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

Table of Contents

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

DGIS Performance Measures, Numbering by Domain	
Performance Measure	**Topic**
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Core 2	Quality Improvement
Core 3	Health Equity
CB 1	State Capacity for Advancing the Health of MCH Populations
CB 2	Technical Assistance
CB 3	Impact Measurement
CB 5	Scientific Publications
CB 6	Products
LC 3	Oral Health

Core 1 Performance Measure **Goal: Grant Impact** **Level: Grantee** **Domain: Core**	The percent of programs meeting the stated aims of their grant at the end of the current grant cycle

GOAL	To ensure that planned grant impact was met.
MEASURE	The percent of MCHB funded projects meeting their stated objectives.
DEFINITION	**Tier 1**: Have you met the planned objectives as stated at the beginning of the grant cycle? *Prepopulated with the objectives from FOA:* • Did you meet objective 1_____? Y/N • Did you meet objective 2_____? Y/N
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported
SIGNIFICANCE	

Core 3 Performance Measure **Goal: Health Equity** **Level: Grantee** **Domain: Capacity Building**	The percent of programs promoting and/ or facilitating improving health equity.

GOAL

To ensure MCHB grantees have established specific aims related to improving health equity.

MEASURE

The percent of MCHB funded projects with specific measurable aims related to promoting health equity.

DEFINITION

Tier 1: Are you promoting and/ or facilitating health equity in your program?
- ☐ Yes
- ☐ No

Tier 2: Please select within which of the following domains your program addresses health equity (check all that apply):
- ☐ Income
- ☐ Race
- ☐ Ethnicity
- ☐ Language
- ☐ Socioeconomic Status
- ☐ Health Status
- ☐ Disability
- ☐ Sexual Orientation
- ☐ Sex
- ☐ Gender
- ☐ Age
- ☐ Geography – Rural/ Urban
- ☐ Other: _____

Tier 3: Implementation
Has your program set stated goal/ objectives for health equity? Y/N
If yes, what are those aims? _____

Tier 4: What are the related outcomes?
% of programs that met stated goals/ objectives around health equity
Numerator: # of programs that met stated specific aims around health equity
Denominator: # of programs that set specific aims around health equity

* 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.

BENCHMARK DATA SOURCES

N/A

GRANTEE DATA SOURCES

Grantee self-reported.

SIGNIFICANCE

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.

CB 1 Performance Measure **Goal: State capacity for advancing the health of MCH populations (for National programs)** **Level: Grantee** **Domain: Capacity Building**	The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations.
GOAL	To ensure adequate and increasing state capacity for advancing the health of MCH populations.
MEASURE	The percent of MCHB-funded projects of a national scale promoting and facilitating state capacity for advancing the health of MCH populations, and through what processes.
DEFINITION	Tier 1: Are you promoting and facilitating state capacity for advancing the health of MCH populations for _____ 's* priority topic? □ Yes □ No ***prepopulated with program focus** Tier 2: Through what activities are you promoting and facilitating state capacity for advancing the health of MCH populations? □ Delivery of training on program priority topic □ Support state strategic planning activities □ Serve as expert and champion on the priority topic □ Facilitate state level partnerships to advance priority topics □ Maintain consistent state-level staffing support for priority topic (State-level programs only) □ Collect data to track changes in prevalence of program priority issues □ Utilize available data to track changes in prevalence of program priority issue on national/ regional level □ Issue model standards of practice for use in the clinical setting Tier 3: Implementation □ # of professionals trained on program priority topic □ How frequently are data collected and analyzed to monitor status and refine strategies?: o Less frequently than annually o Bi-annual o Quarterly o Monthly □ # of MOUs between State agencies addressing priority area • # of State agencies/departments participating on priority area. This includes the following key state agencies (check all that apply): □ Commissions/ Task Forces □ MCH/CSHCN □ Genetics □ Newborn Screening □ Early Hearing and Detection □ EMSC □ Oral Health □ Developmental Disabilities □ Medicaid

CB 1 Performance Measure

Goal: State capacity for advancing the health of MCH populations (for National programs)
Level: Grantee
Domain: Capacity Building

The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations.

