

MCH TRAINING PROGRAM TRAINEE FOLLOW-UP SURVEY

Contact / Background Information

*Name (first, middle, last): _____
Previous Name (if used while enrolled in the training program): _____
*Address: _____

City State Zip
Phone: _____
Primary Email: _____

Permanent Contact Information (someone at a different address who will know how to contact you in the future, e.g., parents)

*Name of Contact: _____
Relationship: _____
*Address: _____

City State Zip
Phone: _____

What year did you complete the MCH Training Program? _____

Degree(s) earned while participating in the MCH Training Program _____

Gender⁹: (choose one)
 Male
 Female
 Transgender Man
 Transgender Woman
 Choose not to disclose/unrecorded
Other, please specify: _____

Ethnicity: (choose one)
Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

⁹ Male: Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.
Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.
Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.
Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.
Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

- Hispanic or Latino**
- Not Hispanic or Latino**
- Prefer not to say**

Race: (choose one)

American Indian and Alaskan Native includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.

Asian includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Black or African American includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian..

Native Hawaiian and Other Pacific Islander includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

White includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

More than One Race includes individuals who identify with more than one racial designation.

Prefer not to say is included for individuals who do not indicate their racial category.

Survey

Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your Center/Program.

1. What best describes your current employment setting:

- Student
- Schools or school system (includes early intervention programs, elementary and secondary)
- Post-secondary setting
- Government agency
- Clinical health care setting (includes hospitals, health centers and clinics)
- Private sector
- Other: please specify: _____

2. Do you currently work in a public health organization or agency (including Title V)? Y/N

3. Does your current work focus on Maternal and Child Health (MCH) populations (i.e., women, infants and children, adolescents, young adults, and their families including fathers, and children or young adults with special health care needs?)

- yes
- no

4. Does your current work focus on populations that are underserved or have been marginalized ¹⁰ (e.g., immigrant, tribal, migrant, or uninsured populations, individuals who have experienced family violence, homeless, foster care, HIV/AIDS, people with disabilities)

- yes
- no

5. Have you done any of the following activities since completing your training program? (check all that apply)

- a. Participated on any of the following as a group leader, initiator, key contributor or in a position of influence/authority: committees of state, national or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- b. Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc.)
- c. Provided consultation or technical assistance in MCH areas
- d. Taught/mentored in my discipline or other MCH related field
- e. Conducted research or quality improvement on MCH issues
- f. Disseminated information on MCH Issues (e.g., Peer reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- g. Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) (ac, c)
- h. Procured grant and other funding in MCH areas
- i. Conducted strategic planning or program evaluation
- j. Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, etc.)
- k. None

¹⁰ Populations that are underserved or have been marginlised refers to groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, or other risk factors including those associated with sex and gender.

6. If you checked any of the activities above, in which of the following settings or capacities would you say these activities occurred? (*check all that apply*)

- a. Academic
- b. Clinical
- c. Public Health
- d. Public Policy & Advocacy

7. Have you done any of the following interdisciplinary activities since completing your training program? (*check all that apply*)

- a. Sought input or information from other professions or disciplines to address a need in your work
- b. Provided input or information to other professions or disciplines.
- c. Developed a shared vision, roles and responsibilities within an interdisciplinary group.
- d. Utilized that information to develop a coordinated, prioritized plan across disciplines to address a need in your work
- e. Established decision-making procedures in an interdisciplinary group.
- f. Collaborated with various disciplines across agencies/entities
- g. Advanced policies & programs that promote collaboration with other disciplines or professions
- h. None

(end of survey)

Confidentiality Statement

Thank you for agreeing to provide information that will enable your training program to track your training experience and follow up with you after the completion of your training. Your input is critical to our own improvement efforts and our compliance with Federal reporting requirements. Please know that your participation in providing information is entirely voluntary. The information you provide will only be used for monitoring and improvement of the training program. Please also be assured that we take the confidentiality of your personal information very seriously. We very much appreciate your time and assistance in helping to document outcomes of the Training Program. We look forward to learning about your academic and professional development.