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Naima:Hello, everyone, and welcome to the Ask the Expert Screening Tool Edition, talking participants through the Healthy Start Screening Tools. I'm Naima Cozier with the Healthy Start EPIC Center, and will serve as today's moderator.

We have approximately 60 minutes set aside for this webinar. There will be a 45-minute presentation, and 15 minutes for questions and answers. Questions are only to be submitted via chat on the bottom left corner of your screen. This webinar is being recorded, and the recording transcript, webinar workbook and slides will be posted to the EPIC Center website following the webinar.

Before I introduce today's presenter, I would like to turn it over to Dr. Madelyn Reyes, Senior Nurse, Consulting, to welcome you on today's webinar.

Dr. Reyes:Good afternoon, everyone. Before we begin this afternoon's presentation, I'd like to take a moment to thank you for your participation today, and to also let you know that Chris Lin and I will be on the line to answer any questions after the webinar. Thank you, Naima.

Naima:Thanks Madelyn. And just a reminder, at any point during the webinar, feel free to enter your questions in the chat and comments on the bottom left corner of your screen.

So now I'd like to introduce our speaker for today. Dr. Jan Shepherd received her MD from Northwestern University, and completed her residency in obstetrics and gynecology at the University of Cincinnati. She currently serves as the Clinical Associate Professor in Obstetrics and Gynecology at the University of Colorado School of Medicine, and serves as Medical Advisor for the Women's Wellness Connection for the Colorado Department of Public Health and Environment, as well as the Women's Health and Menopause Center in Denver, Colorado. And finally she also serves as the Associate Medical Director of the Boulder Valley Women's Health Center in Boulder, Colorado.

Dr. Shepherd is a nationally recognized speaker on women's health issues, and has been invited to give several talks locally, nationally, internationally. She's published numerous papers in peer-reviewed journals on the topics of obstetrics and gynecology, and served as a reviewer for various journals.

I give you Dr. Jan Shepherd.

Dr. Shepherd:Thank you Naima, and welcome, everybody, to our webinar.

Well, the screening tools have been out for two months now, and I know that's given a lot of challenges to Healthy Start workers. There's been the challenges of technology, the challenges of reporting, etc. We're gonna focus today, though, on the challenges of the tools themselves-- the length of the tools, the number of questions, and especially those sensitive questions that are in the screening tools.

So these are my objectives. We're going to look first of all at establishing rapport, how we might do that, and how important that is, so that we can collect the most accurate self-report data. Then I want to share some evidence-based communication skills that might really help with administering these tools, particularly the sensitive parts of the tools.

So let's start out with establishing rapport. How do we do that from the get go? Well of course you're going to introduce yourself, and let the participant know how you want to be addressed, and certainly explain what your role in Health Start is.

Then of course you know the participant's name already, but you wanna ask her how she would like to be addressed. You know, there are still women from some cultures who would rather be addressed as Miss or Mrs. And then there are most women who wanna be addressed by their name, but what name? Do they want you to use a nickname? How do you pronounce that name of theirs? And you know, if you mispronounce it, you get off on the wrong foot right away.

So once you've established that, good idea to start some little small talk, not dive right into the tools. You can talk about something as trite as the weather, or what's going on in your neighborhood, your community, even your waiting room. Then you're finally ready to introduce the tools.

Now, I would submit there's a right way and a wrong way to introduce the tools. The wrong way would be, "We've got these new screening tools and they're really long, be ready. You know, it's gonna take us a while, but you know, we have to do it, it came down, we've really got to do this now, so be prepared." That's the wrong way, clearly.

The right way is, "We've got some new screening tools. And you'll see they're pretty long, but after we complete this tool, we're going to know

you really well, and we're going to be able to help you better than ever." So it's gonna be very important how you introduce this tool.

Now, if you know, if you've been using this tool, before you get to the actual questions, there's always the statement that you read first, and this of course is very important that you assure the participant that her responses will be confidential. And of course it's your responsibility to keep them that way. And then you tell her that she can decline to answer any question she likes, and of course she can stop the screening tool also if she likes.

So I would suggest that one way to help make the screening tool easier for both you and the participant to get through, is to make it a conversation. Think of it as a conversation, you're talking person-to-person, and basically you're having a conversation to try to get to know the participant better. And if you can remember it that way, and if you can convey it that way, I think it will your ease your way through it.

Now, of course your demeanor is also going to be important. You need to act professional, because that inspires trust, but you wanna be casual as well, because that's what's going to enable that conversation.

What else can make this a conversation? Well, something that's very important to realize, is that the questions as written are only suggested. You don't have to read them just like they are on the form. In fact, it's best if you rephrase them in a way that's comfortable for you. I'm sure many of you that have been using these tools already have learned that, and you probably already figured out the way that's comfortable for you to ask these questions. But that's fine and that's actually better. And then of course you're going to customize them to the participant as well. If your participant's a teenager, you're going to talk to her a lot differently than if she's older, and going to talk to somebody for whom English is a second language, even differently than that.

