AMCHP Issue Brief

Association of Maternal & Child Health Programs

STATE TITLE V WORKFORCE DEVELOPMENT SURVEY TRAINING NEEDS, PROFESSIONAL DEVELOPMENT, AND GRADUATE EDUCATION STRATEGIES 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 percent) and 44 CYSHCN (86 percent) programs completed the survey. Four of the eight U.S. territories completed the survey.[1]

This document presents **preliminary** descriptive data from selected portions of the survey. It presents state Title V program training needs as well as their strategies, preferences and barriers for providing professional development/ continuing education and formal graduate education for program staff.

Other profiles of state MCH and CYSHCN program activity areas, functions and leadership, and of professional development strategies, preferences and barriers 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 address workforce and training needs.

Training Needs

State programs indicated a range of training needs within six specific competency areas: public health/Title V knowledge base, communication, critical thinking, management, family-centered care and the medical home, and leadership development. As many of these answers were similar between MCH and CYSHCN programs, average responses for the two were combined and then ranked (Table 1). Of particular note, critical thinking skills and other skills relevant to translating new science and using data for planning and implementing policies and programs were highlighted in states' responses for three separate domains. In only one area (family-centered care and the medical home) were differences between the programs markedly different. Specifically, MCH programs were more likely than CYSHCN programs (59 versus 48 percent) to identify 'solicit and use family partnerships in a meaningful way in the design or delivery of clinical services, program planning and evaluation' as a need. In addition, MCH programs were less likely than CYSHCN programs (57 versus 70 percent) to identify 'strategies for incorporating family centered and medical home models of healthcare into health professions and continuing education curricula' as a training need.

Respondents also indicated the top three knowledge or skills areas for which they felt the greatest need for staff training exist (Figure 1). The majority of both MCH and CYSHCN respondents listed critical thinking and leadership development, and roughly half of both types of respondents indicated management training.

Training to improve staff's knowledge base on public health/Title V was listed as a top need among 41 percent of MCH programs and about half of the responding CYSHCN programs. Training on communication and on family centered care/medical home were less frequently listed (33 and 22 percent of MCH programs, and 39 and 32 percent of CYSHCN programs, respectively). Only one CYSHCN respondent indicated that there are no major training needs for staff in the state.

Within the territories, three-fourths of MCH programs reported needing training in leadership development, public health/Title V knowledge base, and management. All CYSHCN programs in the territories reported needing leadership development, and two-thirds reported needing training on the public health/Title V knowledge base, critical thinking, and management.

Continuing Education/Professional Development

Strategies: Most Title V programs use a variety of strategies to provide and/or facilitate professional

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development/continuing education training for their state level program staff (Figure 2).

Within the territories, most MCH and CYSHCN programs provide training on-site, pay travel costs to attend trainings (both in-state and out-of-state), provide release time with pay, and make online courses available to staff.

Preferences: As shown on Figure 3, the method of training most preferred by state level Title V staff is attending national conferences or meetings and, in particular, skills building sessions (63 percent). The second most popular method is regional meetings/trainings with multiple states (59 percent).

Within the territories, the majority of both Title V programs reported that 1-3 day intensive training sessions with 25-50 trainees are preferred, as are national conferences or meetings with skills building sessions.

Barriers: The three most important barriers to providing training to Title V staff are travel restrictions, difficulties taking time away from work, and the costs of continuing education programs (Table 2). Few state programs reported that they face no barriers.

Within the territories, the most important barriers among Title V programs are the costs of continuing education programs, limited geographic access, and a lack of appropriate continuing education offerings.

Graduate Education

Strategies: As shown on Figure 4, most Title V programs reported using at least one strategy to provide and/or facilitate formal graduate education for their full or part time state level program staff, although a few reported none (12 percent of MCH programs and 20 percent of CYSHCN programs). On average, each type of state program only uses two strategies to promote graduate education. The predominant methods used among both MCH and CYSHCN programs are giving staff flexible hours to pursue education and paying or reimbursing tuition costs.

