# Reflection Activity

STRATEGIES FOR INITIATING & SUSTAINING CRITICAL PARTNERSHIPS

## 01 Landscape/ecosystem analysis

Identify at least two (2) people in your agency/organization who are poised to influence outcomes for women of reproductive age and infants. For each person, provide one (1) reason why you selected them. Their position? Their programs or processes they manage? Is it the reach of their network? Their charisma?

Person One

Please explain your reasoning for identifying this person:

Person Two

Please explain your reasoning for identifying this person:

# Reflection Activity

STRATEGIES FOR INITIATING & SUSTAINING CRITICAL PARTNERSHIPS

## 02 Leadership in practice

For each person identified in the previous component of the activity, draft at least two (2) talking points that might compel them to either: (a) dedicate energy to learning about the needs of women of reproductive age and infants or (b) act within their scope of influence to address those needs.

| Person One | Talking Point One | Talking Point Two |
| --- | --- | --- |
| | | |

| Person Two | Talking Point One | Talking Point Two |
| --- | --- | --- |
| | | |

## 01 Prioritization

Using the impact matrix tool, choose one (1) activity within Strategy 1 of the Checklist that your organization/agency should prioritize and provide one (1) reason why you selected that activity.

Choose an activity to prioritize

Explain why you chose this activity:

## 02 Individual action planning in context

Review the activity implementation card for your selected activity and draft three (3) action steps that you can take to move your organization/agency forward.

Action Step One

Action Step Two

Action Step Three

# Activity Complete

**Please send your completed activity sheet to AMCHP using the form below.**

*Sharing this information is not required for course completion or to receive continuing education credit, but it will help keep AMCHP informed of potential facilitators and barriers to building capacity in this critical area. It may also reveal opportunities where AMCHP and/or our network of members and partners may be able to deliver technical assistance. None of your responses will be shared publicly without us first seeking and obtaining your consent. We appreciate your consideration!*

Full Name

Department / Role

Email Address

Organization / Agency

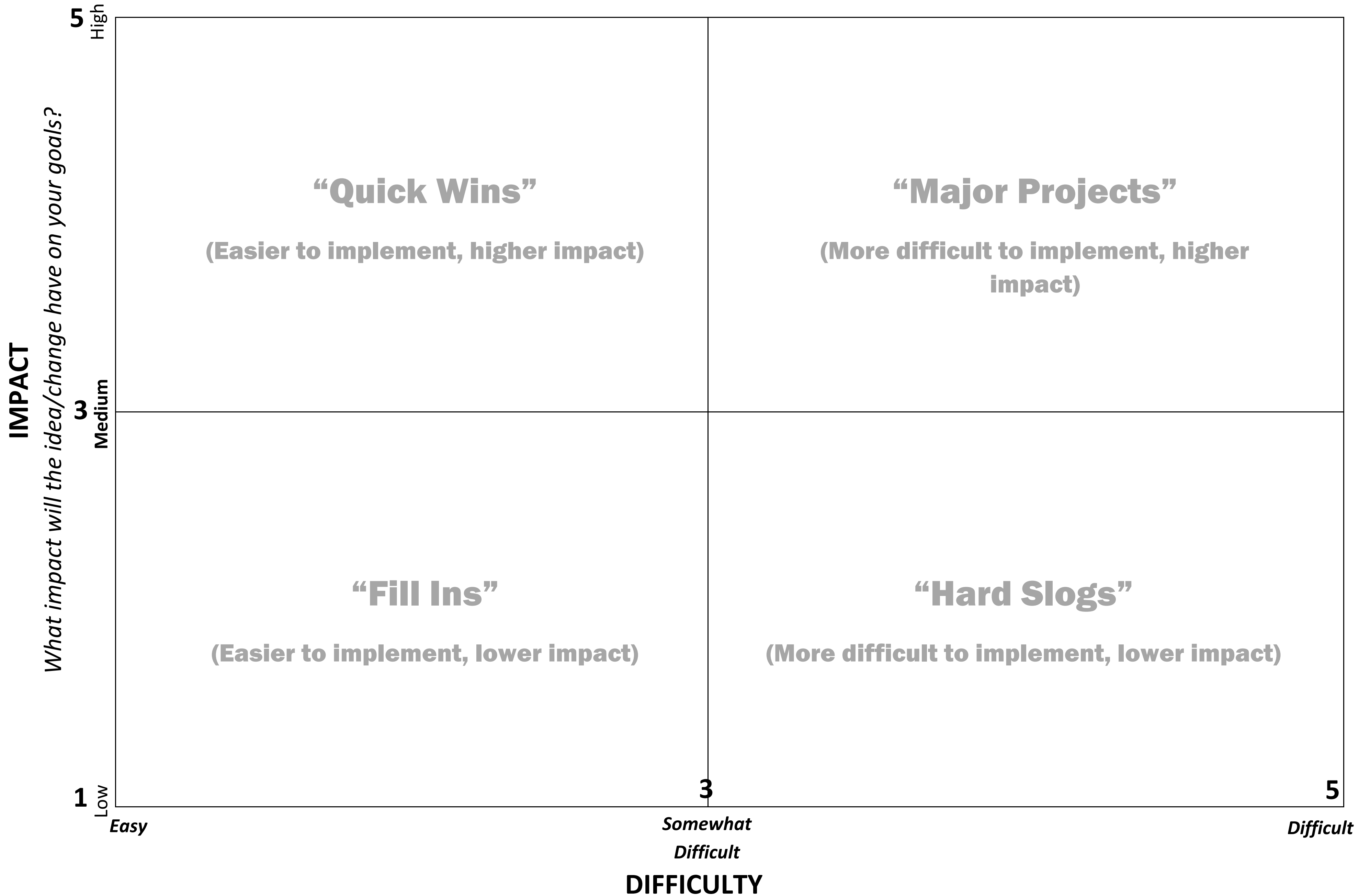
To share your work with AMCHP staff and prompt potential technical assistance, email your saved document to **workforce@amchp.org** with **"EPR CE Course Workbook"** in the subject line.

| **Strategy #1: Integrate MCH considerations into the jurisdiction Emergency Preparedness and Response (EPR) plan.** | | | |
|---|---|---|---|
| **PHEP Capability** | **Question** | **Y/N** | **Additional Comments** |
| Community Preparedness | **S1-A1.** During the last 12 months, have the MCH Director and the PHEP Director met to discuss the EPR needs related to reproductive health? If yes, how many times? | | |
| Community Preparedness | **S1-A2.** Are lists of key jurisdictional MCH partners, stakeholders, and/or social networks updated annually to reflect current contact information? | | |
| Community Preparedness | **S1-A3.** Is an MCH staff member identified who regularly reviews and updates the sections of the jurisdiction plan that pertain to MCH populations? If yes, who? | | |
| Mass Care | **S1-A4.** Does jurisdiction guidance for sheltering and other mass care address maternal and infant population-specific needs, such as supplies and instructions for infant feeding and safe sleep? | | |
| Community Preparedness | **S1-A5.** Does MCH annually review the availability of portable prenatal records for pregnant women with MCH partners and stakeholders? | | |
| Emergency Operations Coordination | **S1-A6.** Has staff evaluated the MCH role in the last jurisdiction response where the hazard had a disproportionate effect on women of reproductive age and/or infants (such as Zika virus or pandemic influenza)? | | |
| Emergency Operations Coordination | **S1-A7.** Has your MCH Program defined how MCH staff become EPR trained and response-ready? | | |
| Emergency Operations Coordination | S1-A8. Has your MCH Program set a goal for the proportion of MCH staff who are trained and response-ready? If yes, what percent of MCH staff? | | |
| Emergency Operations Coordination | **S1-A9.** Does your MCH Program annually update its roster of MCH staff members who are trained to assume leadership and other positions during a response if the hazard has a disproportionate effect on women of reproductive age and/or infants? If no, why not? | | |
| Emergency Operations Coordination | **S1-A10.** Does the PHEP Director or designee regularly review and update the roster of staff who have been trained about effects of emergencies on MCH populations? | | |

*The development and refinement of this checklist is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) under grant number 6 NU38OT000296-03-01. AMCHP acknowledges Marianne Zotti, DrPH, subject matter consultant to AMCHP and the CDC's Division of Reproductive Health, for her significant authorship contributions.*

# IMPACT MATRIX

Scroll to the next page for guidance on how to use this tool



# <u>Overview of Impact Matrix Categories</u>:

**Quick Wins**: easier to implement, higher impact.

A change that falls into this category is often prioritized because it is perceived as having high impact while being relatively easy to implement; these changes are often perceived as having the "biggest bang for the buck".

