

## **MCHB/DHSPS Webcast**

### **Healthy Start Interconception Care Learning Community:**

#### **Content Area and Team Formation**

June 4, 2009

JOHANNIE ESCARNE: On behalf of the division I would like to welcome you to this webcast titled "Interconception Care Learning Community, Content Areas and Team Formation" Before I introduce our presenters today, I would like to make some technical comments.

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We're very pleased to have Andrea Brand, Lisa LeRoy and Kay Johnson. Miss Brand is the project director this. Miss Johnson is the president of Johnson consulting, Inc. In order to allow ample time for the presentation we'll defer questions to the question/answer session following the presentation. We encourage you to submit questions via email at any time during the presentation. If we don't have the opportunity to respond to your question during the broadcast we'll email you afterwards. Without further delay, we would like to welcome our presenters and the audience and begin the presentation. Andrea\

ANDREA BRAND: Thanks, Johannie. I just want to start by reminding all of us about what the focus is of this interconception care learning community project. I know many or most of you, if not all of you, have been involved in our pass webinars but just as a reminder I would like to say to all of us that the purpose of this is really to advance the quality and the efficacy of interconception care activities among U.S. Healthy Start grantees and the communities that you serve and also to improve how each Healthy Start project's ICC component can better serve participants.

Next slide, please. As we've done in previous webcasts, I'm posting here a time line for the learning community activities. Rather than focus on all of the details of it, I just want to show you where we are on this. This is the fourth webcast in a series of four that we've held. You might recall that the last one focused on doing readiness assessments. We gave a background of what a readiness assessment is for your organization and then

asked you to please fill out a readiness assessment for your organization both the project director and one other selected individual from your grantee. I know that you have been emailed that document from your project officer at HRSA/MCHB and I also know that the document has been posted on mchcom.com. I want to say thank you for those of you who have already filled out those readiness assessments and submitted them. We've already received several. For those of you who haven't done so yet, this is a gentle reminder to please do so. You can look at mchcom.com to see if it's there. I know that there have been some -- it came off for a while but it will be posted, if it's not there. I believe you should have it also in your email box from your Healthy Start project officer. As a reminder, we'd like to receive those completed forms by June 19th.

Next slide, please. The agenda for today's webinar is to focus on the core content areas that will be the focus of the first learning community session. And that's in preparation for the August grantee meeting. Within that we will talk about the categories of change and the sub-topics or change projects, including possible measures. I will go over a framework for the change initiative. We'll also talk about team formation and that will be for your home team and also for your travel team, who would be coming to the August meeting. And then we'll go to the next step. I'll prepare you for what's to come. As I talk through the core content areas, I want you to please think about whether you have a best practice that has been successful for your Healthy Start project. We'd love to hear from you and possibly have you share your experience at the upcoming interconception August meeting. As you hear the material that we're going to cover today, if something strikes you as something that you could share I would urge you to contact your project officer if there is a best practice that comes to mind.

Next slide, please. There are six major core content areas that are very broad that we would strongly ask grantees to think about. This is going to be the focus of our discussion. We believe that grantees should have no problem selecting one of these six core content areas to work on for the first learning session. These are interconception care case management, interconception care risk screening, family planning and reproductive health, linkages to primary care, maternal depression and brief interventions and healthy weight and obesity.

Next slide, please. So how are these six content areas chosen? For one thing, there is strong evidence base in the literature for these six areas. And we did a big literature review actually in the beginning of this contract which points to all of these six topics. Also the findings from CDC's select panel on pre-conception care of which our partner, Kay Johnson is a part. It identifies them and has a lot of evidence base to support these. Thirdly, our own evaluation, the work that we've done at Abt associate and Kay Johnson has done with the Healthy Start community relate to these six topics and we feel these are areas that we feel are very good starting point for the first learning community.

Next slide, please. Within the six broad content areas that I've mentioned, we've identified sub-topics or change projects. What these are more specific areas that you might consider as an area of focus for the first learning cycle. These sub-topics, or change projects as we often call them, fall within three categories or types. They might be that they strengthen linkages and partnerships with providers, organizations and agencies within the community where your Healthy Start project is. They might fall within advancing the use of objective tools and methods that you can be using on site in your project. And they also could fall within improving the skills of your Healthy Start staff and the protocols that your Healthy Start project implements.

Next slide, please. This slide you have in front of you now is a framework to illustrate how the six broad content areas and the categories of change relate. Now, this is obviously not a filled-in framework. If this was filled in, then each cell would have the different sub-topics or change topics, change projects and the corresponding possible measures. A fully generated table or framework is available for download on [mchcom.com](http://mchcom.com) and I would encourage you to do so after this webinar because it will give you a lot more details of the information and it will also support what I'm going to be talking about for the remainder of this webcast.