- ☐ Mental & Behavioral Health
- ☐ Housing
- ☐ Early Intervention/Head Start
- ☐ Education
- ☐ Child Care
- ☐ Juvenile Justice/Judicial System
- ☐ Foster Care/Adoption Agency
- ☐ Transportation
- ☐ Higher Education
- ☐ Law Enforcement
- ☐ Children's Cabinet
- ☐ Other (Specify_____)

- Have model standards of practice been established to increase integration of MCH priority issue into clinical setting? Y/N
- Development or identification of reimbursable services codes to cover delivery of clinical services on MCH priority topic? Y/N
- Inclusion of specific language in Medicaid managed care contracts to assure coverage of payment for clinical services on MCH priority topic? Y/N

Tier 4: What are the related outcomes in the reporting year? (National Programs Only)

- % of state/ jurisdictions have a strategic plan on program priority topic
- % of states/ jurisdictions receiving training on this program topic
- % of states/ jurisdictions which have state FTEs designated for this MCH topic
- % of MCH programs have an identified state lead designated on this topic
- % of states/ jurisdictions utilizing reimbursable services codes to cover delivery of clinical services on MCH priority topic?
- % of states/jurisdictions which report progress on strategic plan goals and objectives?

BENCHMARK DATA SOURCES   N/A

GRANTEE DATA SOURCES   Grantee Self-Reported.

CB 2 Performance Measure Goal: Technical Assistance Level: Grantee Domain: Capacity Building	The percent of programs providing technical assistance on MCH priority topics.

GOAL To ensure supportive programming for technical assistance.

MEASURE The percent of MCHB funded projects providing technical assistance, on which MCH priority topics, and to whom.

DEFINITION

Tier 1: Are you providing technical assistance (TA) though your program?
- ☐ Yes
- ☐ No

Tier 2: To whom are you providing TA (check all that apply)?
- ☐ Participants/ Public
- ☐ Providers/ Health Care Professionals
- ☐ Local/ Community Partners
- ☐ State/ National Partners

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.

Tier 3: Implementation *(populated from prior domain questions)*
- \# CSHCN/Developmental Disabilities TA
- \# Autism TA
- \# Prenatal Care TA
- \# Perinatal/ Postpartum Care TA
- \# Maternal and Women's Depression Screening TA
- \# Safe Sleep TA
- \# Breastfeeding TA
- \# Newborn Screening TA
- \# Genetics TA
- \# Quality of Well Child Visit TA
- \# Well Visit TA
- \# Injury Prevention TA
- \# Family Engagement TA
- \# Medical Home TA
- \# Transition TA
- \# Adolescent Major Depressive Disorder Screening TA
- \# Health Equity TA
- \# Adequate health insurance coverage TA
- \# Tobacco and eCigarette Use TA
- \# Oral Health TA
- \# Nutrition TA
- \# Data Research and Evaluation TA
- \# Other TA
- (Please specify additional topics:_____)

Tier 4: What are the related outcomes in the reporting year? *(populated from prior questions)*
- \# receiving TA
- \# technical assistance activities
- \# TA activities by target audience (Local, Title V, Other state agencies,/ partners, Regional, National, International)

GRANTEE DATA SOURCES Grantee self-reported.

CB 2 Performance Measure **Goal: Technical Assistance** **Level: Grantee** **Domain: Capacity Building**	The percent of programs providing technical assistance on MCH priority topics.

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 **Goal: Scientific Publications** **Level: Grantee** **Domain: Capacity Building**	The percent of programs supporting the production of scientific publications and through what means, and related outcomes.

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.

CB 6 Performance Measure Goal: Products Level: Grantee Domain: Capacity Building	The percent of programs supporting the development of informational products and through what means, and related outcomes.

GOAL

To ensure supportive programming for the development of informational products.

MEASURE

The percent of MCHB funded projects supporting the development of informational products, and through what processes.