**Major Projects:** more difficult to implement, higher impact.

A change in this category may be worth pursuing, particularly if the change is rated as high impact. It is often helpful to clearly communicate to stakeholders that the change may take more time to achieve due to difficulty. If the change falls into this category but scores lower on impact (closer to the middle of the page), the change may not be worth pursuing at this point in time.

**Fill Ins**: easier to implement, lower impact.

A change in this category requires careful consideration on whether it is worth the time and energy to pursue. If a "quick win" is needed and the change is relatively easy to accomplish, it may be worthwhile to proceed. Alternatively, if the change is determined to be more difficult to implement (closer to the middle of the page), then it likely isn't worth implementing.

**Hard slogs:** more difficult to implement, lower impact.

Typically, a change in this category should not be implemented due its difficulty and low impact.

National **MCH** Workforce Development Center
Advancing Health Transformation

**Public Health Emergency Preparedness and Response Checklist for Maternal and Infant Health**
**Action Implementation Cards** – *Updated February 2022*

AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

## Purpose

Originally designed to guide interdisciplinary teams from U.S. states, territories, or freely associated states (inclusively referred to as "jurisdictions" throughout the document) participating in AMCHP's Emergency Preparedness and Response Action Learning Collaborative, this checklist is intended to augment the capacity of all jurisdictions to ensure that women of reproductive age, especially postpartum women, and infants are planned for in the event of emergencies – including multiple emergencies with intersecting impacts. Much of the content, however, has applicability for the broader maternal and child health (MCH) population, including children with special health care needs and their families.

## Grounding

The structure and language in this document are based on the *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health* (CDC, 2018). These standards have been adapted for this document to focus on preparedness tasks and resources to meet the needs of women of reproductive age and infants during emergencies.

## Components

The checklist includes four overarching strategies:

1) Integrate MCH considerations into the jurisdiction Emergency Preparedness and Response (EPR) plan.
2) Develop strategies to gather epidemiologic/surveillance data on women of reproductive age and infants to guide action.
3) Establish/promote EPR communication about target populations with clinical partners, public health and governmental partners, and the general public.
4) Identify public health programs, interventions, and policies to protect/promote health and prevent disease and injury in emergencies among maternal and infant populations.

## Using the Cards

The following cards are intended to assist with planning and completing action items associated with each strategy. For each strategy (S) there are action items (A). For each action item, take a moment to read through the brief description and walk through the guiding questions and proposed steps. Use this as an opportunity to identify any information gaps or additional steps to take in completing this action item. An estimated amount of time for completing the item is provided: ⌛ = <1 hour; ⌛⌛ = ≥1 hour but <3 hours; ⌛⌛⌛ = ≥ 3 hours. Because the circumstances in each jurisdiction are unique, actual steps and time needed for completion might vary from those suggested on the card. Use the area provided to list actual steps and adjustments to the amount of time estimated for completion. Throughout this document, the 'MCH program' means bureau/division/section/office (the appropriate name in the respective jurisdictions) that administers the Title V Maternal and Child Health block grant program.

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## Action Item *S1-A2:*

| ***An MCH staff member will annually update the list of key jurisdictional MCH partners, stakeholders and/or social networks to ensure that the contact information is accurate.*** | |
|---|---|
| **Guiding Questions** | **Proposed Steps** |
| 1. Is there currently a list of key jurisdictional MCH partners that includes clinical providers, public health and government partners, and representatives for healthcare systems, relevant community-rooted organizations, youth, and families?<br>2. Who is responsible for updating this list?<br>3. Does this list include salient partners from MCH surveillance systems such as Pregnancy Risk Assessment Monitoring System (PRAMS) and newborn screening?<br>4. Does the list include agencies or organizations (including those representing the interests of marginalized identity- and circumstance-based populations) that have been active in previous responses related to needs of women of reproductive age and infants? Could they or others have a future role?<br>5. Is this list shared among MCH staff, partners, and stakeholders?<br>6. Is the contact information current? | 1. MCH Director/designee will identify an MCH staff person to review/update the list.<br>2. MCH staff person will review and answer guiding questions.<br>3. MCH staff person will compile the updated list.<br>4. MCH staff person will share the updated list with the jurisdictional MCH Director or designee.<br>5. The MCH Director/designee will share the updated list with their main PHEP contact(s) identified in S1-A1.<br><br>**Time Estimate:**<br>**Actual Steps and Time**<br>1.<br>2.<br>3.<br>4. |
| **Final Product** | |
| By <DATE>, MCH staff member <NAME>, <TITLE> from <OFFICE> will review and update the list of key jurisdictional MCH partners, stakeholders and/or social networks to ensure that the contact information is accurate. | |
| **PHEP Capability:** ***Community Preparedness*** | |

