

Leadership Education in Adolescent Health

Performance Measure #01

LEAH PERFORMANCE MEASURE 01	LEAH program sites interact collaboratively in capacity-building with state Title V, state and local MCH and adolescent health programs, and agencies and professional organizations that serve adolescents.		
GOAL	To assure that the LEAH 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 number of collaborative interactions with state Title V, state and local MCH agencies and adolescent health programs, and agencies and professional organizations that share State and National Title V/MCH goals, objectives and priorities, totaled across all sites in the LEAH training program		
DEFINITION	The sum of capacity-enhancing, collaborative interactions that all LEAH program sites report annually		
	Numerator:	N/A	
	Denominator:	N/A	
	Units:	Number of interactions, by system level (national, state and local)	Text: N/A
HEALTHY PEOPLE 2010 OBJECTIVES RELATED TO GOAL AND MEASURE	<p>1-7. Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.</p> <p>7-2. Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems...</p> <p>7-11. Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.</p> <p>23-8,23-10. Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies and provide continuing education to develop competency in the essential public health services...</p>		
DATA SOURCE(S) AND ISSUES	Requires the development of a primary data collection tool by LEAH programs to define the categories and levels of collaborative interactions. To qualify as an activity for this measure, the activity must be done outside of the core training functions of the grant (i.e., directed to those outside of the training program).		
SIGNIFICANCE	<p>As a SPRANS, the LEAH 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 the LEAH program and Federal, Tribal, State and local agencies dedicated to improving the health of adolescents will increase the likelihood of success in meeting the goals of relevant stakeholders. This measure will document LEAH Program abilities to:</p> <ol style="list-style-type: none"> 1. Collaborate with State Title V and other agencies (at a systems level) to support achievement of relevant Healthy People 2010 goals and objectives. 2. Make the health and health care needs of adolescents more visible to decision-makers and assist States achieve best practice standards for their systems of preventive care. 3. Reinforce the importance of the value added to LEAH program funding to support faculty leaders and trainees who work at all levels of systems change. 4. Internally utilize this data to assure a full scope of these program elements in all regions. 		

Data Collection Form: Performance Measure #01

To qualify as an interactive capacity-building collaboration, the activity must be done outside of the core training functions of the grant and be directed to those outside of the training program.

Element	Interactive Capacity Building Collaboration			Total Number
	Federal	Tribal/ State	Local	
<p>1. Training Examples: Training in <i>Bright Futures...</i>; Workshops related to adolescent health practice; Community-based practices. Would not include clinical supervision of long-term LEAH trainees.</p>				
<p>2. Technical Assistance Examples: Conducting needs assessments with State programs; policy development; grant writing assistance; identifying best-practices; leading collaborative groups. Would not include conducting needs assessments of consumers of LEAH training program services.</p>				
<p>3. Continuing Education Examples: Conferences; Distance learning; Computer-based educational experiences. Would not include formal classes or seminars for long-term LEAH trainees</p>				

Performance Measure #02

LEAH PERFORMANCE MEASURE 02	The percent of long-term LEAH trainees who work with individuals from other professional disciplines (e.g., medicine, nursing, nutrition, psychology and social work, as well as dentistry, education, law and law enforcement and public health) after completion of their training.			
GOAL	To increase the percent of long-term LEAH trainees who work with individuals from other professional disciplines serving adolescents and their families.			
MEASURE	The percent of long-term LEAH trainees who work with individuals from other professional disciplines serving adolescents and their families.			
DEFINITION	Trainees who completed long-term (≥ 300 hours) LEAH training, including those who did not receive a MCHB stipend.			
	Numerator:	The number of long-term LEAH trainees who indicate that they work with individuals from other professional disciplines.		
	Denominator:	The total number of long-term LEAH trainees responding to the survey.		
	Units:	100	Text:	Percent
HEALTHY PEOPLE 2010 OBJECTIVES RELATED TO GOAL AND MEASURE	<p>1-7: Increase proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.</p> <p>16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.</p> <p>23-9: Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.</p>			
DATA SOURCE(S) AND ISSUES	Requires the development of a primary data collection tool by LEAH programs to define the categories and levels of collaborative interactions.			
SIGNIFICANCE	Leadership education in adolescent health is a complex interdisciplinary Field that must meet the complex interaction between biologic, psychological, and social issues. This measure addresses one of the core values of the LEAH, and the unique role of LEAH to prepare professionals for comprehensive systems of care that account for the complex and unique needs of the adolescent and their families.			

Data Collection Form: Performance Measure #02

# Trainees responding	# Trainees reporting interdisciplinary interactions	%

Performance Measure #03

LEAH PERFORMANCE MEASURE 03	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 elements that document adolescent and parent participation. Respondents will check the presence or absence of the elements that been implemented in their project.			
	Numerator:	N/A		
	Denominator:	N/A		
	Units:	N/A	Text:	Yes/No
HEALTHY PEOPLE 2010 OBJECTIVE RELATED TO GOAL AND MEASURE	<p>11-3. (Developmental) Increase the proportion of health communication activities that include research and evaluation</p> <p>11.6 (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.</p>			
DATA SOURCE(S) AND ISSUES	Grantee reporting using data collection tool. This may fit 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 believe 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: Performance Measure #03

Check the presence or absence of active involvement of adolescents and parents in your program and planning activities.

