October 30, 2007

TO: Paperwork Reduction Act Clearance Officer

FROM: Director, Office of the Executive Secretariat, OPHS

SUBJECT: OMB Clearance Request – Modifications to the Office of Minority Health Uniform Data Set – ACTION

The attached request for OMB clearance involves modification of the Office of Minority Health (OMH) Uniform Data Set (UDS), the regular system for reporting program management and performance data for all OMH-funded activities, to accommodate grant programs that were not required to use the UDS at the time the system was developed. The UDS was approved by OMB on June 7, 2004.

A copy of the transmittal from the OMH to the Assistant Secretary for Health is attached as background. Technical questions regarding this package may be directed to Valerie Welsh, Project Officer, OMH, at 240-453-8222.

Janet A. East

Attachments

OCT - 9 2007

TO: Acting Deputy Assistant Secretary for Health (Science and Medicine)

FROM: Deputy Assistant Secretary for Minority Health

SUBJECT: Concept Clearance of OMB Package for Modifications to the OMH Uniform Data
             Set -- ACTION

ISSUE

The Paperwork Reduction Act requires that supporting statements for certain proposed
collections of information, as for Federally-sponsored studies that collect primary data, be
submitted and approved by the Office of Management and Budget (OMB). Within OPHS, the
OMB clearance package must be first submitted through Executive Secretariat channels for
concept clearance by the Assistant Secretary for Health or designate and, upon approval, is then
submitted to ASRT for further internal review and clearance prior to submission to OMB.

DISCUSSION

This request for clearance involves modification of the OMH Uniform Data Set (UDS) – the
regular system for reporting program management and performance data for all OMH-funded
activities – to incorporate OMH core performance measures. The UDS was approved by OMB
on June 7, 2004 (OMB No. 0990-275). OMB approval was also received for modifications to
the UDS to accommodate grant programs that were not required to use the UDS at the time the
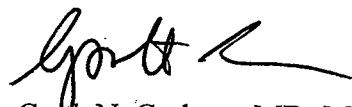system was developed (August 23, 2007).

The modifications to the UDS presented in this request incorporate recently developed OMH
core performance measures. The specific changes to the system are the addition of three
questions and modification of one existing question. These modifications are intended to
continue the development of the UDS as a reporting system that will improve OMH's evaluation
and planning capacities and compliance with Federal reporting requirements. The ability to
monitor and evaluate performance in this manner and to work towards continuous program
improvement are basic functions that OMH must be able to accomplish in order to carry out its
mandate with the most effective and appropriate use of resources. Reporting and analyzing such
data may also advance knowledge of health disparities issues and approaches by allowing the
identification of results of funded efforts.

RECOMMENDATION

I recommend that you approve proceeding with the submittal of the OMB clearance package through departmental review and clearance channels as appropriate. If there are any questions on this matter, please contact Ms. Valerie Welsh, Project Officer, at (240) 453-8222.

DECISION

Approved _____ Disapproved _____ Date 10/29/07

Garth N. Graham, MD, MPH.

Attachments:
Draft *Federal Register Notice* for ASRT Staff
Collection Summary
Completed OMB Form 83-I
Completed OMB Form 83-C
Request for Modification to OMB Clearance Package (October 5, 2007)
(including Appendix A Data Items in modified Uniform Data Set and
Appendix B UDS Readiness for OMH Core Performance Measure: Summary and
Recommended Modifications)

Draft Federal Register Notice for ASRT Staff

AGENCY: Office of the Secretary.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of proposed revision of a currently approved collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed revisions for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; and (3) ways to enhance the quality, utility, and clarity of the information to be collected.

Type of Information Collection Request: Revision of a currently approved collection; Title of Information Collection: Uniform Data Set;

Use: Involves modifying the Web-based UDS modules (OMB No. 0990-0275) to incorporate recently developed OMH core performance measures. The specific changes to the system are the addition of three questions and modification of one existing question. This is the regular system for reporting program management and performance data for all OMH-funded activities. The ability to monitor and evaluate performance in this manner and to work towards continuous program improvement are basic functions that OMH must be able to accomplish in order to carry out its mandate with the most effective and appropriate use of resources.

Frequency: Semi-Annually;
Affected Public: Not-for-profit institutions and State, Local, or Tribal Government;
Annual Number of Respondents: 616;
Total Annual Responses: 616;
Average Burden Per Response: 4.5 hours;
Total Annual Hours: 2,772;

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer at the address below:

Collection Summary

This request for clearance involves modification of the OMB approved OMH Uniform Data Set (OMB No. 0990-275) – the regular system for reporting program management and performance data for all OMH-funded activities. The modifications to the UDS presented in this request incorporate recently developed OMH core performance measures. The specific changes to the system are the addition of three questions and modification of one existing question. These modifications are intended to continue the development of the UDS as a reporting system that will improve the agency's evaluation and planning capacities and compliance with Federal reporting requirements. The ability to monitor and evaluate performance in this manner and to work towards continuous program improvement are basic functions that OMH must be able to accomplish in order to carry out its mandate with the most effective and appropriate use of resources. Reporting and analyzing such data may also advance knowledge of health disparities issues and approaches by allowing the identification of best practices.

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. Agency/Subagency originating request	2. OMB control number b. __ None
DHHS/Office of the Secretary/Office of Minority Health	a. 0990 _ 0275

3. Type of information collection *(check one)*	4. Type of review requested *(check one)*
a. ☐ New collection b. ☑ Revision of a currently approved collection c. ☐ Extension, without change, of a currently approved collection d. ☐ Reinstatement, without change, of a previously approved collection for which approval has expired e. ☐ Reinstatement, with change, of a previously approved collection for which approval has expired f. ☐ Existing collection in use without an OMB control number	a. ☑ Regular b. ☐ Emergency - Approval requested by: ___/___/___ c. ☐ Delegated **5. Small entities** Will this information collection have a significant economic impact on a substantial number of small entities? ☐ Yes ☑ No

| 3a. Public Comments
Has the agency received public comments on this information collection?

☐ Yes ☑ No | 6. Requested expiration date
a. ☑ Three years from approval date b. ☐ Other Specify:___/___ |

7. Title

Office of Minority Health Uniform Data Set

8. Agency form number(s) *(if applicable)*

9. Keywords

Reporting and recordkeeping requirements, grant programs

10. Abstract

Involves modifying the Uniform Data Set to incorporate new OMH core performance measures. This is the regular system for reporting project activity and performance data for OMH partners. OMH uses this information for program management and performance measurement. The modifications in this request will improve OMH's evaluation and planning capacities and compliance with Federal reporting requirements.

