

Health Resources and Services Administration  
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298  
Expires: 06/30/2022

Attachment B:  
Core Measures, Population Domain Measures,  
Program-Specific Measures (Detail Sheets)

OMB Clearance Package

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**Table of Contents**

**Attachment B:**  
**Core Measures, Population Domain Measures, Program-Specific Measures (Detail Sheets)**

**Core Measures..... 4**

**Capacity Building Measures ..... 7**

**Activity Data Collection Form for Selected Measures .....13**

**Program-Specific Measures**

**Division of MCH Workforce Development.....64**

DGIS Performance Measures, Numbering by Domain	
Performance Measure	Topic
Core 1	Grant Impact
Core 2	Quality Improvement
Core 3	Health Equity
CB 2	Technical Assistance
CB 3	Impact Measurement
CB 5	Scientific Publications
CB 6	Products

<b>Core 1 Performance Measure</b>	The percent of programs meeting the stated aims of their grant at the end of the current grant cycle
<b>Goal: Grant Impact</b>	
<b>Level: Grantee</b>	
<b>Domain: Core</b>	
<b>GOAL</b>	To ensure that planned grant impact was met.
<b>MEASURE</b>	The percent of MCHB funded projects meeting their stated objectives.
<b>DEFINITION</b>	<b>Tier 1:</b> Have you met the planned objectives as stated at the beginning of the grant cycle? <i>Prepopulated with the objectives from FOA:</i> <ul style="list-style-type: none"><li>• Did you meet objective 1_____? Y/N</li><li>• Did you meet objective 2_____? Y/N</li></ul>
<b>BENCHMARK DATA SOURCES</b>	N/A
<b>GRANTEE DATA SOURCES</b>	Grantee self-reported
<b>SIGNIFICANCE</b>	

<b>Core 2 Performance Measure</b>	The percent of programs engaging in quality improvement and through what means, and related outcomes.
<b>Goal: Quality Improvement</b>	
<b>Level: Grantee</b>	
<b>Domain: Core</b>	
<b>GOAL</b>	To measure quality improvement initiatives.
<b>MEASURE</b>	The percent of MCHB funded projects implementing quality improvement initiatives.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you implementing quality improvement (QI) initiatives in your program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>Tier 2:</b> QI initiative:</p> <p>What type of QI structure do you have? (Check all that apply)</p> <p><input type="checkbox"/> Team established within a division, office, department, etc. of an organization to improve a process, policy, program, etc.</p> <p><input type="checkbox"/> Team within and across an organization focused on organizational improvement</p> <p><input type="checkbox"/> Cross sectorial collaborative across multiple organizations</p> <p>What types of aims are included in your QI initiative? (Check all that apply)</p> <p><input type="checkbox"/> Population health</p> <p><input type="checkbox"/> Improve service delivery (process or program)</p> <p><input type="checkbox"/> Improve client satisfaction/ outcomes</p> <p><input type="checkbox"/> Improve work flow</p> <p><input type="checkbox"/> Policy improvement</p> <p><input type="checkbox"/> Reducing variation or errors</p> <p><b>Tier 3:</b> Implementation</p> <p>Are QI goals directly aligned with organization's strategic goals? Y/ N</p> <p>Has the QI team received training in QI? Y/N</p> <p>Do you have metrics to track improvement? Y/N</p> <p>Which methodology are you utilizing for quality improvement? (Check all that apply)</p> <p><input type="checkbox"/> Plan, Do, Study, Act Cycles</p> <p><input type="checkbox"/> Lean</p> <p><input type="checkbox"/> Six Sigma</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Tier 4:</b> What are the related outcomes?</p> <p>Is there data to support improvement in population health as a result of the QI activities? Y/N</p> <p>Is there data to support organizational improvement as a result of QI activities? Y/N</p> <p>Is there data to support improvement in cross sectorial collaboration as a result of QI activities? Y/N</p>
<b>BENCHMARK DATA SOURCES</b>	N/A
<b>GRANTEE DATA SOURCES</b>	Grantee self-reported.
<b>SIGNIFICANCE</b>	

<b>Core 3 Performance Measure</b>	The percent of programs promoting and/ or facilitating improving health equity.
<b>Goal: Health Equity</b>	
<b>Level: Grantee</b>	
<b>Domain: Capacity Building</b>	
<b>GOAL</b>	To ensure MCHB grantees have established specific aims related to improving health equity.
<b>MEASURE</b>	The percent of MCHB funded projects with specific measurable aims related to promoting health equity.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you promoting and/ or facilitating health equity in your program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>Tier 2:</b> Please select within which of the following domains your program addresses health equity (check all that apply):</p> <p><input type="checkbox"/> Income</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity</p> <p><input type="checkbox"/> Language</p> <p><input type="checkbox"/> Socioeconomic Status</p> <p><input type="checkbox"/> Health Status</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Sexual Orientation</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Geography – Rural/ Urban</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Tier 3:</b> Implementation</p> <p>Has your program set stated goal/ objectives for health equity? Y/N</p> <p>If yes, what are those aims? _____</p> <p><b>Tier 4:</b> What are the related outcomes?</p> <p>% of programs that met stated goals/ objectives around health equity</p> <p><b>Numerator:</b> # of programs that met stated specific aims around health equity</p> <p><b>Denominator:</b> # of programs that set specific aims around health equity</p> <p><i>* Health equity exists when challenges and barriers have been removed for those groups who experience greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.</i></p>
<b>BENCHMARK DATA SOURCES</b>	N/A
<b>GRANTEE DATA SOURCES</b>	Grantee self-reported.
<b>SIGNIFICANCE</b>	Health equity is achieved when every individual has the opportunity to attain his or her full health potential and no one is “disadvantaged from achieving this potential because of social position or socially determined consequences.” Achieving health equity is a top priority in the United States.

<b>CB 2 Performance Measure</b>	The percent of programs providing technical assistance on MCH priority topics.
<b>Goal: Technical Assistance</b>	
<b>Level: Grantee</b>	
<b>Domain: Capacity Building</b>	
<b>GOAL</b>	To ensure supportive programming for technical assistance.
<b>MEASURE</b>	The percent of MCHB funded projects providing technical assistance, on which MCH priority topics, and to whom.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you providing technical assistance (TA) through your program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>Tier 2:</b> To whom are you providing TA (check all that apply)?</p> <p><input type="checkbox"/> Participants/ Public</p> <p><input type="checkbox"/> Providers/ Health Care Professionals</p> <p><input type="checkbox"/> Local/ Community Partners</p> <p><input type="checkbox"/> State/ National Partners</p> <p><i>*Technical Assistant refers to collaborative problem solving on a range of issues, which may include program development, program evaluation, needs assessment, and policy or guideline formulation. It may include administrative services, site visitation, and review or advisory functions. TA may be a one-time or ongoing activity of brief or extended frequency.</i></p> <p><b>Tier 3:</b> Implementation (populated from prior domain questions)</p> <p># CSHCN/Developmental Disabilities TA</p> <p># Autism TA</p> <p># Prenatal Care TA</p> <p># Perinatal/ Postpartum Care TA</p> <p># Maternal and Women's Depression Screening TA</p> <p># Safe Sleep TA</p> <p># Breastfeeding TA</p> <p># Newborn Screening TA</p> <p># Genetics TA</p> <p># Quality of Well Child Visit TA</p> <p># Well Visit TA</p> <p># Injury Prevention TA</p> <p># Family Engagement TA</p> <p># Medical Home TA</p> <p># Transition TA</p> <p># Adolescent Major Depressive Disorder Screening TA</p> <p># Health Equity TA</p> <p># Adequate health insurance coverage TA</p> <p># Tobacco and eCigarette Use TA</p> <p># Oral Health TA</p> <p># Nutrition TA</p> <p># Data Research and Evaluation TA</p> <p># Other TA</p> <p>(Please specify additional topics:_____)</p> <p><b>Tier 4:</b> What are the related outcomes in the reporting year? (populated from prior questions)</p> <p># receiving TA</p> <p># technical assistance activities</p> <p># TA activities by target audience (Local, Title V, Other state agencies,/ partners, Regional, National, International)</p>
<b>GRANTEE DATA SOURCES</b>	Grantee self-reported.

**CB 2 Performance Measure**

The percent of programs providing technical assistance on MCH priority topics.

**Goal: Technical Assistance**

**Level: Grantee**

**Domain: Capacity Building**

**SIGNIFICANCE**

National Resource Centers, Policy Centers, leadership training institutes and many other MCHB discretionary grantees provide technical assistance and training to various target audiences, including grantees, health care providers, state agencies, community-based programs, program beneficiaries, and the public as a way of improving skills, increasing the MCH knowledge base, and thus improving capacity to adequately serve the needs of MCH populations and improve their outcomes.



**Data Collection Form for #CB 2**

**The form below will be prepopulated by TA selected in domain-specific measures.**

All measures for which a grantee reported that they provide TA will be triggered in this table.