DEFINITION

Tier 1: Are you creating products as part of your MCHB-supported program?
- ☐ Yes
- ☐ No

Tier 2: Indicate the categories of products that have been 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.
- ☐ Books
- ☐ Book chapters
- ☐ Reports and monographs (including policy briefs, best practice reports, white papers)
- ☐ Conference presentations and posters presented
- ☐ Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites) *Excluding video/ audio products that are posted online post-production*
- ☐ Audio/ Video products (podcasts, produced videos, video clips, CD-ROMs, CDs, or audio)
- ☐ 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: _____

Tier 3: Implementation of products
  # products created in each category

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 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				

LC 3 Performance Measure **Goal: Oral Health** **Level: Grantee** **Domain: Life Course/ Cross Cutting**	The percent of programs promoting and/ or facilitating oral health.

GOAL

To ensure supportive programming for oral health.

MEASURE

The percent of MCHB funded projects promoting and/ or facilitating oral health, and through what activities.

DEFINITION

Tier 1: Are you promoting and/ or facilitating oral health in your program?
- ☐ Yes
- ☐ No

Tier 2: Through what activities are you promoting and/ or facilitating oral health?
- ☐ Technical Assistance
- ☐ Training
- ☐ Product Development
- ☐ Research/ Peer-reviewed publications
- ☐ Outreach/ Information Dissemination/ Education
- ☐ Tracking/ Surveillance
- ☐ Screening/ Assessment
- ☐ Referral
- ☐ Direct Service
- ☐ Quality improvement initiatives

Tier 3: How many from each population are reached through each of the activities?
> *See data LC 3 Data Collection Form.*

Tier 4: What are the related outcomes in the reporting year?

% of program participants receiving an oral health risk assessment
> **Numerator:** Number of program participants who received an oral health risk assessment in the reporting year
> **Denominator:** All program participants

% of women in program population who had a dental visit during pregnancy
> **Numerator:** Program participants who were pregnant during the reporting year who had a dental visit
> **Denominator:** Program participants who were pregnant during the reporting year

% of those aged 1 through 17 who had preventative oral health visit during the last year
> **Numerator:** Infants and children involved with the program who received a preventative oral health visit in the reporting year
> **Denominator:** Infants and children involved with the program during the reporting year.

BENCHMARK DATA SOURCES

Related to Oral Health Objective 7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year (Baseline: 30.2%, Target: 49.0%).
Related to Oral Health Objective 8: Increase the proportion of low-income children and adolescents who receive any preventive dental service during the past year (Baseline: 30.2%, Target: 33.2%).

| **LC 3 Performance Measure**

Goal: Oral Health
Level: Grantee
Domain: Life Course/ Cross Cutting | The percent of programs promoting and/ or facilitating oral health. |

GRANTEE DATA SOURCES   Title V National Performance Measure #13

SIGNIFICANCE   Oral health is a vital component of overall health. Access to oral health care, good oral hygiene and adequate nutrition are essential components of oral health to help ensure individuals achieve and maintain oral health. Those with limited preventive oral health services access are at a greater risk for oral diseases.

Data Collection Form for #LC 3

Please use the form below to identify what services you provide to each population. For those that you provide the service to, please provide the number of services provided (i.e. number of children receiving referrals), for those that you do not, please leave blank.

	Pregnant/ Perinatal Women (Col 1)	Infants (Col 2)	Children (Col 3)	CSHCN (Col 4)	Adolescents (Col 5)	Non-pregnant Adults (Col 5)	Providers/ Health Care Professionals (Col 6)	Community/ Local Partners (Col 7)	State or National Partners (Col 8)	Other Specify_____ (Col 9)
Technical Assistance										
Training										
Product Development										
Research/ Peer-reviewed publications										
Outreach/ Information Dissemination/ Education										
Tracking/ Surveillance										
Screening/ Assessment										
Referral										
Direct Service										
Quality improvement initiatives										

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Maternal and Child Health Bureau

Discretionary Grant Performance Measures

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Attachment C:
Financial and Demographic Data Elements

