HEALTHY start
TA & SUPPORT CENTER

Healthy Start Data Collection Forms Training Session 3

Parent/Child Form Overview

April 30, 2020

NICHQ
National Institute for Children's Health Quality

Agenda

Housekeeping	Tess Pritchard, TA & Support Center
Welcome	Kenn Harris, TA & Support Center
Greeting	Lee Wilson, MCHB DHSPS
Parent/Child Form Overview	Robin Harwood, MCHB DHSPS
Q&A	All
Closing	Kenn Harris

Meeting Logistics

Please note the following:

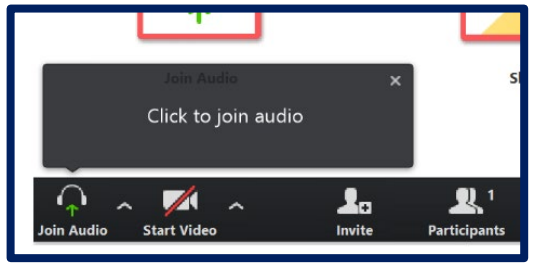
This session is being recorded, and will be archived for future viewing.

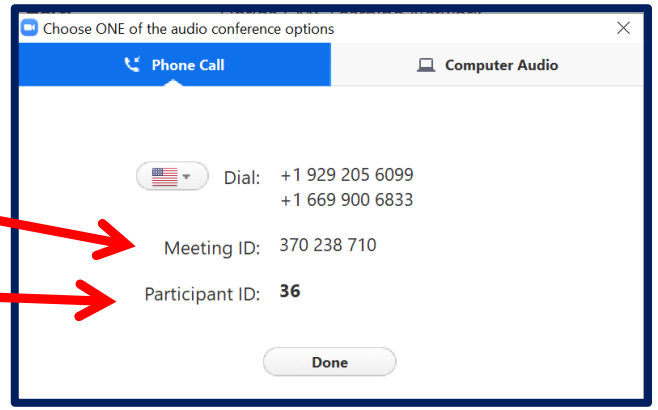
All participants are muted upon entry. We ask that you remain muted to limit background noise.

