Who is the MCH workforce? Though there are many professionals across roles and settings striving to improve the health of women, children, and families, this analysis focuses specifically on those whose efforts are either directly (i.e., jurisdictional health department employees) or contractually supported by federal Title V Block Grant funds.

What was our process? Staff from AMCHP's Workforce Development and Capacity Building team reviewed measures and select narrative sections* from all 59 jurisdictions' 2020 Title V Block Grant applications. Consensus themes were derived from staff discussions and refined with each analysis draft.

What constitutes a theme? In this analysis, themes are broad frameworks applied to AMCHP staff understanding of jurisdictional MCH programs' current or committed workforce priorities, as evidenced by significant reported allocations of time, financial resources, or staff effort.

Theme #1: Accelerate anti-oppressive, equity-centered practices and policies.

Most programs identified the need for MCH to play more visible and meaningful roles in advancing health and racial equity, and addressing housing, transportation, food security, and other social determinants of health. Clear connections were made between outcome disparities and the institutionalized "isms" (most notably racism) that have allowed those disparities to persist, with programs looking inward to build capacity. They are assessing and beginning to change recruitment and hiring practices, though primarily describe progress on implementing implicit bias or cultural competency training (often related to specific populations) for staff, active participation in broader agency committees dedicated to advancing health or racial equity, or the establishment of partnerships intended to more adequately reach and/or more effectively center the perspectives of communities most threatened by structural inequities. While there was nearly universal recognition of health equity as a priority for the field, the workforce still requires support in articulating related goals and accountability measures.

Jurisdiction	Measure	Language
Guam	ESM 9.1	The percent of Bureau of Family Health and Nursing Services receiving lesbian, gay, bisexual, transgender, and questioning (LGBTQ) cultural competency training.
Hawaii	ESM 5.1	The number of languages in which safe sleep educational materials are available for Hawaii's communities.
Massachusetts	SPM 6	Percent of BFHN and BCHAP Title V staff that report a workplace culture that reflects a safe and supportive environment to mitigate primary and secondary trauma.
Minnesota	SPM 2	Percent of tribes that participate in collaborating with MDH to develop technical assistance plans to provide culturally relevant services.
Ohio	SPM 5	Percent of performance measures that include at least one strategy focused on social determinants of health, at-risk populations, or health disparities.
Utah	ESM 1.2	Number of community partners and organizations engaged in coalition to create a well-woman strategic plan for the state of Utah.
Wisconsin	ESM 1.3	Percent of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training.
Virginia	SPM 3	Develop and implement MCH workforce development policies addressing racial equity for all Title V program staff and subrecipient staff
District of Columbia	SPM 3	Percentage of pregnant women and new mothers who felt they were treated unfairly while getting services
Louisiana	SPM 3	Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented
Iowa	SPM 6	Percent of Title V contractors with a plan to identify and address health equity in the populations they serve.

- Alaska: "Many staff have also attended the new Blanket Exercise experiential learning opportunity through ANTHC. This program is a participatory history lesson, developed in collaboration with Alaska Native Elders,

* Sections include: Federal Title V Funds (III.A.2), MCH Success Story (III.A.3.), Jurisdiction Overview (III.B), Workforce Development (III.E.2.b.i.), and Technical Assistance (III.G). All content is publicly available at: http://mchb.tvisdata.hrsa.gov.

knowledge keepers and educators, that fosters truth, understanding, respect, and reconciliation among Indigenous and non-indigenous peoples."

