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

- MCH Surveillance (PRAMS, YRBS, Birth Defects Surveillance, etc.): 63%
- Birth Defects/Genetics: 67%
- Newborn Hearing Screening: 69%
- Infant Mortality Reduction (including Healthy Start): 71%
- Infant/Child Death Review: 73%
- Women's Health: 78%
- Reproductive Health - including family planning (Title X): 82%
- MCH Epidemiology: 86%
- Early Childhood: 88%
- Adolescent Health: 88%
Figure 2: Top 10 CYSHCN Program Activity Areas (N=41)

- Early Intervention – Part C IDEA: 24%
- Supplemental Security Income (SSI) Disabled Children’s Program: 27%
- Other: 29%
- Newborn Blood Spot Screening: 41%
- Birth Defects/Genetics: 44%
- Newborn Hearing Screening: 49%
- Transition Program: 63%
- Medical Home Program: 68%
- Program for Care Coordination and Financial Assistance: 73%
- Direct Care CYSHCN Program: 78%

Percent of State Programs

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.
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 4 years and worked in their current position for five years. CYSHCN directors, on average, have worked at the state agency for 5 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 5 years, and have been in their current position for just over three years.

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

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<th>Percent</th>
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<tr>
<td>MCH Time at Organization</td>
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<td>MCH Time in Position</td>
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<td>CYSHCN Time at Organization</td>
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<td>CYSHCN Time in Position</td>
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[Less than 1 year] [1-5 years] [6-10 years] [11+ years]
ACKNOWLEDGEMENT

This project was partially supported through HRSA Grant U01MC00001 to the Association of Maternal and Child Health Programs (AMCHP). Survey development and analysis were supported through AMCHP membership dues. This project received study approval by University of Illinois Office for the Protection of Research Subjects (#2007-0842). AMCHP appreciates the contributions of Alyssa Sharkey, Jenelle Partelow, and Holly Grason, Johns Hopkins Bloomberg School of Public Health to this profile, and the efforts of the AMCHP Workforce Development Committee who assisted with the survey design and guided presentation of these results. AMCHP is also appreciative of the state Title V programs for completing the survey.

OUR MISSION

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

OUR VALUES

Leadership
Social Justice
Diversity
Equity
Integrity
Partnership & Empowerment
Honesty