



Healthy Start Data Collection Forms Training Session 1

Forms Overview &
Background Information
Form

April 24, 2020



Agenda

Housekeeping	Tess Pritchard, TA & Support Center
Welcome	Kenn Harris, TA & Support Center
Greeting	Lee Wilson, MCHB DHSPS
Data Collection Forms Overview & Background Information Form	Robin Harwood, MCHB DHSPS
Q&A	All
Closing	Kenn Harris

Meeting Logistics

Please note the following:



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All participants are muted upon entry. We ask that you remain muted to limit background noise.

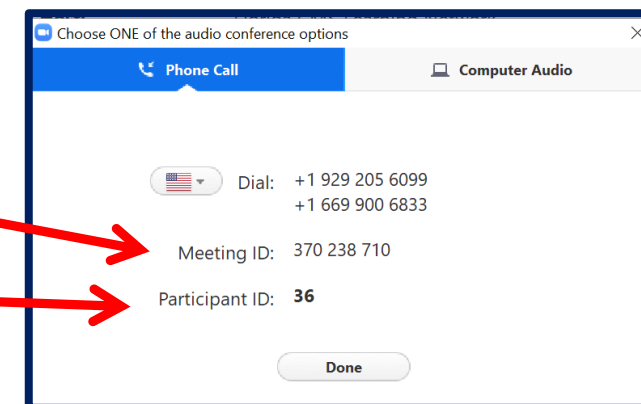
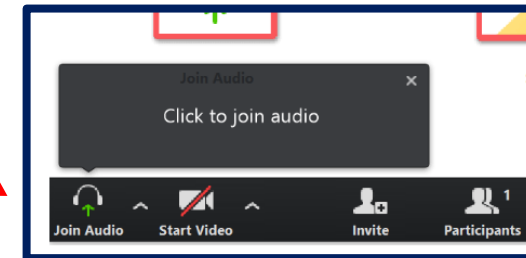


Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.

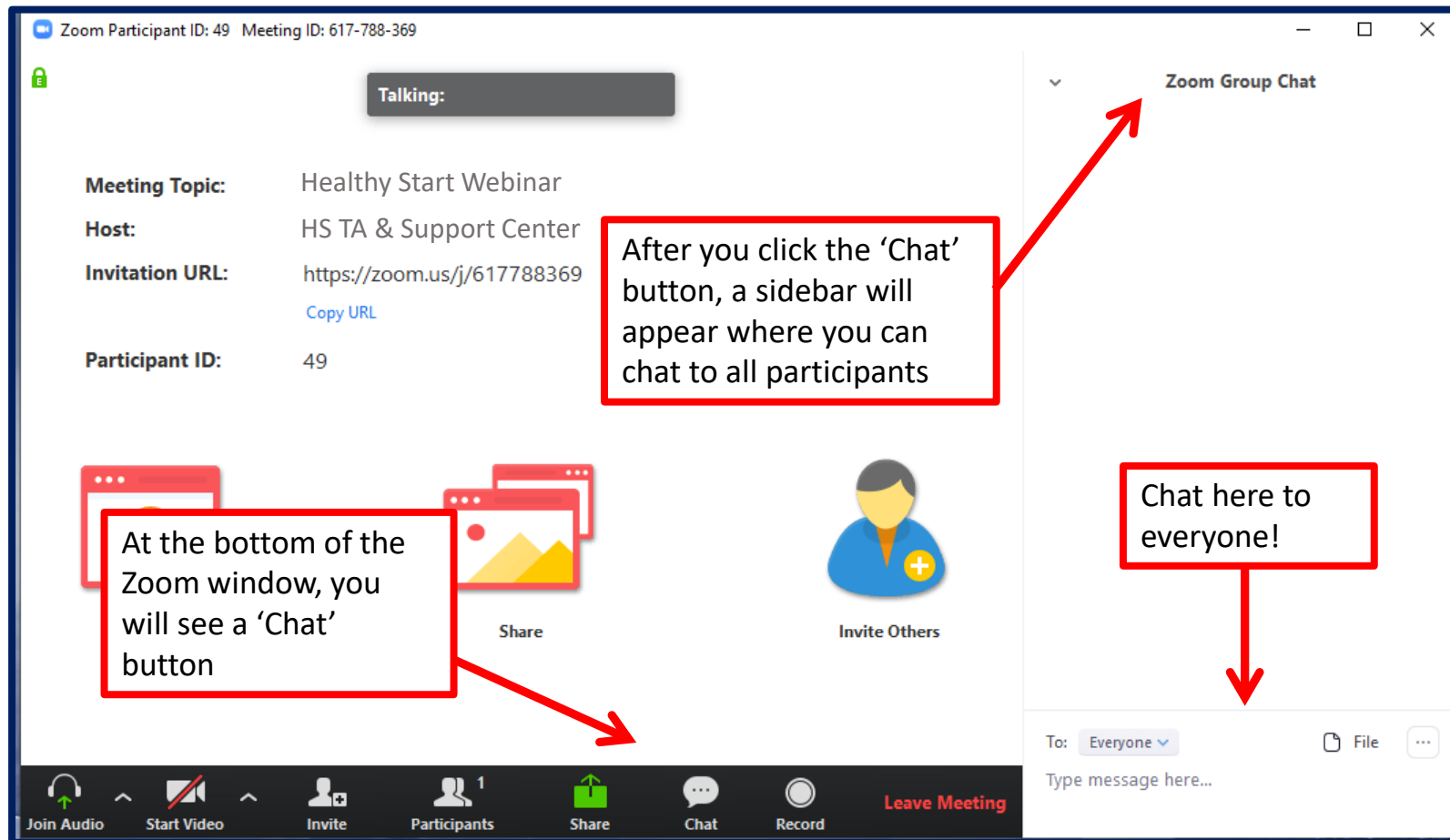
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Ways to Participate: Chat



