INITIAL DEVELOPMENT AND PILOT TEST RESULTS

Healthy Start Collaborative Innovation and Improvement Network Screening Tools

I. INITIAL SCREENING TOOL DEVELOPMENT

Overview

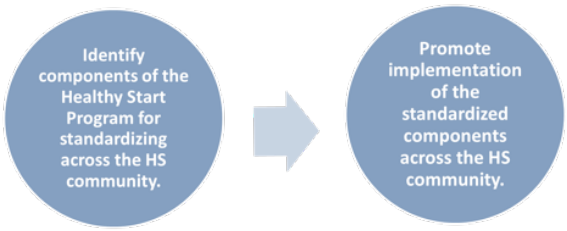
The Healthy Start Collaborative Improvement and Innovation Network (CoIIN) functions as an Expert Panel to the DHSPS by promoting implementation of standardized evidence-based approaches to core program elements on behalf of all grantees. All level 3 grantees (18) participate as a condition of their grant award; one level 1 and one level 2 grantees serve as volunteer representatives.

Overarching Framework for HS CoIIN's Work: Standardization

Recognizing the importance of articulating a conceptual framework and science base for the long-term sustainability of the Healthy Start program, HS CoIIN members expressed a majority interest in focusing HS CoIIN efforts on identifying opportunities for standardizing elements of the program.

However, in keeping with Healthy Start's commitment to addressing the unique needs of participants and communities, certain service delivery interventions can be standardized but not all. Standardization should focus on a comprehensive process for identifying participant needs rather than standardizing interventions that all participants must receive.

Figure 1: Building a Stronger Healthy Start through Standardization



Overview of Screening Tools Development

In year 1, the CoIIN identified three priority areas for standardization: screening tools, data collection methods and reporting, and the case management/care coordination model. The CoIIN elected to begin with standardizing screening tools and data collection methods so as to begin to ensure comprehensive and consistent assessment of participants' needs as well as to standardize data collection (including benchmarks) and reporting to support monitoring and evaluation.

The HS CoIIN identified indicators for risks and strengths for which all HS participants should be screened based on the literature and HS performance measures. Starting with benchmarks outlined in the FOA, the HS CoIIN identified factors for which 100% of HS CoIIN members already screened, and then identified factors ascertained as critical by 80% of HS CoIIN members. Guiding principles for tool development were identified at the outset. The screening tool(s) would:

- Serve as the foundation for care coordination and case management.
- Address comprehensive risks and strengths for each perinatal period.
- Align with HS benchmarks.

- Provide a minimum requirement that can be expanded by HS programs.
- Adapt questions from standardized surveys and/or validated screening instruments when possible.

The first step was to assess screening tools and processes currently in place among HS CoIIN members' programs. This initial process included reviewing screening tools from 80% of CoIIN members (n=16), and revealed significant variation across programs in length or comprehensiveness, format, inclusion of guidance depending upon participant response, and whether the tool is completed by participant or staff, further reinforcing the need for standardization.

The table below summarizes the tasks the HS CoIIN completed in year 2, year 2 accomplishments, and plans for year 3. Standardizing the case management/care coordination model is the priority for year 3. This process will begin with defining the components and best practices of care coordination/case management.