So customize the questions, and then also remember that this is a conversation, it's not an interrogation. So, you don't want to just ask the question, look for an answer, ask the question, look for an answer. Provide opportunities for give and take between the questions. For example, you might ask the question, "Do you feel safe in your neighborhood?" And she might say like, "You know, I always did, and then just last week this thing happened." Well, let her tell you a little bit about that. Provide opportunity for give and take. Now, you don't want her to talk too long because you have to achieve your goal of finishing

the screening tool. But do allow for her to interject, comments, questions, examples, and you can too.

Now, one of the things when you look at this long list of questions, you tend to say, "Wait, there's a lot to ask of our participants. Will we see a burden for them?" And I would suggest that for most women, probably not. And the reason is because people like to talk about themselves, don't we all? And don't pregnant women especially like to talk about their pregnancies? So, think about that, and remember that it's probably not that hard for most women to talk about themselves and this pregnancy.

Remember too that there can be benefits to a woman talking about herself. Sometimes just in answering the questions, she may realize that a behavior that she's been engaged in isn't healthy, or that there's something she'd like to change, just because she answered the question. And sometimes just talking to you about things, can even be therapeutic.

So when you administer these tools, of course your goal is to come up with a 100% accurate report. But the important thing to remember is self-report is never 100% accurate. So, if that's your goal, you're never going to achieve it. You wanna get as close as you can, you wanna get the best answers that you can.

But when you think about it, if anybody, any of us on this call, myself included, if we were to answer every question on that screening tool, would we remember every answer for ourselves? Would we answer every question 100% honestly? So self-report is never 100% accurate, but the better we get at administering this tool, the closer we're going to get to 100% accuracy.

So, let's look at some factors, some evidence-based guidelines actually, that have been shown to enhance communication, and can help with administering these screening tools. First of all, of course you wanna consider the setting, especially with tools like these that have so many personal questions. You wanna be sure that you find a spot that can ensure privacy, a place where nobody can overhear the conversation. Because if someone can, that woman is certainly not going to be direct with you.

Then keep in mind that you want the woman to be interviewed alone. She should not bring her mother, her sister, her friend. She may want to,

may sound like an okay idea, but there may be things her friend or her sister doesn't know about her, that she may not reveal to you if that person is present with her. And of course if her partner is present with her and she is a victim of intimate partner violence, she's certainly not going to reveal that to you. So privacy essential.

And then of course especially because so many of our participants are pregnant, it's important to have comfortable seating. You wanna be comfortable, you want her to be comfortable, and I think even a good idea to ask if she's settled in, if she's comfortable, and several times during the interview.

You wanna be sitting close enough that you can have intimate conversation with your [inaudible 00:11:23], but certainly you don't wanna invade her personal space. And you want to keep your eyes at about the same level. Be conscious of that, because that really helps enable conversation.

So now let's look at some of the evidence-based ideas for interviewing another individual. The first one, and one that's very important, is objectivity. Being non-judgmental. Now, I know basically all Healthy Start workers are non-judgmental. You couldn't do your job if you weren't. But you have to remember that in the case of a screening tool, things are a little bit different. There are no right or wrong answers ever. You know, she may say what you like, and you may think that's right, or she may say what you don't like, and that may sound wrong, but basically the only thing that's "right" on a screening tool, is what is true for this woman. There's no right or wrong, just what's true for her.

And the other thing is, you need to be open to whatever she says, and try not to express too much approval or disapproval, no matter what she says. Now that's sometimes hard. For example, you may be asking the breastfeeding question, and this woman may answer, "Well, in my family nobody breastfeeds. I don't really believe in breastfeeding." And you, because you know how good breastfeeding is for the baby, you may disapprove, but don't express that disapproval. Don't frown, don't say, "Well, you should." You know? The thing is, if we start showing disapproval to a woman's answers, they're just going to start filtering them from then on.

Now, you can deal with her attitude towards breastfeeding in the education portion of this section of the screening tool, but be careful not to express disapproval to responses. And you know, it's not so good to

express approval either. Like she might hopefully say, "Oh, I plan to breastfeed exclusively for the first six months." And you would approve, we would all approve of that idea, but if you show too much approval, then she's going to answer the rest of the questions in a way that seeks your approval, and maybe not as honestly. So non-judgmental, essentially very essential.

And then the second part of objectivity is avoiding preconceptions. Expecting the unexpected. You know, a lot of times you've heard something maybe about this participant before you interview her. And so it may give you expectations. "Oh, I've heard that she's a smoker, I've heard that she's a drinker." And you may ask your questions then in a biased manner that might not elicit an honest response.

