

Health Resources and Services Administration  
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298

Expires:

Attachment C  
Part 3- Additional Data Elements

OMB Clearance Package

**Draft**













	<b>B. RISK REDUCTION/PREVENTION SERVICES (For Program Participants)</b>			
<b>RISK FACTORS</b>	<b>Number Screened</b>	<b>Number Receiving Risk Prevention Counseling and/or Risk Reduction Counseling</b>	<b>Number whose Treatment is Supported by Grant</b>	<b>Number Referred for Further Assessment and/or Treatment</b>
<b>a. PRENATAL PROGRAM PARTICIPANTS</b>				
Group B Strep or Bacterial Vaginosis				
HIV/AIDS				
Other STDs				
Smoking				
Alcohol				
Illicit Drugs				
Depression				
Other Mental Health Problem				
Domestic Violence				
Homelessness				
Overweight & Obesity				
Underweight				
Hypertension				
Gestational Diabetes				
Family History of Breast Cancer				
Asthma				
Peridontal Infection				



	<b>B. RISK REDUCTION/PREVENTION SERVICES</b>			
	<b>(For Program Participants)</b>			
<b>RISK FACTORS</b>	<b>Number Screened</b>	<b>Number Receiving Risk Prevention Counseling and/or Risk Reduction Counseling</b>	<b>Number whose Treatment is Supported by Grant</b>	<b>Number Referred for Further Assessment and/or Treatment</b>
<b>b. INTERCONCEPTIONAL WOMEN PARTICIPANTS</b>				
Group B Strep or Bacterial Vaginosis				
HIV/AIDS				
Other STDs				
Smoking				
Alcohol				
Illicit Drugs				
Depression				
Other Mental Health Problem				
Domestic Violence				
Homelessness				
Overweight & Obesity				
Underweight				
Lack of Physical Activity				
Hypertension				
Cholesterol				
Diabetes				
Family History of Breast Cancer				

Fecal Occult Blood Test				
Asthma				
Peridontal Infection				
	<b>B. RISK REDUCTION/PREVENTION SERVICES</b>			
	<b>(For Program Participants)</b>			
<b>RISK FACTORS</b>	<b>Number Screened</b>	<b>Number Receiving Risk Prevention Counseling and/or Risk Reduction Counseling</b>	<b>Number whose Treatment is Supported by Grant</b>	<b>Number Referred for Further Assessment and/or Treatment</b>
<b>c. INFANT CHILD (0-23 months)</b>				
Prenatal Drug Exposure				
Prenatal Alcohol Exposure				
Mental Health Problems				
Family Violence/Intentional Injury				
Homelessness				
Not Attaining Appropriate Height or Length for Age				
Developmental Delays				
Asthma				
HIV/AIDS				
Other Special Health Care Needs				
Failure to Thrive				

**C. HEALTHY START MAJOR SERVICE TABLE**

**a. DIRECT HEALTH CARE SERVICES**

**Prenatal Clinic Visits:**

Number of Medical Visits  
by All Prenatal Participants

**Postpartum Clinic Visits**

Number of Medical Visits  
by All Postpartum Participants

**Well Baby/ Pediatric Clinic Visits**

Number of Any Provider Visits  
by All Infant/Child Participants

**Adolescent Health Services**

Number of any Provider Visits  
by Participants age 17 and under

**Family Planning**

Number of Participants Receiving  
Family Planning Services

**Women's Health**

Number of Participants Receiving  
Women's Health Services

**b. ENABLING SERVICES**

Total Number of Families Served

Number of Families in the Prenatal Period  
Assisted by **Case Management**

Number of Families in the Interconceptional Period Assisted by **Case Management**

Number of Families in the Prenatal Period  
Assisted by **Outreach**

Number of Families in the Interconceptional

Period Assisted by **Outreach**

Number of Families in the Prenatal Period  
Receiving **Home Visiting**

Number of Families in the Interconceptional  
Period Receiving **Home Visiting**

Number of Participants Age 17 and Under who participated in **Adolescent  
Pregnancy Prevention Activities**