11. Affected public *(Mark primary with "P" and all others that apply with "X")*	12. Obligation to respond *(Mark primary with "P" and all others that apply with "X")*
a.__ Individuals or households d.__ Farms b.__ Business or other for-profit e. X Federal Government c. P Not-for-profit institutions f.__ State, Local or Tribal Government	a.__ Voluntary b. P Required to obtain or retain benefits c.__ Mandatory

13. Annual reporting and recordkeeping hour burden	14. Annual reporting and recordkeeping cost burden *(in thousands of dollars)*

a. Number of respondents   150
b. Total annual responses   300
    1.Percentage of these responses collected electronically 100   %
c. Total annual hours requested 1350
d. Current OMB inventory   1350
e. Difference   0
f. Explanation of difference
   1. Program change
   2. Adjustment
	a. Total annualized capital/startup costs 0
	b. Total annual costs (O&M) 0
	c. Total annualized cost requested 0
	d. Current OMB inventory 0
	e. Difference 0
	f. Explanation of difference
	   1. Program change
	   2. Adjustment

15. Purpose of information collection *(Mark primary with "P" and all others that apply with "X")*	16. Frequency of recordkeeping or reporting *(check all that apply)*

a.__ Application for benefits   e. P Program planning or management
b. X Program evaluation   f.__ Research
c.__ General purpose statistics   g.__ Regulatory or compliance
d.__ Audit
	a.__ Recordkeeping b.__ Third party disclosure
	c. ✓ Reporting
	   1.__ On occasion 2.__ Weekly 3.__ Monthly
	   4.__ Quarterly 5. ✓ Semi-annually 6.__ Annually
	   7.__ Biennially 8.__ Other (describe)

| 17. Statistical methods
Does this information collection employ statistical methods?

☐ Yes ☑ No | 18. Agency contact *(person who can best answer questions regarding the content of this submission)*

Name: Valerie Welsh

Phone: 240-453-8222 |

OMB 83-I

02/04

Reset

PAPERWORK REDUCTION ACT
CHANGE WORKSHEET

Agency/subagency	OMB Control Number
DHHS/Office of the Secretary/Office of Minority Health	0990 - 0275

Enter only items that change

Agency form number (s)	Current record	New record
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change Adjustment		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change Adjustment		

Other changes**

Signature of Senior Official or designee:	Date:	For OIRA Use

** This form cannot be used to extend an expiration date.

OMB 83-C

10/95

Development of an Evaluation Protocol for Assessing Impacts of OMH State Initiatives

Request for Modifications to OMB Clearance Previously Issued for the OMH Uniform Data Set (UDS)

Supporting Statement

September 28, 2007

Submitted by:

Development Services Group, Inc.
7315 Wisconsin Ave., Suite 800E
Bethesda, MD 20814
(301) 951-0056

TABLE OF CONTENTS

A. Justification

A.1 Explanation of the Circumstances that Make Additional Data Collection Necessary

Since its inception in 1985, The Office of Minority Health (OMH) has been the unit of the U.S. Department of Health and Human Services (HHS) that coordinates Federal efforts to improve the health status of racial and ethnic minority populations. The agency was established with the passage of the Disadvantaged Minority Health Improvement Act (Pub. L. 101-527) and given a broad mandate to advance efforts to improve minority health and address racial/ethnic disparities in health (recently reauthorized). In order to achieve this broad mission, OMH supports research, demonstrations and evaluations of new and innovative programs, and strategies and interventions that increase understanding of ways to improve the health of minority communities and reduce the burden of disease, disability, and premature death that disparately impacts them.

As part of HHS, OMH works under an overall policy and strategic framework that includes key goals set forth in Healthy People 2010 and the 1993 Government Results and Performance Act or GPRA (Public Law 103-62). GPRA emphasizes public accountability and requires the development of strategic plans, performance goals, and an annual report filed with Congress on actual measured performance compared with pre-established goals. More recently, OMB has implemented another accountability process, known as the Program Assessment Rating Tool (PART), designed to assess strategic planning, evaluation, and evidence of results for Federal agencies and their programs.

As part of efforts to improve program monitoring and performance measurement with regard to its grant programs, OMH worked with the contractor to develop a system to collect standardized data on project activities from all of its grantees and cooperative partners. The Uniform Data Set (UDS) collects two main kinds of data: 1) **core** data, consisting of basic descriptive organizational and program information; and 2) **activity-specific** process and impact/outcome data. Activity-specific data is organized into 19 "activity modules," or standardized categories of project activity (e.g., health education and outreach, screening and referral). The UDS is a modular system. While core data is provided for all projects, projects only report activity-specific data for those activities conducted. The full set of data elements in the UDS is included as Appendix A.

The UDS received original OMB clearance in March 2004 (OMB No. 0990-0275) and is now being used by most OMH grantees and cooperative partners to report project activities. The system has recently been adapted for use by additional OMH grantees and cooperative partners. These modifications received OMB approval in September 2007.

OMH is submitting this Request for OMB Review of further modifications to the OMB-approved Uniform Data Set for a project entitled "Development of an Evaluation Protocol for Assessing Impacts of OMH State Initiatives." The modifications to the UDS presented in this request incorporate recently developed OMH core performance measures. These modifications are intended to continue the development of the UDS as a reporting system that will improve the

3

agency's evaluation and planning capacities and compliance with Federal reporting requirements. The ability to monitor and evaluate performance in this manner and to work towards continuous program improvement are basic functions that OMH must be able to accomplish in order to carry out its mandate with the most effective and appropriate use of resources. Reporting and analyzing such data may also advance knowledge of health disparities issues and approaches by allowing the identification of best practices.

A comparison between the OMH core performance measures and data elements in the UDS showed that most of the measures identifying the UDS as the data source are already captured by data elements in the UDS. The results of this comparison are presented in Appendix B. The requested modifications to the UDS are detailed below in Table 1. [The complete set of data elements in the UDS (including the proposed modifications) is included as Appendix A.]

Table 1: Recommended Modifications to the UDS

OMH CORE MEASURE	RECOMMENDED ACTION	UDS PAGE
HP2010 objectives	Create data element	Core Information
OMH partners with health disparities-related strategic plans	Create data element	Core Information
Partnerships with a focus on r/e minority health	Modify partnership data element to include additional information on purpose and structure of partnerships	Core Information
HHS-supported partnerships to strengthen RD&E	Modify partnership data element to include additional information on purpose and structure of partnerships	Core Information

A.2   Use of the Data

The overall purpose of the UDS is to enable OMH-funded grantees, cooperative agreement partners and others to routinely report uniform data to a central coordinating center where the data will be received, analyzed and coordinated into reports to 1) monitor the project's status, and 2) generate information regarding best practices, program inputs, outcomes and return on investment. *As noted, the UDS has already received OMB approval.* This application requests approval to modify the UDS so that OMH's core performance measures are included.

This is the second reporting year of full implementation of the OMB-approved UDS with OMH grantees and cooperative agreement partners. The UDS has been used to generate reports at two levels. Firstly, OMH program officers use the system to review individual grantee reports and aggregate reports on projects in their grant stream and to improve the overall management of their projects. Secondly, the UDS has generated aggregate program data on populations served, health issues addressed, and funding that has been used to respond to inquiries made to OMH leadership and other policy/decision makers.

A.3 Consideration of the Use of Improved Information Technology

The UDS is specifically designed as a Web-based application. There will always be paper forms available; however, there have been no requests for the UDS in this format from grantees. The Web-based system was selected for implementation based on grantee feedback during the pilot test of the paper-based UDS and a technology needs assessment of grantees. The participants' sole and unanimous suggestion on improving the UDS was to provide it as a computer-based system. A wide range of grantees preferred the Web-based format over the paper format to *minimize burden* and *maximize utility*. Virtually all grantees had the technical capability to access the Internet for this purpose.

