

Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298

Expires: _____

Attachment D:
Additional Data Elements

OMB Clearance Package

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0298. Public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

Table of Contents

Attachment D: Additional Data Elements

Technical Assistance/ Collaboration Form

Products, Publications and Submissions Data Collection Form

Division of MCH Workforce Development Forms

TECHNICAL ASSISTANCE/COLLABORATION FORM – **REVISED JULY 2019**

DEFINITION: Technical Assistance/Collaboration refers to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, collaboration, program evaluation, needs assessment, and policy & guidelines formulation. It may include administrative services, site visitation and review/advisory functions. Collaborative partners might include State or local health agencies, and education or social service agencies. Faculty may serve on advisory boards to develop &/or review policies at the local, State, regional, national or international levels. The technical assistance (TA) effort may be a one-time or on-going activity of brief or extended frequency. The intent of the measure is to illustrate the reach of the training program beyond trainees.

Provide the following summary information on **ALL** TA provided

Total Number of Technical Assistance/ Collaboration Activities	Total Number of TA Recipients	TA Activities by Type of Recipient	Number of TA Activities by Target Audience
_____	_____	☐ Other Divisions/ Departments in a University ☐ Title V (MCH Programs) ☐ State Health Dept. ☐ Health Insurance/ Organization ☐ Education ☐ Medicaid agency ☐ Social Service Agency ☐ Mental Health Agency ☐ Juvenile Justice or other Legal Entity ☐ State Adolescent Health ☐ Developmental Disability Agency ☐ Early Intervention ☐ Other Govt. Agencies ☐ Mixed Agencies ☐ Professional Organizations/Associations ☐ Family and/or Consumer Group ☐ Foundations ☐ Clinical Programs/ Hospitals ☐ Other: Please Specify _____	Local _____ Title V _____ Within State _____ Another State _____ Regional _____ National _____ International _____

B. Provide information below on the **5-10 most significant** technical assistance/ collaborative activities in the past year. In the notes, briefly state why these were the most significant TA events.

Title		Topic of Technical Assistance/Collaboration <i>Select one from list A and all that apply from List B.</i>		Recipient of TA/ Collaborator	Intensity of TA	Primary Target Audience
		List A (select one) A. Clinical care related (including medical home) B. Cultural Competence Related C. Data, Research, Evaluation Methods (Knowledge Translation) D. Family Involvement E. Interdisciplinary Teaming F. Healthcare Workforce Leadership G. Policy H. Prevention I. Systems Development/ Improvement	List B (select all that apply) 1. CSHCN/ Developmental Disabilities 2. Autism 3. Prenatal Care 4. Perinatal/ Postpartum Care 5. Well Woman Visit/ Preventive Health Care 6. Depression Screening 7. Safe Sleep 8. Breastfeeding 9. Newborn Screening 10. Quality of Well Child Visit 11. Child Well Visit 12. Injury Prevention 13. Family Engagement 14. Medical Home (Access to and use of medical home) 15. Transition 16. Adolescent Well Visit 17. Injury Prevention 18. Screening for Major Depressive Disorder 19. Health Equity 20. Adequate health insurance coverage 21. Tobacco and eCigarette Use 22. Oral Health 23. Nutrition 24. Other	A. Other Divisions/ Departments in a University B. Title V (MCH Programs) C. State Health Dept. D. Health Insurance/ Organization E. Education F. Medicaid agency G. Social Service Agency H. Mental Health Agency I. Juvenile Justice or other Legal Entity J. State Adolescent Health K. Developmental Disability Agency L. Early Intervention M. Other Govt. Agencies N. Mixed Agencies O. Professional Organizations/ Associations P. Family and/or Consumer Group Q. Foundations R. Clinical Programs/ Hospitals S. Other (specify)	1. One time brief (single contact) 2. One time extended (multi-day contact provided one time) 3. On-going infrequent (3 or less contacts per year) 4. On-going frequent (more than 3 contacts per year)	1. Local 2. Title V 3. Within State 4. Another State 5. Regional 6. National 7. International
1	Example	G- Policy	21- Oral Health	E - Education	2	2

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): _____

Products, Publications and Submissions Data Collection Form

Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced with grant support (either fully or partially) during the reporting period. Count the original completed product, not each time it is disseminated or presented.

