

DPSWH March 2004 Webcast
The Healthy Start Performance Information System, Part II

DAVID DE LA CRUZ: Hello and thank you for joining us today for the Division of Perinatal Systems and Women's Health webcast. My name is David de la Cruz. Today will be a continuation of last month's webcast where we began talking about the discretionary performance measures. Several of you -- we've been receiving questions from several of you about the performance measures. With the applications due within a week or two we thought it would be a good idea to come back together and answer these questions. Let me begin by thanking all of you for submitting the questions. All of your questions have served to help us identify areas in the performance measures that may need more and additional clarification. This may be the first year we use these specific performance measures but they won't be the last year. So your comments, questions and suggestions will help us to continue to make these forms more clear and more helpful. All these activities have the ultimate goal of being able to get the best quality data from each project so that we can be better positioned to be able to continue our fight against infant mortality and health disparities. Now although some of you are submitting questions to your project officer and may also received the answer, we want to answer as many of these questions as a group that are possible so that everybody can benefit from getting the same answer to the same questions. Towards this end I'll turn over the webcast to Maribeth Badura, acting director of the Division of Perinatal Systems and Women's Health.

I have to read general instructions and guidelines first. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the

presentation. You may need to adjust the timing of the slide change to match the audio. You can do so by using the slide delay control at the top of the messaging window. Now we encourage you to ask questions throughout the entire webcast, many of you submitted questions ahead of time. Simply type your question in the white message window on the right of the interface so the question for speaker from the dropdown menu and hit send. Please include your state or organization in your message so we know where you're participating from. Most importantly, be clear about which form you're asking the question about. Now 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. Those of you who selected accessibility features when you registered will also see text captioning underneath the video window. So with no further adieu I'll turn it over to Maribeth Badura who will begin with an overview and begin by answering questions.

MARIBETH BADURA: I want to welcome you all to our webcast. As David said we're excited about working with you to get the best data that we can. The most important thing -- next slide, please. We need to be able to tell the Healthy Start story to policymakers, to our Congressional staff. We've got some excellent results and we want to be able to put this together in a way that we can indicate who the Healthy Start programs are serving, what you're providing and what we are accomplishing nationally. Please remember that what we use the data for is to aggregate it nationally across all 96 projects. Next slide, please. The other thing I wanted to go over with you just once more before we get into the forms, is two definitions. One is a program participant. That's an individual having direct

contact with Healthy Start staff, your subcontractors on an ongoing systematic basis. There is a continuity of care that we want to be able to measure so that the people that you're working intensely with are the people we want to be able to say how well you're doing on and what we as a group nationally have done. The community participants level is anyone who may be dropping in for a health education class, that you've met at a health fair. You know, a variety of outreach options. But it's not someone who you're consistently seeing case managing outreach working with. Just as we go through we've made this distinctions in this new dataset and if you've got questions, of course, we'll entertain them and Beverly Wright is with us here and she will get them to us as soon as possible.

I'm going to skip now and start with form 1, which is slide 12, please. The number of questions, first of all, on what you should submit. And the excel spreadsheets are the most accurate of the versions of the documents. The Word documents are harder to use and there are some columns hidden in a couple of tables that you can only access to excel. We want you to submit this information in excel and we want you to submit it also on a diskette. So we'll get a hard copy and a diskette copy of it. And we don't want you responding in the Word. We want it in the Excel file. It will help us turn the data around as soon as possible so that this spring we'll be able to start giving Congress some really excellent data on what you're accomplishing. I'm now going to go to Form 3. I'm sorry, Form 1, Line 3, which is -- actually I'm not going to -- MCH grant amount award on Form 1, which is the first line on Form 1, is what you put down what you receive as your annual budget. It is not any funds, you know, offset funds, just your budget that you would normally receive. Your funding level for the upcoming year.

