

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

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
Healthy Start Site Form.....29

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.

TA recipients are counted as the number of individual recipients engaged in each TA or collaborative activity. For example, if your organization provides TA to five (5) individuals within a Title V agency, the number of TA recipients is 5.

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	Local _____ Title V _____ Within State _____ Another State _____ Regional _____ National _____ International _____

		<input type="checkbox"/> Other: Please Specify _____	
--	--	--	--

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 Responsiveness 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. Respiratory Health 25. Adolescent Health	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

			26. Other			
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 media 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, Female, Transgender Man, Transgender Woman, Other (specify), Choose not to disclose/Unrecorded) ²	Discipline	Year Hired in MCH Leadership Training Program	Former MCHB Trainee? (Yes/No)
Faculty						
Staff						

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.

² Male: Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.

Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.

Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.

Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.

Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

Other						

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 (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 _____

Gender³ (number not percent)	Male _____	Transgender Man _____
	Female _____	Transgender Woman _____
	Other (specify) _____	Choose not to disclose/unknown _____

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 _____

Postdoctoral Fellows and Epidemiology Doctoral Training Program fellows, please specify: Length of time receiving support: _____

Research Topic or Title _____

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

³ Male: Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male. Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.

Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.

Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.

Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

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	Gender ⁴	Ethnicity ⁵	Race ⁶	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 ⁷	Working in Public Health organization or agency (including Title V)? (Yes/No)	Working in MCH? (Yes/No)	Working with populations that are underserved or have been marginalized ⁸ ? (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)

⁴ Gender Pick List: Male, Female, Transgender Man, Transgender Woman, Other (specify), Choose not to disclose/unknown

⁵ Ethnicity Pick List: Hispanic or Latino, Not Hispanic or Latino, Unrecorded

⁶ Race Pick List: American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, More than One Race, Unrecorded

⁷ 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)

⁸ Populations that are underserved or have been marginalized refer to groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socioeconomic status, geography, gender, age, disability status, or other risk factors including those associated with sex and gender.

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 _____

Gender⁹: (choose one)

- Male
 - Female
 - Transgender Man
 - Transgender Woman
 - Choose not to disclose/unrecorded
- Other, please specify: _____

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.

⁹ Male: Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male. Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.

Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.

Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.

Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

- Hispanic or Latino**
- Not Hispanic or Latino**
- Prefer not to say**

Race: (choose one)

American Indian and Alaskan Native includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.

Asian includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Black or African American includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian..

Native Hawaiian and Other Pacific Islander includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

White includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

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

Prefer not to say 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 that are underserved or have been marginalized ¹⁰ (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 coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, etc.)
- k. None

¹⁰ Populations that are underserved or have been marginalised refers to groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, or other risk factors including those associated with sex and gender.

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 ¹¹	Male _____	Female _____	
(number not percent)	Transgender Man _____	Transgender Woman _____	
	Other (specify) _____	Choose not to disclose/unrecorded _____	
Ethnicity ¹²	Hispanic or Latino _____	Not Hispanic or Latino _____	Unrecorded _____
(number not percent)			
Race ¹³	American Indian or Alaska Native: _____		
(number not percent)	Asian: _____		
	Black or African American: _____		

¹¹ Male: Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.

Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.

Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.

Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.

Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

¹² **Hispanic or Latino** is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. People who identify as Hispanic, Latino, or Spanish may be any race.

¹³ **American Indian or Alaska Native:** The category “American Indian or Alaska Native” includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.

Asian: The category “Asian” includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Black or African American: The category “Black or African American” includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian.

Native Hawaiian and Pacific Islander: The category “Native Hawaiian or Other Pacific Islander” includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

White: The category “White” includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

More than one Race: This category includes individuals who identify with more than one race.

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.

NOTE: Short-term trainees are **not** considered CE participants.

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 Responsiveness-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 Health |
| | • Health Equity |
| | • Health care financing |
| | • Other (specify) _____ |

MCH LEAP PROGRAM GRADUATE FOLLOW-UP QUESTIONS

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

What year did you graduate from the MCH LEAP 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

- 1b. If yes, which graduate programs have you enrolled in or completed?**

- Medicine (e.g. Pediatric, Ob/Gyn, Primary Care)
 Public health
 Nutrition
 Social work
 Nursing
 Pediatric dentistry
 Psychology
 Pediatric occupational/physical therapy
 Speech language pathology
 Other MCH-related health profession (specify): _____

- 1c. If yes, did the MCH LEAP Training Program help in your admission to and/or being successful in your graduate program?**

- Yes
 No

- 2. Have you worked with Maternal and Child Health (MCH) populations since graduating from the MCH LEAP 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 that are underserved or have been marginalized since graduating from the MCH LEAP Training program?**

- Yes
 No

MATERNAL AND CHILD HEALTH LEADERSHIP, EDUCATION, AND ADVANCEMENT IN UNDERGRADUATE PATHWAYS (LEAP) TRAINING PROGRAM: TRAINEE INFORMATION FORM

Please provide aggregate data on medium-, and long-term LEAP trainees¹⁴ who are participating in the LEAP training program during the 12-month reporting period.

