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LIFE COURSE FORMS

On the **Life Course** forms, the grantee provides details on programs promoting adequate health insurance coverage, tobacco and eCigarette cessation, and oral health.

APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation Performance Reports (NCCPR)
- Project Period End Reports (PPER)

Figure 1: Life Course Forms

Life Course Forms			
Applicable Forms		Report Types	
7,ppiicable remis	NCPR	NCCPR	PPER
Life Course – Form 1	✓	✓	✓
Life Course – Form 2	✓	✓	✓
Life Course – Form 3	✓	✓	✓

LIFE COURSE FORM 1

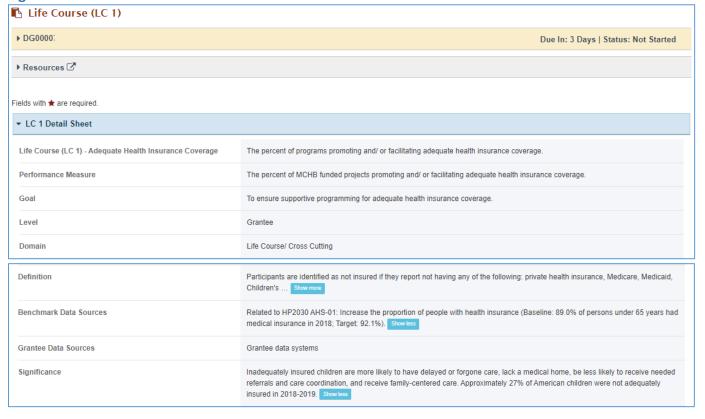
FORM INSTRUCTIONS

LIFE COURSE FORM 1 DETAIL SHEET

The following information is under the **Life Course Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Life Course (LC 1) Adequate Health Insurance Coverage
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

Figure 2: Life Course 1: Detail Sheet



TIER 1 (REQUIRED)

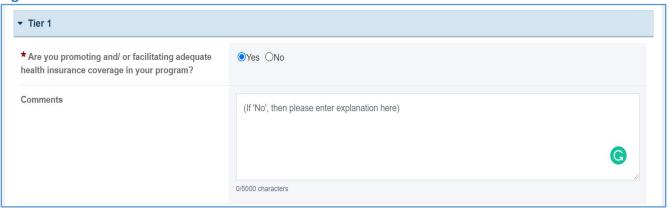
In this section, the grantee must respond to the following question(s):

Are you promoting and/or facilitating adequate health insurance coverage in your program? The
grantee must select either Yes or No. If the grantee selects No, they must justify their selection
in the Comments section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For Non-Competing Continuation Reports (NCCPRs) and Project Period End Reports
 (PPERs), the grantee is required to fill out Tier 1 and may only proceed to the next tier after
 providing a response.

Figure 3: Life Course 1: Tier 1



TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what activities are you promoting and/ or facilitating adequate health insurance coverage? Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next field only after responding to the required questions.
- Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
- For New Competing Performance Reports (NCPRs), users are only required to fill out Tier 1.
- The grantee may proceed to the next tier only after responding to this question.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 are disabled under Tier 3.
- 2. Please check all population domains that you engage in each activity listed in Tier 2 related to

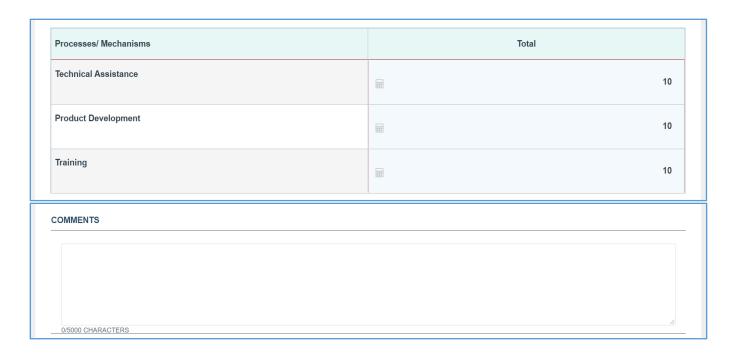
adequate health insurance coverage. For those activities or population domains that do not pertain to you, please leave them blank: Select all that apply.