Table 1. Initial Tasks for Screening Tool Development

Priority for Standardization	Year 2 Tasks	Year 2 Accomplishments	Year 3 Tasks
Screening Tools	1. Conducted research to identify evidence-based practice (EBP) regarding relevant risks and questions to include in screening; compiled sample screening tools from CoIIN members 2. Drafted screening tools to align with EBP, PRAMS, and Healthy Start benchmarks 3. Convened workgroup of grantees to provide recommendations for screening tools 4. Conducted webinar, "Healthy Start Standardized Screening Tools Launch", on January 11, 2016 5. Fielded survey (Jan 11-Feb 12) to collect input from broader Healthy Start community on tools. The vast majority (81%) of grantees responded to the survey and provided feedback on the screening tools 6. Incorporated survey feedback into screening tools while maintaining the evidence base of each question, the intent and flow of each tool, and the multiple purposes of the tools (i.e., care coordination and evaluation) 7. Six screening tools were finalized: 1) Intake/Demographics, 2) Pregnancy History and Status, 3) Preconception, 4) Prenatal, 5) Postpartum, and 6) Parenting/Interconception	Final set of tools, vetted by Healthy Start community and approved by CoIIN, were provided to DHSPS for pilot testing.	Finalize screening tools based on pilot testing results. Implement tools including developing protocols, training grantees, and supporting grantees with implementation issues.

As the HS CoIIN engaged in this foundational work, several related initiatives were concurrently underway, including the development a data dictionary that established definitions for each of the benchmarks required through the HS Grantee FOA released in 2014, the Office of Management and Budget (OMB) approval of the Division's evaluation tool (the 3 Ps Document), and the release of an FOA for developing a data collection database for the National HS Evaluation. It was essential that screening tools enable the collection of data points that would

inform benchmark reporting. Each HS program would be required to complete and submit program data through the 3 Ps Document, which included questions abstracted from various standardized instruments (National Survey of Children's Health [NSCH], Pregnancy Risk Assessment Monitoring System [PRAMS], and others). In order to address potential duplication of data collection, and reduce burden on staff and participants, every effort was made by the HS CoIIN to incorporate questions included in the 3Ps Document into the screening tools. However, the distinction between questions designed for evaluation and those designed for case management/care coordination became increasingly apparent. Where evaluation takes a retrospective stance on the outcomes of a program (Army Public Health Center, n.d.), screening prospectively identifies risk factors and strengths of individual participants (Commission for Case Manager Certification, 2016).

An initial draft of screening tools included an instrument for each of four perinatal phases: Preconception/Interconception, Prenatal, Postpartum and Parenting. However, review by the HS CoIIN revealed that the tools did not comprehensively capture information related to social determinants of health (e.g., housing, food security, safety, community), and further, that important information about a participant's past pregnancies was not captured in a usable way. The next iteration included revisions to these four instruments, and the development of two additional tools specific to social determinants and pregnancy status and pregnancy history. Eight HS CoIIN members provided extensive feedback on this iteration.

Two CoIIN Workgroups were formed: the Screening Tool Feedback Workgroup (Feedback Workgroup), comprised of four HS CoIIN members, and the Screening Tool Implementation Workgroup (Implementation Workgroup), comprised of six HS CoIIN members. The Feedback Workgroup held eight virtual meetings between October 2015 and January 2016 to review HS CoIIN feedback, develop recommendations to the HS CoIIN, and prepare draft versions of the tools for an open comment period by the larger HS grantee community. Their work focused on the "what" of the screening tools: which questions to incorporate to address essential risk and protective factors. The Implementation Workgroup met five times, focusing on the "how" of the screening tools: operationalizing pilot and implementation phases across the HS community. The Implementation Workgroup developed a robust implementation plan that included testing the screening tools across programs representing a range of variables (e.g., grantee funding level, which staff conduct screening activities, whether the screening process occurs through a centralized or decentralized intake process, whether the tools are completed on paper and/or electronically). Piloting screening tools was planned to take place June through August of 2016, with a September launch date.