**Instructions:** Please report the number of TA activities for each audience. If TA activities reached multiple audiences, please count for each audience, without concern for duplication. Participants/ public include infants, children, adolescents, adult participants, and families. Community/ local partners are considered to be community-based organizations or municipal or city divisions, programs, or organizations including schools. State or national partners include state or federal divisions or programs, as well as statewide or national organizations, such as non-profit organizations and non-governmental organizations.

Technical Assistance Area	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners
Prenatal Care				
Perinatal/ Postpartum Care				
Maternal and Women's Depression Screening				
Safe Sleep				
Breastfeeding				
Newborn Screening				
Genetics				
Quality of Well Child Visit				
Developmental Screening				
Well Visit				
Injury Prevention				
Family Engagement				
Medical Home				
Transition				
Adolescent Major Depressive Disorder Screening				
Health Equity				
Adequate health insurance coverage				
Tobacco and eCigarette Use				
Oral Health				
N				
Data Research and Evaluation				
Other (Specify: _____)				

**CB 3 Performance Measure**  
**Edited for Accuracy**  
**Goal: Impact Measurement**  
**Level: Grantee**  
**Domain: Capacity Building**

The percent of grantees that collect and analyze data on the impact of their grants on the field.

**GOAL**

To ensure supportive programming for impact measurement.

**MEASURE**

The percent of grantees that collect and analyze data on the impact of their grants on the field, and the methods used to collect data.

**DEFINITION**

**Tier 1:** Are you collecting and analyzing data related to impact measurement in your program?

- ☐ Yes
- ☐ No

**Tier 2:** How are you measuring impact?

- ☐ Conduct participant surveys
- ☐ Collect client level data
- ☐ Qualitative assessments
- ☐ Case reports
- ☐ Other: \_\_\_\_\_

**Tier 3:** Implementation

- List of tools used
  - Specify Tools: \_\_\_\_\_
- Outcomes of qualitative assessment
  - # of participant surveys
  - # of clients whose client level data was collected
  - # of case reports

**Tier 4:** What are the related outcomes in the reporting year?  
% of grantees that collect data on the impact of their grants on the field (and methods used to collect data)

**Numerator:** # of grantees that collect data on the impact of their grants on the field

**Denominator:** # of grantees

How is data collected: \_\_\_\_\_

% of grantees that collect and analyze data on the impact of their grants on the field (and methods used to analyze data)

**Numerator:** # of grantees that analyze data on the impact of their grants on the field

**Denominator:** # of grantees

How is data analyzed: \_\_\_\_\_

**GRANTEE DATA SOURCES**

Grantee self-reported.

**SIGNIFICANCE**

Impact as referenced here is a change in condition or status of life. This can include a change in health, social, economic or environmental condition. Examples may include improved health for a community/population or a reduction in disparities for a specific disease or increased adoption of a practice.

**CB 5 PERFORMANCE MEASURE**

The percent of programs supporting the production of scientific publications and through what means, and related outcomes.

**Goal: Scientific Publications**

**Level: Grantee**

**Domain: Capacity Building**

**GOAL**

To ensure supportive programming for the production of scientific publications.

**MEASURE**

The percent of MCHB funded projects programs supporting the production of scientific publications.

**DEFINITION**

**Tier 1:** Are you supporting the production of scientific publications in your program?

- ☐ Yes
- ☐ No

**Tier 2:** Indicate the categories of scientific publication that have been produced with grant support (either fully or partially) during the reporting period.

- ☐ Submitted
- ☐ In press
- ☐ Published

**Tier 3:** How many are reached through those activities?  
# of scientific/ peer-reviewed publications

**Tier 4:** How, if at all, have these publications been disseminated (check all that apply)?

*Note: research only; include this as Part B of publications form*

- ☐ TV/ Radio interview(s)
- ☐ Newspaper interview(s)
- ☐ Online publication interview(s)
- ☐ Press release
- ☐ Social Networking sites
- ☐ Listservs
- ☐ Presentation at conference (poster, abstract, presentation)
- ☐ Websites

**GRANTEE DATA SOURCES**

Grantee self-reported.

**SIGNIFICANCE**

Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This measure addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

<b>CB 6 Performance Measure</b>	The percent of programs supporting the development of informational products and through what means, and related outcomes.
<b>Goal: Products</b> <b>Level: Grantee</b> <b>Domain: Capacity Building</b>	
<b>GOAL</b>	To ensure supportive programming for the development of informational products.
<b>MEASURE</b>	The percent of MCHB funded projects supporting the development of informational products, and through what processes.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you creating products as part of your MCHB-supported program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Tier 2:</b> Indicate the categories of products that have been produced with grant support (either fully or partially) during the reporting period. <i>Count the original completed product, not each time it is disseminated or presented.</i></p> <p><input type="checkbox"/> Books  <input type="checkbox"/> Book chapters  <input type="checkbox"/> Reports and monographs (including policy briefs, best practice reports, white papers)  <input type="checkbox"/> Conference presentations and posters presented  <input type="checkbox"/> Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites) <i>Excluding video/ audio products that are posted online post-production</i>  <input type="checkbox"/> Audio/ Video products (podcasts, produced videos, video clips, CD-ROMs, CDs, or audio)  <input type="checkbox"/> Press communications (TV/ Radio interviews, newspaper interviews, public service announcements, and editorial articles)  <input type="checkbox"/> Newsletters (electronic or print)  <input type="checkbox"/> Pamphlets, brochures, or fact sheets  <input type="checkbox"/> Academic course development  <input type="checkbox"/> Distance learning modules  <input type="checkbox"/> Doctoral dissertations/ Master's theses  <input type="checkbox"/> Other: _____</p> <p><b>Tier 3:</b> Implementation of products # products created in each category</p>
<b>GRANTEE DATA SOURCES</b>	Grantee self-reported.
<b>SIGNIFICANCE</b>	Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This PM addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

**Table 1: Activity Data Collection Form for Selected Measures**

Please use the form below to identify what services you provide to each segment. For those you provide the service to, please provide the number of services provided (i.e. # of participants/members of the public receiving referrals or # of community/ local partners receiving TA). For those services you do not provide, or segments you do not reach, please leave the cell blank.

	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners
Technical Assistance				
Training				
Product Development				
Research/ Peer-reviewed publications				
Outreach/ Information Dissemination/ Education				
Screening/ Assessment				
Referral/ care coordination				
Direct Service				
Quality improvement initiatives				

## **DIVISION OF MCH WORKFORCE DEVELOPMENT:**

### **PERFORMANCE MEASURE DETAIL SHEET SUMMARY TABLE**

<b>Performance Measure</b>	<b>New/Revised Measure</b>	<b>Prior PM Number (if applicable)</b>	<b>Topic</b>
<b>Training 01</b>	New	N/A	MCH Training Program and Healthy Tomorrows Family Member/Youth/Community Member participation
<b>Training 02</b>	New	N/A	MCH Training Program and Healthy Tomorrows Cultural Competence
<b>Training 04</b>	Revised	59	Title V Collaboration
<b>Training 06</b>	Revised	09	Diversity of Long-Term Trainees
<b>Training 07</b>	New	N/A	MCH Pipeline Program – Work with MCH populations
<b>Training 08</b>	New	N/A	MCH Pipeline Program – Work with underserved or vulnerable populations
<b>Training 09</b>	Revised	83	MCH Pipeline - Graduate Program Enrollment

**Training 01 PERFORMANCE MEASURE**

**Goal: Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs**  
**Level: Grantee**  
**Domain: MCH Workforce Development**

The percent of MCHB training and Healthy Tomorrows programs that ensure family, youth, and community member participation in program and policy activities.

**GOAL**

To increase family, youth, and/or community member participation in MCH Training and Healthy Tomorrows programs.

**MEASURE**

The percent of MCHB training and Healthy Tomorrows programs that ensure family/ youth/ community member participation in program and policy activities.

**DEFINITION**

Attached is a table of five elements that demonstrate family member/youth/community member participation, including an emphasis on partnerships and building leadership opportunities for family members/youth/community members in MCH Training or Healthy Tomorrows programs. Please check yes or no to indicate if your MCH Training Program or Healthy Tomorrows program has met each element.

**BENCHMARK DATA SOURCES**

PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula

**GRANTEE DATA SOURCES**

Attached data collection form to be completed by grantee.

**SIGNIFICANCE**

Over the last decade, policy makers and program administrators have emphasized the central role of families and other community members as advisors and participants in program and policy-making activities. In accordance with this philosophy, MCH Training Programs and Healthy Tomorrows Programs are facilitating such partnerships at the local, State and national levels.

MCH Training programs support interdisciplinary/interprofessional graduate education and training programs that emphasize leadership, and family-centered, community-based, and culturally competent systems of care. Training programs are required to incorporate family members/youth/community members as faculty, trainees, and partners.

The Healthy Tomorrows program supports community initiated and community-based projects that apply principles of health promotion, disease prevention, and the benefits of coordinated health care to the provision of services that improve access to comprehensive, community-based, family-centered, culturally/linguistically competent, and coordinated care. Healthy Tomorrows projects are required to incorporate

**Training 01 PERFORMANCE MEASURE**  
**Goal: Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs**  
**Level: Grantee**  
**Domain: MCH Workforce Development**

The percent of MCHB training and Healthy Tomorrows programs that ensure family, youth, and community member participation in program and policy activities.

family members/youth/community members as project staff, advisors, volunteers, and partners.

