



AMCHP Issue Brief

Association of Maternal & Child Health Programs

STATE TITLE V WORKFORCE DEVELOPMENT SURVEY PROGRAM PROFILES PRELIMINARY FINDINGS

October 2008

INTRODUCTION

Seeking to better understand and address state Title V Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) workforce and leadership needs, the Association of Maternal and Child Health Programs (AMCHP) and the Association of Teachers of Maternal and Child Health (ATMCH), with support from the Maternal and Child Health Bureau (MCHB) surveyed these programs between May and August 2008. Both programs in all 59 jurisdictions were requested to complete a web-based survey instrument that would provide a national profile of the state programs' components and functions, and would indicate priority needs and preferred strategies with respect to workforce development. All 50 states and the District of Columbia provided at least one program response; of these, 49 MCH (96%) and 44 CYSHCN (86%) programs completed the survey.¹ Four of the eight U.S. territories completed the survey.

This document presents **preliminary** descriptive data from selected portions of the survey. It provides a national level glimpse of the MCH and CYSHCN program areas, functions and leadership. Other profiles of preliminary findings related to professional development and graduate education strategies, preferences and barriers also are available. Analyses and reports will be available in the coming months which will present the survey findings in their entirety and analysis of regional issues. AMCHP, ATMCH and MCHB will continue to partner with state Title V agencies and training programs to understand the data and apply the findings to workforce and training needs.



What constitutes the state Title V Program?

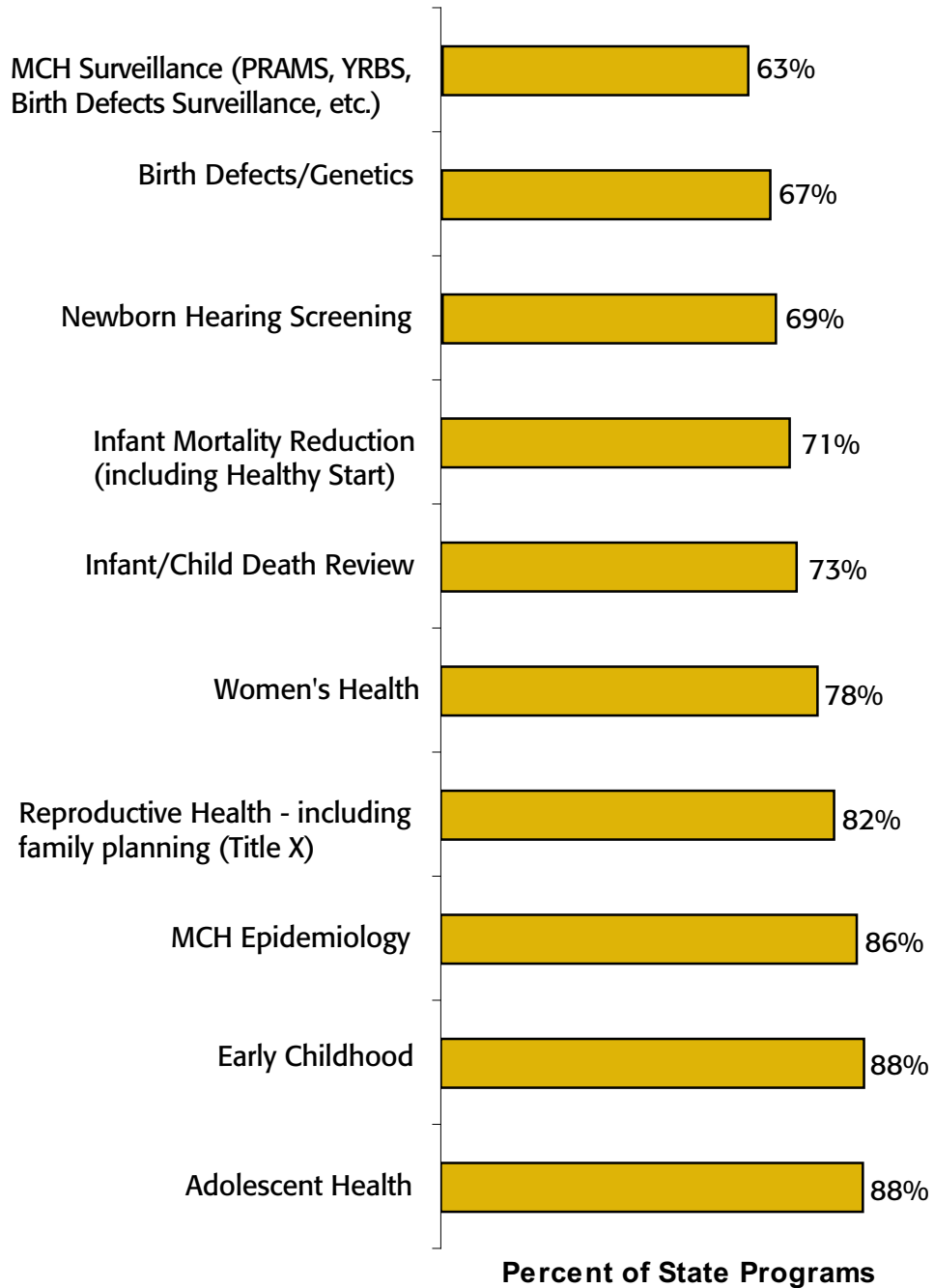
Program Scope: The activities and programs that constitute the Title V program vary across states and regions. In any given jurisdiction, the scope of program activities are configured to best address the population needs and resources in that state. State Title V programs indicated the specific MCH and CYSHCN activity areas they administer. Most MCH programs administer adolescent health, early childhood, epidemiology, reproductive health (including family planning) and women's health programs (Figure 1). The most frequently cited activity areas within CYSHCN programs are direct care, care coordination and financial assistance, medical home programs and transition programs (Figure 2).

