

**All long-term training programs complete the following Performance Measures:**

Form 10: Project Performance/Outcome Measure Detail Sheet (See Individual PM's below)

- Performance Measure 07: The degree to which MCHB supported programs ensure **family participation** in program and policy activities.
- Performance Measure 08: The percent of graduates of MCHB long-term training programs that **demonstrate field leadership** after graduation.
- Performance Measure 09: The percent of participants in MCHB long-term training programs who are from **underrepresented groups**.
- Performance Measure 11: The degree to which MCHB long-term training grantees include **cultural competency** in their curricula/training.
- Program Performance Measure 62: **Products and Publications**

Additional forms and performance measures are required of certain long-term training programs. These are listed under the name of the program.

**T71-Adolescent Health (LEAH)**

Program Performance Measure (PPM) 59: Collaboration with State Title V Agencies

PPM 60: Long Term Trainees Working in Interdisciplinary Manner

PPM 64: Degree to Which LEAH Programs Incorporate Diverse Adolescents and Parents into the Training Program

**T73-Leadership Education in Neurodevelopmental Disorders (LEND)**

PPM 59: Collaboration with State Title V Agencies

PPM 60: Long Term Trainees Working in Interdisciplinary Manner

PPM 61: Trainees Value Interdisciplinary Training (Developmental Measure to be reported 2006)

PPM 63: Degree to Which LEND Programs Incorporate Medical Home Concepts

**T72-Pediatric Pulmonary Centers (PPC)**

PPM 58: Percentage of PPC Faculty Who Demonstrate Field Leadership

PPM 59: Collaboration with State Title V Agencies

PPM-PPC1: Impact of Training on Medium Term Trainees (developmental measure)

**T79-Nutrition (NUT)**

PPM 65: Nutrition Trainees Practicing in the MCH Field

**T76-Schools of Public Health (SPH)**

PPM-SPH1: Active Community Partnerships (developmental measure)

**PART 1**  
**Performance Measures-All Long Term**  
**Training Programs**

**07 PERFORMANCE  
MEASURE**

The degree to which MCHB supported programs ensure family participation in program and policy activities.

**Goal 1: Provide National Leadership for  
MCHB**

**(Promote family participation in care)**

**Level: Grantee**

**Category: Family Participation**

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**GOAL**

To increase family participation in MCHB programs.

**MEASURE**

The degree to which MCHB supported programs ensure family participation in program and policy activities.

**DEFINITION**

Attached is a checklist of 6 elements that demonstrate family participation. Please check the degree to which the elements have been implemented.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 16.23. Increase the proportion of Territories and States that have service systems for Children with Special Health Care Needs to 100 percent.

**DATA SOURCE(S) AND ISSUES**

Attached data collection form to be completed by grantees.

**SIGNIFICANCE**

Over the last decade, policy makers and program administrators have emphasized the central role of families as advisors and participants in policy-making activities. In accordance with this philosophy, MCHB is facilitating such partnerships at the local, state and national levels. Family/professional partnerships have been incorporated into the MCHB Block Grant Application, the MCHB strategic plan and is a requirement in the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), the legislative mandate that health programs supported by Maternal and Child Health Bureau (MCHB) Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

**DATA COLLECTION FORM FOR DETAIL SHEET #07**

Using a scale of 0-3, please rate the degree to which our grant program has included families into their program and planning activities.

0	1	2	3	Element
				1. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement.
				2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.
				3. Family members participate in the planning, implementation and evaluation of the program's activities.
				4. Families members work with their professional partners to provide training ( pre-service, in-service and professional development) to MCH/CSHCN staff and providers.
				5. Family members are hired as paid staff or consultants to the program (a family member is hired for his or her expertise as a family member).
				6. Family members of diverse cultures are involved in all of the above activities.

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

Total the numbers in the boxes (possible 0-18 score) \_\_\_\_\_

**08 PERFORMANCE MEASURE**

The percent of graduates of MCHB long-term training programs that demonstrate field leadership after graduation.

**Goal 1: Provide National Leadership for Maternal and Child Health (Provide both graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide)  
Level: Grantee  
Category: Training**

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**GOAL**

To increase the percent of graduates of long-term training programs that demonstrate field leadership five years after graduation.<sup>1</sup>

**MEASURE**

The percent of graduates of MCHB long-term training programs that demonstrate field leadership after graduation.

**DEFINITION**

Attached is a checklist of 4 elements that demonstrate field leadership. For each element, identify the number of graduates of MCHB long-term training programs that demonstrate field leadership 5 years after graduation. Please keep the completed checklist attached.

“Field leadership” refers to but is not limited to providing MCH leadership within the clinical, advocacy, academic, research, public health, public policy or governmental realms. Refer to attachment for complete definition.

Cohort is defined as those who graduate in a certain project period. Data form for each cohort year will be collected for five years.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 1.7: (Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.

Related to Objective 23.8: (Developmental) Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.

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<sup>1</sup> After baseline data is established, a more specific target goal will be determined.

**DATA SOURCE(S) AND ISSUES**

Attached data collection form to be completed by grantees.

**SIGNIFICANCE**

An MCHB trained workforce is a vital participant in clinical, administrative, policy, public health and various other arenas. MCHB long-term training programs assist in developing a public health workforce that addresses MCH concerns and fosters field leadership in the MCH arena.

**DATA COLLECTION FORM FOR DETAIL SHEET #08**

The total number of graduates, 5 years post graduation, included in this report \_\_\_\_\_

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

Percent of graduates (5 years post graduation) demonstrate MCH leadership in **at least one** of the following areas: \_\_\_\_\_%

- Academics--i.e. faculty member teaching-mentoring in MCH related field; \_\_\_\_\_%  
and/or conducting MCH related research; and /or providing consultation or technical assistance in MCH; and/or publishing and presenting in key MCH areas; and/or success in procuring grant and other funding in MCH
  
- Clinical--i.e. development of guidelines for specific MCH conditions; \_\_\_\_\_%  
and/or participation as officer or chairperson of committees on State, National, or local clinical organizations, task forces, community boards, etc.; and/or clinical preceptor for MCH trainees; and/or research, publication, and key presentations on MCH clinical issues; and/or serves in a clinical leadership position as director, team leader, chairperson, etc.
  
- Public Health/Public Policy--i.e. leadership position in local, State or \_\_\_\_\_%  
National public organizations, government entity; and/or conducts strategic planning; participates in program evaluation and public policy development; and/or success in procuring grant and other funding; and/or influencing MCH legislation; and/or publication, presentations in key MCH issues.
  
- Advocacy--i.e. through efforts at the community, State, Regional and \_\_\_\_\_%  
National levels influencing positive change in MCH through creative promotion, support and activities--both private and public. For example, developing a city-wide SIDS awareness and prevention program through community churches.

**09 PERFORMANCE  
MEASURE**

**Goal 2: Eliminate Health Barriers and Disparities (Train an MCH Workforce that is culturally competent and reflects an increasingly diverse population)**

**Level: Grantee**

**Category: Training**

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The percent of participants in MCHB long-term training programs who are from underrepresented groups.