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 01 - Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs**

Please indicate if your MCH Training or Healthy Tomorrows program has included family members, youth, **and/or** community members in each of the program elements listed below. Use the space provided for notes to provide additional details about activities, as necessary. (NOTE: Programs are only required to have participation from family members **or** youth **or** community members for each element to answer “Yes”)

Element	No	Yes
<b>Participatory Planning</b>  Family members/youth/community members participate in and provide feedback on the planning, implementation and/or evaluation of the training or Healthy Tomorrows program’s activities (e.g. strategic planning, program planning, materials development, program activities, and performance measure reporting).		
<b>Cultural Diversity</b>  Culturally diverse family members/youth/community members facilitate the training or Healthy Tomorrows program’s ability to meet the needs of the populations served.		
<b>Leadership Opportunities</b>  Within your training or Healthy Tomorrows program, family members/youth/community members are offered training, mentoring, and/or opportunities for leadership roles on advisory committees or task forces.		
<b>Compensation</b>  Family members/youth/community members who participate in the MCH Training or Healthy Tomorrows program are paid faculty, staff, consultants, or compensated for their time and expenses.		
<b>Train MCH/CSHCN staff</b>  Family members/youth/community members work with their training or Healthy Tomorrows program to provide training (pre-service, in-service and professional development) to MCH/CSHCN faculty/staff, students/trainees, and/or providers.		

**NOTES/COMMENTS:**



<b>Training 02 PERFORMANCE MEASURE</b>	The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic competence elements into their policies, guidelines, and training.
<b>Goal: Cultural Competence in MCH Training and Healthy Tomorrows Programs</b> <b>Level: Grantee</b> <b>Domain: MCH Workforce Development</b>	
<b>GOAL</b>	To increase the percentage of MCH Training and Healthy Tomorrows programs that have integrated cultural and linguistic competence into their policies, guidelines, and training.
<b>MEASURE</b>	The percent of MCHB training and Healthy Tomorrows programs that have integrated cultural and linguistic competence into their policies, guidelines, and training.
<b>DEFINITIONS</b>	<p>Attached is a checklist of 6 elements that demonstrate cultural and linguistic competency. Please check yes or no to indicate if your MCH Training or Healthy Tomorrows program has met each element. Please keep the completed checklist attached.</p> <p>Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; cited from National Center for Cultural Competence (<a href="http://nccc.georgetow.edu/foundations/frameworks.html">http://nccc.georgetow.edu/foundations/frameworks.html</a>)</p>
<b>DEFINITIONS (cont...)</b>	<p>Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence; <a href="http://www.nccccurricula.info/linguisticcompetence.html">http://www.nccccurricula.info/linguisticcompetence.html</a>)</p> <p>Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to</p>

**Training 02 PERFORMANCE MEASURE**

**Goal: Cultural Competence in MCH Training and Healthy Tomorrows Programs**  
**Level: Grantee**  
**Domain: MCH Workforce Development**

The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic competence elements into their policies, guidelines, and training.

racial, ethnic, and linguistic groupings; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees' progress in developing cultural and linguistic competence.

**BENCHMARK DATA SOURCES**

Related to the following HP2020 Objectives:  
PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula  
PHI-12: Increase the proportion of public health laboratory systems (including State, Tribal, and local) which perform at a high level of quality in support of the 10 Essential Public Health Services  
ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs

**GRANTEE DATA SOURCES**

Attached data collection form is to be completed by grantees.  
There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, and training.

**SIGNIFICANCE**

Over the last decade, researchers and policymakers have emphasized the central influence of cultural values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural competence objectives have been: (1) incorporated into the Division of MCH Workforce Development strategic plan; and (2) in guidance materials related to the MCH Training and Healthy Tomorrows Programs.  
The Division of MCH Workforce Development provides support to programs that address cultural and linguistic competence through development of curricula, research, learning and practice environments

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 02 – Cultural Competence in MCH Training and Healthy Tomorrows Programs**

Please indicate if your MCH Training or Healthy Tomorrows program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, and training.

Please use the space provided for notes to provide additional details about the elements, as applicable.

Element	Yes 1	No 0
1. <b>Written Guidelines</b> Strategies for advancing cultural and linguistic competency are integrated into your training or Healthy Tomorrows program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).		
2. <b>Training</b> Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.		
3. <b>Data</b> Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.		
4. <b>Staff/faculty diversity</b> MCH Training Program or Healthy Tomorrows staff and faculty reflect cultural and linguistic diversity of the significant populations served.		
5. <b>Professional development</b> MCH Training Program or Healthy Tomorrows staff and faculty participate in professional development activities to promote their cultural and linguistic competence.		
6. <b>Measure progress Measurement of Progress</b> A process is in place to assess the progress of MCH Training program or Healthy Tomorrows participants in developing cultural and linguistic competence.		

**NOTES/COMMENTS:**

**Training 04 PERFORMANCE MEASURE**

**Goal: Collaborative Interactions**

**Level: Grantee**

**Domain: MCH Workforce Development**

The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.

**GOAL**

To assure that a training program has collaborative interactions related to training, technical assistance, continuing education, and other capacity-building services with relevant national, state and local programs, agencies and organizations.

**MEASURE**

The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs and other professional organizations.

**DEFINITION**

Attached is a list of the 6 elements that describe activities carried out by training programs for or in collaboration with State Title V and other agencies on a scale of 0 to 1. If a value of '1' is selected, provide the number of activities for the element. The total score for this measure will be determined by the sum of those elements noted as '1.'

**BENCHMARK DATA SOURCES**

ECBP-11(Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.  
ECPB-2: Increase the proportion of elementary, middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems.  
ECBP-12 Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.  
ECBP-13: Increase the inclusion of core clinical prevention and population health content in in D.O.-granting medical schools.  
ECBP-15: Increase the inclusion of core clinical prevention and population health content in in nurse practitioner training.  
ECBP-17: Increase the inclusion of core clinical prevention and population health content in in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy  
PHI-2(Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals

**GRANTEE DATA SOURCES**

The training program completes the attached table which describes the categories of collaborative activity.

**SIGNIFICANCE**

As a SPRANS grantee, a training program enhances the Title V State block grants that support the MCHB goal to promote comprehensive, coordinated, family-centered, and culturally-sensitive systems of health care that serve the diverse needs of all families within their own

**Training 04 PERFORMANCE MEASURE**

**Goal: Collaborative Interactions**

**Level: Grantee**

**Domain: MCH Workforce Development**

The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.

communities. Interactive collaboration between a training program and Federal, Tribal, State and local agencies dedicated to improving the health of MCH populations will increase active involvement of many disciplines across public and private sectors and increase the likelihood of success in meeting the goals of relevant stakeholders.

This measure will document a training program's abilities to:

- 1) collaborate with State Title V and other agencies (at a systems level) to support achievement of MCHB Strategic Goals;
- 2) make the needs of MCH populations more visible to decision-makers and can help states achieve best practice standards for their systems of care; and
- 3) internally use this data to assure a full scope of these program elements in all regions.

**DATA COLLECTION FORM FOR DETAIL SHEET PM #Training 04 – Collaborative Interactions**

Indicate the degree to which your training program collaborates with State Title V (MCH Block Grant) agencies and other MCH-related programs\* using the following values:

0= Does not collaborate on this element

1= Does collaborate on this element.

If your program does collaborate, provide the total number of activities for the element.

Element	State Title V programs <sup>1</sup>			Other MCH-related programs <sup>2</sup>		
	0	1	Total number of activities	0	1	Total number of activities
<b>Service*</b> Examples might include: Clinics run by the training program and/or in collaboration with other agencies						
<b>Training</b> Examples might include: Training in Bright Futures; Workshops related to adolescent health practice; and Community-based practices. It would not include clinical supervision of long-term trainees.						
<b>Continuing Education</b> Examples might include: Conferences; Distance learning; and Computer-based educational experiences. It would not include formal classes or seminars for long-term trainees.						
<b>Technical Assistance</b> Examples might include: Conducting needs assessments with State programs; policy development; grant writing assistance; identifying best-practices; and leading collaborative groups. It would not include conducting needs assessments of consumers of the training program services.						
<b>Product Development</b> Examples might include: Collaborative development of journal articles and training or informational videos.						
<b>Research</b> Examples might include: Collaborative submission of research grants, research teams that include Title V or other MCH-program staff and the training program's faculty.						
<b>Total</b>						

<sup>1</sup>State Title V programs include State Block Grant funded or supported activities.

<sup>2</sup>Other maternal and child health-related programs (both MCHB-funded and funded from other sources) include, but are not limited to:

- State Health Department
- State Adolescent Health
- Social Service Agency
- Medicaid Agency
- Education
- Juvenile Justice
- Early Intervention
- Home Visiting
- Professional Organizations/Associations
- Family and/or Consumer Group
- Foundations
- Clinical Program/Hospitals
- Local and state division of mental health
- Developmental disability agencies
- Other programs working with maternal and child health populations

\*Ongoing collaborations with clinical locations should be counted as one activity (For example: multiple trainees rotate through the same community-based clinical site over the course of the year. This should be counted as one activity.)

