

# Transcription

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Megan: Hello, everyone, and welcome to this webinar, Capturing Lessons Learned from the Field: Healthy Start Town Hall. I'm Megan Hiltner with the Healthy Start EPIC Center. This 90-minute webinar is being recorded, and the recording along with the transcript and the slides will be posted to the Healthy Start EPIC Center's website following the webinar. I'm gonna introduce the speakers for today. First, will be Dr. Johannie Escarne. She's acting branch lead with the Division of Healthy Start Training and Services.

Also speaking today are your two Healthy Start CoIN, co-chairs, Dr. Maria Lourdes Reyes, executive director with Project Concern International in the U.S. and border communities. She's also project director of the California Healthy Start web Project. And also the co-chair is Ms. Mary Alexander. She's director of Healthy Start, New Orleans. And with that I'm going to now turn it over to you, Dr. Escarne, to provide a brief welcome to the webinar today.

Dr. Escarne. Thank you, Megan. This is Johannie Escarne and I wanted to provide you a brief welcome from the division on this very important webinar today. Dr. de la Cruz would like to let you know that we, of course, value your continued participation and engagement in this process. And we wanna make sure that we have a very robust process as your Healthy Start CoIN co-chairs to facilitate this Town Hall as well as the next one that would be in July. Just a couple of things to remember from the division, a couple of updates. First, we wanted to remind everyone that we will be having a conversation with the division on Thursday, which is May 18th, from 2:30 p.m. to 4 p.m. Eastern Time.

That call-in information will go out to grantees today. So please be on the lookout for that information. And we also wanted to kind of circle back to the April 6th grantee meeting. We did record and get FAQs for that particular grantee meeting and wanted to let you know that we will be posting that. I know it's a little late but we will be posting that shortly on the EPIC website just to make sure for those who were not able to attend the Town Hall with Dr. Lu, that that information is available. So that's it for my updates. Again, we encourage your participation and engagement through this process. And please, of course, always let us know if there's anything that you need from us here at the division. Thank you.

Megan: Great. Thank you so much, Johannie. Now I'm gonna turn it over to Dr. Maria Lourdes Reyes who's gonna provide to us an overview of the webinar agenda for today. Dr. Reyes?

Dr. Reyes: Thank you, Megan. Thank you, Johannie. Thank you. And good morning, everyone, or good afternoon, everyone. Maria Lourdes Reyes here, the co-chair for your Healthy Start CoIIN, which is Collaborative Improvement and Innovation Network. And today is our first Town Hall meeting and Mary Alexander, the other co-chair, will explain the rest of the timeline for how we truly want to engage the grantees in understanding and having a better understanding of the best practices and lessons learned. So if you're looking at the agenda, I'm gonna share very quickly after going through the overview the purpose of the Town Hall meeting.

And then webinar logistics because during this whole webinar, we're going to ask you to respond to certain poll questions. And it would also help us better understand some of your lessons learned. And then we're gonna go through some of the benchmarks and really looking again at some of those polls. And then we'll open it up also for some questions and answers. So that's the entire pretty much an hour and a half this afternoon. And I wanted to again, briefly explain the reason why we're doing this Town Hall meeting. It was very important for us to really engage you and hear your voices and to improve accountability.

We wanted to hear the lessons learned and promising best practices in how you've been implementing Healthy Start 3.0. And also to provide you with an overview of the process and timeline of how we're going to continue to engage you, these are timeline processes from your CoIIN membership. And we're working very hard to make sure that this happens so that we can help and get your input and get the perspectives from the field. And so today is the beginning of all this process. We wanna describe the lessons learned and then capture your constructive input. And also, we're gonna provide you with the timeline and agenda to help us inform the planning for the future of our programming.

And like I said, we're going to be including poll questions and we're going to be looking at where are the areas of best practices and challenges across the Healthy Start communities? And we want to make sure that your voices are heard. And so it's okay for grantees to respond to the polls, even if there's more than one of you from a grantee. So everyone registered will be able to respond to the polls that we will be posting. So, thank you so much, and I'll turn it back to Megan to just give us a preview of how to actually do some of these polls.

Megan: Great. And so, fun logistics. Everyone with these that has participated on these webinars in the past, we've typically just done questions via the chat function today and we welcome that still. If any point in time you have a question, you can chat it into the chat box at the bottom left corner of your screen. Chat your questions or your comments. But we're also going to be taking questions over the phone today. So when prompted, in the different points during this webinar, we will be taking some questions through audio as well. And I'll give you this reminder again when we get to that portion if you'd rather ask it over the phone.

But at that point, you can press \*1 on your keypad and you can get into the queue to ask the question over the phone. But I'll prompt you again when we get to that point. We'll be doing a series of polls as Dr. Reyes said over the phone. And we are going to be...when that screen will pop up, you'll see the poll there, question there, and there will be radio buttons. I think you'll get the hang of it over the course of this webinar how to respond. But chat in any questions you have about responding at any point in time and we'll support you through that process. And the last housekeeping logistics announcement I wanted to share is that we want your feedback, as we always do at these webinars.

So at the end of the webinar, you'll be...a feedback survey will pop on your screen right after. If you'll take a moment and fill that out right after, that will definitely continue to keep us informed about what you thought of the webinar. So, okay, Dr. Reyes, you want to go ahead and introduce the first poll for today?