Welcome

Kenn Harris
Healthy Start TA & Support Center

Greeting

Lee Wilson,
Acting Division Director,
Maternal and Child Health Bureau,
Division of Healthy Start and
Perinatal Services



Healthy Start Data Collection Forms Training Session 1

Robin Harwood,
Senior Health Scientist,
Maternal and Child Health Bureau

Training Session 1: Forms Overview & Background Information Form

Division of Healthy Start and Perinatal Services
April 24, 2020



Outline

- 1) Goals of Revision
- 2) Brief Overview of New Forms
- 3) Common Grantee Questions and Comments
- 4) Comments We Wrestled With
- 5) Next Steps and Timeline
- 6) Q&A



Revised Forms



Reduce Burden



- **Simplify**
- **Streamline**
- **Consolidate**

Focus



- **On program performance and other mission-critical goals**

Facilitate

- Accuracy in reporting



- **Background Information**
- **Prenatal**
- **Parent/Child**

Background Information Form

- **Elements reported by all participants**



What does 'Update Background Info Form' mean exactly?

- Nothing is necessarily immutable over time.
- At beginning of form, there is a place to indicate whether this is an initial form or update, and if an update, whether it's 1st, 2nd, 3rd update, etc.
- Go over questions and ask 'is this still true?'

Update Background Information Form When...

- An enrolled woman becomes pregnant
- An enrolled woman's pregnancy ends
- An enrolled infant turns 6 months old
- Participant exits program, if possible

Prenatal Form



Prenatal Form

- **Information unique to pregnant women**



Parent/Child Form



Parent/Child Form

- Completed by primary custodial parent/legal guardian of enrolled infant/toddler, from 0-18 months



What About Fathers?

- **3 categories of HS participants:**
 - **Primary Participant**
 - **Accompanying Adult**
 - **Enrolled Child**



Definition: Primary Participant

- **A Woman (Reproductive Age Female) Who Is Enrolled For Preconception, Prenatal, Postpartum, Or Parenting/ Interconception Health**
- **An Enrolled Father Or Legal Guardian Who Has Primary Responsibility/Custody For An Enrolled Child**



Definition: Accompanying Adult

- The accompanying adult participant is the primary participant's spouse or partner, and/or the enrolled child's co-parent.
- A special category of 'community participant'
- Accompanying adult receives education, but not primary services



Scenarios

Who Is the Primary Participant?

- 1. A mother and father who do not live together alternate bringing in the baby.**
- 2. A father who is the primary custodial parent brings in the enrolled child.**
- 3. A father regularly accompanies an enrolled woman and their child; he may or may not participate in program services targeted to fathers.**
- 4. A mother works long hours, so the baby's grandmother, who cares for the child full-time, brings the baby in regularly for services.**

Scenarios

Who Is the Primary Participant?

