

MCHB/DHSPS February, 2007 Webcast
Update on the Healthy Start National Evaluation

February 7, 2007

JOHANNIE ESCARNE: Good afternoon my name is Johannie Escarne.

On behalf of the division, I would like to welcome you to this webcast titled an Update on the Healthy Start National Evaluation.

Before I introduce the presenters today.

The slide changes are center you do not need to do anything to advance the slides. You may need to adjust the timing of the slides. We encourage you to ask the speakers questions at any time. Simply type your question on the white screen on the interface.

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We encourage you to submit questions.

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response will help us plan future broadcasts in these series and improve our technical support.

Our first presenter today will be Debra Kleine Walker, she's the vice president and principal associate at ABT Associates.

She will be followed by Andrea Brown. Our next presenters are Margo Rosenbach, and So.

In order to allow ample time for the presentation we will defer questions to the question and answer session following the presentation. However, we encourage to you submit questions via e-mail at any time during the presentation.

Please identify which question the presenter is for. Without further delay, we would like to welcome our presenters and audience and bring the presentation.

DEBRA KLEINE WALKER: Hello. this is Debbie Kleine Walker, I'm pleased to be here.

The first slide shows just an over view of our presentation.

After a quick review of the findings and where we are with the phase one report, we are going to use most of this session today to focus on where we are in phase two of the national evaluation.

We are going to give an in-depth over view of what we have down related to the site visits and then finally plans for our final report and time line and then of course the questions and answers.

Next slide.

Just to remind you all that in terms of the evaluation over view, it's a four year effort.

Phase one, as most of you know, was focused on the full universe of grantees, and the phase two is the much more in-depth phase where we are looking at a set of grantees. In the end we will put those in the context of how the program looks related to your performance measures.

Evaluation is not an individual grantee performance evaluation, instead it is an evaluation of how the overall national program is doing. I want to state our team is very committed to input. It has been critical to the design and development.

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Again, we have really valued the input from a variety of folks, thus we're very pleased to be giving you an update today.

The feedback from the grantees has been great and some of your representatives from the Healthy Start association have been also part of the Healthy Start panel. I'd like to also acknowledge all of the Healthy Start federal program staff who have been incredibly supportive and their input is valuable in making this evaluation an ongoing success.

We've also valued the input of our Healthy Start panel, as well as comments that we have received from the secretaries advisory committee infant mortality. We did a presentation of the phase one findings and update on evaluation plans to the phase 2 to the committee in December and many of you will remember we did do a presentation of the phase one findings at a Healthy Start meeting in November 2005.

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The Healthy Start logic model has been key in the under pending of the entire four year strategy and continues to be so.

This is a logic model that was developed in participation with all of the stakeholders that I just reviewed.

And this is the over view of that model. It has the Healthy Start components and then hypothesizes the Healthy Start program changes that are expected in terms of service changes and health and social system changes.

The hypothesis then is those will lead to long-term changes in terms of consumer voice and improved health care systems which result in improved health status and birth outcomes in all of the Healthy Start communities.

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The following, what are the features of the Healthy Start programs, what results have the programs achieved, what is the link between those features and the program results and what types of Healthy Start programs or the features or components of the program are improved with perinatal outcome.

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Phase 1 has two important products.

We have completed the phase 1 report on the national survey of the Healthy Start programs. It is now in the HRSA office of communication we're expecting very soon it will be release in a chart book format. In addition, at the same time we completed another paper that we call the benchmark paper. It's entitled Racial and Ethnic Disparities in Infant Mortality: Evidence of Trends, Risk Factors and Strategies.

This paper was done by -- we will be using these findings as a benchmark in comparison for the report.

Andrea will talk about the phase 1 evaluation update, Andrea.

ANDREA BROWN: Thank you, Debbie.

We're on slide 7 now and I'm going to be talking about the phase 2 evaluation update.

Slide 8, please.

The phase 2 evaluation goals are really building on the phase 1 findings.

And the goals are really to probe deeper and build on what we learned in phase 1 on the subset of grantees regarding project models. To understand grantees methods in poor birth outcomes and other Healthy Start objectives, to identify and describe promising practices and lesson learned by the subset of Healthy Start grantees. And also as in phase 1, to continue to reflect input and advice that we receive from HRSA, MCHB, and the expert panel, the Healthy Start panel.

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These include understanding the strategies used by programs.

