MCH Training Program Reporting Elements (September 2010)

Number	Performance Measures Title
PM07	The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.
PM08	The percentage of graduates of MCHB long-term training programs that demonstrate field leadership after graduation.
PM09	The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
PM10	The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts, and training.
PM33	The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
PM 58	The percentage of PPC faculty who demonstrate field leadership in the areas of academic, clinical, public health/policy, and advocacy.
PM 59	The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.
PM 60	The percent of long-term trainees who, at 1, 5 and 10 years post training, work in an interdisciplinary manner to serve the MCH population (e.g., individuals with disabilities and their families, adolescents and their families, etc.).
PM 63	The degree to which LEND programs incorporate medical home concepts into their curricula/training.
PM 64	The degree to which the LEAH program incorporates adolescents and parents from diverse ethnic and cultural backgrounds as advisors and participants in program activities.
PM 82	The degree to which MCH training programs use principles of adult learning, scholarly and scientific research, and effective education models that utilize available technology.
PM 83	The percent of pipeline graduates that enter graduate programs preparing them to work with the MCH population.
PM 84	The percent of long-term training graduates who are engaged in work related to MCH populations
PM 85	The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation.
	MCH Training and Education Programs Data Form
	Products and Publication Forms

New" DGIS Training Data Form Program Assignment as "Required" by Section: July 9, 2010

	T02	T04	T20	T21	T16	T17	T19	T73	T71	T77	T76	T72	T79	T80	T83
Faculty & Staff	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Former Trainee Information		X			X	X	X	X	X	X	X	X	X	X	X
Medium-term trainees		X			X	X	X	X	X	X	X	X	X	X	X
Short-term trainees	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Trainee information (Long-term)						X	X	X	X	X	X	X	X	X	X
Technical Assistance		X			X	X	X	X	X	X	X	X	X	X	X
Continuing Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

07 PERFORMANCE MEASURE **Goal 1: Provide National Leadership for MCHB (Promote family participation in care)** **Level: Grantee** **Category: Family/Youth/Consumer Participation**	The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.
GOAL	To increase family/youth/consumer participation in MCHB programs.
MEASURE	The degree to which MCHB-funded programs ensure family/youth/consumer participation in program and policy activities.
DEFINITION	Attached is a checklist of eight elements that demonstrate family participation, including an emphasis on family-professional partnerships and building leadership opportunities for families and consumers in MCHB programs. 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 is to be completed by grantees.
SIGNIFICANCE	Over the last decade, policy makers and program administrators have emphasized the central role of families and other consumers 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. Family/professional partnerships are a requirement in the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) and part of 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 the grant program has included families, youth, and consumers into their program and planning activities. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

0	1	2	3	Element
				1. Family members/youth/consumers participate in the planning, implementation and evaluation of the program's activities at all levels, including strategic planning, program planning, materials development, program activities, and performance measure reporting.
				2. Culturally diverse family members/youth/consumers facilitate the program's ability to meet the needs of the populations served.
				3. Family members/youth/consumers are offered training, mentoring, and opportunities to lead advisory committees or task forces.
				4. Family members/youth/consumers who participate in the program are compensated for their time and expenses.
				5. Family members/youth/consumers participate on advisory committees or task forces to guide program activities.
				6. Feedback on policies and programs is obtained from families/youth/consumers through focus groups, feedback surveys, and other mechanisms as part of the project's continuous quality improvement efforts.
				7. Family members/youth/consumers work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.
				8. Family /youth/consumers provide their perspective to the program as paid staff or consultants.

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

Total the numbers in the boxes (possible 0-24 score) _____

NOTES/COMMENTS:

08 PERFORMANCE MEASURE **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**	The percentage of graduates of MCHB long-term training programs that demonstrate field leadership after graduation.
GOAL	To increase the percentage of graduates of long-term training programs that demonstrate field leadership five years after graduation.
MEASURE	The percentage of graduates of MCHB long-term training programs that demonstrate field leadership after graduation.
DEFINITION	Attached is a checklist of four elements that demonstrate field leadership. For each element, identify the number of graduates of MCHB long-term training programs that demonstrate field leadership five 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 five years following graduation.
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.
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

A. The total number of graduates, five years following completion of program _____

B. The total number of graduates lost to follow up _____

C. The total number of respondents (A-B) _____

D. Number of respondents demonstrating MCH leadership in **at least one** of the following areas below _____

E. Percent of respondents demonstrating MCH leadership in at least one of the following areas below _____

Please use the notes field to detail data sources and year of data used.
(Individual respondents may have leadership activities in multiple areas below)