1. A mother and father who do not live together alternate bringing in the baby. **Both the mother and father are primary participants.**
2. A father who is the primary custodial parent brings in the enrolled child. **The father is the primary participant.**
3. A father regularly accompanies an enrolled woman and their child; he may or may not participate in program services targeted to fathers. **The mother is the primary participant. The father is an accompanying adult.**
4. A mother works long hours, so the baby's grandmother, who cares for the child full-time, brings the baby in regularly for services. **The mother is the primary participant. The grandmother is an accompanying adult.**

Healthy Start Participant Categories

Three Categories:

1. Primary Participant
2. Accompanying Adult
3. Enrolled Child



Responses to Common Grantee Questions During Public Comment Periods



What about preconception women?

- *What form do preconception women complete?*
- *What happens if a preconception woman becomes pregnant?*

What about preconception women?

- *What form do preconception women complete?*
 - **Background Information Form only**
- *What happens if a preconception woman becomes pregnant?*
 - **She completes the Prenatal Form;**
 - **And updates Background Information Form**



What about women whose pregnancy ended without a live birth or no live child?

- *If she is enrolled in HS following loss:*
 - **Complete the Background Info Form;**
 - **Do NOT go back and complete Prenatal pregnancy record**
- *If she was enrolled in HS while pregnant:*
 - **Update Background Info; and**
 - **Complete the Pregnancy Outcome Section at end of the Prenatal Form**

Grantee Suggestions from the Open Comment Periods that We Wrestled With



“What is your sex?”

- ***Standard options:***

- **Select one.**

- ☐ Female
 - ☐ Male
 - ☐ Declined to answer

- **Wording reflects:**

- OMB guidelines, and
 - Need for comparability to standardized surveys

Solution

- **Standard question, ‘What is your sex,’ followed by staff record:**
- **[Staff: Indicate here if participant expresses discomfort with or reluctance to use the male/female binary classification.]**
 - ☐ Participant prefers not to use the male/female binary categorization (including ‘I’m not sure/don’t know/don’t want to answer’ responses)
 - ☐ No, the participant seemed comfortable with the binary male/female designation
 - ☐ Unable to determine

“What is your race?”

- **Select all that apply.**
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Don't know
 - ☐ Declined to answer

- ☐ Requests to add 'more than one race' as option

Solution

- Standard question followed by additional question:
- *Which ONE racial classification below do you identify with the most?*
 - Select ONE only.
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ More than one race/biracial/multiracial
 - ☐ Other: _____
 - ☐ Don't know
 - ☐ Declined to answer

Children with Special Health Care Needs

- No question about this in final forms because:
 - **CSHCN status complex to determine**
 - **Need a standard way of determining this across grantees**

Parent/Child Form

- **Most questions focus on the enrolled child**
- **Grantee comment: “This form won’t be relevant for women who have lost their fetus or baby.”**

Parent/Child Form

- **Only participants with a (live) child enrolled in HS will complete the Parent/Child form.**
- **Women who have lost a fetus or infant will not complete the Parent/Child form.**
- **If there is a fetal loss, you can reach out to your local Fetal and Infant Mortality Review (FIMR) for support**

Parent/Child Form

- **One form per child**
- **“What about a woman with more than one child in HS? She’ll need to complete the same questions multiple times.”**

Parent/Child Form

- **One form per child**
- **Every child is different, and we want each child reflected, even if some of the answers are the same.**
- **Possible to complete forms for two different children on 2 separate visits.**

Parent/Child Form

- **Three questions at end about the enrolled woman's pregnancy with the child**
- **“Move questions from this section to the Background form so that the Parent/Child form focuses only on reporting items tied directly to the child without crossing data associated with adult items.”**

Parent/Child Form

- **Three questions at end about the enrolled woman's pregnancy with the child**
- **Pregnancy level, not woman level**

And the Most Asked Question of All....





**When do we start using
the new forms?**

Timeline

Release of Forms	March 2, 2020
Training on Forms	April 2020
Begin using Data Collection Forms	May 15, 2020
Virtual Grantee Meeting – CAREWare Database Demo & Data Forms TA	June 2020
Training on CAREWare Database	June/July 2020
Begin entering data into CAREWare Database (should include data collected from May 15 th onward)	August 1, 2020
Release of HSMED v2	October 2020
Training on HSMED v2	October 2020
Data reporting via HSMED v2	October 15, 2020

Next Steps





- **Grantee initial training**
- **Practice time**
- **Ongoing grantee TA and development of FAQ**
- **Ongoing PO support and training**

Background Information Form: Overview

Healthy Start Mandatory Background Information Form | Jan 2020
OMB Control No. 0915-0338, Expiration Date 02/28/2023

INFORMATION IN THIS BOX IS FOR GRANTEE RECORDS ONLY—DO NOT UPLOAD

Name of Primary Participant: _____ Date of Birth: _____
Name of Accompanying Adult: _____ Date of Birth: _____
Name of Interviewer: _____