Efforts to incorporate consumer voice in program planning and implementation, approaches used for culture competency, learning about the services and supports in the interconceptional period, strategies for addressing perinatal depression, this includes referring, how planning processes such as the local health system action plan and sustainability plans are used to pursue objective goals.

Getting a full picture of client flow from outreach to project completion and also to really get at the role of the consortium in the community and development.

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The phase 2 evaluation approach is really -- it's mostly a two step component. The survey of Healthy Start participants that are colleagues will discuss after I'm through.

But first before we go into the site visits, I do want to review the selection process on how the 8 grantees were selected.

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Selection was based on primary and secondary analysis of data on each grantee, including the responses from the national survey of Healthy Start programs we had done in the phase 1 evaluation, and also secondary analysis of performance data that was reported to the department of Maternal and Child Health.

The first thing we did was -- there were criteria that had to be met.

In order to be considered for the phase 2 evaluation, grantees had to complete the national survey of Healthy Start programs.

95 out of 96 did complete the survey.

They also had to have implemented all of the nine required components of the program.

That reduced the number to 55. So 55 out of the 95 respondents had all nine components in place. We had also decided it was important for selected grantees to track referrals that are both within their program and outside their projects. That brought the number down to 39. And finally, we thought it was important that the selected grantees maintain electronic records to facilitate access to data for the survey.

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That left us with 26 grantees eligible grantees, that we then grouped, we had grouped variables into category to reflect the four U.S. census regions whether they were rural, urban or mixed site, to reflect different funding levels and also to reflect the range in size according to the number of live births they had experienced in their project in the year 2004.

These were then sorted by funding level, total live birth. We knew that we wanted to have one grantee to be relatively close to the U.S./Mexico border, we knew we wanted to include one site that served a prom dominantly ingenious territory.

We decided it was important to make sure these two groups were included in the 8 -- subset of 8. We also at the time of the selection process had decided to -- collectively the number of live births at least 1,000. Later it was modified. Data was then sorted by these

criteria then it became a moving puzzle to select who was going to be part of this very mixed group.

So we did select 8 and I want to thank all of the 8 who have been involved with us very closely over the past many months, they were the babies first group in California, women's project, Des Moines Healthy Start in Iowa, family road Healthy Start in Louisiana, WISTER Healthy Start in Massachusetts, other group in new Mexico, great lakes intertribal council, so I thank you. One thing to remind everybody though at no point did we ever attempt to find any group that could be nationally representative.

We knew all along that was not a goal, because it's not possible.

So all along we've been aware that this group is very unique group and it's not like any other group.

I'm now going to talk a little bit about what exactly comprised a site visit.

The goals of the site visits actually tied in very nicely to the overall goals of the phase 2 goals in general.

We wanted to gain a deeper understanding of how 8 projects are designed and implemented to improve perinatal outcomes, which determine which program features appropriate with success, to explore how they grant cultural competency, to identify promising practices, including evidence based and nontraditional and lessons learned, services systems and outcomes.

In other words, to test the logic model. In addition to the overall Healthy Start logic model that Debbie briefly discussed earlier in this webcast. Here is the framework between Healthy Start systems efforts and results.

Site visits were intended to test this framework.

We looked at the local health system action plan, consortium including those with Title V entities.

We thought these lead to activities and outcomes.

What was a site visit?

Site visits included two person teams who went on site for three or four days to each of the 8 selected grantees.

While we were there, we conducted in-depth individual interviews with the project director, case managers or care coordinators, the local evaluator, clinicians, includes physicians if possible, consortium members and other such as collaborating partners, including Title V. We also did a group interview with outreach workers, and we also did two exercises while we were there.

One of them was a relation al mapping exercise that we did.

This is a visual exercise where we obtain the director's perspective how they would apply Healthy Start components of their project.

It was a way to think about a project in a manner they hadn't thought of before. Another exercise that we did was this client blow graphic, which is where we sat down with a group of people who had been identified to help us walk through how our Healthy Start participants identified and what is a course they might take throughout the whole Healthy Start project before they complete it.

We also did document review, this is was very informal, it was a review of anything that the projects gave us that maybe gave us a background or rounded out some other information that we were hearing from the interviews.

The information that we collected on site was very rich and very abundant and as a result we have actually put together individual site visit summary reports to reflect all of the information that we did learn.