<b>Training 06 Performance Measure</b>	The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
<b>Goal: Long Term Training Programs</b>	
<b>Level: Grantee</b>	
<b>Domain: MCH Workforce Development</b>	
<b>GOAL</b>	To increase the percentage of trainees participating in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
<b>MEASURE</b>	The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
<b>DEFINITION</b>	<p><b>Numerator:</b> Total number of long-term trainees (<math>\geq 300</math> contact hours) participating in MCHB training programs reported to be from underrepresented racial and ethnic groups. (Include MCHB-supported and non-supported trainees.)</p> <p><b>Denominator:</b> Total number of long-term trainees (<math>\geq 300</math> contact hours) participating in MCHB training programs. (Include MCHB-supported and non-supported trainees.)</p> <p><b>Units:</b> 100</p> <p><b>Text:</b> Percentage</p> <p>The definition of “underrepresented racial and ethnic groups” is based on the categories from the U.S. Census.</p>
<b>BENCHMARK DATA SOURCES</b>	<p>Related to Healthy People 2020 Objectives:</p> <p>AHS-4: Increase the number of practicing primary care providers</p> <p>ECBP-11: (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs</p>
<b>GRANTEE DATA SOURCES</b>	<p>Data will be collected annually from grantees about their trainees.</p> <p>MCHB does not maintain a master list of all trainees who are supported by MCHB long-term training programs.</p> <p>References supporting Workforce Diversity:</p> <ul style="list-style-type: none"><li>• In the Nation’s Compelling Interest: Ensuring Diversity in the Healthcare Workforce (2004). Institute of Medicine.</li><li>• Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002). Institute of Medicine.</li></ul>
<b>SIGNIFICANCE</b>	<p>HRSA’s MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. Training a diverse group of professionals is necessary in order to provide a diverse public health workforce to meet the needs of the changing demographics of the U.S. and to ensure access to culturally competent and effective services. This performance measure provides the necessary data to report on HRSA’s initiatives to reduce health disparities.</p>

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 06 – Long Term Training Programs**

Report on the percentage of long-term trainees ( $\geq 300$  contact hours) who are from any underrepresented racial/ethnic group (i.e., Hispanic or Latino, American Indian or Alaskan Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, two or more race (OMB). Please use the space provided for notes to detail the data source and year of data used.

- Report on all long-term trainees ( $\geq 300$  contact hours) including MCHB-funded and nonMCHB-funded trainees
- Report race and ethnicity separately
- Trainees who select multiple ethnicities should be counted once
- Grantee reported numerators and denominator will be used to calculate percentages

Total number of long term trainees ( $\geq 300$  contact hours) participating in the training program. (Include MCHB-supported and non-supported trainees.)

**Ethnic Categories**

Number of long-term trainees who are Hispanic or Latino (Ethnicity)

**Racial Categories**

Number of long-term trainees who are American Indian or Alaskan Native

Number of long-term trainees who are of Asian descent

Number of long-term trainees who are Black or African-American

Number of long-term trainees who are Native Hawaiian or Pacific Islanders

Number of long-term trainees who are two or more races

**Notes/Comments:**



<b>Training 07 PERFORMANCE MEASURE</b>	
The percent of MCHB Pipeline Program graduates who have been engaged in work focused on MCH populations.	
<b>Goal: MCH Pipeline Programs</b>	
<b>Level: Grantee</b>	
<b>Domain: MCH Workforce Development</b>	
<b>GOAL</b>	To increase the percent of graduates of MCH Pipeline Programs who have been/are engaged in work focused on MCH populations.
<b>MEASURE</b>	The percent of MCHB Pipeline Program graduates who have been engaged in work focused on MCH populations since graduating from the MCH Pipeline Training Program.
<b>DEFINITION</b>	<p><b>Numerator:</b> Number of pipeline graduates reporting they have been engaged in work focused on MCH populations since graduating from the MCH Pipeline Training Program.</p> <p><b>Denominator:</b> The total number of trainees responding to the survey</p> <p><b>Units:</b> 100</p> <p><b>Text:</b> Percent</p> <p>MCH Pipeline trainees are defined as undergraduate students from economically and educationally disadvantaged backgrounds (including underrepresented racial and ethnic minorities: African American, Hispanic/Latino, Asian, Hawaiian/Pacific Islanders, American Indian/Alaskan) who receive education, mentoring, and guidance to increase their interest and entry into MCH public health and related fields</p> <p><b>MCH Populations:</b> Includes women, infants and children, adolescents, young adults, and their families including fathers, and children and youth with special health care needs</p>
<b>BENCHMARK DATA SOURCES</b>	<p>Related to Healthy People 2020:</p> <p>Access Goal: Improve access to comprehensive, high-quality health care services</p> <p>Educational Community Based Program Goal: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health and enhance quality of life.</p> <p>Specific objectives: 10-11</p> <p>Related to Public Health Infrastructure: To ensure that Federal, Tribal, State, and local health agencies have the necessary infrastructure to effectively provide essential public health services. Specific objectives: 2, 3, and 5</p>

**Training 07 PERFORMANCE MEASURE**

The percent of MCHB Pipeline Program graduates who have been engaged in work focused on MCH populations.

**Goal: MCH Pipeline Programs**

**Level: Grantee**

**Domain: MCH Workforce Development**

**GRANTEE DATA SOURCES**

A pipeline program follow-up survey will be used to collect these data.

**Data Sources Related to Training and Work**

**Settings/Populations:**

Rittenhouse Diane R, George E. Fryer, Robert L. Phillips et al. Impact of Title Vii Training Programs on Community Health Center Staffing and National Health Service Corps Participation. *Ann Fam Med* 2008;6:397-405. DOI: 10.1370/afm.885.

Karen E. Hauer, Steven J. Durning, Walter N. Kernan, et al. Factors Associated With Medical Students' Career Choices Regarding Internal Medicine *JAMA*. 2008;300(10):1154-1164 (doi:10.1001/jama.300.10.1154)

**SIGNIFICANCE**

HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care.

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 07 - MCH Pipeline Program**

MCH Pipeline Program graduates who report working with **the maternal and child health population** (i.e., women, infants, children, adolescents, young adults, and their families, including and children with special health care needs) **2 years and 5 years after graduating from their MCH Pipeline program.**

*NOTE: If the individual works with more than one of these groups only count them once.*

**2 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

- A. The total number of graduates, 2 years following completion of program \_\_\_\_\_
- B. The total number of graduates lost to follow-up \_\_\_\_\_
- C. The total number of respondents (A-B) = denominator \_\_\_\_\_
- D. Number of respondents who report working with an MCH population  
since graduating from the MCH Pipeline Training Program \_\_\_\_\_
- E. Percent of respondents who report working with an MCH population  
Since graduating from the MCH Pipeline Training Program \_\_\_\_\_

**5 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

- A. The total number of graduates, 5 years following completion of program \_\_\_\_\_
- B. The total number of graduates lost to follow-up \_\_\_\_\_
- C. The total number of respondents (A-B) = denominator \_\_\_\_\_
- D. Number of respondents who report working with an MCH population  
since graduating from the MCH Pipeline Training Program \_\_\_\_\_
- E. Percent of respondents who report working with an MCH population  
since graduating from the MCH Pipeline Training Program \_\_\_\_\_

<b>Training 08 PERFORMANCE MEASURE</b>	The percent of MCH Pipeline Program graduates who have been engaged in work with populations considered to be underserved or vulnerable.
<b>Goal: MCH Pipeline Program</b> <b>Level: Grantee</b> <b>Domain: MCH Workforce Development</b>	
<b>GOAL</b>	To increase the percent of graduates of MCH Pipeline Programs who have been engaged in work with populations considered to be underserved or vulnerable.
<b>MEASURE</b>	The percent of MCH Pipeline Program graduates who have been engaged in work with populations considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program.
<b>DEFINITION</b>	<p><b>Numerator:</b> Number of pipeline graduates reporting they have been engaged in work with populations considered underserved or vulnerable since graduating from the MCH Pipeline Training Program.</p> <p><b>Denominator:</b> The total number of trainees responding to the survey</p> <p><b>Units:</b> 100      <b>Text:</b> Percent</p>
<b>DEFINITION (cont...)</b>	<p>MCH Pipeline trainees are defined as undergraduate students from economically and educationally disadvantaged backgrounds (including underrepresented racial and ethnic minorities: African American, Hispanic/Latino, Asian, Hawaiian/Pacific Islanders, American Indian/Alaskan) who receive education, mentoring, and guidance to increase their interest and entry into MCH public health and related fields</p> <p>The term “underserved” refers to “Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.</p> <p>This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e, Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc) <i>Source: Center for Vulnerable Populations Research. UCLA.</i> <a href="http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html">http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html</a></p>