I'll give you an example from my own practice when I learned to expect the unexpected. I've had some couples in my practice that seem to get along so well, and I delivered their first baby and it was a beautiful birth, and they've come in with their second pregnancy. And you know, I can have a preconception that things are perfect in this marriage, and so the family is doing great. And then if I get an unbiased history, I might find out that this baby isn't even the husband's child. It happens, I know things like that, you've seen. Or I find out that there's domestic violence in this relationship, I would have never guessed. So you have to go in without preconceptions, not thinking this is the ideal couple, but just open to whatever shows up, and trying not to express too much surprise when the unexpected does show up.

The next important communication tool is respect. Now, the Healthy Start workers that I've known, the Healthy Start workers that I've talked to, you all excel at this. I don't have much to teach or talk to you about with this. But it's always worth just looking at. So when we talk about respect, at least in the medical world, we define it as unconditional positive regard.

No matter what this person tells us, we are still going to think positively about them, we're still going to be understanding of them. We value their traits, their beliefs, their behaviors, because we know that they are a response, a valid response to what's been going on in their life, and we have no idea what's been going on in their life, what they've been facing. So, respect, very important. Again, I know that you all excel at that.

One form of respect is cultural sensitivity. And that of course is respecting value systems that differ from our own attitudes and

behaviors, that may be the opposite of what we might think was desirable, and that may differ 100% from what Healthy Start thinks is desirable. So that becomes difficult to deal with. And of course our goal is to recognize and respect those differences.

Examples might be that woman I mentioned before who said, "Oh, in my family we never breastfeed, I'm not going to breastfeed." That's a little bit hard to hear, and you might talk to her a little bit about breastfeeding, but you realize that if her culture differs from ours, which recommends breastfeeding, that you can still help her safely and effectively bottle-feed her baby.

Another example that I see in practice all the time that is sometimes difficult, is patients of mine who for religious reasons don't believe in contraception. Now, I believe in contraception, Healthy Start believes in contraception because we know planned pregnancies are healthier pregnancies. But I need to respect those women's religious values. And I work around them. I talk to them a little bit about their fertile time of the month, how they might be able to exert some control in that way.

Another tool that you want to think about is genuineness. The more you can be yourself, the more this is a conversation, the more the participant will be open with you. So what would be an example? Maybe you're taking the obstetrics history, the history of her previous pregnancies, and she has a two-year-old. And she says, "Oh, this two-year-old is driving you crazy." Well, two-year-olds drive everyone crazy. So, you might say, "I know what you mean. When I had a two-year-old, I experienced the same thing." You can say that.

Now, to be professional, you need to set boundaries. You're not gonna tell every detail about your two-year-old and your family while you're at it, but you certainly can make those genuine kind of comments. And the other part of genuineness for a Healthy Start worker is being sure that the participant you're talking to understands your role in Healthy Start. You know, if you're administering this detailed screening tool, it may give an impression that she's telling you all these things and you're going to be the one to take care of it, to help her with all these things. And as we know very often, instead, you're going to be the one to guide them to the appropriate experts and services. So you wanna make that clear from the get go.

Of course empathy also extremely important with any communication, and certainly with these tools. You know, empathy is not the same as

sympathy. Sympathy is feeling sorry for someone. Now, we probably do feel sorry for a lot of our participants in the situations they find themselves in, but feeling sorry for somebody doesn't do them any good.

What can help them is empathy, and if we show empathy. Empathy means that we sense someone's experience and feeling, we get inside her skin as much as we can, to figure out how it feels to be in there, and then communicate that understanding back. So, we demonstrate empathy with the screening tools by really listening, and then reflecting back what we've heard the woman say, to show that we really heard her.

So those are all points about verbal communication. But of course non-verbal communication is important too. So, you want to be aware of your non-verbal communication, and the participant's non-verbal communication to you. Now as far as yours, one of the hardest things is to look up from the screening tool. Whether you're doing it on paper or on a computer, you tend to be looking at the next question, recording the answer.

I mean, I worked on an EMR in my clinic, and yes, it's hard to look up from that computer. But we need to, we need to make eye contact. If it slows us down, we need to make eye contact and look up from that screening tool.

Now, another tool that can be helpful with body language, is when you hear the participant say something that sounds important, that sounds like it's important to her, and you wanna show empathy physically, lean forward like you see the woman on the picture doing there, to show that you're really listening.

Now, you wanna observe her body language too, and of course you might see the opposite kind of thing happen with her. So there might be certain questions where she leans back rather than forward, or looks away rather than looking at you. And that can of course be a clue that this is an area that's sensitive for her, where you wanna tread softly, but also where you might wanna gently prod to see if you can find out what's going on.

