

Healthy Start – Data Collection: Frequently Asked Questions

GENERAL

1. Who should I contact with questions about the HS Data Collection Forms?

First, review the updated FAQs and other resource materials posted to the Healthy Start EPIC [website](#). If your question is not answered, please direct your questions to your Project Officer. If you need additional assistance, send your questions to the HS Data mailbox at HealthyStartData@hrsa.gov.

2. What version of the HS Data Collection Forms should we be using?

Updated forms were released in December 2020. They are posted to the Healthy Start EPIC [website](#). [Note: The content of the forms was not changed; only the instructions were revised to provide more clarification about updating the forms under various scenarios.]

3. Will there be another set of trainings on the HS Data Collection Forms?

DHSPS is working with the HS TA & Support Center at NICHQ to identify additional training needs and opportunities to support grantees in data collection and reporting activities. Announcements of new trainings and resources are sent via email and posted to the HS EPIC website, as applicable.

4. Will HRSA provide resources that map the DGIS Performance Measures (PMs) to the HS Data Collection Forms?

Yes, the Healthy Start Benchmarks Data Dictionary, a crosswalk document mapping PMs to the data collection forms, was emailed to grantees on November 23, 2020, and will soon be available at the Healthy Start EPIC [website](#).

5. Will all required reporting need to be completed using information from the HS Data Collection Forms? Can grantees use their own internal databases for the aggregate reports?

Per the Notice of Funding Opportunity, grantees must use the HS Data Collection Forms to collect client-level data. Grantee sites can use their own internal databases to store, analyze, and report on their site's data. Grantee sites must export their data monthly to the HSMED-II system for submission to HRSA. Beginning January 1, 2021, aggregate reports will be expected to match client-level data submissions.

6. How do I access my OrgID to create unique client identifiers for the HS Data Collection Forms?

If you do not have your OrgID, please request it from your project officer. Every grantee organization has a 3-digit OrgID assigned by the HS Data and Evaluation team. The OrgID is not the grant number or activity code assigned by HRSA.

7. Are decimals or other special characters allowed in unique client IDs?

No, only letters and numbers are allowed in the unique ID field.

PARTICIPANT TYPES

Females/Mothers

8. Are interconception (ICC) women required to have a child between 0-18 months? Is the required 300 infant/child and ICC women count a combined total? For example, if a site serves 150 ICC women and each woman has one child (0-18 months), will the required 300 participant count be met? Or, do sites need to serve 300 ICC women w/children 0-18 months?

The NOFO does not specify that an ICC woman must have a child between 0-18 months; she just needs to be a woman of reproductive age who has had a prior birth. Also, for the required program participant count, the category of "300 infants/children up to 18 months and

preconception/interconception women” may be met in a variety of combinations – there is not one absolute rule that must be met. For example, a site could meet this rule by serving 50 infants, 50 children, 100 preconception women, and 100 interconception women. Or, the site may serve 150 infants/children and 150 interconception women.

9. When a pregnant participant gives birth, do they have to complete the Background Information, Prenatal, and Parent/Child forms to enroll that child? What about preconception participants?

All participants complete the Background Information Form. The Prenatal Form is completed only for pregnant participants. Once the enrolled participant gives birth, the Post-Pregnancy Follow-Up portion of the Prenatal Form is completed and the Background Information form is updated. (If the participant was not enrolled prenatally, the Prenatal Form is not completed.) Sometime soon after birth, the Parent/Child Form should be completed if the parent wishes to enroll the newborn. Preconception participants complete only the Background Information Form until such time as they experience a reproductive cycle phase change (e.g., become pregnant).

Males/Fathers

10. Participants in the NOFO can be men who are affiliated with women receiving services but not necessarily receiving services themselves. For the data collection forms, do the men need to receive services to be counted as primary participants?

Per the NOFO, men can be enrolled in the program if they: 1) are affiliated with an enrolled woman or enrolled child and 2) if they receive case management/care coordination services on an ongoing systematic basis. Enrolled men are considered primary participants and count toward the “100 fathers/male partners” data requirement. All participants complete the Background Form. For the most part, sites should not complete the data collection forms on anyone that is not enrolled in the program. (The exception to this is a non-enrolled adult who has primary responsibility for/custody of an enrolled child (e.g., a foster parent), but he would not be included in the “100 father/male parent” count for the data requirement.)

11. For a male partner to be counted as a Primary Participant, do they need to be receiving case management services? Yes, please see the NOFO or the Aggregate Template User Guide and Data Dictionary for the definition of a program participant. All program participants are required to receive case management or care coordination services, not just male partners.

