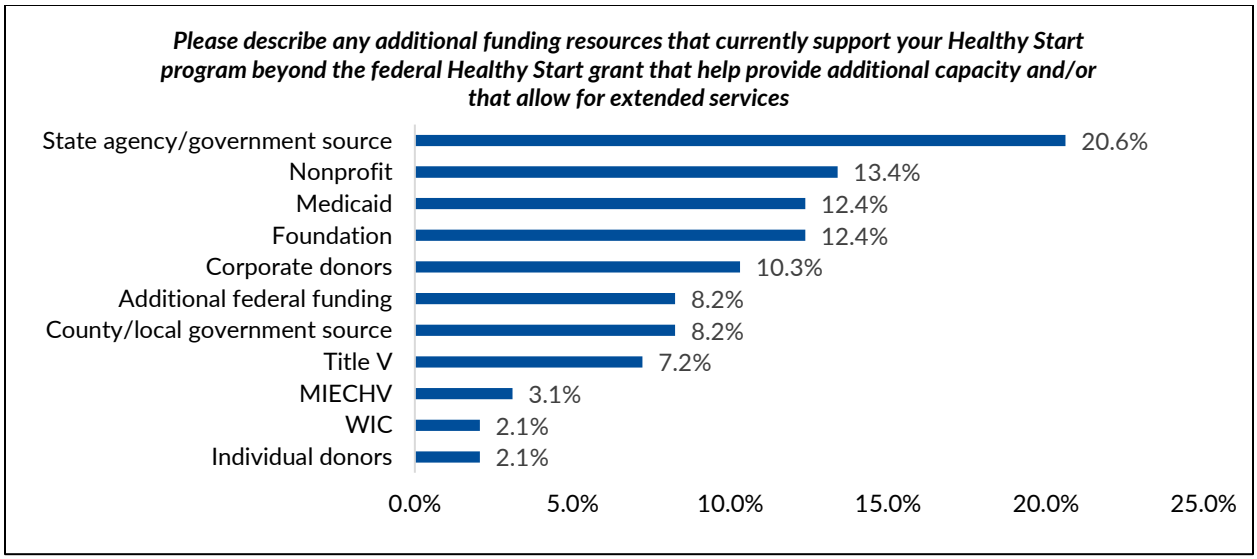
Staff Category	Number that are staff paid for with HS funds	Number that are consultants/contractors paid for with HS funds
Case Manager	227.66	34.55
Community Health Worker	222.55	30.75
Other	92.22	35.25
Care Coordinator	87.60	15.50
Fatherhood Coordinator	76.12	16.50
Program Manager	72.06	4.70
Program Director	64.67	4.00
Evaluator/Data Analyst	54.50	56.30
Nurse (LPN, RN, APN)	39.70	7.40
CAN Coordinator	34.33	19.15
Nurse Practitioner	19.15	20.75
Midwife (CNM)	7.00	6.40
IT Technician	4.05	11.50
Medical Doctor	1.90	11.80
Nutritionist	1.15	5.40
Total	**1004.65**	**279.95**

Other responses included: Mental and behavioral health clinician, Supervisor, Administrative support, Breastfeeding counselor, Communication and outreach, Director, Health educator, Clinical coordinator, Finance/Budgetary, HR and Operations, Program/project support, Analyst/Evaluator, Social worker, and others.

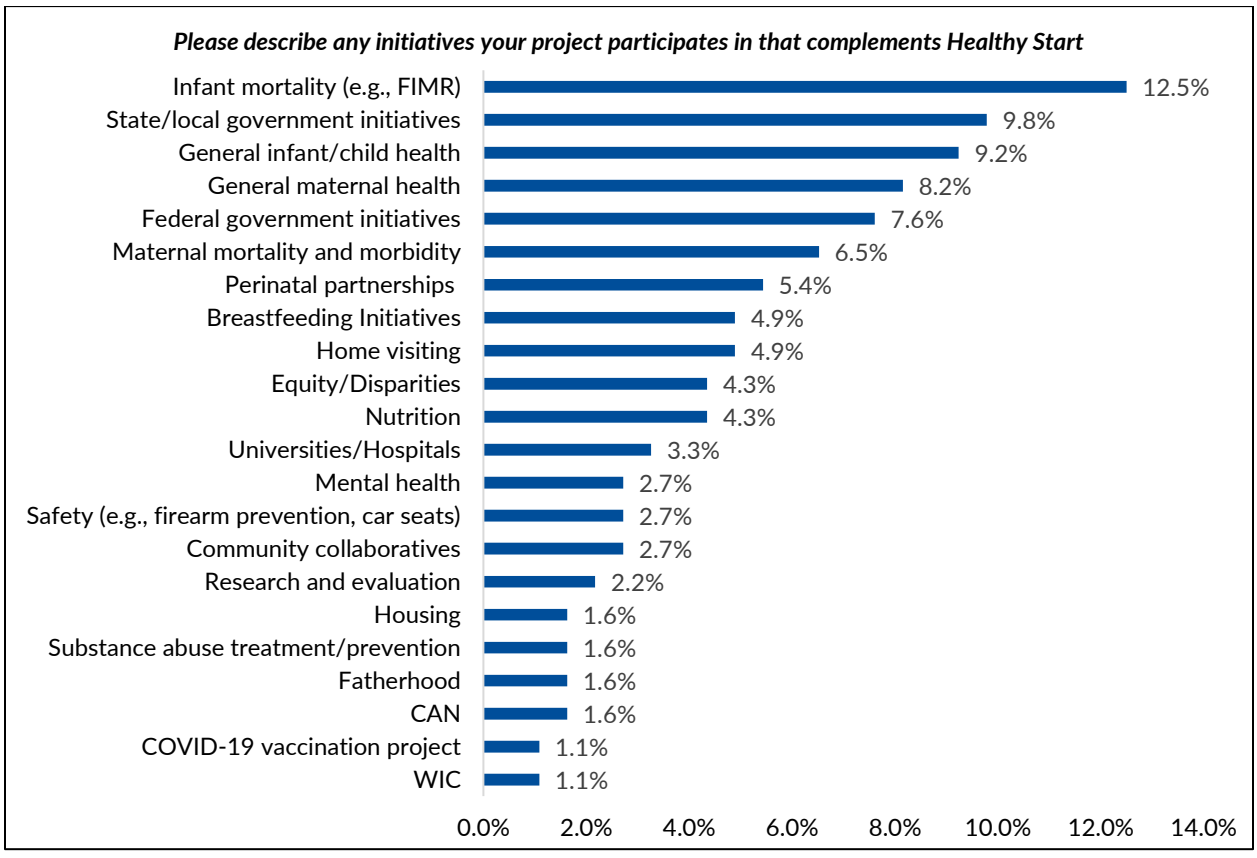
Staff roles*	% sites	# staff**
Provide lactation support	62.4%	146.1
Are licensed social workers/MSWs	49.5%	65.8
Provide mental health counseling directly to HS participants	47.3%	41.7
Are mental health consultants who provide support to HS workers (e.g., case consultation)	32.3%	18.1
Provide doula support services	22.6%	60.0
Provide substance use counseling directly to HS participants	19.4%	13.43
Oral health services	17.2%	8.0
Are certified mental/behavioral health peer specialists or recovery support specialists/coaches	14.0%	9.5
Other	12.9%	5.0
Alternate/holistic medicine services	5.4%	0.0
Missing	11.8%	N/A
Total		**367.63**

Other responses included: Certified Car Seat Safety Technician, Childbirth education, Safe Sleep Manger, Translational Services.

**Staff role categories not mutually exclusive; sites could select more than one staff role category*
***52 of the 93 sites had reported # staff; this number may be under-representative of the total number of staff in these roles across Healthy Start sites*



Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.



Themes are not mutually exclusive; each grantee response to this question was analyzed and coded for up to five qualitative themes.

Appendix 2: Select Cross-Year Data

Services provided by staff paid with HS funds % sites	2021	2020
Provide lactation support	62.4%	72.0%
Are licensed social workers/MSWs	49.5%	60.0%
Are CLCs or IBCLCs	N/A	58.7%
Provide mental health counseling directly to HS participants	47.3%	50.7%
Are mental health consultants who provide support to HS workers (e.g., case consultation)	32.3%	33.3%
Provide doula support services	22.6%	18.7%
Provide substance use counseling directly to HS participants	19.4%	24.0%
Oral health services	17.2%	N/A
Are certified mental/behavioral health peer specialists or recovery support specialists/coaches	14.0%	14.7%
Other	12.9%	N/A
Alternate/holistic medicine services	5.4%	N/A
Missing	11.8%	N/A

Participation in past 12 months % sites	2021	2020
All grantee webinars	94.6%	96.0%
Trainings and certifications	69.9%	90.7%
Learning Academies	51.6%	N/A
Networking Cafes	50.5%	N/A
One-on-one consultation TA	37.6%	28.0%
Cohorts	35.5%	N/A
Collaborative Innovation Networks (COIN)	26.9%	N/A
Postpartum Support International (PSI) Healthy Staff Support Group	23.7%	N/A
Trauma-Informed, Resilience-Oriented and Equitable Care Community of Practice (TIROE CoP)	19.4%	N/A
Other	9.7%	25.3%
Missing	1.1%	N/A

Would like to participate in the future % sites	2021	2020
All grantee webinars	89.2%	93.3%
Trainings and certifications	88.2%	92.0%
Learning Academies	66.7%	N/A
Networking Cafes	60.2%	N/A
One-on-one consultation TA	51.6%	64.0%
Cohorts	46.2%	N/A
Collaborative Innovation Networks (COIN)	35.5%	N/A
Postpartum Support International (PSI) Healthy Staff Support Group	32.3%	N/A
Trauma-Informed, Resilience-Oriented and Equitable Care Community of Practice (TIROE CoP)	29.0%	N/A
Other	2.2%	18.7%
Missing	1.1%	N/A

Priority areas that require throughout the next year % sites	2021	2020
Fatherhood	81.7%	60.0%
Recruitment & Outreach	61.3%	52.0%
Community Action Network (CAN)	51.6%	46.7%
Behavioral and Mental Health	50.5%	46.7%
Breastfeeding	50.5%	24.0%
Data collection, reporting and monitoring	46.2%	44.0%
Evaluation	43.0%	34.7%
Retention	41.9%	49.3%
Virtual service delivery	39.8%	N/A
Health equity	38.7%	N/A
Quality improvement and assurance	37.6%	36.0%
COVID-19	35.5%	45.3%
Doula services	28.0%	N/A
Home visiting	25.8%	N/A
CAREWare	16.1%	N/A
Other	3.2%	4.0%

	TASC Overall		Webinar offerings		1:1 Consultation TA		Resources on EPIC website		CoLab		Newsletters	
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
Very satisfied	33.3%	36.0%	37.6%	34.7%	19.4%	N/A	29.0%	37.3%	8.6%	5.3%	33.3%	N/A
Satisfied	55.9%	44.0%	54.8%	53.3%	29.0%	N/A	60.2%	40.0%	17.2%	18.7%	55.9%	N/A
Neutral	8.6%	18.7%	7.5%	10.7%	7.5%	N/A	7.5%	17.3%	16.1%	13.3%	6.5%	N/A
Dissatisfied	1.1%	1.3%	0.0%	1.3%	1.1%	N/A	2.2%	4.0%	3.2%	0.0%	0.0%	N/A
Very dissatisfied	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	1.1%	0.0%	1.1%	N/A
N/A - Did not attend/did not use	1.1%	0.0%	0.0%	0.0%	41.9%	N/A	1.1%	1.3%	52.7%	62.7%	3.2%	N/A
Missing	0.0%	0.0%	0.0%	0.0%	1.1%	N/A	0.0%	0.0%	1.1%	0.0%	0.0%	N/A
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**N/A**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**N/A**

Benchmark Progress	Met		Not met and making progress		Not met and struggling to meet		Not met and not yet addressed		Missing	
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
i	88.2%	70.7%	10.8%	28.0%	1.1%	1.3%	0.0%	0.0%	0.0%	0.0%
ii	79.6%	57.3%	18.3%	33.3%	1.1%	9.3%	0.0%	0.0%	1.1%	0.0%
iii	26.9%	24.0%	37.6%	49.3%	35.5%	25.3%	0.0%	1.3%	0.0%	0.0%
iv	82.8%	76.0%	16.1%	21.3%	1.1%	1.3%	0.0%	1.3%	0.0%	0.0%
v	73.1%	69.3%	18.3%	24.0%	7.5%	6.7%	1.1%	0.0%	0.0%	0.0%
vi	66.7%	48.0%	19.4%	44.0%	14.0%	8.0%	0.0%	0.0%	0.0%	0.0%
vii	45.2%	40.0%	43.0%	41.3%	11.8%	16.0%	0.0%	0.0%	0.0%	2.7%
viii	18.3%	17.3%	24.7%	45.3%	54.8%	36.0%	2.2%	0.0%	0.0%	1.3%
ix	66.7%	53.3%	25.8%	36.0%	6.5%	5.3%	0.0%	0.0%	1.1%	5.3%
x	64.5%	60.0%	17.2%	28.0%	14.0%	6.7%	2.2%	5.3%	2.2%	0.0%
xi	83.9%	54.7%	10.8%	36.0%	5.4%	8.0%	0.0%	0.0%	0.0%	1.3%
xii	66.7%	52.0%	30.1%	42.7%	2.2%	2.7%	0.0%	0.0%	1.1%	2.7%
xiii	61.3%	56.0%	35.5%	40.0%	2.2%	2.7%	1.1%	0.0%	0.0%	1.3%
xiv	39.8%	22.7%	51.6%	60.0%	8.6%	17.3%	0.0%	0.0%	0.0%	0.0%
xv	58.1%	33.3%	30.1%	54.7%	11.8%	12.0%	0.0%	0.0%	0.0%	0.0%
xvi	67.7%	65.3%	24.7%	29.3%	7.5%	4.0%	0.0%	1.3%	0.0%	0.0%
xvii	82.8%	70.7%	12.9%	20.0%	2.2%	6.7%	1.1%	2.7%	1.1%	0.0%
xviii	63.4%	53.3%	20.4%	25.3%	12.9%	16.0%	3.2%	4.0%	0.0%	1.3%
xix	84.9%	77.3%	9.7%	17.3%	2.2%	5.3%	2.2%	0.0%	1.1%	0.0%

	Delivered evidence-based services and those based on best practices to its clients over the last 12 months		Quality of your evidence-based services and those based on best practices improved over the last 12 months		Capacity to implement evidence-based services and those based on best practices improved over the last 12 months	
	2021	2020	2021	2020	2021	2020
Yes	97.8%	96.0%	73.1%	68.0%	69.9%	53.3%
No	2.2%	4.0%	23.7%	28.0%	28.0%	41.3%
Missing	0.0%	0.0%	3.2%	4.0%	2.2%	5.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

If struggling, did your HS program reach out to TASC to address your challenges?	2021	2020
Yes	26.9%	26.7%
No	48.4%	54.7%
Missing	24.7%	18.7%
Total	**100.0%**	**100.0%**

Did the TA meet expectations?	2021	2020
Yes	88.0%	75.0%
No	12.0%	25.0%
Total	**100.0%**	**100.0%**

	Confident and comfortable in explaining, applying and teaching this topic.		Solid working knowledge of this topic and could demonstrate how to apply it to daily work.		Working knowledge of this topic and could at least explain what it is.		Heard of this topic but could not explain or apply it.		No knowledge on the topic		Missing	
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
Behavioral and Mental Health	20.4%	25.3%	45.2%	42.7%	30.1%	26.7%	1.1%	4.0%	0.0%	0.0%	3.2%	1.3%
Breastfeeding	40.9%	45.3%	47.3%	34.7%	9.7%	20.0%	0.0%	0.0%	1.1%	0.0%	1.1%	0.0%
CAN Development	14.0%	22.7%	37.6%	36.0%	39.8%	29.3%	6.5%	9.3%	0.0%	1.3%	2.2%	1.3%
Data Collection and Data Collection Forms	36.6%	32.0%	44.1%	49.3%	15.1%	17.3%	2.2%	1.3%	1.1%	0.0%	1.1%	0.0%
Data Systems	26.9%	N/A	36.6%	N/A	30.1%	N/A	4.3%	N/A	0.0%	N/A	2.2%	N/A
Equity	23.7%	25.3%	45.2%	41.3%	26.9%	29.3%	2.2%	4.0%	0.0%	0.0%	2.2%	0.0%
Evaluation	15.1%	21.3%	32.3%	40.0%	41.9%	32.0%	7.5%	5.3%	1.1%	1.3%	2.2%	0.0%
Fatherhood	28.0%	25.3%	50.5%	37.3%	18.3%	37.3%	1.1%	0.0%	0.0%	0.0%	2.2%	0.0%
Gentrification	6.5%	14.7%	24.7%	17.3%	39.8%	44.0%	21.5%	14.7%	2.2%	9.3%	5.4%	0.0%
Maternal Mortality and Morbidity	32.3%	42.7%	46.2%	30.7%	15.1%	26.7%	4.3%	0.0%	1.1%	0.0%	1.1%	0.0%
Recruitment and Outreach	36.6%	49.3%	51.6%	37.3%	8.6%	12.0%	1.1%	1.3%	0.0%	0.0%	2.2%	0.0%
Social Determinants of Health	35.5%	40.0%	44.1%	34.7%	18.3%	20.0%	1.1%	5.3%	0.0%	0.0%	1.1%	0.0%
Quality Improvement	17.2%	N/A	49.5%	N/A	29.0%	N/A	3.2%	N/A	0.0%	N/A	1.1%	N/A

Appendix 3: Healthy Start Benchmarks

i. Increase the proportion of HS women and child participants with health insurance to 90 percent (reduce uninsured to less than 10 percent).
ii. Increase the proportion of HS women participants who have a documented reproductive life plan to 90 percent.
iii. Increase the proportion of HS women participants who receive a postpartum visit to 80 percent.
iv. Increase the proportion of HS women and child participants who have a usual source of medical care to 80 percent.
v. Increase the proportion of HS women participants who receive a well-woman visit to 80 percent.
vi. Increase the proportion of HS women participants who engage in safe sleep practices to 80 percent.
vii. Increase the proportion of HS child participants whose parent/caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 82 percent.
viii. Increase the proportion of HS child participants whose parent/ caregiver reports they were breastfed or fed breast milk at 6 months to 61 percent.
ix. Increase the proportion of pregnant HS participants who abstain from cigarette smoking to 90 percent.
x. Reduce the proportion of HS women participants who conceive within 18 months of a previous birth to 30 percent.
xi. Increase the proportion of HS child participants who receive the last age-appropriate recommended well-child visit based on the AAP schedule to 90 percent.
xii. Increase the proportion of HS women participants who receive depression screening and referral to 100 percent.
xiii. Increase the proportion of HS women participants who receive intimate partner violence (IPV) screening to 100 percent.
xiv. Increase the proportion of HS women participants who demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during pregnancy to 90 percent.
xv. Increase the proportion of HS women participants who demonstrate father and/or partner involvement (e.g., attend appointments, classes, infant/childcare) with their child participant to 80 percent.
xvi. Increase the proportion of HS child participants aged <24 months who are read to by a parent or family member 3 or more times per week to 50 percent.
xvii. Increase the proportion of HS programs with a fully implemented Community Action Network (CAN) to 100 percent.
xviii. Increase the proportion of HS programs with at least 25 percent community members and HS program participants serving as members of their CAN to 100 percent. (18)
xix. Increase the proportion of HS programs who establish a QI and performance monitoring process to 100 percent.