1. Number of trainees that have participated in **academic** leadership activities _____

- Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- Conducted research or quality improvement on MCH issues
- Provided consultation or technical assistance in MCH areas
- Taught/mentored in my discipline or other MCH related field
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
- Procured grant and other funding in MCH areas
- Conducted strategic planning or program evaluation

2. Number of trainees that have participated in **clinical** leadership activities _____

- Participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc
- Taught/mentored in my discipline or other MCH related field
- Conducted research or quality improvement on MCH issues
- Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)

3. Number of trainees that have participated in **public health practice** leadership activities _____

- Provided consultation, technical assistance, or training in MCH areas
- Procured grant and other funding in MCH areas
- Conducted strategic planning or program evaluation
- Conducted research or quality improvement on MCH issues
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
- Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation (provided testimony, educated legislators, etc)

4. Number of trainees that have participated in **public policy & advocacy** leadership activities _____

- Participated in public policy development activities (e.g., participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation, provided testimony, educated legislators)
- Participated on any of the following as a group leader, initiator, key contributor, or in a position of influence/authority: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Disseminated information on MCH public policy Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)

NOTES/COMMENTS:

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**	The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
GOAL	To increase the percentage of trainees participating in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
MEASURE	The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
DEFINITION	**Numerator**: Total number of long-term trainees (≥ 300 contact hours) participating in MCHB training programs reported to be from underrepresented racial and ethnic groups. (Include MCHB-supported and non-supported trainees.) **Denominator**: Total number of long-term trainees (≥ 300 contact hours) participating in MCHB training programs. (Include MCHB-supported and non-supported trainees.) **Units**: 100 **Text**: Percentage The definition of "underrepresented racial and ethnic groups" is based on the categories from the U.S. Census.
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 their trainees. MCHB does not maintain a master list of all trainees who are supported by MCHB long-term training programs. References supporting Workforce Diversity: • In the Nation's Compelling Interest:

Ensuring Diversity in the Healthcare Workforce (2004). Institute of Medicine.

- Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002). Institute of Medicine.

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 health disparities.

DATA COLLECTION FORM FOR DETAIL SHEET #09

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

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

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

Ethnic Categories
Number of long-term training participants who are Hispanic or Latino (Ethnicity) _____

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

Number of long-term trainees who are of Asian descent _____

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

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

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

NOTES/COMMENTS:

10 PERFORMANCE MEASURE **Goal 2: Eliminate Health Barriers & Disparities (Develop and promote health services and systems of care designed to eliminate disparities and barriers across MCH populations)** **Level: Grantee** **Category: Cultural Competence**	The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
GOAL	To increase the number of MCHB-funded programs that have integrated cultural and linguistic competence into their policies, guidelines, contracts and training.
MEASURE	The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
DEFINITION	Attached is a checklist of 10 elements that demonstrate cultural and linguistic competency. Please check the degree to which the elements have been implemented. The answer scale for the entire measure is 0-30. Please keep the completed checklist attached. Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; sited from DHHS Office of Minority Health--http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11) Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to

	support this capacity. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence; http://www.nccccurricula.info/linguisticcompetence.html) Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; participation of community and family members of diverse cultures in all aspects of the program; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees' progress in developing cultural and linguistic competence.
HEALTHY PEOPLE 2010 OBJECTIVE	Related to the following HP2010 Objectives: 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239. 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. 23.11:(Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services. 23.15: (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.
DATA SOURCE(S) AND ISSUES	Attached data collection form is to be completed by grantees. There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts and training.
SIGNIFICANCE	Over the last decade, researchers and policymakers

have emphasized the central influence of cultural values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural competence objectives have been: (1) incorporated into the MCHB strategic plan; and (2) in guidance materials related to the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), which is the legislative mandate that health programs supported by MCHB Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

DATA COLLECTION FORM FOR DETAIL SHEET #10

Using a scale of 0-3, please rate the degree to which your grant program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, contracts and training.

Please use the space provided for notes to describe activities related to each element, detail data sources and year of data used to develop score, clarify any reasons for score, and or explain the applicability of elements to program.

0	1	2	3	Element
				1. Strategies for advancing cultural and linguistic competency are integrated into your program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).
				2. There are structures, resources, and practices within your program to advance and sustain cultural and linguistic competency.
				3. Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.
				4. Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.
				5. Community and family members from diverse cultural groups are partners in planning your program.
				6. Community and family members from diverse cultural groups are partners in the delivery of your program.
				7. Community and family members from diverse cultural groups are partners in evaluation of your program.
				8. Staff and faculty reflect cultural and linguistic diversity of the significant populations served.
				9. Staff and faculty participate in professional development activities to promote their cultural and linguistic competence.
				10. A process is in place to assess the progress of your program participants in developing cultural and linguistic competence.

