

 Health Resources and Services Administration
Maternal and Child Health Bureau

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 Health Resources and Services Administration
Maternal and Child Health Bureau

**The Healthy Start
Performance Information System**

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Health

February 2004



**HEALTHY START
PERFORMANCE
INFORMATION SYSTEM**

**Health Resources and Services Administration
Maternal and Child Health Bureau**

**MATERNAL AND CHILD HEALTH BUREAU'S
DISCRETIONARY GRANTS INFORMATION
SYSTEM (DGIS)**

- Patterned after successful State Title V Information System
- Data collection and forms approved by President's Office of Budget and Management until January 2006




**HEALTHY START
PERFORMANCE
INFORMATION SYSTEM**

**Health Resources and Services Administration
Maternal and Child Health Bureau**

**MATERNAL AND CHILD HEALTH BLOCK
GRANT**

- Title V of the Social Security Act

HEALTHY START

- Title III, Part D, Section 330H of Public Health Service Act; 42 United States Code (USC) Public Law (P.L.) 108-7





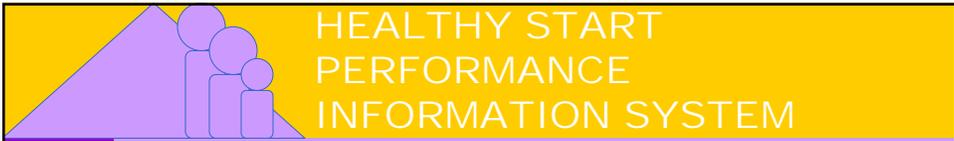
HEALTHY START PERFORMANCE INFORMATION SYSTEM

Health Resources and Services Administration
Maternal and Child Health Bureau

- **Review the Healthy Start Performance Information System**
- **Refined Information System incorporates**
 - Objectives and data projects have been previously collecting
 - Project's recommendations for clarification of elements, simplification of data entry



U.S. Department of Health and Human Services
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HEALTHY START PERFORMANCE INFORMATION SYSTEM

Health Resources and Services Administration
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Review the information that Healthy Start is collecting to tell the story:

- of **who** Healthy Start programs are serving,
- **what services** are being provided,
- **what** as a program we are **accomplishing nationally**

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U.S. Department of Health and Human Services
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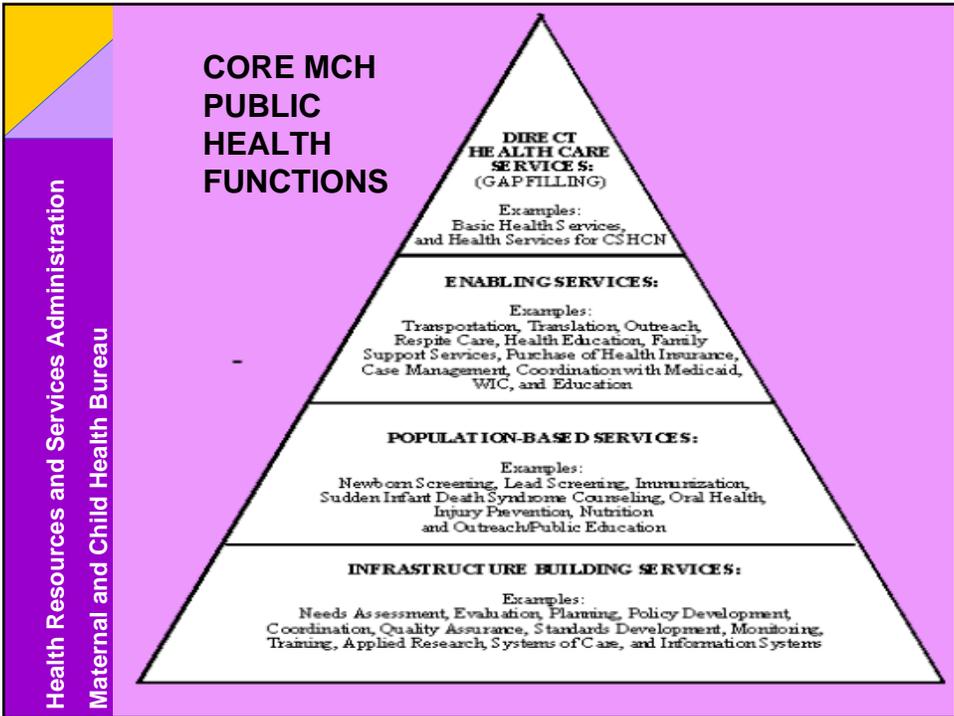