- 3. Activity Data Collection Form: How many are reached through those activities?
 - a. Participants/Public: Enter an integer from 0-999,999.
 - b. Providers/Health Care Professionals: Enter an integer from 0–999,999.
 - c. Community/Local Partners: Enter an integer from 0–999,999.
 - d. State or National Partners: Enter an integer from 0–999,999.
- 4. *Process/Mechanism Table*: This will show the total for each by default from the previous tables, which include Technical Assistance, Product Development, and Training.
- 5. Comments (optional): The grantee may add comments here.

NOTE: The grantee may proceed to the next tier only after responding to the required questions.

Figure 4: Life Course 1: Tier 2 and 3

Through what activities are you promoting nd/ or facilitating adequate health insurance overage? ✓ Technical Assistance ✓ Training ✓ Product Development ✓ Research/ Peer-Reviewed Publicati Outreach/ Information Disseminatio ☐ Tracking/ Surveillance ☐ Screening/ Assessment ☐ Referral to insurance enrollment ☐ Quality improvement initiatives		★ Please check all population domains that you engage in each activity listed in Tier 2 related to adequate health insurance coverage. For those activities or population domains that do not pertain to you, please leave them blank. ✓ Pregnant/ Perinatal Women ✓ Infants ✓ Children CSHCN Adolescents Non-pregnant Adults Providers/ Health Care Profession Community/ Local Partners State or National Partners Other	nals
Activity Data Collection Form			
-	vities?		
-	vities? Pregnant/ Perinatal Women (Col 1)	Infants (Col 2)	Children (Col 3)
How many are reached through those acti	Pregnant/ Perinatal Women		
How many are reached through those acti	Pregnant/ Perinatal Women (Col 1)	(Col 2)	
How many are reached through those acti Processes/ Mechanisms Technical Assistance	Pregnant/ Perinatal Women (Col 1)	(Col 2)	(Col 3)
How many are reached through those acti Processes/ Mechanisms Technical Assistance	Pregnant/ Perinatal Women (Col 1)	(Col 2)	(Col 3)
Activity Data Collection Form How many are reached through those acti Processes/ Mechanisms Technical Assistance Product Development Training	Pregnant/ Perinatal Women (Col 1)	(Col 2)	(Col 3) Enter an integer: 0 - 999,999



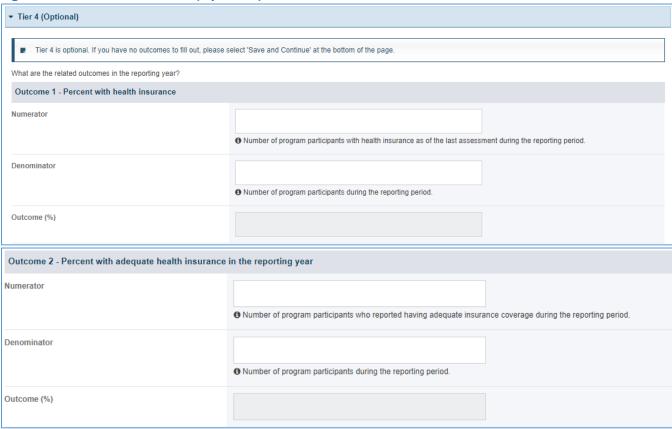
TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

- 1. Outcome 1 (optional): Percent with health insurance.
 - a. Numerator: Enter an integer from 0-999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
 - c. *Outcome* (%): The text box will be automatically populated using the values provided above.
- 2. Outcome 2 (optional): Percent with adequate health insurance in the reporting year.
 - a. Numerator: Enter an integer from 0-999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
 - c. *Outcome* (%): The text box will be automatically populated using the values provided above.

NOTE: This field is optional, except for H49 Healthy Start grantees.

Figure 5: Life Course 1: Tier 4 (Optional)



FORM-LEVEL RULES AND VALIDATIONS

- 1. The grantee must only fill out Tier 1 for New Competing Performance Reports (NCPRs).
- 2. For Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs), if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
- 3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

