

AMCHP's Workforce Committee greatly appreciates your taking the time to fill out this survey so that AMCHP can support Title V Programs in providing higher quality services.

You can go back to previous pages in the survey and update responses until the survey is finished. After the survey is finished and submitted, you will not be able to re-enter the survey.

You may exit the survey before entering all responses and then return to the survey to finish later. The survey link will take the you to the last page you completed before exiting.

The survey is designed to capture information regarding the scope, staff, and training needs of state Title V programs (both CYSHCN and MCH). All of this survey information is critical to designing strategies to strengthen the infrastructure for Title V at the state level and to advocating for the resources needed to implement them. AMCHP will prepare national and regional reports, policy recommendations, and training initiatives based on the data.

Please indicate if you are completing this survey as the MCH Director or the CYSHCN Director.

MCH Director

CYSHCN Director

## Workforce Composition and Structure

Questions 1 through 9 ask for demographic information about your Title V effort and workforce at the state level. This information will be used by AMCHP and MCHB to systematically describe leadership and staff and the scope of Title V programs. These data will allow for improved understanding among policymakers and stronger rationales for increased resources.

### 1. Agency Name

### 2. Agency Location

City/Town:

State:

US Territory (if applicable):

### 3. Program Director's Title/Position

### 4. How long has the Director been at current *organization*?

Years

Months

### 5. How long has the Director been in current *position*?

Years

Months

Title V services and programs (MCH, Parts A and B; CYSHCN Part C of the MCH Block Grant) in your agency may be defined broadly and incorporate many programs and partners. However, to answer the next question, we are only asking you to respond about those programs and services directly under your (MCH or CYSHCN) administrative and/or fiscal control.

6. Looking at the list below, which of the MCH/CYSHCN or related program activities are within your administration or management responsibilities?

*Choose all that apply even if only part of the program/activity is under your management.*

- Adolescent Health
- Birth Defects/Genetics
- Breast and Cervical Cancer
- Childhood Injury Prevention/ EMSC
- Chronic Disease
- Direct Care CYSHCN Program
- Domestic Violence (including rape crisis)
- Early Childhood Comprehensive System (SECCS)
- Early Intervention – Part C IDEA
- Home Care Waiver Program
- Immunization
- Infant Mortality Reduction(including Healthy Start)
- Infant/Child Death Review
- Maternal Mortality Review
- MCH Epidemiology
- MCH Surveillance (PRAMS, YRBS, Birth Defects Surveillance, etc)
- Medical Home Program
- Newborn Blood Spot Screening
- Newborn Hearing Screening
- Oral Health
- Program for Care Coordination and Financial Assistance
- Reproductive Health - including family planning (Title X)
- Sexually Transmitted Infections (e.g. STI and STD education, screening, treatment, Ryan White, etc.)
- Supplemental Security Income (SSI) Disabled Children's Program
- Transition Program
- WIC (Women's Infants and Children Nutrition Program)
- Women's Health
- Other (please specify)

7. In your current position, what are the primary functions of the state level staff that you supervise?

Choose all that apply.

- Data collection and analysis
- Surveillance
- Public education about MCH/health
- Community mobilizing
- Assessment, planning and policy
- Quality assurance/Protective legislation
- Other (please specify)
- Link clients with needed health care (Assure)
- Workforce development
- Program evaluation
- Non-laboratory research, demonstration
- Program management

8. Thinking about your response to question #6, how many state level FTE program staff (non-secretarial) are under your administrative or management responsibility?

FTEs

9. Thinking about your response to question #8, what approximate percent of your state level FTEs have graduate degrees?

% of FTEs

## Staff Vacancies

The following 3 questions are intended to elicit information regarding challenges with respect to filling staff positions within the programs under your Title V administration or management responsibilities (as identified in your response to Question #6). Responses to these questions will assist in documenting need, in guiding workforce development initiatives in federal agencies and in informing initiatives of the AMCHP workforce committee.

10. Keeping in mind the scope of Title V administration and management responsibilities you identified in responding to question #6, please indicate the number of FTE vacant positions you currently have at the state level.

FTE vacancies

11. Please list any specific types of positions which you have difficulty filling (indicate professional title/credentials and/or functional roles).

Write "none" if there are no positions.

