2020 MCH Nutrition Training Needs Assessment

**Introduction** (this would be included in the email sent to MCH Nutrition Professionals about the survey, and include the link to the survey)

The Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB) funds the Title V Maternal and Child Health (MCH) Block Grant, a federal state partnership, to support 59 states and jurisdictions (states) to improve the health and well-being of the nation’s mothers, children, including children with special health care needs, and their families. As nutrition is paramount to the health and well-being of the MCH population, participation of public health nutritionists in Title V MCH programs and other agencies can contribute to a comprehensive and coordinated approach for improving the health of America’s mothers, children, and families.

HRSA’s Maternal and Child Health Bureau is interested in gathering information on your priorities for technical assistance (TA) in the coming year in order to provide targeted TA to meet MCH public health nutrition training needs in Title V MCH programs and other state-level agencies. The Association of State Public Health Nutritionists (ASPHN) has been contracted to conduct this TA needs assessment of public health nutrition professionals serving the maternal and child population. The survey includes questions to assist us in determining TA topics that you may find valuable to further strengthen your work.

The survey is divided into 3 sections:

* Part A includes questions related to your current status within the public health nutrition workforce and the status of MCH public health nutrition within your state health agency.
* Part B asks about availability of and needs regarding nutrition-related resources and data.
* Part C provides a list of topics you can prioritize based on current needs, including open-ended questions where you can provide descriptive information about your priorities.

The survey should take no more than 15 minutes to complete. If you have any questions, please contact Sandy@ASPHN.org. Your responses will remain confidential. We ask that you complete this survey within the next 10 days and no later than **specify date**.

2020 MCH Nutrition Training Needs Assessment Survey

**Introduction (**this short introduction will appear when the survey is opened)

We’d like to thank you for responding to the Maternal and Child Health (MCH) Public Health Nutrition Training Needs Assessment Survey. We anticipate that it will take approximately 15 minutes to complete. If you have any technical difficulties while completing the survey, please contact Sandy@ASPHN.org.

**Part A Status of Workforce**

Part A, Section 1: In order to best meet your TA needs, Part A, Section 1 includes questions related to your current status within the public health nutrition workforce and the status of MCH public health nutrition within your organization. Knowledge of the current status will help prioritize TA opportunities and establish training priorities.

1. Where do you work?
   1. State government health agency
   2. Other state government agency, please specify
   3. Local government (city, county) health agency
   4. Indian Health Services, tribal agency or tribal health center
   5. Non-profit organization
   6. For-profit organization
   7. Student
   8. University
   9. Other (please specify)
2. What is the highest degree you have completed?
   1. Associates
   2. Bachelors
   3. Masters
   4. Doctorate
   5. Other (please specify)
3. Please check ALL certifications that apply to you.
   1. Registered Dietitian (RD) / Registered Dietitian Nutritionist (RDN) with Commission on Dietetic Registration (CDR)
   2. State licensed nutritionist
   3. Certified in Public Health (CPH) by National Board of Public Health Examiners (NBPHE)
   4. Certified Diabetes Educator (CDE) with Certification Board for Diabetes Care and Education (CBDCE)
   5. International Board Certified Lactation Consultant (IBCLC) with International Board of Lactation Consultant Examiners (IBLCE)
   6. Other certification in lactation or breastfeeding
   7. Board Certified as a Specialist in Pediatric Nutrition (CSP) with CDR
   8. Certified Health Education Specialist (CHES) with National Commission for Health Education Credentialing (NCHEC)
   9. Registered Nurse (RN)
   10. Licensed Practical Nurse (LPN)
   11. Other (please specify)
4. Check the sources that fund your position. (check all that apply)
   1. Centers for Disease Control (CDC) (e.g., High Obesity Program (HOP), State Physical Activity and Nutrition (SPAN), Racial and Ethnic Approaches to Community Health (REACH), School Health Partners, Comprehensive Cancer Control Program, Preventive Health and Health Services Block Grant, Heart Disease and Stroke Prevention, Diabetes Prevention)
   2. Health Resources and Services Administration (HRSA), Title V Maternal and Child Health (MCH) Services Block Grant Program
   3. HRSA, other Maternal and Child Health Bureau (MCHB) programs
   4. United States Department of Agriculture (USDA), Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
   5. USDA, other (e.g., Child & Adult Care Food Program (CACFP), Child Nutrition Programs, Senior Farmer’s Market, Supplemental Nutrition Assistance Program Education (SNAP-Ed), Team Nutrition)
   6. State funds
   7. Other (please specify)
   8. Unsure
5. Select your program area(s) of responsibility. (check all that apply)
   1. Women’s nutrition and health
   2. Infant nutrition, including breastfeeding
   3. Child or pediatric nutrition and health
   4. School or adolescent nutrition and health
   5. Children and youth with special health care needs, including developmental disabilities
   6. Adult health promotion and chronic disease prevention
   7. Seniors or geriatric nutrition and health, including adult disabilities
   8. Food and nutrition security, including hunger prevention
   9. Health equity
   10. Other (please specify)
6. Indicate your agreement with the following statement: I am able to influence policies and programs in my current position.
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree
7. Please move the slides (slider to run from 0 to 5 years for each subquestion) to indicate when you last engaged in nutrition strategic planning with each level of leadership listed below.
   1. Program Level Leadership (e.g., State Title V coordinator, WIC Director, SPAN coordinator)

