

Transcription

Media File Name: Screening Tools Webinar.mp3

Media File ID: 2440707

Media Duration: 58:02

Order Number:

Date Ordered: 2016-01-11

Transcription by Speechpad

www.speechpad.com

Support questions: support@speechpad.com

Sales questions: sales@speechpad.com

Yvonne: Hello everyone and welcome to the Screening Tools Roll-Out Webinar. I'm Yvonne Hamby with the Healthy Start EPIC Center. We have approximately 90 minutes set aside for the webinar, and the webinar is being recorded for future use. The recording, along with the transcripts and slides, will be posted to the EPIC Center website following the webinar. During this webinar, the Healthy Start coach at CoIIN Co-Chairs will review the Screening Tool Development process and present the six different screening tools to the audience for viewing the purpose and target audience for each tool.

Before we get started with the webinar, I have a couple of announcements. We want your participation, so at any point if you have questions or comments, please chat them in at the bottom of the left corner of your screen. We will only be taking questions via chat, and will be breaking at the end of the webinar to answer them. And if we don't get to all of your questions, we will include them in the frequently asked questions document that we'll post with the webinar materials on the EPIC website. Also, we want your feedback on this event, so please take a moment following the webinar to complete the survey that will pop-up right after.

So without further delay, I'll turn it over to Dr. Atrash to do our official welcome.

Dr. Atrash: Thank you, good afternoon everybody. Thank you very much for this opportunity to speak to you. I would like to give a special thanks to the Co-Chairs of the Healthy Start CoIIN, Sara Kinsman and Gwen Daniels, as well as the EPIC Center staff who have been interested in this work and supporting us. Also, lots of thanks for every member of the Healthy Start CoIIN. This is exactly the role we saw or protected for the Healthy Start CoIIN, when we started talking about establishing the CoIIN, and that is we needed help, and advice, and support from the leadership of the Healthy Start community in the field on how to proceed, what's relevant, what we're working on the ground, and what may be an issue. So I'm really glad that we are now at this place where we aren't using those assessment tools.

So some of you know already that we are based on input we received from all grantees revising [inaudible 00:02:27] expensive [inaudible 00:02:30]. We will be introducing a much shorter 3Ps hopefully within a few weeks, and it will be mostly focused on collecting data elements that are necessary for measuring the benchmarks. Our role essentially will be collecting data for evaluation. We'll see those risk assessment tools developed by the Healthy Start community through the CoIIN members as the other component of the 3Ps, which is focused on patient care or client care and risk assessment, and service deliveries and so on. So basically, the original, very lengthy 3Ps now has two components, an evaluation component and client care component.

Again, thanks for every member of the Healthy Start CoIIN. We really look forward to working more closely together on similar subjects. But we also look forward to working closely with you on finalizing the revised 3Ps and risk assessment tools. Thank you very much again, and we'll be here to answer any questions. Thanks.

Kimberly: Thank you, Dr. Atrash. This is Kimberly Sherman from the Division. I just wanted to officially announce our presenters for today. You've heard a little bit from Dr. Atrash, the Director of the Division of Healthy Start and Perinatal Services. Next you'll hear from the Healthy Start CoIIN Co-Chairs, Sara Kinsman and Gwen Daniels. And then again, you'll hear from Yvonne, our EPIC Center CoIIN lead.

With that, we will turn it over to Gwen Daniels to provide us with an overview for today's meeting, Gwen.

Gwen: Thank you, Kimberly. My name is Gwendolyn Daniels, and I'm a co-chair of the Healthy Start CoIIN, and I'd like to review the agenda. Certainly, we want to thank Dr. Atrash for that welcome. And we will review our objectives. Today we will have an update on the 3Ps Document, and we're

going to talk about standardization and Healthy Start CoIIN's first initiative, which is the development of the screening tools. Next we will be followed by the Screening Tools comment period, the pilot testing of the tools, and we will close with our Next Steps by Yvonne Hamby.