The next line underneath that is unobligated balances. And we ask you to estimate these unobligated balances but to assist you in it, as we indicated last time, we want you to pick a day. Let's say February 29, 2004, and record all your actual unobligated balances to them. And then let us know what you think you're going to have at the end of the year and put that in a footnote form. So, you know, work on a system, but footnote what it is you're doing. But we do need that column filled out. It is for the current year you're in. This actual requirement is very similar to what one of the forms on the 5161, 424 budget page that most of you are used to. This isn't a new request in that way. But it's one -- it's an area that many of the grantees have not filled out in the past and it's an area that we will need data on. Let's now move on to Form 2. And if there are questions coming in on Form 1, I'll get back to them after Form 2. For Form 2, the question was, which year or years to enter. And to simplify things for you we asked you to enter under budgeted the info from the approved budget for 2003-2004 and that's at the top of the column. Under expended, enter an actual from spent and footnote the time period. So if it's June 1 to January 31, but you footnote and give us that time period on the under expended column. Any questions for Form 1 yet?

You want to Excel version. It's why we want people to go to the Excel version. One of the columns might be mislabeled and form one. If you go to the excel spreadsheets they're correct. That's why we want you to use them. On Form 3 this is how we look at projects by the MCH pyramid. We're asking you to separate program participants and community participants. On a separate form so that we can tell the difference there. And -- The other

area that we have a question is, it appears that the time period for children, if you go down to target population, the fourth cell down in the first column it says age 25 months to 4 years. That should be 24 months. We don't want to lose the kids for a month there. Sorry about that error. The -- in the first column you're going to fill out the 203, 204. If you know what you were budgeted you can fill that column in. For sure that's the column we need the expenditures in and then you're going to fill in for the next budget year as 204, 205 and put your budget in what you think you will be spending for these populations by target group. There is also a question on what to do with male participants. And you can actually put the male participants in the other category and then again footnote that that's a male involvement program. Under women served you're going to enter in there your non-pregnant women. Any questions? Discussion here. The Excel -- as I said, we want you to use the Excel spreadsheet because that is the most correct. And it should be children age 1 to 24 on it.

DAVID DE LA CRUZ: Seems like a question from the audience came in and it seems to fit here. The question is about the number of pregnant participants. The definition of what a pregnant participant is. During the reporting period previously it was defined as number of pregnant participants enrolled during the reporting period. Now the definition refers to all pregnant participants. Does this mean that we should count pregnant participants enrolled during the reporting year that are still pregnant in the current reporting year?

MARIBETH BADURA: The answer is yes, you should count them.

DAVID DE LA CRUZ: OK. Another question which seems to fit here is the definition of perinatal death is not the same as the one usually used for Title V. Can you clarify if the data should reflect death seven days or more than seven days and 28 weeks gestation or more than 28 weeks?

MARIBETH BADURA: Why don't we hold on that question until we get to those performance measures. It should be age for children, it should be 1 to 24 as I just said. You've got a breakdown on Form 3, age 4 to 24 years. Again that's because many experts consider adolescents extending to 24 years of Age.

DAVID DE LA CRUZ: Form 3 should we report on program participants or community level participants? And what if we only have information on program participants?

MARIBETH BADURA: If you only have -- you should report separately, as I said, on your -
- send us one Form 3 for your program participants and one Form 3 for your community level participants. If you don't have a way or can't estimate a good number for your community level participants, then there is no need to submit that form. Just again footnote and say we do not have the ability to collect this data. Why don't we move on, then, to -- the definition of where outreach comes in. This applies to both Form 3 and Form 4. The guidance draws a distinction between statewide functions population base or community level activities and individual one-to-one enabling. We -- that outreach that is to the community at large with health education, with however you're getting the bigger messages out. Your classes you might be having for pregnant women but they're not part

of your real case managed population. The outreach activities to that -- to the women who are program participants fall in the enabling service area. But the outreach in population base is really the outreach to the community level participants. So maybe if you tried answering those questions in terms of you're going to count in the enabling area outreach to program participants and in the population based outreach to community level participants. And again, if you've got any special details, we'll be glad to take footnotes on them.

DAVID DE LA CRUZ: There is a question here, if male participant programs are funded from other sources besides Healthy Start, should they be included here in Form 3?

MARIBETH BADURA: If you consider that part of your Healthy Start project even though it's not paid for by our services, if it's an integral part yes, you can include them in Form 3.

DAVID DE LA CRUZ: Also Beverly needs Sandra King to resubmit her question. There was a technical difficulty with that. If you could resubmit it, Sandra, please do.

MARIBETH BADURA: We've had a question on a form which is the budget and expenditures by type of service that asks us when you've got staff that cross multiple categories of the pyramid how do you handle that. And you do again your best judgment on how much time the various staff are finding -- are spending with the levels of the pyramid. And then just make sure you're consistent throughout the rest of the application on that item. Anything else now on Forms 3 and 4?