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

Total the numbers in the boxes (possible 0-30 score) _____

NOTES/COMMENTS*:*

33 PERFORMANCE MEASURE **Goal 4: Improve the Health Infrastructure and Systems of Care (Assist States and communities to plan and develop comprehensive, integrated health service systems)** **Level: Grantee** **Category: Infrastructure**	The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
GOAL	To develop infrastructure that supports comprehensive and integrated systems of care for maternal and child health at the local and/or state level.
MEASURE	The degree to which MCHB grantees are planning and implementing strategies to sustain their programs once initial MCHB funding ends.
DEFINITION	Attached is a checklist of nine actions or strategies that build toward program sustainability. Please check the degree to which each of the elements is being planned or carried out by your program, using the three-point scale. The maximum total score for this measure would be 45 across all elements.
HEALTHY PEOPLE 2010 OBJECTIVE	Related to Healthy People Goal 23, Objective 12 (23.12): Increase the proportion of Tribes, States, and local health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan.
DATA SOURCE(S) AND ISSUES	Attached is a data collection form to be completed by grantees. Since these actions and their outcomes are necessarily progressive over time from the beginning to the end of a program funding period, grantees' ratings on each element are expected to begin lower in the first year of grant award and increase over time.
SIGNIFICANCE	In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components

fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the data elements for this PM.

DATA COLLECTION FORM FOR DETAIL SHEET #33

Use the scale below to rate the degree to which your program has taken the following actions to promote sustainability of your program or initiative. Since these actions and their outcomes are necessarily progressive over the funding period, the ratings are expected to begin lower and progress over the grant period.

Please use the space provided for notes to clarify reasons for score.

0	1	2	3	Element
				1. A written sustainability plan is in place within two years of the MCHB grant award, with goals, objectives, action steps, and timelines to monitor plan progress.
				2. Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and in sustainability planning and implementation processes.
				3. There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.
				4. There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.
				5. The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach and marketing strategies.
				6. The grantee identified, actively sought, and obtained other funding sources and in-kind resources to sustain the program or initiative.
				7. Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.
				8. The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.
				9. The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative.

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

Total the numbers in the boxes (possible 0–27 score): _____

NOTES/COMMENTS:

58 PERFORMANCE MEASURE	The percentage of PPC faculty who demonstrate field leadership in the areas of academic, clinical, public health/policy, and advocacy.
GOAL	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.
MEASURE	The percentage of PPC faculty who demonstrate field leadership in the areas of academic, clinical, public health/policy, and advocacy.
DEFINITION	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.
HEALTHY PEOPLE 2010 OBJECTIVE	16-23: Service Systems for CSHCN
DATA SOURCES AND ISSUES	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.
SIGNIFICANCE	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 PROGRAM PERFORMANCE MEASURE 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. _____%

59 PERFORMANCE MEASURE	The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.
GOAL	To assure that a training program has collaborative interactions related to training, technical assistance, continuing education, and other capacity-building services with relevant national, state and local programs, agencies and organizations.
MEASURE	The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs and other professional organizations.
DEFINITION	Attached is a list of the 6 elements that describe activities carried out by training programs for or in collaboration with State Title V and other agencies on a scale of 0 to 1. If a value of '1' is selected, provide the number of activities for the element. The total score for this measure will be determined by the sum of those elements noted as '1.'
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. **Service** Examples might include: Clinics run by the training program and/ or in collaboration with other agencies			
2. **Training** Examples might include: Training in *Bright Futures…*; Workshops related to adolescent health practice; and Community-based practices. It would not include clinical supervision of long-term trainees.			
3. **Continuing Education** Examples might include: Conferences; Distance learning; and Computer-based educational experiences. It would not include formal classes or seminars for long-term trainees.			
4. **Technical Assistance** 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. **Product Development** Examples might include: Collaborataive development of journal articles and training or informational videos.			
6. **Research** 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 _____

60 PERFORMANCE MEASURE	The percent of long-term trainees who, at 1, 5 and 10 years post training, work in an interdisciplinary manner to serve the MCH population (e.g., individuals with disabilities and their families, adolescents and their families, etc.).
GOAL	To increase the percent of long-term trainees who, upon completing their training, work in an interdisciplinary manner to serve the MCH population.
MEASURE	The percent of long-term trainees who, at 1, 5 and 10 years post training work in an interdisciplinary manner to serve the MCH population.
DEFINITION	**Numerator:** The number of trainees indicating that they continue to work in an interdisciplinary setting serving the MCH population. **Denominator:** The total number of trainees responding to the survey **Units:** 100 **Text:** Percent In addition, data on the total number of the trainees and the number of non-respondents for each year will be collected. Long-term trainees are defined as those who have completed a long-term (300+ hours) leadership training program, including those who received MCH funds and those who did not.
HEALTHY PEOPLE 2010 OBJECTIVE	1-7: Increase 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. 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs. 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.
DATA SOURCE(S) AND ISSUES	The trainee follow-up survey is used to collect these data.
SIGNIFICANCE	Leadership education is a complex interdisciplinary field that must meet the needs of MCH populations. This measure addresses one of a training program's core values and its unique role to prepare professionals for comprehensive systems of care. By providing interdisciplinary coordinated care, training programs help to ensure that all MCH populations receive the most comprehensive care that takes into account the complete and unique needs of the individuals and their families.

