Maternal and Child Health Leadership Competencies

Version 5

HRSA Maternal & Child Health

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Introduction

The health of the nation's women, children, youth, and families is influenced by a wide array of factors, including the health practices of individuals and groups, the availability of public health and health care resources, and community factors that influence health. At the foundation of a healthy community is a highly qualified workforce that can positively affect these factors at the individual, community, organizational, and policy levels. Together, this collective is known as the maternal and child health (MCH) workforce.

In 2007, the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) first released the MCH Leadership Competencies (Competencies) to support current and future MCH leaders by defining the knowledge and skills necessary to lead in this field. The Competencies, shared across multiple MCH disciplines, unify the MCH workforce on a common path to equip the workforce with the knowledge, skills, personal characteristics, and values to improve the health of MCH populations. The Competencies have been updated over the years to reflect changes in the field.

The Competencies described in this document are drawn from both theory and practice to support and promote leadership across MCH roles and settings. The document is intended to be a resource for MCH interdisciplinary training programs; national, state, and local health agencies; and other MCH organizations to support aspiring and practicing professionals by:

- Defining MCH leadership.
- Describing how the Competencies can be used by a variety of audiences.
- Providing a conceptual framework for the development of MCH leaders.
- Outlining the knowledge and skill areas required of MCH leaders.
- Linking to tools for implementation.

Who Are MCH Leaders?

MCH leaders come from a variety of disciplinary backgrounds (for example, public health, pediatrics, nutrition, nursing, psychology, social work, family, individuals with disabilities and others with related lived experience in MCH[1]) and build upon their expertise to reach this population through acquisition of MCH-specific knowledge and skills. Therefore, MCH leaders possess core knowledge of MCH populations and their needs. They continually seek new knowledge and improvement of abilities and skills central to effective, self-reflective, and evidence-informed leadership. MCH leaders strive to be attentive, responsive, proactive, empathetic, and respectful in attitudes and working habits. They are also committed to recruiting, training, and mentoring future MCH leaders to ensure the health and well-being of

[1] Individuals with lived experience in MCH are individuals who have personal experience in a system of care and have the self-determination to communicate their own interests, desires, needs, and rights. Examples of individuals with lived experience could include people living with chronic conditions; people living in areas with less access to care; and people of a certain age group that require specific types of services and programs (e.g., teens).

mothers, children, and families—now and in the future. Finally, MCH leaders are responsive to changing community and state social, scientific, and demographic contexts and demonstrate the capability to change quickly and adapt in the face of emerging challenges and opportunities.

Using the MCH Leadership Competencies

The Competencies describe the necessary knowledge, skills (foundational and advanced), and values within a framework designed to support and promote MCH leadership. Therefore, the Competencies can be used in a variety of ways, including:

1. **As a framework for training objectives for MCH training programs.** It is the responsibility of MCH training programs to ensure that graduates have the foundation necessary to work within a variety of professional settings to contribute to the health and well-being of mothers, children, and families—and to inspire others to do likewise.
2. **To measure and evaluate MCH leadership training.** The Competencies can be used to guide measurement and evaluation of the impact of leadership training.
3. **To cultivate, sustain, grow, and measure leadership within the current MCH workforce.** The Competencies can be used as a tool to strengthen the leadership abilities of current MCH professionals in national, state, and local health agencies, academia, and other MCH organizations. In particular, the framework can assist in orienting those new to the field to the goals and methods of MCH, assess and promote leadership capacity, and guide continuing education efforts.

Also important is the understanding that (1) leadership can be developed through learning and experience; (2) leadership can be exerted at various levels within an organization and at the national, state, and local levels; and (3) leadership opportunities change over time.

Conceptual Framework for the MCH Leadership Competencies

The developmental progression of leadership is of particular importance to those involved in the training and continuing education of MCH professionals. Leadership ability grows as the knowledge, skills, and experience of the individual expands and deepens. This graphic illustrates the widening spheres of influence that leaders experience as they develop—from self to others to the wider community.