12. If a male partner is participating in a weekly group, does that meet the criteria to be counted as a Primary Participant?

To be counted as a primary participant, a father/male partner must receive the services outlined in the grantee’s approved Healthy Start application. (This information can be found in the Project Narrative of the application in the following section: Methodology, 2. Improve Family Health and Wellness, d. Father/partner Involvement). Grantees should contact their project officers if they need assistance in making this determination.

13. Does a parenting father have to be enrolled at the same location as his child?

No, the father does not need to be enrolled at the same location as the child. The father’s Healthy Start site should contact the child’s Healthy Start site to get the child’s unique ID# so that they can enter this information on the father’s data collection forms, and so the other site can add the father’s UID to the child’s form. The program may wish to create a release form to

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allow the PPUID to be shared between sites if Personal Identifying Information, such as name and birthdate, are shared at the same time.

14. If a woman is pregnant and does not want to be enrolled in Healthy Start, can the father of her child/her male partner be enrolled?

If a man has a preconceptive or pregnant partner who is not enrolled in the program, he does not meet eligibility for enrollment. The NOFO dictates that enrolled men are linked to a woman or a child enrolled in the program. A father-to-be can participate in a site's fatherhood program, if the site approves participation, but he may not be counted toward the 100 male participant requirement for data that is submitted to HRSA. The site should not complete or submit any of the Healthy Start data collection forms for this participant until such time as his partner or child is enrolled into the program.

15. Who should complete the Parent/Child Form if two primary participants are linked to the child (e.g., mother and father)?

The site and/or the participants may determine who the best person is to complete the Parent/Child form. If the participants attend visits together, they could fill out the form together, or the site may wish to have the primary participant that attends the visits most frequently and/or knows the most about the child's birth and medical history complete the form. Regardless of which participant completes the form, sites should ensure enrolled women complete the final section of the Parent/Child form to obtain information on her postpartum visit and smoking behaviors during her last three months of pregnancy. Sites should submit only one Parent/Child Form per child (excluding updates).

16. Can men be enrolled in Healthy Start if they don't have a wife/partner enrolled? Will they count toward the 100 men requirement?

Men can be enrolled in the program as long as their child is enrolled, and they are receiving case management/care coordination services. Enrolled men with enrolled children will count toward the site's 100 men requirement.

17. Does the father's DOB need to be captured to be a participant?

No, you do not need the father's date of birth (DOB). The fields for name and date of birth are included in the data collection forms for grantee tracking purposes only and should not be submitted to HRSA.

18. Does the father's DOB need to be captured to be counted as an accompanying participant if he is participating in classes and engaging with the Fatherhood Coordinator?

The accompanying adult is no longer part of the data collection forms implementation. A father participating in case management/care coordination services should be considered a "primary participant" in the data collection forms. The father's DOB is not required. The fields for name and date of birth are included in the data collection forms for grantee tracking purposes only and should not be submitted to HRSA.

19. Should men who are enrolled with a mother be considered a PP instead of an AA in their unique ID?

Yes, with the exception of "enrolled children/EC," all enrolled participants are considered "primary participants" and will have "PP" in their unique ID. The category of "Accompanying Adult/AA" has been eliminated.

20. If both a mother and father enroll, does the father have to complete the forms as an "Other Linked Primary Participant"?

Both enrolled women and enrolled men are considered “primary participants” in the data collection forms. All primary participants must complete a Background Form. In this example, the father would complete a Background Form, and appear as an “other linked primary participant” on the mother’s and child’s forms. The mother would appear as an “other linked primary participant” on the father’s forms. Only one Parent/Child Form is needed for each child.

21. Does a father of an enrolled baby complete only the Background Information Form? Should questions related to women’s topics (e.g., Reproductive Life Plan, prior births) be left blank?

The Background Form for males should be completed through the section on Reproductive Life Planning through Question 26. (Reproductive Life Planning applies to male participants as well as female participants.) Following Question 26, there is a note to staff that the form is complete for men.

Infants and Children

22. How should a child be linked to two different primary participants without it looking like blank or duplicated data on the child?

Questions G2-G4 of the Parent/Child Form enable the Enrolled Child (“EC”) to be linked to up to four Primary Participants.

23. For a child with two primary participants, how should the Parent/Child form be completed?

When there are two primary participants (PP), such as an enrolled mother and an enrolled father, the site should determine the best way to complete the Parent/Child Form. (Note: Only one Parent/Child Form should be submitted per enrolled child.) If the two PPs visit together, the site may ask the questions of the two of them. Otherwise, the site may wish to complete the Parent/Child Form with the PP who spends the most time with the enrolled child (e.g., child lives with that PP). It is optimal that the mother complete the Parent/Child Form so that additional information is captured on the mother’s outcomes, such as attending a postpartum visit.

