Conversations with the Division of Healthy Start & Perinatal Services

August 16, 2018

HRSA Maternal & Child Health

Meeting Logistics

Please note the following:

- **This session is being recorded, and will be archived for future viewing.**

- **Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.**

Webinar Agenda

Topic	Speaker
Housekeeping	Michelle Vatalaro
Welcome and Announcements	Johannie Escarne
HRSA/MCHB Updates Alliance for Innovation on Maternal Health (AIM)	Johannie Escarne Kimberly Sherman
Healthy Start Program Update	Benita Baker
HS National Evaluation Update	Robert Windom
HS Data Reporting	Chris Lim
Healthy Start CoIIN Update	Anna Gruver Mary-Powel Thomas
EPIC Center Update	Suz Friedrich
Question & Answer	All Participants

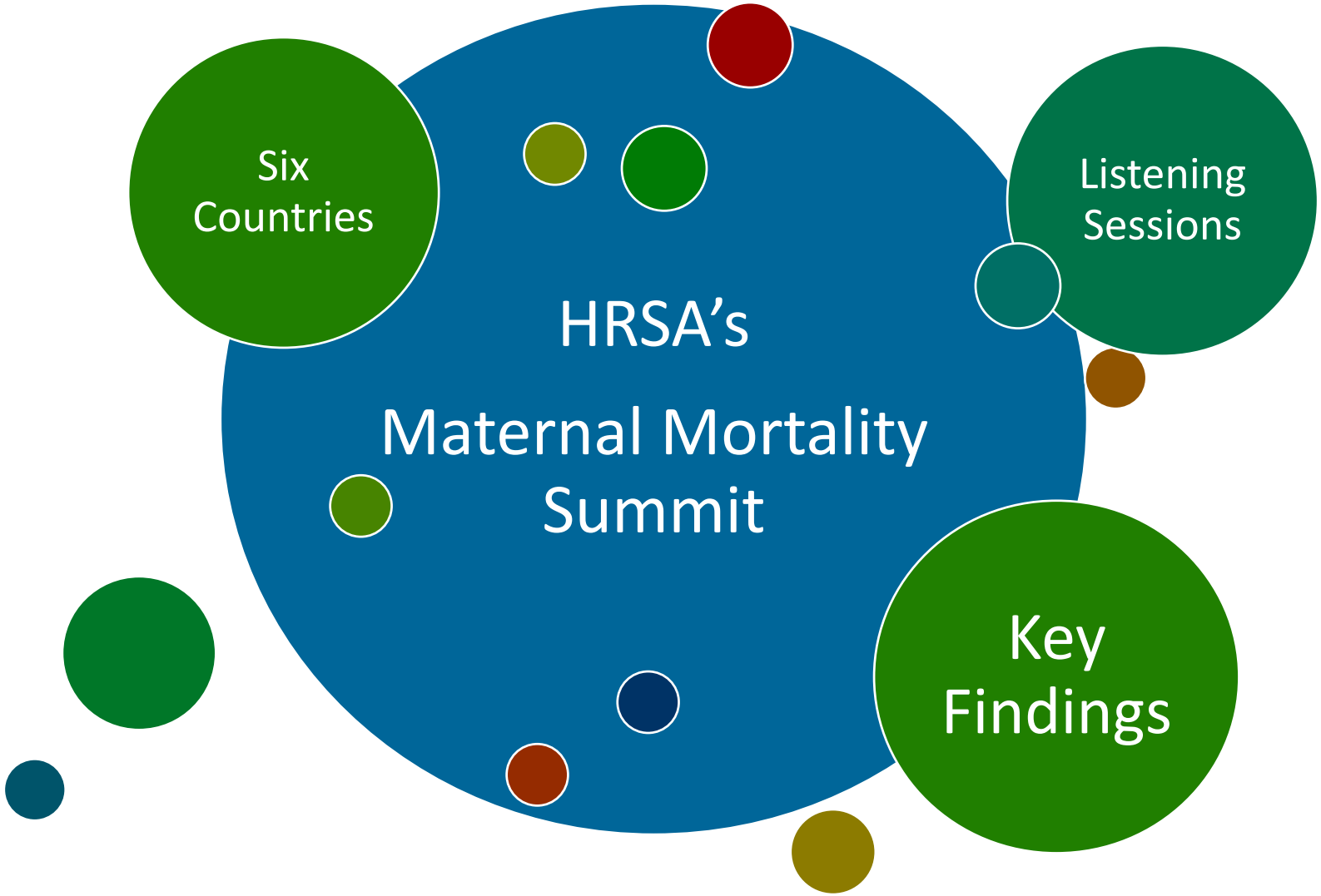
Welcome

CDR Johannie Escarne, Acting Deputy Director

Conversations with the Division

Women's Health Update
August 16, 2018

Kimberly C. Sherman, MPH, MPP
Division of Healthy Start and Perinatal Services (DHSPS)
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)


Six Countries
Listening Sessions
HRSA's
Maternal Mortality Summit
Key Findings

Summit Overview

June 19-21, 2018, HRSA Headquarters, Rockville, MD

Goal: To identify methods to reduce maternal mortality in the U.S. and participating countries.

Objectives: Through plenary and listening sessions, Summit participants will:

- Describe maternal mortality trends over the last 25 years;
- Discuss specific aspects of research/data, program/clinical practices, and policies addressing maternal mortality from the U.S. and participating countries.
- Identify key promising practices to inform policies and interventions to reduce maternal mortality rates; and
- Develop key findings to reduce maternal mortality

Country	Maternal Mortality Ratio (per 100,000)
Brazil	64.6
Canada	4.5
Finland	4.8
India	130
Rwanda	210
United Kingdom	8.76
United States	21.5

Summit Preliminary Agenda

	Day I: Setting the Stage	Day II: Track Discussions	Day III: Sparking Innovation
Morning Sessions	▪ Welcome & Opening Remarks ▪ Plenary: State of Maternal Health ▪ Panel: Role of Government and NGOs ▪ Presentation: Consumer Perspectives on MM	▪ Plenary 1: Preconception ▪ P-1 Breakouts ▪ Plenary 2: Pregnancy, Labor and Delivery	▪ Plenary 4 – Emerging Issues ▪ P-4 Breakouts
Afternoon Sessions	▪ Panel I: Country Perspectives I-III ▪ Panel II: Country Perspectives IV-VI ▪ Closing Plenary	▪ P-2 Breakouts ▪ Plenary 3:Postpartum ▪ P-3 Breakouts	▪ Report Out/Summary Recommendations ▪ Closing Plenary

"Maternal mortality and morbidity is a serious concern both here in the United States and across the globe."

Dr. George Sigounas, HRSA Administrator

"Only a small fraction of estimated maternal deaths have a cause assigned. If you are not included in the counting, how do we accurately track outcomes?"

Dr. Doris Chou, WHO

"Every mother's life matters. No woman should lose her life giving life."

