

**National Plan for Maternal  
and  
Child Health Training**

**2005-2010**

*Goals , Objectives and MCHB Activities*

DRAFT

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## Introduction

The *National Plan for Maternal and Child Health Training* serves as a catalyst for change. It was developed through a collaborative effort of individuals and groups throughout the nation concerned about the health of children, youth and families. It is conceived as *the nation's plan*, not the government's. Everyone has a role to play in implementing the plan.

With the publication of this *Plan*, the maternal and child health community has for the first time specified a set of national goals and measurable objectives designed to ensure that we work towards common ends. Clarity in what we hope to achieve together will increase the probability of success.

The *Plan* provides a framework for action. Its structure lends itself to identification of specific activities by a variety of groups. Once the goals and objectives for the *Plan*—its national component—had been completed, the Maternal and Child Health Bureau (MCHB) identified appropriate governmental activities corresponding to each objective. The activities specify HOW objectives will be reached; they are the “things that will be done.” The expectation is that many other groups will also review the plan and develop their own set of activities. This version of the *Plan* includes only the activities developed by and for MCHB.

In addition to directing us to action, the *Plan* has ancillary benefits. It can raise awareness and help MCH training become more of a national priority. The process of systematically identifying goals and objectives has already helped to clarify problems and identify potential solutions. By developing benchmarks and tracking information, we will have a set of data that can be used to document needs, as well as to assess our progress in moving forward to improve MCH training. And finally, the *Plan* can stimulate greater collaboration for MCH training across a wide spectrum of groups; people will be able to see where their specific contributions can coalesce with those of other groups.

In summary, with the publication of the *National Plan for Maternal and Child Health Training*, we are poised to take a giant leap forward. But success in this endeavor will require the contributions of everyone who cares about MCH training. We urge you to join with us to make MCH training a priority for the nation, so that children, youth and families will be able to live and thrive in healthy communities served by a quality workforce that helps assure their health and well being.

# **National Plan for Maternal and Child Health Training**

## **A Vision for the 21<sup>st</sup> Century**

All children, youth, 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:***

- Responsive, affordable, and quality health systems organized so that individuals and families can easily use them;
- Evidence-based policies and programs that reflect 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 health care 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 identify and be responsive to present and emerging issues.

## Goals and Strategies: Plan Overview

<i>Goals</i>	<i>Strategies</i>
<b>Goal 1: Assure a workforce that possesses the knowledge, skills, and attitudes to meet unique MCH population needs.</b>	<p><i>Improve the quality of training and practice for MCH professionals.</i></p> <p><i>Ensure that the MCH population has access to qualified providers</i></p>
<b>Goal 2: Prepare and support a diverse MCH workforce that is culturally competent and family centered</b>	<p><i>Recruit, train, and advance faculty from diverse backgrounds</i></p> <p><i>Recruit, train, and retain a workforce that is more reflective of the diversity of the nation</i></p> <p><i>Design and implement educational programs to ensure that the MCH workforce is both culturally competent and family centered</i></p> <p><i>Engage families, youth, and communities in the development and ongoing implementation of training programs for the MCH workforce</i></p>
<b>Goal 3: Improve practice through interdisciplinary training in MCH</b>	<p><i>Improve the quality of interdisciplinary training</i></p> <p><i>Increase opportunities for interdisciplinary training</i></p>
<b>Goal 4: Develop effective MCH leaders</b>	<p><i>Ensure that MCH training in all disciplines includes leadership skills</i></p> <p><i>Improve recruitment into MCH training programs</i></p> <p><i>Identify people who have potential to provide leadership in MCH and foster their development</i></p>
<b>Goal 5: Generate, translate, and integrate new knowledge to enhance MCH training, inform policy, and improve health outcomes</b>	<p><i>Regularly assess workforce needs, identifying MCH workforce shortages and evaluating the ability of the workforce to deliver quality services to the MCH population</i></p> <p><i>Expand the knowledge related to effective MCH practice and effective training strategies in MCH</i></p> <p><i>Ensure rapid translation of research findings into policy, training, and practice</i></p>
<b>Goal 6: Develop broad-based support for MCH training</b>	<p><i>Improve awareness among key stakeholders of the importance of MCH training</i></p>

