

DPPSWH February 2004 Webcast
The Healthy Start Performance Information System

DAVID DE LA CRUZ: Welcome to the MCHB webcast. My name is David de la Cruz with the division of Perinatal Systems and Women's Health. The topic for this afternoon is preparing for the mandatory submission of the performance measures. Before we begin, some general instructions. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentations. You should not have to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio, and you can do this by using the slide delay control at the top of the messaging window. We encourage you to ask questions of us at any time during the presentation. Simply type your question in the white message window on the right of the interface, select question for speaker from the dropdown menu, and hit send. Please include your state or organization in your message so that we know where you're participating from. The questions will be relayed onto us periodically throughout the broadcast. Again, we do encourage you to submit questions at any time during the broadcast. You do not need to wait till the very end.

On the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider, which you can access by clicking on the loudspeaker icon. For those of you who selected accessibility features when you registered, will see text captioning underneath the video window. At the end of this broadcast the interface will close automatically and you will have the opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Your responses will help us plan future broadcasts in this series and improve our technical support. So with that, let's begin. Maribeth will begin with going over the slides and the different forms.

MARIBETH BADURA: Good afternoon and welcome. What we are going to be covering today is the Healthy Start Performance Information System. This system, as we have said to you, is a system that actually is part of larger system of the Maternal Child Health Bureau's Discretionary Grant Information System, which the initials now are DGIS. This

particular slide covers for you some of the elements of this system. It's patterned after the successful State Title V Information System. That particular system, if any of you are aware, particularly those of you from state agencies, will know as one of the reasons because of that system that congress has appropriated over the past 2 years additional funding to the Maternal and Child Block Grant, because of the quality of data that they have been able to report on this information system. We hope to parallel that now with all the discretionary grants of the bureau. The data collection and forms have been approved by president's office of budget and management. That perhaps is why it's not as directly related to Healthy Start as you would like.

The next slide covers the types of programs that Maternal and Child Discretionary System will address. It will cover our Maternal and Child Health Block Grant Programs. Those are under Title V of the Social Security act, and those block grant activities include not only the TITLE V, but much more important for the discretionary grants in the bureau, a family of probably 800 grants total. We have programs funded under special grants of regional or national significance and the community integrated service system, such as the healthy tomorrow's program, we have programs funded under research training, we have a number of demonstration programs in other division, and we also have the abstinence ed program. Under healthy start and the United States public service act, the second authorized funding source, actually the one that healthy start is funded under, the control centers are funded under, the bureau's emergency medical services for children. This discretionary information system or the DGIS for the entire bureau, covers performance measures and data collection would cover the whole range of grants, from the block grant through the public health service grant funded programs. As I said, a total of 800 different grants will be using this system to report. We are just 116, 120 grants in healthy start.

Let's now go to the performance information system itself for healthy start. This particular system was introduced to you last February, almost a year ago now, and we have refined in the system some of the measures based on the feedback we received at that meeting, and ongoing feedback and questions that you have brought forward. The refined system incorporates the objectives and data that you have been previously collecting, sometimes

in a different format than in the past, a little bit more detail. It also reflects for you recommendations that you have given us to simplify the elements. We have also tried to simplify data entry. Let me now just refresh for you what the importance of this is, particularly as congress looks to the reauthorization of the healthy start program. We already have been approached and we expect that while the program technically does not need to be reauthorized until next year, it looks like legislation on the authorization will be introduced by the committee, the house and senate committees this year.

And so it's going to be very important that we get from you the best data, because what this information system helps us to do is tell the story of who the healthy start participants are, what services we are providing, and what as a program we nationally are trying and are able to accomplish. For you, it's going to be very important because of upcoming competitions and getting sustainability in your own community that you can also tell a similar story to your community. In the past of healthy start, I'm going to go over one really important sort of framework for you. It has to deal with who are the participants, who are healthy start programs serving. And a program participant is an individual having direct contact with the healthy start staff or your subcontractors, and receiving healthy start core services on an ongoing systematic basis. In the past we have used various terms and we still use them in our guidance. We thought of the consumer of services, women served by the project. We talk about the parents of the infants. We talk about women in the innerconceptual period. We talk about clients.

What we are trying to do is to separate out for you and for clarity who are the program participants, and who are you maybe serving at the community level, we know you do a lot of services there. By a program participant we are talking about woman or an infant, or perhaps because of a family situation could be a male partner, could be a grandparent, a foster parent. Someone that you are serving the healthy start core services an ongoing systematic way, the people you are rolling up your sleeves with and working with regularly. This isn't someone that you are enrolling and you are not seeing again, or that you are seeing at a couple of health education programs. These are the women you are really working with, and there's a story that we need to tell about them, and then a story

about telling about what you want to do with the larger community and what you are accomplishing. That's really important in what we are trying to define. So community participant is those individuals who attend a healthy start event or program. It could be consortium activities, a health education program, it could be an immunization drive, it could be a health fair. Many of you have that. If we go through the data collection system, we try to clarify for you some tables in particular that we want you to report on program participants and where we want you to report on consumer participants.

Our next slide sort of goes back to the framework that many of you have seen and Dr. van Dyke and I have used in previous presentations, we call the MCH pyramid. It starts at the top with direct health care services. Basic medical and health services. It then comes to the enabling level, which is our case management, our outreach, our transportation. You work in the prison. You're work with school systems. Your health education. You have population-based services. Those could be immunizations, sudden infant death counseling, the outreach that is a larger health outreach. And finally infrastructure building services, the needs assessments, the PPRO's, consortium activity, all, and you work, for example, maybe on information systems or other things you are developing. MCH is probably one of the few programs in the federal system dealing with mothers, children, and the families that cover all levels of the pyramid, and that's one of our real strengths and one of the things we want to be able to show that healthy start is also doing. So let's, then, look at a little bit more on the healthy start participants, and where they relate to the MCH core pyramid. Next slide, please.