Finally there's timing. I don't need to tell anybody on this call that these are long forms. And so, the key is to prepare for that. Prepare both yourself and the participant. Don't pretend like they're not. Plan enough

time in your schedule to really pay attention to the form. Usually an hour, right? And set time expectations with the participant, so that she knows it's not just a couple of questions here. We're gonna be sitting here for a little while talking about this. If she knows ahead of time, hopefully that will help.

And then of course you don't wanna get off topic too often or too long, because you do wanna get through the tool. And certainly especially with pregnant women, we want to be sure they know they can take a break. Take a break to stand up and stretch, take a break to stretch or to get to the restroom, right? So we can take a break whenever you need, and the restroom is right down the hall.

I'm sure you've all heard that you don't have to complete the tool all at once. You can get as far as you can, and schedule another appointment within 30 days. But, it's better if you can get through the tool all at once, because the sooner you complete it, the more time you'll have to meet the woman's needs.

So those are some general guidelines for communications, setting up conversations, getting through the screening tools.

So now I wanna focus on addressing those sensitive issues, that's the hard part of the screening tools for sure. What can we do with those issues? There we go. We skipped the slide and that's an important one. So, let's talk about approaching those sensitive questions.

The important thing to remember with the questions that we might consider sensitive, is if they involve some of the most significant risks in the perinatal period, they are really important questions. We're talking about drug and alcohol use, domestic violence, depression, sexually-transmitted diseases, things that we all know are some of the most important things we're going to deal with. So we have to ask these questions, we have to find out about this. This is where we're really going to hopefully be able to make a difference for this woman.

So, because these questions are so important, don't apologize for asking. You're not sorry that you have to ask this question. This is an important question. So don't introduce it by, "I'm sorry, I have to ask this." You're not sorry. This is important.

But, you do want to introduce these questions. You do want to give the woman some warning that there are gonna be some sensitive questions

coming up, and certainly get her permission to ask them. So I would say, "We're now moving into a section of very important questions, but some women find them hard to deal with." Or, "We're now moving into some very important questions, but they can be quite sensitive. Is it okay if we move ahead?" You do wanna get her permission, you do wanna give her an alert.

Now, some of the things that will help her consent to these parts of the questionnaire, are making sure that she understands that we're not just asking her these questions, we ask these questions to everybody. And that of course her results, her answers will be confidential.

What else can we do as prior to approaching these questions? Well, I think one of the most important things is to keep a matter-of-fact tone, to normalize the conversation on these more sensitive areas. You don't want to have spent the whole time on the screening tool kind of phrasing questions in your own words, and then you get to a certain section and you ask them word for word. Or you speak more quickly, or you look more tense. You wanna be as matter of fact as you can, approaching these questions. And that will help the woman deal with them, and the woman give you accurate answers.

Also be aware that different questions may be sensitive to different women. You may not even know what's going to be sensitive to this woman. Which is why you want to ask all questions on the tool pretty much the same way, pretty much matter of factly.

Also, be conscious of your own reaction to the questions. You know, sometimes when things seem sensitive, and we're worried about the participant, we're really projecting our own anxieties on her, and maybe it's something that is sensitive for you. And of course there's all kind of areas that are sensitive to us, we've all lived our life. But when you know it's one of those areas, be aware of that, and handle it, again, as a matter of factly as you can to get through it.

The other time that becomes difficult, is that sometimes you may have heard or you may even know this participant's got issues in a certain area, for example drug use. So, you may get to that point and then you start to get nervous because now we're approaching these questions that she's probably dreading and I'm dreading. Try to anticipate that, try to approach the questions, again, as calmly and matter-of-factly as you can. If you realize it ahead of time, it makes it easier to do.

So now let's look at these tools that we looked at before, as far as communication in screening, and let's see how we might apply them to the sensitive issues. So objectivity. I learned something in medical school from one of my teachers, and I still use it, and I think it's really helpful in remaining objective. And that is, before I go in to meet a new patient, before I go in to get a history, which of course is very similar to the screening tools, I ask myself if I'm making any assumptions about how this will go. You know, and maybe I've heard something about this woman, maybe I think I know something about this woman, and it's just so hard for me to ask that question going in, so that I can see if I have any preconceptions, and try to put them aside, try to go in as objectively as I can.

And then sometimes if I know I'm going to be approaching a touchy issue with a patient, or for you all, when you are to the sensitive parts of the screening tool, maybe ask yourself that question again when making any assumptions about how this part of the interview will go.

You know, I can give an example of something that I've seen about making assumptions, and how it can lead us astray. I've seen a woman who we knew had a drug problem in the past. So I asked myself this question and I thought, I'm making a preconception that she still could be involved with drugs, that she had to come back, that could be her major issue. And then I said, no, no preconceptions, I'm just going to ask the drug questions like I ask anybody else, and I do, and she actually is not using right now, but I find out that she is depressed, and she is in a violent situation at home, and that's part of what led to the drugs in this first place. But if I was focused on the drugs, I might have missed those other important dimensions of her history.