**GOAL**

To increase the percent of trainees participating in MCHB long-term training programs who are from underrepresented groups.

**MEASURE**

The percent of participants in MCHB long-term training programs who are from underrepresented groups.

**DEFINITION**

**Numerator:**

Number of trainees reported by MCHB long-term training programs to be from underrepresented groups.

**Denominator:**

Total number of trainees participating in MCHB long-term training programs.

**Units:** 100

**Text:** Percent

“Underrepresented groups” refer to, but are not limited to, groups based on race, ethnicity, geographic location and gender who are underrepresented in a field of study.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 1.8: In the health professions, allied and associated health professions, and the nursing field, increase the proportion of all degrees awarded to members of underrepresented racial and ethnic groups.

**DATA SOURCE(S) AND ISSUES**

- Data will be collected annually from grantees about enrolled students from the Minimum Data Set or a data collection form will be developed if necessary.
- MCHB does not maintain a master list of all trainees who are supported by MCHB long-term training programs.

**SIGNIFICANCE**

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 disparities.

## **11 PERFORMANCE MEASURE**

The degree to which MCHB long-term training grantees include cultural competency in their curricula/training.

**Goal 2: Eliminate Health Barriers & Disparities (Train and MCH Workforce that is culturally competent and reflect an increasingly diverse population)**

**Level: Grantee**

**Category: Cultural Competence**

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### **GOAL**

To increase the number of MCHB long-term training programs that include each element of cultural competency in their curricula/training.

### **MEASURE**

The degree to which MCHB long-term training grantees include cultural competency in their curricula/training.

### **DEFINITION**

Attached is a checklist of nine elements that demonstrate cultural competency. Please check the degree to which the elements have been implemented. The answer scale is 0-27. Please keep the completed checklist attached.

Cultural competency training is defined as including the following elements: written cultural competence plan; cultural and linguistic competency policies; cultural and linguistic competence knowledge and skills; research data on populations served according to racial, ethnic, and linguistic groupings; participation of community and family members of diverse cultures; faculty/staff with expertise in cultural and linguistic competence; faculty/staff trained in cultural and linguistic competence issues; and periodic assessment and planning.

### **HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 23.9: (Developmental)  
Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

### **DATA SOURCE(S) AND ISSUES**

- Attached data collection form to be completed by grantee.
- Data will be collected from competitive and continuation applications as part of the grant application process and annual reports. The elements of a quality cultural competency program needs to be operationally defined and a draft checklist is attached.

## **SIGNIFICANCE**

Certain racial and ethnic groups and low-income communities lag behind the overall U.S. population on virtually all health status indicators. Access to health care that is culturally appropriate is part of this a problem. A lack of understanding by providers creates barriers to care for racial/ethnic groups. To effective reduce cultural barriers, providers need cultural competency training. This will help to provide an effective public health workforce that meets the needs of the changing demographics of the US.

**DATA COLLECTION FORM FOR DETAIL SHEET #11**

Using a scale of 0-3, please rate the degree to which your training program has addressed the following cultural competence elements.

0	1	2	3	Element
				1. A written cultural competence plan for your training program emphasizes your commitment to delivering a culturally competent training experience to your trainees.
				2. Cultural and linguistic competency policies are incorporated into the overall administration of your training program (recruitment plan and other policies and procedures).
				3. Cultural and linguistic competence knowledge and skills building are included in the didactic portion of your training experience.
				4. Cultural and linguistic competence knowledge and skills building are included in the practicum/field/clinical experience portion of your training experience.
				5. Research conducted by trainees and faculty includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.
				6. Community and family members of diverse cultures are involved in partnerships and collaborations for the planning, delivery, and evaluation of your training program.
				7. Faculty/staff are culturally diverse and linguistically and culturally competent.
				8. Faculty and staff are regularly trained on cultural and linguistic competency issues.
				9. A process is in place for periodic assessment and planning related to the cultural and linguistic competence of your trainees.

- 0=Not Met
- 1=Partially Met
- 2=Mostly Met
- 3=Completely Met

Total the numbers in the boxes (possible 0-27 score) \_\_\_\_\_

**PROGRAM PERFORMANCE MEASURE 62**

The number of products and publications that were produced by a training program's faculty and trainees each year.

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**GOAL**

To improve the dissemination of new knowledge to the MCH field by increasing the number of publications, including articles, chapters, books and other materials produced by training staff (with emphasis on those that addressed the training program's strategic plan goals) and trainees. This does not include pamphlets, handouts, individual web pages, or conferences.

**MEASURE**

The number of products and publications that were produced by a training program's faculty and trainees each year.

**DEFINITION**

Publications are articles, books or chapters published during the year being reported, especially publications that are peer reviewed. Products include video training tapes, CD roms, curriculum modules for training purposes, materials created for consumers (parents/children/community agencies), developed by the training program's faculty.

Details on these publications and products are reported on a data collection form. These products are summed by category and the total number of all publications and products are reported on a performance measure tracking form for a reporting year.

The training program's faculty is defined as any individuals who receive MCHB training grant funding or are listed as a faculty members in a MCHB training grant (not only those directly supported by grant dollars).

**Units: # 1**      **Text:** This will be a numerical count of publications and products

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Goal 1: Improve access to comprehensive, high-quality health care services (Objectives 1.1- 1.16).

Related to Goal 7 – Educational and community-based programs: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. Specific objectives: 7-7 through 7-11.

Related to Goal 23 – Public Health Infrastructure: Ensure that Federal, Tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively. Specific objectives: 23-8 through 23-10

**DATA SOURCE(S) AND ISSUES**

Data will be collected by the training programs throughout the year and reported in their annual reports and via this measure's data collection form.

**SIGNIFICANCE**

Advancing the field of maternal and child health based on scientific advancement and dissemination of these advancements is an important role for leadership training

programs. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This performance measure addresses the objective of MCHB to disseminate new knowledge of significance to the field and gauges the success of dissemination to target audiences.

