

Health Resources and Services Administration  
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298  
Expires: 06/30/2022

Attachment D:  
Additional Data Elements  
  
OMB Clearance Package

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**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
_____	_____	<input type="checkbox"/> Other Divisions/ Departments in a University <input type="checkbox"/> Title V (MCH Programs) <input type="checkbox"/> State Health Dept. <input type="checkbox"/> Health Insurance/ Organization <input type="checkbox"/> Education <input type="checkbox"/> Medicaid agency <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Mental Health Agency <input type="checkbox"/> Juvenile Justice or other Legal Entity <input type="checkbox"/> State Adolescent Health <input type="checkbox"/> Developmental Disability Agency <input type="checkbox"/> Early Intervention <input type="checkbox"/> Other Govt. Agencies <input type="checkbox"/> Mixed Agencies <input type="checkbox"/> Professional Organizations/Associations <input type="checkbox"/> Family and/or Consumer Group <input type="checkbox"/> Foundations <input type="checkbox"/> Clinical Programs/ Hospitals <input type="checkbox"/> 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
<p><u>In Press</u> peer-reviewed publications in scholarly journals</p> <p><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></p>	
<p><u>Submission(s)</u> of peer-reviewed publications to scholarly journals</p>	
<p>Books</p>	
<p>Book chapters</p>	
<p>Reports and monographs (including policy briefs and best practices reports)</p>	
<p>Conference presentations and posters presented</p>	
<p>Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)</p>	
<p>Electronic products (CD-ROMs, DVDs, audio or videotapes)</p>	
<p>Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)</p>	
<p>Newsletters (electronic or print)</p>	
<p>Pamphlets, brochures, or fact sheets</p>	
<p>Academic course development</p>	
<p>Distance learning modules</p>	
<p>Doctoral dissertations/ Master's theses</p>	
<p>Other</p>	



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

<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.

**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 vulnerable<sup>2</sup> (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

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<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.

- 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)             | <input type="checkbox"/> Women’s Reproductive/ Perinatal Health                    |
| B. Diversity or Cultural Competence-Related                   | <input type="checkbox"/> Early Childhood Health/ Development (birth to school age) |
| C. Data, Research, Evaluation Methods (Knowledge Translation) | <input type="checkbox"/> School Age Children                                       |
| D. Family Involvement   | <input type="checkbox"/> Adolescent Health   |
| E. Interdisciplinary Teaming                                  | <input type="checkbox"/> CSHCN/ Developmental Disabilities                         |
| F. Healthcare Workforce Leadership                            | <input type="checkbox"/> Autism  |
| G. Policy   | <input type="checkbox"/> Emergency Preparedness                                    |
| H. Prevention   | <input type="checkbox"/> Health Information Technology                             |
| I. Systems Development/ Improvement                           | <input type="checkbox"/> Mental Health   |
|   | <input type="checkbox"/> Nutrition   |
|   | <input type="checkbox"/> Oral Health   |
|   | <input type="checkbox"/> Patient Safety  |
|   | <input type="checkbox"/> Respiratory Disease                                       |
|   | <input type="checkbox"/> Vulnerable Populations*                                   |
|   | <input type="checkbox"/> Health Disparities  |
|   | <input type="checkbox"/> Health care financing                                     |
|   | <input type="checkbox"/> 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 vulnerable<sup>3</sup> 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

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<sup>3</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.

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>

**HEALTHY START SITE FORM**

Section 1. Grantee Information

Grant # \_\_\_\_\_  
Grantee Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Project Director Name \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**(Complete section below for each service delivery site)**

Section 2. Healthy Start Sites

**Site 1**

Project Manager Name \_\_\_\_\_  
Project Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Service Area State(s) \_\_\_\_\_  
Service Area Zip Code(s) \_\_\_\_\_  
Initial Year of Funding \_\_\_\_\_ Initial Funding Amount \_\_\_\_\_

**Site 2**

Project Manager Name \_\_\_\_\_  
Project Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Service Area State(s) \_\_\_\_\_  
Service Area Zip Code(s) \_\_\_\_\_  
Initial Year of Funding \_\_\_\_\_ Initial Funding Amount \_\_\_\_\_