

2020

Member Assessment



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

AMCHP Equity, Epidemiology, & Evaluation

12/18/2020

2020 AMCHP Member Assessment: Survey Report

EXECUTIVE SUMMARY

Annually, the Association of Maternal & Child Health Programs (AMCHP) surveys its membership to learn more about member demographics and characteristics, obtain assessments of AMCHP services/products, and collect suggestions on how AMCHP can improve the value of their membership. In July 2020, AMCHP administered an Annual Member Assessment survey to 314 members. At the end of an eight-week survey period (July 21-September 15, 2020), AMCHP received 142 survey responses for a survey response rate of 45.2%.

MEMBER PROFILE

- Age: largest age groups were 51-60 years (31%), 31-40 years (31%), & 41-50 years (23%)
- Race/Ethnicity: Most identify as non-Hispanic White (70.4%); non-Hispanic Black (15.1%) and Hispanic/Latino (5.8%)
- Gender: Most identified as female (85.2%)
- Education: master's degree (61.3%); bachelor's degree (21.1%)
- Title V Affiliations:
 - Most (95.8%) affiliated with a state Title V MCH program
 - Most Title V organizations are state health departments with both Title V MCH and Children & Youth with Special Health Care Needs programs (61.0%).
- Workplace
 - Most in supervisor/management positions (55.2%)
 - 54.4% employed with same agency for more than 10 years
 - In next five years, most (54%) plan to stay in current role, 17.3% plan to retire, 10.1% leave for another job in MCH

MEMBERSHIP EXPERIENCE

- Membership Length: 3-5 years (27.6%), 1-2 years (22.0%), and 6-10 years (20.6%)
- Membership Value
 - Meets expectations of a membership organization (84.2%)
 - Membership benefits them/their organization (91.3%)
 - Most would recommend AMCHP to colleagues (85.2%)
 - AMCHP was commonly described as Effective, Informative, and Supportive
- Membership Benefits
 - Top reasons for membership retention: AMCHP trainings and educational opportunities (59.7%); delivery of MCH information (56.1%); and the Annual Conference (53.2%)
 - AMCHP Board, & Committees
 - Knowledge of AMCHP Board and Committees' Activities
 - A slight majority are well informed of AMCHP Board activities (52.9%)
 - Less than half are well informed of AMCHP Committee activities (38.9% - 48.2%)
 - AMCHP Communications: Most assess communications as relevant (98.5%), informative (96.4%), and timely (96.4%)

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EXPERIENCE WITH AMCHP

- AMCHP Staff: most express satisfaction with AMCHP staff (94.4%) with knowledge/expertise, connections/referrals to resources, & ease of communication/contact ranked as the most valued aspects of staff interactions
- AMCHP Engagement & Support
 - AMCHP's efforts are effective in family engagement (78.9%) and support of family leaders (77.7%)
 - AMCHP's efforts are effective in youth engagement (64.6%) and support of youth leaders (64.6%)
- AMCHP Activities, Events, & Services
 - Most assess AMCHP activities, events, & services as high quality (52.6%-85.1%)
 - Primary means of member participation are accessing AMCHP communications (99.3%) and participation in conference calls/webinars (93.5%)
 - Many want to be engaged with AMCHP workgroups/taskforces (70.2%) and member committees (51.1%)
- AMCHP Impact
 - AMCHP conducts activities/actions that help alignment of resources and improve support of MCH (81.5%-84.0%)
 - AMCHP conducts activities and actions that increase investment in MCH programs (76.5%-86.4%)
- Recommendations
 - Improving communication, adding more resources to support membership, financial support, and reducing the length of the Membership Assessment survey.

MEMBER CAPACITY & NEEDS

- Top System-Level Priorities for Next 5 Years
 - Addressing health equity (47.1%)
 - Ability of state health departments to recruit/ retain highly competent staff (43.0%)
 - Addressing institutional/structural racism (38.0%)
 - Federal/State general funding (38.0%)
 - Policies influencing public health priorities & the public health agenda (28.9%)
- Improvements Needed for Epidemiologic/Analytic Capacity Areas
 - Economic analysis/evaluation (66.7%)
 - Program evaluation (54.8%)
 - Using scientific evidence to support program interventions or actions (49.2%)
- Knowledge and Application of MCH Best Practices and Innovation Station
 - Nearly half had knowledge of best practices in the distinct areas of data, policy, and program practice (44.9%-46.5%) with 50% reporting knowledge of Innovation Station
 - Lesser percentages reported applying data (43.3%) and policy (39.4%) best practices and using Innovation Station (38.9%) in their work

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DETAILED REPORT

Annually, the Association of Maternal & Child Health Program (AMCHP) surveys its membership to ask for their assessments of AMCHP services/products and suggestions on how AMCHP can improve the value of their membership. In July 2020, AMCHP administered its 2020 Annual Member Assessment survey to 314 members. At the end of an eight-week survey period (July 21-September 15, 2020), AMCHP received 142 survey responses for a survey response rate of 45.2%.

RESPONDENT PROFILE

DEMOGRAPHICS

AGE

The 2020 Member Assessment respondents' ages ranged between 26 years to more than 66 years of age. The largest age groups were the 51-60 (31%), 31-40 (28%) and 41-50 (23%) groups.

The age distribution among the four oldest age groups is similar to age distributions among 2019 AMCHP Member Assessment and the Public Health Workforce Interests and Needs Survey (PH WINS Survey)ⁱ, which was representative of the 2017 national public health workforce. These similarities show a skew towards an older public health workforce with approximately one-third of respondents who are forty years old or younger in all three surveys. Figure 1 shows the respondent age distributions for respondents of AMCHP's 2019 and 2020 Member Assessment Surveys and the national PH WINS Survey.

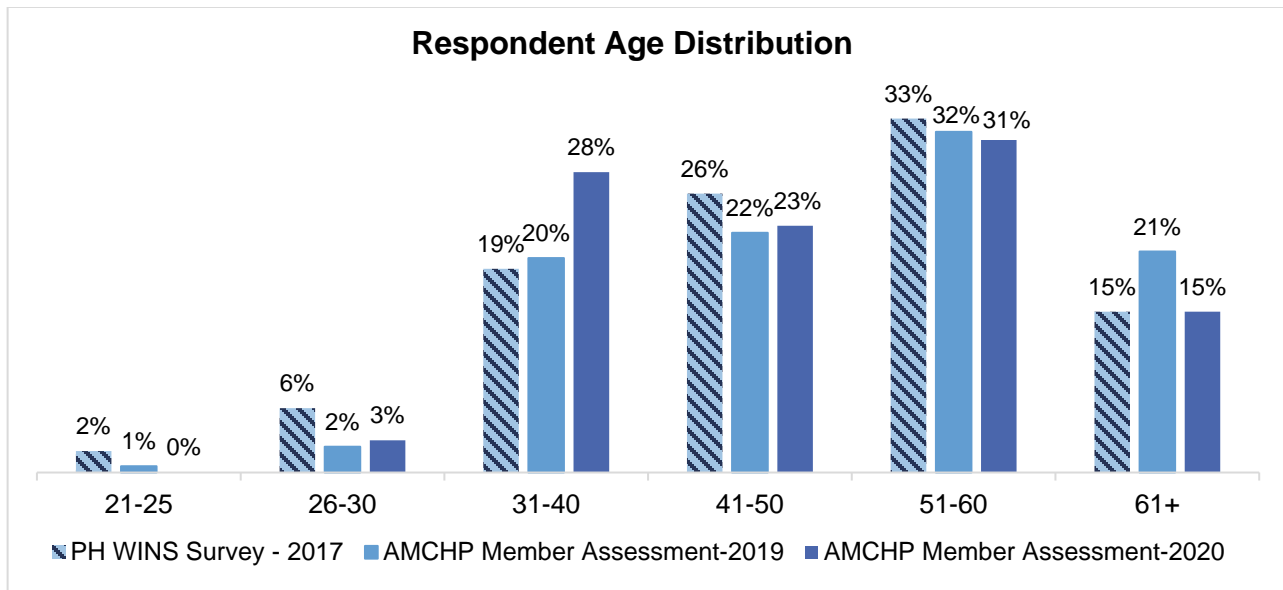


Figure 1 Age Distribution: 2019 & 2020 AMCHP Assessment Surveys and the PH WINS Survey

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RACE/ETHNICITY AND GENDER

For racial and ethnic composition of AMCHP’s membership, the majority (71.9%) identify as “White, non-Hispanic or Latino” followed by “Black, non-Hispanic or Latino” at 15.1%. However, AMCHP membership has a very low percentage that identify as Hispanic at 5.8%. The 2020 racial/ethnic distribution is similar to the racial/ethnic distribution seen for 2019 survey respondents. (Figure 2) For gender, most (85.2%) self-identify as female.

