2021

Member Assessment Summary

AMCHP Equity, Epidemiology, & Evaluation

April 2022

2021 AMCHP Member Assessment Summary

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Annually, the Association of Maternal & Child Health Programs (AMCHP) surveys its membership to obtain assessments of AMCHP services/products and collect suggestions on how AMCHP can improve the value of its membership. In September 2021, AMCHP administered an Annual Member Assessment survey to 372 members. At the end of an eleven-week survey period (September 23 – December 10, 2021), AMCHP received 123 survey responses for a survey response rate of 33.1%.

The following is a summary of assessments of the overall AMCHP membership experience and a detailed focus on two areas identified as top system-level priorities by member respondents: equity and workforce retention.

THE AMCHP MEMBERSHIP EXPERIENCE

Our members value AMCHP as an organization. A summary of descriptors used by respondents to describe AMCHP were *Supportive, Advocates, Collaborative,* and *Informative.*

AMCHP is seen as impactful and a source of beneficial education and training opportunities. AMCHP is also assessed as effective communicators and also effective in organizational efforts to involve members and population leaders.

AMCHP MEMBERSHIP IS VALUED

- Respondents indicate that AMCHP:
  - Membership benefits them/their organization (93%)
  - Meets expectations of a membership organization (85%)
- Top reasons for membership retention
  - Annual Conference (62%)
  - Delivery of MCH information (59%)
  - Trainings and educational opportunities (57%).
- Most would recommend AMCHP membership to colleagues (85%)

The majority of respondents (78%) indicate satisfaction with their direct contact with AMCHP staff during the past year. Knowledge/expertise, connections or referrals to resources, and ease of communication/contact were the most valued aspects assessed from AMCHP staff interactions.

AMCHP IS IMPACTFUL

The following AMCHP impacts were assessed by respondents:

- AMCHP conducts activities and actions that help align resources and improve support of MCH. Specifically, respondents noted that AMCHP:
  - Develops innovative and effective programs/policies that address critical issues affecting the MCH population (81%)
  - Builds capacity of the MCH field to respond rapidly to emerging public health threats and other crises that endanger health (78%)
  - Identifies and promotes innovations that strategically leverage resources across programs (75%)

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- AMCHP conducts activities and actions that increase investment in MCH programs. Notably, AMCHP:
    - Raises the visibility of the MCH field (83%)
    - Builds and sustains a well-informed network of MCH advocates (81%)
    - Develops effective messages to convey the MCH story and value of MCH investments (74%)

- AMCHP provides quality activities, events, and services as assessed by most respondents, for example:
    - AMCHP Annual Conference (82%)
    - Best Practices/Innovation Hub Resource (73%)
    - AMCHP National Policy Calls/Town Halls (77%)
        - In addition, AMCHP National Policy Calls and/or Advocacy Trainings also help preparations for advocacy engagement for 75% of respondents who report being able to participate in advocacy activities.

AMCHP WORKS TO INVOLVE AND ENGAGE

A majority of respondents indicate a variety of opportunities to be involved as members, such as:

- Participation in conference calls/webinars hosted by AMCHP (100%)
- Participation in at least one workgroup, committee, or task force; or serve on the Board of Directors (82.1%)

Most respondents assess AMCHP as being effectively engaged with family and youth leaders.

- AMCHP's efforts are effective in family engagement (74.0%) and support of family leaders (71.9%)
- AMCHP's efforts are effective in youth engagement (67.3%) and support of youth leaders (69.4%)

AMCHP HAS EFFECTIVE COMMUNICATIONS

- Overall, AMCHP communications were assessed as:
    - Informative (97.2%)
    - Relevant (91.6%)
    - Timely (90.7%)

However, there is room for improvements in communicating more and widely about AMCHP Board and AMCHP membership committees' activities.

- Knowledge of AMCHP Board and Committees' Activities:
    - The majority of respondents indicated being only moderately informed or slightly informed of AMCHP Board activities (76%)
    - Only 25% to 34% of respondents indicated being well informed of each AMCHP Committee's activities.