No	Yes	Element
		1. Adolescents from diverse ethnic backgrounds and cultures participate in an advisory capacity.
		2. Parents of adolescents from diverse ethnic backgrounds and cultures participate in an advisory capacity.
		3. Adolescents from diverse ethnic backgrounds and cultures participate in the planning, implementation and evaluation of program activities related to adolescents as consumers
		4. Parents of adolescents from diverse ethnic backgrounds and cultures participate in the planning, implementation and evaluation of program activities related to parents as consumers

Performance Measure #04

LEAH PERFORMANCE MEASURE 04 The percent of long-term LEAH trainees who report valuing their interdisciplinary training after completion of training.

GOAL To increase the percent of long-term LEAH trainees who value their interdisciplinary training.

MEASURE The degree to which long-term LEAH trainees report valuing their interdisciplinary training at 1, 5, and 10 years after completion of training.

DEFINITION Long-term trainees are individuals who have completed long-term (≥ 300 hours) LEAH training

Numerator: Sum of actual scores from the table of data elements given below times number of trainees completing survey (6 survey questions X 1-3 rating X # of surveys)

Denominator: Sum of total possible scores times number of trainees completing survey (18 X # of surveys)

Units: 100 **Text** Percent

HEALTHY PEOPLE 2010 OBJECTIVE DATA SOURCE(S) AND ISSUES This will require primary data collection. The collection tool, which will be the trainee follow-up survey, will address 6 elements defining "value training."

Each grantee will assess its trainees 1, 5, and 10 years after completing training through the follow-up survey and aggregate percentage will be computed from a centralized database. The data could be coordinated with MCH performance measure #34.

SIGNIFICANCE Determining the value of the service provided to recipients of any program is an important principle of customer service and evaluation. Understanding the degree to which long-term LEAH trainees value their interdisciplinary training will have multiple affects on the objectives of the program. Feedback from trainees is critical to insuring that training addresses the needs of future leaders in the field. To utilize trainee feedback in evaluating LEAH training and thereby improve the capacity of future leaders to improve the health and well being of adolescents. The information will lead to strategic program improvements as well as increase the responsiveness of LEAH programs. Ultimately, the likelihood that trainees are practicing in an interdisciplinary system consistent with MCH principles should increase if training better meets their needs. Challenges include issues in tracking graduates in the future, obtaining a high response rate, and incorporating the evaluation in meaningful program decision-making.

DATA ELEMENTS We recommend a pilot of any questions/data elements and review of the data elements/scale.

Data Collection Form: Performance Measure #04

Not at all 1	Some extent 2	Great extent 3	
			To what extent did the trainee...
			...experience an increase in competence in their own discipline?
			...experience an increase in knowledge and appreciation for work of other disciplines
			To what extent did the training program...
			...facilitate the trainee obtaining a leadership position in adolescent health?
			...change how the trainee worked in her/his field?
			...expand career options?
			...meet the trainee's professional goals?
Sum 1=	Sum 2=	Sum 3=	

Performance Measure #05

LEAH PERFORMANCE MEASURE 05	The number of scholarly articles, chapters, books and other products related to adolescent health that are produced by LEAH faculty and long-term trainees each year.			
GOAL	To advance the scientific foundation on which adolescent health care is delivered by increasing the number of professional publications and other products that disseminate this scientific information to health care providers, public health officials, adolescents and their families.			
MEASURE	The number of adolescent health related publications and products generated by LEAH faculty and long-term trainees in the previous year.			
DEFINITION	<p>“LEAH faculty” include faculty who receive MCHB-LEAH salary support, or who have an integral role in the LEAH training activities.</p> <p>“Long-term trainees” include individuals who completed long-term (≥300 hours) LEAH training.</p> <p>“Publications” include peer-reviewed publications in medical journals, non-peer reviewed publications such as invited articles, books and chapters.</p> <p>“Products” include professional and patient education material, published in hard copy or electronic formats.</p>			
	Numerator:	N/A		
	Denominator:	N/A		
	Units:	Number	Text:	N/A
HEALTHY PEOPLE 2010 OBJECTIVE RELATED TO GOAL AND MEASURE	<p>Goal 7 – Educational and community-based programs: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. Specific objectives: 7-7 through 7-11.</p> <p>Goal 23 – Public Health Infrastructure: Ensure that Federal, Tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively. Specific objectives: 23-8 through 23-10</p>			
DATA SOURCE(S) AND ISSUES	Data will be collected from the LEAH programs annual reports for the previous year.			
SIGNIFICANCE	Because of the importance of improving adolescent health through a better understanding of the prevention, diagnosis and treatment of health care problems, advancing the field of adolescent health based on scientific advancement and dissemination of these advancements is an important role for leadership training programs in adolescent health. This addresses the MCHB objective of disseminating new knowledge of significance to the field.			