The healthy start participants actually feed in at the participant level at the direct and enabling service level. And the community participant is what you are going to see at the population based and infrastructure. This framework will help you then to fill out the later forms where you have to report by levels of the pyramid on what's being covered. Program participants cover direct and enabling and community participants cover population-based and infrastructure. What we then monitor on the other side of the diagram is the level of performance. And at the direct and enabling level, we collect data on the demographics, the service, the utilization, the outcome measures for program

participants. And at the population base and infrastructure level, we collect data on the community's demographics, the service utilization, the outcomes, and the measures. We aggregate that data nationally across healthy start and report it, the bureau will aggregate some of the measures across all 800 programs and report on them on a separate part of a report to congress. So let's go now into some of the performance measure, and let me give you a start with one, give an example of a level of performance at the program level. And that's performance measure 15, which is the percent of very low birth weight live births. And that's, the definition is the number of live births to prenatal program participants with birth weights less than 1499 grams or less, and the denominator is the total number of live births to prenatal program participants in the calendar year.

Now, we are talking about prenatal program participants. These are not your high risk interconceptual women, not that you pick up at delivery, these are women that you have worked with on an ongoing basis as part of a prenatal case management and service program. We have looked at some of your data in the past, and this is an area of confusion in some of the projects. And so we really want to clarify this should not include high risk interconceptual women, but women you are enrolling, maybe seeing once prenatally and then not seeing them again. That really is not a prenatal program participant. So we really want to make sure that you are taking the credit for the women who you can really impact during the prenatal period as you are reporting on measures prenatally, and I'll reinforce it later again, there's some other data tables that are seeing the same sort of clarification that we all need to be on the same page on. If we look at another program measure then, and that's the next slide, we are looking at the project and community level, and actually this should be saying performance measure 5. And this is one you are not going to be reporting on right now, this is one that you will report on as you end your project. What it is looking at is sustainability. And so it's looking at as your project does its final report, what are you able to sustain in the community. And many of you, as you are getting ready for competition, as you are thinking about the questions in your continuation application, you are going to be telling us some of these areas that you are already working on but you are not, we haven't asked you, if you look at one of our later forms we'll cover this. This particular measure we are very clear is we want this in

your final report. And we know that you are doing a lot in this area and you have done a lot in the past, and we want to be able to say to people, because a lot of this is not quantified by the branch you get in, it's quantified by the larger impact in changes you have made in systems of care, programs that look, health departments have picked up because of what you have done. Programs that perhaps other agencies have funded. We need to quantify and say to our funders healthy start is building something in the community that will last much longer than just the grant. You need to take credit for what you have accomplished.

Let's now go to the actual forms. And we'll start with form 1, which if you downloaded the materials that we emailed to you, and downloaded in the area of the table of contents, should be the first form that you'll come across. What I would like you to do at this point is if you were on your computer and not watching this program and you were going to fill in this form, what you are going to do is find a cell within the table. Put your cursor on the table, and if you click it twice, the particular form will pop up in the word document as a spreadsheet. Let's go to the next slide and pretend you have clicked on the computer, and now your spreadsheet pops up. You notice in there we now have made room for you to put your project name, your grant number, your city and state. And all those particular elements are very important you put on every form. And as you click on the word documents, the forms will pop up, and these have been placed there. It's important because we know who your projects are, but sometimes we have people helping us with data collection that might not recognize who your projects are. We may know where palm springs, Florida, is, but for some reason, someone consistently puts Palm Springs in California, for us. We have Jefferson county health department that's a grantee, and Jefferson county fiscal system that's a grantee. One in Alabama, one in Kentucky. So you really need to fill in all the elements of the form so we are sure the data collection is appropriately attributed.

At the top you will see a fiscal year. When we have used FY in the forms, that refers to the fiscal year. So that would be for if you are filling that out, it's going to be your fiscal year right now, it's 04, and the project will end in 05. That's what you put at the top In your

next statement you'll enter the MCH grant award amount, that's how much money we have said to you annually you will receive. Your next area will be your unobligated balance. That's for the current fiscal year that you are completing. Only that fiscal year. So that would be 03-04. Then you are going, on the matching funds, that's not a requirement for our program, so you are going to check no. And in other program funds, you are going to enter what you receive from local funds, from state funds, if you have program income, if you have in kind that you are putting into the grant, and if you have some foundation money or other funding coming in. And you will total that amount up, and if the system is working right, it actually will do the total for you.

We go to the next page, the next page covers federal collaboration. And these are other programs in your community that are contributing to the project. So it doesn't mean that if you have a grant or there's a grant in your community, or a grant to one of your partners that is not part of the project, then you don't have to worry about entering data on that particular grant. But this covers grants that contribute to the project directly, and it lists a variety of different federal funding sources, from those funded by the, by, through MCHB, HRSA, and other federal funds. And then that is totaled as a total collaborative, so we can get a picture of the leverage that you have, that you're leveraging your community to achieve what healthy start is trying to achieve.

The form after that, actually, flows from the first form. And your budget year is going to be the current budget you're in. This form gives us sort of a glance over a life of a project, but you are starting right now in the previous budget year you are finishing, which is 03-04, and the next is 04-05, and ends in 2006, the third column would be 05-06. If you're a project that ends next year, only fill two columns in. The -- what you will fill in for 03-04 is the expended amount to date, and footnote that so we know, you know, when you are cutting off. Are you reporting through February 1st, are you reporting through March 31st, so let us know, you know, what the end date is on the calculation, because we know your grant hasn't ended yet. In the next column you are going to place under budgeted for 04-05 what you expect your grant award to be. I guess you are not expecting any unobligated balances, but if you are, let us know. You have no matching funds. You won't give us data

on other project funds, total project funds, and total federal collaborative funds. Just in the budget column for that year. And if your project is going through 06, you will also fill out the budget for that year. But not the expended column. And what -- there will be different instructions for those people who are doing a competing application. These are for the continuation. Okay.