Dr. Albert Tuyshime, Rwanda Biomedical Center

Continuous Care
Access
Workforce
Safety
MMRC
Data

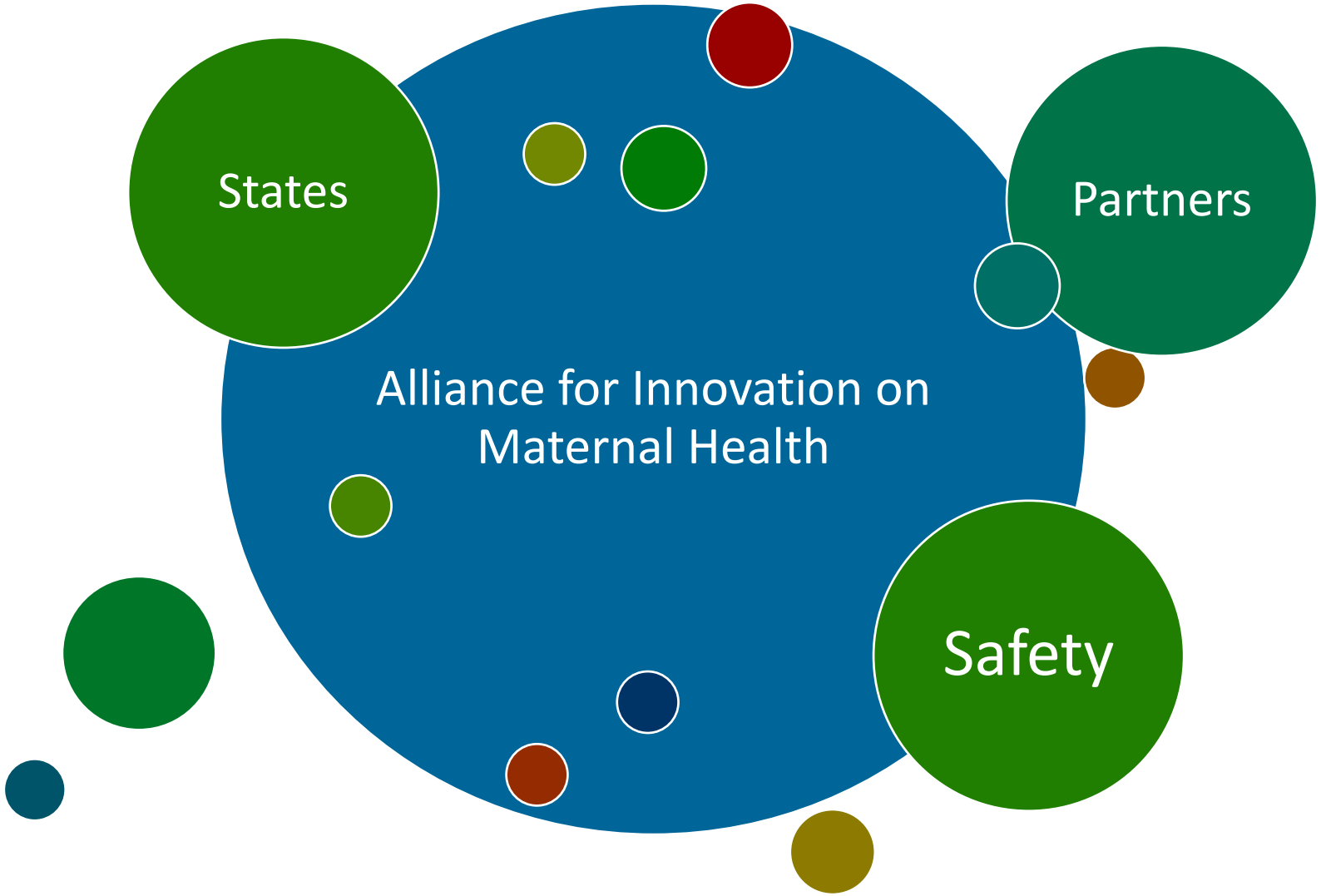
Summit Resources

Archived Webcast: https://www.hrsa.gov/maternal-mortality/2018-summit.html

View Highlights on YouTube:

https://www.youtube.com/watch?v=eOAOTtD8fKs&feature=youtu.be&list=PL5Q6ZzhhASkfRqFsq9ICy_QDqsmVlefwa

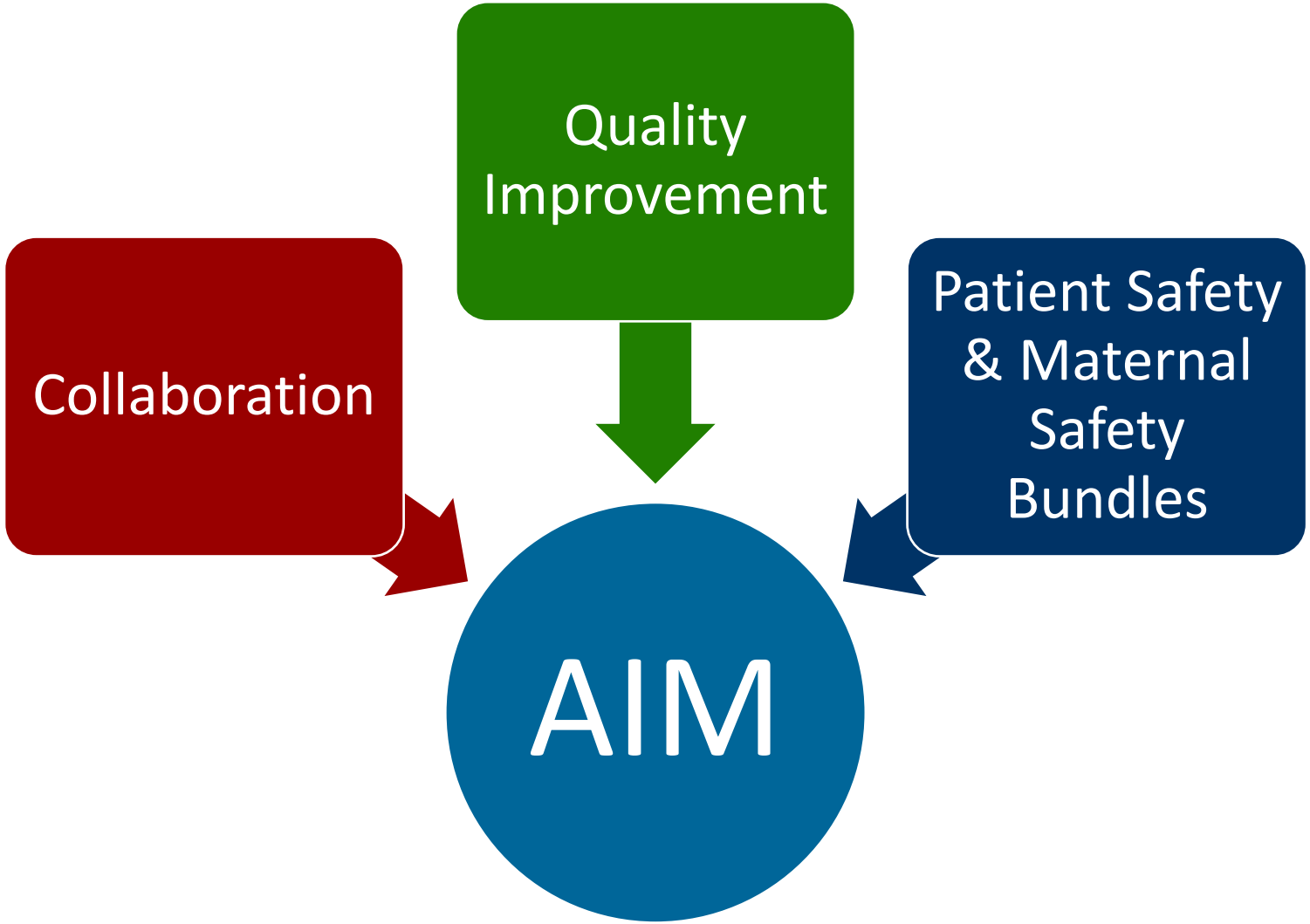
Follow discussion on Twitter:#HRSAMaternalMortality


