

2022 MCH Nutrition Training Needs Assessment

Introduction (this would be included in the email sent to MCH Nutrition Professionals about the survey, and include the link to the survey)

The Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) funds the Title V Maternal and Child Health (MCH) Block Grant, a federal state partnership, to support 59 states and jurisdictions (states) to improve the health and well-being of the nation's mothers, children, including children with special health care needs, and their families. As nutrition is paramount to the health and well-being of the MCH population, participation of public health nutritionists in Title V MCH programs and other agencies can contribute to a comprehensive and coordinated approach for improving the health of America's mothers, children, and families.

HRSA's Maternal and Child Health Bureau is interested in gathering information on your priorities for technical assistance (TA) in the coming year in order to provide targeted TA to meet MCH public health nutrition training needs in Title V MCH programs and other state-level agencies. The Association of State Public Health Nutritionists (ASPHN) has been contracted to conduct this TA needs assessment of public health nutrition professionals serving the maternal and child population. The survey includes questions to assist us in determining TA topics that you may find valuable to further strengthen your work.

The survey is divided into 3 sections:

- Part A includes questions related to your current status within the public health nutrition workforce and the status of MCH public health nutrition within your state health agency.
- Part B asks about availability of and needs regarding nutrition-related resources and data.
- Part C provides a list of topics you can prioritize based on current needs, including open-ended questions where you can provide descriptive information about your priorities.

The survey should take no more than 15 minutes to complete. If you have any questions, please contact Sandy@ASPHN.org. Your responses will remain confidential. We ask that you complete this survey within the next 10 days and no later than **specify date**.

2020 MCH Nutrition Training Needs Assessment Survey

Introduction (this short introduction will appear when the survey is opened)

We'd like to thank you for responding to the Maternal and Child Health (MCH) Public Health Nutrition Training Needs Assessment Survey. We anticipate that it will take approximately 15 minutes to complete. If you have any technical difficulties while completing the survey, please contact Sandy@ASPHN.org.

Part A Status of Workforce

Part A, Section 1: In order to best meet your TA needs, Part A, Section 1 includes questions related to your current status within the public health nutrition workforce and the status of MCH public health nutrition within your organization. Knowledge of the current status will help prioritize TA opportunities and establish training priorities.

1. Where do you work?
 - a. State government health agency
 - b. Other state government agency, please specify
 - c. Local government (city, county) health agency
 - d. Indian Health Services, tribal agency or tribal health center
 - e. Non-profit organization
 - f. For-profit organization
 - g. Student
 - h. University
 - i. Other (please specify)

2. What is the highest degree you have completed?
 - a. Associates
 - b. Bachelors
 - c. Masters
 - d. Doctorate
 - e. Other (please specify)

3. Please check ALL certifications that apply to you.
 - a. Registered Dietitian (RD) / Registered Dietitian Nutritionist (RDN) with Commission on Dietetic Registration (CDR)
 - b. State licensed nutritionist
 - c. Dietetic Technician Registered (DTR)
 - d. Certified in Public Health (CPH) by National Board of Public Health Examiners (NBPHE)
 - e. Certified Diabetes Educator (CDE) with Certification Board for Diabetes Care and Education (CBDCE)

- f. International Board Certified Lactation Consultant (IBCLC) with International Board of Lactation Consultant Examiners (IBLCE)
 - g. Other certification in lactation or breastfeeding
 - h. Board Certified as a Specialist in Pediatric Nutrition (CSP) with CDR
 - i. Certified Health Education Specialist (CHES) with National Commission for Health Education Credentialing (NCHEC)
 - j. Registered Nurse (RN)
 - k. Licensed Practical Nurse (LPN)
 - l. Other (please specify)
 - m. None
4. Check the sources that fund your position. (check all that apply)
- a. Centers for Disease Control (CDC) (e.g., High Obesity Program (HOP), State Physical Activity and Nutrition (SPAN), Racial and Ethnic Approaches to Community Health (REACH), School Health Partners, Comprehensive Cancer Control Program, Preventive Health and Health Services Block Grant, Heart Disease and Stroke Prevention, Diabetes Prevention)
 - b. Health Resources and Services Administration (HRSA), Title V Maternal and Child Health (MCH) Services Block Grant Program
 - c. HRSA, other Maternal and Child Health Bureau (MCHB) programs
 - d. United States Department of Agriculture (USDA), Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
 - e. USDA, other (e.g., Child & Adult Care Food Program (CACFP), Child Nutrition Programs, Senior Farmer's Market, Supplemental Nutrition Assistance Program Education (SNAP-Ed), Team Nutrition)
 - f. State funds
 - g. Other (please specify)
 - h. Unsure
5. Select your program area(s) of responsibility. (check all that apply)
- a. Women's nutrition and health
 - b. Infant nutrition, including breastfeeding
 - c. Child or pediatric nutrition and health
 - d. School or adolescent nutrition and health
 - e. Children and youth with special health care needs, including developmental disabilities
 - f. Adult health promotion and chronic disease prevention
 - g. Seniors or geriatric nutrition and health, including adult disabilities
 - h. Food and nutrition security, including hunger prevention
 - i. Health equity
 - j. Other (please specify)
6. Indicate your agreement with the following statement: I am able to influence policies and programs in my current position.