The site visit reports give a bit of the project history or background, talks about issues being addressed in the community, it also goes over the individual project designs that that grantee has implemented accomplishments and challenges that respondents identified and any promising practices and lessons learned.

We are currently in the cross site analysis of all of the information we collected on site.

The cross site report we're putting together will include a summary of all the grantees that we visited, characteristics and community profiles, we'll also be doing a comparison of the different designs and how they were implemented, and we're also looking at the results that they've seen and trying to see what successes and challenges at the service and system levels that we can identify.

Also looking at the assessment of theory of change in the overall Healthy Start Logic Model, and organizing any information we can gather.

We will also draw conclusions and link everything we learned on site to the participant survey.

I'm now going to turn over -- I'm now going to turn over the presentation to our colleges.

>> Hi, everyone.

I'm going to be talking about the participant survey component of the phase 2 evaluation. And I know we've made a lot of progress since the last time we've spoken to you as a group, and during that time we've worked with the 8 participating grantees to develop the best process for inputting the necessary preliminary measures for fielding the survey, fielding the survey itself and contacting and locating participants.

I'd like to say that collaboration with the 8 sites has been instrumental to the success of the survey and 8 sites made a potentially challenging process smooth.

Again I would like to walk you through the objectives of the survey, the process we used to implement the survey and our progress to date and conclude with the remaining we have left.

So the -- to begin our -- we decided to conduct the surveys with the project survey.

While the project director survey and site visits provide insight into the program we want to be sure to reflect the voice and gather information that is really unique to Healthy Start participants.

So to do this, we developed the survey to select information to be used to meet the following objectives: describe the Healthy Start participant population in the 8 sites. For example, their demographic characteristics.

Services such as face management, enabling services and perinatal and post-partum services, as well.

We wanted also to describe participants experiences and satisfaction with the health system and services, and lastly, we wanted to examine the health knowledge behaviors and outcomes of participants. So those are the specific aims of the survey we had in mind. And to try to meet those -- those objectives, we brought that idea into our survey development and we really used -- to develop the survey we used a conceptual model showing the link.

So you see here the conceptual framework which is a compliment to the Healthy Start overall logic model that Debbie presented earlier and a compliment to the system's logic model that Andrea showed earlier. The difference is this is focused on the hypothesized link. So making this framework, we selected questions for the survey about characteristics and health behaviors where there was evidence to support linkages to birth outcomes. For example, we included a question about infant sleep position, because research has shown putting infants to sleep on their backs reduces the risk of SIDS. So we tried to gear our survey questions in this way.

And the benchmark paper that Debbie mentioned briefly as a product of the first phase that provides a lot of the evidence based to support this conceptual framework and the linkages it highlights.

So that's the development part.

And then after we thought about the topic areas or the ideas of the areas that we wanted to try to capture based on this conceptual model, we went through and developed the actual survey contents.

And so choose essential topics because there are a lot, many, many, many topics we could have chosen from, we thought the input from the Healthy Start expert panel and HRSA, and in the end, we ended up with 12 sections.

And you see the 12 sections here.

There's a section on the Healthy Start program participation, health education, prenatal care and pregnancy, cigarette use and alcohol consumption, history of pregnancy, health status and express, participant background.

We also left a section for Healthy Start participants to provide any comments they would like to provide.

So to develop the actual questions in each of these areas, whenever possible we adopted questions from existing surveys.

This was done to insure the validity and reliability of the questions and comparisons between our survey results and other national survey results. I'll talk about that more when I get to the analysis plan for the survey data.

So after we had developed all these questions, what we needed to do was pilot the survey, and we did that with participants at the Baltimore Healthy Start site. We conducted four in person interviews to make sure the survey questions were comprehensible and they were appropriate. And after these first four cognitive interviews, we revised the survey based on any issues that were found, then we conducted another four over the phone interviews, this is a phone survey, to assess the links, as well as the continued comprehension built of the questions. And we found that the average time for the survey was 25.5 minutes. Many of the grantees had told us that more than half an hour would be

way too long for these busy moms so we wanted to make sure the length was appropriate and short and still trying to capture the information that was necessary.

And we conducted this pilot survey with participants from the Baltimore Healthy Start.

And I'd like to take this opportunity to thank them again for helping us organize this survey pretest.

It was really incredible and they were very, very helpful.

So this is -- next slide please.

Just to go back a little bit, the questions that we used from existing national surveys were from these -- mainly from these primary sources.