**Action Item number & brief description**

**Questions to consider when completing this action item**

**Expected final outcome**

**Related PHEP Capability**

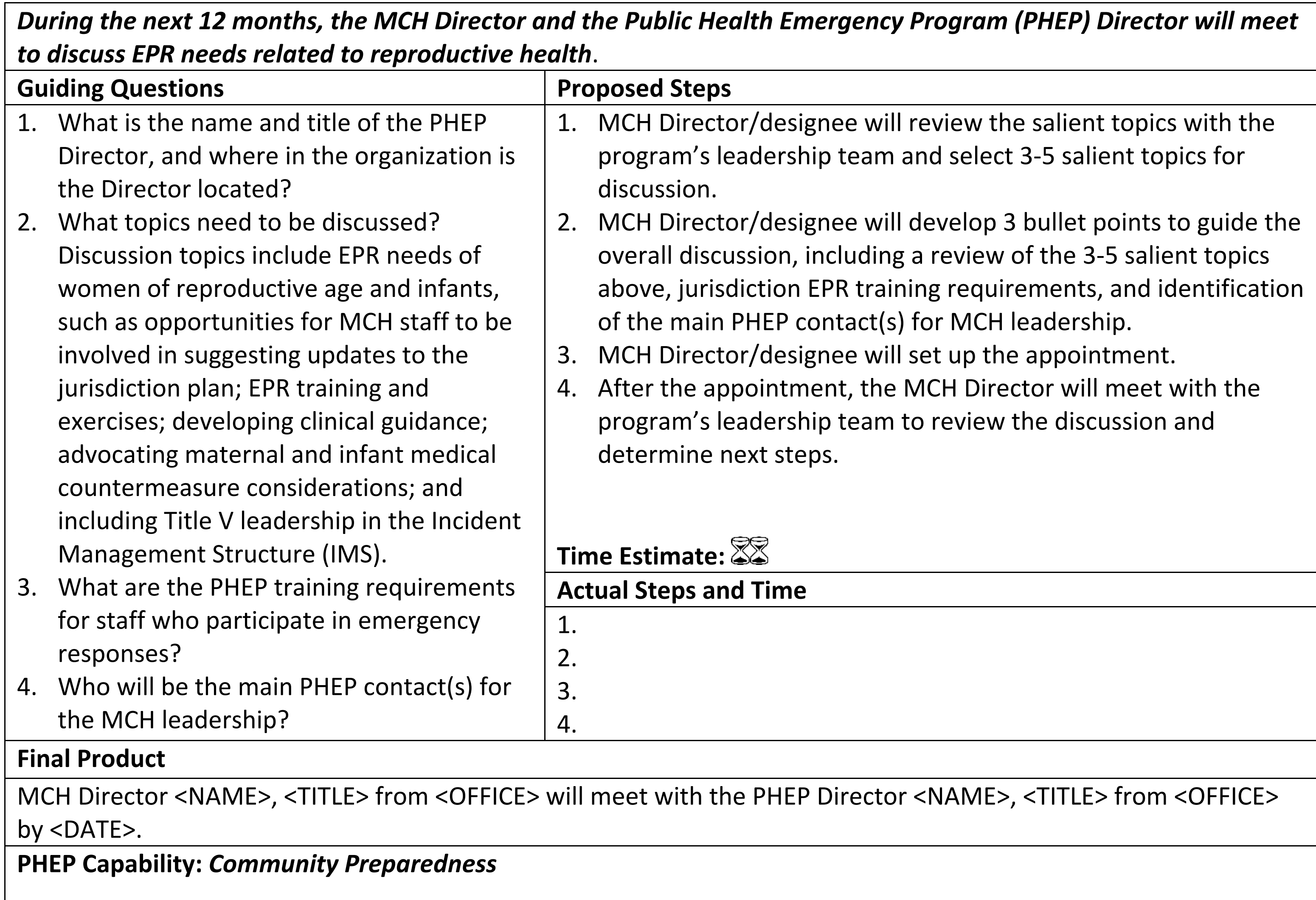
**Suggested steps**

**Estimated time for completing this Action Item**

**Area to list actual steps and amount of time needed**

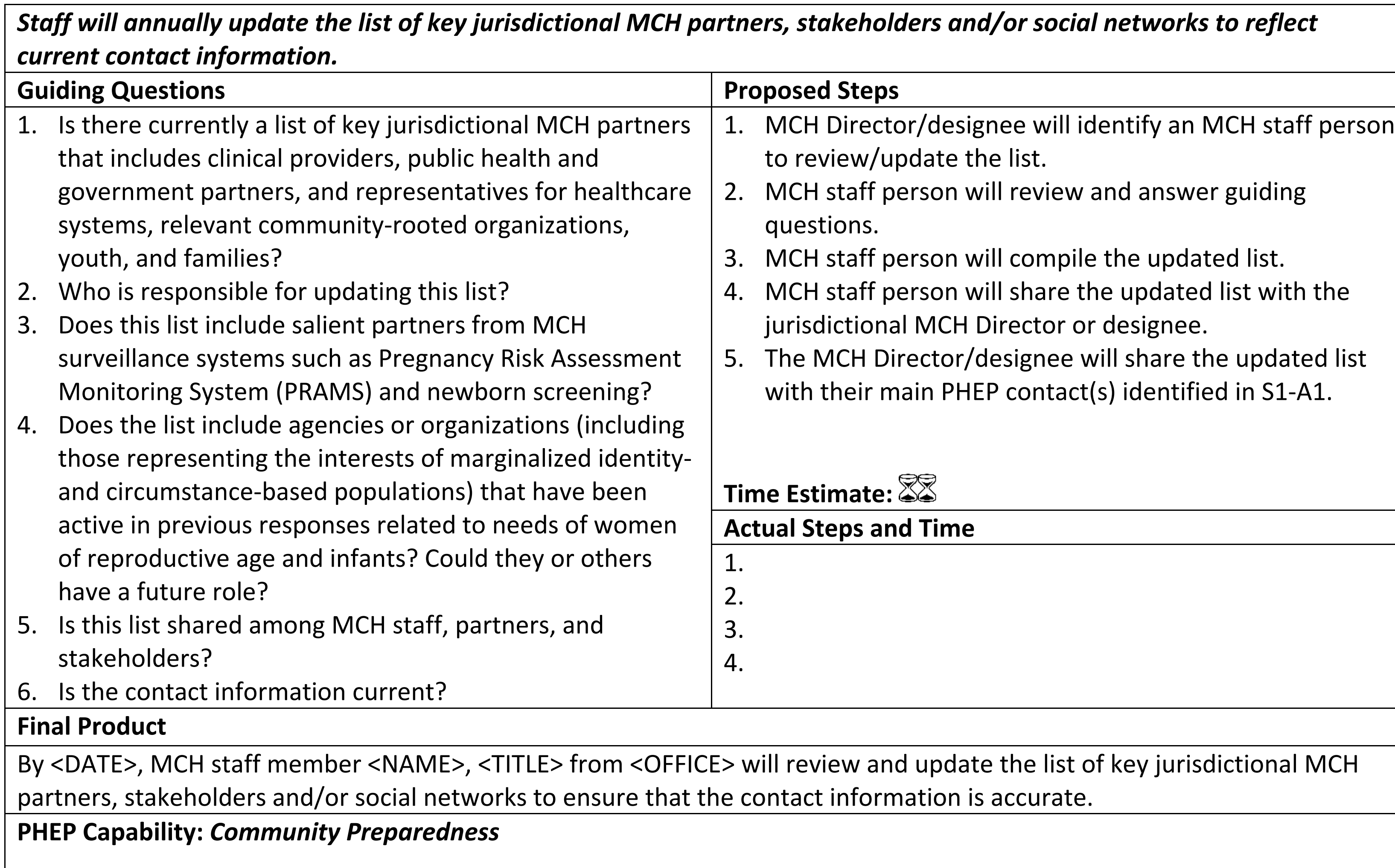
# S1: INTEGRATE MCH CONSIDERATIONS INTO THE JURISDICTION EMERGENCY PREPAREDNESS AND RESPONSE (EPR) PLAN

# Action Item *S1-A1:*



<table>
<tr><td colspan="2">During the next 12 months, the MCH Director and the Public Health Emergency Program (PHEP) Director will meet to discuss EPR needs related to reproductive health.</td></tr>
<tr><td>Guiding Questions</td><td>Proposed Steps</td></tr>
<tr><td rowspan="3">1. What is the name and title of the PHEP Director, and where in the organization is the Director located?<br>2. What topics need to be discussed? Discussion topics include EPR needs of women of reproductive age and infants, such as opportunities for MCH staff to be involved in suggesting updates to the jurisdiction plan; EPR training and exercises; developing clinical guidance; advocating maternal and infant medical countermeasure considerations; and including Title V leadership in the Incident Management Structure (IMS).<br>3. What are the PHEP training requirements for staff who participate in emergency responses?<br>4. Who will be the main PHEP contact(s) for the MCH leadership?</td><td>1. MCH Director/designee will review the salient topics with the program’s leadership team and select 3-5 salient topics for discussion.<br>2. MCH Director/designee will develop 3 bullet points to guide the overall discussion, including a review of the 3-5 salient topics above, jurisdiction EPR training requirements, and identification of the main PHEP contact(s) for MCH leadership.<br>3. MCH Director/designee will set up the appointment.<br>4. After the appointment, the MCH Director will meet with the program’s leadership team to review the discussion and determine next steps.<br><br>Time Estimate:</td></tr>
<tr><td>Actual Steps and Time</td></tr>
<tr><td>1.<br>2.<br>3.<br>4.</td></tr>
<tr><td colspan="2">Final Product</td></tr>
<tr><td colspan="2">MCH Director <NAME>, <TITLE> from <OFFICE> will meet with the PHEP Director <NAME>, <TITLE> from <OFFICE> by <DATE>.</td></tr>
<tr><td colspan="2">PHEP Capability: Community Preparedness</td></tr>
</table>