Within the territories, the most common strategy used is release time without pay (half of MCH programs and two-thirds of CYSHCN programs). Half of MCH programs in the territories also provide staff with flexible hours to pursue education; all other strategies are rarely used by either program.

Preferences: As shown on Figure 4, when state level program staff has the opportunity to pursue graduate education, the method preferred most by both MCH and CYSHCN staff is a blended learning program incorporating both on site and distance courses. Part time on-campus graduate education and part time distance learning courses also are popular.

Within the territories, the majority of both MCH and CYSHCN programs report that blended learning programs, and part time distance education are the preferred methods.

Barriers: Eleven percent of Title V programs (four percent of MCH and 18 percent of CYSHCN) do not face barriers to providing graduate education for their staff (Table 3). However, most programs identified at least one barrier, and the two most important barriers cited are lack of career promotion opportunities and a lack of support (financial, logistical) from the state agency.

All MCH and CYSHCN programs responding from the territories reported that a lack of support from the state agency is a barrier. Half of MCH programs in the territories reported that a lack of career promotion opportunities, the agency not valuing graduate education and structural barriers in institutes of higher learning are some of the greatest problems they face. Two-thirds of CYSHCN programs in the territories also cited a lack of career promotion opportunities and structural barriers in institutes of higher learning (e.g., no part-time academic degree programs) as problems.

Table 1: Title V Programs Indicating Training Needs in the Listed Area Competency Area	Title V Programs (MCH) and CYSHCN Combined	
	Number (N=93)	Precent
Public Health / Title V Knowledge Base		
Skills in translating data into viable information for MCH needs assessment and planning	72	77%
Knowledge and skills for designing and conducting program evaluations	65	70%
Knowledge of cultural, ethnic, and socioeconomic factors influence the access to health care services	36	39%
Knowledge of both Title V and non-Title V programs serving MCH populations (including history, current structures, services, and limitations/gaps)	26	28%
Skills in population health data collection and analysis (MCH Epidemiology)	23	25%
Knowledge and skills for quantitative research (e.g., survey design and sampling methodology)	20	22%
Knowledge and skills for qualitative research (e.g., key informant interviews, focus groups)	12	13%
Communication		
Skills in writing; especially synthesis and translation of MCH science for variety of audiences	65	70%
Skills in communicating difficult or sensitive health status information [in a manner that inspires and motivates communities]	47	51%
Skills in group process facilitation	44	47%
Knowledge about strategies and techniques in successful negotiation	42	45%
Skills in effective public speaking/conveying ideas in a group	31	33%
Critical Thinking		
Skills in systems thinking (i.e., identifying the whole situation and the dynamics among parts)	61	66%
Skills in translating policy into organizational plans, structures, and programs	57	61%
Skills in framing problems based on key data (including economic, political, and social trends)	47	51%
Skills in developing and evaluating policy options	45	48%
Knowledge and skills for identifying and determining the scientific underpinnings and validity of evidence for MCH interventions	39	42%
Management		
Skills in project management (planning, implementing, delegating and sharing responsibility, staffing, and evaluation)	59	63%
Basic business and administrative skills (related to planning, funding, budgeting, staffing, and managing health care systems and organizations)	48	52%
Skills in writing grant proposals	42	45%
Skills in leading and/or staffing policy working groups	41	44%
Skills in effectively resolving internal employee and/or organizational conflicts	30	32%
Skills in conducting staff performance evaluations (including behaviors) 12	12	13%
Skills in identifying and facilitating career options and opportunities for mentees	10	11%
Family-Centered Care and Medical Home		
Strategies for incorporating family centered and medical home models of healthcare into health professions and continuing education curricula.	59	63%
Use of "family-centered care" constructs (e.g., shared decision-making; strengths-based approaches) to critique and strengthen practices, programs, or policies that affect MCH population groups.	50	54%
Solicit and use family partnerships in a meaningful way in the design or delivery of clinical services, program planning and evaluation.	50	54%
Medical home model for children, families, providers, health care systems, and health plans.	38	41%
Leadership Development		
Knowledge about how personal attitudes, beliefs, and experiences (successes and failures) influence one's leadership style	55	59%
Skills in using self-reflection techniques to enhance program development, scholarship and interpersonal relationships	51	55%
Knowledge and skills related to using productive feedback from peers and mentors	51	55%
Knowledge about identifying signs of stress and fatigue in self and others and use of personal reward and rejuvenation	33	35%
Knowledge about strategies for utilizing mentors/coaches	29	31%