DAVID DE LA CRUZ: For Form 3 for non-pregnant women just to confirm do we want 24 plus or should it be 22 plus?

MARIBETH BADURA: It's 24 plus. That is an error. We're going to 24 plus.

DAVID DE LA CRUZ: We're waiting for this last question to come in about the form. The excel spreadsheet does not have a line for children 24 months to 4 years or for 4 years to 24 years. We have children—

MARIBETH BADURA: If you -- our spreadsheets have it here. I think what might have happened is those particular rows may be hidden on the spreadsheet. So if you have the excel document, go to the row section under formatting and unhide those rows. If there is a problem in your particular file in this area is corrupted please call your project officer and we can email you a corrected form

DAVID DE LA CRUZ: Also make sure you're using the version of the form that was sent out on the 24th of February. That's the other possibility. You might be looking at an older version.

MARIBETH BADURA: We're going to move on now to Form 5. And here we have said we only want you to fill this out on program participants. This is not for -- we don't expect that you would be able to fill this out on community level participants. If some of you can, that

would be great, but do it separately. But I think that's most reasonable that you'll only be able to fill it out on the program participants. And as you enter the data, the -- on the number of pregnant women by age, that number will automatically appear in column B, total served and then your breakout of other types of funding is just your best estimates based on what data you have collected from your program participants of how many are served by the other types of insurance. Private, title 21 and title 19.

DAVID DE LA CRUZ: There is a clarification on table 4 of Form 5. That should be for women 25 plus. And then the second row should be 25 to 29. That's just to make sure you aren't duplicating the same women who could be under 25 which would be captured in the other tables within that form.

MARIBETH BADURA: Question, if a program participant is covered by more than one source of insurance, what should they list -- should they just list the column of their primary source? Again, do your best estimates to tell us what -- you know, what the primary source of the insurance coverage for the woman is. We understand that people move in and out of Medicaid rows or state health insurance plan but do your best estimate on it. You really do know the women you're serving and some of you have some data that could be very useful and we'll do some sharing on that afterwards.

Anything else now on Form 5? I'm going to continue on here. There are some questions about on Form 5 the differentiation between table 1 and table 4. And the question is, if they include a woman in table 1, those are pregnant women, the table 4 are women who

are not pregnant. So you report that data on table 4. But table 1 only addresses the pregnant women. And again, questions on where you would put male participants and you're going to put that in the other category. OK, I'm going to go on now to Form 6 of the abstract. Please remember that you don't under section 4 of the abstract, and that for our wonderful helping group at the University of Illinois, I don't think we didn't include this as one of our slides so that's why it's not coming up on the screen. But you don't need as a continuation application to fill out the A portion, which is for new projects.

You just fill out the continuing projects. You're just going to give us a brief description of major activities over the past year and you're going to -- if you have a website you'll tell us what that website is. OK. Now, let's move on to the discretionary performance measures. The question is, the instructions say in addition to reporting the data on Form 9 five of the performance measures but also be reported on a specific data collection form called the detail sheet. And these are the measures of service scaling that you're doing. And they refer to performance measure 7, 10, 14, 22, 35 and the question is do we have to turn in the detail sheets and yes, you must submit the detail sheet along with your data. There is also not a reason to -- you're going to put your numerator and denominator into Form 9 so you don't need to do a calculation at this time. Give us the actual numbers and we'll calculate it ourselves. Some people raised a question about what if something is not applicable?

The way that we'll be able to handle the data when we aggregate it across all the projects is we take the denominator of the areas that everyone was able to complete and the

numerator from those same areas. So if you have some areas that are non-applicable you're not going to be penalized any points. The purpose of this is really to show what it is you're doing in those areas. It's not a point system in the more traditional sense. We have a question on whether we have to -- whether you have to submit the perinatal mortality rate and yes, we are asking you to attempt to do it. And do an estimate to the best of your ability if you can't actually give us the data itself. We're asking that you would try to do it. And on the detail sheet that accompanies that form, it does define what the perinatal mortality rate is. We have a question on, again, Form 12. Infant mortality statistics. We want these rates to be on your program participants.