slider to run from 0 to 5 years

* 1. Division Level Leadership (e.g., Division of Public Health Director, State Health Official)

slider to run from 0 to 5 years

* 1. Agency / Department Level Leadership (e.g., State Health Department Secretary)

slider to run from 0 to 5 years

1. Please indicate how long you have been in your current position.
   1. Less than 5 years
   2. 5-10 years
   3. More than 10 years
2. Please indicate how long you have been with your current agency (in any position).
   1. Less than 5 years
   2. 5-10 years
   3. More than 10 years
3. Please indicate how long you have been in public health nutrition practice in total (in any agency, in any position).
   1. Less than 5 years
   2. 5-10 years
   3. More than 10 years
4. Are you considering leaving your organization for any reason?
   1. No
   2. Yes, within the next 0-4 years
   3. Yes, within the next 5-10 years
   4. Yes, in more than 10 years
5. If you are considering leaving your current position within the next year, please select the most important reason(s). (check all that apply)
   1. I am not planning on leaving my current position within the next year
   2. Benefits (e.g., retirement contributions/pensions, health insurance)
   3. Job satisfaction
   4. Lack of acknowledgement/recognition
   5. Lack of flexibility (flex hours/telework)
   6. Lack of opportunities for advancement
   7. Lack of training
   8. Leadership changeover
   9. Other opportunities outside agency
   10. Other opportunities within agency
   11. Pay
   12. Retirement
   13. Stress
   14. Supervisory relationship
   15. Work overload / burnout
   16. Workplace environment/culture
   17. Other (please specify)

Part A, Section 2: To support TA provision for integrating nutrition into Title V MCH Services, the next set of questions asks about the status of public health nutrition within your state’s Title V MCH Services Block Grant Program funding.

1. Does your state have a state-level nutrition-related full time equivalent (FTE) that is partially or fully funded by the Title V MCH Services Block Grant Program?
   1. Yes, multiple full-time positions (> 1.0 FTE)
   2. Yes, single full-time position (1.0 FTE)
   3. Yes, part-time position (< 1.0 FTE)
   4. No
   5. Unsure
2. If yes, what is the focus of the part-time or full-time FTE? (check all that apply)
   1. Breastfeeding only
   2. Infant nutrition, including breastfeeding
   3. Physical activity
   4. Women’s nutrition and health
   5. Child health or pediatric nutrition
   6. Adolescent health
   7. Children and youth with special health care needs, developmental disabilities
   8. Data, Epidemiology
   9. Other (please specify)
3. **Please indicate your affiliation with a state Title V Maternal and Child Health (MCH) Services Block Grant program (you perform work as part of a Title V program):**
   1. I am not affiliated with a state Title V MCH Services Block Grant program
   2. Title V MCH Director
   3. Children and Youth with Special Health Care Needs (CYSHCN) Director
   4. Title V Staff (MCH or CYSHCN)
   5. Other (please specify) \_\_\_\_\_\_\_\_ (includes text box for write-in option)
4. Did you participate in the State’s Title V 2020 Five-Year Needs Assessment? If so, describe your role (check all that apply):
   1. I did not participate
   2. I participated in the writing of the Five-Year Needs Assessment
   3. I contributed nutrition-related information
   4. I analyzed performance trends
   5. I provided input towards the development of the State’s MCH priority needs
   6. I participated in the development of the Five-Year State Action Plan
   7. Other (please specify)
5. Please indicate your perceived barriers to optimizing nutrition services into your state’s Title V programs. (check all that apply)
   1. Nutrition services are managed by a different program
   2. Positions are not nutrition specific
   3. Inability to recruit qualified public health nutrition personnel
   4. Competing priorities within state Title V
   5. Lack of understanding of the fundamental value of nutrition to the MCH population
   6. Lack of understanding of how nutrition fits into existing National Performance Measures (NPM)
   7. No nutrition-specific NPM
   8. Lack of funding for nutrition specific positions
   9. Other (please specify)
   10. I’m not sure
6. Please indicate how significant each of the following barriers is to recruiting public health nutrition staff.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Barrier | Not a significant barrier | A barrier | Very large barrier | N/A |
| Too few candidates |  |  |  |  |
| Candidates are not fully qualified |  |  |  |  |
| Time to hire is too long |  |  |  |  |
| Wages/Salaries are too low |  |  |  |  |
| Benefits are too low |  |  |  |  |
| General idea that health educators or nurses have a broader skill set |  |  |  |  |
| Geographic location |  |  |  |  |
| Sufficient funding to cover positions |  |  |  |  |
| Unable to create appropriate nutrition position types |  |  |  |  |
| Competition from the private sector |  |  |  |  |
| Hiring freeze |  |  |  |  |
| Civil service/union considerations |  |  |  |  |
| Management recognition of need |  |  |  |  |
| Recruiting from diverse backgrounds |  |  |  |  |
| Other (please specify) |  |  |  |  |