Figure 1: Top Three Training Needs of Title V Programs

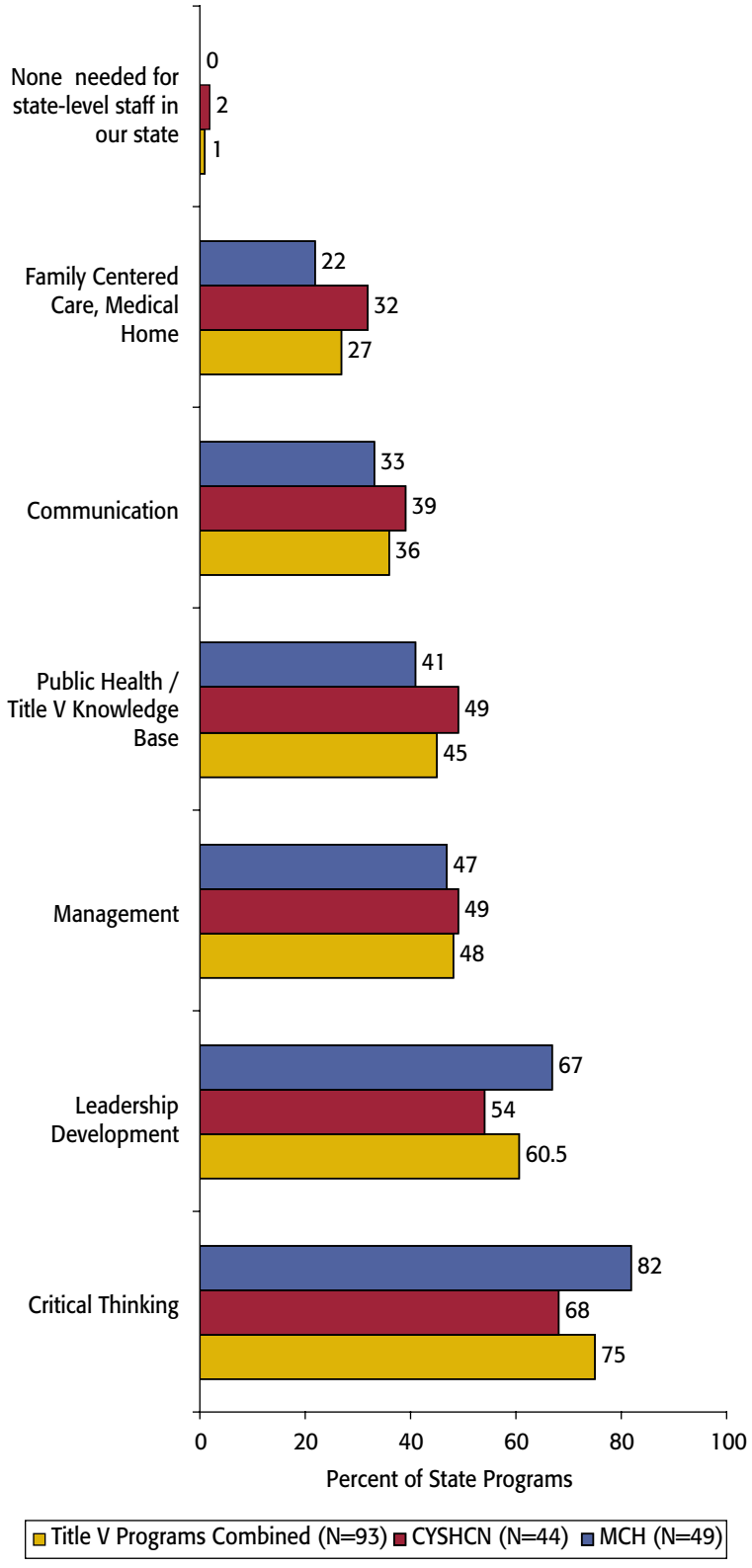

Figure 2: Professional Development/Continuing Education Stratefies Used by Title V Programs