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

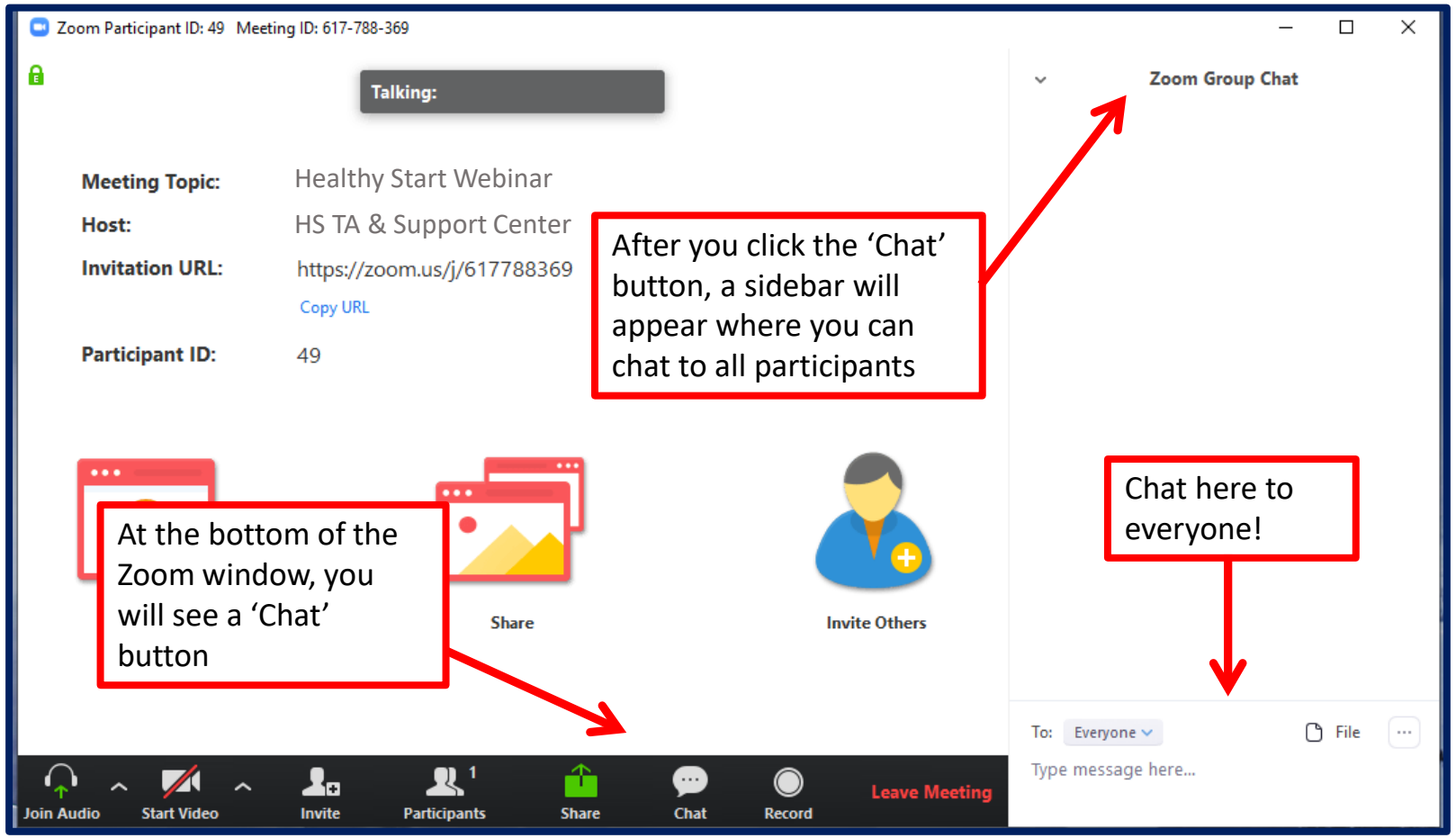
Connecting to the Audio Conference

- Join Zoom Meeting by **clicking Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
  - If you do not see the box click the **'Join Audio' button**
- From the audio conference box: Select to **"Phone Call"** or **"Computer Audio"**
- If using the phone:
  - dial the number next to "Dial"
  - You will be prompted to enter the **"Meeting ID"**
  - Then you will be prompted to enter the **"Participant ID"**





