

Conversation with the Division: FAQs



Healthy Start Webinar:

Conversations with the Division of Healthy Start & Perinatal Services

On November 3th, 2016, HRSA staff in the Division of Healthy Staff and Perinatal Services facilitated a webinar focused on providing updates, including the Joint CityMatCH/Healthy Start Conference, Healthy Start Monitoring and Evaluation Database (HSMED), National Evaluation, and the Healthy Start Mentoring Initiative.

During the presentation, attendees asked several great questions, all of which have been consolidated into themes below. In case you or a colleague missed the presentation, you can find a recording and transcript on [the EPIC Center's Training Calendar](#).

Joint CityMatCH – Healthy Start Conference

In lieu of an annual Convention, Healthy Start is joining CityMatCH and their annual meeting to address maternal and child health issues and best practices with other MCH professionals. Mark your calendars. The meeting is September 18-20, 2017 at the Gaylord in Nashville Tennessee.

One of the long term goals of the Healthy Start transformation is to demonstrate the program's effectiveness in improving pregnancy outcomes by implementing evidence based practices in support of the program's goals (Improving women's health; Promoting quality services; Strengthening family resilience; Achieving collective impact; and Increasing accountability through quality improvement, performance monitoring, and evaluation) and to promote the use of the program's six approaches (a "place-based" approach to health care, a focus on quality, an expansion to improve women's health not just during pregnancy, but before and after as well, engaging both parents in the future of the child, a focus on the overall collective impact that Healthy Start Programs have in their communities, and a focus on accountability, with performance measures and rigorous evaluation platforms to drive improvements).

Some of the benefits of joining hands with CityMatCH and holding a joint conference include:

- Educating urban maternal and child health workers and raising their awareness related to the Healthy Start program and exploring opportunities for collaboration.
- Offering an opportunity to MCHB staff and the Healthy Start grantees to share experiences and lessons learned with other maternal and child health workers serving similar populations.
- Learning from experiences of urban maternal and child health workers who serve a population similar to that served by Healthy Start grantees.
- Offering Healthy Start workers at HRSA and on the ground an opportunity to have their work recognized by peers as important, legitimate evidence based practices.
- Ensuring that the Healthy Start community occupies a leadership role at the national level in the area of "community action to improve pregnancy outcome" by expanding the audience from Healthy Start workers to an audience representing most urban areas around the country.
- Achieving financial savings resulting from not holding a special conference on Healthy Start but combining resources with CityMatCH, including costs of meeting space, conference planning and logistics, travel support for plenary speakers, etc.

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We see this joint effort as a great opportunity for collaboration, resource sharing, and adaptation/adoption of lessons learned for both communities, and the possibility of stimulating some urban communities to establish local Healthy Start programs using local resources.

The meeting is not mandatory for Healthy Start grantees. Grant funds may be used for staff to attend the meeting. The fee structure for the meeting is as follows:

- \$500 Early Bird CityMatCH and Health Start Members (on or before August 18, 2017)
- \$550 General rates for CityMatCH and Health Start Members (August 19 - Sept 11, 2017)
- \$600 Late (after September 11) and Onsite rates for CityMatCH and Health Start Members

The Division views the joint CityMatCH/Healthy Start meeting as a valuable opportunity for Healthy Start programs to network and connect with other MCH professionals outside of Healthy Start that address the complex issues causing infant mortality. The event agenda will cover relevant content for Healthy Start programs. Seven Healthy grantees serve on the planning committee and will communicate the Healthy Start voice in shaping the agenda. There is no expectation from the Division as to how many staff from each grant program should attend the meeting.

The National Healthy Start Association is also hosting its annual event. The dates are April 3-5, 2017. Please note the Summit on Fatherhood and Health and Wellness of Boys and Men is April 1-2, 2017.