HEALTHY START'S PARTICIPANTS

Health Resources and Services Administration
Maternal and Child Health Bureau

- **Program participant** is an individual having direct contact with Healthy Start staff or subcontractors and receiving Healthy Start core services on a ongoing systematic basis;
- **Community participant** is any individual who attends a Healthy Start-sponsored event or program, consortium activities, etc.)





CORE MCH PUBLIC HEALTH FUNCTIONS

Health Resources and Services Administration
Maternal and Child Health Bureau

DIRECT HEALTH CARE SERVICES:
(GAP FILLING)

Examples:
Basic Health Services,
and Health Services for CSHCN

ENABLING SERVICES:

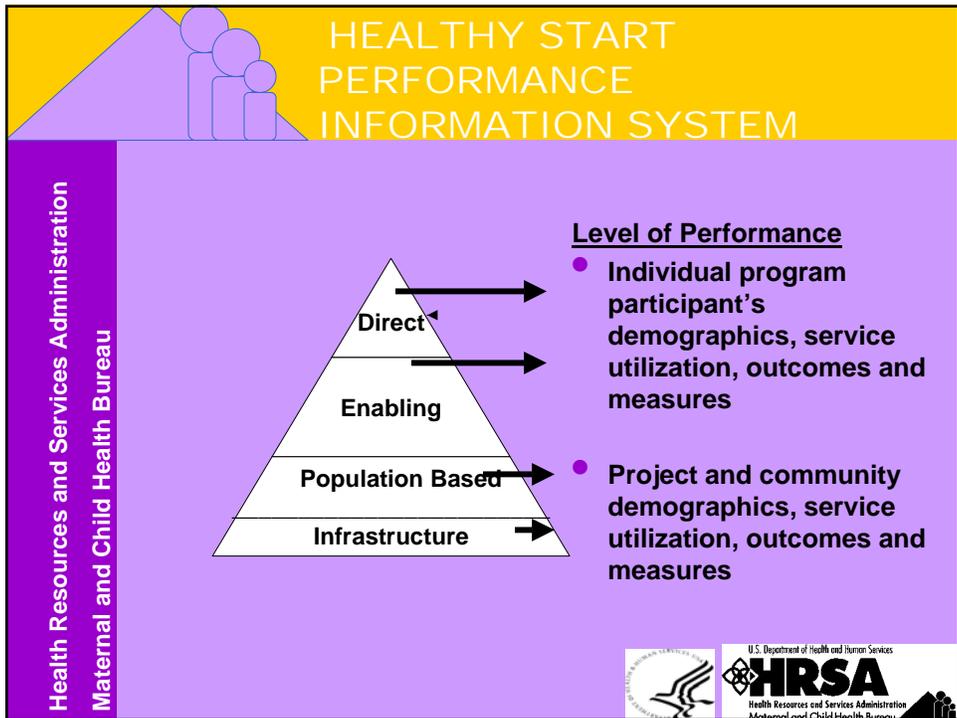
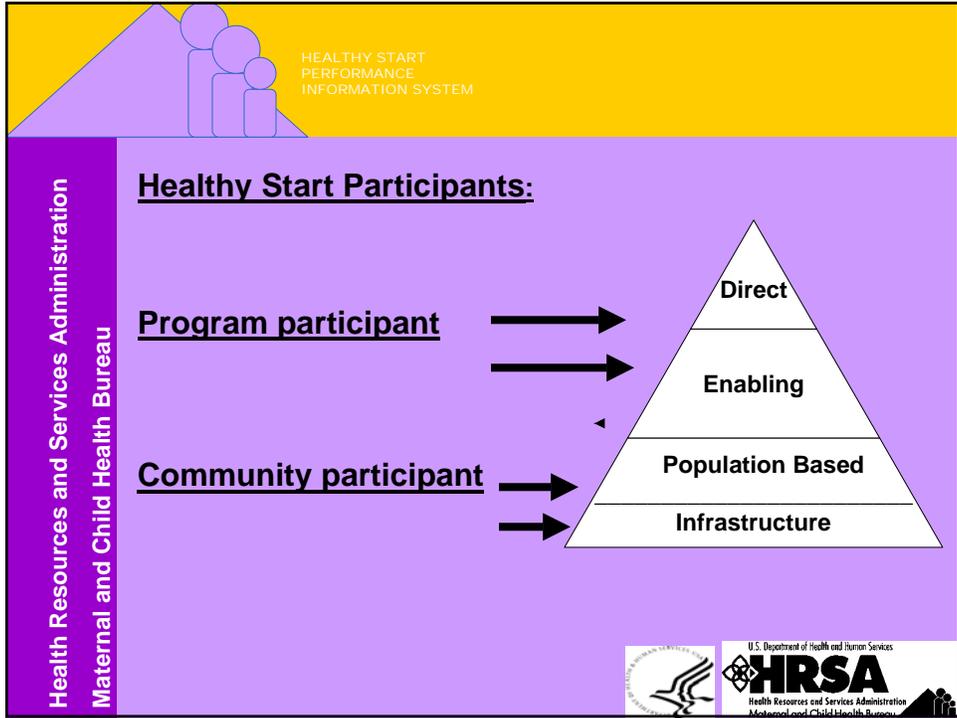
Examples:
Transportation, Translation, Outreach,
Respite Care, Health Education, Family
Support Services, Purchase of Health Insurance,
Case Management, Coordination with Medicaid,
WIC, and Education