LIFE COURSE FORM 2

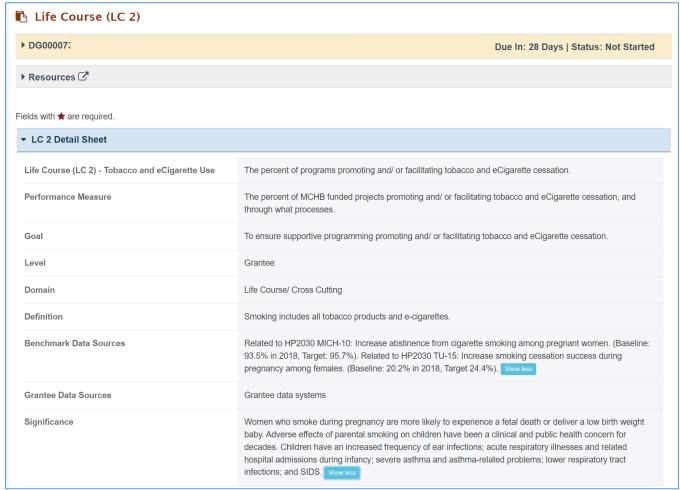
FORM INSTRUCTIONS

LIFE COURSE FORM 2 DETAIL SHEET

The following information is under the **Life Course Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Life Course (LC 2) Tobacco and eCigarette Use
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

Figure 6: Life Course 2: Detail Sheet



TIER 1 (REQUIRED)

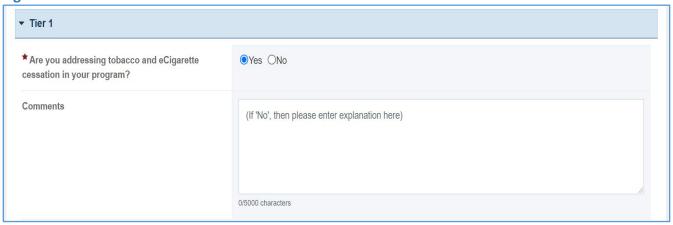
In this section, the grantee must respond to the following question(s):

1. Are you addressing tobacco and eCigarette cessation in your program? The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the Comments section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For Non-Competing Continuation Reports (NCCPRs) and Project Period End Reports
 (PPERs), the grantee is required to fill out Tier 1 and may only proceed to the next tier after
 providing a response.

Figure 7: Life Course 2: Tier 1



TIER 2 AND 3 (REQUIRED)

In this section, the grantee responds to the following question(s):

1. Through what processes/mechanisms are you promoting and/or facilitating tobacco and eCigarette cessation? Select all that apply.

Note: the following requirements and additional information before completing this section:

- Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
- For New Competing Performance Reports (NCPRs), users are only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3. The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
- 2. Please check all population domains that you engage in each activity listed in Tier 2 related to tobacco cessation. For those activities or population domains that do not pertain to you, please leave them blank: Select all that apply.

- 3. Activity Data Collection Form: How many are reached through those activities?
 - a. Pregnant/Perinatal Women: Enter an integer from 0-999,999.
 - b. CSHCN: Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- 4. *Process/Mechanism Table*: This will show the total for each by default from the previous table: Technical Assistance, Product Development, and Training.
- 5. Comments: The grantee may add comments here. (NOTE: This is not a required field.)

<u>NOTE</u>: The grantee may proceed to the next tier only after responding to the required questions.

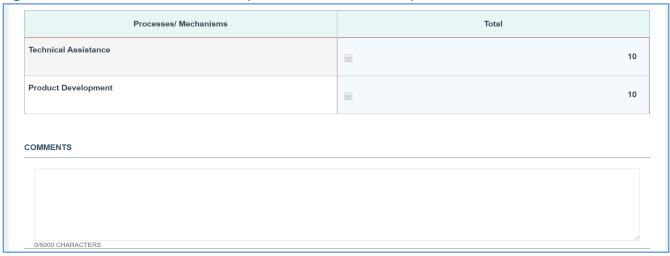
Figure 8: Life Course 2: Tier 2 and 3

Through what activities are you	★ Please check all population domains	
romoting and/ or facilitating tobacco	that you engage in each activity listed	
nd eCigarette cessation?	in Tier 2 related to tobacco cessation.	
✓ Technical Assistance	For those activities or population domains that do not pertain to you,	
☐ Training	please leave them blank:	
Product Development	✓ Pregnant/ Perinatal Women	
☐ Research/ Peer-Reviewed Publications	☐ Infants	
Outreach/ Information Dissemination/ Education	Children	
☐ Tracking/ Surveillance	✓ CSHCN	
☐ Screening/ Assessment	Adolescents	
☐ Referral/ Care Coordination	☐ Non-pregnant Adults	
☐ Direct Service	☐ Providers/ Health Care Professionals	
 Quality improvement initiatives 	☐ Community/ Local Partners	
	☐ State or National Partners	
	Other	