**DATA COLLECTION FORM FOR DETAIL SHEET PM #62**

Please list the number of publications and products addressing maternal and child health that have been published or produced by your training program’s faculty and trainees in the past year:

Element	Number
Peer-reviewed publications in scholarly journals	
Non peer-reviewed publications	
Books	
Book chapters	
Reports/monographs	
Electronic educational products (CD-ROM, audio or videotapes, or Web-based) (not individual web pages)	
Course development	
Distance learning modules or materials	
Doctoral dissertations	
<b>Total</b>	

**DATA COLLECTION FORM FOR DETAIL SHEET FOR PM #62**

**Publications and Products Authored by MCHB Training Award Faculty or Trainees**

**Data collection form for Peer-reviewed publications in scholarly journals**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

PUBLICATION: \_\_\_\_\_

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

Target Audience: Consumers \_\_\_\_\_ Professionals \_\_\_\_\_ Circulation: \_\_\_\_\_

**Data collection form for Non peer-reviewed publications**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

PUBLICATION: \_\_\_\_\_

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

Target Audience: Consumers \_\_\_\_\_ Professionals \_\_\_\_\_ Circulation: \_\_\_\_\_

To obtain copies (if not commercially available):

Contact Name: \_\_\_\_\_ Address1 : \_\_\_\_\_  
Address2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ URL: \_\_\_\_\_

**Data collection form for Books**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

Publisher \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_

Target Audience: Consumers \_\_\_\_\_ Professionals \_\_\_\_\_

Number Printed: \_\_\_\_\_ Number Sold: \_\_\_\_\_

**Data collection form for Book Chapters**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

CHAPTER: \_\_\_\_\_

Publisher \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_

Target Audience: Consumers \_\_\_\_\_ Professionals \_\_\_\_\_

Number Printed: \_\_\_\_\_ Number Sold: \_\_\_\_\_

**Data collection form for Reports/monographs**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

Year: \_\_\_\_\_ Target Audience: Consumers \_\_\_\_\_ Professionals \_\_\_\_\_

Number of copies: \_\_\_\_\_

To obtain copies: Contact Name: \_\_\_\_\_ Address1 : \_\_\_\_\_  
Address2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ URL: \_\_\_\_\_

**Data collection form for Electronic education products**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

Year: \_\_\_\_\_ Target Audience: Consumers \_\_\_\_\_ Professionals \_\_\_\_\_

Number of copies made: \_\_\_\_\_

To obtain copies: Contact Name: \_\_\_\_\_ Address1 : \_\_\_\_\_

Address2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ URL: \_\_\_\_\_

**Data collection form for Course Development**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

Year: \_\_\_\_\_ Target Audience: Consumers \_\_\_\_\_ Professionals \_\_\_\_\_

Number of students: \_\_\_\_\_

To obtain copies: Contact Name: \_\_\_\_\_ Address1 : \_\_\_\_\_  
Address2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ URL: \_\_\_\_\_

**Data collection form for Distance learning modules or materials**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

Year: \_\_\_\_\_ Target Audience: Consumers \_\_\_\_\_ Professionals \_\_\_\_\_

Number of students: \_\_\_\_\_

To obtain copies: Contact Name: \_\_\_\_\_ Address1 : \_\_\_\_\_  
Address2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ URL: \_\_\_\_\_

**Data collection form for Doctoral dissertation**

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

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

Number of copies made: \_\_\_\_\_

To obtain copies: Contact Name: \_\_\_\_\_ Address1 : \_\_\_\_\_  
Address2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ URL: \_\_\_\_\_



# Program Performance Measures (PPM) for MCH Training Programs

<b>PROGRAM PERFORMANCE MEASURE 58 PPM 58 (PPC)</b>	The percentage of PPC faculty who demonstrate field leadership in the areas of academic, clinical, public health/policy, and advocacy.
<b>GOAL</b>	To assure the highest quality of care of the Maternal and Child Health Populations by disseminating new knowledge to the field, influencing systems of care, professional organizations, and providers of health care services.
<b>Measure</b>	The percentage of PPC faculty who demonstrate field leadership in the areas of academic, clinical, public health/policy, and advocacy.
<b>Definitions</b>	PPC faculty is defined as an individual who receives PPC funding. Leadership: MCH field leadership definitions (from MCHB Performance Measure #8) of Academics, Clinical, Public Health/Public Policy, Advocacy.
<b>HP2010 Objectives</b>	16-23: Service Systems for CSHCN
<b>Data Source(s)/Issues</b>	MCHB Performance Measure #8 Detail Sheet will be used. Data Source is self-report of faculty from faculty activity logs, performance evaluations, and other local data sources.
<b>Significance</b>	Leadership training requires mentors to be recognized as leaders in their field. Current reporting of Technical Assistance, Training, and Continuing Education activities does not fully capture PPC Faculty Leadership activities.

**DATA COLLECTION FORM FOR NEGOTIATED PERFORMANCE MEASURE PPM 58**

The total number of PPC Faculty included in this report \_\_\_\_\_

Percent of faculty that demonstrate MCH leadership in **at least one** of the following areas: \_\_\_\_\_ %

- Academics--i.e. faculty member teaching-mentoring in MCH related field; \_\_\_\_\_ %  
and/or conducting MCH related research; and /or providing consultation or technical assistance in MCH; and/or publishing and presenting in key MCH areas; and/or success in procuring grant and other funding in MCH
- Clinical--i.e. development of guidelines for specific MCH conditions; \_\_\_\_\_ %  
and/or participation as officer or chairperson of committees on State, National, or local clinical organizations, task forces, community boards, etc.; and/or clinical preceptor for MCH trainees; and/or research, publication, and key presentations on MCH clinical issues; and/or serves in a clinical leadership position as director, team leader, chairperson, etc.
- Public Health/Public Policy--i.e. leadership position in local, State or \_\_\_\_\_ %  
National public organizations, government entity; and/or conducts strategic planning; participates in program evaluation and public policy development; and/or success in procuring grant and other funding; and/or influencing MCH legislation; and/or publication, presentations in key MCH issues.
- Advocacy--i.e. through efforts at the community, State, Regional and \_\_\_\_\_ %  
National levels influencing positive change in MCH through creative promotion, support and activities--both private and public. For example, developing a city-wide SIDS awareness and prevention program through community churches.

**PROGRAM PERFORMANCE MEASURE 59  
PPM 59 (LEAH, LEND)**

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

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**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.'

**HEALTHY PEOPLE 2010 OBJECTIVE**

1-7. Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.

7-2. Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems...

7-11. Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

23-8, 23-10. Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies and provide continuing education to develop competency in the essential public health services...

**DATA SOURCES AND ISSUES**

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

## **SIGNIFICANCE**

As a SPRANS, 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 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 the MCHB Strategic Goals and CSHCN Healthy People 2010 action plan;
- 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;
- 3) reinforce the importance of the value added to LEND program dollars in supporting faculty leaders to work at all levels of systems change; and
- 4) internally use this data to assure a full scope of these program elements in all regions.

**DATA COLLECTION FORM FOR DETAIL SHEET PM #59**

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

- 0= The training program does not collaborate on this element.
- 1=The training program does collaborate on this element.

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

Element	0	1	Total Number of Activities
1. <b><u>Service</u></b> Examples might include: Clinics run by the training program and/ or in collaboration with other agencies			
2. <b><u>Training</u></b> Examples might include: Training in <i>Bright Futures...</i> ; Workshops related to adolescent health practice; and Community-based practices. It would not include clinical supervision of long-term trainees.			
3. <b><u>Continuing Education</u></b> Examples might include: Conferences; Distance learning; and Computer-based educational experiences. It would not include formal classes or seminars for long-term trainees.			
4. <b><u>Technical Assistance</u></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.			
5. <b><u>Product Development</u></b> Examples might include: Collaborative development of journal articles and training or informational videos.			
6. <b><u>Research</u></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.			

