

Overview of Survey

Purpose: AMCHP is conducting an analysis of Title V workforce needs across state MCH programs. The survey will be used to identify current and future workforce needs, along with potential skills gaps and the impact of retiring workers leaving the Title V workforce. AMCHP's Workforce Development Committee greatly appreciates you taking the time to fill out this survey so that AMCHP can maximize impact on the health of women, children and families.

Deadline: Please complete the survey by August 30, 2016.

Participation: Your participation in this survey is voluntary. Your identity and participation in this survey will be kept strictly confidential. Your name and email will be identified using a study ID but neither you nor any of your personal information i.e. email, state, professional title will be identified in the analysis or report.

Benefits: 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 of Title V at the state level and to advocating for the resources needed for implementation. We want responses from all individual staff who receive this survey, even if your supervisor or colleague has responded. Every response is unique and will provide critical input.

Risks: There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

Confidentiality: As mentioned above the information collected will be kept confidential and will only be used to gain a better understanding of survey reach as this is the first time the entire Title V workforce has been asked to respond and not just select state leadership. AMCHP will share assessment results, in an aggregated format, with members in a future addition of AMCHP Member Briefs and will prepare national and regional reports, policy recommendations, and training initiatives based on the data. No names or identifying information will be included in any publications or presentations. The data collected will be stored in a password protected electronic format.

Instructions: The survey will take about 35 minutes or less depending on your responses. Please note you can begin the survey and come back and complete your survey, however it must be started and completed on the same computer. You do not have to save your work in progress the computer will remember were you left off. This only works if you are using the same computer.

Staff Contact: For questions or comments regarding the workforce survey, please contact Ki'Yonna Jones at kjones@amchp.org (202) 266-3049.

1. Electronic Consent: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

Agree

Disagree

2. Contact Information: *Please note all information shared will be confidential and only used to help AMCHP gain a better understanding of the reach of the survey.*

Name

Title

Email Address

Workforce Composition and Structure

The following questions ask for demographic information about yourself . This information will be used by AMCHP and MCHB to systematically describe leadership and staff and the scope of Title V programs. This data will allow for improved understanding among policymakers and stronger rationales for sufficient resources.

3. Agency Location

State/Province

-- select state --



4. Where is your position located?

- State Health/Public Health Department
- Academic Partner
- Other (please specify)

5. How many years have you been at your current organization?

- Less than 2 years
- 2-4 years
- 5-9 years
- 10 years or more

6. How many years have you been in your current position?

- Less than 2 years
- 2-4 years
- 5-9 years
- 10 years or more

7. Please identify the classification that best represents your role in the organization.

- Behavioral Health Professional
- Business Support - Accountant/Fiscal
- Community Health Worker
- Department/Bureau Director
- Deputy Director

- Environmentalist
- Epidemiologist
- Family Representative
- Grants and Contracts Specialist
- Health Educator
- Home Health Worker
- Health Officer
- Human Resources Personnel
- Information Technology Specialist
- Licensed Practical/Vocational Nurse
- Medical Examiner
- Nutritionist
- Other
- Business Support Services
- Physician
- Professional and Scientific
- Oral Health Professional
- Registered Nurse- Clinical Services
- Program Director
- Public Health Manager/Program Manager
- Public Health/Preventative Medicine Physician
- Registered Nurse - Community Health Nurse
- Registered Nurse - Unspecified
- Social Services Counselor
- Social Worker
- Statistician
- Student - Professional and Scientific

8. What is your age?

- 30 years or less
- 31-45 yrs of age
- 46-64 years of age
- 65 or more
- I prefer not to answer

9. As part of our Federal funding, we report on the diversity of the populations we serve. We would like to be able to describe the diversity of the Title V workforce. What one category best describes your race and ethnicity?

- American Indian or Alaska Native, non-Hispanic
- Asian, non-Hispanic or Latino
- Black or African American, non-Hispanic or Latino
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, non-Hispanic or Latino
- White, non-Hispanic or Latino
- More than one race/ethnicity
- I prefer not to answer

10. What is the highest degree you have received?

- Associate's degree in nursing
- Other associate degree
- BS/BA
- BSN
- Other baccalaureate degree
- MA/MS
- MBA
- MHSA
- MPA
- MPH/MSPH
- MSN
- MSW
- Other masters degree
- DDS/DMD
- DrPH/PhD/ScD/other public health doctorate
- PhD/ScD/other non-public health doctorate
- DNP
- DVM/VMD
- JD
- MD/DO, or international equivalent
- PharmD

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) purview.