# Action Item *S1-A2:*



<table>
<tr><td colspan="2">Staff will annually update the list of key jurisdictional MCH partners, stakeholders and/or social networks to reflect current contact information.</td></tr>
<tr><td>Guiding Questions</td><td>Proposed Steps</td></tr>
<tr><td rowspan="3">1. Is there currently a list of key jurisdictional MCH partners that includes clinical providers, public health and government partners, and representatives for healthcare systems, relevant community-rooted organizations, youth, and families?<br>2. Who is responsible for updating this list?<br>3. Does this list include salient partners from MCH surveillance systems such as Pregnancy Risk Assessment Monitoring System (PRAMS) and newborn screening?<br>4. Does the list include agencies or organizations (including those representing the interests of marginalized identity- and circumstance-based populations) that have been active in previous responses related to needs of women of reproductive age and infants? Could they or others have a future role?<br>5. Is this list shared among MCH staff, partners, and stakeholders?<br>6. Is the contact information current?</td><td>1. MCH Director/designee will identify an MCH staff person to review/update the list.<br>2. MCH staff person will review and answer guiding questions.<br>3. MCH staff person will compile the updated list.<br>4. MCH staff person will share the updated list with the jurisdictional MCH Director or designee.<br>5. The MCH Director/designee will share the updated list with their main PHEP contact(s) identified in S1-A1.<br><br>Time Estimate:</td></tr>
<tr><td>Actual Steps and Time</td></tr>
<tr><td>1.<br>2.<br>3.<br>4.</td></tr>
<tr><td colspan="2">Final Product</td></tr>
<tr><td colspan="2">By <DATE>, MCH staff member <NAME>, <TITLE> from <OFFICE> will review and update the list of key jurisdictional MCH partners, stakeholders and/or social networks to ensure that the contact information is accurate.</td></tr>
<tr><td colspan="2">PHEP Capability: Community Preparedness</td></tr>
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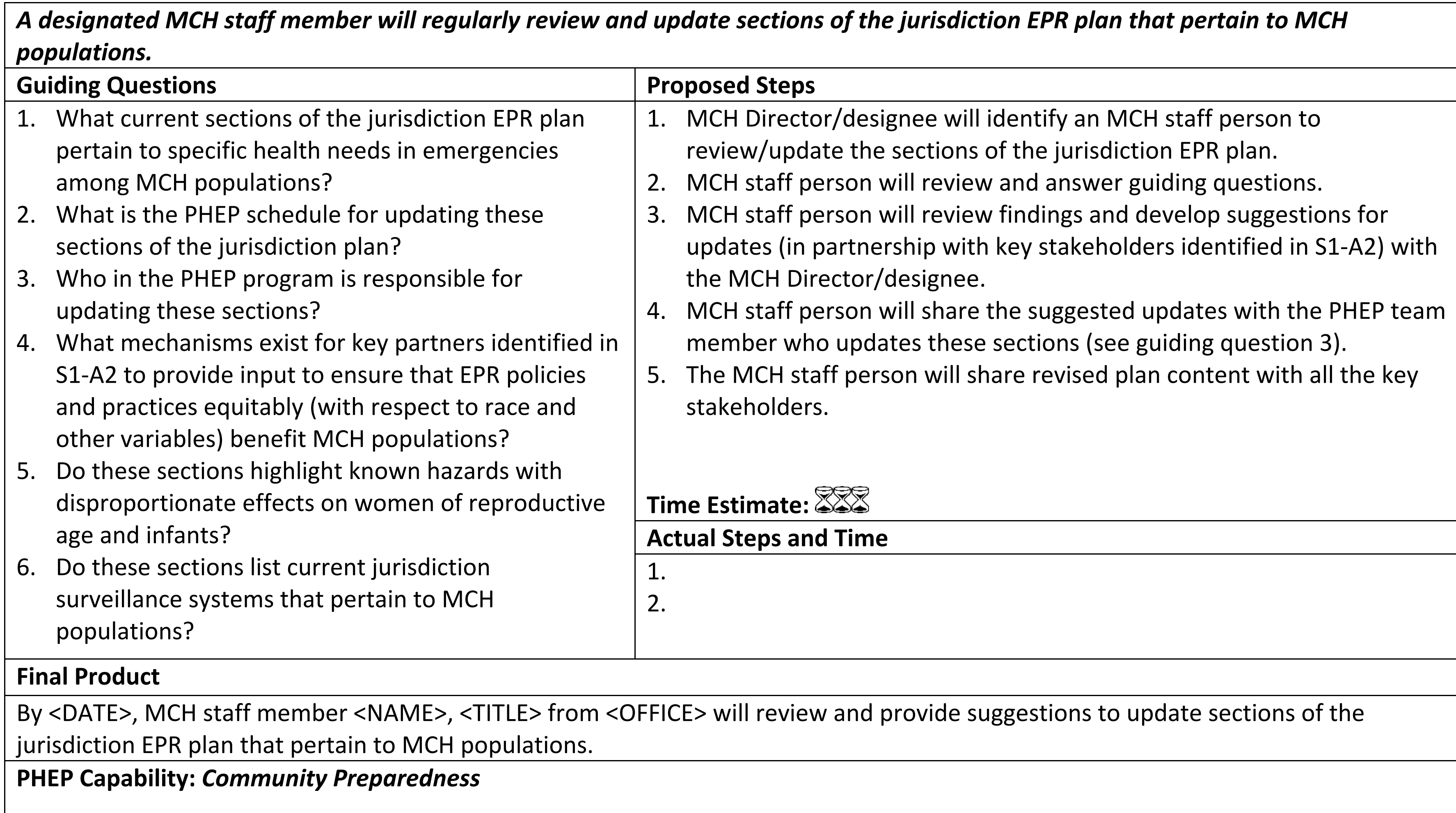
# Action Item *S1-A3:*



<table>
<tr><td colspan="2">A designated MCH staff member will regularly review and update sections of the jurisdiction EPR plan that pertain to MCH populations.</td></tr>
<tr><td>Guiding Questions</td><td>Proposed Steps</td></tr>
<tr><td rowspan="3">1. What current sections of the jurisdiction EPR plan pertain to specific health needs in emergencies among MCH populations?<br>2. What is the PHEP schedule for updating these sections of the jurisdiction plan?<br>3. Who in the PHEP program is responsible for updating these sections?<br>4. What mechanisms exist for key partners identified in S1-A2 to provide input to ensure that EPR policies and practices equitably (with respect to race and other variables) benefit MCH populations?<br>5. Do these sections highlight known hazards with disproportionate effects on women of reproductive age and infants?<br>6. Do these sections list current jurisdiction surveillance systems that pertain to MCH populations?</td><td>1. MCH Director/designee will identify an MCH staff person to review/update the sections of the jurisdiction EPR plan.<br>2. MCH staff person will review and answer guiding questions.<br>3. MCH staff person will review findings and develop suggestions for updates (in partnership with key stakeholders identified in S1-A2) with the MCH Director/designee.<br>4. MCH staff person will share the suggested updates with the PHEP team member who updates these sections (see guiding question 3).<br>5. The MCH staff person will share revised plan content with all the key stakeholders.<br><br>Time Estimate:</td></tr>
<tr><td>Actual Steps and Time</td></tr>
<tr><td>1.<br>2.</td></tr>
<tr><td colspan="2">Final Product</td></tr>
<tr><td colspan="2">By <DATE>, MCH staff member <NAME>, <TITLE> from <OFFICE> will review and provide suggestions to update sections of the jurisdiction EPR plan that pertain to MCH populations.</td></tr>
<tr><td colspan="2">PHEP Capability: Community Preparedness</td></tr>
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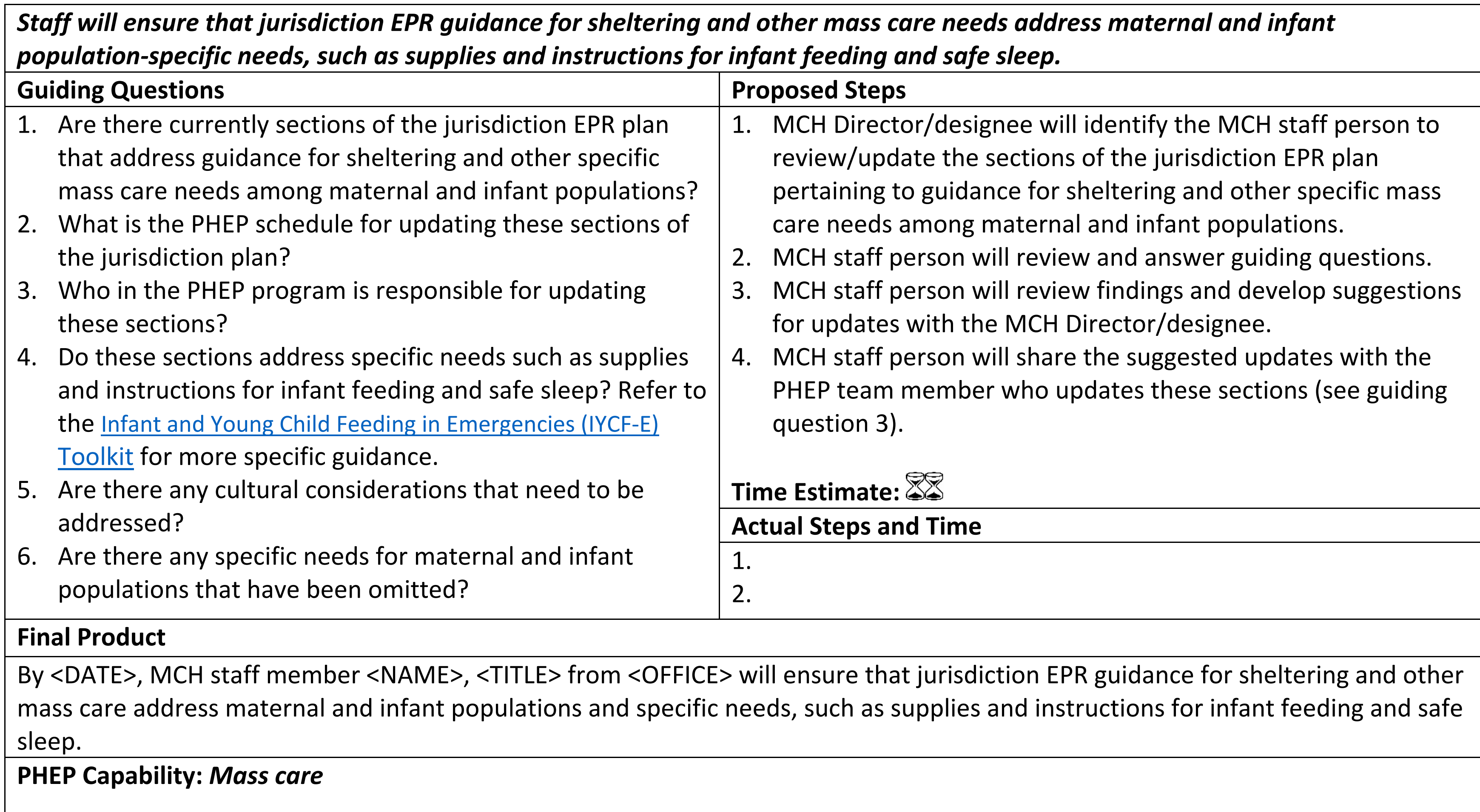
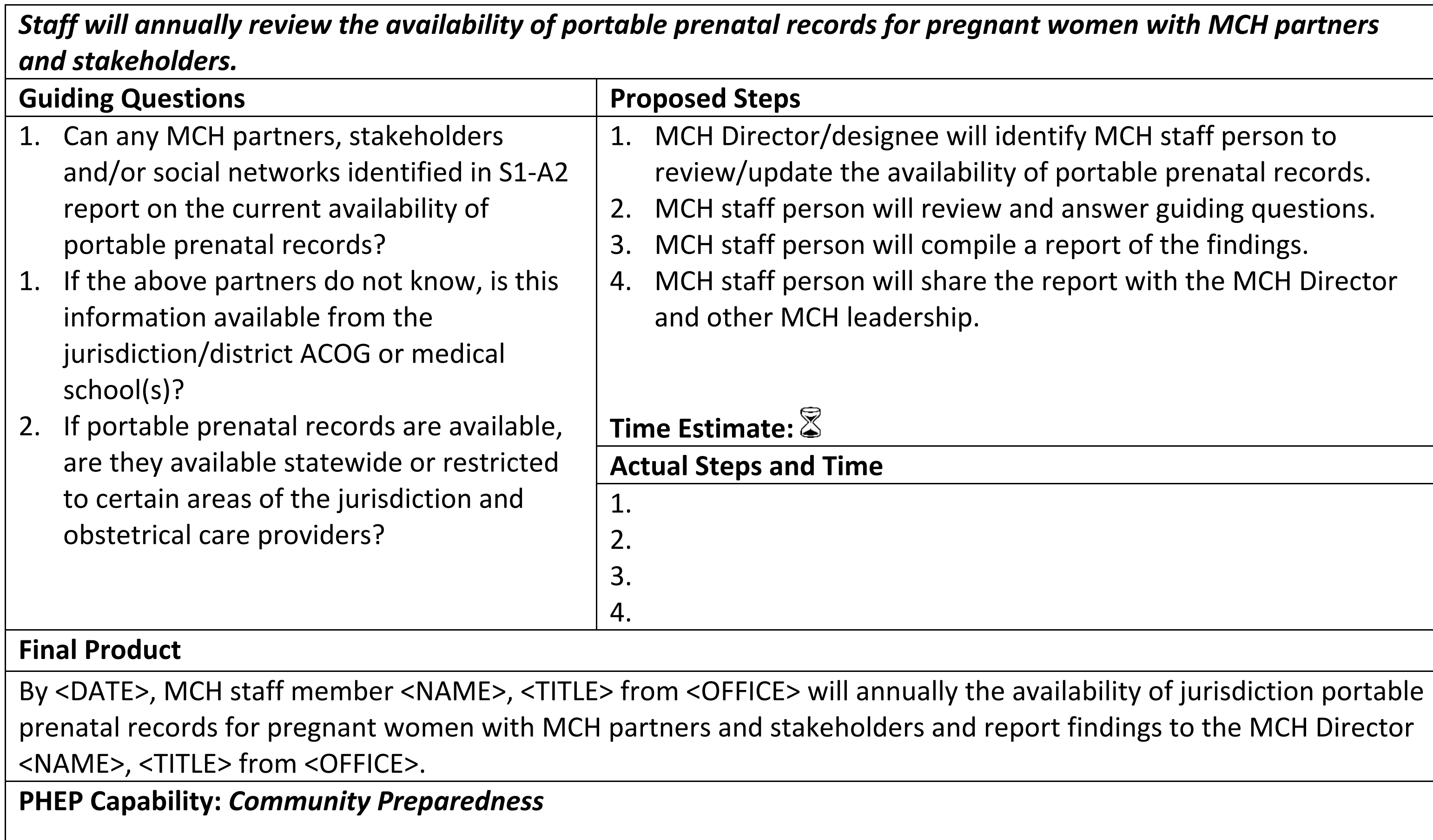
# Action Item *S1-A4:*