We don't want these rates to be on a community level. And we don't really want you to try to calculate an infant mortality rate for your program participants. We're going to aggregate that and do it because we -- that's one of the reasons for the Excel spreadsheet. But please, you know, there are some issues with small number statistics at your individual site. Don't worry about reporting the numbers to us, since it will be an aggregate and I know it will be statistically significant. On the issue on low birth weight, it is asking less than 2,500 grams or 2,499 grams. Yes, you are to include both very low birth weight and moderately low birth weight. In this particular performance measure that's what we say in the detail sheets, there is an area later on where you report on the very low birth weight and the moderate low birth weight separately. Any other questions coming in?

DAVID DE LA CRUZ: Yeah. There is a couple just -- I'm trying to find a basic one that

aren't form specific. The question on pregnant participants needs some further clarification, please. Many sites enroll women as pregnant participants and keep them up to two years after the infant is born but they're still considered a pregnant client type until they're terminated.

MARIBETH BADURA: No, they would move to the other category of women once they're no longer pregnant.

DAVID DE LA CRUZ: OK. It says this includes women who have delivered babies, yet continue to receive services while they're parenting.

MARIBETH BADURA: Right. Those are two big calculation groups.

DAVID DE LA CRUZ: OK. If you can go back to Form 1, I don't know if you want to start doing that yet or if you want to—

MARIBETH BADURA: See if there is any on the forms we're on now. OK. We're also having questions about for the outcome measures, do we calculate in the context of city, the target area or project births. You're calculating it on births to program participants. If you want to talk about how you're influencing the infant mortality rate in your county or city use the narrative for this but we just want births to project participants in this particular column.

DAVID DE LA CRUZ: Here is a follow up to the pregnant participant. A participant could be pregnant and post natal in the calendar year. Where should their data be captured.

MARIBETH BADURA: Pick a point where you do your data collection and put them in that time period. OK.

DAVID DE LA CRUZ: Although this isn't Form 5, it isn't specific to that it asks about the insurance by Title 19 and Title 21.

MARIBETH BADURA: 19 is Medicaid and 21 is S-chip, state child health insurance program. We have a question that on performance measure 21. Do you want reporting for the entire state or just sites? We want the reporting again to be on program participants, not state data for the whole community.

DAVID DE LA CRUZ: No more questions until 36.

MARIBETH BADURA: OK. Why don't we take the question now then.

DAVID DE LA CRUZ: For performance measure 36 that states the percent of premium program participants of supported programs that have had a pre-natal care visit in the first trimester of pregnancy. Does this include pre-natal participants only or again a post natal woman who is now post natal but pre-natal during the calendar year.

MARIBETH BADURA: This is the percent of women who have the prenatal visit in the first trimester. Count all women who enter your program prenatally and what trimester they entered the program and report it that way. This is program participants. There is -- we're now going to move into the data sheets. On program participants and community participants unless we have more questions coming in on the performance measure section. OK. The additional data element section if people go to the top of page 2, we ask for data on male participant in age 17 and under and males 18 and over. This could be both a male parent or a caregiver. We're not seeing males in this area. Maybe in some population-based service that you might be doing in school. So you want to be able to take credit for those males even though they are under 17 years of age. Those are the last of the questions that we have had sent in ahead of time. And I'll wait for David to give me some others that have come in.

DAVID DE LA CRUZ: If we can go back to Form 1. So the question is about Form 1. A clarification. Should they report only on Healthy Start funds or any maternal child health block grant funds?

MARIBETH BADURA: Again, this really is to reflect just your program -- your budget for the year is actually Form 1. And you're going to put in the top line your MCH award amount and you fill in the rest of the data.

DAVID DE LA CRUZ: Just the Healthy Start there.

MARIBETH BADURA: Healthy Start is the only thing on Form 1 that you'll be putting in. You would enter block grant dollars in the -- in section number 6, state Title V block grant line 8.

DAVID DE LA CRUZ: There still seems to be a little bit of confusion over a woman who was pregnant during one part of the calendar year and delivered during the project period. Specifically it says can they be considered in both categories?

MARIBETH BADURA: We were trying as best as possible for an unduplicated count. But if you are going to submit them in both categories footnote that at the bottom so we know that you've done that.

DAVID DE LA CRUZ: Moving to Form 3. Did we hear you say to put the 24-month-old children with the 25 month and older children or should they stay in the category of age 12 to 24?