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AMCHP LEARNING & WORKFORCE DEVELOPMENT OPPORTUNITIES ARE BENEFICIAL

AMCHP's learning and workforce development opportunities are seen as beneficial. A majority of 2021 respondents assessed AMCHP's webinars as informative (90%), trainings/workshops (79%), and learning modules/toolkits (74%) as "*Good*", "*Very Good*" or "*Excellent*".

Between 2016 and 2021, there was a statistically significant increase in the proportion of respondents who indicated AMCHP's learning opportunities have provided them with the skills they need to become more qualified in their positions. As shown in Figure 1, 74% of respondents agreed with this statement in 2016 compared to 85% of respondents agreeing in the 2021 assessment.

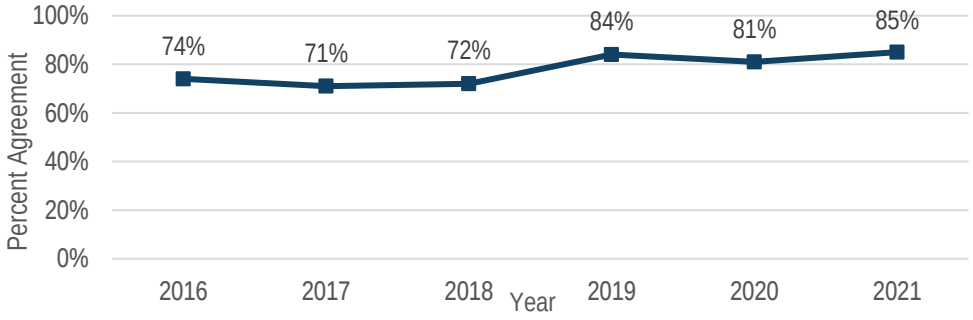

Figure 1 Respondents Indicating AMCHP Learning Opportunities Assisted Position Qualifications, 2016 -21

WORK DEVELOPMENT AND OTHER CAPACITY NEEDS

In 2021, respondents were asked to identify workforce development opportunities that would improve their knowledge, skills, and abilities for effective MCH practice. From the verbatim responses, the most frequently identified themes were:

1. Data, Epidemiology, Evaluation, and Research (21%)
2. Building and Maintaining Community/Family Partnerships (16%)
3. Program Management and Strategic Planning (13%)

Respondents also identified the following areas related to work capacity improvements:

- Needs for epidemiologic and analytic capacity improvements:
    - Economic or return on investment evaluation (84.8%)
    - Measuring and tracking equity status within MCH populations (76.3%)
    - Program evaluation (57.6%)
- Knowledge and application of MCH Best Practices and Innovation Station
    - Have a general knowledge of best practices in the distinct areas of centering equity (47%), program practice (53%), policy (50%), and AMCHP Innovation Hub resources (57%)
    - Have applied best practices of centering equity (36%), program practice (41%), policy (40%), and AMCHP Innovation Hub resources (37%) within their work

TOP SYSTEM-RELATED PRIORITIES

Traditionally, our membership assessment surveys have asked respondents to select three topmost significant system-related issues facing their organizations in the next five years. For 2021, the "*Ability of State Health Departments to Recruit/Retain Highly Competent Staff*" and "*Addressing Health Equity*" were also identified among the top three priorities in 2020. "*COVID-19 Impacts*" was newly added in 2021 as a choice option for a system-related priority namely because at the time of the 2020 Member Assessment, the COVID-19 pandemic was relatively new.

