

**MCH PIPELINE PROGRAM GRADUATE FOLLOW-UP QUESTIONS – NEW SURVEY**

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

What year did you graduate from the MCH Pipeline Program? \_\_\_\_\_

- 1. Are you currently enrolled or have you completed a graduate school program that is preparing you to work with the MCH population?**

- Yes  
 No

*NOTE: Graduate programs preparing graduate students to work in the MCH population include:*

*Medicine (e.g., Pediatric, Ob/Gyn, Primary Care), public health, MCH nutrition, public health social work, MCH nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, speech language pathology.*

- 2. Have you worked with Maternal and Child Health (MCH) populations since graduating from the MCH Pipeline Training Program?** (i.e., women, infants and children, adolescents, young adults, and their families, including fathers, and children and youth with special health care needs)?

- Yes  
 No

- 3. Have you worked with populations considered to be underserved or vulnerable<sup>1</sup> since graduating from the MCH Pipeline Training program?** (e.g., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, health disparities, etc.)

- Yes  
 No

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<sup>1</sup> 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.

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<http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html>