Next slide, please. For the sub-topics or change projects that we've included on this downloadable framework, there is a rationale for how the sub-topics were selected. They fit with the Healthy Start guidance and structure. Many of them -- many of the items that we will see that we've discussed relate to one or more of the nine required Healthy Start components. They also fit within grantee capacity. By that I mean it's what you can achieve as far as your staff and the partners that you have available to you. It was also selected because these are doable in a relatively short period of time, which is the premise by which these learning communities or learning collaboratives work. Another reason these were selected, the sub-topics that we'll go over is that they're measurable. You have ways of gauging your progress on any particular item, your area of focus, and finally, it's because they're specific and close to an aim that -- something that you want to achieve. An aim will be a goal that you are going to develop with our assistance.

Next slide, please. So now what I would like to do is go a little bit more in depth into what these six broad content areas are and then break it down into the sub-topics or change projects for each and then give an example of what it might look like for a particular -- if it's

a particular area of focus that you might like to select. For the case management care coordination, this includes a focus on implementing an effective staff team approach. It would build on existing strategies and use by other Healthy Start grantees, home visiting models and any other projects or programs that are offering case management. And they use -- it would use evidence-based case management practice from an array of past projects and studies.

Next slide, please. Now, grantees would select one of these sub-topics or change projects as their sole focus for the first learning cycle if case management and care coordination is your chosen content area. The sub-topics that fall within case management care coordination are developing relationships with one or more programs such as home visiting, the use of case management tools consistently, devising tools to guide development of care plans, or improving the referral process through protocols and communication among involved providers. These I just want to reiterate that each of these bullets or each of these change projects that I've identified would be the level of focus that you would do if you selected case management care coordination as the first topic that you want to focus on for the first learning cycle. So it's breaking it down to that level.

Next slide, please. Now I want to illustrate an example of what this might look like. If you as a grantee were to select case management care coordination as your core content area, and within that if you chose consistent and effective use of case management visit tools, then you would -- we'd come up here with a couple of possible measures by which to gauge progress. The possible measures that we're suggesting here, these are flexible but the ones that we've put here, are number of staff trained to use as specific -- who use a specific case management visit tool. Or the number of interconception care participants

whose chart reflects use of a tool. Again, these are things that once you are doing activities at your project that are intended to use an effective tool consistently, these are different measures you might implement.

Next slide, please. Interconception care risk screening is another core content area that I mentioned in the beginning. This includes focusing on the content, process and protocols for risk screening. And the use of evidence regarding validated screening instruments.

Next slide, please. Possible sub-topics or change projects for grantees who select interconception care risk screening as their core content area could be trying to systematically use a screening tool that is based on national recommendations. You might be focusing on enhancing staff knowledge or skills in using ICC screening tools consistently. Or improving the consistency by which you report data that is -- that yields from the ICC screening. And again, grantees do select this broad content area of risk screening, would choose one sub topic that I've mentioned.

Next slide, please. For example, if a grantee decides to focus on systematically using an ICC risk screening tool based on national recommendations, you may first review and revise a tool that you currently use. You might decide to select a new tool all together. Possible measures would include or could include that the Healthy Start home team develops an inventory of nationally-recognized risk screening tools. It might include comparing best practices for risk screening against a tool you're already using at your project. You might adapt a current tool to reflect best practices. And you might have a measure which is increase the number of participants who receive interconception care risk screening. You'll notice that some of these measures are process measures while others are outcome measures. And both are okay. And I just wanted to emphasize that,

that when you are trying to establish progress in your change project, that it may not be something that is an outcome measure, which is -- I know you often report outcome measures MCHB.to

Next slide, please. For the core content area of family planning services and linkages, this would include focusing on appropriate counseling and educating about family planning options. Effective monitoring of contraception and linking women to family planning services as appropriate. It might also include developing protocols and tools to use with your Healthy Start community.

Next slide, please. Grantees who select this core content area would focus on one of the following sub-topics or change projects. It might be that you decide it's important to develop relationships beyond what you currently have with family planning providers and organizations in the community. It could be used consistent and evidence-based approaches for educating about family planning methods. At the end of prenatal care and during the interconception period. It could be effectively collecting information on the actual use of a family planning method, not just what a woman has been prescribed but actually the extent to which it's used properly. It might be develop and implement a protocol for intensive interconception care follow-up regarding family planning use. Or could be assuring that women attend the appointments that they have and fill prescriptions early on in the postpartum period. Most specifically within the first 60 days.

