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To: [HRSA Paperwork](#)
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Subject: Feedback for revised Healthy Start Screening Tools (due April 1)
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Thank you for requesting feedback into the Healthy Start screening tools (*Document Citation: 84 FR 753; Document Number: 2019-00393*). Below are our thoughts and suggestions for moving forward. With a few modifications these tools can be used to meet almost the full reporting obligations of Healthy Start grantees. In our opinion, every effort should be made to do so, including a careful [mapping of each item in the EHB to these forms](#). This will reduce the need for supplemental data tools and systems, which frequently generate incongruous results.

Background Mandatory Questions:

1. Question 3 (*Have you been with the Healthy Start program less than a month or more than a month*) is not clear and we anticipate confusion among staff and participants. You might consider asking for the Date of Enrollment in the program and/or if the woman has participated in Healthy Start for prior pregnancies/children as an alternative.
2. We recommend [adding a follow up](#) to the PHQ-2 depression screening and Q27 (*has this participant completed the depression screening in the previous question?*) → Ask if the participant screened was [referred for follow up services for her depression score](#). This will address **WMH4-B**: Number of women participants who screened positive for depression during the reporting period and received a subsequent referral for follow-up services.
3. Q16 asks about information for children under 24 months of age. The new Healthy Start guidelines indicate we should work with families up to 18 month of age. You may want to change the max age to 18 months so you ensure that the data you collect is only for children enrolled and Healthy Start services.

Prenatal Mandatory Questions:

1. We recommend to add the woman's [EDD](#) and [Date Enrolled in HS services](#) for this pregnancy. EDD is essential for understanding the issues and concerns a woman may be having during her pregnancy. In addition,
 - a. This will address the denominator for **WMH1**: Pregnant program participants [who were enrolled prenatally, prior to their second trimester of pregnancy](#). Q. 2 addresses the numerator, but not the denominator for first trimester prenatal care.
 - b. This will address the denominator for **LC2-B** (smoking in 3rd trimester): Total number of Healthy Start prenatal women participants [who were enrolled at least 90 days before delivery](#).
2. Recommend increasing the response choices for Q7 "Record outcome of this pregnancy" to include the scenario where a Mother gives birth to twins (or more), with different birth outcomes including neonatal death for one of the twins.

PostPartum/Interconceptional Form

1. We recommend to require a unique PostPartum/Interconceptional [Form PER child enrolled in Healthy Start services](#) (not multiple children on the same form). This allows us to document different outcomes per child (different medical homes, insurance status, birthweights) and clearly outlines true denominators of parents vs. children.
2. We also recommend you add a question that asks if the child was receiving HS services before birth (i.e. "Born into the program") or part of a family enrolled for services after the child's

birth (e.g. enrolled at 9m of age, etc). This will allow you to determine which children should be included in **PIH 1** (Safe Sleep), **PIH 2-A** and **B** (BF ever & @6m).

3. Recommend to document race, ethnicity, and if there is a special health care need the child. Again this helps clearly define denominators and would also allow the screening tools to be the basis for answering the **monthly aggregate report** and **Forms 5 and 7** in the electronic handbook.
4. All Q's should focus on YOUNGEST child to ensure we are collecting data for HS children (older children are least likely to be recipients of the full range of HS services). If the forms are changed to require 1 form per child enrolled as a Healthy Start beneficiary (as suggested above), the instruction for oldest/youngest will not be necessary.
5. Qs 3 and 4 about 18-month interval: Presumably these questions are here to answer **HS03**. The wording is confusing and we foresee the data coming back unclearly. Since this is an outcome for the woman, we would suggest connecting it to something else. One option would be her Healthy Start birth outcome on the prenatal form; after Q7 "Record outcome of this pregnancy" you could add Q8 "Was this birth 18 months or more after her most recent prior (live) birth?".
6. Q4 "Did you or have you had a postpartum visit for yourself after this baby was born?" – should reflect response options that allow us to document if a postpartum visit happened, even if it was not in the 4-6 week time period. Frequently we see that a high number of women DO get their postpartum check, but fewer get it between 4-6 weeks. This is still an important finding and helps us address bigger issues (like wait time for clinic appointments, etc). The language on the past ICC screening tool was fairly straightforward.

Option A (former screening tool questions)	Option B (new question edited)
<p>Did you have a postpartum checkup after your youngest child was born? Select one only.</p> <p>Yes / No / Declined to Answer</p> <p>Approximately how many weeks postpartum did you have your postpartum checkup?</p> <p>_____ Number of Weeks</p>	<p>Did you or have you had a postpartum visit for yourself after this baby was born? A postpartum visit is the regular checkup a woman has 4-6 weeks after she gives birth. Select one only.</p> <ul style="list-style-type: none"> • Yes I got a visit between 4-6 weeks • I got a visit but it was not between 4-6 weeks after I gave birth • Not yet--baby is still less than 6 weeks old • No, I did not have a postpartum visit at all • Don't know • N/A—child is legally adopted • Declined to answer

7. This form asks about information for children under 24 months of age. The new Healthy Start guidelines indicate we should work with families up to 18 month of age. You may want to change the max age so you ensure that the data you collect is only for children enrolled and Healthy Start services.

Other:

- There is no question on any of the new form that address **LC 2-B**, "abstained from smoking in their third trimester". Prior Screening Tool question was "Did you smoke any cigarettes or use any tobacco products during the last 3 months of your

pregnancy?” This question could be added to the prenatal form after Q7 “Record outcome of this pregnancy” since it is connected to the pregnancy (and mother denominators) but cannot be determined until after the child is born.

- There is no question to assess **infant mortality**. This is a reporting element on the **monthly aggregate** report. For a national program that is intended to reduce the disparities in infant death, this seems incredibly important. One option for capturing this might be an “infant loss” form, to be filled out (internally by staff) in the case a child dies before their first birthday. We have an example that we are happy to share if you like.
- Any question that is used to address the Pediatric Performance Measures should be on a form filled out per child. Any question used to address the Women’s/Caregivers Performance Measures should be on a different form. This allows for the cleanest determination of numerators and denominators.

Thank you for accepting this feedback. Please let us know how we can assist with getting these tools right.

Warm regards,



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