

D R A F T

**NATIONAL PLAN FOR MATERNAL
AND
CHILD HEALTH TRAINING**

GOALS AND OBJECTIVES

February 24, 2004

This draft of the National Plan for Maternal and Child Health Training consists of the *Vision* for the Plan, and the *Goals and Objectives*. It is provided to you for your comments and feedback.

NATIONAL PLAN FOR MATERNAL AND CHILD HEALTH TRAINING

A Vision for the 21st Century

All children and families will live and thrive in healthy communities served by a quality workforce that helps assure their health and well being.

Values Incorporated into this Plan

Every family deserves:

- Caring and competent health workers who place the needs of families and communities at the center of their practice;
- Responsive, quality health systems organized so that individuals and families can easily use them;
- Evidence-based policies and programs that are accountable for planning, implementing and investing in priority health needs of families and communities; and
- Access to a seamless system in which health is coordinated with community, social and educational programs.

Workforce preparation must:

- Address all levels of the workforce from community-based workers and providers to program managers, higher education faculty and community leaders;
- Acknowledge that learning is life-long and should therefore be supported by a continuum of educational opportunities; and
- Address the universal and the unique needs of MCH populations throughout the life cycle and develop and be responsive to present and emerging issues.

Goal 1

Assure a workforce that possesses the knowledge, skills, and attitudes to meet unique MCH population needs.

Strategy A: Improve the quality of training and practice for MCH professionals.

- Objective 1: By 2010, increase the number of practitioners who demonstrate expertise in MCH, including proficiency in public health, through achievement of MCH competencies. *(Identify baseline and set target by 2008.)*
- Objective 2: By 2010, increase the proportion of academic MCH training programs that utilize competencies, to ensure that trainees develop the necessary knowledge, skills and attitudes to serve the MCH population. *(Identify baseline and set target by 2007.)*
- Objective 3: By 2010, increase by 9 the number of continuing education courses available to the current workforce that focus on MCH competencies.
- Objective 4: By 2010, increase the number of clinical training programs related to child and/or maternal health (e.g., women's health, pediatric residency programs) that incorporate key MCH competencies through coursework, practica, and clinical rotations. *(Identify baseline and set target by 2008.)*
- Objective 5: By 2010, increase the number of non-clinical educational programs (e.g., public health, social work, health education, public policy, etc.) that incorporate an MCH module or key elements of the MCH competencies. *(Identify baseline and set target by 2008.)*

Strategy B: Ensure that the MCH population has access to qualified providers.¹

- Objective 6: By 2010, increase to 50 the number of States that show improvement in meeting the needs of mothers, children, and families, as reflected in increased numbers of practicing MCH professionals in critical fields. *(Identify baseline by 2005.)*
- Objective 7: By 2008, increase by 20 percent the proportion of graduates of MCH training projects who work in underserved² communities. *(Identify baseline by 2005.)*

¹See Goal 5, strategy A, for research related to this goal.

²As defined by HPSA and DPSA

Objective 8: By 2010, double the total amount of financial support available nationally for leadership training in MCH at the master's, doctoral, and post-doctoral levels. (Identify baseline by 2005.)

Goal 2

Prepare and support a diverse MCH workforce that is culturally competent and family centered.

Strategy A: Recruit, train, and advance faculty from diverse backgrounds.

Objective 1: By 2010, increase the number of MCH training programs that have increased the diversity of their faculty. (*Identify baseline and target by 2005.*)

Strategy B: Recruit, train, and retain a workforce that is more reflective of the diversity of the nation.

Objective 2: By 2010, increase the number of MCH training programs that have increased the diversity of their trainee classes. (*Identify baseline and target by 2005.*)

Strategy C: Design and implement educational programs to ensure that the MCH workforce is both culturally competent and family centered.

Objective 3: By 2008, increase to 100 percent the proportion of MCH trainees who receive comprehensive instruction in cultural competency and family-centered services by the completion of their training. (*Identify baseline by 2005.*)

Objective 4: By 2008, increase the proportion of MCH faculty who have received comprehensive education in cultural competency and family-centered services. (*Identify baseline and target by 2006.*)

Objective 5: By 2010, increase the proportion of the existing MCH workforce who have received education in cultural competency and family-centered care. (*Identify baseline and target by 2008.*)

Objective 6: By 2010, increase the proportion of MCH training programs that include field or applied experiences designed to lead to cultural competency and to an understanding of family-centered services. (*Identify baseline and target by 2007.*)

Strategy D: Enlist families, youth, and communities in the development and ongoing implementation of training programs for the MCH workforce.

Objective 7: By 2009, increase to 50 percent the proportion of MCH training programs that require active roles for family and youth in the development, implementation, and evaluation of the educational program and that include family members as paid faculty or staff. (*Identify baseline by 2005.*)

Goal 3

Improve practice through interdisciplinary training in maternal and child health.³

Strategy A: Improve the quality of interdisciplinary training.

Objective 1: By 2010, increase the proportion of MCH trainees who have experience in interdisciplinary training that reflects the needs of children and families, in both classroom and field settings. (*Identify baseline and target by 2006.*)

Objective 2: By 2010, increase the number of MCH training programs whose interdisciplinary faculty members reflect the needs of women, children and families (e.g., health, social services, education, etc.). (*Identify baseline and target by 2007.*)

Objective 3: By 2010, increase the number of community agencies working in partnership with universities to provide interdisciplinary MCH training at community sites. (*Identify baseline and set target by 2007.*)

Strategy B: Increase interdisciplinary training opportunities

Objective 4: By 2010, increase the number of Federal training grants that support MCH interdisciplinary training. (*Identify baseline and set target by 2006.*)

Goal 4

Develop effective MCH leaders.⁴

Strategy A: Ensure that MCH training in all disciplines includes leadership skills.