So, try to get rid of any preconceptions before you go in the room or begin that part of the screening tool.

What about respect? Well, we've talked about respecting a woman, no matter what behaviors she's engaged in, etc. But I would say another time when respect plays out with the screening tools is when you have that participant who keeps declining to answer in a certain part of the tool, and then get really frustrating. You know, you can feel yourself getting frustrated, getting a little tense. "Come on, answer these questions." You wouldn't say that of course, but you're starting to feel that way.

And the thing of course is you respect her right to decline to answer.

And why do you respect it? Because you know that there's likely a reason that she's declining to answer these questions, and you need to respect that reason.

Now, you're also gonna put a little red flag in your mind about those questions because clearly this woman has got something going on in this area. And you might wanna probe gently when she keeps declining, but don't push too hard. If you push too hard, what's going to happen is she is not going to be in any interest for sure, and she may even stop giving you good answers on future sections of the questionnaire.

So, if you stay calm and if you just . . . it's fine if she declines to answer, you're marking it in your head that she declined to answer this section, you probe gently, she wouldn't change her mind. If you do that, you can successfully maintain rapport. And by the end of this time when you've been talking for an hour, later on as you're working with her in the program, she may begin to trust you and you may finally get those answers. So you don't wanna take any chance of losing rapport, because that way you will lose the chance to find those things out.

Cultural sensitivity we've talked about before, we've talked about from issues. Another time when I see cultural sensitivity come into play is that women from certain cultures are actually raised from the get-go that you try to please people in authority. So these women may actually try to give you every answer you want, and not tell you what's really going on in their life. So you wanna be aware of that. And particularly if you sense that this is going on, be careful about giving any positive reinforcement along the way. Be careful about giving any approval because you're just going to continue to get then what she considers as the right answer, it may not be the true answer.

What about genuineness as far as these sensitive questions? Well, you can respond in a genuine way when you get answers to those questions that sound very unfortunate, and she is honest and now you're feeling with her that this is hard. You can say that. "I'm sorry to hear that. That's too bad." Any of those kind of comments you certainly can make to be genuine.

And then empathy. Empathy might play out again with that woman that keeps declining to answer. You might just say something, "I understand, it seems to be difficult for you to talk about." Or that woman that leaned back and looked away when you asked a certain question. Sometimes if you understand that she's having trouble with a certain question and you

can say that, that sense of empathy can help her open up.

And then of course we all see women who get angry when we ask them these sensitive questions. I certainly have. And the hardest part is not to get angry back, and take a deep breath, and you don't. But what you really wanna do again is try to get inside her skin. Try to express empathy. "You know, I see that you're angry, can you tell me why? I wanna know." And you might even find out some things about her from that. So your part is empathy. Doesn't occur naturally, but if you think about it, you can do it.

Then, a little more about non-verbal communication, particularly with these sensitive issues. This is where you're going to see that woman who leans back, who looks away. This is where you might see that woman who gets teary. This is where again you might gently probe, you might just be silent sometimes, especially with women who get teary. That's okay.

Where I've seen that a lot is postpartum, when women come in and they bring their baby and things seem to be fine, and then I get to the postpartum depression screen, and you ask those questions, and her eyes start tearing up. And I realize that this has all been kind of an act, that she feels like she should act happy with this baby, but she's really depressed. So, I saw these tears, I understand where we're going now, and by paying attention to her non-verbal communication, I can act and pursue this possible postpartum depression.

Now, be aware of your own non-verbal communication also. Be aware if you feel yourself tempting up, if you feel yourself reacting, try to notice it, take a deep breath, and remain objective.

So I hope those are a few pointers that might help with our screening tools. The one thing we haven't covered, though, so far, is those medical questions, and those questions about medication. And I notice then some concerns about the fact that you had to ask those questions, because partly you don't know so much about the conditions, you might not even know how to pronounce them, and you think certainly the participant doesn't, so why do I have to ask these? And of course you also think, well, this person is getting prenatal care. So they'll ask those questions, why do we have to ask them too?

I would say that one reason is, as somebody that has provided prenatal care, that we sometimes don't have quite the detailed questionnaire and

quite the time that you all are devoting to this, and we could actually miss something that you might be able to point out to us. But more importantly, you need to ask about the medical conditions, because every condition listed in the screening tool is one that we know can pose significant risk to the baby, the mother, or both.

Now hopefully their prenatal care providers did find out about it, and hopefully their prenatal care provider is addressing it. But, Healthy Start should know about it too. One thing you all in Healthy Start do is encourage prenatal care. Well, if you know she's got one of these conditions, then you know that you need to especially encourage it for this particular woman. It's uniquely important for her, and she might have more appointments. Be aware of that.