All MCH programs in the territories oversee activities relating to adolescent health and birth defects/genetics. In addition, the majority administer newborn blood spot screening, reproductive health (including family planning) and women's health activities.

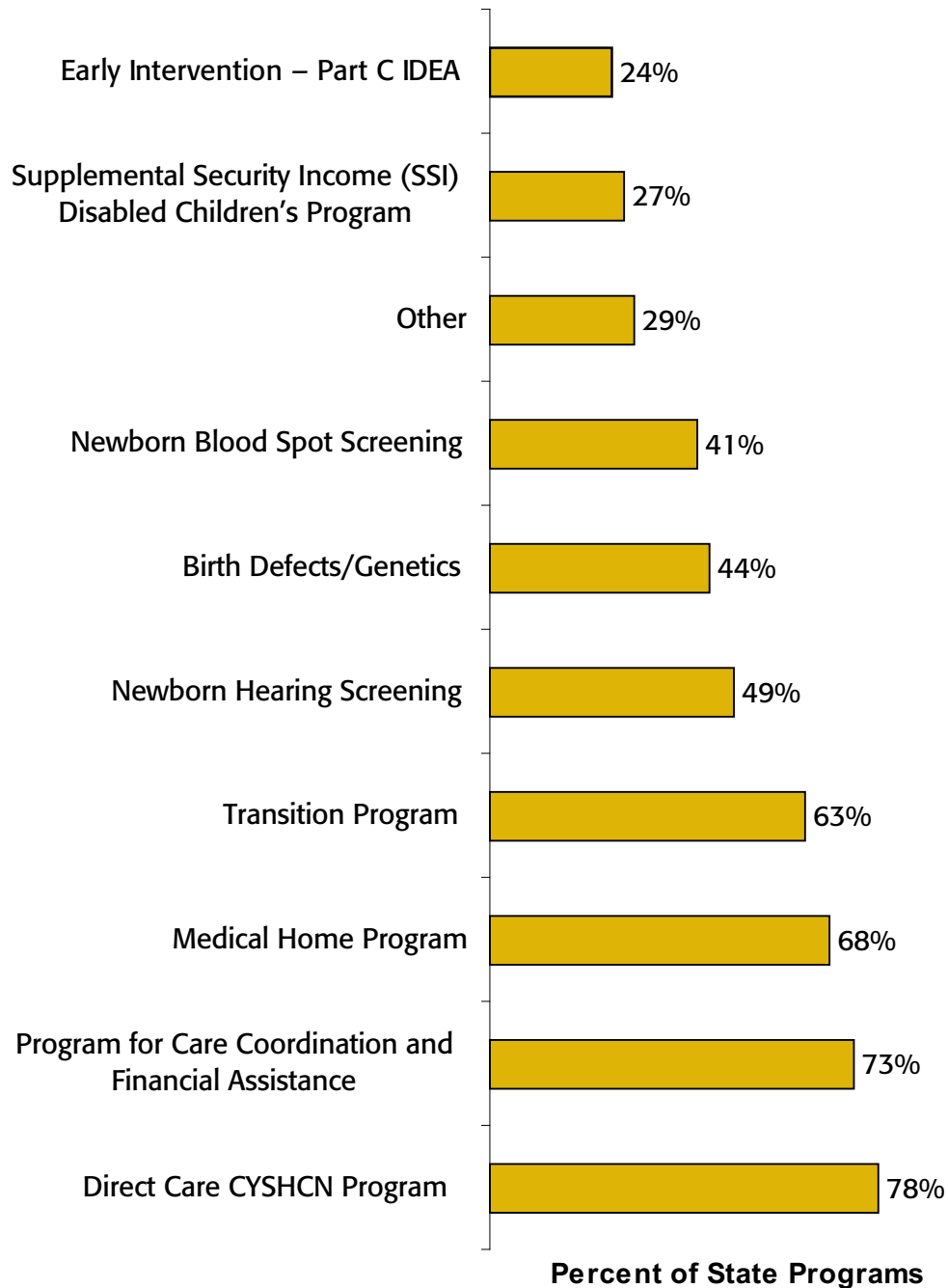
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Figure 1: Top 10 MCH Program Activity Areas (N=49)