Type	Number
<u>In Press</u> peer-reviewed publications in scholarly journals <i>Please include peer reviewed publications addressing maternal and child health that have been published by project faculty and/or staff during the reporting period. Faculty and staff include those listed in the budget form and narrative and others that your program considers to have a central and ongoing role in the project whether they are supported or not supported by the grant.</i>	
<u>Submission(s)</u> of peer-reviewed publications to scholarly journals	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/ Master's theses	
Other	

Part 3

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

Data collection form for: **primary author** in peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

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

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

*To obtain copies (URL): _____

*Dissemination Vehicles: TV/ Radio Interview____ Newspaper/ Print Interview____ Press Release____

Social Networking Sites/ Social Media____ Listservs____ Conference Presentation____

Key Words (No more than 5): _____

Notes: _____

Data collection form for: **contributing author** in peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

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

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

*To obtain copies (URL): _____

*Dissemination Vehicles: TV/ Radio Interview____ Newspaper/ Print Interview____ Press Release____

Social Networking Sites/ Social Media____ Listservs____ Conference Presentation____

Key Words (No more than 5): _____

Notes: _____

Data collection form: Peer-reviewed publications in scholarly journals – submitted, not yet published

*Title: _____

*Author(s): _____

*Publication: _____

*Year Submitted: _____

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

Key Words (No more than 5): _____

Notes: _____

Data collection form: Books

*Title: _____

*Author(s): _____

*Publisher: _____

*Year Published: _____

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

Key Words (No more than 5): _____

Notes: _____

Data collection form for: Book chapters

Note: If multiple chapters are developed for the same book, list them separately.

*Chapter Title: _____

*Chapter Author(s): _____

*Book Title: _____

*Book Author(s): _____

*Publisher: _____

*Year Published: _____

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

Key Words (no more than 5): _____

Notes: _____

Data collection form: Reports and monographs

*Title: _____

*Author(s)/Organization(s): _____

*Year Published: _____

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Conference presentations and posters presented

(This section is not required for MCHB Training grantees.)

*Title: _____

*Author(s)/Organization(s): _____

*Meeting/Conference Name: _____

*Year Presented: _____

*Type: ☐ Presentation ☐ Poster

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Web-based products

*Product: _____

*Year: _____

*Type: ☐ Blogs ☐ Podcasts ☐ Web-based video clips
☐ Wikis ☐ RSS feeds ☐ News aggregators
☐ Social networking sites ☐ Other (Specify) _____

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

*To obtain copies (URL): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Electronic Products

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: ☐ CD-ROMs ☐ DVDs ☐ Audio tapes
☐ Videotapes ☐ Other (Specify)

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Press Communications

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: ☐ TV interview ☐ Radio interview ☐ Newspaper interview
☐ Public service announcement ☐ Editorial article ☐ Other (Specify)

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Newsletters

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: ☐ Electronic ☐ Print ☐ Both

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

*To obtain copies (URL or email): _____

*Frequency of distribution: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other (Specify)

Number of subscribers: _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Pamphlets, brochures or fact sheets

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: ☐ Pamphlet ☐ Brochure ☐ Fact Sheet

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Academic course development

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Distance learning modules

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Media Type: ☐ Blogs ☐ Podcasts ☐ Web-based video clips
☐ Wikis ☐ RSS feeds ☐ News aggregators
☐ Social networking sites ☐ CD-ROMs ☐ DVDs
☐ Audio tapes ☐ Videotapes ☐ Other (Specify)

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Doctoral dissertations/Master's theses

*Title: _____

*Author: _____

*Year Completed: _____

*Type: ☐ Doctoral dissertation ☐ Master's thesis

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Other

(Note, up to 3 may be entered)

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Describe product, publication or submission: _____

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

MCH TRAINING PROGRAM DATA FORMS

Faculty and Staff Information

List all personnel (faculty, staff, and others) contributing¹ to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

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

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

Trainee Information (Long-term Trainees Only) – REVISED JULY 2019

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (including those who received MCH funds and those who did not).

Total Number of long-term trainees participating in the training program* _____

Name

Ethnicity

Race

Gender

Address (For supported trainees ONLY)

City

State

Country

Discipline(s) upon Entrance to the Program

Degree(s)

Degree Program in which enrolled

Received financial MCH support? ☐ Yes ☐ No Amount: \$_____

If yes.... ☐ Stipend ☐ Tuition ☐ Stipend and Tuition ☐ Other

Type: ☐ Non-Degree Seeking ☐ Undergraduate ☐ Masters

☐ Pre-doctoral ☐ Doctoral ☐ Post-doctoral

Student Status: ☐ Part-time student ☐ Full-time student

Epidemiology training grants ONLY

Length of time receiving support: _____

Research Topic or Title_____

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

Former Trainee Information

The following information is to be provided for each long-term trainee who completed the Training Program 2 years and 5 years prior to the current reporting year.