MARIBETH BADURA: We had a very interesting discussion about this ourselves. It is when the baby reaches its second birthday the month after that is its 25th month. So that's the distinction we're trying to meet. When the baby has the second birthday, they get to move to a new category on the table. It's not the best birthday present we could give but—

DAVID DE LA CRUZ: On Form 4 we'll be doing skipping around. I see Beverly frantically writing more questions out. When counting outreach in either enabling or population

based what if the average is for participant recruitment? It seems this is difficult to distinguish. How do separate the difference for outreaches for recruitment versus non-recruiting or enabling?

MARIBETH BADURA: We want the recruitment that is for actually recruiting women to enter into the program to be put under the enabling-based services. The other outreach is, as we said, more community level and we want you to count it at that point. But recruitment outreach falls under enabling service.

DAVID DE LA CRUZ: The next three questions are on -- have to do with Form 5. It says, how do we define participants served? The question assumes that we should count people enrolled prior -- in prior periods who are still being served in the current year.

MARIBETH BADURA: Actually, of course, when you start the new fiscal year, calendar year you take a count of the women that are part of your program moving into the next year and you add the other women who have enrolled in the program during the entire year. But you would start the count on January 1 is all women who are pregnant women who are receiving services and add on during the year the remaining participants, whether they be a woman in the interconceptual period or whether a program participant in the prenatal period.

DAVID DE LA CRUZ: When you talk about unduplicated participants in Form 5 do you want the participants counted where they initially were at the start of the year or in the

category where they would fall at the end of the year?

MARIBETH BADURA: Whatever makes logical sense for you in trying to enter that. Just be -- you know, just again footnote what it is.

DAVID DE LA CRUZ: I think you need to -- you said you need to pick a point in time throughout the year that they will switch categories. Where do the forms go in the application? All of these forms will go, I think we decided, under appendix A. So all these forms will be -- should be in appendix A. Sort of another miscellaneous question, where do you insert the done number in the application? Does it go in the abstract somewhere or is it just listed in the cover letter?

MARIBETH BADURA: It's listed in the cover letter and the application form. If you wish to put it in your abstract, you may.

DAVID DE LA CRUZ: Jumping now to Form 9. Were you ready? Sorry. Could you clarify what you want -- what the difference between the indicator and objective is? I'll show it to you. Annual performance objective and annual performance indicator? I think the definition is in the instructions.

MARIBETH BADURA: It is. The -- for your measures in the line sighted annual performance indicator we have already -- the objective line refers to what you're going to project over time that you would like your targets to be for the next year. When you fill in

the numerator and denominator with your data on program participants, on the other measures, the -- we calculate it automatically in the performance indicator role. And that then will allow us to compare where you are against where you wanted to be within a given calendar year. And please remember on that table if you have multiple births, let us know how many multiple births are included in that.

DAVID DE LA CRUZ: We have quite a few questions. What percentage of your clients did your Healthy Start project retain for the entire length of eligibility? Can you define eligibility? Is this a retention question such as a number enrolled in 2003 that began versus how many you had towards the end of the year?

MARIBETH BADURA: It is really an issue with retention. There is some normal loss to follow up for people who move outside a target area. Move somewhere else. What we want, really, is the women that you have retained in the program over time. Eligibility refers to the criteria that you set for the project. The woman is eligible to participate in the Healthy Start program.

DAVID DE LA CRUZ: We know there are a lot more questions coming in. We're trying to get to them. Would you please repeat your instructions about including the detail sheets along with the data collection form?

MARIBETH BADURA: We need you to send with us the data collection sheets along with the performance forms so that if the data collection sheets, you should follow the detail

sheet for Form 9. So the ones that are more descriptive, more scaling, insert at that time.

DAVID DE LA CRUZ: Try to speed things up I'll try to read them off the computer. For Form 12, number 6, when you ask for low birth weight, is that low birth weight alone or low birth weight and very low birth weight.

MARIBETH BADURA: It's an infant under 24,000 grams. It includes both moderate and low.

DAVID DE LA CRUZ: For Form 12 again.

MARIBETH BADURA: That's in the detail sheet that accompanies the form. So look in the back to check the definitions.

DAVID DE LA CRUZ: The question about do you need to send in the detail sheets.