Update on the 3Ps Document and database status, the Maternal Child Health Bureau Staff

Dr. Rhoden: So good afternoon everyone, this is Dr. Makeeva Rodin. As you've already heard from Dr. Hani Atrash, we are currently going through some extensive reviews for the 3Ps Document, which of course will affect the new database that we are doing right now. So as Dr. Atrash has already stated, we are making the revisions to the document based on comments that we have received from grantees prior to the convention and also during the convention. Prior to the convention, we had received about 300 plus comments from the grantees about the ability to implement the 3Ps Document in its current state.

And then during the convention, we also heard from you, not just during the meetings that you had with Dr. Lu, but during the second day open [inaudible 00:05:55] as well when we gave the Division updates. And so based on all this information, we have now gone into a process of reviewing the 3Ps Document and cutting down on the questions that are in the document, and really trying to revise it so that it only looks at data that aligns with the benchmarks. That of course you guys know about and within the FOA.

And so once this information is received, of course, we're going to allow for our HS CoIIN members to provide some feedback on it. But we're hoping to have a new packet of information sent to you OMV by the end of this month. The actual office that is leading this effort and partnership with us is actually the office of Epidemiology and Research. And so as we get more updates about the 3Ps Document, we will definitely provide that to our grantees as well.

Additionally, in terms of the database, you all know that we're trying to hold off full implementation of the database until about June of 2016 as we try to finalize some, or get some securities that we have to do as well. And so while that database is getting set and getting set up for Healthy Start to use, we do ask that you continue to provide your monthly data via the current HSMES database that you've been using for the past year. And of course, once the new one is up and running, we will definitely provide that information in a link and everything to you. We've already received a host of information from you just about logins and who should have access to the database, and so we really appreciate your responsiveness thus far.

So we ask that you remain patient with us as we go through this process. We want to make sure that the new 3Ps and the database align with one another. And we definitely want to make sure that when both of these additional things are implemented, that they present the least amount of burden to our grantees. So we thank you thus far for all of your assistance, all of your patience, all of your comments, and we just hope to continue working with you in partnership to just make Healthy Start great.

As Dr. Atrash has already stated, if you have any questions, we are here to answer those for you, thank you.

Gwen: So we're going to talk a little bit about standardization, and what does standardization mean. Standardization is the process by which services are chosen by key stakeholders, taking into account evidence-based results to ensure quality patient care. The literature shows that studies have been done to examine the real impact of standardization.

Standardization has different meanings to different people. If you were to ask managers, "What does standardization mean?" Perhaps they would say that it means a more efficient way of providing services, and it's associated with looking at the overall good, making sure that processes are in place, and that you can measure the impact. Clinicians may look at standardization as a means

of control, and a means of saving time. However, clinicians may argue that standardization takes away from the art of providing care and keeps you from developing individual plans of care for clients based on their needs. The clients may perceive standardization as their perception of quality services that has influenced their overall health care outcomes.

Healthy Start CoIIN has discussed the standardization priorities. Why standardize Healthy Start? It's important that Healthy Start have a consistent, predictable, and replicable experience for Healthy Start participants designed to achieve a positive health outcome.

The Healthy Start CoIIN met in the spring, and spent time talking about prioritization, and discussed many programs and services that we provide. The initial priorities for standardization are included on your screen. The top three priorities for standardization included the screening tools and the processes ensuring a comprehensive and consistent assessment of the participants needs across all programs.

Number two, data collection and the integration of the 3Ps Document, it was important that standardized data collection included benchmarks and reporting requirements to support the monitor and evaluation of our Healthy Start projects.

Number three, the third priority was for care coordination and case management. This was an opportunity to define the components, and the best practices of care coordination and case management that was utilized by all services in the Healthy Start Project.

Sara?

Yvonne: Sara, are you on mute? We're unable to hear you.

Sara: Sara Kinsman here. Thank you, Gwen.