<b>Training 08 PERFORMANCE MEASURE</b>	The percent of MCH Pipeline Program graduates who have been engaged in work with populations considered to be underserved or vulnerable.
<b>Goal: MCH Pipeline Program</b> <b>Level: Grantee</b> <b>Domain: MCH Workforce Development</b>	
<b>BENCHMARK DATA SOURCES</b>	<p>Related to Healthy People 2020:</p> <p>Access Goal: Improve access to comprehensive, high-quality health care services</p> <p>Educational Community Based Program Goal: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health and enhance quality of life. Specific objectives: 10-11</p> <p>Related to Public Health Infrastructure: To ensure that Federal, Tribal, State, and local health agencies have the necessary infrastructure to effectively provide essential public health services. Specific objectives: 2, 3, and 5</p>
<b>GRANTEE DATA SOURCES</b>	<p>A pipeline program follow-up survey will be used to collect these data.</p> <p>Data Sources Related to Training and Work Settings/Populations: Rittenhouse Diane R, George E. Fryer, Robert L. Phillips et al. Impact of Title VII Training Programs on Community Health Center Staffing and National Health Service Corps Participation. <i>Ann Fam Med</i> 2008;6:397-405. DOI: 10.1370/afm.885. Karen E. Hauer, Steven J. Durning, Walter N. Kernan, et al. Factors Associated With Medical Students' Career Choices Regarding Internal Medicine <i>JAMA</i>. 2008;300(10):1154-1164 (doi:10.1001/jama.300.10.1154)</p>
<b>SIGNIFICANCE</b>	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care.

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 08 - MCH Pipeline Program**

MCH Pipeline Program graduates who have worked with populations considered **underserved or vulnerable** 2 years and 5 years after graduating from their MCH Pipeline program.

*NOTE: If the individual works with more than one of these groups only count them once.*

**2 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

A. The total number of graduates, 2 years following completion of program \_\_\_\_\_

B. The total number of graduates lost to follow-up \_\_\_\_\_

C. The total number of respondents (A-B) = denominator \_\_\_\_\_

D. Number of respondents who have worked with populations considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program \_\_\_\_\_

E. Percent of respondents who have worked with populations considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program \_\_\_\_\_

**5 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

A. The total number of graduates, 5 years following completion of program \_\_\_\_\_

B. The total number of graduates lost to follow-up \_\_\_\_\_

C. The total number of respondents (A-B) = denominator \_\_\_\_\_

D. Number of respondents who have worked with populations considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program \_\_\_\_\_

E. Percent of respondents who have worked with populations considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program \_\_\_\_\_

**Training 09 PERFORMANCE MEASURE**

**Goal: Graduate Program Enrollment**  
**Level: Grantee**  
**Domain: MCH Workforce Development**

The percent of pipeline graduates that enter graduate programs preparing them to work with the MCH population.

**GOAL**

To increase the number of pipeline graduates that enter graduate programs preparing them to work with the MCH population.

**MEASURE**

The percent of pipeline graduates that enter graduate programs preparing them to work with the MCH population.

**DEFINITION**

**Numerator:** Total number of MCH Pipeline trainees enrolled in or who have completed a graduate school program\* preparing them to work with the MCH population, 2 or 5 years after graduating from the MCH Pipeline program.

\*Graduate programs preparing students to work with the MCH population include: pediatric medicine, public health, pediatric nutrition, public health social work, pediatric nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, or speech language pathology.

**Denominator:** Total number of MCH Pipeline Trainees who graduated from the MCH pipeline program 2 or 5 years previously.

**BENCHMARK DATA SOURCES**

Related to Healthy People 2020 Objectives:

ECBP-12: Increase the inclusion of core clinical preventive and population health content in M.D.-granting medical schools

ECBP-13: Increase the inclusion of core clinical preventive and population health content in D.O.-granting medical schools

ECBP-14: Increase the inclusion of core clinical preventive and population health content in undergraduate nursing

ECBP-15: Increase the inclusion of core clinical preventive and population health content in nurse practitioner training

ECBP-16: Increase the inclusion of core clinical preventive and population health content in physician assistant training

PHI-1: Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations

**GRANTEE DATA SOURCES**

Attached data collection form to be completed by grantees.

**SIGNIFICANCE**

MCHB training programs assist in developing a public health workforce that addresses key MCH issues and fosters field leadership in the MCH arena.

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 09 – Graduate Program Enrollment**

**2 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

- A. The total number of Pipeline Trainees, 2 years following graduation from the program \_\_\_\_\_
- B. The total number of graduates lost to follow-up \_\_\_\_\_
- C. The total number of respondents (A-B) = denominator \_\_\_\_\_
- D. Number of respondents that are enrolled in or have completed graduate Programs preparing them work with the MCH population\*\* \_\_\_\_\_
- E. Percent of respondents that are enrolled in or have completed graduate Programs preparing them work with the MCH population \_\_\_\_\_

**5 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

- A. The total number of Pipeline Trainees, 5 years following graduation from the program \_\_\_\_\_
- B. The total number of graduates lost to follow-up \_\_\_\_\_
- C. The total number of respondents (A-B) = denominator \_\_\_\_\_
- D. Number of respondents that are enrolled in or have completed graduate Programs preparing them work with the MCH population\*\* \_\_\_\_\_
- E. Percent of respondents that are enrolled in or have completed graduate Programs preparing them work with the MCH population \_\_\_\_\_

\*\*Graduate programs preparing graduate students to work in the MCH population include:  
Pediatric medicine, public health, pediatric nutrition, public health social work, pediatric nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, speech language pathology.



Health Resources and Services Administration  
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298  
Expires: 06/30/2022

Attachment C:  
Financial and Demographic Data Elements

OMB Clearance Package

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0298. Public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

**Attachment C:**  
**Financial and Demographic Data Elements**

<b>Form 1 – MCHB Project Budget Details for FY _____ .....</b>	<b>3</b>
<b>Form 2 – Project Funding Profile .....</b>	<b>5</b>
<b>Form 4 – Project Budget and Expenditures.....</b>	<b>7</b>
<b>Form 6 – Maternal &amp; Child Health Discretionary Grant .....</b>	<b>10</b>
<b>Form 7 – Discretionary Grant Project .....</b>	<b>15</b>

**FORM 1**  
**MCHB PROJECT BUDGET DETAILS FOR FY \_\_\_\_\_**

<b>1.</b>	<b>MCHB GRANT AWARD AMOUNT</b>	\$ _____
<b>2.</b>	<b>UNOBLIGATED BALANCE</b>	\$ _____
<b>3.</b>	<b>MATCHING FUNDS</b> (Required: Yes [ ] No [ ] If yes, amount)	\$ _____
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income	\$ _____
	D. Applicant/Grantee Funds	\$ _____
	E. Other funds: _____	\$ _____
<b>4.</b>	<b>OTHER PROJECT FUNDS</b> (Not included in 3 above)	\$ _____
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income (Clinical or Other)	\$ _____
	D. Applicant/Grantee Funds (includes in-kind)	\$ _____
	E. Other funds (including private sector, e.g., Foundations)	\$ _____
<b>5.</b>	<b>TOTAL PROJECT FUNDS</b> (Total lines 1 through 4)	\$ _____
<b>6.</b>	<b>FEDERAL COLLABORATIVE FUNDS</b> (Source(s) of additional Federal funds contributing to the project)	\$ _____
	A. Other MCHB Funds (Do not repeat grant funds from Line 1)	
	1) Special Projects of Regional and National Significance (SPRANS)	\$ _____
	2) Community Integrated Service Systems (CISS)	\$ _____
	3) State Systems Development Initiative (SSDI)	\$ _____
	4) Healthy Start	\$ _____
	5) Emergency Medical Services for Children (EMSC)	\$ _____
	6) Autism Collaboration, Accountability, Research, Education and Support Act	\$ _____
	7) Patient Protection and Affordable Care Act	_____
	8) Universal Newborn Hearing Screening	_____
	9) State Title V Block Grant	\$ _____
	10) Other: _____	\$ _____
	11) Other: _____	\$ _____
	12) Other: _____	\$ _____
	B. Other HRSA Funds	
	1) HIV/AIDS	\$ _____
	2) Primary Care	\$ _____
	3) Health Professions	\$ _____
	4) Other: _____	\$ _____
	5) Other: _____	\$ _____
	6) Other: _____	\$ _____
	C. Other Federal Funds	
	1) Center for Medicare and Medicaid Services (CMS)	\$ _____
	2) Supplemental Security Income (SSI)	\$ _____
	3) Agriculture (WIC/other)	\$ _____
	4) Administration for Children and Families (ACF)	\$ _____
	5) Centers for Disease Control and Prevention (CDC)	\$ _____
	6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____
	7) National Institutes of Health (NIH)	\$ _____
	8) Education	\$ _____
	9) Bioterrorism	_____
	10) Other: _____	\$ _____
	11) Other: _____	\$ _____

12) Other \_\_\_\_\_  
**7. TOTAL COLLABORATIVE FEDERAL FUNDS**

\_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETION OF FORM 1  
MCH BUDGET DETAILS FOR FY \_\_\_\_\_**

Line 1. Enter the amount of the Federal MCHB grant award for this project.