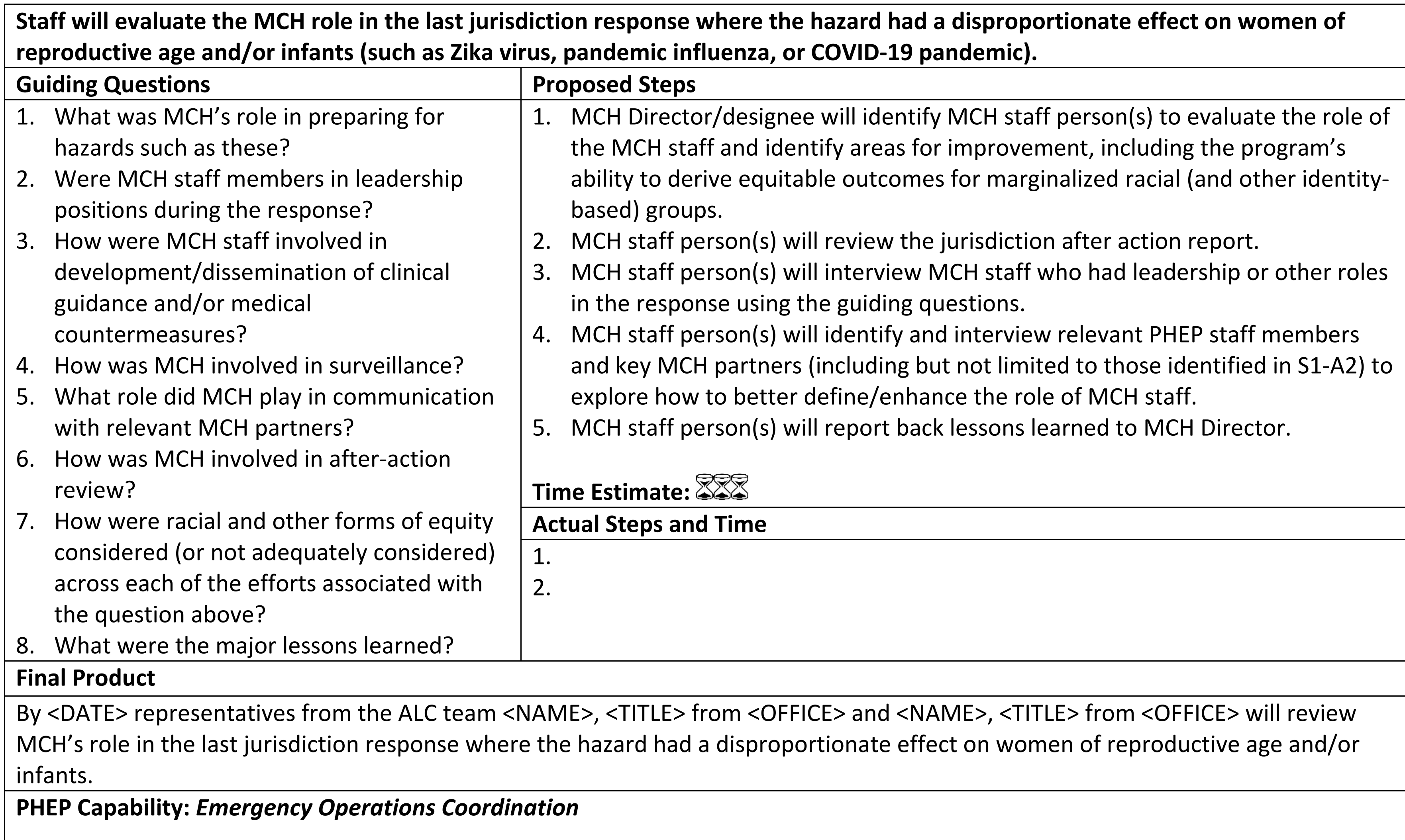
<table>
<tr><td colspan="2">Staff will ensure that jurisdiction EPR guidance for sheltering and other mass care needs address maternal and infant population-specific needs, such as supplies and instructions for infant feeding and safe sleep.</td></tr>
<tr><td>Guiding Questions</td><td>Proposed Steps</td></tr>
<tr><td rowspan="3">1. Are there currently sections of the jurisdiction EPR plan that address guidance for sheltering and other specific mass care needs among maternal and infant populations?<br>2. What is the PHEP schedule for updating these sections of the jurisdiction plan?<br>3. Who in the PHEP program is responsible for updating these sections?<br>4. Do these sections address specific needs such as supplies and instructions for infant feeding and safe sleep? Refer to the Infant and Young Child Feeding in Emergencies (IYCF-E) Toolkit for more specific guidance.<br>5. Are there any cultural considerations that need to be addressed?<br>6. Are there any specific needs for maternal and infant populations that have been omitted?</td><td>1. MCH Director/designee will identify the MCH staff person to review/update the sections of the jurisdiction EPR plan pertaining to guidance for sheltering and other specific mass care needs among maternal and infant populations.<br>2. MCH staff person will review and answer guiding questions.<br>3. MCH staff person will review findings and develop suggestions for updates with the MCH Director/designee.<br>4. MCH staff person will share the suggested updates with the PHEP team member who updates these sections (see guiding question 3).<br><br>Time Estimate: ⌛⌛</td></tr>
<tr><td>Actual Steps and Time</td></tr>
<tr><td>1.<br>2.</td></tr>
<tr><td colspan="2">Final Product</td></tr>
<tr><td colspan="2">By <DATE>, MCH staff member <NAME>, <TITLE> from <OFFICE> will ensure that jurisdiction EPR guidance for sheltering and other mass care address maternal and infant populations and specific needs, such as supplies and instructions for infant feeding and safe sleep.</td></tr>
<tr><td colspan="2">PHEP Capability: Mass care</td></tr>
</table>

