

Knowledge Change

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

Knowledge Change - Measures and Data

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

+ Add Row, if needed, for additional measures

Drop Down Lists for:

Target Population	<input type="checkbox"/> Children, Adolescents, and Young Adults (age 1-25) <input type="checkbox"/> Children, Adolescents, and Youth with Special Health Care Needs (age 1-25) <input type="checkbox"/> Pregnant/Postpartum Persons (all ages) <input type="checkbox"/> Non-Pregnant Women (age 26+) <input type="checkbox"/> Men (age 26+) <input type="checkbox"/> Family Members <input type="checkbox"/> Providers (clinical care and care support such as doctors, allied health professionals, care coordinators) <input type="checkbox"/> Public Health Professionals <input type="checkbox"/> Students/Trainees <input type="checkbox"/> Other Organizational Members (such as faculty and staff of organizations)
Primary Knowledge Change Subject Area	<input type="checkbox"/> Clinical Care Related (including medical home) <input type="checkbox"/> Equity, Diversity, or Cultural Responsiveness Related <input type="checkbox"/> Data, Research, Evaluation Methods <input type="checkbox"/> Family Involvement <input type="checkbox"/> Interdisciplinary Teaming <input type="checkbox"/> Health Care Workforce Leadership <input type="checkbox"/> Policy <input type="checkbox"/> Systems Development/Improvement (including capacity building, planning, and financing) <input type="checkbox"/> Emerging Issues <input type="checkbox"/> Comprehensive Curricula (ONLY applicable to Division of Maternal and Child Health Workforce Development Training programs) <input type="checkbox"/> None of the above
Knowledge Change Topic Area	<input type="checkbox"/> Early Childhood – General <input type="checkbox"/> Early Childhood – Newborn Screening <input type="checkbox"/> Early Childhood – Safe Sleep <input type="checkbox"/> Early Childhood – Developmental Health (including developmental screening) <input type="checkbox"/> Adolescent Health <input type="checkbox"/> Maternal Health – General <input type="checkbox"/> Maternal Health – Maternal Mortality <input type="checkbox"/> Maternal Health – Perinatal/Postpartum Care <input type="checkbox"/> Maternal Health – Breastfeeding <input type="checkbox"/> Maternal Health – Maternal Depression <input type="checkbox"/> Children, Adolescents, and Young Adults with Special Health Care Needs <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Mental/Behavioral Health – General <input type="checkbox"/> Mental/Behavioral Health – Autism <input type="checkbox"/> Mental/Behavioral Health – Substance Use Disorder(s) <input type="checkbox"/> Clinical Care <input type="checkbox"/> Sickle Cell Disease

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

Behavior Change

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

Behavior Change - Measures and Data

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

+ Add Row, if needed, for additional measures

Drop Down Lists for:

Target Population	<input type="checkbox"/> Children, Adolescents, and Young Adults (age 1-25) <input type="checkbox"/> Children, Adolescents, and Youth with Special Health Care Needs (age 1-25) <input type="checkbox"/> Pregnant/Postpartum Persons (all ages) <input type="checkbox"/> Non-Pregnant Women (age 26+) <input type="checkbox"/> Men (age 26+) <input type="checkbox"/> Family Members <input type="checkbox"/> Providers (clinical care and care support such as doctors, allied health professionals, care coordinators) <input type="checkbox"/> Public Health Professionals <input type="checkbox"/> Students/Trainees
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Primary Behavior Change Subject Area	<ul style="list-style-type: none"><input type="checkbox"/> Other Organizational Members (such as faculty and staff of organizations)<input type="checkbox"/> Clinical Care Related (including medical home)<input type="checkbox"/> Equity, Diversity, or Cultural Responsiveness Related<input type="checkbox"/> Data, Research, Evaluation Methods<input type="checkbox"/> Family Involvement<input type="checkbox"/> Interdisciplinary Teaming<input type="checkbox"/> Health Care Workforce Leadership<input type="checkbox"/> Policy<input type="checkbox"/> Systems Development/Improvement (including capacity building, planning, and financing)<input type="checkbox"/> Emerging Issues<input type="checkbox"/> Comprehensive Curricula (ONLY applicable to Division of Maternal and Child Health Workforce Development Training programs)<input type="checkbox"/> None of the above
Behavior Change Topic Area	<ul style="list-style-type: none"><input type="checkbox"/> Early Childhood – General<ul style="list-style-type: none"><input type="checkbox"/> Early Childhood – Newborn Screening<input type="checkbox"/> Early Childhood – Safe Sleep<input type="checkbox"/> Early Childhood – Developmental Health (including developmental screening)<input type="checkbox"/> Adolescent Health<input type="checkbox"/> Maternal Health – General<ul style="list-style-type: none"><input type="checkbox"/> Maternal Health – Maternal Mortality<input type="checkbox"/> Maternal Health – Perinatal/Postpartum Care<input type="checkbox"/> Maternal Health – Breastfeeding<input type="checkbox"/> Maternal Health – Maternal Depression<input type="checkbox"/> Children, Adolescents, and Young Adults with Special Health Care Needs<input type="checkbox"/> Developmental Disabilities<input type="checkbox"/> Mental/Behavioral Health – General<ul style="list-style-type: none"><input type="checkbox"/> Mental/Behavioral Health – Autism<input type="checkbox"/> Mental/Behavioral Health – Substance Use Disorder(s)