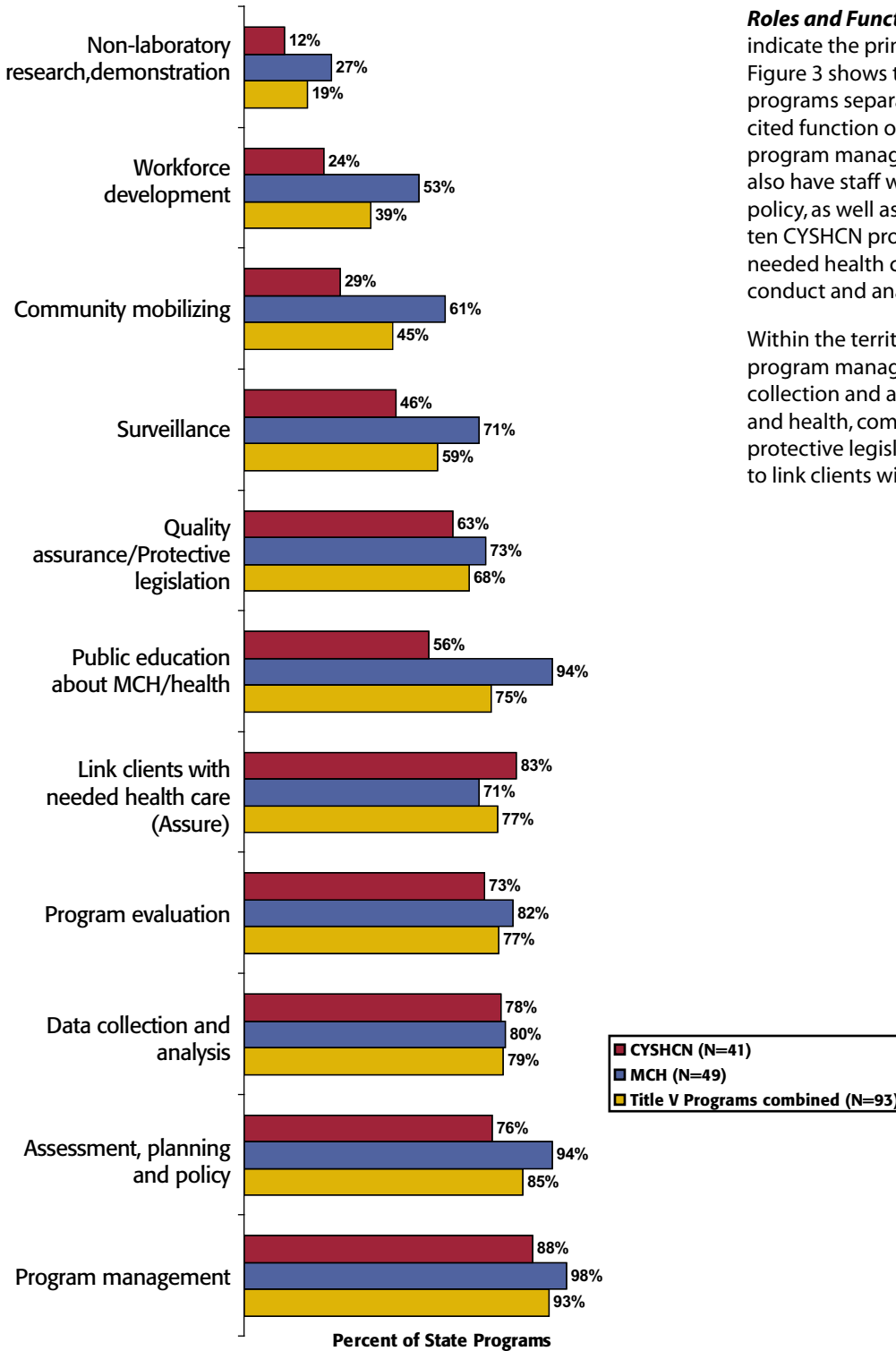


**Figure 2: Top 10 CYSHCN Program Activity Areas
(N=41)**



¹ Four MCH directors provided combined responses for their state MCH and CYSHCN programs. As a result, information on specific activity areas, functions, leadership and staffing are not available for these CYSHCN programs.

Figure 3: Title V Program Functions



Roles and Functions: Respondents also were asked to indicate the primary functions of their state level staff. Figure 3 shows the top functions for MCH and CYSHCN programs separately, and combined. The most frequently cited function of both MCH and CYSHCN programs was program management. Nine of ten MCH programs also have staff working on assessment, planning and policy, as well as public education about MCH. Eight of ten CYSHCN programs have staff who link clients with needed health care (assurance activities) and staff who conduct and analyze data.

Within the territories, all MCH programs conduct program management, and the majority conduct data collection and analysis, public education and MCH and health, community mobilizing, quality assurance/protective legislation, program evaluation and assurance to link clients with needed health care.

