

## Screening Tool Technical Assistance Questions

*This frequently asked technical assistance questions (FATAQ) document includes the most commonly asked questions from the EPIC Center Helpdesk and EPIC Center screening tool webinars regarding the six (6) Healthy Start screening tools regarding establishing rapport, effective communication and screening for sensitive issues. This FATAQ was developed in collaboration with the Healthy Start COIN.*

Updated 5/10/2018

## Sensitivity Issues

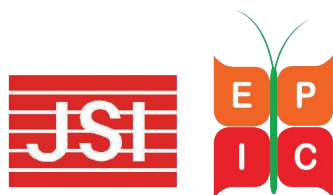
- 1. The screening tools ask questions about some very sensitive topics (e.g., loss of a child/partner, domestic violence, readiness for motherhood, social determinants of health, behavioral health and substance misuse, stress and discrimination, access to care/health insurance). Sometimes it seems that clients are hesitant to answer these questions, or may not answer them truthfully. How do we approach these topics with clients?** The most important part of the exchange is establishing a rapport and trusting relationship with the participant. Clients should be treated like people and not just sources of data, so it is important to equip your staff to collect the required data in a respectful manner while also conveying the relevance of the information to the participant. Resources for supporting the development of these skills are available here:

Ask the Expert/Screening Tools Initiative: Talking Participants through the Healthy Start Screening Tools, originally provided on February 28, 2017

The art of asking sensitive questions requires the strategic use of communication skills. Healthy Start participants should feel respected throughout the screening process and know how the information will be used to best tailor the services they need. This webinar provides Healthy Start staff who administer the screening tools the fundamental approaches that will make the screening tools conversational. The rationale for inclusion of specific medical conditions and medications sections of the screening tools are discussed. <http://healthystartepic.org/event/ask-the-expertscreening-tools-initiative-talking-participants-through-the-healthy-start-screening-tools/>

More information about sensitivity issues are found in the Participant Screening & Community Assessment Module of the online CHW course:

1. Unit 5: Webinar – Talking Participants Through the Healthy Start Screening Tools
2. Unit 6: Communication Tips from Healthy Start CHWs



Developed by JSI for the Healthy Start EPIC Center



If you are interested, we suggest you register and take the module. A good page get you started is the [CHW Course overview page](#) which includes an FAQ document, information on each module, and links to register and log in.

- 2. Participants are hesitant to answer certain questions with the current political climate because they do not understand/know why they are being asked, how their responses will be used, or who will get access to the information. How do we approach this situation?** It is important to establish trust and rapport before the screening process. Build an authentic connection; explain openly and honestly how and why the screening tools will be administered, and how the data will be used. In addition, emphasize the confidentiality of the information received. For example, “We’re asking these questions so that we can take better care of you and link you to services that can help you and your family.” The participant always has the choice to skip a question entirely, and all the questions have a decline to answer option.

### Workforce Related

- 3. These tools require training of our staff. How do you recommend we go about this?** A number of programs have emphasized the importance of planning a full day of training for all staff on the screening tools. The Healthy Start EPIC Center has developed a number of webinars, tools and documents to help aid your staff in the screening tool implementation process. Find them here: <http://healthystartepic.org/healthy-start-implementation/screening-tools/training-and-ta/>

Additional resources for supporting the development of these skills are available here:

- Unit 7 of Participant Screening & Community Assessment Module: Screening as a Basis for Care Coordination. This unit offers background on the screening tools and how to use them, as well as short vignettes demonstrating how the tools provide a basis for care coordination.

If you are interested, we suggest you register and take the module. A good page get you started is the [CHW Course overview page](#) which includes an FAQ document, information on each module, and links to register and log in.

- 4. When our community health workers go out in the field, there is often no service or Wi-Fi. How do we administer the tools?** You may bring the paper tools out into the field, and enter the data into your program’s electronic tool later when you have access to WiFi. It’s especially important to protect patient confidentiality when out in the field doing home visits.



More information on protection of participant confidentiality and HIPAA regulations is available here:

- Unit 5 of Scope of Practice & Core Values Module: Information on Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Unit 11 of Care Coordination Module: Real World Practice. This unit discusses considerations for sharing participant information between Healthy Start and partner organizations.

If you are interested, we suggest you register and take the module. A good page get you started is the [CHW Course overview page](#) which includes an FAQ document, information on each module, and links to register and log in.

### Requirement Issues

**5. Why do we need to repeatedly ask certain questions? This is redundant. Is every question/section necessary and are all questions/sections required?** Thanks to the collective efforts of Healthy Start CoIIN members, MCH Bureau officers, JSI/EPIC Staff and Healthy Start grantees, the screening tools contain a refined a set of standardized, evidence-informed screening tools that will substantially improve our ability to document our participants' needs for care coordination and satisfy our required reporting. The screening tools address a wide-range of issues and topics that impact pregnancy outcomes.

It is essential to be able to answer the questions to address the benchmarks. It is recommended that questions are asked for the purposes of reporting and addressing care coordination and case management. However the participants can choose skip any question they feel uncomfortable answering; every question has a “decline to answer” option. In order to help make the process less overwhelming to the participant, every question does not have to be answered at the first visit.

**6. Regarding screening for tobacco products, the prenatal screening tool question 39 captures data within the past 12 months. The benchmark's numerator and denominator reads that we are collecting data on women during their last 3 months of pregnancy and who were enrolled at least 90 days before delivery. This has been difficult to code and pull because of the inconsistent wording in the screening tool vs. what the benchmark says.** The data used for reporting on this performance measure is drawn from the postpartum screening tool, as this is the only way you can determine what happened during the full segment of the last 3 months of pregnancy. Please refer to question numbers 42 and 42.1 in the postpartum tool for the related questions to report on the screening for the use of tobacco products.



7. In postpartum screening tool question 14.1, does the question want to know how many **MORE** children or how many **IN TOTAL** children the participant wants to have? This question is asking how many children in total. This question is the same as in the other tools: preconception 42.1, prenatal 50.1, interconception/parenting 17.1.

### Time-Related

8. Do we have to complete all of these screening tools at one time/ at the first visit? This would take multiple hours and hinders forming a connection with the participant. The screening should be completed within 30 days, and the date that it is completed should be entered into the Date of Completion field. Take care to note the dates you start and complete each tool. Ideally the demographic tool and pregnancy history tool would be completed at first visit, but please use your own discretion. You may choose to segment which questions to ask at which visit to help make the process feel less overwhelming.