- Arizona: "Through the Maternal Health Innovation Program (MHIP) and the Maternal Mortality Review Program, staff have been afforded the opportunity to participate in a variety of training addressing cultural awareness, racism, and health equity to better understand and improve maternal health and maternal health outcomes among African American and American Indian mothers, who have the highest maternal mortality rates in Arizona. These training sessions have helped staff understand the intersection of racism, domestic violence, and poor maternal health outcomes and inequalities among people of color."
- Colorado: "The Equity and Engagement Specialist also participated in the 2019 MCH needs assessment and prioritization process. The position is now leading the MCH priority of reducing racial inequities and provides consultation to MCH staff regarding the application of the MCH program's strategic anchor of racial equity into programmatic efforts."
- Indiana: "By doing the work personally and institutionally to examine our own biases through this training, staff will learn to address individual biases and to be aware of them as the team distributes grants, writes policies, and interacts with the community as ISDH employees."
- Oregon: "Training to enhance capacity for trauma-informed and equitable workforce and workplace are a major focus of MCAH workforce development. All MCH staff completed the Intercultural Development Inventory this year, and results were used at the individual, work group, and section levels."
- Rhode Island: "While the MCH Program has used traditional health outcomes to measure disparities, it has yet to incorporate measures addressing the social determinants of health, such as transportation, housing, toxic stress, disability, safety, education, etc. In early 2020, RIDOH released the Rhode Island Health Equity Measures. This technical assistance will be to prepare a specific MCH report to understand, operationalize and measures SDOH that affect maternal and child health outcomes using the Health Equity Indicators."
- Vermont: "Recently, MCH entered into an agreement with Outright VT, a statewide organization whose mission is to build safe, healthy, and supportive environments for LGBTQ youth. Outright worked with MCH to increase knowledge and skills among employees around gender-inclusive language and identify opportunities to use more inclusive language in programming and communication. Now that we have been trained, we are currently working on an action plan to continue implementation of these critical topics."
- Washington: "Over the past several months, DOH has used language to support its commitment to being 'anti-racist' in our programs and policies. We may consider requesting technical assistance to better define this for specific programs and to identify necessary changes within the organization."
- New Jersey: "NJDOH provides Title V funds to the Central Jersey Family Health Consortia to implement the Maternal Mortality Review Committee. Title V funds contribute to the Healthy Women, Healthy Families initiative, which is focused on addressing disparities, including Black Infant Mortality."
- Tennessee: "In 2019, a Health Equity Steering Committee, led by Jacqueline Johnson, state CYSHCN Director, has been developed that includes representatives from all FHW programs. The Steering Committee has developed a FHW Health Equity Three-Year Plan year that includes the development of a Health Equity 101 tool kit for all FHW employees. The goal is for all new employees to participate in the training provided in the tool within the first 6 months of employment and existing employees will incorporate the training into their annual Health Equity goal that each FHW staff member has in their individual performance plans. To enhance our ability to provide culturally competent services, Tennessee's MCH/Title V Program has partnered with the University of Tennessee at Knoxville (UTK), a HRSA-MCHB grant recipient, to provide cultural competency training to health department staff."
- US Virgin Islands: "Examine cultural competence of providers and assess their ability to work with children who are deaf and hard of hearing, their families and communities."

Theme #2: Enhance data infrastructure and capacity for evidence-informed decision making.

Jurisdictions largely recognize the importance of data in driving programmatic emphases, staffing structures, funding allocations, etc. Contemporary MCH practice demands that professionals across roles and settings be able to understand, critically analyze, and contribute to the evidence base in ways that align with established values. This requires strong data systems, epidemiology support, the ability to seamlessly share data with partners, and a commitment to quality improvement. Many jurisdictions also referenced the need for staff training in measure development, results-based accountability, and return on investment – and support for their grantees (e.g., local health departments) to engage in the same processes.

Jurisdiction	Measure	Language
American Samoa	SPM 4	Maternal and Child Health centralized database system.
Hawaii	ESM 6.1	Develop and implement Policy and Public Health Coordination rating scale to monitor developmental screening efforts around the areas of systems development, family engagement, data integration, and addressing vulnerable populations.
Illinois	SPM 5	Title V MCH data capacity score.
Indiana	SPM 9	MCH Data are analyzed and disseminated and used to inform Title V programming and funding allocations.
South Dakota	SPM 2	Improve data sharing with partners and the public and collaborate with new partners to enhance MCH data by increasing the number of new data sharing projects accomplished from zero to four by September 30th, 2021.
Utah	ESM 1.3	Add additional question(s) on the Utah Behavioral Risk Factor Surveillance Survey (BRFSS) to learn more on the facilitators and barriers to women receiving routine preventive care.
Pennsylvania	SPM 3	Increase the number of programs or policies created or modified as a result of staff's use of evidence-based, data driven decision making each calendar year.
North Carolina	ESM 6.1	Percent of LHDs whose child health staff receive training on appropriate use of valid and reliable developmental, psychosocial, social determinants of health, and behavioral health screening tools for children during state fiscal year.