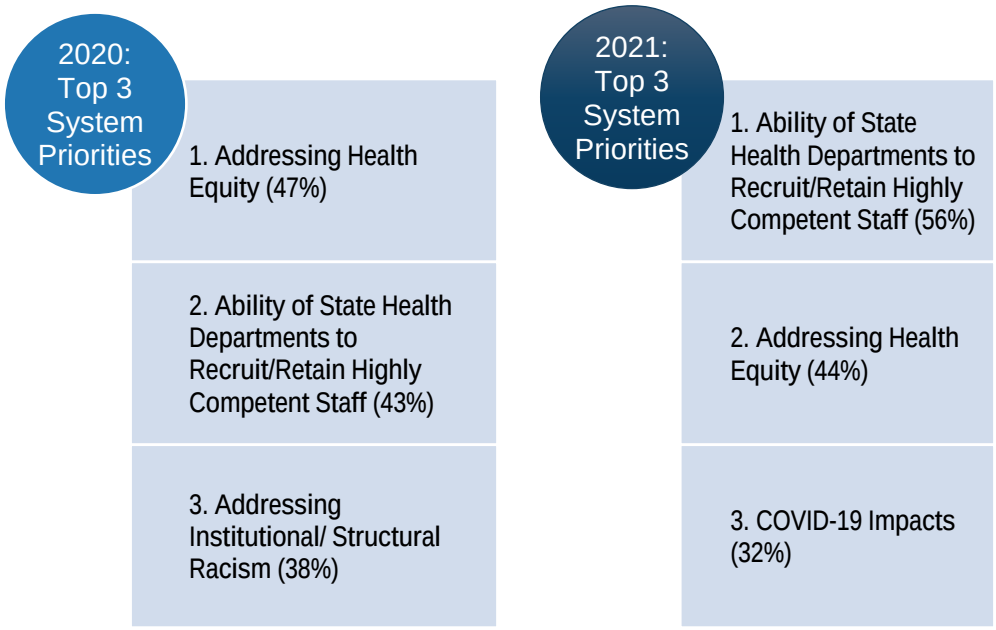

Figure 2 Top System-Related Priorities, 2020 & 2021

The next sections will highlight Member Assessment components related to the *Ability to Recruit and Retain Highly Competent Staff* and *Addressing Health Equity* for insights into these highly ranked issues for 2020 and 2021 respondents.

ABILITY TO RECRUIT & RETAIN HIGHLY COMPETENT STAFF

The 2021 and past Member Assessment survey questions pertained to *Employment Plans for the Next 5 Years* and *Top Reasons to Stay and Leave a Current Role*. Responses to these questions provide insight into how many are planning to leave or stay along with the top reasons behind employment role retention and attrition.

EMPLOYMENT PLANS FOR NEXT FIVE YEARS

For the 2021 Member Assessment, approximately half of the respondents reported being in the MCH field (54%) and employed at their current agency for more than 10 years (47%).

- A slight majority of the 2021 respondents (51%) indicated plans to stay in their current roles for the next 5 years.
- The 2021 percentage of survey respondents that indicated plans to stay in the current role is consistent with previous 2019 and 2020 survey years. (Figure 3)

