# DIVISION OF MCH WORKFORCE DEVELOPMENT:

## PERFORMANCE MEASURE DETAIL SHEET SUMMARY TABLE

| Performance Measure | New/Revised Measure | Prior PM Number (if applicable) | Topic |
|---|---|---|---|
| **Training 01** | New | N/A | MCH Training Program and Healthy Tomorrows Family Member/Youth/Community Member participation |
| **Training 02** | New | N/A | MCH Training Program and Healthy Tomorrows Cultural Competence |
| **Training 03** | New | N/A | Healthy Tomorrows Title V Collaboration |
| **Training 04** | Revised | 59 | Title V Collaboration |
| **Training 05** | Revised | 85 | Policy |
| **Training 06** | Revised | 09 | Diversity of Long-Term Trainees |
| **Training 07** | New | N/A | MCH Pipeline Program – Work with MCH populations |
| **Training 08** | New | N/A | MCH Pipeline Program – Work with underserved or vulnerable populations |
| **Training 09** | Revised | 83 | MCH Pipeline - Graduate Program Enrollment |
| **Training 10** | Revised | 08 | Leadership |
| **Training 11** | Revised | 84 | Work with MCH Populations |
| **Training 12** | Revised | 60 | Interdisciplinary Practice |
| **Training 13** | No changes | 64 | Diverse Adolescent Involvement (LEAH-specific) |
| **Training 14** | Revised | 86 | Medium-Term Trainees Skill and Knowledge (PPC-Specific) |

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| **Training 01 PERFORMANCE MEASURE**<br><br>**Goal: Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of MCHB training and Healthy Tomorrows programs that ensure family, youth, and community member participation in program and policy activities. |
| **GOAL** | To increase family, youth, and/or community member participation in MCH Training and Healthy Tomorrows programs. |
| **MEASURE** | The percent of MCHB training and Healthy Tomorrows programs that ensure family/ youth/ community member participation in program and policy activities. |
| **DEFINITION** | Attached is a table of five elements that demonstrate family member/youth/community member participation, including an emphasis on partnerships and building leadership opportunities for family members/youth/community members in MCH Training or Healthy Tomorrows programs. Please check yes or no to indicate if your MCH Training Program or Healthy Tomorrows program has met each element. |
| **BENCHMARK DATA SOURCES** | PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula |
| **GRANTEE DATA SOURCES** | Attached data collection form to be completed by grantee. |
| **SIGNIFICANCE** | Over the last decade, policy makers and program administrators have emphasized the central role of families and other community members as advisors and participants in program and policy-making activities. In accordance with this philosophy, MCH Training Programs and Healthy Tomorrows Programs are facilitating such partnerships at the local, State and national levels.<br>MCH Training programs support interdisciplinary/interprofessional graduate education and training programs that emphasize leadership, and family-centered, community-based, and culturally competent systems of care. Training programs are required to incorporate family members/youth/community members as faculty, trainees, and partners.<br>The Healthy Tomorrows program supports community initiated and community-based projects that apply principles of health promotion, disease prevention, and the benefits of coordinated health care to the provision of services that improve access to comprehensive, community-based, family-centered, culturally/linguistically competent, and coordinated care. Healthy Tomorrows projects are required to incorporate family members/youth/community members as project staff, advisors, volunteers, and partners. |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 01 - Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs**

Please indicate if your MCH Training or Healthy Tomorrows program has included family members, youth, **and/or** community members in each of the program elements listed below. Use the space provided for notes to provide additional details about activities, as necessary. (NOTE: Programs are only required to have participation from family members **or** youth **or** community members for each element to answer "Yes")

| Element | No | Yes |
|---|---|---|
| **Participatory Planning**<br><br>Family members/youth/community members participate in and provide feedback on the planning, implementation and/or evaluation of the training or Healthy Tomorrows program's activities (e.g. strategic planning, program planning, materials development, program activities, and performance measure reporting). | | |
| **Cultural Diversity**<br><br>Culturally diverse family members/youth/community members facilitate the training or Healthy Tomorrows program's ability to meet the needs of the populations served. | | |
| **Leadership Opportunities**<br><br>Within your training or Healthy Tomorrows program, family members/youth/community members are offered training, mentoring, and/or opportunities for leadership roles on advisory committees or task forces. | | |
| **Compensation**<br><br>Family members/youth/community members who participate in the MCH Training or Healthy Tomorrows program are paid faculty, staff, consultants, or compensated for their time and expenses. | | |
| **Train MCH/CSHCN staff**<br><br>Family members/youth/community members work with their training or Healthy Tomorrows program to provide training (pre-service, in-service and professional development) to MCH/CSHCN faculty/staff, students/trainees, and/or providers. | | |

**NOTES/COMMENTS:**

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| **Training 02 PERFORMANCE MEASURE**<br><br>**Goal: Cultural Competence in MCH Training and Healthy Tomorrows Programs**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic competence 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 competence into their policies, guidelines, and training. |
| **MEASURE** | The percent of MCHB training and Healthy Tomorrows programs that have integrated cultural and linguistic competence into their policies, guidelines, and training. |
| **DEFINITIONS** | Attached is a checklist of 6 elements that demonstrate cultural and linguistic competency. 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.<br>Cultural and linguistic competence 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. 'Competence' 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 (http://nccc.georgeto wn.edu/foundations/frameworks.html) |
| **DEFINITIONS (cont…)** | Linguistic competence 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 competency 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. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence; http://www.nccccurricula.info/linguisticcompetence.html)<br>Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence 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 competence; and periodic |