Many community grantees have limited staff time and capacity to collect and report their project data, and *the Web-based UDS provides a range of technical assistance features that augment their capacity and thus improve the quality and regularity of reported data.*

A.4 Efforts to Identify Duplication

Reporting data under the UDS system did *not* duplicate other data reporting, but instead replaced the previous data reporting process. During UDS development, an extensive effort was made to identify any other uniform data systems among Federal agencies or private foundations that were duplicative, and found none. In fact, that effort was also intended to identify any similar data items included in these data sets or methodology so that the OMH data could conform to cross-agency standards where applicable. In our review, only a few such data items were identified. The definitions utilized for these data items were adopted in the initial development of the UDS in order to maximize the utility of UDS data for cross-agency comparison where possible, as well as to avoid re-inventing the wheel.

The data identified in this request are specific to individual OMH grantees and cooperative partners and, therefore, are not available elsewhere.

A.5 Minimizing Burden on Small Businesses and Entities

Grantees and cooperative agreement partners funded by OMH are, for the most part, public or private non-profit minority community based organizations. Whether or not the UDS existed, these projects would have to provide some project and evaluation data. The modifications recommended here represent the minimum data needed to be useful for project reporting, program monitoring, and performance measurement by OMH and its partners.

The UDS was specifically designed to provide additional support for OMH partners in order to *facilitate* their efforts to report data, and to standardize and simplify the nature of reported data. Moreover, the UDS was designed to *provide additional capacity* to grantees and cooperative agreement partners in ways that they do not now have available, by providing online technical assistance, online guidance in filling out data forms, and downloadable sample forms

and worksheets to help each project report its data. In addition, the UDS system has built-in edit checks to identify inconsistencies and errors in the data entered into the system, thus bypassing the need to use valuable staff time to accomplish such tasks. In short, the UDS system includes many features that both minimize respondent burden and increase respondent capacity.

A.6   Consequences of Less Frequent Data Collection

UDS data is reported every six months. UDS reporting is required for all OMH grantee and cooperative agreement partners. The modifications proposed here do not change the frequency of project reporting by OMH partners.

There are no legal obstacles to reduce the burden of this data collection.

A.7   Special Circumstances of Data Collection

This request fully complies with the regulation.

A.8   Consultation with Persons Outside the Agency

There was no outside consultation on the UDS modifications presented in this request; however, the original OMB-approved UDS was developed with extensive input from industry specialists in public and private sectors, as well as OMH grantees and cooperative agreement partners.

A.9   Payment to Respondents

This collection does not involve payment or gifts as incentives for respondents.

A.10   Assurances of Confidentiality

Only aggregate, periodic project data from each project or other agency activity is reported. Nevertheless, these data are password-protected and each project manager selects a unique ID once they begin using the UDS. That ID is necessary in order to log on to the Internet system, and it allows access only to that project's own records.

All data is maintained in aggregate form at a Central Coordinating Center supported under contract to OMH. This Center manages operations of the UDS and provides reports to OMH as requested.

A.11 Sensitive Questions

The UDS requests data on program structure and characteristics, program operation, program implementation, services provided, numbers/types of clients served, and short-term or intermediate outcomes. These data do not include any items of a personal or sensitive nature.

A.12 Estimates of Respondent Burden

It is estimated that the hour burden for this project will be approximately 9 hours per OMH partner per year, which is the sum of the hour burden for the OMH partners to report the data via UDS (regular gathering of data is not included in this estimate because that is already a customary part of project activities). Depending upon the number of activities a given project conducts, and the number of clients served, we estimate that each OMH-funded entity will spend approximately 4.5 hours to report the data each period. This estimate is based on the results of a pilot test during the UDS development effort where grantees were trained to use the system and used it to submit a routine report. With semiannual reporting frequency, this calculates to approximately 9 hours total time burden for the task over a year.

Table 6. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
OMH Grantee	UDS	150	2	270/60	1350

Table 7. Estimated Annualized Cost to Respondents

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project or Evaluation Manager	1350	$30.00	$40, 500.00

A.13 Capital Costs

As with the OMB-approved UDS, the modified UDS described in this request does not constitute an additional effort for respondents beyond regular project duties/obligations. No additional staff time or cost is anticipated other than the time/cost allocated for regular project administrative requirements. No additional materials or equipment are needed to use the UDS.

A.14 Cost Estimates

The overall cost to the Federal government for modifying the UDS for use with OMH-funded State grantees will be $3,587, distributed according to the following categories:

Category	Cost
Personnel	$3,087
Other Direct Costs (including travel, consultants, computer equipment, etc.)	$500
Total	$3,587*

*G&A and fee included in total.

This includes the completed modification and testing of the UDS system and related technical assistance materials.

A.15   Changes in Burden

This is a request for a modification to an existing, OMB-approved data collection. The modifications include the addition of three questions and the modification of one existing question. The number of data items to respond to will increase by three for all existing users, however this represents minimal additional burden to grantees.

A.16   Tabulation and Publication Plans

The purpose of the UDS, as described herein, is to serve as the regular, ongoing system of data reporting for all grants and cooperative agreements funded by OMH. Data reported as part of this system are used for project management and monitoring, assessment of project implementation and performance, and to identify best practices and approaches in support of OMH goals and the goals of *Healthy People 2010* and *HealthierUS*. In addition, aggregate program data are also used in periodic reports to OMH leadership and other HHS policymakers and decision makers as needed and appropriate.

No specific plans to publish results from the UDS system are underway at this time.

A.17   Display of Expiration Date

This section does not apply to this submission.

A.18   Exception to Certification Statement

There are no exceptions to the certification.

8

B. **Collection of Information Employing Statistical Methods**

This section does not apply to the UDS. The project does not involve sampling. All OMH grantees/cooperative agreement partners report data on their activities using this system.

Appendix A

Data Items in Modified Uniform Data Set

UNIFORM DATA SET DATA ITEMS
(modifications highlighted)

Organization and Grant Information

DATA ITEM	RESPONSE
Organization Name	
Grant Award Year	
Address	
Phone/Fax	
Contact Person/ Phone/Email	
Organization Key Code	
Organization Type	- Faith-Based Organization - Health Care Entity - Institution of Higher Education: Hispanic-Serving Institution - Institution of Higher Education: Historically Black College/University - Institution of Higher Education: Other College/University - Institution of Higher Education: Tribal College/University - Minority-Serving Community-Based Organization: Health Focused - Minority-Serving Community-Based Organization: Non-Health Focused - National Minority-Serving Organization: Health Focused - National Minority-Serving Organization: Non-Health Focused - Public Institutions: Federal government agency - Public Institutions: Local government agency - Public Institutions: State government agency - Public Institutions: Tribal Entity/Government - Other
Select if reporting for multiple programs	
Project Name	
Project Director/ Email	
Contact Person	
Number of Positions (FTE's) Filled Using OMH Funding	
Number of OMH-Funded Staff	
Number of Consultants	
Number of Individuals Paid on a Fee-For-Service Basis (e.g., interpreters paid per interpretation)	
Number of New Staff Hired	
If new staff were hired, were they:	• Career staff