Ways to Participate: Chat



HEALTHY start

Opening Remarks

Lee Wilson

Acting Division Director

Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau

NICHQ
National Institute for Children's Health Quality

Welcome

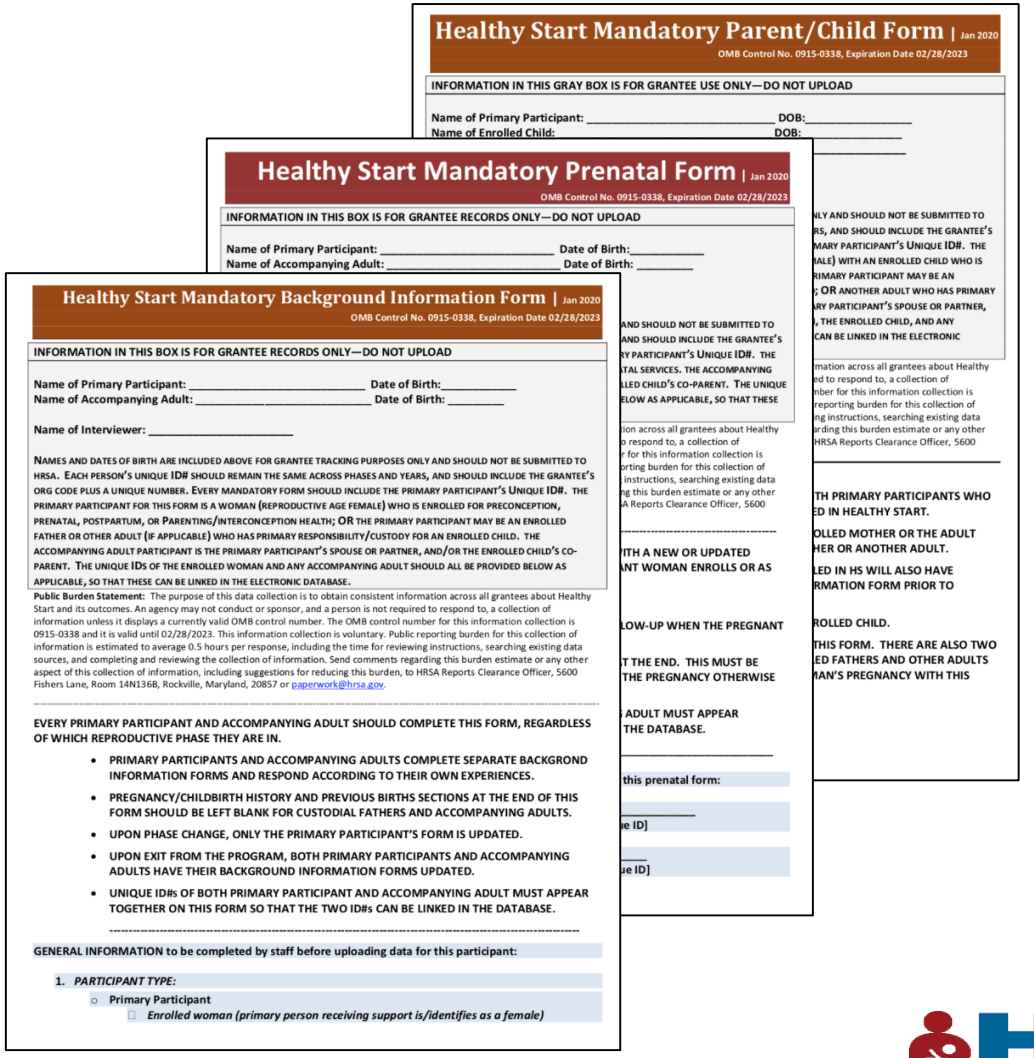
Kenn Harris
Healthy Start TA & Support Center

Survey

- The surveys for Sessions 1 and 2 are **still live!**
- 5 minutes to complete each
- Session 1: https://bit.ly/DCFbackgroundform
- Session 2: https://bit.ly/DCFprenatalform

Overview of Three "New" Data Collection Forms

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



Follow Up Q&A Document Forthcoming

Answers to Highlight

- Start using Data Collection Forms (DCFs) by **May 15, 2020**
- DCFs and Crosswalk available on the EPIC website now:
  - www.healthystartepic.org/healthy-start-implementation/data_collection_forms/
- Spanish versions of DCFs forthcoming
- ALL training recordings and slides will be posted to the EPIC website
    - DCF Training Session 1: Forms Overview & Background Information Form:
      - www.healthystartepic.org/event/three-part-training-series-on-the-new-healthy-start-data-collection-forms/
    - Background Information Form Demo Video:
      - www.youtube.com/watch?v=DR2A-orwsfs&feature=youtu.be
    - DCF Training Session 2: Prenatal Form Overview:
      - www.healthystartepic.org/event/three-part-training-series-on-the-new-healthy-start-data-collection-forms-part-2/
    - Prenatal Form Demo Video:
      - www.youtube.com/watch?v=Cr9z_LsTogU&feature=youtu.be