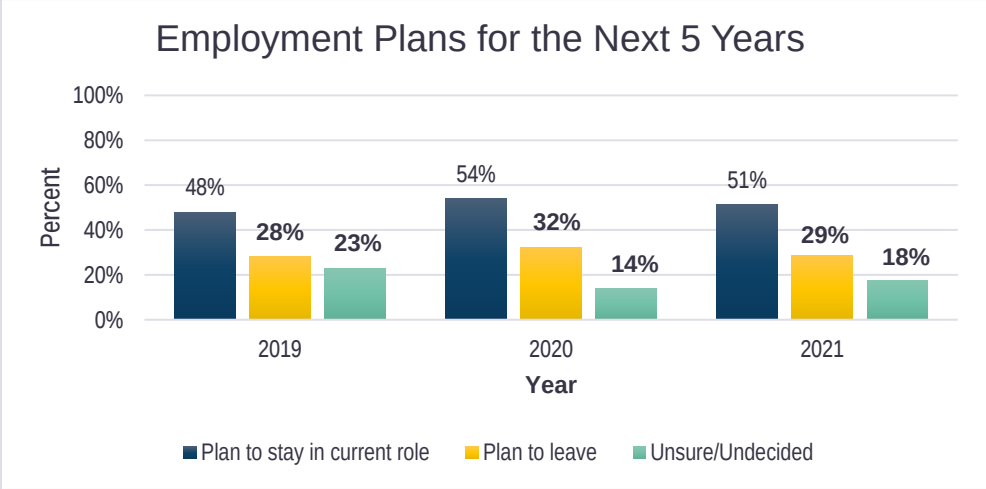

Figure 3 Employment Plans in Next Five Years, 2019-2021

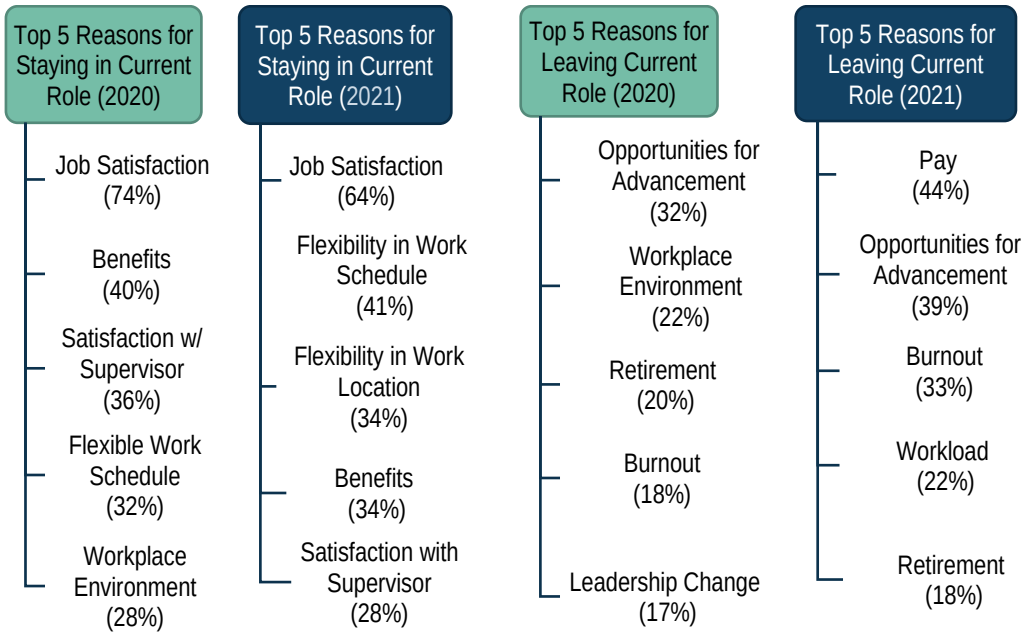

Figure 4 Top Reasons for Staying In or Leaving Current Employment Role in 2020 and 2021

TOP REASONS TO STAY OR LEAVE CURRENT ROLE

In 2021, those who plan to stay in their current role indicated that *Job Satisfaction* was the top reason for staying as selected by 64% of the respondents. In 2021, the remaining top reasons for staying in current

roles were distant from the top reason and slightly more clustered together: *Flexibility in Work Schedule* (41%), *Flexibility in Work Location* (34%), *Benefits* (34%), and S*atisfaction with Supervisor* (28%).

For respondents reporting that they wished to leave their current roles in the next five years, *Pay* was selected as top reason (44%) in 2021. Other top-ranking reasons for leaving in 2021 were *Opportunities for Advancement* (39%) closely followed by *Burnout* (33%), *Workload* (22%), and *Retirement* (18%).

Comparing 2021 to 2020 responses, the top 5 reasons for staying in current role were similar with a heavier emphasis on workplace and schedule flexibility in 2021. The 2021 top 5 reasons for leaving are also similar to top reasons for leaving in the 2020 survey. In 2021, however, *Pay* was the top reason for leaving whereas in 2020, *Pay* was not identified as a top reason for leaving a current role. (Figure 4)

ADRESSING EQUITY

Addressing Health Equity was ranked as a top system-related priority by 2020 and 2021 respondents. Also, for the first time in an AMCHP Member Assessment survey, the topic of equity was the focus for a set of questions/assessments. The following section of this summary report provides insight into perceptions of AMCHP's equity work, recommendations of how AMCHP can best communicate about continued equity efforts, and self-assessments of respondents' personal and organizational capacities to engage/operationalize their respective equity work.

