Health Resources and Services Administration

Maternal and Child Health Bureau

Discretionary Grant Information System

Attachment D: Additional Data Elements

OMB No. 0915-0298 - Revision

Expires: XX/XX/20XX

Public Burden Statement: *The purpose of this information collection is to obtain performance data for the following: HRSA program participants, program operations and surveys. In addition, these data will facilitate the ability to demonstrate alignment between MCHB discretionary programs and the Discretionary Grant Information System (DGIS). 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 information collection is 0915-0298 and it is valid until XX/XX20XX. Public reporting burden for this collection of information is estimated to average 1.80 hours per form response across all DGIS programs and form categories; actual burden for an individual grantee may vary depending on the number and types of forms assigned based on the grantee's program activities. This collection-wide estimate reflects variation in the types and number of forms assigned to grantees based on their program activities; actual burden may vary by grantee and form. Send comments regarding this burden estimate or any other aspect of this collection of information, including*

suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.

Contents

Faculty and Staff Information..... 2
Short-Term Trainees..... 6
Medium-Term Trainees..... 9
Long-Term Trainees..... 15
Former Long-Term Trainees..... 20
LEAP Trainee Information..... 35
Healthy Start Site Form..... 39

Faculty and Staff Information

Instructions

Provide the following information about all personnel (faculty, staff, and others) contributing to your Division of MCH Workforce Development grant 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. Do not list trainees.

A 'central' role refers to those that regularly participate in ongoing training activities such as acting as preceptors, teaching core courses, and participating in other core leadership training activities that would be documented in the progress reports.

Definitions

Ethnicity

- **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.

Race

- **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.

Year Work Began with MCH Leadership Training Program: Please specify the year the individual began work with the MCH Training Program, not the year they were hired by the organization, if different. For example, if a faculty member began mentoring trainees in 2005 and was then hired in 2007, list 2005 as the year work began.

Data Collection Form for Faculty and Staff

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)	**Discipline** *[Drop down list]*	**Year Work Began with MCH Leadership Training Program**	**Former MCHB Trainee?** (Yes/No)
Faculty				
Staff				
Other				

Comments

Drop Down List for:

Discipline ▼
Applied Behavior Analysis
Audiology
Community Health Worker
Community Member/Individual with Personal Experience
Dentistry-Pediatric
Dentistry – Other
Dietetics
Disability Studies
Doula
Education/Special Education
Family Member
Genetics/Genetic Counseling
Health Administration
Law
Medicine-General
Medicine-Adolescent Medicine
Medicine-Adult Providers
Medicine-Developmental-Behavioral Pediatrics
Medicine-Neurodevelopmental Disabilities
Medicine-Pediatrics
Medicine-Pediatric Pulmonology
Medicine-Sleep
Medicine – Other
Nursing-General
Nursing-Family/Pediatric Nurse Practitioner
Nursing-Midwife
Nursing – Other
Nutrition
Occupational Therapy
Pharmacy
Physician Assistant
Physical Therapy
Psychiatry
Psychology
Public Health
Respiratory Therapy
School Psychology/School Counseling
Self-Advocate/Person with a Disability or Special Health Care Need
Social Work
Speech-Language Pathology
Other (specify): _____

Short-Term Trainees

Instructions

Provide the following information for short-term trainees in your training program.

Definitions

Short-term trainees are trainees with less than 40 contact hours in the reporting period. Continuing Education participants are not counted in this category.

Data Collection Form for Short-Term Trainees

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

Indicate disciplines (*check all that apply*)

- ☐ Applied Behavior Analysis
- ☐ Audiology
- ☐ Community Health Worker
- ☐ Community Member/Individual with Personal Experience
- ☐ Dentistry-Pediatric
- ☐ Dentistry – Other
- ☐ Dietetics
- ☐ Disability Studies
- ☐ Doula
- ☐ Education/Special Education
- ☐ Family Member
- ☐ Genetics/Genetic Counseling
- ☐ Health Administration
- ☐ Law
- ☐ Medicine-General
- ☐ Medicine-Adolescent Medicine
- ☐ Medicine-Adult Providers
- ☐ Medicine-Developmental-Behavioral Pediatrics
- ☐ Medicine-Neurodevelopmental Disabilities
- ☐ Medicine-Pediatrics
- ☐ Medicine-Pediatric Pulmonology
- ☐ Medicine- Sleep
- ☐ Medicine – Other
- ☐ Nursing-General
- ☐ Nursing-Family/Pediatric Nurse Practitioner

