

From: [LeeAnn Grogan](#)
To: [HRSA Paperwork](#)
Subject: Information Collection Request Title: Healthy Start Evaluation and Quality Improvement. OMB No. 0915-0338—
Revision
Date: Wednesday, March 27, 2019 6:48:17 PM

To Whom it May Concern,

The following are general concerns from Healthy Start of Southern Oregon:

- The tools do not address all aspects of the current benchmarks. How will this be addressed--will the benchmarks change or will additional questions be added?
- The revised versions no longer address: dental health, sexually transmitted infections, or reproductive life planning (in that One Key Question is not included in the screen) and this has been helpful and important information to address with our clients.

The following are positive aspects noted from our program:

- I like the description of about Hispanic origin; It gives more room for people to decide how to answer it. It could be very confusing for this cultural group at times. I appreciate that.
- The NICU question and the one about having a child who passed away are very important topics to touch too.
- Well-check question for the child is more clear on the time it took place. It opens opportunities to educate parents on the importance of following vaccination schedule.

Background Questionnaire:

- Will this form be completed once only, like the current Demographic form, or will it need to be completed annually?
- Reproductive Life Plan: Women who have no previous pregnancies and no adopted clients are instructed to skip to Personal Well Being section which means they would not answer this question. Also, if this form gets completed once only, how do we update 'current' RLP in future years?
- Depression: If this form gets completed only once, does this mean women are only screened for depression once, not annually? Also, there is not a place to record a referral for depression, which is currently a benchmark for the program.
- Well-Woman Exam: Question 11 tracks preventative care--where would this be recorded in subsequent years?
- Substance Use: the question is to determine use in the past 12-month period. Often, clients may have been using, but quit once they know they are pregnant and may remain sober after delivery, but would still screen positive for substance use. Our workers would like to see an option that allows for addressing the healthy changes that our clients make.
- IPV: The screening questions only identify the partner, but some of our clients live in homes where others who live in the same house may be abusive towards them and it would be difficult to address their safety with this limitation.

Prenatal Form:

- Children: are noted as under 24 months of age instead of 18 months. Will this be changed?

- Pregnancy Health: Does not have space for estimated delivery date, which is helpful to track.

PP/ICC Form:

- If woman enrolls pregnant and with a child under 24 months, this form will be completed on the existing child. Will a new form be created when the new child is born?
- Again, child is followed up to 24 months instead of 18--will this be corrected?
- Target Child: if there is more than one child under 24 months that are enrolled with the mother, data will only be on older child. Younger child will be part of the denominator, but not part of the numerator. Is the expectation to fill out a separate form for each child or record data on both children here?
- Health at Birth: No place to record low birthweight or pre-term birth for younger child, if more than 1 under 24 months.
- Safe Sleep: if client has 2 children say 20 months old and 6 months old, the 20 month will be the Target. However, the Target child is too old for the Safe Sleep questions. As above the younger child will be part of the denominator and not included in the numerator.

Thank you,
Lee Ann Grogan

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