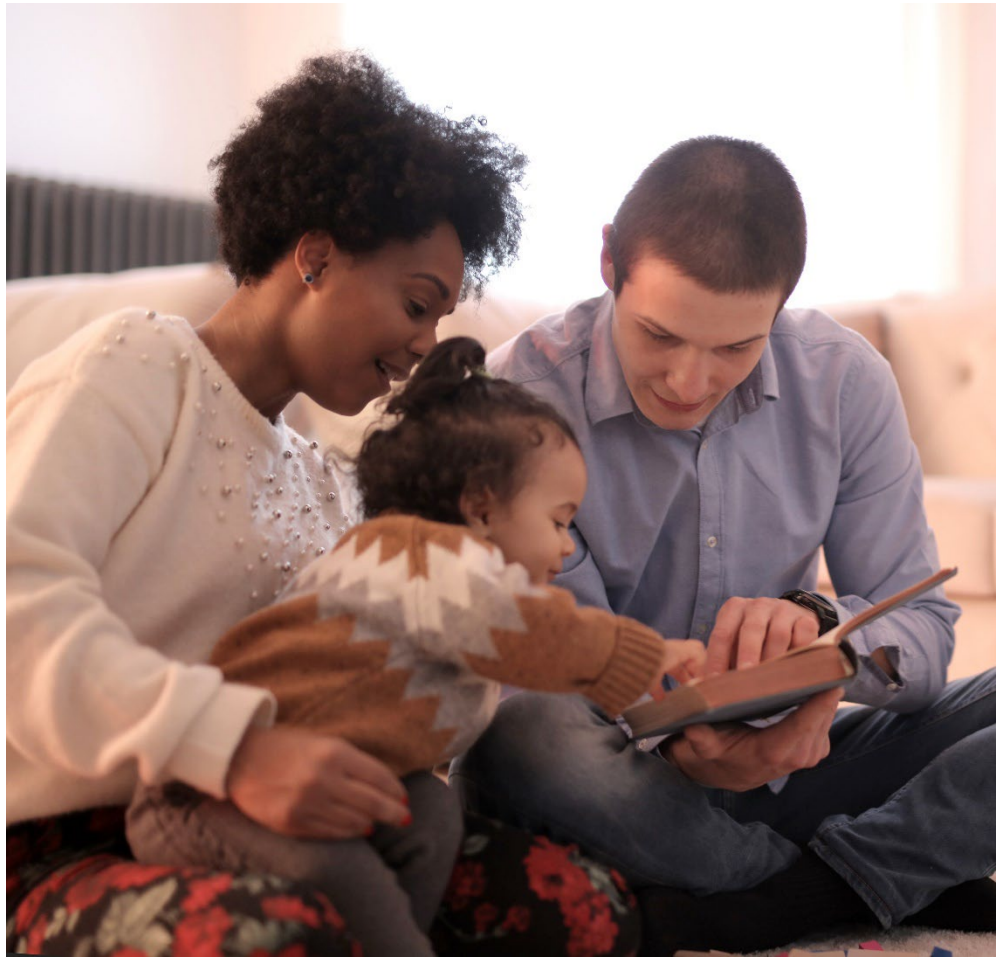
Review Timeline

Release of Forms	March 2, 2020
Training on Forms	April 2020
Practice Using Forms	April – May 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 15th onward)	August 1, 2020
Release of HSMED v2	October 2020
Training on HSMED v2	October 2020
Data reporting via HSMED v2	October 15, 2020

*__CAREWare is not mandatory.__ CAREWare is a *free* option for ALL grantees, which will be aligned to the new Data Collection Forms and will have case management capabilities.