☐ Nursing-Midwife

☐ Nursing – Other

☐ Nutrition

☐ Occupational Therapy

☐ Pharmacy

☐ Physician Assistant

☐ Physical Therapy

☐ Psychiatry

☐ Psychology

☐ Public Health

☐ Respiratory Therapy

☐ School Psychology/School Counseling

☐ Self-Advocate/Person with a Disability or Special Health Care Need

☐ Social Work

☐ Speech-Language Pathology

☐ Other (Specify) _____

Comments

_____

_____

Medium-Term Trainees

Instructions

Provide the following information for medium-term trainees in your training program. Medium-term trainees are trainees with 40 – 299 contact hours in the reporting period and include the following sub-categories:

1. Medium-Term Trainee I: 40 – 149 contact hours during the reporting period
2. Medium-Term Trainee II: 150 – 299 contact hours during the reporting period
3. TOTAL number of medium-term trainees: 40 – 299 contact hours during the reporting period

Definitions

Ethnicity

- **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.

Race

- **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.

Data Collection Form for Medium-Term Trainees

Medium-term Trainees with 40-149 contact hours during the reporting period

Total Number _____

- ☐ Applied Behavior Analysis
- ☐ Audiology
- ☐ Community Health Worker
- ☐ Community Member/Individual with Personal Experience
- ☐ Dentistry-Pediatric
- ☐ Dentistry – Other
- ☐ Dietetics
- ☐ Disability Studies
- ☐ Doula
- ☐ Education/Special Education
- ☐ Family Member
- ☐ Genetics/Genetic Counseling
- ☐ Health Administration
- ☐ Law
- ☐ Medicine-General
- ☐ Medicine-Adolescent Medicine
- ☐ Medicine-Adult Providers
- ☐ Medicine-Developmental-Behavioral Pediatrics
- ☐ Medicine-Neurodevelopmental Disabilities
- ☐ Medicine-Pediatrics
- ☐ Medicine-Pediatric Pulmonology
- ☐ Medicine-Sleep
- ☐ Medicine – Other
- ☐ Nursing-General
- ☐ Nursing-Family/Pediatric Nurse Practitioner

☐ Nursing-Midwife

☐ Nursing – Other

☐ Nutrition

☐ Occupational Therapy

☐ Pharmacy

☐ Physician Assistant

☐ Physical Therapy

☐ Psychiatry

☐ Psychology

☐ Public Health

☐ Respiratory Therapy

☐ School Psychology/School Counseling

☐ Self-Advocate/Person with a Disability or Special Health Care Need

☐ Social Work

☐ Speech-Language Pathology

☐ Other (Specify)

Medium-Term Trainees with 150-299 contact hours

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

Total Number of Medium-Term Trainees with 150-299 hours during the reporting period:	
Ethnicity	
Hispanic or Latino:	
Not Hispanic or Latino:	
Choose not to disclose/Unrecorded:	
Race	
American Indian or Alaska Native:	
Asian:	
Black or African American:	

Native Hawaiian or Other Pacific Islander:	
White:	
More than One Race:	
Choose not to disclose/Unrecorded:	

Discipline (MTTs with 150-299 contact hours during the reporting period)

Discipline	Number
Applied Behavior Analysis	
Audiology	
Community Health Worker	
Community Member/Individual with Personal Experience	
Dentistry-Pediatric	
Dentistry – Other	
Dietetics	
Disability Studies	
Doula	
Education/Special Education	
Family Member	
Genetics/Genetic Counseling	
Health Administration	
Law	
Medicine-General	
Medicine-Adolescent Medicine	
Medicine-Adult Providers	
Medicine-Developmental-Behavioral Pediatrics	
Medicine-Neurodevelopmental Disabilities	
Medicine-Pediatrics	
Medicine-Pediatric Pulmonology	
Medicine-Sleep	
Medicine – Other	
Nursing-General	
Nursing-Family/Pediatric Nurse Practitioner	
Nursing-Midwife	
Nursing – Other	
Nutrition	
Occupational Therapy	

Discipline	Number
Pharmacy	
Physician Assistant	
Physical Therapy	
Psychiatry	
Psychology	
Public Health	
Respiratory Therapy	
School Psychology/School Counseling	
Self-Advocate/Person with a Disability or Special Health Care Need	
Social Work	
Speech-Language Pathology	
Other (Specify)	
Total Number	

Total Number of Medium-term Trainees (40-299 hours): _____

Comments

_____

Long-Term Trainees

Instructions

Provide the following information for each long-term trainee (LTT) in your training program. Long-term trainees are those with greater than or equal to 300 contact hours within the training program in the reporting period who benefit from the training grant, including those who received MCH funds and those who did not.