First what we're going to talk about is the Standardized Screening Tool Development. The first thing that the CoIIN did was to find a way to gain consensus. Initially we developed a consensus on the screening versus assessment role of this tool. We also used a consensus process to select Healthy Start program components to be incorporated into the standardized screening tool.

So we wanted to be sure that we were able to look at a wide range of risks, and we decided to look at each of the kind of screenings that programs were doing in the CoIIN, some quite a bit of variation. And we found that if we all agreed that a certain set of components met a threshold of 80%, in other words, 80% of Healthy Start CoIIN members agreed that this should be a priority, we included it in the screening tool.

The Guiding Principles, these served as a foundation for care coordination and case management approach. So with every single question, we tried to say, "Is this going to improve the care coordination and case management that we're trying to achieve in this Healthy Start Program?" We wanted to address comprehensive risks or needs of women in each of their perinatal periods.

It is important that not all of us screened on the same things. In fact, there was incredible variation. And we decided that even if there were risks that a program had not, or needs that a program had not assessed in the past, it would be helpful to assess those needs because it would create a kind of overall standardized approach from which we could make decisions about what our clients, or participants needed. We wanted the standardized tool to align with the benchmarks so that we were actually aware of what the FAO said, aware of what the benchmarks and requirements were, and we were all aligned in the same place.

We wanted to provide a minimum of requirements that these can be expanded in different Healthy Start programs. So it may be that, for example, a boarder Healthy Start may have different set of questions that will not be included in this tool, but they can add those in. Urban Programs may have different set of tools in some of the rural programs, and those can be added in to make the overall assessment within your program specific to the needs of the women and families that you're supporting.

All of the questions were adapted...the screening questions were drafted from existing evidence-based screening tools. So we wanted to be sure that we had some kind of standardization, and that the screening tools themselves were evidence-based.

This is an overview of the overall process. Starting in March 2005, the CoIIN was established and parties were set. We identified needs or factors that we wanted to evaluate from the FOA, and from evidence-based practice. We developed a group consensus process, as I mentioned, with 80% agreement, and a comprehensive list of risk factors, and other kinds of needs, including strengths, were included in these tools.

We assessed what current practices were. So 80% of the CoIIN members shared their standardized tools, and we compared questions by programs and by risk, and also by the 3Ps Document.

With the support of JSI, we examined the literature for best questions and questions that we used commonly that would address the needs of our population, and we did a lot of discussion about screening versus assessment, versus diagnosis.

We've also had the consultation of Dr. Jan Shepherd who is an obstetrician and is the Maternal Health Technical Advisor for MCHBs Healthy Start EPIC Center. She's currently appointed as an Associate Professor of the University of Colorado, and Medical Advisor for the Women's Wellness Connection at Colorado Department of Public Health and Environment, and was really useful in prioritizing some of the risks that would impact most significantly maternal health and infant mortality.

At this point, the RFP for the database was released. And then moving forward, we aligned best questions from the database RFP, and also are thinking about in the future when we do the evaluation how the [inaudible 00:18:03] questions will be one of the ways that for the sites that are considered evaluation sites will help us to understand the progress that Healthy Start has.

Bottom line is, we have a draft screening tool that we are excited, and folks have worked so, so hard to bring to the Healthy Start Program throughout the nation today, and we will really need your help to take it up a couple notches and be sure we're working in the right direction.

So we decided to prioritize issues and address by the perinatal phase. So at the identified evidence-based questions for each risk or need from the literature, we cross-walked that evidence-based question with the 3Ps Document for congruence, which meant sometimes getting feedback regarding the 3Ps and how a question would come across, and also using some of those questions in places so there wasn't too much redundancy.

We organized questions for ease of administration with the participant. And this will be something that will be really important as we ask you for feedback, is how does this flow, and how does it work with the folks we are serving.

And then we indicated follow-up actions for each issue. Meaning, how we might be able to improve the question, or how we may be able to respond to that particular person's need.

And now for a closer look at the tools. Okay, here we go. Give me my...Here, I'm just going to need that. Okay, sorry everybody.

