

Frequently Asked Questions (FAQs) from October 23 Webinar

Thank you for attending the Healthy Start Level 3 Leadership webinar held on October 23, 2014. We received some great questions most of which are in relation to defining a program participant, requirements and expectations for Level 2 and 3 Grantees, and Healthy Start COLLN. Below is information to address many of your concerns.

A. Definition of a Healthy Start Program Participant

Questions from related to program participant definition:

- Are there a certain number of contacts that need to be made for someone to be considered a program participant?
- Will men/fathers be considered "participants" and part of the 1000 served annually?
- Are males totally excluded as possible program participants? We can work with males and/or offer services but they will not be considered program participants....correct?

Answer for program participant definition:

Clients are defined as either pregnant women, women of reproductive age, and infants up to the age of two years. Men do not qualify as clients, although you are expected to enroll as many male partners as possible (see more detail in answer above).

The Healthy Start FOA states that **“At least 50% of program participants should be pregnant women. Program participants must be case managed and the program must be able to collect data on all program participants.”** While it is permissible for you to case manage fathers, they are not counted toward the required number of HS participants you are to serve each year. The majority of your efforts should target women. Men should be reported as community participants.

If there are still questions about how to define program participant, please refer to the September 23, 2014 Webinar FAQ document to see if your questions can be answered through that document. If not, please forward your question to your project officer.

B. Requirements and Expectations for Level 2 and 3 Grantees

Questions related to requirements and expectations:

- Please clarify the roles and responsibilities for Level 2 Grantees and address those sites that are interested in providing TA to others as well?
- Can someone who is not identified by their site as a participant in a particular learning collaborative, be called upon to provide TA in that collaborative focus area?

Answer for requirements and expectations:

If a Level 2 Grantee has an expertise in a particular area that they believe can be of some benefit to other Healthy Start Grantees, they are welcome to serve as a peer mentor or a peer consultant. The Healthy Start Epic Center will be putting together a list of experts and consultants, and MCHB would like to include Level 2 Grantees on that list as well.

If a Level 2 Grantee feels that they can participate in some of the additional Level 3 Grantee tasks such as peer mentoring or sitting on the Healthy Start COLLN, they are welcome to do so; however there will not be additional funding for Level 2 Grantees who do volunteer for additional Level 3 Grantee activities.

Each Level 3 Grantee is required to address the following tasks in addition to their specific program specific implementation:

Serve as a resource site for state, regional, and national action in support of improving perinatal outcomes. Serving as a resource may include providing technical assistance, or peer-to-peer mentoring, consultation, and direct advice to other Healthy Start projects, or to NCH programs.

Serve as leaders, and participate in the development of state, regional, and national programs and policies, such as the implementation of Promise Zones, or Best Baby Zones.

Participate in the development and implementation of the Healthy Start Collaborative, Innovation and Improvement Network and co-facilitate a Learning Collaborative. To do this you will work directly with the Healthy Start Epic Center and the other Level 3 grantees to implement the Healthy Start CoIIN, quality improvement principles and practices across all sites.

The Healthy Start Epic Center will establish a roster of peer experts who are available to support the development and provision of capacity-building assistance. Each grantee is encouraged to develop a core competency, and the EPIC Center will provide overall and capacity support for the development of each competency. Each grantee is expected to identify expertise available to serve as peer consultants and mentors to other grantees.

C. Healthy Start CoIIN

Questions related to Healthy Start CoIIN:

- Where will quarterly HS CoIIN meetings take place at?
- Are the HS CoIIN activities separate from the regional CoIIN initiatives already underway? If so, is there a plan to connect the activities?
- Does the person who represents the project on the CoIIN have to be the same person who is assigned to the learning collaborative? Or can that be another person from the project?

Answer for Healthy Start CoIIN:

In relation to where the face to face CoIIN meetings will take place. at this point in time, a decision has not been made where they will take place. Once these meetings begin to be scheduled, additional information on the locations for those meetings will be provided.

MCHB has another CoIIN which addresses infant mortality. The Infant Mortality CoIIN is already going and are implemented at a regional level. Within MCHB there has been coordination between the Infant Mortality CoIIN and Healthy Start CoIIN. Where there is overlap between the two CoIINs, MCHB will ensure there is coordination and communication between the two CoIINs.