Same-Sex Partners

24. What’s the guidance on data collection for same-sex partners?

Female Same-Sex Partners

If a woman is of reproductive age, she may enroll in whichever reproductive cycle/life phase best applies to her (i.e., preconception, prenatal, postpartum, and parenting/interconception). Or, if she wishes to be identified as the partner to an enrolled participant, she can do so (e.g., indicating on the background form “partner is currently pregnant”). If she were affiliated with a pregnant woman, but is not pregnant herself, she would be counted as a “non-pregnant woman” in the aggregate data set, and her partner would be counted as a “pregnant woman.”

Male Same-Sex Partners

Male same-sex partners may enroll in whichever reproductive cycle/life phase best applies to themselves (i.e., preconception, prenatal, postpartum, and parenting/interconception) as long as they are affiliated with an enrolled woman or an enrolled child, AND they meet the other eligibility criteria (e.g., receive case management/care coordination services). Per the NOFO, men cannot enroll without affiliation to an enrolled woman or enrolled child.

Grandparents/Other Non-Enrolled

25. Why don't grandparents count in the monthly numbers if they are the primary parent of an enrolled child? Why would a grandmother be "Non-Enrolled"?

Per the NOFO, program participants are *pregnant women and women of reproductive age, infants, and children up to 18 months*. Participants also include *fathers/male partners who are affiliated with women and/or infants who receive services from HS*. HS programs must serve, per calendar year, at least *300 pregnant women; 300 infants/children up to 18 months and preconception/interconception women; and 100 fathers/male partners*.

Sites may provide services to grandparents serving as parents to an enrolled child, but the grandparent is not enrolled in the program him- or herself, and does not count toward the required participant count unless they meet the HS criteria (e.g., be a woman of reproductive age). The grandparent may receive services and complete the Parent/Child Form on behalf of the enrolled child.

Please refer to the definition of a primary participant on the Parent/Child Form:

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, an enrolled father with an enrolled child, or ***other non-enrolled adult who has primary responsibility for/custody of an enrolled child***. Note that the enrolled infant or child does count toward the data requirement.

26. Why can a grandparent be considered a "Primary Participant," but not a prenatal, postpartum, or interconception participant?

A grandparent can serve as a "Primary Participant" due to his/her status as a non-enrolled adult who has primary responsibility for/custody of an enrolled child. Unless the grandparent meets other Healthy Start eligibility requirements (e.g., is a woman of reproductive age), the grandparent is not officially enrolled in the program and does not count toward the data reporting requirements; however, his/her enrolled grandchild could be included under the "infant" or "child" count. Case managers should complete both a Parent/Child Form on the child and a Background Information Form on the grandparent, regardless of enrollment status.

27. Do guardians (e.g., foster parent, grandparent) need to complete the reproductive life plan section or the pregnancy and childbirth history sections?

The Background Form for guardians/grandparents/non-enrolled persons should be completed through the section on Reproductive Life Planning; specifically, it should be completed through Question 26. Should the non-enrolled participant not wish to respond to the questions in the Reproductive Life Planning section, simply indicate "Declined to answer" as the response to the questions. Following Question 26, there is a note to staff that the form is complete for non-enrolled persons.

28. Should grantees collect information on non-enrolled persons?

Sites may collect information on non-enrolled persons who have primary responsibility for/custody of an enrolled child. For example, a non-enrolled foster parent working with Healthy Start would complete the Background Form, but would not be included in the data reporting requirements count unless other eligibility requirements were met (e.g., is a woman of reproductive age and receiving case management services).

DATA COLLECTION FORMS

Changes to Forms

29. What changes were made to the forms in the June 2020 revision? What additional changes were made to the forms in the December 2020 revision?

June 2020 revisions: Updates to the data collection forms were primarily corrections of typos and the addition of response options (e.g., “Don’t know” or “Declined to answer”). One significant change was the elimination of the “accompanying adult” participant type.

December 2020 revisions: Instructions were revised to provide more clarification about updating the forms under various scenarios.

30. Is there a possibility that additional forms will be created to support preconception enrollment?

No, the forms package is approved by the Office of Management and Budget (OMB), and does not expire until 02/28/2023. Preconceptive participants who enroll in Healthy Start should complete a Background Information Form.

31. Why was the previous demographic screening tool removed? Why were the social determinants of health questions from the original screening tools removed in the HS Data Collection Forms?