Data Collection Form: Performance Measure #05

Please list the number of scholarly products addressing adolescent health that have been published or produced by LEAH faculty and trainees in the past year

Number	Element
	Peer-reviewed publications in scientific journals.
	Invited publications, non-peer reviewed
	Books
	Book chapters
	Electronic (CD-ROM, videotapes or Web-based) educational products
	Educational curricula
	Distance learning modules or materials
	Other
	Total

Leadership Education in Neurodevelopmental Disabilities

PERFORMANCE MEASURE LEND 01	Assure that programs collaborate in a number of ways with State Title V (MCH) agencies and other MCH or MCH-related programs.
GOAL	To report the types of collaborations that LEND programs engage in with State Title V agencies and other MCH National, State and Local programs.
MEASURE	Breadth of collaboration. The number of LEND programs that collaborate with State Title V agencies and other MCH programs, to be reported annually by LEND programs.
DEFINITION	<p>Attached is a draft data tool with the six elements that describe activities carried out by LEND programs for or in collaboration with State Title V and other agencies.</p> <p>Numerator: The number of programs that engage in each type of collaborative objectives.</p> <p>Denominator: The total number of LEND programs.</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Related to 16-22 (Developmental) Increase the proportion of children with special health care needs who have access to a medical home.</p> <p>Related to 16-23 Increase the proportion of Territories and States that have service systems for children with special health care needs.</p>
DATA SOURCES AND ISSUES	This will require each LEND program to complete the attached table which describes the potential categories of collaborative activity.

SIGNIFICANCE

Effectively addressing the health status problems of children with neurodevelopmental disabilities requires the active involvement of many disciplines across public and private sectors. This measure may facilitate active planning between LEND programs and Title V and other programs toward priority goals.

This measure will document LEND Program abilities to:

- 1) collaborate with State Title V and other agencies (at a systems level) to support achievement of the CSHCN Healthy People 2010 action plan
- 2) make the needs of the population of children with neurodevelopmental disabilities and their families more visible to decision-makers and can help states achieve best practice standards for their systems of care.
- 3) reinforce the importance of the value added to LEND program dollars in supporting faculty leaders to work at all levels of systems change
- 4) internally use this data to assure a full scope of these program elements in all regions.

This is draft data collection form adapted from MCHB Performance Measure #15.

Element	Provided	Not Provided	Total Number of Activities
4. <u>Service</u> Examples might include: Clinics run by the LEND program and or in collaboration with other agencies			
5. <u>Training</u>			
6. <u>Continuing Education</u>			
7. <u>Technical Assistance</u> Examples might include: Conducting needs assessments with State programs, policy development, grant writing assistance			
5. <u>Product Development</u> Examples might include: journal articles, training or informational videos			
6. <u>Research</u> Examples might include: Collaborative submission of research grants, research teams that include Title V or other MCH-program staff and LEND faculty.			

**PERFORMANCE MEASURE
LEND 02**

The percent of LEND trainees who, at 1, 5 and 10 years post training, work with other disciplines to serve individuals with disabilities and their families.

GOAL

To increase the percent of LEND trainees who work with other disciplines serving individuals with disabilities and their families.
[Note: A baseline will be established in first year and then incremental goals will be set for the future.]

MEASURE

The percent of LEND trainees who, at 1, 5 and 10 years post training, work with other disciplines serving individuals with disabilities and their families.

DEFINITION

LEND trainees are defined as those who have completed a LEND (long term, 300+ hours) leadership training program (including those who received MCH funds and those who did not).

Numerator: The number of LEND trainees indicating that they work in an interdisciplinary or multidisciplinary setting.
Denominator: The total number of LEND trainees responding to the survey.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE
DATA SOURCE(S) AND ISSUES**

Related to 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs. This requires primary data collection and the first data collection will establish the baseline. The trainee follow-up survey (Q8) will be used to collect data.

Work setting is captured through Q 3-4.

Other data issues mirror LEND measure 01.

SIGNIFICANCE

Leadership education in neurodevelopment disabilities is a complex interdisciplinary field that must meet both the child and family's needs. This measure addresses one of LEND core values and the unique role of LEND to prepare professionals for comprehensive systems of care. By providing multidisciplinary or interdisciplinary coordinated care, LEND will help to ensure that CSHCN receive the most comprehensive care that takes into account the complete and unique needs of the individuals and their families.

**PERFORMANCE MEASURE
LEND 03**

The degree to which LEND trainees report valuing their LEND interdisciplinary training at 1, 5, and 10 years.

GOAL

To increase the value of LEND training as perceived by training participants. To utilize trainee feedback in evaluating LEND training and thereby improve the capacity of future leaders to address the needs of children with neurodevelopmental disabilities.

MEASURE

The degree to which LEND trainees report valuing their LEND interdisciplinary training at 1, 5, and 10 years.