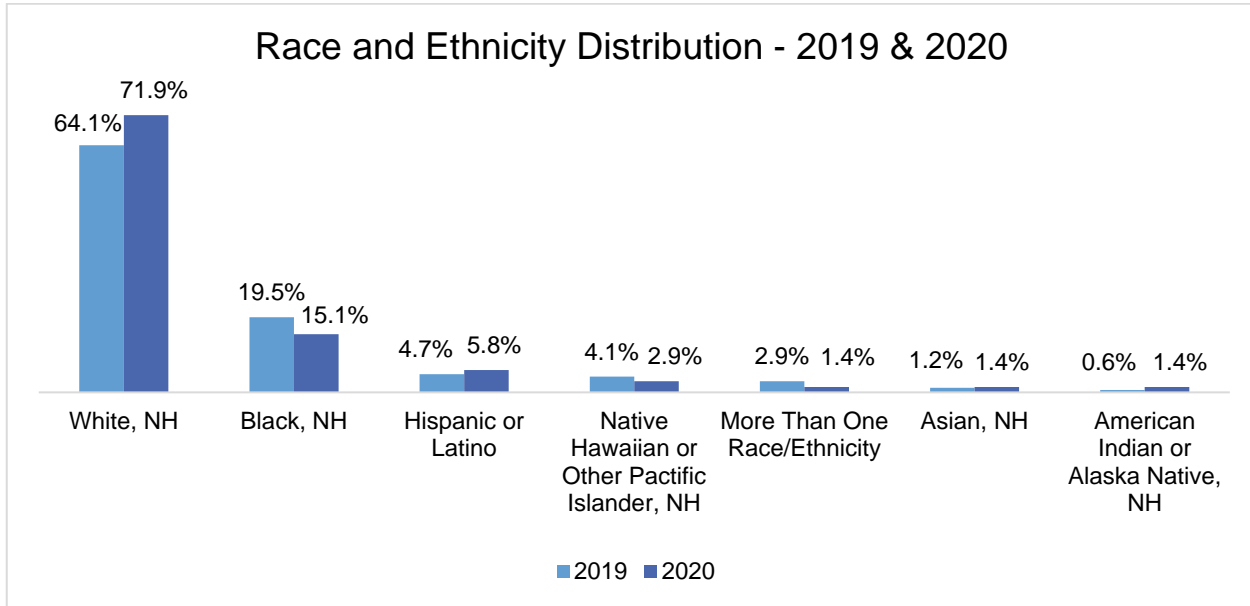


Figure 2 Race and Ethnicity Distribution

EDUCATION ATTAINMENT AND FIELD OF STUDY

Over half of the respondents (61.7%) indicated having a master’s degree with bachelor’s degree attainment placing a distant second (21.3%). For comparison, respondents to the 2020 Member Assessment had a higher percentage of graduate level degrees than the nationally representative respondents of the PH WINS Survey. PH WINS Survey (2017) shows 31% of respondents had a masters or doctoral degree, while 73.2% of the 2020 AMCHP Member Assessment Survey respondents indicated having a masters or doctoral degree. Figure 3 shows the distribution of highest attained degrees among 2020 Member Assessment Survey respondents.

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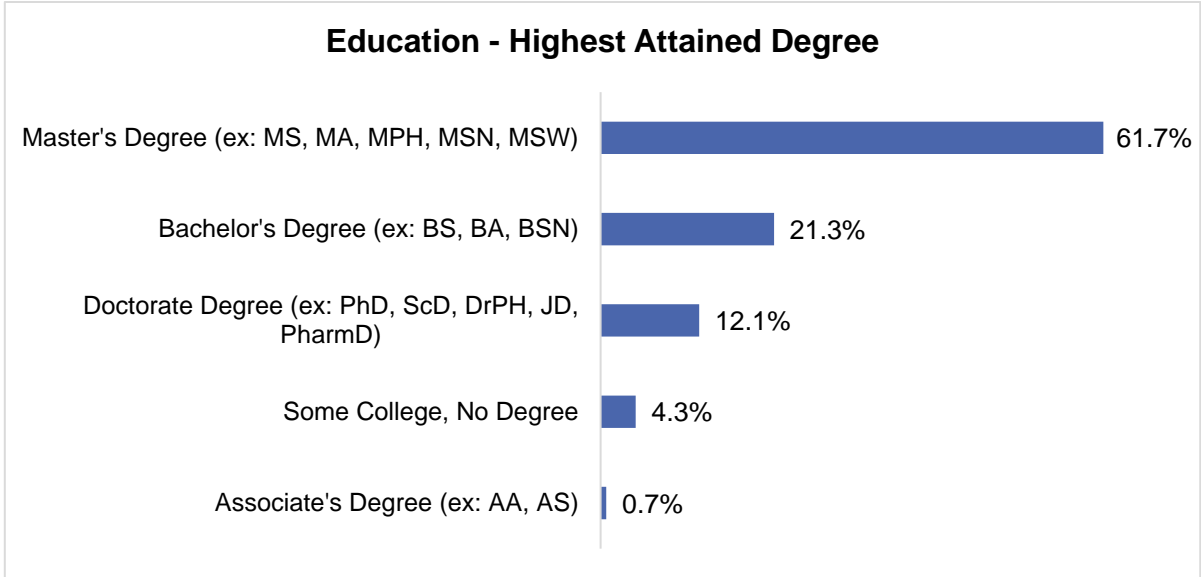


Figure 3 Highest Attained Education Degree

TITLE V MCH AFFILIATION - WORKPLACE

Most respondents (95.8%) indicated an active affiliation to a Title V MCH Block Grant program. Title V affiliation is defined as being employed by or volunteering with a Title V MCH program. Most members' Title V affiliation (61.0%) was attributed to employment at a state health department that housed both MCH & CYSHCN programs. The distribution of Title V organization affiliations among survey respondents can be found in Figure 4.

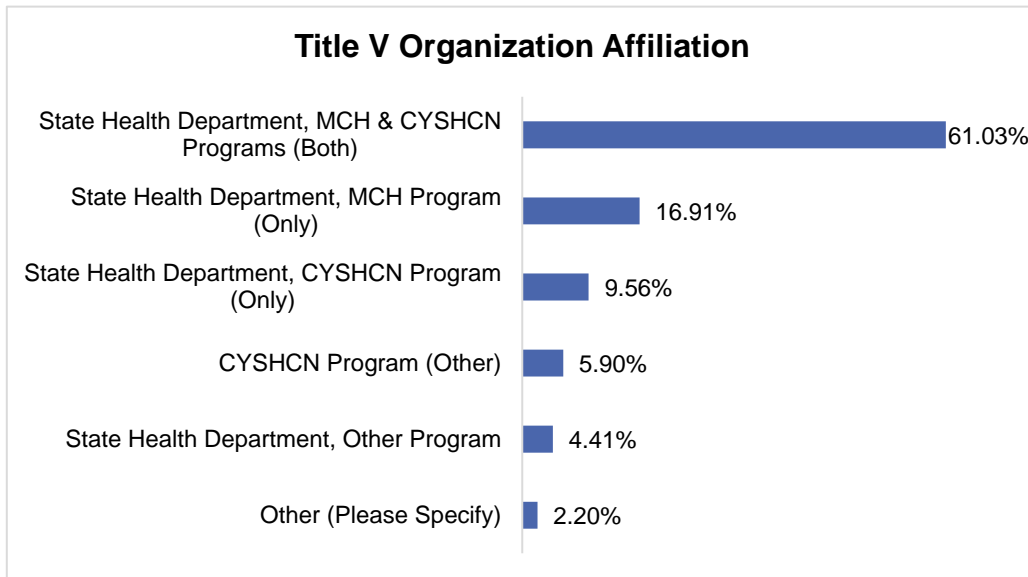


Figure 4 Title V Organization Affiliation

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EMPLOYMENT POSITION

Most respondents reported being employed in supervisory/managerial roles (Figure 5). Additionally, the most common positions reported by respondents were: Administrator/Manager of Unit, Section, or Program; State CYSHCN Director; and Family Representative - Title V/CYSHCN Program.