Let's move on to the next form, which is form 3. And this form looks at who do we serve, it goes back to some of that original framework, by the level of the pyramid. And this covers both program participants and community participants. And at the bottom of the form when you click it on, you will see it says program participants, so you will, for the target populations, fill in for 03-04, what you expended, and for 04-05, what you, what the budget is. Again, if you are going to 2006, you'll fill in the third column there. The population groups, you'll notice, are pregnant women all ages, infants, 0-12, children 12-24, we broke that down, because of what we -- following infants to their second birthday. Children age 24 months to four years, and that actually should be 24 years, not four years. And we'll make that correction in the table you'll be receiving. Children with special health care needs, and non-pregnant women, and then your other area will be all women who, or not all women, actually, it will be your male participants that are not covered. You notice in the children we, if, for a non-pregnant young teen, children go through 24 years of age.

So you're going to be reporting on program participants who you're serving, let's say, in the interconceptual period, you will report those young women on this particular form as children until they have reached 24 years of age. And then for the women 24 years of age and older, you will report those as non-pregnant women. You would also be reporting male participants that you might be serving 24 years of age and under as children on this form. This is a data collection form that will be uniform throughout the bureau, and so that's what the differentiation is, and many of you know that adolescent medicine now, and groups that work with adolescents are saying until a person can make very sound life decisions and is living on their own independently, that they are still an adolescent. That is the reason you see age 24 there. Some of us with older children can identify with that issue very well.

Now, you will be including for program participants, you are probably just going to be filling out the one, and then if you have the data on your community participants by these categories, we would appreciate it if you would fill that out separately, and if there are any special services, some of you, I know, have programs that you do in school systems that are a very particular set of programs you have. Those are community participants and if you could put the cost in for that we really would appreciate it. We know that this one might be a little bit harder for you -- harder for you to fill out in terms of program participants, but please try if you can. We do expect everyone to fill it out on program participants. Let's now, then, go to form 4, which again, looks at the pyramid, instead of looking by population served by dollars, it now looks at services. And it's going to look at the direct health care of services, the enabling services, and the population base and infrastructure. Just a hint here, if you go to the last form we send you, which is the form on major services, we have broken out the major services that traditionally healthy start programs have funded by the level of the pyramid so that you'll, where we talk about consortium activity, you'll see that that is part of population base. Where we talk about outreach home visitation, we have already labeled that as an enabling service. You don't really have to, you know, sort of a cheat sheet. You might want to do that one first, and then come back and fill out your budget.

I'm going to move quickly on, and the next slide actually just covers the remaining parts of the system. So let's go to form 5 now. Again, this is a form that all the bureaus will be collecting, and why it says for projects providing direct health care, enabling or population base, we want you in healthy start just to report on the program participants. And I'm going to go into a little bit of detail on the form. There is some cells that are shaded, and you don't have to fill those out. So you're not going to have to give us the primary insurance coverage by age group, you just need to tell us what your best data is on source of primary insurance coverage for pregnant women. And here you'll notice again, it goes through 45 years of age, from ten years of age. The next table looks at children served, and here you will again as we did in the past one, this goes through age 24. It would include the young women you are serving interconceptually, 24 years of age and under,

and again, it is -- we have broken out infant and children, and the -- excuse me. The characteristics of the coverage are just based on the overall population.

Children with special health care needs is table 3, it's very similar to table 2. Table 4, we cover women starting at -- it will start at 25 years of age through 65. Right now if there's a cell in there that needs to be corrected. And we know, the reason it goes to 65, we know that some of you are picking up infants at delivery who may or you have picked up a family, and that infant may go into the foster care system or for some reason be raised by another family member. So this would cover your, perhaps your grandmothers that are, are actually providing service with too during that period, or foster mothers. Table 5 covers others, so that's your male participants that are over 25 years of age. And then the totals should automatically appear in table 6, but if not, it's the sum of the columns previous to that. Okay.

Let's now move to form 6, which is a form that you are much more familiar with. A few more elements on it. This is your project abstract form. It's the new project abstract. Actual changes are primarily on this first form here. Project identifying information is similar to what you have provided in the past. Budget material, we haven't had on the abstract, and it will now be on the abstracts, it tells you exactly where to enter the information from. This looks very much like form 2, but it doesn't ask for the collaboration. And then you are just going to choose the type of services provided, and we know that because of the consortium activity, you are going to be checking all of those service box areas. Now, the project experience or description to 8, which is the next slide, okay. You are not going to fill out part A, because you are not a new project. You are going to start filling out the way you have in the past organizing it. The continuing project material. If you've got a website, we are now asking you to identify that website, and if you know how many hits you annually have, we are asking for that, too. Key words and annotation are very similar to what you have done in the past.

The next form in your package is a form, is form 9. And this is a form that needs to be used in connection with the actual performance measures. And I'm going to show you how

to get through and how to enter the data for two different types of performance measures. We have some performance measures which are at the project and community level. And those performance measures address things such as the degree to which programs insure family participation. And so what this particular form will do overall, is show you performance measures over the total project period, as well as show your annual performance. And the first measure, I'm going to go through the detail sheet and then show you how to enter it into the form. And the first measure is a measure on family participation. And again, why this form uses MCHB supportive programs, you are reporting on healthy start. You are going to report for healthy start a family, a parent, a client, a consumer refers to an actual program participant. And there's a scale that is used from 0 not being met to completely met. And after you enter the scale there are six elements you are going to be scoring yourself against or measuring yourself against. You are going to have a total score. So now let's look at some of the content of that form. And that form looks at elements like family members participating on advisory committees. Could we see the next slide, please?