PRAMS, national survey of early childhood health, the child survey and others.

Of course these surveys were not always able to provide us with questions that were specific to Healthy Start, in those cases we did develop questions that would capture unique Healthy Start features.

And after we had all the questions, we made all the questions, we piloted it, we went and actually in conjunction we went through the IRB clearance first.

We went through several clearances.

We went through them first and the clearance was granted in July and August.

After the pilot test and the survey was developed, we also went through the OMB clearance process and that clearance was granted in July of 2006. And while going through OMB, we also started individual grantee site clinics processes.

There were a few sites that are requirements for releasing contact information for their participants.

With all of the sites we find memorandums of understanding. At two of the sites we also signed individual consent with the participants to gain their contact information, and throughout the process we just collaborated with the sites to ensure we met all of their confidentiality requirements.

The sites were really great in time to field the survey, as well as providing us with the information necessary to contact participants. So once we have all the clearance, this is the methods, the survey methods.

Based on our discussions between the Healthy Start panel and HRSA, we -- they suggested we try to service a woman who received services interconceptionally.

That's why we chose to include women who had an infant six to 12 months old at the time of interview.

So they would have likely have participated in the program during pregnancy and interconceptionally. And our -- and as a result based on this criteria, after gaining all of the information necessary from the sites we weren't able to quite get a sample size of 1,000, but we ended up with a sample size of 828 across the site.

We had a target response rate of 75%. That's about 620 cases.

So all of these surveys were conducted via computer assisted telephone interviewing.

Which this method minimizes any error and skip patterns and also helps us to easily monitor our progress daily, how many cases we've gotten, how many calls were placed, et cetera. And we also translated the survey into Spanish.

And used in interpreters who spoke another language for people who did not speak English or Spanish.

We conducted the survey in over 10 languages. As part of the process we also collaborated with grantees to locate participants who could not be contacted by phone to find update information on them or encourage them to participate.

Originally we anticipated using our own field staff, but based on the suggestions of grantees, we decided grantee contact would be much more successful at encouraging participation. So we -- we just -- we all worked together very hard to locate women and I would have to say that it was very, very successful, I will give you the numbers later on. It was a very intense process.

And we also received input from the grantees and participants.

Another thing that really helped women to participate was the \$25 gift card we were providing as a thank you for completing the survey. So I mentioned earlier about working with the grantees to contact and locate participants, but there were several steps that we also used to contact respondents and tried to get the word out and encourage their participation. Prior to the start date we sent out advanced letters informing them that the survey was about to begin. These advance letters were developed in conjunction with grantees. Once the survey start date came, we began to telephone participants to conduct the survey and of course we worked with the grantees, as well, to develop materials to give out to participants prior to the survey, such as frequently asked questions and training materials for the grantee staff on how to encourage participation and what -- what we were doing, kind of updating them on what we hoped to do and accomplish with the survey. So we translated the advanced letter, the frequently asked questions and other materials to other languages to accommodate the various languages at each site. It wasn't just Spanish, there were several others, as well.

Throughout all of this, we tried to tailor everything to each site as much as possible to make sure that we were meeting their criteria and needs and characteristics of each individual program. For example, one of the sites informed the participants about the survey directly by word of mouth, and other sites hand delivered the advance letter, 'cause they thought that would be -- that would help participants actually open the letter. So we tried to use various strategies that we thought would be best at contacting response and even correlating their participation. Along the same lines overlapping our method of contacting participants, were also methods of maximizing response rate. The tailoring of strategies in collaboration with sites extended beyond the preparations of the participants into the field period. The collaboration -- some sites brought participants into their offices and provide a private room for participants to call in and conduct the survey.

We had trouble reaching them, went to their residences or found a way to get in touch with them to encourage them to participate.

We ourselves had internal methods for trying to locate participants, and that was through an on line service such as accurate, as well as telephone services such as 411 directory assistance.

And it was after those efforts that were not successful in that where the grantees were helpful in trying to reach hard to reach folks.

And we thought that providing participants with flexible hours to call in or calling them at hours that were not -- that were not at a time they were working or out would be helpful.

We operated the survey during weekend and evening hours.

We provide them with a toll free line. And we also offered them doing the suffer vai in parts. We tried really hard to be accommodating to the participants. We provided the

language and interpretation services and all of our staff were professionally trained staff that have worked with hard to reach and very vulnerable folks. As I mentioned earlier, the \$25 thank you was helpful in maximizing our response rate and encouraging participation. And all of these efforts to really, really paid off. The survey began on the 2nd of October and ended January 6th.