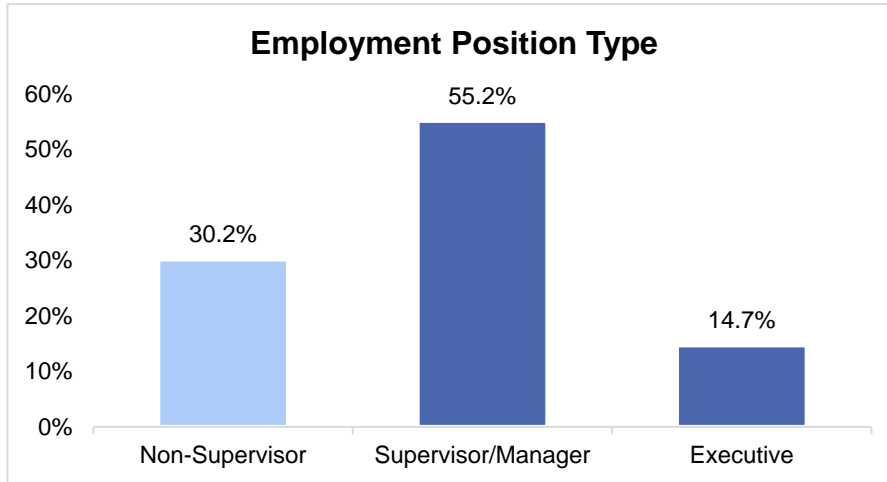


Figure 5 Employment Position Type

EMPLOYMENT RETENTION

Workforce retention and recruitment were identified as a top priority for 2020 survey respondents as shown later in this report. Half of the respondents reported being in the MCH field and employed at their current agency for more than 10 years at 55.8% and 54.4%, respectively. A slight majority of the 2020 respondents (54.0%) indicated plans to stay in their current roles for the next 5 years. Although this is an absolute percentage increase from plans reported by 2019 Member Assessment respondents, the increase is not statistically significant. Figure 6 shows a comparison between 2019 and 2020 regarding future employment plans. A higher percentage of 2020 respondents planned to retire within the next five years compared to 2019 survey respondents. (Figure 6)

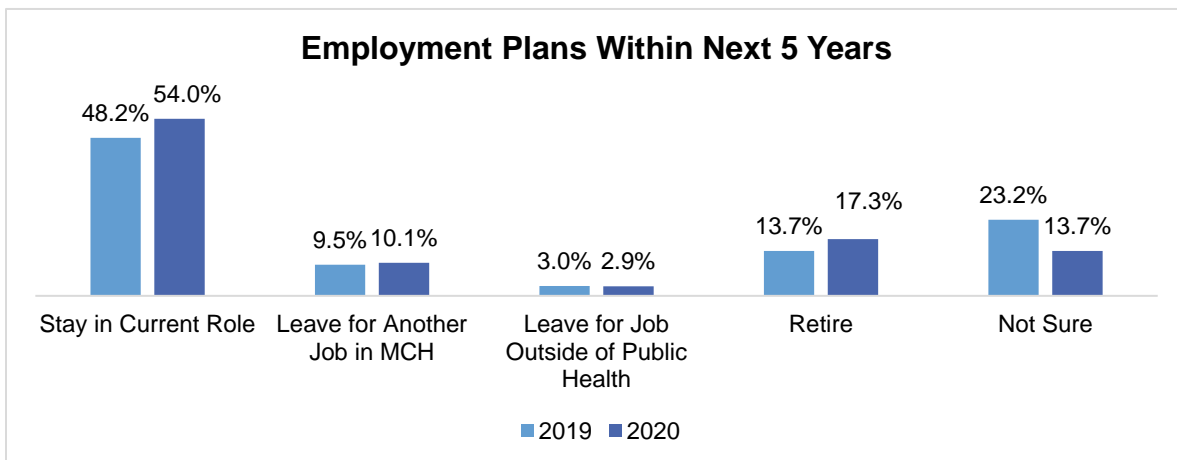


Figure 6 Employment Plans – 2019 & 2020

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For those who plan to stay in their current role, job satisfaction was the top reason for staying as selected by 73.7% of the respondents. The remaining top reasons for staying in current roles were distant from the top reason, but more clustered together: benefits (39.5%), satisfaction with their supervisor (35.5%), flexible work schedule (31.6%), and workplace environment (23.7%).

For respondents reporting that they did not plan to stay in their current roles for the next five years, no single reason for leaving was overwhelmingly selected. The top reason selected for staying was opportunities for advancement (31.7%) followed by more clustered reasons selected for leaving: workplace environment (21.7%), retirement (20.0%), burnout (18.3%), and leadership change (16.7%). (Figure 7)

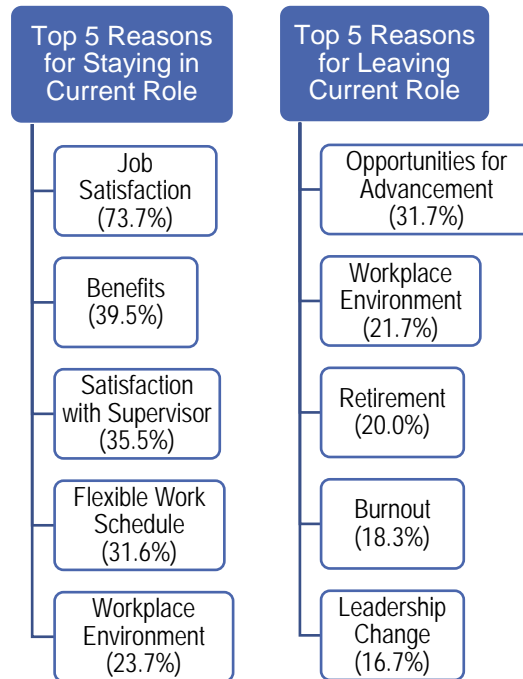


Figure 7 Top Reasons for Staying In or Leaving Current Employment Role

MEMBERSHIP EXPERIENCE

MEMBERSHIP LENGTH

Overall, the largest percentage of respondents have been AMCHP members between one and five years (49.7%). Slightly more than a one-third of survey respondents (39.7%) have been members for a substantial amount of time, six years or greater. Compared to the member survey respondents in 2019, significantly more respondents indicated they were relatively new to AMCHP membership at 5.9% and 10.6%, respectively. Figure 1 shows the distribution of membership length among survey respondents for the 2019 and 2020 Member Assessment Surveys.

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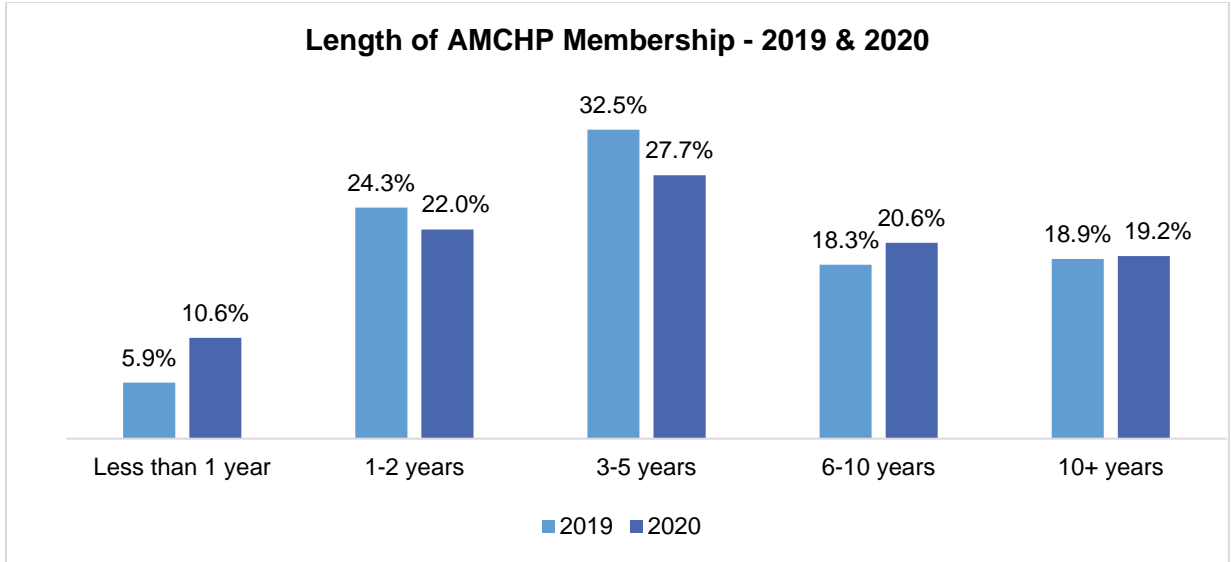


Figure 8 AMCHP Membership Length – 2019 & 2020

MEMBERSHIP SATISFACTION AND RETENTION

Overall, most (84.2%) report that AMCHP meets their expectations of a member organization. Moreover, 91.3% believe that they are benefitting from their or their organization’s AMCHP membership. Over half (66.9%) indicate their satisfaction with membership has remained the same over the past year.