AWARENESS AND ASSESSMENT OF AMCHP EQUITY ACTIVITIES

Most respondents see AMCHP as demonstrating organizational commitment to address equity, diversity, and inclusion in internal operations (93%) and an organization that seeks out diverse members, partners, and grantees (83%). Most respondents (74%) also agree that AMCHP develops collaborations to promote equity in MCH.

A lessor majority of respondents (69%) indicated awareness of the Joint Organizational Commitment to Anti-Racism and Racial Equity that AMCHP participates in with fellow organizational partners, CityMatCH, National Healthy Start Association (NHSA), and the National Institutes for Children's Health Quality (NICHQ). (Figure 5)

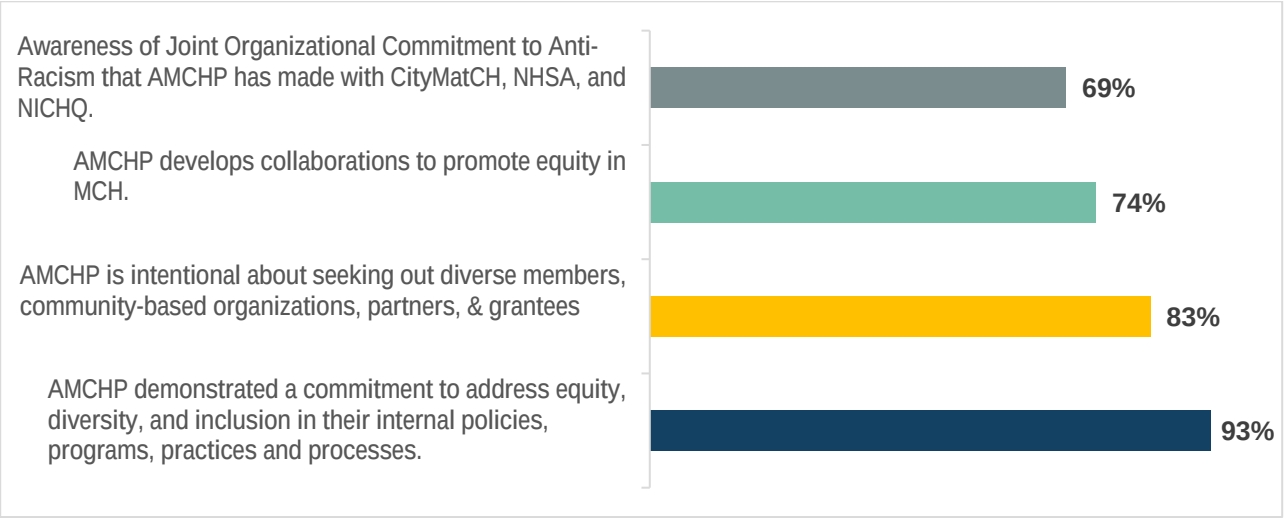

Figure 5 Awareness/Assessment of AMCHP Equity Activity

EQUITY COMMUNICATION PREFERENCES

Regarding communications about AMCHP's equity work, survey respondents indicated preferring equity-focused newsletter updates (71%) followed by quarterly updates via AMCHP National Policy calls or other member engagement calls (67%). A breakdown of communication method preferences for equity information is displayed in Figure 6.