- California: "Although the National Survey of Children's Health provides data on National Performance measures and outcome measures for child health and Children and Youth with Special Health Care Needs (CYSHCN), there is little local data or data for subpopulations available. California is requesting technical assistance for improving our child health and CYSHCN data at the county level. Assistance is requested for key validated survey questions (ideally 1-2 questions per topic area) for child health and CYSHCN, accurate administrative data, and other data sources to help measure performance and outcomes at the local level."
- Colorado: "Access to health care is not always determined by state lines; women may seek maternity care in other states which presents both a shared responsibility and opportunity for collaboration between states to prevent maternal deaths and improve maternal health… exploring opportunities to regionalize data would leverage resources across states and strengthen the quality of the data being used to drive public health recommendations to reduce maternal deaths."
- Guam: "The Guam Title V Program enlists an expert consultant's assistance to help develop and improve skills to conduct stakeholder interviews with infant and fetal death vital records data providers. TA will also be utilized to develop skills and competencies to enhance the development of process maps and build data quality improvement strategies. The desired outcomes are to improve the understanding of infant and fetal death data and improve the data quality of key data fields used to evaluate the Perinatal Periods of Risk (PPOR)."

- Idaho: “Idaho’s lack of access to centralized hospital discharge data is a barrier to having statewide incidence data for neonatal abstinence syndrome. Idaho would like technical assistance on other methods for capturing these data.”
- Maine: “While the state has been successful in developing a robust and comprehensive state action plan, including selection of evidence-based strategies and respective ESMs, the program recognizes the opportunity for improving ESMs to ensure strategies are operationalized in a meaningful way. Maine anticipates seeking technical assistance on how to revise and improve the selected strategies and corresponding ESMs.”
- Montana: “ECFSD intends to align epidemiology costs with the level of effort performed on a particular grant. This creates flexibility, and a shared services model to meet requests for epidemiological support according to need.”
- Ohio: “The MCH Workforce Training discussions and activities gave staff tools to align performance measures, select evidence-based strategies, and identify potential impact on the NOM, NPM and State Performance Measures during the assessment processes within the state.”
- Ohio: “The Title V Program created and hosted an annual REDCap training for staff and all MCH users. A REDCap Supplemental guide was created, assuring highest quality of data collection from local activities.”
- Ohio: “In BMCFH, Tableau is used to present interactive dashboards, allowing staff to easily access program and vital statistics data. Tableau Fundamentals provides staff with skills needed to synthesize, manipulate, and visualize data in Tableau dashboards and stories. Staff learn to implement advanced geographic mapping techniques, use custom images and geocoding to build spatial visualizations of non-geographic data, and improve existing dashboards using techniques for guided analytics, interactive dashboard design, and visual best practices.”
- South Dakota: “The MCH team works closely with field staff on data collection for federal and state reports and program evaluation. These efforts will be enhanced [by improving] data sharing with partners and the public and collaborate with new partners to enhance MCH data, which exposes a need for data interpretation training and peer learning with MCH domain leads and field staff.
- Wyoming: “Due to an inadequate and dated Children’s Special Health Program (CSH) data system, current programmatic efforts lack evaluation capabilities and ongoing quality assurance. WY MCH requests technical assistance related to establishing effective data systems to track program eligibility and evaluate care coordination services.”
- Kansas: “It is needed to consider a state-specific data set to best capture the impact and long-term outcomes of shifting to a care coordination model. Evaluation of the KS-SHCN Care Coordination model is extensive, however it is unclear how to fully measure the impact of families of CSHCN not formally being served by KS-SHCN, such as those served through community partnerships, local MCH grantees, and those not connected to Title V-supported programming. Technical assistance in local or state CSHCN data collection could assist Title V to better understand, in real-time, the needs of the CSHCN population in Kansas.”
- Missouri: “Ongoing learning opportunities and technical assistance related to identification, refinement, and assessment of evidence-based or -informed strategy measures (ESMs). This includes learning how to transform ESMs using the Results Based Accountability Model.”
- New Jersey: “As a result of the NJDOH’s paradigm shift toward results-based accountability, additional training is needed for staff to become skilled in collecting data appropriate for accountability documentation and to develop accountability metrics to better calculate the ROI for MCH programs tied to public health outcomes.”
- Alabama: “CRS will utilize technical assistance from Strengthening the Evidence Base for MCH Programs Initiative to assist with developing and implementing evidence-based or evidence-informed State Action Plans and in responding to the National Outcome Measures, National Performance Measures, and State Performance Measures.”