Number of Families who participated in  
**Pregnancy/Childbirth Education Activities**

Number of Families who participated in  
**Parenting Skill Building/Education**

Number of Participants in  
**Youth Empowerment/Peer Education/  
Self-Esteem/Mentor Programs**

Number of Families Who Received  
**Transportation Services**  
Includes Tokens, Taxis and Vans

Number of Families Who Receive  
**Translation Services**

Number of Families Receiving  
**Child Care Services**

Number of Participants Who Received  
**Breastfeeding Education , Counseling and Support**

Number of Participants Who Received **Nutrition Education and  
Counseling Services** including WIC Services

---

Number of Participants in  
**Male Support Services:**

Number of Participants Referred for  
**Housing Assistance**

Total Participants assisted with  
**Jobs/Job Training**

Total Participants served in  
**Prison/Jail Initiatives**

**c. POPULATION**

Number Of **Immunizations**  
Provided

**Public Information/Education:**  
Number of Individuals Reached

**d. INFRASTRUCTURE BUILDING**

**Consortia Training**  
Number of Individual Members Trained

**Provider Training**  
Number of Individual Providers Trained

**Instructions for Additional Data Elements**  
**Division of Healthy Start and Perinatal Services Health Data Sheet**

Description:

The Division of Healthy Start and Perinatal Services has an additional data element form. This form is divided into three sections:

Section A. Characteristics of Participants;

- Section B. Risk Reduction/Prevention Services; and
- Section C. Healthy Start Major Service Table.

The following contains information on how to complete each section of the form.

**Section A. Characteristics of Program Participants**

- The three pages contains columns noting ethnicity and race.
- Ethnicity is broken down into three columns: Hispanic or Latino, Not Hispanic or Latino, and unrecorded.
- Race is broken down into seven columns: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, and more than one, and unrecorded.

*a. Number of Pregnant Women*

- Enter the unduplicated count of all pregnant program participants by age group and ethnicity/race. The response should reflect what the person considers herself to be and is not based on percentages of ancestry.
- Enter the count of all pregnant program participants during whose age is unknown by ethnicity/race. Participant's age and appropriate age groups should be determined at time of enrollment into any Healthy Start activity

**NOTE: The number pre-populated in the total columns for Hispanic or Latino or not Hispanic or Latino should be identical to the race total column. If the numbers in both total columns are not identical, please explain the discrepancy in the note section.**

*b. Income Level of Program Participants*

Income level of the program participant refers to the annual income for the client's family, compared to the Federal Poverty Level, recorded at enrollment as percentage of level for a family of the same size. Annual income data can be estimated from monthly data, if necessary (Monthly income x 12). Grantees may wish to record information on income and family size and calculate poverty levels separately, or enter only the computed poverty level for the client. The Federal poverty level is updated annually in February and published in the Federal Register.

- Enter the unduplicated count of all pregnant program participants with incomes below 100% of the FPL by race/ethnicity served by your grant.
- Enter the unduplicated count of all pregnant program participants with incomes between 100-185 % of the FPL by race/ethnicity served by your grant.
- Enter the unduplicated count of all pregnant program participants with income level unknown by race/ethnicity served by your grant.

**NOTE:** The number pre-populated in the total columns for Hispanic or Latino or not Hispanic or Latino should be identical to the race total column. **If the numbers in both total columns are not identical, please explain the discrepancy in the note section.**

c. *Number of Pregnant Participants who Enter Prenatal Care*

**Healthy Start Prenatal Care Definition**

A visit made for the medical supervision of a pregnancy by a physician or other health care provider during the pregnancy, **and/or** other ancillary services occurring during the antenatal period (e.g., nutrition, health assessments and education, lab test, and psychosocial services).