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

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

Total Score (possible 0-24) _____

64 PERFORMANCE MEASURE	The degree to which the LEAH program incorporates adolescents and parents from diverse ethnic and cultural backgrounds as advisors and participants in program activities.
GOAL	To increase appropriate involvement of adolescents and parents as consumers of LEAH program activities.
MEASURE	The degree to which adolescents and parents are incorporated as consumers of LEAH program activities.
DEFINITION	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.
HEALTHY PEOPLE 2010 OBJECTIVE	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.
DATA SOURCE(S) AND ISSUES	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.
SIGNIFICANCE	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.

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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.

Element	**0**	**1**
Adolescents from diverse ethnic backgrounds and cultures participate in an advisory capacity.		
Parents of adolescents from diverse ethnic backgrounds and cultures participate in an advisory capacity.		
Adolescents from diverse ethnic backgrounds and cultures participate in the planning, implementation and evaluation of program activities related to adolescents as consumers		
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) _____

82 PERFORMANCE MEASURE **Goal 1: Provide National Leadership for Maternal and Child Health (both graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide)** **Level: Grantee** **Category: Training**	The degree to which MCH training programs use principles of adult learning, scholarly and scientific research, and effective education models that utilize available technology.
GOAL	To increase the number of MCH distance learning programs that make use of principles of adult learning and effective education models that utilize available technology.
MEASURE	The degree to which MCH training programs use principles of adult learning, scholarly and scientific research, and effective education models that utilize available technology.
DEFINITION	Attached is a checklist of 8 elements that reflect the use of adult learning and education models that utilize technology. Please check the degree to which the elements have been implemented. The answer scale is 0-24. Please keep the completed checklist attached. Alternative education methodologies provide effective and efficient means by which MCH professionals can enhance and advance their analytic, managerial, administrative, and clinical skills while continuing to meet their on-site responsibilities. Alternative education methodologies include the following elements: 1) **Relevance:** Relation to MCH Training Program Strategic Plan Goals and Objectives, such as cultural and linguistic competency, family-centered practice, interdisciplinary training, and integration of evidence-based knowledge. 2) **Access:** Provision of training to a variety of users including those who cannot benefit from training because of barriers related to travel, schedule restraints, time away from work, and/or cost. 3) **Quality:** Employment of adult learning principles, interactive training, and effective education models that utilize technologies, such as the Internet, multimedia networking, and teleconferencing. 4) **Collaboration:** Collaboration with State Title V agencies, other relevant State and/or community agencies, and other Title V-funded training programs in the development, delivery, and evaluation of training.

5) **Representation:** Successful marketing to and recruitment of MCH professionals who represent the diversity of the general population.
6) **Accessibility:** Accessibility related to Section 508 of the Americans with Disabilities Act.
7) **Assessment:** An evaluation plan that provides for regular assessment and improvement of program elements.
8) **Sustainability:** A plan that addresses the sustainability of the program beyond the Federal funding period including a range of possibilities from ongoing maintenance of the project and training materials to ensuring the availability of program materials beyond the project period.

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.

DATA SOURCE(S) AND ISSUES

- Attached data collection form to be completed by the 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 distance learning program need to be operationally defined and a draft checklist is attached.

SIGNIFICANCE

Recent reports confirm that continuing education needs for MCH personnel are largely unmet and that state and local agencies have limited capacity to meet those training needs. In addition to geographic barriers, lack of funding, time away from work and travel restrictions are barriers for professionals seeking education opportunities. Distance learning projects address the need for MCH continuing education and eliminate many reported barriers including geographic access.

DATA COLLECTION FORM FOR DETAIL SHEET # 82

Using a scale of 0-3, please rate the degree to which your grant program has incorporated the following elements into your curricula and training. Please add comments in the notes section explaining any data that requires clarification.