- South Carolina: "Access to community level data is key to helping decision makers, public health professionals, and city officials better understand the health behaviors and outcomes of their residents. DHEC staff within the Bureau of Population Health Data Analytics and Informatics embarked on a "Data Walks" road show across the state for key city and county leadership. Data Walks are a display of large-scale posters including graphs, charts and maps presented by DHEC experts to effectively paint a picture of a county's population and health status. These Data Walks provide an opportunity to convene local leaders, promote discussion around various health issues, and facilitate selection of priority areas... In June of 2019, a Data Walk held in rural Saluda County, proved to be a great success and resulted in the selection of Maternal and Infant Care as one of the county's top health priorities. Along with key Title V staff, a multi-sector committee was formed to address MCH issues…"

Theme #3: Address MCH population needs through visible investments in the community-based workforce.

Programs ultimately seek to build communities' capacity to address MCH population needs. This is accomplished through intentional partnership with and investment in the people and entities (e.g., birthing hospitals, schools, community-based organizations, academic institutions, primary care providers) engaged in direct work. Many programs report that they measure success based on the reach and/or impact of their technical assistance or programming initiatives, which requires partnership cultivation skills, knowledge of service and support systems, and the ability to coordinate those systems. This all influences the degree to which Title V is visible within jurisdictions' broader health structures and perceived as more than a funding stream, but a convener and leader.

Jurisdiction	Measure	Language
Alaska	ESM 5.2	Number of maternity care providers and WIC staff participating in Alaska Breastfeeding Initiative trainings with information about safe sleep.
Arizona	ESM 9.1	Number of school professionals who receive technical assistance on bullying prevention.
Connecticut	ESM 15.1	The number of community organizations who help families understand what services are available and covered by insurance for all children including those with special health care needs.
Federated States of Micronesia	ESM 8.1.1	Percent of schools identified as lacking recess, PE periods, or after-school programs that receive targeted outreach.
Illinois	ESM 2.2	Percent of births occurring in hospitals that participated in at least one Illinois Perinatal Quality Collaborative (ILPQC) obstetric quality improvement initiative.
Indiana	ESM 10.1	Percent of health care providers who report knowledge, behavior, and confidence change in adolescent health care after Adolescent Champion Model training.
Michigan	ESM 13.1.1	Number of medical and dental professionals who receive perinatal oral health education through MDHHS.
New Hampshire	SPM 3	Percentage of pediatric mental health teleconsultations utilized by NH pediatric primary care providers.
North Dakota	ESM 4.2	Number of businesses who receive information and technical assistance on workplace breastfeeding policies.
Oregon	ESM 7.1.2	Number of critical partners engaged in the development of upstream strategies to address child injury.
Palau	ESM 13.2.1	Percentage of children ages 1 through 17 who receive preventative dental services through the school health screening program.
Utah	ESM 12.3	Percent of providers trained in transition who created a transition policy for the adolescents and youth in their practice.
Vermont	SPM 5	Percent of MCH programs that partner with family members, youth, and/or community members.
Wisconsin	ESM 11.1	Percent of Regional Center information and referral staff who report competence in explaining medical home concepts.