Dr. Reyes: Thank you, Megan. So our first question, and this is the first one that we wanted to ask you so that we can just get a sense of what you've been doing is, are you preparing yourself for the next funding cycle? So you see the options there: yes, no, or not sure. And we truly value your input, and so please respond. I will pause for a moment here while you're responding, and we're actually gonna be seeing the results of your poll.

Megan: And people are getting the hang of it. I can see the responses coming in. That's great. You all are quick on this one. How about another three or four seconds? Okay, so we're gonna close the poll, and the results are posted.

Dr. Reyes: Very good. Thank you for that. It looks like there are still a few nos and quite a few not sure. So this is why...this is a very important

process for us. We'd like to be able to help each other out in preparation. And also, again, learning from the best practices and how we can better our Healthy Start program. I'm gonna turn it on to Mary, who is a co-chair for the ColIN. Mary?

Mary: It's all right. So, yeah, so we're forward with the suggested timeline and process overview of gathering information and feedback. This is the big picture view of what we're hoping to accomplish this summer. And as you can see looking at the timeline, it's very intense. But we know that everyone's up for the challenge because everyone is very concerned about making sure that they are providing the best services for the community. So, we're gonna go through this timeline in more detail over the next couple of slides. And then you'll have an opportunity to provide your feedback as well. Megan, can we look at it?

All right, so first, the Town Hall meeting which we're having today, and thank you for...we really appreciate everyone joining us. What we're hoping to do is we'll have the Town Hall meeting that we're doing now, we'll describe what we're hoping to do and how are we going to be gathering information. And then immediately after our call, you will receive an email with information about...it's going to be a qualitative survey for you to respond to. And basically we're looking at the lessons learned and what we're hoping to do, you know, how you're doing your program, best practices.

And we're really wanting to do a deep dive into how programs are being successful in implementing the grant and telling the story of the successes that you've had. Then during the same timeframe when we're actually...you'll have from May 16th to June 16th to provide your feedback. We're hoping to have, our aim, at least, is to have a 90% response rate. And during this timeframe, between May 16th and June 16th, we'll be sending out free reminders over that time to kind of help you to keep this on in the forefront of your mind that it needs to be completed. And then, also, when we're sending these reminders, we'll also provide you with an update on the response rate that we've received so far and a little bit of a snapshot of the results.

And then step two, from May 20th to May 30th, which is right at that timeframe where everyone is working providing the feedback to the survey, the ColIN is gonna be looking at some of the discussions that we had at the spring conference. And looking at prioritizing those issues and trying to look at how we're going to build that whole lessons learned piece. And then on May 6th, we're gonna present those preliminary

results to the CoIIN group and how we're moving forward, the responses that we've received so far, and really starting to build that information together. And then from June 16th, which is the closing of input for the qualitative survey, once the survey is closed, from June 16th to the 30th, we're gonna be looking at really pulling all that information together.

Organizing those into priorities [inaudible 00:12:18] and then coming together...our step three will be coming together as a CoIIN group and our plan is to have a face-to-face meeting in July. The meeting will be in New Orleans, from July 6th to 7th. And we'll be actually all those priorities together, recommendations from those priorities and building a final draft of how we want to put together what we've learned and best practices. And to build that into a really final piece that we can send out to all the Healthy Start grantees on July 20th. So we want to have as a draft available to you so you could have them feedback before we do a final Town Hall meeting, which is gonna be scheduled for July 28th.

With that final...actually the final virtual Town Hall meetings will be July 20th, I'm sorry. And what we're hoping to do is on that Town Hall meeting is that you'll have an opportunity to review the materials that we've put together from the face-to-face meeting on July 6th through the 7th. And be ready to have a conversation on July 20th for us to be able to look at...to make sure that we are representing everyone accordingly and everyone feels like their voices are being heard. And that we're actually representing you correctly. And then what we'll do is we will, on July 28th, this point itself will have a final draft that we'll be able to submit to everyone.

And then our goal is to have everything, all of our final recommendations submitted by July 31st. So the whole process for capturing lessons learned, as I said, it will be from May 16th until June 16th. So each grantee will be encouraged to gather a why perspective of staff and stakeholders input for the lessons learned. You will receive a PDF copy of the survey that you can share with staff and other stakeholders, such as [inaudible 00:14:39] members and meet as a team to discuss. You can summarize and submit your feedback. We'll also be accepting...we'll only be accepting one feedback form per grantee. And again, those are gonna be free reminders during this timeframe, between May 16th and June 16th, for you to submit those forms. Megan?

Megan: Okay, well sorry, Mary. Thank you so much for that overview. Folks, we're gonna pause now to take a couple of questions. You can chat them into the chat box, lower left corner of your screen. Or if you

have a question you want to ask over the phone, press \*1 on your keypad, and our friend Ryan, the operator, will bring you live into the webinar to ask your question. I'm not seeing anything in the chat box at this point. Ryan, any questions over the phone line?

Ryan: Yes, we do have a question in the queue. Caller, your line is open.

Megan: Hey.

Tomika: Hi, and how are you? This is Tomika [SP], how are you.

Megan: Hi, Tomika. Welcome. What's your question.