POPULATION-BASED SERVICES:

Examples:
Newborn Screening, Lead Screening, Immunization,
Sudden Infant Death Syndrome Counseling, Oral Health,
Injury Prevention, Nutrition
and Outreach/Public Education

INFRASTRUCTURE BUILDING SERVICES:

Examples:
Needs Assessment, Evaluation, Planning, Policy Development,
Coordination, Quality Assurance, Standards Development, Monitoring,
Training, Applied Research, Systems of Case, and Information Systems





**HS PERFORMANCE MEASURES
LEVEL OF PERFORMANCE**

Health Resources and Services Administration
Maternal and Child Health Bureau

Participant Level

- 15 Percent of very low birth weight live births
- **Numerator:** Number of live births to prenatal program participants with birth weight 1499 grams or less in the calendar year.
- **Denominator:** Total number of live births to prenatal program participants in the calendar year.




**HS PERFORMANCE MEASURES
LEVEL OF PERFORMANCE**

Health Resources and Services Administration
Maternal and Child Health Bureau

Project and Community Level

- 15 The percent of MCHB supported projects that are sustained in the community after the federal grant project period is completed.

Sustainability: A sustained project is one that demonstrates the continuation of key elements of program/service components started under the MCHB supported project.



FORM 1

MCHB PROJECT BUDGET DETAILS FOR Budget Year (BY) _____

1. MCHB GRANT AWARD AMOUNT						\$
2. UNOBLIGATED BALANCE						\$
3. MATCHING FUNDS (Required: Yes [] No [] If yes, amount)						\$0.00
A.	Local funds				\$	
B.	State funds				\$	
C.	Program Income				\$	
D.	Applicant/Grantee Funds				\$	
E.	Other funds				\$	
4. OTHER PROJECT FUNDS (Not included in 3 above)						\$0.00
A.	Local funds				\$	
B.	State funds				\$	
C.	Program Income(Clinical or Other)				\$	
D.	Applicant/Grantee Funds(includes in-kind)				\$	
E.	Other funds (including private sector, e.g. Foundations)				\$	
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)						\$0.00

Project Name: _____ City: _____
 Project Grant #: _____ State: _____

FORM 1

MCHB PROJECT BUDGET DETAILS FOR FY _____

1. MCHB GRANT AWARD AMOUNT			\$
2. UNOBLIGATED BALANCE			\$
3. MATCHING FUNDS (Required: Yes [] No [] If yes, amount)			\$0.00
A.	Local funds		\$
B.	State funds		\$
C.	Program Income		\$
D.	Applicant/Grantee Funds		\$
E.	Other funds		\$
4. OTHER PROJECT FUNDS (Not included in 3 above)			\$0.00
A.	Local funds		\$
B.	State funds		\$
C.	Program Income(Clinical or Other)		\$
D.	Applicant/Grantee Funds(includes in-kind)		\$
E.	Other funds (including private sector, e.g. Foundations)		\$
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)			\$0.00

6. FEDERAL COLLABORATIVE FUNDS					
(Source(s) of additional Federal funds contributing to the project)					
A. Other MCHB Funds (Do not repeat grant funds from Line 1)					
1)	SPRANS				\$
2)	CISS				\$
3)	SSDI				\$
4)	Abstinence Education				\$
5)	Healthy Start				\$
6)	EMSC				\$
7)	Traumatic Brain Injury				\$
8)	State Title V Block Grant				\$
9)	Other				\$
B. Other HRSA Funds					
1)	HIV/AIDS				\$
2)	Primary Care				\$
3)	Health Professions				\$
4)	Other				\$
C. Other Federal Funds					
1)	CMS				\$
2)	SSI				\$
3)	Agriculture (WIC/other)				\$
4)	ACF				\$
5)	CDC				\$
6)	SAMHSA				\$
7)	NIH				\$
8)	Education				\$
9)	Other:				\$
7. TOTAL COLLABORATIVE FEDERAL FUNDS					\$0.00

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FORM 2
PROJECT FUNDING PROFILE

	BY		BY	
	Budgeted	Expended	Budgeted	Expended
1. MCHB Grant Award Amount <i>(Line 1, Form 1)</i>	\$	\$	\$	\$
2. Unobligated Balance <i>(Line 2, Form 1)</i>	\$	\$	\$	\$
3. Matching Funds (If required) <i>(Line 3, Form 1)</i>	\$	\$	\$	\$
4. Other Project Funds <i>(Line 4, Form 1)</i>	\$	\$	\$	\$
5. Total Project Funds <i>(Line 5, Form 1)</i>	\$	\$	\$	\$
6. Total Federal Collaborative Funds <i>(Line 6, Form 1)</i>	\$	\$	\$	\$

Form

FORM 3

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED
For Projects Providing Direct Health Care, Enabling, or Population-based Services

Target Population(s)	BY		BY	
	\$ Budgeted	\$ Expended	\$ Budgeted	\$ Expended
Pregnant Women (All Ages)				
Infants (Age 0 to 12 months)				
Children (Age 12 to 24 months)				
Children (Age 25 months to 4 years)				
Children (Age 4 to 24 years)				
CSHCN Infants (Age 0 to 1)				
CSHCN Children (Age 1 to 24)				
Non-pregnant Women (Age 24 and over)				
Other				
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

The information above is provided on: (check one)