Okay, so when we look at the Six Screening Tools Flow Diagram, this gives us an overview of the tools that we will be sharing and asking for your feedback. Participants will all be asked the Social Determinants of Health. It is a 31 question tool. We will be asking all participants who are adult women pregnancy status and history, and that would be seven questions. Then the tool breaks down into a perinatal stage. So one tool is a pre and inter-conception tool, which is 31 questions currently. The next is a prenatal questionnaire with 35 questions. There is a postpartum questionnaire with 27 questions, and a parenting questionnaire with 27 questions. We expect that the participants will complete the screening tool that is appropriate for their perinatal phase.

The initial Screening Tools, I'll just go over these in a little bit, with a little more information.

The Social Determinants Participant Profile aims to optimize the participant's social supports, and assure access to basic needs. So this allows us to get an overall view of what our participants might need or have in terms of their social supports, in terms of socioeconomic determinants of health. And also, what access folks might need to basic health care services or insurance, or other basic needs, housing, etc.

Pregnancy Status and Previous Pregnancy History Tool. The profile aims to assess women's current pregnancy status, document previous pregnancy history, identify issues from previous pregnancies which may impact future pregnancies, optimize the participant's social support, and assure access to

basic...I'm so sorry. I cannot see the rest of the slide at the moment...Basic healthcare needs, so we can understand what we need to do to support folks who may be pregnant.

The Preconception and Inter-conception Screening Tool. This phase refers to the time period before and/or between pregnancies. And this profile aims to optimize women's health, behaviors, and knowledge before pregnancy to enhance access to and quality of care for women before and between pregnancies, facilitate reproductive life planning, pregnancy planning, contraception, optimum birth spacing, and promote education, screening, referral, and treatment for women with high-risk conditions.

Gwen: The Prenatal Screening Tool refers to the time period from confirmation of pregnancy to the infant's birth. The profile aims to improve health screening for all pregnant women, provide tobacco cessation counseling, refer and treat women with substance abuse and mental health disorders, and increase access to quality prenatal care.

The Postpartum Screening Tool. This phase refers to the time period from delivery to six months after delivery. The Postpartum Screening Tool aims to ensure quality care for newborns, ensure access to quality postpartum care for the mother, and screen for postpartum depression, facilitate reproductive life planning, provide lactation counseling and support, and promote infant safe sleep practices.

The Parenting Screening Tool. This phase refers to the time period from six months to two years after delivery. The Parenting Screening Tool aims to support comprehensive home visiting programs, ensure infants and families are connected to a medical home, connect families to benefits and services to meet their basic needs, provide child development and parenting education and support, provide socio-emotional development screening for children, and position the family for resilience, independence, and strength as a result of the program's services.

Sara: So I'm going to introduce the Having Your Say Screening Tools Comment Period. I think this is really an important role. It's a way for all Healthy Start programs to be able to comment, to be able to give suggestions, and to bring up issues that some of the CoIIN members and JSI and the Bureau may not have thought about as we were developing these tools.

So this is the process for submission of feedback. The comment period will be January 12th thru the 29th, and we are going to ask for one comment form via SurveyMonkey per grantee. So you will be able to print out the comment forms for different staff members to be able to evaluate, see how it works, maybe even kind of go through it as if they're talking to a client, really get a feel for whether they're getting suggestions that would really help these forms. And then we'll ask each site to pull together their thoughts about the forms and submit one comment form per site via SurveyMonkey.

The comment forms will include the following pieces of information: the name of the agency and Healthy Start grantee, the name and title of staff who completed the comment form, the final form, and the staff who reviewed the tools. So within your Healthy Start, did the Case Manager look at it? Did a Health Educator Outreach Worker, licensed clinician, Behavioral Health Specialist, Social Worker, or Family Support Specialist, intake staff, or others? Again, we recommend that sites have as many folks as you'd like take a look at it so you can pool your knowledge together.