Tomika: Quick question. So, as we are preparing for Healthy Start "4.0" will Healthy Start 4.0 look the same as Healthy Start 3.0?

Megan: That's a great question. I'll put that back to either the co-chairs, or Johannie, do you have any guidance on this?

Dr. Escarne: Hi, this is Johannie. It depends. We are looking...we are gathering a lot of information, both from this process that you guys are going through now at these Town Halls, as well as an internal process about what worked well with Healthy Start 3.0 and what didn't work so well. So I can't really say for sure how much of it will look the same and how much of it will be different because we're really in the early stages of that process. But I would say the main framework of Healthy Start 3.0 will still be the same. I think there will be some minor tweaks, but I can't really speak to those right now.

Tomika: Okay, thank you. That's somewhat helpful.

Megan: Thanks, Tomika. Any other questions in the queue, Ryan?

Ryan: We have no further questions.

Megan. All right. Well, one question in the chat box, I'll take that and then we will move along with the webinar content. The question is, will the timeframe for funding be similar, a five-year cycle? Do you have any guidelines on that, Johannie?

Dr. Escarne: Yes. Right now we are still looking at a five-year funding cycle.

Megan: Great, thanks for that. Okay, I think we're gonna now continue on with the webinar. And folks, we'll be stopping again for more questions. So we're gonna go ahead and move along to another poll.

Dr. Reyes: Thank you, Megan, and thank you again, everyone. So what you're going to be finding is the next poll is really looking at what we can learn from you. This is the beginning of the process. And as Mary shared with you, the next month is truly very important because you'll have that opportunity to respond in a qualitative way to many questions that would help inform us in sharing with everyone what the best practices and lessons learned are so that we can then move forward in a better way with the Healthy Start community. So this first poll is really looking at that your first approach, which is improving women's health.

And when we're looking at this question, I just wanted to remind everyone that this first approach, which is improving women's health, is really looking at that life course perspective. We're looking at the maternal and child health research and experience on the field, and all about the importance of improving women's health before, during, and after pregnancy as a means to improve perinatal outcomes, and of course, reduce the infant mortality. So when we're looking at this and looking at improving women's health in our Healthy Start programs, we want to assess participants' needs and worth to ensure their access to a comprehensive medical, social, behavioral, educational.

And support services, and Healthy Start also supports prevention and health promotion for women and families, including access to all those services and navigation for interconceptional health, reproductive health planning, and that, at most, health education. So the first one is we took the five Healthy Start approaches. In looking at that, did you find the most challenging to address?

Megan: So if you'll weigh in now on using the radio buttons, it looks like a large number of folks have weighed in, but if you haven't, we'll take another second or two here. Still responses coming in. Okay, slow down, we're gonna close the poll now and show the results, and there we are.

Dr. Reyes: Okay, so the most challenging looks like the collective impact, secondly the family resilience. So actually, and thank you for this. It's very insightful for us. So the next poll, we'll actually look at that first approach that we just explained a while ago, improving women's

mental health. And I looked at this, and when we're looking at the poll question, we wanna ensure that we're going to be looking at what would be your benchmark that you had no difficulty in addressing? So when you're looking at improving women's health, was it health insurance, increasing the number of women that needed health insurance? Was it the postpartum visit, making sure that they did receive the postpartum visit?

So did you have difficulty in addressing the reproductive life plan? We want to make sure that the women that we serve have a 90%...90% of them have a reproductive life plan. Or, perhaps the difficulty was in increasing the proportion of Health Start women and children participants to have a usual source of medical care? Or was it the last benchmark in the improving women's health, which is increasing the proportion of participants that we see at well women visit? So take a look at these benchmarks again, health insurance, postpartum visit, reproductive life plan, usual source of care, and well women visits. And Megan, can you pull up the poll, please?

Megan: Sure.

Dr. Reyes: So with regards to improving women's health, our question to you is, which benchmark did you have the most difficulty in addressing?

Megan: Great. And folks are actively weighing in. And I did want to make one quick clarifying comment. I know, Dr. Reyes, I think this was one of those...these moments that would just slip when...earlier, when you introduced the slide, you said improving women's mental health, and I think it's improving women's health. Just wanted to clarify that.

Dr. Reyes: Thank you, Megan.

Megan: No problem, no problem. So here we are. It looks like the responses are coming in, and they stop. So let's go ahead and close that poll, and here we are. Here are the results.

Dr. Reyes. Wow. I hope that this is proving insightful to you, to all of you. And I forget how many are registered. Megan, did we have a cycle count?

Megan: Well, right now, there is...and just glancing at the screen, we have 92 people on the web.

Dr. Reyes: Thank you.

Megan: But there are some people there, but yeah.

Dr. Reyes: Right. So thank you for that and thank you for the response. I know we're gonna present all this back to you. And then like I said, that qualitative survey is very important as our next step. I'll turn it over to Mary for the next approach.

Megan: Mary, can I pause before you get to the next one? We did have...we do have a few questions that came in at the chat box. I just thought we'd get to a couple of those and then we'll just...two of those and then we'll move on to your portion, Mary. One of the questions is, and I'll turn this to you, both co-chairs, how is the Health Start ColIN connecting with the national Health Start Association which represents all of the grantees regarding development of the revised Health Start 4.0?