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| **Training 02 PERFORMANCE MEASURE**<br><br>**Goal: Cultural Competence in MCH Training and Healthy Tomorrows Programs**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic competence elements into their policies, guidelines, and training. |
| | assessment of trainees' progress in developing cultural and linguistic competence. |
| **BENCHMARK DATA SOURCES** | Related to the following HP2020 Objectives:<br>PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula<br>PHI-12: Increase the proportion of public health laboratory systems (including State, Tribal, and local) which perform at a high level of quality in support of the 10 Essential Public Health Services<br>ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs |
| **GRANTEE DATA SOURCES** | Attached data collection form is to be completed by grantees.<br>There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence 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 competence objectives have been: (1) incorporated into the Division of MCH Workforce Development strategic plan; and (2) in guidance materials related to the MCH Training and Healthy Tomorrows Programs.<br>The Division of MCH Workforce Development provides support to programs that address cultural and linguistic competence through development of curricula, research, learning and practice environments |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 02 – Cultural Competence in MCH Training and Healthy Tomorrows Programs**

Please indicate if your MCH Training or Healthy Tomorrows program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, and training.
Please use the space provided for notes to provide additional details about the elements, as applicable.

| Element | Yes 1 | No 0 |
|---|---|---|
| 1. **Written Guidelines** Strategies for advancing cultural and linguistic competency 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.). | | |
| 2. **Training** Cultural and linguistic competence knowledge and skills building are included in training aspects of your program. | | |
| 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. | | |
| 4. **Staff/faculty diversity** MCH Training Program or Healthy Tomorrows staff and faculty reflect cultural and linguistic diversity of the significant populations served. | | |
| 5. **Professional development** MCH Training Program or Healthy Tomorrows staff and faculty participate in professional development activities to promote their cultural and linguistic competence. | | |
| 6. **Measure progress 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 competence. | | |

**NOTES/COMMENTS***:*

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| **Training 03 PERFORMANCE MEASURE**<br><br>**Goal: Healthy Tomorrow's Partnership**<br>**Level: Grantee**<br>**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, other MCH or MCH-related programs and other professional organizations. |
| **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). 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.' |
| **BENCHMARK DATA SOURCES** | ECBP-11(Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs …<br>ECPB-2: Increase the proportion of elementary, middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems.<br>ECBP-12 Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.<br>ECBP-13: Increase the inclusion of core clinical prevention and population health content in in D.O.-granting medical schools.<br>ECBP-15: Increase the inclusion of core clinical prevention and population health content in in nurse practitioner training.<br>ECBP-17: Increase the inclusion of core clinical prevention and population health content in in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy<br>PHI-2(Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals |
| **GRANTEE DATA SOURCES** | The Healthy Tomorrows program completes the attached table which describes the categories of collaborative activity. |

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| **Training 03 PERFORMANCE MEASURE**<br><br>**Goal: Healthy Tomorrow's Partnership**<br>**Level: Grantee**<br>**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. |
| **SIGNIFICANCE** | As a SPRANS grantee, a training program enhances the Title V State block grants that support the MCHB goal to promote comprehensive, coordinated, family-centered, and culturally-sensitive systems of health care that serve the diverse needs of all families within their own communities. 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 stakeholders.<br><br>This measure will document a Healthy Tomorrows program's abilities to:<br><br>1) collaborate with State Title V and other agencies (at a systems level) to support achievement of the MCHB Strategic Goals and Healthy People 2020 action plan;<br>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;<br>3) internally use this data to assure a full scope of these program elements in all regions. |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 03 – Healthy Tomorrows Partnership**

Indicate the degree to which the Healthy Tomorrows program collaborates with State Title V (MCH Block Grant) agencies and other MCH-related programs***** using 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 to develop state 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 on collaborative with MCH partners to develop community materials | | | | | | |
| 6. **Dissemination** Examples might include: disseminating information on program implementation to local MCH partners | | | | | | |
| 7. **Sustainability** Examples might include: working with state and local MCH representatives to develop sustainability plans | | | | | | |
| **Total** | | | | | | |

[1]State Title V programs include State Block Grant funded or supported activities.
[2]Other maternal and child health-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
- Foundations
- Clinical Program/Hospitals
- Local and state division of mental health
- Developmental disability agencies
- Other programs working with maternal and child health populations

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| **Training 04 PERFORMANCE MEASURE**<br><br>**Goal: Collaborative Interactions**<br>**Level: Grantee**<br>**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 on a scale of 0 to 1. If a value of '1' 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.' |
| **BENCHMARK DATA SOURCES** | ECBP-11(Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.<br>ECPB-2: Increase the proportion of elementary, middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems.<br>ECBP-12 Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.<br>ECBP-13: Increase the inclusion of core clinical prevention and population health content in in D.O.-granting medical schools.<br>ECBP-15: Increase the inclusion of core clinical prevention and population health content in in nurse practitioner training.<br>ECBP-17: Increase the inclusion of core clinical prevention and population health content in in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy<br>PHI-2(Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals |
| **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 goal to promote comprehensive, coordinated, family-centered, and culturally-sensitive systems of health care that serve the diverse needs of all families within their own communities. Interactive collaboration between a training program and Federal, Tribal, State and local agencies |

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

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 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;
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 this data to assure a full scope of these program elements in all regions.

