

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 _____ (a pick list will be provided-same as the one provided in the EHB faculty information form)

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.

- Hispanic or Latino**
- Not Hispanic or Latino**
- Unrecorded**

Race: (choose one)

American Indian and Alaskan Native refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe: _____

Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Asian Indian).

Black or African American refers to people having origins in any of the Black racial groups of Africa.

Native Hawaiian and Other Pacific Islander refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

Unrecorded 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 EI 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 considered to be underserved or vulnerable¹ (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

¹ The term "underserved" refers to "Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

- 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

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.