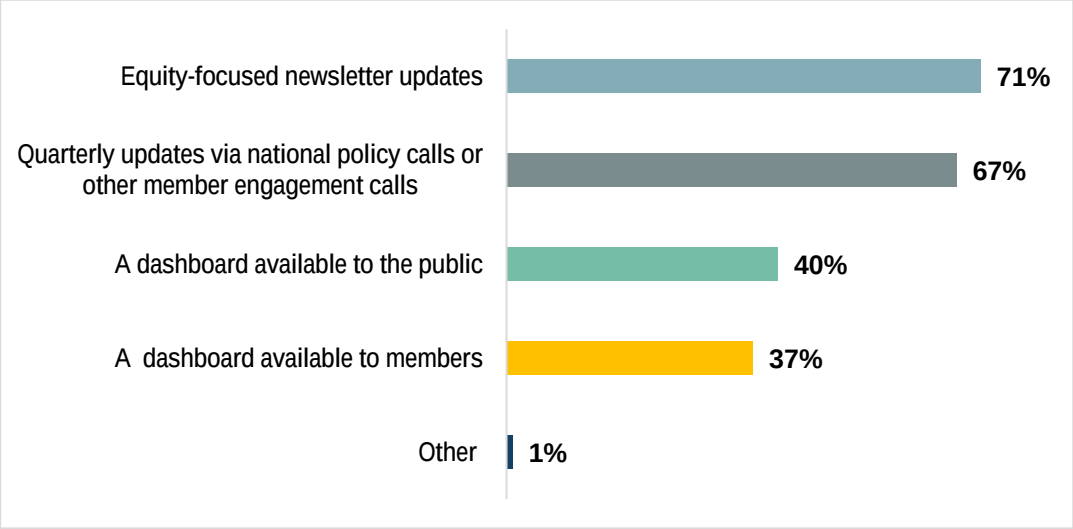

Figure 6 Equity Communications Preferences

CAPACITY TO CONDUCT EQUITY WORK

To collect information on members' capacity to engage in equity work, individuals were asked to provide information about their knowledge and use of best practices for centering equity within MCH programs and activities. As shown in Figure 7, less than half indicated having knowledge about best practices for centering equity (47%) and having applied best practices for centering equity in their own work (36%). However, less respondents indicated being unaware of best practices/resources for centering equity (18%).

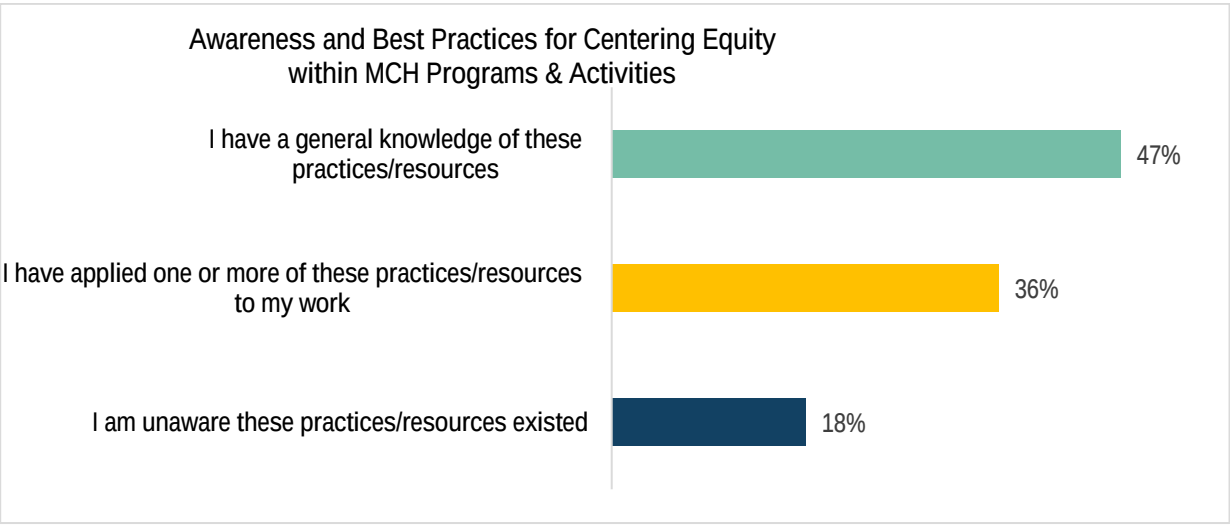

Figure 7 Awareness and Application of Best Practices for Centering Equity

When asked about measuring and tracking equity status within MCH populations, 21% of respondents indicated needing major improvement and 47% indicated needing some improvement. (Figure 8)