- a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
7. When did you last engage in nutrition strategic planning with Program Level Leadership (e.g., State Title V coordinator, WIC Director, SPAN coordinator)
- a. Within the last 12 months
 - b. 1 year ago
 - c. 2 years ago
 - d. 3 years ago
 - e. 4 years ago
 - f. 5 or more years ago
 - g. Have not engaged in nutrition strategic planning at the Program Level.
8. When did you last engage in nutrition strategic planning with Division Level Leadership (e.g., Division of Public Health Director, State Health Official)
- a. Within the last 12 months
 - b. 1 year ago
 - c. 2 years ago
 - d. 3 years ago
 - e. 4 years ago
 - f. 5 or more years ago
 - g. Have not engaged in nutrition strategic planning at the Division Level.
9. When did you last engage in nutrition strategic planning with Agency / Department Level Leadership (e.g., State Health Department Secretary)
- a. Within the last 12 months
 - b. 1 year ago
 - c. 2 years ago
 - d. 3 years ago
 - e. 4 years ago
 - f. 5 or more years ago
 - g. Have not engaged in nutrition strategic planning at the Division Level.
10. Please indicate how long you have been in your current position.
- a. Less than 5 years
 - b. 5-10 years
 - c. More than 10 years
11. Please indicate how long you have been with your current agency (in any position).
- a. Less than 5 years
 - b. 5-10 years

- c. More than 10 years
12. Please indicate how long you have been in public health nutrition practice in total (in any agency, in any position).
- a. Less than 5 years
 - b. 5-10 years
 - c. More than 10 years
13. Are you considering leaving your organization for any reason?
- a. No
 - b. Yes, within the next 0-4 years
 - c. Yes, within the next 5-10 years
 - d. Yes, in more than 10 years
14. If you are considering leaving your current position within the next year, please select the most important reason(s). (check all that apply)
- a. I am not planning on leaving my current position within the next year
 - b. Benefits (e.g., retirement contributions/pensions, health insurance)
 - c. Job satisfaction
 - d. Lack of acknowledgement/recognition
 - e. Lack of flexibility (flex hours/telework)
 - f. Lack of opportunities for advancement
 - g. Lack of training
 - h. Leadership changeover
 - i. Other opportunities outside agency
 - j. Other opportunities within agency
 - k. Pay
 - l. Relocation
 - m. Retirement
 - n. Stress
 - o. Supervisory relationship
 - p. Work overload / burnout
 - q. Workplace environment/culture
 - r. Other (please specify)

Part A, Section 2: To support TA provision for integrating nutrition into Title V MCH Services, the next set of questions asks about the status of public health nutrition within your state's Title V MCH Services Block Grant Program funding.

15. Does your state have a state-level nutrition-related full time equivalent (FTE) that is partially or fully funded by the Title V MCH Services Block Grant Program?
- a. Yes, multiple full-time positions (> 1.0 FTE)
 - b. Yes, single full-time position (1.0 FTE)
 - c. Yes, part-time position (< 1.0 FTE)

- d. No
 - e. Unsure
16. If yes to question 15, what state are you identifying has a state-level nutrition-related full time equivalent (FTE)?
- a. (please specify state)
17. If yes to question 15, what is the focus of the part-time or full-time FTE? (check all that apply)
- a. Breastfeeding only
 - b. Infant nutrition, including breastfeeding
 - c. Physical activity
 - d. Women's nutrition and health
 - e. Child health or pediatric nutrition
 - f. Adolescent health
 - g. Children and youth with special health care needs, developmental disabilities
 - h. Data, Epidemiology
 - i. Other (please specify)
18. Please indicate your affiliation with a state Title V Maternal and Child Health (MCH) Services Block Grant program (you perform work as part of a Title V program):
- a. I am not affiliated with a state Title V MCH Services Block Grant program
 - b. Title V MCH Director
 - c. Children and Youth with Special Health Care Needs (CYSHCN) Director
 - d. Title V Staff (MCH or CYSHCN)
 - e. Other (please specify) _____ (includes text box for write-in option)
19. Did you participate in the State's Title V 2020 Five-Year Needs Assessment? If so, describe your role (check all that apply):
- a. I did not participate
 - b. I participated in the writing of the Five-Year Needs Assessment
 - c. I contributed nutrition-related information
 - d. I analyzed performance trends
 - e. I provided input towards the development of the State's MCH priority needs
 - f. I participated in the development of the Five-Year State Action Plan
 - g. Other (please specify)
20. Please indicate your perceived barriers to optimizing nutrition services into your state's Title V programs. (check all that apply)
- a. Nutrition services are managed by a different program
 - b. Positions are not nutrition specific
 - c. Inability to recruit qualified public health nutrition personnel

