

To: Health Resources and Services Administration

Re: The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System

OMB Control Number: 0906-0017, Revision

Date: May 19th, 2021

To Whom It May Concern:

Thank you for the opportunity to provide feedback based on our experiences collecting and reporting data under MIECHV with the following evidenced-based models: Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). We appreciate your commitment to maintaining a transparent and collaborative process and appreciate your consideration of the local and state burden of proposed changes. We have some concerns regarding the utility of some of the proposed revisions to data collection and some requests for additional information that could help improve the clarity of information collected.

While the revisions set forth in the Federal Register Notice (FRN) are described for all grantees of the MIECHV Program, this letter will address how the changes to data collection and reporting will directly affect the Colorado MIECHV program, program staff, clients and families. We hope the information below will be helpful as you consider the potential changes to the MIECHV Performance Measurement System.

We would like to acknowledge that any changes to data collection activities require additional time and funding to implement, increasing burden at the state and local levels for data managers, supervisors, home visitors and the families they serve. At a minimum, it requires reprogramming databases, changing forms, training home visitors and conducting additional data validation efforts.

Form 1: Demographic, Service Utilization, and Select Clinical Indicators

Table 1: Include reporting for gender non-binary/unknown/did not report

We applaud the proposed inclusive gender language and appreciate the additional clarification in the definitions that these data refer to gender identity and not biological sex.

Tables 3, 5, 6, 7, 18, 19, and 20: Remove index child gender reporting/Tables 3, 4, 6, 7, 8, 9, 10, 11, and 18: Remove adult participant gender reporting.

We appreciate the removal of gender to simplify reporting across these tables as these data were not particularly informative at the state or local level.

Tables 4, 9, 10, and 18: Include reporting for new and continuing adult participants/ Tables 5, 19, and 20: Include reporting for new and continuing index children

Our team is curious about the utility of disaggregating these tables by new/continuing status at the national level. Colorado does not use a statewide database for data collection and localized data systems will have to build new reports to pull these data at the site-level, which will take additional time and funding across multiple data systems without corresponding usefulness for programs. It would be helpful to understand why these data are being disaggregated and how these data will be used at the national level to justify the extra effort required.

Form 2: Performance and Systems Outcome Measures

We greatly appreciate the consideration of state and local burden surrounding proposed changes to measures.

Measure 16: Update measure to reflect caregiver health insurance coverage status.

We appreciate that the change to this measure will likely more accurately reflect current caregiver health care coverage; however, health insurance coverage is not a goal of our home visiting programs. Some clients are unable to access health insurance even with MIECHV exposure. Clients using an FQHC, discount insurance cards, Denver Health Financial Assistance Program (in CO), Sliding fee programs or the Colorado Indigent Care program are categorized as not having health insurance by HRSA.

Optional Measures 1 and 2

- I. We appreciate the proposal for these measures to be considered optional for programs as these constructs can be well outside the purview of home visiting programs. Collecting these data potentially could have a negative impact on continuing participation in MIECHV for clients.
- II. We would suggest keeping missing data definitions consistent as much as possible between measures. Missing data for Measures 18 and 19 do not include missing referrals: “When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator.” However, Measure 17 and Optional Measure 2’s missing data definitions do include missing referrals: “Data are also considered missing if there is no documentation of whether a referral was provided.” Additional clarification on why these definitions are not consistent would be helpful if they are kept as proposed.
- III. Clarification that these are considered optional in addition to the non-optional Measure 1 and 2 may be helpful (i.e., these are not optional in place of collecting data on Measure 1, Preterm Birth and Measure 2, Breastfeeding).



Thank you for allowing us this opportunity to express our concerns and requests for clarification. We look forward to future opportunities to provide input on potential changes to the MIECHV program. If there are any questions regarding our comments, please do not hesitate to let us know.

Sincerely,



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