- **Self.** The leadership process begins with the focus on self where leadership is directed at one's own learning through readings, instruction, reflection, and planned and serendipitous experiences. Individuals increasingly learn to direct their actions

and growth toward specific issues, challenges, and attainment of desired goals.

- **Others.** Leadership in the next sphere extends to coworkers, colleagues, trainees, fellow students, and patients. The behavior and attitudes of others are influenced and possibly altered through the actions and interactions of the individual. Leadership and influence can remain at this level of impact for long periods of time.

- **Wider Community.** Leadership can also extend to have a broader impact on entire organizations, systems, and general modes of practice. These wider areas of impact and influence require additional skills and a broader understanding of the change process and factors that influence change over time.

The Competencies are organized within this conceptual framework in a progression from self to wider community demonstrating the widening contacts, broadening interests, and growing influence that MCH leaders can experience over their careers. However, despite this organization, each of the 12 Competencies are applied across the spheres of influence. Each includes a definition and knowledge areas that provide the basis for both the foundational and advanced skills.

SELF
1. MCH Knowledge Base/Context
2. Self-Reflection
3. Ethics
4. Critical Thinking
OTHERS
5. Communication
6. Negotiation and Conflict Resolution
7. Community Health Factors
8. Lived Experience in MCH
9. Teaching, Coaching, and Mentoring
10. Interdisciplinary/Interprofessional Team Building
WIDER COMMUNITY
11. Systems Thinking
12. Policy

TOOLS FOR IMPLEMENTATION

The HRSA-funded MCH Navigator includes a self-assessment tool that provides an opportunity to identify learning needs within the Competencies and to match those needs with appropriate training. The MCH Navigator provides additional resources for students and practicing professionals learning individually or in groups.

MCH Leadership Competencies

1: MCH Knowledge Base/Context

DEFINITION

MCH is a specialty area within the larger field of public health, distinguished by:

- Promotion of the health and well-being of mothers, children, and families. Particular attention is directed to MCH population domains: women, infants, children, adolescents, young adults, fathers and other caregivers, and children and youth with special health care needs (CYSHCN).
- A focus on individuals as well as the families, communities, populations, and systems of care in communities that support and are accountable to these individuals.
- A life course perspective as an organizing framework that acknowledges distinct periods in human development and presents both risks and opportunities for interventions to make lasting improvements.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- MCH populations and the history and current structure of the key MCH programs serving these populations, including state Title V programs.
- Core MCH values with a special focus on:
  - Prevention
  - Individuals and populations
  - Life course, including key transitions and intergenerational influences on health
  - Partnerships with people with lived experience in MCH
  - Organizational/interagency partnerships
  - Community-based systems of services
  - Differences in health status
  - Evidence-informed practice, including research, contextual, and experiential evidence that informs decision-making at all levels
  - Community factors that influence health

- The services available through major MCH programs and their limitations and gaps.
- The implications of policies, laws, and regulations that may affect MCH populations.
- The underlying principles of public health, population data collection, and analysis as well as the strengths, limitations, and utility of data.
- The role of federal, state, and local government in ensuring quality health care for women, children, youth, families, and CYSHCN.
- The relationship between public health strategies and clinical strategies to promote health and well-being of MCH populations.
- The use of community-generated data and how it can complement other forms of evidence.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Describe MCH populations and provide examples of MCH programs, including Title V programs.
2. Describe the utility of a systems approach to understanding how interactions among individuals, groups, organizations, and communities influence health outcomes.
3. Use data to identify issues related to the health status of MCH populations and to develop or evaluate policy.
4. Describe community factors that influence health and offer strategies to address differences in health status within MCH populations.
5. Critically evaluate programs and policies for translation of evidence to practice.
6. Understand the value of partnering with people with relevant lived experience in MCH and family- and community-led organizations to improve programs, policies, and practices.

Advanced. Building on the foundational skills, MCH leaders will:

7. Demonstrate the use of a systems approach to examining the interactions among individuals, groups, organizations, and communities.
8. Assess the effectiveness of an existing program for specific MCH population groups.
9. Ensure that community factors that influence health are at the forefront of program planning and service delivery.