States
Partners
Alliance for Innovation on Maternal Health
Safety

Alliance for Innovation on Maternal Health

- AIM was launched by HRSA on September 1, 2014, through a four-year cooperative agreement to the American College of Obstetricians and Gynecologists (ACOG).
- Lessons Learned
  - Financial Support to State-Based Teams and Partners
  - Data Collection and Analysis
  - Program Evaluation
  - Public Awareness Campaign

Alliance for Innovation on Maternal Health

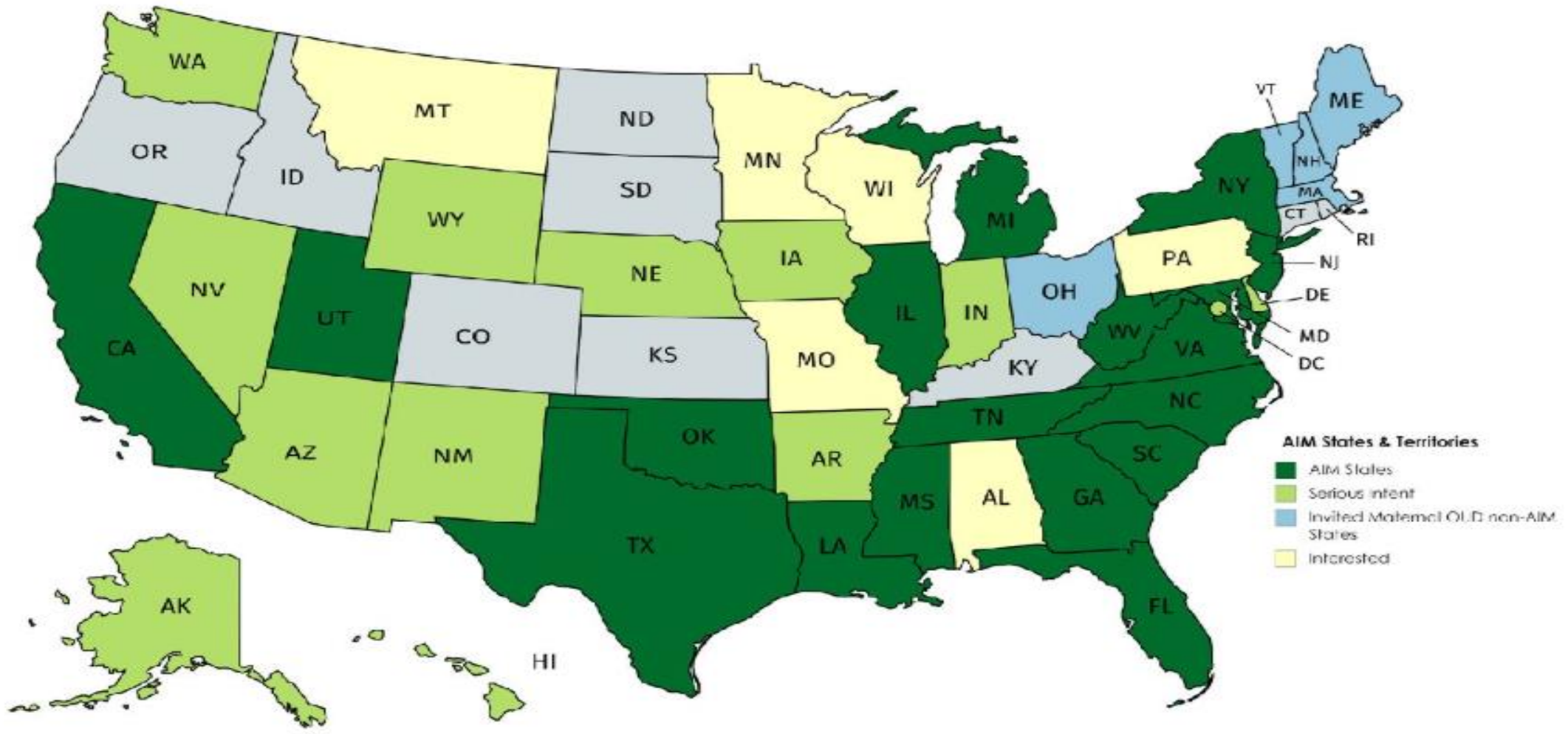


HRSA Maternal & Child Health

Maternal Safety Bundles

1. Maternal Early Warning Signs
2. Hemorrhage
3. Hypertension in Pregnancy
4. Venous Thromboembolism
5. Supporting Intended Vaginal Births
6. Reduction of Peripartum Racial Disparities
7. Postpartum Care Basics for Maternal Safety
8. Obstetric Care for Opioid Dependent Women

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM



http://safehealthcareforeverywoman.org/aim-program/

Created with mapchart.net ©

Program Activities

1. Lead a **national partnership** of organizations focused on reducing maternal mortality and severe maternal morbidity by facilitating multidisciplinary collaborations;
2. Direct widespread implementation and adoption of the maternal safety bundles through collaborative **state-based teams**; and,
3. Collect and analyze process, structure and outcome **data** to drive continuous improvement in the implementation of safety bundles by state-based teams, through a continuous quality improvement framework.

Please refer to page one of the NOFO.

HRSA Maternal & Child Health

Program Objectives

By August 31, 2023, the AIM program is expected to:

1. Facilitate widespread implementation of the current maternal safety bundles and/or resources by maintaining the existing 10 AIM state-based teams, and accepting 25 new state-based teams;
2. Develop new maternal safety bundles and/or resources that address new topics in the quality and safety of maternity care practices;
3. Develop and implement a national campaign focused on the current state of maternal mortality and severe maternal morbidity that highlights the impact of AIM, and how the maternal safety bundles improve maternity care practices; and,
4. Prevent 1,000 maternal deaths and 100,000 cases of severe maternal morbidity in the United States.