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

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

- | | |
|---|---|
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Injury (intentional/unintentional) |
| <input type="checkbox"/> Autism and Developmental Disabilities | <input type="checkbox"/> Maternal Mortality |
| <input type="checkbox"/> Birth Defects/Genetics | <input type="checkbox"/> MCH Epidemiology |
| <input type="checkbox"/> Breast and Cervical Cancer | <input type="checkbox"/> MCH Surveillance (PRAMS, YRBS, Birth Defects Surveillance, etc.) |
| <input type="checkbox"/> Childhood Injury Prevention/ EMSC | <input type="checkbox"/> Medical Home Program |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Medicaid Programming |
| <input type="checkbox"/> Direct Care CYSHCN Program | <input type="checkbox"/> Newborn Blood Spot Screening |
| <input type="checkbox"/> Domestic Violence (including rape crisis) | <input type="checkbox"/> Newborn Hearing Screening |
| <input type="checkbox"/> Early Childhood Comprehensive System (ECCS) | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Early Intervention - Part C IDEA | <input type="checkbox"/> Preconception Health - Not including family planning (Title X) |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Program for Care Coordination and Financial Assistance |
| <input type="checkbox"/> Health Reform | <input type="checkbox"/> Reproductive Health - Including family planning (Title X) |
| <input type="checkbox"/> Home Care Waiver Program | <input type="checkbox"/> Sexually Transmitted Infections (e.g. STI and STD education, screening, treatment, Ryan White, etc.) |
| <input type="checkbox"/> Home Visiting | <input type="checkbox"/> Supplemental Security Income (SSI) Disabled Children's Program |
| <input type="checkbox"/> Immunization | <input type="checkbox"/> Transition Program |
| <input type="checkbox"/> Infant Mortality Reduction (including Healthy Start) | <input type="checkbox"/> WIC (Women's Infants and Children Nutrition Program) |
| <input type="checkbox"/> Infant/Child Death Review | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Other (please specify) | |

12. In your current position, what are your primary functions?

Choose all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Data collection and analysis | <input type="checkbox"/> Link clients with needed health care (Assurance) |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Workforce development |
| <input type="checkbox"/> Public education about MCH/health | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Community mobilizing | <input type="checkbox"/> Applied research, demonstration |
| <input type="checkbox"/> Assessment, planning and policy | <input type="checkbox"/> Program management |
| <input type="checkbox"/> Quality assurance/Protective legislation | |
| <input type="checkbox"/> Other (please specify) | |