Program Participants: _____

Community Participants: _____

FORM 4

PROJECT BUDGET AND EXPENDITURES
By Types Of Services

<u>TYPES OF SERVICES</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I. Direct Health Care Services	\$0.00	\$0.00	\$0.00	\$0.00
(Basic Health Services and Health Services for CSHCN.)				
II. Enabling Services	\$0.00	\$0.00	\$0.00	\$0.00
(Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)				

FORM 5

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) PROGRAM PARTICIPANTS*
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Calendar Year

Table 1	(a)	(b)	(c)	(d)	(e)	(f)
Pregnant Women Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %
Pregnant Women (All Ages)		0				
10-14						
15-19						
20-24						
25-34						
35-44						
45+						

Table 2	(a)	(b)	(c)	(d)	(e)	(f)
Children Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %
Infants <1 yr						
Children 1 to 24		0				
12 -24 months						
25 months-4 years						
5-9						
10-14						
15-19						
20-24						

Table 4	(a)	(b)	(c)	(d)	(e)	(f)
Women Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/ Other %	None %
Women 22+		0				
22-24						
25-29						
30-34						
35-44						
45-54						
55-64						
65 +						

Table 4	(a)	(b)	(c)	(d)	(e)	(f)
Women Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/ Other %	None %
Women 22+		0				
22-24						
25-29						
30-34						
35-44						
45-54						
55-64						
65 +						

Table 5	(a)	(b)	(c)	(d)	(e)	(f)
Other	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %
Table 6	(a)	(b)	(c)	(d)	(e)	(f)
TOTALS	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %

FORM 6

**MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR BY _____**

PROJECT: _____

I. PROJECT IDENTIFIER INFORMATION

1. Project Title:
2. Project Number:
3. E-mail address:

II. BUDGET

1. MCHB Grant Award (Line 1, Form 2) \$ _____
2. Unobligated Balance (Line 2, Form 2) \$ _____
3. Matching Funds (if applicable) (Line 3, Form 2) \$ _____
4. Other Project Funds (Line 4, Form 2) \$ _____
5. Total Project Funds (Line 5, Form 2) \$ _____

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

- Direct Health Care Services
- Enabling Services
- Population-Based Services
- Infrastructure Building Services

IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

A. New Projects ONLY – Project Description

1. Problem (in 50 words, maximum):

2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)
 - Goal 1:
 - Objective 1:
 - Objective 2:
 - Goal 2:
 - Objective 1:
 - Objective 2:

4. Specify the primary *Healthy People 2010* objectives(s) (up to three) which this project addresses:
 - a.
 - b.
 - c.

5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)

6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met)

B. Continuing Projects ONLY

1. Experience to Date:

2. Website URL and annual number of hits

V. KEY WORDS

VI. ANNOTATION

**TRACKING DISCRETIONARY GRANT AND TITLE V BLOCK GRANT
PERFORMANCE MEASURES
Annual Objective and Performance Data**

Performance Measure #07	Baseline	CY _____	CY _____
<i>Degree to which programs ensure family participation.</i>			
Annual Performance Objective			
Annual Performance Indicator			
Performance Measure #15			
<i>Percent of very low birth weight infants among all live births.</i>			
Annual Performance Objective			
Annual Performance Indicator			
Numerator			
Denominator			

07 PERFORMANCE MEASURE Healthy Start-Specific Report on Form 9 AND Detail Sheet # 7	The degree to which MCHB supported programs ensure family participation in program and policy activities.
Goal 1: Provide National Leadership for MCHB (Promote family participation in care)	Level: Grantee Category: Family Participation
GOAL	To increase family participation in MCHB programs.
MEASURE	The degree to which MCHB supported programs ensure family participation in program and policy activities.

For Healthy Start: Family/Parent/Consumer refers to a Program Participant

- **For Healthy Start: Family/Parent/Client/Consumer refers to a program participant**
- **SCALE**
0=Not Met
1=Partially Met
2=Mostly Met
3=Completely Met

● **SCORING:**

Add the scores given to each element (possible 0-18 score). TOTAL SCORE _____

Element	0	1	2	3
1. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement.				
2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.				
3. Family members participate in the planning, implementation and evaluation of the program's activities.				
4. Families members work with their professional partners to (development) to MCH/CSHCN staff and providers.				
5. Family members are hired as paid staff or consultants to the program (a family member is hired for his or her expertise as a family member).				
6. Family members of diverse cultures are involved in all of the above activities.				