	• Temporary staff
Number of Volunteers	
Current Grant Year	
Grant Number	
Grant Type	• Bilingual/Bicultural Service Demonstration Grant Program • Community Programs to Improve Minority Health • Health Disparities in Minority Health Program • HIV/AIDS Cooperative Agreement • HIV/AIDS Minority Health Coalition Demonstration Program • Minority Health Coalition • National Umbrella Cooperative Agreement Program • Standard Cooperative Agreement Program • State and Territorial Minority HIV/AIDS Demonstration Program • State Partnership Grant Program to Improve Minority Health • TACD Program for HIV/AIDS Services • Other Grant/Contract
Total Annual Budget of Grantee Organization	
OMH Funding	
What additional funding did you receive to conduct your OMH-funded activities? Federal Funding (amount) State Funding (amount) Local Funding (amount) Private Funding (amount) In-Kind Contributions (amount)	
How were your OMH funds distributed across health issues, activities, and demographic categories?	TABLE (for each category, enter)
Health Issues	Select Health Issue/ Enter Percent of Funding Used
Activities	Select Activity Modules/ Enter Percent of Funding Used
Race	Select Race/ Enter Percent of Funding Used
Ethnicity	Select Ethnicity/ Enter Percent of Funding Used
Gender	Select Gender/ Enter Percent of Funding Used
Age	Select Age/ Enter Percent of Funding Used
How many HP2010 priority objectives (as identified by OMH) does your project address?	
Does your organization have a health disparities-related strategic plan?	Yes/No
If yes, does the strategic plan include:	

A vision statement?	Yes/No
Measurable goals and objectives that link to HP2010?	Yes/No
Proposed strategies and practices based on existing science and knowledge?	Yes/No
A plan for evaluation, performance measurement/monitoring, and continuous improvement?	Yes/No
What other activities does your organization do that are not funded by OMH? (Note: This question only applies to grantees receiving funding through the State Partnership Initiative)	Enter Other Activities Funded and Funding Source
Were you involved with any partnerships or collaborating organizations as an essential part of the project?	TABLE (for each partnership, enter)
Name of Organization	
Type of Agreement	Select: • written • verbal
Type of Organization	Select from list
Role in Project Activity	Select: • referral source • provide service • research, demonstration, and evaluation (RD&E) • other
For partnerships with written agreements, please complete the following:	TABLE (for each partnership, enter)
Names of all partners	
Purpose of partnership	
Roles and responsibilities of partners	
Frequency of communication with partners	
Time frame for partnership	
Expected results of partnership	
Evidence of progress in achieving results	
Postal zip codes where your project conducts its activities	
Project Environment	Check all that apply: • Urban • Suburban • Rural • US-Mexican Border
Report Information	
Project Name	
Reporting Period	
Report Narrative	TEXT /Attach Document
Activities Conducted	Select Activity Modules (checkbox)

13

Module 1 - Training and education for health professionals and community stakeholders

DATA ITEM	RESPONSE
Section I: Number of Individuals Trained and Sessions Conducted	
Table 1-1: Number of Individuals Served and Demographics	Demographic Characteristics of Individuals Served
Section II: Number of Sessions Conducted	
Type of Training	- Cultural Competence - Disease Management/Health Information - Interpretation - Language - Health Disparities - Education and Outreach Training - Data and Evaluation - Planning - Other (specify)
Number of Sessions	
Total Served in All Sessions	
Length of Each Session in Hours	
Evaluated?	Yes/No
Section III: Additional Training Information	
What were the training topics?	
Who attended your training/education sessions? (e.g., health care providers, community leaders, CBO staff member, etc...)	
Section IV: Short-term Outcomes of Training and Education	
For those trainings where trainee outcome was evaluated	
Was it with	- Pre and post-test - Post-test only
What was evaluated (check all that apply)?	- Attitudes - Practices - Knowledge - Satisfaction - Other
If Pre and Post Tests	TABLE (for each type of training, enter)
Type of Training	- Cultural Competence - Disease Management/Health Information - Interpretation - Language - Health Disparities - Education and Outreach Training - Data and Evaluation

14

	• Planning • Other (specify)
Number of People who took Pre Tests	
Number of People who took Post Tests	
Number with Increase In Score from Pre- to Post-Test	
Section V: Qualitative Impacts	
Please describe how your trainings have impacted on three sample trainees. To fill out this section, you can draw from evaluation responses, conversations with or observations of trainees, your own notes, or your experience with trainees	

Module 2 - Language interpretation

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 2-1: Number of Individuals Served and Demographics	Demographic Characteristics of Individuals Served
Section II: Sessions Conducted and Short-term Outcomes	
1. Please enter the total number of interpretations provided by language and the percentage of clients that received a follow-up health/medical referral or assessment as a result of language interpretation.	TABLE (for each language, enter)
Language	Select from list
Total Interpretations	
Total Clients Served	
Total Providers Served	
Number Receiving Referral/Assessment	
2. How many clients accessed services as a result of your language interpretation services?	
3. What was the average duration of each session of language interpretation?	hour(s)
4. What was the average amount of preparation or other additional time (e.g., transportation time, waiting room time, etc.) per session?	hour(s)
5. Did you translate any materials as part of the service you provided?	Yes/No
For each language, enter total number of materials	
6. Please list the kinds of materials you translated	
7. Did you provide any simultaneous translation for group sessions or meetings?	Yes/No
If yes, for each language, enter:	
Number of Sessions	
Approximate Number of People Per Session	
Section III: Qualitative Impacts	
1. Please describe how the interpretations you provide have impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, conversations with or observations of clients, notes, or your experience with clients.	

Module 3 - Target population health education and outreach

DATA ITEM	RESPONSE
Section I: Number of Individuals Served and Sessions Conducted	
Table 3-1: Number of Individuals Served and Demographics	Demographic Characteristics of Individuals Served
Table 3-2: Number of Sessions Conducted	TABLE (For each type of session, enter)
Type of Session	• Single Session Individual Education • Single Session Group Education • Multiple Session Individual Education • Multiple Session Group Education
Number Of Sessions	
Number Of Sessions Per Course	
Number Of Courses Conducted	
Evaluated?	Yes/No
Section II: Additional Information	
1. What were the education session topics?	
For Individual Education	
For Group Education	
2. During the course of your health education and outreach activities, were any clients given referrals to medical, mental health, or other services?	Yes/No
If yes, how many referrals were given?	
How many of these clients accessed services as a result of referrals?	
Section III: Health Fairs and Other Events	
1. Did you conduct or participate in any health fairs during this reporting period?	Yes/No
If YES, what is the total number of health fairs conducted/participated in?	
	TABLE (for each health fair enter)
Target Population	
Health Issue(s)	
Approximate Number Served	
Date: (MM/DD/YYYY)	
2. Did you conduct or participate in any type of educational event other than those reported above (examples, performing arts, rallies, walks/runs, benefit events)?	Yes/No
If YES, what is the total number of other events conducted/participated in?	
	TABLE (for each other event enter)
Event Type	

Target Population	
Health Issue(s)	
Approximate Number Served	
Date: (MM/DD/YYYY)	
Section IV: Short-term Outcomes of Health Education and Outreach	
For those education sessions where trainee outcome was evaluated	
Was it with	• Pre and post-test • Post-test only
What was evaluated (check all that apply)?	• Attitudes • Practices • Knowledge • Satisfaction • Other
If Pre and Post Tests	TABLE (for each type of training, enter)
Type of Education	• Single Session Individual Education • Single Session Group Education • Multiple Session Individual Education • Multiple Session Group Education
Number of People who took Pre-Tests	
Number of People who took Post-Tests	
Number with Increase In Score from Pre- to Post-Test	
Section V: Qualitative Impacts	
1. Please describe how your health education and outreach activities have impacted on three sample clients. To fill out this section, you can draw from evaluation responses, conversations with or observations of clients or members of the target population, your own notes, or your experience with clients.	