DEFINITION

Numerator: Sum of actual scores from the table of data elements given below times number of trainees completing survey (6 survey questions X 0-3 rating X # of surveys)

Denominator: Sum of total possible scores times number of trainees completing survey (18 X # of surveys)

Units: % **Text:** Aggregate % from network data

**HEALTHY PEOPLE 2010
OBJECTIVE
DATA SOURCE(S) AND ISSUES**

Related to 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs. This requires primary data collection. The collection tool, which will be the trainee follow-up survey, could address the 6 elements defining "value training." These are:

1. Did trainee perceive an increase in competence? (survey, Q 13)
2. Did the program facilitate getting the desired job? (survey, Q 11)
3. Did the program change how trainee worked in their field? (survey Q 12)
4. Did the program have a significant impact on career choices? (survey Q 10)
5. Did the trainee perceive increased knowledge and appreciation for work of other disciplines? (survey, Q 9)
6. Was the trainee satisfied with their training—would they recommend it to others? (survey, Q 14)

Each funded training program will assess its graduates at 1, 5, and 10 years through the follow-up survey and aggregate percentage will be pulled from centralized database. The data could be coordinated with MCH performance measure #34.

SIGNIFICANCE

Asking the recipients of any service about the value of the service provided to them is an important principle of customer service and evaluation. Understanding the degree to which LEND trainees value training will have multiple affects on the long-term objectives of the program. Feedback from trainees is critical to insuring that training addresses the needs of future leaders in the field. The information could lead to strategic program improvements as well as increase the responsiveness of LEND programs. Ultimately, the likelihood that trainees are practicing in an interdisciplinary system consistent with the principles of the CSHCN system should increase if training better meets their needs.

Challenges include issues in tracking graduates in the future, obtaining a high response rate, and incorporating the evaluation in meaningful program decision-making.

**PERFORMANCE MEASURE
LEND 04**

The number of publications and products developed on disabilities and children with special health care needs that were authored by LEND faculty and trainees.
(This measure may be a subset of a MCHB measure)

GOAL

To increase the number of publications, including books and chapters, and products produced by LEND staff (with emphasis on those that addressed the LEND strategic plan goals) and trainees. NOT pamphlets or conferences.

MEASURE

The number of publications and products developed on disabilities and children with special health care that were authored by LEND faculty.

DEFINITION

LEND faculty is defined as any individual who receives LEND funding or is listed as a faculty member in a LEND grant (not only those directly supported by grant dollars).

Publications are peer-reviewed articles and/or books or chapters published
Products include video training tape, CD Rom, curriculum modules for training purpose, materials created for dissemination and consumers (parents/children/community) agencies, developed by LEND faculty.

Numerator:

Denominator:

Units: #

Text:

This will be a numerical count of publications (with the ability to produce a separate number for peer-reviewed items) and products

**HEALTHY PEOPLE 2010
OBJECTIVE
DATA SOURCE(S) AND ISSUES**

Related to 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.
LEND surveys, data from LEND programs, or other maternal and child health data systems. The data collection tool should capture the type of publication. The data tool should capture the percentage of time the faculty individual devotes to providing LEND training.

SIGNIFICANCE

Because of the peer-reviewed nature of the publication, quality indicators related to significance and dissemination of information can be ascertained through this measure. This addresses the objective of MCHB to disseminate new knowledge of significance to the field and gauges the success of dissemination to target audiences.

DRAFT DATA COLLECTION FORM FOR PM# 5

Using a scale of 0-4, please rate your training program’s attention to medical home concepts in the following elements.

0	1	2	3	4	Element
					1. The importance of providing accessible care is incorporated into your curricula and clinical training experiences.
					2. Family-centered care is included in your curricula and clinical training experiences and trainees are taught to include families in health care decisions.
					3. The importance of providing continuous, comprehensive care and the skills to do so are incorporated in your curricula and clinical training experiences.
					4. Trainees are taught and encouraged to provide coordinated care across a range of disciplines.
					5. Cultural and linguistic competence are a regular part of the training experience.
					6. Faculty/staff who have expertise in providing a medical home are readily accessible to your program
					Total Score

0=Not Taught

1=Taught at an awareness level—concept is presented

2=Taught at a knowledge level-reading, discussion and assignments on the concept

3=Taught at the skill level—students observe aspects of and get a chance to practice elements of a medical home

4=Concept woven throughout training program: information, knowledge and practice

Total the numbers in the boxes (possible 0-24).

NUTRITION

PERFORMANCE MEASURE NUTRITION 01	The number of leadership activities carried out by nutrition program faculty. * See below for definition of leadership.
GOAL	To increase the number of leadership activities carried out by nutrition program faculty annually.
MEASURE	The number of leadership activities carried out by nutrition program faculty.
DEFINITION	<p>Numerator: The number of leadership activities carried out by nutrition faculty. Leadership activities include publishing, presenting, serving on committees and advisory boards, and engaging in other special projects. (See this definition of leadership for MCHB measures)</p> <p>Denominator: N/A</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Units: Number Text: Activity Category</p> <p>Objective 23.10 (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.</p>
DATA SOURCE (S) AND ISSUES	This requires primary data collection. Both faculty and trainees who are MCH funded and non-MCH funded are included.
SIGNIFICANCE	<ul style="list-style-type: none">• Good nutrition is essential for growth, development, and well-being. 4 out of 10 leading causes of death are related to poor nutritional habits. In order to improve health outcomes among women and children, it is vital to enhance nutritional habits within the MCH population.• Strong leadership from nutrition training faculty can help disseminate accurate nutrition information to people working with the MCH population, ensuring that the population receives timely and effective information on nutritional practices. This, in turn, advances the field as well as the health and well-being of the entire MCH population. Faculty Leadership also enhances the likelihood that research will be translated into evidence based practices.