**Total Score (possible 0-6 score)** \_\_\_\_\_  
**Total Number of Collaborative Activities** \_\_\_\_\_



**PROGRAM PERFORMANCE MEASURE 61  
PPM 61 (LEND)**

The degree to which MCH long term interdisciplinary trainees report valuing their interdisciplinary training at 1, and 5 years.

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**GOAL**

To increase the value of MCH long term interdisciplinary training as perceived by training participants. To utilize trainee feedback in evaluating interdisciplinary training and thereby improve the capacity of future leaders to address the health needs of children and adolescents.

**MEASURE**

The degree to which MCH long term interdisciplinary trainees report valuing their interdisciplinary training at 1, and 5 years.

**DEFINITION**

**Numerator:** Distribution of average scores.  
**Denominator:** Total Number of respondents at 1 and 5 years.  
**Units:** %      **Text:** Aggregate % from network data

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

**DATA SOURCE(S) AND ISSUES**

This requires primary data collection. The collection tool, which will be the trainee follow-up survey, will ask trainees to rate how they have valued their interdisciplinary training on a scale of 1 to 5. Each program will then aggregate reported data and report the distribution of how many respondents rated their training a 1, how many 2, etc. through 5. NOTE: AUCD will provide descriptors for each number on the rating scale.

**SIGNIFICANCE**

Asking the recipients of any service about the value of the service provided to them is an important principle of customer service and evaluation. Understanding the degree to which MCH long term interdisciplinary trainees value training will have multiple affects on the long-term objectives of the program. Feedback from trainees is critical to insuring that training addresses the needs of future leaders in the field. The information could lead to strategic program improvements as well as increase the responsiveness of interdisciplinary training programs. Ultimately, the likelihood that trainees are practicing in an interdisciplinary system consistent with the principles of the CSHCN system should increase if training better meets their needs.

Challenges include issues in tracking graduates in the future, obtaining a high response rate, and incorporating the evaluation in meaningful program decision-making.

**PPM-PPC 1. The degree to which medium term trainees report increased awareness or positive impact on practice related to interdisciplinary care of CSHCN following training.**

**This negotiated performance measure is in development. Reporting protocol will be developed as the tool is refined.**

Goal	<b>To provide training experiences that encourage participants to pursue interdisciplinary practice in pediatrics</b>
Measure	The degree to which medium trainees report increased awareness or positive impact on practice related to interdisciplinary care of CSHCN following training.
Definition	<u>CSHCN</u> : MCHB definition of CSHCN <u>Medium term trainees</u> : individuals counted as such on PPC continuation application, regardless of receipt of MCHB funding (40 ≥ hours of PPC training < 300)
HP2010 Objective(s)	1:6: number of families experiencing difficulties or delays in receiving care 1:7: training in core competencies for health professions 1:8: health professions training for members of underrepresented ethnic and minority groups
Data Source(s)/Issues	Only reasonable measure due to volume of students, lack of tracking ability, etc., is a brief end-of-training questionnaire.
Significance	The PPCs provide thousands of hours of training to short- and medium-term trainees, investing PPC resources and manpower. The impact of this training should be measured and evaluated.

**PPM PPC 1: PPC Medium Term Trainee Data Collection Form- Collated data will be reported on this performance measure.**

This evaluation form should be filled out by all Pediatric Pulmonary Center (PPC) trainees who rotated with this program for 40 or more hours but less than 300 hours.

Was your internship for 40 or more hours but less than 300 hours?

Yes                                       No

***If your answer was no, please return this survey to the person who gave it to you and tell them that you believe you do not meet the criteria to take it.***

Gender:             Female                                       Male

Ethnicity:         White, not Hispanic                                       Hispanic  
 Black or African American                                       Native American/Alaskan  
 Asian     Native Hawaiian or other Pacific Islander  
 Mixed Ethnicity     Decline  
 Other/Specify: \_\_\_\_\_ .



Training start date: \_\_\_\_\_.

Training completion date: \_\_\_\_\_.

Did you receive a stipend from the PPC for your training?     Yes     No

Discipline:     Physician/medical     Nurse  
                   Respiratory therapist     Social work  
                   Nutritionist     Educator  
                   Pharmacist     Other/Specify: \_\_\_\_\_.

Degree being pursued:     PhD/MD     Post-Doc/Fellowship  
                                   Masters     None  
                                   BA/BS     Other/Specify: \_\_\_\_\_.

To what degree has this program provided you with skills in the areas of:

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<i>extremely helpful</i>	<i>somewhat helpful</i>	<i>neutral</i>	<i>not especially helpful</i>	<i>not helpful at all</i>	<i>don't know/not appropriate</i>

Children with special health care needs  
*(children with chronic conditions or illness, children who are technically dependent or children with disabilities)*

5                    4                    3                    2                    1                    0

Family centered care  
*(involving families in the decision-making process)*

5                    4                    3                    2                    1                    0

Interdisciplinary care  
*(working as a team with nutritionists, social workers, nurses, physicians, respiratory care therapists and other allied health professionals)*

5                    4                    3                    2                    1                    0

Culturally competent care  
*(the ability to provide services to clients that honor different cultural beliefs)*

5                    4                    3                    2                    1                    0

**Please use reverse side to provide written comments about the program.**

Additional comments you would like to make about your experiences with this program. \_\_\_\_\_

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**PROGRAM PERFORMANCE  
MEASURE 63  
PPM 63 (LEND)**

The degree to which LEND programs incorporate medical home concepts into their curricula/training.

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**GOAL**

To increase the number of LEND programs that incorporate medical home concepts into their interdisciplinary training programs.

**MEASURE**

The degree to which LEND programs incorporate medical home concepts into their curricula/training.

**DEFINITION**

A medical home is defined by the AAP as an approach to care that is “accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent. This is the definition that the MCHB uses.

Attached is a checklist of 6 elements that are part of the medical home concept. Please check the degree to which the elements have been incorporated by on a scale of 0-4. Please keep the completed checklist attached.

[Note: A baseline will be established and incremental goals set for the future.]

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to 16.22 (developmental): Increase the proportion of CSHCN who have access to a medical home.

**DATA SOURCE(S) AND ISSUES**

Data is collected via the data collection form that measures what elements of a medical home have been incorporated into its training program curricula.

**SIGNIFICANCE**

Providing primary care to children in a “medical home” is the standard of practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventative care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions. The inclusion of medical home concepts in interdisciplinary training will ensure that professionals serving children with special health care needs and their families provide the best type of care possible and involve the individual and/or his or her family in decision-making and care.

**DATA COLLECTION FORM FOR DETAIL SHEET PM #63**

Using the following scale of 0-4, please rate your training program’s attention to medical home concepts in the six elements noted.