MARIBETH BADURA: Yes.

DAVID DE LA CRUZ: Some of the detail sheets do require you to have the grid filled out or a table filled out. Those we do want, yeah. Is all the information on Form 12, is that on program participants?

MARIBETH BADURA: Yes, it is. Those are the outcome measures and we want them on

your program participants.

DAVID DE LA CRUZ: If the pregnant participant gives birth in the middle of the year she's counted once as a pregnant participant but then is she also counted as an interconceptual participant?

MARIBETH BADURA: We're trying for an unduplicated count. If it makes sense to count her prenatally and for the interconceptional period fought note what you've done at the bottom of the sheet and tell us what you're doing. Take a point in time when you're going to do this and make them the point where you count them at program participants and interconceptional.

DAVID DE LA CRUZ: Are we required to add all of our calendar year objectives? Should we rewrite our calendar year objectives that we are already following onto Form 10?

MARIBETH BADURA: I would suggest just in the future when you compete you'll use Form 10 to identify objectives that are not part of our already-existing performance system. But in your narrative that's where we would like to see your objectives that you've had that were approved with the original application. They don't have to have a special detail sheet on them for Form 10.

DAVID DE LA CRUZ: For detail sheet number 35, I don't know if you can get there quickly, do you want state or program or just program data?

MARIBETH BADURA: Before -- I can probably tell you we just want program data.

DAVID DE LA CRUZ: Without even seeing it.

MARIBETH BADURA: That's the percentage of communities having comprehensive systems for women's health services and so that's going to be at the community level that you're measuring that system and that is actually a grid element.

DAVID DE LA CRUZ: Earlier you said we are not supposed to calculate infant mortality rate, is that correct? If so, are we supposed to set objectives for these rates?

MARIBETH BADURA: When you enter the data from Form 12 your numerator and denominators, the -- an indicator will pop up to show where you are against your target. And we would like to see how you're progressing over time. But as you know, there are a lot of other data that we're collecting on your program participants and on what you're doing and what we will do here is aggregate that. Not look at it as an individual project. What we report to Congress will be of the number of babies born to Healthy Start women. These are the number of babies we were successful in graduating at two years of age.

DAVID DE LA CRUZ: You said we should estimate perinatal mortality rates. How do you make that estimate?

MARIBETH BADURA: What I might have used an estimate. The numerator is the number of fetal deaths to 28 weeks gestation plus deaths occurring under seven days to program participants. So if you have the data on fetal deaths and I know many of you provide high-risk interconceptional services to those women because they're a high-risk group. You'll put in the deaths for that woman -- for the baby, actually, as a numerator and your denominator is the live births plus fetal deaths. If you don't have good data and you can't do a sound estimate, let us know that on this one.

DAVID DE LA CRUZ: Could you please repeat again what Title 19 and Title 21 were?

MARIBETH BADURA: Title 19 is Medicaid. Title 21 is S-chip.

DAVID DE LA CRUZ: On the additional data element tables, should the A and B sections be unduplicated numbers? Do you want unduplicated women there?

MARIBETH BADURA: As best of your ability, yes. I know some of you over the years have identified, you know, how many from your various data collection systems what you think the number of duplicated clients are. Clean it up but tell us in your footnote again how you arrived at that.

DAVID DE LA CRUZ: Do projects need to use all of the performance measures or are some of them optional?

MARIBETH BADURA: On the performance measure, no, none of them are optional. But on the performance measure on state morbidity, mortality reviews, infant mortality reviews, we know that a lot of the projects may not have that. They may have had it and it's not active right now. We would encourage you to use those processes as you're looking at what is happening in your community. But if you don't have any of those programs, you're not going to be penalized.

DAVID DE LA CRUZ: On the risk reduction and prevention.

MARIBETH BADURA: But you'll send in that sheet and say we do not have any any child review or state morbidity. You'll fill out the data sheet and submit it and you'll use non-N.A. rather than zero.

DAVID DE LA CRUZ: I think that's a very important point. N.A. will be is going to be calculated differently from a score of zero. On the risk reduction and prevention services what is the definition of overweight and obesity and underweight and lack of physical activity.

MARIBETH BADURA: There are standard definitions that are in the -- that have been developed by the United States preventive health task force, the dietary councils that work with HHS and those are the definitions.