***Definition of Leadership**

- Academics—i.e. faculty member teaching-mentoring in MCH related field; and/or conducting MCH related research; and/or providing consultation-technical assistance in MCH; and/or publishing and presenting in key MCH areas; and/or success in procuring grant and other funding in MCH and/or Nutrition.
- Clinical—i.e. development of guidelines for specific MCH conditions; and/or participation as officer or chairperson of committees on State, National, or local clinical organizations, task forces, community boards, etc; and/or clinical preceptor for MCH trainees; and/or research, publication, and key presentations on MCH and/or nutrition clinical issues; and/or serves in a clinical leadership position as director, team leader, chairperson, etc.
- Public Health/Public Policy—i.e. leadership position in local, State or National public organizations, government entity; and/or conducts strategic planning; participates in program evaluation and public policy development; and/or success in procuring grant and other funding; and/or influencing MCH nutrition policies and/or legislation; and/or publications, presentations in key MCH and/or nutrition issues;
- Advocacy—i.e. through efforts at the community, State, Regional and National levels influencing positive change in MCH nutrition through creative promotion, support and activities—both private and public. For example, developing a city—wide pediatric obesity prevention program through community churches
- Decreasing Disparities – i.e., participating in community, state, regional or national activities specifically targeting reducing disparities; and/or participating in or providing cultural competency training. For example, serving on a statewide consortium for reducing racial disparities in infant mortality.
- Mentorship –i.e. through activities in the academic, clinical, public health/public policy and/or advocacy setting(s).

Data Collection Form for Performance Measure Nutrition 01*

Activity	Completed	Not Completed	Number of Activities
1. Mentoring in academic, clinical, public health/public policy and/or advocacy settings			
2. Conduct Research			
3. Publish			
4. Provide Consultation/Technical Assistance			
5. Presentations			
6. Additional Grants/Contracts			
7. Professional Associations-Committees, Advisory Boards, Officers			
8. Local, State and/or National Government Committees, Advisory Boards, Officers			
9. Develop Guidelines for Specific MCH Issues			
10. Serve in Clinical Leadership Position as Director, Team Leader, Chairperson			
11. Advocacy Activity			
12. Participate in community, state, regional or national activities to target decreasing disparities			
13. Provide cultural competency training			

*All activities, which are listed, are related to MCH and/or Nutrition.

**PERFORMANCE MEASURE
NUTRITION 02**

The percent of nutrition training programs that incorporate Bright Futures (e.g., nutrition and physical activity component) or practice guidelines, into the core curriculum for nutrition training programs.

GOAL

To increase the percent of nutrition training programs that incorporate Bright Futures or other current national practice guidelines into the core curriculum.

MEASURE

The percent of nutrition training programs that incorporate Bright Futures (e.g., nutrition and physical activity component) or current practice guidelines, into the core curriculum for nutrition training programs.

DEFINITION

Numerator: The number of nutrition training programs that incorporate Bright Futures (nutrition and physical activity component) or current practice guidelines, into the core curriculum for nutrition training programs. Programs are considered to have incorporated Bright Futures if they received a rating of 2 or 3 on the self-assessment questionnaire.

Denominator: The total number of nutrition training programs.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE
DATA SOURCE(S) AND ISSUES**

This requires primary data collection, such as a program survey administered to the grante director with a "self-assessment questionnaire," which is appropriately tailored to the program.

The self-assessment questionnaire may have a rating system similar to the one listed below:
0=The program did not use or indicate awareness of Bright Futures or other current national practice guidelines.
1=The program named guidelines used in the curriculum and demonstrated awareness of Bright Futures and current national practice guidelines.
2=The program made courses available to the student that incorporated Bright Futures and current national practice guidelines.
3=Bright Futures or other current national practices were incorporated as part of the course requirements required for completion of training.

SIGNIFICANCE

A core curriculum of nutritional training programs should incorporate the Bright Futures or other national practice guidelines to foster a holistic approach to caring for the individual and family. Bright Future standards are nationally endorsed and were developed by MCHB and other national organizations. The guidelines promote standards and improve quality of care when uniformly implemented in the service system. The standards foster movement towards the ideal system defined as family centered, community based, culturally competent system of care.

Performance Measure 02 Detail Sheet
PRIMARY DATA COLLECTION FORM

Program Self-Assessment Questionnaire

Program Title _____
 Program Location _____
 Program Director _____

Using the following rating system, please indicate the extent to which you incorporate ***Bright Futures or other national current practice guidelines*** into the core curriculum for your nutrition training program and the target audience for each.