Survey respondents were asked to describe AMCHP using one descriptive word. The most common themes of the collection of description words were Effective, Informative, and Supportive. Themes of the descriptive word compilation are shown in Figure 9.



Figure 9 Descriptive Themes Used to Define AMCHP

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In 2020, the top three reasons for continuing AMCHP membership were trainings and educational opportunities (59.7%); delivery of MCH information (56.1%); and the annual conference (53.2%) as shown in Figure 10. The ranking of top reasons for membership retention changed slightly in 2020 compared to previous years. For the past five years, delivery of MCH information and the annual conference have consistently placed among the top three reasons for membership retention. (Figure 10)

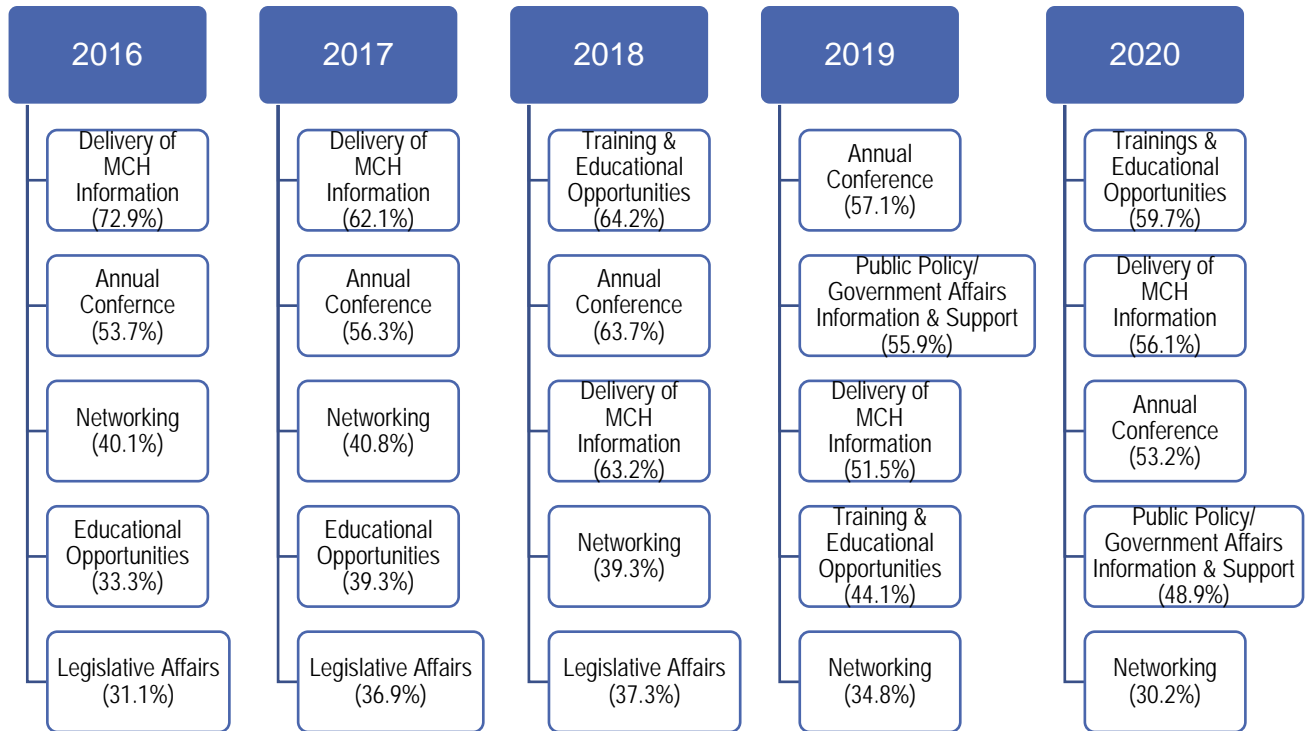


Figure 10 Top Reasons for AMCHP Membership Retention, 2016-2020

Most respondents (85.2%) indicated they would be “very likely” or “likely” to recommend AMCHP to colleagues. Reasons for recommending membership to others included: the range of resources available; networking and sharing opportunities; and information and trainings offered. A notable quote from a respondent states, *“AMCHP is the greatest resource we have in MCH. It’s my go to for everything. I don’t want to think about what it would be like to work in this field without it.”*

AMCHP BOARD AND COMMITTEES

KNOWLEDGE OF AMCHP BOARD ACTIVITIES

In 2020, a slight majority reported being either very or moderately informed of AMCHP Board activities (52.9%), which is slightly less than the 58.5% in 2019. Although the percentage of respondents who are “Very Informed” of Board activities decreased from 15.2% in 2019 to 11.8% in 2020, the respondent percentages for being “Slightly Informed” and “Not Informed” changed in positive directions between 2019 and 2020. “Slightly Informed” responses increased from 25.6% to 40.4% and “Not Informed” responses decreased from 15.9% to 6.6%, which indicates some success with increasing a general awareness of Board activities among membership. (Figure 11)

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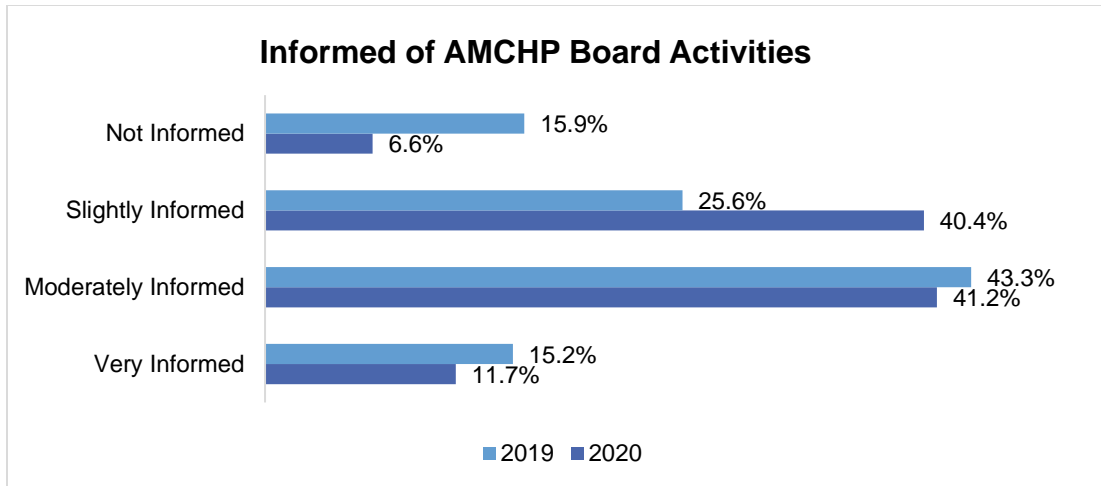


Figure 11 Knowledge of AMCHP Board Activities

KNOWLEDGE OF AMCHP COMMITTEES

Overall, less than half of respondents indicate being either very or moderately informed of AMCHP Committee activities. Between 2019 and 2020, the level of knowledge increased slightly for the Family & Youth Leadership Committee and slightly lessened for the Best Practices and Legislative/Health Care Finance Committee. The Health Equity Committee was the newest committee having been in operation for only six months at the time of the survey's administration. (Figure 12)