# National Plan for Maternal and Child Health Training

## Goals, Objectives and MCHB Activities

### 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.)*

#### *MCHB Activities:*

*Convene key stakeholders and provide leadership to ensure the development of core MCH competencies by 2006, including competencies necessary for MCH leaders at the national and state levels.*

*Develop and begin implementation of a plan to incorporate MCH competencies into professional standards.*

*Identify the critical workers needed to provide MCH care at the community level (e.g., promotoras, lactation consultants, home visitors) and determine the competencies needed by this workforce.*

*Partner with public agencies, organizations and foundations to develop and implement training opportunities to reach the community workforce*

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.)*

#### *MCHB Activities:*

*In partnership with key stakeholders, develop and implement a plan to encourage all academic MCH training programs to utilize MCH competencies.*

Objective 3: By 2010, increase by 10 the number of continuing education courses available to the current workforce that focus on MCH competencies.

*MCHB Activities:*

*Support new pilot programs of short-term training for the current MCH workforce designed to help them incorporate MCH competencies into their work.*

Objective 4: By 2010, increase the number of clinical training programs related to child and/or maternal health (e.g., genetics, pediatric residency programs, psychology) that incorporate key MCH competencies through coursework, practica, and clinical rotations. *(Identify baseline and set target by 2008.)*

*MCHB Activities:*

*Develop a model curriculum that could be incorporated into clinical training.*

Objective 5: By 2010, increase the number of non-clinical educational programs (e.g., public health, health administration, public policy, etc.) that incorporate an MCH module or key elements of the MCH competencies. *(Identify baseline and set target by 2008.)*

*MCHB Activities:*

*Develop a model curriculum that could be incorporated into public health, social work, health education, and public policy training programs.*

**Strategy B: Ensure that the MCH population has access to qualified providers.<sup>1</sup>**

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.)*

*MCHB Activities:*

*Partner with states and communities to identify workforce needs and provide technical assistance and consultation to states and communities through an MCH training contract.*

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<sup>1</sup>See Goal 5, strategy A, for research related to this goal.

*Promote linkages between local and state MCH programs and MCH training programs to address priority needs in that state or community.*

- Objective 7: By 2008, increase by 20 percent the proportion of graduates of MCH training projects who work in or with underserved<sup>2</sup> communities. (Identify baseline by 2005.)

*MCHB Activities:*

*Develop incentives for MCHB-funded training projects to increase field experiences in underserved communities, including rural and frontier communities.*

*Develop a Federal working group, to include representatives from the Bureau of Health Professions (Area Health Education Centers, National Health Service Corps, Loan Repayment Program), the Indian Health Service, and the Bureau of Primary Health Care, to identify and implement strategies to increase opportunities for MCH graduates to serve in underserved areas.*

*Require every MCH-funded training project to demonstrate its involvement with the education of individuals from underserved communities (e.g., directly offering training to community health workers or use of the train the trainers approach, engaging in specific campaigns to recruit graduate students from underserved communities, involvement in community-based collaborative research, etc.)*

- 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.)