2: Self-Reflection

DEFINITION

Self-reflection is the process of assessing the impact of values, beliefs, communication, and experiences on one's personal and professional leadership style. By engaging in self-reflection, MCH leaders:

- Develop a deeper understanding of their experiences, values, and beliefs, and how these may influence future action and learning.
- Identify personal strengths in both informal and organizational contexts.
- Explore personal leadership styles and attributes, and how those are valued in current and potential work settings.
- Establish and maintain professional boundaries that prioritize their physical, mental, and emotional health.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The impact of self-assessment and self-reflection on leadership style, interpersonal interactions, and responsiveness to the needs of MCH populations.
- Characteristics and use of different leadership styles.
- Sources of personal fulfillment, resilience, and rejuvenation, as well as signs of stress and fatigue.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Recognize how one's experiences, background, beliefs, and communication influence one's leadership practice.

Advanced. Building on the foundational skills, MCH leaders will:

2. Use self-reflection techniques to strengthen communication across program development and implementation, service delivery, clinical care, community collaboration, teaching, research, and scholarship.
3. Seek and use feedback from peers and mentors to improve leadership practice.
4. Apply an understanding of one's own leadership style and sources of personal resilience to assemble and promote cohesive, well-functioning teams with varying perspectives and complementary styles.

3: Ethics

DEFINITION

Ethical behavior in professional roles includes conduct congruent with generally accepted principles and values. This could include general leadership ethics, such as honesty, integrity, understanding, responsibility, and respect for individual and community factors, as well as ethics specific to the MCH population.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The ethical and legal principles, values, and behaviors (such as truthfulness, fairness and respect for autonomy) that underline professional conduct within community, health care, and public health settings.
- Their professional association's code of ethics.
- Institutional review board (IRB) processes and criteria for ensuring ethical study design and informed consent as they relate to human subject research and translation of research to practice.
- How IRBs can ensure ethical study designs by involving people with relevant lived experience in MCH in all stages of the research process.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Work to understand the unique needs of individuals and communities to support the delivery of ethical policies, programs, and practices.
2. Identify and address ethical implications within specific practice settings, such as patient care, public health programming, and research.

Advanced. Building on the foundational skills, MCH leaders will:

1. Act as catalysts to discuss and address ethical dilemmas and issues that affect MCH population groups.

4: Critical Thinking

DEFINITION

Complex challenges faced by MCH populations and the systems that serve them require critical thinking. *Critical thinking* is the ability to identify an issue or problem, frame it as a specific question, consider it from multiple perspectives, evaluate relevant information, and develop a resolution.

Evidence-informed decision-making is the conscientious, explicit, and judicious use of current best evidence to guide practice, policy, and research. It is an advanced manifestation of critical thinking skills.

Implementation science is a vital component of critical thinking to promote the timely adoption and integration of evidence-informed practices, interventions, and policies.[2]

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The components of critical thinking: knowledge, comprehension, application, analysis, synthesis, and evaluation.
- Basic statistics, epidemiology, qualitative and quantitative research, systematic review, and meta-analysis.
- The types of evidence used in guidelines and recommendations for public health and clinical practice, including lived experience in MCH and community-generated knowledge.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Evaluate various perspectives, sources of information, strengths and limitations of various approaches, and possible unintended consequences of addressing a clinical, organizational, community, or research challenge.
2. Use population data, community input, and the contributions of people with lived experience in MCH to determine the needs of a population for the purposes of designing programs, formulating policy, and conducting research or training.
3. Demonstrate the ability to critically analyze research, programs, and policies.

Advanced. Building on the foundational skills, MCH leaders will:

4. Present and discuss a rationale for policies and programs that is grounded in evidence and addresses the information needs of varied audiences.

[2] Adapted from NIH Fogarty International Center Implementation Science Information and Resources. Available at fic.nih.gov/researchtopics/pages/implementationscience.aspx.