# Action Item *S1-A5:*



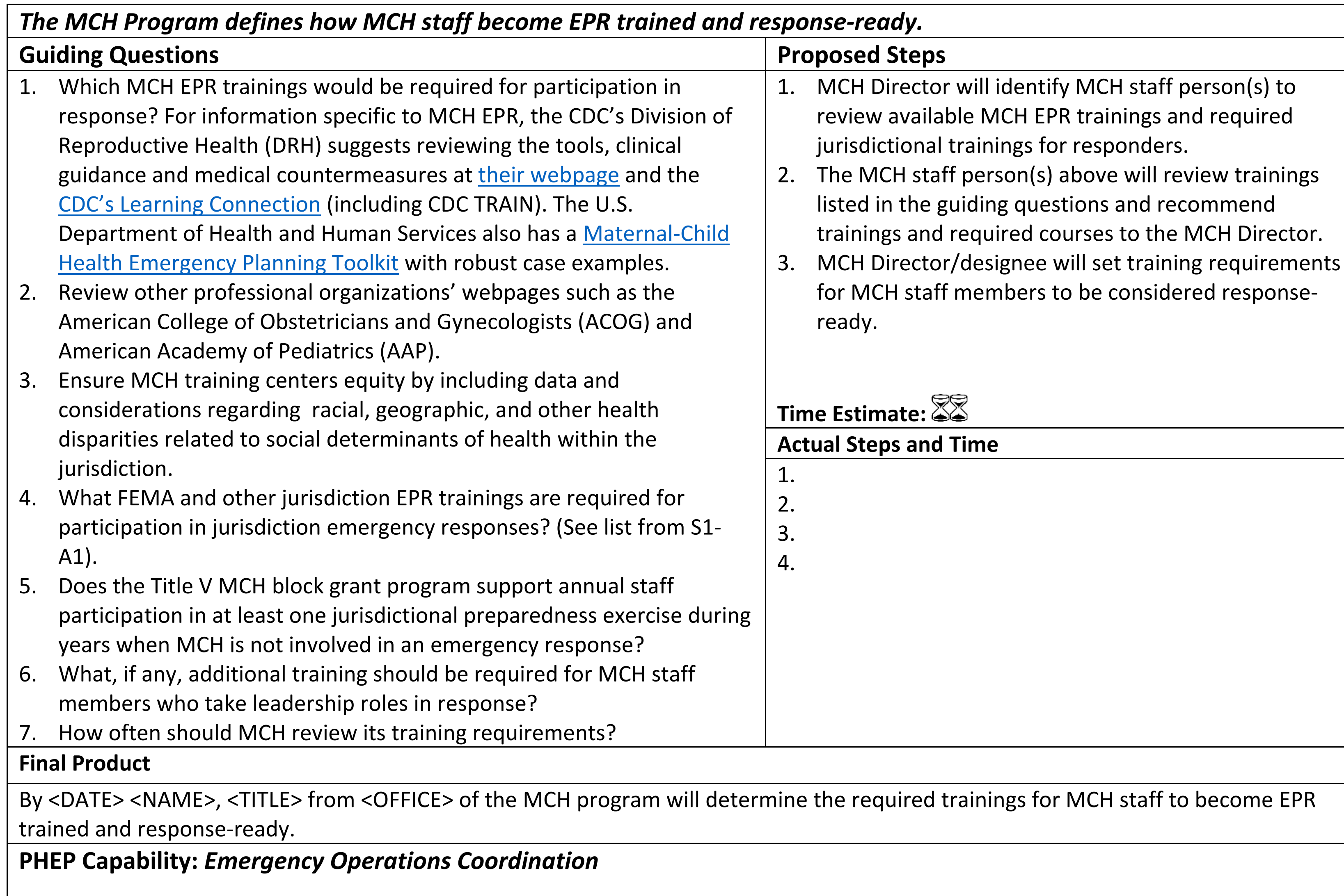
| ***Staff will annually review the availability of portable prenatal records for pregnant women with MCH partners and stakeholders.*** | |
|---|---|
| **Guiding Questions** | **Proposed Steps** |
| 1. Can any MCH partners, stakeholders and/or social networks identified in S1-A2 report on the current availability of portable prenatal records?<br>1. If the above partners do not know, is this information available from the jurisdiction/district ACOG or medical school(s)?<br>2. If portable prenatal records are available, are they available statewide or restricted to certain areas of the jurisdiction and obstetrical care providers? | 1. MCH Director/designee will identify MCH staff person to review/update the availability of portable prenatal records.<br>2. MCH staff person will review and answer guiding questions.<br>3. MCH staff person will compile a report of the findings.<br>4. MCH staff person will share the report with the MCH Director and other MCH leadership.<br><br>**Time Estimate:** ⌛ |
| | **Actual Steps and Time** |
| | 1.<br>2.<br>3.<br>4. |
| **Final Product** | |
| By <DATE>, MCH staff member <NAME>, <TITLE> from <OFFICE> will annually the availability of jurisdiction portable prenatal records for pregnant women with MCH partners and stakeholders and report findings to the MCH Director <NAME>, <TITLE> from <OFFICE>. | |
| **PHEP Capability:** ***Community Preparedness*** | |