The demographic section for the grantee to assist in selection of volunteers for pilot testing, and also to probably assess whether some grantees are going to need changes, or we need to be sensitive to the different needs of different types of grantees. The first thing we'll ask for is for folks to indicate the level of funding, indicate your region, indicate your geography, rural, urban, border, or tribal, the age groups that are served by your programs, pre-teens, teens, adult women, and for the purposes of this, looking really at the women we serve mainly. Describe the target population's race and ethnicity, and then finally look

at the perinatal period, the point of enrollment into your program. And you will be able to check all that apply.

The demographic section for grantee continues while we try to identify the type of intake process, whether you have a centralized or decentralized. Centralized being that one person assesses the intake and the needs of all of the clients in your Healthy Start. Or decentralized meaning that several folks help people get in the program. It may be the nurses at different sites, for example, or social workers, or community health workers. So really identifying what kind of site you have, and I think there is usually an option in each of these for other, so you can explain if it's helpful to explain to the Bureau and CoIIN and JSI what kind of intake process you have.

We'll also ask you to identify how you administer screening forms with your participants. Do you use paper, electronic, combined paper and electronic? And then we will also be interested in identifying who completes the screening tools. Is it a case manager, health educator, licensed clinician, behavioral health specialist, social worker, or other, or a specified intake staff?

Gwen, should I give it back to you at this point?

Gwen: To comment form, thank you, Sara.

The comment form will be used for each screening tool. It's the same form that has the same evaluation criteria that you see listed in the slide. Each comment form starts off with a description of the tool, and there will be a link to the Tool Launch Webinar to the EPIC Center website.

So let's look at the comment form. It starts off with an evaluation domain, and it talks about, the first question is the relevance or the importance of the Healthy Start, how it's relevant to your Healthy Start grantee or to your participant's

need, the technical quality of the tool, the clarity of the tool, diversity, and the length of the tool.

For example, we will use the Social Determinants of Health Tool. It will identify, for example, the significance of the social determinant participant profile to address the Healthy Start participant needs. And you'll have an opportunity to score from one to five, one being the lowest, and five being the highest. You'll have an opportunity to write in feedback or comments.

What is the technical quality of the tool, the soundness of the tool, the framework of the tool and the questions?

What is the clarity of the tool in terms of being organized, clear, concise, and comprehensive?

Diversity. Does the tool have the ability to address the diversity of the Healthy Start grantees, population, and culture?

And the length of the tool, the time it would take to administer the tool with the participants. You'll have an opportunity to score from one to five, one being the lowest, and five being the highest in terms of your preference.

The comment form. The comment form will allow you to provide more open-ended responses. For example, are there specific questions that you suggest should be removed from the Social Determinants of Health Tool? You can respond "yes" or "no." If yes, you'll have an opportunity to write in your comments. This question will have a skip pattern for a check-box question where specific question numbers are organized in the tool, and it could be checked to indicate if it should be removed. Once you check a question, the text box will be available to explain why the question should be removed.

The comment form. Are there any questions that you feel should be reworded, re-worded? The answer is yes or no. If yes, please identify the question. Again, the question will have a skip pattern to a check-box question where specific question numbers are organized by the tool selection, can be checked to indicate it should be removed. Once you check a question, a text box will be available to explain why the question should be removed or reworded, re-worded.

The Final Question. What do you believe is the greatest value of having a standardized set of risk screening tools? In reference to the benefit of having standardized tools, we will provide an opportunity for you to write in your responses. Open-ended responses allow for more quotes that we can use about the tool as we further design the benefits for quantifying responses.

Lastly, would you be interested in serving as a pilot testing site for the tool, yes or no?

Overview of the Pilot Test Plan. The goals of the pilot test project is to gauge usefulness of the tools to the Healthy Start programs and participants. The Pilot Tool will provide understanding of the feasibility of using these tools. The goal of the pilot project is to identify training needs for the implementation of the screening tools.

The screening tool format, it will be paper based.

Questions to be answered by the execution of the pilot project will be in the format of an evaluation tool.