0=Not Taught

1=Taught at an awareness level—concept is presented

2=Taught at a knowledge level—reading, discussion and assignments on the concept

3=Taught at the skill level—students observe aspects of and get a chance to practice elements of a medical home

4=Concept woven throughout training program: information, knowledge and practice

<b>Element</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. The importance of providing accessible care is incorporated into your curricula and clinical training experiences.					
2. Family-centered care is included in your curricula and clinical training experiences and trainees are taught to include families in health care decisions.					
3. The importance of providing continuous, comprehensive care and the skills to do so are incorporated in your curricula and clinical training experiences.					
4. Trainees are taught and encouraged to provide coordinated care across a range of disciplines.					
5. Cultural and linguistic competence is a regular part of the training experience.					
6. Faculty/staff who have expertise in providing a medical home are readily accessible to your program					

**Total Score (possible 0-24) \_\_\_\_\_**

<b>PROGRAM PERFORMANCE MEASURE 64 PPM 64 (LEAH)</b>	The degree to which the LEAH program incorporates adolescents and parents from diverse ethnic and cultural backgrounds as advisors and participants in program activities.
<b>GOAL</b>	To increase appropriate involvement of adolescents and parents as consumers of LEAH program activities.
<b>MEASURE</b>	The degree to which adolescents and parents are incorporated as consumers of LEAH program activities.
<b>DEFINITION</b>	Attached is a checklist of 4 elements that document adolescent and parent participation. Respondents will note the presence or absence of this participation on a scale of 0-1 for a total possible score of 4.
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	11-3. (Developmental) Increase the proportion of health communication activities that include research and evaluation  11.6 (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.
<b>DATA SOURCE(S) AND ISSUES</b>	Grantees report using a data collection form. These data may be collected with the LEAH self-assessment activities. Participation should be defined to permit assessment of youth and young adult involvement.
<b>SIGNIFICANCE</b>	Over the last decade, policy makers and program administrators have emphasized the central role of consumer of health services as advisors and participants in program activities. Satisfaction with health care is related to satisfaction with the quality of the communication with health providers. In accordance with this philosophy, LEAH facilitates such partnerships and believes that consumers (adolescents and parents) from diverse backgrounds have important roles in the training of future leaders in adolescent health care delivery systems.

**DATA COLLECTION FORM FOR DETAIL SHEET PM #64**

Indicate the degree to which your training program has the active involvement of adolescents and parents in your program and planning activities using the following values:

- 0 = The training program does not have active involvement of adolescents and parents in your program and planning activities.
- 1 = The training program does have active involvement of adolescents and parents in your program and planning activities.

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

<b>Element</b>	<b>0</b>	<b>1</b>
1. Adolescents from diverse ethnic backgrounds and cultures participate in an advisory capacity.		
2. Parents of adolescents from diverse ethnic backgrounds and cultures participate in an advisory capacity.		
3. Adolescents from diverse ethnic backgrounds and cultures participate in the planning, implementation and evaluation of program activities related to adolescents as consumers		
4. Parents of adolescents from diverse ethnic backgrounds and cultures participate in the planning, implementation and evaluation of program activities related to parents as consumers		
Total Score (possible 0-4 score) _____		

**PROGRAM PERFORMANCE MEASURE 65  
PPM 65 (Nutrition)**

The percent of individuals who participated in long-term nutrition training that are practicing in a Maternal and Child Health (MCH) related field within 5 years after receiving training.

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**GOAL**

To increase the number of individuals who participated in long-term nutrition training that practice in the MCH field.

**MEASURE**

The percent of individuals who participated in long-term nutrition training that are practicing in a Maternal and Child Health (MCH) related field within 5 years after receiving training.

**DEFINITION**

**Numerator:** The number of individuals who participated in long term nutrition training that practice in an MCH related field. An MCH related field consists of any health care or related program or service targeting women, children, and families.

**Denominator:** The total number of individuals who participated in long term nutrition training that completed training. Trainees are health care professionals receiving nutritional training supported by MCHB nutrition training grants including those receiving MCH stipends and those not receiving MCH stipends.

**Units:** 100      **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 7.7 (Developmental) Increase the proportion of health care organizations that provide patient and family education

Objective 23.10 (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.

**DATA SOURCE(S) AND ISSUES**

These data are collected from an annual survey of trainees who completed a nutrition training program. This survey could be mailed by each grant program or done electronically.

**SIGNIFICANCE**

- Good nutrition is essential for growth, development, and well being. Four out of 10 leading causes of death are related to poor nutritional habits. In order to improve health outcomes among women and children, it is vital to improve nutritional habits within the MCH population.
- It is essential to maintain and enhance the nutrition workforce in order to improve the quality of care and provide adequate nutrition counseling services. These workers are vital participants in the system of care and enhance the preventive services infrastructure.
- Having data on the number of trainees continuing to work in the MCH field enables MCHB to assess the

adequacy of the nutrition services infrastructures.

PPM-SPH 1 is a negotiated performance measure in development. Reporting protocol will be developed as the tool is refined.

**Program Performance Measure SPH1**

PPM-SPH 1 (SPH)

The number of active community partnerships maintained by MCHB long-term training programs.

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**GOAL**

To increase the number of active community partnerships maintained by MCH-PH training programs.

**MEASURE**

The number of active community partnerships maintained by MCHB long-term training programs in each of four functional areas:

- 1) Training: Field placements in community sites (state or smaller entity), collaborative workshops or symposia targeting students
- 2) Service (continuing education, technical assistance, and professional consultation): Collaborative continuing education workshops; expert assistance to community organizations by training program faculty, staff, students, and alumni.
- 3) Research (development and dissemination of new information): Community-based research projects that involve community groups in study planning and design, data collection, presentation of research results and/or publication of results.
- 4) Advocacy: Joint efforts with the community to advocate for families and children on specific topics, such preparing a policy paper on children's access to health care that merges research findings with case examples from community organizations. Consultation to the federal government focusing on communities. Efforts to effect policy change at the local, state, federal government level. Letters to the Editor, Commentary.

**DEFINITION**

Community partnerships—Collaborative relationships between MCH-PH training programs and community-based organizations/agencies and research institutions sharing efforts toward common goals.

Active—Mutual commitment to projects or objectives. within the past 12 months.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Goal 23: Public Health Infrastructure  
“Ensure that Federal, tribal, State, and local health agencies have the infrastructure to provide essential

public health services effectively.”

**HP 2010 #23-9:** Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

**HP 2010 #23-10** “(Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.

**HP2010 #23-17** “(Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that conduct or collaborate on population-based prevention research.

## **DATA SOURCE(S) AND ISSUES**

Data will be collected from MCH-PH as part of the competitive and continuation grant application process. Training programs will be required to report specific partnership objectives and outcome measures, as part of the competitive application process.

## **SIGNIFICANCE**

Active partnerships maximize the impact of training programs and community organizations on health, educational, and other outcomes through sharing of expertise and resources. Ideally, partnerships are synergistic, allowing each partner to increase the quality and quantity of their services and products and providing a climate for collaborative ventures that would not otherwise exist.