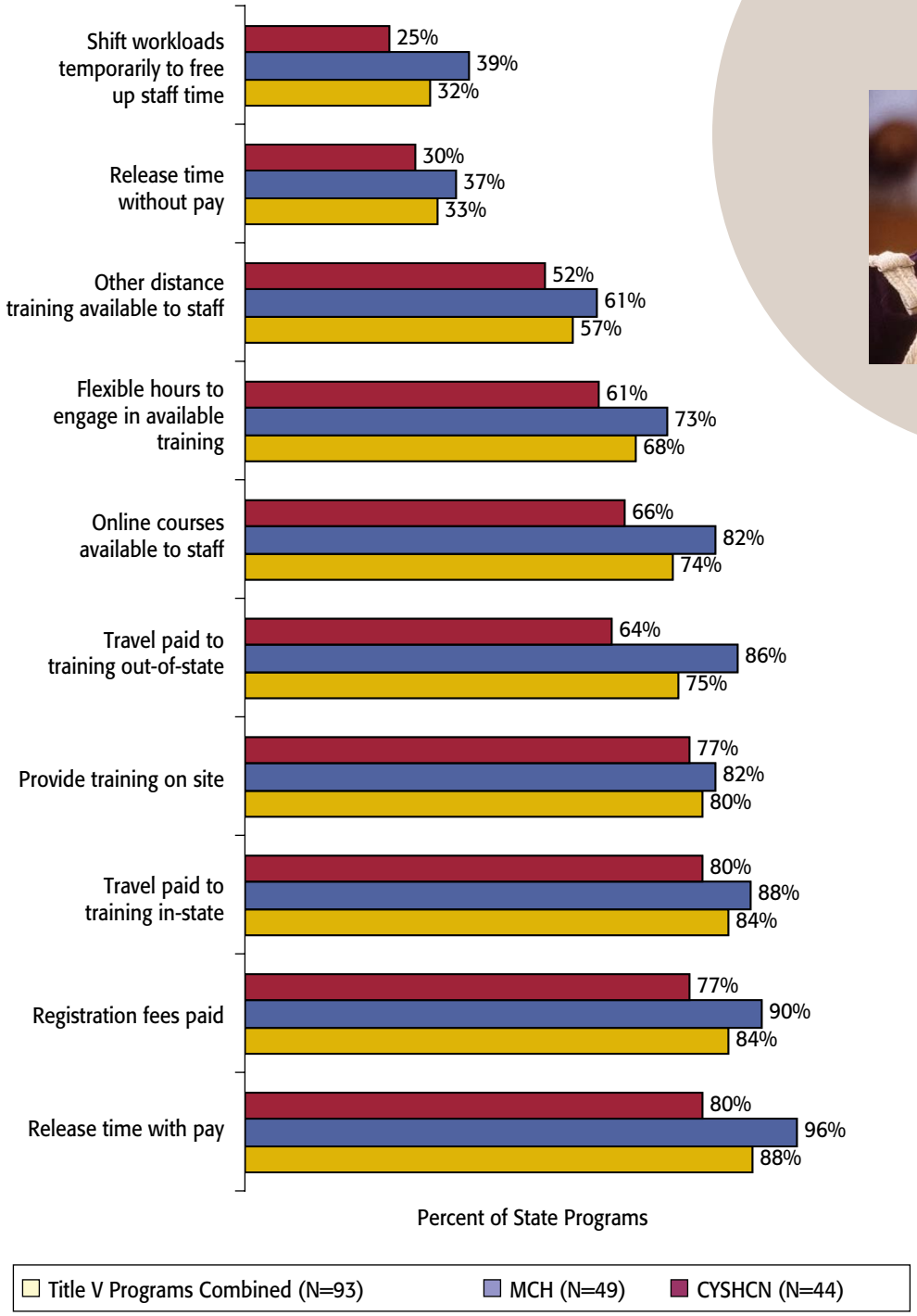

Figure 3: Title V Staff Preferences for Professional Development/Continuing Education Trainng (N=93)