**TRACKING DISCRETIONARY GRANT AND TITLE V BLOCK GRANT
PERFORMANCE MEASURES
Annual Objective and Performance Data**

Performance Measure #07	Baseline	CY _____	CY _____
<i>Degree to which programs ensure family participation.</i>			
Annual Performance Objective			
Annual Performance Indicator			
Performance Measure #15			
<i>Percent of very low birth weight infants among all live births.</i>			
Annual Performance Objective			
Annual Performance Indicator			
Numerator			
Denominator			

15 PERFORMANCE MEASURE Percent of very low birthweight infants among all live births to program participants.
Title V Block Grant
Report on Form 9

GOAL To reduce the proportion of all live deliveries with very low birth weight.

DEFINITION **Numerator:** Number of live births with birth weight less than 1,500 grams in the calendar year among program participants.
Denominator: Total number of live births in the calendar year among program participants.
Units: 100 **Text:** Percent

**TRACKING DISCRETIONARY GRANT AND TITLE V BLOCK GRANT
PERFORMANCE MEASURES
Annual Objective and Performance Data**

Performance Measure #07	Baseline	CY _____	CY _____
<i>Degree to which programs ensure family participation.</i>			
Annual Performance Objective			
Annual Performance Indicator			
Performance Measure #15			
<i>Percent of very low birth weight infants among all live births.</i>			
Annual Performance Objective			
Annual Performance Indicator			
Numerator			
Denominator			

10 PERFORMANCE MEASURE The degree to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts and training.
Report here and also on Form 9

INSTRUCTIONS:
 The following list includes 23 elements that demonstrate cultural competency. Using a scale of 0-3, rate the degree to which your grant program has incorporated the following cultural competence elements into your policies, guidelines, contracts and training. Please complete this data collection form by checking the box that corresponds to the degree to which the elements have been implemented.

SCALE
 0= Not Met
 1= Partially Met
 2= Mostly Met

3= Completely Met

Element	0	1	2	3
CORE FUNCTIONS: Our organisation incorporates the following culturally competent core functions/elements:				
1. Performs needs/assessments with the culturally diverse groups we serve.				
2. Collects and analyses data according to different cultural groups (e.g. race, ethnicity, language).				
3. Designs services to meet the needs of culturally diverse groups (e.g. use of traditional healers, flexible times of services, language services).				
4. Uses data on different groups for programme development.				
5. Considers barriers and the provision of appropriate strategies to address them.				
6. Evaluates and monitors quality services (via customer satisfaction surveys, focus groups, chart reviews).				
Is there a policy to incorporate cultural competence in the core functions? <i>None</i> ___ <i>Informal</i> ___ <i>Formal</i> ___ <i>In process</i> ___				

TRAINING/HUMAN RESOURCES: Our organisation incorporates the following culturally competent training/human resource elements:				
1. Employs a culturally diverse and linguistically and culturally competent staff.				
2. Ensures the provision of training, both in orientation and ongoing professional development, for staff, volunteers, contractors and subcontractors in the area of cultural and linguistic competence.				
Is there a policy to incorporate cultural competence in training and human resources? <i>None</i> ___ <i>Informal</i> ___ <i>Formal</i> ___ <i>In Process</i> ___				