**DATA COLLECTION FORM FOR DETAIL SHEET PM #Training 04 – Collaborative Interactions**

Indicate the degree to which your training program collaborates with State Title V (MCH Block Grant) agencies and other MCH-related programs***** using 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 programs[1]** | | | **Other MCH-related programs[2]** | | |
|---|---|---|---|---|---|---|
| | 0 | 1 | Total number of activities | 0 | 1 | Total number of activities |
| **Service*** Examples might include: Clinics run by the training program and/ or in collaboration with other agencies | | | | | | |
| **Training** Examples might include: Training in Bright Futures; Workshops related to adolescent health practice; and Community-based practices. It would not include clinical supervision of long-term trainees. | | | | | | |
| **Continuing Education** Examples might include: Conferences; Distance learning; and Computer-based educational experiences. It would not include formal classes or seminars for long-term trainees. | | | | | | |
| **Technical Assistance** Examples might include: Conducting needs assessments with State programs; policy development; grant writing assistance; identifying best-practices; and leading collaborative groups. It would not include conducting needs assessments of consumers of the training program services. | | | | | | |
| **Product Development** Examples might include: Collaborative development of journal articles and training or informational videos. | | | | | | |
| **Research** Examples might include: Collaborative submission of research grants, research teams that include Title V or other MCH-program staff and the training program's faculty. | | | | | | |
| **Total** | | | | | | |

[1]State Title V programs include State Block Grant funded or supported activities.
[2]Other maternal and child health-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
- Foundations
- Clinical Program/Hospitals
- Local and state division of mental health
- Developmental disability agencies
- Other programs working with maternal and child health populations

*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.)

| **Training 05 PERFORMANCE MEASURE**<br><br>**Goal: Policy Development**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation. |
|---|---|
| **GOAL** | To increase the number of MCH long-term training programs that actively promote the transfer and utilization of MCH knowledge and research to the policy arena through the work of faculty, trainees, alumni, and collaboration with Title V. |
| **MEASURE** | The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation. |
| **DEFINITION** | Attached is a list of six elements that demonstrate policy engagement. Please check yes or no to indicate which the elements have been implemented. Please keep the completed checklist attached. Policy development, implementation and evaluation in the context of MCH training programs relates to the process of translating research to policy and training for leadership in the core public health function of policy development. Actively – mutual commitment to policy-related projects or objectives within the past 12 months. |
| **BENCHMARK DATA SOURCES** | Related to PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula. |
| **GRANTEE DATA SOURCES** | • Attached data collection form to be completed by grantee.<br>• Data will be collected from competitive and continuation applications as part of the grant application process and annual reports. The elements of training program engagement in policy development, implementation, and evaluation need to be operationally defined with progress noted on the attached list with an example described more fully in the narrative application. |
| **SIGNIFICANCE** | Policy development is one of the three core functions of public health as defined by the Institute of Medicine in The Future of Public Health (National Academy Press, Washington DC). In this landmark report by the IOM, the committee recommends that "every public health agency exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision-making about public health and by leading in developing public health policy." Academic institutions such as schools of public health and research universities have the dual responsibility to develop knowledge and to produce well-trained professional practitioners. This national performance measure relates directly to Goal 4 of the Division of MCH Workforce Development Strategic Plan to "generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies and programs." |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 05 - Policy Development**

Using a response of Yes (1) or No (0), indicate whether your training program has addressed the following policy training and policy participation elements.

**CATEGORY #1: Training on Policy and Advocacy**

| Element | No 0 | Yes 1 |
|---|---|---|
| 1. Your MCHB-funded Training Program provides didactic opportunities for training on policy development and advocacy to increase understanding of how the policy process works at the federal, state and/or local levels. | | |
| 2. Your MCHB-funded Training Program provides an opportunity for application of policy and advocacy knowledge through one or more of the following educational experiences<br><br>**If Yes, check all that apply:**<br>☐ Write a policy brief about an emerging local MCH public health issue<br>☐ Attend a meeting of a local MCH stakeholder group, provide a written summary of their approach<br>☐ Attend a professional association meeting and actively participate on a committee<br>☐ Educate Policymakers<br>☐ Provide written and/or oral testimony to the state legislature<br>☐ Write an article on an MCH topic for a lay audience<br>☐ Observe a legislative hearing on CSPAN, or if possible, attend a legislative hearing on an MCH topic<br>☐ Track a bill over the Internet over the course of a legislative session<br>☐ Interview an agency or organization-based MCH policy maker, administrator, or advocate and prepare written and/or oral mock testimony from the perspective of the agency/association interviewed<br>☐ Other, please describe _____ | | |
| 3. A pre/post assessment is in place to measure increased policy knowledge and skills of **long-term** trainees (NOTE: Long-term trainees are defined as those who have completed a long-term [greater than or equal to 300 contact hours] MCH Training Program, including those who received funds and those who did not).<br><br>If Yes, report:<br>a. % of current trainees reporting increased policy knowledge _____<br>b. % of current trainees reporting increased policy skills _____ | | |

**CATEGORY #2: Participation in Policy Change and Translation of Research into Policy**

| Element | No 0 | Yes 1 |
|---|---|---|
| 4. Trainees, faculty and/or staff contribute to the development of guidelines, regulation, legislation **or** other public policy at the local, state, and/or national level.<br><br>If yes, indicate all policy arenas to which they have contributed:<br>☐ Local<br>☐ State<br>☐ National | | |
| 5. Trainees, faculty and/or staff participate in local, state and/or national MCH advocacy networks and initiatives<br><br>If yes, indicate all policy arenas to which they have contributed :<br>☐ Local<br>☐ State<br>☐ National | | |
| 6. Trainees, faculty and/or staff participate in disseminating and communicating research findings (both original and non-original) directly to public health agency leaders and/or policy officials.<br><br>If yes, indicate all policy arenas to which they have contributed:<br>☐ Local<br>☐ State<br>☐ National | | |