MCH Public Health Catalyst Programs (T1C) Instructions: MCH Public Health Catalyst programs utilize a combination of MCH coursework, practicum, and student interest group participation to define long-term trainee participation and may or may not meet the 300 contact hour threshold for LTT. On this form, Catalyst Programs should report information about Catalyst Program LTTs based on the definition established by each program. The same definition should be used consistently over time and the requirements and definition of LTTs should be included in the Comments section.

Definitions

Ethnicity

- **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.

Race

- **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.

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

Trainees who are not enrolled in a formal degree program may include non-degree seeking students and post-graduate trainees who are completing a fellowship.

Data Collection Form for Long-Term Trainees

- **Name:** _____
- **Email address:** _____
- **Ethnicity:**

  ☐ Hispanic or Latino

  ☐ Not Hispanic or Latino

  ☐ Choose not to disclose/unrecorded

- **Race:**

  ☐ American Indian or Alaska Native

  ☐ Asian

  ☐ Black or African American

  ☐ Native Hawaiian and Other Pacific Islander

  ☐ White

  ☐ More than One Race

  ☐ Choose not to disclose/unrecorded

- **First-generation college student?**

  ☐ Yes

  ☐ No

  ☐ Choose not to disclose/unrecorded

- **Zip Code where trainee lives:** _____
- **Primary discipline of study (during MCH Training Program):**

  ☐ Applied Behavior Analysis

  ☐ Audiology

  ☐ Community Health Worker

  ☐ Community Member/Individual with Personal Experience

  ☐ Dentistry-Pediatric

  ☐ Dentistry – Other

  ☐ Dietetics

☐ Disability Studies

☐ Doula

☐ Education/Special Education

☐ Family Member

☐ Genetics/Genetic Counseling

☐ Health Administration

☐ Law

☐ Medicine-General

☐ Medicine-Adolescent Medicine

☐ Medicine-Adult Providers

☐ Medicine-Developmental-Behavioral Pediatrics

☐ Medicine-Neurodevelopmental Disabilities

☐ Medicine-Pediatrics

☐ Medicine-Pediatric Pulmonology

☐ Medicine-Sleep

☐ Medicine – Other

☐ Nursing-General

☐ Nursing-Family/Pediatric Nurse Practitioner

☐ Nursing-Midwife

☐ Nursing – Other

☐ Nutrition

☐ Occupational Therapy

☐ Pharmacy

☐ Physician Assistant

☐ Physical Therapy

☐ Psychiatry

☐ Psychology

☐ Public Health

☐ Respiratory Therapy

☐ School Psychology/School Counseling

☐ Self-Advocate/Person with a Disability or Special Health Care Need

☐ Social Work

☐ Speech-Language Pathology

☐ Other (Specify) _____

- **Level of training currently being completed through MCHB Training Program:**

  ☐ Undergraduate

  ☐ Masters

  ☐ Pre-doctoral

  ☐ Doctoral

  ☐ Postdoctoral

  ☐ Non-Degree Seeking

- **Is the trainee currently enrolled in a degree program:**

  ☐ Part-time

  ☐ Full-time

  ☐ Not Enrolled

- **Did the trainee receive financial support through the MCH Training grant?**

  ☐ Yes

  ☐ No

  If Yes, amount of financial support received: $_____

  If Yes, type of financial support received:

  ☐ Stipend

  ☐ Tuition

  ☐ Stipend and Tuition

  ☐ Other *(specify)* _____

- **Postdoctoral Fellows and MCH Epidemiology Doctoral Program Fellows, please specify:**

  Length of time receiving support to date: _____

  Research topic or title: _____

Comments

Former Long-Term Trainees

Instructions

Provide the following information for former long-term trainees in your training program. Former trainees are long-term trainees who completed a long-term (greater than or equal to 300 contact hours) MCH Training Program 2 and 5 years ago, including those who received MCH funds and those who did not.