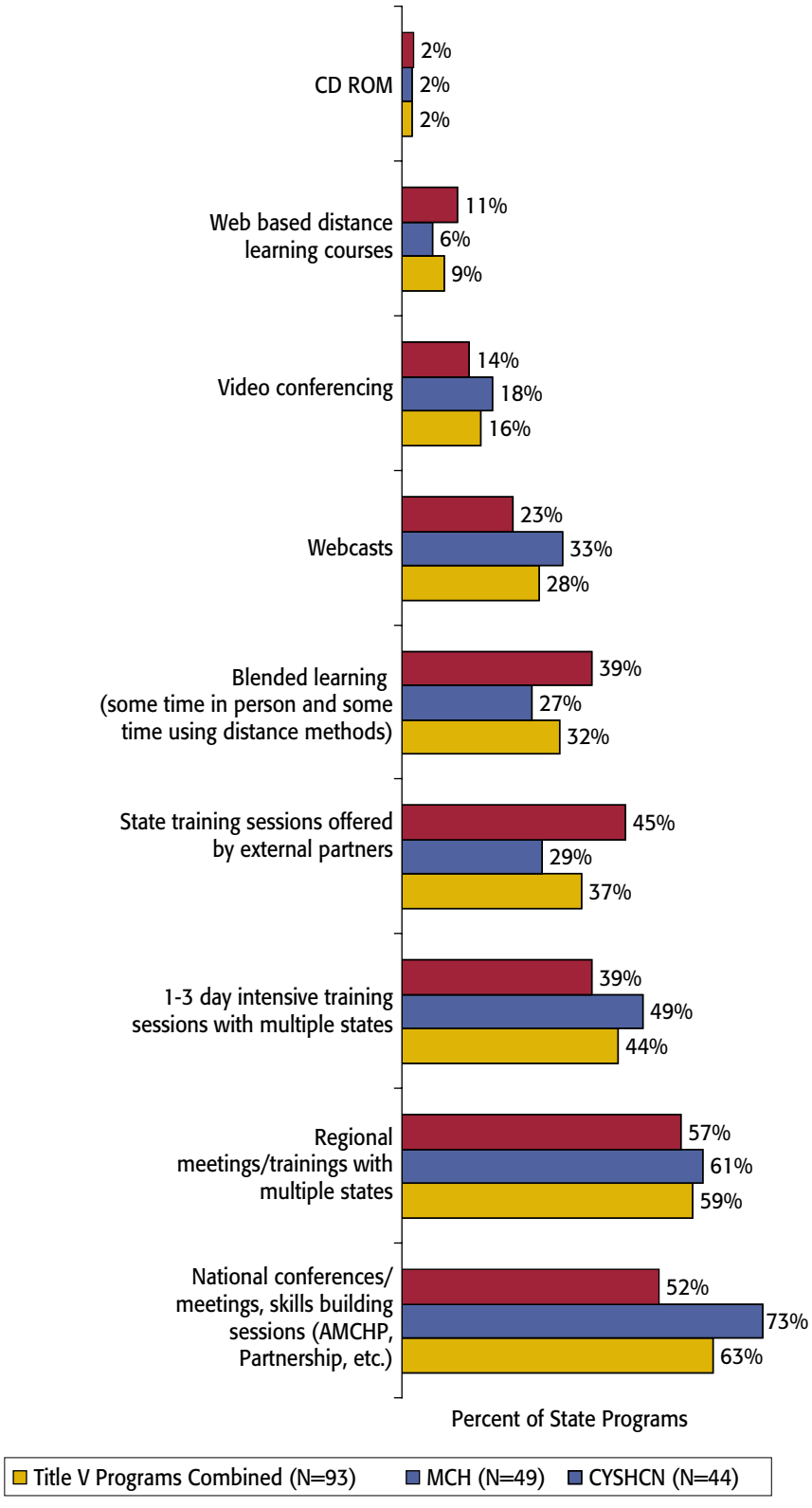

Table 2: Top Barriers to Providing Professional Development/Continuing Education Training to Title V Staff