Please refer to page one of the NOFO.

Healthy Start Program Update

Ms. Benita Baker

Chief, West Branch

Funding Updates

- Supplemental funding for all 100 awardee are being routed through HRSA for approval.
- Supplemental funding will be given at 4.23% of FY 18 requested amount.
- NOAs should be released within the next few weeks.

Nov 1, Starts

- Progress reports (PR) are being reviewed by project officers (PO).
- More to come on NOAs for FY19.
- PO will provide a review summary after you receive your NOA, and hold discussions concerning your PR during regular monitoring calls.

Transition Plans

- Federal awardees should develop a Transition Plan in the event that Federal funds are not available to fund your grant beyond the Project Period.
- Transition plan document will be sent through EHB within next few months, and will require a response submitted through the EHB.
- Consist of a General series of questions related to transitioning of project activities. Questions should be used as a guide, to develop a summary of transition activities.

Contact Information

Benita Baker and Martha (Sonsy) Fermin

Branch Chiefs, Division of Healthy Start & Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: bbaker@hrsa.gov, mfermin@hrsa.gov

Phone: 301.443.1461, 301.443.1504

Web: mchb.hrsa.gov

Twitter: twitter.com/HRSAgov

Facebook: facebook.com/HHS.HRSA

Healthy Start National Evaluation Update

CAPT Robert Windom

Ansley Marcellus

Data Agreement Status

As of 8/13/18:

- 34 fully executed DUAs signed by VRO, HS grantees, and MCHB
- 3 pending signature or legal review (**FL, IL, OK**)
- 2 states not participating (**NJ, TX**)

Healthy Start Evaluation

Transfer of Healthy Start Client Level Data to Vital Records

- **All programs with a completed DUA should be in contact with your state VRO to initiate data transfer and record linkage.**
- If a DUA has not been finalized, you can still contact your VRO to begin preparing files for data transfer.
- DUA data transfer to the VRO is a one-time transfer.

Healthy Start Evaluation

- Grantees provide Healthy Start participant individual identifier variables to state VRO for all mothers who gave birth in 2017 and consented to participation in evaluation.

- VROs match Healthy Start participant data with available maternal and infant information, and transfer linked data along with non-participant control data to HRSA

Points of Contact

Robert Windom:

Email: rwindom@hrsa.gov, Phone: 301-443-1607

Ansley Marcellus:

Email: amarcellus@hrsa.gov

Abt Associates:

Email: Healthstarteval@abtassoc.com

Healthy Start Data Reporting

CDR Chris Lim

Healthy Start Data Reporting

Thank You, Healthy Start grantees!!!!

- **Calendar year (CY)2017 client-level data was submitted to the HSMED by 06/29/2018. It is the first Healthy Start client-level dataset and is currently under program review.**

- **Data Integrity and Reporting Community Café Notes – Regional Meeting #5 – Helpful data collection, review and reporting tips and practices will be shared in Sept 2018.**

Healthy Start Monitoring & Evaluation Data (HSMED) Reporting

UPDATES:

- **CY2018 client-level data will be closed by 02/15/2019. The HSMED will not accept 2018 data after 02/15/2019. All 2018 data will be considered final on this date and will not be able to be adjusted/changed. *You do not need to wait until 02/15/2019 to finalize your 2018 data. You are encouraged to submit missing or corrected 2018 data so as soon as possible.***

  NOTE: When uploading data collected across multiple months, please name upload files with the reported months.
  Example: files with data 01/2018 through 12/2018 could include "Jan – Dec2018…." within the naming convention.

- **CY2018 Client-level Data Upload Tip Sheet will be distributed in Sept 2018.**

Healthy Start Monitoring & Evaluation Data (HSMED) Reporting (Cont'd)

REMINDERS:

- **To new HS staffers, the HSMED system is accessed via the following URL: https://healthystartdata.hrsa.gov/ by a registered HSMED user. All registered users are to utilize a grantee assigned HSMED user code, to set up user accounts, previously emailed to all grantee Project Directors, April/May 2017.**
  - **If you are unable to find or retrieve your organization's HSMED user code, email the hssupport@dsfederal.com.**

  NOTE: If your organization does not have a registered HSMED user, please designate an evaluator, data manager, project director, etc. to become a HSMED user. Users can retrieve client-level data uploaded into the HSMED, as needed.

- **Monthly client-level data upload - grantees are to upload monthly data into the HSMED, starting the 10th day of each month, consisting of data collected from the prior month.**
  - ***Example: starting on 09/10/2018, a grantee organization is to upload data collected on clients throughout the month of 08/2018.***

Healthy Start Aggregate-Level Data Reporting

UPDATES:

- **Missing and correct CY2017 and CY2018 aggregate-level data is due by 08/31/2018.**
- **CY2018 aggregate-level data will be closed by 02/15/2019. All 2018 data will be considered final on this date and will not be able to be adjusted/changed. *You do not need to wait until 02/15/2019 to finalize your 2018 data. You are encouraged to submit missing or corrected 2018 data so as soon as possible.***

Healthy Start Aggregate-Level Data Reporting (Cont'd)

REMINDERS:

- **Per the 01/30/2018 email: "CY 2018 Healthy Start Aggregate-Level Data Reporting", DO NOT COUNT clients who STOPPED receiving services as of 12/31/2017, for the new CY 2018 reporting period (01/01/2018 – 12/31/2018) These clients are no longer active and must not be counted in CY 2018.**
  - **NOTE: Subtract the number of "inactive" clients from CY 2018 total clients served, measured by data element: "1.c. Total number of HS participants served to date (current calendar year)".**

- **The latest version of the Healthy Start Aggregate Data Reporting Template, in the writeable MS Excel format, and the corresponding Healthy Start Aggregate Data Reporting Guide, in the PDF form, are available on the Healthy Start EPIC Center website: http://healthystartepic.org/healthy-start-implementation/monitoring-data-and-evaluation/.**

- **Counting women clients, for 1.c. Total number of HS Participants served to date (current calendar year) – women enrolled when pregnant are to be counted into the "Pregnant Women" total for the entire calendar year and when a non-pregnant woman becomes pregnant within the calendar year she is to be counted into the "Pregnant Women" and be subtracted from the "Non-Pregnant Women" total.** ***Refer to page 14 of the Guide.***

Healthy Start Aggregate-Level Data Reporting (Cont'd)

REMINDERS (cont'd):