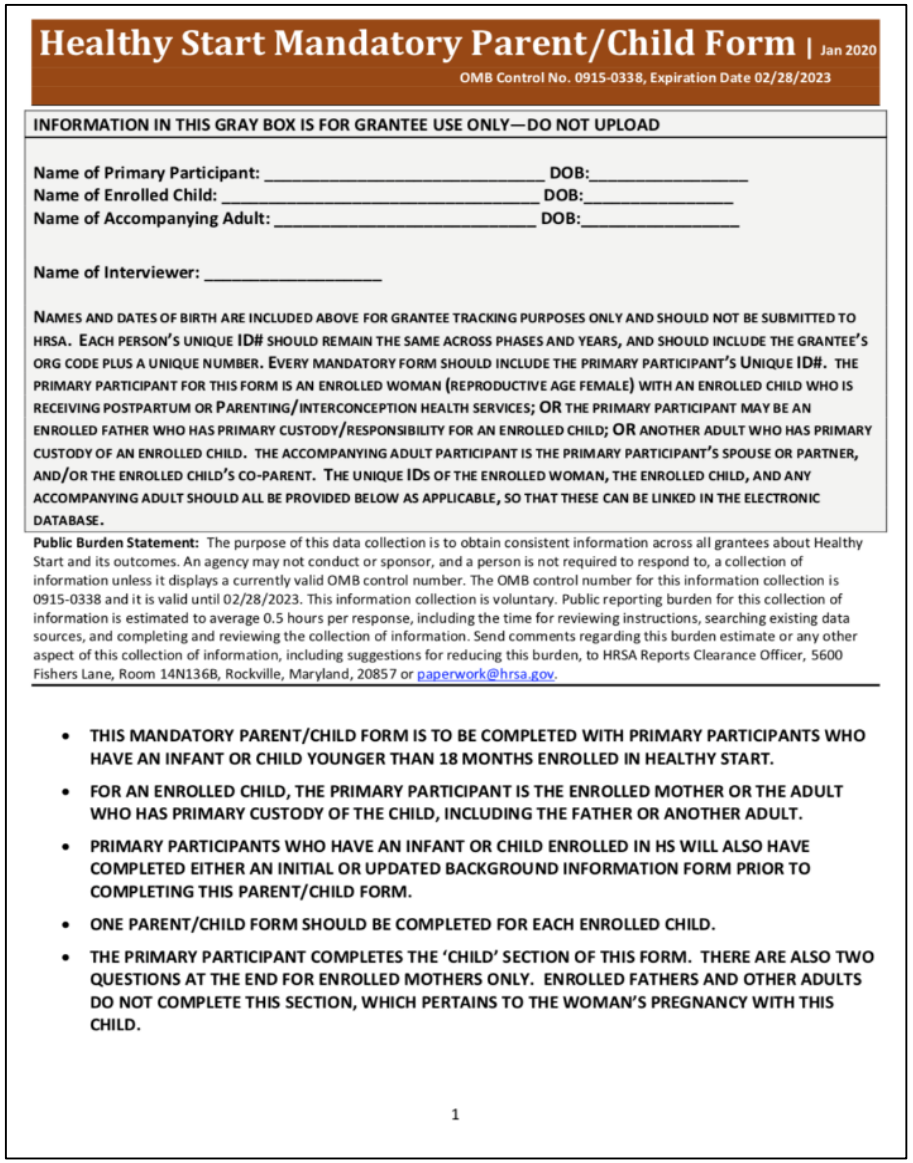
Outline

1) Review from last session
2) Review timeline
3) Introduction for Parent/Child Form
4) Parent/Child Form Demo
5) Practice
6) Q&A



Parent/Child Form

- Information unique to Accompanying Adult



Healthy Start Mandatory Parent/Child Form | Jan 2020

OMB Control No. 0915-0338, Expiration Date 02/28/2023

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

Name of Primary Participant: _____ DOB:_____
Name of Enrolled Child: _____ DOB:_____
Name of Accompanying Adult: _____ DOB:_____

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 AN ENROLLED WOMAN (REPRODUCTIVE AGE FEMALE) WITH AN ENROLLED CHILD WHO IS RECEIVING POSTPARTUM OR PARENTING/INTERCONCEPTION HEALTH SERVICES; OR THE PRIMARY PARTICIPANT MAY BE AN ENROLLED FATHER WHO HAS PRIMARY CUSTODY/RESPONSIBILITY FOR AN ENROLLED CHILD; OR ANOTHER ADULT WHO HAS PRIMARY CUSTODY OF 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, THE ENROLLED CHILD, 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.