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

Products and Publications

Products and Publications
Instructions
<p>Part A – Number of Products and Publications: Displays, by type, the number of products, publications, and submissions addressing maternal and child health that have been published or produced with grant support (either fully or partially) during the reporting period. Numbers for each type are auto-calculated from completion of Part B.</p> <p>Part B – Data Collection Forms: For each product, publication, and submission addressing maternal and child health that has been published or produced with grant support (either fully or partially) during the reporting period, complete the following forms. Complete one entry for each product, publication, and submission. All elements marked with an “*” are required.</p> <ul style="list-style-type: none"> • Published articles in peer-reviewed scholarly journals, <ul style="list-style-type: none"> ○ Include peer-reviewed publications addressing maternal and child health that have been published by project faculty and/or staff during the reporting period, and directly supported by MCHB program funds. Faculty and staff include those listed in the budget form and narrative and others that your program considers to have a central and ongoing role in the project whether or not they are supported by the grant. ○ Reporting of “Page(s)” for “Published articles in peer-reviewed scholarly journals” is only optional for online-only articles that do not have page numbers.

A. Number of Products and Publications

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

Doctoral dissertations/Master's theses	
Tools or toolkits	
Other	

B. Data Collection Forms

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

*Article DOI: _____
*Article Title: _____
*Author(s): _____
*Journal Title: _____
*Volume: _____ *Number: _____ *Year: _____ Page(s): _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL): _____
*Dissemination vehicles outside of the journal: TV/Radio Interview ___ Newspaper/Print Interview ___ Press Release ___
Social Networking Sites/Social Media ___ Listservs ___ Conference Presentation ___
Key Words (No more than 5): _____
Notes: _____

Data collection form for: Publications under review in peer-reviewed scholarly journals – SUBMITTED, NOT YET PUBLISHED

*Article Title: _____
*Author(s): _____
*Journal Title: _____
*Year Submitted: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (No more than 5): _____
Notes: _____

Data collection form for: Books

*Title: _____
*Author(s): _____
*Publisher: _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (No more than 5): _____
Notes: _____

Data collection form for: Book chapters

Note: If multiple chapters are developed for the same book, list them separately.

*Chapter Title: _____
*Chapter Author(s): _____
*Book Title: _____
*Book Author(s)/Editor(s): _____
*Publisher: _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

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

Data collection form for: Reports and monographs

*Title: _____
*Author(s)/Organization(s): _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Conference oral presentations and posters

Note: This section is not required for MCHB Training grantees.

*Presentation/Poster Title: _____
*Author(s)/Organization(s): _____
*Meeting/Conference Name: _____
*Year Presented: _____
*Presentation Type: Oral Presentation Poster
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Web-based products

*Product Title: _____
*Year: _____
*Type: Blogs Podcasts Web-based video clips
 Wikis RSS feeds News aggregators
 Social networking sites Other (specify): _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Press communications

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

Data collection form for: Newsletters

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Type: Electronic Print Both
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
*Frequency of distribution: Weekly Monthly Quarterly Annually Other (specify): _____
Number of subscribers: _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Pamphlets, brochures, or fact sheets

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Type: Pamphlet Brochure Fact Sheet
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Academic course development

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Distance learning modules

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Media Type: Blogs Podcasts Web-based video clips
 Wikis RSS feeds News aggregators
 Social media sites CD-ROMs DVDs
 Audio tapes Videotapes Other (specify): _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Doctoral dissertations/Master's theses

*Title: _____
*Author: _____
*Year Completed: _____
*Type: Doctoral dissertation Master's thesis
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Tools or toolkits

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Describe tool or toolkit: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form for: Other

Note: Up to 3 may be entered.

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Describe product, publication, or submission: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____