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| **Training 06 Performance Measure**<br><br>**Goal: Long Term Training Programs**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups. |
| **GOAL** | To increase the percentage of trainees participating in MCHB long-term training programs who are from underrepresented racial and ethnic groups. |
| **MEASURE** | The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups. |
| **DEFINITION** | **Numerator:** Total number of long-term trainees (≥ 300 contact hours) participating in MCHB training programs reported to be from underrepresented racial and ethnic groups. (Include MCHB-supported and non-supported trainees.)<br>**Denominator**: Total number of long-term trainees (≥ 300 contact hours) participating in MCHB training programs. (Include MCHB-supported and non-supported trainees.)<br>**Units:** 100<br>**Text:** Percentage<br>The definition of "underrepresented racial and ethnic groups" is based on the categories from the U.S. Census. |
| **BENCHMARK DATA SOURCES** | Related to Healthy People 2020 Objectives:<br><br>AHS-4: Increase the number of practicing primary care providers<br><br>ECBP-11: (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs |
| **GRANTEE DATA SOURCES** | Data will be collected annually from grantees about their trainees.<br>MCHB does not maintain a master list of all trainees who are supported by MCHB long-term training programs.<br>References supporting Workforce Diversity:<br>● In the Nation's Compelling Interest: Ensuring Diversity in the Healthcare Workforce (2004). Institute of Medicine.<br>● Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002). Institute of Medicine. |
| **SIGNIFICANCE** | HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. Training a diverse group of professionals is necessary in order to provide a diverse public health workforce to meet the needs of the changing demographics of the U.S. and to ensure access to culturally competent and effective services. This performance measure provides the necessary data to report on HRSA's initiatives to reduce health disparities. |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 06 – Long Term Training Programs**

Report on the percentage of long-term trainees (≥300 contact hours) who are from any underrepresented racial/ethnic group (i.e., Hispanic or Latino, American Indian or Alaskan Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, two or more race (OMB). Please use the space provided for notes to detail the data source and year of data used.

- Report on all long-term trainees (≥ 300 contact hours) including MCHB-funded and non MCHB-funded trainees
- Report race and ethnicity separately
- Trainees who select multiple ethnicities should be counted once
- Grantee reported numerators and denominator will be used to calculate percentages

Total number of long term trainees (≥ 300 contact hours) participating in the training program. (Include MCHB-supported and non-supported trainees.) _____

**Ethnic Categories**
Number of long-term trainees who are Hispanic or Latino (Ethnicity) _____

**Racial Categories**
Number of long-term trainees who are American Indian or Alaskan Native _____

Number of long-term trainees who are of Asian descent _____

Number of long-term trainees who are Black or African-American _____

Number of long-term trainees who are Native Hawaiian or Pacific Islanders _____

Number of long-term trainees who are two or more races _____

***Notes/Comments:***

| **Training 07 PERFORMANCE MEASURE**<br><br>**Goal: MCH Pipeline Programs**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of MCHB Pipeline Program graduates who have been engaged in work focused on MCH populations. |
|---|---|
| **GOAL** | To increase the percent of graduates of MCH Pipeline Programs who have been/are engaged in work focused on MCH populations. |
| **MEASURE** | The percent of MCHB Pipeline Program graduates who have been engaged in work focused on MCH populations since graduating from the MCH Pipeline Training Program. |
| **DEFINITION** | **Numerator**: Number of pipeline graduates reporting they have been engaged in work focused on MCH populations since graduating from the MCH Pipeline Training Program.<br>**Denominator**: The total number of trainees responding to the survey<br>**Units:** 100<br>**Text:** Percent<br><br>MCH Pipeline trainees are defined as undergraduate students from economically and educationally disadvantaged backgrounds (including underrepresented racial and ethnic minorities: African American, Hispanic/Latino, Asian, Hawaiian/Pacific Islanders, American Indian/Alaskan) who receive education, mentoring, and guidance to increase their interest and entry into MCH public health and related fields<br><br>**MCH Populations**: Includes women, infants and children, adolescents, young adults, and their families including fathers, and children and youth with special health care needs |
| **BENCHMARK DATA SOURCES** | Related to Healthy People 2020:<br>Access Goal: Improve access to comprehensive, high-quality health care services<br>Educational Community Based Program Goal: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health and enhance quality of life. Specific objectives: 10-11<br>Related to Public Health Infrastructure: To ensure that Federal, Tribal, State, and local health agencies have the necessary infrastructure to effectively provide essential public health services. Specific objectives: 2, 3, and 5 |

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| **Training 07 PERFORMANCE MEASURE**<br><br>**Goal: MCH Pipeline Programs**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of MCHB Pipeline Program graduates who have been engaged in work focused on MCH populations. |
| **GRANTEE DATA SOURCES** | A pipeline program follow-up survey will be used to collect these data.<br><br>Data Sources Related to Training and Work Settings/Populations:<br>Rittenhouse Diane R, George E. Fryer, Robert L. Pillips et al. Impact of Title Vii Training Programs on Community Health Center Staffing and National Health Service Corps Participation. *Ann Fam Med* 2008;6:397-405. DOI: 10.1370/afm.885.<br>Karen E. Hauer, Steven J. Durning, Walter N. Kernan, et al. Factors Associated With Medical Students' Career Choices Regarding Internal Medicine *JAMA*. 2008;300(10):1154-1164 (doi:10.1001/jama.300.10.1154) |
| **SIGNIFICANCE** | HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. |

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

MCH Pipeline 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 Pipeline program.