- THIS MANDATORY PARENT/CHILD FORM IS TO BE COMPLETED WITH PRIMARY PARTICIPANTS WHO HAVE AN INFANT OR CHILD YOUNGER THAN 18 MONTHS ENROLLED IN HEALTHY START.
- FOR AN ENROLLED CHILD, THE PRIMARY PARTICIPANT IS THE ENROLLED MOTHER OR THE ADULT WHO HAS PRIMARY CUSTODY OF THE CHILD, INCLUDING THE FATHER OR ANOTHER ADULT.
- PRIMARY PARTICIPANTS WHO HAVE AN INFANT OR CHILD ENROLLED IN HS WILL ALSO HAVE COMPLETED EITHER AN INITIAL OR UPDATED BACKGROUND INFORMATION FORM PRIOR TO COMPLETING THIS PARENT/CHILD FORM.
- ONE PARENT/CHILD FORM SHOULD BE COMPLETED FOR EACH ENROLLED CHILD.
- THE PRIMARY PARTICIPANT COMPLETES THE 'CHILD' SECTION OF THIS FORM. THERE ARE ALSO TWO QUESTIONS AT THE END FOR ENROLLED MOTHERS ONLY. ENROLLED FATHERS AND OTHER ADULTS DO NOT COMPLETE THIS SECTION, WHICH PERTAINS TO THE WOMAN'S PREGNANCY WITH THIS CHILD.

1

Healthy Start Data Collection Forms Training Session 3

Robin Harwood, PhD
Senior Health Scientist
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau

Parent/Child Form: Overview

- General Instructions
- Structure of Questionnaire

General Instructions

- 1 Form Per Child
- 3 Questions at End of Form re: the Pregnancy
- Unique ID

Unique ID

2. *PRIMARY PARTICIPANT UNIQUE ID#:* _____
   - [Enter as One Number: Grantee Org Code + PP + Unique ID]

3. *ENROLLED CHILD UNIQUE ID#:* _____
   - [Enter as One Number: Grantee Org Code + EC + Unique ID THIS Child's Unique ID#

4. *ACCOMPANYING ADULT (IF APPLICABLE) UNIQUE ID#:* _____
   - [Enter as One Number: Grantee Org Code + AA + Unique ID]
   - Or indicate no AA

123EC0001

Structure of Parent/Child Form

1) Cover Sheet and Instructions
   - ✓ 11 questions
2) Participant General Information
   - ✓ Demographics, questions 1-4
3) Infant Health at Birth
   - ✓ Questions 5-9
4) Infant Health Care
   - ✓ Questions 10-14
5) Infant Feeding
   - ✓ Questions 15-18
6) Infant Sleep
   - ✓ Questions 19-20
7) Home Life
   - ✓ Questions 21-22
8) Enrolled Woman Pregnancy Health
   - ✓ Questions 23-25

Demonstration

Healthy Start
Data Collection Forms

Parent Child Form Demo Video

HEALTHY start
TA & SUPPORT CENTER

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

PRACTICE
MAKES
PERFECT

Frequently Asked Questions About the Parent/Child Form

- How often and in what time frame should the Parent/Child Form be completed?