What is the timeline framework for the pilot project? The pilot project will begin for the CoIIN grantees in the month of March. In April, the pilot project will begin for non-CoIIN grantees.

Characteristics of the Participating Grantees in the Pilot Testing Program. The plan is to have a total of 40 grantees participate in the pilot testing program, 20 CoIIN members, 20 non-CoIIN members. The 20 non-CoIIN grantees will be selected based on the demographic questions presented as part of the comment form. The number of participants to be enrolled in the pilot testing will include 10 participants per each grantee spread across each tool, or perinatal phase. So that will be a total of 400 participants for the pilot testing. Again, that would be 10 participants for each of the 40 grantees.

The Success Criteria for the Pilot Test. All 40 grantees will complete the screening tools with 10 participants, appropriate use of each tool specific to their prenatal period. Each pilot site provides feedback, will create a baseline for time required to administer each tool, the level of performance rating on each tool will be used as a criteria from a larger scale.

Sara: Gwen, is there any...

Gwen: Sara?

Sara: Thank you, Gwen. Gwen, I think we're at the time that we can start answering questions. Does that make sense at this point?

Gwen: Yes.

Sara: Okay, great. Yvonne, can you...

Yvonne: Yes, Sara. I have some questions that we've had chatted in. So thank you to Dr. Atrash, Gwen, and Sara for your presentation today.

So the first question we have is where can we see the 4Ps or screening tool questions?

Sara: So, Gwen do you...So when we share the screening tools, some of those questions that will be embedded within the screening tools. The 3Ps Document is undergoing a revision simultaneously, so we will, when that document is final, have a period of comment on that document and then be able to ensure that the final 3Ps questions are included in the screening tool.

Makeeva, do you want to correct me if I said anything that didn't make sense?

Dr. Rodin: No, you're correct. I think you guys just might want to make sure that both of them match up to one another. But you aren't able to do that until the new 3Ps is finalized.

Dr. Atrash: So this is Hani, the revised 3Ps, that should be available to members of the CoIIN by the end of the month. We do need to make sure it's approved by [inaudible 00:40:26] before we make it available to everybody to start using. But we discussed it with [inaudible 00:40:34] multiple times. It's now [inaudible 00:40:36] for a final revision, and we are hoping that before the end of January we will share a draft with the members of the CoIIN so they know what is remaining.

The way we see it now, it will end up having a set of questions that are required and another set of questions that are optional. The original plan was to delete many questions, and then we realized that some entities may be collecting those

items of data anyways. So we will delete some, we'll keep some as optional, and we'll keep a few as required. But we will be sharing with members of the CoIIN hopefully before the end of the month.

Yvonne: Thank you, Dr. Atrash. We have a few other questions specific to the screening tools and how they will be able to see those tools, and obviously the specific questions on those tools, and that's actually our next closing information. I would be, Yvonne Hamby from the EPIC Center, would be going over how you would get those. And we'll be sending out an email from the EPIC Center mailbox to all of our listserv of our Healthy Start programs with directions on how to complete your comment form, as well as attached to that email a PDF document which has all six screening tools attached to it so that you can print them and have them, or be able to look at them however is most convenient to you while you are reviewing them. As well as a PDF version of the SurveyMonkey tool.

So again, you can print that, or have it at least on your computer screen electronically while you do a review of the tools and be able to make notes before you actually go into the online link of the SurveyMonkey to actually input your comments.

We also have a question about, let's see, how will the screening tool and 3Ps work together? This may have been spoken to earlier, but there's still a little bit of confusion and clarity needed around how the screening tools that the Healthy Start CoIIN has developed will work in unison with the 3Ps evaluation and database monitoring.

Sara: So when the CoIIN tools work-group came together, they looked at all of the screening tools that folks used around the country. They looked at evidence-based tools, and they also looked at the 3Ps Document and incorporated it into the screening tools so that folks didn't have a multiple, multiple disconnected things to do. The idea was to integrate everything together, so that's what you will see.

