



**Increasing Public Health Preparedness
Capability among MCH Programs**

The Association of Maternal and Child Health Programs (AMCHP) is seeking testimonials and stories about the personal and/or professional impact(s) of public health emergencies

Through a project funded by the Centers for Disease Control and Prevention (CDC), AMCHP aims to enhance the capabilities of agencies who intersect with maternal and child health (MCH) populations to engage more actively in public health emergency response efforts. This priority predated the COVID-19 pandemic, but the need and demand for information, training, and support has exponentially increased since early 2020. Our project will result in a web accessible collection that includes real-life stories, case studies, tools, etc. that identify characteristics of systems that are prepared to deliver an equity-centered and evidenced-based emergency response. These components will be organized in such a way that they recognize the importance of leadership at all levels.

Sharing your authentic experiences, and impactful and important efforts will enhance the capabilities of agencies who serve MCH populations and help guide their (and others') use of existing resources and implementation of best practices in their communities.

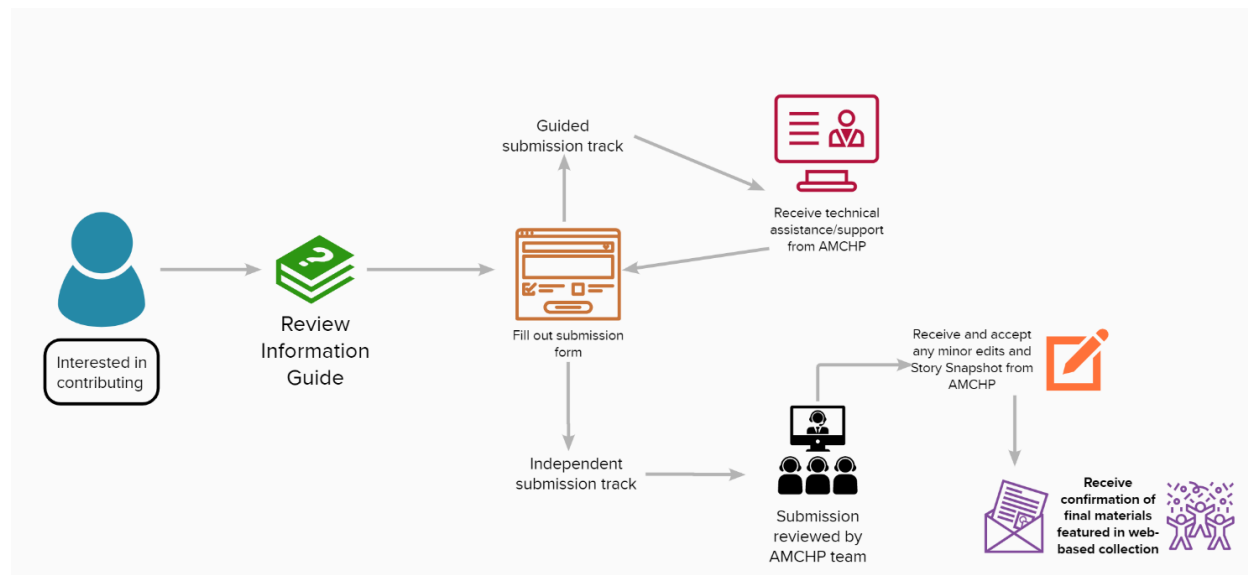
Testimonial Category	Description/Guiding questions
Preparedness	If applicable, share any efforts made by you or your organization to prepare for this type of public health emergency.
Response	If applicable, share any efforts taken by you, your organization, or others to respond to this type of emergency.
Recovery	Describe the recovery efforts made by you, your family, your community, or your organization.
Mitigation	What are you, your community, or your agency doing to prevent or prepare for another emergency?

Other questions for all categories	<ol style="list-style-type: none"> 1. What happened? What was the primary problem/challenge you addressed? 2. What did you do? What specific action(s) did you take? What immediately prompted this action, i.e., why did you do this as opposed to something else? 3. Why did you do what you did? What was the impact of these efforts and for whom? How did it turn out? 4. What was the most significant takeaway/lesson learned from your experience? 5. What changes resulted? <p><u>For those who identify as MCH professionals:</u> How did you intentionally center equity? How are stakeholders involved in current emergency preparedness and response (EPR) efforts? What resources were available to and/or assisted you?</p>
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MODES OF CONTRIBUTION

Testimonial type	Description	Length
Record your own content	Record a video or audio of you sharing your story, using the questions above as guide. You can record yourself speaking while on camera, or you can share slides or visuals with audio while on or off camera.	5 mins
Written story	Use the guiding questions above to share your story in 500 words or less. Provide any additional relevant context.	500 words or less
Case Study	Share your responses to the guiding questions above using a more structured template. Click here to complete the case study template.	See template
Resource	Share a resource (tool, website, guide, video, template, etc.) that either guided your efforts or resulted from them.	N/A
Interview style	An AMCHP team member will contact you to schedule a virtual interview. You can choose how the information you share will be featured in the toolkit—either as a recording or a short write-up, both of which AMCHP will coordinate and ensure you have a chance to review. To help us tailor the interview questions to your experience, please share 2-3 sentences about your experience using the guiding questions.	30 minutes/ 500 words or less
Other	Have a unique idea about how to share your story? Let us know! We want to capture your story in ways that feel most authentic to you!	N/A





A Note About Health Equity

To ensure all stories and resources featured in the toolkit contribute to improving health equity as an integral component of overall program sustainability, we have aligned our criteria and questions with the [Foundational Practices for Health Equity](#), [Race Equity and Inclusion Action Guide](#), and the [MCH Leadership Competencies](#).

A Note About Equitable Language

AMCHP has made a formal commitment to anti-racism and racial equity, and we are working to operationalize this commitment throughout our organization. In part, we are focusing on the language we use and are committed to refraining from using terms that further perpetuate narratives that place and describe communities of color as deficit populations, (i.e., using the terms ‘vulnerable’, ‘at-risk’, or ‘low-income’ to describe a particular racial or ethnic group). Use of this language implies there is something inherently flawed in that community and places blame on the individual or a particular racial/ethnic group and not the system that has failed to invest in creating an optimal environment for positive health outcomes. Language should be respectful of communities and identify the system as the problem.

We encourage you to consult AMCHP’s [Glossary](#) and the [CDC’s glossary](#) when responding to the questions in this form to help ensure that your language centers rather than others the populations you work with.