And then after she has her clinic visit, follow up with her. Make sure she went, see what they told her, see if they gave her medication, could she obtain the medication, is she taking the medication? We can do so much in Healthy Start to support the people taking care of these medical conditions, and help prevent our participants from getting in trouble with these conditions.

So what about those big terms and the things we're asking that neither the worker nor the participant may really understand? Well, first of all, there are a lot of things on that list that I think most people understand. And as you see in the screening tool, we give several alternative ways to ask about these things as well. But most people are familiar with sickle cell, high blood pressure, diabetes. If we say heart disease, they know what we're talking about. So some of them are not that complicated. Some of them are, like lupus or phenylketonuria, PKU. You know, what is that? How do I even say that word? How is the participant gonna know if she has that?

Well, I would submit that she usually will know if she has it, if she has it. And if she's never heard of it, she probably doesn't have it. And you can be pretty reassured about that. For example, PKU, phenylketonuria, that's diagnosed in infancy. This will be a woman who's been dealing with it her whole life, and when you ask her, she'll say yes, she knows about that, she knows what it is. So be pretty reassured that the things the that are a little more complex, if a person has them, they're likely to know about it.

But if you get into a situation where you're just not sure, or if you wanna know more about these conditions, then there is a job aid available, in

fact you will receive it I believe at the end of this webinar. Naima from our Healthy Start EPIC Center has developed two wonderful reference sheets, with all the conditions listed on there, summaries of the conditions, and websites with links for further information. So if you need or want to find out more, you can.

Now, there's one of these reference sheets for the medical conditions, but there's also one for the medications. So, the medications also kind of stop people up because there's lots of medications on there and hard to say, and how is somebody gonna know if they're taking them? But we really, really want to find out about these medications if we at all can, because these are the medications that can cause problems in the fetus. So we wanna find out as much as we can.

Now again, there is a job aid and a reference for these medications. But you really want to know whether women are taking these, so that you can support the prenatal care provider in helping her get off of that medication, or make sure she's told the prenatal care provider that she's on it, see what the prenatal care provider said, see what her follow-up will be, and help her perform that follow-up.

So this is a list of the basic medications that have been shown to cause birth defects, and these are all the ones that are in the screening tools. Now, we don't want anybody taking any of these things anytime in pregnancy. But I would point out right here that these medications become especially important in the preconception checklist. Preconception screening tool.

The reason is because these medications can cause birth defects, and most birth defects are actually formed in the very beginning of pregnancy, before a woman even knows she's pregnant. Around the time a woman misses her first period, the baby starts to develop its brain and then its heart, and a lot of times a woman doesn't know she's pregnant, she may be taking these medications, or smoking, or drinking, or doing drugs, because she doesn't even know she's pregnant.

So, really a wonderful opportunity if we do preconception care, and we fill out the preconception screening tool, and we find one of these medications that could be harmful to the baby, for her to stop this medication ahead of pregnancy, is even better than stopping it during pregnancy.

This is a chart that I've shown before, but I just show it again because I

feel it's so important. It's important to realize that the embryo begins to form two weeks after pregnancy occurs, right at the time a woman expects her period. So if a woman is not planning pregnancy, she doesn't know she's pregnant, and anything she exposes that embryo to can affect its brain, which develops first, the heart which develops second, and as you see on there, up to eight weeks after conception, most of the major organs are there. But of course as you also see on this chart, these medications can cause problems all through pregnancy. So we wanna try to make sure that our Healthy Start women are not taking any of those medications.

Okay, so those are the screening tools, those are the questions we ask, and you all know those questions by now. But what you also know, is that at the end of every section of questions, there's a little box for follow-up. The follow-ups are the interventions, the education and referral that we will provide, based on what we found in the screening tool. So the follow-up is hugely important. This is where the tools become operational.

So, how do we manage those follow-up boxes, those intervention boxes within the screening tools? Well, the same as we manage the questions. Continue the conversation. Just talk to the woman, maintain your role as a resource, sharing information. Don't get to the intervention and then start to lecture. "That's why you should breastfeed," or, "why you should stop smoking." Big mistake, right? The thing you wanna do is educate.

For example, you find out the woman's a smoker, then you can tell her, educate her, smoking in pregnancy can be harmful to the pregnancy. It can cause pre-term birth, it can cause the baby to be small. Just tell her what you know, educate. You might give her a pamphlet, and then you might give her some resources to help her stop smoking.

Now, when you finish that box, maybe the most important thing you talk to her about in that box would be good to go back to it just very briefly, and see if she understood what you said, see if she has any plans to go ahead with the intervention, if she's a smoker. "So what do you think about your smoking now?" Maybe she'll tell you, "Oh, of what you told me, I think I should try to at least cut down." And you can say, "That's a good idea. How are you gonna do that?" Recommend the quit line again, and just reiterate the important points.