**PART 2**  
**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)

Other MCHB Funds (Do not repeat grant funds from Line 1)

1) SPRANS \$ \_\_\_\_\_

2) CISS \$ \_\_\_\_\_

3) SSDI \$ \_\_\_\_\_

4) Abstinence Education \$ \_\_\_\_\_

5) Healthy Start \$ \_\_\_\_\_

6) EMSC \$ \_\_\_\_\_

7) Bioterrorism \$ \_\_\_\_\_

8) Traumatic Brain Injury \$ \_\_\_\_\_

9) State Title V Block Grant \$ \_\_\_\_\_

10) Other \_\_\_\_\_ \$ \_\_\_\_\_

Other HRSA Funds

1) HIV/AIDS \$ \_\_\_\_\_

Primary Care \$ \_\_\_\_\_

Health Professions \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other Federal Funds

1) CMS \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

Agriculture (WIC/other) \$ \_\_\_\_\_

ACF \$ \_\_\_\_\_

CDC	\$ _____
SAMHSA	\$ _____
NIH	\$ _____
Education	\$ _____
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 from the previous year's award, if any (the unobligated balance).

Line 3. Indicate if matching funds are required by checking the appropriate choice. If matching funds are required, enter the total amount of the matching funds received or committed to the project. List the amounts by source on lines 3A through 3D as appropriate. Do not include "overmatch" funds. Any additional funds over and above the amount required for matching purposes should be reported in Line 4. 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. Do not include those amounts included in Line 3 above. Also include the dollar value of in-kind contributions.

Line 5. Enter the sum of lines 1 through 4

Line 6. Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.9) **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.10, 6B.4, or 6C.9 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. If more space is required, add a footnote at the bottom of the page showing additional sources and amounts.

Line 7. Enter the sum of Lines 6A.1 through 6C.9.

NOTE: MCHB Training Grants must fill out Section "V. Detailed Budget" of the currently approved HRSA-6025 in addition to this form.

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

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 footnote.

The form is intended to provide at a glance funding data 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 and Lines 1 through 7 of Form 1. The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED**  
**For Projects Providing Direct Health Care, Enabling, or Population-based Services**

Target Population(s)	FY _____		FY _____	
	\$ Budgeted	\$ Expended	\$ Budgeted	\$ Expended
Pregnant Women (All Ages)				
Infants (Age 0 to 1)				
Children (Age 1 to 24)				
CSHCN Infants (Age 0 to 1)				
CSHCN Children (Age 1 to 24)				
Non-pregnant Women (Age 22 and over)				
Other				
<b>TOTAL</b>				



**INSTRUCTIONS FOR COMPLETION OF FORM 3  
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED**

*For Projects Providing Direct Health Care, Enabling, or Population-based Services*

If the project provides direct health care services, complete all required data cells. If an actual number is not available make an estimate. Please explain all estimates in a footnote.

All ages are to be read from x to y, not including y. For example, infants are those from birth to 1, and children are from age 1 to 22.

Enter the budgeted and expended amounts for the appropriate fiscal year, for each targeted population group. Note that the Total for each column is to be the same as that appearing in Line 5, Form 1, and in Line 5, Form 2.

Enter the expended amounts for the appropriate fiscal year that has been completed for each target population group. Note that these figures are to be the actual amounts expended; new projects will not have data in “Expended” columns.

**PROJECT BUDGET AND EXPENDITURES  
By Types Of Services**

	FY _____	FY _____		
<u>TYPES OF SERVICES</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
<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>Population-Based Services</u></b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>IV. <u>Infrastructure Building Services</u></b> <hr/> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>V. TOTAL</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>\$ _____</b>				

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

Complete all required data cells. If an actual number is not available, make an estimate. Please explain all estimates in a footnote. 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        Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Population Based Services** are 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.

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

**Infrastructure Building Services** are the base of the MCH pyramid of health services and form its foundation. They 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 including development and maintenance of 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 – enter the total amounts for each column, budgeted for each year and expended for each year completed.

**FORM 5**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)**  
**By Type of Individual and Source of Primary Insurance Coverage**

*For Projects Providing Direct Health Care, Enabling or Population-based Services*

Reporting Year \_\_\_\_\_

Table 1

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Pregnant Women Served</b>	<b>Number Served</b>	<b>Total Served</b>	<b>Title XIX %</b>	<b>Title XXI %</b>	<b>Private/Other %</b>	<b>None %</b>
Pregnant Women (All Ages)						
10-14						
15-19						
20-24						
25-34						
35-44						
45 +						

Table 2

(f)

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Children Served</b>	<b>Number Served</b>	<b>Total Served</b>	<b>Title XIX %</b>	<b>Title XXI %</b>	<b>Private/Other %</b>	<b>None %</b>
Infants <1						
Children 1 to 22						
1-4						
5-9						
10-14						
15-19						
20-24						

Table 3

	(a)	(b)	(c)	(d)	(e)	(f)
<b>CSHCN Served</b>	<b>Number Served</b>	<b>Total Served</b>	<b>Title XIX %</b>	<b>Title XXI %</b>	<b>Private/Other %</b>	<b>None %</b>

Infants <1						
Children 1 to 22						
1-4						
5-9						
10-14						
15-21						

FORM 5 Continued

**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)  
By Type of Individual and Source of Primary Insurance Coverage**

*For Projects Providing Direct Health Care, Enabling or Population-based Services*

**Reporting Year** \_\_\_\_\_

**Table 4** (a) (b) (c) (d) (e)  
(f)

<b>Women Served</b>	<b>Number Served</b>	<b>Total Served</b>	<b>Title XIX %</b>	<b>Title XXI %</b>	<b>Private/Other %</b>	<b>None %</b>
Women 22 +						
22-24						
25-29						
30-34						
35-44						
45-54						
55-64						
65 +						

**Table 5** (a) (b) (c) (d) (e)  
(f)

<b>Other</b>	<b>Number Served</b>	<b>Total Served</b>	<b>Title XIX %</b>	<b>Title XXI %</b>	<b>Private/Other %</b>	<b>None %</b>

**Table 6**

	(a)	(b)	(c)	(d)	(e)	(f)
TOTALS	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %

## INSTRUCTIONS FOR THE COMPLETION OF FORM 5

### NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) By Type of Individual and Source of Primary Insurance Coverage

*For Projects Providing Direct Health Care, Enabling or Population-based Services*

#### **Instructions:**

Enter data into all required (unshaded) data cells. If an actual number is not available, make an estimate. Please explain all estimates in a footnote. Do not enter data into shaded cells.

**Note** that ages are expressed as either x to y, not through y (i.e., 1 to 22, meaning from age 1 up to age 22, but not including 22), or x – y (i.e., 1- 4) meaning age 1 through age 4. Also, symbols are used to indicate directions. For example <1 means less than 1, or from birth up to, but not including age 1. On the other hand, 45+ means age 45 and over.