5. Use implementation science to analyze and translate evidence into policies and programs.
6. Identify and propose promising practices and policies that can be used in situations when action is needed, but when the evidence base is not yet established.
7. Develop and apply evidence-informed practice guidelines and policies in their field.

5: Communication

DEFINITION

Communication is the verbal, nonverbal, and written sharing of information. The communication process consists of a sender who develops and presents the message and the receiver who works to understand the message. Communication involves both the message and how the message is presented. Health communication is vital for influencing behavior that can lead to improved health.

Skillful communication is the ability to convey information to and receive information from others effectively. It includes essential components of attentive listening and clarity in writing for or presenting to (through speaking, signing, use of augmentative and alternative communication devices, etc.) a variety of audiences. An understanding of the impact of factors such as literacy level and disability on communication between MCH professionals and the individuals, families, and populations they serve is also important.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- Principles of communication using different modalities, including verbal, written, and nonverbal, in various practice, policy, and research settings.
- Approaches to address differences in communication needs, such as literacy levels, disability, and knowledge of technical jargon and acronyms.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Share thoughts, ideas, and feelings effectively with a range of individuals and groups served.
2. Communicate clearly and effectively using plain language and other accessibility principles to express information about issues that affect MCH populations.
3. Cultivate active listening skills and attentiveness to nonverbal communication cues.
4. Tailor information to the intended audience, purpose, and context by using appropriate messaging, tools like interpretation services, health literacy principles, and different modalities for dissemination. Audiences can include consumers, policymakers, clinicians, and the public.

Advanced. Building on the foundational skills, MCH leaders will:

5. Employ foundational communication skills in challenging situations, such as receiving or presenting information during an emergency, relaying difficult news, and explaining opportunities and risks for health promotion and disease prevention.
6. Summarize complex information appropriately for a variety of audiences and contexts.

6: Negotiation and Conflict Resolution

DEFINITION

Negotiation is a cooperative process in which participants try to find a solution that meets the legitimate interests of involved parties.
Conflict resolution is the process of resolving or managing a dispute by sharing each party's perspective and adequately addressing their interests so that they are satisfied with the outcome.

Leadership in MCH requires knowledge and skills in negotiation and conflict resolution to address differences among groups.

MCH professionals approach conflict and negotiations with an understanding of differences in interpersonal styles, levels of authority, and awareness of their own perspectives. They acknowledge that relationship building and development of trust are critical long-term outcomes. They recognize when compromise is appropriate to overcome an impasse and when persistence toward a different solution is warranted.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- Characteristics of conflict and how conflict manifests in organizational contexts.
- Sources of potential conflict in interdisciplinary, community, and family settings. These could include differences in terminology and norms among disciplines, dynamics between communities and institutions, and relationships between individuals.
- Approaches to conflict management and negotiation.
- Strategies and techniques useful for successful negotiation with groups with varied backgrounds, strengths, and resources.
- How conflict can be a catalyst for positive change.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Understand their own points of view and styles of managing conflict and negotiation, and possess emotional self-awareness and self-regulation.

2. Understand others' points of view, how various styles can influence negotiation and conflict resolution, and how to adapt to others' styles to navigate differences.
3. Apply strategies and techniques of effective negotiation and evaluate the impact of communication and negotiation styles on outcomes.

Advanced. Building on the foundational skills, MCH leaders will:

4. Demonstrate the ability to manage conflict in a constructive manner.
5. Navigate and address the ways individual and community factors shape conflict and the ability to come to resolution.
6. Use consensus building to achieve mutual understanding of challenges and opportunities, establish common goals, and agree on approaches for solving problems.

