Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grants Information System

OMB No. 0915-0298
Expires: 12/31/2026

Attachment B:
Central Forms

OMB Clearance Package

Table of Contents

Project Abstract

Project Abstract
Instructions
Section I – Project Identifier Information: These items will be auto-populated.

Section II – Budget: These figures will be auto-populated from Financial Form, Lines 1 through 4.
- New Competing Performance Report: will auto-populate the budgeted amount for the first budget period.
- Non-Competing Continuation Performance Reports and Project Period End Report: will auto-populate the budgeted amount from the prior performance report.

Section III – Types of Services
Indicate which type(s) of services your project provides, checking all that apply. For each type of service selected, indicated the percent of the Budget that is dedicated to that type of service (if you do not know the exact percent, provide your best estimate). Percents for all three service types should sum to 100%.

Comments: Enter any comments, if applicable.

Definitions:
Direct Services are preventive, primary, or specialty clinical services for which MCHB program funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. Reporting on direct services should not include the costs of clinical services which are delivered with program dollars but reimbursed by Medicaid, CHIP or other public or private payers. Examples include, but are not limited to the following, paid for with program funds: preventive, primary, or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care, and vision care.

Enabling Services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCHB program funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and beneficiary outreach. Reporting on enabling services should NOT include the costs for enabling services that are reimbursed by Medicaid, CHIP, or other public and private payers. Enabling services may include salary and operational support to a clinic that enable individuals to access health care or improve health outcomes. Examples include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs. In both cases the direct services might still be billed to Medicaid or other insurance, but providing for the availability of the provider enables individuals to access the services, and therefore counts as enabling services.

Public Health Services and Systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, population-based outreach and education, and research.

Section IV – Grantee Organization Type: Choose the one that best applies to your organization.

Section V – Special Population(s) Served: If your program directly targets or serves any of the special populations listed, please select the population(s) that apply. |

Section VI – Project Description OR Experience to Date (DO NOT EXCEED THE SPACE PROVIDED)

A. Project description, new projects only:

 1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for children with special health care needs.

 2. Displays up to 5 objectives of the program. The objectives are auto-populated with the objectives from the Notice of Funding Opportunity (NOFO). For each objective, describe the project activities used to reach objectives, and comment on innovation, cost, and other characteristics of the methodology that are proposed or are being implemented. Lists with numbered items can be used in this section.

 3. Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

 4. Briefly describe the evaluation methods that will be used to assess the success of the project in implementing activities and attaining its objectives.

B. Experience to date:

 1. For each program objective, select Yes or No to indicate if measurable progress towards the objective was made during the reporting period. Provide data and a brief description that supports the Yes/No selection (not to exceed 200 words).

Section VII – Key Words

 Select the key words to describe the project. Choose key words from the included list. Select all that apply. If a key word is not listed, select Other and specify key word(s). You may select a sub-key word without also selecting the corresponding general key word. For example, you may select "Early Childhood - Newborn Screening" without selecting "Early Childhood - General". In addition, you may select only the general key word if none of the sub-key words apply.

Comments: Enter any comments, if applicable.

I. PROJECT IDENTIFIER INFORMATION

 1. Project Title: _____
 2. Project Number: _____
 3. Project Director/Principal Investigator as show on NoA: _____
 4. E-mail Address: _____

II. BUDGET

 1. MCHB Grant Award $_____
    (Line 1, Financial Form)
 2. Matching Funds (if applicable) $_____
    (Line 2, Financial Form)
 3. Other Project Funds $_____
    (Line 3, Financial Form)
 4. Total Project Funds $_____
    (Line 4, Financial Form)

III. TYPE(S) OF SERVICE PROVIDED *(select all that apply)*

 ☐ Direct Services
    Percent of Budget for Direct Services ____
 ☐ Enabling Services
    Percent of Budget for Enabling Services ____
 ☐ Public Health Services and Systems
    Percent of Budget for Public Health Services and Systems ____

IV.   GRANTEE ORGANIZATION TYPE
☐ State Agency
☐ Community Government Agency
☐ School District
☐ University/Institution of Higher Learning (Non-Hospital Based)
☐ Academic Medical Center
☐ Community-Based Non-Governmental Organization (Health Care)
☐ Community-Based Non-Governmental Organization (Non-Health Care)
☐ Professional Membership Organization (Individuals Constitute Its Membership)
☐ National Organization (Other Organizations Constitute Its Membership)
☐ National Organization (Non-Membership Based)
☐ Independent Research/Planning/Policy Organization
☐ Other (specify) _____

V.   SPECIAL POPULATION(S) SERVED *(select all that apply)*
☐   Uninsured
☐   Homeless
☐   Rural
☐   Tribal

VI.   PROJECT DESCRIPTION OR EXPERIENCE TO DATE
A.   Project description, new projects only:

1.   Project Description and Problem *(In 150 words or less, briefly describe the problem that your project addresses)*:

2.   Program Objectives and Key Project Activities: *(Objectives auto-populated from the NOFO objectives. For each objective, list project activities used to reach objective, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented)*
Objective 1:
Related Activity 1:
Related Activity 2:
Objective 2:
Related Activity 1:
Related Activity 2:
Objective 3:
Related Activity 1:
Related Activity 2:
Objective 4:
Related Activity 1:
Related Activity 2:
Objective 5:
Related Activity 1:
Related Activity 2:

3.   Coordination (List the state, local, or other organizations involved in the project and briefly describe their roles):

4.   Evaluation *(Briefly describe the methods which will be used to determine whether process and outcome objectives are met; be sure to tie to evaluation requirements from NOFO)*:

B.   Experience to date:

1.   Progress Towards Objectives to Date:
   a.   Did you make measurable progress towards Objective 1 in the reporting period?
        ☐ Yes ☐ No
           i.   Provide data that support this: _____

   b.   Did you make measurable progress towards Objective 2 in the reporting period?
        ☐ Yes ☐ No
           i.   Provide data that support this: _____

   c.   Did you make measurable progress towards Objective 3 in the reporting period?
        ☐ Yes ☐ No
           i.   Provide data that support this: _____

   d.   Did you make measurable progress towards Objective 4 in the reporting period?
        ☐ Yes ☐ No
           i.   Provide data that support this: _____

   e.   Did you make measurable progress towards Objective 5 in the reporting period?
        ☐ Yes ☐ No
           i.   Provide data that support this: _____

VII.   **KEY WORDS** *(select all that apply)*

☐ Early Childhood
   ☐   Newborn Screening
   ☐   Safe Sleep
   ☐   Developmental Health (including developmental screening)
☐ Adolescent Health
☐ Maternal Health
   ☐   Maternal Mortality
   ☐   Perinatal/Postpartum Care
   ☐   Breastfeeding
   ☐   Maternal Depression
☐ Children, Adolescents, and Young Adults with Special Health Care Needs
☐ Developmental Disabilities
☐ Mental/Behavioral Health
   ☐   Autism
   ☐   Substance Use Disorder(s)
☐ Clinical Care
☐ Sickle Cell Disease
☐ Heritable Disorders (excluding sickle cell)
☐ Epilepsy
☐ Fetal Alcohol Syndrome
☐ Oral Health
☐ Medical Home

☐ Health Care Transition
☐ Immunizations
☐ Injury Prevention
   ☐   Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
   ☐   Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ Other (specify): _____

Comments: _____

Project Abstract (Research Programs ONLY)

Project Abstract (Research Programs ONLY)

Instructions

Section I – Project Identifier Information: These items will be auto-populated.

Section II – Budget: These figures will be auto-populated from the Financial Form, Lines 1 through 4.
- New Competing Performance Report: will auto-populate the budgeted amount for the first budget period.
- Non-Competing Continuation Performance Reports and Project Period End Report: will auto-populate the budgeted amount from the prior performance report.

Section III – Population Focus: Indicate which population(s) are the focus of the study. Select all that apply.

Section IV – Study Design: Indicate which type of design the study uses. Select all that apply.

Section V – Time Design: Indicate which type of design the study uses. Select all that apply.

Section VI – Priority Research Issues and Questions of Focus (DO NOT EXCEED THE SPACE PROVIDED)
Provide a brief statement of the primary and secondary (if applicable) areas to be addressed by the research. The topic(s) should be aligned with those listed in the Maternal and Child Health Bureau (MCHB) Strategic Research Issues (https://mchb.hrsa.gov/research/strategic-research-issues.asp).

Section VII – Research Abstract: Provide a three to five sentence description of your project that identifies the project's purpose, the needs and problems which are addressed, the objectives of the project, the related activities which will be used to meet the stated objectives, and the materials which will be developed.

Section VIII – Key Words
Select the key words to describe the project. Choose key words from the included list. Select all that apply. If a key word is not listed, select Other and specify key word(s). You may select a sub-key word without also selecting the corresponding umbrella key word. For example, you may select "Newborn Screening" without selecting "Early Childhood". In addition, you may select only the umbrella key word if none of the sub-key words apply.

Comments: Enter any comments, if applicable.

I. PROJECT IDENTIFIER INFORMATION
1. Project Title: _____
2. Project Number: _____
3. Project Director/Principal Investigator as show on NoA: _____
4. Additional Principal Investigator(s), Discipline: _____

II. BUDGET
1. MCHB Grant Award $_____
   (Line 1, Financial Form)
2. Matching Funds (if applicable) $_____
   (Line 2, Financial Form)
3. Other Project Funds $_____
   (Line 3, Financial Form)
4. Total Project Funds $_____
   (Line 4, Financial Form)

III.   **POPULATION FOCUS** *(select all that apply)*

☐ Neonates   ☐ Pregnant Women
☐ Infants   ☐ Postpartum Women
☐ Toddlers   ☐ Parents/Mothers/Fathers
☐ Preschool Children   ☐ Adolescent Parents
☐ School-Aged Children   ☐ Grandparents
☐ Adolescents   ☐ Physicians
☐ Adolescents (Pregnancy Related)   ☐ Other (specify) _____
☐ Young Adults (18-25)

IV.   **STUDY DESIGN** *(select all that apply)*

☐ Experimental
☐ Quasi-experimental
☐ Observational

V.   **TIME DESIGN** *(select all that apply)*

☐ Cross-sectional
☐ Longitudinal
☐ Mixed

VI.   **PRIORITY RESEARCH ISSUES AND QUESTIONS OF FOCUS**

From the Maternal and Child Health Bureau (MCHB) Strategic Research Issues

      Primary area addressed by research: _____

      Secondary area addressed by research (if applicable): _____

VII.   **RESEARCH ABSTRACT**

      _____

VIII.   **KEY WORDS** *(select all that apply)*

☐ Early Childhood
      ☐ Newborn Screening
      ☐ Safe Sleep
      ☐ Developmental Health (including developmental screening)
☐ Adolescent Health
☐ Maternal Health
      ☐ Maternal Mortality
      ☐ Perinatal/Postpartum Care
      ☐ Breastfeeding
      ☐ Maternal Depression
☐ Children, Adolescents, and Young Adults with Special Health Care Needs
☐ Developmental Disabilities
☐ Mental/Behavioral Health
      ☐ Autism
      ☐ Substance Use Disorder(s)
☐ Clinical Care
☐ Sickle Cell Disease
☐ Heritable Disorders (excluding sickle cell)
☐ Epilepsy
☐ Fetal Alcohol Syndrome
☐ Oral Health

☐ Medical Home
☐ Health Care Transition
☐ Immunizations
☐ Injury Prevention
    ☐ Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
    ☐ Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ Other (specify): _____

Comments: _____

Financial Form

Financial Form
Instructions
Line 1 – **MCHB Grant Award Amount:** Enter the amount of the Federal MCHB grant award for this project. Line 2 – **Required Matching Funds:** If <u>matching funds are required</u> for this grant program list the total amount of matching funds. These can include local, state, program, applicant/grantee, or other funds. Where appropriate, include the dollar value of in-kind contributions. Line 3 – **Other Project Funds:** Enter the total amount of other funds received for the project. These can include local, state, program, applicant/grantee, or other funds leveraged. Also include the dollar value of in-kind contributions. Line 4 – **Total Project Funds:** Displays the sum of lines 1 through 3, which is auto-calculated. Line 5 – **Federal Collaborative Funds:** Enter the total amount of other Federal funds received other than the MCHB grant award for the project. Such funds include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts. For all lines: • New Competing Performance Report: enter the budgeted amount for the first budget period • Non-Competing Continuation Performance Reports: enter the expended amount for the prior budget period and the budgeted amount for the upcoming budget period • Project Period End Report: enter the expended amount for the last budget period **Comments:** Enter any comments, if applicable.

		Budget Period ___		Budget Period ___	
		Budgeted	Expended	Budgeted	Expended
1.	**MCHB GRANT AWARD AMOUNT**	$ ___	$ ___	$ ___	$ ___
2.	**REQUIRED MATCHING FUNDS** (Are matching funds required? Yes ☐ No ☐ If yes, please enter amount)	$ ___	$ ___	$ ___	$ ___
3.	**OTHER PROJECT FUNDS** (Not included in Line 1 or Line 2 above)	$ ___	$ ___	$ ___	$ ___
4.	**TOTAL PROJECT FUNDS** (Total of Lines 1 through 3)	$ ___	$ ___	$ ___	$ ___
5.	**FEDERAL COLLABORATIVE FUNDS** (Additional federal funds contributing to the project)	$ ___	$ ___	$ ___	$ ___

Comments: _____

Health Equity

Health Equity
Instructions

Select Yes or No to indicate whether your program advanced health equity during the reporting period. If Yes is selected, continue and complete Part A. If No is selected, the form is complete.
 	
Part A. Health Equity
   i. Select the MCHB funded activity/activities that were conducted <u>through your programming</u> during the reporting period to advance health equity. Select all that apply.
  ii. Select the MCHB funded activity/activities that your program/organization conducted <u>internally</u> during the reporting period to create or maintain an internal culture of equity. Select all that apply. If none of the options are close to the topic of your activity, select "Other" and specify. This question is optional; if internal activities were not conducted, you may skip this question.
 iii. Select which equity topics your activities (through programming and/or internally) targeted and/or covered. If the specific equity topic of your activity is not listed, select the topic area closest to your topic area. Select all that apply. If none of the equity topics are close to the equity topic of your activity, select "Other" and specify.
 iv. Select Yes or No to indicate if your program has established stated goals/objectives for health equity. Goals/objectives should have specific health equity components. Goals/objectives may apply to programming and/or internally. If No is selected, the form is complete.
      1. If Yes is selected, enter your stated goals/objectives and describe progress made on those goals/objectives during the reporting period.
 	
Comments: Enter any comments, if applicable.
 	
<u>**Definitions:**</u>
Health Equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

1. **During the reporting period, did your program advance health equity?**	☐ Yes *[complete Part A]* ☐ No
A. **Health Equity** i. How has your program advanced health equity during the reporting period? *(select all that apply)*	☐ **Creating and supporting collaborations and partnerships** with other health and non-health sectors that influence the well-being of individuals in order to advance health equity. ☐ **Engaging persons with lived experience** in active roles that influence program planning and implementation, with a focus on advancing health equity. ☐ Accounting for and addressing **social and structural determinants of health** to drive health equity in our program's area of focus. ☐ **Creating and supporting the infrastructure and capacity for equity** by improving data collection capacity, promoting cultural responsiveness, and promoting policies and procedures that advance equity.

☐ **Centering equity in data use and performance measurement**, including disaggregating data across various demographic indicators and compiling and integrating diverse forms of quantitative and qualitative data.

☐ **Providing services** to individuals and communities with the greatest need in order to promote equity in a culturally responsive manner, specifically focused on those disproportionately impacted by health outcomes.

☐ Other (specify): _____

ii. How has your program/organization created or maintained an internal culture of equity? *(select all that apply)* [OPTIONAL]

☐ Hiring policies and practices to advance staff diversity

☐ Staff inclusion, belonging, and retention—with a focus on staff from diverse backgrounds

☐ Staff capacity to effectively advance health equity

☐ Organizational policies and practices that intentionally promote equity

☐ Other (specify): _____

iii. Which equity topic(s) did your program's activities target? *(select all that apply)*

☐ Race/ethnicity

☐ Sex/gender/sexual orientation/gender identity

☐ Income/socioeconomic status

☐ Disability

☐ Age

☐ Language

☐ Geography – rural/urban

☐ Other (specify): _____

iv. Has your program established stated goals/objectives for health equity?

☐ Yes
☐ No

    1. If yes, enter the stated health equity goals/objectives and describe what progress your program made on those goals/objectives in the reporting period.

_____

Comments: _____

Direct and Enabling Services

Direct and Enabling Services
Instructions

Select Yes or No to indicate whether your program provided direct and/or enabling services during the reporting period. If your program provided both direct and enabling services, select Yes for both, and complete Part A and Part B. If your program only provided direct services, select Yes for direct services only and complete Part A. If your program only provided enabling services, select Yes for enabling services and complete Part B. If your program did not provide either, select No and the form is complete.
 	
Part A. Direct Services
  i. Select the types of direct services provided during the reporting period. Select all that apply.
  ii. For outputs:
     a. Complete the table and fill in each of the cells as appropriate to calculate the total number served by direct services in the reporting period. For reporting on children, adolescents, and young adults, select EITHER "Children, Adolescents, and Young Adults (age 1-25)" OR the subcategories of "Children and Adolescents (age 1-17)" and "Young Adults (age 18-25)." Children, Adolescents, and Young Adults with Special Health Care Needs (CYSHCN) is a subset of Infants (age <1 year) and Children, Adolescents, and Young Adults (age 1-25) and will not be used to calculate the total served. Total columns and rows will be auto-calculated based on data entered into the cells. Within each reporting category, the count of individuals served should be unduplicated to the fullest extent possible. For example, if an individual receives multiple direct services such as screening and oral health care, the individual would only be counted once in the table. If data are provided in the row for "Children, Adolescents, and Young Adults", "Children and Adolescents (age 1-17)", and/or "Young Adults (age 18-25)", please indicate the age range (minimum age and maximum age) of children, adolescents, and/or young adults served.
     b. If applicable, enter the number served by direct services using telehealth during the reporting period. Telehealth means that the direct service was provided using telehealth modalities. This number is a subset of the total number served by direct services. The count of individuals served via telehealth should be unduplicated to the fullest extent possible. For example, if an individual receives multiple direct services via telehealth, the individual would only be counted once.
 	
Part B. Enabling Services
  i. Select the types of enabling services provided during the reporting period. Select all that apply.
  ii. For outputs:
     a. Complete the table and fill in each of the cells as appropriate to calculate the total number served by enabling services in the reporting period. For reporting on children, adolescents, and young adults, report EITHER "Children, Adolescents, and Young Adults (age 1-25)" OR the subcategories of "Children and Adolescents (age 1-17)" and "Young Adults (age 18-25)." Children, Adolescents, and Young Adults with Special Health Care Needs (CYSHCN) is a subset of Infants (age <1 year) and Children, Adolescents, and Young Adults (age 1-25) and will not be used to calculate total served. Total columns and rows will be auto-calculated based on data entered into the cells. Within each reporting category, the count of individuals served should be unduplicated to the fullest extent possible. For example, if an individual receives multiple enabling services, the individual would only be counted once in the table. If data are provided in the row for "Children, Adolescents, and Young Adults", "Children and Adolescents (age 1-17)",

and/or "Young Adults (age 18-25)", please indicate the age range (minimum age and maximum age) of children, adolescents, and/or young adults served.

    b. If applicable, enter the number served by enabling services using telehealth during the reporting period. Telehealth means that the enabling service was provided using telehealth modalities. This number is a subset of the total number served by enabling services. The count of individuals served via telehealth should be unduplicated to the fullest extent possible. For example, if an individual receives multiple enabling services via telehealth, the individual would only be counted once.

Note: A program participant may receive both a direct and enabling service. If a participant receives both direct and enabling services, they should be included in the tables for Part A and Part B.

Comments: Enter any comments, if applicable.

Definitions:

Direct Services are preventive, primary, or specialty clinical services, where MCHB program funds are used to reimburse or fund individually delivered services through a formal process similar to paying a medical billing claim or managed care contracts. Reporting on direct services should NOT include the costs of clinical services which are delivered with program dollars but reimbursed by Medicaid, CHIP, or other public or private payers. (Definition Source: Adapted from TVIS Glossary https://mchb.tvisdata.hrsa.gov/Glossary/Glossary)

- Services may be provided by clinical or non-clinical professionals and paraprofessionals.
- Examples include, but are not limited to (where MCHB program funds are used to reimburse or fund individually delivered services through a formal process similar to paying a medical billing claim or managed care contracts), preventive, primary, or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies (purchased directly for a person to use themselves at home), medical foods, oral health care, and vision care.
- The recipients of these services are individuals or members of families

Enabling Services are non-clinical services that aid individuals to access health care and supportive care and improve health and well-being outcomes. (Definition Source: Adapted from TVIS Glossary https://mchb.tvisdata.hrsa.gov/Glossary/Glossary)

- Enabling services include, but are not limited to: case management, care coordination, referrals, services to support transition from pediatric to adult health care, consultation, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, beneficiary outreach, and purchase of equipment and medical supplies (to support the care of people in a care setting).
- The recipients of these services are individuals or members of families.

Families include individuals in traditional or non-traditional family structures and may include biological, foster, or adoptive parents and/or siblings, spouses or partners, or members of an extended family.

Telehealth is the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health.

1. During the reporting period, did your program provide direct or enabling services? *(select all that apply)*	☐ Yes, direct services *[complete Part A]* ☐ Yes, enabling services *[complete Part B]* ☐ No

A. Direct Services

i. Types of direct services provided in the reporting period *(select all that apply)*	☐ Clinical assessments ☐ Screening ☐ Preventive care visits ☐ Primary care visits ☐ Specialty care visits ☐ Emergency department visits ☐ Inpatient services ☐ Outpatient and/or inpatient mental and behavioral health services ☐ Oral health care ☐ Vision care ☐ Prescription drugs ☐ Occupational and/or physical therapy ☐ Speech therapy ☐ Purchase of durable medical equipment and medical supplies (for use at a person's home) ☐ Purchase of medical foods ☐ Other (specify): _____
ii. Outputs	a. Total # served by direct services in the reporting period <TABLE BY POPULATION GROUPS AND RACE, ETHNICITY, AND INSURANCE> I. # served by direct services using telehealth in the reporting period (Note: this number is a subset of Total # served by direct services) _____

B. Enabling Services

i. Types of enabling services provided in the reporting period *(select all that apply)*	☐ Care management ☐ Care coordination ☐ Referrals ☐ Health education ☐ Transition services ☐ Consultation ☐ Translation/interpretation ☐ Transportation ☐ Eligibility assistance ☐ Environmental health risk reduction

☐ Health literacy and outreach
☐ Purchase of equipment and medical supplies (for use in a care setting)
☐ Other (specify): _____

ii.   Outputs

a.   Total # served by enabling services in the reporting period
<TABLE BY POPULATION GROUPS AND RACE, ETHNICITY, AND INSURANCE >

I.   # served by enabling services using telehealth in the reporting period (Note: this number is a subset of Total # served by enabling services) _____

Comments: _____

<TABLE BY POPULATION GROUPS AND RACE, ETHNICITY, AND INSURANCE>

	RACE								ETHNICITY				INSURANCE				
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown/ Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Unrecorded	Total	Public	Private	Uninsured	Unknown/ Unrecorded	Total
Infants (age <1 year)																	
Children, Adolescents, and Young Adults (age 1-25)																	
Children and Adolescents (age 1-17)																	
Young Adults (age 18-25)																	
CYSHCN (age 0-25)																	
Pregnant/ postpartum persons (all ages)																	
Non-pregnant women (age 26+)																	
Men (age 26+)																	
Families																	
Other (specify): _____																	
Unknown																	
TOTALS																	

If served "Children, Adolescents, and Young Adults (age 1-25)", "Children and Adolescents (age 1-17)", and/or "Young Adults (age 18-25)", and reported them in the table above, please indicate the age range of children, adolescents, and/or young adults served.

[   ]   to   [   ]

Training and Workforce Development

Training and Workforce Development
Instructions
Select Yes or No to indicate whether your program conducted training and workforce development through a degree, certification, or formal course AND/OR through continuing education during the reporting period. If your program provided both, select Yes for both, and complete Part A and Part B. If your program only provided training and workforce development through a degree, certification, or formal course, only select Yes for training and workforce development through a degree, certification, or formal course and complete Part A. If your program only provided continuing education, select Yes for continuing education and complete Part B. If your program did not provide either, select No and the form is complete.

Part A. Degree, Certification, or Formal Course
    i.   Select the type(s) of trainees reached during the reporting period. Select all that apply.
    ii.   Select the focus area(s) of the training(s) provided. Select all that apply.
    iii.   Select the topic area(s) of the training(s) provided. Select all that apply. If the specific topic area of your training is not listed, select the topic area closest to your topic area. If none of the topic areas are close to your topic area, select "none of the above." You may select a subtopic without also selecting the corresponding general topic. For example, you may select "Newborn Screening" without selecting "Early Childhood". In addition, you may select only the general topic if none of the subtopics apply.
    iv.   For outputs:
         a.   Enter the number of trainees trained during the reporting period. This number should be an unduplicated count.

Part B. Continuing Education
    i.   Select the type(s) of continuing education participants reached during the reporting period. Select all that apply.
    ii.   Select the subject area(s) of the continuing education provided. Select all that apply. If the specific subject area of your training is not list, select the subject area closest to your subject area. If none of the subject areas are close to your subject area, select "none of the above."
    iii.   If applicable, select the topic area(s) of the continuing education provided. Select all that apply. If the specific topic area of your training is not list, select the topic area closest to your topic area. If none of the topic areas are close to your topic area, select "none of the above." You may select a subtopic without also selecting the corresponding general topic. For example, you may select "Newborn Screening" without selecting "Early Childhood". In addition, you may select only the general topic if none of the subtopics apply.
    iv.   For outputs:
         a.   Enter the number of continuing education sessions/activities conducted during the reporting period.
         b.   Enter the number of continuing education participants during the reporting period. This number may be duplicated.