Dr. Reyes: Right. So there are ColIN, co-members of the ColIN who are actually on the national Health Start Association board membership, and I was a board member until just this past year because now I'm co-chair of the ColIN. And certainly, there's been discussions with Deborah Fraser and the group, and we want to try to work very closely with the board members and the association. And that is a very close dialog in making sure that we communicate what we're doing with the board membership and the association. Mary, anything?

Mary: No. I just exactly...yeah, I don't have anything to add, Maria. Thank you.

Megan: Great. And I do want to share that I've noticed in response to that last poll some folks chatted in some further kind of explanation for why they selected what they selected, and I'll share those now but I want to let folks know that if you do have some comments that you want to chat in about why you responded the way you did on your poll, we'll be sharing that back with the ColIN members, and that can also inform this planning process. For example, one person said that they selected well women visit, but they couldn't two. And another person said, "I selected reproductive life plan because that's what we had difficulty addressing, but I anticipate the new screening tools will help with that.

The next most difficult challenge will be increasing attendance at postpartum visits especially because we're limited to between four and

six weeks. So that type of clarification, I think, will help inform this process. So I think we're gonna now just move along in our content. And Mary Alexander, I'll turn it over to you to go for the next...through the next piece, around promoting...

Dr. Reyes: And Megan...yeah, Megan, hold on, one moment please. And Mary, thank you. This is Maria Lourdes. I just wanna encourage again those fine points that you have. In the qualitative survey you will have the opportunity to further expound on the choices because you'll find other questions that are very pertinent to what we're doing in the process, and thank you for the supplementary information. Mary?

Mary: Thank you. So yes, and moving on, with promote quality services, we're also looking at getting feedback in this area, and as you know, Health Start works to ensure access to ensure the birth spacing, the initiating breastfeeding, safe sleep, smoking accidents, and sustaining breastfeeding, and well child visits. So the benchmarks, you know, that we have, all of them we've been working as looking at reducing the proportion of Health Start women who conceive in 18 months, looking at how we can initiate...how can we get our program participants to initiate breastfeeding, educating the community and our program participants about safe sleep, smoking accidents, sustaining breastfeeding up to six months, and the well child visits?

So all of these are under promote quality services. So what we'd like to do, again, is to get your feedback as to which of these actually with regard...any of these you had a difficulty in addressing. So with the next slide, again, you'll be able to select which of these you had the most difficulty addressing at your site.

Megan: Thanks, Mary. So, folks, you know the routine. It looks like folks are getting the hang of it and the responses are coming in.

Mary: Great.

Megan: Give them another moment or two here. All right, and the responses are slowing down. Okay, we'll close the poll now and show the results.

Mary: Wow.

Megan: Wow.

Dr. Reyes: Wow.

Mary: So obviously a large number of grantees have difficulty having program participants sustain breastfeeding. And as everyone knows, there's so many variables that go into moms being able to breastfeed for six months. So this is really interesting. Thank you.

Dr. Reyes: And also, Mary, I'd like to put a plug in with the email that was sent out by Ethic, I think, just this morning on the lactation counselor opportunity for scholarships. So to the grantees that are on this call, please take a close look at that opportunity because it's important that you have...and here's a scholarship opportunity that you have, at least one of your staff, who can really provide that counseling and educational counseling and be certified for it. So that's a plug-in. Thank you.

Mary: Right. And Maria, the other thing to think about too when you get the survey and you're able to comment on this, we would really love to hear best practices around sustaining breastfeeding. So it would be nice to be able to share those successes with everyone, what works and...because all know what doesn't work, and we love to see or hear what works. Thank you.

Dr. Reyes: Thank you.

Mary: And Maria?

Dr. Reyes: Yeah, thanks. And, you know, I'm trying to remember our first poll, which approach you had most difficulty in addressing, and if my memory serves me right, this is one of those that we get to have difficulty in addressing, strengthening family resilience. And really looking at this particular approach, we're looking at focusing on engaging both parents in the future of the child and really also looking at that resilience piece, addressing the degree of toxic stress that underlines the disparities in birth outcomes and promoting fatherhood involvement both before and after the baby is born, providing parenting support and education, which is a critical piece for some good health outcomes for the child when parents are involved.

And also, part of this resiliency piece in trying to help strengthen that is that trauma-informed approach to care and looking at supporting the mental and behavioral health of mothers and families. So when we're looking at the strengthening piece for the family resilience, the

benchmarks that are involved in this particular one that we're looking at is the father/partner parenting involvement and we're looking to see if we can bring that up to 80%. And then the father partner prenatal involvement, trying to get that up to 90%. The intimate partner violence that we know we want to scream that and we're hoping that we are screaming that to the full possibility of 100%. Improving the mental health of mothers would also be, again, moving that percent to 100%, where we're actually looking at perinatal depression screening.

And reading to the child daily, improving that to at least three or more times per week and getting that to a 50% mark for the families to read to the children aged under 24 months of age. So you have your benchmarks and then we're looking at the poll now, which looks that father parenting, father/partner prenatal involvement. The poll please, make... The intimate partner violence, perinatal depression screening, and reading. So we have a cap on the number of letters we could use for these polls. So those first choices, A and B, INV is involvement, so the father or the partner is involved in parenting, and then B would be the father or the partner involved in prenatal.