7: Community Health Factors

DEFINITION

Promoting the health of women, children and families, especially those in underserved areas, requires an understanding of the complex community factors that influence health. Community factors such as transportation, housing, lifestyle, access to health care services, environmental factors, and social support can have a significant impact on health. Engaging with communities to identify and address community factors can improve the health and quality of life of individuals in those communities. To address these factors, the MCH workforce may work synergistically and collaboratively across sectors to help individuals and communities prevent disease and promote healthy living.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- How community factors can influence and interact to influence health and access to health care services.
- How addressing community factors can positively impact MCH outcomes.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Conduct organizational assessments regarding community factors that influence health.
2. Identify and elevate the strengths of individuals and communities that value people with a variety of backgrounds and respond appropriately.
3. Incorporate an understanding and appreciation of differences in perspectives into professional behaviors and attitudes.

Advanced. Building on the foundational skills, MCH leaders will:

4. Design or modify clinical and public health systems to meet the specific needs of a group, family, community, or population.
5. Employ strategies to ensure public health and health service delivery systems meet the needs of the populations they serve.
6. Integrate approaches that address community factors that influence health into programs, research, scholarship, communications, and policies.
7. Use data-driven tools and use plain language to present data.

8: Lived Experience in MCH

DEFINITION

Recognizing the lived experience of MCH populations ensures their health and well-being through respectful collaboration and shared decision-making. Additionally, partnerships with organizations led by individuals with relevant lived experience honor the strengths and expertise that everyone brings to program planning, implementation, evaluation, and policy activities. These partnerships can help MCH leaders understand the unique and valuable perspectives of the communities that receive services.

Historically in the field of MCH, the concept of family-centered care was developed within the community of parents, advocates, and health professionals working with CYSHCN. The goal was that all care should be received in family-centered, comprehensive, coordinated systems. It is now widely recognized that family members and individuals with lived experience themselves, including those with disabilities and special health care needs, provide critical insights into the successful development of effective policies, practices, and program delivery.

There is a difference between the perspectives of family members and individuals with relevant experience in MCH. Their viewpoints constitute two distinct, valued perspectives, and each provides unique knowledge to clinical, training, and public health programs and the field.

The key to effective partnerships with individuals with lived experience in MCH entails:

- Making shared decisions when planning and implementing activities.
- Addressing the priorities of individuals with lived experience in MCH using a strengths-based approach.
- Recognizing the agency of individuals with lived experience in MCH in decision-making as they approach transition age and across the lifespan.
- Connecting individuals with lived experience in MCH to needed services that meet their unique needs.
- Acknowledging that community factors can influence health and that broader systems of care greatly impact individuals with disabilities and/or special health care needs.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The expertise of individuals with lived experience in MCH in developing programs and services.
- The person-centered care perspective at the individual, organizational, and systems levels in MCH policies, programs, and practice.

SKILLS

Foundational. At the foundational level, MCH leaders will:

1. Solicit and act on input from individuals with lived experience in MCH in the design and delivery of clinical and public health services, program planning, materials development, program activities, and evaluation. Also, they will ensure that participants are compensated, as appropriate, for their time and expertise.
2. Provide training, mentoring, and other opportunities to individuals with lived experience in MCH to facilitate their leadership on advisory committees or task forces. Furthermore, MCH leaders will seek training and guidance from these groups to inform program and care development.
3. Demonstrate shared decision-making among individuals with lived experience in MCH, families, and professionals using a strengths-based approach to improve practices, programs, and policies that affect MCH populations.
4. Assess and tailor recommendations to communities that affect individuals with lived experience in MCH.
5. Celebrate both individual and family perspectives and provide an open and accepting environment.
6. Recognize that organizational and systems-level policies and practices may impact individuals with lived experience in MCH as well as acknowledge the critical role that they can play in influencing policy and practice.

Advanced. Building on the foundational skills, MCH leaders will:

7. Collaborate with organizations that are led by individuals with lived experience in MCH to build and deepen involvement across all MCH programs.
8. Use feedback from individuals with lived experience in MCH and community partners obtained through focus groups, surveys, community advisory boards, and other mechanisms as part of continuous quality improvement efforts. MCH leaders will monitor and assess programs for effectiveness of partnerships between professionals and individuals with lived experience in MCH.
9. Ensure that perspectives from individuals with lived experience in MCH are actively informing the development, implementation, and critical evaluation of MCH research, clinical practice, programs, and policies.
10. Assist health care professionals, organizations, and health plans to develop, implement, and evaluate models of partnership with individuals with lived experience in MCH.
11. Incorporate training content about partnerships between individuals with lived experience in MCH and professionals into health professions and continuing education curricula and assess the impact of this training on professional skills, programs, and policies.