Of course with the interventions we're moving away from our one-to-one conversation that we've been talking about. We're moving away from

our own Healthy Start project, and then we are moving toward our can. Because of course it's with our can, that we can develop and nurture the referrals that are such an important part of the intervention. And you know, on every one of the follow-up boxes, there are a list of potential referrals.

So the screening tools, as I said at the outset, have been out for two months today, and it's time to maybe assess yourself and how are you doing with them, and of course you'll wanna do that periodically as long as you're using them. You know, how have they been going? Are they getting more comfortable? What could you do to improve?

One thing that might show you improvement is necessary is if you're getting a whole lot of decline to answer, or never, or don't know. You know, you might get that on some patients in some sections, but if you get a lot, then that might mean that you could elicit better responses. So, hopefully the few tools in here that might help. If you are still having problems with the tools as time progresses, consider talking with your supervisor for help.

So, conclusions. There are a lot of advantages to these screening tools. They were developed in fact partly to standardize Healthy Start practices across the nation. And in that standardization, making sure that all women who participate in Healthy Start, receive a comprehensive screening. So we find out all of their risks and needs. But we find out all of their risk and needs, that enables customized care coordination for each Healthy Start participant, and that's the goal. So there certainly are advantages to these screening tools for your program.

But there are other advantages as well. Because I would suggest that once you've spent an hour dealing with these detailed questions with a participant, that you have set up a really nice relationship for that participant with your Healthy Start. You've got a healthy start to your relationship, and your time together in the perinatal period. So I would think that we're going to see better relationships now that we have these tools.

Secondly though, there are advantages for you. Because if you can get good at administering these tools, you will grow in knowledge, confidence, competence, and we call that professional development, right? And it makes you better at the job that you decide is really important with this healthy, Healthy Start participant.

So, administering this kind of questionnaire is an art. That's important to remember. You know, it doesn't come . . . you start playing the piano and you know how to do it, or you start drawing and you know how to do it. This is an art, and it will take practice. But it will get easier with practice. And I think that the more we've used these tools, those of you who administer it will feel like you have grown personally from using it, and professionally. And not only that, but you will see some improvement in your own Healthy Start program.

So thank you very much, I'm gonna turn this back to Naima.

Naima:Thank you so much, Jan. One thing before we go to questions, is we did want to share a couple of resources for folks to continue with this topic. And as Jan discussed today, effective health communication really requires that providers recognize and are able to address the unique culture, language and of course health literacy of our diverse consumers. And we wanted to share four resources, two of which are federal resources. One is HRSA's website on cultural language and health literacy that we think will be a great place to start, because much of what Jan discussed is building our own health literacy as health professionals, but also being able to build the health literacy of the communities we serve.

The second is a CDC resource that talks about the impact and the relationship between culture and health literacy, again, of the communities that we serve.

And then finally there are two EPIC Center resources. As you mentioned earlier this month, we talked about the Healthy Start Community Health Worker Course. The first half of that course is now available, and there will be more to come. And then the second is the resource that Jan mentioned today, that was emailed to everyone who registered and will be made available on the website very soon, are the reference guides for the screening tools, medical conditions and medications.

While we're talking about resources, I did wanna take a moment just to remind everyone that your first stop for anything related to the screening tools is the Healthy Start EPIC Center website. That site has grown to multiple pages which we're very excited about, and I just wanted to highlight two.

If you go to the Screening Tools page, that is where you can find all of

the tools in Word and PDF. So please go there, you can download the latest version of the tools. You'll also find the questions that were asked to check in before the end of the perinatal phase, the re-screening questions are also there. As well as the . . . any changes that have been made to the tools are summarized in what's above the federal deviations. There's a PowerPoint that clearly outlines that for you.

And then the second page that I just wanted to highlight, is there is this subsection for training and TA resources regarding the training tools, and there you will find an updated flowchart, our FAQ documents that have recently grown. We now have three different types of FAQs available. You can find the documents that have all the evidence-based resources for the screening tool, and a crosswalk to the performance measures.

So, I would like to now transition to the questions that we've received, and we had quite a few that came in the chat box. And again, just as a reminder, we do have Dr. Reyes and Chris Lin on the line from HRSA. Of course we're gonna definitely have questions for Jan, and we have Lee, who is working with the Healthy Start CoIIN as representative there, to also provide some additional guidance.

So the very first question we'd like to address is are the screening tools to be self-administered or should they be administered by a Healthy Start staff person? So, I'll go ahead and kick off this question, and then if there's anyone on the phone that would like to add to that, please do.

But these tools were designed not to be self-administered by Healthy Start participants. They were designed for Healthy Start staff to actually read the questions, and as are stated in the instructions. And I have another follow-up to that that's related to that first comment, but I don't know, Lee or Jan, is there anything you wanna add to that around the question if the tools are self-administered?