*NOTE: If the individual works with more than one of these groups only count them once.*

**2 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

A. The total number of graduates, 2 years following completion of program _____

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 an MCH population since graduating from the MCH Pipeline Training Program _____

E. Percent of respondents who report working with an MCH population Since graduating from the MCH Pipeline Training Program _____

**5 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

A. The total number of graduates, 5 years following completion of program _____

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 an MCH population since graduating from the MCH Pipeline Training Program _____

E. Percent of respondents who report working with an MCH population since graduating from the MCH Pipeline Training Program _____

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| **Training 08 PERFORMANCE MEASURE**<br><br>**Goal: MCH Pipeline Program**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of MCH Pipeline Program graduates who have been engaged in work with populations considered to be underserved or vulnerable. |
| **GOAL** | To increase the percent of graduates of MCH Pipeline Programs who have been engaged in work with populations considered to be underserved or vulnerable. |
| **MEASURE** | The percent of MCH Pipeline Program graduates who have been engaged in work with populations considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program. |
| **DEFINITION** | **Numerator:** Number of pipeline graduates reporting they have been engaged in work with populations considered underserved or vulnerable since graduating from the MCH Pipeline Training Program.<br>**Denominator**: The total number of trainees responding to the survey<br>**Units**: 100 **Text**: Percent |
| **DEFINITION (cont…)** | MCH Pipeline trainees are defined as undergraduate students from economically and educationally disadvantaged backgrounds (including underrepresented racial and ethnic minorities: African American, Hispanic/Latino, Asian, Hawaiian/Pacific Islanders, American Indian/Alaskan) who receive education, mentoring, and guidance to increase their interest and entry into MCH public health and related fields<br><br>The term “underserved” refers to “Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.<br><br>This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e, Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc) *Source: Center for Vulnerable Populations Research. UCLA.* *http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html* |

| | |
|---|---|
| **Training 08 PERFORMANCE MEASURE**<br><br>**Goal: MCH Pipeline Program**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of MCH Pipeline Program graduates who have been engaged in work with populations considered to be underserved or vulnerable. |
| **BENCHMARK DATA SOURCES** | Related to Healthy People 2020:<br>Access Goal: Improve access to comprehensive, high-quality health care services<br>Educational Community Based Program Goal: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health and enhance quality of life. Specific objectives: 10-11<br>Related to Public Health Infrastructure: To ensure that Federal, Tribal, State, and local health agencies have the necessary infrastructure to effectively provide essential public health services. Specific objectives: 2, 3, and 5 |
| **GRANTEE DATA SOURCES** | A pipeline program follow-up survey will be used to collect these data.<br><br>Data Sources Related to Training and Work Settings/Populations:<br>Rittenhouse Diane R, George E. Fryer, Robert L. Pillips et al. Impact of Title Vii Training Programs on Community Health Center Staffing and National Health Service Corps Participation. *Ann Fam Med* 2008;6:397-405. DOI: 10.1370/afm.885.<br>Karen E. Hauer, Steven J. Durning, Walter N. Kernan, et al. Factors Associated With Medical Students' Career Choices Regarding Internal Medicine *JAMA*. 2008;300(10):1154-1164 (doi:10.1001/jama.300.10.1154) |
| **SIGNIFICANCE** | HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. |

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

MCH Pipeline Program graduates who have worked with populations considered **underserved or vulnerable** 2 years and 5 years after graduating from their MCH Pipeline program.

*NOTE: If the individual works with more than one of these groups only count them once.*

**2 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

A. The total number of graduates, 2 years following completion of program

_____

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 considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program

_____

E. Percent of respondents who have worked with populations considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program

_____

**5 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

A. The total number of graduates, 5 years following completion of program

_____

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 considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program

_____

E. Percent of respondents who have worked with populations considered to be underserved or vulnerable since graduating from the MCH Pipeline Training Program

_____

| **Training 09 PERFORMANCE MEASURE**<br><br>**Goal: Graduate Program Enrollment**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of pipeline graduates that enter graduate programs preparing them to work with the MCH population. |
|---|---|
| **GOAL** | To increase the number of pipeline graduates that enter graduate programs preparing them to work with the MCH population. |
| **MEASURE** | The percent of pipeline graduates that enter graduate programs preparing them to work with the MCH population. |
| **DEFINITION** | **Numerator:** Total number of MCH Pipeline 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 Pipeline program.<br><br>*Graduate programs preparing students to work with the MCH population include: pediatric medicine, public health, pediatric nutrition, public health social work, pediatric nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, or speech language pathology.<br><br>**Denominator:** Total number of MCH Pipeline Trainees who graduated from the MCH pipeline program 2 or 5 years previously. |
| **BENCHMARK DATA SOURCES** | Related to Healthy People 2020 Objectives:<br><br>ECBP-12: Increase the inclusion of core clinical preventive and population health content in M.D.-granting medical schools<br><br>ECBP-13: Increase the inclusion of core clinical preventive and population health content in D.O.-granting medical schools<br><br>ECBP-14: Increase the inclusion of core clinical preventive and population health content in undergraduate nursing<br><br>ECBP-15: Increase the inclusion of core clinical preventive and population health content in nurse practitioner training<br><br>ECBP-16: Increase the inclusion of core clinical preventive and population health content in physician assistant training<br><br>PHI-1: Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations |
| **GRANTEE DATA SOURCES** | Attached data collection form to be completed by grantees. |
| **SIGNIFICANCE** | MCHB training programs assist in developing a public health workforce that addresses key MCH issues and fosters field leadership in the MCH arena. |

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

**2 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

A. The total number of Pipeline Trainees, 2 years following graduation from the program _____

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** _____

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

**5 YEARS AFTER GRADUATING FROM MCH PIPELINE PROGRAM**

A. The total number of Pipeline Trainees, 5 years following graduation from the program _____

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** _____

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

**Graduate programs preparing graduate students to work in the MCH population include:
Pediatric medicine, public health, pediatric nutrition, public health social work, pediatric nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, speech language pathology.