Line 2. Enter the amount of carryover (e.g., unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.

Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.

Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.

Line 5. Displays the sum of lines 1 through 4.

Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.

Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.

If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .

Line 7. Displays the sum of lines in 6A.1 through 6C.12.

## FORM 2

### PROJECT FUNDING PROFILE

	<u>FY</u> _____		<u>FY</u> _____		<u>FY</u> _____		<u>FY</u> _____		<u>FY</u> _____	
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
<b>1</b> <u>MCHB Grant</u> <u>Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>2</b> <u>Unobligated</u> <u>Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>3</b> <u>Matching Funds</u> <u>(If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>4</b> <u>Other Project</u> <u>Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>5</b> <u>Total Project</u> <u>Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>6</b> <u>Total Federal</u> <u>Collaborative</u> <u>Funds</u> <i>Line 7, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 2  
PROJECT FUNDING PROFILE**

**Instructions:**

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

## **FORM 4**

### **PROJECT BUDGET AND EXPENDITURES By Types of Services**

<b><u>TYPES OF SERVICES</u></b>	FY _____	FY _____	FY _____	FY _____
	<b><u>Budgeted</u></b>	<b><u>Expended</u></b>	<b><u>Budgeted</u></b>	<b><u>Expended</u></b>
<b>I. <u>Direct Health Care Services</u></b> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>II. <u>Enabling Services</u></b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>III. <u>Public Health Services and Systems</u></b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research Systems of Care, and Information Systems Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>IV. <i>TOTAL</i></b>	\$ _____	\$ _____	\$ _____	\$ _____

## INSTRUCTIONS FOR THE COMPLETION OF FORM 4 PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I     Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II     Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III     Public Health Services and Systems - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Public Health Services and Systems** include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of Public Health Services and Systems are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and



resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V      Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

**FORM 6**

**MATERNAL & CHILD HEALTH DISCRETIONARY GRANT  
PROJECT ABSTRACT  
FOR FY\_\_\_\_\_**

**PROJECT:** \_\_\_\_\_

**I. PROJECT IDENTIFIER INFORMATION**

1. Project Title:
2. Project Number:
3. E-mail address:

**II. BUDGET**

1. MCHB Grant Award \$ \_\_\_\_\_  
(Line 1, Form 2)
2. Unobligated Balance \$ \_\_\_\_\_  
(Line 2, Form 2)
3. Matching Funds (if applicable) \$ \_\_\_\_\_  
(Line 3, Form 2)
4. Other Project Funds \$ \_\_\_\_\_  
(Line 4, Form 2)
5. Total Project Funds \$ \_\_\_\_\_  
(Line 5, Form 2)

**III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)**

- ☐ Direct Services
- ☐ Enabling Services
- ☐ Public Health Services and Systems

**IV. DOMAIN SERVICES ARE PROVIDED TO**

- ☐ Maternal/ Women's' Health
- ☐ Perinatal/ Infant Health
- ☐ Child Health
- ☐ Children with Special Health Care Needs
- ☐ Adolescent Health
- ☐ Life Course/ All Population Domains
- ☐ Local/ State/ National Capacity Building

**V. PROJECT DESCRIPTION OR EXPERIENCE TO DATE**

- A. Project Description
1. Problem (in 50 words, maximum):

2. Aims and Key Activities: (List up to 5 major aims and key related activities for the project. These should reflect the aims from the FOA, also these will be used for Grant Impact measurement at the end of your grant period.)

Aim 1:

Related Activity 1:

Related Activity 2:

Aim 2:

Related Activity 1:

Related Activity 2:

Aim 3:

Related Activity 1:

Related Activity 2:

Aim 4:

Related Activity 1:

Related Activity 2:

Aim 5:

Related Activity 1:

Related Activity 2:

3. Specify the primary *Healthy People 2020* objectives(s) (up to three) which this project addresses:

- a.
- b.
- c.

- 5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)
- 6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met, be sure to tie to evaluation from FOA.)
- 7. Quality Improvement Activities

B. Continuing Grants ONLY

- 1. Experience to Date (For continuing projects ONLY):
- 2. Website URL and annual number of hits
  - a. \_\_\_\_\_ Number of web hits
  - b. \_\_\_\_\_ Number of unique visitors

**VI. KEY WORDS**

**VII. ANNOTATION**

## INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT

**NOTE:** All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

### **Section I – Project Identifier Information**

Project Title: Displays the title for the project.  
Project Number: Displays the number assigned to the project (e.g., the grant number)  
E-mail address: Displays the electronic mail address of the project director

**Section II – Budget** - These figures will be transferred from Form 1, Lines 1 through 5.

### **Section III - Types of Services**

Indicate which type(s) of services your project provides, checking all that apply.

### **Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)**

A. New Projects only are to complete the following items:

1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
2. Provide up to 5 aims of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top aims in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 aims. For each goal, list the key related activities. The aims and activities must be specific and time limited (i.e., Aim 1: increase providers in area trained in providing quality well-child visits by 10% by 2017 through 1. trainings provided at state pediatric association and 2. on-site technical assistance).
3. Displays the primary Healthy People 2020 goal(s) that the project addresses.
4. Describe the programs and activities used to reach aims, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its aims and implementing activities.

B. For continuing projects ONLY:

1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
2. If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year.

**Section V – Key Words**

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

**Section VI – Annotation**

Provide a three- to five-sentence description of your project that identifies the project's purpose, the needs and problems, which are addressed, the aims of the project, the related activities which will be used to meet the aims, and the materials, which will be developed.

## **FORM 7**

### **DISCRETIONARY GRANT PROJECT SUMMARY DATA**

**1. Project Service Focus**

- ☐ Urban/Central City      ☐ Suburban      ☐ Metropolitan Area (city & suburbs)  
☐ Rural      ☐ Frontier      ☐ Border (US-Mexico)

**2. Project Scope**

- ☐ Local      ☐ Multi-county      ☐ State-wide  
☐ Regional      ☐ National

**3. Grantee Organization Type**

- ☐ State Agency  
☐ Community Government Agency  
☐ School District  
☐ University/Institution Of Higher Learning (Non-Hospital Based)  
☐ Academic Medical Center  
☐ Community-Based Non-Governmental Organization (Health Care)  
☐ Community-Based Non-Governmental Organization (Non-Health Care)  
☐ Professional Membership Organization (Individuals Constitute Its Membership)  
☐ National Organization (Other Organizations Constitute Its Membership)  
☐ National Organization (Non-Membership Based)  
☐ Independent Research/Planning/Policy Organization  
☐ Other \_\_\_\_\_

**4. Project Infrastructure Focus (from MCH Pyramid) if applicable**

- ☐ Guidelines/Standards Development And Maintenance  
☐ Policies And Programs Study And Analysis  
☐ Synthesis Of Data And Information  
☐ Translation Of Data And Information For Different Audiences  
☐ Dissemination Of Information And Resources  
☐ Quality Assurance  
☐ Technical Assistance  
☐ Training  
☐ Systems Development  
☐ Other

5. Demographic Characteristics of Project Participants

Indicate the service level:

<input type="checkbox"/>	Direct Health Care Services
<input type="checkbox"/>	Enabling Services
<input type="checkbox"/>	Public Health Services and Systems

	RACE (Indicate all that apply)								ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children 1 to 12 years												
Adolescents 12-18 years												
Young Adults 18-25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+												
TOTALS												



**6. Clients' Primary Language(s)**

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**7. Population Served**

- ☐ Homeless
- ☐ Incarcerated
- ☐ Severely Depressed
- ☐ Migrant Worker/ Population
- ☐ Uninsured
- ☐ Adolescent Pregnancy
- ☐ Food Stamp Eligible
- ☐ Other

**8. Resource/TA and Training Centers ONLY**

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)

- ☐ Providers/ Professionals
- ☐ Local/ Community partners
- ☐ Title V
- ☐ Other state agencies/ partners
- ☐ Regional
- ☐ National
- ☐ International

b. Number of Requests Received/Answered: \_\_\_\_/\_\_\_\_

c. Number of Continuing Education credits provided: \_\_\_\_\_

d. Number of Individuals/ Participants Reached: \_\_\_\_\_

e. Number of Organizations Assisted: \_\_\_\_\_

f. Major Type of TA or Training Provided:

- ☐ continuing education courses,
- ☐ workshops,
- ☐ on-site assistance,
- ☐ distance learning classes
- ☐ one-on-one remote consultation
- ☐ other, Specify: \_\_\_\_\_

## INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

### Section 1 – Project Service Focus

Select all that apply

### Section 2 – Project Scope

Choose the one that best applies to your project.

### Section 3 – Grantee Organization Type

Choose the one that best applies to your organization.

### Section 4 – Project Infrastructure Focus

If applicable, choose all that apply.

### Section 5 – Demographic Characteristics of Project Participants

Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

**Public Health Services and Systems** include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of **Public Health Services and Systems** are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

**Section 6 – Clients Primary Language(s)**

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

**Section 7 – Check all population served**

**Section 8 – Resource/TA and Training Centers (Only)**

Answer all that apply.