Figure 9: Life Course 2: Tier 2 and 3 (Activity Data Collection)

Activity Data Collection Form		
How many are reached through those activities?		
Processes/ Mechanisms	Pregnant/ Perinatal Women (Col 1)	CSHCN (Col 4)
Technical Assistance	5	5
Product Development	5	5

Figure 10: Life Course 2: Tier 2 and 3 (Process and Mechanism)



TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

- 1. Outcome 1: Percent of prenatal program participants who abstain from smoking.
 - a. Numerator: Enter an integer from 0-999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
 - c. *Outcome* (%): The text box will be automatically populated using the values provided above.
- 2. *Outcome 2*: Percent of prenatal program participants that abstain from smoking cigarettes in their third trimester.
 - a. *Numerator*: Enter an integer from 0–999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
 - c. *Outcome* (%): The text box will be automatically populated using the values provided above.

NOTE: This field is optional, except for *H49 Healthy Start* grantees.

Figure 11: Life Course 2: Tier 4 (Optional) - Outcome 1

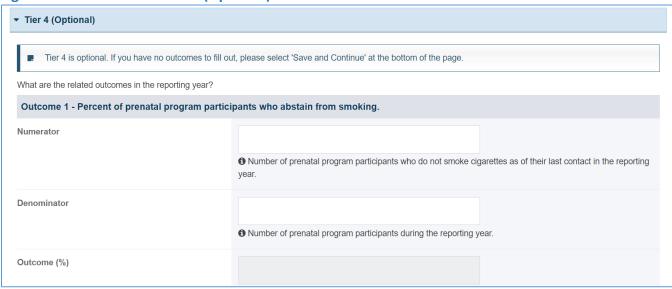
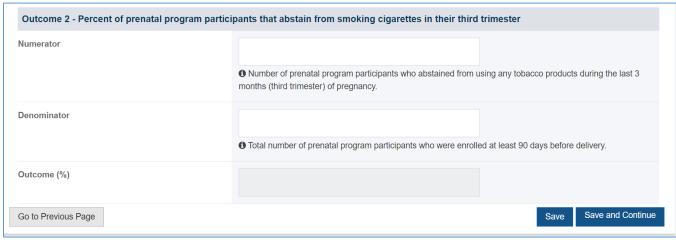


Figure 12: Life Course 2: Tier 4 (Optional) - Outcome 2



FORM-LEVEL RULES AND VALIDATIONS

- 1. The grantee must only fill out Tier 1 for New Competing Performance Reports (NCPRs).
- 2. For Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs), if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
- 3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

LIFE COURSE FORM 3

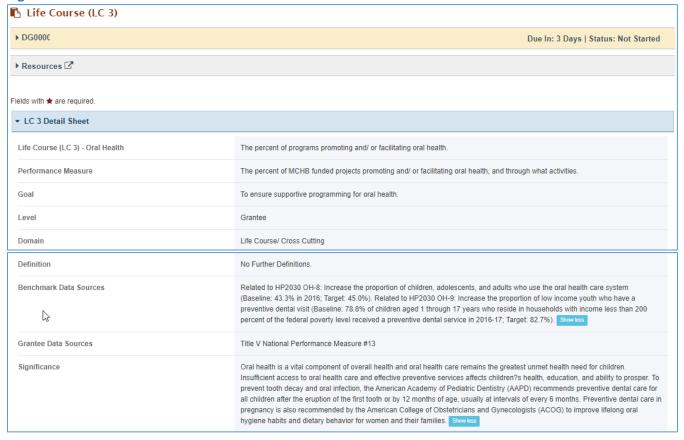
FORM INSTRUCTIONS

LIFE COURSE FORM 3 DETAIL SHEET

The following information is under the **Life Course Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Life Course (LC 3) Oral Health
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

Figure 13: Life Course 3: Detail Sheet



TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Are you promoting and/or facilitating oral health in your program? The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the Comments section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For Non-Competing Continuation Reports (NCCPRs) and Project Period End Reports
 (PPERs), the grantee is required to fill out Tier 1 and may only proceed to the next tier
 after providing a response.