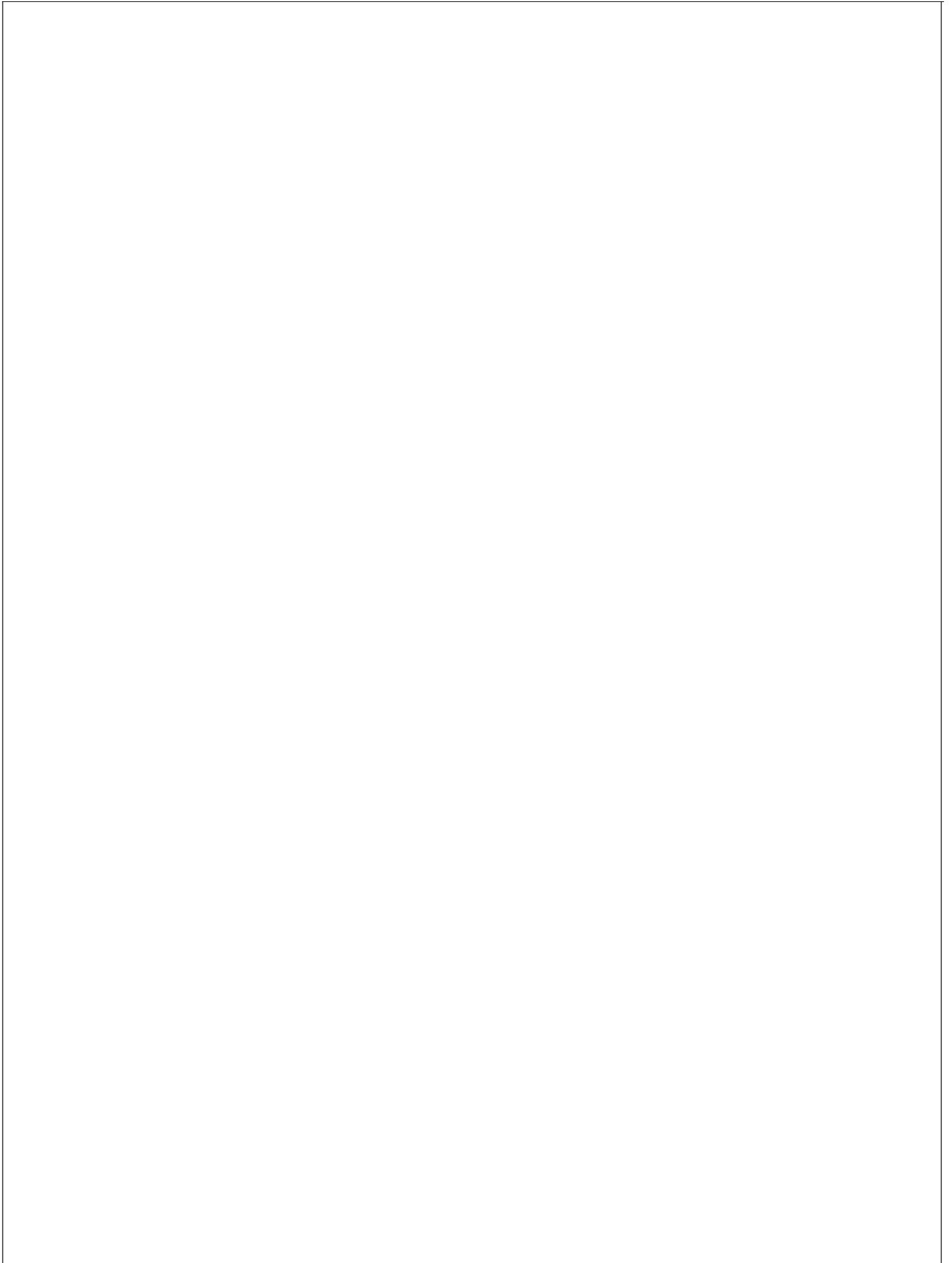
13. What is your supervisory status? Please note supervisory levels are defined as follows:

- **Non-supervisor:** you do not supervise other employees;
- **Team leader:** you provide employees with day-to-day guidance in work projects, but do not have official supervisory responsibility or conduct performance appraisals;
- **Supervisor:** you are responsible for employees' performance appraisals and approval of their leave, but you do not supervise other supervisors;
- **Manager:** you are in a management position and supervise one or more supervisors; and
- **Executive:** member of Senior Executive Service or equivalent

- Non-Supervisor
- Team leader
- Supervisor
- Manager
- Executive

14. Which of the following best describes your role in your state's or jurisdiction MCH Program?

- MCH Director
- CYSHCN Director
- Title V Staff
- Family Representative
- Other (please specify)



15. Thinking about your response to question #11, how many state level FTE program staff (non-secretarial) are under your administrative or management responsibility whose positions are paid for or support Title V programs?

FTEs

16. Thinking about your response to question #15, what approximate percent of FTEs under your administrative or management responsibility 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 #11). 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.

17. Keeping in mind the scope of Title V administration and management responsibilities you identified in responding to question #11, at this current time are there any key Title V funded positions that are vacant?

Yes

No

Staff Vacancies

18. If yes, how many FTE vacancies do you have?

19. Have any FTEs been added at the state level in the past two years?

Yes

No

Staff Vacancies

20. If yes, how many FTEs have been added?

21. Have any FTEs been eliminated at the state level in the past two years?

Yes

No

Staff Vacancies

22. If yes, how many FTEs have been eliminated?

23. 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.

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

Choose all that apply.

- Non-competitive salaries
- Geographic area
- Limited years of experience of applicant pool
- Limited credentialed applicant pool
- Bargaining unit rules
- State delays/bureaucracy in hiring
- State hiring freezes
- No barriers experienced
- Unsure
- Other (please specify)

25. What tool(s) do you use to assess training needs? *(Check all that apply)*

- MCH Navigator self-assessment
- Core Competencies for Public Health Professionals
- Agency specific assessment
- Other (please specify)

26. For what purposes do you assess training needs? *(Check all that apply)*

- As part of/to inform our agency workforce strategy
- For public health accreditation
- As part of/to inform our annual report and application for the Title V MCH Services Block Grant
- To identify external training resources that are needed
- To inform internally developed trainings
- For staff individual professional development plans
- Orientation training plans for new employees
- Other (please specify)

27. How frequently do you assess training needs?

- Every 6 months
- Every year
- Every other year
- Other (please specify)

Training Needs and Competencies for Supervisors

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

Based on your perspective as a supervisor we would like to assess what you feel is the greatest and least training need for your staff.