Module 4 - Materials development and dissemination

DATA ITEM	RESPONSE
Section I: Number of Individuals Trained and Sessions Conducted	
Table 4-1: Number of Individuals Served and Demographics	Demographic Characteristics of Individuals Served
Table 4-2: Materials Development	TABLE (For each material developed, enter)
Type of Material	• Print health educational material • Video/Audio health educational material • Directory of services or other resources • Public service announcement/broadcast • Report • Curriculum or Training Manual • Fact sheet • Sample guidelines/instructions • Program information and/or application • Educational Web site • Other
Source	• Developed • Adapted
Target Audience	
Health Issue	
Language	
Number Developed	
If you developed a Web site or disseminated materials on the Web:	
How many Web site hits did you have?	
How many materials were downloaded from your Web site?	
Section II: Qualitative Impacts	
1. For each type of material you developed/adapted, please describe how the language and graphics are appropriate for the intended targeted audience and how you determined this.	
2. What kinds of organizations and/or individuals received, heard or saw the materials you developed?	

19

Module 5 - Screening and referral

DATA ITEM	RESPONSE
Section I: Number of Individuals Served and Sessions Conducted	
Table 5-1: Number of Individuals Served and Demographics	Demographic Characteristics of Individuals Served
Table 5-2: Number of Screenings Conducted	TABLE (for each type of screening, enter)
Type of Screening	• Cancer • Cardiovascular disease • Diabetes • HIV • Mental health • Other • Respiratory disease • STDs • Substance abuse • Tuberculosis
Number of Screenings	
Screening Site	• Clinic • Mobile unit
Table 5-3: Number of Referrals Given	TABLE (for each type of referral, enter)
Type of Referral	• Further testing • Medical services • Other
Number of Referrals	
Number of Successful Referrals	
Section II: Qualitative Impacts	
1. Please describe how your work providing screenings and referrals has impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, conversations with or observations of project clients, notes, or your experience with clients.	

Module 6 - Case Management

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 6-1: Demographic Characteristics of Individuals	Demographic Characteristics of Individuals Served
Table 6-2: Number and Type of Case Management Contacts (With Clients)	
Total Number of Case Management Contacts: In-Person	
Total Number of Case Management Contacts: By Telephone	
Table 6-3: Number of Clients Receiving Services Through Case Management By Type of Service	
Type of Service	• Nutrition • Transportation • Medication • Medical Check-up • Benefits Counseling • Housing Assistance • Family Mental Health Counseling • Individual Mental Health Counseling • Testing/Screening and Counseling • Job Placement/Income Support • Other
Number of Clients Receiving Services	
Section II: Qualitative Impacts	
1. Please describe how your case management activities have impacted on three sample clients. To fill out this section, you can draw from (non-confidential) case notes, client evaluation responses, conversations with or observations of clients, other notes, or your experience with clients.	

Module 7 - Wellness and exercise activities

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 7-1: Demographic Characteristics of Individuals Served	Demographic Characteristics of Individuals Served
Table 7-2: Number of Sessions Conducted	
Type of Class	• Diet/Food • Exercise • Other • Stress Reduction
Total Number of Sessions	
Average Number of Participants Per Session	
How many individuals received individual physical/wellness training?	
Section II: Short-term Impacts	
1. Were the wellness/exercise participants evaluated using pre-post tests or screenings?	Yes/No
If Yes	TABLE (for each activity enter)
Type of Wellness Activity	• Diet/Food • Exercise • Other • Stress Reduction
Evaluation Method	• Blood glucose test • Blood pressure • Cholesterol test • Fitness test • Weight/BMI • Other
Number of People Taking Pre-Test	
Number of People Taking Post-Test	
Number of People with Improved Score From Pre- to Post-Tests	
Section III: Qualitative Impacts	
1. Please describe how your wellness activities have impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, conversations with or observations of clients, notes, or your experience with clients.	

Module 8 - Academic support/career preparation

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 8-1: Demographic Characteristics of Individuals Served	Demographic Characteristics of Individuals Served
Table 8-2: Number of Sessions Conducted	TABLE (for each type of session, enter)

Type of Activity	• Individual Academic Support (school tutoring)
	• Career Counseling
	   o Career Assessment
	   o Linkage to Resources
	   o Counseling Sessions
	• Group Career Education
	• Job Skills Training
	• Career Mentoring
	• Other (specify)

Total Number of Sessions	
Average Number of Participants Per Session	
Evaluated?	Yes/No
Table 8-3: Program Information	

Type of Activity	• Individual Academic Support (school tutoring)
	• Career Counseling
	   o Career Assessment
	   o Linkage to Resources
	   o Counseling Sessions
	• Group Career Education
	• Job Skills Training
	• Career Mentoring
	• Other (specify)

Program Issue Addressed	• Workforce Diversity • Health Care Careers • Other
Education Level of Participants	• Elementary • High School • College • Post-Graduate • Professional • Other
Number of Participants	
Number of New Participants Recruited in this Reporting Period	
Section II: Short-term Outcomes	
Did any participants apply to or gain acceptance into medical school, other health service training programs, or programs in the health sciences?	Yes/No
If yes, how many individuals submitted applications?	

How many applicants were accepted?	
For those sessions where participant outcome was evaluated:	
Was it with	• Pre and post-test • Post-test only
What was evaluated (check all that apply)?	• Attitudes • Practices • Knowledge • Satisfaction • Other
If Pre and Post Tests	TABLE (for each type of session, enter)

Type of Activity	• Individual Academic Support (school tutoring)
	• Career Counseling
	  o Career Assessment
	  o Linkage to Resources
	  o Counseling Sessions
	• Group Career Education
	• Job Skills Training
	• Career Mentoring
	• Other (specify)

Number of People Who Took Pre-Tests	
Number of People Who Took Post-Tests	
Number of People Who Took STANDARDIZED Pre-Tests	
Number of People Who Took STANDARDIZED Post-Tests	
Number of People with Increase in Score From Pre- to Post-Tests	
If standardized tests were used, please list the names of the test(s)	
Section III: Qualitative Impacts	
1. Please describe how your work in academic support/career preparation has impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, feedback from teachers/school personnel, conversations with or observations of clients, notes, or your experience with clients.	