0	1	2	3	
				1. Program relates to MCH Training Program Strategic Plan Goals and Objectives and to the MCH leadership competencies.
				2. Program provides training by addressing barriers to participation such as travel, schedule restraints, time away from work, and/or cost.
				3. Program uses adult learning principles, validated educational models, instructional technology, and relevant scholarly and scientific research.
				4. Program collaborates with critical partners such as State Title V agencies, other relevant State and/or community agencies, and other Title V-funded training programs in the development, delivery, and evaluation of training.
				5. Program successfully markets to and recruits MCH professionals who represent the diversity of the general population.
				6. Curricula and training developed are accessible for persons with disabilities as outlined in Section 508 of the Americans with Disabilities Act.
				7. An evaluation plan assures regular assessment and improvement of program elements.
				8. A plan is in place that addresses the sustainability of the program beyond the Federal funding period.

0 = Not Incorporated
1 = Partially Incorporated
2 = Mostly Incorporated
3 = Completely Incorporated
Total the numbers in the boxes (possible 0-24 score) _____

83 PERFORMANCE MEASURE **Goal 1: To increase the percent of MCH pipeline graduates that enter graduate programs preparing them to work with the MCH population.** **Level: Grantee** **Category: Training**	The percent of pipeline graduates that enter graduate programs preparing them to work with the MCH population.
GOAL	To increase the number of pipeline graduates that enter graduate programs preparing them to work with the MCH population.
MEASURE	The percent of pipeline graduates that enter graduate programs preparing them to work with the MCH population.
DEFINITION	**Numerator:** Total number of MCH Pipeline graduates enrolled in a graduate school program preparing them to work with the MCH population, 5 years after completing the MCH Pipeline program. Graduate programs preparing students to work with the MCH population include: pediatric medicine, public health, pediatric nutrition, public health social work, pediatric nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, or speech language pathology. **Denominator:** Denominator: Total number of MCH Pipeline graduates who completed the MCH pipeline program 5 years previously. **Units:** 100 **Text:** Percent
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.
DATA SOURCE(S) AND ISSUES	Attached data collection form to be completed by grantees.
SIGNIFICANCE	MCH 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 #83

The total number of MCH Pipeline graduates; 5 years post graduation, included in this report _____

The total number of MCH Pipeline graduates lost to follow-up _____

The total number of respondents _____

The total number of MCH Pipeline graduates that are enrolled in a graduate school program preparing them to work with the MCH population, 5 years after completing the MCH Pipeline program. _____

Graduate programs preparing graduate students to work in the MCH population include:
Medicine (e.g. Pediatric, Ob/Gyn, Primary Care), public health, MCH nutrition, public health social work, MCH nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, speech language pathology.

84 PERFORMANCE MEASURE **Goal 2: Eliminate Health Barriers and Disparities** **Level: Grantee** **Category: Training**	The percent of long-term training graduates who are engaged in work related to MCH populations
GOAL	To increase the percent of graduates of MCH long-term training programs who are engaged in work related to MCH populations.
MEASURE	The percent of long-term training graduates who are engaged in work related to MCH populations.
DEFINITION	**Numerator**: Number of trainees reporting they are engaged in work related to MCH populations **Denominator**: The total number of trainees responding to the survey **Units**: 100 **Text**: Percent Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) leadership training program, including those who received MCH funds and those who did not. **MCH Populations**: Includes all of the Nation's women, infants, children, adolescents, and their families, including and children with special health care needs (MCHB Strategic Plan: FYs 2003-2007)
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	A revised trainee follow-up survey that incorporates the new form for collecting data on the involvement

of MCH training program graduates in work related to MCH populations will be used to collect these data.

Data Sources Related to Training and Work Settings/Populations:

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

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

SIGNIFICANCE

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

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DATA COLLECTION FORM FOR DETAIL SHEET # 84

Long-term training graduates who report working with **the maternal and child health population** (i.e., women, infants, children, adolescents, and their families, including and children with special health care needs) 5 years after completing their training program.

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

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

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

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

D. Number of respondents who report working with an MCH population _____

E. Percent of respondents who report working with an MCH population _____

Use the notes field to detail data source used and information that provides significant context for the data.

85 PERFORMANCE MEASURE **Goal 5: Generate, translate, and integrate new knowledge to enhance MCH training, inform policy, and improve health outcomes Level: Grantee** **Category: Training**	The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation.
GOAL	To increase the number of MCH long-term training programs that actively promote the transfer and utilization of MCH knowledge and research to the policy arena through the work of faculty, trainees, alumni, and collaboration with Title V.
MEASURE	The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation.
DEFINITION	Attached is a checklist of six elements that demonstrate policy engagement. Please check the degree to which the elements have been implemented. The answer scale is 0-18. Please keep the completed checklist attached. Policy development, implementation and evaluation in the context of MCH training programs relates to the process of translating research to policy and training for leadership in the core public health function of policy development. Actively – mutual commitment to policy-related projects or objectives within the past 12 months.
HEALTHY PEOPLE 2010 OBJECTIVE	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. 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. Related to Objective 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	• 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 training program engagement in policy development, implementation, and evaluation need to be operationally

defined with progress noted on the attached draft checklist with an example described more fully in the narrative application.