Megan: Great. All right, the responses are coming in. We'll give it another moment or two. And we will...I wanna try and get to the same number that we have gotten to before, and then we will close the poll and show the results. Okay, why don't we go ahead and close the poll and show the results? And here we are.

Mary: So, with this, we know that's a little difficulty. And I think from having heard some of the previous Town Halls meetings and the one-on-one, heart-to-heart with the grantees, we know that a critical piece is how else can we involve the father in our day-to-day and in thinking about the main reason that we couldn't really do very much else was that they weren't being counted as part of our participation. And so it's critical for us to hear your challenges and best practices as to how you've been able to...for those of you who've been able to engage fathers and their partners in parenting and prenatal care, how you were able to that. And again we still have ways to go in trying to get that reading to the child at least three times a week, and would love to hear as to how you've been able to engage the families on that also. Very insightful, thank you so much.

Megan: So before we move along to the next approach, I think it would be worthwhile to pause here and take a couple of questions over the phone or just chat. And so, folks, just a reminder that press \*1 if you

want to ask your questions over the phone or you can chat them in. As we wait a second or two, I've gotten a bunch of really great kind of additional comments about some of the challenges we're getting at, some of the benchmarks, specifically with serving for well women visits and serving those that are undocumented, or even those breastfeeding benchmarks and how they can sometimes feel a little unrealistic for their population. So Ryan, are there any questions at this point over the phone line?

Ryan: Oh, we have no questions. Thank you.

Megan: Okay. All right, well, so why don't we continue to move along here into the next approach and then we'll open it up for Q&A after we get through the next section?

Dr. Reyes: Thanks, Megan. And this is Mary's turn but I wanted to also sure that any time you see some of those insights in the chat box, it really would be great to read them out also if possible since we do...it looks like we have quite a bit of time.

Megan: Okay, sure, sure, yeah.

Dr. Reyes: Thank you, Megan. Mary?

Megan: Well, as Mary is getting logged back in, to your point, Dr. Reyes, let me read a few of these comments about the...it's actually the breastfeeding piece, because I did see quite a bit of a chatter about that piece. So one comment is that...all right, oops, I've got to scroll down in my chat box here. Okay. "The challenge in addressing some of the benchmarks is often related to resources in the community, program participants' cultural influences, we do monitor education and reinforce for each of these." But that was just their kind of general comment. Here's another one specific to breastfeeding. "Sustain breastfeeding rate at 61% at 6 months is really unrealistic for our population.

I think the goal should be reassessed to be attainable." And that person continues on and says that, "We can get only about 60% of our clients to initiate breastfeeding in the first place. So the percent of who sustained it at six months should be something like 50% of all clients who initiate breastfeeding will still be breastfeeding by 6 months, or those who've never breastfed in the first place shouldn't be included in that denominator." So that's just some of the pieces about breastfeeding. But with regard to the other point about what I said about undocumented

individuals and well women visits...oh, I'm sorry, I did see one more about breastfeeding.

Let me put that in there. "The breastfeeding is a touch benchmark since breastfeeding rates for the general populations are not this high. The latest national rate from the CDC from year 2014 is actually 49.4%." So that was a good point to bring up. Now let me...oh, go ahead if you have comments.

Dr. Reyes: Yeah, thank you, Megan. This is Maria Lourdes again. And that's really important also to make those points in that qualitative survey that you're going to be getting and what your thoughts are on what that benchmark should be. But when you do put that down I would really strongly recommend that you have a reference point, which is exactly what she just did. So reference point, CDC's latest benchmark is at 49.4%. And in some of your experiences as why 61% would just be unattainable. So it's really important to put those fine points in your responses, and I really encourage you to do that, and thank you.

Megan: So one more comment about well women visits. And I think, Mary, then, Mary Alexander, I'll turn it over to you. This is about well women visits. It says, "We are challenged with the well women visits because 30% of our clients are Latina, many undocumented, with no access to insurance and very fearful of deportation." So yeah, I think that point is worth sharing. All right, so Mary Alexander, I'll turn it over to you to continue with the presentation and then we'll do more questions over the phone and comment.

Mary: Thanks, Megan. And I think just by reading some of the comments, this is a small sample, I think what we're gonna hear back from the survey is going to be amazing. You know, if we have people who really provide this type of information of, and specifically about their program, the challenges that they're having, the best practices, I think this can be well worth your time if you get in there and really think about how, you know, you tell your story within the survey. So thanks again. So with achieve collective impact, earlier we did the poll, I believe achieve collective impact was among the highest in terms of difficulty and meeting in terms of the benchmarks.

So the benchmark is that to increase the proportion of Healthy Start grantees with a fully implemented community action network to 100%. So, I know within the different levels there's different requirements as to how we meet this collective impact benchmark. And in terms of, you

know, some of the challenges and those different steps that it takes to actually have a collective impact, I know that group and are keen [SP] and I know that a lot of you are also in community, especially in urban areas where there's more than one group that's playing to get having, you know, collective impact projects that they're putting together. So again, this is an opportunity for you to share your experiences in what's working and what is not working. So, Megan, can we go to the poll?

Megan: Yes, going there right now.