And the next slide. Okay. These are the six elements that you will be scoring yourself on, participation on advisory committees, on whether you are offering financial service for parent activities, whether the planning part of the program implementation. This is a lot of work that you are doing at the consumer level. And we in the past had talked about consumer participation and program development. Consumer participation and reimbursement for that consumer participation. Remember, for purposes of the data collection, this is where you are going to be taking credit for those type of activities. This is your program participant for this particular measure. You are going to score yourself on this, and the first score you need to do, you probably need to step back and say where was I when the project started, where was I at the beginning of this calendar year. That is going to be your baseline. Ask you to footnote what year you are choosing. If you can look back and say when I started this particular grant, the first year I was funded, this is where I think we as a project were. Then your first calendar year will be 03-04, again going across 04-05, and 05-06, depending. Right. 2003 is your first one.

In this particular form, you are not going to have a numerator and denominator, even though it may show that way on the detail sheet. All you are going to enter is for calendar year 2003 under the annual performance indicator what you thought your score was. For the baseline you are going to enter what your score was for whatever period you are using as your marker. For the following calendar year 2004, you are going to state what your objective is, where you are now is your annual performance indicator, where you want to be is your objective for the upcoming years. And then next year you will tell us how well you measured against that objective. Now, let's go to the second type of performance measure, one that has a numerator and denominator, and that one, next slide, please, is performance measure 15, which is the percent of very low birth weight infants among all live births, again to program participants. Now, the numerator here is going to be those infants for 199 grams or less, and the denominator is going to be the infants that are the total number of live births to program participants. And please remember we are talking here, not about your high-risk interconceptual women, but served during the prenatal period.

You will tell us how many live births during the prenatal period, and how many were below 1499 grams. I know the data source on this in some cases has on the detail sheet mentioned the state vital record system. I know some of you use that as your data source, some of you have also used medical records, letters from the doctor, reports, birth certificates, tags from the babies' incubators, a number of ways you have collected the data. Please footnote for us what your data source is. Let's go now then to the next slide in which you are going to be entering the data. This is form 9, and you'll put your baseline, again what you started out with prior at the beginning of the project period, or at the minimum for 2002 as your baseline. Your calendar year will be 2003, you will enter the denominator, you'll enter the numerator, and if the spreadsheet is working right, it will do the automatic calculation, then, of the indicator. If the Excel spreadsheet is not working right, the numerator divided by the denominator. You then put where you expect to be on that objective next year, how you are going to improve that particular objective, how you are going to maintain it, perhaps, because of changes that are happening in the project area. And once again, please, this does not cover the high risk interconceptual women.

Let's go to another form, then, that will quickly cover just to serve an orientation, and that's form, a performance measure 10, which is also included on form 9. And that's again of the degree to which MCH supported programs have incorporated elements in their policies, guidelines, contracts and trainings. There actually are 23 measures here grouped over four topic areas, and we know the importance of cultural competence to healthy start, and the importance that people are beginning to realize that this has an access to health care services and perhaps some of the disparity in health care services, the IOM reports, has recently mentioned this. We haven't had a way that we have been able to measure the work that you have done, the impact you had on systems in terms of cultural competence, and now we have a scale that helps us to do that, to show what you have done in this area.

So quickly, then, you would score yourself again on the 0-3 format, but there's a new element here and I would like you to look at the last line on this slide, it doesn't ask you to score but it does ask you for a question. Is this a policy that you have, and is it an informal policy? A formal policy, or a process you are developing. As you go through these forms, there will be after the end of each of the sort of category of the elements, there will be a box you will have to check, and that will tell us how formalized you are on this element. I'm going over this form because it's a little bit more detailed than the other. The form then goes on, next slide, please.

Very quickly and covers training and resources with the same type, two elements there that you score, and then the same type of check box. Then goes on to collaboration, which looks at collaboration for community groups, and then looks at, and families, and then it looks at the collaboration for organizations that are community-based organizations. It looks then at your contracts, and it looks at your resource allocation, and there are different questions there that you'll need to complete at the end of each section. Let's now go on to the very last part of our data element system, and that is the data sheets. The performance measures, while they are chosen by healthy start, and forms 9 cover all the forms that, all the data collection for healthy start performance measures.

You'll see in the detail sheet there are some performance measures, and we have a matrix summarizing that, that you are not going to report on individually, but we chose to show you what those performance measures were. And then form 10, if you have some unique objectives or performance measures, that's your opportunity to tell us what those are and to fill out a performance measure sheet on that, and form 12 covers some outcomes that we are all looking at, infant mortality, neonatal, post neonatal deaths, and those are pretty self-explanatory.

If there are questions on those, we will try to handle those in the question and answer period. But I'm not going to go over the forms right now. Let's then go to the program forms characteristics of participants, which if you are following are in the last package of materials we sent you. The first set of areas deal again with prenatal care, and here we are asking similar to what we have asked in the past under our demographic characteristics, asking you to tell us about the pregnant women by age and then by racial and ethnic group. Asking you to tell us about issues dealing with their focusing on prenatal care. When they entered prenatal care and have they had adequate prenatal care. And you notice that we did insert lines there where you can enter unknown, because we know that you would not have, might not have this on all of your program participants that you served during the prenatal period. Next form, please.

The next one, there are some measures that also deal with low birth weight and moderate low birth weight, infants from 1500 grams to 2499 grams are considered moderate low birth weight. And those are the next set of questions, and then we get into the interconceptual care. Again, it's a breakdown of the women by the interconceptual period, and you notice that this is really more the standard healthy start data ages that we have used in the past. We then asked for the number of infant participants, and here we have broken out male participants, those under 17 years of age, and those over 18 years of age. Okay.