Because of the feedback of the Healthy Start programs throughout the country, the Bureau felt very strongly that they wanted to be responsive, and understood what the concerns were. So you will see documents that include 3P questions, and we will know by the end of the month, as Dr. Atrash mentioned, that we may be able to take some of those questions out. And so we will keep you updated as we go on that piece of information.

But I'm hoping that people realize the working-group really tried to make something that was integrated, would help you not only with a common way of screening, but would be screening for things related to benchmarks, and also have the 3Ps.

I'm sorry, somebody was going to jump in.

Dr. Atrash: Yes, we expect both sides to be more complimentary than duplicated. So that's why when I started talking in the beginning, I said the focus of the 3Ps will be more on the evaluation and development to support the measurement of benchmarks [inaudible 00:45:06] assessment of the assessment tools have more to do with assessing the needs of a couple of the clients and then the services they need. That's what they measure. So I think what the CoIIN members are offering is to compare the two instruments, try to avoid duplication. Clearly there'll be questions that will be the same for identification purposes and for demographics eventually, but they are more complimentary and not duplicated.

Yvonne: So I have one other question related to whether the screening tools will be required for use by each grantee.

Sara: Gwen, did you want to...

Dr. Atrash: This is Hani again. What is required is the stuff that's been included in there for ages, that grantees are expected and required to report to us information that will help us ensure quality of the program, and understand measured outcomes which will be the benchmarks. We do encourage all grantees to collect the risk assessments, information that will be proposed by your leadership.

The whole idea behind establishing a Healthy Start CoIIN community is to better understand what the needs of the community are, and how we can work together on ensuring that we're running a good program that is credible and effective. We already looked at everybody else out there, is this a good program, are we getting our money's worth?

For one thing, we need to understand the consensus of the population we serve, we need to understand the services they are receiving, and whether those services are making an impact or not. It's one thing to just look at the number of infants who died, but also understanding the profile and the population, how many are obese, and how many have hypertension, and how many have pregnancy complications, and so on, will help us understand the risk level of the population we serve. And as a result, also know whether the outcomes we are getting are appropriate or not. If you are providing services to the low risk population, we'd clearly get much better results than if you're dealing with the high risk population.

So at the end of the day, if we are able only to reduce infant mortality by a small percentage, that would [inaudible 00:47:41] very high risk population, that's a great achievement. But if you're dealing with the low risk population and you need only minor change, that's not going to help us much.

So the answer is, we will not require, but we will strongly encourage all grantees to collect information.

Yvonne: Thank you, Dr. Atrash. We have one other question in terms of, will the screening tools take the place of the risk reduction forms such as the prenatal, postpartum, and infant risk reduction forms?

Sara: Gwen, do have a response to that?

Gwen: I would say that local programs have specific requirements that they're required to do and that our screening tools should be in line with the questions that you may have to ask for risk scoring for other programs. So you may have to have, or follow, your requirements for your other risk scoring tools, and then this work would hopefully complement that work. We don't want you to have duplicate work. We want you to find ways to blend in the work that we're asking, the information that we're asking you to collect with the information that you're required to collect for your programs. Because the information is supposed to inform better services, so there's no need to have duplication of questions being asked.

Dr. Atrash: And for the 3Ps, we are not asking people to use exact form that we will be finalizing soon. We are asking you to make sure that all the data elements in the form, at least the ones that are required, are being collected. And that's why they are suddenly working with you to map the data elements and the revised 3Ps with the data elements that you are collecting.

My assumption is that revising the 3Ps and extensively shortening it, that most of you, if not all, will be collecting everything we'll be asking for. So, as Gwen said, you probably are collecting most of the information in the 3Ps, as well as the information that's being required or proposed by the risk assessment tools.

Yvonne: And then we have a couple of questions clarifying the piloting, participating as a pilot program for the screening tools, and that's when and how can an interested program express their interest in participating as a pilot site for the screening tools?

Sara: Gwen?