That was over a three month time period and we were able to reach 653 cases and complete them, that was a 79% completion rate.

That's just really great.

And of the interviews that were conducted, 37 were conducted languages other than English and Spanish.

So we were really excited about that having been able to accommodate all sorts of languages. That was important to us, too, because you serve a very diverse population, and to reflect their experiences, meant that we really had to try to accommodate the diversity in languages, at least. So right now the data file from the survey is being constructed, and we will begin our analysis as soon as that is complete. And our plan for analysis includes several areas of focus to meet the objectives that we spoke about earlier, which were we will look at the demographic characteristics, the risk status, the services needed and received, satisfaction, health providers and perinatal outcomes.

And our analysis is really three prong, there are three types of analysis that we intend to do.

One is descriptive is look at all these different areas that provide a very descriptive basic frequencies of the characteristics of the services received, the risks or the outcomes.

And then we will try to do a multivarying analysis to delve into the relationship between participant characteristics a little deeper. That's the second part.

And lastly, we will conduct what we term benchmarks analysis or really it's a comparison of our survey results with external benchmarks for our Healthy Start -- for Healthy Start perinatal practices.

So that's why we used the question from the national surveys earlier so we can kind of conduct this comparison for smoking, breast feeding, premature birth and low birth weight. We'll try to look at that. Of course all of the findings will be presented across the 8 sites to protect the confidentiality of the participants.

So now I will turn it over to Margo to speak about the final report.

>> Hi, everybody.

Can I have the next slide, please?

I'm going to wrap up this presentation by telling you a little bit about our next steps.

As you can tell, we've been very active with the data collection process both through the site visits and participant survey, now we're heading into the analysis phase. As we produce our final report, it will have a number of different components.

The one main component is the in depth case study findings and we plan to place those results in a national context.

So the case study findings will have the results from the site visits and from the participant survey.

And give us a story about Healthy Start.

Then what we want to do is look at the lessons learned from all the projects building on what we've learned in phase 1 from the national survey of Healthy Start programs that Debbie and Andrea talked about earlier and bringing in data from the performance measures.

We know for a number of years you have been reporting data and to the data permit we also want to bring that into the final report.

So just to give you a sense of the time line.

Our project is supposed to end in September of 2007.

So we've got a lot of work ahead of us over the next nine months or so, eight months, our plan is to produce a final report at the conclusion of the project.

We also plan to meet with you again at the Healthy Start grantee meeting in August.

And we also plan to present some of the phase 1 findings at the annual meeting, which will be next month in Virginia.

We also would expect to continue to get input from the Healthy Start panel. And we hope to be able to continue our collaboration.

I think with that I'll turn it back over to Johannie for questions and answered.

JOHANNIE ESCARNE: Right now we have not received any questions so far.

So I am thinking that maybe the grantees really feel that this is a very complete presentation.

But I will give them a couple of moments in case someone does have some last-minute questions that we would like to e-mail in.

Or if any of the presenters had anything else they would like to add, since we do have a few moments, in case some e-mails do come in.

We're still waiting for some questions.

>> Perhaps is there an update that we could provide related to when the chart book would be available?

I know that's still up in the air but I'm sure everybody is interested in that?

>> When the chart book will be available?

>> Right. And how it will be disseminated.

Maribeth said it's been cleared for publication but it will take two to three months before it is actually produced.

>> That's great. Thank you.

>> We do have one question that came in.

What's the rationale for presenting at AMCHIP?

I guess that's to any of the presenters

DEBRA KLEINE WALKER: This is Debbie. First of all I was just going to say that we feel that this evaluation and an over view of what Healthy Start is doing and really an update

on how it's going and the kinds of things that you guys are really committed to really need to get out there in the world.

So we had received permission and will in the future also present things at meetings.

For instance, so the AMCHIP we are presenting there the presentation that we presented to you all in November of 2005.

And we would also then after we get this report done and of course you will hear and see the presentation and the findings and know them before anyone else, we think those should get out to a broader audience in the future.

>> I think just to repeat, it's really the same exact presentation that you all heard in 2005.

>> We have been working well with not only HRSA and MCHB you Healthy Start association, the Healthy Start board, we very much would like to make the kinds of presentations that you think should be done to highlight the findings we're in sinc with.

