EXECUTIVE SUMMARY

Annually, the Association of Maternal & Child Health Programs (AMCHP) surveys its membership to learn more about member demographics and characteristics, obtain assessments of AMCHP services/products, and collect suggestions on how AMCHP can improve the value of their membership. In July 2020, AMCHP administered an Annual Member Assessment survey to 314 members. At the end of an eight-week survey period (July 21-September 15, 2020), AMCHP received 142 survey responses for a survey response rate of 45.2%.

MEMBER PROFILE

- Age: largest age groups were 51-60 years (31%), 31-40 years (31%), & 41-50 years (23%)

![Respondent Age Distribution](image-url)
• Race/Ethnicity: Most identify as non-Hispanic White (70.4%); non-Hispanic Black (15.1%) and Hispanic/Latino (5.8%)

Figure 2 Race and Ethnicity Distribution

• Gender: Most identified as female (85.2%)
• Education: master’s degree (61.3%); bachelor’s degree (21.1%)

Figure 3 Highest Attained Education Degree
- **Title V Affiliations:**
  - Most (95.8%) affiliated with a state Title V MCH program
  - Most Title V organizations are state health departments with both Title V MCH and Children & Youth with Special Health Care Needs programs (61.0%).

![Title V Organization Affiliation](image)

**Figure 4 Title V Organization Affiliation**

- **Workplace**
  - Most in supervisor/management positions (55.2%)
  - 54.4% employed with same agency for more than 10 years
  - In next five years, most (54%) plan to stay in current role, 17.3% plan to retire, 10.1% leave for another job in MCH

![Employment Position Type](image)

**Figure 5 Employment Position Type**
MEMBERSHIP EXPERIENCE

- Membership Length: 3-5 years (27.6%), 1-2 years (22.0%), and 6-10 years (20.6%)

![Length of AMCHP Membership - 2019 & 2020](image)

Figure 6 AMCHP Membership Length – 2019 & 2020

- Membership Value
  - Meets expectations of a membership organization (84.2%)
  - Membership benefits them/their organization (91.3%)
  - Most would recommend AMCHP to colleagues (85.2%)
  - AMCHP was commonly described as Effective, Informative, and Supportive

- Membership Benefits
  - Top reasons for membership retention: AMCHP trainings and educational opportunities (59.7%); delivery of MCH information (56.1%); and the Annual Conference (53.2%)
  - AMCHP Board, & Committees
    - Knowledge of AMCHP Board and Committees’ Activities
      - A slight majority are well informed of AMCHP Board activities (52.9%)
      - Less than half are well informed of AMCHP Committee activities (38.9% - 48.2%)

![Informed of AMCHP Board Activities](image)

Figure 7 Knowledge of AMCHP Board Activities
EXPERIENCE WITH AMCHP

- AMCHP Staff: most express satisfaction with AMCHP staff (94.4%) with knowledge/expertise, connections/referrals to resources, & ease of communication/contact ranked as the most valued aspects of staff interactions.

<table>
<thead>
<tr>
<th>Knowledge/Expertise</th>
<th>Connections or Referrals to Resources</th>
<th>Ease of Communication/Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>78.9%</td>
<td>77.7%</td>
<td>64.6%</td>
</tr>
</tbody>
</table>

Figure 8 Top Three Valued Aspects of Interactions with AMCHP Staff

- AMCHP Engagement & Support
  - AMCHP’s efforts are effective in family engagement (78.9%) and support of family leaders (77.7%)
  - AMCHP’s efforts are effective in youth engagement (64.6%) and support of youth leaders (64.6%)

Figure 9 AMCHP Efforts to Support & Engagement: Leaders for Families & Youth

- AMCHP Activities, Events, & Services
  - Most assess AMCHP activities, events, & services as high quality (52.6%-85.1%)
  - Primary means of member participation are accessing AMCHP communications (99.3%) and participation in conference calls/webinars (93.5%)
Many want to be engaged with AMCHP workgroups/taskforces (70.2%) and member committees (51.1%)

**AMCHP Impact**
- AMCHP conducts activities/actions that help alignment of resources and improve support of MCH (81.5%-84.0%)
- AMCHP conducts activities and actions that increase investment in MCH programs (76.5%-86.4%)

**Recommendations**
- Improving communication, adding more resources to support membership, financial support, and reducing the length of the Membership Assessment survey.

### MEMBER CAPACITY & NEEDS

**Top System-Level Priorities for Next 5 Years**
- Addressing health equity (47.1%)
- Ability of state health departments to recruit/retain highly competent staff (43.0%)
- Addressing institutional/structural racism (38.0%)
- Federal/State general funding (38.0%)
- Policies influencing public health priorities & the public health agenda (28.9%)

**Improvements Needed for Epidemiologic/Analytic Capacity Areas**
- Economic analysis/evaluation (66.7%)
- Program evaluation (54.8%)
- Using scientific evidence to support program interventions or actions (49.2%)

**Knowledge and Application of MCH Best Practices and Innovation Station**

- 1. Economic Analysis or Evaluation
- 2. Program Evaluation
- 3. Using Scientific Evidence to Support Program Interventions or Actions
- 4. Using Scientific Evidence to Support Policy Development
- 5. Creation of Analysis Plans (Tie)
- 5. Life Course Indicators to Inform MCH Programs, Practice, and Policy (Tie)
- 6. Needs Assessments and Prioritization of Identified Issues

*Figure 10 Ranking of Data, Evidence, and Analytic Areas Needing Major/Some Improvement*
Nearly half had knowledge of best practices in the distinct areas of data, policy, and program practice (44.9%-46.5%) with 50% reporting knowledge of Innovation Station. Less have used data and policy.

Figure 11 Knowledge & Application of Select MCH Practices & Resources