- **Each monthly aggregate reporting continues to start on the 10th day of each month.**
  - ***Example: on 08/10/2018, a grantee organization will begin to complete an aggregate data template***
- **Each month your organization is to report on the previous month's data.**
  - ***Example: starting 08/10/2018, all grantees are to submit aggregate data that reports grantee performance throughout 07/01/2018 – 07/31/2018. Refer to page 6 of the Guide.***
- **Each completed Healthy Start Aggregate Data Reporting Template must be named/titled with grant number and reporting month and year.**
  - ***Example: MC#####_08-2018_HS_Data _Report. Refer to page 8 of the Guide.***
- **Each completed Healthy Start Aggregate Data Reporting Template must be emailed to the Healthy Start Data Mailbox: healthystartdata@hrsa.gov and copied to the assigned HRSA Project Officer (PO).**
  - ***NOTE: include in "Subject" line: grant number, reporting month, and reporting year. Grantee name is optional, but appreciated. Refer to page 9 of the Guide***

Healthy Start Aggregate-Level Data Reporting (Cont'd)

REMINDERS (cont'd):

- **Aggregate data reporting will continue through CY2018, until the following exist:**
  - **All 100 grantees are able to regularly upload CY2018 client-level data, into the HSMED**
  - Uploaded client-level data is accurate and valid.

- **Grantee call template data reporting continues**
  - **NOTE**: call reported data is used to validate aggregate data.

List of Healthy Start Program Reports

Healthy Start Reporting Project Schedule

Reports	Reporting Submission Due Dates
Noncompeting Continuation Progress Reports – to HRSA EHB	**Prior to end of budget period**
Performance Reports – to HRSA EHB DGIS	**By the HRSA EHB's generated due date, after NoA issuance**
Monthly HS Aggregate-level Data Report – to HealthyStartData@hrsa.gov	**Starting the 10th of each month, and by no later than the end of the month.**
Monthly HS Client-level Data Report - to the HSMED https://healthystartdata.hrsa.gov/hslogin/admin/login.aspx	**Starting the 10th of each month, and by no later than the end of the month.**
Grantee Call Templates – to Project Officer	**In the discretion of the assigned MCHB/DHSPS Project Officer**

Conversations with the Division Webinar
August 16, 2018

Healthy Start CoIIN Update

Supporting communities to give every child a Healthy Start.

Healthy Start EPIC Center

Submitted Definition of Case Management/Care Coordination

Healthy Start's Case Management/Care Coordination is a partnering process between a Healthy Start affiliated provider and a Healthy Start enrolled participant and their family during which a strength-based, collaborative relationship is developed to support management of health and social needs, including participant risk screens, family needs assessments, establishment of care plans, providing needed services and health education, and ensuring maintenance of referrals and follow-up. Contacts between the Healthy Start provider and the Healthy Start participant may occur through home visiting, face-to-face encounters, and emerging care modalities that best meet the needs of the Healthy Start community.

CM/CC Definition Feedback Results

- 78% responded that the proposed CM/CC definition honors the unique aspects of individual HS programs while standardizing critical components of the HS program.
- 76% reported that the proposed CM/CC definition completely or closely aligns with their current practice.
- 82% reported that the proposed definition would be either completely or somewhat feasible to implement with their current resources.
- 40% identified specific feedback on components to include in the proposed definition.

Summary of Feedback on CM/CC Definition Components

Key themes raised during the feedback process included:

- requirement for a written care plan;
- need for clarity for what constitutes face-to-face contact;
- lack of clarity regarding the role of home visiting within the HS core services.

Suggestions for specific additions to the definition:

- providing services, strengths, advocacy, doula work;
- working collectively with the client's/family's interdisciplinary team;
- health education and promotion.

CoIIN Next Steps

- **Advancing CM/CC work:**
  - Incorporate feedback from grantees;
  - Align with NOFO guidance; and
  - Finalize CM/CC initiative by March 2019.

Screening Tool Review and Revision

Guiding Principles

Guiding Principles for Screening Tool Development

- serve as the foundation for care coordination and case management approach.
- address or allow comprehensive risks for each perinatal period.
- align with the HS performance measures.
- provide a minimum requirement, but can be expanded by HS programs.
- adapt screening questions from existing evidence-based screening tools.

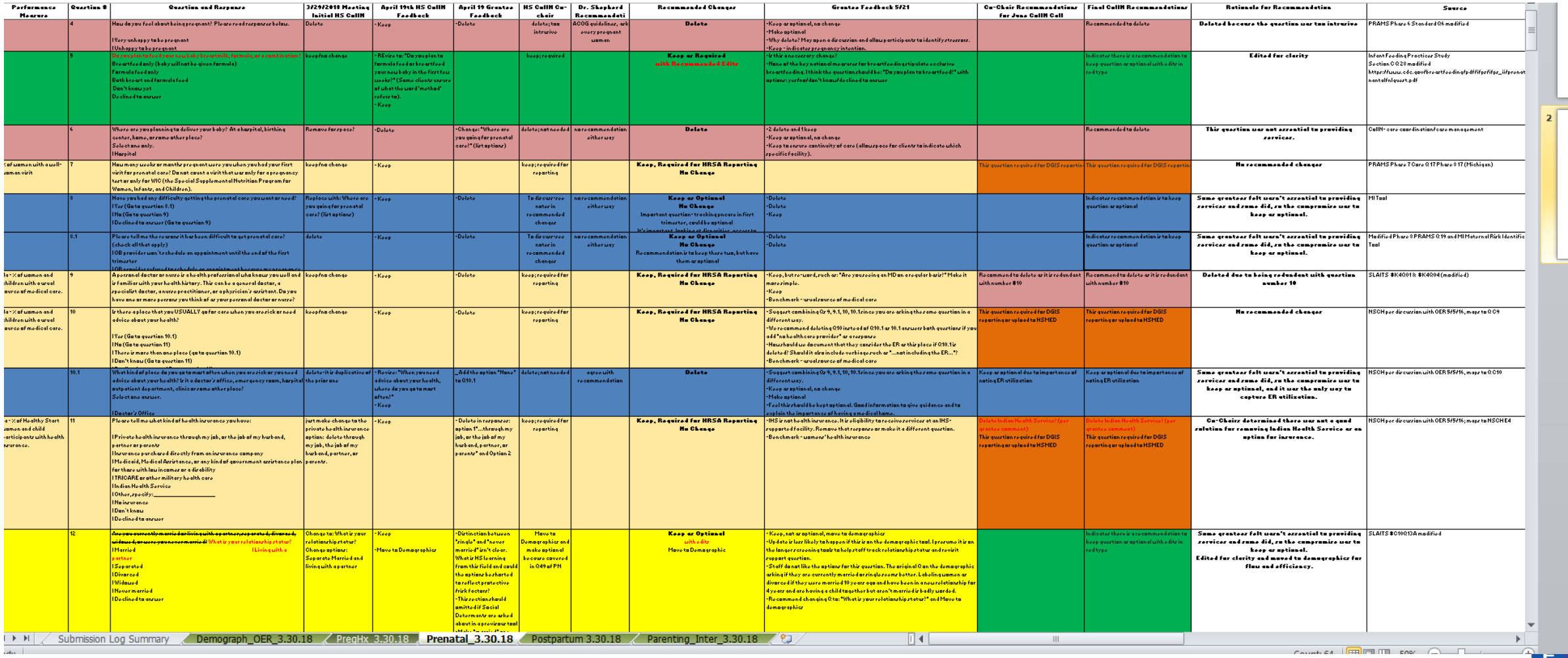
Considerations for Screening Tool Revision

- balance the requirements of implementation of tools with the level of available resources (eg: size of program).
- weight the value of changes to the screening tools against the investments by programs to date (eg: database development, training, workflow changes, etc).
- overall simplification and shortening of screening tools.
- reconcile CoIIN and grantee recommendations when feedback conflicts.
- be client-centered, if what we're hearing is that the length of the tools poses a barrier to developing relationships with clients.