So there will be a representative from the Healthy Start association on the panel in March, as well.

JOHANNIE ESCARNE: Thank you Debbie and Margo.

Will the participant survey questions be available to other sites?

>> Perhaps I can clarify.

When you say the questions, I think the questionnaire could be made available.

Is that what the questioner had in mind?

>> I believe so.

>> Yes, there's no reason why we can't make the survey instrument publicly available.

>> Would that be something then if people wanted that, they should let us know that and we can send it or talk with our project officer about maybe even making it more widely distributed through the e-mail list?

>> Yeah, we can certainly talk about what's the best way of making it available.

'Cause it's large.

>> Well, that's all the questions that I have right now.

I can give a few more moments, in case there are some coming in.

But there are any last-minute thoughts or anything that any of the presenters would like to present before we start closing?

>> This is Debbie again.

I just want to thank all of you at Healthy Start for the good work you do everyday.

Even though we're researchers, we're aware of the obstacles you face in serving of the most at risk women in the nation.

We ask you to continue dialoguing with us as well as with project officers as to what you think are the best ways to go forward and get the Healthy Start story out.

And I'd like to thank you for you allowing us to update you today.

JOHANNIE ESCARNE: Thank you, Debbie.

There is one other question that came in.

The question is please remind us what the preliminary results of the evaluation are and what you plan to present at the AMCHIP?

DEBRA KLEINE WALKER: Well, basically their results are what we've presented and what will be in the chart book, and they are the overview basic findings from the national Healthy Start survey that you filled out about your program, and what we did is we talked a little bit about what we found about each of the components of the survey and then went into how your consortiums were set up, the collaborations you have on site, and then we also at the highest level talk about the summary of what you said your overall goals had been and what you felt you had accomplished during that time up to then. So I don't know if that triggers any folks in thinking back to that presentation.

JOHANNIE ESCARNE: Thank you, Debbie.

Another question.

Will you be presenting at the national Healthy Start association conference March 18th through the 21st?

DEBRA KLEINE WALKER: We've been in dialogue with folks on the board.

If we are invited, we are more than happy to do that at any time.

But since the findings were those that we already presented in November, I think right now people's feelings were we would wait and present the new findings that would be available on a preliminary basis at the August meeting of the grantees.

So the answer right now is no.

JOHANNIE ESCARNE: Thank you, Debbie.

I'm just giving it a couple moments in case a question comes in.

Well, one announcement is that just to remind grantees that the November project directors meeting is archived, so if grantees are more than welcome to review that presentation from the national Healthy Start evaluation team.

Just to give themselves a brief reminder as to what was presented at that meeting.

There is another question.

In terms of the evaluation of the performance measures, are there difficulties with these data?

>> Do you want to take that?

DEBRA KLEINE WALKER: This is Debbie.

We are just beginning to look all across the performance measures, so it is hard for us to make any kinds of assessment.

We do with any set of performance measures it takes a few years up to where there can be a standard across.

So we will be taking that into consideration after we have looked at them a lot more in-depth.

Do you or anybody at the bureau want to say anything further on that?

>> The one thing I would add these measures have been reported for a number of years.

So I think our plan would be not to look at the earlier data, but more recent data.

Recognizing the data do improve with time, you know, with feedback, in working together.

So we will focus on the more recent

We feel it's important to take a look at them because we think it's an important source of information of what's happening nationally at Healthy Start.

I think our sense is that we probably can do something with the data but we're not sure yet what we can do.

But we will be sensitive to all of the the issues that are implied, the variations across state and the way things are being defined.

We'll certainly take a close look at that.

And I think our plan, and Debbie correct me if I'm wrong, is not present the data to the grantees, but to the national level.

>> We have two ways in describing the overall program, that's the survey that we did of the directors and the performance measures.

We feel that's important as a lot of you have also indicated to have a context out of each which 8 case studies are presented.

So you're right, no individual sites will be specified, it's always as a whole national Healthy Start program.

JOHANNIE ESCARNE: Thank you for your response.

I believe that's it for the questions.

Seeing that there are no more, on behalf of the division of Healthy Division of Healthy Start and Perinatal Services I would like to thank our presenters and participants for viewing this webcast.

I also want to thank the University of Illinois-Chicago for making this work.

We encourage to you let your colleagues know about the archive.

Thank you and we look forward to your participation in future webcasts.