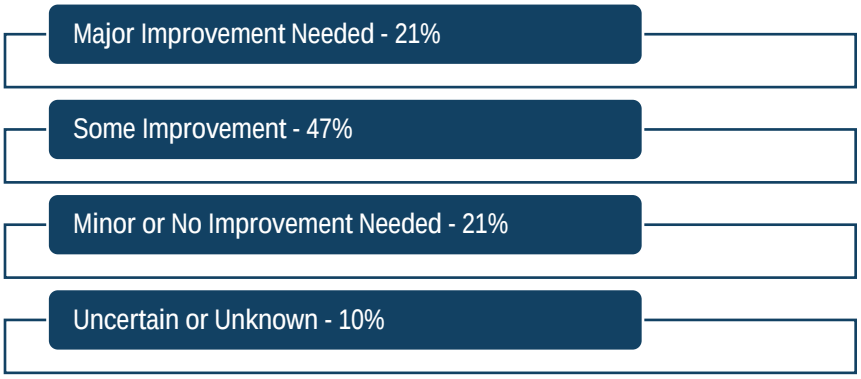

Figure 8 Respondents' Capacity to Measure & Track Equity Status Within MCH Populations

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PROFILE OF AMCHP MEMBER ASSESSMENT RESPONDENTS

MEMBERSHIP LENGTH

The slight majority of 2021 respondents reported being AMCHP members for over three years. However, slightly over a quarter of respondents were newer with membership lengths of 1-2 years.

- 1-2 years (26.0%)
- 3-5 years (36.6%)
- 6-10 years (17.9%)

DEMOGRAPHICS

AGE

The 2021 Member Assessment respondents' ages ranged between 26 years to more than 66 years of age. The largest age groups were the 41-45 (16.3%), 46-50 (15.5%), 51-55 (13.8%), 56-60 (13.8%) and 61-65 (13.8%) groups. Figure 9 shows comparisons of age distributions for respondents of AMCHP's 2019, 2020, and 2021 Member Assessment Surveys.

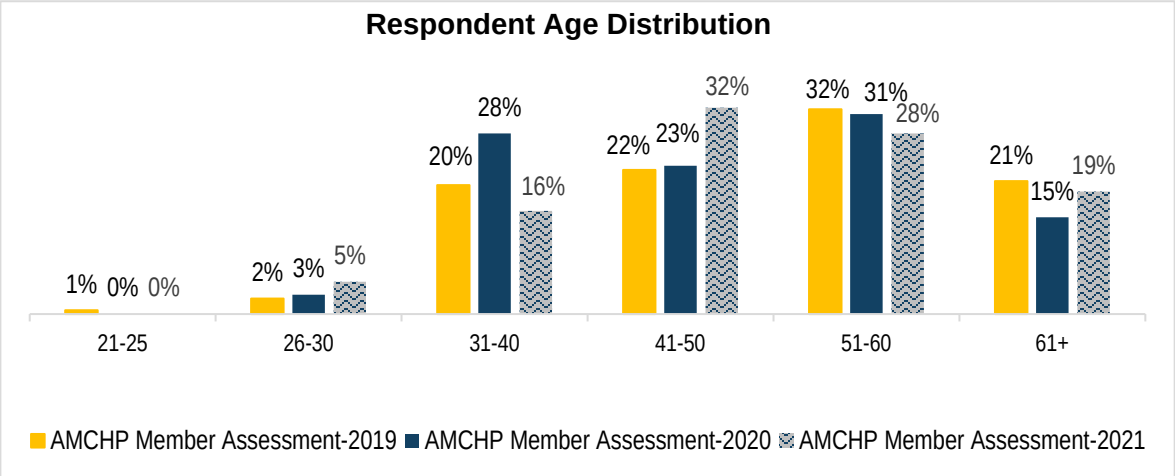

Figure 9 Age Distribution: 2019-2021 AMCHP Assessment Surveys and the PH WINS Survey

RACE/ETHNICITY

The majority of 2021 Member Assessment respondents identified as "*White, non-Hispanic or Latino*" (73%) followed by "*Black, non-Hispanic or Latino*" (10%). Between 2019 and 2021, there were increases in Member Assessment survey respondents who identified as "*White, non-Hispanic or Latino*", "*Hispanic or Latino*", and "*Asian, non-Hispanic or Latino*" racial/ethnic groups. However, there has been a decrease (approximately -9%) among "Black, non-Hispanic or Latino" member respondents. (Figure 10).