Mary: Great, thank you. So what we really wanna find out is, among everyone on the call here, how many of you have a fully implemented CAN, which is A, or lots of work still to do. So you might have met some of the criteria of collective impact but not others, or you're almost there, and maybe might have like one more thing to accomplish on those goals. Or you actually have a fully implemented collective impact project going on with your community action network. So you would select B as yes.

Megan: All right, we'll give it another moment or two as responses are coming in. Okay, here we are.

Mary: Great. So we have 57 responses, and a little over 57% are saying that they have a fully implemented community action network, which is amazing. And I'm sure that as you're going through the survey, completing that, that many of us would like to hear best practices around that, what's worked, what hasn't worked. Especially around, from what I'm hearing, is the shared measurement. You know, how have you been able to work with other agencies in your community to get to that point where you have that shared measurement agreement and what kind of impact have you had in the community once you have established that? So really looking forward to hearing and seeing, you know, what are the responses are once we get everything compiled and put together.

Megan: And we did get a couple of comments here. I'll just share those, on the CAN piece. One person says, "With level one funding we don't enough staff to fully implement the CAN, but we are involved in several local MCH initiatives." And then another person says that, "Achieving collective impact is not seen to be 100% linked to having a CAN in place. We have a group that meets, but setting and achieving instant mortality rate goals is a different objective for us." So really insightful comments there.

Dr. Reyes: Definitely. I think it's sound like...This is Maria Lourdes. It sounds like what you're doing in the community is actually looking at your action network whether or not you've formally called it a community action network. But if you're coming together to work on an outcome in the community, that is community action network, and making sure that you do have a shared agenda, which you do, making sure that you have community participants that are involved in that particular endeavor is a fantastic opportunity. But with level one grantees, you are...I think the expectation is that you are involved in something that the community is doing, and that's a well-accepted, 100% performance. So thank you.

Megan: And to loop back through the beginning folder, you all asked what was the approach that people were maybe struggling with the most. A grantee chimed in, actually it's Tomika Anderson, re-invite. I hope she doesn't mind me putting her up there. But she had chatted in after that point, as in, "No, the West Side Healthy Start would love to share their successes with the collective impact or CAN because we've had a lot of success in implementing the framework." So she shared that, and I just wanted to put up there that they've had success in that area.

Dr. Reyes: And thank you. That's what we're looking forward to when you get that qualitative survey. And if you do want to send the COLLN membership directly sure and of your documents that show more than what you're gonna be putting in that survey, please do so. We'd love to make sure that we've incorporated that in the document that we're preparing with all the lessons learned and best practices.

Megan: Okay. So let's go ahead and move to the next section, and then we'll do a bunch of Q&A.

Mary: Okay, so it looks like the last approach that we're looking at is the qualitative accountability, to increase accountability through quality improvement, performance monitoring, and evaluation. And when we're looking at this particular question, we're looking to see that we're actually enhancing the services and looking at the health outcomes and systematically looking at our performance. And it's looking at those benchmarks, how we're actually doing, but looking at a process.

Do you process so that you're assuring quality improvement in the work that we're providing to the community and the program that we have? And the question that we have for you is... The poll please, Megan. Thank you. So does your program have a quality improvement and

performance monitoring process in place? And similarly to the last question, you don't, you still have lots of work to do, you're almost there, and then yes, you do have a process in place.

Megan: Okay, another moment or two here. Getting there. All right, responses have slowed way down so we'll close the poll here, and here are the results. Okay, are you seeing the results, Dr. Reyes?

Dr. Reyes: Hold on. Yes, thank you.

Megan: There we go.

Dr. Reyes: Yeah. So that's a lot, it's 69% have a process in place. We know that there's several indicators involved in this particular benchmark and those questions that you'll need to answer to would be, do you have a culture that encourages improvement of your services? Do you have a structure to improve quality of care? Do your providers and staff have a basic understanding of your quality improvement tools and techniques? So I'm really pleased that 69% have said yes, we do have something in place. The other three questions for that benchmark are, do we understand as staff and providers our roles and responsibilities?

And does the organization routinely collect and analyze data? And do you...does the organization have resources that's keeping dedicated to quality improvement? So for those of you who still have lots of work to do, would love to hear some of those challenges, and hopefully...and the ones that are almost there to see what else we could do to help with your process. Again, thank you so much, and I'll turn it over to Mary now.

Mary: All right, thank you, Maria. So yeah, so going back to next steps, we are...you have the timeframe between May 16th and June 16th to provide your feedback. So again, each grantee is encouraged to gather a wide perspective from your staff, from your stakeholders just on lessons learned. And again, we'll give you...you'll receive a PDF copy of the surveys that you can share with staff and other stakeholders, such as CAN members, other organizations that you are working with, ideas that, you know, we really want you to discuss and summarize and provide all your feedback. And again, just looking at some of the comments in the chat box, I think we're gonna have some incredible information, some great lessons learned.

The survey link that will be provided as soon as we get off the call. And

again, we're hoping that you actually get a large group, a broad range of your staff and stakeholders involved in this. And to help everyone keep it on your radar, we will be providing free reminders for submitting the comments during the four-week comment period. And if there's any issues or comments, please provide those in the chat box, and we're also going to have some time for additional...I think we'll have some time for additional questions. Megan?