Gwen: Well certainly you have an opportunity as you go through the SurveyMonkey and complete the comments, you have an opportunity to express your interest at that time. And let us know in terms of your demographics and in terms of your staff that will be providing the data, and how you believe that you want to be able to participate in the program, in the pilot program. So you have an opportunity once you go through the screening tool to make that request known.

Yvonne: Thank you, Gwen. I think we have several other questions, but they were overlapping with questions that we've already addressed. And I know that we're going to go through all of the questions that were chatted in and make sure that they either were answered via the online webinar today, or wide webinar today, and we'll also provide a written documentation of Q & As. So there are certainly questions that will be grouped together, and be documented for you to reference as we move forward.

So I think I'd like to transition to our final slide, which again, I'll go over a little bit about the process for getting the tools, the screening tools, that we've gone over today.

So you will get an email from the EPIC Center mailbox to all members of our listserv. So all members that have signed up to be on our listserv from the EPIC Center will get an email. And in that email, you'll have a link to the SurveyMonkey that will provide you access to the comment form and all the sections that Sara and Gwen went over today to complete, give you instructions on how we would like for you to do that.

As a reminder, we're looking for one comment for each tool from each grantee if you have comments to provide. So we'd like for you to gather your staff that are pertinent to the screening activities at your program, have them review it from their various roles at the program, and doing screening with your participants, provide feedback pertinent to the perinatal phase for your program in their role. And then summarize your comments as a group, and then input them for your program. So one per program is what we're looking for.

And to that email as well that gives the link to the SurveyMonkey, we will attach as a PDF document, all six screening tools that Sara and Gwen went over today so that you can either look at them on your computer, or print them and have them as a hard copy to review, as well as a PDF version of the SurveyMonkey tool that you will be completing. So that way you can have it to reference as you're reviewing the tools, make notes so that hopefully once you sit down to input your comments for your program, you'll have all of that information written down, and hopefully it'll be a really speedy process for you.

Another exciting thing that we were able to provide is for programs that review the forms and go in and provide comments, you will be entered into a drawing for up to three \$100 gift cards from Target on behalf of your program. So that you can use that gift card on behalf of your program to buy supplies or celebrate the completion of the comment form that will really help us make these tools really hopefully useful and a good product for you to use moving forward.

And in that comment form, as Gwen said, you will have an opportunity to say if you're interested in participating as a pilot site for the tools. So that again, we'll have another iteration of feedback based on how they're performing in real life in the field with 40 Healthy Start programs.

So I hope that's answered... That was where a lot of the questions that we were getting chatted in were focused, so hopefully that sort of reinforces, or reiterates the process. And within that email that you get tomorrow morning with the

tools and the link to the SurveyMonkey, you'll have my contact information for Yvonne Hamby, who I'm happy to follow up and help you with any issues that you may have as you're reviewing and entering your comments into the SurveyMonkey.

So we'd also like to, before we end, have you mark your calendars for three upcoming webinars for this month. We have one on January 19th, at the same time that we have all of our webinars, from 3:00 to 4:00 p.m. Eastern time, on prenatal care. This is the second in the series of four webinars on the four perinatal periods. Then on January 20th, we have one on implementing quality improvement to advance the Healthy Start agenda. And then our final one for January is on January 28th on centralized intake. You can get the registration information for these webinars from the latest EPIC Center alerts, or visit the calendar on the EPIC Center website, or look for the email training alert.

And a final reminder, please, please, please complete the evaluation survey that you'll get following the close of this webinar. And this concludes our webinar and thank you very much for your participation.

Dr. Atrash: We want you to take one minute please to remind the participants that our next conversations with the Division will be now rescheduled for Thursday, February 4, I know this is not this month, at 2:00 p.m. Eastern time. We will provide an update on the evaluation in your information system including the 3Ps. And if there's any changes or any developments on the assessment tools, we'll talk with the Healthy Start CoIIN Co-Chairs to give us an update as well. We'll probably also talk about budget and answer any questions related to that. We'll be sending an announcement out soon, but that's February 4 at 2:00 p.m. Thanks.