The next form is a risk reduction prevention services, and here we have indeed taken your advice very soundly and looked at combining risk prevention counseling and risk reduction

counseling, because those columns are very similar, so this is a change that we have negotiated vis-a-vis our own clearance. Next column is the number of treatments by the grant, and the number referred for further assessment and treatment. There are a number of areas under prenatal care, and as we have talked about, there are a variety of ways that you can collect this data, from charts, abstractions, a sampling process, so please tell us as you report this data what method you have chosen to do it. If you have something you worked out with with all your providers and your contracts that say they screen for this, you have gone out and seen whether they really are doing it, that's one way, then, of gathering the numbers on it. The interconceptual area and the infant area are displayed in the next two slides. The particular areas chosen are areas that the assistant secretary for health, healthy people 2010, national women's health groups, have said these are the important areas that prenatally, and the academy of pediatrics have said for infants and children. We need to know whether people are being screened and receiving services in the area. These would be benchmarks that we would be able to say healthy start participants are being screened in this area, they are being served in these areas, we are doing it in the highest vulnerable communities across the United States. This is something that has been very, been used very powerfully in the matter of appropriations by our primary health care centers in tracking some of these norms, and we would be able to compare projects against national benchmarks. We are confident that we can say the healthy start communities, the most vulnerable communities in America, are making sure their women are getting these services at a high quality level. This really deals with program excellence.

And the next, the final slide here is the infant slide, covers some of the infant and child through 24 months of age. Not 21. So we'll make that correction on the final excel spreadsheet. The next table should be a little bit more familiar to you, and that is, it's a major service table, and we have taken all of your feedback here, and tried to be very careful of the definitions that we have used in the table, so that it's clear to you who it is that you're serving. In the direct health care service area, all these areas there are going to be program participants. In the enabling services, the definitions you'll notice there, we have divided by the total number of families. We have also asked you then to look at case

management at outreach and home visitation. We have asked you how many families you are working with in the prenatal period, and how many in the interconceptual period, because we know that many of you are picking up perhaps prenatally and then you may transition the woman interconceptually or vice versa. We know in a given calendar year, babies deliver halfway through the year or at some point, and so family may be served prenatally as well as interconceptually. We also did break out home visiting separately. Under the enabling services, we continue then and look at adolescent pregnancy prevention activities, the families that participated in pregnancy childbirth education, the families that participate in parenting skill education, in terms of youth empowerment or peer education or self-esteem mentoring programs, we know that is an area that many of you worked on, so we are asking for participants age 17 and under who have participated in that.

Then have a very important part of services, translation services, translation services and child care services, and for data simplification, again, those are by family, because we know that's what you are providing to the entire family. For breast-feeding education counseling and support we are looking at the participants. For nutrition education and counseling, again, we are looking at the participants. We are looking at participants in male support services, housing, job training, and prison/jail initiatives. As I said, if you think about these, we have indicated for you where they would fit on the pyramid, and so this should help you in your budget forms earlier. Population-based, we have identified two common areas. One of the immunizations you are providing, many of you do health fairs and at the end of the health fair you can't tell us exactly who you served but you can sure tell how many I am any -- immunizations you have provided to adults and children, and that's what you want to tell us here that's what you have done. This again will be a community level participant. In the infrastructure building, again, these are community level participants that you are reporting on during this period. And on schedule now, we have completed your forms and we are ready for the questions. We know you will lots of them. I will turn that over to David.

DAVID DE LA CRUZ: As the webcast went through, went on, several of you have submitted questions, plus several of you have submitted questions prior. So what we will do now is go through some of the questions you asked, hopefully some of the questions you asked beforehand will have already been answered. But for, but for form 1, we can, form 1, the question was, do we enter fiscal year 04-05 and or 05-06, or just fiscal year 03-04. I think Maribeth, as Maribeth said, what we want there is we want this current fiscal year. 03-04.

MARIBETH BADURA: No, we are in 04-05. They are applying for 04-05. That's what they will enter there.

DAVID DE LA CRUZ: Okay. So to be clear, in form 1, you should do this as, this is, you should do fiscal year 04-05. All right. Maribeth. The next question they asked here on the same form 1, what is an example, what should they do in section 6A5. So federal could lab collaborative funds for healthy start.

MARIBETH BADURA: You wouldn't put those funds in because you are reporting them under sections 1-5. But if you had a grant, a healthy tomorrow's grant part of your community, the n you would report that under SPRANS or CISS, or abstinence education program, you would report that one.

DAVID DE LA CRUZ: Because this is not healthy start grant, would not put anything under there. We wouldn't duplicate.

MARIBETH BADURA: What would happen if healthy tomorrow's was reporting, it would report what you are doing what the healthy start grant watts. If had you a healthy tomorrow's and healthy start, on this form you would report healthy tomorrow's and the form you would be submitting for that application, you would have healthy start in this area.

DAVID DE LA CRUZ: Form 3, and for form 5, a couple different places we have identified children up to age 24 years. The question was making sure that is correct.

MARIBETH BADURA: That is correct. We'll make sure it's consistent all the way through.

DAVID DE LA CRUZ: Right. And just to remind you, this is an MCHB. Some of the forms are MCHB wide. That's why, you know, your program or healthy start may not have traditionally counted a child up to 24. But now we are. Okay. For again on form 3. What, how do you, what do you recommend on how to determine the budgets when the grantee payroll system is not calculate that way.

MARIBETH BADURA: You are going to need to go through and do your best, looking at what types of services you provide, what the cost of those services are, personnel are working, what the contractors are doing, and make these determinations. We know it's going to be rough, we know it's not going to be accurate to the penny, and we are never going to send an auditor out to audit you against this form. So please be comfortable that way. But please try your best to determine the ages served and one of the other upcoming forms, you know, what level of the pyramid. We know this will be something that will refine over the years. The first time is, of course, the hardest, and when you do it next year, you'll probably be refining what you put in because you'll have better data on this. And if you are going to be applying for a grant, you might just want to set this up as a form to work out ahead of time with your subcontractors on how they would report material to you and how you would budget.

DAVID DE LA CRUZ: Moving on to form 4, where would depression screening fall in?

MARIBETH BADURA: That really falls in under a direct health care service. It's an actual health care service that is being provided.

DAVID DE LA CRUZ: Section, under 1.

MARIBETH BADURA: Under 1, correct.

DAVID DE LA CRUZ: Okay. So now, another on form 1, form 4, I'm sorry. If a nurse conducts a home visit is this considered enabling service or direct health care service?

MARIBETH BADURA: We have placed home visiting under an enabling service. If you'll remember, in our, the last form that we talked about, that's where we put home visiting. If the purpose of the home visit is actually, you know, to do a blood pressure check, something that would normally be done in a clinic but you are in a rural, isolated area, the way we, some of our southern projects are, our project in Hawaii, native American projects, we know the nurses are going out and doing what is traditionally been done in the doctor's office. And so that particular home visit is really a medical service -- and not a home visit and you would report that type of visit as a medical service. Please, if you have questions in that area, you can talk with your project officers and we can work through where you might be submitting. But just remember, if this is a direct medical service that traditionally would have been performed in a doctor's office. Then that visit by the home visiting nurse would be included under a medical service.

DAVID DE LA CRUZ: Moving on to form 5, on table 4, when it says women served, does that include pregnant and non-pregnant women?

MARIBETH BADURA: Pregnant women is on table 1 on form 5, so table 5 -- table 4 covers non-pregnant women.

DAVID DE LA CRUZ: Should grantees in a competitive cycle complete form 5. If so, for what calendar year?

MARIBETH BADURA: They should look very carefully at the instructions, and what they are going to be doing in the competitive cycle is they would not report on the baseline, it would be their past grant. So your baseline, if you are competing, would be 2003. Then you would put in 2004, you will not complete this for this particular form because you are

not estimating in the future what you are going to do, you are estimating what you have. So you would complete it for calendar year 2003. And include it in your competitive application.

DAVID DE LA CRUZ: Form 6, which is the abstract, just to be clear on section 4A, that's only to be done by new projects. As continuing projects would do 4B.

MARIBETH BADURA: Correct.

DAVID DE LA CRUZ: Okay. What are baseline years, data for year -- you know, for the current and competitive grant applications?

MARIBETH BADURA: We actually, because some of these are, do tables that we are looking, that measures elements and degrees to the extent to which you and your community are doing, it's a little bit harder to go back, perhaps, and capture what happened four years ago as your baseline and really be objective with that. You feel that's the case, then please use 2002 as your baseline. If you were funded in 2001 and you feel that you can really say where your project was at that point, then please use 2000/2001 as your baseline. That's why we asked you to indicate as a footnote what, whenever there's a baseline, please note and let us know what calendar year you are talking about. That would be the easiest way for us, too.

DAVID DE LA CRUZ: Okay. The next question asked to define Perinatal. We will be sending out an updated glossary, and the forms will be sent on the same email and they will be the excel version that you should be able to click on and give you have the project name, etcetera, as well as doing some of the adding and formulas for you. That should be released on Friday. Coming directly from your project officer. We are having a little trouble with it right now, so we will send it out to the project directors, that's the easiest and fastest way for us to do it. If the project director's responsibility to make sure it getting filtered down to the evaluators or the program people who should be completing them, who may have gotten it directly from the listserv.

MARIBETH BADURA: If it comes up again within the next week or so we will use that so the evaluators will get it, we had to suspend activity because of some adult content that was posted on the listserv. Some of you are trying to post and you are not able to do it, it is because we have suspended activity for a while until we can correct the problem.

DAVID DE LA CRUZ: So do you want to define Perinatal?

MARIBETH BADURA: I do. Actually, perinatal deals with fetal in the first 28 days. To let you know, each of the cells in the forms, in the glossary of forms, we define, number of mothers of infants showing evidence of domestic violence because that was an area that we collect data, so we actually have used the actual labeling from each of the cells in the glossary. What we have done for -- to make it easy for you, it's alphabetical. Look for the name of the cell, and the particular definition will be listed if you have a question. And David I think is a little ambitious to say we'll get this out by Friday. It probably, given the computer problems we are having, it will probably be Monday right now.

DAVID DE LA CRUZ: Just to be clear, I was passed a note that the presentation Maribeth gave today is based on the performance measure forms that were sent out on the listserv Friday the 13th. From some of the questions we received earlier, and some that are being submitted now, it's clear to us that you are still looking at the old version. Some of the questions have been cleared up with the new version. So make sure you are looking at the new form. You can start working on those, as Maribeth said, by Friday or Monday, within the next few days we'll be sending out another version that will be even more cleaned up. But just be sort of minor tweaks. So if you are looking at a version that was sent out before last Friday, that's probably where a lot of your confusion is coming from. If you do not receive these forms by Monday, the new forms by Monday, we will send out an email letting you know that we are delayed. So if you don't get them by Monday, and you don't get an email saying they are delayed, contact your project officer to make sure that we have your right email address.

Just a couple of other things, Maribeth did mention that reauthorization is occurring maybe a little sooner or a little faster than originally anticipated. Another aspect of making sure that we can tell our healthy start story as completely and as best as we can is the national evaluation. The national evaluation, just to be clear, is a separate activity from these performance measures. These are the MCHB performance measures. Now having said that, the national evaluation team will use the performance measure data to the extent possible based on the quality and completeness of it. I mean they'll use it to flush out their evaluation but it is a separate activity. So the more complete your data are, the performance measure data, the better, the better positioned we will be as a project, as an initiative, to make a case to continue our funding. So make sure that you complete the performance measures as completely and as accurately as possible. Another question just came in. Okay So far that's all the questions.

A couple more announcements. The application, when you submit the application to us, we do ask that you submit the application in paper copy, but as we have in the past, more recently, we also would like it submitted on disc. That would help speed up our process of being able to review it because we don't have to scan it in, and we can cut and paste the sections that we need to review. Please be sure to, when you submit it, not only submit the paper copies that are outlined in the guide, but then to also submit it on disc Now, also submit this performance measures on a separate disc. So we are looking for the entire application on one disc, and then a second disc that just has the performance measures, and what that will do, that will speed up our ability to clean up that data as fast as possible without having to cut it from the rest of the application, and then also send it off to the national evaluation team. And be sure you submit performance measures whenever possible, and as an excel file. A couple last questions.

MARIBETH BADURA: We have a question here of if a project does not provide direct services, do we report them. Of course we know some of you don't provide any direct services. So you'll be just reporting on enabling services. Some of you, are you tracking these services, yes, you are tracking them, and actually that's what you are going to be reporting to us on on part of your last forms when we are talking about the risk reduction.

Those are all elements of what are included in direct medical services. So you -- you are tracking them but you don't have to report on the actual.

DAVID DE LA CRUZ: As we have been speaking, some more questions have been filtering in. It would help us to figure out what more specifically what your question is based on if you put the form number on your question. So as you submit the question, include the form number, performance measure form number. Another one that did come in, define population-based services. That will be, that is addressed in the glossary. We'll read it out and then you don't have to write it down, it will come to you also.

MARIBETH BADURA: And it actually is included on one of the forms, some of the example. But it's preventive and health services that are available for the entire community that you are serving, not just your individual program participants. It might be a less screening program you are doing for the entire community. Mentioned immunizations. You could be doing the sudden infant death counseling for the entire community, injury prevention project not just for the healthy start program participants, but for the entire community. Your nutrition, health education services that you are doing, your outreach, public health education services. Again, our population-based services, client level, community-level services, not the real program participant services. This is, the services being given to someone who is not someone that you are seeing on an ongoing, systematic basis. That's a program participant, these are the services that are much more episodic, and we wanted the ability to be able to, for you to take credit for what you are doing in those areas.

DAVID DE LA CRUZ: Okay. Maribeth had mentioned during her presentation that when you click on the file, the excel file, one of the things that will come up on the top is the project name, project grant number. We just want to stress that you really need to put that project grant number on these forms. They, downloading the forms, printing them out, just to make sure that you get credit or the project grant number matches up the data. And that actually brings us to the bigger point that anything that is submitted now to MCHB with our new grant management system really requires you to have the project grant number on it.

So not just performance measures, but anything that you submit to us, whether it be no cost extension requests, a carryover request, anything that you submit to us need to make sure you include your project grant number on it.

MARIBETH BADURA: Another question, and this might help some of you with the questions about direct services. How would we count immunization if you are actually going out into the home and delivering an immunization. That particular immunization is really what traditionally might have happened in a well-baby clinic if you went in. That particular immunization again is going to be a direct medical service. We want you to take credit for that and place it there. It's not something you are doing at a health fair where it's a massive immunization campaign. So the distinguishment there, please remember your direct services are going to, and your enabling services are primarily going to be two-year program participants. Your population-based services are going to be four-year community level participants.

DAVID DE LA CRUZ: Just a reminder that on form 9, the performance measures one and two, the clients, the level of satisfaction, collected by an outside contractor. You are, do you not need to collect that information, it will be collected by someone else. But it will be collected on your project so we want to make sure that we kept that in there. And also performance measure number 5, the sustainability, like Maribeth said, that will be completed at the end of your project, once your project, during the closeout phase and your closeout report, you'll, you will write about that. Not at the end of a project period if you get funded again. So it's not at that point, but once you stop receiving federal funding from healthy start, that's when you'll do performance number 5. End of the project period, right. Okay. So forms 1 and form 2.

MARIBETH BADURA: Question is what year do they report on form 1 and form 2 for budgeted and expended. Form 1 is the budget for the budget that you are applying for, which is 04-05. Form 1 -- 2, then, has budget year under budgeted, it would be what you are budgeting in the first column, but fill in the expended.

DAVID DE LA CRUZ: Current year.

MARIBETH BADURA: The current year. And that's covering 03-04, under budget year 04-05, fill in the column on budgeted. So every year, then, what you are doing, you are putting in what you are budgeting for the budget year ahead, and what you are reporting on the budget year you are completing with your continuing application. It's a -- this will be easier when you are doing this at the beginning of the period because you are going to fill in the budget years for the entire scope of the project period, and as we said when we covered those forms, what you are actually going to do is fill in for the upcoming years, what you are budgeting. So you are going to fill in expended for 03-04, in 04 and 05, and 05 and 06, if your project is one of those that ends in February of 2006, you are going to fill out the columns on budgeted for those years. So again, your first column is 03-04, you are going to fill out expended for 04-05, and if it extends to February in 2006, 05-06, you are going to fill out what you expect to budget, what you are budgeting for those years.

DAVID DE LA CRUZ: Last couple of questions here. Again, just to be clear about what we mean by program participant versus community participant.