SIGNIFICANCE

Policy development is one of the three core functions of public health as defined in 1988 by the Institute of Medicine in *The Future of Public Health* (National Academy Press, Washington DC).

In this landmark report by the IOM, the committee recommends that "*every public health agency exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision-making about public health and by leading in developing public health policy."* Academic institutions such as schools of public health and research universities have the dual responsibility to develop knowledge and to produce well-trained professional practitioners.

This national performance measure relates directly to Goal 5 of the National MCHB Training Strategic Plan to "generate, translate, and integrate new knowledge to enhance MCH training, inform policy, and improve health outcomes".

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DATA COLLECTION FORM FOR DETAIL SHEET #85

Using a scale of 0-3, please rate the degree to which your training program has addressed the following policy development, implementation and evaluation elements.

0	1	2	3	Element
				1. Provide multiple didactic opportunities for training on policy development and advocacy to increase understanding of how the policy process works at the federal, state and local levels.
				2. Provide multiple opportunities within the practicum/field/clinical experience portion of the training curriculum for knowledge and skills building in policy development, implementation and evaluation.
				3. A process is in place for assessing the policy knowledge and skills of trainees.
				4. Research findings are disseminated and effectively communicated directly to public health agency leaders and policy officials with attention to how these findings add to the evidence-base for policy decisions and resource allocation.
				5. Faculty or staff contributes to the development of guidelines, regulations, legislation or other public policy at the local, state, and/or national level.
				6. Participate in developing and strengthening local, state, and/or national MCH advocacy networks and initiatives. Examples include MCH coalitions, teen pregnancy prevention initiatives, family advocacy groups, or advocacy groups in professional organizations.

0=Not Met
1=Partially Met
2=Mostly Met
3=Completely Met
Total the numbers in the boxes (possible 0-18 score) _____

MCH TRAINING AND EDUCATION PROGRAMS DATA FORM

Faculty and Staff Information

List all personnel (faculty, staff, and others) contributing[1] to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

Personnel (Do not list trainees)

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

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

Trainee Information (Long–term Trainees Only)

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
Ethnicity
Race
Gender
Address (For supported trainees ONLY)
    City
    State
    Country
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: [ ] Undergraduate [ ] Pre-doctoral [ ] Post-doctoral
[ ] Part-time student [ ] Full-time student

Epidemiology training grants ONLY
Length of time receiving support: _____
Research Topic or Title_____

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

Former Trainee Information (Long-term trainees and former trainees of the Pipeline and Certificate Programs)

The following information is to be provided for each long-term trainee who completed the Training Program 5 years prior to the current reporting year.

Definition of Former Trainee = Grant supported trainees who completed the program 5 years ago

☐ Project does not have any trainees who have completed the Training Program 5 years prior to current reporting year.

Name	Year Graduated	Degree(s) Earned with MCH support (if applicable)	Was University able to contact the trainee?	City of Residence	State of Residence	Country of Residence	Current Employment Setting *(see pick list below*)*	Working in Public Health organization or agency (including Title V)? (Yes/No)	Working in MCH? (Yes/No)	Working with underserved populations or vulnerable groups**? (Yes/No)	Met criteria for Leadership in PM 08? (Yes/No)

* Employment pick list

- Student
- Schools or school system includes EI programs, elementary and secondary
- Post-secondary setting
- Government agency
- Clinical health care setting (includes hospitals, heath centers and clinics)
- Private sector
- Other (specify)

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

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e, Immigrant Populations

Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc)
Source: Center for Vulnerable Populations Research. UCLA. http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html

MCH TRAINING PROGRAM GRADUATE FOLLOW-UP QUESTIONS

Contact / Background Information

***Name** (first, middle, last): _____
Previous Name (if used while enrolled in the training program): _____
***Address**: _____

_____
City State Zip

Phone: _____
Primary Email: _____

***Permanent* Contact Information** (someone at a different address who will know how to contact you in the future, e.g., parents)

***Name of Contact**: _____
Relationship: _____
***Address**: _____

_____
City State Zip

Phone: _____

What year did you graduate/complete the MCH Training Program? _____

Degree(s) earned while participating in the MCH Training Program _____*(a pick list will be provided- same as the one provided in the EHB faculty information form)*

Ethnicity: (choose one)
Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.
__ **Hispanic**
__ **Not Hispanic**

Race: (choose one)
__ **American Indian and Alaskan Native** refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe: _____
__ **Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).
__ **Black or African American** refers to people having origins in any of the Black racial groups of Africa.
__ **Native Hawaiian and Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
__ **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
__ **More than One Race** includes individuals who identify with more than one racial designation.
__ **Unrecorded** is included for individuals who do not indicate their racial category.