Trimester of entry into prenatal care is defined as:

Number of Pregnant Women who Enter Prenatal Care:	Number of participants with reported first prenatal visit:
During First Trimester	before 13 weeks gestation.
During Second Trimester	between 13 week and 25 week
During Third Trimester	between 26 and delivery
Receiving No Prenatal Care	Participants who report no prenatal care

- Enter the number of pregnant participants who enter prenatal care by ethnicity/race during First Trimester.
- Enter the number of pregnant participants who enter prenatal care by ethnicity/race during second Trimester.
- Enter the number of pregnant participants who enter prenatal care by ethnicity/race during third Trimester.
- Enter the number of pregnant participants who enter prenatal care by ethnicity/race receiving no prenatal care.
- Enter the number of pregnant participants whose entry into prenatal care is unknown.

The total number of pregnant participants who enter prenatal care by ethnicity and race is the sum of the following four rows of data for each respective column: During First Trimester, During Second Trimester, During Third Trimester, and Receiving No Prenatal Care. The number entered in the total columns for Hispanic or Latino or not Hispanic or Latino should be identical to the race total column. The number entered in the total columns should be identical to the number entered for the denominator on form 9, performance measure number 36.

**NOTE:** The number pre-populated in the total columns for Hispanic or Latino or not Hispanic or Latino should be identical to the race total column. **If the numbers in both total columns are not identical, please explain the discrepancy in the note section.**

d. *Adequate Prenatal Care*

Adequate prenatal care is defined as the number of participants who receive adequate prenatal care as

measured by the Kotelchuck Scale, Kessner Index or similar index.

Kotelchuck Scale: percent of women whose ratio of observed to expected prenatal visits is greater than or equal to 80% defined in the Adequacy of Prenatal Care Units (APNCU) as the lower boundary of “adequate care” (expected visits are adjusted for gestational age and month prenatal care began).

Kessner Index: This index takes into account three factors: month in which prenatal care began, number of prenatal care visits, and length of gestation. “Not adequate” prenatal care includes intermediate, inadequate, and unknown adequacy of care.

- Enter the number of pregnant participants receiving adequate prenatal care by ethnicity/race (Kotelchuck, Kessner or similar index). Specify the index when you enter data for this item.
- Enter the number of pregnant participants whose adequacy of prenatal care is unknown by ethnicity/race.

**NOTE:** *The number pre-populated in the total columns for Hispanic or Latino or not Hispanic or Latino should be identical to the race total column. If the numbers in both total columns are not identical, please explain the discrepancy in the note section.*

*e. Live Singleton Births to Participants*

Report the birth outcomes on all live singleton births to program participants.

- Enter the number of live singleton births to program participants 2500 grams or greater by ethnicity/race. The number entered in the total column should be identical to the number entered for the numerator on form 9, performance measures numbers 50-54.
- Enter the number of live singleton births between 1500 and 2499 (Low Birth Weight or LBW) grams to participants by ethnicity/race served. The number entered in the total column should be identical to the number entered for the denominator on form 9, performance measure number 51.
- Enter the number of live singleton births less than 1499 grams (Very Low Birth Weight or VLBW) to program participants by ethnicity/race served by your grant. The number entered in the total column should be identical to the number entered for the denominator on form 9, performance measure number 50.
- Enter the number of live singleton births to program participants whose weight is unknown by ethnicity/race served.
- Enter the total number of live singleton births including multiple births to program participants by ethnicity/race.

**NOTE:** *The number pre-populated in the total columns for Hispanic or Latino or not Hispanic or Latino should be identical to the race total column. If the numbers in both total columns are not identical, please explain the discrepancy in the note section.*

*f. Interconceptional Care Services*

Interconceptional care services are defined as services to participants who both enrolled and received services in the period from the delivery to two year’s following delivery. Participant’s age and appropriate age groups should be determined at time of enrollment into any Healthy Start activity or in the case of women enrolled prenatally, the initiation of inter-conceptional services.