Next slide, please. As one of the examples, just for illustrative purposes, if you were to focus on developing relationships with family planning providers and organizations, this could include establishing stronger referral relationships, sharing knowledge and evidence-based approaches with other partner organizations, and convening regular

meetings to foster improved communications. Possible measures for this change project could be the development of memorandum of understanding with other organizations who are focused on family planning. It also could be providers of family planning at more of an individual level. It could be increasing the number of referrals to family planning organization agencies and providers. And another measure would be to participate in regular meetings with family planning providers and organizations.

Next slide, please. Another core content area is primary care services and linkages. This includes the focus on developing effective linkages to sources of primary care for low income and uninsured women so women can have a medical home. It can include building on existing strategies that are currently used by Healthy Start grantees to get participants to their primary care provider or their medical home. And the development of protocols and tools to help monitor primary care, well women visits including those visits in the post partum period.

Next slide, please. Grantees who select primary care services and linkages as their core content area would choose one of these sub-topics or change projects as their area of focus. It might be to develop relationships with primary care clinics and providers who serve women without insurance or who have no other ability to pay. The focus could be to effectively collect information about women's use of primary care or if they have a medical home. Another change project could be to systematically encourage and support postpartum visits with a primary care provider or a medical home within those first 60 days after pregnancy before Medicaid coverage runs out. Another one could be the use of a protocol -- you have protocols in place at each Healthy Start interconception care visit or contact that is intended to encourage the use of and connect to the primary care provider or the medical home.

Next slide, please. As an example, if you were to choose as your change project putting in place or using a protocol at each Healthy Start interconception care visit to encourage better connection to a primary care provider or medical home a couple of possible measures that we've identified could be that you would develop a protocol or checklist to review with participants during a visit. Another one, an outcome measure to be actually increasing -- you'd see an increase in the number of women with whom your project actually uses such a tool.

Next slide, please. One of the core content areas that we've identified is maternal depression screening and grief intervention. The focus here is on the content, process, tools and protocols for evidence-based depression screening and brief interventions and building on existing strategies that many Healthy Start grantees are already using that are research-based or other research-based models and other projects and studies that are out there. We know of a lot of best practices and evidence-based strategies that are out there and I'm sure many of you are already doing them or are aware of them.

Next slide, please. The sub-topics or change projects that grantees would select from if they decided that maternal depression screening and grief intervention was the core content area they wanted to focus on would include things like developing relationships with mental health providers who can serve women with depression. It would include possibly you might want to improve your use of a validated objective depression screening tool, which is different than what would be done in ICC risk screening. The depression screening tool, as you probably are aware, is very focused on just screening for depression, whereas the ICC risk screening, which I talked about earlier, is more of a checklist that covers a broader range of things that a woman might be at risk for. You

might focus as your sub topic or change project on strengthening the staff skills in being able to screen for maternal or perinatal developing or implementing protocols for helping women gain access to the appropriate medication or treatment or other brief intervention they need within the 60 day postpartum period, again, running up against that clock before Medicaid coverage ends. And finally another change project that we suggested or identified here is you might want to learn how to use evidence-based home visit brief interventions for maternal depression.

Next slide, please. As an example, if you were to choose the consistent use of a validated, objective depression screening tool of which I know there are several and I know from our previous work we're aware that most of you have tools in place that seem to be working for your project, but if you wanted to perhaps try to work on that and improve that, you could be measuring whether or not -- you would measure the development of a protocol for scheduling of depression screening. That would be a process measure. And you might have an outcome measure of increasing the number of women who actually are screened using the recommended schedule.

Next slide, please. The last core content area that I want to mention is healthy weight. This includes focusing on reducing postpartum weight and maintaining a healthy weight using evidence-based practices and this would build on existing strategies used by Healthy Start grantees. Also healthy weight in women of reproductive age action learning collaborative participants and other projects. Those are just a couple that -- we know grantees -- there are some grantees who have something in place and there is a whole other learning collaborative focused specifically on this topic.

Next slide, please. Grantees who select healthy weight as a core content area for this first learning cycle would select one of these sub-topics or change projects as their area of focus. It might be -- you'll probably recognize there is a pattern but it might be developing relationships with local campaigns and organizations that are focused on reducing obesity and promoting healthy weight. You might want to focus on the consistent use of tools and methods to measure BMI and related assessments. Body mass index and related assessments. You might use consistent and evidence-based sources for counseling on healthy weight or you might want to focus on strengthening the skills of your staff to be effective in health education and promotion, specifically related to healthy weight.