Health Resources and Services Administration  
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298  
Expires: 06/30/2022

Attachment D:  
Additional Data Elements

OMB Clearance Package

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0298. Public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

## Table of Contents

### **Attachment D: Additional Data Elements**

<b>Technical Assistance/ Collaboration Form.....</b>	<b>3</b>
<b>Products, Publications and Submissions Data Collection Form .....</b>	<b>6</b>
<b>Division of MCH Workforce Development Forms .....</b>	<b>13</b>

## **TECHNICAL ASSISTANCE/COLLABORATION FORM – REVISED JULY 2019**

DEFINITION: Technical Assistance/Collaboration refers to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, collaboration, program evaluation, needs assessment, and policy & guidelines formulation. It may include administrative services, site visitation and review/advisory functions. Collaborative partners might include State or local health agencies, and education or social service agencies. Faculty may serve on advisory boards to develop &/or review policies at the local, State, regional, national or international levels. The technical assistance (TA) effort may be a one-time or on-going activity of brief or extended frequency. The intent of the measure is to illustrate the reach of the training program beyond trainees.

Provide the following summary information on **ALL** TA provided

Total Number of Technical Assistance/ Collaboration Activities	Total Number of TA Recipients	TA Activities by Type of Recipient	Number of TA Activities by Target Audience
_____	_____	<input type="checkbox"/> Other Divisions/ Departments in a University <input type="checkbox"/> Title V (MCH Programs) <input type="checkbox"/> State Health Dept. <input type="checkbox"/> Health Insurance/ Organization <input type="checkbox"/> Education <input type="checkbox"/> Medicaid agency <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Mental Health Agency <input type="checkbox"/> Juvenile Justice or other Legal Entity <input type="checkbox"/> State Adolescent Health <input type="checkbox"/> Developmental Disability Agency <input type="checkbox"/> Early Intervention <input type="checkbox"/> Other Govt. Agencies <input type="checkbox"/> Mixed Agencies <input type="checkbox"/> Professional Organizations/Associations <input type="checkbox"/> Family and/or Consumer Group <input type="checkbox"/> Foundations <input type="checkbox"/> Clinical Programs/ Hospitals <input type="checkbox"/> Other: Please Specify _____	Local _____ Title V _____ Within State _____ Another State _____ Regional _____ National _____ International _____

**B.** Provide information below on the **5-10 most significant** technical assistance/ collaborative activities in the past year. In the notes, briefly state why these were the most significant TA events.

Title		Topic of Technical Assistance/Collaboration <i>Select one from list A and all that apply from List B.</i>		Recipient of TA/ Collaborator	Intensity of TA	Primary Target Audience
		List A (select one)	List B (select all that apply)	A. Other Divisions/ Departments in a University B. Title V (MCH Programs) C. State Health Dept. D. Health Insurance/ Organization E. Education F. Medicaid agency G. Social Service Agency H. Mental Health Agency I. Juvenile Justice or other Legal Entity J. State Adolescent Health K. Developmental Disability Agency L. Early Intervention M. Other Govt. Agencies N. Mixed Agencies O. Professional Organizations/ Associations P. Family and/or Consumer Group Q. Foundations R. Clinical Programs/ Hospitals S. Other (specify)	1. One time brief (single contact) 2. One time extended (multi-day contact provided one time) 3. On-going infrequent (3 or less contacts per year) 4. On-going frequent (more than 3 contacts per year)	1. Local 2. Title V 3. Within State 4. Another State 5. Regional 6. National 7. International
1	Example	G- Policy	21- Oral Health	E - Education	2	2

**C.** In the past year have you provided technical assistance on emerging issues that are not represented in the topic list above? YES/ NO.

If yes, specify the topic(s): \_\_\_\_\_



## **Products, Publications and Submissions Data Collection Form**

### **Part 1**

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced with grant support (either fully or partially) during the reporting period. Count the original completed product, not each time it is disseminated or presented.

Type	Number
<u>In Press</u> peer-reviewed publications in scholarly journals  <i>Please include peer reviewed publications addressing maternal and child health that have been published by project faculty and/or staff during the reporting period. Faculty and staff include those listed in the budget form and narrative and others that your program considers to have a central and ongoing role in the project whether they are supported or not supported by the grant.</i>	
<u>Submission(s)</u> of peer-reviewed publications to scholarly journals	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/ Master's theses	
Other	

### Part 3

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an “\*.”

#### Data collection form for: **primary author** in peer-reviewed publications in scholarly journals – published

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publication: \_\_\_\_\_

\*Volume: \_\_\_\_\_ \*Number: \_\_\_\_\_ Supplement: \_\_\_\_\_ \*Year: \_\_\_\_\_ \*Page(s): \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL): \_\_\_\_\_

\*Dissemination Vehicles: TV/ Radio Interview \_\_\_\_ Newspaper/ Print Interview \_\_\_\_ Press Release \_\_\_\_

Social Networking Sites/ Social Media \_\_\_\_ Listservs \_\_\_\_ Conference Presentation \_\_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

#### Data collection form for: **contributing author** in peer-reviewed publications in scholarly journals – published

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publication: \_\_\_\_\_

\*Volume: \_\_\_\_\_ \*Number: \_\_\_\_\_ Supplement: \_\_\_\_\_ \*Year: \_\_\_\_\_ \*Page(s): \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL): \_\_\_\_\_

\*Dissemination Vehicles: TV/ Radio Interview \_\_\_\_ Newspaper/ Print Interview \_\_\_\_ Press Release \_\_\_\_

Social Networking Sites/ Social Media \_\_\_\_ Listservs \_\_\_\_ Conference Presentation \_\_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Peer-reviewed publications in scholarly journals – submitted, not yet published**

\*Title: \_\_\_\_\_  
\*Author(s): \_\_\_\_\_  
\*Publication: \_\_\_\_\_  
\*Year Submitted: \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_  
Key Words (No more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Books**

\*Title: \_\_\_\_\_  
\*Author(s): \_\_\_\_\_  
\*Publisher: \_\_\_\_\_  
\*Year Published: \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_  
Key Words (No more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form for: Book chapters**

Note: If multiple chapters are developed for the same book, list them separately.

\*Chapter Title: \_\_\_\_\_  
\*Chapter Author(s): \_\_\_\_\_  
\*Book Title: \_\_\_\_\_  
\*Book Author(s): \_\_\_\_\_  
\*Publisher: \_\_\_\_\_  
\*Year Published: \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_  
Key Words (no more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Reports and monographs**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year Published: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Conference presentations and posters presented**

(This section is not required for MCHB Training grantees.)

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Meeting/Conference Name: \_\_\_\_\_

\*Year Presented: \_\_\_\_\_

\*Type: ☐ Presentation ☐ Poster

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Web-based products**

\*Product: \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ Blogs ☐ Podcasts ☐ Web-based video clips  
☐ Wikis ☐ RSS feeds ☐ News aggregators  
☐ Social networking sites ☐ Other (Specify) \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Electronic Products**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ CD-ROMs ☐ DVDs ☐ Audio tapes  
☐ Videotapes ☐ Other (Specify)

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Press Communications**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ TV interview ☐ Radio interview ☐ Newspaper interview  
☐ Public service announcement ☐ Editorial article ☐ Other (Specify)

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Newsletters**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ Electronic ☐ Print ☐ Both

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

\*Frequency of distribution: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other (Specify)

Number of subscribers: \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Pamphlets, brochures or fact sheets**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ Pamphlet ☐ Brochure ☐ Fact Sheet

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Academic course development**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Distance learning modules**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Media Type: ☐ Blogs ☐ Podcasts ☐ Web-based video clips  
☐ Wikis ☐ RSS feeds ☐ News aggregators  
☐ Social networking sites ☐ CD-ROMs ☐ DVDs  
☐ Audio tapes ☐ Videotapes ☐ Other (Specify)

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Doctoral dissertations/Master's theses**

\*Title: \_\_\_\_\_

\*Author: \_\_\_\_\_

\*Year Completed: \_\_\_\_\_

\*Type: ☐ Doctoral dissertation ☐ Master's thesis

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Other**

(Note, up to 3 may be entered)

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Describe product, publication or submission: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

## **MCH TRAINING PROGRAM DATA FORMS**

### **Faculty and Staff Information**

List all personnel (faculty, staff, and others) contributing<sup>51</sup> to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

Personnel (Do not list trainees)						
<b>Name</b>	<b>Ethnicity</b> (Hispanic or Latino, Not Hispanic or Latino, Unrecorded)	<b>Race</b> (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than One Race, Unrecorded)	<b>Gender</b> (Male or Female)	<b>Discipline</b>	<b>Year Hired in MCH Leadership Training Program</b>	<b>Former MCHB Trainee? (Yes/No)</b>
<b>Faculty</b>						
<b>Staff</b>						
<b>Other</b>						

<sup>51</sup> A 'central' role refers to those that regularly participate in on-going training activities such as acting as a preceptors; teaching core courses; and participating in other core leadership training activities that would be documented in the progress reports.