- Enter the number of program participants receiving interconceptional care/women's health care during the reporting period to program participants by ethnicity/race.
- Enter the number of program participants receiving interconceptional care/women's health care during the reporting period whose age is unknown to program participants by ethnicity/race.

*g. Infant/Child Health Participants*

- Enter the number of infant participants aged 0 to 11 months by race/ethnicity.
- Enter the number of child participants aged 12 to 23 months by race/ethnicity.
- Enter the number of child participants whose age is unknown by race/ethnicity.

*h. Male Support Services Participants*

Male participants are defined as the parenting male who has received a Healthy Start service, directly or indirectly, such as involvement in the HS supported fatherhood or male support group or case management/case coordination services.

- Enter the number of male participants 17 years and under by race/ethnicity.
- Enter the number of male participants 18 years and over by race/ethnicity
- Enter the number of male participants whose age is unknown by race/ethnicity.

**Section B. Risk Reduction/Prevention Services**

- This three page document contains tables with the first column noting prenatal participants, interconceptional women participants, and infant/child (0-23 months) and their respective risk factors.
- The prevention services for this table are broken down into five columns: Risk Factors, Number Screened, Number Receiving Risk Prevention Counseling and/or Risk Reduction Counseling, Number whose Treatment is Supported by Grant, Number Referred for Further Assessment and/or Treatment.
- All entry fields in this table are numeric; no commas or text are permitted.

*a. Prenatal Program Participants*

Enter numbers of prenatal program participants that have received prevention services for the risk factors listed.

- The risk factors for prenatal participants are: Group B Strep or Bacterial Vaginosis, HIV/AIDS, Other STDs, Smoking, Alcohol, Illicit Drugs, Depression, Other Mental Health Problems, Domestic Violence, Homelessness, Overweight & Obesity, Underweight, Hypertension, Gestational Diabetes, Family History of Breast Cancer, Periodontal Infection, and Asthma.

*b. Interconceptional Women Participants*

Enter numbers of interconceptional women participants that have received prevention services for the risk factors listed.

- The risk factors for interconceptional women participants are: Group B Strep or Bacterial Vaginosis, HIV/AIDS, Other STDs, Smoking, Alcohol, Illicit Drugs, Depression, Other Mental Health Problems, Domestic Violence, Homelessness, Overweight & Obesity, Underweight, Lack

of Physical Activity, Hypertension, Cholesterol, Diabetes, Family History of Breast Cancer, Fecal Occult Blood Test, Periodontal Infection, and Asthma.

*c. Infant/Child Health Participants*

Enter numbers of infant or child participants (0-23 months) that have received prevention services for the risk factors listed.

- The risk factors for infant or child participants are: Prenatal Drug Exposure, Prenatal Alcohol Exposure, Mental Health Problems, Family Violence/Intentional Injury, Homelessness, Not Attaining Height or Length for Age, Developmental Delays, Asthma, HIV/AIDS, and Other Special Health Care Needs and Failure to thrive.

**Perinatal Data Form Section C. Major Services Data Table**

This document consists of four sub-sections:

- a. Direct Health Care Services,
  - b. Enabling Services,
  - c. Population, and
  - d. Infrastructure Building.
- Healthy Start major services for each of these subsection are listed.
  - All entry fields in this table are numeric; no commas or text are permitted. Enter data for those services provided either directly or indirectly, by the Healthy Start grant.
  - Unless otherwise noted data entered is for program participants only. Data for Community Participants that receive Direct Health Care Services and/or Enabling Services should be detailed in the notes section.

*a. Direct Health Care Services*

Enter data for the direct health care services listed.

- The direct health care services listed are: Prenatal Clinic Visits, Postpartum Clinic Visits, Well Baby/Pediatric Clinic Visits, Adolescent Health Services, Family Planning, and Women's Health.
- Data is entered for only those services that your grant provided or that is a documented completed referral.