Next slide, please. For example, if within healthy weight, if that's the core content area that you elect to work on for the first learning cycle, a change project might be if you do choose the strengthening staff skills related to healthy weight and again here I also want to emphasize it would -- in order for it to be effective it would have to be culturally competent and evidence-based, then possible measures to consider would be the number of staff that you've trained to deliver health education related to healthy weight. Or you would develop and meet fidelity measures established for delivering health education.

Next slide, please. Before the August meeting, Healthy Start grantees should select their core topic. So one of the six broad core content areas that I mentioned in the beginning and that I've just reviewed should be selected, and the way that you can do that is that you can fill out the content choice form, which is available on [mchcom.com](http://mchcom.com), and you can return it to me by email or fax. The directions are on there. The only thing that's not on there is a reminder we're requesting this by July 6th. It is a brief one-page checkoff. It literally is used deciding what core content area is the area that you're thinking about at this point. Now, at the August meeting, Healthy Start grantees will then select the more

specific sub topic or change project. We'll be giving you more information at the August meeting and have activities to help you determine what sub-topic or change project you'll want to work on or that will help you decide to work on in the first learning cycle. So that by the second day, by the beginning of the second day of that meeting, we can actually start focusing on the specific activities to help you with the first learning cycle when you return to your home teams. Now I'm going to turn over the next part of the presentation, which is on team formation, to my colleague, Lisa LeRoy, who will lead us in that discussion.

LISA LEROY: Okay. Hi, everyone. We should go to the next slide, which says assemble home and traveling teams at the top of the page. So who is on the home and who is on the traveling teams? Your home teams you want to include individuals who are going to develop and implement the selected change project that you choose. And so Andrea has just gone through a huge number of potential change projects that a grantee might select and so you should just think about who would be appropriate. Whose work is going to be affected by that change project if you take it on? Who is going to be key to making that change? And that's some guidance for your home team. The travel teams are going to include five of the home team members, so they are a subset. And they will travel to the learning community meetings and the first one is in August.

So again, the home team should be composed of individuals who are necessary to accomplish your change project and they could be -- next slide, I'm sorry, we're at the home team composition at the top. Examples would be consortium members, community members, consumers, people on the Healthy Start grantee staff or participants in your local health system action plan. And just some things to think about when you're composing your teams. You might want to think about people who have complimentary

skills. Someone with an outside perspective who can bring a different lens to view on your change project. You want your team to have enough people who are invested in the change to make it happen but you don't want so many people that you've got an unwieldy committee. You might want to think about people who work well together. Each grantee team is going to be unique to your work and your setting.

Next slide. You're going to need to choose a change leader for your home team and it's always good to have an enthusiastic change leader. The role of that person is going to be really to manage the team's work and that doesn't mean that they have to be the P.D. or in a supervisory capacity but they are going to have to have some authority to make the team work and make the team function. They'll be responsible for making sure that meetings get scheduled encouraging participation, tracking tasks and the progress of the team. They will probably have a big role in developing the measures and compiling the data to measure the change that you're making. And they'll be responsible for communicating the process to senior Healthy Start leadership.

Next slide. The home team is going to need some things from the Healthy Start leadership and this has been raised in a couple of the prior webinars, they'll need to have regular protected meeting time. They are going to need support from the Healthy Start leadership and that means the leadership really being able to articulate why the learning community is important. Demonstrating commitment to the change project and empowering the team and the change leader to identify problems and experiment with new processes. Really giving them some leeway to mold this in the way that they think is going to have an impact. And then being willing to incorporate successful changes into routine practice.

Next slide. The travel team is going to include the lead Healthy Start person who oversees day-to-day operations, either the project director, project manager or coordinator. They have different titles and different grantees. This has been communicated before in earlier webinars. The lead team will include the lead case supervisor and active consortium member. The remaining two members are at the discretion of the local Healthy Start project but obviously they should be relevant to the selected topic. And in deciding on who you are going to send for the two discretionary slots, you might want to think about someone who is going to be instrumental to the change project that you have in mind or can serve as a team leader either for the first cycle or in future cycles.

Next slide. So how do you decide to send to the August meeting and then -- or to any face-to-face meeting if you haven't chosen your change project yet? You're going to be indicating an interest in one of the six core topic areas. You can also think about the sub-topics and the change projects and there may be some that resonate with you and think about the people who would be critical to those change projects. And then just think about the -- yeah, think about the projects that are of most interest to you and then the staff who would be critical to making those changes.