Former long-term trainees should be tracked based on when they complete their MCH Training Program. For example, if a trainee completed a one-year training experience in 2020, 2-year follow-up would be collected and reported to MCHB in 2022 and 5-year follow-up would be collected and reported in 2025.

Section 1: Indicate if the training program has trainees that completed the training program at least 2 and/or 5 years ago. Indicate the number of trainees that completed the program 2 years ago and 5 years ago.

Section 2: Complete this section for each long-term trainee who completed the MCHB-funded training program 2 or 5 years ago.

Definitions

Ethnicity

- **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.

Race

- **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.

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

Leadership activities

- **Academic leadership activities**
    - Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
    - Conducted research or quality improvement on MCH issues
    - Provided consultation or technical assistance in MCH areas
    - Taught/mentored in their discipline or other MCH related field
    - Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
    - Procured grant and other funding in MCH areas
    - Conducted strategic planning or program evaluation

- **Clinical leadership activities**
    - Participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
    - Served in a clinical leadership position (e.g. director, senior therapist, team leader, etc)
    - Taught/mentored in their discipline or other MCH related field
    - Conducted research or quality improvement on MCH issues
    - Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
    - Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
- **Public health leadership activities**
    - Provided consultation, technical assistance, or training in MCH areas
    - Procured grant or other funding in MCH areas
    - Conducted strategic planning or program evaluation
    - Conducted research or quality improvement on MCH issues
    - Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
    - Collaborated with community partners
- **Public policy leadership activities**
    - Participated in public policy development activities at local, state, or national levels (e.g., participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation, provided testimony, educated legislators)
    - Participated on any of the following as a group leader, initiator, or key contributor: committees of State, national, or local organizations; task forces; community boards; research societies; professional societies; etc.
    - Presented or disseminated information on MCH public policy issues to a legislative body, key decision makers, foundations, or the general public (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care, commentaries, and chapters)

Interdisciplinary/Interprofessional: the skills and expertise of team members from different disciplines, including a variety of professionals, MCH populations, and community partners, are acknowledged and seen as essential and synergistic. Input from each team member is elicited and valued in making collaborative, outcome-driven decisions to address individual, community-level, or systems-level problems.

Data Collection Form for Former Long-Term Trainees

- Does your program have any long-term trainees who have completed the Training Program at least 2 and/or 5 years prior to the reporting period?

  ☐ Yes

  ☐ No

- Total number of trainees: _____
- Complete the following section for each long-term trainee who completed the MCHB-funded Training Program 2 or 5 years prior to the reporting period.
  - **Name:** _____
  - **Email address:** _____
  - **When did the trainee complete the MCHB-funded Training Program?** (*select one*)

    ☐ 2 years prior to the current reporting year

    ☐ 5 years prior to the current reporting year

  - **What was the trainee's primary discipline while participating in your Training Program?**

    ☐ Applied Behavior Analysis

    ☐ Audiology

    ☐ Community Health Worker

    ☐ Community Member/Individual with Personal Experience

    ☐ Dentistry-Pediatric

    ☐ Dentistry – Other

    ☐ Dietetics

    ☐ Disability Studies

    ☐ Doula

    ☐ Education/Special Education

    ☐ Family Member

    ☐ Genetics/Genetic Counseling

    ☐ Health Administration

    ☐ Law

    ☐ Medicine-General

    ☐ Medicine-Adolescent Medicine

☐ Medicine-Adult Providers

☐ Medicine-Developmental-Behavioral Pediatrics

☐ Medicine-Neurodevelopmental Disabilities

☐ Medicine-Pediatrics

☐ Medicine-Pediatric Pulmonology

☐ Medicine-Sleep

☐ Medicine – Other

☐ Nursing-General

☐ Nursing-Family/Pediatric Nurse Practitioner

☐ Nursing-Midwife

☐ Nursing – Other

☐ Nutrition

☐ Occupational Therapy

☐ Pharmacy

☐ Physician Assistant

☐ Physical Therapy

☐ Psychiatry

☐ Psychology

☐ Public Health

☐ Respiratory Therapy

☐ School Psychology/School Counseling

☐ Self-Advocate/Person with a Disability or Special Health Care Need

☐ Social Work

☐ Speech-Language Pathology

☐ Other (Specify) _____

- **Ethnicity**

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Choose not to disclose/unrecorded