GENERAL INFORMATION to be completed by staff before uploading data for this parent/child form:

1. ***PRIMARY PARTICIPANT TYPE:***
   - Enrolled mother (primary person receiving support is enrolled child's mother)
   - Enrolled father (primary person receiving support is enrolled child's father)
   - Other adult with primary custody of child, Specify_____
2. ***PRIMARY PARTICIPANT UNIQUE ID#:*** _____
   - [Enter as One Number: Grantee Org Code + PP + Unique ID]
3. ***ENROLLED CHILD UNIQUE ID#:*** _____
   - [Enter as One Number: Grantee Org Code + EC + Unique ID THIS Child's Unique ID#
4. ***ACCOMPANYING ADULT (IF APPLICABLE) UNIQUE ID#:*** _____
   - [Enter as One Number: Grantee Org Code + AA + Unique ID]
   - Or indicate no AA
5. ***DATES OF ENROLLMENT IN HEALTHY START:***
   - Primary Participant_____
   - Enrolled Child _____
   - Accompanying Adult _____
6. ***INITIAL COMPLETION OF THIS FORM BY PRIMARY PARTICIPANT:***
   - Date of initial completion of this Parent/Child form: _____
7. ***THIS FORM HAS BEEN UPDATED WITH THE PRIMARY PARTICIPANT FOLLOWING ITS INITIAL COMPLETION BASED ON [select below as applicable]:***
   - Enrolled infant turns 6 months
     - ***Date updated:*** _____

Frequently Asked Questions About the Parent/Child Form

- When we update the form at 6 months, do we ask all of the questions? If so, should we erase and overwrite the answers from the past form?

6. INITIAL COMPLETION OF THIS FORM BY PRIMARY PARTICIPANT:

- **Date of initial completion of this Parent/Child form: _____**

7. THIS FORM HAS BEEN UPDATED WITH THE PRIMARY PARTICIPANT FOLLOWING ITS INITIAL COMPLETION BASED ON [select below as applicable]:

- **Enrolled infant turns 6 months**
  - ***Date updated: _____***

Frequently Asked Questions About the Parent/Child Form

- For Question 12, can we choose "yes, this child was covered all 12 months" if the child is under 12 months and had uninterrupted health insurance?

Infant Health Care

12. DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?

- ☐ Yes, this child was covered all 12 months
- ☐ Yes, but this child had a gap in coverage
- ☐ No
- ☐ Don't know
- ☐ Declined to answer

Frequently Asked Questions About the Parent/Child Form

- For Question 14, how do we determine if the child was in the recommended time frame for well-child visit?

Infant Health Care

14. How old was this child at his/her last well-child check-up? _____

[Staff: below is the AAP-recommended schedule of well visits for the first 18 months of life.]

- First week of
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old

14a. [Staff: Compare the child's current age with age at his/her most recent well-visit, and determine: was this child's last well-child visit within the time frame recommended for this child's age (e.g., a 10 month old baby has had her 9 month visit)]?

- ☐ Yes
- ☐ No
- ☐ Unable to determine

Frequently Asked Questions About the Parent/Child Form

- What is the definition for "exit"? Is this only program completion (baby turned 18 months) or early exit from the program? Often times this occurs because the participant is lost to follow up.

- **THIS FORM IS UPDATED WITH THE PRIMARY PARTICIPANT WHEN THE INFANT TURNS 6 MONTHS, IF THERE IS A CHANGE IN PRIMARY PARTICIPANT/CUSTODIAL PARENT, AND/OR WHEN THE INFANT/CHILD EXITS THE PROGRAM.**

8. UPDATE THIS FORM WHEN THIS CHILD EXITS HS:

- **Date of child's exit from HS services: _____**
- **Reason for exit: _____**

Questions?

Closing

Kenn Harris
Healthy Start TA & Support Center

Thank you for joining the three Data Collection Form trainings!

NOTE: If anyone on your staff is administering the DCFs, they should complete the training first!

How We Can Support You in Practicing and Using the Forms

- All three training presentations and demo videos will be available on healthystartepic.org
- The Division and TA & Support Center will send the Q&A document to grantees by May 14th
- TA & Support Center will set up office hours

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/DCFparentchildform

Thank you!

Questions?
Email
HealthyStartData@hrsa.gov

Please indicate what the question pertains to in the subject header (e.g., Careware, HSMED2, or Data Collection Forms).