Definition of Former Trainee = Long-term trainees who completed a long-term (greater than or equal to 300 contact hours) MCH Training Program 2 years and 5 years ago, including those who received MCH funds and those who did not.

☐ Project does not have any trainees who have completed the Training Program **2 years** prior to current reporting year.

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

Name	Year Graduated	Degree(s) Earned with MCH support (if applicable)	Was University able to contact the trainee?	City of Residence	State of Residence	Country of Residence	Current Employment Setting (see pick list below*)	Working in Public Health organization or agency (including Title V)? (Yes/No)	Working in MCH? (Yes/No)	Working with underserved populations or vulnerable groups**? (Yes/No)	Met criteria for Leadership in Performance Measure Training 10? (Yes/No)	Met criteria for interdisciplinary practice in Performance Measure Training 12? (Yes/No)

*** Employment pick list**

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

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

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc.)

Source: Center for Vulnerable Populations Research. UCLA. <http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html>

MCH TRAINING PROGRAM TRAINEE FOLLOW-UP SURVEY

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 complete the MCH Training Program? _____

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

Ethnicity: (choose one)

Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

- ☐ **Hispanic or Latino**
☐ **Not Hispanic or Latino**
☐ **Unrecorded**

Race: (choose one)

☐ **American Indian and Alaskan Native** refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe: _____

☐ **Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Asian Indian).

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

☐ **Native Hawaiian and Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

☐ **More than One Race** includes individuals who identify with more than one racial designation.

☐ **Unrecorded** is included for individuals who do not indicate their racial category.

Survey

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

1. What best describes your current employment setting:

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

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

3. Does your current work focus on Maternal and Child Health (MCH) populations (i.e., women, infants and children, adolescents, young adults, and their families including fathers, and children or young adults with special health care needs?)

- ☐ yes
- ☐ no

4. Does your current work focus on populations considered to be underserved or vulnerable² (e.g., immigrant, tribal, migrant, or uninsured populations, individuals who have experienced family violence, homeless, foster care, HIV/AIDS, people with disabilities)

- ☐ yes
- ☐ no

5. Have you done any of the following activities since completing your training program? (check all that apply)

- ☐ 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)
- ☐ 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

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

coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, 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

7. Have you done any of the following interdisciplinary activities since completing your training program? (check all that apply)

- a. Sought input or information from other professions or disciplines to address a need in your work
- b. Provided input or information to other professions or disciplines.
- c. Developed a shared vision, roles and responsibilities within an interdisciplinary group.
- d. Utilized that information to develop a coordinated, prioritized plan across disciplines to address a need in your work
- e. Established decision-making procedures in an interdisciplinary group.
- f. Collaborated with various disciplines across agencies/entities
- g. Advanced policies & programs that promote collaboration with other disciplines or professions
- h. None

(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.

Medium Term Trainees

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

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

Total Number _____

Disciplines (check all that apply):

- ☐ Audiology
- ☐ Dentistry-Pediatric
- ☐ Dentistry – Other
- ☐ Education/Special Education
- ☐ Family Member/Community Member
- ☐ Genetics/Genetic Counseling
- ☐ Health Administration
- ☐ Medicine-General
- ☐ Medicine-Adolescent Medicine
- ☐ Medicine-Developmental-Behavioral Pediatrics
- ☐ Medicine-Neurodevelopmental Disabilities
- ☐ Medicine-Pediatrics
- ☐ Medicine-Pediatric Pulmonology
- ☐ Medicine – Other
- ☐ Nursing-General
- ☐ Nursing-Family/Pediatric Nurse Practitioner
- ☐ Nursing-Midwife
- ☐ Nursing – Other
- ☐ Nutrition
- ☐ Occupational Therapy
- ☐ Person with a disability or special health care need
- ☐ Physical Therapy
- ☐ Psychiatry
- ☐ Psychology
- ☐ Public Health
- ☐ Respiratory Therapy
- ☐ Social Work
- ☐ Speech-Language Pathology
- ☐ Other (Specify)

Medium Term Trainees with 150-299 contact hours

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

Total Number _____

Gender Male _____ Female _____

(number not
percent)

Ethnicity Hispanic or Latino _____ Not Hispanic or Latino _____ Unrecorded _____

(number not
percent)