Screening Tool Review Methodology

- Invitation at March 2018 grantee meeting to submit feedback on existing tools.
- Kick-off: May 2018 Conversations with the Division webinar.
- HS CoIIN and grantees provided feedback at multiple points: 7 cycles with 4 points of recommendations.
- High-level reviews were conducted during monthly CoIIN calls: April, May, and June.

Screening Tool Review Tracking Tool



Performance Measure	Question #	Question and Response	3/29/2018 Meeting Initial HS CallM	April 19th HS CallM Feedback	April 19 Grantee Feedback	HS CallM Co-chair	Dr. Shepherd Recommendati	Recommended Changes	Grantee Feedback 5/21	Co-Chair Recommendations for June CallM Call	Final CallM Recommendations	Rationale for Recommendations	Source
	4	How do you feel about being pregnant? Please read response below. I Very unhappy to be pregnant I Unhappy to be pregnant	Delete	- Keep	-Delete	delete; too intrusive	ACOG guidelines, ask every pregnant women	**Delete**	-Keep or optional, no change -Make optional -Why delete? May open a discussion and allow participants to identify stressors. -Keep - indicator pregnancy intention.		Recommended to delete	**Deleted because the question was too intrusive**	PRAMS Phase 6 Standard Q6 modified
	5	~~Do you plan to feed your baby only breastmilk, formula, or a combination?~~ Breastfeed only (baby will not be given formula) Formula feed only Both breast and formula feed Don't know yet Declined to answer	keep/no change	- Revise to: "Do you plan to formula feed or breastfeed your new baby in the first few weeks?" (Some clients unsure of what the word 'method' refers to). - Keep		keep; required		**Keep or Required** **with Recommended Edits**	-Is this unnecessary change? -None of the key national measures for breastfeeding stipulate exclusive breastfeeding. I think the question should be: "Do you plan to breastfeed?" with options: yes/no/don't know/declined to answer		Indicator there is a recommendation to keep question as optional with edits in red type	**Edited for clarity**	Infant Feeding Practices Study Section C Q 28 modified https://fnuuu.cdc.gov/breastfeedingtpdf/ifpsfifpsr_ilfpronatnatalfnlquest.pdf
	6	Where are you planning to deliver your baby? At a hospital, birthing center, home, or some other place? Select one only. I Hospital	Remove for space?	-Delete	-Change: "Where are you going for prenatal care?" (list options)	delete; not needed	no recommendation either way	**Delete**	-2 delete and 1 keep -Keep as optional, no change -Keep to ensure continuity of care (allows space for clients to indicate which specific facility).		Recommended to delete	**This question was not essential to providing services.**	CallM- care coordination/care management
~% of women with a well-woman visit	7	How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).	keep/no change	- Keep		keep; required for reporting		**Keep, Required for HRSA Reporting** **No Change**		This question required for DGIS reporting	This question required for DGIS reporting	**No recommended changes**	PRAMS Phase 7 Core Q 17 Phase 8 17 (Michigan)
	8	Have you had any difficulty getting the prenatal care you want or need? I Yes (Go to question 8.1) I No (Go to question 9) I Declined to answer (Go to question 9)	Replace with: Where are you going for prenatal care? (list options)	- Keep	-Delete	To discuss/recommend changes	no recommendation either way	**Keep or Optional** **No Change** Important question - tracking prenatal care in first trimester, could be optional It's important - looking at disparities, access to	-Delete -Delete -Keep		Indicator recommendation is to keep question as optional	**Some grantees felt wasn't essential to providing services and some did, so the compromise was to keep as optional.**	MI Tool
	8.1	Please tell me the reason it has been difficult to get prenatal care? (check all that apply) I OB provider wasn't schedule an appointment until the end of the first trimester I OB provider refused to schedule an appointment because my pregnancy	delete	- Keep	-Delete	To discuss/recommend changes	no recommendation either way	**Keep or Optional** **No Change** Recommendation is to keep these two, but have them as optional	-Delete -Delete		Indicator recommendation is to keep question as optional	**Some grantees felt wasn't essential to providing services and some did, so the compromise was to keep as optional.**	Modified Phase 8 PRAMS Q 19 and MI Maternal Risk Identification Tool
~% of women and children with a usual source of medical care.	9	A personal doctor or nurse is a health professional who knows you well and is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as your personal doctor or nurse?	keep/no change	- Keep	-Delete	keep; required for reporting		**Keep, Required for HRSA Reporting** **No Change**	-Keep, but re-word, such as: "Are you seeing an MD on a regular basis?" Make it more simple. -Keep -Benchmark - usual source of medical care	Recommend to delete as it is redundant with number 10	Recommend to delete as it is redundant with number 10	**Deleted due to being redundant with question number 10**	SLAITS #K4001B; #K4004 (modified)
~% of women and children with a usual source of medical care.	10	Is there a place that you USUALLY go for care when you are sick or you need advice about your health? I Yes (Go to question 10.1) I No (Go to question 11) I There is more than one place (go to question 10.1) I Don't know (Go to question 11)	keep/no change	- Keep	-Delete	keep; required for reporting		**Keep, Required for HRSA Reporting** **No Change**	-Suggest combining Q's 9, 9.1, 10, 10.1 since you are asking the same question in a different way. -We recommend deleting Q10 instead of Q10.1 as 10.1 answers both questions if you add "no health care provider" as a response -Hours should use document that they consider the ER as their place if Q10.1 is deleted. Should it also include verbiage such as "...not including the ER..."? -Benchmark - usual source of medical care	This question required for DGIS reporting or upload to HSMED	This question required for DGIS reporting or upload to HSMED	**No recommended changes**	NSCH per discussion with OER 5/5/16, maps to Q C9
	10.1	What kind of place do you go to most often when you are sick or you need advice about your health? Is it a doctor's office, emergency room, hospital outpatient department, clinic or some other place? Select one answer. I Doctor's Office	delete- it is duplicative of the prior one	- Revise: "When you need advice about your health, where do you go to most often?" - Keep	_Add the option "None" to Q10.1	delete; not needed	agree with recommendation	**Delete**	-Suggest combining Q's 9, 9.1, 10, 10.1 since you are asking the same question in a different way. -Keep or optional, no change -Make optional -Feel this should be kept optional. Good information to give guidance and to explain the importance of having a medical home.	Keep as optional due to importance of noting ER utilization	Keep as optional due to importance of noting ER utilization	**Some grantees felt wasn't essential to providing services and some did, so the compromise was to keep as optional, and it was the only way to capture ER utilization.**	NSCH per discussion with OER 5/5/16, maps to Q C10
~% of Healthy Start women and child participants with health insurance.	11	Please tell me what kind of health insurance you have: I Private health insurance through my job, or the job of my husband, partner or parents I Insurance purchased directly from an insurance company I Medicaid, Medical Assistance, or any kind of government assistance plan for those with low income or a disability I TRICARE or other military health care I Indian Health Service I Other, specify:_____ I No insurance I Don't know I Declined to answer	just make change to the private health insurance option: delete through my job, the job of my husband, partner, or parents.	- Keep	- Delete in response: option 1"...through my job, or the job of my husband, partner, or parents" and Option 2	keep; required for reporting		**Keep, Required for HRSA Reporting** **No Change**	-IHS is not health insurance. It is eligibility to receive services at an IHS-supported facility. Remove that response or make it a different question. -Benchmark - women's health insurance	Delete Indian Health Service? (per grantee comment) This question required for DGIS reporting or upload to HSMED	Delete Indian Health Service? (per grantee comment) This question required for DGIS reporting or upload to HSMED	**Co-Chairs determined there was not a good solution for removing Indian Health Service as an option for insurance.**	NSCH per discussion with OER 5/5/16; maps to NSCH E4
	12	~~Are you currently married, living with a partner, separated, divorced, widowed, or were you never married?~~ What is your relationship status? I Married I Living with a partner I Separated I Divorced I Widowed I Never married I Declined to answer	Change to: What is your relationship status? Change options: Separate Married and living with a partner	- Keep -Move to Demographics	-Distinction between "single" and "never married" isn't clear. What is HS learning from this field and could the options be charted to reflect protective/risk factors? -This section should omitted if Social Determants are asked about in a previous tool	Move to Demographics and make optional because covered in Q49 of PN		**Keep or Optional** with edits Move to Demographics	- Keep, not as optional, move to demographics -Update is less likely to happen if this is on the demographics tool. I presume it is on the longer screening tool to help staff track relationship status and revisit support question. -Staff do not like the options for this question. The original Q on the demographics asking if they are currently married or single seems better. Labeling women as divorced if they were married 10 years ago and have been in a new relationship for 4 years and are having a child together but aren't married is badly worded. -Recommend changing Q to: "What is your relationship status?" and Move to demographics		Indicator there is a recommendation to keep question as optional with edits in red type	**Some grantees felt wasn't essential to providing services and some did, so the compromise was to keep as optional.** **Edited for clarity and moved to demographics for flow and efficiency.**	SLAITS #C100213A modified