28. Have you used the MCH Leadership Competencies?

Yes

No

Training Needs and Competencies for Supervisors

30. In addition to the training needs you identified in Q29 for your staff, please describe/define any additional topic areas not covered above your program staff need.

31. Please describe your professional training needs.

Training Needs Related to MCH Competencies

This information will guide MCHB to better focus training resources, and guide AMCHP's Annual Meeting and other training programs, as well as provide the basis for new/improved curricula in MCH public health graduate training programs that will better meet workforce needs. We would like to assess what you feel is the greatest and least training need for yourself.

For each knowledge area or skill set listed below, please select your THREE highest priority training needs.

*** 32. Public Health / Title V Knowledge Base - *Select your top 3***

- Knowledge of cultural, ethnic, and socioeconomic factors influencing 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)

*** 33. Communication - *Select your top 3***

- 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 outside of Title V and MCH
- Skills in group process facilitation
- Skills in communicating difficult or sensitive health status information [in a manner that inspires and motivates communities].
- Skills to communicate vision
- Skills in internal communication - ability to effectively collect and disseminate information
- Skills to communicate during a crisis

* 34. Critical Thinking - *Select your top 3*

- 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

* 35. Management Skills - *Select your top 3*

- 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 evaluating)
- 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
- Skills and knowledge to delegate effectively
- Skills to manage during a crisis
- Knowledge and skills to develop and nurture a positive organizational culture

* 36. Family Centered Care and Medical Home - *Select your top 3*

- 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.

* 37. Development of Leadership Skills - *Select your top 3*

- 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
- Knowledge and skills to lead multi-disciplinary teams
- Knowledge and skills to collaborate with partners (e.g. non-profit organizations, community groups, local HDs, etc.)

* 38. Change Management/Adaptive Leadership - *Select your top 3*

- Frame "wicked" or adaptive problems with stakeholders and engage them in long-term learning and problem solving
- Increase authentic leadership skills to attend to the people and process challenges inherent in change while driving action and performance
- Manage cultural, structural and process changes required to reach the goal of a highly skilled workforce, able to embrace health transformation
- Lead teams to maximize buy-in, frame and solve problems, keep members engaged and sustain efforts over time
- Lead population health efforts
- Lead finance transformation efforts

* 39. Evidence-based Decision Making - *Select your top 3*

- Critically examine evidence-based interventions against identified needs, context and resources
- Apply methods for selection of evidence-based interventions that will ensure fit of identified programs with selected National Performance Measures (NPMs) and/or Evidence-based or Informed Strategy Measures (ESMs).
- Use implementation science to effectively prepare, deliver and improve selected evidence-based interventions
- Use performance management and program evaluation tools to ensure selected evidence-based interventions are achieving desired results
- Effectively communicate and disseminate results to stakeholders

* 40. Systems Thinking and Integration - *Select your top 3*

- Understand and describe "wicked" problems (e.g. persistent health disparities)
- Use collective impact and similar frameworks to support effective cross-sector partnerships
- Apply systems thinking to complex problems
- Use systems mapping methods to understand current systems, including gaps and duplication, and desired future state of systems
- Effectively illustrate role of consumers in complex systems
- Describe components of broad systems
- Learn about other agencies' work, realities, priorities
- Inventory community resources
- Illuminate connections and strengthen cross-system stakeholder collaborations
- Anticipate unintended consequences of potential actions
- Document and describe the need for change in systems
- Partner with Medicaid, ACOs and other providers to effectively integrate primary care and/or mental health services with public health services

41. In thinking about *current* program needs, what skills/knowledge would you like to develop that are not covered above?

42. 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

43. 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 staff training that is accessible, topically applicable, and/or otherwise appropriate to your training needs?

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

Staff Training Strategies, Preferred Methods and Barriers

44. Which of the following strategies does your organization use to provide and/or facilitate continuing education opportunities 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)

45. What methods of training do you prefer?

Choose no more than THREE preferred methods.