Survey

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

1. What best describes your current employment setting:

__ Student
__ Schools or school system (includes EI programs, elementary and secondary)
__ Post-secondary setting
__ Government agency
__ Clinical health care setting (includes hospitals, health centers and clinics)
__ Private sector
__ Other: please specify: _____

2. Do you currently work in a public health organization or agency (including Title V)? Y/N

3. Does your current work relate to Maternal and Child Health (MCH) populations ((i.e. women, infants and children, adolescents, and their families including fathers and children and youth with special health care needs,)?

__ yes
__ no

4. Does your current work relate to underserved or vulnerable[2] populations (i.e, Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, health disparities, etc)

__ yes
__ no

5. Have you done any of the following activities since completing your training program?

__ a. Participated on any of the following as a group leader, initiator, key contributor or in a position of influence/authority: committees of state, national or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.

__ b. Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc.)

__ c. Provided consultation or technical assistance in MCH areas

__ d. Taught/mentored in my discipline or other MCH related field

__ e. Conducted research or quality improvement on MCH issues

__ f. Disseminated information on MCH Issues (e.g., Peer reviewed publications, key presentations,

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

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e, Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc) *Source: Center for Vulnerable Populations Research. UCLA. http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html*

training manuals, issue briefs, best practices documents, standards of care)

__ g. Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) (ac, c)

__ h. Procured grant and other funding in MCH areas

__ i. Conducted strategic planning or program evaluation

__ j. Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation (provided testimony, educated legislators, etc))

__ k. None

6. If you checked <u>any</u> of the activities above, in which of the following settings or capacities would you say these activities occurred? (*check all that apply*)

__ a. Academic
__ b. Clinical
__ c. Public Health
__ d. Public Policy & Advocacy

(end of survey)

<u>Confidentiality Statement</u>

Thank you for agreeing to provide information that will enable your training program to track your training experience and follow up with you after the completion of your training. Your input is critical to our own improvement efforts and our compliance with Federal reporting requirements. Please know that your participation in providing information is entirely voluntary. The information you provide will only be used for monitoring and improvement of the training program. Please also be assured that we take the confidentiality of your personal information very seriously. We very much appreciate your time and assistance in helping to document outcomes of the Training Program. We look forward to learning about your academic and professional development.

Medium Term Trainees

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

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

Total Number _____

Disciplines (check all that apply):

☐ Audiology
☐ Dentistry-Pediatric
☐ Dentistry – Other
☐ Education/Special Education
☐ Family/Parent/Youth Advocacy
☐ Genetics/Genetic Counseling
☐ Health Administration
☐ Medicine-General
☐ Medicine-Adolescent Medicine
☐ Medicine-Developmental-Behavioral Pediatrics
☐ Medicine-Neurodevelopmental Disabilities
☐ Medicine-Pediatrics
☐ Medicine-Pediatric Pulmonology
☐ Medicine – Other
☐ Nursing-General
☐ Nursing-Family/Pediatric Nurse Practitioner
☐ Nursing-Midwife
☐ Nursing – Other
☐ Nutrition
☐ Occupational Therapy
☐ Parent
☐ Physical Therapy
☐ Psychiatry
☐ Psychology
☐ Public Health
☐ Respiratory Therapy
☐ Social Work
☐ Speech-Language Pathology
☐ Other (Specify)

Medium Term Trainees with 150-299 contact hours

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

Total Number _____

Gender *(number not percent)*	Male _____	Female _____
Ethnicity *(number not percent)*	Hispanic: _____	Not Hispanic _____
Race *(number not percent)*	American Indian or Alaska Native: _____ Asian: _____ Black or African American: _____ Native Hawaiian or Other Pacific Islander: _____ White: _____ More than One Race: _____ Unrecorded:_____	

Discipline

Number	**Discipline**
____	Audiology
____	Dentistry-Pediatric
____	Dentistry – Other
____	Education/Special Education
____	Family/Parent/Youth Advocacy
____	Genetics/Genetic Counseling
____	Health Administration
____	Medicine-General
____	Medicine-Adolescent Medicine
____	Medicine-Developmental-Behavioral Pediatrics
____	Medicine-Neurodevelopmental Disabilities
____	Medicine-Pediatrics
____	Medicine-Pediatric Pulmonology
____	Medicine – Other
____	Nursing-General
____	Nursing-Family/Pediatric Nurse Practitioner
____	Nursing-Midwife
____	Nursing – Other
____	Nutrition
____	Occupational Therapy
____	Parent
____	Physical Therapy
____	Psychiatry
____	Psychology
____	Public Health
____	Respiratory Therapy
____	Social Work
____	Speech-Language Pathology
____	Other (Specify)_____