*MCHB Activities:*

*Support an interagency task force, including representatives from HRSA, NIH, AHRQ, and CDC training programs, and with representatives of foundations, designed to explore opportunities for collaborative funding to address MCH leadership training needs, including interdisciplinary training. [This activity also supports goal 3, objective 4, and goal 4, objective 6.]*

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<sup>2</sup>As defined by HPSA and DPSA

## **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.)*

*MCHB Activities:*

*Establish and support a network of MCH faculty interested in working together on recruitment, mentoring for career development, leadership and other faculty diversity concerns and issues.*

*Convene a group of project directors to explore strategies for increasing faculty diversity and faculty advancement.*

***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.)*

*MCHB Activities:*

*Develop and implement a plan to increase awareness of MCHB training opportunities among Minority Serving Institutions such as Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions, etc.*

*Require all funded training projects to have a vigorous plan for the recruitment and retention of trainees from culturally diverse backgrounds.*

*Examine the need and develop a strategy for special scholarships and incentives to assist in the recruitment of trainees from underrepresented groups.*



**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.*)

*MCHB Activities:*

*Support the development of evidence-based curricula in cultural competency and family-centered services and promote the use of these curricula in all MCH-funded training projects.*

*Require all MCHB-funded training projects to demonstrate that trainees have received comprehensive instruction in cultural competency and family-centered services.*

Objective 4: By 2008, increase to 100% the proportion of MCH faculty who have received comprehensive education in cultural competency and family-centered services. (*Identify baseline and target by 2006.*)

*MCHB Activities:*

*Provide support for continuing education in cultural competency and family centered care targeted to MCH faculty.*

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.*)

*MCHB Activities:*

*Increase the proportion of continuing education targeted to the existing workforce that is focused on cultural competency and family-centered services.*

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.*)

*MCHB Activities:*

*Require all MCHB-funded projects to have a field and/or applied placement experience for trainees in a setting that is family-centered and culturally competent.*

**Strategy D: *Engage 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 demonstrate active, paid roles for family and/or youth (*Identify baseline by 2005.*)<sup>3</sup>

*MCHB Activities:*

*Strongly encourage every MCHB-funded training project to establish an MCH Advisory Board that is ethnically and culturally representative of the families and communities that the project serves.*

*Develop a mechanism to share best practices for inclusion of family and youth as paid faculty and/or consultants.*

*Develop a mechanism for obtaining feedback from families and consumers receiving MCH services so that existing problems can be identified, publicized and rectified.*

### **Goal 3**

**Improve practice through interdisciplinary training in maternal and child health.**<sup>4</sup>

**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.*)

*MCHB Activities:*

*Convene an interdisciplinary ad hoc group to promote effective interdisciplinary training to meet the service needs of the MCH population.*

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<sup>3</sup> “Family and youth” are defined as individuals who represent the target population of the training programs. Active roles include the development, implementation and evaluation of the educational program.

<sup>4</sup>See goal 5, strategy B, for research related to this goal

*Support a project to inventory existing materials on MCH interdisciplinary training, identify gaps, and develop and disseminate new materials as needed.*

*Develop a mechanism to share best practices for enhancing the role of family members in interdisciplinary training.*

Objective 2: By 2010, increase the number of community agencies working in partnership with MCH training programs to provide interdisciplinary MCH training (e.g., field placements, research, and advocacy). (*Identify baseline and set target by 2007.*)

*MCHB Activities:*

*Require all MCHB-funded projects to include community-based training.*

*Establish up to 10 fellowship positions within local MCH programs for students in MCH leadership training projects.*

**Strategy B: Increase opportunities for interdisciplinary training.**

Objective 3: By 2010, increase the number of Federal training grants that support MCH interdisciplinary training. (*Identify baseline and set target by 2006.*)

*MCHB Activities:*

*Support an interagency task force, including representatives from the Bureau of Health Professions, the Administration on Children and Families, NIH, AHRQ, and CDC training programs, designed to explore opportunities for collaborative funding to address MCH leadership training needs, including interdisciplinary training. [This activity also supports goal 1, objective 8.]*

**Goal 4**  
**Develop effective MCH leaders.<sup>5</sup>**

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

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<sup>5</sup>See goal 5, strategy C, for research objectives related to this goal.

