

GENERAL INFORMATION

- * The following tables should summarize activities conducted or offered only to RFCC women.
- * Include information about RFCC, partner, and non-partner activities. A partner organization is considered an organization with whom you have an established agreement to provide services for a defined period of time. A non-partner typically provides services on a fee-for-service basis and agrees to provide one time only services.
- * If needed, include any clarification at the bottom of each table in the "comment" row.
- * Please be sure to complete all six tables included in this workbook. A tab for each of the tables is located at the bottom of the workbook. Click on each tab to view the pertinent table. (hint: when printing, select "entire workbook" to print all tables)

RFCC NAME: _____ REPORT DATE: _____ QUARTER: _____

HEALTH CARE SERVICES

In the following table, **women's health services** are categorized into four (4) broad groupings: **primary acute care, preventive care, specialty care** and **enabling services**. For each **women's health service** listed, indicate the total number of encounters, as well as the number of referrals made for RFCC patients and family members (if applicable) to receive a listed service. For example, indicate the total number of physician **primary acute care** RFCC patient encounters during the Q1 reporting period in **cell C10**, and the total number of **primary acute care** patient referrals made by the RFCC or its affiliated health care entity to a physician provider during Q1 in cell **M10**. If a service is not listed, please include it in the "Other" row.

Report "**Referrals**" as the number of referrals issued. These columns should not summarize the number of patients who used their referrals (or estimate patient compliance).

Note: P = RFCC Patient, FM = RFCC Patient Family Member, Q1 = First Quarter, Q2 = Second Quarter, Q3 = Third Quarter, Q4 = Fourth Quarter, and YTD = Year to Date.

WOMEN'S HEALTH SERVICE OFFERED	PROVIDER PRACTICE SITE (RFCC or RFCC - AFFILIATED HEALTH CARE PROVIDER)	NUMBER OF RFCC PATIENT AND FAMILY MEMBER ENCOUNTERS IN 2006					NUMBER OF RFCC PATIENT AND FAMILY MEMBER REFERRALS MADE IN 2006				
		Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
Primary Acute Care (includes any sick visit primary care services provided by physician and non-physician providers)											
Physician Provider (specify specialty) _____											
Non-Physician Provider (specify type(s), i.e., Nurse Midwife, Nurse Practitioner) _____											
Preventive Care											
Prenatal Services											
Blood Pressure Screening											
Vision Screening											
Audiology Testing											
Tuberculosis (PPD) Testing											
Glucose Screening											
Cholesterol Testing											
Pap Smear (or similar test)											
Mammography											
Bone Density Testing											
Colon Cancer Screening											
Immunizations (including influenza vaccinations)											
Smoking Cessation Counseling											
STD Education (includes HIV/AIDS)											
Weight Reduction Programs											
Nutrition counseling											
Domestic Violence Counseling											
Other (list): _____											
Other (list): _____											
Other (list): _____											
Specialty Care (includes any sub-specialty service provided at the RFCC or RFCC-affiliated health care provider)											
Obstetrics (Labor and Delivery)											
Gynecology											
Psychiatry / Mental Health											
Endocrinology (Diabetes, Hypothyroidism)											
Cardiology (Hypertension, Heart Disease)											
Infectious Disease (HIV/AIDS, TB)											
Dentistry											
Other (list): _____											
Other (list): _____											
Other (list): _____											