Comments: Enter any comments, if applicable.

<u>Definitions:</u>
Degree, Certification, or Formal Course refers to training provided through a standard curriculum that may result in a degree or certification. Post-graduates and early research investigators are also included, even though they will not receive a degree or certificate. Also included are individuals that receive a portion of the curriculum but do not complete all of the curriculum or receive a degree or certificate. This may include:

- Short-term, medium-term, and long-term Division of Maternal and Child Health Workforce Development training program trainees
- Research network mentees
- Individuals receiving EMS certification
- Individuals receiving doula certification

Continuing Education refers to trainings that maintain or strengthen knowledge and skills of the MCH workforce (including community outreach workers, families, and other members who directly serve the community), and are not part of a degree, certification, or formal course. This includes trainings that may be used to maintain the credentials and licensure of health care providers, public health practitioners, other members of the practicing MCH workforce.

Differentiation between Training and Workforce Development, Technical Assistance, and Outreach and Education:

Activity	Is the Purpose of the Activity to Address Needs at the Individual, Organizational, or General Population Level?	Recipient Level	Goal	Included Activities
Training and Workforce Development	Individual trainees or practicing MCH workforce professionals	Individual trainees or practicing MCH workforce professionals	To improve the knowledge, skills, and capacity of future and practicing MCH workforce members	- Undergraduate, graduate, and post-graduate education and training - Continuing education - Applied learning - ECHO, if it includes training sections
Technical Assistance	Organizational	Individual(s) in the organization	To improve the knowledge and skills of organizational members in order to meet organizational outcomes	Provide support, training, education, etc. with the intent of facilitating and achieving organizational goals and outcomes. **Activities** - Training - TA - Site visits - Collaborative networks - Running peer-to-peer forums
Outreach and Education	General population	Individuals in the population at large	To improve knowledge of the target population by providing information,	Provide information and messaging to MCH populations through more generalized and passive mechanisms. (If program funds are used to create resources and tools, but not provide direct one-on-one support and contact, this would count here).

<table>
<tr><td></td><td></td><td></td><td></td><td>messaging, and discussion</td><td>**Activities**
- Public health campaigns
- Educational pamphlets, fact sheets, etc.
- Webinars available to the public</td><td></td></tr>
</table>

1. **During the reporting period, did your program provide training and workforce development through a degree, certification, or formal course OR through continuing education?**
   (select all that apply)

   ☐ Yes, provided training and workforce development through a degree, certification, or formal course *[complete Part A]*

   ☐ Yes, provided training and workforce development through continuing education *[complete Part B]*

   ☐ No

A. **Degree, Certification, or Formal Course**

   i. Trainee Type reached in the reporting period *(select all that apply)*

   ☐ Undergraduate
   ☐ Graduate
   ☐ Post-graduate
   ☐ Non-degree seeking
   ☐ Other (specify): _____

   ii. Training Focus *(select all that apply)*

   ☐ Clinical care
   ☐ Care support (including allied health)
   ☐ Research
   ☐ Public health, non-research (for example, policy, planning, leadership, etc.)
   ☐ Other (specify): _____

   iii. Training Topic Area *(select all that apply)*

   ☐ Early Childhood
       ☐ Newborn Screening
       ☐ Safe Sleep
       ☐ Developmental Health (including developmental screening)
   ☐ Adolescent Health
   ☐ Maternal Health
       ☐ Maternal Mortality
       ☐ Perinatal/Postpartum Care
       ☐ Breastfeeding
       ☐ Maternal Depression

☐ Children, Adolescents, and Young Adults with Special Health Care Needs
☐ Developmental Disabilities
☐ Mental/Behavioral Health
    ☐ Autism
    ☐ Substance Use Disorder(s)
☐ Clinical Care
☐ Sickle Cell Disease
☐ Heritable Disorders (excluding sickle cell)
☐ Epilepsy
☐ Fetal Alcohol Syndrome
☐ Oral Health
☐ Medical Home
☐ Health Care Transition
☐ Immunizations
☐ Injury Prevention
    ☐ Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
    ☐ Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ None of the above

    iv.   Outputs   a.   # trained during the reporting period _____

B. Continuing Education

i.	Continuing Education Participant Type reached in the reporting period *(select all that apply)*	☐ Clinical care provider (for example, MD, DO, NP, PA, etc.) ☐ Care support provider (including allied health) ☐ Researcher ☐ Public health professional, non-researcher ☐ Community-based participant (for example, community outreach worker, family advocate, etc.) ☐ Other (specify): _____
ii.	Continuing Education Subject Area *(select all that apply)*	☐ Clinical Care Related (including medical home) ☐ Equity, Diversity, or Cultural Responsiveness Related ☐ Data, Research, Evaluation Methods ☐ Family Involvement ☐ Interdisciplinary Teaming ☐ Health Care Workforce Leadership ☐ Policy ☐ Systems Development/Improvement (including capacity building, planning, and financing) ☐ Emerging Issues (specify): _____ ☐ None of the above

iii.	Continuing Education Topic Area *(select all that apply)*	☐ Early Childhood
		    ☐ Newborn Screening
		    ☐ Safe Sleep
		    ☐ Developmental Health (including developmental screening)
		☐ Adolescent Health
		☐ Maternal Health
		    ☐ Maternal Mortality
		    ☐ Perinatal/Postpartum Care
		    ☐ Breastfeeding
		    ☐ Maternal Depression
		☐ Children, Adolescents, and Young Adults with Special Health Care Needs
		☐ Developmental Disabilities
		☐ Mental/Behavioral Health
		    ☐ Autism
		    ☐ Substance Use Disorder(s)
		☐ Clinical Care
		☐ Sickle Cell Disease
		☐ Heritable Disorders (excluding sickle cell)

☐ Epilepsy
☐ Fetal Alcohol Syndrome
☐ Oral Health
☐ Medical Home
☐ Health Care Transition
☐ Immunizations
☐ Injury Prevention
    ☐ Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
    ☐ Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ None of the above

    iv.   Outputs *(complete both a and b)*

    a.   # of continuing education sessions/activities conducted during the reporting period ___

    b.   # of participants in continuing education activities during the reporting period ___

Comments: _____

Partnerships and Collaboration

Partnerships and Collaborations
Instructions

Select Yes or No to indicate whether your program engaged in or supported partnerships and collaborations during the reporting period. If Yes is selected, continue and complete Part A. If No is selected, the form is complete.
 	
 Part A. Partnerships and Collaborations
    i.   Select the purpose of the partnership(s)/collaboration(s). This should be the main reason(s) for establishing, supporting, engaging in, and continuing partnership(s)/collaboration(s). Select all that apply.
    ii.   For outputs: For each applicable partner/collaborator category, select all the types of partnership/collaboration that apply, and report the number of partnerships/collaborations in the reporting period. The number of partnerships/collaborations should be an unduplicated count. For example, if a program had multiple types of partnerships/collaborations with one Title V agency in the reporting period, the number of Title V partnerships would be one. If a program had partnerships with two Title V agencies, the number of Title V partnerships would be two. Partners/Collaborators can be organizations or individuals.
 	
 Comments: Enter any comments, if applicable.
 	
 <u>**Definitions:**</u>
 Partnership and Collaboration refers to activities that build and strengthen connections between organizations and individuals with similar interests, missions, and activities to allow for information sharing, learning, and capacity building across organizations/individuals. These activities include creation or strengthening of relevant organizational relationships that serve to expand the capacity and reach of a program in meeting the needs of its MCH population. Partnerships and collaborations are intended to be mutually beneficial relationships for all parties involved. Programs that build partnerships and collaboration between organizations, but themselves are not active in or beneficiaries of the partnerships (for example, a TA center that sets up a peer-to-peer network but does NOT participate as a recipient or beneficiary), should not complete this form.

1. During the reporting period, did your program engage in or support partnerships and collaboration to expand capacity and reach to meet the needs of the program's MCH population?	☐ Yes, [*complete Part A*] ☐ No
A. Partnerships and Collaborations	

i.	Purpose of partnerships/ collaborations (*select all that apply*)	☐ Improve program quality ☐ Increase reach of program activities or messaging ☐ Increase funding or other resources to advance program goals ☐ Increase political will/"buy-in" for program activities or goals ☐ Establish or implement shared goals, activities, data collection, or measurement ☐ Reach and engage communities/potential service recipients ☐ Other (specify): _____

ii.	Outputs: Types and numbers of partnerships and collaborations in reporting period, by partner/collaborator category	(see table below)

Partner/Collaborator Category	Type of partnership/collaboration (*select all that apply*)	Number of partnerships/ collaborations for the partner/collaborator category in the reporting period
Title V	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.) ☐ Referral and care coordination networks ☐ Other (specify): _____	
Social service agency	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.) ☐ Referral and care coordination networks ☐ Other (specify): _____	

	Medicaid agency	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.) ☐ Referral and care coordination networks ☐ Other (specify): _____	
	Other state/local agencies	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.) ☐ Referral and care coordination networks ☐ Other (specify): _____	
	Health care providers/ clinical providers	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.) ☐ Referral and care coordination networks ☐ Other (specify): _____	
	Community/family groups	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.)	

	☐ Referral and care coordination networks ☐ Other (specify): _____	
Educational institutions	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.) ☐ Referral and care coordination networks ☐ Other (specify): _____	
Health insurance (non-public)	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.) ☐ Referral and care coordination networks ☐ Other (specify): _____	
Tribal entities	☐ Memoranda of understanding or other written agreements ☐ Working groups or committees (including advisory boards, steering committees) ☐ Peer-to-peer learning ☐ Provider-to-provider consultations ☐ Information-sharing networks ☐ Shared resources (for example, funding, staff, etc.) ☐ Referral and care coordination networks ☐ Other (specify): _____	

| | Federal partners | ☐ Memoranda of understanding or other written agreements
☐ Working groups or committees (including advisory boards, steering committees)
☐ Peer-to-peer learning
☐ Provider-to-provider consultations
☐ Information-sharing networks
☐ Shared resources (for example, funding, staff, etc.)
☐ Referral and care coordination networks
☐ Other (specify): _____ | |
| | Other (specify): _____ | ☐ Memoranda of understanding or other written agreements
☐ Working groups or committees (including advisory boards, steering committees)
☐ Peer-to-peer learning
☐ Provider-to-provider consultations
☐ Information-sharing networks
☐ Shared resources (for example, funding, staff, etc.)
☐ Referral and care coordination networks
☐ Other (specify): _____ | |

Comments: _____

Engagement of Persons with Lived Experience

Engagement of Persons with Lived Experience
Instructions
Select Yes or No to indicate whether your program supported engagement of family members and/or other persons with lived experience during the reporting period. If your program supported both, select Yes for both, and complete Part A and Part B. If your program only supported engagement of family members, select Yes for family members only and complete Part A. If your program only supported engagement of other persons with lived experience, select Yes for other persons with lived experience and complete Part B. If your program did not support either, select No and the form is complete. **Part A. Family Engagement**   i. For each engagement area, indicate whether your program engaged family members during the reporting period and, if yes, enter the number of family members engaged during the reporting period. Multiple individuals from within the same family unit should be counted separately (i.e., if a program engaged two parents, they should each be counted separately). The number engaged may be duplicated across rows (i.e., if a family member is engaged in both Program Development, Planning and Evaluation, as well as Leadership Training, the family member would be counted in each row).   ii. If able, complete the table and fill in each of the cells as appropriate. This item is optional. The unduplicated row totals for race and ethnicity will be auto-calculated and may not align with the duplicated numbers presented in Table A.i. When reporting data pertaining to participants' race, ethnicity, or membership in social or demographic groups—particularly groups those that are underrepresented—awardees should ensure that those data are accurate and collected validly and sensitively. Do not infer or guess individuals' membership in a particular group.   iii. If able, enter the number engaged during the reporting period from other demographic groups that are underrepresented (for example, underrepresented factors include sexual orientation, gender identity, income/socioeconomic status, health status/disability, age, language, geography). This item is optional and should only be completed if data are collected in a valid manner that recognizes the sensitive nature of these topics.   iv. Select Yes or No to indicate if family members were compensated for their engagement during the reporting period. Select Yes if at least one family member was compensated. If yes, and if able, enter the number of family members compensated; the item for number of family members compensated is optional.   v. Select Yes or No to indicate whether engaging family members resulted in any changes to your program. If yes, select all the ways engagement resulted in changes to your program. Note that the form does not require you to measure or quantify the degree of change, only that it occurred. Select all that apply.   **Part B. Other Persons with Lived Experience Engagement**   i. For each engagement area, indicate whether your program engaged other persons with lived experience during the reporting period and, if yes, enter the number of other persons with lived experience engaged during the reporting period. The number engaged may be duplicated across rows (i.e., if a person with lived experience is engaged in both Program Development, Planning and Evaluation, as well as Leadership Training, the person would be counted for each row).   ii. Indicate the population categories of persons with lived experience that the program engaged. Select all that apply.   iii. If able, complete the table and fill in each of the cells as appropriate. This item is optional. The unduplicated row totals for race and ethnicity will be auto-calculated and may not align with the duplicated numbers presented in Table B.i. When reporting data pertaining to participants' race, ethnicity, or membership in social or demographic groups—particularly groups those that are underrepresented—awardees should ensure that those data are accurate and collected validly and sensitively. Do not infer or guess individuals' membership in a particular group.   iv. If able, enter the number engaged during the reporting period from other demographic groups that are underrepresented (for example, underrepresented factors include sexual orientation, gender identity, income/socioeconomic status, health status/disability, age, language, geography). This item is optional and should only be completed if data are collected in a valid manner that recognizes the sensitive nature of these topics.

v. Select Yes or No to indicate if persons with lived experience were compensated for their engagement during the reporting period. Select Yes if at least one person with lived experience was compensated. If yes, and if able, enter the number of persons with lived experience compensated; the item for number of persons with lived experience compensated is optional.

vi. Select Yes or No to indicate whether engaging other persons with lived experience resulted in any changes to your program. If yes, select all the ways engagement resulted in changes to your program. Note that the form does not require you to measure or quantify the degree of change, only that it occurred. Select all that apply.

Comments: Enter any comments, if applicable.

<u>**Definitions:**</u>

Persons with Lived Experience refers to individuals with knowledge and experience on health or social issues relevant to a particular program that is gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.[1] Community-based organizations, for example, would not be included under this definition. For the purposes of this form, engagement of persons with lived experience is measured through two categories: "Family Engagement" and "Other Persons with Lived Experience." Family members often navigate systems and services on behalf of individuals, so their lived experience is collected separately. Therefore, for data collection purposes, the term "Other Persons with Lived Experience" is used to delineate from family engagement and avoid duplicated counts.

Family Engagement: Family members include individuals in traditional or non-traditional family structures and may include biological, foster, or adoptive parents and/or siblings, spouses or partners, or members of an extended family. These family members have lived experience through their first-hand knowledge of navigating systems and services either on behalf of a family member or for the family as a whole (for example, parents of infants and toddlers, family members of children and youth with special health care needs, etc.). Family engagement refers to family members serving as representatives or leaders who build and strengthen programs and systems rather than being the direct recipient of services.

Other Persons with Lived Experience: This subcategory excludes family members, as defined above. Engaging other individual persons with lived experience entails actively and intentionally seeking and implementing input from individuals with personal knowledge pertaining to the issue the program is trying to address. For the purpose of this form, individuals with lived experiences represent their own personal history and experience navigating systems and services for themselves, rather than on behalf of a family member. Examples of persons with lived experience include self-advocates or individuals with direct experience on a health issue (for example, youth self-advocates with special health care needs, pregnant or postpartum persons, individual community members affected by a public health emergency, etc.).

1. Chandler, D., & Munday, R. (2016). Oxford: A dictionary of media and communication (2nd ed.). New York, NY: Oxford University Press.

1. **During the reporting period, did your program support engagement of persons with lived experience?**
   (select all that apply)

   ☐ Yes, engaged with or supported **family members** to expand the capacity and reach of a program in meeting the needs of the program's MCH population [*complete Part A]*

   ☐ Yes, engaged with or supported **other persons with lived experience** to expand the capacity and reach of a program in meeting the needs of the program's MCH population [*complete Part B]*

   ☐ No

A. **Family Engagement**

   i. Number engaged in the reporting period, by engagement area

Engagement Area	Has your program engaged family members in this engagement area in the reporting period?	Number engaged in the reporting period
Program Development, Planning, and Evaluation Family members participate in and provide feedback on the planning, implementation, and/or evaluation of the program (for example, strategic planning, program planning, materials development, program activities, teaching, mentoring, measurement, etc.).	☐ Yes ☐ No	
Leadership Training Within your program, family members are trained or mentored for leadership roles (for example, advisory committees, task forces, teaching, etc.).	☐ Yes ☐ No	
Active Leadership Within your program, family members have leadership roles on advisory committees or task forces.	☐ Yes ☐ No	

	ii.	Number engaged by race and ethnicity in the reporting period **(OPTIONAL)**	RACE								ETHNICITY			
			American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown/Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unknown/Unrecorded	Total

iii. Number engaged from other demographic groups that are underrepresented (for example, underrepresented factors include sexual orientation, gender identity, income/socioeconomic status, health status/disability, age, language, geography), in the reporting period **(OPTIONAL)**

Number engaged from other underrepresented groups

iv. In the reporting period, were family members compensated for their engagement (for example, paid faculty or staff, consultants, honoraria, etc.)?

☐ Yes
☐ No

   a. If yes, number compensated in the reporting period? **(OPTIONAL)**

Number compensated in the reporting period

v. In the reporting period, did engagement of family members result in any changes to your program?

☐ Yes
☐ No

   a. If yes, as a result of engaging family members, what did the program achieve in the reporting period? (*select all that apply*)

☐ Influenced focus or priorities of programming
☐ Improved program quality
☐ Increased reach of the program's messaging
☐ Increased enrollment or participation in program activities

☐ Increased funding or other tangible resources to advance program goals
☐ Increased community will/"buy-in" for program activities or goals
☐ Established or implemented shared goals, activities, or measurement
☐ Other (specify): _____

B. Other Persons with Lived Experience Engagement

i. Number engaged in the reporting period, by engagement area

Engagement Area	Has your program engaged other persons with lived experience in this engagement area in the reporting period?	Number engaged in the reporting period
Program Development, Planning, and Evaluation Other persons with lived experience participate in and provide feedback on the planning, implementation and/or evaluation of the program (for example, strategic planning, program planning, materials development, program activities, teaching, mentoring, measurement, etc.).	☐ Yes ☐ No	
Leadership Training Within your program, other persons with lived experience are trained or mentored for leadership roles (for example, advisory committees, task forces, teaching, etc.).	☐ Yes ☐ No	
Active Leadership Within your program, other persons with lived experience have leadership roles on advisory committees or task forces.	☐ Yes ☐ No	

ii. Were the other persons with lived experience from any of the following population categories? (*select all that apply*)

- ☐ Children, adolescents, young adults (age 1-25)
- ☐ Children, adolescents, and young adults (age 1-25) with special health care needs
- ☐ Pregnant/postpartum persons
- ☐ Non-pregnant women (age 26+)
- ☐ Men (age 26+)
- ☐ Representatives from community of interest
- ☐ Self-advocates
- ☐ Other (specify): _____

iii. Number engaged by race and ethnicity in the reporting period **(OPTIONAL)**

RACE								ETHNICITY			
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown/Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unknown/Unrecorded	Total

iv. Number engaged from other demographic groups that are underrepresented (for example, underrepresented factors include sexual orientation, gender identity, income/ socioeconomic status, health status/disability, age, language, geography), in the reporting period **(OPTIONAL)**

Number engaged from other underrepresented groups

v.   In the reporting period, were other persons with lived experienced compensated for their engagement (for example, paid faculty or staff, consultants, honoraria, etc.)?

☐   Yes
☐   No

     a.   If yes, number compensated in the reporting period **(OPTIONAL)**

Number compensated in the reporting period

vi.   In the reporting period, did engagement of other persons with lived experience result in any changes to your program?

☐   Yes
☐   No

     a.   If yes, as a result of engaging other persons with lived experience, what did the program achieve? (*select all that apply*)

☐   Influenced focus or priorities of programming
☐   Improved program quality
☐   Increased reach of the program's messaging
☐   Increased enrollment or participation in program activities
☐   Increased funding or other tangible resources to advance program goals
☐   Increased community will/"buy-in" for program activities or goals
☐   Established or implemented shared goals, activities, or measurement
☐   Other (specify): _____

Comments: _____

Technical Assistance

Technical Assistance
Instructions

Select Yes or No to indicate whether your program provided technical assistance (TA) during the reporting period. If Yes is selected, continue and complete Part A and Part B. If No is selected, the form is complete.
 	
Part A. Technical Assistance
   i.   Select the subject area(s) of the most significant TA activities during the reporting period. Select all that apply. If the specific subject area of your TA is not listed, select the subject area closest to your subject area. If none of the subject areas are close to your subject area, select "none of the above."
   ii.   Select the topic area(s) of the most significant TA activities during the reporting period. Select all that apply. If the specific topic area of your TA is not listed, select the topic area closest to your topic area. If none of the topic areas are close to your topic area, select "none of the above." You may select a subtopic without also selecting the corresponding general topic. For example, you may select "Newborn Screening" without selecting "Early Childhood". In addition, you may select only the general topic if none of the subtopics apply.
   iii.   For outputs:
      1.   a. Enter the total number of TA activities provided during the reporting period.
         b. Enter the total number of TA recipients during the reporting period. This number may be duplicated (i.e., a recipient participates in more than one TA activity and is counted more than once), though an unduplicated count is encouraged if possible.
         c. Enter the total number of organizations assisted during the reporting period. If there were multiple TA recipients from one organization, the organization should only be counted once. This should be an unduplicated count.
      2.   Enter the number of TA activities provided during the reporting period to each target audience. Complete for applicable target audiences. TA activities should be counted at the level of the organization. For example, if three individuals from a Title V agency attend the same TA activity, then there would be one TA activity for Title V counted. If three individuals from a Title V agency attend three different TA activities, then there would be three TA activities for Title V counted. The total number of activities in this column may sum to more than the number reported in 1.a., as multiple audiences may participate in the same TA activity.
      3.   Enter the number of TA activities provided during the reporting period by TA method of the activity. Complete for applicable methods. Methods are listed in order of intensity, from most intensive to least intensive TA method. The total number of activities in this column should sum to the number reported in 1.a.
 	
Part B. Satisfaction with TA
   i.   Select Yes or No to indicate whether your program collected data on TA participant satisfaction during the reporting period. If Yes is selected, enter the number of recipients reporting that they were satisfied by TA and the total number of TA participants asked about satisfaction that provided a response. Satisfaction with TA is defined by the program. If No is selected, the form is complete.
 	
Comments: Enter any comments, if applicable.
 	
<u>Definitions:</u>
Technical Assistance (TA) includes a range of targeted support activities that build skills or capacities and increase knowledge, with the intention to address organizational needs or accelerate programmatic outcomes. TA is the process of providing guidance, assistance, and training by an expert with specific technical/content knowledge to address an identified need. TA relationships are program- or initiative-focused, and may use an interactive, on-site/hands-on approach, as well as telephone or email assistance.

Differentiation between Training and Workforce Development, Technical Assistance, and Outreach and Education:

Activity	Is the Purpose of the Activity to Address Needs at the Individual, Organizational, or General Population Level?	Recipient Level	Goal	Included Activities
Training and Workforce Development	Individual trainees or practicing MCH workforce professionals	Individual trainees or practicing MCH workforce professionals	To improve the knowledge, skills, and capacity of future and practicing MCH workforce members	- Undergraduate, graduate and post-graduate education and training - Continuing education - Applied learning - ECHO, if it includes training sections
Technical Assistance	Organizational	Individual(s) in the organization	To improve the knowledge and skills of organizational members in order to meet organizational outcomes	Provide support, training, education, etc. with the intent of facilitating and achieving organizational goals and outcomes. **Activities** - Training - TA - Site visits - Collaborative networks - Running peer-to-peer forums
Outreach and Education	General population	Individuals in the population at large	To improve knowledge of the target population by providing information, messaging, and discussion.	Provide information and messaging to MCH populations through more generalized and passive mechanisms. (If program funds are used to create resources and tools, but not provide direct one-on-one support and contact, this would count here). **Activities** - Public health campaigns - Educational pamphlets, fact sheets, etc. - Webinars available to the public

1. During the reporting period, did your program provide technical assistance (TA)?	☐ Yes *[complete Part A and Part B]* ☐ No
A. Technical Assistance	
i. Subject area(s) of your most significant TA activities in the reporting period *(select all that apply)*	☐ Clinical Care Related (including medical home) ☐ Equity, Diversity, or Cultural Responsiveness Related ☐ Data, Research, Evaluation Methods ☐ Family Involvement ☐ Interdisciplinary Teaming ☐ Health Care Workforce Leadership ☐ Policy ☐ Systems Development/Improvement (including capacity building, planning, and financing) ☐ Emerging Issues _____ ☐ None of the above

ii. Topics of your most significant TA activities in the reporting period *(select all that apply)*	☐ Early Childhood
	    ☐ Newborn Screening
	    ☐ Safe Sleep
	    ☐ Developmental Health (including developmental screening)
	☐ Adolescent Health
	☐ Maternal Health
	    ☐ Maternal Mortality
	    ☐ Perinatal/Postpartum Care
	    ☐ Breastfeeding
	    ☐ Maternal Depression
	☐ Children, Adolescents, and Young Adults with Special Health Care Needs
	☐ Developmental Disabilities
	☐ Mental/Behavioral Health
	    ☐ Autism
	    ☐ Substance Use Disorder(s)
	☐ Clinical Care
	☐ Sickle Cell Disease
	☐ Heritable Disorders (excluding sickle cell)
	☐ Epilepsy
	☐ Fetal Alcohol Syndrome

☐ Oral Health
☐ Medical Home
☐ Health Care Transition
☐ Immunizations
☐ Injury Prevention
    ☐   Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
    ☐   Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ None of the above

iii. Outputs

1. Number of TA activities, recipients, and organizations assisted in the reporting period	a. Total number of TA activities ___ b. Total number of TA recipients ___ c. Total number of organizations assisted ___

2. Number of TA activities in the reporting period, by target audience

Target Audience	Number of TA Activities *(total may sum to more than reported in 1.a. as activity could be provided to multiple audiences)*
Title V	
Social service agency	
Medicaid agency	
Other state/local agencies	
Health care providers/clinical providers	
Community/family groups	
Educational institutions	
Health insurance (non-public)	
Tribal entities	
Federal partners	
Other (specify) _____	
Unknown	

3. Number of TA activities in the reporting period, by TA method

Method *(listed by order of relative intensity of method, from most intensive to least intensive)*	Number of TA Activities *(must sum to total reported in 1.a.)*
One-on-one consultation, training, or site visits	
Group consultation or training (for example, workshops, continuing education courses, etc.)	
Peer-to-peer networks or collaborative networks	
Presentations (for example, webinars, invited speaking engagements, etc.)	