Next slide. So will the home and travel teams remain the same for all three cycles? This is going to be very dependent on the change project that you choose and we can imagine that some teams might work together for a single cycle, some might work together for two. Some might work together for all three. It is really going to depend on what you choose to focus on. But the team members could change because you may decide to choose a different change project for each of the three cycles. And then even if you basically work on some of the same topics over the three change cycles and your home team remains

the same, your travel team may change just because you may decide to have other different members of the team go to the face-to-face meeting to get that experience.

Next slide. So now we're open for questions.

>> Thank you, Lisa. The first question is for Andrea. Building on existing Healthy Start strategies that have successfully used by other grantees. These are evidence-based on best practices. Who will put us in contact with these programs? Basically this question is regarding how are we going to get in contact with those individuals who have these best practices?

>> One of the things that we're planning to do is that we will help identify and broadcast who those are. A couple of things that we want to do is that actually at the grantee meeting in August, that's the learning collaborative meeting, we want to be able to sort of showcase a few, that's one of the reasons I was hoping we would have Healthy Start grantees who have been successful in any of the things we've talked about to come forward to your project officer. But most importantly what we have planned is we have this web-based communication tool that we'll be demonstrating at the learning community meeting in August. Basically what this is, this is something you may be familiar with because I think a lot of other projects have used similar things. It's a web portal where you can go and exchange information with each other. You can upload, download, have links to material, have conversations, a grantee can pose a question that anybody can respond to. It is a real wonderful, more than two-way communication and we really are counting on using that a lot. We have not talked about that yet because we did not think it leant itself to a webinar. But we have carved out time in August at the meeting when we're in person to do a demonstration and to walk you through it. It is not an intimidating

communication guy. It is intended to simplify things and we'll walk you through how you can use it and how you can make use of it to fit your needs.

>> Thank you, Andrea. The next question is how long are the cycles?

>> That's a good question. They're nine-month cycles. We're doing all this work now with you as grantees in preparation but we actually consider a cycle, a face-to-face meeting, the period between the face-to-face meeting. So there is a meeting in August and then there will be a meeting approximately nine months later. And what Lisa mentioned in her talk was that if a grantee were to select a sub topic, that they didn't feel they had fully achieved what they wanted to, they can select that as their project of change for the next learning cycle or the next nine-month period. If, however, they feel like they have made progress then the idea is they would choose a completely different sub-topic or change project for the next nine-month cycle.

>> Will the same topics be offered during the next three years? We may want to work on two. The decision being based on whether or not the topic will be available during the next year.

>> It's a very good question and I think that some of what we've discussed is keeping the same sub-topics available if grantees express a desire to work on them. However, we want to be flexible and open. So if there are some other sub-topics that grantees express a strong interest in choosing that we have not discussed yet, then we want to see how we can incorporate that as an option for grantees to choose. So I think the idea is these could be available or we can make these current ones available for the next -- subsequent

cycles but we're not necessarily limited to them. We could have even more for other possibilities of projects of change.

>> Thank you, Andrea. The next question, topic I will answer it. The question is when will the location and hotel information become available so we can make travel arrangements?

>> The save the dates did go out earlier this week. If you have not received the save the date, please contact your project officer, but the hotel information is the Marriott Wardman in Washington, D.C. The dates of the meeting are August 3 and August 4. The website will be available sometime next week for registration. And you will be able to register via the website and also book your hotel rooms via the website.

>> Okay. The next question. At the learning meetings will grantees be given suggestions on other evidence-based tools to use for risk assessments or depression screening?

>> Yes. That's a simple one, yes. What we have planned, we've been working on our agenda but really the main purpose of the meeting is to be able to provide grantees with tools and for grantees to learn from each other with what they have used. So we will have available instruments, tools and other practices, evidence-based practices for grantees to implement.

>> And there will be expert workgroup members who will be able to assist grantees with that.

>> Thank you. Referencing three cycles. Is that the same as three learning communities and what is the time frame are the cycles over the next three years? I think it's just a repetition of how long are the cycles again.

>> Okay. So the first part -- repeat the first part of the question. I need to explain the learning community, I think.

>> Referencing three cycles, is that the same as the three learning communities, and what is the time frame. Are the three cycles over the next three years?

>> Okay. They are the same. The cycles, the three learning -- the three meetings are the three learning cycles and it is actually a little less than three years. It's interesting. A lot of planning time is part of the -- a lot of our planning time is part of a full three-year period. The actual -- it's actually I think 27 months approximately because it's for three cycles of nine months which is really the amount of time that we would be working with the Healthy Start grantees under the current project, the learning community project.