Objective 1: By 2009, ensure that 100% of MCHB-funded training programs employ a model MCH leadership-training curriculum as a component of the program. (*Identify baseline by 2005.*)

Strategy B: Identify people who have potential to provide leadership in maternal and child health and foster their development.

³See goal 5, strategy D, for research related to this goal

⁴See goal 5, strategy F, for research objectives related to this goal.

- Objective 2: By 2008, increase by 50 percent the number of people who successfully complete MCH leadership training⁵ designed for individuals already in the workforce. (*Identify baseline by 2005.*)
- Objective 3: By 2008, double the number of recognized leaders from other academic fields and/or from the community who devote at least 10% time to an MCH training project. (*Identify baseline by 2005.*)
- Objective 4: By 2008, increase by 30 percent the number of individuals in state MCH leadership positions whose skills, knowledge and/or career opportunities have been enhanced through continuing education or other career development efforts over the last two years. (*Identify baseline by 2005.*)
- Objective 5: By 2009, increase to 80 percent the graduates of MCHB training programs who demonstrate field leadership within five years of graduation. (*Baseline:*)

Strategy C: Increase the number of individuals with leadership skills who are recruited into MCH training programs.

- Objective 6: By 2010, increase by 20% the number of MCH training projects that incorporate outreach to master's, doctoral, and post doctoral individuals, designed to inform them of opportunities for MCH training. (*Identify baseline by 2005.*)
- Objective 7: By 2010, increase by 20% the number of MCH training projects that incorporate outreach to local high schools and colleges, designed to inform students of opportunities for training in an MCH field. (*Identify baseline by 2005.*)

Goal 5

Generate, translate, and integrate new knowledge to enhance MCH training, inform policy, and improve health outcomes.

Strategy A: Regularly assess workforce needs, identifying MCH workforce shortages and evaluating the ability of the workforce to deliver quality services to the MCH population.⁶

- Objective 1: By 2010, complete a comprehensive⁷ national MCH workforce assessment.

⁵Such leadership training may include continuing education but must be more than that. It might include, for example, a special certificate program.

⁶This strategy supports Goal 1.

⁷*This series of studies should include the numbers of workers [both professional and community] in various categories in urban, rural and frontier settings; the proportion of these who are trained in MCH competencies; an assessment of workers' knowledge related to MCH competencies (continued on next page);

Strategy B: Increase the knowledge related to MCH recruitment.⁸

Objective 2: By 2010, complete a study of the factors that determine entry into an MCH field.

Strategy C: Document the impact of MCH training on health services.⁹

Objective 3: By 2010, complete a study designed to assess the impact of MCH training on quality of services. (*Identify baseline by 2005.*)

Strategy D: Expand the knowledge related to effective MCH practice and effective training strategies in MCH.

Objective 4: By 2010, increase by 75 percent the number of publicly and privately funded grants for applied research designed to improve training and practice in maternal and child health. (*Identify baseline by 2005.*)

Objective 5: By 2010, conduct an assessment of the relative cost-effectiveness of various training modalities¹⁰ designed to improve the ability of the workforce to meet MCH needs.

Objective 6: By 2010, double the funding from public and private sources for training individuals to conduct MCH research. (*Identify baseline by 2005.*)

Strategy E: Improve the knowledge base in MCH interdisciplinary training.¹¹

Objective 7: By 2010, increase by 5 the number of research projects that address the effectiveness of MCH interdisciplinary training, including the impact on quality and cost benefit of the approach. (*Identify baseline by 2005.*)

Strategy F: Ensure rapid translation of research findings into policy, training, and practice.

Objective 8: By 2008, increase to 100 percent the proportion of MCH training projects that can provide evidence that they have translated research into policy, practice, or training. (*Identify baseline by 2005.*)

and appraisals of workforce needs by key MCH constituencies [such as State Title V programs].

⁸This strategy supports Goal 4, strategy C.

⁹This strategy supports Goal 6.

¹⁰These modalities include continuing education, distance learning, Web-based learning, and other educational strategies.

¹¹This strategy supports Goal 3.

Objective 9: By 2010, train 1,000 current MCH workforce leaders in the integration of new evidence-based knowledge into policy and practice.

Goal 6

Develop broad-based support for MCH training.

Strategy A: Implement strategies to improve the awareness among key stakeholders of the importance of MCH training.

Objective 1: By 2010, increase to 25 the number of states in which key state legislators and legislative staff receive educational materials and technical assistance related to maternal and child health training needs and programs in their respective states. *(Baseline: 0)*

Objective 2: By 2010, increase by 15 the number of foundations (including both national and regional) that identify an MCH training issue as a new funding priority. *(Baseline: 0)*

Objective 3: By 2010, increase by 10 the number of professional associations that have a specific committee, subcommittee, or task group focused specifically on MCH training. *(Identify baseline by 2005.)*

Objective 4: By 2010, increase to 8 the number of stakeholder groups that identify MCH training as a significant issues.