TOTAL Number of Medium term Trainees: _____

Short Term Trainees

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

Total number of short term trainees during the past 12-month grant period_____

Indicate disciplines (check all that apply)

☐ Audiology
☐ Dentistry-Pediatric
☐ Dentistry – Other
☐ Education/Special Education
☐ Family/Parent/Youth Advocacy
☐ Genetics/Genetic Counseling
☐ Health Administration
☐ Medicine-General
☐ Medicine-Adolescent Medicine
☐ Medicine-Developmental-Behavioral Pediatrics
☐ Medicine-Neurodevelopmental Disabilities
☐ Medicine-Pediatrics
☐ Medicine-Pediatric Pulmonology
☐ Medicine – Other
☐ Nursing-General
☐ Nursing-Family/Pediatric Nurse Practitioner
☐ Nursing-Midwife
☐ Nursing – Other
☐ Nutrition
☐ Occupational Therapy
☐ Parent
☐ Physical Therapy
☐ Psychiatry
☐ Psychology
☐ Public Health
☐ Respiratory Therapy
☐ Social Work
☐ Speech-Language Pathology
☐ Other (Specify)

Technical Assistance/Collaboration Form

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 the **ALL** TA provided

Total Number of Technical Assistance/Collaboration Activities	**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 _____ 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. Women's/Reproductive/ Perinatal Health 2. Early Childhood Health/ Development (birth to school age) **3.** School Age Children 4. Adolescent 5. CSHCN/Developmental Disabilities 6. Autism 7. Emergency Preparedness 8. Health Information Technology 9. Mental Health 10. Nutrition 11. Oral Health 12. Patient Safety 13. Respiratory Disease 14. Vulnerable Populations***** 15. Racial and Ethnic Diversity or Disparities 16. 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. Within State 3. Another State 4. Regional 5. National 6. International
1	Example	G- Policy	11- Oral Health	E - Education	2	2

"Vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

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):_____

Continuing Education Form

Continuing Education is defined as continuing education programs or trainings that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. Training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community.

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

Total Number of CE Participants _____
Total Number of CE Sessions/Activities _____

Number of CE Sessions/Activities by Primary Target Audience
- Number of **Local** CE Activities _____
- Number of **State** CE Activities _____
- Number of CE Activities in **Another State** _____
- Number of **Regional** CE Activities _____
- Number of **National** CE Activities
- Number of **International** CE Activities _____

_____

Number of CE Sessions/Activities for which Credits are Provided _____

For **up to 10** of the most significant CE activities in the past project year, list the title, topics, methods, number of participants, duration and whether CE units were provided. In the field notes, briefly state why these were the most significant CE events (e.g., most participants reached; key topic addressed, new collaboration opportunity, emerging issues, diversity of participants (other than healthcare workers etc))

Title	**Topic: 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	**Topic: List B:** *select all that apply* 1. Women's Reproductive/ Perinatal Health 2. Early Childhood Health/ Development (birth to school age) 3. School Age Children 4. Adolescent 5. CSHCN/Developmental Disabilities 6. Autism 7. Emergency Preparedness 8. Health Information Technology 9. Mental Health 10. Nutrition 11. Oral Health 12. Patient Safety 13. Respiratory Disease 14. Vulnerable Populations***** 15. Racial and Ethnic Diversity or Disparities 16. Other (specify)	**Primary Target Audience** 1. Local 2. State 3. Another state 4. Regional 5. National 6. International	**Method*** A. In-person B. Distance C. Mixed	**Number of Participants**	**Continuing Education Credits Provided?** (Yes/No)
1.						
2.						
3.						

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

C. In the past year have you provided continuing education on emerging issues that are not represented in the topic list above? YES/ NO. If yes, specify the topic(s):_____

Products, Publications and Submissions Data Collection Form

Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced by your staff during the reporting period (counting the original completed product or publication developed, not each time it is disseminated or presented). Products and Publications include the following types:

Type	Number
Peer-reviewed publications in scholarly journals – published (including peer-reviewed journal commentaries or supplements)	
Peer-reviewed publications in scholarly journals – submitted	
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 2

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

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s):_____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL): _____

Key Words (No more than 5): _____

Notes: _____

*Title: _____

*Author(s): _____

*Publication: _____

*Year Submitted: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

Key Words (No more than 5): _____

Notes: _____

*Title: _____

*Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

Key Words (No more than 5): _____

Notes: _____

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: _____

*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: _____

(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: _____

*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: _____

*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: _____

*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: _____

*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: _____

*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: _____

*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: _____

*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: _____

*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: _____

(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: ____