Updated drafts of the six tools were released in January 2016 to the larger HS community and feedback was gathered via Survey Monkey. The feedback tool was designed to gather data from each grantee site about its existing screening process to help inform the implementation plan. Grantees were encouraged to review the tools with their staff and submit a collective review. Some grantees included their community partners in their review process. Only one survey was accepted from each grantee. Grantees rated tools on five dimensions:

- Relevance/importance: Significance of the screening tool to address HS participant needs
- Technical quality: Soundness of tool framework and questions
- Clarity: Organization, clarity, conciseness and comprehensiveness
- Diversity: Ability to address the diversity of the HS grantees' populations and culture
- Length: Time to administer with participant

Grantees were also asked to indicate whether any questions should be removed or revised. For questions recommended for removal, grantees were asked to provide a rationale; for questions recommended for revision, grantees were asked to provide suggested changes. The feedback survey remained open for four weeks. Eighty one HS grantees (81%) provided feedback. The Feedback Workgroup met eight times between February and May, including one day-long meeting, to review comments from the HS community, identify emergent themes throughout the comments, and reach consensus on a final set of tools.

General emergent themes included concerns about the personal level of information asked of participants through the screening process, as well as the appropriateness of asking about broader participant needs which the HS program itself may not have the capacity to address. Feedback also emphasized a need to include questions addressing potentially unstable social determinants (such as income, food security, housing security, and transportation) throughout the screening tools so that these issues are touched upon at each encounter. Grantee feedback also prompted the separation of preconception/interconception, instead incorporating interconception screening into the parenting tool.

In March 2016, an opportunity emerged to work with the Office of Epidemiology and Research (OER) and the vendor developing the database, using the screening tools as an interface for data collection for HS evaluation. This opportunity presented a mechanism to streamline data collection for multiple purposes to meet care coordination, program management, and evaluation needs. The Feedback Workgroup worked with the HS CoIIN to reach consensus on the version of the tools that were submitted by the OER to OMB in May 2016 and pilot tested July 2016.

Table 2: May 2016 Screening Tool Content

Screening Tool	Number of Questions	Sections in Sequential Order
Intake tool	8	Date of Birth, Zip Code, Ethnicity, Race, Country of Origin, Language
Pregnancy History	12	Current Pregnancy Status, Past Pregnancy Outcomes and Complications
Preconception	45	Demographics, Social Determinants, Neighborhood and Community, Medical Home/Access to Care/Health Insurance, Health and Healthy History, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Partner Involvement/Social Support, Reproductive Life Planning
Prenatal	59	Prenatal Care, Demographics, Social Determinants, Neighborhood and Community, Health and Health History, Mental Health, Substance Use, Personal Safety, Readiness for Motherhood, Stress and Discrimination, Social Support/Father Involvement, Reproductive Life Planning
Postpartum	53	Pregnancy Outcome, Infant Care, Sleep and Car Safety, Baby Insurance/Access to Care, Reproductive Life Planning, Demographics, Social Determinants, Neighborhood and Community, Medical Home / Access to Care/Health Insurance, Maternal Health, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Father Involvement/Social Support

Parenting	53	Infant Care, Sleep and Car Safety, Baby Insurance/Access to Care, Reproductive Life Planning, Demographics, Social Determinants, Neighborhood and Community, Medical Home / Access to Care/Health Insurance, Maternal Health, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Father Involvement/Social Support

II. PILOT TEST REPORT AND RECOMMENDATIONS

Pilot Test Goals

By pilot testing the screening tools, we hoped to gain information on the following:

- To gauge usefulness of the screening tools to HS programs and participants.
    - Program participants' understanding of the questions on the tools
- To understand feasibility of using the screening tools.
    - Any questions that could be deleted or revised to improve clarity
    - The average time it takes to administer the tools
- To identify training needs for implementation of the screening tools.

Conducting the Pilot Test

The pilot test period was implemented for one week, July 11-15, 2016. The week before the pilot started, three 2-hour web-based training dates were provided for sites to participate before they began the pilot. The objectives of the training were to:

- Provide background and overview of the tools
- Provide guidance for piloting programs in administering screening tools and completion of the pilot program evaluation form
- Establish follow-up check-in meeting times

During the week of the pilot, four 1-hour office hours were provided for sites to ask questions if they ran into any challenges during the pilot process.