# Action Item *S1-A6:*



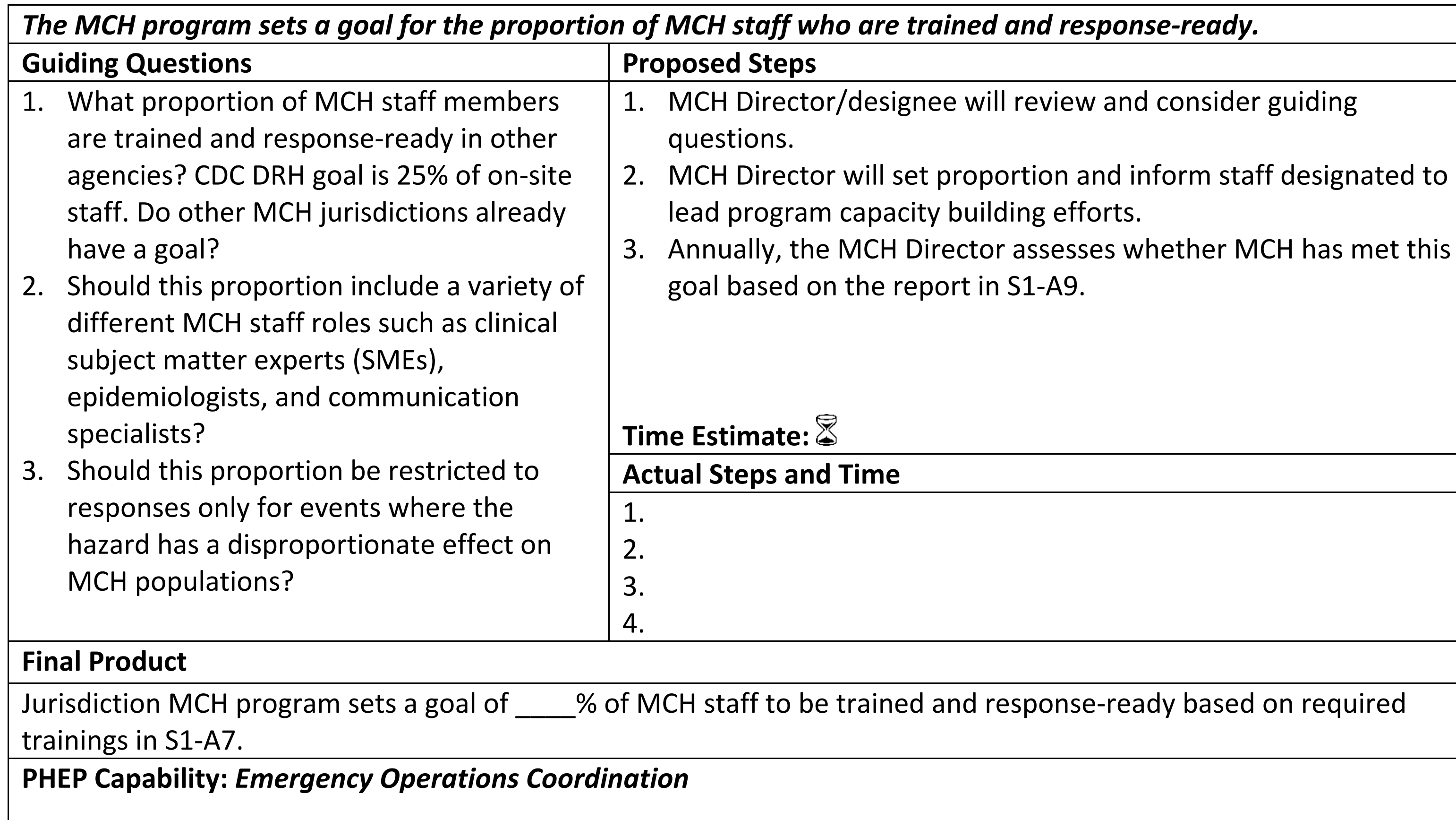
<table>
<tr><td colspan="2">Staff will evaluate the MCH role in the last jurisdiction response where the hazard had a disproportionate effect on women of reproductive age and/or infants (such as Zika virus, pandemic influenza, or COVID-19 pandemic).</td></tr>
<tr><td>Guiding Questions</td><td>Proposed Steps</td></tr>
<tr><td rowspan="3">1. What was MCH’s role in preparing for hazards such as these?<br>2. Were MCH staff members in leadership positions during the response?<br>3. How were MCH staff involved in development/dissemination of clinical guidance and/or medical countermeasures?<br>4. How was MCH involved in surveillance?<br>5. What role did MCH play in communication with relevant MCH partners?<br>6. How was MCH involved in after-action review?<br>7. How were racial and other forms of equity considered (or not adequately considered) across each of the efforts associated with the question above?<br>8. What were the major lessons learned?</td><td>1. MCH Director/designee will identify MCH staff person(s) to evaluate the role of the MCH staff and identify areas for improvement, including the program’s ability to derive equitable outcomes for marginalized racial (and other identity-based) groups.<br>2. MCH staff person(s) will review the jurisdiction after action report.<br>3. MCH staff person(s) will interview MCH staff who had leadership or other roles in the response using the guiding questions.<br>4. MCH staff person(s) will identify and interview relevant PHEP staff members and key MCH partners (including but not limited to those identified in S1-A2) to explore how to better define/enhance the role of MCH staff.<br>5. MCH staff person(s) will report back lessons learned to MCH Director.<br><br>Time Estimate: ⌛⌛⌛</td></tr>
<tr><td>Actual Steps and Time</td></tr>
<tr><td>1.<br>2.</td></tr>
<tr><td colspan="2">Final Product</td></tr>
<tr><td colspan="2">By <DATE> representatives from the ALC team <NAME>, <TITLE> from <OFFICE> and <NAME>, <TITLE> from <OFFICE> will review MCH’s role in the last jurisdiction response where the hazard had a disproportionate effect on women of reproductive age and/or infants.</td></tr>
<tr><td colspan="2">PHEP Capability: Emergency Operations Coordination</td></tr>
</table>

# Action Item *S1-A7:*



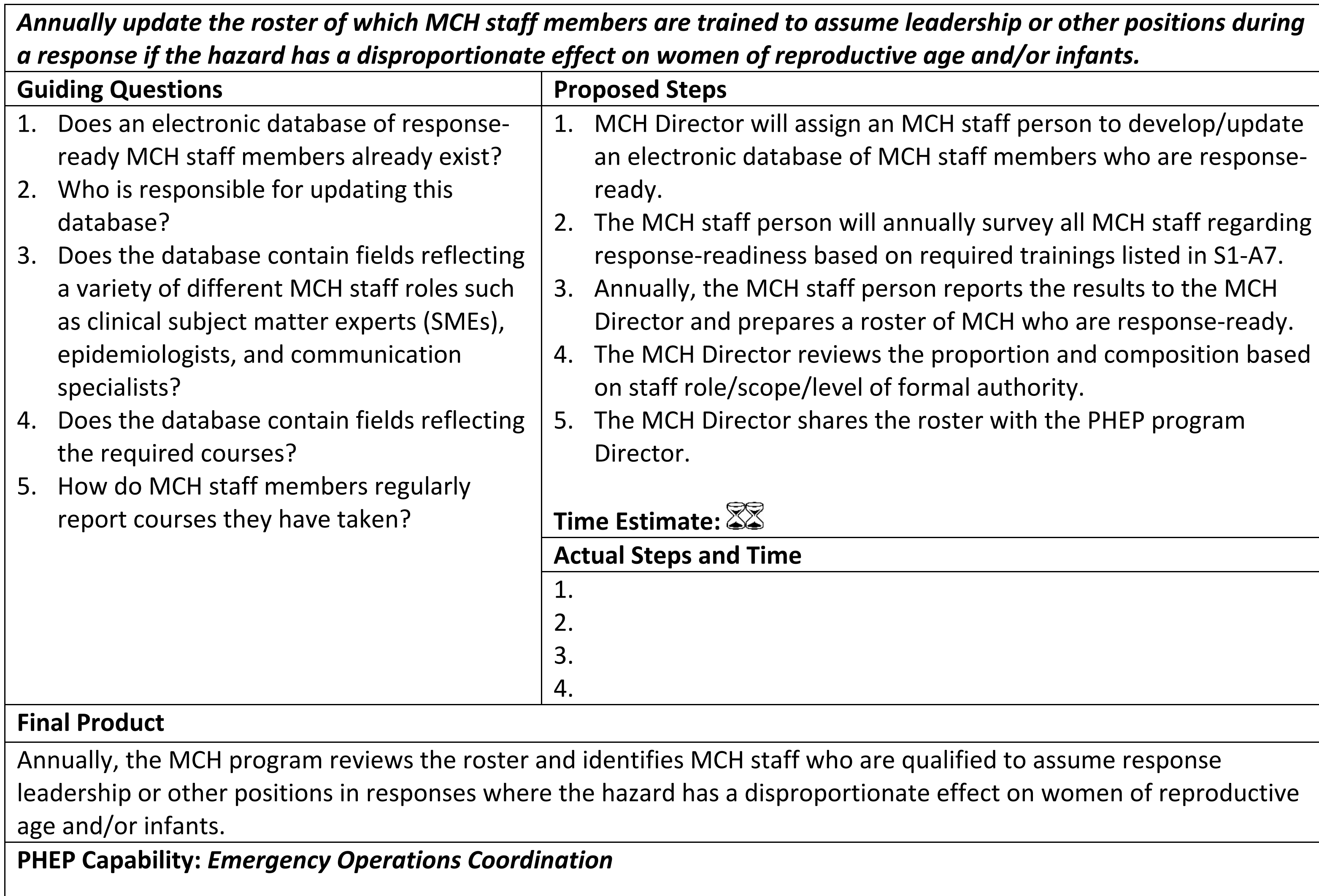
| ***The MCH Program defines how MCH staff become EPR trained and response-ready.*** | |
|---|---|
| **Guiding Questions** | **Proposed Steps** |
| 1. Which MCH EPR trainings would be required for participation in response? For information specific to MCH EPR, the CDC's Division of Reproductive Health (DRH) suggests reviewing the tools, clinical guidance and medical countermeasures at their webpage and the CDC's Learning Connection (including CDC TRAIN). The U.S. Department of Health and Human Services also has a Maternal-Child Health Emergency Planning Toolkit with robust case examples.<br>2. Review other professional organizations' webpages such as the American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP).<br>3. Ensure MCH training centers equity by including data and considerations regarding racial, geographic, and other health disparities related to social determinants of health within the jurisdiction.<br>4. What FEMA and other jurisdiction EPR trainings are required for participation in jurisdiction emergency responses? (See list from S1-A1).<br>5. Does the Title V MCH block grant program support annual staff participation in at least one jurisdictional preparedness exercise during years when MCH is not involved in an emergency response?<br>6. What, if any, additional training should be required for MCH staff members who take leadership roles in response?<br>7. How often should MCH review its training requirements? | 1. MCH Director will identify MCH staff person(s) to review available MCH EPR trainings and required jurisdictional trainings for responders.<br>2. The MCH staff person(s) above will review trainings listed in the guiding questions and recommend trainings and required courses to the MCH Director.<br>3. MCH Director/designee will set training requirements for MCH staff members to be considered response-ready.<br><br>**Time Estimate:** ⌛⌛<br>**Actual Steps and Time**<br>1.<br>2.<br>3.<br>4. |
| **Final Product** | |
| By <DATE> <NAME>, <TITLE> from <OFFICE> of the MCH program will determine the required trainings for MCH staff to become EPR trained and response-ready. | |
| **PHEP Capability:** ***Emergency Operations Coordination*** | |