>> I think we talked about it a little bit in a previous webinar, which is each cycle -- we're calling them cycles starts off with a face-to-face meeting followed by an action period, which is the nine-month period Andrea is talking about that grantees really implement their change project and then we would have another face-to-face meeting, another action period of nine months for the second cycle and then another face-to-face meeting and another action period for the third cycle.

>> And to build on that, I think when we have our subsequent in-person meetings. Not the first one in August, but for the second and third one, the first part of those meetings would

be dedicated to grantees sharing their experiences about what happened in their action period, in their preceding nine-month action period and learn from that and other grantees take lessons from that and the second part of those meetings would be grantees deciding what their sub topic or change project would be if they want to change it at all for the next action period, the next learning cycle.

>> Thank you, Andrea. With regard to the use of evidence in the ICC screening, could you elaborate?

>> I think we're talking about there is some evidence out there about different screening tools for risk screening and that would be the kind of thing we'd make available both at the meeting in August and we'd also have things available in our communication tools, the web-based. We're going to go into depth at the August grantee meeting to really give grantees the background and the foundation that they need to be able to move forward on their chosen subtopic and that would be where we'd cover that.

>> Can I say a little more, Andrea?

>> Sure.

>> This is Kay. I just wanted to say that really there are quite a few tools that people have been using for interconception, risk screening and many tools, in fact, really good tools that have been invented by Healthy Start grantees over the past decade or so. A variety of tools have emerged. Since we have a lot of new evidence that has come forth out of the CDC select panel and interconception care we thought this was an opportunity for grantees to look again at their tools and be sure that they're using something that is

evidence-based. They may have developed something five years ago or more that doesn't reflect all the latest evidence. There is just more to be learned there.

>> Thank you, Andrea and Kay. The next question is what time will the August meeting begin and end? And I will answer that. We are still working on the draft agenda right now. As soon as we have a draft agenda available we'll put it up on the website and you'll be able to download that from the registration website but we're still working on the -- all of the contents within the agenda. Soon enough you guys will all know the start and end time. But it's two full days just to remind everyone. It is two full days and you are required to stay for those two full days. Full days means until 4:30 or 5:00. Whatever time we end. The next question our Healthy Start project is state based with three local sites that are two hours distance from each other. Can you provide guidance for selecting a home team for a multiple site Healthy Start project?

>> Okay. This is Andrea. I think that that's a very good point and I don't -- I think there is probably going to be a few grantees that are faced with a similar issue. I think a more realistic approach would be to focus the change on one site and that would be at least the method for the first learning cycle and then we could see how, if at all, to adapt that for the subsequent learning cycles. I think in order to make this doable. Remember the whole point of a learning community is to come up with change in bites that are actual doable in a fairly short amount of time. I think to make that possible with a multi-site project it would be to focus it on one site.

>> Thank you, Andrea, for that clarification.

>> Is there more information about the August meetings, more deadlines that project will be doing in the first change project?

>> No. At this time there is no other time lines within the nine-month cycle that we can give you. That is exactly the kind of detail we will provide at the August meeting.

>> Thank you, Andrea. In earlier webinars it was suggested we apply for I.T. money in order to fund I.T. aspects of these learning cycles. Do we need this funding to fully utilize the web-based tool or any other aspects of the learning cycle? We haven't heard anything more about it.

>> I think this is a HRSA question. The I.T., this tl\* was some discussion in an earlier webinar about grant money that is coming for I.T. projects and it was announced on the webinar but not with -- not really a connection to this project.

>> This is Maribeth and I would like to reinforce that. The community health centers in particular but other HRSA programs through our Office of Health Information Technology have access now to some of the recovery funds to improve the electronic medical records and other Health Information Technology. And that's the area that just to improve in general the Health Information Technology available to Healthy Start sites appeared perhaps working in better partnership with primary care providers that may be located at community health centers. That was the area that we encouraged you to either look at yourself to apply for funds or to make contact with your local health center to make sure that you could partner with them in applying for those funds. But it is not a requirement to participate in the learning collaborative. It was just offering additional resources to help you move into the new technology that is emerging.

>> Thank you, Maribeth. The next question is what is the overall purpose of doing the ICC learning collaborative and will there be others after these?

>> I believe that a lot of that was answered in the fact sheet that you created, Andrea. And I would encourage the person who submitted this question to contact their project officer for a copy of the fact sheet because in that fact sheet you guys did a very good job of detailing the purpose of the ICC learning collaboratives as well as what we plan to achieve and the cycles that we'll be going through.