*b. Enabling Services*

Enter data for the enabling services listed.

- The enabling services listed are: Families Served, Case Management, Outreach, Home Visiting, Adolescent Pregnancy Prevention Activities, Pregnancy/Childbirth Education Activities, Parenting Skill Building/Education, Youth Empowerment/Peer Education/Self-Esteem/Mentor Programs, Transportation Services, Translation Services, Child Care Services, Breastfeeding Education, Counseling and Support, Nutrition Education and Counseling Services, Male Support Services, Housing Assistance, Jobs/Job Training, and Prison/Jail Initiatives.
- Data is entered for only those services that your grant provided or that is a documented completed referral.

*c. Population Based Services*

Enter data for the population-based services listed, if applicable.

- The population-based services listed are: Immunizations and Public Information/Education.

**Note:** Data entered for Public Information/Education are for community participants only.

*d. Infrastructure Building Services*

**Note:** Data entered here are for community participants only.

Enter data for the infrastructure building services listed, if necessary.

- The infrastructure building services listed are: Consortia Training and Provider Training.
- Data is entered for only those services that your grant provided.

# REVISED- MCH TRAINING AND EDUCATION PROGRAMS DATA FORM

## Faculty and Staff Information

List all personnel (faculty, staff, and others) contributing<sup>1</sup> 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	Race (choose one: e.g., American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, other)	Ethnicity (Hispanic or Non- Hispanic)	Gender (male or female)	Discipline	Year Hired in MCH Leadership Training Program	Former MCHB Trainee? Y/N
Faculty						
Staff						
Other						

<sup>1</sup> 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.

## REVISED- Former Trainee Information (For Long-term Trainees ONLY)

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

Name	Year Graduated	Degree(s) Earned with MCH support (if applicable)	City of Residence	State of Residence	Current Employment Setting ( <i>see pick list below</i> )	Working in Public Health organization or agency (including Title V)? Y/N	Working in MCH? (Y/N)	Working with underserved populations or vulnerable groups**? Y/N	Met criteria for Leadership in PM 08? (Y/N)

*\*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, health centers and clinics)
- private sector
- other (specify in notes field)

\*\*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>

# NEW FORM

## 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)

**Race:** (choose one)

**White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American** refers to people having origins in any of the Black racial groups of Africa.

**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).

**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.

**Two or more races** includes individuals who identify with two or more racial designations.

**Other** is included for individuals who are unable to identify with the categories.

**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**

**Non-Hispanic**

**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<sup>2</sup> 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, training manuals, issue briefs, best practices documents, standards of care)

---

<sup>2</sup> 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.

- 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 any 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)**

**Confidentiality Statement**

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.



# REVISED - MCH TRAINING AND EDUCATION PROGRAMS DATA FORM

## Medium Term Trainees

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

TOTAL Number of Medium term Trainees: \_\_\_\_\_

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

**Number** \_\_\_\_\_

**Disciplines (list):**

*(For gender, ethnicity and race enter total number not percent.)*

Medium Term Trainees with 150-299 contact hours

**Number** \_\_\_\_\_

**Gender** Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnicity** Hispanic: \_\_\_\_\_ Non Hispanic \_\_\_\_\_

**Race** American Indian/Alaska Native: \_\_\_\_\_

Asian: \_\_\_\_\_

Black: \_\_\_\_\_

Native Hawaiian /Other Pacific Island: \_\_\_\_\_

White: \_\_\_\_\_

Other: \_\_\_\_\_

### Discipline

**Number**      **Discipline** (select from pick list)

e.g.      5      Nursing  
         13      Pediatrics  
         2      Social Work

# REVISED- Short Term Trainees

MCH TRAINING AND EDUCATION PROGRAMS DATA FORM

**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)**

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

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



## 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 (indicate one or more of above categories)

Gender

Permanent Address (For supported trainees ONLY)

Discipline(s) upon Entrance to the Program

Degree(s)