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 9-1: Demographic Characteristics of Individuals Served	Demographic Characteristics of Individuals Served
Section II: Additional Information on Mentoring	
1. What was the average length of the mentoring relationship (months)?	
2. Typically, what was the frequency of face-to-face contact between mentors and mentees? times per week times per month	
3. Typically, what was the frequency of telephone contact between mentors and mentees? times per week times per month	
4. How many mentors were involved in your project activities?	
Section III: Short-term Outcomes Mentoring	
For those sessions where participant outcome was evaluated: (If no sessions were evaluated, skip to section III)	
Was it with:	• Pre and post-test • Post-test only
What was evaluated (check all that apply)?	• School Performance • Bonding to School • Prosocial Future Expectations • Other
If Pre- and Post-Test	
Number of People Who Took Pre- Tests	
Number of People Who Took Post- Tests	
Number of People Who Took STANDARDIZED Pre-Tests	
Number of People Who Took STANDARDIZED Post-Tests	
Number of People with Increase in Score From Pre- to Post-Tests	
If standardized tests were used, please list the names of the test(s)	
Section IV: Qualitative Impacts	
1. Please describe how your work providing mentoring has impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, feedback from teachers/school personnel, conversations with or observations of clients, notes, or your experience with clients.	

Module 10 - Parent skills training/family counseling

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 10-1: Number of Individuals Served and Demographics	Demographic Characteristics of Individuals Served
Section II: Number of Sessions Conducted and Other Information	
Total Number of Sessions Conducted: Individual Counseling	
Total Number of Sessions Conducted: Group Session or Class	
1. What was the average duration of the individual counseling? hours per session total sessions per person	
2. What was the average duration of the group sessions? hours per session total sessions per person	
Section III: Short-term Outcomes of Parent Skills Training/Family Counseling	
For those sessions where participant outcome was evaluated: (If no sessions were evaluated, skip to section III)	
Was it with:	• Pre and post-test • Post-test only
What was evaluated (check all that apply)?	• Knowledge of Family Management • Family Functioning • Family Violence • Other
If Pre- and Post-Test	TABLE (for each type of activity, enter)
Type of Activity	• Group Sessions • Individual Counseling • Other (specify)
Number of People Who Took Pre- Tests	
Number of People Who Took Post- Tests	
Number of People Who Took STANDARDIZED Pre	
Number of People Who Took STANDARDIZED Post	
Number of People with Increase in Score From Pre	
If standardized tests were used, please list the names of the test(s)	
Section IV: Qualitative Impacts	
1. Please describe how your parenting skills training/family counseling activities have impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, (non-confidential) case notes, conversations with or observations of training clients, other notes, or your general experience with clients.	

Module 11 - Self-esteem building

DATA ITEM	RESPONSE
Section I: Number of Individuals Served and Sessions Conducted	
Table 11-1: Demographic Characteristics of Individuals Served	Demographic Characteristics of Individuals Served
Table 11-2: Total Number of Sessions Conducted by Type of Activity	
Individual Sessions (Total)	
Group Sessions or Classes (Total)	
Evaluated?	Yes/No
1. What (self esteem) curricula were used (if curriculum was developed by project, write "self developed")?	
Section II: Short-term Outcomes	
For those sessions where participant outcome was evaluated: (If no sessions were evaluated, skip to section III)	
Was it with:	• Pre and post-test • Post-test only
What was evaluated (check all that apply)?	• Self-Esteem • Self-Efficacy • Future Expectations • Other
	TABLE (for each type of activity, enter)
Type of Activity	• Group • Individual • Other (specify)
Number of People Who Took Pre- Tests	
Number of People Who Took Post- Tests	
Number of People Who Took STANDARDIZED Pre- Tests	
Number of People Who Took STANDARDIZED POST- Tests	
Number of People with Increase in Score From Pre- to Post- Tests	
1. If standardized tests are used, please list the name(s) of the test(s)?	
Section III: Qualitative Impacts	
1. Please describe how your work in self-esteem building has impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, conversations with or observations of project clients, notes, or your experience with clients.	

27

Module 12 - Cultural activities

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 12-1: Demographic Characteristics of Individuals Served	Demographic Characteristics of Individuals Served
Table 12-2: Number of Individuals Served and Type of Activity	TABLE (for each type of activity, enter)
Type of Activity	• Experimental/Group Workshop • Field Trip/Special Event • Other (specify)
Total Number Served	
Total Number of Events	
Section II: Short-term Outcomes	
For those activities where participant outcome was evaluated: (If no sessions were evaluated, skip to section III)	
Was it with	• Pre and post-test • Post-test only
What was evaluated (check all that apply)?	• Participant Knowledge of His/Her Culture • Participant Knowledge of Cultural Diversity • Other
	TABLE (for each type of activity, enter)
Type of Activity	• Experimental/Group Workshop • Field Trip/Special Event • Other (specify)
Number of People Who Took Pre- Tests	
Number of People Who Took Post- Tests	
Number of People Who Took STANDARDIZED Pre- Tests	
Number of People Who Took STANDARDIZED POST- Tests	
Number of People with Increase in Score From Pre- to Post- Tests	
If standardized tests were used, please list the names of the test(s)	
Section III: Qualitative Impacts	
1. Please describe how your cultural activities have impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, conversations with or observations of project clients, notes, or your experience with clients.	

Module 13 - Recreational sports

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 13-1: Demographic Characteristics of Individuals Served	Demographic Characteristics of Individuals Served
Total Number of Sessions Conducted by Type	
Sports	
Other Recreational	
Section II: Short-term Outcomes	
For those activities where participant outcome was evaluated: (If no sessions were evaluated, skip to section III)	
Was it with	• Pre and post-test • Post-test only
What was evaluated (check all that apply)?	• Self-Reported Involvement in Risk Behavior • Other
If Pre- and Post-Tests,	TABLE (for each type of activity, enter)
Type of Activity	• Sports • Other Recreational
Number of People Who Took Pre- Tests	
Number of People Who Took Post- Tests	
Number of People Who Took STANDARDIZED Pre- Tests	
Number of People Who Took STANDARDIZED POST- Tests	
Number of People with Increase in Score From Pre- to Post- Tests	
If standardized tests were used, please list the names of the test(s)	

29

Module 14 - Crisis Intervention

DATA ITEM	RESPONSE
Section I: Number of Individuals Served	
Table 14-1: Demographic Characteristics of Individuals Served	Demographic Characteristics of Individuals Served
Table 14-2: Number of Interventions	TABLE (for each type of intervention, enter)
Type of Intervention	• Conflict Mediation • Emergency Language Interpretation • Housing (e.g., related to utilities, evictions) • Legal • Medical • Other (please specify) • Transportation
Total Number of Interventions by Type	
Average Number of Participants Per Intervention	
Section II: Short Term Outcomes	TABLE (for each type of intervention, enter)
Type of Intervention	• Conflict Mediation • Emergency Language Interpretation • Housing (e.g., related to utilities, evictions) • Legal • Medical • Other (please specify) • Transportation
Number of Situations Resolved	
Number of Situations Unresolved	
Section III: Qualitative Impacts	
1. Please describe how your work in crisis intervention has impacted on three sample clients. To fill out this section, you can draw from project client responses, conversations with or observations of clients, incident reports or notes, or your general experience with clients.	