Grants Management Operations

Based on the update given during the webinar by Ms. Sarah Morgan of Grants Management, there were no unanswered questions. Note: A Timeline of Key Dates and reports is posted on the Project Management Hub on the EPIC Center website - <http://3wfszldy500zpi631vvzqi12.wpengine.netdna-cdn.com/wp-content/uploads/2015/11/Schedule-Timeline-of-Key-HS-Dates-Updated-10-14-16.pdf>

Healthy Start Monitoring and Evaluation System

Based on the update given by CDR Chris Lim with the Division of Healthy Start and Perinatal Services, see the following unanswered discussion items and reminders.

The numbers reported monthly in the HSMED will be unduplicated.

There will be a webinar hosted by DS Federal and the Division of Healthy Start focused on the HSMED on **December 8 from 2-3:30 pm ET**. Registration information is not yet available.

National Healthy Start Evaluation and Screening Tools

Based on the update given by Jamelle Banks with Office of Epidemiology and Research see the following discussion items and reminders.

Consent forms: IRB approval was received in September, 2016. All participants receiving services beginning January 1, 2017 are eligible to be included in the national evaluation. In order for participants' de-identified data to be shared with the national evaluation, you are required to obtain written consent using the IRB approved consent form which should be signed by Healthy Start participants. Note that any participant who consents to share data with the national evaluation can opt out of the evaluation at any time.

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For clarification, a signed IRB approved consent form is not required to complete the screening tools. However, all Healthy Start programs should already be obtaining written consent from participants to receive services. This standard consent is sufficient to perform any screening. If you have not implemented a standard consent to receive services, the IRB consent form includes basic language which you should use.

It is recommended that you use the IRB approved consent form without modification that includes consent for both the receipt of Healthy Start services and participant data to be shared for the national evaluation. However, if you modify the approved consent form provided you may NOT remove language that pertains to the evaluation, completing screening tools, providing individual identifiers, linking to vital records or PRAMS, and sharing de-identified data to MCHB/HRSA.

You may NOT remove language that pertains to the evaluation, completing screening tools, providing individual identifiers, linking to vital records or PRAMS, and sharing de-identified data to MCHB/HRSA. The reading level of the consent forms is 9th grade. If a participant refuses to consent, that participant may still be counted in the number of participants served by a program as required by grant funding. Training will be provided by the EPIC Center on securing consent from participants. Please join the webinar on [November 22 from 3-4:30pm ET](#) for a review of the training plan offered in support of programs rolling out the screening tools.

A request for Appendices A, B, C, D, and E to the IRB submission was made, specifically for programs that are working within University IRBs. Please e-mail Jamelle Banks at JBanks@hrsa.gov with your request for the appendices.

Screening Tools and Data Collection: After January 1, 2017, data collection using the screening tools for both consenting newly enrolled and consenting active participants should begin. Remember, the performance measures are captured within the questions in the screening tools. Therefore, if you use the screening tools, you will be collecting the required performance measure data points. Use of the screening tools is NOT required. Grantee sites that choose to use existing forms will be asked to modify their reporting process to be able to accurately map collected data to ensure they match the screening tool data elements.

Performance Measures: The data dictionary with exact definitions and measurement of each benchmark can be found on the [Healthy Start EPIC Center website](#).

Mentoring Program

Based on the overview of the Mentoring Program by Deborah Frazier with the National Healthy Start Association, see the following discussion items and reminders.

A second wave of mentoring will be offered to new Healthy Start Project Directors at all Levels (I, II, and III). Applications to be mentees and mentors are due November 18 and can be submitted to info@nationalhealthystart.org. Access the application for the mentoring program is posted with the materials from the November 3 webinar. Mentors will receive an honorarium of \$500. Notification of the mentee mentor matches will be made after November 18 and all applicants will be notified by January 2017 as to their status.

The focus of the mentoring program will be on core areas of project management as well as other areas identified by the mentee.

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Please note: mentors do not have to be project directors. The ideal mentor could be someone on staff with knowledge and experience of the Healthy Start program and maternal and child health.