9: Teaching, Coaching, and Mentoring

DEFINITION

Teaching, coaching, and mentoring are three primary strategies used to develop others. The relationships between teachers and students, coaches and coaching participants, and mentors and mentees are mutually beneficial relationships that contribute to building and strengthening the capacity of the public health workforce.

Teaching involves designing a learning environment, which can include developing objectives and curricula; providing resources and training opportunities; modeling the process of effective learning; and evaluating whether learning occurred.

Coaching refers to methods of training, counseling, or instructing an individual or group how to maximize their potential by developing skills, examining their assumptions, setting goals, taking appropriate actions, and reflecting on the outcomes.

Mentoring is a reciprocal learning relationship in which a mentor and mentee work collaboratively toward the achievement of mutually defined goals that will develop participants' skills, abilities, knowledge, and/or thinking.[3]

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- A variety of teaching strategies and tools that are tailored to different learning styles and backgrounds.
- Coaching as a professional relationship that offers tools for dealing with and leading change, working with others, and navigating conflict.
- Mentoring as a personal, career-oriented relationship to promote the mentees' professional growth, enhance their skill sets, and increase their knowledge of available resources.
- Teaching, coaching, and mentoring as tools for leadership development and succession planning.

SKILLS

Foundational. At the foundational level, MCH leaders will:

1. Practice humility and cultivate rapport so that teaching, mentoring, and coaching relationships can be productive.
2. Clearly set and continuously reinforce boundaries and define expectations in a mentoring or coaching relationship.

[3] Adapted from Dopson SA, et al. Structured Mentoring for Workforce Engagement and Professional Development in Public Health Settings. Available at https://journals.sagepub.com/doi/abs/10.1177/1524839916686927?journalCode=hppa

3. Use instructional technology tools that facilitate broad participation.
4. Give and receive constructive feedback about behaviors and performance.
5. Cultivate active listening skills.

Advanced. Building on the foundational skills, MCH leaders will:

6. Incorporate evidence-informed education.
7. Consistently engage individuals using active learning methods.
8. Effectively facilitate learning in groups with individuals of varying baseline knowledge, skills, and experiences.
9. Expand beyond task- or project-focused coaching to career- and professional advancement-focused coaching and mentoring.
10. Facilitate opportunities for teaching, coaching, and mentoring.

10: Interdisciplinary/Interprofessional Team Building

DEFINITION

MCH systems are interdisciplinary/interprofessional (ID/IP) in nature. ID/IP practice provides a supportive environment in which team members from different disciplines and sectors are acknowledged and seen as essential and synergistic. Input from each team member is elicited and valued in making collaborative, outcome-driven decisions to address individual, community-level, or systems-level problems. The "team," which is the core of ID/IP practice, is characterized by shared leadership, equal or complementary investment in the process, and accountability for outcomes.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The role of ID/IP teams in building stronger outcomes.
- Team building concepts, including stages of team development, practices that enhance teamwork, and management of team dynamics.

SKILLS

Foundational. At the foundational level, MCH leaders will:

1. Accurately describe roles, responsibilities, and scope of practice of all members of the ID/IP team.
2. Actively seek out and use input from people with multiple perspectives in decision-making processes.
3. Identify and assemble team members with the appropriate knowledge and skills for a given task.
4. Facilitate group processes for team-based decisions, including articulating a shared vision, building trust and respect, and fostering collaboration and cooperation.

Advanced. Building on the foundational skills, MCH leaders will:

5. Identify and redirect forces that negatively influence team dynamics.
6. Use a shared vision of mutually beneficial outcomes to promote team synergy.
7. Share leadership based on appropriate use of team member strengths in carrying out activities and managing challenges.
8. Adopt tools, techniques, and methods from a range of disciplinary knowledge and practice bases to address challenges and meet needs.
9. Use knowledge of competencies and roles for disciplines other than one's own to improve teaching, research, advocacy, and systems of care.