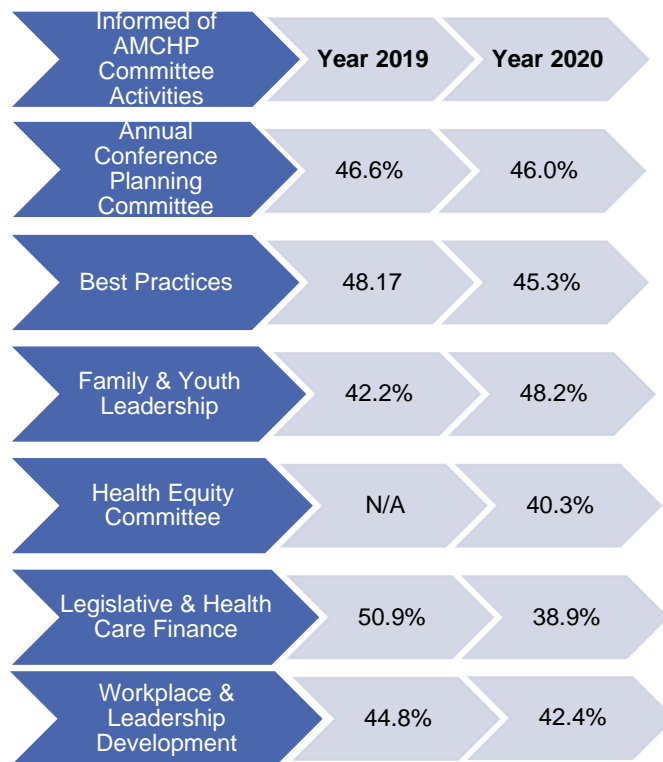


Figure 12 Members Informed of AMCHP Committees' Activities

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PARTICIPATION IN AMCHP MEMBER ACTIVITIES

Most survey respondents indicated that they read emails, newsletters, or other publications from AMCHP (99.3%) and participate in conference calls or webinars hosted by AMCHP (93.5%). Expectedly, far less reported participation in AMCHP workgroups, committees, task forces or serving on the Board of Directors (31.6%). However, there was a high percentage that indicated interest in becoming engaged in AMCHP work groups/task forces (70.2%) and a slight majority indicated interest engaging in AMCHP’s member committees (51.1%). (Figures 13 & 14)

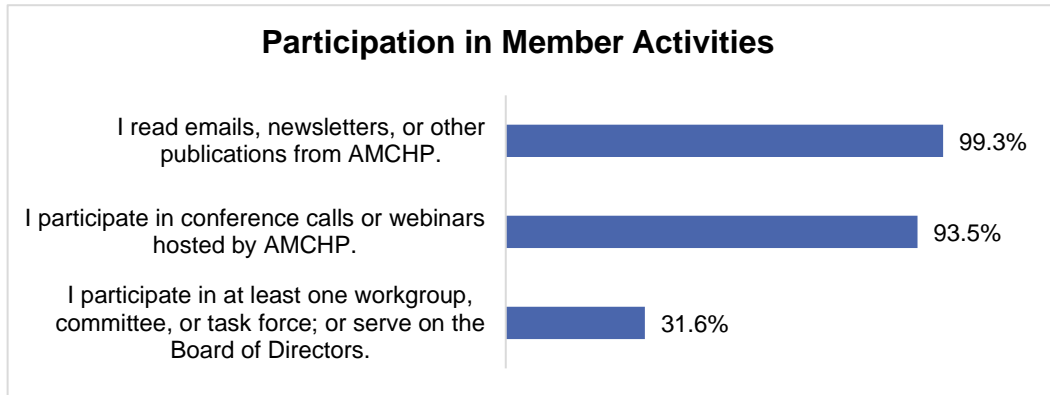


Figure 13 Participation in Select AMCHP Member Activities

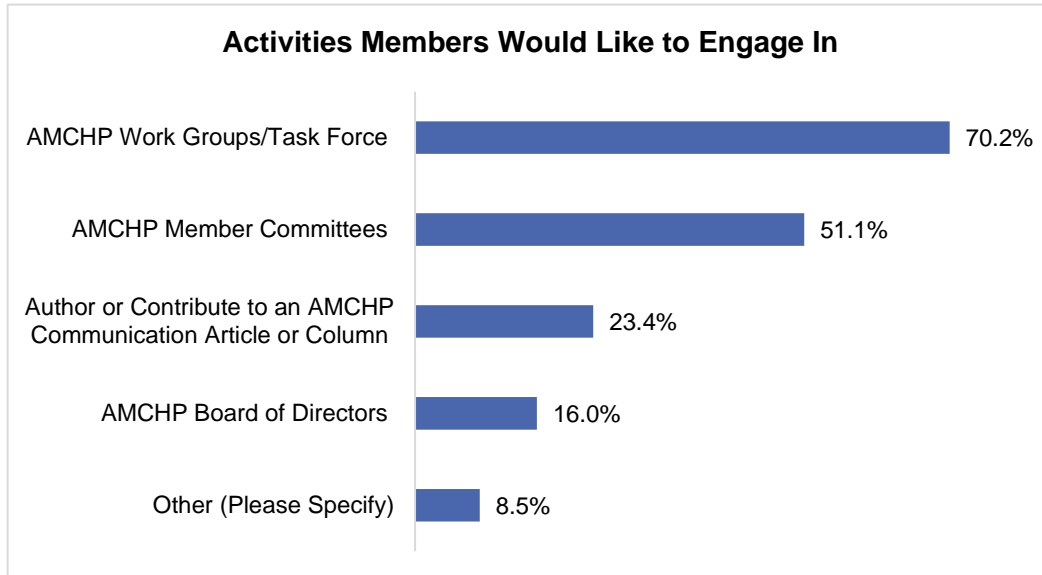


Figure 14 AMCHP Activities Members Want to Engage In

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AMCHP COMMUNICATIONS

COMMUNICATION PREFERENCES

For communications, survey respondents reported emails (87.6%), newsletters/update briefs (64.2%), and webinars (60.6%) as the most preferred ways to receive information, updates, and communications from AMCHP.

COMMUNICATION ASSESSMENT

Nearly all respondents were in agreement (“strongly agree/ “agree”) that AMCHP’s communications are relevant (98.5%), informative (98.5%), and timely (96.4%). Most respondents reported satisfaction regarding AMCHP communication products including the Pulse e-newsletter, Member Briefs, and AMCHP’s website. This satisfaction assessed for primary AMCHP communications have been relatively consistent from 2016 through 2020 as shown in Figure 15.

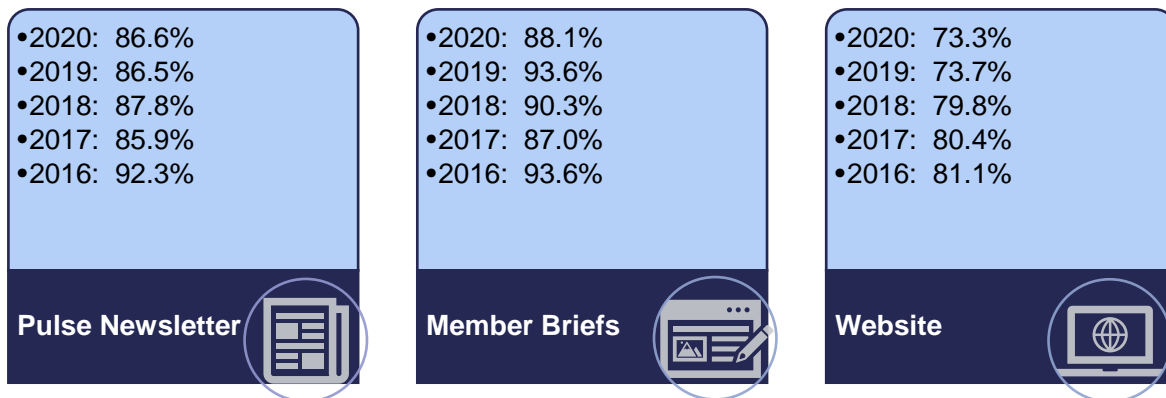


Figure 15 Member Satisfaction with AMCHP Communication Products

EXPERIENCE WITH AMCHP

AMCHP STAFF

Generally, AMCHP staff appear to be well connected to our membership and these connections are valued. Overall, 77.7% of respondents indicated having some contact with AMCHP staff over the past year primarily through attending a meeting or event that AMCHP staff participated in or attended (63.30%); attending the annual AMCHP Conference (62.39%); and receiving a response to a request for information (56.88%). Of those who interacted with AMCHP staff, 94.4% were satisfied with this experience. The three most valued aspects of interactions with AMCHP staff are knowledge and expertise; connections or referrals to resources; and ease of communication and contact (Figure 16).