The Healthy Start Program staff understand participating on the CoIIN and the Learning Collaboratives facilitation can be a lot of work for one individual to try to be on multiple meetings, and conference calls related these activities, so if you find that you need an additional person to sit in on a learning collaborative, and then a separate person to sit in at the higher level leadership for the CoIIN, you can make arrangements for that. However, if a Grantee decides to have two different staff, each staff needs to be clear of what the responsibilities and things are going to be for them, and they are clear about what their role is going to be for each of those tasks, whether it be the leadership around the HS CoIIN, or sitting directly on one of the learning collaboratives.

D. Training and Technical Assistance Request

Questions related to the process for requesting training and TA:

- What is the process for Level 1 and 2 Grantees to seek TA and mentoring?
- Will there be information provided to Level 1 and 2 Grantees about how to request technical assistance, and what types of assistance can be expected or requested?

Answer for process to request training and TA:

All grantees (L1, 2, 3) will have access to T/TA through our web-based TA request system. This system will be housed on the Healthy Start EPIC Center website. However, JSI understands there will be other sources that generate T/TA topic areas (and possibly requests) including:

- *CBA worksheets*: These will be completed by grantees on an annual basis to assess areas for T/TA support starting this November at the Healthy Start Convention.
- *Project Officers*: Monthly (and perhaps more regularly) conferences calls will be convened with grantees during which time Project Officers may identify a T/TA need.
- *COIIN and learning collaboratives*: Level 3 grantees will participate in learning collaboratives during which time T/TA needs shared across several grantees may be identified.
- *Webinars*: After the completion of each webinar, based on the content presented, grantees may identify a T/TA need for their program.

Once a T/TA request has been submitted to the Healthy Start EPIC Center, it will be reviewed by the TA Coordinator and the appropriate T/TA provider will be assigned. The grantee will receive notification of receipt of their request. The assigned T/TA provider will be provided the necessary background information and will follow up directly with the individual who submitted the request. Together the T/TA provider and grantee will develop a CBA work plan which will be monitored until completion. Other TA will be available in the form of regional workshops, focused phone consultation, and resources and tools available on the website.

E. Miscellaneous:

- What does the star designate on the map in SC?

The yellow/blue star over South Carolina is from the introductory grantee webinar held on 9/23. It indicates one of the 7 previous grantees whose projects will close out on January 31, 2015. It was included in this slide set in error.

- Original registration info indicated that a maximum of 2 people per project should register to attend?

For the Convention the maximum of 2 people per project should attend; however for the Institute, up to three staff are allowed to attend.

- Who should we direct questions to regarding the HS Profile sheet that grantees are required to complete and submit?

Robin Hicks, 617-482-9485 or HealthyStartEPIC@jsi.com

- Is there an initial list of priority topics you have identified for TA?

While the Healthy Start Program staff have shared their thoughts with the Healthy Start Epic Center in terms about the technical assistance that Grantees may need. This of course is based on prior information from other surveys Grantees have done, or conversations Grantees have had with project officers. Definitely don't want to push our assumptions on you. There will be opportunities for Grantees to identify their TA needs. One of the primary outcomes for the convention in November is to learn what the priorities TA areas are.

- Will JSI be reviewing past Interconceptional Learning Collaborative results to learn about the past best practices that have already been discussed/shared/documentated?

Yes, MCHB has been reviewing internally at what lessons were learned from the previous inter-conception learning collaboratives in terms of what can be transferred over to the new learning collaboratives.

- How and what models/tools will be used to measure community-based interventions/elements of Healthy Start be captured as the federal HS is uniquely known as a "community-based model" and how do the community-based models/tools compliment the clinically based model that was presented on the webinar?

The Dartmouth Microsystems model is focused on "systems change", and it has been applied to a range of community-based initiatives such as reducing tobacco exposure among pregnant women, reducing childhood obesity, improving immunization rates and community mobilizing. The development of systems change approaches and quality improvement is based originally in business, and have been revised and refined in health care, and are only in recent years been adapted to the community/public health arena. The key point is that it has been demonstrated as a systems approach. The models are complementary, and like the systems, one is embedded in the other. The program/clinical setting is embedded in the community. In some cases, the community outcomes are an aggregate of the individual program or clinic outcomes, and in some cases they are just community level data. The program will telescope in and out of the system levels for both intervention and evaluation. The services and models have to be aligned.