Module 15 - Conference planning and management

DATA ITEM	RESPONSE
If you have more than one contract for this activity, a separate module should be filled out for each contract. Are you are filling out more than one Module 15?	Yes/No
IF YES: Which one is this?	1 2 3 4 5
If Other, please list number:	
What is the role of conferences/meetings with respect to your OMH contract, cooperative agreement, or grant?	
For your OMH project, were you supposed to conduct (check one):	• One conference/meeting • One conference/meeting and evaluation • More than one conference/meeting (number) • More than one conference/meeting and evaluations (number)
As your only task, or as part of other project activities?	• Only task • Part of other activities
Please describe:	
Section I: Number of Individuals Served and Sessions Conducted	
Table 15-1: Number of Individuals Served and Demographics	Demographic Characteristics of Individuals Served
Table 15-2: Number Served by Type of Event	TABLE (for each type of event, enter)
Type of Event	• Conference • Expert or other panel • Meeting • Other
Total Number Attending all Events	
Section II: Additional Conferences/Meetings Information	
Table 15-3: Conference/Meeting Chronology and Type of Event	
1. Please complete the following table for all conferences/meetings conducted (as part of your OMH contract, cooperative agreement or grant) during this reporting period	TABLE (for each event, enter)
Duration in Days	
Conference Name	
Date	
Target Population	
Health Issues	
Type of Event	• Conference • Expert or other panel • Meeting • Other

Table 15-4: Number of Materials Developed/Disseminated (at Conferences/Meetings)	TABLE (for each material, enter)
Conference Name	
Date	
Type of Material	
Number Developed	• Brochure/Pamphlet • Fact sheet • Meeting packet • Notebook • Other
Total Number Distributed	
1. Conference/Meeting Purpose and Topics Please identify the primary purpose of each conference/meeting and list the major topics presented by event	TABLE (for each event, enter)
Conference Name	• Present information/education • Promote organizational linkages and networking • Planning and strategy • Other
Primary Purpose	
Topic	
2. Conference/Meeting Collaborations Please complete the following table for the same events listed above. On this table, we are asking for information concerning partners or collaborators you may have had in conducting the conferences/meetings.	TABLE (for each event, enter)
Table 15-5: Conference/Meeting Collaborations	
Conference Name	
Collaboration?	Yes/No
Number of Partners	
Type of Organizations	Select An Organization Type
Nature of Collaborations	• Funding • Materials • Staff or volunteers • Speakers/presenters • Meeting space • Meals • Logistics assistance • Other
Section III: Evaluation of Conferences/Meetings	
1. Please complete the following table for the same events listed above. On this table, we are asking for information concerning evaluations you conducted for each conference/meeting	TABLE (for each event, enter)
Table 15-6: Evaluation	
Conference Name	

Evaluated?	Yes/No
Type of Evaluation	• Satisfaction (with conference/meeting) • Knowledge or skill gain • Change in behavior or practices • Other (please specify)
Conduct Follow up?	Yes/No
Type of Follow up	• Change in behavior or practices • Knowledge or skill gain • Other
Follow up Method	• Mail survey • Other • Telephone survey
Section IV: Qualitative Impacts	
1. Please describe how your work in conference planning and management has impacted on three sample clients. To fill out this section, you can draw from client evaluation responses, feedback from event attendees, conversations with or observations of clients, notes, or your experience with clients.	

Module 16 - Linkage-building/community coordination

DATA ITEM	RESPONSE
Section I: Process Information	
1. Were you involved with any partnerships or collaborating organizations as an essential part of your OMH project?	Yes/No
If Yes, please describe	TABLE (for each partnership, enter)
Name of Organization	
Type of Agreement	• Informal • Formal Cooperative Agreement • Subcontract • Other
Type of Organization	Select An Organization Type
Role in Grant Activity	• referral source • provide service • co-sponsor programs/activities • planning and/or evaluation • other
Total Number of Meetings Conducted with that Organization	
Total Number of Activities conducted with that Organization	
Section II: Short-term Outcomes of Linkage-building and Community Coordination	
1. How many NEW organizations have you formed linkages with over the past reporting period? Please list	TABLE (for each new linkage, enter)
Name of Organization	
Type of Agreement	• Informal • Formal Cooperative Agreement • Subcontract • Other
Type of Organization	Select type of organization
Role in Grant Activity	• referral source • provide service • co-sponsor programs/activities • planning and/or evaluation • other
2. Did you form any new coalitions or collaborations in the past reporting period? Please list	TABLE (for each new coalition, enter)
Name of Organization	
Type of Agreement	• Informal • Formal Cooperative Agreement • Subcontract • Other
Type of Organization	Select type of organization
Role in Grant Activity	• referral source • provide service

	• co-sponsor programs/activities • planning and/or evaluation • other
For those coalitions or collaborations you formed or participated in, how many times did they meet?	
Were any of these collaborations part of ongoing task forces or committees?	Yes/No
If Yes, How many times did they meet?	
Are there plans for this partnership to continue meeting?	Yes/No
If No, did the partnership complete its goals?	Yes/No
Section III: System Change Data	
1. As a result of your work on linkage-building/community coordination, were any new polices or procedures implemented at the linked organizations?	Yes/No/N/A
If YES, please describe:	
2. As a result of your work on linkage-building/community coordination, has the grantee or partner organization (or their staff) become part of a local/regional coalition, committee, or other policy-related body?	Yes/No
If Yes, please describe	TABLE (for each coalition, enter)
Name of Committee	
Description of Task Force/Committee/Coalition	
Types of Members	
Other Information (IF APPLICABLE)	
3. As a result of your work on linkage-building/community coordination did any local providers form task forces, committees, coalitions, or other groups in order to address health services provided to the target population(s)?	Yes/No
If YES, please describe	TABLE (for each task force, enter)
Name of Provider	
Description of Task Force/Committee/Coalition	
Types of Members	
Other Information (IF APPLICABLE)	
4. As a result of your work on linkage-building/community coordination, did any community organizations collaborate to increase services, obtain funds, or engage in other collaborative activities?	Yes/No/N/A
If YES, please describe	
5. As a result of your work on linkage-building/community coordination, did the city, county or state initiate any changes in legislation or regulations regarding access to health care by your target community/ies?	Yes/No/N/A
If YES, please describe	
6. As a result of your work on linkage-building/community coordination, did the city, county or state draft any policy statements or guidelines regarding access to health care by your target community/ies?	Yes/No/N/A
If YES, please describe:	
Section IV: Qualitative Impacts	

35

Please describe how your work in linkage building/community coordination has impacted on three sample clients (either individuals or organizations). To fill out this section you can draw from project client evaluation responses, conversations with or observations of clients, notes, or your general experience with clients	

Module 17 – Technical assistance and organizational capacity building

DATA ITEM	RESPONSE
Section I: Number of Individuals Served and Sessions Conducted	
Table 17-1: Number of Individuals Served	Demographic Characteristics of Individuals Served
Table 17-2: Organizations Served and TA Provided	TABLE (for each organization, enter)
Name of Organization	
Type of Organization	Select An Organization Type
New / Existing	• Existing • New
TA Provided	• Staff received health issue training • Staff received program skills training • Staff received training in fundraising • Staff received leadership training • Staff received MIS training • Staff received fiscal management training • Recommendations for new policies • Staffing • Recommendations for new technology or systems • Board development • Strategic planning for internal improvement • Program planning and implementation • Evaluation • Other
Target Population	
Table 17-3: Number of Activities Conducted	TABLE (for each organization, enter)
Type of Activity (TA)	• Staff received health issue training • Staff received program skills training • Staff received training in fundraising • Staff received leadership training • Staff received MIS training • Staff received fiscal management training