Race American Indian or Alaska Native: _____

Asian: _____

Black or African American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

More than One Race: _____

Unrecorded: _____

Discipline

Number	Discipline
_____	Audiology
_____	Dentistry-Pediatric
_____	Dentistry – Other
_____	Education/Special Education
_____	Family Member/Community Member
_____	Genetics/Genetic Counseling
_____	Health Administration
_____	Medicine-General
_____	Medicine-Adolescent Medicine
_____	Medicine-Developmental-Behavioral Pediatrics
_____	Medicine-Neurodevelopmental Disabilities
_____	Medicine-Pediatrics
_____	Medicine-Pediatric Pulmonology
_____	Medicine – Other
_____	Nursing-General
_____	Nursing-Family/Pediatric Nurse Practitioner
_____	Nursing-Midwife
_____	Nursing – Other
_____	Nutrition
_____	Occupational Therapy
_____	Person with a disability or special health care need
_____	Physical Therapy
_____	Psychiatry
_____	Psychology
_____	Public Health
_____	Respiratory Therapy
_____	Social Work
_____	Speech-Language Pathology
_____	Other (Specify) _____

TOTAL Number of Medium term Trainees: _____

Short Term Trainees

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

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

Indicate disciplines (check all that apply)

- ☐ Audiology
- ☐ Dentistry-Pediatric
- ☐ Dentistry – Other
- ☐ Education/Special Education
- ☐ Family Member/Community Member
- ☐ Genetics/Genetic Counseling
- ☐ Health Administration
- ☐ Medicine-General
- ☐ Medicine-Adolescent Medicine
- ☐ Medicine-Developmental-Behavioral Pediatrics
- ☐ Medicine-Neurodevelopmental Disabilities
- ☐ Medicine-Pediatrics
- ☐ Medicine-Pediatric Pulmonology
- ☐ Medicine – Other
- ☐ Nursing-General
- ☐ Nursing-Family/Pediatric Nurse Practitioner
- ☐ Nursing-Midwife
- ☐ Nursing – Other
- ☐ Nutrition
- ☐ Occupational Therapy
- ☐ Person with a disability or special health care need
- ☐ Physical Therapy
- ☐ Psychiatry
- ☐ Psychology
- ☐ Public Health
- ☐ Respiratory Therapy
- ☐ Social Work
- ☐ Speech-Language Pathology
- ☐ Other (Specify)

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. Additional details about CE activities will be collected in the annual progress report.

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 **Within Your State** CE Activities _____

Number of CE Activities **With 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. Topics Covered in CE Activities *Check all that apply*

- | | |
|---|--|
| A. Clinical Care-Related (including medical home) | ☐ Women's Reproductive/ Perinatal Health |
| B. Diversity or Cultural Competence-Related | ☐ Early Childhood Health/ Development (birth to school age) |
| C. Data, Research, Evaluation Methods (Knowledge Translation) | ☐ School Age Children |
| D. Family Involvement | ☐ Adolescent Health |
| E. Interdisciplinary Teaming | ☐ CSHCN/ Developmental Disabilities |
| F. Healthcare Workforce Leadership | ☐ Autism |
| G. Policy | ☐ Emergency Preparedness |
| H. Prevention | ☐ Health Information Technology |
| I. Systems Development/ Improvement | ☐ Mental Health |
| | ☐ Nutrition |
| | ☐ Oral Health |
| | ☐ Patient Safety |
| | ☐ Respiratory Disease |
| | ☐ Vulnerable Populations* |
| | ☐ Health Disparities |
| | ☐ Health care financing |
| | ☐ Other (specify) _____ |

* "Vulnerable populations" 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. *Source: Center for Vulnerable Populations Research. UCLA.* <http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html>.

MCH PIPELINE PROGRAM GRADUATE FOLLOW-UP QUESTIONS – NEW SURVEY

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

What year did you graduate from the MCH Pipeline Program? _____

- 1. Are you currently enrolled or have you completed a graduate school program that is preparing you to work with the MCH population?**

☐ Yes
☐ No

NOTE: Graduate programs preparing graduate students to work in the MCH population include:

Medicine (e.g., Pediatric, Ob/Gyn, Primary Care), public health, MCH nutrition, public health social work, MCH nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, speech language pathology.

- 2. Have you worked with Maternal and Child Health (MCH) populations since graduating from the MCH Pipeline Training Program?** (i.e., women, infants and children, adolescents, young adults, and their families, including fathers, and children and youth with special health care needs)?

☐ Yes
☐ No

- 3. Have you worked with populations considered to be underserved or vulnerable³ since graduating from the MCH Pipeline Training program?** (e.g., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, health disparities, etc.)

☐ Yes
☐ No

³ The term “underserved” refers to “Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term “vulnerable groups,” refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

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