B. Satisfaction with TA

i. Did you collect data regarding recipient satisfaction with TA in the reporting period?

☐ Yes
☐ No

1. If yes, number/percent of TA recipients who reported they were satisfied

a. Number of TA recipients asked about satisfaction who provided a response, in the reporting period ____
b. Number of TA recipients who reported they were satisfied with TA provided, in the reporting period ____
c. Percent satisfied (auto-calculated) ____

Comments: _____

Outreach and Education

Outreach and Education
Instructions

Select Yes or No to indicate whether your program provided outreach and education during the reporting period. If Yes is selected, continue and complete Part A and Part B. If No is selected, the form is complete.
 	
Part A – Outreach and Education: Information on outreach and education activities, excluding information on web and social media analytics (captured in Part B).
  i.   Select the mechanism(s) used to provide outreach and education during the reporting period. Select all that apply.
  ii. Select the subject area(s) covered by outreach and education activities during the reporting period. Select all that apply. If the specific subject area of your outreach and education is not listed, select the subject area closest to your subject area. If none of the subject areas are close to your subject area, select "none of the above."
  iii. Select the topic area(s) covered by outreach and education activities during the reporting period. Select all that apply. If the specific topic area of your outreach and education is not listed, select the topic area closest to your topic area. If none of the topics are close to your topic area, select "none of the above." You may select a subtopic without also selecting the corresponding general topic. For example, you may select "Newborn Screening" without selecting "Early Childhood". In addition, you may select only the general topic if none of the subtopics apply.
  iv. Enter the number of individuals (for example, participants, families, providers, etc.) reached by outreach and education activities. This may be a duplicated count of individuals.
 	
Part B – Web and Social Media Analytics
  i.   If applicable, enter the number of web hits, number of unique website visitors, number of social media views, and number of unique viewers of social media content for outreach and education materials and resources.
 	
Comments: Enter any comments, if applicable.
 	
<u>**Definitions:**</u>
Outreach and Education refers to activities to inform, generate interest, and provide more in-depth messaging on topics of interest. Outreach can be seen as a way to introduce the topic during brief interactions. Education can be seen as those activities that allow messaging and discussion to be tailored to individuals and small groups, as staff respond to questions and address concerns about a topic.
 	
<u>Differentiation between Training and Workforce Development, Technical Assistance, and Outreach and Education:</u>

Activity	Is the Purpose of the Activity to Address Needs at the Individual, Organizational, or General Population Level?	Recipient Level	Goal	Included Activities

Training and Workforce Development	Individual trainees or practicing MCH workforce professionals	Individual trainees or practicing MCH workforce professionals	To improve the knowledge, skills, and capacity of future and practicing MCH workforce members	- Undergraduate, graduate and post-graduate education and training - Continuing education - Applied learning - ECHO, if it includes training sections
Technical Assistance	Organizational	Individual(s) in the organization	To improve the knowledge and skills of organizational members in order to meet organizational outcomes	Provide support, training, education, etc. with the intent of facilitating and achieving organizational goals and outcomes. **Activities** - Training - TA - Site visits - Collaborative networks - Running peer-to-peer forums
Outreach and Education	General population	Individuals in the population at large	To improve knowledge of the target population by providing information, messaging, and discussion.	Provide information and messaging to MCH populations through more generalized and passive mechanisms. (If program funds are used to create resources and tools, but not provide direct one-on-one support and contact, this would count here). **Activities** - Public health campaigns - Educational pamphlets, fact sheets, etc. - Webinars available to the public

1. **During the reporting period, did your program provide outreach and education?**
   - ☐ Yes *[complete Part A and Part B]*
   - ☐ No

A. Outreach and Education
(excluding web and social media analytics)

    i.   Mechanism of outreach/education *(select all that apply)*

☐ Webinars
☐ Educational materials
☐ Community/public events
☐ Conference presentations
☐ Other (specify): _____

    ii.   Subject area(s) of outreach/education *(select all that apply)*

☐ Clinical Care Related (including medical home)

☐ Equity, Diversity or Cultural Responsiveness Related

☐ Data, Research, Evaluation Methods

☐ Family Involvement

☐ Interdisciplinary Teaming

☐ Health Care Workforce Leadership

☐ Policy

☐ Systems Development/Improvement (including capacity building, planning, and financing)
☐ Emerging Issues _____
☐ None of the above

    iii.   Topics of outreach/education *(select all that apply)*

☐ Early Childhood
    ☐ Newborn Screening
    ☐ Safe Sleep
    ☐ Developmental Health (including developmental screening)
☐ Adolescent Health
☐ Maternal Health
    ☐ Maternal Mortality
    ☐ Perinatal/Postpartum Care
    ☐ Breastfeeding
    ☐ Maternal Depression
☐ Children, Adolescents, and Young Adults with Special Health Care Needs
☐ Developmental Disabilities
☐ Mental/Behavioral Health
    ☐ Autism
    ☐ Substance Use Disorder(s)
☐ Clinical Care

☐ Sickle Cell Disease
☐ Heritable Disorders (excluding sickle cell)
☐ Epilepsy
☐ Fetal Alcohol Syndrome
☐ Oral Health
☐ Medical Home
☐ Health Care Transition
☐ Immunizations
☐ Injury Prevention
    ☐ Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
    ☐ Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ None of the above

    iv.   Outputs   # of individuals reached (duplicated count) _____

B. Web and Social Media Analytics
(complete applicable outputs)

# of web hits_____
# of unique website visitors _____
# of social media views_____
# of unique viewers of social media content _____

Comments: _____

Research

Research
Instructions

Select Yes or No to indicate whether your program conducted research and/or provided infrastructure support for research during the reporting period. If your program supported one or both, select Yes for the applicable supported activities (both Yes can be selected), and complete Part A. If your program did not conduct research or provide infrastructure support for research, select No and the form is complete.
 	
Part A. Research and Infrastructure Support for Research
   i.   Select the type(s) of research conducted or supported during the reporting period. Select all that apply.
  ii.   Select the topic area(s) of research conducted or supported during the reporting period. Select all that apply. If the specific topic area of your research is not listed, select the topic area closest to your topic area. If none of the topics are close to your topic area, select "none of the above." You may select a subtopic without also selecting the corresponding general topic. For example, you may select "Newborn Screening" without selecting "Early Childhood". In addition, you may select only the general topic if none of the subtopics apply.
 iii.   For outputs: Complete applicable outputs of your research in the reporting period.
       a.   For number of participants, complete the table and fill in each of the cells as appropriate. For reporting on children, adolescents, and young adults, EITHER report "Children, Adolescents, and Young Adults (age 1-25)" OR the subcategories of "Children and Adolescents (age 1-17)" and/or "Young Adults (age 18-25)." Children and youth with special health care needs (CYSHCN) should be reported as a subset of all infants and children ages 0 through 25. The count for CYSHCN will not be added to the overall total because their inclusion would result in a duplicated count. The row and column totals will be auto-calculated to capture total number of participants.
       b.   Researchers involved includes all principal investigators and co-investigators from across all MCHB-funded or supported studies.
       c.   Research network sites includes all sites where research is currently/actively being conducted.
       d.   The count of clinical practice guidelines (or other products that inform clinical practice) informed by research findings may include guidelines developed by non-awardees using awardee research.
 	
Comments: Enter any comments, if applicable.
 	
<u>Definitions</u>:
Research refers to activities that support the systematic investigation of topics related to the health of maternal and child health (MCH) populations. This includes programs that provide direct funding for research studies.
 	
Infrastructure Support refers to providing resources, logistical support, or the coordination of services for researchers to conduct research and foster innovation (for example, research networks, etc.). A grantee can have both research and infrastructure support activities.
 	
Intervention is defined as a manipulation of the subject or subject's environment to modify one or more health-related biomedical or behavioral processes and/or endpoints or outcomes for MCH populations.

1. **During the reporting period, did your program conduct research or provide infrastructure support for research?** *(select all that apply)*

   ☐ Yes, conducted research *[complete Part A]*
   ☐ Yes, provided infrastructure support for research *[complete Part A]*
   ☐ No

   A. **Research and Infrastructure Support for Research**

      i. Type(s) of research conducted or supported in the reporting period *(select all that apply)*

      ☐ Intervention research
      ☐ Other primary research (for example, research that involves collection of own data, including experimental, quasi-experimental, observational studies, etc.)
      ☐ Secondary data analysis

      ii. Topic(s) of research conducted or supported in the reporting period *(select all that apply)*

      ☐ Early Childhood
         ☐ Newborn Screening
         ☐ Safe Sleep
         ☐ Developmental Health (including developmental screening)
      ☐ Adolescent Health
      ☐ Maternal Health
         ☐ Maternal Mortality
         ☐ Perinatal/Postpartum Care
         ☐ Breastfeeding
         ☐ Maternal Depression
      ☐ Children, Adolescents, and Young Adults with Special Health Care Needs
      ☐ Developmental Disabilities
      ☐ Mental/Behavioral Health
         ☐ Autism
         ☐ Substance Use Disorder(s)
      ☐ Clinical Care
      ☐ Sickle Cell Disease
      ☐ Heritable Disorders (excluding sickle cell)
      ☐ Epilepsy
      ☐ Fetal Alcohol Syndrome
      ☐ Oral Health
      ☐ Medical Home
      ☐ Health Care Transition

☐ Immunizations
☐ Injury Prevention
    ☐ Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
    ☐ Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ None of the above

iii. Outputs for programs conducting or supporting research in the reporting period *(complete applicable outputs)*

a. # of studies supported by MCHB funding _____

b. # of participants recruited in intervention research studies *(complete if selected Intervention research in A.i. "Type of Research")*
<TABLE BY POPULATION GROUPS AND RACE ETHNICITY>

c. # of participants recruited in other primary research studies *(complete if selected Other primary research in A.i. "Type of Research")*
<TABLE BY POPULATION GROUPS AND RACE ETHNICITY>

d. # of individuals included in secondary data analyses *(complete if selected Secondary data analysis in A.i. "Type of Research")*
<TABLE BY POPULATION GROUPS AND RACE ETHNICITY>

e. # of researchers involved _____

f. # of research network sites _____

g. # of clinical practice guidelines (or other products that inform clinical practice) informed by research findings _____

h. Have you provided technical assistance, responded to data requests, or participated in a joint project with a Title V agency?

□   Yes

□   No

    i. # of external funding applications submitted _____

    j. # of external funding applications awarded funding _____

Comments: _____

<TABLE BY POPULATION GROUPS AND RACE ETHNICITY>

	RACE								ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown/ Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Unrecorded	Total
Infants (age <1 year)												
Children, Adolescents, and Young Adults (age 1-25)												
Children and Adolescents (age 1-17)												
Young Adults (age 18-25)												
CYSHCN (age 0-25)												
Pregnant/postpartum persons (all ages)												
Non-pregnant women (age 26+)												
Men (age 26+)												
Families												
Other (specify): _____												
Unknown												
TOTALS												

If "Children, Adolescents, and Young Adults (age 1-25)", "Children and Adolescents (age 1-17)", and/or "Young Adults (age 18-25)". were included in research and reported in the tables above, please indicate the age range of children, adolescents, and/or young adults included.

[   ]   to   [   ]

Guidelines and Policy

Guidelines and Policy
Instructions
Select Yes or No to indicate whether your program developed or increased the use of guidelines and/or policies during the reporting period. If your program supported both, select Yes for both, and complete Part A and Part B. If your program only focused on guidelines, select Yes for guidelines only and complete Part A. If your program only focused on policies, select Yes for policies and complete Part B. If your program did not support either, select No and the form is complete.

Part A. Guidelines
  i.   Select the level of intended change of the guideline(s). This indicates the level the guideline(s) targets and expects to see change. Select all that apply.
  ii. Complete applicable outputs for guideline development/usage during the reporting period.

Part B. Policies
  i.   Select the level of intended change of the policy(ies). This indicates the level the policy(ies) targets and expects to see change. Select all that apply.
  ii. Complete applicable outputs for policy development/usage during the reporting period.

Comments: Enter any comments, if applicable.

Definitions:
Guidelines refer to activities that develop, modify, or implement guidelines within or between organizations and/or institutions, or at the local, state, or national level. Guidelines are guidance that is recommended but not mandatory (for example, Bright Futures, Women's Preventive Services Initiative, etc.)

Policies refer to activities that develop, modify, or implement policies within or between organizations and/or institutions, or at the local, state, or national level. Policies outline the requirements or rules that must be met. Policies frequently refer to standards or guidelines as the basis for their existence (for example, state policy that Medicaid cover recommended preventive services, etc.).

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1. During the reporting period, did your program develop or increase use of guidelines and/or policies *(select all that apply)*

- ☐ Yes, guidelines *[complete Part A]*
- ☐ Yes, policies *[complete Part B]*
- ☐ No

A. Guidelines

i.   Level of intended change of guideline(s) *(select all that apply)*

- ☐ Organizational/institutional
- ☐ Local
- ☐ State
- ☐ National

ii. Outputs *[complete applicable outputs]*

a. # of guidelines developed/proposed/modified in the reporting period _____

b. # of guidelines implemented in the reporting period _____

c. # implementing guidelines in the reporting period

1. # of individuals/providers implementing guidelines _____
2. # of organizations implementing guidelines_____
3. # of localities (for example, city, county, etc.) implementing guidelines ____
4. # of states implementing guidelines _____

B. Policies

    i.   Level of intended change of the policy(ies) *(select all that apply)*

    ☐ Organizational/institutional
    ☐ Local
    ☐ State
    ☐ National

    ii.   Outputs
    [complete applicable outputs]

a. # of policies developed/proposed/modified in the reporting period_____

b. # of policies implemented/passed in the reporting period____
    1. # of organizations implementing/passing policies_____
    2. # of localities implementing/passing policies ____
    3. # of states implementing/passing policies_____

Comments: _____

Data and Information Systems

Data and Information Systems
Instructions

Select Yes or No to indicate whether your program worked to improve the data collection practices of other organizations, data access, or data linkages during the reporting period. If your program supported all three, select Yes for all three, and complete Part A, Part B, and Part C. If your program only focused on data collection practices, select Yes for data collection only and complete Part A. If your program only focused on data access, select Yes for data access and complete Part B. If your program only focused on data linkages, select Yes for data linkages and complete Part C. If your program did not support any of the three, select No and the form is complete.
 	
 Part A. Improving Data Collection Practices
    i.   Select the activity(ies) conducted during the reporting period to improve another organization's data collection practices. Select all that apply. If selected "facilitated submission of data to data collection system," and if able, enter the number of entities submitting data during the reporting period. If the program supports multiple data collection systems, provide the cumulative number of entities submitting data across all systems. This number may be a duplicated count.
 	
 Part B. Improving Access to Data
    i.   Select the activity(ies) conducted during the reporting period to improve data access. Select all that apply. If selected "created datasets" and/or "increased public access to datasets," and if able, enter the number of datasets created and/or number of times datasets were accessed during the reporting period. If there are multiple datasets accessed, provide the cumulative number of times the datasets were accessed across all data sets. This number may be a duplicated count.
 	
 Part C. Creating Data Linkages
    i.   Select the activity(ies) conducted during the reporting period to create data linkages. Select all that apply.
 	
 Comments: Enter any comments, if applicable.
 	
 Definitions:
 Data and Information System activities include activities that improve the ability of other organizations to collect, access, and link data across multiple systems and programs. The purpose of these activities is to improve the overall public health infrastructure and not individual program process improvement or quality improvement around data.

1. During the reporting period, did your program work to improve other organizations' data collection practices, access to data, or create data linkages? *(select all that apply)*	☐ Yes, program worked to improve data collection practices *[complete Part A]* ☐ Yes, program worked to improve access to data *[complete Part B]* ☐ Yes, program worked to create data linkages *[complete Part C]* ☐ No
A. Improving Data Collection Practices	
i. Type of activity in the reporting period *(select all that apply)*	☐ Developed and/or tested new metrics for data collection ☐ Created standardized data collection forms or definitions for key terms

☐ Developed/enhanced/maintained information technology systems to house data (including registries)
☐ Facilitated submission of data to data collection systems

    1. # of entities (for example, states, hospitals, partner centers, teams, etc.) submitting data to system _____

☐ Conducted data quality checks
☐ Identified and implemented interventions to improve data collection quality
☐ Facilitated the collection of disaggregated data based on race, ethnicity, sexual and gender minority, or other underrepresented demographics
☐ Other (specify): _____

B. Improving Access to Data

  i.   Type of activity in the reporting period *(select all that apply)*

☐ Created datasets or a common database for external use

    1. # created _____

☐ Increased public access to datasets

    1. # of times dataset accessed (downloaded or requested) ____

☐ Created or facilitated data use/exchange agreements
☐ Other (specify): _____

C. Creating Data Linkages

  i.   Type of activity in the reporting period *(select all that apply)*

☐ Linked two or more separate datasets
☐ Facilitated integration of two or more datasets
☐ Other (specify): _____

Comments: _____

Quality Improvement and Evaluation

Quality Improvement and Evaluation
Instructions

Select Yes or No to indicate whether your program implemented or participated in quality improvement (QI) initiatives and/or conducted evaluation activities during the reporting period. If your program supported both, select Yes for both, and complete Part A and Part B. If your program only implemented or participated in QI, select Yes only for QI and complete Part A. If your program only conducted evaluation activities, select Yes only for evaluation and complete Part B. If your program did not support either, select No and the form is complete.
 	
Part A. Quality Improvement
  i. Select Yes or No to indicate whether your program collected metrics to track QI during the reporting period.
  ii. Select what action has been taken as a result of the QI process during the reporting period. Select all that apply.
 	
Part B. Evaluation
  i. Select the type of evaluation activity that was conducted during the reporting period. Select all that apply.
  ii. Select how your program has used evaluation activities in the reporting period. Select all that apply.
 	
Comments: Enter any comments, if applicable.
 	
<u>Definitions</u>:
Quality Improvement includes activities that use deliberate processes to improve the efficacy and impact of activities, programs, or systems (for example, PDSA cycles, etc.)
 	
Evaluation includes activities that systematically collect information to assess a project, program, or system's performance or outcomes.

1. During the reporting period, did your program implement or participate in quality improvement (QI) initiatives, or conduct activities to evaluate a program's or system's performance or outcomes? *(select all that apply)*	☐ Yes, implemented or participated in QI *[complete Part A]* ☐ Yes, conducted activities to evaluate performance or outcomes *[complete Part B]* ☐ No
A. Quality Improvement i. Did you collect metrics to track improvement as part of the QI process in the reporting period?	☐ Yes ☐ No
ii. What action have you taken as a result of the QI process in the reporting period?	☐ Used findings to make improvements in your work (for example, improve existing services, ensure reaching the intended groups, review internal processes, etc.) ☐ Used findings in your planning processes (for example, prioritize activities, identify unmet needs, scale-up of intervention, etc.) ☐ Have not taken any action in the reporting period
B. Evaluation i. Type of evaluation activity in the reporting period *(select all that apply)*	☐ Evaluation plan and design ☐ Evaluation of program processes and/or implementation ☐ Evaluation of program outcomes and/or impact ☐ Other (specify): _____

ii.	How have you used the evaluation activities in the reporting period? *(select all that apply)*	☐ Implemented evaluation plan/design ☐ Disseminated findings to stakeholders ☐ Used findings to make improvements in your work (for example, improve existing services, ensure reaching the intended groups, review internal processes, etc.) ☐ Used findings in your planning processes (for example, prioritize activities, identify unmet needs, scale-up of intervention, etc.) ☐ Have not used evaluation activities in the reporting period

Comments: _____

Knowledge Change

Knowledge Change
Instructions
This form collects information on changes in knowledge in a target population as a result of program activities/interventions. **Knowledge Change - Measures and Data** (to be completed only if you can define a measure):   The table captures data regarding knowledge change. For each knowledge change measure with available data, complete one row of the table. Additional rows may be added as needed to capture additional measures. • Measure Description: Enter a description of the measure for which you have collected data. The measure should be as specific and descriptive as possible (for example, % of pregnant persons from county X with increased knowledge on safe sleep practices [including alone, by themselves, and in a crib], # of clinicians with increased knowledge on Bright Futures, etc.). • Target Population: From the drop-down menu select which specific target population(s) apply to the measure. This should be the population(s) whose knowledge you are trying to change. Select all that apply. • Primary Knowledge Change Subject Area: From the drop-down menu, select which specific knowledge change subject area(s) apply to the measure. Select all that apply. If the specific subject area of your knowledge change subject area is not listed, select the subject area closest to your knowledge change subject area. If none of the subject areas are close to your knowledge change subject area, select "none of the above". • Knowledge Change Topic Area: From the drop-down menu, select which specific knowledge change topic area(s) apply to each measure. Select all that apply. If the specific topic area of the knowledge change is not listed, select the topic area closest to your topic area. If none of the topics are close, select "none of the above." You may select a subtopic without also selecting the corresponding general topic. For example, you may select "Newborn Screening" without selecting "Early Childhood". In addition, you may select only the general topic if none of the subtopics apply. • Data Available: Select Yes or No to indicate if you have data to report for the reporting period. • Data Source: From the drop-down menu, select your data source for the reported data. • Measure Type: From the drop-down menu, select whether the measure is a count or percentage. • Numerator: Enter the numerator value for the reporting period (i.e., number of individuals in target population that report improved knowledge in a given area). If you only have a count of those reporting knowledge change, this will be entered into the numerator field. • Denominator: Enter denominator value for the reporting period (i.e., number of individuals in target population). If you only have a count of those reporting knowledge change, this field will be left blank. • Outcome: The outcome will be auto-calculated. • Measure Inactivated: If a previously established measure is being inactivated, select the box and provide an explanation for inactivation in the comments field. This section is only applicable for measures established during a previous report. **Comments:** Enter any comments, if applicable.   **<u>Definitions:</u>** **Knowledge Change:** Immediate or initial changes in awareness, familiarity, or understanding, which are the result of learning, and can be observed and measured immediately after an activity/intervention.