1. What do you see as MCH nutrition priorities in your state over the next 1-2 years?

Part B: This section asks about availability of and needs regarding nutrition-related resources and data.

1. Which of the following nutrition-related data sources do you regularly use in your work? (check all that apply)
   1. Youth Risk Behavior Surveillance System (YRBSS)
   2. Behavior Risk Factor Surveillance System (BRFSS)
   3. WIC Participant and Program Characteristics
   4. National Survey of Children’s Health (NSCH)
   5. National Immunization Survey (NIS)
   6. National Health and Nutrition Examination Survey (NHANES)
   7. State Indicator Report on Fruits and Vegetables
   8. Healthy People
   9. Community Nutrition Mapping Project (CNMap)
   10. State WIC data
   11. Other state generated data, please specify
   12. Other (please specify)
2. What other nutrition-related data would be helpful for you in your work?
   1. My current data needs are met
   2. My current data needs are not met, please elaborate
3. I go to the following sources for nutrition-related TA and training: (check all that apply)
   1. Academy of Nutrition and Dietetics (AND)
   2. American Public Health Association (APHA)
   3. Association of State Public Health Nutritionists (ASPHN)
   4. CDC
   5. [HRSA/MCHB’s MCH Nutrition Training Program Grantees](a.https://mchb.hrsa.gov/training/projects.asp?program=12). Nutrition centers of excellence to improve access to comprehensive, community-based, nutrition-centered, and culturally competent coordinated care by increasing the availability of practitioners trained in MCH nutrition that are able to meet the needs of MCH populations.
   6. National Association of Chronic Disease Directors (NACDD)
   7. National WIC Association (NWA)
   8. Nemours
   9. Robert Woods Johnson Foundation (RWJF)
   10. Society of Nutrition Education and Behavior (SNEB)
   11. United States Breastfeeding Committee (USBC)
   12. USDA
   13. Other (please specify)

Part C: This section provides a list of topics you can prioritize based on current needs, including open-ended questions where you can provide descriptive information about your priorities.

1. Please prioritize your own professional training needs and interests from the items listed below.
   * Low Priority: I have a low interest or need for training
   * Medium Priority: I have a need for training, but it is not urgent
   * High Priority: I have an urgent need for training

|  | Low Priority | Medium Priority | High Priority |
| --- | --- | --- | --- |
| Diabetes mellitus, including gestational |  |  |  |
| Farm to School / Farm to Early Care and Education |  |  |  |
| Healthy aging |  |  |  |
| Infant mortality |  |  |  |
| Integrating nutrition into public health programs |  |  |  |
| Intersection of community, clinical and public health nutrition |  |  |  |
| Leadership training |  |  |  |
| Maternal morbidity / mortality |  |  |  |
| Neonatal opioid abstinence syndrome or neonatal opioid withdrawal syndrome |  |  |  |
| Nutrition implications of autism spectrum disorder and developmental disabilities |  |  |  |
| Raising awareness of the importance of nutrition within State Title V MCH programs |  |  |  |
| Substance use during pregnancy and postpartum |  |  |  |
| Succession planning |  |  |  |
| The strategic planning process |  |  |  |
| Title V MCH Block Grant and National Performance Measures |  |  |  |
| Using a policy, systems and environmental change (PSE) approach to program planning |  |  |  |
| Other (please specify) |  |  |  |

This is the end of the survey. Thank you again for your time in completing the survey. Our next steps will be to analyze the survey responses we receive to provide HRSA with a general view of TA priorities across the country.

Public Burden Statement: The primary use for information gathered through the survey is to obtain feedback from state Title V MCH public health nutrition professionals to determine workforce challenges, needs, and interests in order to better support them in integrating nutrition in state Title V MCH programs. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0212 and is valid until 07/31/2021. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).