>> It was mentioned in a previous webinar that curriculums would be developed for the topics. Are these -- will these be available at the August meeting?

>> Yes, those will be and that's some of the material we're preparing now. Not only will we be able to hand out a lot of information at the meeting but we want to be able to present it and review it and allow you to ask questions about it so that you can really get your heads around what is involved in the different aspects. So yes, that will be a main item for the August meeting.

>> Thank you, Andrea. The next question is a logistics question. When will the agenda be posted or available so arrival and departure arrangements can be made? Again I would like to repeat we're still working on the draft agenda. The meeting is planned for two full days. That means start time around 8:30, 9:00 in the morning and end time 4:30, 5:00 on that Tuesday afternoon. Please make travel arrangements to attend the full two-day meeting. You are required to be there until the meeting ends which will be either 4:30 or 5:00 on Tuesday. So please make travel arrangements to accommodate arrival to the

meeting on Monday morning by 8:30 and departure after 5:30 on Tuesday afternoon. Can the tools/screening instruments referenced, will that be shared at the grantee meeting or be shared in advance of the meeting for our review and discussion?

>> I think the plan had always been to share things at the meeting. One of the reasons is that in order to give out tools, it is important to be able to give them with some information rather than just to maybe have them floating around without a context or background to go with it. We do want to really rely on that in-person time together to hand out things and talk about them. The other thing is that all of this stuff will be able to include on our web-based communication strategy that we'll demonstrate at the meeting. Once we have that up and running with grantees knowing how that works, it will probably -- not probably, it will definitely facilitate this sharing of information so that in subsequent learning communities, in the action periods we'll be able to share information without relying on the in-person face-to-face time to give you things and give the background required to understand it.

>> This is Kay, I want to add something and I almost want to pose a question that Lisa can comment to but I think one of the pieces that we really hope people will remember as they're planning their team and thinking about their project and how they're going to learn is that you will be working in harmony and concert with other teams. We accept that there will be somewhere between five to seven other teams who will be working on the change project, the sub topic that you'll be working on and we anticipate that there will be 10 to 20 other teams that will be working in the broad content area that you're working on. So there will be a lot of sharing here. I don't know, Lisa, if you want to amplify that from the things you've shared.

>> That's a good point. Andrea and I were sitting here saying we didn't emphasize that enough today. You're right. The motto is all teach, all learn. And that is what we're anticipating.

>> Thank you for bringing up that important point. Are you planning to have a subject expert on different depression screening tools other than the Edinburg tool?

>> Well, we do have -- yes, we have part of our project has involved enlisting an expert panel who cover a broad range of topics, including depression and depression screening and brief intervention and yes, the quick answer is it will not just be the Edinburgh tool. There will be other tools discussed at the meeting. This is an example of other grantees who have successfully used another depression screening tool, it would be great if you were able to sort of identify yourselves to your project officer and let us know so that we can facilitate that sharing between grantees.

> Thank you, Andrea. The next question. I understand that there may be homework, in quotes, to do following the first day of the conference. Is this correct?

>> Can you repeat the question, Johannie?

>> Sure. The question is, I understand that there may be homework to do following the first day of the conference. Is this correct?

>> That is correct because we're going to be asking teams to really think about their change project and really make momentum on how they're going to organize themselves when they get home. On the other hand, a lot -- we have set aside time in the meeting to

do that work. So we're not trying to have -- we're not going to have sessions that go until 9:00 or 10:00 at night if that's what the question is about. It's more really giving you -- giving grantees time to get together to really think through what they want to do. And then to come up with, you know, as we've talked about in previous webinars, their aim, their change project and how they're going to measure it and really think about the plan, do, study, act cycle and what each of those phases is going to involve.

>> Thank you, Lisa. Are we still considering the interconceptional period two years postpartum?

>> Yes, we've been going by the definition of part of the Healthy Start MCHB guidance which is either two years postpartum or the time between two pregnancies if it's less than two years.

>> That is correct, thank you, Andrea. Retention is a concern during the interconception period. Can this be a part of the core content area that is chosen, or is it solely what is prescribed?

>> Yes. We've heard this before in our previous work doing evaluations with the Healthy Start grantees. We do know that retention is an issue. And what I would encourage grantees to think about is -- is how could -- how does one move on that issue? Is that a case management issue? Think about if it fits into one of the six broad content areas that we are discussing at this time, and it might take a little bit of effort to think about that. If you feel like it doesn't, then I would welcome that input. But for now we really are wanting to focus on the six broad content areas that we've mentioned and maybe think about retention or other topics that are coming up for grantees as areas of focus in subsequent

learning community meetings. But for the first round, we would strongly encourage folks to think about how the six broad areas we presented today fit with your needs and we think that at least one of them would have some area in which you could focus.