Each pilot site was asked to document the start and end time for each tool. The time study documented the time it takes for the full utilization of the tools including asking and getting responses to the screening questions as well as the completion of the follow-up/referral sections. Additionally, the sites were also asked to document if there were questions that were unclear either to the staff that were conducting the screening with the participant or to the participant. If there were specific questions they wanted to provide comment on, they were able to check off the question number (s) and provided qualitative information about the question.

Pilot Test Sample

To identify Healthy Start sites for the pilot, we selected based on the demographic questions presented as part of the January-February comment period process. The CoIIN Implementation workgroup identified fifteen Healthy Start grantees to participate in the pilot. Invitation emails were sent and twelve grantees accepted the invitation for participate in the pilot. There was a mixture of CoIIN and Non-CoIIN grantees; Table 3 shows the composition of pilot sites.

Table 3: Pilot Sites' Composition

Grantee Name	Type of Grantee	Geographic Area	Population Served	CoIIN Member
Level 1 Grantees: N=4				
UNCP Healthy Start	CBO	Rural	American Indian African-American Hispanic/Latino	Non-CoIIN
Northern Plains Healthy Start	Tribal	Rural	American Indian	Non-CoIIN
Health Care Coalition of Southern Oregon	CBO	Rural	Caucasian Hispanic/Latino	Non-CoIIN
Tulsa Health Department				Non-CoIIN
Level 2 Grantees: N=2				
Birmingham Healthy Start Plus	CBO	Urban	African American	CoIIN
Strong Beginnings	CBO	Urban	African American Hispanic/Latino Multi-racial	Non-CoIIN
Level 3 Grantees: N=6				
Healthy Start San Antonio*	LHD	Urban	African American Hispanic/Latino	CoIIN
California Border Healthy Start	CBO	Border	Hispanic/Latino	CoIIN
Camden Healthy Start	CBO	Urban	African American Hispanic/Latino	CoIIN
Detroit Healthy Start Project	CBO	Urban	African American	CoIIN
Healthy Start Inc, Pittsburgh	CBO	Urban	African American Caucasian	CoIIN
Philadelphia Department of Health	LHD	Urban	African American	CoIIN

*Official pilot site

Each pilot site was asked to pilot the screening tools with up to 9 participants:
Demographic tool: Pilot with 9 participants
Pregnancy history/status tool: Pilot with 9 participants
Depending on the needs of the participant, pilot test appropriate perinatal phase screening tool. We asked to have each perinatal phase tool piloted with at least one participant, up to the 9 limit.

Within each pilot site, case management staff selected to administer the screening tools were assembled to identify women who met the criteria for each of the four (4) specific perinatal periods. Scheduled intake appointments during the pilot test week were reviewed to determine if a sufficient number of new case enrollments were available to meet the objectives of the pilot process. A process map was created linking the scheduled intake to specific staff members for the pilot period July 11-15, 2016. A few backup intakes were also identified for each of the four (4) perinatal periods in case of cancellations.

Pilot Test Results

The pilot evaluation survey remained open through July 22, 2016. Eleven of the twelve pilot sites (92%) provided data, and ten of the pilots submitted time stamp data (83%). Pilot sites were asked to review the tools with their staff and submit a collective review. Only one survey was accepted from each grantee. Grantees rated tools on five dimensions:

Evaluation Domain	Description of Domain
Relevance/importance to Healthy Start grantee and participants' needs	Significance of the Social Determinants Participant Profile to address Healthy Start participant needs.
Technical quality	Soundness of tool framework and questions
Clarity of tool	Organized, clear, concise, comprehensive
Diversity	Ability to address the diversity of the HS grantees' populations, and culture
Length of tool	Time it would take to administer tool with Participant

Each section of the evaluation survey for each tool began with this evaluation domain table. Each domain for each tool was summarized by the mean, median and range of scores from a Likert scale: 1-5: 1 being totally disagree and 5 being completely agree.