Lee:Naima, this is Lee, and no, I'd say they were designed to be administered by the staff and with the participants.

Naima:Great, thank you. So that connects really nicely to the next question, and Jan and Lee, this may fall for both of you. There is a question about rephrasing questions that are on the screening tools. And again, this person specifically mentions that the tools were . . . the questions on the tools were selected from validated instruments, and if we are to follow the instructions indicated, you know, we are to read the

questions as are written, and that's really, again, to support the efforts of standardizing data collection across Healthy Start sites. So, is there . . . can you please clarify that regarding rephrasing questions?

Dr. Shepherd:I would say a little bit about that, this is Jan, but then turn it to Lee also. My feelings have been that a lot of the basic questions you can rephrase. Now there are some tools on there that are validated, such as the depression screen, such as the alcohol screen, and I do think when we get to those, we ask them as they are designed. But the questions that are not part of one of those tools, my feeling has been, it's fine to rephrase them, and sometimes we get a better result. But I would defer to Lee, who helped develop them.

Lee:Thanks Jan. So, I think that it's just a fine balance between as you're describing, Jan, you know, having an exchange with somebody and being in a kind of a robotic situation where you're just going through and reading questions and reading questions. But the questions actually are . . . they're not really questions that would benefit usually from being rephrased. You know, I could imagine something like, you know, the question of what method do you plan to use to feed your baby in the first two weeks, and somebody might say, you know, "How do you plan to feed your baby in the first two weeks?" if that's a more comfortable exchange for them. But it's not changing the question and it's not gonna change the nature of the answers that you're gonna get.

And the other thing that's really important to this is that many of the questions actually are asked in a way that includes the choices for the answers. So, you know, if you . . . how often do you feel safe in your community or neighborhood? Would you say never, sometimes, usually or always? So when you're asking those questions, you're asking those questions to get the answers that are gonna enable you to be able to complete the form.

Naima:Thanks, Lee and Jan. The next question is regarding, are there guidelines for case managers who have access to medical records and are then able to compare responses on a medical record compared to how a participant answers on the screening tool? And then there's a follow-up to that. Can the information on a medical record be used to prepopulate screening tool questions to reduce the amount of time that a Healthy Start staff person has to have in order to conduct the screening tool with that participant? And they specifically would like to know in that situation, if consent has already been given, are there any additional challenges with using that method?

Dr. Shepherd:I don't know the answer for sure, and I would welcome the result from HRSA representatives as well. But my opinion would be, I'd be worried about HIPAA with that, and I really don't think we can . . . my opinion would be we can't do that, and also that I think it's important, again, we've said that this is not a self-administered tool, this is a tool between two people--the Healthy Start worker and the participant--and I would like them to have talked about these things. I wouldn't like to just blow up that part of the questionnaire because you found the answers somewhere else. I think that it's important that that is part of a conversation. That's my opinion, and I welcome anybody else's.

Chris:This is Chris Lin from HRSA, and I don't have anything to add to what was just said.

Naima:Okay. Thanks . . .

Dr. Reyes:Yeah, I agree. This is Madelyn, I do agree with Jan's comments.

Naima:Thank you Jan, Madelyn and Chris.

The next question, Jan, this one is for you specifically. Someone asked if you had additional advice on how to address participants who may be providing answers that they think a Healthy Start worker wants to hear. So if you have any additional strategies, if a Healthy Start staff person has that situation where they feel like the answers that are being given are ones that she thinks that the person working with her would like her to give.

Dr. Shepherd:No, I don't know any formal strategies. I can say that I've talked to a lot of pregnant women and a lot of patients, and when I sense that's happening, number one, I try again not to give too much positive reinforcement or positive statements back to anything they say, so they don't know when they're pleasing me or not. But still, they sort of know maybe what I want them to say. Sometimes if it keeps going on, I might say something like, "Really? Wow. You know, I just...really? Don't you find that hard to do?" You know? Express in a very subtle manner some skepticism and just see how she responds. I mean, it's up to her in the end how she responds. But I like to do something soft like that and see what happens. That's personally what I would do in that situation.

Naima:Thank you Jan. I see we have one minute left, and there are

quite a few questions. So what we will do is get answers for these remaining questions and distribute those to folks. I just wanted to make one other announcement before we close, and then see if we can sneak in like a question in half a second.

But just a reminder, for the month of March, on March 21st, there will be a webinar, DHSPS, data evaluation webinar, 2:00 to 3:30 p.m. Eastern Time. And so please stay tuned to that. The information will be available on the EPIC Center calendar for more information.

And with that, unfortunately, we're gonna have to end our webinar for today. But we encourage everyone to please do participate in the evaluation that you'll get at the end of the webinar, and we thank you again for your participation, and we look forward to having you on future webinars.