>> Thank you, Andrea. This question is another logistics question. Has the location or hotel been selected for the meeting? Yes, the hotel has been selected. It is again at the Marriott Wardman in Washington, D.C. If you have not received a save the date, please contact your project officer. It was sent out to all project directors. If you did not receive it, please contact your project officer as they will have a copy of the save the date. And again I would like to reiterate that it is a two-day meeting. You are required to attend the full two days, so this could mean that you arrive on Sunday and depart on Wednesday. But depending on where you are located in the country. However, it is a full two-day meeting and you are required to be there the full two days.

>> Okay. Another logistics question about locating the fact sheet. The fact sheet should be on the website [mchcom.com](http://mchcom.com) as well as the readiness assessment tool. If you cannot find the fact sheet or the readiness assessment tool please contact your project officer. They will have copies of both the fact sheet and the readiness assessment tool and the save the date. If you have not received any of those three items. Please contact your project officer and they'll be able to get you a copy.

>> This is a logistics question. Since we need to plan on leaving in the evening of the second day of the conference and there is often not an evening flight to accommodate the schedule is another night's stay at the hotel an allowable expense? Yes, it is. That was simple enough. Another question, yes for me. Does the August meeting replace the grantee meeting? For 2009, this will be -- this learning collaborative in August will be the

only meeting for Healthy Start grantees, at least in the year of 2009. Future Healthy Start grantee meetings are still pending but for 2009, this will be the only Healthy Start grantee meeting.

>> The question may be for Maribeth. Yes, regarding the 12 projects that will be up for competition in 2010, what happens with the ICC learning community if we're not funded for a new grant cycle? I'll let Maribeth answer that question.

>> I am presuming that the association and the members are going to be working on the preference language and consequently I don't believe this will be an issue.

>> Thank you, Maribeth. The next question. Can the issue of addressing Medicaid pending status delay the process of accessing family planning options? I don't know, Maribeth, if you have--

>> You want me to take that one?

>> Okay. Kay?

>> This is Kay. I think I'm the Medicaid expert on our team, anyway. If I understand the question, it's related to the issue of the postpartum coverage for women under Medicaid. I think that one of our team project ideas has to do with how can you get for a postpartum visit oriented to a method of family planning and get them at least to -- the purchase of the first set of tools or the payment for their first method as a strategy in the first 60 days. We proposed a similar change concept under depression so that you might get women to start and to be able to purchase antidepressants after seeing a provider during the first 60

days. So there are ideas there. And a lot of women who are participants in Healthy Start do have the family planning and depression or any other health coverage that only lasts for 60 days postpartum. I hope I understood the question correctly. So there is a change topic that is related to that.

>> Thank you, Kay. The next question is again a logistics question. Is there registration cost for the meeting? No, there is no registration cost for the meeting. Doesn't look like we have any other questions right now. While I give everybody a couple more minutes for questions, is there anything that the team would like to say in terms of wrapping up? Either Andrea, Lisa, or Kay?

>> No, I just want to say thank you very much. It has been very useful for us and I hope it has been for you to be able to go and give these four broad webcasts and I really am feeling like this is just the beginning of continuing the dialogue and you will be hearing from us again. I want to remind everyone to please fill out the two pending pieces, one if you haven't done the readiness assessment tool to remind you to do that and the one we discussed today was the please select your core content area after you've had a chance to think about it and discuss it with folks at your site. Thank you, Andrea. As I see that -- wait, I think we do have a question. The question is, if we have a follow-up question about organizing our teams do we ask our project officer?

>> Yeah. There is a couple of ways. I think that's the first avenue is to contact your project officer and we are in constant communication with the project officers and the other folks at MCHB. You do also have our email addresses on the slides. So we encourage you to contact us for that kind of question as well. But typically I know that the project officers will be able to help you and that is probably a good first attempt.

>> Thank you, Andrea, I do agree with that.

>> Okay. I don't think we have any other questions. Again, if there are questions that come up after we close this webcast we'll try to answer them following the webcast in an email. On that note, on behalf of the Division of Healthy Start and perinatal services I'd like to thank our presenters and audience and contractor the Center for Advancement of Distance Education at the University of Illinois at Chicago School of Public Health for making this technology work. Today's webcast will be archived and available in a few days on the website [mchcom.com](http://mchcom.com). When encourage you to let your colleagues know about the website. We look forward to your participation in future webcasts. Thank you.