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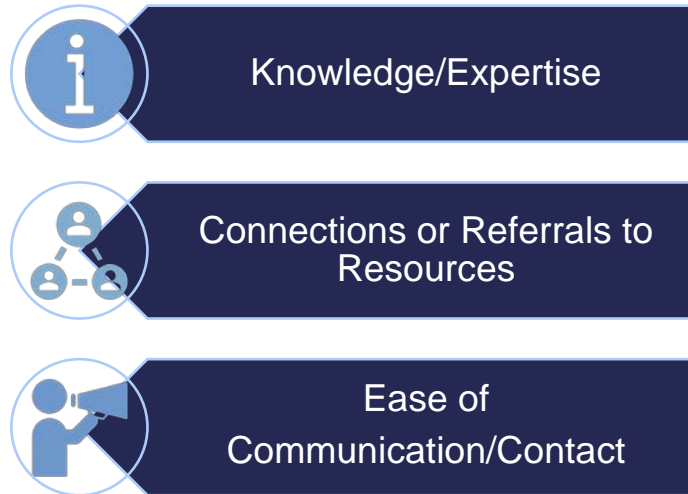


Figure 16 Top Three Valued Aspects of Interactions with AMCHP Staff

AMCHP ENGAGEMENT AND SUPPORT

WITH FAMILIES

Respondents were in agreeance that AMCHP's efforts to support family leaders and family engagement are effective at 77.7% and 78.9%, respectively (Figure 17). When prompted for suggestions on how to strengthen and expand support to families, the following themes emerged: collaboration, additional resources, financial assistance, and leadership roles/diversity of family leaders.

Respondents indicated a need for more collaboration among families and Title V teams, as efforts currently seem to be disjointed. Additional resources, such as materials in Spanish and trainings and/or learning collaboratives focused on family engagement, were also suggested. Financial assistance consisted of scholarships/funding as well as information on how to budget. Lastly, respondents expressed the need for parents to be in leadership roles and to have diversity among family leaders.

WITH YOUTH

A slight majority of respondents (64.6%) were in agreeance that AMCHP's efforts to support youth leaders and youth engagement are effective. (Figure 17) However, less than half of the respondents (44.0%) indicated their programs involved youth/young adults in an advisory or consultative role for their programs and 14.1% indicated not knowing how youth are being engaged in their respective program.

Suggestions for improving youth engagement consisted of information sharing, increased investment in youth, and youth input/collaboration. Respondents want to know more about AMCHP and other states' efforts to engage youth in their work as well as effective strategies that can be used. Increased investment in youth, in the form of time and resources, was another suggestion made by respondents. Respondents indicated that youth engagement was important, but their states are not actively engaging youth, or they are unaware of their state's efforts. Finally, a few respondents admitting not

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knowing the best ways to engage youth and believed it would be better to solicit information about youth’s opinions, needs, and how they would like to be engaged. Additionally, creating opportunities (i.e., scholarships) for youth to participate in AMCHP’s Annual Conference was also highlighted.

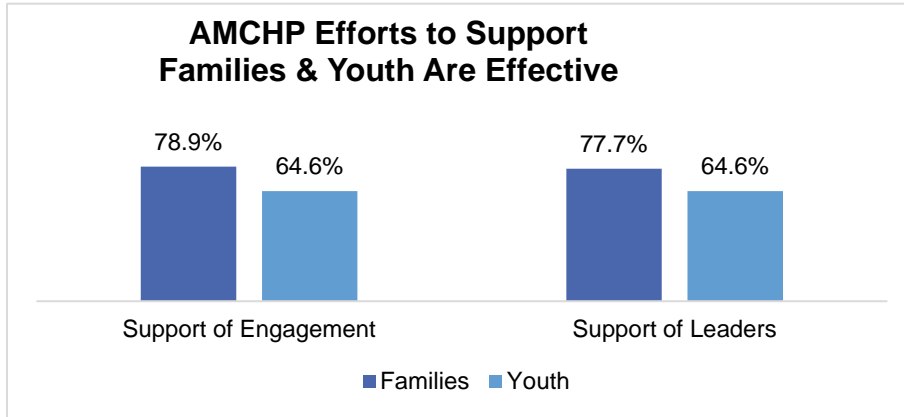


Figure 17 AMCHP Efforts to Support Leaders & Engage with Families & Youth

QUALITY OF AMCHP ACTIVITIES, EVENTS, & SERVICES

As shown in Table 1, most members find AMCHP’s activities, events, and services are high quality (“Excellent” and “Very Good”). There were some variations in the proportions between 2019 and 2020 for the top rating assessments for the annual conference, communities of practice, and policy/advocacy training that had more than a -6% change between the 2019 and 2020 surveys.

Table 1 Quality Assessment of Selected AMCHP Activities, Events, and Services

Activity/Event/Service	Quality Rating = Excellent/Very Good	
	2019	2020
Annual Conference	92.1%	85.1%
Best Practices/Innovation Station Resource	58.0%	61.7%
Communities of Practice	65.0%	52.6%
Informational Webinars	72.6%	72.3%
Learning Modules/Toolkits	63.9%	61.2%
National Policy Calls	77.6%	75.0%
Policy/Advocacy Trainings	69.8%	60.4%
Request for Technical Assistance	77.8%	74.6%
Trainings/Workshops	78.4%	73.7%

Nonetheless, for 2020 survey respondents indicated attending a training/learning activity, 91.7% indicated that AMCHP training and learning activities provided the skills necessary to become more qualified in their position and 73.1% indicated that policy and/or advocacy training prepared them to engage in advocacy.

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AMCHP IMPACT

AMCHP REACH IN ADDRESSING MCH ISSUES AND TOPICS

Additionally, respondents were asked to indicate the settings where AMCHP has helped them address issues/topics related to the MCH population. The top four settings for receipt of information, training, and guidance were AMCHP-sponsored/-associated conferences or meetings and AMCHP communications/publications. Table 2 displays the top four topics addressed in the primary AMCHP platforms. Primarily, topics related to the children & youth with special health care needs (e.g., transition to adult services, medical home) and family and community engagement were addressed most on the primary AMCHP platforms. Maternal mortality and racial/ethnic disparities in health were among the top four topics in two of the four AMCHP primary platforms.

Platform	Top Topics Addressed			
	1	2	3	4
AMCHP-Sponsored /Associated Conferences or Meetings	Transition to Adult Services for Adolescents and Youth with Special Health Care Needs	Medical Home for Children/Youth with Special Health Care Needs	Family and Community Engagement Racial & Ethnic Disparities in Health	Social Determinants of Health
AMCHP Communications & Publications	Mental Health	Adolescent Well-Visit	Medical Home for CYSHCN Transition to Adult Services for Adolescents and Youth with Special Health Care Needs	Family & Community Engagement
AMCHP Guidance Documents	Medical Home for Children/Youth with Special Health Care Needs	Family & Community Engagement Transition to Adult Services for Adolescents and Youth with Special Health Care Needs	Developmental Screening	Maternal Mortality Newborn Abstinence Syndrome Opioid Use Disorders
Policy/Legislation Guidance or Information	Maternal Mortality	Medical Home for Children/Youth with Special Health Care Needs	Newborn Abstinence Syndrome Opioid Use Disorders Developmental Screening	Racial & Ethnic Disparities in Health

Table 2 Top MCH Topics Addressed within AMCHP Primary Platforms

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AMCHP ALIGNMENT AND INVESTMENT

AMCHP is working to increase alignment of resources and investment in MCH programs as assessed by most respondents who indicate that AMCHP has helped to:

- Align Resources and Improve Support of MCH
 - Identify and promote innovations that strategically leverage resources across programs (81.5%)
 - Develop innovative and effective programs and policies that address critical issues affecting the MCH population (82.4%)
 - Build capacity of the MCH field to respond rapidly to emerging public health threats and other crises that endanger the health of women, children, youth, families, and communities (84.0%)
- Increase Investment in MCH Programs
 - Develop effective messages to convey the MCH story and value of MCH investments (83.2%)
 - Build and sustain a well-informed network of MCH advocates (84.0%)
 - Cultivate MCH champions among federal policymakers (76.5%)
 - Raise the visibility of the MCH field (86.4%)

TITLE V CAPACITY & NEEDS

Respondents were prompted to assess their organization's current capacity and identify areas where their organization may need additional assistance with increasing capacities. Individuals were requested to provide information for the following areas:

- Analysis and evaluation
- Use of evidence in program practice and policy development
- Knowledge and application of MCH best practices
- Knowledge and use of AMCHP Innovation Station
- Knowledge and use of life course indicators

EPIDEMIOLOGIC AND ANALYTIC CAPACITY

When asked about their organization's capacity with epidemiology or analytic functions, survey respondents revealed the top three areas that require "major improvement" or "some improvement": 1) economic analysis or evaluation, 2) program evaluation, and 3) using scientific evidence to support program interventions or actions. The top three and the remaining ranked epidemiologic/analytic capacity items are shown in Figure 18.

