FAQ: Healthy Start Monitoring, Evaluation and Data

1. **What are the six Healthy Start (HS) Screening Tools and when should they be administered to clients?**
   The six HS Screening Tools collect uniform information at the individual level about HS participants, their children (up to age 2), and families. The Screening Tools replace the Preconception, Pregnancy, and Parenting Information Form (3Ps) and are designed to integrate with and support the provision of clinical and case management services. The six tools and timeframe for data collection is below; **step-by-step training on the administration of the tools was provided in November 2016, and the recording is available at the EPIC Center website at http://healthystartepic.org/events/2016-11/.**

Screening Tools	Timeframe for Collecting Data	Estimated Time Duration
Demographic Intake Form	To be completed with each participant at intake/enrollment.	About 5 minutes to complete
Pregnancy Status/History	To be completed with all women when they seek to use HS services – this will most likely be at intake/enrollment.	About 10 minutes to complete
Preconception	To be completed for women who had never been pregnant or had a live birth.	About 60 minutes to complete
Prenatal	To be completed for women in prenatal period, who are pregnant. This phase refers to the time period from diagnosis of pregnancy to birth.	About 60 minutes to complete
Postpartum	To be completed for women in postpartum period as soon as possible after delivery.	About 60 minutes to complete
Interconception/Parenting	To be completed with women as soon as possible after baby is 6 months old, up until 24 months old.	About 60 minutes to complete

2. **What data do HS grantees need to report to the new Healthy Start Monitoring and Evaluation Data (HSMED) system?** All HS data elements in the HS Screening Tool(s) will be submitted monthly to the new HSMED system to inform program monitoring, performance measurement, and the national HS evaluation. Since not all clients will complete all screening tools, only those screening tools applicable to the client will be submitted in the month that they are completed.

3. **Is HS data reported in aggregate or at the client level?** Data is reported at the client level in the new HSMED system. Data for the current Healthy Start Monitoring & Evaluation System (HSMES) is reported in aggregate. The shift to client-level data is expected to improve data quality and utility for both service provision and program monitoring

purposes. Please note, the data that will be loaded and stored in the new HSMED system will be de-identified. This means that no individual client will be personally identifiable through their data.

4. **Is IRB approval required for the national HS evaluation?** Yes, IRB approval is required to conduct the national HS evaluation. MCHB obtained IRB approval from the Centers of Disease Control and Prevention's (CDC) National Center for Health Statistics in September 2016. HS grantees may use the approved HRSA IRB protocol (including consent forms) as a centralized approval and do not have to seek additional IRB approval, unless it is required by their organization. If it is an organizational requirement, grantees may use the HRSA IRB approval to amend their current IRB-approved protocols and consent forms.

5. **Are HS clients required to consent to participate in the national HS evaluation?** Yes, HS clients are required to provide informed consent to participate in the national HS evaluation. Information will still be reported to HRSA/MCHB for clients who do not consent to the national HS evaluation. Client level data will not be shared for purposes of the national evaluation.

6. **When will we begin reporting this information to the HSMED system?** Healthy Start grantees are expected to collect data starting January 1, 2017 for all participants seeking services in 2017 including participants who were previously enrolled. The first xml submission for data collected in January will be submitted to the new HSMED system in February, 2017.

7. **Do we continue to report monthly HS grantee data to the current Healthy Start Monitoring & Evaluation System (HSMES)?** Yes, HS grantees should continue submitting monthly aggregate data to the current HSMES, by the 10th of each month, until further notice.

8. **How will the HS data be submitted to the HSMED system?** The new HSMED data system will require HS grantees to utilize an XML (Extensible Markup Language) format to configure and upload HS data for monthly reporting submissions. This means that HS grantees will need to export data from their own data collection systems to a standardized XML format and upload the XML file to HSMED. If HSMED does not accept file transfer protocol, an authorized user must log into HSMED and upload the XML file.

   NOTE: The new HSMED system will not provide Web-based forms corresponding to the screening tools for online data entry/completion. Instead, users will log in to the system and upload the XML file that has been exported from their case management systems. The

uploaded file will be checked by HSMED for compliance with the published XML schema; the HSMED will only accept an XML formatted file with the required data fields.

9. **How frequently will HS data be submitted to the new HSMED system?** HS data will be uploaded monthly (the 10th of each month) and will include all screening activity performed during the previous month.

10. **Will we be required to submit historical data?** No, HS grantees are not required to submit historical data. Healthy Start grantees will complete an initial screening on all participants seeking services in 2017 including participants who were previously enrolled. HS grantees are only required to collect the information included in the screening tools; no additional historical data is required.

11. **Who is providing training on the new HSMED system interface?** Training will be provided by HRSA/MCHB and DSFederal, the contractor, to support uploading HS data in an XML format to the HSMED system. The training sessions will be recorded and available for future viewing and refresher training. Initial training dates have been posted, with additional schedule of training sessions pending in CY 2017.