1. At the top of the Form, on the Line Reporting Year, enter the year for which the data applies.
2. In Column (a) for all tables, enter the unduplicated count of individuals who received a direct service from the project regardless of the primary source of insurance coverage. These services would generally be included in the top three levels of the MCH pyramid (the fourth, or base level, would generally not contain direct services) and would include individuals served by total dollars reported on Line 5 of Form 3.
3. In Column (b), enter the total number of the individuals summed from Column (a).
4. In the remaining columns report, for all tables, the percentage of those individuals receiving direct health care, enabling or population-based services, the percentage who have as their primary source of coverage:
  - Column (c): Title XIX (includes Medicaid expansion under Title XXI)
  - Column (d): Title XXI
  - Column (e): Private or other coverage
  - Column (f)None

These may be estimates. If individuals are covered by more than one source of insurance, they should be listed under the column of their primary source.



**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<br>(Line 1, Form 2)               | \$ _____ |
| 2. Unobligated Balance<br>(Line 2, Form 2)            | \$ _____ |
| 3. Matching Funds (if applicable)<br>(Line 3, Form 2) | \$ _____ |
| 4. Other Project Funds<br>(Line 4, Form 2)            | \$ _____ |
| 5. Total Project Funds<br>(Line 5, Form 2)            | \$ _____ |

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

- Direct Health Care Services
- Enabling Services
- Population-Based Services
- Infrastructure Building Services

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

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

2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)

Goal 1:

Objective 1:

Objective 2:

Goal 2:

Objective 1:

Objective 2:

Goal 3:

Objective 1:

Objective 2:

Goal 4:

Objective 1:

Objective 2:

Goal 5:

Objective 1:

Objective 2:

3. Activities undertaken to meet project goals

4. Specify the primary *Healthy People 2010* 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)

***B. Continuing Grants ONLY***

***1. Experience to Date (For continuing projects ONLY):***

2. Website URL and annual number of hits

***V. KEY WORDS***

## **VI. 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: List the appropriate shortened title for the project.  
Project Number: This is the number assigned to the project when funded, and will, for new projects, be filled in later.  
E-mail address: Include electronic mail addresses

**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 (consistent with Form 5)

#### 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. Up to 5 goals 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 goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (I.e., decrease incidence by 10%) and time limited (by 2005).
  3. List the primary Healthy people 2010 goal(s) that the project addresses.

4. Describe the programs and activities used to attain the goals and objectives, 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 goals and objectives.
- 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. Provide website and number of hits annually, if applicable.

**Section V - -Key Words**

Key words 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 goals and objectives of the project, the activities, which will be used to attain the goals, 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. **Products and Dissemination**

<b>PRODUCTS</b>	<b>NUMBER</b>
Peer reviewed Journal Article	
Book/Chapter	
Report/Monograph	
Presentation	
Doctoral Dissertation	
Other:	

**6. Demographic Characteristics of Project Participants for Clinical Services Projects**

	<b>RACE (Indicate all that apply)</b>					<b>ETHNICITY</b>	
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino	Not Hispanic or Latino
Pregnant Women							
<i>Children</i>							
Children with Special Health Care Needs							
Women (Not Pregnant)							
<i>Other</i>							
<b>TOTALS</b>							

7. Clients' Primary Language(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Resource/TA and Training Centers ONLY

**Answer all that apply.**



- a. Characteristics of Primary Intended Audience(s)
  - Policy Makers/Public Servants
  - Consumers
  - Providers/Professionals
- 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
  - other

## INSTRUCTIONS FOR THE COMPLETION OF FORM 7

### PROJECT SUMMARY

**NOTE:** All information provided should fit into the space provided in the form. Where information has previously been entered in forms 2 through 9, the information will automatically be transferred electronically to the appropriate place on this form.

#### **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 – Products and Dissemination**

Indicate the number of each type of product resulting from the project.

#### **Section 6 – Demographic Characteristics of Project Participants (for Clinical Services Projects)**

Please fill in each of the cells as appropriate.

#### **Section 7 – Clients Primary Language(s) (for Clinical Services Projects)**

Indicate which languages your clients speak as their primary language, other than English. List up to three.

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

Answer all that apply.

**FORM 9**  
**TRACKING PROJECT PERFORMANCE MEASURES**

**Annual Objective and Performance Data**

FY\_\_\_      FY\_\_\_      FY\_\_\_      FY\_\_\_      FY\_\_\_

**PERFORMANCE MEASURE # 1**

***Annual Performance Objective*** \_\_\_\_\_

\_\_\_\_\_

**Annual Performance Indicator** \_\_\_\_\_

\_\_\_\_\_

Numerator \_\_\_\_\_

\_\_\_\_\_

Denominator \_\_\_\_\_

\_\_\_\_\_

**PERFORMANCE MEASURE # 2**

**Annual Performance Objective** \_\_\_\_\_

\_\_\_\_\_

**Annual Performance Indicator** \_\_\_\_\_

\_\_\_\_\_

Numerator \_\_\_\_\_

\_\_\_\_\_

Denominator \_\_\_\_\_

\_\_\_\_\_

**PERFORMANCE MEASURE #**

Annual Performance Objective				
Annual Performance Indicator				
Numerator				
Denominator				

## **INSTRUCTIONS FOR THE COMPLETION OF FORM 9 PERFORMANCE MEASURE TRACKING**

### **General Instructions:**

Complete all required data cells. If an actual number is not available, make an estimate. Please explain all estimates in a footnote. If neither actual data nor an estimate can be provided, the State must provide a footnote that describes a time framed plan for providing the required data. In such cases, the Annual Performance Objective and Annual Performance Indicator lines are to be left blank.

This form serves two purposes: 1) to show performance measures with 5-year planned performance objective targets for the application, and 2) the performance Annual Performance Indicator, values actually achieved each year for the annual report for each performance measure.

For each program (i.e., Healthy Start, Research, LEND, etc.) there are appropriate, required Performance Measures. Under the applicable AFY heading, each project will complete the Annual Performance Objectives, the Annual Performance Indicators, and numerator and denominator data for each measure as described below under Specific Instructions. For project developed additional performance measures, enter these data on the form beginning with the first blank Performance Measure area under the national measure(s).

### **Specific Instructions:**

In the first available space under Performance Measure" on the appropriate form, enter the brief title of the project performance measure that has been selected. The titles are to be numbered consecutively with notations of "PP 1, PP 2, etc. Titles are to be written exactly as they appear on Form 16, "Project Performance/Outcome Measure Detail Sheet."

For both national and project measures, in the lines labeled Annual Performance Objective enter a numerical value for the target the project plans to meet for the next 5 years. These values may be expressed as a number, a rate, a percentage, or yes - no

For both national and project measures, in the lines labeled Annual Performance Indicator, enter the numerical value that expresses the progress the project has made toward the accomplishment of the performance objective for the appropriate reporting year. Note that the indicator data are to go in the years column from which they were actually derived even if the data are a year behind the "reporting" year. This value is to be expressed in the same units as the performance objective: a number, a rate, a percentage, or a yes - no.