RFCC NAME: _____ REPORT DATE: _____ QUARTER: _____

PUBLIC EDUCATION AND OUTREACH

Please list each **educational activity** and provide a **brief description** of each activity your RFCC participated in or coordinated during this quarter. For each activity, include the **year** your RFCC first offered or participated in the activity, list the **organizations** (in addition to the RFCC) that are involved in conducting, coordinating, or holding the education/outreach effort (indicate if the organization is a partner (P) or non-partner (NP)). Include the **number of times** the activity was conducted during this quarter. Estimate the **total number of attendees, as well as total attendees by gender and percentage in each age group where possible** (age groups: 0-17, 18-30, 31-45, 46-55, 56-70, and 70+). Also estimate, to the best of your ability, the percent of participation by **race/national origin** (C=Caucasian, non-Hispanic, AA=African American, non-Hispanic, A=Asian, P= Native Hawaiian or Other Pacific Islander, HC=Hispanic Caucasian, HA=Hispanic African American, O=Other (describe 'Other' in the comments section)). The Comments row (located at the bottom of this page) may include more specific information about the education or outreach event and/or the group targeted to receive the education. Also list the types of materials distributed during the activity.

Be sure to include any activities conducted by your community partners for the RFCC program.

ACTIVITY	DESCRIPTION	YEAR RFCC FIRST OFFERED ACTIVITY	PARTICIPATING ORGANIZATIONS (P = partner, NP = non-partner)	NUMBER OF ACTIVITIES (This Qtr)	NUMBER OF ATTENDEES (estimate)		AGE GROUPS						RACE/ NATIONAL ORIGIN						MATERIALS DISTRIBUTED		
					Male	Female	0-17	18-29	30-44	45-54	55-69	70+	C	AA	A	P	H	HC		HA	O
<i>Example: Health Fair</i>	<i>Focus on women's preventive care</i>	<i>2005</i>	<i>Wellness Center (P)</i>	<i>1</i>	<i>3</i>	<i>62</i>	<i>0%</i>	<i>50%</i>	<i>25%</i>	<i>25%</i>	<i>0%</i>	<i>0%</i>	<i>95%</i>	<i>5%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>Breast Cancer screening brochure</i>
<i>Example: Presentation</i>	<i>Healthy Living</i>	<i>2005</i>	<i>Hospital (NP)</i>	<i>1</i>	<i>17</i>	<i>20</i>	<i>0%</i>	<i>3%</i>	<i>55%</i>	<i>30%</i>	<i>10%</i>	<i>2%</i>	<i>0%</i>	<i>###</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>Daybooks, pamphlets</i>

RFCC NAME: _____ REPORT DATE: _____ QUARTER: _____

LEADERSHIP DEVELOPMENT AND ADVOCACY TRAINING

For each leadership development activity listed in the far left column, please provide a **description of the type(s) of activities** conducted this quarter (include the **goal** of the activity). Include the **year** your RFCC first offered the activity, the **number of participants by race/national origin** (C=Caucasian, non-Hispanic, AA=African American, non-Hispanic, A=Asian, P= Native Hawaiian or Other Pacific Islander, HC=Hispanic Caucasian, HA=Hispanic African American, O=Other) and the **audience type** (such as high school students, expectant mothers, or senior citizens).

Please include only one activity per row. If your RFCC provides more than one program for any of the activities listed in the left hand column, then copy and paste the activity in a new row and complete the row per the above instructions. *Be sure to include any activities conducted by your community partners for the RFCC program.*

ACTIVITY	DESCRIPTION/ GOALS	YEAR RFCC FIRST OFFERED ACTIVITY	NUMBER OF ATTENDEES							AUDIENCE	
			C	AA	A	P	H	HC	HA		O
Example: Women's Leadership Institute Training Session	Goal: To empower nurse practitioners to be leaders in rural areas by presenting the importance of their role in delivering services in underserved areas.	2005	0	5	0	5	0	0	0	0	Nurse practitioners
	Description: Training session for nurse practitioners on their role in the delivery of women's healthcare services in rural areas. Curriculum developed by XYZ organization.										
Example: Mentoring and recruitment of women in health professions	Goal: To educate high school students on careers in healthcare.	2005	13	11	0	0	9	0	0	0	High school students
	Description: Two hour class that combined lecture and question and answer session on current issues and problems with women's healthcare in the community and various workforce positions that are needed.										
COMMENTS:											