**Trainee Information (Long-term Trainees Only) – REVISED JULY 2019**

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (including those who received MCH funds and those who did not).

Total Number of long-term trainees participating in the training program\* \_\_\_\_\_

Name

Ethnicity

Race

Gender

Address (For supported trainees ONLY)

City

State

Country

Discipline(s) upon Entrance to the Program

Degree(s)

Degree Program in which enrolled

Received financial MCH support? ☐ Yes ☐ No Amount: \$\_\_\_\_\_

If yes....☐ Stipend ☐ Tuition ☐ Stipend and Tuition ☐ Other

Type: ☐ Non-Degree Seeking ☐ Undergraduate ☐ Masters

☐ Pre-doctoral ☐ Doctoral ☐ Post-doctoral

Student Status: ☐ Part-time student ☐ Full-time student

**Epidemiology training grants ONLY**

Length of time receiving support: \_\_\_\_\_

Research Topic or Title\_\_\_\_\_

\*All long-term trainees participating in the program, whether receiving MCH stipend support or not.

## Medium Term Trainees

DEFINITION: Medium term trainees are trainees with 40 - 299 contact hours in the current reporting year.

### Medium-term Trainees with 40-149 contact hours during the past 12-month grant period

**Total Number** \_\_\_\_\_

**Disciplines (check all that apply):**

- ☐ Audiology
- ☐ Dentistry-Pediatric
- ☐ Dentistry – Other
- ☐ Education/Special Education
- ☐ Family Member/Community Member
- ☐ Genetics/Genetic Counseling
- ☐ Health Administration
- ☐ Medicine-General
- ☐ Medicine-Adolescent Medicine
- ☐ Medicine-Developmental-Behavioral Pediatrics
- ☐ Medicine-Neurodevelopmental Disabilities
- ☐ Medicine-Pediatrics
- ☐ Medicine-Pediatric Pulmonology
- ☐ Medicine – Other
- ☐ Nursing-General
- ☐ Nursing-Family/Pediatric Nurse Practitioner
- ☐ Nursing-Midwife
- ☐ Nursing – Other
- ☐ Nutrition
- ☐ Occupational Therapy
- ☐ Person with a disability or special health care need
- ☐ Physical Therapy
- ☐ Psychiatry
- ☐ Psychology
- ☐ Public Health
- ☐ Respiratory Therapy
- ☐ Social Work
- ☐ Speech-Language Pathology
- ☐ Other (Specify)

### Medium Term Trainees with 150-299 contact hours

The totals for gender, ethnicity, race and discipline must equal the total number of medium term trainees with 150-299 contact hours

<b>Total Number</b>	_____
<b>Gender</b>	Male _____ Female _____
<i>(number not percent)</i>	
<b>Ethnicity</b>	Hispanic or Latino _____ Not Hispanic or Latino _____ Unrecorded _____
<i>(number not percent)</i>	
<b>Race</b>	American Indian or Alaska Native: _____
<i>(number not percent)</i>	Asian: _____
	Black or African American: _____
	Native Hawaiian or Other Pacific Islander: _____
	White: _____
	More than One Race: _____
	Unrecorded: _____
<b>Discipline</b>	
Number	Discipline
_____	Audiology
_____	Dentistry-Pediatric
_____	Dentistry – Other
_____	Education/Special Education
_____	Family Member/Community Member
_____	Genetics/Genetic Counseling
_____	Health Administration
_____	Medicine-General
_____	Medicine-Adolescent Medicine
_____	Medicine-Developmental-Behavioral Pediatrics
_____	Medicine-Neurodevelopmental Disabilities
_____	Medicine-Pediatrics
_____	Medicine-Pediatric Pulmonology
_____	Medicine – Other
_____	Nursing-General
_____	Nursing-Family/Pediatric Nurse Practitioner
_____	Nursing-Midwife
_____	Nursing – Other
_____	Nutrition
_____	Occupational Therapy
_____	Person with a disability or special health care need
_____	Physical Therapy
_____	Psychiatry
_____	Psychology
_____	Public Health
_____	Respiratory Therapy
_____	Social Work
_____	Speech-Language Pathology
_____	Other (Specify)_____

**TOTAL Number of Medium term Trainees:** \_\_\_\_\_

**Short Term Trainees**

DEFINITION: Short-term trainees are trainees with less than 40 contact hours in the current reporting year. (**Continuing Education participants are not counted in this category**)

Total number of short term trainees during the past 12-month grant period\_\_\_\_\_

Indicate disciplines (check all that apply)

- ☐ Audiology
- ☐ Dentistry-Pediatric
- ☐ Dentistry – Other
- ☐ Education/Special Education
- ☐ Family Member/Community Member
- ☐ Genetics/Genetic Counseling
- ☐ Health Administration
- ☐ Medicine-General
- ☐ Medicine-Adolescent Medicine
- ☐ Medicine-Developmental-Behavioral Pediatrics
- ☐ Medicine-Neurodevelopmental Disabilities
- ☐ Medicine-Pediatrics
- ☐ Medicine-Pediatric Pulmonology
- ☐ Medicine – Other
- ☐ Nursing-General
- ☐ Nursing-Family/Pediatric Nurse Practitioner
- ☐ Nursing-Midwife
- ☐ Nursing – Other
- ☐ Nutrition
- ☐ Occupational Therapy
- ☐ Person with a disability or special health care need
- ☐ Physical Therapy
- ☐ Psychiatry
- ☐ Psychology
- ☐ Public Health
- ☐ Respiratory Therapy
- ☐ Social Work
- ☐ Speech-Language Pathology
- ☐ Other (Specify)

**Continuing Education Form**

Continuing Education is defined as continuing education programs or trainings that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. Training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community. Additional details about CE activities will be collected in the annual progress report.

**A.** Provide information related to the total number of CE activities provided through your training program last year.

Total Number of CE Participants \_\_\_\_\_

Total Number of CE Sessions/ Activities \_\_\_\_\_

Number of CE Sessions/Activities by Primary Target Audience

Number of **Within Your State** CE Activities \_\_\_\_\_

Number of CE Activities **With Another State** \_\_\_\_\_

Number of **Regional** CE Activities \_\_\_\_\_

Number of **National** CE Activities \_\_\_\_\_

Number of **International** CE Activities \_\_\_\_\_

Number of CE Sessions/Activities for which Credits are Provided \_\_\_\_\_

**B.** Topics Covered in CE Activities *Check all that apply*

- |   |  |
|---|--|
| A. Clinical Care-Related (including medical home)             | <input type="checkbox"/> Women's Reproductive/ Perinatal Health                    |
|   | <input type="checkbox"/> Early Childhood Health/ Development (birth to school age) |
| B. Diversity or Cultural Competence-Related                   | <input type="checkbox"/> School Age Children                                       |
| C. Data, Research, Evaluation Methods (Knowledge Translation) | <input type="checkbox"/> Adolescent Health   |
| D. Family Involvement   | <input type="checkbox"/> CSHCN/ Developmental Disabilities                         |
| E. Interdisciplinary Teaming                                  | <input type="checkbox"/> Autism  |
| F. Healthcare Workforce Leadership                            | <input type="checkbox"/> Emergency Preparedness                                    |
| G. Policy   | <input type="checkbox"/> Health Information Technology                             |
| H. Prevention   | <input type="checkbox"/> Mental Health   |
| I. Systems Development/ Improvement                           | <input type="checkbox"/> Nutrition   |
|   | <input type="checkbox"/> Oral Health   |
|   | <input type="checkbox"/> Patient Safety  |
|   | <input type="checkbox"/> Respiratory Disease                                       |
|   | <input type="checkbox"/> Vulnerable Populations*                                   |

- ☐ Health Disparities
- ☐ Health care financing
- ☐ Other (specify) \_\_\_\_\_

\* "Vulnerable populations" refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. *Source: Center for Vulnerable Populations Research. UCLA.*  
<http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html>.

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**MCH PIPELINE PROGRAM GRADUATE FOLLOW-UP QUESTIONS – NEW SURVEY**

Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your Pipeline Program Director.

**What year did you graduate from the MCH Pipeline Program?** \_\_\_\_\_

- 1. Are you currently enrolled or have you completed a graduate school program that is preparing you to work with the MCH population?**

☐ Yes  
☐ No

*NOTE: Graduate programs preparing graduate students to work in the MCH population include:*

*Medicine (e.g., Pediatric, Ob/Gyn, Primary Care), public health, MCH nutrition, public health social work, MCH nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, speech language pathology.*

- 2. Have you worked with Maternal and Child Health (MCH) populations since graduating from the MCH Pipeline Training Program?** (i.e., women, infants and children, adolescents, young adults, and their families, including fathers, and children and youth with special health care needs)?

☐ Yes  
☐ No

- 3. Have you worked with populations considered to be underserved or vulnerable<sup>1</sup> since graduating from the MCH Pipeline Training program?** (e.g., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, health disparities, etc.)

☐ Yes  
☐ No

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<sup>1</sup> The term “underserved” refers to “Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term “vulnerable groups,” refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc.)

Source: Center for Vulnerable Populations Research. UCLA. <http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html>