OMB Clearance Package

Attachment C:
Financial and Demographic Data Elements

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1. **MCHB GRANT AWARD AMOUNT** $ _____
2. **UNOBLIGATED BALANCE** $ _____
3. **MATCHING FUNDS** $ _____
   (Required: Yes [ ] No [ ]   If yes, amount)

   A. Local funds $ _____
   B. State funds $ _____
   C. Program Income $ _____
   D. Applicant/Grantee Funds $ _____
   E. Other funds: _____ $ _____
4. **OTHER PROJECT FUNDS** (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) $ _____
5. **TOTAL PROJECT FUNDS** (Total lines 1 through 4) $ _____
6. **FEDERAL COLLABORATIVE FUNDS** $ _____
   (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

	FY____		FY____		FY____		FY____		FY____	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1 MCHB Grant Award Amount *Line 1, Form 2*	$	$	$	$	$	$	$	$	$	$
2 Unobligated Balance *Line 2, Form 2*	$	$	$	$	$	$	$	$	$	$
3 Matching Funds (If required) *Line 3, Form 2*	$	$	$	$	$	$	$	$	$	$
4 Other Project Funds *Line 4, Form 2*	$	$	$	$	$	$	$	$	$	$
5 Total Project Funds *Line 5, Form 2*	$	$	$	$	$	$	$	$	$	$
6 Total Federal Collaborative Funds *Line 7, Form 2*	$	$	$	$	$	$	$	$	$	$

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

	TYPES OF SERVICES	FY _____		FY _____	
		Budgeted	**Expended**	**Budgeted**	**Expended**
I.	**Direct Health Care Services** (Basic Health Services and Health Services for CSHCN.)	$	$	$	$
II.	**Enabling Services** (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	$	$	$	$
III.	**Public Health Services and Systems** (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.)	$	$	$	$
IV.	*TOTAL*	$	$	$	$

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, II 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 II 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   <u>Direct Health Care Services</u> - 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   <u>Enabling Services</u> - 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   <u>Public Health Services and Systems</u> - 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.

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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.

Attachment C | 14

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:

☐	**Direct Health Care Services**
☐	**Enabling Services**
☐	**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)**

_____
_____
_____

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

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Attachment D:
Additional Data Elements

OMB Clearance Package

Table of Contents

Attachment D:
Additional Data Elements

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
_____	_____	☐ Other Divisions/ Departments in a University ☐ Title V (MCH Programs) ☐ State Health Dept. ☐ Health Insurance/ Organization ☐ Education ☐ Medicaid agency ☐ Social Service Agency ☐ Mental Health Agency ☐ Juvenile Justice or other Legal Entity ☐ State Adolescent Health ☐ Developmental Disability Agency ☐ Early Intervention ☐ Other Govt. Agencies ☐ Mixed Agencies ☐ Professional Organizations/Associations ☐ Family and/or Consumer Group ☐ Foundations ☐ Clinical Programs/ Hospitals ☐ 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 *Select one from list A and all that apply from List B.*		Recipient of TA/ Collaborator	Intensity of TA	Primary Target Audience
	List A (select one) A. Clinical care related (including medical home) B. Cultural Competence Related C. Data, Research, Evaluation Methods (Knowledge Translation) D. Family Involvement E. Interdisciplinary Teaming F. Healthcare Workforce Leadership G. Policy H. Prevention I. Systems Development/ Improvement	List B (select all that apply) 1. CSHCN/ Developmental Disabilities 2. Autism 3. Prenatal Care 4. Perinatal/ Postpartum Care 5. Well Woman Visit/ Preventive Health Care 6. Depression Screening 7. Safe Sleep 8. Breastfeeding 9. Newborn Screening 10. Quality of Well Child Visit 11. Child Well Visit 12. Injury Prevention 13. Family Engagement 14. Medical Home (Access to and use of medical home) 15. Transition 16. Adolescent Well Visit 17. Injury Prevention 18. Screening for Major Depressive Disorder 19. Health Equity 20. Adequate health insurance coverage 21. Tobacco and eCigarette Use 22. Oral Health 23. Nutrition 24. Other	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):_____

<u>Products, Publications and Submissions Data Collection Form</u>

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 *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.*	
<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: _____