| | |
|---|---|
| **Training 10 PERFORMANCE MEASURE**<br><br>**Goal: Field Leadership**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of long term trainees that have demonstrated field leadership after completing an MCH training program. |
| **GOAL** | To increase the percentage of long term trainees that have demonstrated field leadership two and five years after completing their MCH Training Program. |
| **MEASURE** | The percentage of long-term trainees that have demonstrated field leadership after completing an MCH Training Program. |
| **DEFINITION** | Attached is a checklist of four elements that demonstrate field leadership. For each element, identify the number of long-term trainees that have demonstrated field leadership two and five years after program completion. Please keep the completed checklist attached.<br>Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH training program, including those who received MCH funds and those who did not.<br><br>"Field leadership" refers to but is not limited to providing MCH leadership within the clinical, advocacy, academic, research, public health, public policy or governmental realms. Refer to attachment for complete definition.<br><br>Cohort is defined as those who have completed an MCHB-funded training program 2 years and 5 years prior to the reporting period. Data form for each cohort year will be collected for five years. |
| **BENCHMARK DATA SOURCES** | Related to Healthy People 2020 Objectives:<br><br>PHI-1: Increase the proportion of Federal, Tribal, State and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations<br><br>PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs and schools of nursing (with public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula |
| **GRANTEE DATA SOURCES** | Attached data collection form to be completed by grantees. |
| **SIGNIFICANCE** | An MCHB trained workforce is a vital participant in clinical, administrative, policy, public health and various other arenas. MCHB long term training programs assist in developing a public health workforce that addresses MCH concerns and fosters field leadership in the MCH arena. |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 10 – Field Leadership**

**SECTION A: 2 YEAR FOLLOW-UP**

**Numerator:** The number of long-term trainees who have demonstrated field leadership **2 years** after completing their MCH Training Program.

**Denominator:** The total number of long-term trainees, **2 years** following completion of an MCHB-funded training program, included in this report.

Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH training program, including those who received MCH funds and those who did not.

A. The total number of long-term trainees, **2 years** post program completion, included in this report _____

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

C. Number of respondents (A-B) _____

D. Number of respondents who have demonstrated field leadership in **at least** one of the following areas below _____

E. Percent of long-term trainees (**2 years** post program completion) who have demonstrated field leadership in **at least one** of the following areas: _____

(Individual respondents may have leadership activities in multiple areas below)

1. Number of trainees that have participated in **academic** leadership activities since completing their MCH Training Program _____
   - 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 my 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

2. Number of trainees that have participated in **clinical** leadership activities since completing their MCH Training Program _____
   - 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 position of influence (e.g. director, senior therapist, team leader, etc
   - Taught/mentored in my 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)

3. Number of trainees that have participated in **public health practice** leadership activities since completing their MCH Training Program _____

   - Provided consultation, technical assistance, or training in MCH areas

- Procured grant and 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)
- Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, etc.)

4. Number of trainees that have participated in **public policy & advocacy** leadership activities since completing their MCH Training Program _____

- Participated in public policy development activities (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, key contributor, or in a position of influence/authority: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Disseminated information on MCH public policy issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care, commentaries, and chapters)

**SECTION B: 5 YEAR FOLLOW-UP**

**Numerator:** The number of long-term trainees who have demonstrated field leadership 5 years after completing their MCH Training Program.
**Denominator:** The total number of long-term trainees, 5 years following completion of an MCHB-funded training program, included in this report.

Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH training program, including those who received MCH funds and those who did not.

F. The total number of long-term trainees, **5 years** post program completion, included in this report _____
G. The total number of program completers lost to follow-up _____
H. Number of respondents (A-B)
I. Number of respondents who have demonstrated field leadership in **at least** one of the following areas below _____
J. Percent of long-term trainees (**5 years** post program completion) who have demonstrated field leadership in **at least one** of the following areas: _____

(Individual respondents may have leadership activities in multiple areas below) _____

1. **Number of trainees that have participated in** academic **leadership activities** since completing their MCH Training Program _____

- 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 my 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

2. **Number of trainees that have participated in** clinical **leadership activities** since _____

completing their MCH Training Program

- 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 position of influence (e.g. director, senior therapist, team leader, etc
- Taught/mentored in my 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)

3. **Number of trainees that have participated in** public health practice **leadership activities** since completing their MCH Training Program _____

- Provided consultation, technical assistance, or training in MCH areas
- Procured grant and 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)
- Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers , etc.)

4. **Number of trainees that have participated in** public policy & advocacy **leadership activities** since completing their MCH Training Program _____

- Participated in public policy development activities (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, key contributor, or in a position of influence/authority: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Disseminated information on MCH public policy issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care, commentaries, and chapters)

**NOTES/COMMENTS:**

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| **Training 11 PERFORMANCE MEASURE**<br><br>**Goal: Long-term trainees working with MCH populations**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percentage of long-term trainees who are engaged in work focused on MCH populations after completing their MCH Training Program. |
| **GOAL** | To increase the percent of long-term trainees engaged in work focused on MCH populations two and five years after completing their MCH Training Program. |
| **MEASURE** | The percentage of long-term trainees who are engaged in work focused on MCH populations after completing their MCH Training Program. |
| **DEFINITION** | **Numerator:**<br>Number of long-term trainees reporting they are engaged in work focused on MCH populations after completing their MCH Training Program.<br>**Denominator:**<br>The total number of trainees responding to the survey<br>**Units:** 100 **Text:** Percent<br><br>Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH Training Program, including those who received MCH funds and those who did not.<br><br>Cohort is defined as those who have completed an MCHB-funded training program 2 years and 5 years prior to the reporting period.<br><br>MCH Populations: Includes all of the Nation's women, infants, children, adolescents, young adults and their families, including and children with special health care needs. |
| **BENCHMARK DATA SOURCES** | Related to ECBP-10 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services…<br><br>Related to ECBP-11(Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.<br><br>Related to PHI-1Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance |

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| **Training 11 PERFORMANCE MEASURE**<br><br>**Goal: Long-term trainees working with MCH populations**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percentage of long-term trainees who are engaged in work focused on MCH populations after completing their MCH Training Program. |
| **GRANTEE DATA SOURCES** | A revised trainee follow-up survey that incorporates the new form for collecting data on the involvement of those completing an MCH training program in work related to MCH populations will be used to collect these data.<br><br>Data Sources Related to Training and Work Settings/Populations: Rittenhouse Diane R, George E. Fryer, Robert L. Pillips et al. Impact of Title Vii Training Programs on Community Health Center Staffing and National Health Service Corps Participation. *Ann Fam Med*2008;6:397-405. DOI: 10.1370/afm.885.<br><br>Karen E. Hauer, Steven J. Durning, Walter N. Kernan, et al. Factors Associated With Medical Students' Career Choices Regarding Internal Medicine *JAMA.*2008;300(10):1154-1164 (doi:10.1001/jama.300.10.1154). |
| **SIGNIFICANCE** | HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 11 - Long-term trainees working with MCH populations**

Individuals completing a long-term training program who report working with the **maternal and child health population** (i.e., women, infants, children, adolescents, young adults and their families, including children with special health care needs) at 2 years and at 5 years after completing their training program.

NOTE: If the individual works with more than one of these groups only count them once.

**2 YEAR FOLLOW-UP**

A. The total number of long-term trainees, **2 years** following program completion _____

B. The total number of long-term trainees lost to follow-up (**2 years** following program completion) _____

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

D. Number of respondents **2 years** following completion of program who report working with an MCH population _____

E. Percent of respondents **2 years** following completion of program who report working with an MCH population _____

_____

**5 YEAR FOLLOW-UP**

F. The total number of long-term trainees, **5 years** following program completion _____

G. The total number of long-term trainees lost to follow-up (**5 years** following program completion), _____

H. The total number of respondents (F-G) = denominator _____

I. Number of respondents **5 years** following completion of program who report working with an MCH population _____

J. Percent of respondents **5 years** following completion of program who report working with an MCH population _____

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|---|---|
| **Training 12 PERFORMANCE MEASURE**<br><br>**Goal: Long-term Trainees**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of long-term trainees who, at 2, 5 and 10 years post training, have worked in an interdisciplinary manner to serve the MCH population (e.g., individuals with disabilities and their families, adolescents and their families, etc.). |
| **GOAL** | To increase the percent of long-term trainees who, upon completing their training, work in an interdisciplinary manner to serve the MCH population. |
| **MEASURE** | The percent of long-term trainees who, at 2, 5 and 10 years post training have worked in an interdisciplinary manner to serve the MCH population. |
| **DEFINITION** | **Numerator:** The number of long-term trainees indicating that they have worked in an interdisciplinary manner serving the MCH population.<br>**Denominator:** The total number of long-term trainees responding to the survey<br>**Units:** 100 **Text:** Percent<br>In addition, data on the total number of the long-term trainees and the number of non-respondents for each year will be collected.<br><br>Long-term trainees are defined as those who have completed a long-term (300+ hours) MCH Training program, including those who received MCH funds and those who did not. |
| **BENCHMARK DATA SOURCES** | Related to Healthy People 2020 Objectives:<br><br>ECBP-12: Increase the inclusion of core clinical preventive and population health content in M.D.-granting medical schools<br><br>ECBP-13: Increase the inclusion of core clinical preventive and population health content in D.O.-granting medical schools<br><br>ECBP-14: Increase the inclusion of core clinical preventive and population health content in undergraduate nursing<br><br>ECBP-15: Increase the inclusion of core clinical preventive and population health content in nurse practitioner training<br><br>ECBP-16: Increase the inclusion of core clinical preventive and population health content in physician assistant training<br><br>PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula<br><br>MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems |
| **GRANTEE DATA SOURCES** | The trainee follow-up survey is used to collect these data. |

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| **Training 12 PERFORMANCE MEASURE**<br><br>**Goal: Long-term Trainees**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The percent of long-term trainees who, at 2, 5 and 10 years post training, have worked in an interdisciplinary manner to serve the MCH population (e.g., individuals with disabilities and their families, adolescents and their families, etc.). |
| **SIGNIFICANCE** | Leadership education is a complex interdisciplinary field that must meet the needs of MCH populations. This measure addresses one of a training program's core values and its unique role to prepare professionals for comprehensive systems of care/practice. By providing interdisciplinary coordinated care, training programs help to ensure that all MCH populations receive the most comprehensive care that takes into account the complete and unique needs of the individuals and their families. |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 12 – Long-term Trainees**

**A. 2 YEAR FOLLOW-UP**

**Numerator:** The number of long-term trainees who have worked in an interdisciplinary manner **2 years** following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed.