Megan: We do. We actually have a big chunk of time here for Q&A. So just another prompt here to...if you want to ask it over the phone, \*1. If you want to chat it in, go and chat it in the chat box. Before I check in with you, Ryan, I wanted to share one person asked a question about the actual survey. "Just in case the project director isn't available, will the survey questions be available elsewhere?"

Dr. Reyes: Well, our thought was that...and perhaps Yvonne can respond to this also, our thought was that we would send it to the project director. Yvonne, do you have any other mechanism that we think we wanna make sure that we hear from every grantee?

Yvonne: Right. So, that's right, Maria. We had thought that we would use that listserv, which is typically the project director as our primary contact, but it can be shared widely with staff at each grantee. And it doesn't have to be the project director that actually goes into the survey and inputs the information. As Mary outlined really well, we're encouraging each grantee the project director as the recipient of the email to share the PPS version of the survey, and then the link and to the side, whatever works for each grantee, the process of who's gonna actually be in charge of inputting the information, but to have a nice gathering of staff and other key stakeholders for that particular grantee.

And discuss the questions that you'll have in a PDF format so that you can discuss them and have them maybe in front of you before you actually go into the survey link and input it into the survey. So while it doesn't have to be the project director who inputs the information, our thought was to say would be the recipient of the email, but we're certainly open to other suggestions for disseminating the information.

Dr. Reyes: And here's a thought, and thank you, Yvonne. My thought is that we are going to be sending this survey as early as this evening, so by tomorrow your project director should have received the survey. So my suggestion for the group who would be to check with your project director if within a couple of days you've not heard the engagement.

We're going to be very strongly recommending that the project director engage, the key staff members, and also the community members in this particular survey as we've already shared.

But if you've not been shared the link, then please go ahead and ask your project director if they've received it or not. And if you've not, I would also suggest that perhaps you could send Yvonne or one of us on this call, Mary Alexander or myself, a question so that we can then make sure that you are copied in addition to your project director. We understand that there are some grantees that may have an interim director or hopefully we have the most current listserv, but there may be some grantees that may fall into cracks and we certainly don't want that to happen.

So, again, if you have suggestions please chat them into us and we'll take a look at that and see how best we can make sure that you have a copy of the survey. But one more thing please, if I may. I just want to share with you also that the COLLN membership, and there's 20 members, have been very involved in all the discussion and in the creation and providing input for the survey. And again, there will be an option at the end of the survey to share any other thought you have as to how can we improve our Healthy Start program. There is also that option to share more.

Mary: Thank you. And Yvonne, this is Mary, is it a possibility to have the link to the survey on the website?

Yvonne: Sure, sure. Like, when we post the slides and all the materials for this webinar, we could certainly post the link to the survey as well. That's a great suggestion.

Mary: Great, thank you.

Dr. Reyes: And that way, whoever is also on the call can actually see and they can have a copy of that to bring to their project director and also to their whole staff. That would be great.

Megan: So, Ryan, I think we should go to the phone. Can you let us know if anybody is in queue to ask questions?

Ryan: We have no questions at this time, but again, as a reminder, that's \*1 to signal.

Megan: Thanks, Ryan. So I'll go to the questions that we have here in the chat box. This question kind of is a more broad about thinking about the informing the future. "Any sense of which years will be used for community eligibility based on infant mortality rate? In prior years, there has been a three-year band of infant mortality rate data used to determine eligibility." Johannie, any thoughts on that one?

Dr. Escarne: Yes, so I think we will continue using the three-year average to calculate infant mortality rate. I don't know...we used to determine what years will be used based on what information is available at the national level right before the NOFOs released. So I couldn't really say what years will be used. We usually use the latest three years that's available at the national level, so everyone would have access to that data.

Megan: All right. And another along the lines for you, Johannie, again. "To what extent is a Healthy Start's project's performance on benchmark play a role in or impacts the project being funded again, if it does at all?"

Dr. Escarne: So yes. So there is the new NOFO instructions are allowing for Healthy Start division program staff to make determinations in terms of funding, giving them extra points to those who have had good past performance. The determination as to how those points would be allotted and what the points would be allotted, what that looks like has not been made yet. It would be clear in the NOFO if that's going to happen, how that would be calculated, but there is now discretion within the division program staff to make the determination to extra points will be allotted to based on past performance.

Megan: He has another question about...I'm gonna...I think this is what the person is asking. "So for new Healthy Start programs that responded to the RFA in 2014, there was no requirement to have fatherhood staff and no fatherhood budget. Should we be expected to respond to this in the future?"

Dr. Escarne: Again, I don't know all of the details of what the new NOFO will look like. I can tell you that fatherhood will be a piece of that NOFO. Exactly how that will be expressed in the actual writing of the NOFO, we're not sure yet. We're in the very beginning stages. So you just will have to see when the NOFO is released, what's expected of a Healthy Start grantee in terms of their involvement with either fatherhood program or male involvement activities in their program.

Megan: Thank you. Ryan, I'm gonna check back in with you. Anything in the queue?

Ryan: We have no questions in the queue, but again, as a reminder, that's \*1 to signal.