Knowledge Change - Measures and Data

Measure Description: (ex. % of pregnant persons with increased knowledge on safe sleep; # of clinicians with increased knowledge on Bright Futures)	Target Population: (Select all that apply for each measure) [Drop Down List]	Primary Knowledge Change Subject Area: (Select all that apply for each measure) [Drop Down List]	Knowledge Change Topic Area: (Select all that apply for each measure) [Drop Down List]	Data Available: (Select Yes or No)	Data Source: [Drop Down List: ☐ Survey or self-report data ☐ Test ☐ Electronic health record data ☐ Paper-based health record data ☐ Registry data ☐ Claims data ☐ Other (specify):_____]	Measure Type: [Drop Down List: ☐ Count ☐ Percentage]	Numerator: [Enter the numerator value for this measure]	Denominator: [Enter the denominator value for this measure, if applicable]	Outcome: #/% [auto-calculated]	Measure Inactivated: (Select if measure is inactivated)
Text	Drop Down	Drop Down	Drop Down	Y/N	Drop Down	Drop Down	#	#	#(%)	☐ Comments:
Text	Drop Down	Drop Down	Drop Down	Y/N	Drop Down	Drop Down	#	#	#(%)	☐ Comments:
Text	Drop Down	Drop Down	Drop Down	Y/N	Drop Down	Drop Down	#	#	#(%)	☐ Comments: _____

+ Add Row, if needed, for additional measures

Drop Down Lists for:

Target Population	☐ Children, Adolescents, and Young Adults (age 1-25) ☐ Children, Adolescents, and Youth with Special Health Care Needs (age 1-25) ☐ Pregnant/Postpartum Persons (all ages) ☐ Non-Pregnant Women (age 26+) ☐ Men (age 26+) ☐ Family Members

	☐ Providers (clinical care and care support such as doctors, allied health professionals, care coordinators)
	☐ Public Health Professionals
	☐ Students/Trainees
	☐ Other Organizational Members (such as faculty and staff of organizations)
Primary Knowledge Change Subject Area	☐ Clinical Care Related (including medical home)
	☐ Equity, Diversity, or Cultural Responsiveness Related
	☐ Data, Research, Evaluation Methods
	☐ Family Involvement
	☐ Interdisciplinary Teaming
	☐ Health Care Workforce Leadership
	☐ Policy
	☐ Systems Development/Improvement (including capacity building, planning, and financing)
	☐ Emerging Issues
	☐ Comprehensive Curricula (ONLY applicable to Division of Maternal and Child Health Workforce Development Training programs)
	☐ None of the above
Knowledge Change Topic Area	☐ Early Childhood
	☐ Newborn Screening
	☐ Safe Sleep
	☐ Developmental Health (including developmental screening)
	☐ Adolescent Health
	☐ Maternal Health
	☐ Maternal Mortality
	☐ Perinatal/Postpartum Care
	☐ Breastfeeding
	☐ Maternal Depression
	☐ Children, Adolescents, and Young Adults with Special Health Care Needs
	☐ Developmental Disabilities

☐ Mental/Behavioral Health
  ☐ Autism
  ☐ Substance Use Disorder(s)
☐ Clinical Care
☐ Sickle Cell Disease
☐ Heritable Disorders (excluding sickle cell)
☐ Epilepsy
☐ Fetal Alcohol Syndrome
☐ Oral Health
☐ Medical Home
☐ Health Care Transition
☐ Immunizations
☐ Injury Prevention
  ☐ Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
  ☐ Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ None of the above

Behavior Change

Behavior Change
Instructions
This form collects information on changes in behavior in a target population as a result of program activities/interventions. NOTE: The target population of the behavior change and observed change must be the same to use this form. For example, if a program is working to improve referral practices of providers, the target population for the behavior change is providers. Therefore, the corresponding measure should be at the provider-level (% of providers that provide referrals) and not at the patient-level (% of patients that receive referrals).   **Behavior Change - Measures and Data** (to be completed only if you can define a measure): The table captures data regarding behavior change. For each behavior change measure with available data, complete one row of the table. Additional rows may be added as needed to capture additional measures. • Measure Description: Enter a description of the measure for which you have collected data. The measure should be as specific and descriptive as possible (for example, % of medical providers prescribing hydroxyurea to pediatric sickle cell patients in X location). • Target Population: From the drop-down menu, select which specific target population(s) apply to each measure. This should be the population(s) whose behavior you are trying to change. Select all that apply. • Primary Behavior Change Subject Area: From the drop-down menu, select which specific behavior change subject area(s) apply to each measure. Select all that apply. If the specific subject area of your behavior change subject area is not listed, select the subject area closest to your behavior change subject area. If none of the subject areas are close to your behavior change subject area, select "none of the above." • Behavior Change Topic Area: From the drop-down menu, select which specific behavior change topic area(s) apply to each measure. Select all that apply. If the specific topic area of the behavior change is not listed, select the topic area closest to your topic area. If none of the topics are close, select "none of the above." You may select a subtopic without also selecting the corresponding <u>general</u> topic. For example, you may select "Newborn Screening" without selecting "Early Childhood". In addition, you may select only the <u>general</u> topic if none of the subtopics apply. • Data Available: Select Yes or No to indicate if you have data to report for the reporting period. • Data Source: From the drop-down menu, select your data source for the reported data. • Measure Type: From the drop-down menu, select whether the measure is a count or percentage. • Numerator: Enter the numerator value for the reporting period (i.e., number of individuals in target population that report doing a behavior). If you only have a count of those reporting behavior change, this will be entered into the numerator field. • Denominator: Enter denominator value for the reporting period (i.e., number of individuals in the target population). If you only have a count of those reporting behavior change, this field will be left blank. • Outcome: The outcome will be auto-calculated. • Measure Inactivated: If a previously established measure is being inactivated, select the box and provide an explanation for inactivation in the comments field. This section is only applicable for measures established during a previous report. **Comments:** Enter any comments, if applicable.   <u>**Definitions:**</u> **Behavior Change:** Intermediate changes in behavior/practice that result from an action/intervention, taking some time to be observed after an action/intervention.

Behavior Change - Measures and Data

Measure Description: (ex. % of medical providers prescribing hydroxyurea to pediatric sickle cell patients in X location)	Target Population: (Select all that apply for each measure) [Drop Down List]	Primary Behavior Change Subject Area: (Select all that apply for each measure) [Drop Down List]	Behavior Change Topic Area: (Select all that apply for each measure) [Drop Down List]	Data Available: (Select Yes or No)	Data Source: [Drop Down List: ☐ Survey or self-report data ☐ Test ☐ Electronic health record data ☐ Paper-based health record data ☐ Registry data ☐ Claims data ☐ Other (specify):_____]	Measure Type: [Drop Down List: ☐ Count ☐ Percentage]	Numerator: [Enter the numerator value for this measure]	Denominator: [Enter the denominator value for this measure, if applicable]	Outcome: #/% [auto-calculated]	Measure Inactivated: (Select if measure is inactivated)
Text	Drop Down	Drop Down	Drop Down	Y/N	Drop Down	Drop Down	#	#	#(%)	☐ Comments:
Text	Drop Down	Drop Down	Drop Down	Y/N	Drop Down	Drop Down	#	#	#(%)	☐ Comments:
Text	Drop Down	Drop Down	Drop Down	Y/N	Drop Down	Drop Down	#	#	#(%)	☐ Comments:

+ Add Row, if needed, for additional measures

Drop Down Lists for:

Target Population	☐ Children, Adolescents, and Young Adults (age 1-25) ☐ Children, Adolescents, and Youth with Special Health Care Needs (age 1-25) ☐ Pregnant/Postpartum Persons (all ages) ☐ Non-Pregnant Women (age 26+) ☐ Men (age 26+) ☐ Family Members ☐ Providers (clinical care and care support such as doctors, allied health professionals, care coordinators) ☐ Public Health Professionals ☐ Students/Trainees

	☐ Other Organizational Members (such as faculty and staff of organizations)
Primary Behavior Change Subject Area	☐ Clinical Care Related (including medical home)
	☐ Equity, Diversity, or Cultural Responsiveness Related
	☐ Data, Research, Evaluation Methods
	☐ Family Involvement
	☐ Interdisciplinary Teaming
	☐ Health Care Workforce Leadership
	☐ Policy
	☐ Systems Development/Improvement (including capacity building, planning, and financing)
	☐ Emerging Issues
	☐ Comprehensive Curricula (ONLY applicable to Division of Maternal and Child Health Workforce Development Training programs)
	☐ None of the above
Behavior Change Topic Area	☐ Early Childhood
	☐ Newborn Screening
	☐ Safe Sleep
	☐ Developmental Health (including developmental screening)
	☐ Adolescent Health
	☐ Maternal Health
	☐ Maternal Mortality
	☐ Perinatal/Postpartum Care
	☐ Breastfeeding
	☐ Maternal Depression
	☐ Children, Adolescents, and Young Adults with Special Health Care Needs
	☐ Developmental Disabilities
	☐ Mental/Behavioral Health
	☐ Autism
	☐ Substance Use Disorder(s)
	☐ Clinical Care

☐ Sickle Cell Disease
☐ Heritable Disorders (excluding sickle cell)
☐ Epilepsy
☐ Fetal Alcohol Syndrome
☐ Oral Health
☐ Medical Home
☐ Health Care Transition
☐ Immunizations
☐ Injury Prevention
       ☐ Poison/Toxin Exposure
☐ Child Maltreatment
☐ Emergency Services for Children
       ☐ Emergency Preparedness
☐ Health Equity
☐ Social Determinants of Health
☐ Telehealth
☐ Preventive Services
☐ Obesity
☐ Health Insurance
☐ Nutrition
☐ Respiratory Health
☐ Life Course Approach
☐ None of the above

Products and Publications

Products and Publications
Instructions
Part A – Number of Products and Publications: Displays, by type, 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. Numbers for each type are auto-calculated from completion of Part B.

Part B – Data Collection Forms: For each product, publication, and submission addressing maternal and child health that has been published or produced with grant support (either fully or partially) during the reporting period, complete the following forms. Complete one entry for each product, publication, and submission. All elements marked with an "*" are required.
- **Published articles in peer-reviewed scholarly journals,**
  - o Include peer-reviewed publications addressing maternal and child health that have been published by project faculty and/or staff during the reporting period, and directly supported by MCHB program funds. 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 or not they are supported by the grant.
  - o Reporting of "Page(s)" for "Published articles in peer-reviewed scholarly journals" is only optional for online-only articles that do not have page numbers. |

A. Number of Products and Publications

Type	Number
<u>Published</u> articles in peer-reviewed scholarly journals	
<u>Submissions</u> of manuscripts to peer-reviewed scholarly journals	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference oral presentations and posters	
Web-based products (for example, blogs, podcasts, web-based video clips, wikis, RSS feeds, news aggregators, social networking sites, etc.)	
Press communications (TV/radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	

Doctoral dissertations/Master's theses	
Tools or toolkits	
Other	

B. Data Collection Forms

Data collection form for: Published articles in peer-reviewed scholarly journals

*Article DOI: _____

*Article Title: _____

*Author(s): _____

*Journal Title: _____

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

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

*To obtain copies (URL): _____

*Dissemination vehicles outside of the journal: 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: Publications under review in peer-reviewed scholarly journals – SUBMITTED, NOT YET PUBLISHED

*Article Title: _____

*Author(s): _____

*Journal Title: _____

*Year Submitted: _____

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

Key Words (No more than 5): _____

Notes: _____

Data collection form for: 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)/Editor(s): _____

*Publisher: _____

*Year Published: _____

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

Key Words (no more than 5): _____
Notes: _____

Data collection form for: 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 for: Conference oral presentations and posters

Note: This section is not required for MCHB Training grantees.
*Presentation/Poster Title: _____
*Author(s)/Organization(s): _____
*Meeting/Conference Name: _____
*Year Presented: _____
 *Presentation Type: ☐ Oral 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 for: Web-based products

*Product Title: _____
*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 for: Press communications

*Product Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Type: ☐ TV interview   ☐ Radio interview   ☐ Newspaper interview
               ☐ Public service   ☐ Editorial article   ☐ Other (specify): _____
                  announcement
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: 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 for: 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 for: 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 for: 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 for: 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: _____

Data collection form for: Tools or toolkits

*Title: _____

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

*Year: _____

*Describe tool or toolkit: _____

_____

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form for: 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: _____

Form 10

Form 10
Tracking Program-Specific (Training, EMSC, HS, and F2F) and Project-Developed Measures

Instructions

General Instructions:
This is a generic data collection form to be used by awardees to report annual objectives and data values for predefined DGIS program-specific performance measures (i.e., Training, EMSC, Healthy Start, and Family-to-Family forms) and/or project-developed performance measures (i.e., measures created using the detail sheet in Part 10.B.1). This data collection form serves two purposes: 1) collects and displays planned, future year (up to 5 years) Annual Performance Objective targets for each program-specific measure and project-developed measure, as applicable; and 2) collects and displays the Annual Performance Indicator values actually achieved during the reporting period for each program-specific measure and project-developed measure, as applicable.

Part 10.A: Program-Specific Performance Measures: Part 10.A is applicable only to awardees with predefined DGIS program-specific performance measures (i.e., Training, EMSC, Healthy Start, or Family-to-Family forms). Data collection for these measures is built into the respective program-specific forms in the DGIS system and does not appear as a separate form to complete.

Part 10.B: Project-Developed Performance Measures: Part 10.B is only applicable to awardees developing their own performance measures to report. This form is used to create detail sheets for project measures that the awardee chooses to add. The purpose of the detail sheet is to describe the project measures by completing each section as appropriate. Data for the measures created using Part 10.B.1 are captured using Part 10.B.2. Note that the performance measure title, numerator, and denominator fields will be displayed in DGIS in Part 10.B.2. exactly as they are defined in Part 10.B.1. For project-developed performance measures, awardees must first complete the Part 10.B.1 detail sheet. Once a measure is created using Part 10.B.1, the awardee will then be able to complete data cells in Part 10.B.2.

10.A: PROGRAM-SPECIFIC PERFORMANCE MEASURES
Instructions for Predefined Program-Specific Performance Measures
For each applicable program-specific measure:
1) First DGIS report:
    a. Awardees will establish Annual Performance Objective targets for all future reporting periods. DGIS will auto-populate established Annual Performance Objective targets in subsequent DGIS reports.
2) All subsequent DGIS reports:
    a. DGIS will display previously established Annual Performance Objective targets.
    b. Awardees will enter values for numerators and denominators, if applicable. Annual Performance Indicators will auto-calculate based on values from numerators and denominators.
    c. Awardees will complete all other necessary fields.
3) If neither actual data nor an estimate can be provided, the Annual Performance Objective and Annual Performance Indicator lines are to be left blank.

Awardees will complete the following data fields:

Field Name	Instructions
Measure Name	The measure name is auto-populated from the assigned program-specific measure (for example, Training 14, etc.).
Reporting Period	The reporting period is auto-populated.
Annual Performance Objective	Enter a value for the target the project plans to meet for each of the reporting periods. The values may be expressed as a number, a rate, a percentage, or yes/no. Note: Objectives only need to be entered in the first DGIS report and will auto-populate for subsequent reports.

Numerator	Enter the numerator values for the reporting period. If you only have a count for the measure, enter it into the numerator field. If an actual number is not available, provide your best estimate. Enter only numerator data for scale measures. If there are no numerator data, leave this line blank.
Denominator	Enter the denominator values for the reporting period. If you only have a count for the measure, this will be entered in the numerator field and the denominator field should remain blank. If an actual number is not available, provide your best estimate. Do not enter denominator data for scale measures. If there are no denominator data, leave this line blank.
Annual Performance Indicator	This value is auto-calculated based on the numerator and denominator (if applicable) entered.
Comment Box	Explain all estimates in the comment box provided. If the data provided was not an estimate, you may leave this field blank. If neither actual data nor an estimate can be provided, you must provide a note in the comment box describing a plan and timeframe for providing the required data. You may also use the comment box to provide any additional information.

10.B: PROJECT-DEVELOPED PERFORMANCE MEASURES
Instructions for Project-Developed Performance Measures

10.b.1: Measure development
This form is used to create detail sheets for project measures that the awardee chooses to add. The purpose of the detail sheet is to describe the project measures by completing each section as appropriate. Data for the measures created using Part 10.B.1 are captured using Part 10.B.2. Note that the performance measure title, numerator, and denominator fields will be displayed in DGIS in Part 10.B.2. exactly as they are defined in Part 10.B.1.

Awardees will complete the following data fields:

Measure Number	DGIS auto-populates the measure number.
Performance Measure Title	Enter a brief, narrative description of the performance measure (for example, number of families that received education on topic, etc.). The measure statement should not indicate a desired direction (such as an increase or decrease).
Level	Select the most appropriate classification for the measure being described. This indicates at which level the measure captures data and where you expect to see change.
Goal	Enter a short statement indicating what the project hopes to accomplish by tracking this measure.
Definition	Describe how the value of the measure is determined from the data. If the value of the measure is yes/no or some other narrative indicator such as Stage 1/Stage 2/Stage 3, a clear description of what those values mean and how they are determined should be provided. Enter the following for performance measures to be reported: **Numerator:** If the measure is a percentage, rate, or ratio, provide a clear description of the numerator. In DGIS, this field is used for count and scale, measures that do not have a denominator. This field is not required for narrative measures. **Denominator:** If the measure is a percentage, rate, or ratio, provide a clear description of the denominator. In DGIS, leave this field blank for count, scale, or narrative measures.

	Type of Measure
	Unit Type: Indicate type of measure (for example, percentage, rate, ratio, scale, count, etc.).
	Unit Number: Indicate the units in which the measure is expressed (for example, %, per 1000, etc.). If the measure is a percentage, ratio, scale, or count this indicates the maximum value for the measure. If the measure is a rate, it indicates per 1,000; 10,000; or 100,000. If the measure is a narrative, leave this field blank.
Grantee Data Sources and Issues	Enter the source(s) of the data used in determining the value of the measure and any issues concerning the methods of data collection or limitations of the data used.
Significance	Briefly describe why this measure is significant, especially as it relates to the Goal.

10.b.2: Measure reporting

Part 10.B.2 is only applicable to awardees developing their own performance measures, who have completed Part 10.B.1.

For each applicable project-developed measure:
1) First DGIS report:
   a. Awardees will establish Annual Performance Objective targets for all future reporting periods. DGIS will auto-populate established Annual Performance Objective targets in subsequent DGIS reports.
2) All subsequent DGIS reports:
   a. DGIS will display previously established Annual Performance Objective targets.
   b. Awardees will enter values for numerators and denominators, if applicable. Annual Performance Indicators will auto-calculate based on values from numerators and denominators.
   c. Awardees will complete all other necessary fields.
3) If neither actual data nor an estimate can be provided for a reporting period, select "No" for Data Available and the Annual Performance Indicator line for the reporting period are to be left blank.

Awardees will complete the following data fields:

Field Name	Instructions
Measure Number	The measure number will auto-populate from the Part 10.B.1 detail sheet.
Performance Measure Title	The measure name will auto-populate from the Part 10.B.1 detail sheet.
Reporting Period	The reporting period is auto-populated.
Annual Performance Objective	Enter a value for the target the project plans to meet for each of the reporting periods. The values may be expressed as a number, a rate, a percentage, or a ratio. Do not enter objectives for narrative measures. Note: Objectives only need to be entered in the first DGIS report and will auto-populate for subsequent reports.
Data Available	Select Yes or No to indicate if data is available for reporting in the reporting period.
Numerator	Enter the numerator values for the reporting period. If you only have a count for the measure, enter it into the numerator data entry field. If an actual number is not available, provide your best estimate. Enter only numerator data for scale measures. Do not enter numerator data for narrative measures. If there are no numerator data, leave this line blank.
Denominator	Enter the denominator values for the reporting period. If you only have a count for the measure, this will be entered into the numerator data entry

	field and the denominator field should remain blank. If an actual number is not available, provide your best estimate. Do not enter denominator data for scale or narrative measures. If there are no denominator data, leave this line blank.
Annual Performance Indicator	For count and scale measures, this value is auto-populated from the narrative field. For percentage, ratio, and rate measure, this value is auto-calculated based on the numerator and denominator entered. For narrative measures, enter the results for the reporting period.
Data Source	Enter the source(s) of the data used in determining the value of the measure and the time period the data source reflects.
Comment Box	Please explain all estimates in the comment box provided. If the data provided was not an estimate, you may leave this field blank. If neither actual data nor an estimate can be provided, you must provide a note in the comment box describing a plan and timeframe for providing the required data. You may also use the comment box to provide any additional information.

Definitions:
Performance Measure: A measure defined in a DGIS detail sheet.
Annual Performance Objective: Annual target that is set for a performance measure.
Annual Performance Indicator: Actual value of a performance measure achieved during the reporting period.

10.A. Program-Specific Measures – Annual Objective and Performance Data

MEASURE NAME				
	Annual Performance Objective	**Numerator**	**Denominator**	**Annual Performance Indicator**
Reporting Period				
____	_____	_____	_____	_____
Reporting Period				
____	_____	_____	_____	_____
Reporting Period				
____	_____	_____	_____	_____
Reporting Period				
____	_____	_____	_____	_____
Reporting Period				
____	_____	_____	_____	_____

Comment box

10.B.1 Project-Developed Measures – Detail Sheet

Measure Number	
Performance Measure Title	
Level	☐ National ☐ State ☐ Local ☐ Organizational/institutional ☐ Other (specify):
Goal	
Definition	**Numerator:**
	Denominator:
	Type of Measure
	Unit Type:
	Unit Number:
Grantee Data Sources and Issues	
Significance	

10.B.2. Project-Developed Measures – Annual Objective and Performance Data

MEASURE NUMBER ___
(Performance Measure Title)

	Annual Performance Objective	Data Available	Numerator	Denominator	Annual Performance Indicator	Data Source
Reporting Period ____	_____	_____	_____	_____	_____	_____
Reporting Period ____	_____	_____	_____	_____	_____	_____
Reporting Period ____	_____	_____	_____	_____	_____	_____
Reporting Period ____	_____	_____	_____	_____	_____	_____
Reporting Period ____	_____	_____	_____	_____	_____	_____

Comment box

Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grants Information System

OMB No. 0915-0298
Expires: 12/31/2026

Attachment C:
Program Specific Forms

OMB Clearance Package

Table of Contents

Training Form 02

Training 02 PERFORMANCE MEASURE Goal: MCH Training Program and Healthy Tomorrows Cultural Responsiveness Level: Grantee Domain: MCH Workforce Development	The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic responsiveness elements into their policies, guidelines, and training.
GOAL	To increase the percentage of MCH Training and Healthy Tomorrows programs that have integrated cultural and linguistic responsiveness into their policies, guidelines, and training, including elements that have been integrated from broader organizational initiatives.
MEASURE	The percent of MCHB training and Healthy Tomorrows programs that have integrated cultural and linguistic responsiveness into their policies, guidelines, and training.
DEFINITIONS	Attached is a checklist of 6 elements that demonstrate cultural and linguistic responsiveness. Please check yes or no to indicate if your MCH Training or Healthy Tomorrows program has met each element. Please keep the completed checklist attached. Cultural and linguistic responsiveness is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Responsiveness' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; cited from National Center for Cultural Competence) Linguistic responsiveness is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic responsiveness requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. (T. Goode and W. Jones, 2004. National Center for Cultural Competence) Cultural and linguistic responsiveness is a process that occurs along a developmental continuum. A culturally and linguistically responsive program is characterized by elements including the following: written strategies for advancing cultural responsiveness; cultural and linguistic

Training 02 PERFORMANCE MEASURE	The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic responsiveness elements into their policies, guidelines, and training.
Goal: MCH Training Program and Healthy Tomorrows Cultural Responsiveness **Level: Grantee** **Domain: MCH Workforce Development**	

responsiveness policies and practices; cultural and linguistic responsiveness knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic responsiveness; and periodic assessment of trainees' progress in developing cultural and linguistic responsiveness.

Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.

BENCHMARK DATA SOURCES

Related to the following Healthy People 2030 Objectives:

PHI-RO3: Increase the use of core and discipline-specific competencies to drive workforce development
PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education.
PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education

GRANTEE DATA SOURCES

Attached data collection form is to be completed by grantees.
There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural responsiveness elements into their policies, guidelines, and training.

SIGNIFICANCE

Over the last decade, researchers and policymakers have emphasized the central influence of cultural values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural responsiveness objectives have been: (1) incorporated into the Division of MCH Workforce Development priorities; and (2) in guidance materials related to the MCH Training and Healthy Tomorrows Programs.
The Division of MCH Workforce Development provides support to programs that address cultural and linguistic responsiveness through development of curricula, research, learning and practice environments.
This performance measure directly relates to MCHB Strategic Plan Objective 3.2: Support training and educational opportunities to create a diverse and

Training 02 PERFORMANCE MEASURE **Goal: MCH Training Program and Healthy Tomorrows Cultural Responsiveness** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic responsiveness elements into their policies, guidelines, and training.

culturally responsive MCH workforce, including professionals, community-based workers, and families.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 02 – MCH Training Program and Healthy Tomorrows Cultural Responsiveness

Please indicate if your MCH Training or Healthy Tomorrows program has incorporated the following cultural/linguistic responsiveness elements into your policies, guidelines, and training, including elements that have been integrated from broader organizational initiatives.

Please use the space provided beneath each element to provide additional details or justification. If you selected "No – 0," please specify any technical assistance needed on the element (500 character limit). If you selected "Yes – 1", you may provide details on how your program met this element.

Element	Yes 1	No 0
1. **Written Guidelines** Strategies for advancing cultural and linguistic responsiveness are integrated into your training or Healthy Tomorrows program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).		
Additional details:		
2. **Training** Cultural and linguistic responsiveness knowledge and skills building are included in training aspects of your program.		
Additional details:		
3. **Data** Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.		
Additional details:		
4. **Staff/faculty cultural and linguistic diversity** MCH Training Program or Healthy Tomorrows staff and faculty reflect cultural and linguistic diversity of the populations served (e.g., program has diverse faculty who work with trainees, program has efforts to recruit cultural and linguistically diverse staff and faculty).		
Additional details:		
5. **Professional development** MCH Training Program or Healthy Tomorrows staff and faculty participate in professional development activities to promote their cultural and linguistic responsiveness.		
Additional details:		

6. **Measurement of progress** A process is in place to assess the progress of MCH Training program or Healthy Tomorrows participants in developing cultural and linguistic responsiveness.		
Additional details:		

Comments:

Training Form 03

Training 03 PERFORMANCE MEASURE **Goal: Healthy Tomorrows Title V Collaboration** **Level: Grantee** **Domain: MCH Workforce Development**	The degree to which the Healthy Tomorrows Partnership for Children program collaborates with State Title V agencies, other MCH or MCH-related programs.
GOAL	To assure that the Healthy Tomorrows program has collaborative interactions related to professional development, policy development and product development and dissemination with relevant national, state and local MCH programs, agencies and organizations.
MEASURE	The degree to which a Healthy Tomorrows program collaborates with State Title V agencies, and other MCH or MCH-related programs.
DEFINITION	Attached is a list of the 7 elements that describe activities carried out by Healthy Tomorrows programs for or in collaboration with State Title V and other agencies on a scale of 0 to 1 (0=no; 1=yes). Selecting "0" (or "no") indicates that a Healthy Tomorrows program does not collaborate on an element. Selecting "1" (or "yes") indicates that a Healthy Tomorrows program does collaborate on an element. If a value of '1' (yes) is selected, provide the number of activities for the element. The total score for this measure will be determined by the sum of those elements noted as '1.' Activity: An activity is a collaborative interaction related to professional development, policy development and product development and dissemination with relevant national, state and local MCH programs, agencies and organizations. An ongoing collaborative activity should be counted as one (1) activity. For example, if you are working with a Title V partner on an ongoing research project on maternal health that includes multiple interactions or meetings, you will count that as one (1) collaborative activity with Title V. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to the following Healthy People 2030 Objectives: ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs.