Rating System for Extent of Incorporation into Core Curriculum

0=Our program does not use the ***Bright Futures or national current practice guidelines*** as a part of the

core curriculum.

1=Our program mentions the guidelines by name to the trainees/students but does not use them as a part of the core curriculum.

2=Our program makes available courses that incorporate ***Bright Futures or national current practice***

guidelines to the trainees/students but do not require them for completion of training.

3=Our program incorporates ***Bright Futures or national current practice guidelines*** into courses required for completion of the training.

Identification of Target Audience

1=Short term trainees*

2=Long term trainees*

3=Undergraduate students not identified in 1 & 2

4= Graduate students not identified in 1 & 2

5=Conference or continuing education participants

6=Other

Bright Futures	Extent Incorporated into Core Curriculum	Target Audience
<i>Bright Futures: Guidelines for Health Supervision for Infants, Children and Adolescent</i>		
<i>Bright Futures in Practice: Nutrition</i>		
<i>Bright Futures in Practice: Physical Activity</i>		

<i>Bright Futures in Practice: Oral Health</i>		
<i>Bright Futures in Practice: Mental Health</i>		
<i>Other Bright Futures materials: please list</i>		
<i>National Current Practice Guidelines (please list)</i>		

****Trainee Definition: A trainee is any individual who seeks knowledge, skills or guidance from training grant faculty or staff for the purposes of developing leadership capabilities in the area of maternal and child nutrition. The acquisition of knowledge, skills and guidance may be obtained from training grant faculty staff in many ways, including (but not limited to) individual or group mentoring, academic coursework, professional shadowing, collaborative research, clinical training, and publication of peer reviewed literature.***

Long-term trainee refers to an individual receiving 300 or more hours of training. Short-term refers to an individual receiving less than 300 hours of training.

**PERFORMANCE MEASURE
NUTRITION 03**

The percent of MCHB-funded continuing education nutrition training activities that use new technologies to expand their reach in providing training to hard-to-reach trainees (geographically and economically inaccessible).

GOAL

Over five years, to incrementally increase the percent of MCHB-funded continuing education nutrition training activities that use new technologies to expand their reach in providing training to the underserved (geographically and economically inaccessible).

MEASURE

The percent of MCHB-funded continuing education nutrition training activities that use new technologies to expand their reach in providing training to hard-to-reach trainees (geographically and economically inaccessible)

DEFINITION

Numerator: The number of MCHB-funded continuing education nutrition training activities that demonstrate effective use of technologies to expand their reach in providing training to hard-to-reach trainees.

Denominator: The total number of MCHB-funded continuing education nutrition training activities.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 23.10 (Developmental) Increase the proportion of Federal, Tribal, State and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.

DATA SOURCE(S) AND ISSUES

This requires primary data collection using the reporting form for continuing education with additional questions about training technologies utilized in the different nutrition training opportunities. Terms: 1) "continuing education activity" is defined as any time a product or program is produced or delivered where continuing professional education for nutritionists is offered. 2) "new technologies" is defined as any training technology that is different from face-to-face lecture-style continuing education opportunities. Examples of "new technologies" specifically include distance-learning methodologies known currently such as videoconferencing, satellite broadcasting, web-based programs and curricula, and CD-ROM, as well as emerging technologies not available at the time the performance measure was written. New methods of estimating the reach and impact of these programs using distance and web-based technologies will need to be developed before the number of participants can be accurately measured.

Need to develop individual data collection tool.

SIGNIFICANCE

Using new technologies to expand the reach of nutrition training programs maximizes the impact of those training programs by supporting and maintaining up to date nutrition knowledge for the MCH workforce. New technologies also help to align the quality of practice of the public health work force at the local level, particularly those who are hard-to-reach, with national standards and

improve the quality of practice at the local level. New technologies can lead to more effective learning when used appropriately and may provide a more “cost-effective” solution to training hard-to-reach populations.

EXAMPLES of questions to be included in data collection tool for PM 03 for Nutrition Training Programs

1. What technologies did you utilize when conducting this nutrition training activity?
Mark all that apply.

 Videotape/DVD
 Satellite broadcast
 Personal computer (e.g., CD-ROM)
 Website communication platform
 Videoteleconferencing
 Telephone conference
 2-way audio/2-way video teleconference
 Internet Web-site or web conference
 Other (please describe) _____

2. What are the key groups of people that you planned this activity to reach?
 - a) How well did you feel you reached that group?

3. Did the technology you used help to reach your trainee audience or not?

4. What methods did you use/ are you using to assess the effectiveness of the training using the technologies identified above?

Pediatric Pulmonary Centers

PPC Performance Measure #1.

The degree to which medium term trainees report increased awareness or positive impact on practice related to interdisciplinary care of CSHCN following training.