Submission Log Summary | Demograph_OER_3.30.18 | PregHx_3.30.18 | Prenatal_3.30.18 | Postpartum 3.30.18 | Parenting_Inter_3.30.18

Screening Tool
Qualitative Feedback

Feedback reflected issues or recommendations that fell into four categories:

- Optimizing services provided to participants;
- Data quality/continuity;
- Costs associated with making revisions; and
- General clarifications, instructions, or formatting.

Challenges in Screening Tool Review and Revision Process

- Reconciliation of conflicting feedback
- Division's mandate to limit modifications to tools in order to facilitate expedited OMB screening
- Limitations to modifying tools in order to accommodate data collection continuity
- Constraints of timeframe for review and revision process

Screening Tool Review Outcome

Feedback from 31 grantees for final review

Tools*	Initial Number of Questions	Final Number of Questions	Number of Required Questions
Demographic	14	28	2
Pregnancy History	11	9	2
Prenatal	63	43	15
Post-Partum	75	59	29
Parenting/ Interconception	76	54	24
Total	309	263	72

*The preconception tool was not reviewed because almost all questions appear on other tools.

Screening Tool Revision Package

Recommendations were submitted to the Division on June 11, 2018, for inclusion in the NOFO:

- Screening Tool Review Guidelines
- Summary of Qualitative Feedback
- Summary of Questions Changed
- Final Recommendations, with Backup
- Revised Screening Tools
- CM/CC Definition

Summary

The focus of the HS CoIIN during this period has been working toward:

- Healthy Start as promoting equity;
- Healthy Start as a system of care; and
- Establishment of a common foundation as a strategy for sustainability.

EPIC Center Update

August 2018

JSI/EPIC Center

Supporting communities to give every child a Healthy Start.

Healthy Start EPIC Center

Healthy Start EPIC Center

Secure | https://healthystartepic.org

Apps | Review Submissions | New Tab Search | Other bookmarks

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Healthy Start EPIC Center

Supporting communities to give every child a Healthy Start.

Search...

HEALTHY START | HEALTHY START IMPLEMENTATION | TRAINING AND EVENTS | RESOURCES | HEAR FROM YOUR PEERS | ABOUT HS EPIC CENTER

- Training Calendar
- 2018 Regional Meetings
- Healthy Start Convention
- Community Trainings
- Breastfeeding Initiative
- Alcohol and Substance-Exposed Pregnancy Prevention
- Healthy Start Community Health Worker Course

Find out more about what Healthy upport

HEALTHY LIVING

on our new webpage.

Eating healthy, being active, and managing stress can improve health during all stages of life.

The Healthy Start EPIC Center provides training, consultation, and technical resources to community-based agencies working to give every child a healthy start. Healthy Start grantees can request technical assistance and receive help achieving their program goals.

Request TA

Stay Connected

1-844-225-3713

More >

Evidence-Based Practices More >

https://healthystartepic.org/#

Inventory of EBPs

200 + searchable EBPs

To improve the health of women, before, during, and after pregnancy in order to improve birth outcomes and give infants up to 2 years a healthy start

Project Management Tools

New resource to download:
Project Director's Guide: Tools to Successfully Manage Your Program
Check it out!