- **Race**

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian and Other Pacific Islander

☐ White

☐ More than One Race

☐ Choose not to disclose/unrecorded

- **First-generation college student?**

☐ Yes

☐ No

☐ Choose not to disclose/unrecorded

- **Do you have follow-up data to report on the trainee (e.g. former trainee survey)?**

☐ Yes

☐ No

- **What is the trainee's current employment setting?** (*select one*)

☐ Student

☐ Elementary or secondary school or school system

☐ Undergraduate or graduate-level institution

☐ State health department, including Title V

☐ Other government agency (e.g. Federal, state or local)

☐ Clinical health care setting (includes hospitals, health centers and clinics)

☐ Community-based organization or non-profit

☐ Other private sector organization

☐ Not currently working or retired

☐ Other (please specify): _____

- **Zip code of employment setting selected:** _____
- **Does the trainee's current work support or serve any of the following Maternal and Child Health (MCH) populations?** (*select all that apply*)

☐ Women who have given birth

☐ Infants

☐ Children

☐ Adolescents and young adults

☐ Fathers or other caregivers

☐ Children and youth with special health care needs, including children with autism spectrum disorder or other developmental disabilities

☐ None or unknown

- **Does the trainee's current work support or serve populations that have been medically underserved and/or with limited access to care?** (*select all that apply*)

☐ Racial/ethnic populations

☐ Indigenous populations

☐ Rural populations

☐ Children and youth with special healthcare needs

☐ People with disabilities

☐ People living in poverty

☐ People experiencing homelessness

☐ Military veterans

☐ None or unknown

- **Has the trainee done any of the following leadership activities since completing their training program?** (*select all that apply*)

☐ Academic leadership activities

☐ Clinical leadership activities

☐ Public health leadership activities

☐ Public policy leadership activities

☐ None or unknown

- **Has the trainee participated in or led any of the following interdisciplinary/interprofessional activities since completing your training program?** (*select all that apply*)

☐ Sought input or information from other professions, disciplines, individuals with personal experience, or self-advocates to address a need in their work

☐ Provided input or information to other professions or disciplines

☐ Developed a shared vision, roles and responsibilities across disciplines

☐ Utilized shared vision, roles or responsibilities to develop a coordinated, prioritized plan across disciplines to address a need in their work

☐ Established decision-making procedures in an interdisciplinary group

☐ Collaborated with various disciplines across agencies/entities

☐ Advanced policies & programs that promote collaboration with other disciplines or professions

☐ Engaged in clinical practice working in collaboration across disciplines and with the patient

☐ None or unknown

Comments

_____

_____

Proposed Survey Questions

Contact / Background Information

***Name** (first, middle, last): _____

Previous Name (if used while enrolled in the training program): _____

***Address**: _____ City _____ State _____ Zip _____

If tribal nation, specify: _____

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: _____

Email address: _____

***Address**: _____ City _____ State _____ Zip _____

Phone: _____

Primary discipline while participating in the MCH Training Program

☐ Applied Behavior Analysis

☐ Audiology

☐ Community Health Worker

☐ Community Member/Individual with Personal Experience

☐ Dentistry-Pediatric

☐ Dentistry – Other

☐ Dietetics

☐ Disability Studies

☐ Doula

☐ Education/Special Education

☐ Family Member

☐ Genetics/Genetic Counseling

☐ Health Administration

☐ Law

☐ Medicine-General

☐ Medicine-Adolescent Medicine

☐ Medicine-Adult Providers

☐ Medicine-Developmental-Behavioral Pediatrics

☐ Medicine-Neurodevelopmental Disabilities

☐ Medicine-Pediatrics

☐ Medicine-Pediatric Pulmonology

☐ Medicine-Sleep

☐ Medicine – Other

☐ Nursing-General

☐ Nursing-Family/Pediatric Nurse Practitioner

☐ Nursing-Midwife

☐ Nursing – Other

☐ Nutrition

☐ Occupational Therapy

☐ Pharmacy

☐ Physician Assistant

☐ Physical Therapy

☐ Psychiatry

☐ Psychology

☐ Public Health

☐ Respiratory Therapy

☐ School Psychology/School Counseling

☐ Self-Advocate/Person with a Disability or Special Health Care Need

☐ Social Work

☐ Speech-Language Pathology

☐ Other *(Specify)* _____

Are you a first-generation college student (a student who is enrolled in postsecondary education and whose parents do not have any postsecondary education experience)?