Training 03 PERFORMANCE MEASURE Goal: Healthy Tomorrows Title V Collaboration Level: Grantee Domain: MCH Workforce Development	The degree to which the Healthy Tomorrows Partnership for Children program collaborates with State Title V agencies, other MCH or MCH-related programs.
	ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education.
GRANTEE DATA SOURCES	The Healthy Tomorrows program completes the attached table which describes the categories of collaborative activity.
SIGNIFICANCE	As a SPRANS grantee, a Healthy Tomorrows program enhances the Title V State block grants that support MCHB Strategic Plan Goal 1: to assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations. Interactive collaboration between a Healthy Tomorrows program and Federal, Tribal, State and local agencies dedicated to improving the health of MCH populations will increase active involvement of many disciplines across public and private sectors and increase the likelihood of success in meeting the goals of relevant stakeholders. This measure will document a Healthy Tomorrows program's abilities to: 1) collaborate with State Title V and other agencies (at a systems level) to support achievement of the MCHB Strategic Goals and Healthy People 2030 objectives; 2) make the needs of MCH populations more visible to decision-makers and help states achieve best practice standards for their systems of care; 3) internally use these data to assure a full scope of these program elements in all regions.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 03 – Healthy Tomorrows Title V Collaboration

Indicate the degree to which the Healthy Tomorrows program collaborates with State Title V (MCH Block Grant) agencies and other MCH or MCH-related programs[1,2] by entering the following values:
0= Does not collaborate on this element   1= Does collaborate on this element.

If your program does collaborate, provide the total number of activities for the element.

Element	State Title V Agencies[1]			Other MCH-related programs[2]		
	0	1	Total number of activities	0	1	Total number of activities
1. **Advisory Committee** Examples might include: having representation from State Title V or other MCH program on your advisory committee						
2. **Professional Development & Training** Examples might include: collaborating with state Title V agency or other MCH program to develop training activity						
3. **Policy Development** Examples might include: working with State Title V agency to develop and pass legislation						
4. **Research, Evaluation, and Quality Improvement** Examples might include: working with MCH partners on quality improvement efforts						
5. **Product Development** Examples might include: participating in a collaborative with MCH partners to develop materials						
6. **Dissemination** Examples might include: distributing information on Healthy Tomorrows program-specific development, implementation, and impact to local, state, and/or national MCH partners						
7. **Sustainability** Examples might include: working with state and local MCH representatives to develop and implement plans to increase impact and longevity of programs						
Total						

[1]State Title V programs include State Block Grant funded or supported activities.
[2]Other MCH-related programs (both MCHB-funded and funded from other sources) include, but are not limited to:
- State Health Department
- State Adolescent Health
- Social Service Agency
- Medicaid Agency
- Education
- Juvenile Justice
- Early Intervention
- Home Visiting

- Professional Organizations/Associations
- Family and/or Consumer Group
- Self-Advocacy Groups
- Foundations
- Clinical Program/Hospitals
- Local and state division of mental health
- Developmental disability agencies
- Tribal governments and organizations
- School-based programs, including heath centers
- City and County Health Departments
- Health care organizations
- Behavioral health disorder support and advocacy organizations
- College/University programs
- Faith-based programs
- Other programs working with maternal and child health populations

Comments:

Training Form 04

Training 04 PERFORMANCE MEASURE **Goal: MCH Training Program Title V Collaboration** **Level: Grantee** **Domain: MCH Workforce Development**	The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.

GOAL	To assure that a training program has collaborative interactions related to training, technical assistance, continuing education, and other capacity-building services with relevant national, state and local programs, agencies and organizations.
MEASURE	The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs and other professional organizations.
DEFINITION	Attached is a list of the 6 elements that describe activities carried out by training programs for or in collaboration with State Title V and other agencies. Selecting "0" (or "no") indicates that a training program does not collaborate on an element. Selecting "1" (or "yes") indicates that a training program does collaborate on an element. If a value of "1"(yes) is selected, provide the number of activities for the element. The total score for this measure will be determined by the sum of those elements noted as "1." Activity: An activity is a collaborative interaction related to service, training, continuing education, technical assistance, research, and product development with relevant national, state and local MCH programs, agencies and organizations. An ongoing collaborative activity should be counted as one (1) activity across all categories. For example, if you are working with a Title V partner on an ongoing research project on maternal health that includes multiple interactions or meetings, you will count that as one (1) collaborative activity with Title V. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to the following Healthy People 2030 Objectives: ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools.

Training 04 PERFORMANCE MEASURE Goal: MCH Training Program Title V Collaboration Level: Grantee Domain: MCH Workforce Development	The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.
	ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education.
GRANTEE DATA SOURCES	The training program completes the attached table which describes the categories of collaborative activity.
SIGNIFICANCE	As a SPRANS grantee, a training program enhances the Title V State block grants that support the MCHB Strategic Plan Goal 1: to assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations. Interactive collaboration between a training program and Federal, Tribal, State and local agencies dedicated to improving the health of MCH populations will increase active involvement of many disciplines across public and private sectors and increase the likelihood of success in meeting the goals of relevant partners. This measure will document a training program's abilities to: 1) collaborate with State Title V and other agencies (at a systems level) to support achievement of MCHB Strategic Goals and Healthy People 2030 objectives; 2) make the needs of MCH populations more visible to decision-makers and can help states achieve best practice standards for their systems of care; and 3) internally use these data to assure a full scope of these program elements in all regions.

DATA COLLECTION FORM FOR DETAIL SHEET PM #Training 04 – MCH Training Program Title V Collaboration

Indicate the degree to which your training program collaborates with national, state, local and community-based partners, including State Title V (MCH Block Grant) agencies and other MCH-related programs,[2] by entering the following values:

0= Does not collaborate on this element   1= Does collaborate on this element.

If your program does collaborate on an element, provide the total number of activities for that element. An ongoing collaborative activity should be counted as one (1) activity. For example, if you are working with a Title V partner on an ongoing research project on maternal health that includes multiple interactions or meetings, you will count that as one (1) activity.

An activity that involves both Title V and other MCH-related Programs can be counted in both categories.

Element	State Title V programs[1]			Other MCH-related programs[2]		
	0	1	Total number of activities	0	1	Total number of activities
Clinical Service[3] Examples might include: Clinics run by the training program and/ or in collaboration with other agencies.						
Community Outreach Examples might include: Health education or workshops for community partners.						
Continuing Education Examples might include: Webinars, conferences, or other educational events that serve to enhance the knowledge of and/or maintain credentials of practicing MCH professionals. Activities may lead to CE credit, but do not have to. Do not include formal classes or seminars for trainees.						
Technical Assistance[4] Examples might include: Conducting or assisting with needs assessments with State programs, policy development, identifying best practices, organizational capacity building for Title V or other partners, and leading collaborative groups.						
Research[5] Examples might include: Collaborative writing and submission of grants, research teams that include Title V or other MCH-program staff and the training program's trainees or faculty.						
Product Development[6] Examples might include: Collaborative development of journal articles, training or informational videos, fact sheets, or policy briefs.						
Total						

[1]State Title V programs include State Block Grant funded or supported activities.
[2]Other MCH-related programs (both MCHB-funded and funded from other sources) include, but are not limited to:

- State Health Department
- State Adolescent Health
- Social Service Agency
- Medicaid Agency
- Education
- Juvenile Justice
- Early Intervention
- Home Visiting
- Professional Organizations/Associations
- Family and/or Consumer Group
- Self-Advocacy Groups
- Foundations
- Clinical Program/Hospitals
- Local and state division of mental health
- Developmental disability agencies
- Tribal governments and organizations
- School-based programs, including heath centers
- City and County Health Departments
- Health care organizations
- Behavioral health disorder support and advocacy organizations
- College/University programs
- Faith-based programs
- Other national, state, local and community-based programs working with MCH populations

Comments:

[3]Ongoing collaborations with clinical locations should be counted as one activity (For example: multiple trainees rotate through the same community-based clinical site over the course of the year. This should be counted as one activity.)
[4]Any products that are developed as part of technical assistance should be counted in this section.
[5]Any products that are developed as part of research collaborations should be counted in this section.
[6]Do not count any products that are developed as part of technical assistance or research collaborations.

Training Form 07

Training 07 PERFORMANCE MEASURE Goal: MCH LEAP Program Level: Grantee Domain: MCH Workforce Development	The percent of MCHB LEAP Program graduates who have been engaged in work focused on MCH populations.
GOAL	To increase the percent of graduates of MCH Leadership, Education and Advancement in Undergraduate Pathways (LEAP) Programs who have been/are engaged in work focused on MCH populations.
MEASURE	The percent of MCHB LEAP Program graduates who have been engaged in work focused on MCH populations since graduating from the MCH LEAP Training Program.
DEFINITION	**Numerator**: Number of LEAP graduates reporting they have been engaged in work focused on MCH populations since graduating from the MCH LEAP Training Program. **Denominator**: The total number of trainees responding to the survey **Units:** 100 **Text:** Percent MCH LEAP trainees are defined as undergraduate students from underserved or underrepresented backgrounds, including trainees from racially and ethnically underrepresented groups who receive education, mentoring, and guidance to increase their interest and entry into MCH public health and related health professions. Former LEAP trainees should complete a follow-up survey 2-years and 5-years after graduating to provide information on post-graduation activities. Trainees should be tracked based on when they graduate from the undergraduate institution. For example, if a LEAP trainee graduates in 2020, 2-year follow-up should be collected and reported to MCHB in 2022 and 5-year follow-up should be collected and reported in 2025. **MCH Populations**: Includes women, infants and children, adolescents, young adults, and their families including fathers, and children and youth with special health care needs Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to the following Healthy People 2030 Objectives: AHS-R01: Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it.

Training 07 PERFORMANCE MEASURE **Goal: MCH LEAP Program** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of MCHB LEAP Program graduates who have been engaged in work focused on MCH populations.
	AHS-R02: Increase the use to telehealth to improve access to health services. PHI-R02: Expand public health pipeline programs that include service or experiential learning. PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development
GRANTEE DATA SOURCES	Attached data collection form to be completed by grantees. A LEAP program follow-up survey should be used to collect the data for the data collection form. A proposed survey template is provided as an option for grantees to use. On the proposed survey, question number 2 provides former trainee data needed to complete the data collection form.
SIGNIFICANCE	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 07 - MCH LEAP Program

MCH Leadership, Education and Advancement in Undergraduate Pathways (LEAP) Program graduates who report working with **the maternal and child health population** (i.e., women, infants, children, adolescents, young adults, and their families, including and children with special health care needs) 2 years and 5 years after graduating from their MCH LEAP program.

Trainees should be tracked based on when they graduate from the undergraduate institution. For example, if a LEAP trainee graduates in 2020, 2-year follow-up should be collected and reported to MCHB in 2022 and 5-year follow-up should be collected and reported in 2025.

NOTE: Each LEAP trainee should be counted once.

2 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of LEAP Trainees that graduated 2 years ago   _____

B. The total number of graduates lost to follow-up

C. The total number of respondents (A-B) = denominator   _____

D. Number of respondents who report working with MCH populations   _____
    since graduating from the MCH LEAP Training Program   _____

E. Percent of respondents who report working with MCH populations
    since graduating from the MCH LEAP Training Program   _____

5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of LEAP Trainees that graduated 5 years ago   _____

B. The total number of graduates lost to follow-up   _____

C. The total number of respondents (A-B) = denominator   _____

D. Number of respondents who report working with MCH populations
    since graduating from the MCH LEAP Training Program   _____

E. Percent of respondents who report working with MCH populations
    since graduating from the MCH LEAP Training Program   _____

Comments:

Proposed Survey Questions

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

What year did you graduate from the MCH LEAP Training Program? _____
1. Are you currently enrolled or have you completed a graduate school program that is preparing you to work with MCH populations?

    ¨ Yes
    ¨ No

    1a. 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):_____

    1b. If yes, did the MCH LEAP Training Program help in your admission to your graduate program?

    ¨ Yes
    ¨ No

    1c. If yes, did the MCH LEAP Training Program help you be 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 have been historically underserved and/or marginalized since graduating from the MCH LEAP Training Program?

    ¨ Yes

    ¨ No

Training Form 08

Training 08 PERFORMANCE MEASURE Goal: MCH LEAP Program Level: Grantee Domain: MCH Workforce Development	The percent of MCH LEAP Program graduates who have been engaged in work with populations that are underserved or have been marginalized.
GOAL	To increase the percent of graduates of MCH Leadership, Education and Advancement in Undergraduate Pathways (LEAP) Programs who have been engaged in work with populations that are underserved or have been marginalized.
MEASURE	The percent of MCH LEAP Program graduates who have been engaged in work with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program.
DEFINITION	**Numerator:** Number of LEAP graduates reporting they have been engaged in work with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program. **Denominator**: The total number of trainees responding to the survey **Units**: 100 **Text**: Percent MCH LEAP trainees are defined as undergraduate students from underserved or underrepresented backgrounds, including trainees from racially and ethnically underrepresented groups who receive education, mentoring, and guidance to increase their interest and entry into MCH public health and related fields. Former LEAP trainees should complete a follow-up survey 2-years and 5-years after graduating to provide information on post-graduation activities. Trainees should be tracked based on when they graduate from the undergraduate institution. For example, if a LEAP trainee graduates in 2020, 2-year follow-up should be collected and reported to MCHB in 2022 and 5-year follow-up should be collected and reported in 2025. Populations that are underserved or have been marginalized refers 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. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.

Training 08 PERFORMANCE MEASURE **Goal: MCH LEAP Program** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of MCH LEAP Program graduates who have been engaged in work with populations that are underserved or have been marginalized.
BENCHMARK DATA SOURCES	Related to the following Healthy People 2030 Objectives: AHS-R01: Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it. AHS-R02: Increase the use of telehealth to improve access to health services. PHI-R02: Expand public health pipeline programs that include service or experiential learning. PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development.
GRANTEE DATA SOURCES	Attached data collection form to be completed by grantees. A LEAP program follow-up survey should be used to collect the data for the data collection form. A proposed survey template is provided as an option for grantees to use. On the proposed survey, question number 3 provides former trainee data needed to complete the data collection form.
SIGNIFICANCE	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 08 - MCH LEAP Program

MCH Leadership, Education and Advancement in Undergraduate Pathways (LEAP) Program graduates who have worked with populations that are underserved or have been marginalized <u>2 years and 5 years after graduating from their MCH LEAP program.</u>

Trainees should be tracked based on when they graduate from the undergraduate institution. For example, if a LEAP trainee graduates in 2020, 2-year follow-up should be collected and reported to MCHB in 2022 and 5-year follow-up should be collected and reported in 2025.

NOTE: Each LEAP trainee should be counted once.

2 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of LEAP Trainees that graduated, 2 years ago

_____

B. The total number of graduates lost to follow-up

_____

C. The total number of respondents (A-B) = denominator

_____

D. Number of respondents who have worked with populations that have been historically underserved and/or marginalized since graduating from the MCH LEAP Training Program

_____

E. Percent of respondents who have worked with populations that have been historically underserved and/or marginalized since graduating from the MCH LEAP Training Program

_____

5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of LEAP Trainees that graduated 5 years ago

_____

B. The total number of graduates lost to follow-up

_____

C. The total number of respondents (A-B) = denominator

_____

D. Number of respondents who have worked with populations that have been historically underserved and/or marginalized since graduating from the MCH LEAP Training Program

_____

E. Percent of respondents who have worked with populations that have been historically underserved and/or marginalized since graduating from the MCH LEAP Training Program

_____

Comments:

Proposed Survey Questions

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

What year did you graduate from the MCH LEAP Training Program? _____

4. Are you currently enrolled or have you completed a graduate school program that is preparing you to work with MCH populations?

    ¨ Yes
    ¨ No

    1a. 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):_____

    1b. If yes, did the MCH LEAP Training Program help in your admission to your graduate program?

    ¨ Yes
    ¨ No

    1c. If yes, did the MCH LEAP Training Program help you be successful in your graduate program?

    ¨ Yes
    ¨ No

5. 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

6. **Have you worked with populations that have been historically underserved and/or marginalized since graduating from the MCH LEAP Training Program?**

¨ **Yes**

¨ **No**

Training Form 09

Training 09 PERFORMANCE MEASURE Goal: MCH LEAP Program Level: Grantee Domain: MCH Workforce Development	The percent of LEAP graduates that enter graduate programs preparing them to work with the MCH population.
GOAL	To increase the number of Leadership, Education and Advancement in Undergraduate Pathways (LEAP) graduates that enter graduate programs preparing them to work with the MCH population.
MEASURE	The percent of LEAP graduates that enter graduate programs preparing them to work with the MCH population.
DEFINITION	**Numerator:** Total number of MCH LEAP trainees enrolled in or who have completed a graduate school program preparing them to work with the MCH population, 2 or 5 years after graduating from the MCH LEAP program. **Denominator:** Total number of MCH LEAP Trainees who graduated from the MCH LEAP program 2 or 5 years previously. Former LEAP trainees should complete a follow-up survey 2-years and 5-years after graduating to provide information on post-graduation activities. Trainees should be tracked based on when they graduate from the undergraduate institution. For example, if a LEAP trainee graduates in 2020, 2-year follow-up should be collected and reported to MCHB in 2022 and 5-year follow-up should be collected and reported in 2025. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to the following Healthy People 2030 Objectives: ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools.

Training 09 PERFORMANCE MEASURE **Goal: MCH LEAP Program** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of LEAP graduates that enter graduate programs preparing them to work with the MCH population.
	PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education
GRANTEE DATA SOURCES	Attached data collection form to be completed by grantees. A LEAP program follow-up survey should be used to collect the data for the data collection form. A proposed survey template is provided as an option for grantees to use. On the proposed survey, question number 1 provides former trainee data needed to complete the data collection form.
SIGNIFICANCE	MCHB training programs assist in developing a public health workforce that addresses key MCH issues and fosters field leadership in the MCH arena. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 09 – Graduate Program Enrollment

Trainees should be tracked based on when they graduate from the undergraduate institution. For example, if a LEAP trainee graduates in 2020, 2-year follow-up should be collected and reported to MCHB in 2022 and 5-year follow-up should be collected and reported in 2025.

NOTE: Each LEAP trainee should be counted once.

2 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of LEAP Trainees that graduated 2 years ago _____

B. The total number of graduates lost to follow-up _____

C. The total number of respondents (A-B) = denominator _____

D. Total number of respondents that are enrolled in or have completed graduate programs preparing them to work with the MCH population _____

Specify the number of respondents that are enrolled in or have completed the following graduate programs:

   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):_____

E. Percent of respondents that are enrolled in or have completed graduate programs preparing them to work with the MCH population _____

F. Number of LEAP trainees who indicate MCH LEAP Training Program helped in admission to a graduate program _____

G. Percent of LEAP trainees who indicate MCH LEAP Training Program helped in admission to a graduate program _____

H. Number of LEAP trainees who indicate MCH LEAP Training Program helped in being successful in a graduate program _____

I. Percent of LEAP trainees who indicate MCH LEAP Training Program helped in being successful in a graduate program _____

5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of LEAP Trainees that graduated 5 years ago _____

B. The total number of graduates lost to follow-up   _____

C. The total number of respondents (A-B) = denominator   _____

D. Number of respondents that are enrolled in or have completed graduate
 Programs preparing them work with the MCH population   _____

Specify the number of respondents that are enrolled in or have completed the following graduate programs:

       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):_____

E. Percent of respondents that are enrolled in or have completed graduate
 Programs preparing them work with the MCH population   _____

F. Number of LEAP trainees who indicate MCH LEAP Training Program helped in
admission to a graduate program   _____

G. Percent of LEAP trainees who indicate MCH LEAP Training Program helped in
admission to a graduate program   _____

H. Number of LEAP trainees who indicate MCH LEAP Training Program helped in
being successful in a graduate program   _____

I.   Percent of LEAP trainees who indicate MCH LEAP Training Program helped in
being successful in a graduate program   _____

Comments:

Proposed Survey Questions

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

What year did you graduate from the MCH LEAP Training Program? _____

7. **Are you currently enrolled or have you completed a graduate school program that is preparing you to work with MCH populations?**

    ¨ **Yes**
    ¨ **No**

    1a. **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):_____**

1b. If yes, did the MCH LEAP Training Program help in your admission to your graduate program?

¨ **Yes**
¨ **No**

1c. If yes, did the MCH LEAP Training Program help you be successful in your graduate program?

¨ **Yes**
¨ **No**

8. 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

9. Have you worked with populations that have been historically underserved and/or marginalized since graduating from the MCH LEAP Training Program?

¨ Yes

¨ No

Training Form 14

Training 14 **PERFORMANCE MEASURE** **Goal: Medium-Term Trainees Skill and Knowledge** **Level: Grantee** **Domain: MCH Workforce Development**	The percentage of Level I medium-term trainees who report an increase in knowledge and the percentage of Level II medium-term trainees who report an increase in knowledge or skills related to MCH core competencies .
GOAL	To increase the percentage of medium-term trainees (MTT) who report increased knowledge or skills related to MCH core competencies.
MEASURE	The percentage of Level I medium-term trainees who report an increase in knowledge and the percentage of Level II medium-term trainees who report an increase in knowledge or skills related to MCH core competencies.
DEFINITION	**Numerator:** The number of Level I medium-term trainees who report an increase in knowledge and Level II medium-term trainees who report an increase in knowledge or skills related to MCH core competencies. **Denominator:** The total number of medium-term trainees responding to the survey. <u>Medium Term trainees</u>: Level I MTT complete 40-149 hours of training. Level II MTT complete 150–299 hours of training. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to the following Healthy People 2030 Objectives: ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education.

Training 14 PERFORMANCE MEASURE **Goal: Medium-Term Trainees Skill and Knowledge** **Level: Grantee** **Domain: MCH Workforce Development**	The percentage of Level I medium-term trainees who report an increase in knowledge and the percentage of Level II medium-term trainees who report an increase in knowledge or skills related to MCH core competencies .

MICH-20: Increase the proportion of children and adolescents with special health care needs who have a system of care.

GRANTEE DATA SOURCES — End of training survey is used to collect these data.

SIGNIFICANCE — Medium-Term trainees comprise a significant proportion of training efforts. These trainees impact the provision of care to MCH populations nationally. The impact of this training must be measured and evaluated. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH.

TA COLLECTION FORM FOR DETAIL SHEET: Training 14 – Medium-Term Trainees Skill and Knowledge

Level I Medium-Term Trainees - Knowledge

  A. The total number of Level I Medium-Term Trainees (40-149 hours)   _____
  B. The total number of Level I MTT lost to follow-up   _____
  C. The total number of respondents (A-B)   _____
  D. Number of respondents reporting increased knowledge   _____
  E. Percentage of respondents reporting increased knowledge   _____

Level II Medium-Term Trainees – Knowledge:

  A. The total number of Level II Medium-Term Trainees (150-299 hours)   _____
  B. The total number of Level II MTT lost to follow-up   _____
  C. The total number of respondents (A-B)   _____
  D. Number of respondents reporting increased knowledge   _____
  E. Percentage of respondents reporting increased knowledge   _____

Level II Medium-Term Trainees - Skills:

    A.   The total number of Level II Medium-Term Trainees (150-299 hours)   _____

    B.   The total number of Level II MTT lost to follow-up   _____

    C.   The total number of respondents (A-B)   _____

    D.   Number of respondents reporting increased skills   _____

    E.   Percentage of respondents reporting increased skills   _____

Comments:

Training Form 15

Training 15 PERFORMANCE MEASURE

Goal: Consultation and Training for Mental and Behavioral Health
Level: Grantee
Domain: MCH Workforce Development

GOAL	Increase the availability and accessibility of consultation services to providers caring for individuals with behavioral or mental health conditions.
MEASURE	Number of providers participating in consultation and care coordination support services.
DEFINITION	Total number of providers participating in consultation (teleconsultation and in-person) and care coordination support services provided by the Pediatric Mental Health Care Access (PMHCA) program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program.
BENCHMARK DATA SOURCES	None
GRANTEE DATA SOURCES	PMHCA and MMHSUD awardees report using the data collection form.
SIGNIFICANCE	Mental and behavioral health issues are prevalent among children and adolescents, and pregnant and postpartum persons in the United States. However, due to shortages in the number of psychiatrists, developmental-behavioral providers, and other behavioral health clinicians, access to mental and behavioral health services is lacking. Research indicates that telehealth can improve access to care, reduce health care costs, improve health outcomes, and address workforce shortages in underserved areas. Telehealth strategies that connect primary care providers with specialty mental and behavioral health care providers can be an effective means of increasing access to mental and behavioral health services for children and pregnant and postpartum persons, especially those living in rural and other underserved areas.

Training 15 Data Collection Form

Instructions

Tab A. Provider Consultation and Training: Select your program (PMHCA or MMHSUD).

A.1.i: Select Yes or No to indicate if your program had any enrolled providers during the reporting period.

- If select Yes, enter provider counts for "Number enrolled", as well as "Number participating" and "Number enrolled AND participating" if applicable, by provider type. If there are no providers for a field, enter zero.
    - Provider counts may be duplicated across columns (Number enrolled, Number participating, Number enrolled and participating), but not within cells. For example, if a provider is enrolled AND participating during the reporting period, they should be counted in all three columns; the provider would be counted three times across the cells/row, but only once in each column. The "Number of enrolled AND participating" should be less than or equal to both the "Number enrolled" and the "Number participating" in each row.
- If select No, enter provider counts for "Number participating", by provider type. If there are no providers for a field, enter zero.
- If a provider contacts the program more than once during the reporting period, they should only be counted once in each applicable column.
- If a provider is acting in multiple roles/provider types, categorize them by their primary role as it relates to the encounter. For example, if a family visitor, doula, or social worker is filling the role of a care coordinator/patient navigator, they should be reported as a "Care Coordinator/Patient Navigator". If a social worker is filling the role of behavioral health clinician and acting as a therapist or counselor, they would be reported in the "Behavioral Health Clinician" category.
- Medical Residents should be included in the category for which they are completing their residency. For example, a family medicine resident should be included in "Primary Care Providers (non-specialty), Family Medicine".
- Parents and caregivers are not included in reporting.