MARIBETH BADURA: Program participants are those participants that you really are working with on an ongoing systematic basis. They're not the people that are dropping in for a couple of classes. They're not the people that you are reaching out to and you never see again. Those are not really program participants. Those are more community participants. Community participants are all the other people in your community that you are touching, whether it be from population-based service, whether it be from an enabling service, or that you are doing in just infrastructure development. But your program participants are those women that you really are outreaching to, that you are working with, and that you are working with them on, in an ongoing manner and a systematic manner. We know many of you have excellent quality assurance, because you have excellent protocols that say we visit our women at two weeks after delivery, at four months after delivery, we see our women on a monthly basis. Those are ongoing system in -- systematic times that you have determined that all women in your program need to be

seen, all infants need to be seen, plus, you are using your own discretionary judgment and perhaps inserting other visits based on the risk.

But these are the women that really are hands up working as hard as you do with it, and we really want you to be able to take credit on what you are accomplishing with these women, because we know in the data that you have reported to us our birth rate for African American or low birth weight infants is not going up. The nation is going up in that area. Our data shows the healthy start projects it is still higher than the national average hasn't gone up and has actually come down since the program began, and maintains itself last year when in the past couple of years programs nationally and the national data has shown that the low birth weight rate has increased. It's something that you can, we have benchmarked our programs and that we have shared with congress, and we have really believed it's one of the reasons that congress has continued to support us and the president has continued to support us at level of funding appropriations every year. So it's very powerful what you are able to do for your program participants. And that's what we want to be able to share.

DAVID DE LA CRUZ: One last question here is where are you supposed to put these forms, these completed documents? The completed performance measure forms. Actually in appendix A of the application. Include them as appendix A. We'll be as firm as we possibly can on the deadlines. We know it's a tight turn around, we know that on the one hand we are telling you how important it is that you get this data to be as clean and complete and as accurate as possible, but on the other hand we are not giving you as much time as we would like, as much time I'm sure as you would like, but because of the tight turn around in getting you notice and grant awards out, making sure you receive your funding at the proper time, we really can't make a blanket extension of the deadlines for this. Grant management and MCHB have rules how much time applications need to come in before we can review them and get your awards back out. So the official item, Maribeth will hopefully back me up on this, we are not going to blanket extend a deadline. We expect to have these completed performance measure forms included as appendix A in your application. And the due dates of the application are at the end of March on the front

of the guide, depending on the start date when they will be. If you cannot do that, talk to your project officer for a very unique, very rare exception and you have to have an excellent reason. You are warned about this as long as a year ago, and although we have made some changes, you should be in a position to have this data, these data pretty easily accessible.

MARIBETH BADURA: On the definition of, I believe -- it must be the definition -- perinatal morbidity definition, we will send that to you in writing. There are two definitions of it, one dealing with seven days and 28 days, and one back further into the fetal period. So we will send to you that definition. It is also included on the detail sheet on form 12. We did send to you the detail sheets for those definitions, and that is included there.

DAVID DE LA CRUZ: It will be on the detail sheet and also on the, in the glossary. We are checking to make sure. We are waiting for one of the last questions to be handed over to us. While we are given the last question, just to let you know that this webcast will be archived and you can, it will be available to watch it again as early as Monday of next week. Usually takes two or three days, so you go back on MCHcom.com and look for an archived version of the webcast if you missed any of it or part of it, or want to hear the questions again, some time early next week, as early as Monday, it will be available.

MARIBETH BADURA: The outcome measure sheet, form 12, page 64 of the material we had sent you, defines there at the numerator as the number of fetal deaths under, that are greater than 28 weeks gestation, plus deaths occurring under seven days postpartum. So that is the definition that the bureau has chosen. If you don't have access to this data on your program participants, this one might be a harder one for you to gather. And so just let us know that you might need a little bit more time on this one.

DAVID DE LA CRUZ: Form 12, should they be answering that for program participants or population-based.

MARIBETH BADURA: Very definitely program participants. We want to be able to say what you are doing, tell congress, because the purpose of healthy start, what you are doing for the program participants, we have access to the data on the community level. We need to show what you are doing for the actual program participants you are serving.

DAVID DE LA CRUZ: Okay. If you have any additional questions as we wrap up this webcast that were not answered today or you go through and come up with additional questions, email your project officer, your federal project officer, and then those questions will be brought together at a regularly scheduled staff meeting, and will come up with a uniform answer to make sure we all have the right answer and the project officer will either email you back or will get on a conference call with you.

MARIBETH BADURA: Put it on the listerv.

DAVID DE LA CRUZ: If it's like a frequently asked question, we'll generate a list of that and put those out. If you have any additional questions, email your project officer.

MARIBETH BADURA: We do have Jack with us here who as many of you know is the bureau's person responsible for the data collection and most importantly, the person responsible for getting these forms for the bureau approved through OMB, and discretionary information system. So he's hearing the questions in the room that we are getting, and we are continuing to refine and get this system so it's, it's working right for all of us.

DAVID DE LA CRUZ: Yes, Jack is the person to thank, or blame, depending on your perspective. The performance measures are submitted as part of the application. Do they count as part of your page total?

MARIBETH BADURA: Page total is something that is a HRSA policy, and it actually, what they actually asked us to do is to limit you to 80 pages, including your budget narrative and all the appendixes. We knew that was impossible. So we are asking you to try to limit

it to 140 pages, but believe me, we will, if, this is a continuation application, we will continue to read the application if you exceed those numbers.

DAVID DE LA CRUZ: The last question that just came in, just to clarify and to be as clear as possible, when we ask you for a calendar year data, we mean the full calendar year of 2003. January 1st to December 31st. Even though you didn't get these performance measures until February, we still expect it to be the entire 2003 calendar year. Okay. That concludes our webcast for today. The next will be held some time in March. The specific date and program information will be announced soon. Again, if you have any additional questions about performance measures, email your project officer and we'll get back to you as soon as possible. Thank you very much.

MARIBETH BADURA: Thank you.