Goal	TO PROVIDE TRAINING EXPERIENCES THAT ENCOURAGE PARTICIPANTS TO PURSUE INTERDISCIPLINARY PRACTICE IN PEDIATRICS
Measure	The degree to which medium trainees report increased awareness or positive impact on practice related to interdisciplinary care of CSHCN following training.
Definition	<u>CSHCN</u> : MCHB definition of CSHCN <u>Medium term trainees</u> : individuals counted as such on PPC continuation application, regardless of receipt of MCHB funding (40 ≥ hours of PPC training < 300)
HP2010 Objective(s)	1:6: number of families experiencing difficulties or delays in receiving care 1:7: training in core competencies for health professions 1:8: health professions training for members of underrepresented ethnic and minority groups
Data Source(s)/Issues	Only reasonable measure due to volume of students, lack of tracking ability, etc., is a brief end-of-training questionnaire.
Significance	The PPCs provide thousands of hours of training to short- and medium-term trainees, investing PPC resources and manpower. The impact of this training should be measured and evaluated.

PPC Medium Term Trainee Evaluation Form

This evaluation form should be filled out by all Pediatric Pulmonary Center (PPC) trainees who rotated with this program for 40 or more hours but less than 300 hours. When you have completed the form, please place it in the provided envelope, seal it, and the department will mail it to the PPC central database facility where data from all 7 PPCs will be entered into an anonymous database.

Was your internship for 40 or more hours but less than 300 hours?

Yes No

If your answer was no, please return this survey to the person who gave it to you and tell them that you believe you do not meet the criteria to take it.

Gender: Female Male

Ethnicity: White, not Hispanic Hispanic
 Black or African American Native American/Alaskan
 Asian Native Hawaiian or other Pacific Islander
 Mixed Ethnicity Decline
 Other/Specify: _____ .

Training start date: _____.

Training completion date: _____.

Did you receive a stipend from the PPC for your training? Yes No

Discipline: Physician/medical Nurse
 Respiratory therapist Social work
 Nutritionist Educator
 Pharmacist Other/Specify:

Degree being pursued: PhD/MD Post-Doc/Fellowship
 Masters None
 BA/BS Other/Specify:

To what degree has this program provided you with skills in the areas of:

5	4	3	2	1	0	
extremely	somewhat		not especially	not helpful	don't	
know/ helpful		helpful	neutral	helpful		
at all		not appropriate				

Children with special health care needs

(children with chronic conditions or illness, children who are technically dependent or children with disabilities)

5 4 3 2 1 0

Family centered care

(involving families in the decision-making process)

5 4 3 2 1 0

Interdisciplinary care

(working as a team with nutritionists, social workers, nurses, physicians, respiratory care therapists and other allied health professionals)

5 4 3 2 1 0

Culturally competent care

(the ability to provide services to clients that honor different cultural beliefs)

5 4 3 2 1 0

Please use reverse side to provide written comments about the program.

Additional comments you would like to make about your experiences with this program. _____

PPC Performance Measure #2.

The degree to which PPC faculty demonstrate field leadership in the areas of academic, clinical, public health/policy, and advocacy.

GOAL	TO ASSURE THE HIGHEST QUALITY OF CARE OF THE MATERNAL AND CHILD HEALTH POPULATIONS BY DISSEMINATING NEW KNOWLEDGE TO THE FIELD, INFLUENCING SYSTEMS OF CARE, PROFESSIONAL ORGANIZATIONS, AND PROVIDERS OF HEALTH CARE SERVICES.
Measure	The percentage of PPC faculty who demonstrate field leadership in the areas of academic, clinical, public health/policy, and advocacy.
Definitions	PPC faculty is defined as an individual who receives PPC funding. Leadership: MCH field leadership definitions (from MCHB Performance Measure #8) of Academics, Clinical, Public Health/Public Policy, Advocacy.
HP2010 Objectives	16-23: Service Systems for CSHCN
Data Source(s)/Issues	MCHB Performance Measure #8 Detail Sheet will be used. Data Source is self-report of faculty from faculty activity logs, performance evaluations, and other local data sources.
Significance	Leadership training requires mentors to be recognized as leaders in their field. Current reporting of Technical Assistance, Training, and Continuing Education activities does not fully capture PPC Faculty Leadership activities.

DATA COLLECTION FORM FOR NEGOTIATED PERFORMANCE MEASURE PPC2

The total number of PPC Faculty included in this report _____

Percent of faculty that demonstrate MCH leadership in **at least one** of the following areas: _____%

- Academics--i.e. faculty member teaching-mentoring in MCH related field; and/or conducting MCH related research; and /or providing consultation or technical assistance in MCH; and/or publishing and presenting in key MCH areas; and/or success in procuring grant and other funding in MCH _____%
- Clinical--i.e. development of guidelines for specific MCH conditions; and/or participation as officer or chairperson of committees on State, National, or local clinical organizations, task forces, community boards, etc.; and/or clinical preceptor for MCH trainees; and/or research, publication, and key presentations on MCH clinical issues; and/or serves in a clinical leadership position as director, team leader, chairperson, etc. _____%
- Public Health/Public Policy--i.e. leadership position in local, State or _____%

National public organizations, government entity; and/or conducts strategic planning; participates in program evaluation and public policy development; and/or success in procuring grant and other funding; and/or influencing MCH legislation; and/or publication, presentations in key MCH issues.