- One to three 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)

46. What are the three greatest barriers to you accessing the training you need?

Choose no more than THREE barriers.

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

Capacity Building Strategies, Preferred Methods and Barriers

47. Which of the following strategies are available to you in seeking a full or part time formal *higher* education (seeking a certification such as CPH, masters or doctorate-level degree)?

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
- Unsure
- I already have a certificate/degree

Other (please specify)

48. If you had the opportunity to pursue *graduate education*, what would be your 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
- I already have a certificate/degree
- Other (please specify)

49. What are your three greatest barriers in undertaking *graduate* education in your current position?

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 does not value graduate education
- Structural barriers in institutes of higher learning (e.g., no part-time academic degree programs)
- Personal expense for financing graduate education
- No barriers to graduate education experienced
- Unsure

Resources and Training Opportunities

50. Have you received resources from or interacted with any of these partners for training?

- Association of Maternal & Child Health Programs (AMCHP)
- American Congress of Obstetricians and Gynecologists (ACOG)
- Centers for Disease Control and Prevention (CDC)
- CityMatCH (The National Organization for Urban MCH Leaders)
- Maternal and Child Health Bureau (MCHB)
- MCH Navigator
- National MCH Workforce Development Center
- National Institute for Children's Health Quality (NICHQ)
- Schools of Public Health
- Other MCHB Graduate Training Programs (e.g., LEND, LEAH, etc.)
- TRAIN website (A web-based platform that provides a robust clearinghouse of on-site training and distance learning opportunities available in local, state, and national jurisdictions in public health)

Yes

No

53. Why did you select unsure or dissatisfied?

54. What training resources would be helpful that are not currently available?

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

Understanding Title V Collaboration

56. Please indicate your level of collaboration with the following entities/organizations.

Use the following scale when responding:

Collaboration (Frequent communication and mutual trust, consensus reached on all decisions)

Coalition (Share resources, frequent and prioritized communication, joint decision-making)

Coordination (Share resources, defined roles, frequent communication, joint decision-making)

Cooperation (Somewhat defined roles, formal communication, independent decision-making)

Networking (Loosely defined roles, little communication, independent decision-making)

No partnership exists

Unsure if a partnership exists

Choose N/A if the entity/organization listed is your entity/organization

	Collaboration	Coalition	Coordination	Cooperation	Networking	No Partnership exists	Unsure if a Partnership exists	N/A
Title V MCH Program/counterpart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title V CYSHCN Program/counterpart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/Consumer Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key stakeholder consortia and/or committees (i.e., specific work groups, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other state department of health divisions, bureaus, offices, cities, or programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider groups (i.e., AAP, ACOG, Nursing Associations, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. How do you show that you value the different entities/organizations you work with?

Understanding State Bench Strength

Building Title V bench strength (also known as succession planning) is not just about identifying and grooming the next generation of leaders. It is an on-going part of workforce development efforts designed to sustain an organization or agency's capacity. It is supported by activities such as recruiting and retaining a competent workforce by developing skills, knowledge, and building leadership capacity. Particularly in this time of great change in state Title V programs, building bench strength is of critical importance to ensure that states have the qualified workforce with the needed expertise for ensuring the continuity and prosperity of maternal and child health programs. The following questions will help us gain a better understanding of the Title V bench strength.

58. I am planning to retire in:

- 2016
- 2017
- 2018
- 2019
- I am not planning to retire before 2020

59. Are you considering leaving your organization within the next year, and if so, why?

- No
- Yes, to retire
- Yes, to take another governmental job (in public health)
- Yes, to take another governmental job (not in public health)
- Yes, to take a non-governmental job (in public health)
- Yes, to take a non-governmental job (not in public health)
- Yes, other

Defining Leader/Leadership: For the purposes question 55, when we say "leader/leadership", here is what we mean: Being a leader is not about one's title or position. Anyone can be a leader. A leader is someone who constructively engages others. Effective leaders have a clear understanding of (1) who they are, (2) what they know, (3) and what they can do in terms of their area of responsibility.

Having self-awareness is one of the first steps in being a leader, followed by the ability to inspire a shared vision and enlisting others, understanding that it is okay to take risks, being able to collaborate and strengthen others, and lastly encouraging others. This self-awareness allows a leader to influence a single person or a group of people towards change/innovation by their actions. Self-awareness and engaging others enables a leader to influence policies and systems that have a larger impact on the maternal and child health population they serve.

Thank You!

Thank You for completing this survey!