If there are numerator and denominator data for the performance measures, enter those data on the appropriate lines for the appropriate fiscal year. If there are no numerator and denominator data leave these lines empty. NOTE: Do not enter numerator and denominator data for scale measures.

Repeat this process for each performance measure. A continuation page is included. If the continuation page is used, be sure to enter the number for each listed performance measure. If there are more than six performance measures, make as many copies of the continuation page as necessary.

**FORM 10**  
**PROJECT PERFORMANCE/OUTCOME MEASURE**

**DETAIL SHEET**

**PERFORMANCE MEASURE:**

**Type:**

**Category:**

**GOAL**

**MEASURE**

**DEFINITIONS**

**Numerator:**

**Denominator:**

**Units:**

(Number) (Text)

**HEALTHY PEOPLE 2010**

**OBJECTIVE**

**DATA SOURCE and DATA ISSUES**

**SIGNIFICANCE**

**FORM 10**  
**DETAIL SHEET INSTRUCTIONS**  
**PROJECT PERFORMANCE MEASURE**

**Instructions:**

This form is to be used for both the nationally required Project Performance Measures and the any Outcome Measure the project chooses to add. Complete each section as appropriate for the measure being described.

**Performance**

**Measure:** Enter the narrative description of the performance or outcome measure.

**Level:** Select from National, State, or Grantee the most appropriate classification for the measure being described.

**Category:** Select from CSHN/Health Insurance, CSHN/Medical Home, CSHCN/Infrastructure, CSHN/Screening, CSHCN/Youth, Child Health/Medical Home, Child Health/Infrastructure, Dental, Women's Health, Abstinence, Nutrition/Infrastructure, Injury/Infrastructure, Cultural Competence, Family Participation, Training, Information Dissemination, Sustainability, Data and Evaluation, and Client Satisfaction the most appropriate classification for the measure being described.

**Goal:** Enter a short statement indicating what the State hopes to accomplish by tracking this measure.

**Measure:** Enter a brief statement of the measure with information sufficient to interpret the meaning of a value associated with it (e.g., *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for needed services*). The measure statement should not indicate a desired direction (e.g., an increase).

**Definition:** Describe how the value of the measure is determined from the data. If the value of the measure is Ayes/no@ or some other narrative indicator such as Astage 1/stage 2/stage 3," a clear description of what those values mean and how they are determined should be provided.

**Numerator:** If the measure is a percentage, rate, or ratio, provide a clear description of the numerator.

**Denominator:** If the measure is a percentage, rate, or ratio, provide a clear description of the denominator.

**Units:** If the measure is a percentage, rate, ratio, or scale, indicate the units in which the measure is to be expressed (e.g., 1,000, 100) on the "**Number**" line and type of measure (e.g., percentage, rate, ratio or scale) on "**Text**" line. If the measure is a narrative,



indicate yes/no or stage 1, stage 2", etc. on the "**Text**" line and make no entry on the "**Number**" line.

**Healthy People**

**2010 Objective:** If the measure is related to a *Healthy People 2010* objective describe the objective and corresponding number.

**Data Source &**

**Data Issues:** Enter the source(s) of the data used in determining the value of the measure and any issues concerning the methods of data collection or limitations of the data used.

**Significance:** Briefly describe why this measure is significant, especially as it relates to the Goal.

Note that the Performance Measure title and numerator and denominator data are to appear on Form 10 exactly as they appear on this Form.

# **PART 3**

## **Administrative Data**

## MCH Training and Education Programs Data Form

1. CFDA Number: 93.110T\_\_\_\_\_

**2. Faculty and Staff Information**

List all personnel (faculty, staff, and others) contributing to your training project, include those not supported by the grant.

Personnel (Do not list trainees)						
Name	Race (indicate all that apply e.g., American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White)	Ethnicity	Gender	Discipline	Degrees	Former MCHB Trainee ? Y/N
Faculty						
Staff						
Other						

**3. Trainee Information (Long –term Trainees Only)**

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (both supported and non-supported trainees).

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

Name

Race

Ethnicity

Gender

Permanent Address (For supported trainees ONLY)

Discipline(s) upon Entrance to the Program

Degree(s)

Position at Admission (position title and setting)

Degree Program in which enrolled

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

Type:  Pre-doctoral  Post-doctoral

Part-time student  Full-time student

Epidemiology training grants ONLY

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

Research Topic or

Title \_\_\_\_\_

Products completed through the project

manuscripts  Presentations  monographs  Other

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

**4. Former Trainee Information (For Long-term Trainees ONLY)**

(Definition of Former Trainee = Grant supported trainees 5 years post graduation)

Name

Year Graduated

Degree(s) Earned with MCH support

Was the University able to contact the trainee?

Y/N (If no, proceed to Section 5 below)

Current Position (position title and setting)

City and State of Residence

Remain in MCH Field? Yes/No

**5. Short-term (Less than 40 contact hours) and Medium-term (40 or more and less than 300 contact hours) Training Information**

Number of Short term Trainees during the past 12-month grant period \_\_\_\_\_

List types/disciplines (i.e., pediatricians, nutritionists, etc) \_\_\_\_\_

Number of Medium term Trainees during the past 12-month grant period \_\_\_\_\_

List types/disciplines (i.e., residents, interns, etc) \_\_\_\_\_

6. Technical Assistance

**MCH Training and Education Program Data Form, Section 6  
 Technical Assistance/Collaboration Form  
 OMB #0915-0272, Expiration Date: January 31, 2006**

DEFINITION: Technical assistance/collaboration: Mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, program evaluation, and policy & guidelines formulation. 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, or national levels.

Topic of Technical Assistance/Collaboration	Recipient of TA/Collaborator*	Indicate Level of Collaboration (low, medium, high)	Geographic Description**
Total Number _____	Total # and % of Recipients	No Totals Here	Local #___;%___ State #___;%___ Another State #___;%___ Regional #___;%___ National #___;%___ International #___;%___

List the 8-10 most significant technical assistance/collaborative activities in the past year, start with the most significant one.

\*Recipient = Other departments in your university, Title V (MCH Programs), Medicaid Agency, Health Insurance/Managed Care Organization, Provider Organization, State Department of Education or Local School District, Social Service Agency, Developmental Disability Agency, Mental Health agency, Legal entity, Independent research or policy organization, foundation, family and/or consumer group, Other (please specify)

\*\*local, within state, another state, regional, national, international

**7. Continuing Education**

Topic	Method*	Number of CE Students	Duration in Hours	Continuing Education Credits Provided? Y/N

\*Method: Presentation/Seminar; Workshop/Conference; Web-based Course; Audioconference; Videoconference, etc.

List the Topics, methods, number of students, duration and whether CE units were provided for the 5 most significant CE activities in the past project year, starting with the most significant one. Provide the total number of CE students reached through your training program last year.