12. Please indicate the barriers to filling vacant positions in your state.

*Choose all that apply.*

- Non-competitive salaries
- Unpopular geographic area
- Limited years of experience of applicant pool
- Limited credentialed applicant pool
- Bargaining unit rules
- State hiring freezes
- No barriers experienced
- Other (please specify)

### Assessing Need for Staff Training

13. Do you assess the needs for training (of any/all types) among your staff on an *annual basis*?

Yes

No

For what purposes do you assess the needs for training?

How frequently and for what purposes do you assess the needs for training?

### Training Needs Related to MCH Competencies

This information will guide MCHB to better focus training resources, will guide AMCHP's Annual Meeting and other training programs, and will provide the basis for new/improved curricula in MCH public health graduate training programs that will better meet workforce needs.

14. For each knowledge area or skill set listed below, please choose up to THREE areas where there is the greatest need for training of state level program staff (non-secretarial) in your Title V program (as identified in your response to Question #6).

A. Public Health / Title V Knowledge Base - *Choose no more than THREE*

- Knowledge of cultural, ethnic, and socioeconomic factors influence the access to health care services
- Skills in population health data collection and analysis (MCH Epidemiology)
- Skills in translating data into viable information for MCH needs assessment and planning
- Knowledge and skills for quantitative research (e.g., survey design and sampling methodology)
- Knowledge and skills for qualitative research (e.g., key informant interviews, focus groups)
- Knowledge and skills for designing and conducting program evaluations
- Knowledge of both Title V and non-Title V programs serving MCH populations (including history, current structures, services, and limitations/gaps)

B. Communication - *Choose no more than THREE*

- Skills in effective public speaking/conveying ideas in a group
- Knowledge about strategies and techniques in successful negotiation
- Skills in writing; especially synthesis and translation of MCH science for variety of audiences
- Skills in group process facilitation
- Skills in communicating difficult or sensitive health status information [in a manner that inspires and motivates communities].

C. Critical Thinking - *Choose no more than THREE*

- Skills in framing problems based on key data (including economic, political, and social trends)
- Skills in systems thinking (i.e., identifying the whole situation and the dynamics among parts)
- Knowledge and skills for identifying and determining the scientific underpinnings and validity of evidence for MCH interventions
- Skills in developing and evaluating policy options
- Skills in translating policy into organizational plans, structures, and programs

D. Management Skills - *Choose no more than THREE*

- Basic business and administrative skills (related to planning, funding, budgeting, staffing, and managing health care systems and organizations)
- Skills in writing grant proposals
- Skills in project management (planning, implementing, delegating and sharing responsibility, staffing, and evaluation)
- Skills in leading and/or staffing policy working groups
- Skills in identifying and facilitating career options and opportunities for mentees
- Skills in conducting staff performance evaluations (including behaviors)
- Skills in effectively resolving internal employee and/or organizational conflicts

E. Family Centered Care and Medical Home - *Choose no more than THREE*

- 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.
- Solicit and use family partnerships in a meaningful way in the design or delivery of clinical services, program planning and evaluation.
- Medical home model for children, families, providers, health care systems, and health plans.
- Strategies for incorporating family centered and medical home models of healthcare into health professions and continuing education curricula.

F. Leadership Development - *Choose no more than THREE*

- Knowledge about strategies for utilizing mentors/coaches
- Knowledge about identifying signs of stress and fatigue in self and others and use of personal reward and rejuvenation
- Knowledge about how personal attitudes, beliefs, and experiences (successes and failures) influence one's leadership style
- Skills in using self-reflection techniques to enhance program development, scholarship and interpersonal relationships
- Knowledge and skills related to using productive feedback from peers and mentors

15. In thinking about *current* program needs what skills/knowledge would you desire in your state level program staff (non-secretarial) that are not covered above?

16. Please identify the THREE knowledge/skill areas of greatest training need for your program staff (non-secretarial) at the state level. Refer to question 14 to recall how these areas are defined for the purposes of this survey.

- Public Health / Title V Knowledge Base
- Communication
- Critical Thinking
- Management
- Family Centered Care, Medical Home
- Leadership Development
- None needed for the state-level staff in our state

17. Looking to *the next 5 years* and the challenges emerging in MCH/CYSHCN, are there any other knowledge and/or skill areas beyond those already mentioned that you believe will need to be enhanced within the staff of your agency/organization? Write "none" if there are no other areas.