Demographic Intake Tool Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	3.9	4	3-5
Technical quality	3.9	4	3-5
Clarity of tool	4	4	3-5
Diversity	4.1	4	3-5
Length of tool	4.1	4	3-5

Demographic Intake Tool Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	25 minutes
Pilot Test Raw Time Range	1-30 minutes
Pilot Test Median Time	4.6 minutes
Pilot Test Mean Time	3.5 minutes

The demographic intake tool scored well in all domains, and there were no real issues were identified within each domain that would require any changes. The demographic tool median and mean time stamp was well below the estimated burden to complete, by 20 and 22 minutes respectively.

Pregnancy History/Status Tool Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	3.8	4	2-5
Technical quality	3.9	4	3-5
Clarity of tool	3.9	4	2-5
Diversity	3.8	4	2-5
Length of tool	3.7	4	2-5

Pregnancy History/Status Tool Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	42 minutes
Pilot Test Raw Time Range	1-25minutes
Pilot Test Median Time	6.3 minutes
Pilot Test Mean Time	4.5 minutes

The pregnancy history/status tool scored well in all domains. There was some qualitative feedback on the technical quality and clarity of the tool. This feedback was reviewed along with the feedback on specific questions. The pregnancy status/history tool median and mean time stamp was well below the estimated burden to complete, by 36 and 38 minutes respectively.

Preconception Tool Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	2.9	3	1-5
Technical quality	3.4	3	2-5
Clarity of tool	3.6	3	2-5
Diversity	3.3	3	1-5
Length of tool	3.3	3	1-5

Preconception Tool Time Study N=5	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	90 minutes
Pilot Test Raw Time Range	25-60 minutes
Pilot Test Median Time	51 minutes
Pilot Test Mean Time	45 minutes

The preconception tool scored well in all domains, except for the relevance or importance to Program participants' needs. There was some qualitative feedback on the relevance, clarity, and length of the tool. This feedback was reviewed along with the feedback on specific questions. The preconception tool median and mean time stamp was well below the estimated burden to complete, by 39 and 45 minutes respectively.

Prenatal Tool Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	3.9	4	3-5
Technical quality	3.8	4	2-5
Clarity of tool	3.8	4	2-5
Diversity	4.1	4	3-5
Length of tool	3.3	3	1-5

Prenatal Tool Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	120 minutes
Pilot Test Raw Time Range	32-88 minutes
Pilot Test Median Time	56 minutes
Pilot Test Mean Time	47 minutes

The prenatal tool scored well in all domains. There was some qualitative feedback on the relevance and clarity of the tool. This feedback was reviewed along with the feedback on specific questions. The prenatal tool median and mean time stamp was well below the estimated burden to complete, by 64 and 73 minutes respectively.

Postpartum Tool Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	4.1	4	3-5
Technical quality	4	4	3-5
Clarity of tool	3.9	4	2-5
Diversity	4.1	4	3-5
Length of tool	3	3	1-5

Postpartum Tool Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	108 minutes
Pilot Test Raw Time Range	18-120 minutes
Pilot Test Median Time	52 minutes
Pilot Test Mean Time	43 minutes

The postpartum tool scored well in all domains, and there were no real issues were identified within each domain that would require any changes. The postpartum tool median and mean time stamp was well below the estimated burden to complete, by 56 and 65 minutes respectively.

Parenting/Interconception Tool Evaluation Domains N=11			
Evaluation Domain	Mean	Median	Range
Relevance/importance to Healthy Start grantee and participants' needs	3.9	4	2-5
Technical quality	3.7	4	2-5
Clarity of tool	3.7	4	2-5
Diversity	4	4	3-5
Length of tool	2.7	2	1-5

Parenting/Interconception Tool Time Study N=10	
Total Estimated Annualized Burden of Hours Published in Federal Register, Public Comment Request	120 minutes
Pilot Test Raw Time Range	24-112 minutes
Pilot Test Median Time	61minutes
Pilot Test Mean Time	52 minutes

The parenting tool scored well in all domains, except for the length of tool. There was some qualitative feedback on the clarity and length of the tool. This feedback was reviewed along with the feedback on specific questions. The parenting tool median and mean time stamp was well below the estimated burden to complete, by 59 and 68 minutes respectively.