    Training will be provided for two groups of grantee/users:
    Group 1: *Grantees that use a system developed by a vendor (e.g., Challenger, ETO, JSI) that has been modified to export the required XML file.* Grantee users who fall into this group will use the features of their vendor system to export the required XML file. (Note that DSFederal will provide the XML schema to vendors in November 2016 so that they can follow this model in mapping, extracting and transforming the data to the required format.) For this group, training will focus on how to login to HSMED, select a reporting period, upload the XML file, and understand error messages.

    Group 2: *Grantees that do not use a vendor system that has been modified to generate the required XML file.* This group may include grantees that maintain data in a custom built "home grown" system, or that use a system provided by a vendor that has not created an XML export feature. Training for this group will include modules addressing options for the grantee staff to create their own compliant XML file using the XML schema and other available tools, as well as all of the training provided for users in Group 1.

12. **What reports will be available from the new HSMED system?** The new HSMED system will not have the ability to provide reports or calculate HS benchmark performance data at this time. We are continuing to work on adding report features to the system and will provide further information as it becomes available. Grantees will be able to download their data in Excel.

13. **Who should I contact with HSMED system-related questions?** You may contact the HSMED Help Desk at 1-844-840-5650, email: HSSupport@DSFederal.com. You may also review the FAQs on the EPIC Center website.

14. **How does the National HS Evaluation fit with data collection using the six HS Screening Tools?** The National HS Evaluation will use data collected from the six HS screening tools to assess participants' socio-demographic characteristics, personal risk factors, services utilized, and service needs. For the purpose of supporting the HS evaluation, data will be extracted from HSMED and provided to the HRSA/MCHB for analysis.

15. **Will we be able to report on the HS Benchmarks using data collected from the six HS Screening Tools?** This question addresses two separate issues: 1) are benchmark data collected through the six Screening Tools; and 2) will those data be reported through the new HSMED system. Yes, data needed to report on HS Benchmarks will be collected through the six Screening Tools, however, HSMED will not yet be capable of generating Benchmark Reports.

16. **Who will be assigning mother's and infant's unique client identifiers?** A unique identifier is not required for infants. Grantees will need to assign a unique client identifier to mothers using their existing procedures/algorithm. Grantees are also expected to maintain and safely store a key linking participants with the unique client identifiers. HRSA and DSFederal will use the mother's unique client identifier (provided in the data upload file) to link mothers to individual child records, which are identified by date of birth and sequence. HRSA and DSFederal strongly recommend that grantees do NOT to use client names, social security numbers, or other components that make it reasonable to personally identify the client the record is associated with. Adherence to this request will be stressed in HSMED training to the user community.

17. **How will the unique identifiers handle client name changes?** Unique identifiers are assigned by the grantees and are no longer name-based. The unique identifier must be an alphanumeric string of up to 50 characters. We rely on the grantees to ensure that this string is matched to their client's record regardless of name change.

18. **If we already link vital records information to individual clients, can we supply unique client identifiers**? Unique client identifiers must be alphanumeric strings of up to 50 characters. Otherwise, grantees are free to use whatever unique client identifiers they choose.

19. **Will you include additional levels of analysis in the implementation evaluation below the Healthy Start grantee (e.g., site, city, township, region, provider)?** The aim of the

implementation evaluation is to document and describe program activities (e.g., number and types of people served, types of services provided); understand the extent to which the program is implemented in alignment with the five HS approaches; and to determine what factors explain effective implementation. In the analysis, data may be stratified and analyzed by grantee level (Levels 1, 2, 3), project service focus (Urban, Rural, Border, AI/AN), and region (Midwest, Northeast, South, West).

20. **How far in advance of delivery must women be enrolled in Healthy Start client services to be included in the utilization evaluation?** There is no minimum time a woman must be enrolled in HS client services to be included in the utilization evaluation. The MCHB evaluation team wants to be as inclusive as possible and receive data on all enrolled participants. This will enable us to assess length of enrollment in the HS program and how that may be tied to outcomes. Length of enrollment or "dose of HS intervention" is an important consideration to account for in the analysis because dose response effects improve causal inference. MCHB will also link client-level data on service receipt within HS to vital records and PRAMS data, using the unique client identifier to complete the analyses. This will allow the evaluation team to fully assess the type, dose, and frequency of services HS participants received, and the impact these services had on important benchmark and outcome measures.

21. **Who can report data to HSMED on behalf of a grantee organization?** Prior to system go-live, all Project Directors of record with grantee organizations will be provided with a registration code for the grantee organization. This code may be used to register up to six users with each grantee organization.

22. **Will grantees be allowed to administer the proposed screening tools on paper or a tablet device for clients to fill out themselves, rather than in an interview session?** The screening tools are not intended to be self-administered. They are intended to be administered by grantee staff as part of the case management process with clients. There are a number of questions in the tools an individual may not understand and the literacy level may not be appropriate for many participants. For those programs that provide centering/group training, you will need to work with your Project Officer and the EPIC Center to develop a strategy to collect the required data.