## Capacity to Provide Training

18. To what extent does your agency (i.e. health department or other administering institution that houses the Title V programs) *currently* have the capacity to provide training for your state level program staff (non-secretarial) that is accessible, topically applicable, and/or otherwise appropriate to their training needs?

- No applicable training
- Training in some areas
- Training in many areas
- Training in all areas

## Staff Training Strategies, Preferred Methods and Barriers

19. Which of the following strategies does your organization use to provide and/or facilitate *training* for state level program staff (non-secretarial)?

*Choose all that apply.*

- Release time with pay
- Release time without pay
- Registration fees paid
- Provide training on site
- Online courses available to staff
- Other distance training available to staff
- Travel paid to training in-state
- Travel paid to training out-of-state
- Flexible hours to engage in available training
- Shift workloads temporarily to free up staff time
- No strategies undertaken
- Other (please specify)

20. What methods of *training* do state level program staff (non-secretarial) prefer?

*Choose no more than THREE preferred methods.*

- 1-3 day intensive training sessions with 25-50 trainees
- Regional meetings/trainings with multiple states
- State training sessions offered by external partners
- National conferences/meetings, skills building sessions (AMCHP, Partnership, etc.)
- Video conferencing
- Webcasts
- CD ROM
- Web based distance learning courses
- Blended learning (some time in person and some time using distance methods)
- Other (please specify)



21. What are the three greatest barriers to providing *training* to non-secretarial state level program staff?

Choose no more than THREE barriers.

- Limited geographic access
- Cost of continuing education programs
- Difficult to take time away from work
- Travel restrictions
- Lack of adequate staffing to cover while training
- Lack of CEU credit availability
- Lack of appropriate continuing education offerings
- Staff perceive not important because CEUs not required for license re-certification
- No barriers to training experienced

### Graduate Education Strategies, Preferred Methods and Barriers

22. Which of the following strategies does your organization currently use to facilitate full or part time state level program staff (non-secretarial) in undertaking formal *graduate education*?

Choose all that apply.

- Release time with pay
- Release time without pay
- Tuition paid or reimbursed
- Formal graduate courses offered on site at the SHA
- Sabbatical or long term leave for education
- Additional education is part of career ladder/promotion potential
- Flexible hours to pursue education
- No strategies used
- Other (please specify)

23. If state level program staff (non-secretarial) have the opportunity to pursue *graduate education*, what are their preferred methods?

Choose no more than THREE preferred methods.

- Full time on campus graduate education (have programs available close by geographically)
- Part time on campus graduate education
- Full time distance education
- Some form of blended learning, some on site, some distance
- Part time distance education
- Other (please specify)

24. What are the three greatest barriers to state level program staff (non-secretarial) in undertaking *graduate education*?

Choose no more than THREE barriers.

- No support (financial, logistical) from our organization to pursue graduate education
- Lack of career promotion opportunities
- No ability to take leave from work to pursue graduate education
- No geographic access to a face to face graduate education program
- No distance learning program available in area of need
- Agency doesn't value graduate education
- Structural barriers in institutes of higher learning (e.g., no part-time academic degree programs)
- No barriers to graduate education experienced

### Sources of Information about Education Opportunities

25. Are you satisfied with your current sources of information about available *state level program staff (non-secretarial) training* opportunities?

Yes

No

If YES, what are your sources of information? (e.g., AMCHP, other professional assn, MCHB, CDC, word of mouth from colleagues, TRAIN web site, others)

If NO, what would be most helpful for you?

26. Are you satisfied with your current sources of information about available *graduate education* opportunities and continuing education opportunities for state level program staff (non-secretarial)?

Yes

No

If YES, what are your sources of information? (e.g., AMCHP, other professional assn, MCHB, CDC, word of mouth from colleagues, TRAIN web site, others)

If NO, what would be most helpful for you?

27. Please tell us anything else about staff composition and training needs that we need to know but have not covered in the survey questions above.

28. Please describe the process used for securing staff input in preparing your program's response to this survey.

29. Please provide information regarding the person AMCHP may contact with any follow-up questions.

Name:

Title:

Email Address:

Phone Number:

Thank you for completing this survey!