	• Recommendations for new policies • New staff hired • Recommendations for new technology or systems • Board development • Strategic planning for internal improvement • Planning • Evaluation • Other
Number of Times Activity Provided	
Total Number Served	
Section II: Short-Term Outcomes	
1) As a result of your work on organizational capacity building: Were any new polices or procedures developed at client organizations?	Yes/No N/A
If YES, please describe	
2. As a result of your work in this activity, were any new programs (e.g., HIV/AIDS education) implemented?	Yes/No
If YES, please describe	
3. As a result of your work in this activity, were any new funding applications submitted (by client organizations)?	Yes/No N/A
If YES, please describe?	TABLE (for each funding source, enter)
Funding Source	• Federal Government • State/Local Government • Private Foundation • Other
Number of Applications Submitted	
Number of Applications Funded	
4. As a result of your work in this activity, were any new technologies or systems implemented?	Yes/No N/A
If YES, please describe.	
Section III: Qualitative Impacts	
Please describe three case examples of how your work in technical assistance and organizational capacity building has impacted on different, sample organizations, noting their situation and capacity before and after your assistance. To fill out this section you can draw from project client evaluation responses, conversations with or observations of clients, notes, or your general experience with clients.	

Module 18 - Resource coordination

DATA ITEM	RESPONSE
Section I: Resources Provided to Organizations	
Table 18-1: Resources Provided to Organizations	TABLE (for each activity, enter)
Organization Name	
Organization Type	Select An Organization Type
Funding	Yes/No
Materials	Yes/No
Technology or Equipment	Yes/No
People	Yes/No
Other	Yes/No
1. Did you provide mini-grants to organizations as a project activity?	Yes/No
If Yes, please describe the recipient organization and the purpose of the grant in the space below.	
2. Did you develop/maintain a Web site for the purpose of making information available to community organizations?	Yes/No
If Yes, please describe the Web site in the space below.	

DATA ITEM	RESPONSE
Section I: Basic Information on Planning and Evaluation	
1. Which of the following methodologies were employed in your planning and evaluation activities (check all that apply)?	• Focus groups • Obtaining local health data • Meetings • Local/State reports • Interviews with key informants • Surveys • Newspaper/media review • Literature searches • Other (Specify)
2. Did your planning and evaluation activities address specific health conditions?	Yes/No
If YES, which health conditions were addressed?	
3. Did your planning and evaluation activities address specific populations?	Yes/No
If YES, which populations were addressed?	
4. Which of the following areas were covered in your planning and evaluation activities? (Check all that apply)?	• Barriers to accessing health care for target population • Target population (health) behavior • Cultural/linguistic training needs for area health provider/staff • Target population health status • Existence of culturally appropriate health education materials • Target population knowledge/awareness • Existence of culturally/linguistically competent health services • Other (Specify)
4. What were the main findings or results of your planning and evaluation activities? Please summarize, but include all key findings.	
5. Were data collected for planning purposes or to target resources?	Yes/No
If yes, please describe.	
6. Did you implement any changes in the data collection (such as collecting new kinds of data or enhancing data technology) to improve internal data systems?	Yes/No
If yes, please describe.	
7. Does your project address gaps or problems identified through your planning and evaluation activities?	Yes/No
If yes, please describe	

8. Did you evaluate efforts funded under your grant? If yes, please describe.	Yes/No
8a. Were your evaluation criteria related to goals or other targets in your strategic plan? If yes, please describe.	Yes/No

Appendix B

UDS Readiness for OMH Core Performance Measures: Summary and Recommended Modifications

UDS Readiness for OMH Core Performance Measures:
Summary and Recommended Modifications
Prepared by: Development Services Group, Inc.
Prepared for: Office of Minority Health
September 6, 2007

Modifications to Accommodate Performance Measurement

Seven of OMH's recommended core performance measures identify the Uniform Data Set as a data source. These are:

- ➢ Number & percent of **HP2010 objectives** for priority r/e minority health & systems-related issues addressed by OMH grantees & other partners
- ➢ Average number of **persons participating** in OMH grant programs per $1 million in OMH grant support (PART measure)
- ➢ Number & percent of **individuals with increased awareness & knowledge** (PART- & NPA objective-related)
- ➢ Number of States, OMH grantee organizations, & other **OMH partners with health disparities-related strategic plans** (NPA objective-related)
- ➢ Number of **partnerships with a focus on r/e minority health**, health disparities, and/or systems approaches to these problems (NPA objective-related)
- ➢ Number of **HHS-supported partnerships to strengthen RD&E** specifically focused on r/e minority health, health disparities, and systems approaches to such problems (NPA objective-related)
- ➢ Number of **persons who participated in HHS-supported 'pipeline' programs** to increase r/e minority representation in the public health, health care, & research workforce (NPA objective-related)

The UDS currently captures these to varying degrees. The following is a breakdown of the measures against UDS data items.

MEASURE	UDS DATA ITEM	UDS PAGE
HP2010 objectives	NONE	N/A
Persons participating	Number served	All activities
Individuals with increased awareness & knowledge	Number of persons with increase in knowledge/awareness	**Activity Module 1** (Training and education for health professionals and community stakeholders) **Activity Module 3** (Target population health education and outreach) **Activity Module 12** (Cultural activities)
OMH partners with health disparities-related strategic plans	NONE	N/A
Partnerships with a focus on r/e minority health	Number of partnerships (inadequately captured*)	**Core Information**
HHS-supported partnerships	Number of partnerships	**Core Information**

to strengthen RD&E	(inadequately captured*)	
Persons who participated in HHS-supported 'pipeline' programs	Number of persons participating in pipeline programs	**Activity Module 8** (Academic support/ career preparation)

Two measures are not captured by the UDS:

> Number & percent of **HP2010 objectives** for priority r/e minority health & systems-related issues addressed by OMH grantees & other partners
> Number of States, OMH grantee organizations, & other **OMH partners with health disparities-related strategic plans** (NPA objective-related)

The remaining 5 are captured, however 2 of these are not collected exactly as needed to contribute to measurement. These are:

> Number of **partnerships with a focus on r/e minority health**, health disparities, and/or systems approaches to these problems (NPA objective-related)
> Number of **HHS-supported partnerships to strengthen RD&E** specifically focused on r/e minority health, health disparities, and systems approaches to such problems (NPA objective-related)

The corresponding data element for partnership in the UDS captures basic information on partnerships (partner name, organization type, type of agreement, and role in project). For both of the above, the choices given for purpose of the partnership are not extensive enough to capture the kinds of partnerships described by the measure. In addition, the data element does not specify OMH's requirements for a partnership (MOU).

Recommendations

In order to be able to report on its core performance measures, OMH will need to modify one data element and add three additional data elements to the UDS.

MEASURE	ACTION NEEDED	UDS DATA ITEM	UDS PAGE
HP2010 objectives	Create data element	Number of HP2010 objectives addressed	Core Information
OMH partners with health disparities-related strategic plans	Create data element	Number of grantees with health disparities-related strategic plans	Core Information
Partnerships with a focus on r/e minority health	Modify partnership data element to include additional information on purpose and structure of partnerships	Number of partnerships	Core Information
HHS-supported partnerships to strengthen RD&E	Modify partnership data element to include additional information on purpose and structure of partnerships	Number of partnerships	Core Information