



Healthy Start FAQ: Conversations with the Division of Healthy Start & Perinatal Services

On August 4th, 2016, HRSA staff in the Division of Healthy Staff and Perinatal Services facilitated a webinar focused on providing updates, including the Healthy Start Monitoring and Evaluation Database (HSMED), National Evaluation, and the Healthy Start Convention (September 26th-28th, 2016). EPIC staff also provided reminders of available services and new initiative updates.

During the presentation, attendees asked several great questions, all of which have been answered below.

During the webinar, participants asked some great questions, which have been answered below. In case you or a colleague missed the presentation, you can find a recording on [the EPIC Center's Training Calendar](#).

Database Kickoff

Will grantees be expected to use the data collection system prior to training?

Yes. The system will become available for the access by grantees on October 1st. We have the expectation that grantees will get familiar with the data system, even though the training is not until January, 2017. You may not feel prepared to enter the data correctly, but you will be asked to begin October 1st. The formal reporting period will begin January 1st.

When will technical support be available?

Technical support will be available by October 1st to all grantees.

Why does reporting begin October 1st rather than January 1st?

This is a decision that Dr. Lu has made in consultation with folks at HRSA. The plan is to provide you with the standard report information so we can ensure that we are collecting everything needed by December 2017. In other words, the objective of reporting starting October 1st is to be sure you are reporting your data correctly and adequately during the formal reporting period that follows.

When our system has gone live, will each grantee's separate method of data collection be compatible with this new data system?

We will do our best when our system has gone live to make sure you will be able to submit your data in a way that is compatible with our system.

If a grantee is using an existing system, which cannot be successfully linked to the new system, does this mean that the grantee will have to do double entry?

If you have a system from a third vendor there is no way of directly linking that system to the HSMED system, nor a way to interface directly between systems. You will be trained and given technical assistance to be able to upload their data from a system in a format compatible with our HSMED system.

Will there be any extra funds available for performing the changes needed for information systems to accommodate the new tools?

No. At this time we don't anticipate giving any additional funds.



Is there a grace period if we don't receive IRB approval prior to October 1st?

The healthy start program provided the draft of the IRB clearance, and you can use that language for your local IRB approval. We hope to have the final IRB package approved later this month, and we will share that with you all for your local packages. If it looks like you're going to be delayed and submitting data to us because of the local IRB or any other issue, please alert your project officer immediately. We would appreciate full visibility on these issues.

If there is no direct interface of systems, and we will have to enter information, will data we have to input into the system be at the aggregate or participant level?

The data will be at a client level.

What kind of code format will the data need to be in for the upload?

In phase one of the training you will be introduced to the required format. Prior to that there will be technical assistance available.

Should grantees stop entering into the monthly HSMED survey link in October?

No. We will let you know when to stop.

Performance Measures and Benchmarks

Are the terms performance measures and benchmarks now interchangeable, or do we still have the different set of measures to track?

You will be required to submit both the information that's in each of the screening tools as well as the data for the benchmarks. If you have the data for the benchmarks, you will have the data for the performance measures. The performance measures have been crosswalked with the benchmarks, revised and sent to OMB.

Is there a crosswalk of the benchmarks and the performance measures to review?

No. We hired a contractor to look at all of the performance measures for all the programs nationally. The contractor looked at our benchmarks and at the performance measures to make sure that the information that was included in our benchmarks was captured in performance measures. As it stands now, you will still report on the current performance measures until you hear differently. That will not be until sometime next year.

Is there a common language of the measures relating to the new benchmarks and performance measures being used interchangeably?

Yes, that is the purpose of the data dictionary.

Screening Tools

When will screening tools be available for use?

The tools will be available to use once we get OMB approval. We're hoping to have that approval by October 1st.

Is screening tool information mandatory to report next year?

The information in each of the screening tools will be required for each participant that it applies to. For example, if the participant is a pregnant woman, then there is a pregnant screening tool that will need to be completed. When she becomes postpartum, there will be a postpartum one. The number of



screening tools that will be completed or the data collected from the screening tools depends on the criteria of the participant.

What about the medical data included in the screening tools? Is that required?