☐ Yes

☐ No

☐ Prefer not to say

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

☐ Prefer not to say

Race: *(choose one)*

☐ **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** 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**.

Survey

Please answer all of the following questions to help us understand the impact of the MCH Training Program on your post-training activities. Thank you for taking the time to complete this survey. When you have filled out the entire survey, return it to your MCH Training Program Director.

1. **What best describes your current employment setting:**

   ☐ Student

   ☐ Elementary or secondary school or school system

   ☐ Undergraduate or graduate-level institution

   ☐ State health department, including Title V

   ☐ Other government agency (e.g. Federal, state or local)

   ☐ Clinical health care setting (includes hospitals, health centers and clinics)

   ☐ Community-based organization or non-profit

   ☐ Other private sector organization

   ☐ Not currently working or retired

   ☐ Other (please specify): _____

2. **Does your current work support or serve any of the following Maternal and Child Health (MCH) populations?** *(select all that apply)*

   ☐ Women who have given birth

   ☐ Infants

   ☐ Children

   ☐ Adolescents and young adults

   ☐ Fathers or other caregivers

   ☐ Children and youth with special health care needs, including children with autism spectrum disorder or other developmental disabilities

   ☐ None or unknown

3. **Does your current work support or serve populations that have been medically underserved and/or with limited access to care?** *(select all that apply)*

   ☐ Racial/ethnic populations

   ☐ Indigenous populations

   ☐ Rural populations

☐ Children and youth with special health care needs

☐ People with disabilities

☐ People living in poverty

☐ People experiencing homelessness

☐ Military veterans

☐ None or unknown

4. **Have you done any of the following leadership activities since completing your training program?** *(select all that apply)*

☐ Academic leadership activities

- Disseminated information on MCH issues (e.g., peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- Conducted research or quality improvement on MCH issues
- Provided consultation or technical assistance in MCH areas
- Taught/mentored in MCH discipline or other MCH related field
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
- Procured grant and other funding in MCH areas
- Conducted strategic planning or program evaluation

☐ Clinical leadership activities

- Participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of state, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Served in a leadership position in a clinical setting (e.g., director, senior therapist, team leader)
- Taught/mentored in MCH discipline or other MCH related field
- Conducted research or quality improvement on MCH issues
- Disseminated information on MCH Issues (e.g., peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)

☐ Public health leadership activities

- Provided consultation, technical assistance, or training in MCH areas
- Procured grant or other funding in MCH areas
- Conducted strategic planning or program evaluation
- Conducted research or quality improvement on MCH issues
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)

☐ Public policy leadership activities

- Participated in public policy development activities at local, state, or national levels (e.g., participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation, provided testimony, educated legislators)
- Participated on any of the following as a group leader, initiator, or key contributor: committees of state, national, or local organizations; task forces; community boards; research societies; professional societies; etc.
- Presented or disseminated information on MCH public policy issues to a legislative body, key decision makers, foundations, or the general public (e.g., peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care, commentaries, and chapters)

☐ None or unknown

5. **Have you participated or led any of the following interdisciplinary/interprofessional activities since completing your training program?** *(select all that apply)*

☐ Sought input or information from other professions, disciplines, people with lived experience, or self-advocates to address a need in their work

☐ Provided input or information to other professions or disciplines

☐ Developed a shared vision, roles and responsibilities across disciplines

☐ Utilized shared vision, roles or responsibilities to develop a coordinated, prioritized plan across disciplines to address a need in their work

☐ Established decision-making procedures in an interdisciplinary group

☐ Collaborated with various disciplines across agencies/entities

☐ Advanced policies and programs that promote collaboration with other disciplines or professions

☐ Engaged in clinical practice working in collaboration across disciplines and with the patient

☐ None or unknown

(end of survey)

Confidentiality Statement

Thank you for agreeing to provide information that will enable your training program to 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.

LEAP Trainee Information

Instructions

Provide aggregate data on medium- and long-term LEAP trainees who are participating in the LEAP training program in the reporting period. LEAP programs are expected to collect trainee data annually. Aggregate data are reported on this form based on trainee self-report of data elements.