- d. Competing priorities within state Title V
- e. Lack of understanding of the fundamental value of nutrition to the MCH population
- f. Lack of understanding of how nutrition fits into existing National Performance Measures (NPM)
- g. No nutrition-specific NPM
- h. Lack of funding for nutrition specific positions
- i. Other (please specify)
- j. I'm not sure

21. Please indicate how significant each of the following barriers is to recruiting public health nutrition staff.

Barrier	Not a significant barrier	A barrier	Very large barrier	N/A
Too few candidates				
Candidates are not fully qualified				
Time to hire is too long				
Wages/Salaries are too low				
Benefits are too low				
General idea that health educators or nurses have a broader skill set				
Geographic location				
Insufficient funding to cover positions				
Unable to create appropriate nutrition position types				
Competition from the private sector				
Hiring freeze				
Civil service/union considerations				
Lack of Management recognition of need				
Difficulty Recruiting from diverse backgrounds				
Other (please specify)				

22. What do you see as MCH nutrition priorities in your state over the next 1-2 years?

Part B: This section asks about availability of and needs regarding nutrition-related resources and data.

23. Which of the following nutrition-related data sources do you regularly use in your work? (check all that apply)

- a. Youth Risk Behavior Surveillance System (YRBSS)
- b. Behavior Risk Factor Surveillance System (BRFSS)

- c. WIC Participant and Program Characteristics
- d. National Survey of Children's Health (NSCH)
- e. National Immunization Survey (NIS)
- f. National Health and Nutrition Examination Survey (NHANES)
- g. Pregnancy Risk Assessment Monitoring System (PRAMS)
- h. State Indicator Report on Fruits and Vegetables
- i. Healthy People
- j. Community Nutrition Mapping Project (CNMap)
- k. State WIC data
- l. Other state generated data, please specify
- m. Other (please specify)

24. What other nutrition-related data would be helpful for you in your work?

- a. My current data needs are met
- b. My current data needs are not met, please elaborate

25. I go to the following sources for nutrition-related TA and training: (check all that apply)

- a. Academy of Nutrition and Dietetics (the Academy)
- b. American Public Health Association (APHA)
- c. Association of State Public Health Nutritionists (ASPHN)
- d. CDC
- e. Food Research & Action Center (FRAC)
- f. Institute of Child Nutrition
- g. [HRSA/MCHB's MCH Nutrition Training Program Grantees](#)
- h. National Association of Chronic Disease Directors (NACDD)
- i. National Farm to School Association
- j. National WIC Association (NWA)
- k. Nemours
- l. Robert Wood Johnson Foundation (RWJF)
- m. Society of Nutrition Education and Behavior (SNEB)
- n. United States Breastfeeding Committee (USBC)
- o. USDA
- p. Other (please specify)

Part C: This section provides a list of topics you can prioritize based on current needs, including open-ended questions where you can provide descriptive information about your priorities.

26. Please prioritize your own professional training needs and/or interests from the items listed below.

- Low Priority: I have a low need and/or interest for training
- Medium Priority: I have a need and/or interest for training, but it is not urgent
- High Priority: I have an urgent need and/or interest for training

	Low Priority	Medium Priority	High Priority
Diabetes mellitus, including gestational			
Farm to School / Farm to Early Care and Education			
Healthy aging			
Health equity			
Infant mortality			
Integrating nutrition into public health programs			
Intersection of community, clinical and public health nutrition			
Leadership training			
Maternal morbidity / mortality			
Neonatal opioid abstinence syndrome or neonatal opioid withdrawal syndrome			
Nutrition implications of autism spectrum disorder and developmental disabilities			
Raising awareness of the importance of nutrition within State Title V MCH programs			
Substance use during pregnancy and postpartum			
Succession planning			
The strategic planning process			
Title V MCH Block Grant and National Performance Measures			
Using a policy, systems and environmental change (PSE) approach to program planning			
Other (please specify)			

This is the end of the survey. Thank you again for your time in completing the survey. Our next steps will be to analyze the survey responses we receive to provide HRSA with a general view of TA priorities across the country.

Public Burden Statement: The primary use for information gathered through the survey is to obtain feedback from state Title V MCH public health nutrition professionals to determine workforce challenges, needs, and interests in order to better support them in integrating nutrition in state Title V MCH programs. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0212 and is valid until 04/30/2024. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.