Wyoming	ESM 8.1.1	Number of childcare providers receiving training and technical assistance on Wyoming Health Policies Toolkit.
Iowa	ESM 4.1	Number of businesses or organizations who were provided education by Title V agencies in the past year about the importance of strong policies to support breastfeeding through or beyond 6 months of age
Arkansas	ESM 8.2.1	Percent of school personnel who participated in Coordinated School Health trainings with increased knowledge of evidenced based physical activity practices and curriculum and physical activity services provided by School Health Services
Pennsylvania	ESM 11.11	Number of youth with special health care needs receiving evidence-based or -informed leadership development training through the Leadership Development and Training Program
Puerto Rico	ESM 11.1	Percent of CSHCN Program health care providers and care coordinators who report satisfaction with their interdisciplinary communication/collaboration, including families, in Puerto Rico by September 2021-2025

- Maine: "The Maine MCH program would benefit from… guidance on how to engage pediatric and adult practices to work with families of CSHCN in transitioning to adult healthcare."
- Massachusetts: "The MDPH Office of CHWs is working closely with MassHealth and other state agencies to ensure that CHWs are included under Accountable Care Organization contracts and become sustainable members of the public health and healthcare workforce. These efforts include expanding and evaluating the evidence base of CHW contributions to positive health outcomes and cost containment, and educating health payers and providers about the roles and impact of CHWs and how to integrate them into healthcare and other multidisciplinary teams."
- Michigan: "Special clinician training throughout the state on implicit bias with a focus on the use of best practices to enhance the patient-provider relationship (e.g., Medicaid Health Plan partners and health systems)."
- Oregon: "OCCYSHN is in the process of contracting with the Oregon Law Center (OLC), a non-profit organization that works to address issues of equity and disparity at systems level, using legal knowledge to impact policy processes."
- Utah: "Integrated Services Program… and LHD staff attend the Utah Children's Care Coordination Network (UCCCN) meeting. This multi-organizational group pairs care coordinators, nurses, practice managers, and clinical providers in a multi-disciplinary environment to learn about supports, services, and specialists around the state; share care coordination tips and best practices; and pursue group collective knowledge for solving concerns on challenging patient and family situations. UCCCN coordinates tele-learning technology which provides a virtual 'face to face' environment in which all parties learn and share information."
- Vermont: "Our MCH program has strong partnerships with the professional organizations that serve women of childbearing age, pregnant women, children, and families. Through ties to the VT chapters of the AAP, AAFP, ACOG, AMA and the VT NP Association, MCH ensures that public health content, messaging, and skill building are imparted to these workforces."
- West Virginia: "For more than two decades, the Office of Maternal, Child and Family Health (OMCFH) and WV University School of Medicine's Department of Pediatrics have worked together to administer a birth score system, i.e., Project WATCH, to identify newborn infants at risk for post-neonatal mortality, debilitating conditions and developmental delays."
- Delaware: "…is interested in funding small community-based demonstration projects, focused on any of the six quality indicators of a system of CYSHCN services (i.e. family professional partnerships, adequate insurance and financing, medical home, early and continuous screening and referral, easy to use services and supports, and transition to adulthood)."

- Louisiana: “BFH regularly partners with local academic institutions to support the growth of the MCH workforce and is committed to continuing this practice. BFH has a long, established partnership with Tulane University, particularly through the Center of Excellence in Maternal and Child Health, in which staff are able to participate in and present learning opportunities at the university and MCH Scholars are able to gain valuable experience as interns at BFH. BFH has also sought to establish relationships with and recruit interns from other local schools of public health. Several other graduate and undergraduate public health programs in the area have emerged in recent years, including two historically black universities.”
- Alaska: “The Section envisions an ongoing need for master’s-level trained staff to serve as program managers and leaders and we make an effort to work with the local university, as well as strengthening our network with universities outside Alaska.”
- Puerto Rico: “…the Medical Science Campus (RCM, Spanish acronym) of the University of Puerto Rico, which is situated at the Medical Center nearby the PR Department of Health, holds important health-related graduate schools and frequently collaborates with the referral of potential candidates who have the applicable academic preparation. The RCM entails the Graduate School of Public Health which is accredited by the Council on Education for Public Health, the School of Medicine accredited by the Liaison Committee on Medical Education of the American Association of Medical Colleges, the School of Health Professionals which prepares a diverse array of health professionals such as physical and occupational therapists, speech pathologists, audiologists among others, the Nursing School accredited by the Commission on Collegiate Nursing Education, and the School of Pharmacy.”