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

*MCHB Activities:*

*Support the development and dissemination of a model MCH leadership-training curriculum appropriate for all health profession training programs.*

*Require all MCHB-supported training projects to utilize a model leadership curriculum.*

*Develop a repository of leadership training models and strategies and make them accessible to all training programs.*

*Implement an evaluation of the effectiveness of MCH leadership training. [This activity also supports Goal 5, objective 5.]*

Objective 2: By 2009, increase to 80 percent the graduates of MCHB long-term training programs who demonstrate field leadership five years after graduation. (*Baseline:*

*MCHB Activities:*

*Require that all MCHB-funded training projects have a process in place to provide longitudinal follow-up data about graduates' employment, research, advocacy efforts, programs initiated, publications submitted, etc.*

*Support the development of an "alumni fellow" network of MCH leadership trainees.*

***Strategy B: Improve recruitment into MCH training programs.***

Objective 3: By 2008, increase by 50 percent the number of people who successfully complete MCH leadership training<sup>6</sup> designed for individuals already in the workforce (e.g., through distance learning grants, MCH Institute, or other continuing education). (*Identify baseline by 2005.*)

*MCHB Activities:*

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<sup>6</sup>Such leadership training may include continuing education but must be more than that. It might include, for example, a special certificate program.

*Support pilot projects, based on the MCH certificate program model, to test alternative approaches to workforce training for leadership.*

*Support a project to develop innovative approaches for enabling practicing MCH professionals to participate in an advanced program of leadership training (could include web based modules, face to face meetings, etc.).*

Objective 4: By 2008, increase by 30 percent the number of individuals in state and local 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.)*

*MCHB Activities:*

*Continue to require its training projects to make continuing education and consultation available to local and state MCH professionals.*

*Develop a leadership self-assessment tool. As an addendum, the tool will provide information on ways to access information and technical assistance to improve leadership effectiveness.*

*Develop a continuing education module on leadership that is appropriate for MCH Title V Programs and disseminate it via national and regional workshops and institutes.*

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

Objective 5: By 2010, increase by 20% the number of MCH training projects that incorporate outreach to potential master's, doctoral, and post doctoral individuals, designed to inform them of opportunities for MCH training. *(Identify baseline by 2005.)*

*MCHB Activities:*

*Support an interagency task force, including representatives from HRSA, NIH, AHRQ, and CDC training programs, and with representatives of foundations, designed to explore opportunities for collaborative funding to address MCH leadership training needs, including interdisciplinary training. [This activity also supports goal 1, objective 8.]*

*Establish and implement a plan, in collaboration with other HRSA Bureaus, especially the Bureau of Health Professions, to identify and recruit individuals from higher education institutions into MCH training and service programs who are from traditionally under-represented groups and exhibit promising leadership skills.*

*Require all MCHB-funded training projects to identify and evaluate their recruitment efforts.*

Objective 6: 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 in the MCH field. (*Identify baseline by 2005.*)

*MCHB Activities:*

*Provide financial incentives to existing MCHB-funded training projects and add points in competitive reviews of training project applications for the purpose of developing innovative means of recruiting students from underrepresented groups at the high school, technical school, community college and undergraduate levels.*

*Support the development in community colleges of an MCH training “module” or “certification” that can count toward college credits.*

*Partner with the National Association of Health Professions Advisors to increase awareness of MCH-related professions as options for undergraduate students interested in health careers.*

**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.<sup>7</sup>*

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<sup>7</sup>This strategy supports Goal 1.

Objective 1: By 2010, complete a comprehensive<sup>8</sup> national MCH workforce assessment.