NAMES AND DATES OF BIRTH ARE INCLUDED ABOVE FOR GRANTEE TRACKING PURPOSES ONLY AND SHOULD NOT BE SUBMITTED TO HRSA. EACH PERSON'S UNIQUE ID# SHOULD REMAIN THE SAME ACROSS PHASES AND YEARS, AND SHOULD INCLUDE THE GRANTEE'S ORG CODE PLUS A UNIQUE NUMBER. EVERY MANDATORY FORM SHOULD INCLUDE THE PRIMARY PARTICIPANT'S UNIQUE ID#. THE PRIMARY PARTICIPANT FOR THIS FORM IS A WOMAN (REPRODUCTIVE AGE FEMALE) WHO IS ENROLLED FOR PRECONCEPTION, PRENATAL, POSTPARTUM, OR PARENTING/INTERCONCEPTION HEALTH; OR THE PRIMARY PARTICIPANT MAY BE AN ENROLLED FATHER OR OTHER ADULT (IF APPLICABLE) WHO HAS PRIMARY RESPONSIBILITY/CUSTODY FOR AN ENROLLED CHILD. THE ACCOMPANYING ADULT PARTICIPANT IS THE PRIMARY PARTICIPANT'S SPOUSE OR PARTNER, AND/OR THE ENROLLED CHILD'S CO-PARENT. THE UNIQUE IDs OF THE ENROLLED WOMAN AND ANY ACCOMPANYING ADULT SHOULD ALL BE PROVIDED BELOW AS APPLICABLE, SO THAT THESE CAN BE LINKED IN THE ELECTRONIC DATABASE.

Public Burden Statement: The purpose of this data collection is to obtain consistent information across all grantees about Healthy Start and its outcomes. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0338 and it is valid until 02/28/2023. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

EVERY PRIMARY PARTICIPANT AND ACCOMPANYING ADULT SHOULD COMPLETE THIS FORM, REGARDLESS OF WHICH REPRODUCTIVE PHASE THEY ARE IN.

- PRIMARY PARTICIPANTS AND ACCOMPANYING ADULTS COMPLETE SEPARATE BACKGROUND INFORMATION FORMS AND RESPOND ACCORDING TO THEIR OWN EXPERIENCES.
- PREGNANCY/CHILDBIRTH HISTORY AND PREVIOUS BIRTHS SECTIONS AT THE END OF THIS FORM SHOULD BE LEFT BLANK FOR CUSTODIAL FATHERS AND ACCOMPANYING ADULTS.
- UPON PHASE CHANGE, ONLY THE PRIMARY PARTICIPANT'S FORM IS UPDATED.
- UPON EXIT FROM THE PROGRAM, BOTH PRIMARY PARTICIPANTS AND ACCOMPANYING ADULTS HAVE THEIR BACKGROUND INFORMATION FORMS UPDATED.
- UNIQUE ID#s OF BOTH PRIMARY PARTICIPANT AND ACCOMPANYING ADULT MUST APPEAR TOGETHER ON THIS FORM SO THAT THE TWO ID#s CAN BE LINKED IN THE DATABASE.

GENERAL INFORMATION to be completed by staff before uploading data for this participant:

1. PARTICIPANT TYPE:

- ☐ Primary Participant
- ☐ Enrolled woman (primary person receiving support is/identifies as a female)

- General Instructions
- Structure of Questionnaire

General Instructions

- **Primary Participant versus Accompanying Adult**
- **Bracketed versus Italic Text**
- **Unique ID**



Structure

- 1) Cover Sheet and Instructions
- 2) Participant General Information
- 3) Participant Health Care, qs 6-10
- 4) Personal Well-being, qs 11-20
- 5) Reproductive Life Plan, qs 21-26
- 6) Pregnancy and Childbirth History
- 7) Previous Births

5 Minute-Break



Demonstration



Healthy Start Data Collection Forms Background Information Form Demo Video



Created by the Healthy Start TA & Support Center
Featuring Morgan Taylor & Becky Cruz-Crosson of Boston Healthy Start Initiative



Questions?



Closing

Kenn Harris
Healthy Start TA & Support Center

Survey

- Please take 5 minutes to complete a short evaluation survey
- The link will be sent to everyone who registered for this webinar
- Or visit:
<https://bit.ly/DCFbackgroundform>

Thank you!

Questions?
Email the
TA & Support Center at
healthystart@nichq.org