PM 1

COLLABORATION: Our organization collaborates with informal community leaders/groups (e.g. natural networks, informal leaders, spiritual leaders, ethnic media, family advocacy groups) in various aspects of the following categories:	0	1	2	3
1. Program planning				
2. Service delivery				
3. Evaluation/monitoring of services				
COLLABORATION: Our organization collaborates with leaders of culturally diverse groups in various aspects of the following categories:				
4. Program planning				
5. Service delivery				
6. Evaluation/monitoring of services				
RESOURCE ALLOCATION: Our organization's allocation of resources adequately meets the unique access, information and service needs of culturally diverse groups in the following program areas:				
1. Planning				
2. Implementation				
3. Evaluation/Monitoring (e.g. customer satisfaction surveys, focus groups)				
Is there a policy to support the allocation of resources for the needs and services for culturally diverse groups? None _____ Informal _____ Formal _____ In process _____				
CONTRACTS: Our agency provides language in contracts that addresses our goal to incorporate cultural competence for culturally and linguistically diverse groups in the following areas:				
1. Needs/assessments				
2. Outreach				
3. Specialized services				
4. Training for contractors/subcontractors				
5. Sufficient funds to support 1-4				
6. Reporting requirements 1-4				
Is there a policy to support monitoring of contractors/subcontractors? None _____ Informal _____ Formal _____ In process _____				

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DIVISION OF PERINATAL SYSTEMS AND WOMEN'S HEALTH
DATA SHEET

A. Characteristics of Participants

	RACE (Indicate all that apply)					ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Unknown	Hispanic or Latino	Not Hispanic or Latino	Unknown
Number of Pregnant Women									
Under age 15									
Aged 15-17									
Aged 18-19									
Aged 20-24									
Aged 25-34									
Aged 35-44									
45+									
Number of Pregnant Women with Incomes:									
Below 100 Percent of the FPL									
Between 100-185 Percent of the FPL									
Number of Pregnant Participants who Enter Prenatal Care:									
During First Trimester									
During Second Trimester									
During Third Trimester									
Receiving No Prenatal Care									
Unknown									
Number Pregnant Participants Receiving Adequate Prenatal Care (Kotelchuck ³ , or similar index)									
Level of Adequate Prenatal Care Unknown									
Number of live births to participants									

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A. Characteristics of Participants (Page 2)	Race (Indicate all that apply)						ETHNICITY		
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Unknown	Hispanic or Latino	Not Hispanic or Latino	Unknown
Number of Participating Women in Interconceptional Care/Women's Health Activities During <u>Reporting Period</u>									
Under age 15									
Aged 15-17									
Aged 18-19									
Aged 20-24									
Aged 25-34									
Aged 35-44									
Aged 45-54									
Aged 55-64									
Aged 65 and older									
Number of Infant Participants Aged 0 to 12 months									
Number of Child Participants aged 13 to 24 months									
Number of Male Participants 17 years and under									
Number of Male Participants 18 years and older									

RISK FACTORS	RISK REDUCTION/PREVENTION SERVICES			
	Number Screened	Number Receiving Risk Prevention Counseling and/or Risk Reduction Counseling	Number whose Treatment is Supported by Grant	Number Referred for Further Assessment and/or Treatment
PRENATAL PARTICIPANTS				
Group B Strep or Bacterial Vaginosis				
HIV/AIDS				
Other STDs				
Smoking				
Alcohol				
Illicit Drugs				
Depression				
Other Mental Health Problem				
Domestic Violence				
Homelessness				
Overweight & Obesity				
Underweight				
Hypertension				
Gestational Diabetes				
Periodontal Infection				
Asthma				

Ris
inte

RISK FACTORS	Number Screened	Number Receiving Risk Prevention Counseling and/or Risk Reduction Counseling	Number whose Treatment is Supported by Grant	Number Referred for Further Assessment and/or Treatment
INTERCONCEPTIONAL WOMEN PARTICIPANTS				
Group B Strep or Bacterial Vaginosis				
HIV/AIDS				
Other STDs				
Smoking				
Alcohol				
Illicit Drugs				
Depression				
Other Mental Health Problem				
Domestic Violence				
Homelessness				
Overweight & Obesity				
Underweight				
Lack of Physical Activity				
Hypertension				
Cholesterol				
Diabetes				
Family History of Breast Cancer				
Fecal occult blood test				
Asthma				
Periodontal Infection				