Barriers Reported	CYSHCN (N=44)	MCH (N=49)	All Title V (N=93)
Travel restrictions	66%	71%	69%
Difficult to take time away from work	59%	67%	63%
Cost of continuing education programs	64%	59%	61%
Limited geographic access	23%	22%	23%
Lack of adequate staffing to cover while training	14%	22%	18%
Lack of appropriate continuing education offerings	9%	4%	6%
No barriers to training experienced	7%	2%	4%
Staff perceive not important because CEUs not required for license re-certification	2%	4%	3%
Lack of CEU credit availability	2%	2%	2%

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Social Justice
Diversity
Equity
Integrity
Partnership & Empowerment
Honesty

Figure 4: Strategies Used to Provide Graduate Education to Staff

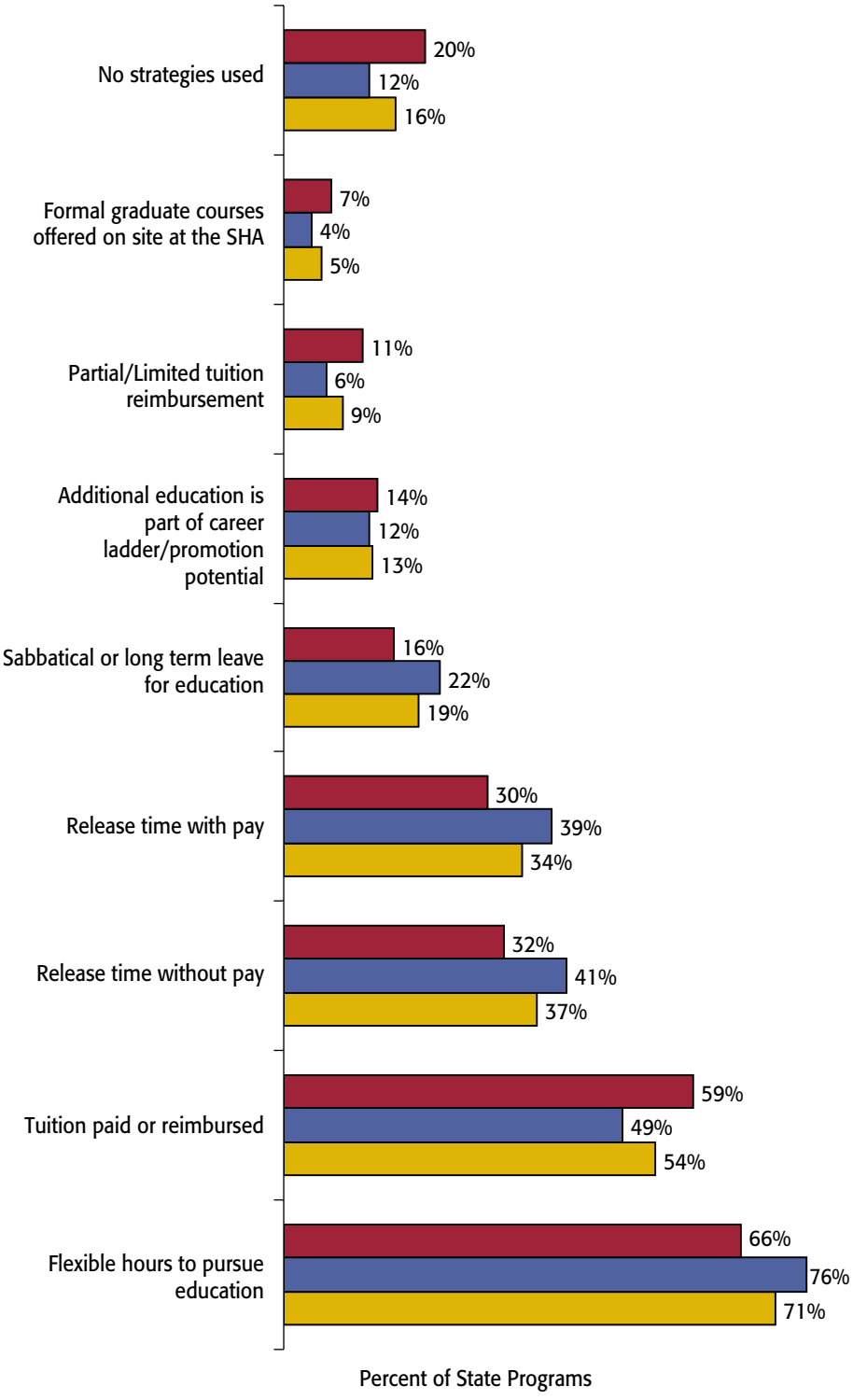

Figure 4: Strategies Used to Provide Graduate Education to Staff continued

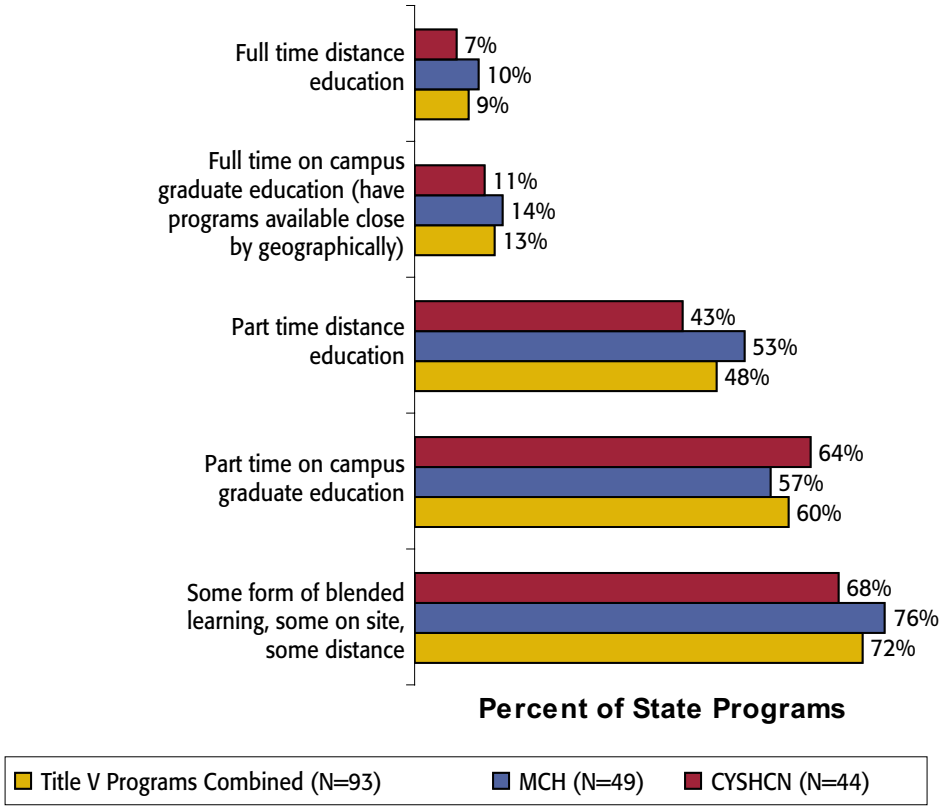

Table 3: Top Barriers to State Level Program Staff Undertaking Graduate Education

Barriers Reported	CYSHCN (N=44)	MCH (N=49)	All Title V (N=93)
Lack of career promotion opportunities	45%	63%	55%
No support (financial, logistical) from our organization to pursue graduate education	39%	53%	45%
No ability to take leave from work to pursue graduate education	23%	31%	27%
Structural barriers in institutes of higher learning (e.g., no part-time academic degree programs)	20%	22%	22%
No geographic access to a face to face graduate education program	14%	18%	16%
No barriers to graduate education experienced	18%	4%	11%
No distance learning program available in area of need	5%	8%	6%
Agency doesn't value graduate education	5%	6%	5%

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.

[1]Three territories provided responses for both MCH and CYSHCN programs and one territory provided a response for MCH only.

OUR MISSION

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

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