Position at Admission (position title and setting)

Degree Program in which enrolled

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

Type:  Pre-doctoral  Post-doctoral

Part-time student  Full-time student

Epidemiology training grants ONLY

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

Research Topic or

Title \_\_\_\_\_

Products completed through the project

manuscripts  Presentations  monographs

Other

\_\_\_\_\_

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

## REVISED- MCH Training and Education Program Data Forms 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.

A. Provide the following summary information on the **ALL** TA provided (*DGIS will calculate percentages on recipients and audience*)

Total Number of Technical Assistance/ Collaboration Activities	Number of TA Activities by Type of Recipient	Number of TA Activities by Target Audience																						
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Type of Recipient</u> (use Recipient pick list from table below)</th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Number of TA Activities</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>Ex: Medicaid</i></td> <td style="text-align: center;"><u>3</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>Type of Recipient</u> (use Recipient pick list from table below)	<u>Number of TA Activities</u>	<i>Ex: Medicaid</i>	<u>3</u>	_____	_____	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Local</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>With-in-State</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Another State</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Regional</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>National</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>International</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table>	Local	_____	With-in-State	_____	Another State	_____	Regional	_____	National	_____	International	_____
<u>Type of Recipient</u> (use Recipient pick list from table below)	<u>Number of TA Activities</u>																							
<i>Ex: Medicaid</i>	<u>3</u>																							
_____	_____																							
_____	_____																							
_____	_____																							
Local	_____																							
With-in-State	_____																							
Another State	_____																							
Regional	_____																							
National	_____																							
International	_____																							

**B. Provide information below on the 8-10 most significant technical assistance/collaborative activities in the past year. In the field notes briefly state why these were the most significant TA events.**

<b>Topic of Technical Assistance/Collaboration.</b> <i>Select one from list A and all that apply from List B.</i>		<b>Recipient of TA/Collaborator</b>		<b>Intensity of TA</b>	<b>Primary Target Audience</b>
List A (select one)	List B (select all that apply)	1-Other Divisions/ Departments in a University	12- Early Intervention	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
A. Clinical care related (including medical home)	1. Women's/Reproductive/Perinatal Health	2-Title V (MCH Programs)	13. Other Govt. Agencies (Federal, State, Regional, Local)		
B. Cultural Competence Related	2. Early Childhood Health/ Development (birth to school age)	3-State Health Dept.	14-Mixed agencies		
C. Data, Research, Evaluation Methods (Knowledge Translation)	3. School Age Children	4-Health Insurance/ Organization	15-Professional Organizations/ Associations		
D. Family Involvement	4. Adolescent	5- Education (State Department of Education, School District, Local education organizations)	16-Family and/or Consumer Group		
E. Interdisciplinary Teaming	5. CSHCN/Developmental Disabilities	6-Medicaid agency	17-Foundations		
F. Healthcare Workforce Leadership	6. Autism	7-Social Service Agency	18-Clinical Programs/ Hospitals		
G. Policy	7. Emergency Preparedness	8.Mental Health Agency/	19-Other: Please Specify		
H. Prevention	8. Health Information Technology	9. Juvenile Justice or other Legal Entity			
I. Systems Development/ Improvement	9. Mental Health	10. State Adolescent Health			
J. Racial and Ethnic Diversity or Disparities	10.Nutrition	11-Developmental Disability Agency			
	11.Oral Health				
1	Ex: G- Policy	11- Oral Health	5- Education	2	2
2					
3					
4					
5					
6					
7					
8					
9					
10					

"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): \_\_\_\_\_

# REVISED- MCH Training and Education Program Data Forms

## 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 \_\_\_\_\_

**B.** 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: Level A select one	Topic: Level B: <i>select all that apply</i>	Primary Target Audience	Method*	Number of Participants	Continuing Education Credits Provided?  Yes No
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

\* "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): \_\_\_\_\_

---