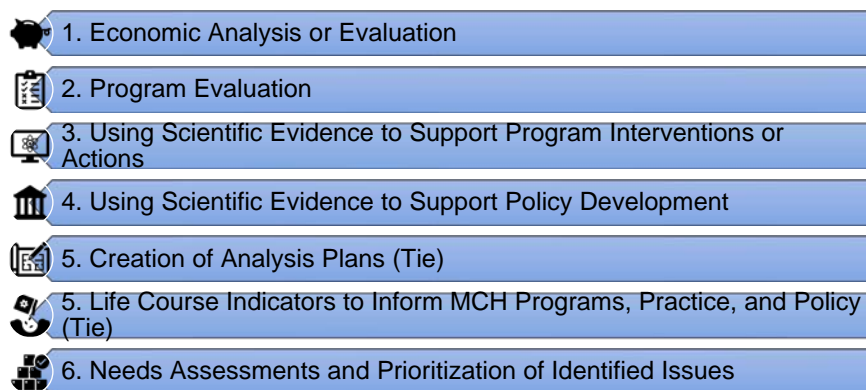


Figure 18 Ranking of Data, Evidence, and Analytic Areas Needing Major/Some Improvement

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KNOWLEDGE & APPLICATION OF MCH BEST PRACTICES AND RESOURCES

Members were asked about their knowledge and application of the MCH-related best practices in policy, program practice, and data; and AMCHP’s Innovation Station (IS) that serves as a resource, guidance, and repository to MCH best practices. Nearly half of the respondents (44.9%-46.5%) had general knowledge of best practices in data, policy, and program practice with 50% having knowledge of IS. Slightly lesser percentages reported applying data (43.3%) and policy (39.4%) best practices and using IS (38.9%) in their work. Encouragingly, few reported not being aware of the programmatic best practices (7.9%). (Figure 19)

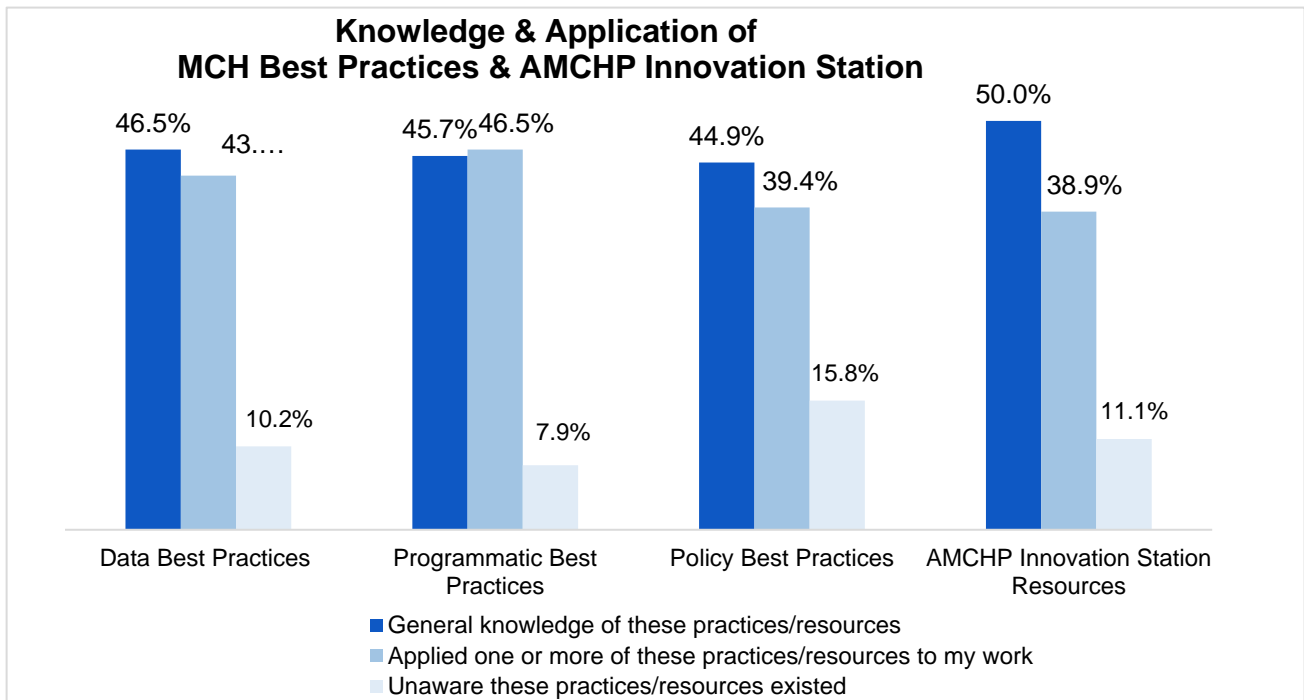


Figure 19 Knowledge & Application of Select MCH Practices & Resources

TOP SYSTEM-RELATED ISSUES

Respondents were asked to select the top system-related issues that their organization would face over the next five years. The top three selected issues are addressing health equity (47.1%); ability of state health departments to recruit and retain highly competent staff (43.0%); and addressing institutional and structural racism (38.0%). Table 3 shows the system-related issues in ranked order.

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Table 3 Significant System-Related Issues Faced in the Next 5 Years - Ranked Order

1	Addressing health equity (47.1%)
2	Ability of state health departments to recruit and retain highly competent staff (42.98%)
3	Addressing institutional and structural racism (38.0%)
4	Federal/State general funding (35.5%)
5	Politics influencing public health priorities and the public health agenda (28.9%)
6	Using evidence-based/research-informed interventions and strategies to improve quality and outcomes (18.2%)
7	Adjusting public health processes and structures to meet an immediate need (17.4%)
8	Retirement and loss of senior key staff with institutional memory and general "go-to" capabilities (16.5%)
9	Access to data for program/health outcome assessments and quality improvement processes (13.2%)
10	Accountability and demonstration of value (9.9%)
11	Monitoring and reporting of health care quality and efficiency (7.4%)
12	Flexibility of funds (6.6%)
13	Reporting of standardized evaluation criteria associated with grant programs (4.1%)

ASSESSMENT OF TITLE V COLLABORATION AND SUPPORT

WITH MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS (MIECHV) AND EVIDENCE-BASED HOME VISITING PROGRAMS

Due to the importance of partnerships between state Title V MCH and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, respondents were asked to assess collaboration and support efforts between the two programs.