A.1.ii.a: Enter the number of provider contacts during the reporting period for each type of contact. Enter an unduplicated count of provider contacts across contact types; if a provider is seeking both consultation and care coordination support, count the provider only under "Both". Count each provider contact regardless of whether it is about the same patient or if it is the same provider calling in multiple times. If no providers contacted the program, enter zero (0) in the cell.

> If a provider contacted the consultation line about a patient, and then called a separate time and received either consultation and/or care coordination support for the same patient, they would be counted as two separate provider contacts. If a provider contacts the consultation line and receives consultation and/or care coordination support about multiple patients, this would be counted as one provider contact.

- For PMHCA programs only, consultation can be provided by any member of the PMHCA team and not just the child and adolescent psychiatrist.

A.1.ii.b: Enter the number of consultations and/or referrals provided by the team during the reporting period. Report consultations by consultation type (telehealth vs. in-person). Enter an unduplicated count of consultations provided via telehealth or in person; a consultation should only fall into one of those categories. For referrals, count the total number of referrals given during the reporting period. If there were no consultations and/or referrals, enter zero (0) into the cell.

A.1.ii.c: Select the condition(s) about which providers received consultation (teleconsultation or in-person) or care coordination support services from the program during the reporting period. Select all conditions that apply.

- For each selected condition, enter the number of consultation (teleconsultation or in-person) or care coordination contacts for each. Each contact can involve more than one condition.
- If the patient has a diagnosed condition, but the provider received consultation about another condition, a different presenting concern, or another reason, count the reason(s) for which the provider received consultation. If the patient does not have a diagnosis, the reason for contact can be a suspected diagnosis, diagnostic impression, presenting concerns/symptoms, suspected concern, or another reason. The

condition or conditions selected should be the reason(s) the provider received consultation (teleconsultation or in-person) or care coordination support services. Each contact with the consultation team member can involve more than one condition, however, the conditions should be limited to the primary reasons the provider received consultation and/or care coordination support from the consultation program.

- If the condition is not listed, select "Other" and list the condition(s) or reason(s) in "Other- Description"; multiple conditions can be entered, separated by commas. In the "Other" row, indicate the total number of contacts for all combined "Other" conditions that are listed in the "Other-Description",
- Categorize encounters regarding delusions and disorganized thoughts related to postpartum psychosis in "Other" and share more details with HRSA in the non-competing continuation progress report narratives or contacts with the program. Categorize encounters regarding perinatal mood and anxiety disorders in the anxiety category.

A.1.iii: [Measure applies only to PMHCA awardees] Enter the number of consultations and referrals provided during the reporting period, by PMHCA team member type. If no consultations and/or referrals were provided by the PMHCA team member type, enter zero (0).
- If a single provider contact results in multiple referral recommendations, each referral should be counted separately. For example, if a team member refers the provider to a mental health counselor for psychotherapy AND provides a referral for an addiction counselor, this would count as two referrals.
- If a provider is acting in multiple roles/provider types, categorize them by their primary role as it relates to the encounter. Social workers, counselors etc. working in the role of care coordinator should be counted as care coordinators.
- If a team member type is not listed, select "Other" and list the member type(s) in "Other-Description"; multiple team member types can be entered, separated by commas. In the "Other" row, indicate the total number of consultations or referrals provided for all combined "Other" team member types that are listed.
- For consultations or referrals provided by an interdisciplinary team, each member of the interdisciplinary team would be counted for consultations or referrals provided.

A.2.i: Enter the number of providers trained during the reporting period, by provider type.
- Report unduplicated counts of providers. If a provider attended more than one training conducted by the program during the reporting period, the provider should only be counted once.
- If a provider type is not listed, select "Other" and list the member type(s) in "Other-Description"; multiple provider types can be entered, separated by commas. In the "Other" row, indicate the total number of "Other" providers attending training for all combined "Other" provider types.

A.2.ii.: Enter the total number of trainings provided by the program during the reporting period. Report an unduplicated count of trainings.

A.2.ii.a: Enter the number of trainings provided during the reporting period, by topic. Each individual training reported in A.2.ii. should be associated with ONLY ONE topic; the sum of trainings by topic should equal the total number of trainings reported in A.2.ii. Trainings often cover multiple topics; choose the most appropriate training topic to categorize each training provided by the program. If a topic was not covered, enter a zero (0) in that cell.
- Continuing Education (CE) is not required to count as a training.
- If the primary training topic is not listed, select "Other" and list the topic(s) in "Other-Description"; multiple topics can be entered, separated by commas. In the "Other" row, indicate the total number of trainings held during the reporting period for all combined "Other" topics.

A.2.ii.b: Report the total number of trainings covered by each training mechanism. Each individual training reported in A.2.ii. should be associated with ONLY ONE mechanism; the sum of trainings by mechanism should equal the total number of trainings reported in A.2.ii.
- If the training mechanism is not listed, select "Other" and list the mechanism(s) in "Other-Description"; multiple mechanisms can be entered, separated by commas. In the "Other" row, indicate the total number of trainings held during the reporting period for all combined "Other" mechanisms.

<u>Tab B. Individuals Served</u> PMHCA will complete data entry for Children 0-11, Adolescents 12-21, and/or Children and Adolescents – age unknown. MMHSUD will complete data entry for Pregnant or postpartum persons.

B.1: Enter the number of individuals for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services during the reporting period. Enter an unduplicated count of individuals for whom a provider contacted the program; if a provider contacted the program about an individual multiple times, they should only be counted once. Enter both the total number, as well as the number from rural/underserved areas.

- Only include children and adolescents (PMHCA) and pregnant and postpartum persons (MMHSUD) about whom a provider contacted the consultation team/program for consultation or referral. Do not include the entire patient panel of enrolled or participating providers.
- Do not count parenting persons or caregivers who contact the program.
- Provider zip codes may be used to identify rural or underserved counties. The use of patient zip codes is not required.

B.2: Enter the number of individuals recommended for referral only, treatment only, or both referral and treatment, among those for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services during the reporting period. If there were no recommendations for referral and/or treatment, enter zero (0) into the cell.

- Only include individuals about whom a provider contacted the program for consultation or referral. Do not include the entire patient panel of enrolled or participating providers.
- If the provider called in multiple times about the same patient, the outcome of the call (referral, treatment, or both) would be counted separately for each contact.

B.3: [Optional] Enter the numerator and denominator for the percent screened for each applicable measure. If there were no screenings for behavioral or mental health condition, enter zero (0) into the cell.

- HRSA strongly encourages programs to report these data if programs are collecting screening data from electronic medical records (EMRs) or electronic health records (EHRs). If programs can't get EMR or EHR data, programs would add these data by provider report or not report since this measure is optional.
- PMHCA
  - Numerator: Number of children and adolescents, 0-21 years of age, for whom a provider contacted the mental health team for consultation or referral, who received at least one screening for a behavioral health condition using a standardized validated tool.
  - Denominator: Number of children and adolescents, 0-21 years of age, for whom a provider contacted the mental health team for consultation or referral.
- MMHSUD
  - Numerator: Number of pregnant or postpartum persons, for whom a provider contacted the program for consultation or care coordination support, who received at least one screening for a behavioral health condition (depressions, anxiety, or substance use, separately) using a standardized validated tool.
  - Denominator: Number of pregnant or postpartum persons, for whom a provider contacted the program for consultation or care coordination support.
- Do not report data when there is only an assumption about whether the patient was screened. If programs cannot ask the provider whether a screening has occurred, then do not report.
- Include screens conducted by the provider or practice that is calling for the consultation or referral. A paraprofessional may not be conducting screens but can validate that a screening occurred and report that to the consult line.
- Report on screens conducted within the previous 12 months at the time of the consultation/referral call.
- HRSA Project Officers will provide examples of validated screening tools.

Definitions:
<u>Enrolled Provider</u>: A provider who has formally registered with the program to facilitate use of consultation (teleconsultation or in-person) or care coordination support services, at the time of reporting. An enrolled

provider is currently enrolled with the program even if initial enrollment occurred prior to current reporting period. An enrolled provider may or may not be a participating provider.

Participating Provider: A provider who has contacted the program for consultation (teleconsultation or in-person) or care coordination support services, and who may or may not be an enrolled provider.

Enrolled AND Participating Provider: Refers to the number of enrolled providers (registered) who are participating in the program (contacting the program for consultation or care coordination support services).

Care Coordination Support: In context of MMHSUD/PMHCA, care coordination support means, at minimum, that the program provides resources and referrals to a provider when they contact the program, or to the patient/family when the program works with patients/families directly. In these programs, "care coordination support" is synonymous with "providing resources and referrals".

Telehealth: is the use of electronic information and telecommunication technologies to support and promote long-distance clinical consultation, patient and professional health-related education, public health and health administration. Permitted telehealth modalities between providers include (but are not limited to): real-time video, telephonic communications, electronic mail (email) with encryption, store-and-forward imaging, and mobile health (mHealth) applications.

Referrals are given to providers (or directly to the patients/families) by the program to introduce specific health providers or services. Recommending "family therapy" without providing a specific provider name or practice would not be considered a referral, but a recommendation for treatment. Referrals are typically provided using resources included in the referral database. Referrals fall under the category of care coordination support in the context of MMHSUD/PMHCA.

> *Example 1*: *The PMHCA/MMHSUD program recommends Jonathan Smith, PhD, clinical psychologist specializing in childhood anxiety disorders, address xxxx Main Street, Springfield, TX, phone number xxx-xxx-xxxx, email address xx@xx.com. This counts as one referral.*
> *Example 2*: *The PMHCA/MMHSUD program refers the provider or family to a specific mental health counselor or therapist for psychotherapy AND provides a referral for a specific addiction counselor or specific practice. The consultation team member provided 2 referrals.*
> *Example 3*: *A provider calls into the consultation line regarding a patient experiencing depression. The patient's family is experiencing housing insecurity, and the provider shares that information for assistance. The consultation team member provides a referral to a behavioral health therapist and to a social worker who specializes in subsidized housing. This counts as 2 referrals.*

Training: refers to education programs or sessions 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. Examples of trainings include mental or behavioral health conditions, medication, screening and assessment, treatment modalities, trauma, etc. Conference presentations would be considered training if training was the intent of the presentation. A conference presentation that describes an intervention or program would not be considered training.

- In-person training: is any form of training that occurs "in person" and in real time between trainers and participants.
- Project ECHO® (Extension for Community Healthcare Outcomes) distance learning cohort: refers to a group of individuals who advance through an educational program together as part of their participation in Project ECHO®. Project ECHO® is a collaborative model of medical education and care management that uses tele-mentoring to share knowledge between specialists and outlying Primary Care Providers (PCPs) with the goals of supporting PCPs in their administration of high-quality, leading-edge care to their patients and improving health outcomes for underserved patients.
- ECHO-like distance learning cohort: A technology-enabled educational model, in which a mentor with specialized knowledge provides interactive and case-based guidance to a group of mentees for the purpose of strengthening their skills and knowledge to provide high-quality healthcare. These programs are similar in structure and goals to Project ECHO® but not officially Project ECHO®.

- Web-based training: refers to computer-based training that takes place online via the internet. This can include synchronous web-based training that is trainer-led and involves real-time interactions between trainers and trainees; asynchronous web-based training that takes place without real-time instruction, where content is available online, pre-recorded, and trainees can access it at their convenience; or blended web-based training, which involves both real-time interactions between a trainer and trainees and pre-recorded content that can be self-paced according to one's schedule.
- Hybrid (combination of virtual and in-person) training: refers to a training model that involves both in-person and online instruction and activities.

Treatment is the provision, coordination, or management of health care and related services among health care providers. Providers contacting the programs for consultation may or may not be the ones providing the treatment that is recommended by the consulting provider.

Rural/Underserved: HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget. In addition, HRSA uses Rural Urban Commuting Area Codes to designate rural areas within MAs. This rural definition can be accessed at: https://www.hrsa.gov/rural-health/about-us/what-is-rural. If the county is not entirely rural or urban, follow the link for "Rural Health Grants Eligibility Analyzer" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county. Underserved areas are defined by the following terms: Any Medically Underserved Area/Population (MUA/P); or a Partially MUA/P. MUA/Ps are accessible through https://data.hrsa.gov/tools/shortage-area/mua-find

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A. Provider Consultation and Training

Select Program: ☐ PMHCA   ☐ MMHSUD

1. Consultation:

    i. Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services.

Did you have any enrolled providers during the reporting period?   ☐ Yes ☐ No

Provider Type		Number enrolled	Number participating	Number enrolled AND participating
Primary Care Providers (non-specialty)	Pediatrician			
	Family Medicine			
	OB/GYN			
	Internal Medicine			
	Advanced Practice Nurse/Nurse Practitioner			
	Certified Nurse Midwife			
	Physician Assistant			
Others	Psychiatrist			

	Developmental-Behavioral Pediatrician			
	Nurse			
	Behavioral Health Clinician (e.g. psychologist, therapist, counselor)			
	Care Coordinator/ Patient Navigator			
	Doula			
	Other Specialist Physician, APN/NP, PA (specify type):			
	Other (specify type):			
Unknown Provider type				
Total (will auto-populate)				
Total Primary Care (will auto-populate)				

    ii.   Use of program consultation and care coordination support services.

        a.   Number of **provider** contacts with the program for consultation (teleconsultation or in-person), care coordination support, or both.

Type of contact	Number of provider contacts with the program for services
Consultation Only	
Care Coordination Support Only	
Both	

        b.   Number of **consultations and referrals** given to providers.

Consultation or referral	Number of consultations or referrals given
Consultations via telehealth	
Consultations in-person	
Referrals	

        c.   Please indicate the condition(s) about which providers received consultation (teleconsultation or in-person) or care coordination support services from the program. Select all conditions that apply. Specify the number of contacts for each condition. Each contact can involve more than one condition.

        ☐ Anxiety disorders
          o Number of contacts for this reason _____
        ☐ Depressive disorders (excluding postpartum depression)
          o Number of contacts for this reason _____
        ☐ Postpartum depression

- o   Number of contacts for this reason _____
- ☐   Bipolar and related disorders
  - o   Number of contacts for this reason _____
- ☐   Attention-Deficit/ Hyperactivity Disorder (ADHD)
  - o   Number of contacts for this reason _____
- ☐   Autism Spectrum Disorder
  - o   Number of contacts for this reason _____
- ☐   Disruptive, impulse-control, and conduct disorders
  - o   Number of contacts for this reason _____
- ☐   Neurodevelopmental disorders (including developmental delay and intellectual disabilities)
  - o   Number of contacts for this reason _____
- ☐   Feeding and eating disorders
  - o   Number of contacts for this reason _____
- ☐   Obsessive-compulsive and related disorders
  - o   Number of contacts for this reason _____
- ☐   Trauma and stressor-related disorders
  - o   Number of contacts for this reason _____
- ☐   Schizophrenia spectrum and other psychotic disorders
  - o   Number of contacts for this reason _____
- ☐   Substance-related disorders
  - o   Number of contacts for alcohol _____
  - o   Number of contacts for marijuana _____
  - o   Number of contacts for nicotine _____
  - o   Number of contacts for opioids _____
  - o   Number of contacts for other substance-related disorders _____
- ☐   Suicidality or self-harm
  - o   Number of contacts for this reason _____
- ☐   Social and environmental concerns (including violence, unstable housing, language barriers, isolation/lack of social support, food insecurity, transportation, etc.)
  - o   Number of contacts for this reason _____
- ☐   Other (please specify)_____
  - o   Number of contacts for this reason _____

iii.   Number of consultations (teleconsultations and in-person) and referrals provided by each member of the mental health team. [Measure applies only to PMHCA awardees]

Member of mental health team	Number of consultations provided	Number of referrals provided
Psychiatrist		
Psychologist		
Social Worker		
Counselor		
Care Coordinator		
Other behavioral clinicians		

Other (specify type):		
Total (will auto-populate)		

2. **Training:**

   i. Number and types of providers trained.

Provider Type		Number Trained
Primary Care Providers (non-specialty)	Pediatrician	
	Family Medicine	
	OB/GYN	
	Internal Medicine	
	Advanced Practice Nurse/Nurse Practitioner	
	Certified Nurse Midwife	
	Physician Assistant	
Others	Psychiatrist	
	Developmental-Behavioral Pediatrician	
	Nurse	
	Behavioral Health Clinician (e.g. psychologist, therapist, counselor)	
	Care Coordinator/ Patient Navigator	
	Doula	
	Other Specialist Physician, APN/NP, PA (specify type):	
	Other (specify type):	
Unknown Provider type		
Total Primary Care (will auto-populate)		
Total (will auto-populate)		

   ii. Total number of trainings held _____

   a. Topic focus of trainings and number of trainings per topic focus. Select all that apply [Note: Each individual training should be associated with only one topic focus; the sum of trainings for each individual training topic focus should equal the total number of trainings held].:

   ☐ Mental or behavioral health conditions-related trainings (e.g., anxiety, depression, substance use disorder, ADHD, OCD, eating disorders, tics, Autism, developmental delay, behavioral dysregulation, etc.) Please include comprehensive trainings that cover medications, screenings, treatments, etc. for specific conditions in this category.
   Number of trainings covering topic _____
   ☐ Medication-focused trainings
   Number of trainings covering topic _____
   ☐ Screening and assessment/testing-focused trainings
   Number of trainings covering topic _____
   ☐ Treatment modality-focused trainings
   Number of trainings covering topic _____

☐ Trauma focused trainings
    Number of trainings covering topic _____

☐ Parent and family-focused trainings
    Number of trainings covering topic _____

☐ Practice Improvement/Systems Change/Quality Improvement (e.g., practice workflows, integrating protocols into the EHR, integrating behavioral health into primary care, expanding community referrals, ensuring culturally and linguistically appropriate services)
    Number of trainings covering topic _____

☐ COVID-19-focused trainings
    Number of trainings covering topic _____

☐ Other (please specify) _____
    Number of trainings covering topic _____

    b.   Training mechanisms used. Select all that apply:

☐   In-person
    Number of trainings using this mechanism _____

☐   Project ECHO® (distance learning cohort)
    Number of trainings using this mechanism _____

☐   ECHO-like (distance learning cohort)
    Number of trainings using this mechanism _____

☐   Web-based
    Number of trainings using this mechanism _____

☐   Hybrid (combination of in-person and virtual)
    Number of trainings using this mechanism _____

☐   Other (please specify)
    Number of trainings using this mechanism _____

B. Individuals Served

1. Number of individuals for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services

	Total	Rural/underserved
Children 0-11		
Adolescents 12-21		
Children and Adolescents – age unknown		
Pregnant or postpartum persons		

2. Number of individuals recommended for referral and/or treatment, among those for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services.

	Referral only	Treatment only	Both referral and treatment
Children 0-11			
Adolescents 12-21			
Children and Adolescents – age unknown			
Pregnant or postpartum persons			

3. Percent of individuals screened for behavioral or mental health condition [Optional]

	Numerator	Denominator	% (auto-populated)
Children 0-11 screened for behavioral or mental health condition			
Adolescents 12-21 screened for behavioral or mental health condition			
Children and Adolescents – age unknown, screened for behavioral or mental health condition			
Pregnant or postpartum persons screened for behavioral or mental health condition			
Pregnant or postpartum persons screened for depression			
Pregnant or postpartum persons screened for anxiety			
Pregnant or postpartum persons screened for substance use			

Comments:

EMSC 04

EMSC 04 PERFORMANCE MEASURE Goal: Emergency Department Readiness Level: Grantee Domain: Emergency Medical Services for Children	The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
GOAL	To increase the percent of hospitals that are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
MEASURE	The percent of hospitals recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
DEFINITION	**Numerator:** Number of hospitals with an ED that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies. **Denominator:** Total number of hospitals with an ED in the state/territory. **Units**: 100 **Text**: Percent **Hospital:** Facilities that provide definitive medical and/or surgical assessment, diagnoses, and life and/or limb saving interventions for the ill and injured AND have an Emergency Department. For the purposes of this measure, data reported should exclude Military and Indian Health Service hospitals. **Standardized program:** A program or system of care, also referred to as a pediatric readiness recognition program, that provides a framework for collaboration across agencies, health care organizations/services, families, and youths for the purposes of improving access and expanding coordinated culturally and linguistically competent care for children and youth. The program/system is coordinated, accountable and recognizes the pediatric emergency care capabilities of hospitals in a state, territory or region. The program supports the development of a standardized system of care that is responsive to the emergency needs of children and extends access to specialty resources when needed. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
EMSC STRATEGIC OBJECTIVE	Ensure the operational capacity and infrastructure to provide pediatric emergency care.

EMSC 04 PERFORMANCE MEASURE **Goal: Emergency Department Readiness** **Level: Grantee** **Domain: Emergency Medical Services for Children**	The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
	Develop a statewide, territorial, or regional program that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies.
GRANTEE DATA SOURCES	This performance measure will require grantees to determine how many hospitals participate in their statewide, territorial or regional standardized program (if the state has a standardized program) for emergencies.
SIGNIFICANCE	The performance measure emphasizes the importance of the existence of a standardized statewide, territorial, or regional standardized program of care for children that includes a recognition program for hospitals capable of stabilizing and/or managing pediatric emergencies. A standardized recognition and/or designation program, based on compliance with the current published pediatric emergency/trauma care guidelines, contributes to the development of an organized system of care that assists hospitals in determining their capacity and readiness to effectively deliver pediatric emergency/trauma and specialty care. This measure helps to ensure essential resources and protocols are available in facilities where children receive care for emergencies. A standardized program can also facilitate EMS transfer of children to appropriate levels of resources. Additionally, a standardized program that includes a verification process to identify facilities meeting specific criteria, has been shown to increase the degree to which EDs are compliant with published guidelines and improve hospital pediatric readiness statewide. This performance measure (EMSC 04) does not require that the standardized program be mandated. Voluntary recognition is accepted.

DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 04

The percent of hospitals with an Emergency Department (ED) that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.

Numerator:	
Denominator	
Percent	

Numerator: Number of hospitals with an ED that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
Denominator: Total number of hospitals with an ED in the state/territory. For the purposes of data collection, exclude Military and Indian Health Service hospitals.

Further Disaggregation of Data for Geographic Distribution

Numerator: Number of hospitals with an ED located in a rural[1] area that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.	
Denominator: Number of hospitals with an ED that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies	
Percent	

Numerator: Number of hospitals with an ED located in an urban area that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.	
Denominator: Number of hospitals with an ED that are recognized through a statewide, territorial or regional standardized program that are formally able to stabilize and/or manage pediatric emergencies.	
Percent:	

Using a scale of 0-5, please rate the degree to which your state/territory has made towards establishing a standardized program for pediatric emergencies.

Element	0	1	2	3	4	5
1. Indicate the degree to which a standardized program for pediatric emergencies exists.						

0= No progress has been made towards developing a statewide, territorial, or regional standardized program that recognizes   hospitals that are able to stabilize and/or manage pediatric emergencies

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[1] Rural and urban area classifications use the Office of Management and Budget definition. Rural: counties classified as a micro area (urban core of 10,000-49,999 people) or counties outside of metro and micro areas. Urban: counties with a core population of 50,000 or more. https://www.ers.usda.gov/data-products/urban-influence-codes/

1= Research has been conducted on the effectiveness of a standardized program (i.e., improved pediatric outcomes)
And/or
Developing a standardized program has been discussed by the EMSC Advisory Committee and members are working on the issue.

2= Criteria that facilities must meet in order to receive recognition as being able to stabilize and/or manage pediatric emergencies have been developed.

3= An implementation process/plan for the standardized program has been developed.

4= The implementation process/plan for the standardized program has been piloted.

5= At least one facility has been formally recognized through the standardized program. Supporting documentation will be requested to confirm this selection.

Comments:

EMSC 08

EMSC 08 PERFORMANCE MEASURE	The degree to which the state/territory has established permanence of EMSC in the state/territory EMS system.
Goal: EMSC Permanence **Level: Grantee** **Domain: Emergency Medical Service for Children**	

GOAL	To increase the number of states/territories that have established permanence of EMSC in the state/territory EMS system.
MEASURE	The degree to which states/territories have established permanence of EMSC in the state/territory EMS system.
DEFINITION	The number of elements that are associated with permanence of EMSC in a state/territory EMS system on a scoring system ranging from a possible score of no elements (0) to five elements (5).

Permanence of EMSC in a state/territory EMS system is defined as:
- The EMSC Advisory Committee has the required members as per the implementation manual.
- The EMSC Advisory Committee has met at least four times during the grant year.
- Pediatric representation incorporated on the state/territory EMS Board.
- The state/territory require pediatric representation on the EMS Board.
- One full time EMSC Manager is dedicated solely to the EMSC Program.

EMSC: The component of emergency medical care that addresses the infant, child, and adolescent needs, and the Program that strives to ensure the establishment and permanence of that component. EMSC includes emergent at the scene care as well as care received in the emergency department, surgical care, intensive care, long-term care, and rehabilitative care. EMSC extends far beyond these areas yet for the purposes of this manual this will be the extent currently being sought and reviewed.

EMS system: The continuum of patient care from prevention to rehabilitation, including pre-hospital, dispatch communications, out-of-hospital, hospital, primary care, emergency care, inpatient, and medical home. It encompasses every injury and illness.

Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting. |

EMSC 08 PERFORMANCE MEASURE **Goal: EMSC Permanence** **Level: Grantee** **Domain: Emergency Medical Service for Children**	The degree to which the state/territory has established permanence of EMSC in the state/territory EMS system.

EMSC STRATEGIC OBJECTIVE	• Establish permanence of EMSC in each state/territory EMS system. • Establish an EMSC Advisory Committee within each state/territory • Incorporate pediatric representation on the state/territory EMS Board • Establish one full-time equivalent EMSC manager that is dedicated solely to the EMSC Program.
GRANTEE DATA SOURCES	Attached data collection form to be completed by grantee.
SIGNIFICANCE	Establishing permanence of EMSC in the state/territory EMS system is important for building the infrastructure of the EMSC Program and is fundamental to its success. For the EMSC Program to be sustained in the long-term and reach permanence, it is important to establish an EMSC Advisory Committee to ensure that the priorities of the EMSC Program are addressed. It is also important to establish one full time equivalent EMSC Manager whose time is devoted solely (i.e., 100%) to the EMSC Program. Moreover, by ensuring pediatric representation on the state/territory EMS Board, pediatric issues will more likely be addressed.

DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 08

Please indicate the elements that your grant program has established to promote permanence of EMSC in the State/Territory EMS system.

Element	Yes	No
1. The EMSC Advisory Committee has the required members as per the implementation manual.		
2. The EMSC Advisory Committee has met four or more times during the grant year.		
3. There is pediatric representation on the EMS Board.		
4. There is a state/territory mandate requiring pediatric representation on the EMS Board.		
5. There is one full-time EMSC Manager that is dedicated solely to the EMSC Program.		

Yes = 1
No = 0

Total number of elements your grant program has established (possible 0-5 score)_____

Comments:

EMSC 09

EMSC 09 PERFORMANCE MEASURE **Goal: Integration of EMSC priorities** **Level: Grantee** **Domain: Emergency Medical Services** **for Children**	The degree to which the state/territory has established permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations/rules.
GOAL	To increase integration of EMSC priorities into existing EMS or hospital statutes/regulations/rules.
MEASURE	The degree to which the state/territory has established permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations/rules.
DEFINITION	The number of elements that are associated with integrating EMSC priorities in a state/territory EMS system on a scoring system ranging from a possible score of no elements (0) to eleven elements (11).

Priorities: The priorities of the EMSC Program include the following:

- Prehospital EMS agencies are required to submit NEMSIS compliant data to the State EMS Office.
- Prehospital EMS agencies in the state/territory have a designated individual who coordinates pediatric emergency care.
- Prehospital EMS agencies in the state/territory have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.
- The existence of a statewide, territorial, or regional standardized program that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies
- Hospitals in the state/territory have written inter- facility transfer guidelines that cover pediatric patients and that include the following components of transfer:
  - Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication).
  - Process for selecting the appropriate care facility.
  - Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.).
  - Process for patient transfer (including obtaining informed consent).
  - Plan for transfer of patient medical record
  - Plan for transfer of copy of signed transport consent
  - Plan for transfer of personal belongings of the patient
  - Plan for provision of directions and referral institution information to family

EMSC 09 PERFORMANCE MEASURE	The degree to which the state/territory has established permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations/rules.
Goal: Integration of EMSC priorities **Level: Grantee** **Domain: Emergency Medical Services for Children**	

- Hospitals in the state/territory have written inter-facility transfer agreements that cover pediatric patients.
- BLS and ALS pre-hospital provider agencies in the state/territory are required to have on-line and off-line pediatric medical direction available.
- BLS and ALS patient care units in the state/territory have the essential pediatric equipment and supplies, as outlined in the nationally recognized and endorsed guidelines.
- Requirements adopted by the state/territory that requires pediatric continuing education prior to the renewal of BLS/ALS licensing/certification.

Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.

EMSC STRATEGIC OBJECTIVE	Establish permanence of EMSC in each state/territory EMS system.
GRANTEE DATA SOURCES	Attached data collection form to be completed by grantee.
SIGNIFICANCE	For the EMSC State Partnership Program to be sustained in the long-term and reach permanence, it is important for the Program's priorities to be integrated into existing state/territory mandates. Integration of the EMSC priorities into mandates will help ensure pediatric emergency care issues and/or deficiencies are being addressed state/territory-wide for the long-term.

DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 09

Please indicate the elements that your grant program has established to promote the permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations.

Element	Yes	No
1. There is a statute/regulation that requires the submission of NEMSIS compliant data to the state EMS office		
2. There is a statute/regulation that assures an individual is designated to coordinate pediatric emergency care.		
3. There is a statute/regulation that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.		
4. There is a statute/regulation for a hospital recognition program for identifying hospitals capable of dealing with pediatric medical emergencies.		
5. There is a statute/regulation for a hospital recognition program for identifying hospitals capable of dealing with pediatric traumatic emergencies.		
6. There is a statute/regulation for written inter-facility transfer guidelines that cover pediatric patients and include specific components of transfer.		
7. There is a statute/regulation for written inter-facility transfer agreements that cover pediatric patients.		
8. There is a statute/regulation for pediatric on-line medical direction for ALS and BLS pre-hospital provider agencies.		
9. There is a statute/regulation for pediatric off-line medical direction for ALS and BLS pre-hospital provider agencies.		
10. There is a statute/regulation for pediatric equipment for BLS and ALS patient care units.		
11. There is a statute/regulation for the adoption of requirements for continuing pediatric education prior to recertification/relicensing of BLS and ALS providers.		

Yes = 1
No = 0

Total number of elements your grant program has established (possible 0-11 score)_____

Comments:

EMSC 10

EMSC 10 PERFORMANCE MEASURE	The percent of prehospital Emergency Medical Services (EMS) agencies recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
Goal: Prehospital Emergency Medical Services Readiness **Level: Grantee** **Domain: Emergency Medical Services for Children**	

GOAL	To increase the percent of prehospital EMS agencies that are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
MEASURE	The percent of prehospital EMS agencies recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
DEFINITION	**Numerator:** Number of prehospital EMS agencies that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.

Denominator: Total number of prehospital EMS agencies in the state/territory.

Units: 100   **Text**: Percent

EMS: Emergency Medical Services

Prehospital EMS Agency: A prehospital EMS agency is defined as an organization staffed with personnel who render medical care in response to a 911 or similar emergency call. Data will be gathered from both transporting and non-transporting agencies.

Standardized program: A program or system of care, also referred to as a pediatric readiness recognition program, that provides a framework for collaboration across agencies, health care organizations/services, families, and youth for the purposes of improving access and expanding coordinated culturally and linguistically competent care for children and youth. The program/system is coordinated, accountable, and recognizes the pediatric emergency care capabilities of prehospital EMS agencies in a state, territory, or region. The program supports the development of a standardized system of care that is responsive to the needs of children, and extends access to specialty resources when needed.

Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.

EMSC 10 PERFORMANCE MEASURE

Goal: Prehospital Emergency Medical Services Readiness
Level: Grantee
Domain: Emergency Medical Services for Children

The percent of prehospital Emergency Medical Services (EMS) agencies recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.

EMSC STRATEGIC OBJECTIVE

Ensure the operational capacity and infrastructure to provide pediatric emergency care.

Develop a statewide, territorial, or regional program that recognizes prehospital EMS agencies that are able to stabilize and/or manage pediatric emergencies.

GRANTEE DATA SOURCES

This performance measure will require grantees to determine how many prehospital EMS agencies participate in their standardized recognition program (if the state has a standardized recognition program) for emergencies.

SIGNIFICANCE

The performance measure emphasizes the importance of the existence of a standardized statewide, territorial, or regional program of care for children that includes a recognition program for prehospital EMS agencies capable of stabilizing and/or managing pediatric emergency care. A standardized recognition program contributes to the development of an organized system of care in determining their capacity and readiness to effectively deliver pediatric emergency care.

This measure helps to ensure essential pediatric resources, pediatric-trained personnel and pediatric protocols are available in prehospital EMS agencies. A standardized program can also facilitate EMS transfer of children to appropriate levels of resources and includes a verification process to identify prehospital EMS agencies meeting specific criteria.

This performance measure (EMSC 10) does not require that the standardized program be mandated. Voluntary recognition is accepted.

DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 10

The percent of prehospital EMS agencies that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.

Numerator: number of prehospital EMS agencies that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.	
Denominator: Total number of prehospital EMS agencies in the state/territory	
Percent	

Numerator: number of prehospital EMS agencies located in rural[2] areas that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.	
Denominator: total number of prehospital EMS agencies that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.	
Percent:	

Numerator: number of prehospital EMS agencies located in urban areas that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.	
Denominator: total number of prehospital EMS agencies that are formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies.	
Percent:	

Number of children served during the reporting period by prehospital EMS agencies formally recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric emergencies. (if an exact number cannot be obtained, your best estimate is fine.) _____
☐ Check this box if the number reported above is an estimate

Using a scale of 0-5, please rate the degree to which your state/territory has made towards establishing a prehospital EMS standardized program for pediatric emergencies.

Element	0	1	2	3	4	5
1. Indicate the degree to which a prehospital standardized program for pediatric emergencies exists.						

0= No progress has been made towards developing a statewide, territorial, or regional standardized program that recognizes prehospital EMS agencies that are able to stabilize and/or manage pediatric emergencies

1= Research has been conducted on the importance of a prehospital EMS standardized program

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[2] Rural and urban area classifications use the Office of Management and Budget definition. Rural: counties classified as a micro area (urban core of 10,000-49,999 people) or counties outside of metro and micro areas. Urban: counties with a core population of 50,000 or more. https://www.ers.usda.gov/data-products/urban-influence-codes/

And/or
Developing a prehospital EMS standardized program has been discussed by the EMSC Advisory Committee and members are working on the issue.

2= Criteria that prehospital EMS agencies must meet in order to receive recognition for the stabilization and/or management of pediatric emergencies has been developed.

3= An implementation process/plan for the prehospital EMS standardized program has been developed.

4= The implementation process/plan for the prehospital EMS standardized program has been piloted.

5= At least one prehospital EMS agency has been formally recognized through the prehospital standardized program. Supporting documentation will be requested to confirm this selection.

Comments:

HS 04

HS 04 PERFORMANCE MEASURE	The percent of HS women participants who receive interpersonal violence screening and referral.[3]
Goal: Interpersonal Violence Screening and Referral **Level: Grantee** **Domain: Healthy Start**	

GOAL	To increase the proportion of Healthy Start women participants who receive interpersonal violence (IPV) screening to 90%; of those who screen positive for IPV, increase proportion who receive referrals to 95%.
MEASURE	The percent of Healthy Start women participants who receive interpersonal violence screening and referral.
DEFINITION	**% of Healthy Start (HS) women participants screened for IPV using a standardized screening tool**

Numerator: Number of HS women participants who received interpersonal violence screening using a standardized screening tool during the reporting period.

Denominator: Total number of HS women participants in the reporting period.

Definition: A participant is considered to have been screened and included in the denominator if a standardized screening tool which is appropriately validated for her circumstances is used. A number of screening tools have been validated for IPV screening.

% of HS women participants who screened positive for IPV who received a referral for services

Numerator: Number of HS women participants who screened positive for IPV during the reporting period and received a subsequent referral for follow-up services.

Denominator: Number of HS women participants who screened positive for IPV during the reporting period.

Definition: A participant is considered to have been referred for follow-up services and included in the numerator if she is referred to a qualified practitioner for further assessment for IPV. Referral can be to either an internal or external provider depending on availability and staffing model.[4]

Interpersonal Violence is a pattern of assaultive behavior and coercive behavior that may include physical injury, psychological abuse, sexual assault,

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[3] Consistent with Healthy Start Benchmark 13
[4] https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/partner-violence.html

progressive isolation, stalking, deprivation, intimidation, and reproductive coercion. These behaviors are committed by someone who is, was, or wishes to be involved in an intimate relationship with the participant.[5]

Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.

BENCHMARK DATA SOURCES	PRAMS
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Interpersonal Violence is a substantial yet preventable public health problem that affects women across the world. Research shows that interpersonal violence screening differs among health care specialties and is overall relatively low. The U.S. Department of Health and Human Services recommends IPV screening and counseling be a core part of a women's well visit.[6]

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[5] http://mchb.hrsa.gov/whusa09/hstat/hi/pages/226ipv.html
[6] http://aspe.hhs.gov/report/screening-domestic-violence-health-care-settings/prevalence-screening

HS 10

HS 10 PERFORMANCE MEASURE	The percent of pregnant HS participants who receive prenatal care beginning in the first trimester.
Goal: Prenatal Care **Level: Grantee** **Domain: Healthy Start**	

GOAL

To increase the proportion of pregnant HS participants who receive prenatal care in the first trimester to 80 percent.

MEASURE

The percent of pregnant HS participants who receive prenatal care beginning in the first trimester.

DEFINITION

During the reporting period:
Numerator: Number* of pregnant HS participants who began prenatal care in the first trimester of pregnancy.

*The number of pregnant participants is unduplicated. Pregnant HS participants should be counted only once during a calendar year unless they have experienced more than one pregnancy in that calendar year. (If pregnant participant is counted more than once in the numerator, they should be counted more than once in the denominator.)

During the reporting period:
Denominator: Number of pregnant HS participants who had enrolled prenatally, prior to their second trimester of pregnancy.

Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.

BENCHMARK DATA SOURCES

Related to Healthy People 2030 Objective MICH-08: Increase the proportion of pregnant women who receive early and adequate prenatal care. (Baseline: 76.4% in 2018, Target: 80.5%)[7]

GRANTEE DATA SOURCES

Grantee Data System

SIGNIFICANCE

Early and continuous prenatal care is essential for identification of maternal disease and risks for complications of pregnancy or birth. This can help ensure that women with complex problems, chronic illness, or other risks are seen by specialists. Prenatal care can also provide important education and counseling on modifiable risks in pregnancy, including smoking, drinking, and inadequate or excessive weight gain.

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[7] https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08 (accessed on 5/25/2022)

HS 11

HS 11 PERFORMANCE MEASURE Goal: Perinatal/ Postpartum Care Level: Grantee Domain: Healthy Start	The percent of pregnant/newly postpartum HS participants who received a postpartum visit within 12 weeks of delivery.

GOAL

To increase the proportion of HS women participants who receive a postpartum visit to 80 percent.

MEASURE

The percent of pregnant/newly postpartum HS participants with a postpartum visit within 12 weeks of delivery.[8]

DEFINITION

During the reporting period:
Numerator: The number* of pregnant/newly postpartum HS participants, who had enrolled prenatally or within 30 days after delivery, and received a comprehensive postpartum visit within 12 weeks after delivery.

*The number of pregnant/newly postpartum participants with a postpartum visit within 12 weeks of delivery is unduplicated. Pregnant/newly postpartum HS participants should be counted only once during a calendar year unless they have experienced more than one pregnancy in that calendar year.

During the reporting period:
Denominator: The number of HS participants who enrolled prenatally or within 30 days after delivery.

Definition: ACOG recommends that postpartum care would ideally include an initial assessment, either in person or by phone, within the first 3 weeks postpartum to address acute postpartum issues. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive well-woman visit no later than 12 weeks after birth.[9, 10]

Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.

BENCHMARK DATA SOURCES

PRAMS (postpartum visit: 88%, 2020)

GRANTEE DATA SOURCES

Grantee Data System; Pregnancy Risk Assessment Monitoring System

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[8] Consistent with Healthy Start Benchmark 3: The percent of Healthy Start women participants who receive a postpartum visit.
[9] https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care (accessed 5/25/2022)
[10] https://www.marchofdimes.org/pregnancy/your-postpartum-checkups.aspx (accessed 5/25/2022)

SIGNIFICANCE

Since the period immediately following birth is a time of many physical and emotional adjustments, the postpartum visit is important for educating new mothers on what to expect during this period and address any concerns which may arise. Additional issues include any health complications the mother may have and the health benefits of breastfeeding for the mother and baby. [11]

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[11] http://www.aafp.org/afp/2005/1215/p2491.html

HS 12

HS 12 PERFORMANCE MEASURE	The percent of HS women participants with a well-woman/ preventive visit in the past year. [12]
Goal: Well Woman Visit/ Preventive Health Care **Level: Grantee** **Domain: Healthy Start**	

GOAL	To increase the proportion of HS women participants that receive a well-woman/ preventive visit in the past year to 80 percent.
MEASURE	The percent of HS women participants with a well-woman/ preventive visit in the past year.
DEFINITION	**Numerator:** Number of HS women participants within the reporting period who received a well-woman or preventive visit (including prenatal or postpartum visit) in the past 12 months prior to last assessment.
	Denominator: Total number of HS women participants during the reporting period.
	Definition: A participant is considered to have a well-woman or preventive visit and included in the numerator if she has a documented health assessment visit where she obtained recommended preventive services that are age and developmentally appropriate within twelve months of her last contact with the Program in the reporting year. For purposes of reporting, a prenatal visit or postpartum visit during the twelve month period would meet the standard.
	Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	BRFSS (Women 18-44 with a past-year preventive visit: 72%, 2019-2020); PRAMS (early prenatal care: 87%, 2020); PRAMS (postpartum visit: 88%, 2020)
GRANTEE DATA SOURCES	Grantee Data Systems
SIGNIFICANCE	An annual well-woman visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. The American College of Obstetrics and Gynecologists (ACOG) recommends an annual well-woman visit beginning in adolescence and continuing across the lifespan with any health care provider offering preventive well-woman care.

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[12] Consistent with Healthy Start Benchmark 5: The percent of Healthy Start women participants who have a well-woman visit.

HS 13

HS 13 PERFORMANCE MEASURE **Goal: Depression Screening and Referral** **Level: Grantee** **Domain: Healthy Start**	The percent of HS women participants who receive depression screening and referral.

GOAL	To increase the proportion of HS women participants who receive depression screening to 90%; of those who screen positive for depression, increase the proportion who receive a referral to 95% .
MEASURE	The percent of HS women participants who receive depression screening and referral.
DEFINITION	**Percent of women screened for depression using a validated tool[13]** **Numerator:** Number of HS women participants who were screened for depression with a validated tool during the reporting period. **Denominator:** Number of HS women participants in the reporting period. **Definition:** A participant is considered to have been screened and included in the numerator if a standardized screening tool which is appropriately validated for her circumstances is used. Several screening instruments have been validated for use to assist with systematically identifying patients with depression.[14] **Percent of women who screened positive for depression who receive a referral for services** **Numerator:** Number of women participants who screened positive for depression during the reporting period and received a subsequent referral for follow-up services. **Denominator:** Number of HS women participants who screened positive for depression during the reporting period. **Definitions:** A participant is considered to have been referred for follow-up services and included in the numerator if she is referred to a qualified practitioner for further assessment for depression. Referral can be to either an internal or external provider depending on availability and staffing model. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.

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[13] Consistent with Healthy Start Benchmark 12a and 12b: Percent of Healthy Start women participants who receive depression screening and referral.
[14] http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression

HS 13 PERFORMANCE MEASURE	The percent of HS women participants who receive depression screening and referral.
Goal: Depression Screening and Referral **Level: Grantee** **Domain: Healthy Start**	

BENCHMARK DATA SOURCES	Related to Healthy People 2030 Objective MICH-D01: (Developmental) Increase the proportion of women who are screened for postpartum depression at their postpartum checkup. PRAMS (depression screening)
GRANTEE DATA SOURCES	Grantee Data Systems
SIGNIFICANCE	Postpartum depression (PPD) is common, affecting as many as 1 in 7 mothers.[8] Symptoms may include depressed mood, loss of interest or pleasure in activities, sleep disturbance, appetite disturbance, loss of energy, feelings of worthlessness or guilt, diminished concentration, irritability, anxiety, and thoughts of suicide.[15] PPD is associated with negative maternal physical and psychological health, relationship problems, and risky behaviors. [16] PPD is also associated with poor maternal and infant bonding and may negatively influence child development. Infant consequences of PPD include less infant weight gain and stunting, problems with sleep, poor social, emotional, behavioral, cognitive, and language development.[10] Universal screening and treatment for pregnant and postpartum women is recommended by the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the U.S. Preventive Services Task Force.[17]

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[15] Pearlstein T, Howard M, Salisbury A, Zlotnick C. Postpartum depression. American Journal of Obstetrics & Gynecology. 2009; 200(4): 357-364

[16] Slomian J, Honvo G, Emonts P, Reginster JY, Bruyere O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. Women's Health. 2019; 15:1-55. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6492376/pdf/10.1177_1745506519844044.pdf

[17] http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression

HS 14

HS 14 PERFORMANCE MEASURE **Goal: Safe Sleep** **Level: Grantee** **Domain: Healthy Start**	Percent of HS infants placed to sleep following safe sleep practices[18].
GOAL	To increase the proportion of HS infants placed to sleep following safe sleep practices to 80%.
MEASURE	The percent of HS infants placed to sleep following safe sleep practices.
DEFINITION	**Numerator:** Number of HS infant participants aged <12 months whose parent/ caregiver reports that they are always or most often placed to sleep following all three AAP recommended safe sleep practices.[19] **Denominator:** Total number of HS infant participants aged <12 months. A participant is considered to engage in safe sleep practices and included in the numerator if it is reported that the baby is 'always' or 'most often' 1) placed to sleep on their back, 2) always or often sleeps alone in his or her own crib or bed with no bed sharing, and 3) sleeps on a firm sleep surface (crib, bassinet, pack and play, etc.) with no soft objects or loose bedding.[20] The requirement is that the baby is placed on their back to sleep. If they roll over onto their stomach after being placed to sleep, the standard is met. Although safe sleep behaviors are self-reported, programs are encouraged to observe safe sleep practices during home visits, as possible. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to Healthy People 2030 Objective MICH-14: Increase the proportion of infants placed to sleep on their backs (Baseline: 78.7% in 2016; Target: 88.9%); Healthy People 2030 Objective MICH-D03: Increase the proportion of infants who are put to sleep in a safe sleep environment. (Developmental) Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 7, Question 48 (Sleep Position) and F1 (Bed Sharing).[21]
GRANTEE DATA SOURCES	Grantee Data Systems
SIGNIFICANCE	Sleep-related infant deaths, also called Sudden Unexpected Infant Deaths (SUID), are the leading cause of infant death after

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[18] Consistent with Healthy Start Benchmark 6: Percent of Healthy Start participants who are placed to sleep following safe sleep behaviors.
[19] https://www.aap.org/en/patient-care/safe-sleep/ (accessed 5/26/2022)
20 Pediatrics (2016) 138 (5): e20162938. https://doi.org/10.1542/peds.2016-2938

21http://nccd.cdc.gov/PRAMStat/rdPage.aspx?rdReport=DRH_PRAMS.ExploreByTopic&islClassId=CLA8&islTopicId=TOP23&go=GO

HS 14 PERFORMANCE MEASURE **Goal: Safe Sleep** **Level: Grantee** **Domain: Healthy Start**	Percent of HS infants placed to sleep following safe sleep practices[18].

the first month of life and the third leading cause of infant death overall. Sleep-related SUIDs include Sudden Infant Death Syndrome (SIDS), unknown cause, and accidental suffocation and strangulation in bed. Due to heightened risk of SIDS when infants are placed to sleep in side (lateral) or stomach (prone) sleep positions, the American Academy of Pediatrics (AAP) has long recommended the back (supine) sleep position. In 2011, AAP expanded its recommendations to help reduce the risk of all sleep-related deaths through a safe sleep environment that includes use of the back-sleep position, on a separate firm sleep surface (room-sharing without bed sharing), and without loose bedding. [22]

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[22] American Academy of Pediatrics (AAP). Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. Pediatrics 2016. 138 (5):e20162938.

HS 15

HS 15 PERFORMANCE MEASURE **Goal: Breastfeeding** **Level: Grantee** **Domain: Healthy Start**	The percent of HS infant participants who were ever breastfed or fed pumped breast milk, and/ or were fed breast milk at 6 months of age.
GOAL	To increase the proportion of HS infant participants who were: • ever breastfed or fed pumped breast milk to 82 percent. • breastfed or fed pumped breast milk at 6 months to 50 percent.
MEASURE	The percent of HS infant participants who were ever breastfed or fed pumped breast milk, and/ or were fed breast milk at 6 months of age.
DEFINITION	**Percent of HS infant participants ever breastfed or fed pumped breast milk**[23] **Numerator:** Total number of HS infant participants aged <12 months who were ever breastfed or fed pumped breast milk, and whose parent was enrolled prenatally. **Denominator:** Total number of HS infant participants aged <12 months whose parent was enrolled prenatally. **Definition:** A participant is considered to have ever breastfed and included in the numerator if the infant received breast milk directly from the breast or that was pumped/expressed; this includes breast milk received at any time in any amount. **Percent of HS infant participants breastfed or fed pumped breast milk at 6 months**[24] **Numerator:** Total number of HS infant participants ages 6 through 11 months who were breastfed or were fed pumped breast milk in any amount at 6 months of age, and whose parent was enrolled prenatally. **Denominator:** Total number of HS infant participants ages 6 through 11 months whose parent was enrolled prenatally. **Definition:** A participant is considered to have ever breastfed at 6 months and included in the numerator if the infant received breast milk directly from the breast or That was pumped/expressed; this includes breast milk received in any amount during the sixth month.

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[23] Consistent with Healthy Start Benchmark 7: Percent of Healthy Start child participants whose parent reports the child was ever breastfed or fed breastmilk, even for a short period of time.

[24] Consistent with Healthy Start Benchmark 8: Percent of Healthy Start child participants whose parent reports the child was breastfed or fed breastmilk at 6 months.