What is the tenure of state CSHCN and MCH Directors?

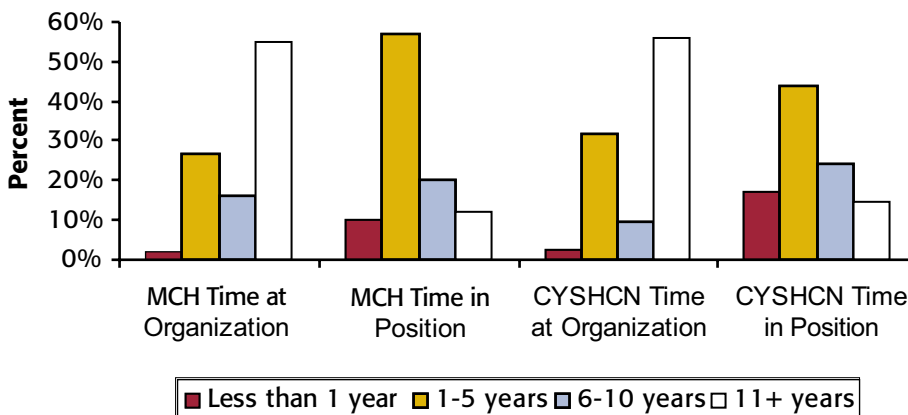
MCH and CYSHCN directors indicated both how long they have been at the agency and in their current position. The tenure was very similar for MCH and CYSHCN programs. On average, MCH directors have worked at the state agency for just under 14 years and worked in their current position for five years. CYSHCN directors, on average, have worked at the state agency for 15 years, and as directors for just under six years.

There was large variation in experience in the director position, for example, ranging from five months to 25 years among MCH respondents, and one month to 23 years among CYSHCN respondents. Figure 4 shows the distribution of experience for both programs.

Within the territories, on average, MCH directors have worked at the agency for almost 15 years, and have been in their current position for just over three years.



Figure 4: Distribution of Title V Leadership Experience (N=41 for CYSHCN, N=49 for MCH)





ACKNOWLEDGEMENT

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OUR MISSION

AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children.



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Honesty