RISK REDUCTION/PREVENTION SERVICES				
RISK FACTORS	Number Screened	Number Receiving Risk Prevention Counseling and/or Risk Reduction Counseling	Number whose Treatment is Supported by Grant	Number Referred for Further Assessment and/or Treatment
INFANT CHILD (0-21 mths)				
Prenatal Drug Exposure				
Prenatal Alcohol Exposure				
Mental Health Problems				
Family Violence Intentional Injury				
Homelessness				
Not Attaining Appropriate Growth				
Developmental Delays				
Asthma				
HIV/AIDS				
Other Special Health Care Needs				

C. HEALTHY START MAJOR SERVICE TABLE*

* When data is collected on both program participant and community participants, please report data separately for each category of participant.

PP=Program Participant
CP= Community Participant

DIRECT HEALTH CARE SERVICES	
Prenatal Clinic Visits:	
Number of Medical Visits by All Prenatal Participants	0
Postpartum Clinic Visits	
Number of Medical Visits by All Postpartum Participants	0
Well Baby/ Pediatric Clinic Visits	
Number of Any Provider Visits by All Infant/Child Participants	0
Adolescent Health Services	
Number of any Provider Visits by Participants age 17 and under	0
Family Planning	
Number of Participants Receiving Family Planning Services	0
Women's Health	
Number of Participants Receiving Women's Health Services	0

ENABLING SERVICES

Total Number of Families Served	0
Number of Families in the Prenatal Period Assisted by Case Management	0
Number of Families in the Interconceptional Period Assisted by Case Management	0
Number of Families in the Prenatal Period Assisted by Outreach	0
Number of Families in the Interconceptional Period Assisted by Outreach	0
Number of Families in the Prenatal Period Receiving Home Visiting	0
Number of Families in the Interconceptional Period Receiving Home Visiting	0

Major

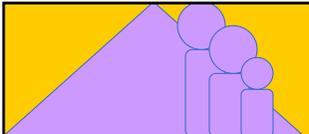
ENABLING SERVICES	
Number of Participants Age 17 and Under who participated in Adolescent Pregnancy Prevention Activities	0
Number of families who participated in Pregnancy/Childbirth Education Activities	0
Number of families who participated in Parenting Skill Building/Education	0
Number of participants in Youth Empowerment/Peer Education/Self-Esteem/Mentor Programs	0
Number of Participants Age 17 and Under who participated in Adolescent Pregnancy Prevention Activities	0
Number of Families Who Received Transportation Services Includes Tokens, Taxis and Vans	0
Number of Families Who Receive Translation Services	0
Number of Families Receiving Child Care Services	0

Major

ENABLING SERVICES	
Number of Participants Who Received Breastfeeding Education , Counseling and Support	0
Number of Participants Who Received Nutrition Education and Counseling Services including WIC Services	0
Number of participants in Male Support Services:	0
Number of Participants Referred for Housing Assistance	0
Total Participants assisted with Jobs/Job Training	0
Total participants served in Prison/Jail Initiatives	0

POPULATION		
Number Of Immunizations provided		0
Public Information/Education: Number of Individuals Reached		0
INFRASTRUCTURE BUILDING		
Consortia Training Number of Individual Members Trained		0
Provider Training Number of Individual Providers Trained		0





CONTACT

**Health Resources and Services Administration
Maternal and Child Health Bureau**

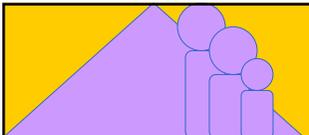
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Questions and Answers

**Health Resources and Services Administration
Maternal and Child Health Bureau**

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webcast.

Please visit www.mchcom.com to view an archive
of this event and others.