Megan: Thank. So somebody asked, "Will this webinar be offered online?" They said that they had missed a lot of the meeting. We are recording this webinar and the recording will be posted to the website after the webinar in [healthystartepic.org](http://healthystartepic.org). There's also, and I'll give more...I'll give another reminder for this at the end here. There's going to be a conversation with the division webinar on Thursday, the 18th, so there will be more opportunity for, you know, various discussion. So I just wanted to share that. And a question, back to you, I think this would really be you, Johannie, or co-chairs, if you have some insight into this. They're asking a question again about infant mortality rates and calculations. "What three-year period should we use to calculate infant mortality rate?"

Dr. Escarne: Again, I don't know what years we'll be using. That really depends on the data that's available at the time that the NOFO is published. So when you applied back in 2013 for funding, the years that were available to everyone were 2007 through 2009. I think 2010 was just becoming available at the time, so we didn't use that. So, I can't say for sure what time period. It will be a three-year average, but again, it would be the last...the latest three years that would be available at the national level so that everyone has access to that data.

Megan: Thank you. So another question for you Johannie. "Will there be three levels of Healthy Start program?"

Dr. Escarne: Maybe, I don't know. Everything is pretty much on the table right now. Again, we aren't looking to make major revisions. As David has pointed out we really don't want to call this Healthy Start 4.0 because we don't want to make it seem like it's gonna be a major transition from 3.0. So he's been calling it Healthy Start 3.1, meaning that there are gonna be some changes to the programming, but not a major transformation again. We're not ready for a major transformation. So, levels, again, would be on the table, so it is a possibility that we continue with the levels. In terms of would they still look the same, I wouldn't know right now.

Megan: And I did wanna clarify, there was a question about the webinar

series date of conversations with the division webinar about the time when that's happening, that is happening from 2:30 to 4 p.m. Eastern time. And we will be sending out the dial in login information for that probably later today. Okay, Ryan, any questions waiting on the phone line?

Ryan: We have no questions in the queue?

Megan: Okay. I'm just reading some of these. "Will there be participants served target numbers for the various levels?" Not sure if you can give any guidance on that, Johannie, or not, but...

Dr. Escarne: Probably. Again, I don't know if we're still gonna have the three levels, but we will have minimal participants to be served for each of the levels that are proposed.

Megan: I'm gonna go to the...here. All right. Well, I'm gonna give...I see a couple of other comments in here that's similar to along the lines of what has been asked about the next funding cycle, but we're gonna make sure to share those with the division, so that, you know, they can weave those into their presentation next week. But I think in the long...along the same lines of what you've been sharing, Johannie, I think that I'm just gonna give these upcoming reminder updates and then we'll go back and revisit the phone lines and see if there are any other questions, and then I'll let everybody have any...if they have any final remarks, I'll let you share those, and then we'll wrap it up from there.

So here is a list of upcoming webinars that we have. We got a busy schedule for the remainder of May and early June. May 17th and 18th, that's tomorrow and Thursday, there are two webinars, phase two training of the HSMED system. And then on, as I said, there's the May 18th conversations with the division webinar. There is a May 25th webinar from 3 to 4 p.m. Eastern time that's an introduction to fetal alcohol spectrum disorders screening and diagnosis. There was a webinar back in February on this topic, kind of FASD 101, if you will.

This really builds on that, but goes in more deeply into the screening and diagnosis piece that's relevant for Healthy Start programs on June 6th from 3 to 4:30 p.m. Eastern. This is a webinar that's gonna be highlights for Healthy Start grantees that are gonna share some of their best practices, barriers, resolutions to administering the Healthy Start screening tool, a reflection on six months of work. So that would be a

good time to joy and hear some of those reflections, but also bring your questions and comments there, too. Then lastly, this is an exciting kickoff webinar on June 22nd from 3 to 4:30 Eastern time. We're kicking off the healthy living series webinar on June 22nd.

That's gonna include healthy living from the...both the Healthy Start participants' perspective, but also those doing all this important Healthy Start work and the importance of self-care and compassion fatigue. So we hope you marked your calendars for those. And if you can't attend, they're always recorded and posted to the website following this. So, Ryan, are there any questions over the phone lines waiting?

Ryan: We have no questions in the queue.

Megan: So I'm gonna ask, do any of the co-chairs or the division staff on the line have any closing remarks?

Dr. Reyes: This is Maria Lourdes Reyes. I just want to thank everybody for their participation, and we look forward to your responses to the qualitative survey. Please know that your CoIN membership is actually going to have a face-to-face meeting for a day and a half in July so we can truly take a look at all your responses. And look at the lessons learned and prepare a report that we will share back with you. Mary?

Mary: No, I just wanna express too my appreciation to everyone for being on the call and going for the timeline and making that commitment to provide the information for this. Again, I think that getting best practices and learning, you know, what everyone is doing and being able to share that would be...is gonna be a really wonderful experience for everyone.

Dr. Reyes: And we would be remiss, Meg, to say thank you to our division officer, Johannie, and also JSI, Yvonne, Lee, and Megan. Thank you so much for your help.

Dr. Escarne: Thank you. And this is Johannie, I just wanted to remind everyone about the conversations with the division on Thursday at 2:30 as Megan mentioned. We hope to hear from many of you, then we will go over a few division updates, but then we'll also have plenty of time for some question and answer as well.

Megan: All right. Well, with that, thank you all for your participation today. This concludes our webinar. We hope you have a great rest of

your day. Thank you.