- Advocacy--i.e. through efforts at the community, State, Regional and National levels influencing positive change in MCH through creative promotion, support and activities--both private and public. For example, developing a city-wide SIDS awareness and prevention program through community churches. _____%

Schools of Public Health

01

PERFORMANCE MEASURE

The number of active community partnerships maintained by MCHB long-term training programs.

GOAL

To increase the number of active community partnerships maintained by SPH training programs.

MEASURE

The number of active community partnerships maintained by MCHB long-term training programs in each of four functional areas:

- 1) Training: Field placements in community sites (state or smaller entity), collaborative workshops or symposia targeting students
- 2) Service (continuing education, technical assistance, and professional consultation): Collaborative continuing education workshops; expert assistance to community organizations by training program faculty, staff, students, and alumni.
- 3) Research (development and dissemination of new information): Community-based research projects that involve community groups in study planning and design, data collection, presentation of research results and/or publication of results.
Advocacy: Joint efforts with the community to advocate for families and children on specific topics, such preparing a policy paper on children's access to health care that merges research findings with case examples from community organizations. Consultation to the federal government focusing on communities. Efforts to effect policy change at the local, state, federal government level. Letters to the Editor, Commentary.

DEFINITION

Community partnerships

Collaborative relationships between SPH training programs and community-based organizations/agencies and research institutions sharing efforts toward common goals.

Active

Mutual commitment to projects or objectives within the past 12 months.

HEALTHY PEOPLE 2010 OBJECTIVE

Goal 23: Public Health Infrastructure

“Ensure that Federal, tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.”

HP 2010 #23-9: Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

HP 2010 #23-10 “(Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.

HP2010 #23-17 “(Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that conduct or collaborate on population-based prevention research.

DATA SOURCE(S) AND ISSUES

Data will be collected from SPH as part of the competitive and continuation grant application process. Training programs will be required to report specific partnership objectives and outcome measures, as part of the competitive application process.

SIGNIFICANCE

Active partnerships maximize the impact of training programs and community organizations on health, educational, and other outcomes through sharing of expertise and resources. Ideally, partnerships are synergistic, allowing each partner to increase the quality and quantity of their services and products and providing a climate for collaborative ventures that would not otherwise exist.

DATA COLLECTION FORM FOR DETAIL SHEET #01

Data Collection Form for active community partnerships in each of four functional areas

Please enter the number of activities in the appropriate cell below.

Year 20 -	
Training (field placemen ts)	<ol style="list-style-type: none"> 1) Training: Field placements in community sites (state or smaller entity), collaborative workshops or symposia targeting students. 2) Service (continuing education, technical assistance, and professional consultation): Collaborative continuing education workshops; expert assistance to community organizations by training program faculty, staff, students, and alumni. 3) Research (development and dissemination of new information): Community-based research projects that involve community groups in study planning and design, data collection, presentation of research results and/or publication of results. 4) Advocacy: Joint efforts with the community to advocate for families and children on specific topics, such as preparing a policy paper on children's access to health care that merges research findings with case examples from community organizations. Consultation to the federal government focusing on communities. Efforts to effect policy change at the local, state, federal government level. Letters to the Editor, Commentary.
Service (presentat ions, workshop s, seminars, etc.)	
Research (projects)	
Advocacy and Service/P ractice (activities)	
Total # current students	
Total # current faculty	

02
PERFORMANCE MEASURE

The number of scholarly articles, chapters, books, and other products related to MCH in public health that are published or developed by SPH faculty and trainees (in the previous year).

GOAL

To increase the scholarly productivity of MCHB long-term training programs

MEASURE

The number of scholarly articles, chapters, books, and other products related to MCH that are published or developed by SPH faculty in the previous year.

DEFINITION

MCH Faculty – faculty who teach MCH. For data tracking purposes, MCH faculty should be listed by the PI in the grant application, grant proposal or grant continuation application. If the university or state places restrictions on using % FTE for measuring effort among faculty defined as in-kind, this should be clarified in the narrative of the grant application.

Scholarship includes practice-based scholarship.

HEALTHY PEOPLE 2010 OBJECTIVE

No related HP 2010 objective

DATA SOURCE(S) AND ISSUES

Sources: review faculty curriculum vitae.

Scholarship is the quality of the faculty, including research and practice publications. The field is strengthened by the knowledge generated by interdisciplinary collaboration.

Scholarly productivity by faculty strengthens the School of Public Health as a whole contributing to the overall capacity to provide effective training for MCH students.

SIGNIFICANCE

Please list the number of scholarly articles, chapters, books, and other products related to MCH in public health that were published or developed by SPH faculty and trainees in the most recent period for which you have data. Sum the number of publications for every faculty member and trainee even if those sums result in each publication being counted more than once.

200_ - 200_	N
Books	
Chapters	
Articles	
Reports	
TOTAL Publications	
TOTAL Faculty	
TOTAL Students	