11: Systems Thinking

DEFINITION

Improving the health and well-being of mothers, children, and families is a complex process because these populations are influenced by many intersecting factors. Systems thinking recognizes this complexity and examines the linkages between components—norms, laws, resources, infrastructure, and individual behaviors—that affect outcomes. Systems thinking addresses how these components interact at multiple levels and the leadership required to make advances within and across those levels.

MCH leaders will demonstrate a working knowledge of:

- How organizations and practice settings function as systems, including business and administrative principles related to planning, funding, budgeting, staffing, and evaluation.
- How organizations and practice settings function in relation to broader systems, including principles of systems thinking; features and issues of systems (including but not limited to health economics and health policy); principles of building constituencies and engaging in collaborative endeavors; and concepts of implementation science and factors that influence use of research findings in practice.

SKILLS

Foundational. At the foundational level, MCH leaders will:

1. Ensure the mission, vision, and goals of an organization relate to the broader system in which it belongs and facilitate shared understanding, responsibility, and action.
2. Practice budgeting, effective resource use, continuous quality improvement, coordination of tasks, and problem solving.
3. Develop projects that reflect a broader systems approach and lead meetings/teams effectively.
4. Identify external partners and the extent of their engagement in the collaborative process.
5. Interpret situations using a systems perspective (that is, identify both the whole system and the dynamic interplay among its parts).
6. Assess the environment with community, family, and individual input to determine goals and objectives. Identify factors that support or limit implementation of evidence-informed strategies, develop priorities, and establish a timeline.

Advanced. Building on the foundational skills, MCH leaders will:

7. Manage a project effectively and efficiently, including planning, implementing, delegating, sharing responsibility, staffing, and evaluating.
8. Use implementation science to promote use of evidence-informed practices.
9. Develop proficiency in program administration, policy development, and health care financing.
10. Maintain and grow strong external partnerships based on openness and trust.

11. Build effective and sustainable coalitions to achieve optimal population outcomes.
12. Use community collaboration models (for example, collective impact) and leverage existing community improvement efforts to define a meaningful role for MCH.

12: Policy

DEFINITION

It is important for MCH leaders to possess policy skills, particularly in changing state and community environments. MCH leaders understand the resources necessary to improve health and well-being of mothers, children, and families, and the need to be able to articulate those needs in the context of policy development and implementation at all levels.

A *public policy* is a law, regulation, procedure, administrative action, or voluntary practice of government that affects groups or populations and influences resource allocation.

Organizations also create policies to provide guidelines for decision-making processes. Clear policies contribute to increased transparency, accountability, and stability. They have both a direct and indirect impact on the MCH workforce and populations.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- Government policy-making processes at the local, state/jurisdiction, and national levels.
- Current public policies and private-sector initiatives that are especially relevant to MCH populations.
- Appropriate methods for informing and educating policymakers about the needs of MCH populations and the impact of current policies on those populations.
- Strategies for organizational and public-facing communications regarding key MCH priorities.

SKILLS

Foundational. At the foundational level, MCH leaders will:

1. Frame problems based on key data that affect MCH populations, including data on community factors and other community and state/jurisdictional trends.
2. Use available sources of evidence when assessing the effectiveness of existing policies or proposing policy change.
3. Distinguish the roles and relationships among groups (executive, legislative, and judicial branches, as well as interest groups and community coalitions) involved in the public policy development and implementation process.

Advanced. Building on the foundational skills, MCH leaders will:

4. Apply appropriate evaluation standards and criteria to the analysis of alternative policies.
5. Analyze the potential impact of policies on MCH populations.
6. Formulate strategies to balance the interests of varied partners in ways that are consistent with MCH priorities.
7. Effectively present evidence and information as a clear, cohesive MCH story to a legislative body, key decision makers, foundations, and the general public to inspire action.