Built on the principles of Project Management, EPIC has assembled resources to help Project Directors manage their Healthy Start program

HEALTHY START
COMMUNITY HEALTH WORKER COURSE

Part 1: Healthy Start 101 & Perinatal Health Modules

Healthy Start 101

By the end of the Healthy Start 101 Module, you will be able to:

Preconception & Interconception Health

Preconception & Interconception Health Module, you will be able to:

Prenatal Health

By the end of the Prenatal Health Module, you will be able to:

Postpartum Health

By the end of the Postpartum Health Module, you will be able to:

Parenting & Child Development

By the end of the Parenting & Child Development Module, you will be able to:

Part 2: CHW Roles Modules

Scope of Practice & Core Values

By the end of the Scope of Practice & Core Values Module, you'll be able to

Outreach

By the end of the Outreach Module, you will be able to:

Participant Screening & Community Assessment

By the end of this module, you will be able to:

Health Education

By the end of the Health Education Module, you will be able to:

Care Coordination

By the end of the Care Coordination Module, you will be able to:

Participant Empowerment & Community Engagement

By the end of this module, you will be able to:

Certificates are e-mailed within 48 hours of course completed

EPIC

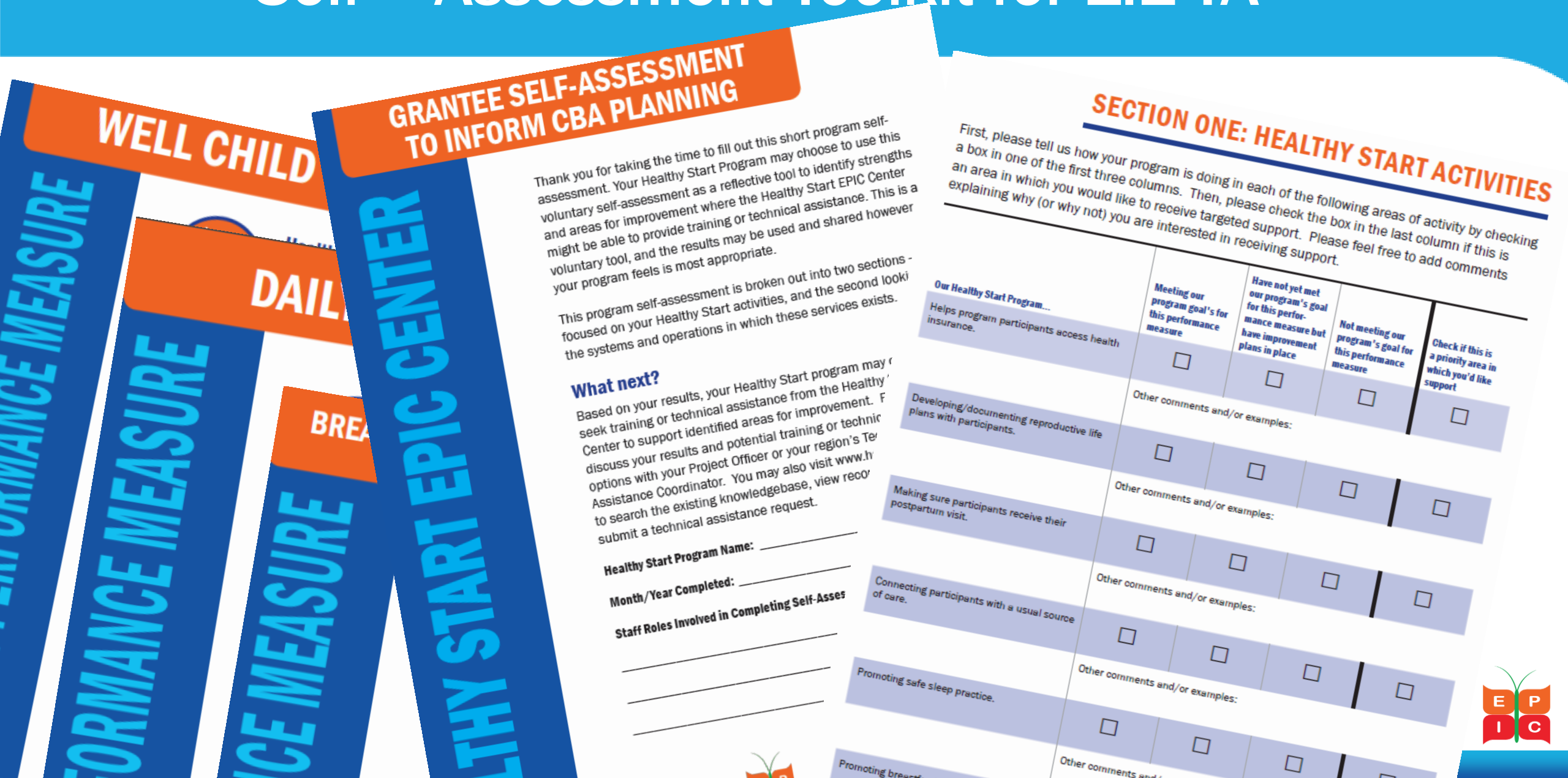
Training Resources

Monthly Webinars

All webinars are taped and archived on website. Topics include:

- AStEPP
- Healthy Living
- 4 P's
- Benchmarks
- 5 A's

Self – Assessment Toolkit for 1:1 TA



Other Resources

Webinars

CLCs scholarships

CLC Breastfeeding Peer Learning Team

e-News

Community Workshops

- Boosting Breastfeeding Support
- Compassion Fatigue and Creating a Culture of Individual, Organizational, and Community Wellness
- Connected Parents Connected Kids (CPCK)
- Joining Forces to Prevent Prenatal Exposure to Alcohol and Other Drugs
- Mobilizing Community Partnerships to Address SoD IM
- Motivational Interviewing: Learning the Dance
- Reproductive Life Planning: Setting Goals for a Healthy Family
- Safe Homes/Safe Babies
- Reflective Supervision

New Initiatives

Leadership and Health Equity Initiative

To enhance the leadership potential of staff at all levels of the Healthy Start team, inspire them to serve as leaders within their programs and communities, foster team connectedness, and strengthen the MCH systems of care.

10 pilot sites selected by application

Program team: Project director to nominate CAN Coordinator, Fatherhood Coordinator, Case Managers/Care Coordinators

Schedule: October kick-off webinar followed by monthly virtual (Nov, Jan, Mar) and in-person (Dec, Feb) sessions

Travel Expenses Reimbursed

New Initiatives

Maternal Mortality Prevention Initiative

Build knowledge/raise awareness of the state of science and public health practice related to the prevention of maternal mortality and serious maternal morbidity

Activities: Resource package, webinar series, community workshop, and participant educational materials

Fatherhood/Male Involvement Initiative

Provide peer learning opportunities to support Fatherhood/Male Involvement recruitment, retention and programming

Schedule: Talk Tuesday Series (Sept, Oct, Nov) and Listening Sessions (Dec-April); Summit in Spring

Questions?

For assistance:

Contact Us:

http://www.healthystartepic.org

healthystartepic@jsi.com

1-844-225-3713, toll-free

Open Discussion

Please type your questions into the chat box.

Contact Information

Benita Baker and Martha (Sonsy) Fermin

Branch Chiefs, Division of Healthy Start & Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: bbaker@hrsa.gov, mfermin@hrsa.gov

Phone: 301.443.1461, 301.443.1504

Web: mchb.hrsa.gov

Twitter: twitter.com/HRSAgov

Facebook: facebook.com/HHS.HRSA