Most respondents report being satisfied with their state’s Title V (82.1%) and MIECHV (86.0%) efforts to collaborate with the other. Respondents were also asked to assess the extent of collaboration between their state’s Title V MCH and MIECHV programs using a five levels of collaboration scale adapted from Hogue’s Level of Community Linkage.ⁱⁱ The five levels of collaboration are defined as follows in the order of collaboration level hierarchy:

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1. Networking: awareness of program/organization; independent decision-making; loosely defined roles (lowest level of collaboration)
2. Cooperation: sharing information; somewhat defined roles; formal communications; independent decision-making
3. Coordination: sharing information/resources; defined roles; frequent communication; some shared decision-making
4. Coalition: Sharing ideas; sharing resources; frequent & prioritized communications; all members have a vote in decision making
5. Collaboration: members belong to one system; frequent communication that involves mutual trust; consensus reached on all decisions (highest level of collaboration)

Collectively, respondents did not identify their state Title V and MIECHV programs as overwhelmingly occupying any one level of the collaboration hierarchy. Nearly one-third of respondents reported the two programs were collaborating at the highest (Collaboration) and third highest (Coordination) levels at 22.7% each. The two lower levels of collaboration, Cooperation (18.0%) and Networking (14.1%), followed. Fortunately, a very small percentage reported no interaction between their state's Title V and MIECHV programs (3.9%). However, more than a few respondents indicated they had no knowledge of the interaction/collaboration between the two programs at 14.0%. (Figure 20)

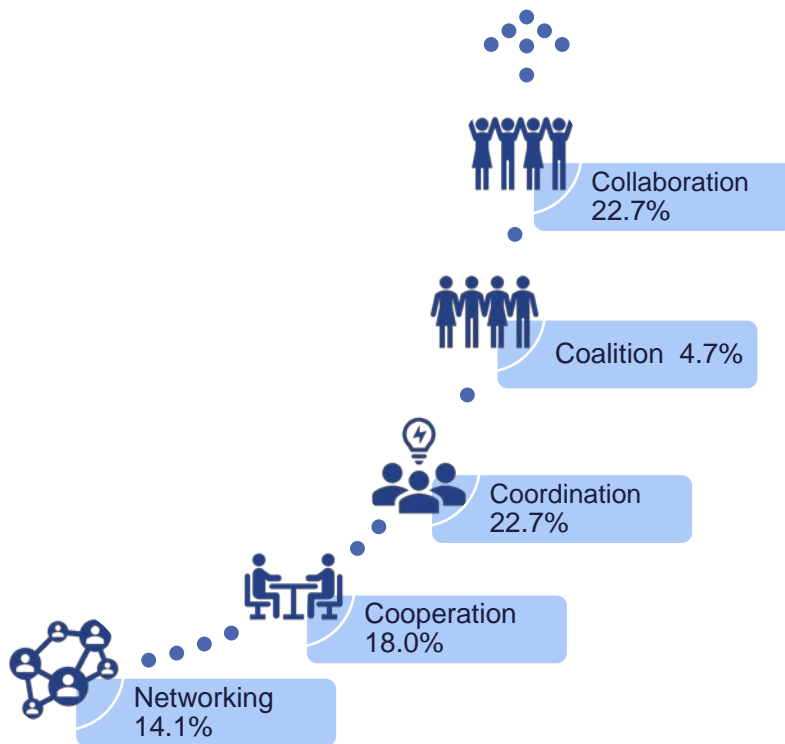


Figure 20 Levels of Collaboration Distribution Between State Title V & MIECHV Programs

Questions were asked to gauge the Title V programs' financial assistance to evidence-based home visiting programs. Among respondents whose answers indicated their awareness of their state's Title V funding supports, nearly equivalent proportions of respondents indicated that the financial supports

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were moderate (32.5%) and minimal (30.1%). A few indicated their state's Title V program heavily funded evidence-based home visiting programs (13.3%) and nearly a quarter of respondents reported no state Title V funding support to evidence-based home visiting programs (24.1%). (Figure 21)

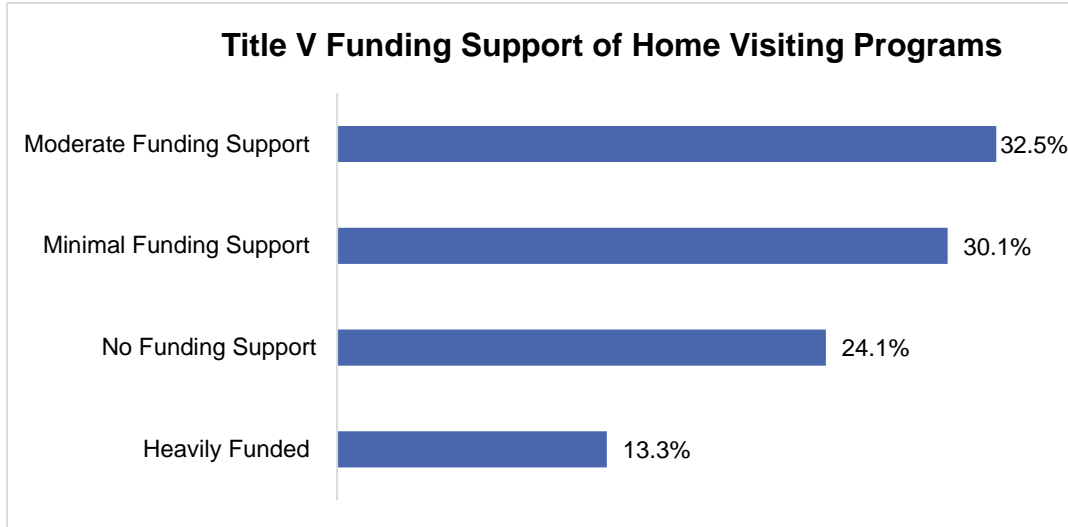


Figure 21 Title V Program Funding Support of Evidence-based Home Visiting Programs

WITH COMMUNITY-BASED ORGANIZATIONS, LOCAL HEALTH DEPARTMENTS, AND OTHER AGENCIES

Most respondents indicated satisfaction with collaborative relationships and shared coordination efforts between their state's Title V program and community-based organizations (81.9%), local health departments (86.0%), and other agencies at state/territory/jurisdiction levels (88.0%).

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RECOMMENDATIONS & FEEDBACK

Survey respondents were prompted for verbatim feedback and recommendations on how to improve the membership experience and AMCHP as an organization.

COMMUNICATIONS, CONNECTION, & ENGAGEMENT

Prominent themes among the feedback received were related to communications, connections, and engagement. The following are verbatim statements organized by feedback themes.

- Coordinate/Update Communications
 - *“Communication among different programs within AMCHP could be better coordinated. For example, the staff requesting dues have outdated lists of who the MCH Director / contacts are.”*
- Recommendations for AMCHP’s Primary Platforms
 - *“I think the website could use a revamp”*
 - *“Keep up with the Briefs and networking.”*
 - *“More webinars or zoom meetings”*
 - *“More policy briefs”*

ENGAGEMENT AND INCLUSION

Recommendations for Improving Inclusion and Engagement

- In General
 - *“Connect with me on an individual basis”*
 - *“Individual conference calls with states”*
 - *“... Perhaps visiting at times other than block grant reviews.”*
 - *“Continuing to have transparency in deliberations and actually seeking minorities and members of different races and ethnicity to serve on committees and the board”*
 - *“include jurisdictions in more discussions”*
 - *“more involvement and communication”*
 - *“Add more networking options”*
- Offer Financial Support
 - *“Expand scholarship opportunities for family leaders to engage and participate in AMCHP activities, in partnership and shared supports from Title V. Also advocate for more family-friendly supports from HRSA/MCHB with regard to participating at the state level.”*
 - *“Helping with scholarships or funding for traveling and attending conference”*
 - *“Family leaders need to be budgeted for in all activities CYSHCN and Title V directors participate in.”*

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STAFF

- *Keep staff aware of what the local experience of running the MCH or CYSHCN programs is like...*
- *continued communication to the high level currently*

AMCHP TRAININGS/RESOURCES

Respondents expressed needs for more of AMCHP's current trainings/resources and adding specialized trainings/resources for both new and continuing staff.

- *"I have young staff who turnover frequently. I need some assistance with trainings that appeal to younger demographic but are also professional. Virtual is not my typical workspace, I need assistance there too...and anything focused on multi-generational team building. I have at least 3 gens on my team currently."*
- *"A toolkit for new Family Delegates and/or webinar or resource for new AMCHP memberships"*
- *"offer specialized training opportunities for seasoned members, not just "new" Title V directors, CYSHCN directors, and family leaders."*

LAST, BUT NOT LEAST...THIS SURVEY

A few respondents strongly suggested reducing the length of the Membership Assessment survey.

- *"shorten this survey!"*
- *"Please stop sending nearly 60 questions surveys--this was ridiculous. I almost quit halfway through"*
- *"...Also...don't make this survey so long... exhausting"*
- *"Have a shorter member survey."*
- *"I bailed on the last part of this survey. I'm sorry, it was just too long, and I really had to get back to work"*



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ⁱ Findings. (2017). Retrieved December 10, 2020, from <https://www.debeaumont.org/phwins-findings/>

ⁱⁱ Frey, B.B., Lohmeier, J.H., Lee, S.L., & Tollefson, N. (2006). Measuring collaboration among grant partners. *American Journal of Evaluation*, 27 (3), 383-.392 DOI: 10.1177/1098214006290356