Yes it is, as long as it fits within the perinatal phase of that participant. That is one of the reasons why this is all going through OMB clearance so that we have the authority and sign off from HHS to collect this data.

Previously it was optional for clients to answer all of the questions in the screening tool, is that still the case? We want to encourage filling out the forms completely, but can we still count people as clients if they do not answer all the questions?

That is correct. There are questions that are optional. There are sections that to say declined to answer. So that is a very valid response to any one of the questions in the screening tools. As you go through them, you will see which questions have that option. The client can always decline to answer anything in that screening tool. Even so, please encourage your program participants to answer this information fully. We are very careful about what information we're asking and collecting, and we think it will help us tell our story across the entire program. If we are not able to collect some of this information, it will hurt our ability to tell our story.

When will the screening tool pack be available?

The draft documents are already available for review on the [EPIC website](#). The tools are currently going through the OMB process and the public comment period. BE mindful that the screening tools may change based on OMB review as well as any public comment we may receive.

If all the information contained in the screening tools is required, why isn't the Bureau simply communicating that they are required?

This confusion stems from OMB language issues. The federal government has a spate process to mandate the specific use of documents and forms. While we can get OMB approval to collect certain data, it is a separate process to collect that data using specific forms. While EPIC feels strongly about the specific data we collect, we compromised and let grantees have the flexibility on how you are going to use the forms to collect that data.

When will the informed consent for the client level screening tool information be available?

The IRB package is part of the OMB approval process. We are anticipating that will be available October 1st.

Will new questions in the screening tools surrounding social determinants of health be included in the 2017 performance report tables?

No, the specific questions around social determinants of health are not part of the new performance measures.

Why would social determinants not be considered within the performance report?

Performance measures and screening tools are being collected for different purposes. Screening tools are used to make generalized statements across the entire Healthy Start community, whereas performance measures serve the same purpose across the Bureau, and are designed in a way that is more appropriate for a wider range of grantees or grant programs. Some of the language may not line up exactly, and this is because other grant programs also use these measures. Performance measures allow the Bureau to tell their story, just as the screening tools allow us to tell the Healthy Start story.



Breastfeeding Initiative and Webinars

Is the breastfeeding training an instructor led face-to-face training held in your community?

There are two different versions of the training, a two-day version and a three-day version. It depends on what you are interested in. The two day training is called Working Together: Communication and Teamwork Strategies for Reclaiming Breast-feeding. The three-day training is community breast-feeding educator course. For more details, contact the EPIC center.

Is the webinar a certificate program?

No, you will not be certified by just listening into the webinar. The webinar provides an overview of the various certifications for breast-feeding counseling and the certification program. The community trainings also do not result in certification. Certification requires a five-day intensive training that our scholarships were designed to support. The goal of the scholarship program was to make sure every healthy start program has at least one certified lactation counselor. Priority for these scholarships is given to grantees that do not currently have anybody with a certification.

Healthy Start Convention

Is registration for the HS Conference open?

Yes. You can register on the [Healthy Start website](#).

All of the topics for the concurrent sessions on day three of the conference are important; can these be stand-alone sessions so one person can attend all three?

Unfortunately due to time restrictions and a very busy agenda, this will not be possible. We anticipate being able to share some of the content in future regional meetings, and certainly will follow-up with webinars and technical assistance. If possible, bring more than one person to the conference and divide and conquer, and share what you learned! All the material from each of the sessions will also be made available to you on the healthy start EPIC center website.

What is the convention registration fee?

The cost for the entire three day conference is \$200. We need at least one member from your team to stay through the third day so they can participate in the all grantee meeting.

Are meals included in the convention fee?

Meals are not included in the convention fee. We will provide you with a list of restaurants in the area you can go to during a 90-minute lunch break. As you will be on official travel you can use your federal funds to cover these costs. No one should be paying for their meals out-of-pocket.

Is there an option to attend just the third day of the convention?

No. This has been previously discussed, and we were not able to break it out in that way that allows people to fly in for the third day only.

Other than the program director, who is recommended to attend the convention?

The usual suspects. This may include the project director, the evaluator, a member of the community action network, and often people may also want to bring their case manager lead or coordinator. You may not be able to bring all of these people, but that is the list of people that are recommended to attend.