Definitions

LEAP trainees: Medium-term (40 – 299 program hours) and long-term (300+ program hours) trainees enrolled in the LEAP training program

Ethnicity

- **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.

Race

- **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.

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

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

Data Collection Form for LEAP Trainee Information

Total Number of LEAP Trainees in the reporting period: _____

Ethnicity:

Number of LEAP trainees who identify as:

Hispanic/Latino: _____

Non-Hispanic/Latino: _____

Choose not to disclose/Unrecorded: _____

Race:

Number of LEAP trainees who identify as:

American Indian or Alaska Native: _____

Asian: _____

Black or African American: _____

Native Hawaiian or Pacific Islander: _____

White: _____

More than one race: _____

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 first-generation college student: _____

Work full-time (>35 hours/week) while enrolled in college: _____

Have a dependent(s) other than spouse: _____

Comments

_____

_____

Healthy Start Site Form

Instructions

Section 1: **Grantee Primary Organization Information**

The Grantee Primary Organization is the grantee site location that is noted in the grant records as the main address for your grantee organization. It may be considered the headquarters (HQ) and may/may not be a site that also provides Healthy Start (HS) services. For example, an organization may have an administrative HQ site located in Maryland and has locations providing services to areas in the U.S. Virgin Islands. In this example, the grantee would submit the address for the HQ site in Maryland in Section I and enter the addresses for the U.S. Virgin Islands sites in Section II.

- Grant # and Grantee Name will be pre-populated.
- Enter the street address, city, state, and 5-digit ZIP code for the primary site in the fields provided.
- Indicate whether HS services are provided at the primary location by checking "Yes" or "No." Note: Most HS grantees provide services at their primary location.

Service Area

- Using the dropdown menu, indicate which state(s) are in your organization's service area (as a whole). For example, if your service area covers seven counties across two states, select both states in this dropdown menu.
- Indicate how your organization's service area is *primarily* defined (as indicated in your grantee application): by county, ZIP code, or census tract. Your selection informs the menu for the next question.
- After you select how your service area is primarily defined, the next field, "Please select all of the [counties OR ZIP codes OR census tracts] covered by this organization's service area," will become activated for that particular selection (i.e., counties, ZIP codes, or census tract). Use the dropdown menu to select which [counties OR ZIP codes OR census tracts] are in your organization's HS service area. Please note that you will have access to only one mode of reporting: county, ZIP code, or census tract; it is not possible to select more than one type of service area.

HS Services – Respond to this section for your HS organization as a whole. For example, if HS Site 1 provides doula services and HS Site 2 provides breastfeeding support, indicate that these services are provided by your grantee organization. Note: Only indicate services that are provided through the Healthy Start program.

- Indicate which type(s) of services your project provides, checking all that apply.

Section 2: Healthy Start Sites

For each HS service delivery site:

- Enter the Project Manager's name.
- Enter the name of the project.

Enter the street address, city, state, and 5-digit ZIP code for the primary site in the fields provided.

Data Collection Form for Healthy Start Site

Section 1. Grantee Primary Organization Information

Grant # _____

Grantee Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Are HS services provided at the primary location?

☐ Yes

☐ No

State(s) in this organization's service area: _____

Service area for this organization primarily defined by:

☐ County

☐ ZIP Code

☐ Census Tract

Please select all the names of all of the counties covered by this organization's service area: _____

Please select all the ZIP codes covered by this organization's service area: _____

Please select all Census Tracts covered by this organization's service area: _____

Please check all services provided by this grantee organization as a whole:

☐ Adolescent Population

☐ Breastfeeding Support

☐ Case Management/ Care Coordination

☐ Children/Youth w/Special Health Care Needs

☐ Direct Clinical Services

☐ Doula Services

☐ Fatherhood – Case Management

☐ Fatherhood – Group Services/Health Education

☐ Food Insecurity Services

☐ Health Education

☐ Incarcerated/Justice-System Involved Population

☐ Interconception

☐ Mental & Behavioral Health (beyond screening)

☐ Outreach

☐ Preconception

☐ Prenatal

☐ Telehealth Services

Section 2. Healthy Start Sites

(Complete section below for each service delivery site)

Site 1

Project Manager Name _____

Project Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Site 2

Project Manager Name _____

Project Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Comments

_____
_____