The Feedback Workgroup met four times between July 25-August 19, 2016, to review comments from the pilot testing results and public comment period feedback to identify emergent themes throughout the comments, and reach consensus on a final set of tools. These are described below in more detail.

Recommended Changes to the Healthy Start Screening Tools Based on Pilot Test

General highlights of recommended changes are included below. Notations reflect the actual changes made to the revised tools. Several recommended changes cut across all four perinatal tools. For many questions recommended for deletion, the information is captured in other questions. When all the deletions and additions are accounted for, there was a net reduction, shortening the tools by 11 core questions. Detailed documentation of changes to each revised tool are included in the appendix.

1. Deletions

We recommend the following deletions to streamline the screening tools, and reducing redundancy:

- **From each of the four perinatal tools:**
  - "On average, how many hours per day are you in the same room or vehicle with another person who is smoking?"
  - "How often do you have transportation to or from your medical appointments?"
  - "How often has it been very hard to get by on your family's income…?"
  - Medical home questions: delete "Is there one person or more than one person?" (But change responses to "Do you have one or more persons you think of as your personal doctor or nurse?" to include 'Yes, one person", "Yes, more than one person" etc.)
  - "Is there a place that you usually go for care…?" "What kind of place do you go to most often…" captures usual source of care.

- "Have you ever had a case with Child Protective Services"? But keep "Do you currently have an open case …?" Delete both questions from Preconception Tool.
- "There are people I can count on in this neighborhood or community", as that information is captured through other questions in the Neighborhood and Community sections.
- Delete the question about how the participant handles life events in the Stress and Discrimination section.
- Streamline Reproductive Life Planning sections, while maintaining mechanism for capturing the existence of a reproductive life plan.

- The revised tools also reflect revisions to and/or deletions of medically or clinically-oriented items based on pilot test feedback. These include deletion of some questions about immunizations and medications. The appendix details these recommendations.

- **From the Pregnancy History Tool**
  - "Including this pregnancy, how many times have you been pregnant…?",
  - "How many of your children were delivered vaginally?",
  - "Were any babies born with medical conditions…?"
  - What were they diagnosed with?"
  - How much weight did you during your last pregnancy?

- **From the Prenatal Tool**
  - Are you currently receiving prenatal care? We recommend keeping questions about how many weeks or months pregnant when they had first prenatal care visit and if they have had any difficulty getting prenatal care which provide that information.

2. Additions:

For informing/reminding staff and participants about the purpose of including the selected questions, and to provide instruction to staff on administering the tools, we recommend adding the following text at the beginning of each tool:

> *The questions and answer choices were selected based on the available evidence about factors that may impact a woman's health or pregnancy outcomes. The information provided by the participant through this screening tool will help Healthy Start identify each participant's unique needs and ensure that she is connected to the appropriate support services.*
>
> *Please read the questions to the participant. Do not read the responses to the participant unless the instructions tell you to do so.*

Recommendations for specific additions include the following:

- **To the Demographic Screening Tool:**
  - Add address, contact information, and emergency contact information.
- **To each of the four perinatal screening tools:**
  - "What is the zip code where you live?" include in the Social Determinants section of each perinatal screening tool. The Implementation Work Group

recognized this item as one that could change between visits, and should be tracked over time.
    - "How many people are supported by this income?" inserted after the income question in the Social Determinants of Health section.
    - "Do you keep guns in your home?" Based on AAP[1] and ACOG[2] recommendations, and in light of the current social climate, the Implementation Work Group felt it prudent to include this question.