*MCHB Activities:*

*Conduct an environmental analysis of the health care workforce to identify the knowledge, skills, and attitudes needed by the MCH workforce to meet MCH population needs. This series of studies will 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; and appraisals of workforce needs by key MCH constituencies (such as State Title V programs).*

*Develop a survey instrument for families receiving MCH services, to assess their satisfaction with services and personnel, the extent of family involvement in the design and delivery of services, and the role of the MCH workforce in supporting families as decision makers in the health care needs of their children.*

*Explore ways to include as a part of the State Title V Block Grant Needs Assessments the identification of critical areas of MCH workforce needs and shortages (geographic, disciplinary, cultural, and special populations).*

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

Objective 2: 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.*)

*MCHB Activities:*

*Convene a blue-ribbon group to develop an MCH research agenda focused on training issues, including training needs relating to services for children with special health care needs.*

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<sup>8</sup>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; and appraisals of workforce needs by key MCH constituencies [such as State Title V programs].

*Promote more research among trainees in its funded training projects related to effective MCH practice and effective training strategies in MCH through support of activities such as doctoral dissertation support and enhanced research training opportunities.*

Objective 3: By 2010, complete a study of the factors that determine entry into an MCH field.

*MCHB Activities:*

*Support a study of the factors that determine entry into an MCH field.*

Objective 4: By 2010, complete a study designed to assess the impact of MCH training on quality of services. *(Identify baseline by 2005.)*

*MCHB Activities:*

*Support a study of the impact of MCH training on quality of services.*

Objective 5: By 2010, conduct an assessment of the relative cost-effectiveness of various training modalities<sup>9</sup> designed to improve the ability of the workforce to meet MCH needs.

*MCHB Activities:*

*Support an assessment of the relative cost-effectiveness of various training modalities.*

Objective 6: 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.)*

*MCHB Activities:*

*Initiate a new research priority on the effectiveness of MCH interdisciplinary training.*

Objective 7: By 2010, double the funding from public and private sources for training individuals to conduct MCH research. *(Identify baseline by 2005.)*

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<sup>9</sup>These modalities include continuing education, distance learning, Web-based learning, and other educational strategies.



*MCHB Activities:*

*Develop and disseminate a document that identifies and describes possible sources of support for research training.*

*Convene a group of individuals representing both public and private funders to explore MCHB research training needs and possible sources of support.*

**Strategy C: *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.*)

*MCHB Activities:*

*Require its funded long-term training projects to teach long-term trainees how to conduct research, how to present the findings of such research, and how to incorporate research findings into policy and practice.*

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

*MCHB Activities:*

*Provide incentives to MCHB-funded training projects designed to increase the proportion of projects that support distance-learning courses addressing the integration of new evidence-based knowledge into policy and practice.*

*Increase access of the MCH workforce to research findings and best practices through the implementation of Web-based tools.*

**Goal 6**

**Develop broad-based support for MCH training.**

**Strategy A: *Improve 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)

*MCHB Activities:*

*Develop and disseminate policy briefs on MCH workforce needs and training strategies.*

*Partner with the National Conference of State Legislatures to inform both staff and legislators of key findings related to MCH training and MCH workforce needs in their respective states.*

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)

*MCHB Activities:*

*Establish a new partnership with at least one national foundation annually to promote MCH training as a priority.*

*Convene a workshop designed especially for representatives of targeted foundations, to inform them of issues related to MCH interdisciplinary training.*

*Develop partnerships with the Council on Foundations and Grantmakers in Health, aimed at engaging the interest of foundations and corporate grantmakers in MCH training.*

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.)

*MCHB Activities:*

*Inventory key MCH-related professional associations, identifying those without a training focus, and key health training organizations, identifying those without an MCH focus. In collaboration with grantee leaders, prioritize these groups and develop specific strategies designed to increase the MCH training emphasis within the targeted organizations.*

*Partner with AMCHP to foster continuing and enhanced national investment in MCH training.*

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## Glossary

***Children with Special Health Care Needs:*** Children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

***Competencies:*** Knowledge, skills and attitudes that enable one to effectively perform the activities of a given occupation or function to the standards expected in employment.

***Cultural Competence:*** Cultural competency is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program, or among individuals that enables them to work effectively across cultures. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

***Diversity:*** Includes race, ethnicity, age, gender, religion, sexual orientation, socioeconomic status, language, nationality, disability, and geographic location.