# Action Item *S1-A8:*



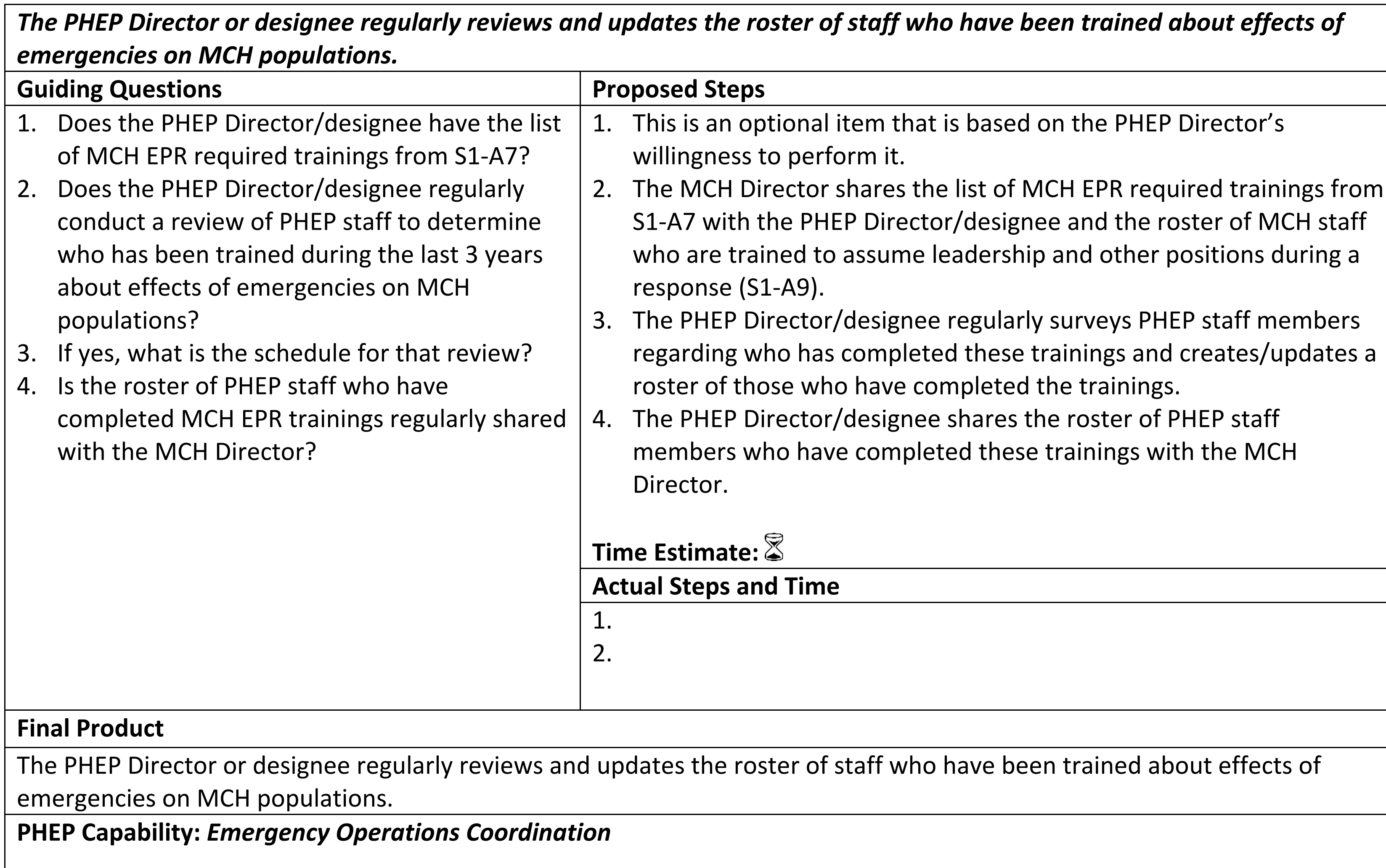
<table>
<tr><td colspan="2">The MCH program sets a goal for the proportion of MCH staff who are trained and response-ready.</td></tr>
<tr><td>Guiding Questions</td><td>Proposed Steps</td></tr>
<tr><td rowspan="3">1. What proportion of MCH staff members are trained and response-ready in other agencies? CDC DRH goal is 25% of on-site staff. Do other MCH jurisdictions already have a goal?<br>2. Should this proportion include a variety of different MCH staff roles such as clinical subject matter experts (SMEs), epidemiologists, and communication specialists?<br>3. Should this proportion be restricted to responses only for events where the hazard has a disproportionate effect on MCH populations?</td><td>1. MCH Director/designee will review and consider guiding questions.<br>2. MCH Director will set proportion and inform staff designated to lead program capacity building efforts.<br>3. Annually, the MCH Director assesses whether MCH has met this goal based on the report in S1-A9.<br><br>Time Estimate:</td></tr>
<tr><td>Actual Steps and Time</td></tr>
<tr><td>1.<br>2.<br>3.<br>4.</td></tr>
<tr><td colspan="2">Final Product</td></tr>
<tr><td colspan="2">Jurisdiction MCH program sets a goal of ____% of MCH staff to be trained and response-ready based on required trainings in S1-A7.</td></tr>
<tr><td colspan="2">PHEP Capability: Emergency Operations Coordination</td></tr>
</table>

# Action Item *S1-A9:*



| ***Annually update the roster of which MCH staff members are trained to assume leadership or other positions during a response if the hazard has a disproportionate effect on women of reproductive age and/or infants.*** | |
|---|---|
| **Guiding Questions** | **Proposed Steps** |
| 1. Does an electronic database of response-ready MCH staff members already exist?<br>2. Who is responsible for updating this database?<br>3. Does the database contain fields reflecting a variety of different MCH staff roles such as clinical subject matter experts (SMEs), epidemiologists, and communication specialists?<br>4. Does the database contain fields reflecting the required courses?<br>5. How do MCH staff members regularly report courses they have taken? | 1. MCH Director will assign an MCH staff person to develop/update an electronic database of MCH staff members who are response-ready.<br>2. The MCH staff person will annually survey all MCH staff regarding response-readiness based on required trainings listed in S1-A7.<br>3. Annually, the MCH staff person reports the results to the MCH Director and prepares a roster of MCH who are response-ready.<br>4. The MCH Director reviews the proportion and composition based on staff role/scope/level of formal authority.<br>5. The MCH Director shares the roster with the PHEP program Director.<br><br>**Time Estimate:** ⌛⌛ |
| | **Actual Steps and Time** |
| | 1.<br>2.<br>3.<br>4. |
| **Final Product** | |
| Annually, the MCH program reviews the roster and identifies MCH staff who are qualified to assume response leadership or other positions in responses where the hazard has a disproportionate effect on women of reproductive age and/or infants. | |
| **PHEP Capability:** ***Emergency Operations Coordination*** | |

# Action Item *S1-A10:*



| ***The PHEP Director or designee regularly reviews and updates the roster of staff who have been trained about effects of emergencies on MCH populations.*** | |
|---|---|
| **Guiding Questions** | **Proposed Steps** |
| 1. Does the PHEP Director/designee have the list of MCH EPR required trainings from S1-A7?<br>2. Does the PHEP Director/designee regularly conduct a review of PHEP staff to determine who has been trained during the last 3 years about effects of emergencies on MCH populations?<br>3. If yes, what is the schedule for that review?<br>4. Is the roster of PHEP staff who have completed MCH EPR trainings regularly shared with the MCH Director? | 1. This is an optional item that is based on the PHEP Director's willingness to perform it.<br>2. The MCH Director shares the list of MCH EPR required trainings from S1-A7 with the PHEP Director/designee and the roster of MCH staff who are trained to assume leadership and other positions during a response (S1-A9).<br>3. The PHEP Director/designee regularly surveys PHEP staff members regarding who has completed these trainings and creates/updates a roster of those who have completed the trainings.<br>4. The PHEP Director/designee shares the roster of PHEP staff members who have completed these trainings with the MCH Director.<br><br>**Time Estimate:** ⌛ |
| | **Actual Steps and Time** |
| | 1.<br>2. |
| **Final Product** | |
| The PHEP Director or designee regularly reviews and updates the roster of staff who have been trained about effects of emergencies on MCH populations. | |
| **PHEP Capability:** ***Emergency Operations Coordination*** | |