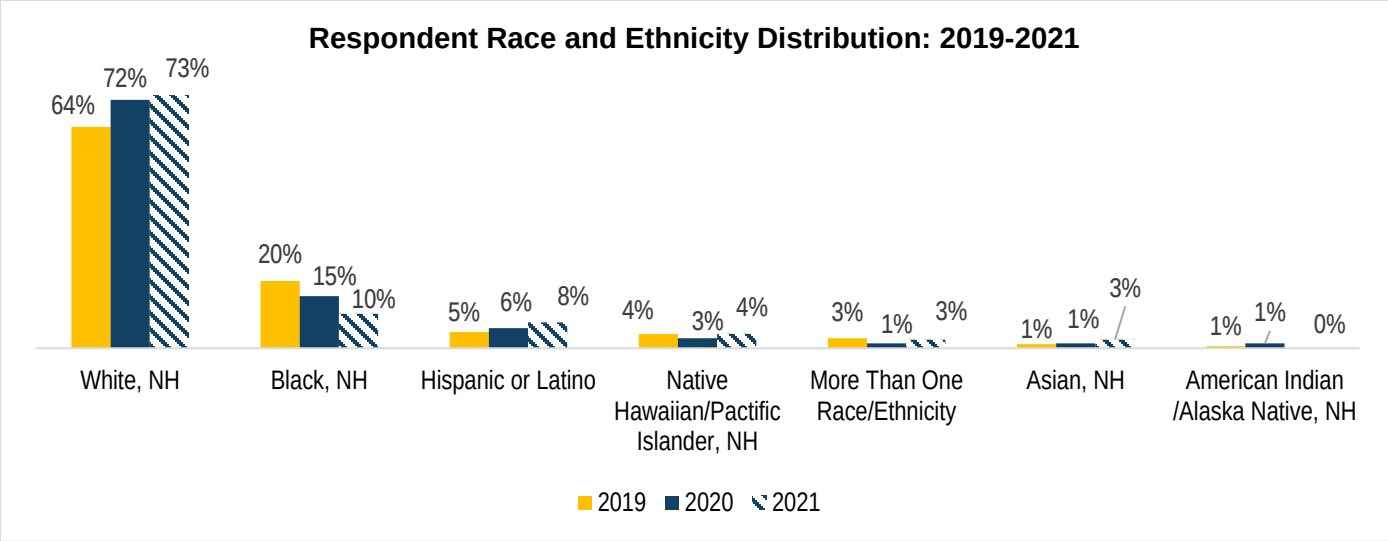

Figure 10 Race and Ethnicity Distribution

GENDER

Most respondents (87.8%) self-identified as *Female*.

EDUCATION

Over half of the respondents (59.8%) indicated having a *Master's Degree* with *Bachelor's Degree* attainment placing a distant second (18.9%).

TITLE V AFFILIATION AND WORKPLACE

TITLE V AFFILIATION

Most respondents (87.8%) were affiliated with a state Title V MCH program and were also affiliated with Title V organizations in state health departments within Title V MCH and Children & Youth with Special Health Care Needs programs (64.5%).

WORKPLACE

Less than half of the respondents are in supervisor/management positions (44%). *State Title V Directors* comprised 31% of respondents (e.g., *CYSHCN Director-13%*, *Title V Director -13%, both Title V & CYSHCN-5%). Administrator/Manager of a Unit*, *Section*, or *Program* comprised a lessor percentage at 16% of 2021 respondents.