Figure 14: Life Course 3: Tier 1



TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

- 1. Through what activities are you promoting and/or facilitating oral health? Select all that apply.

 Note the following requirements and additional information before completing this section:
 - Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
 - For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
 - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
 - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
 - Grantees that do not provide services may leave this blank.
 - Select all that apply.
- 2. Please use the form below to identify what services you provide to each population. For those that you provide the service to, please provide the number reached by the services provided

(i.e. number of children receiving referrals), for those that you do not, please leave blank. Select all that apply.

- 3. Activity Data Collection Form: How many from each population are reached through each of the activities?
 - a. *Pregnant/Perinatal Women*: Enter an integer from 0–999,999.
 - b. *Infants*: Enter an integer from 0–999,999.
 - c. Children: Enter an integer from 0-999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- 4. *Process/Mechanism Table*: This will show the total for each by default from the previous table: Technical Assistance, Product Development, and Training.
- 5. *Comments*: The grantee may add comments here. This is not a required field.

<u>NOTE</u>: The grantee may proceed to the next tier only after providing responses to the required section.

Figure 15: Life Course 3: Tier 2 and 3

▼ Tier 2 & 3	
Through what activities are you promoting and/ or facilitating oral health? Technical Assistance Training Product Development Research/ Peer-Reviewed Publications Outreach/ Information Dissemination/ Education Tracking/ Surveillance Screening/ Assessment Referral Direct Service	*Please use the form below to identify what services you provide to each population. For those that you provide the service to, please provide the number reached by the services provided (i.e. number of children receiving referrals), for those that you do not, please leave blank. Pregnant/ Perinatal Women Infants Children CSHCN Adolescents
☐ Quality improvement initiatives	 Non-pregnant Adults Providers/ Health Care Professionals Community/ Local Partners State or National Partners Other

Figure 16: Life Course 3: Tier 2 and 3 (Activity Data Collection Form)

Activity Data Collection Form How many from each population are reached through each of the activities? Processes/ Mechanisms Pregnant/ Perinatal Women Infants Children (Col 1) (Col 2) (Col 3) **Technical Assistance** 5 5 5 **Product Development** 10 5 5 Training 5 5 5

Processes/ Mechanisms	Total	
Technical Assistance		15
Product Development		20
Training		15
COMMENTS		

TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

- 1. Outcome 1: Percent of program participants receiving an oral health risk assessment.
 - a. Numerator: Enter an integer from 0-999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
 - c. *Outcome* (%): The text box will be automatically populated using the values provided above.
- 2. Outcome 2 (optional): Percent of women in program population who had a dental visit during

pregnancy.

- a. Numerator: Enter an integer from 0-999,999.
- b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
- c. *Outcome* (%): Text box will be automatically populated using the values provided above.
- 3. *Outcome 3 (optional)*: Percent of those ages 1–17 who had a preventative oral health visit during the last year.
 - a. *Numerator*: Enter an integer from 0–999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
 - c. *Outcome* (%): Text box will be automatically populated using the values provided above.

Figure 17: Life Course 3: Tier 4 (Optional)

▼ Tier 4 (Optional)	
■ Tier 4 is optional. If you have no outcomes	to fill out, please select 'Save and Continue' at the bottom of the page.
What are the related outcomes in the reporting year	ar?
Outcome 1 - Percent of program participa	ants receiving an oral health risk assessment
Numerator	Number of program participants who received an oral health risk assessment in the reporting year.
Denominator	
Outcome (%)	

Numerator	
vamorator	
	• Program participants who were pregnant during the reporting year who had a dental visit.
Denominator	
	• Program participants who were pregnant during the reporting year.
Outcome (%)	
Outcome 3 - Percent of those	aged 1 through 17 who had preventative oral health visit during the last year
Outcome 3 - Percent of those a	aged 1 through 17 who had preventative oral health visit during the last year
	aged 1 through 17 who had preventative oral health visit during the last year • Infants and children involved with the program who received a preventative oral health visit in the reporting year.
	1 Infants and children involved with the program who received a preventative oral health visit in the reporting
lumerator	1 Infants and children involved with the program who received a preventative oral health visit in the reporting

FORM-LEVEL RULES AND VALIDATIONS

- 1. The grantee must only fill out Tier 1 for New Competing Performance Reports (NCPRs).
- 2. For Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs), if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
- 3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).