***Evidence Based:*** Physicians and other health care providers have been encouraged to practice "evidence-based medicine," so that their clinical decisions would be based upon a foundation of solid science, especially using research that has applied rigorous methods and has been published in peer-reviewed journals. Evidence-based medicine involves increased reliance on formal, systematic analysis and synthesis of the research literature to determine clinical effectiveness. It challenges consensus-based judgments and applies critical assessment of the available research to decide if there is methodologically sound evidence that the outcomes of a clinical option are favorable, and it identifies types of patients for whom the service is most effective.

***Family Centered:*** Family centered care is an approach to the planning, delivery and evaluation of health care that is governed by mutually beneficial partnerships between health care providers, patients and families. Family centered care is characterized by four principles: (1) People are treated with dignity and respect; (2) Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful; (3) Patients and family members build on their strengths by participating in experiences that enhance control and independence; (4) Collaboration among patients, family members and providers occur in policy and program development and professional education, as well as in the delivery of care.

***Interdisciplinary Training:*** A training program that includes faculty drawn from many health disciplines who function as peers, jointly planning curriculum development and expected outcomes of training programs, and in which faculty function as a clinical team to provide exemplary care, usually at a tertiary-care level.

**Leadership Training:** Prepares professionals from a variety of health care disciplines to be leaders in clinical care, research, public health policy, and advocacy.

**Maternal and Child Health:** Maternal and Child Health programs promote and improve the health of our Nation's mothers, infants, children, and adolescents, including low-income families, those with diverse racial and ethnic heritages, and those living in rural or isolated areas without access to care.

**MCH Competencies:** MCH competencies are intended to provide the basis for curriculum development and continuing education programming. They address MCH and general public health content in the areas of the scientific basis of MCH and public health, methodological/analytical skills, management and communication skills, policy and advocacy skills, and values and ethics in MCH public health practice.

**MCH Population:** The MCH population includes all America's women, infants, children, adolescents and their families, including fathers and children with special health care needs.

**MCH Professionals:** Individuals who have been trained in MCH and who currently work in the field.

**MCH Training:** MCH training introduces trainees to the major topical issues in the health and welfare of women, children, and families. It typically emphasizes skill development in research, data analysis, advocacy, public health program planning, management, and/or evaluation.

**MCHB Training Program:** The HRSA Maternal and Child Health Training program funds public and private nonprofit institutions of higher learning that provide training and education to those working in maternal and child health professions. The MCH Training Program supports

- **Trainees** who show promise to become leaders in the MCH field through teaching, research, clinical practice, and/or administration and policymaking
- **Faculty** who mentor students in exemplary MCH public health practice, advance the field through research, develop curricula particular to MCH and public health, and provide technical assistance to those in the field
- **Continuing education and technical assistance** for those already practicing in the MCH field to keep them abreast of the latest research and practices.

**Underserved Community:** An underserved community may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

**Health Professional Shortage Areas (HPSAs)** may have shortages of primary medical care, dental or mental health providers and may be urban or rural areas, population groups or medical or other public facilities.

***Dental Professional Shortage Areas (DPSAs)*** Dental professionals are overutilized, excessively distant, or inaccessible to the population of the area under consideration.

***Primary Medical Care Shortage Areas*** Primary care professionals are overutilized, excessively distant, or inaccessible to the population of the area under consideration.

***Mental Health Shortage Areas*** Mental health care professionals are overutilized, excessively distant, or inaccessible to the population of the area under consideration.

***Workforce:*** All health care workers, including professionally trained clinical providers [e.g., physicians, nurses, physician assistants, dentists, pharmacists, nutritionists, occupational therapists, physical therapists, speech/language therapists, psychologists, etc.], public health practitioners, policy analysts, epidemiologists, researchers, mental health providers, genetic counselors, social workers, emergency medical technicians, community health aids, promotoras, lactation consultants, home visitors and others.

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