The three new HS data collection forms were created in response to grantee requests for a less burdensome data collection/reporting process. Furthermore, DHSPS worked with a cohort of grantees to develop the revised forms. This workgroup determined that it was best to pare down the number of forms from six to three, as well as focus on questions that aligned to the benchmarks and DGIS measures.

Completing Forms

32. What should a grantee do when a data collection form can’t be completed because a participant returns at various perinatal phases or leaves Healthy Start before completing programming?

Refer to the implementation guide/schema for the required data elements for each form type. At a minimum, this required data must be collected/reported in order to upload a form. Also, note that once a form is started, it should be completed within 30 days.

33. How often should a participant complete/update the HS Data Collection Forms? Is there a timeframe for completion of a form?

Once a form is started, it should be completed within 30 days. A Background Information Form must be completed for every participant; this form is only updated once a year unless there are specific or important changes to a participant’s perinatal phase, health status, or life circumstances. Please refer to the Background Information Form instructions for details on updating the form and re-screening. Furthermore, each pregnant participant must complete a Prenatal Form, and one Parent/Child form must be completed for each enrolled child. Details on when and how to update the Prenatal and Parent/Child form are included in the form instructions.

Rescreening Rules and Updating Forms

34. What is the difference between the update sections of the forms and completely rescreening participants?

There are three scenarios that relate to this question:

1. Each form provides the set of circumstances that would require an update to the form. The second page of each form contains specific instructions for different types of updates. When updating, the case manager should refer to the former completed version of the form and review the answers with the participant to determine if other information has changed. An update is a rescreen of the participant, but the case manager may refer to the former responses to facilitate the process.
2. For the Post-Pregnancy Follow-Up to the Prenatal Form, it is not required to complete a new form after the participant gives birth or the pregnancy otherwise ends. The case manager needs to complete only the Post-Pregnancy Follow-Up portion of the Prenatal Form.
3. If there are minor edits to the forms (e.g., correcting a response), the case manager may make the correction on the completed form.

35. Is there a schedule for when participants need to be rescreened?

Background Form

Participants should be rescreened following the instructions found on page 2 of the Background Form for the events mentioned in Question G8 on page 4 of the Background Form:

- Enrolled woman enters prenatal phase
- Enrolled woman ends prenatal phase
- Already enrolled child turns 6 months
- Other update (e.g., primary participant continues enrollment after enrolled child exits program, annual reporting occurs with no phase change on primary participant's part, major life event such as death of spouse/partner or divorce, significant change in health status, added/removed other linked primary participant)
- Upon exit from the HS program, if possible

Parent/Child Form

Participants should be rescreened following the instructions found on page 2 of the Parent/Child Form for the events mentioned in Questions G7-G8 on pages 3-4 of the Parent Child Form:

- Enrolled infant turns 6 months
- Other update (e.g., annual reporting occurs with no phase change, added/removed other linked primary participant, mother stops breastfeeding or has had a postpartum visit since the initial form completion, other major changes)
- When the child exits the HS program, if possible

Prenatal Form

Participants should be rescreened following the instructions found on page 2 of the Prenatal Form for the events mentioned in Question G5 on page 3 of the Prenatal Form:

- Pregnancy ends [→Complete the Post-Pregnancy Follow-Up]
- Other update (e.g., woman exits HS before end of pregnancy, added/removed other linked primary participant)

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36. Should participants be screened every calendar year in addition to the other times outlined in the forms instructions?

The Background Information Form and the Parent/Child Form must be completed on an annual basis at a minimum if no other changes or updates have occurred. If the forms were updated for other reasons (e.g., major life or health event) within a year of screening, it is not necessary to conduct the annual screen.

37. Should participants enrolled between Jan 1-May 14, 2020 be rescreened with the new forms?

- a. **Will programs need to go back and complete the old screening tools for March 17th to May 15th?** Grantees were not required to complete screening tools between January 1, 2020 and May 14, 2020. When the new data collection forms were implemented on May 15th, grantees were expected to screen clients enrolled between January 1, 2020 and May 14, 2020 as they came in for services. It is not expected that grantees have completed data collection forms for participants closed out or lost to follow-up between January 1, 2020 and May 14, 2020.
- b. **Will the program need to go back and complete the new forms for May 15th to present?** Yes, the grantee is required to complete new data collection forms for participants served/enrolled since May 15th. Grantees were required to implement the new data collection forms on May 15th. Per the NOFO and funded application, grantees are required to use the new data collection forms (revised December 2020). They are required to collect the data elements using the HS data collection forms, and submit the data collected using the HS data collection forms via HSMED-II.