**Denominator:** The total number of long-term trainees, **2 years** following completion of an MCHB-funded training program, responding to the survey

The total number of long-term trainees, **2 years** following program completion _____

The total number of program completers lost to follow-up _____

Number of respondents (Denominator) _____

The number of long-term trainees who have worked in an interdisciplinary manner **2 years** following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed _____

The total number of program completers lost to follow-up

Percent of long-term trainees (**2 years** post program completion) who have worked in an interdisciplinary manner, demonstrating **at least one** of the following interdisciplinary skills: _____%

**Sought input** or information from other professions or disciplines to address a need in your work _____%

**Provided input** or information to other professions or disciplines. _____%

**Developed a shared vision**, roles and responsibilities within an interdisciplinary group. _____%

**Utilized that information** to develop a coordinated, prioritized plan across disciplines to address a need in your 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 _____%

**B. 5 YEAR FOLLOW-UP**

**Numerator:** The number of long-term trainees who have worked in an interdisciplinary manner **5** years following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed.

**Denominator:** The total number of long-term trainees**, 5 years** following completion of an MCHB-funded training program, responding to the survey.

The total number of long-term trainees, **5 years** following program completion _____

The total number of program completers lost to follow-up _____

The number of long-term trainees who have worked in an interdisciplinary manner 5 **years** _____

following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed

Percent of long-term trainees (**5 years** post program completion) who have worked in an interdisciplinary manner, demonstrating **at least one** of the following interdisciplinary skills: _____%

- **Sought input** or information from other professions or disciplines to address a need in your work _____%
- **Provided input** or information to other professions or disciplines. _____%
- **Developed a shared vision**, roles and responsibilities within an interdisciplinary group. _____%
- **Utilized that information** to develop a coordinated, prioritized plan across disciplines to address a need in your 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 _____%

**C. 10 YEAR FOLLOW-UP**

**Numerator:** The number of long-term trainees who have worked in an interdisciplinary manner **10 years** following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed.

**Denominator:** The total number of long-term trainees, **10 years** following completion of an MCHB-funded training program, responding to the survey.

The total number of long-term trainees, **10 years** following program completion _____

_____

The total number of program completers lost to follow-up

Percent of long-term trainees (**10 years** post program completion) who have worked in an interdisciplinary manner, demonstrating **at least one** of the following interdisciplinary skills: _____%

- **Sought input** or information from other professions or disciplines to address a need in your work _____%
- **Provided input** or information to other professions or disciplines. _____%
- **Developed a shared vision**, roles and responsibilities within an interdisciplinary group. _____%
- **Utilized that information** to develop a coordinated, prioritized plan across disciplines to address a need in your 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 _____%

| | |
|---|---|
| **Training 13 PERFORMANCE MEASURE**<br><br>**Goal: Diverse Adolescent Involvement**<br>**Level: Grantee**<br>**Domain: MCH Workforce Development** | The degree to which the LEAH program incorporates adolescents and parents from diverse ethnic and cultural backgrounds as advisors and participants in program activities. |
| **GOAL** | To increase appropriate involvement of adolescents and parents as consumers of LEAH program activities. |
| **MEASURE** | The degree to which adolescents and parents are incorporated as consumers of LEAH program activities. |
| **DEFINITION** | Attached is a checklist of 4 elements that document adolescent and parent participation. Respondents will note the presence or absence of this participation on a scale of 0-1 for a total possible score of 4. |
| **BENCHMARK DATA SOURCES** | Related to Objective HC/HIT-2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills. |
| **GRANTEE DATA SOURCES** | Grantees report using a data collection form. These data may be collected with the LEAH self-assessment activities. Participation should be defined to permit assessment of youth and young adult involvement. |
| **SIGNIFICANCE** | Over the last decade, policy makers and program administrators have emphasized the central role of consumer of health services as advisors and participants in program activities. Satisfaction with health care is related to satisfaction with the quality of the communication with health providers. In accordance with this philosophy, LEAH facilitates such partnerships and believes that consumers (adolescents and parents) from diverse backgrounds have important roles in the training of future leaders in adolescent health care delivery systems. |

**DATA COLLECTION FORM FOR DETAIL SHEET: Training 13 – Adolescent Involvement**

Indicate the degree to which your training program has the active involvement of adolescents and parents in your program and planning activities using the following values:

0 = No 1 = Yes

| Element | 0 | 1 |
|---|---|---|
| Adolescents from diverse ethnic backgrounds and cultures participate in an advisory capacity. | | |
| Parents of adolescents from diverse ethnic backgrounds and cultures participate in an advisory capacity. | | |
| Adolescents from diverse ethnic backgrounds and cultures participate in the planning, implementation and evaluation of program activities related to adolescents as consumers | | |
| Parents of adolescents from diverse ethnic backgrounds and cultures participate in the planning, implementation and evaluation of program activities related to parents as consumers | | |

**Total Score (possible 0-4 score) _____**

| | |
|---|---|
| **Training 14 PERFORMANCE MEASURE**<br><br>**Goal: Medium-Term Trainees Skill and Knowledge**<br>**Level: Grantee**<br>**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:**<br>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.<br><br>**Denominator:**<br>The total number of medium term trainees responding to the survey.<br>Medium Term trainees:<br>Level I MTT complete 40-149 hours of training.<br>Level II MTT complete 150–299 hours of training. |
| **BENCHMARK DATA SOURCES** | MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems.<br>ECBP-19: Increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences.<br>ECBP-12.2: Increase the inclusion of cultural diversity content in M.D.-granting medical schools.<br>ECBP-13.2: Increase the inclusion of cultural diversity content in D.O.-granting medical schools.<br>ECBP-15.2: Increase the inclusion of cultural diversity content in nurse practitioner training.<br>ECBP-17.2: Increase the inclusion of cultural diversity content in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy. |
| **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 CYSHCN nationally. The impact of this training must be measured and evaluated. |

**DATA 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 _____