DAVID DE LA CRUZ: For form 1 budget is the unobligated balance an estimate of what

the carryover from 2003 and 2004 will be?

MARIBETH BADURA: Yes, it is. We've asked you to take it to what you've actually have as unobligated balances and let us know again in the footnote when you're doing your cut in time and whether you expect that to be there at the end of the project -- at the end of the budget period.

DAVID DE LA CRUZ: Also on form 1, should this reflect funds only coming into our organization or any funds that are used in the community for services such as case management?

MARIBETH BADURA: What I would say on that is the first part of the form, you know, use just your own grant award. Under the federal collaborative part if you consider that group part integral to your project put that group there and footnote that it doesn't come directly to the grantee. It is an in kind and matching in many ways to further the work of the program.

DAVID DE LA CRUZ: Please clarify what you mean by baseline on several of the forms including form 9 and form 12. Our current grant is from October 2001 to 2005. Should baseline be what it was in 2001?

MARIBETH BADURA: Again, yes, that probably is your best baseline. Either the year that you started this current project period or the year preceding that. We want you to identify

what that baseline year is so we know where your markers are coming from.

DAVID DE LA CRUZ: On Form 5, table 2, are the age ranges in months or years. I would have to refer to the table there.

MARIBETH BADURA: I know all of you can identify with the paper showing that is going on here when you're working on your applications and trying to find something so yes, after -- for children in the fourth cell on the first row column, I should say, it's 25 months to 4 years, then 5 to 9 years, 10 to 14, 15 to 29 and 20 to 24, those are all the years.

DAVID DE LA CRUZ: And then the next question is just to be clear on Form 3, we need clarification on children in the fourth cell. Should it be 24 or 25 months?

MARIBETH BADURA: After the child reaches -- when the child has its second birthday put him in the column the next day, put him in the column children age 25 months to 4 years.

DAVID DE LA CRUZ: Here is actually a question that we've been asking ourselves here.

MARIBETH BADURA: We really don't want to miss the children for one month. Please put them in one or the other areas, but the first one goes through 24 months and when they reach that, then they move on to the next column.

DAVID DE LA CRUZ: Should the abstract which is form 6 be submitted with the other

performance measures in appendix A or elsewhere in the application as done in previous years?

MARIBETH BADURA: We will be looking for in appendix A.

DAVID DE LA CRUZ: Sorry to harp on this. If the prenatal participant was enrolled in 2002 and baby born in 2003 should she be counted as a pregnant participant in 2003. They would have been counted in 2002.

MARIBETH BADURA: They also become an interconceptional woman in 2003.

DAVID DE LA CRUZ: What is the definition of perinatal mortality?

MARIBETH BADURA: Go back to the detail sheet. For those, that is page 64. The numerator is number of fetal deaths greater than 28 weeks gestation, plus deaths occurring under seven days to program participants. And then the denominator is the live births plus fetal deaths among program participants.

DAVID DE LA CRUZ: When can we expect a glossary of definitions.

MARIBETH BADURA: We are having computer difficulties here.

DAVID DE LA CRUZ: For each performance measure are we correct in assuming the

numerators and denominators defined in the guidance?

MARIBETH BADURA: For each performance measure there is the detail sheet that tells you what the numerator and denominator are, yes.

DAVID DE LA CRUZ: OK. You mentioned earlier that if -- to use an N.A. versus an zero in some instances. This contradicts directly the information that was given previously which is that you should put in a zero. This will affect the denominator dramatically. Clarify when you should use an N.A. versus a zero.

MARIBETH BADURA: I don't know if I can clarify that for every one of the measures. Detail and performance measures. Pertinent to those two areas.

DAVID DE LA CRUZ: If a pregnant -- just to go back to the point in time aspect. If a woman is pregnant and counted in 2002 as a pregnant woman and she's pregnant and delivers in 2003, she may still be considered -- she may still be counted or considered pregnant in 2003 based on the point in time that you pick to determine when you're going to start.

MARIBETH BADURA: Correct. It depends on when the baby is born.

DAVID DE LA CRUZ: When the -- there still seems to be confusion about the 25 month versus the 24 months plus one day. When the children turn 25 months they're included in

the next category. You keep saying for the second birthday they move forward but actually you're saying at the 25th month birthday, right?