Total Number of LEAP Trainees: _____

Ethnicity:

Number of LEAP trainees who identify as:

- Hispanic/Latino: _____
- Non-Hispanic/Latino: _____
- Unrecorded: _____

Race¹⁵:

Number of LEAP trainees who identify as:

- American Indian or Alaska Native: _____
- Asian: _____
- Black or African American: _____

¹⁴ LEAP Trainees are defined as medium-term (40-299 program hours) and long-term (300+ hours) trainees enrolled in the LEAP training program.

¹⁵ **American Indian or Alaska Native:** The category “American Indian or Alaska Native” includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfoot Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.

Asian: The category “Asian” includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Black or African American: The category “Black or African American” includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian.

Native Hawaiian and Pacific Islander: The category “Native Hawaiian or Other Pacific Islander” includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

White: The category “White” includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

More than one Race: This category includes individuals who identify with more than one race.

First-generation college students are students who enrolled in postsecondary education and whose parents do not have any postsecondary education experience.

Includes LEAP trainees who have worked full-time (>35 hours/week) at any point during the 12-month reporting period.

- Native Hawaiian or Pacific Islanders: _____
- White: _____
- More than one race: _____
- Unrecorded: _____

Gender¹⁶:

Number of LEAP trainees who identify as:

- Male: _____
- Female: _____
- Transgender Man: _____
- Transgender Woman: _____
- Other (specify): _____
- Choose not to disclose/Unrecorded: _____

Age:

- 15 – 19: _____
- 20 – 24: _____
- 25 – 29: _____
- 30 – 34: _____
- 35 and older: _____

Number of LEAP trainees who are enrolled in college:

- Part-time: _____
- Full-time: _____
- Unrecorded: _____

Number of LEAP trainees who:

- Are the first in their family to attend college¹⁷: _____
- Work full-time (>35 hours/week) while enrolled in college¹⁸: _____
- Have a dependent(s) other than spouse: _____

¹⁶ **Male:** Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.

Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.

Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.

Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.

Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

¹⁷ First-generation college students are students who enrolled in postsecondary education and whose parents do not have any postsecondary education experience.

¹⁸ Includes LEAP trainees who have worked full-time (>35 hours/week) at any point during the 12-month reporting period.

HEALTHY START SITE FORM

Section 1. Grantee Primary Organization Information

Grant # _____

Grantee Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Project Director Name _____

Phone 1 _____ Phone 2 _____

Service area primarily defined by: County Zip Code _____

(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 _____

Enter the names of all of the counties covered by this site's service area: _____

Enter all of the ZIP codes covered by this site's service area: _____

Initial Year of Funding _____ Initial Funding Amount _____

Please check all services provided by this specific site/location:

<input type="checkbox"/> Adolescent Population	<input type="checkbox"/> Doula Services	<input type="checkbox"/> Interconception
<input type="checkbox"/> Breastfeeding Support	<input type="checkbox"/> Fatherhood – Case Management	<input type="checkbox"/> Mental & Behavioral Health (beyond screening)
<input type="checkbox"/> Case Management	<input type="checkbox"/> Fatherhood – Group Services/Health Education	<input type="checkbox"/> Outreach
<input type="checkbox"/> Children/Youth w/Special	<input type="checkbox"/> Food Insecurity Services	<input type="checkbox"/> Preconception

Health Care Needs	<input type="checkbox"/> Health Education	
<input type="checkbox"/> Direct Clinical Services	<input type="checkbox"/> Incarcerated/Justice-System Involved Population	<input type="checkbox"/> Prenatal

Site 2

Project Manager Name _____

Project Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Enter the names of all of the counties covered by this site’s service area: _____

Enter all of the ZIP codes covered by this site’s service area:s) _____

Initial Year of Funding _____ Initial Funding Amount _____

Please check all services provided by this specific site/location:

<input type="checkbox"/> Adolescent Population	<input type="checkbox"/> Doula Services	<input type="checkbox"/> Interconception
<input type="checkbox"/> Breastfeeding Support	<input type="checkbox"/> Fatherhood – Case Management	<input type="checkbox"/> Mental & Behavioral Health (beyond screening)
<input type="checkbox"/> Case Management	<input type="checkbox"/> Fatherhood – Group Services/Health Education	<input type="checkbox"/> Outreach
<input type="checkbox"/> Children/Youth w/Special Health Care Needs	<input type="checkbox"/> Food Insecurity Services	<input type="checkbox"/> Preconception
	<input type="checkbox"/> Health Education	
<input type="checkbox"/> Direct Clinical Services	<input type="checkbox"/> Incarcerated/Justice-System Involved Population	<input type="checkbox"/> Prenatal