3. Text Revisions

During the pilot test, a few items caused confusion across the pilot test participants. In order to improve the clarity of the items on the tools and ensure that all possible response options are included, we recommend implementing the following revisions to question text:

- Change "baby's father" or "child's father" to "partner or father of baby " or "partner or father of child"
- Change "year" to "12 months" in all questions to improve clarity
- Other minor revision recommendations are documented in the appendix.

4. Reordering, Reformatting and Other Minor Revisions

Review of pilot testing feedback by the Health Start CoIIN Implementation Work Group highlighted several areas where formatting could improve flow and clarity. Recommendations for improvements are outlined below, and reflected in the updated versions:

- Across all tools:
    - Indent sub-questions to help differentiate.
    - Include more explicit instructions to the person administering the tool for each question.
    - Provide more transition statements between sections or questions to improve flow.
    - Update skip patterns
    - Update and ensured alignment and consistency of Follow Up boxes across tools
    - Revise some section headers, including deleting "Demographics" sections
- Re-format Postpartum and Parenting/Interconception Tools to capture information on multiples as well as single babies.

We recommend two substantial changes to the Parenting/Interconception Tool. The initial tool lacked a mechanism for identifying mothers who may have experienced the death of their infant after the Postpartum Tool was completed. We inserted a question, modified from National Children's Health Survey QA1 asking about the child's health. This provides a means of identification and forgoing asking the mother the range of questions that follow regarding child health status, safety, and insurance information through an embedded skip pattern. The next question asks the participant if she is pregnant, addressing another issue – that a participant could be in the parenting phase with a young child and also be pregnant. If a woman in the parenting

[1] https://www.aap.org/en-us/advocacy-and-policy/federaladvocacy/documents/aapgunviolencepreventionpolicyrecommendations_jan2013.pdf

[2] https://www.acog.org/-/media/Statements-of-Policy/Public/2014GunViolenceAndSafety.pdf?dmc=1&ts=20160823T1409574528

phase is also pregnant, an embedded skip pattern directs the staff to ask questions about her partner's or the father of the baby's involvement (if the baby is alive), and then to the Prenatal Screening Tool.

Conclusion

In summary, the pretest provided important feedback about the clarity, flow and timing of the questions on the Healthy Start screening tools. The suggestions outlined above would improve respondent comprehension and ease of staff administration of the tools. Table 4 below shows the final content of the tools submitted to OMB for final review as a result of pilot testing recommendations.

Table 4: August 2016 Screening Tool Content

Screening Tool	Number of Questions	Sections in Sequential Order
Intake tool	10	Date of Birth, Zip Code, Ethnicity, Race, Country of Origin, Language
Pregnancy History	9	Current Pregnancy Status, Past Pregnancy Outcomes and Complications
Preconception	43	Demographics, Social Determinants, Neighborhood and Community, Medical Home/Access to Care/Health Insurance, Health and Healthy History, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Partner Involvement/Social Support, Reproductive Life Planning
Prenatal	50	Prenatal Care, Demographics, Social Determinants, Neighborhood and Community, Health and Health History, Mental Health, Substance Use, Personal Safety, Readiness for Motherhood, Stress and Discrimination, Social Support/Father Involvement, Reproductive Life Planning
Postpartum	49	Pregnancy Outcome, Infant Care, Sleep and Car Safety, Baby Insurance/Access to Care, Reproductive Life Planning, Demographics, Social Determinants, Neighborhood and Community, Medical Home / Access to Care/Health Insurance, Maternal Health, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Father Involvement/Social Support
Parenting	58	Infant Care, Sleep and Car Safety, Baby Insurance/Access to Care, Reproductive Life Planning, Demographics, Social Determinants, Neighborhood and Community, Medical Home / Access to Care/Health Insurance, Maternal Health, Mental Health, Substance Use, Personal Safety, Stress and Discrimination, Father Involvement/Social Support