MARIBETH BADURA: I'm going to say one more time. When the baby turns two, which is at the end of 24 months, they move down to the next category. That is 24 months but the important thing is not to get hung up on what month it is, it's to look at when the baby has their second birthday and they move down to the next row.

DAVID DE LA CRUZ: Just to be clear does the abstract need to be included twice in the application, once in the beginning and once in appendix A or only in appendix A.

MARIBETH BADURA: Put them in appendix A so there is some consistency.

DAVID DE LA CRUZ: Do you want the abstract also submitted on a separate disk.

MARIBETH BADURA: Yes, we do want that also so we can get those up in a database.

DAVID DE LA CRUZ: As far as the definition of perinatal mortality, where did this come from? How did you choose this definition instead of 20 weeks gestation through one month of life?

MARIBETH BADURA: This is a definition that was -- is used in the block grant application. And it is consistent with the national Center National Center for Health Statistics.

DAVID DE LA CRUZ: Detailed sheets do not indicate denominators or numerators in some instances. Is this correct?

MARIBETH BADURA: Yes, it is. And on the scaling ones you don't really have a numerator or denominator. What you have is your total score. So we took out the numerator and denominator rows there so you wouldn't get more confused.

DAVID DE LA CRUZ: On the additional data elements sheets towards the end, part B, how do we collect information on number of screenings if we don't provide these particular services?

MARIBETH BADURA: We ask that you work to find a way whether it be random sampling, whether it be talking with the woman, finding out from her whether she's been screened for that. And I think talking with women, empowering them so they know what the services are that they're being screened for so that they know what quality care is an important area. Some of you want firmer data, some do a sample, work out a way with provider group so you know whether the women are being screened or not.

DAVID DE LA CRUZ: That's actually the last question that we have with the exception of several questions that have to do with the guidance. Did you want to go there?

MARIBETH BADURA: In terms of the guidance issues, we're only going to entertain

questions on the continuation guidance. And some of these we may get back with an email system for you.

DAVID DE LA CRUZ: So one of the questions that seems appropriate to ask here. It says that in the guidance on page 10 it states that the abstract should go before the project narrative. Are you now changing that and it should only be included in appendix A?

MARIBETH BADURA: Please right now so all the data is together, that was standard language that was in there, please put it in appendix A. That's what we're going to go looking for. For the continuation application, yes.

DAVID DE LA CRUZ: I'm now scrolling through to see if any of the guidance questions would be -- if we can answer them here. I think they should be addressed on a case by case basis.

MARIBETH BADURA: Well, I really would like to thank all of you for participating in this. I think this was a pretty rough call in terms of a webcast because it's very hard and I have to tell you the subject is not a lot subject. It's a pretty dry subject, so to speak. I hope we've answered more of your questions. We want to make sure the data we're getting from you is consistent in quality. And we're sure that after we look at the data we're still going to be refining this system.

DAVID DE LA CRUZ: I have -- before we conclude there is a couple of other things. If you

do have additional questions, whether they be on the guidance or the performance measures, it's not too late to submit them to your project officer. You still have -- some of you have a week, some have two weeks before the applications are due. We understand it is very tight time frame. We'll be sensitive to that and try to get back to you as quickly as possible. We are trying to be also careful that we're not giving any sort of, as Maribeth said, any sort of undue advantage to questions being asked about the guidances. Also in the near future the national evaluation team will be contacting each project as well as sending messages via the Healthy Start evaluation list serve. I want to stress again both MCHB and the Division of Perinatal Systems and Women's Health strongly support the national evaluation and encourage you to participate fully and completely with any national evaluation activities that is done. Stay tuned for more information about the national evaluation that will soon be sent out over the list serve. I'm plugging again, make sure that at the minimum the project director and the national -- and your local evaluator are signed on to the list serve. This does conclude today's webcast. Thank you for participating. An archived version of the webcast will be available at www.mchcom.com by Monday morning. If you have additional questions or need additional help, as I said earlier, do not hesitate to contact your project officer at the division.

We know your applications are due soon and we'll respond as quickly as possible. Take a few moments to complete the online evaluation of the webcast that will automatically pop up on your computer at the end of this presentation. Your responses to this evaluation will help plan future broadcasts as well as improve your technical support. Thank you again and we wish you luck in completing your performance measure tables, documents and

applications.