HS 15 PERFORMANCE MEASURE **Goal: Breastfeeding** **Level: Grantee** **Domain: Healthy Start**	The percent of HS infant participants who were ever breastfed or fed pumped breast milk, and/ or were fed breast milk at 6 months of age.

	Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to Healthy People 2030 Objective MICH-15: Increase the proportion of infants who are breastfed exclusively through 6 months (Baseline: 24.9% in 2015, Target: 42.4%); Related to Healthy People 2030 MICH-16: Increase the proportion of infants who are breastfed at 1 year (Baseline: 35.9% in 2015, Target: 54.1%)
GRANTEE DATA SOURCES	Grantee data systems.
SIGNIFICANCE	The American Academy of Pediatrics (AAP) recommends all infants (including premature and sick newborns) exclusively breastfeed for about six months, followed by continued breastfeeding as complementary foods are introduced for 1 year or longer. Exclusive breastfeeding for six months supports optimal growth and development by providing all required nutrients during that time. Breastfeeding strengthens the immune system, reduces respiratory infections, gastrointestinal illness, and SIDS, and promotes neurodevelopment. Breastfed children may also be less likely to develop diabetes, childhood obesity, and asthma. Maternal benefits include reduced postpartum blood loss due to oxytocin release and possible protective effects against breast and ovarian cancer, diabetes, hypertension, and heart disease.

HS 16

HS 16 PERFORMANCE MEASURE **Goal: Well Child Visit** **Level: Grantee** **Domain: Healthy Start**	The percent of HS child participants who received well-child visits.[25]

GOAL	To increase the proportion of HS child participants who received the last age-appropriate recommended well-child visit based on AAP schedule to 90 percent.
MEASURE	The percent of HS child participants who received recommended well-child visits.
DEFINITION	**Numerator:** Number of HS child participants whose parent/ caregiver reports that they received the last recommended well-child visit based on the AAP schedule well-child visit as of the last assessment within the reporting period. **Denominator:** Total number of HS child participants in the reporting period. **Definition:** A participant is considered to have received the last recommended a well-child visit based on the AAP schedule when they have been seen by a healthcare provider for preventive care, generally to include age-appropriate developmental screenings and milestones, and immunizations, in the month recommended by AAP. The AAP recommends children be seen by a healthcare provider for preventive care at each of the following ages: by 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 24 months/ 2 years, 30 months, 3 years, and then annually thereafter.[26] Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	National Survey of Children's Health K4Q20
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Routine pediatrician visits are important to (1) prevent illness and injury through immunizations and anticipatory guidance, (2) track growth and development and refer for interventions as needed, (3) address parent concerns (e.g., behavior, sleep, eating, milestones), and (4) build trusting parent-provider relationships to support optimal physical, mental, and social health of a child.[27]

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[25] Consistent with Healthy Start Benchmark 11: The percent of Healthy Start child participants who receive well child visits.
[26] https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
[27] https://www.aappublications.org/news/aapnewsmag/2015/12/15/WellChild121515.full.pdf

HS 17

HS 17 PERFORMANCE MEASURE	The percent of HS women and child participants with health insurance coverage.
Goal: Health Insurance Coverage **Level: Grantee** **Domain: Healthy Start**	

GOAL	To increase the proportion of HS women and child participants with health insurance to 90 percent (reduce uninsured to less than 10 percent).
MEASURE	The percent of HS women and child participants who had health insurance as of the last assessment during the reporting period. [28]
DEFINITION	**% of HS women participants with health insurance** **Numerator:** Number of HS women participants with health insurance as of the last assessment during the reporting period **Denominator:** Total number of HS women participants during the reporting period. **% of HS child participants with health insurance** **Numerator:** Number of HS child participants with health insurance as of the last assessment during the reporting period **Denominator:** Total number of HS child participants during the reporting period. Participants are identified as not insured if they report not having any of the following: private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), State-sponsored or other government-sponsored health plan, or military plan at the time of the interview. A participant is also defined as uninsured if he or she reported having only Indian Health Service coverage, or only a private plan that paid for one type of service such as family planning, accidents, or dental care. For more information regarding health insurance questions please refer to Section VII (page 35) of the 2014 National Health Interview Survey (NHIS) Survey Description Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to Healthy People 2030 Objective AHS-01: Increase the proportion of people with health insurance (Baseline: 89.0% of persons under 65 years had medical insurance in 2018; Target: 92.1%); National Survey of Children's Health

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[28] Consistent with Healthy Start Benchmark 1: The percent of Healthy Start women and child participants with health insurance.

HS 17 PERFORMANCE MEASURE **Goal: Health Insurance Coverage** **Level: Grantee** **Domain: Healthy Start**	The percent of HS women and child participants with health insurance coverage.
	(Children's Average 94.5%, 2011/2012),[29] National Health Interview Survey[30]
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Individuals who acquire health insurance are more likely to have access to a usual source of care, receive well child care and immunizations, to have developmental milestones monitored, and receive prescription drugs, appropriate care for asthma and basic dental services. Insured children not only receive more timely diagnosis of serious health care conditions but experience fewer avoidable hospitalizations, improved asthma outcomes and fewer missed school days.

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[29] http://childhealthdata.org/browse/survey/results?q=2197&r=1
[30] http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201406.pdf

HS 18

HS 18 PERFORMANCE MEASURE	The percent of prenatal HS participants who abstain from smoking cigarettes, or using any tobacco products, in their third trimester.
Goal: Prenatal Tobacco and eCigarette Use **Level: Grantee** **Domain: Healthy Start**	

GOAL	To increase the proportion of pregnant HS participants that abstain from cigarette smoking, or using any tobacco products, to 90 percent.
MEASURE	The percent of prenatal HS participants who abstain from smoking cigarettes, or using any tobacco products, in their third trimester.
DEFINITION	**Numerator:** Number of prenatal Healthy Start participants who abstained from using any tobacco products during their third trimester (i.e., last 3 months of pregnancy). **Denominator:** Total number of prenatal Healthy Start participants who were enrolled at least 90 days before delivery. Smoking includes all tobacco products and e-cigarettes. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to Healthy People 2030 Objective MICH-10: Increase abstinence from cigarette smoking among pregnant women. (Baseline: 93.5% in 2018, Target: 95.7%). Related to HP2030 TU-15: Increase smoking cessation success during pregnancy among females. (Baseline: 20.2% in 2018, Target 24.4%)
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Research shows that smoking in pregnancy is directly linked to problems including premature birth, certain birth defects, sudden infant death syndrome (SIDS), and separation of the placenta from the womb prematurely. Women who smoke may have a harder time getting pregnant and have increased risk of miscarriage.

HS 19

HS 19 PERFORMANCE MEASURE **Goal: Low Birthweight** **Level: Grantee** **Domain: Healthy Start**	Percent of low birthweight infants among all singleton live births to Healthy Start participants.
GOAL	To reduce the proportion of low birthweight infants among all singleton live births to HS participants.[31]
MEASURE	The percent of low birthweight infants among all live births to Healthy Start participants.
DEFINITION	**Numerator:** Number of singleton live births with birth weight less than 2,500 grams in the calendar year among HS participants. **Denominator:** Total number of singleton live births in the calendar year among HS participants. Count only participants who gave birth while enrolled in Healthy Start. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	CDC, NCHS (2020 data: 8.24%)[32] HS Budget Justification (Targets: 2023=9.6%; 2024=10.3%)[33]
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Low birthweight (LBW) is among the leading causes of infant death in the United States. LBW infants are also more likely to have health problems. After reaching its highest level in four decades, the LBW rate among all births declined from 2006 to 2014, but the trend reversed in 2015 and 2016 when the LBW rate increased, moving further away from the Healthy People 2020 goal of reducing LBW rates to 7.8% of live births.[34] Black infants (14.0%) were about 2 times as likely as white infants (6.9%) to be born low birthweight during 2018-2020 (average).[35]

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[31] https://www.cdc.gov/nchs/products/databriefs/db306.htm
[32] https://www.cdc.gov/nchs/fastats/birthweight.htm (accessed on 5/26/2022)
[33] https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2023.pdf
  (FY2024 target included in HRSA's not-yet-published FY2024 Budget Justification)
[34] https://www.cdc.gov/nchs/products/databriefs/db306.htm (accessed on 5/26/2022)
[35] https://www.marchofdimes.org/peristats/data?reg=99&top=4&stop=45&lev=1&slev=1&obj=1

HS 20

HS 20 PERFORMANCE MEASURE	Percent of infants born preterm (delivery prior to 37 completed weeks of gestation) among all singleton live births to Healthy Start participants.
Goal: Preterm Birth **Level: Grantee** **Domain: Healthy Start**	

GOAL	To reduce the proportion of infants born preterm among all singleton live births to HS participants.
MEASURE	Percent of infants born preterm (delivery prior to 37 completed weeks of gestation) among all singleton live births to Healthy Start participants.
DEFINITION	**Numerator:** Number of singleton infants born preterm (delivery prior to 37 completed weeks of gestation) in the calendar year among HS participants. **Denominator:** Total number of singleton live births in the calendar year among HS participants. Count only participants who gave birth while enrolled in Healthy Start. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to Healthy People 2030 Objective MICH-07: Reduce preterm births (Baseline 10.0%, 2018; Target 9.4%)[36] CDC, NCHS (2019 data: 10.2%)[37] [HS Data for 2020 (singleton): 9.4%]
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Infants born before 37 weeks of gestation have a higher risk of infections, developmental problems, breathing problems, and even death. Preterm births are more common in some racial/ethnic groups. Strategies to reduce preterm births include promoting adequate birth spacing, helping women quit smoking, and providing high-quality medical care for women during pregnancy.[38] Following increases from 2014 to 2019, the singleton preterm birth rate declined by less than 1% from 2019 (8.47%) to 2020 (8.42%).[39]

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[36] https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07 (accessed on 5/26/2022)
[37] https://www.cdc.gov/nchs/fastats/birthweight.htm (accessed on 5/26/2022)
[38] https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07 (accessed on 5/26/2022)
[39] https://www.cdc.gov/nchs/data/databriefs/db430.pdf

HS 21

HS 21 PERFORMANCE MEASURE **Goal: Infant Mortality** **Level: Grantee** **Domain: Healthy Start**	The infant mortality rate (per 1,000 live births) of enrolled Healthy Start (HS) infants.

GOAL	To reduce infant death among enrolled Healthy Start participants.
MEASURE	The infant mortality rate (per 1,000 live births) of enrolled Healthy Start (HS) infants.
DEFINITION	**Numerator:** Number of deaths of enrolled HS infants (from birth through 364 days of age to HS participants in the calendar year). **Definition:** Count deaths that occurred in both infants "born into the program" to enrolled participants (regardless of infant enrollment status) AND infants enrolled at some point after their birth and before their first birthday (less than one year in age/through 364 days of age). "Born into the program" refers to infants born to participants who were enrolled prenatally.[40] **Denominator:** Total number of live births in the calendar year among HS participants. Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Note: All IMR data below reported in the format of "number of infant deaths per 1,000 live births." Related to Healthy People 2030 Objective MICH-02: Reduce the rate of infant deaths (Baseline 5.8, 2017; Target 5.0)[41], CDC, NCHS (2020 data: 5.42)[42] [HS IMR Data: 2020: 7.04, 2019: 8.05, 2018: 6.26]
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Every year in the United States, thousands of infants die from causes like preterm birth, low birth weight, and sudden infant death syndrome. Although the rate of infant deaths has fallen over the past decade, there are disparities by race/ethnicity, income, and geographic location. Equitable, high-quality care for moms and babies and community-based interventions can help reduce the rate of infant deaths.

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[40] Healthy Start Aggregate Template User Guide and Data Dictionary (2021): https://www.healthystartepic.org/healthy-start-implementation/monitoring-data-and-evaluation/
[41] https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/reduce-rate-infant-deaths-mich-02 (accessed on 5/26/2022)
[42] US DHHS, CDC, NCHS, Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER Online Database, October 2021.

F2F 1

F2F 1 Performance Measure **Goal: Provide National Leadership for families with children with special health needs** **Level: Grantee** **Category: Family Participation**	The percent of families with Children and Youth with Special Health Care Needs (CYSHCN) that have been provided information, education, and/or training by Family-to-Family Health Information Centers.
GOAL	To increase the number of families with CYSHCN receiving needed health and related information, training, and/or education opportunities in order to partner in decision making and be satisfied with services that they receive.
MEASURE	The percent of families with CYSHCN that have been provided information, education and/or training by Family-to-Family Health Information Centers.
DEFINITION	**Numerator:** The total number of families of CYSHCN receiving one-to-one services and training from Family-To-Family Health Information Centers. **Denominator:** The estimated number of families with CYSHCN in the state. **Units:** 100 **Text:** Percent Note: This form utilizes DGIS Form 10.A for annual performance objective and data reporting.
BENCHMARK DATA SOURCES	Related to Healthy People 2030 Objective MICH-20: Increase the proportion of children and adolescents with special health care needs who have a system of care.
GRANTEE DATA SOURCES	Progress reports from Family-To-Family Health Information Centers, National Survey for Children's Health (NSCH), Title V Information System
SIGNIFICANCE	The last decade has emphasized the central role of families as informed consumers of services and participants in policy-making activities. Research has indicated that families need information they can understand and information from other parents who have experiences similar to theirs and who have navigated services systems.

DATA COLLECTION FORM FOR DETAIL SHEET #F2F 1

Instructions

Complete the data collection table below.

For the purpose of this form:
- "Families" includes individuals in traditional or non-traditional family structures and may include biological, foster, or adoptive parents and/or siblings, spouses or partners, or members of an extended family. Families have lived experience through their first-hand knowledge of navigating systems and services either on behalf of a family member or for the family as a whole (for example, parents of infants and toddlers, family members of children and youth with special health care needs, etc.).
- "One-to-one services" include all services that an F2F can collect recipient demographic/identifier information to be able to collect an unduplicated number. Examples include but are not limited to family navigation, consultation, counseling, education, referrals, case management, mentoring and individualized assistance.
- "State agency" is defined as any public agency.

A.: The estimate of families with CYSHCN in your state comes from the National Survey of Children's Health. This number will be provided to and entered by grantees in the New Competing Performance Report (NCPR). The value entered in the NCPR will the stay the same throughout an entire grant cycle and will prepopulate into subsequent DGIS reports.

A.1.b.: Report ethnicity and race at the level that the F2F collects this information from families (for example, child, caregiver, or at the family level). The "Unknown" option for ethnicity and race is to be used when a family either refuses, is not asked, or their ethnicity or race is not known.

A.2.a.: This question captures the number of instances families receive services (duplicated count of families) and shows the number of times families are connected with services.

A.2.b: The numbers reported here do not have to sum to the number in A.2.a.

A.4.a: Number of service/trainings is the total number of trainings/services provided.

A. PROVIDING INFORMATION, EDUCATION, AND/OR TRAINING

The estimated number of families with CYSHCN in your state: _____
(*Denominator: data from the National Survey of Children's Health*)

1. Families served via "one-to-one" services conducted by the F2F.

a. Total number of families receiving one-to-one services from Family-To-Family Health Information Centers. (*Numerator; unduplicated count*): _____

b. Of the total number of families served/trained, how many families identified themselves as:

Ethnicity
1. Hispanic _____
2. Non-Hispanic _____
3. Unknown _____

Race
1. White _____
2. Black or African American _____
3. Asian _____

4. Native Hawaiian or Other Pacific Islander _____
5. American Indian or Alaska Native _____
6. Some other Race _____
7. More than one race _____
8. Unknown _____

2. The number and types of services provided to families.

a. Total number of service/trainings provided to families _____

b. Of the total numbers of service/trainings, how many provided:
1. Individualized assistance (Includes one-on-one instruction, consultation, counseling, case management, and mentoring) _____
2. Basic contact information and referrals _____
3. Group training opportunities _____
4. Meetings/Conferences and Public Events (includes outreach events and presentations) _____

3. Our organization provided health care information/education to professionals/providers to assist them in better providing services for CYSHCN.

a. Total number of professionals/providers served/trained (unduplicated count): _____

4. The total number of services provided to professionals/providers. This includes the duplicated count of one-to-one services and trainings, group trainings, meetings/conferences, and outreach events. This does not include social media impressions or web hits (to be reported in Q5).

a. Total number of services provided to professionals/providers (duplicated count):: _____

5. Our organization conducted communication and outreach to families and other appropriate entities through a variety of methods.

a. Select the modes of how print/media information and resources are disseminated. (Select all that apply).
- ☐ Electronic newsletters
- ☐ Listservs
- ☐ Hardcopy/print
- ☐ Public television/radio
- ☐ Social media platform description: _____
- ☐ Text messaging
- ☐ Other (specify): _____

B. MODELS OF FAMILY ENGAGEMENT COLLABORATION

1. Our organization worked with State agencies/programs to assist them with providing services to their populations and/or to obtain their information to better serve our families.

a. Total number of State agencies/programs with which your organization has worked: _____

b. Indicate the types of State agencies/programs with which your organization has worked: _____

	Check the box if you worked with this type of organization
Title V MCH/CSYHCN Program	
Newborn Screening Program	
Early Hearing Detection and Intervention/Newborn Hearing Screening	
Emergency Medical Services for Children	
Home Visiting	
State Medicaid	
State CHIP	
State Mental and/or Behavioral Health	
Government Housing Program	
Early Intervention/Part C	
Head Start Collaboration Office	
Other (Specify):	
None	

2. Our organization served/worked with community-based organizations to assist them with providing services to their populations and/or to obtain their information to better serve our families.

a. Total number of community-based organizations: _____

b. Indicate the types of community-based organizations with which your organization has worked:

	Check the box if you worked with this type of organization
Medical homes, providers, clinics, hospitals	
Provider organizations (for example, American Academy of Pediatric chapter)	
Provider training programs (for example, residency programs; schools of medicine, nursing, public health, LEND programs, social work, etc.)	
Schools (K-12, pre-school)	
Faith-based organizations, places of worship	
Condition-specific organizations (for example, United Cerebral Palsy, March of Dimes, etc.)	
Child care programs	
Local Head start	
Other community organization (Specify): _____	
None	

c. Of those community-based organizations, indicate if any were dedicated to specific racial and/or ethnic populations

	Check the box if you worked with this type of organization
American Indian or Alaska Native	
Black or African-American	
Hispanic or Latino	
Asian-American, Native Hawaiian or Pacific Islander	
Other (please specify)	

3. Number of staff who work on Family-to-Family HIC activities_____
4. Number of F2F staff who are family/have a disability _____

Comments:

Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grants Information System

OMB No. 0915-0298
Expires: 12/31/2026

Attachment D:
Additional Data Elements

OMB Clearance Package

Table of Contents

Attachment D

Faculty and Staff Information
MCH TRAINING PROGRAM DATA FORMS

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.

Gender
- **Cisgender Man:** Describes a person who was assigned male at birth and whose gender identity is a man/male.
- **Cisgender Woman:** Describes a person who was assigned female at birth and whose gender identity is a woman/female.
- **Transgender Man**: Describes a person who is transgender and whose gender identity is man/male.
- **Transgender Woman**: Describes a person who is transgender and whose gender identity is woman/female.
- **A different term (specify)**: A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the gender binary structure of woman/female and man/male), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

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.

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** (Cisgender Man, Cisgender Women, Transgender Man, Transgender Woman, A different term (specify), Choose not to disclose/Unrecorded)	**Discipline**	**Year Work Began with MCH Leadership Training Program**	**Former MCHB Trainee?** (Yes/No)
Faculty						
Staff						
Other						

Comments:

Short-Term Trainees
Short-Term Trainees

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.

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/Person with Lived 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)

<u>Comments:</u>

Medium-Term Trainees

Medium-Term Trainees

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.
 	
Gender
  • **Cisgender Man:** Describes a person who was assigned male at birth and whose gender identity is a man/male.
  • **Cisgender Woman:** Describes a person who was assigned female at birth and whose gender identity is a woman/female.
  • **Transgender Man**: Describes a person who is transgender and whose gender identity is man/male.
  • **Transgender Woman**: Describes a person who is transgender and whose gender identity is woman/female.
  • **A different term (specify)**: A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the gender binary structure of woman/female

and man/male), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

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

Total Number _____

Disciplines (check all that apply):
- ☐ Applied Behavior Analysis
- ☐ Audiology
- ☐ Community Health Worker
- ☐ Community Member/Person with Lived 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 gender, 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:	_____
Gender:	Cisgender Man: _____ Cisgender Woman: _____ Transgender Man: _____ Transgender Woman: _____ A different term(s) (specify): _____ Choose not to disclose/Unrecorded:
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/Person with Lived 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)	
TOTAL NUMBER	

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

Comments:

Long-Term Trainees
Long-Term Trainee Form

Long-Term Trainee Form
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.   **Gender**   **Cisgender Man:** Describes a person who was assigned male at birth and whose gender identity is a man/male.   **Cisgender Woman:** Describes a person who was assigned female at birth and whose gender identity is a woman/female.

- **Transgender Man**: Describes a person who is transgender and whose gender identity is man/male.
- **Transgender Woman**: Describes a person who is transgender and whose gender identity is woman/female.
- **A different term (specify)**: A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the gender binary structure of woman/female and man/male), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

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 Element	Response Options
Name:	
Email address:	
Gender:	☐ Cisgender Man ☐ Cisgender Woman ☐ Transgender Man ☐ Transgender Woman ☐ A different term (specify)_____ ☐ Choose not to disclose/unrecorded
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/Person with Lived 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
FORMER LONG-TERM TRAINEE FORM

Former Long-Term Trainee Form
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 completes a one-year training experience in 2020, 2-year follow-up should be collected and reported to MCHB in 2022 and 5-year follow-up should 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.   **Gender**   **Cisgender Man:** Describes a person who was assigned male at birth and whose gender identity is a man/male.

- **Cisgender Woman:** Describes a person who was assigned female at birth and whose gender identity is a woman/female.
- **Transgender Man**: Describes a person who is transgender and whose gender identity is man/male.
- **Transgender Woman**: Describes a person who is transgender and whose gender identity is woman/female.
- **A different term (specify)**: A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the gender binary structure of woman/female and man/male), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

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.

1.	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
	a. How many trainees completed the Training Program 2 years prior to the reporting period?	Number of trainees:_____
	b. How many trainees completed the Training Program 5 years prior to the reporting period?	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.

1.	Name	_____
2.	Email address	_____
3.	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
4.	What was the trainee's primary discipline while participating in your Training Program?	☐ Applied Behavior Analysis ☐ Audiology ☐ Community Health Worker ☐ Community Member/ Person with Lived 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)
5. **Gender (select one)**	☐ Cisgender Man ☐ Cisgender Woman ☐ Transgender Man ☐ Transgender Woman ☐ A different term (specify) _____ ☐ Choose not to disclose/unrecorded
6. **Ethnicity (select one)**	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Choose not to disclose/unrecorded
7. **Race (select one)**	☐ 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
8. **First-generation college student?**	☐ Yes ☐ No ☐ Choose not to disclose/unrecorded
9. **Do you have follow-up data to report on the trainee (e.g. former trainee survey)?**	☐ Yes ☐ No
10. **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: _____
11. Zip code of employment setting selected	
12. Does the trainee's current work support or serve any of the following Maternal and Child Health (MCH) populations? (select all that apply)	☐ Women or people 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
13. Does the trainee's current work support or serve populations that have been historically underserved or marginalized? (select all that apply)	☐ Racially/ethnically diverse populations ☐ Indigenous populations ☐ LGBTQ+ 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
14. 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
15. Has the trainee participated in or led any of the following interdisciplinary/interprofessional[5] 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 & 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/Person with Lived 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)

Gender: (choose one)
__**Cisgender Man**
__**Cisgender Woman**
__**Transgender Man**
__**Transgender Woman**
__**A different term (specify):**_____
__**Choose not to disclose**

Are you a first-generation college student?
__ **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 or people 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 historically underserved or marginalized? (select all that apply)
__ Racially/ethnically diverse populations
__ Indigenous populations
__ LGBTQ+ 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

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

LEAP Trainee Information Form
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.
 	
Gender
    • **Cisgender Man:** Describes a person who was assigned male at birth and whose gender identity is a man/male.
    • **Cisgender Woman:** Describes a person who was assigned female at birth and whose gender identity is a woman/female.
    • **Transgender Man**: Describes a person who is transgender and whose gender identity is man/male.

- **Transgender Woman**: Describes a person who is transgender and whose gender identity is woman/female.
- **A different term (specify)**: A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the gender binary structure of woman/female and man/male), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

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.

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 Islanders: _____
- White: _____
- More than one race: _____
- Choose not to disclose/Unrecorded: _____

Gender:
Number of LEAP trainees who identify as:
- Cisgender Man: _____
- Cisgender Woman: _____
- Transgender Man: _____
- Transgender Woman: _____
- A different term (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 first-generation college student: _____

- Work full-time (>35 hours/week) while enrolled in college:[5] _____

- Have a dependent(s) other than spouse: _____

Comments:

Healthy Start Site Form
HEALTHY START SITE FORM

Healthy Start Site Form
Instructions
Section I: 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 care to incarcerated persons, 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

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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	☐ Doula Services	☐ Interconception
☐ Breastfeeding Support	☐ Fatherhood – Case Management	☐ Mental & Behavioral Health (beyond screening)
☐ Case Management/ Care Coordination	☐ Fatherhood – Group Services/Health Education	☐ Outreach
☐ Children/Youth w/Special Health Care Needs	☐ Food Insecurity Services	☐ Preconception
	☐ Health Education	☐ Prenatal
☐ Direct Clinical Services	☐ Incarcerated/Justice-System Involved Population	☐ Telehealth Services

(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_____

Site 2
Project Manager Name_____
Project Name_____
Street Address_____
City_____ State_____ ZIP Code_____

Comments: