: 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Healthy Start Evaluation and Capacity Building Support, OMB No. 0906-xxxx – New

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this Notice has closed.

DATES: Comments on this ICR must be received no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]**.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under Review - Open for Public Comments" or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the acting HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call 301-594-4394.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Healthy Start Evaluation and Capacity Building Support, OMB No. 0906-xxxx—New.

Abstract: The National Healthy Start Program, authorized by 42 U.S.C. 254c-8 (section 330H of the Public Health Service Act) and funded through HRSA, has the goal of reducing disparities in maternal and infant health. The program began as a demonstration project with 15 grantees in 1991 and has expanded over the past 3 decades to 101 grantees across 35 states; Washington, DC; and Puerto Rico. Healthy Start grantees operate in communities with rates of infant mortality at least 1.5 times the U.S. national average, or with high rates of other adverse perinatal outcomes (e.g., low birthweight, preterm birth). Grantees may also qualify for the program if their project areas meet other relevant criteria (e.g., high rates of diabetes, obesity, or tobacco use during pregnancy; low utilization of prenatal care in the first trimester; no utilization of prenatal care during pregnancy) that demonstrate disparities in health outcomes for pregnant women in their communities. Healthy Start programs are located in communities that are geographically, racially, ethnically, and linguistically diverse. Healthy Start covers services during the perinatal period (before, during, after pregnancy) and follows the women, infants, and fathers/partners in the program through 18 months after the end of the pregnancy. The Healthy Start program uses a life course approach that includes women’s health, family health and wellness, and community/population health.

HRSA seeks to implement a mixed-methods evaluation to assess the effectiveness of the program on individual, organizational, and community-level outcomes. Data collection instruments will include the (1) Healthy Start Program Survey, (2) Healthy Start Network Survey, (3) Healthy Start Participant Survey, and (4) Healthy Start Stakeholder Interview Guide. These instruments have been specifically designed to be non-duplicative. Using previously approved content, the Healthy Start Program Survey is designed to collect information on the experiences of all 101 grantee programs related to program infrastructure, services/activities, participants, community partnerships, new maternal and fatherhood initiatives, and health equity. The information collected in the survey will allow the Healthy Start grantees to better assess risk, identify needed services, provide appropriate follow-up activities to program participants, and improve overall service delivery and quality.

The two other surveys and interview guide will be administered to a subset of 15 grantees, their community partners, and participants. The Healthy Start Network Survey focuses on understanding the participation of members in the Healthy Start Community Action Networks (CANs)[1] and collaborations within the CANs to improve maternal, infant, and family outcomes within the Healthy Start communities. Results from the survey will help the Healthy Start programs and their CANs identify areas of strength and opportunities for further collaborations, understand how well the CAN members are working together to serve women and their families, and whether they are supporting the programs in addressing the participants' greatest needs. The Healthy Start Participant Survey is designed to collect information about the experiences of the Healthy Start participants with the program and assess whether the programs are meeting their needs. The Healthy Start grantees can use this information to identify areas to strengthen the services provided to the participants. The Healthy Start Stakeholder Interview Guide is designed to collect more in-depth information about the Healthy Start services, the new maternal health and fatherhood initiatives, CAN activities, and activities developed to improve the Healthy Start benchmarks and achieve health equity.

A 60-day notice was published in the ***Federal Register***, 87 FR 43535 (July 21, 2022). There were no public comments.

Need and Proposed Use of the Information: The purpose of the data collection instruments is to obtain consistent information across all grantees about Healthy Start, its

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[1] A CAN is an existing, formally organized partnership of organizations and individuals. The CAN represents consumers and appropriate agencies which unite in an effort to collectively apply their resources to the implementation of one or more common strategies to achieve a common goal within that project area.

operations and outcomes. The data will be used to (1) conduct ongoing performance monitoring of the program; (2) provide credible and rigorous evidence of program effect on outcomes; (3) meet program needs for accountability, programmatic decision-making, and ongoing quality assurance; and (4) strengthen the evidence base and identify best and promising practices for the program to support sustainability, replication, and dissemination of the program.

Likely Respondents: Respondents will include project directors and staff for the Healthy Start Program Survey, members of the CANs for the Healthy Start Network Survey, program participants for the Healthy Start Participant Survey, and program and administrative staff for the Healthy Start Stakeholder Interview Guide.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information.

The total annual burden hours estimated for this ICR are summarized in the table below. The total number of responses was multiplied by the average burden per response and summed to produce the total annualized burden hours, which is estimated to be 600 hours. A break-down of these hours is detailed in the table below.

Total Estimated Annualized Burden Hours:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Healthy Start Program Survey	101	1	101	1.00	101
Healthy Start Network Survey	600[1]	1	600	0.33	198
Healthy Start Participant Survey.	750[2]	1	750	0.25	188

Healthy Start Stakeholder Interview Guide	150[3]	1	150	0.75	113
Total	1,601		1,601		600

[1] This is the maximum number of responses for this data collection instrument.

[2] Ibid.

[3] Ibid.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

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