Maternal and Child Health Leadership Competencies

Version 4.0

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 the social determinants of health. At the foundation of a healthy community is a highly qualified, diverse workforce that can positively affect these factors at the individual, community, and policy levels. Together, this collective is known as the maternal and child health (MCH) workforce. To be an MCH leader requires specific knowledge, skills, personal characteristics, and values.

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

From the outset, the Competencies were developed with input from grantees and professional associations. Following a similar process, the Competencies were updated in 2018 in collaboration with those same partners to reflect changes in the leadership skills needed for MCH professionals today.

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

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

Who Are MCH Leaders?

An MCH leader is one who understands and supports the MCH mission, values, and goals with a sense of purpose and moral commitment. MCH leaders come from a variety of disciplinary backgrounds (e.g., public health, pediatrics, nutrition, nursing, psychology, social work, etc.) 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-based leadership. The MCH leader demonstrates professionalism in attitudes and working habits. The MCH leader is also committed to sustaining an infrastructure to recruit, train, and mentor future MCH leaders to ensure the health and well-being of tomorrow's children and families. Finally, the MCH leader is responsive

to the changing political, social, scientific, and demographic context and demonstrates the capability to change quickly and adapt in the face of emerging challenges and opportunities.

Using the MCH Leadership Competencies

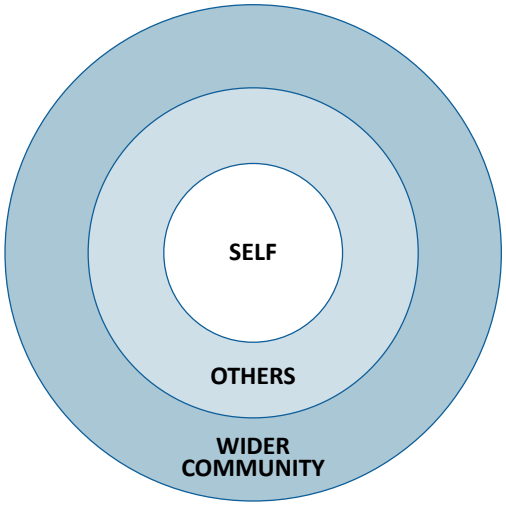
The MCH Leadership Competencies describe the necessary knowledge, skills (foundational and advanced), personal characteristics, and values within a framework designed to support and promote MCH leadership. Therefore, the Competencies can be used in a variety of ways, including:

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 our nation's women, children, youth, and families and to inspire others to do likewise.
2. **The measurement and evaluation of training for MCH leadership.** MCH Leadership Competencies can be used to guide measurement and evaluation of the strength of MCH leadership training.
3. **To cultivate, sustain, grow, and measure leadership within the current MCH workforce.** The MCH Leadership 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 leadership (1) can be developed through learning and experience; (2) can be exerted at various levels within an organization and at the national, state, or local levels; and (3) 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 health professionals. Leadership ability grows as the knowledge, skills, and experience of the individual expands and deepens. The 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 a broader impact on entire organizations, systems, or general modes of practice. These wider areas of impact and influence require additional skills and a broader based understanding of the change process and factors that influence change over time.

The MCH Leadership 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 career. However, despite this organization, the Competencies are applied across the spheres of influence. For example, cultural competency is essential when working with individuals, teams and at the wider community. Each of the 12 Competencies includes a definition and knowledge areas which provide the basis for 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. Cultural Competency
8. Family-Professional Partnerships
9. Developing Others through Teaching, Coaching, and Mentoring
10. Interdisciplinary/Interprofessional Team Building

WIDER COMMUNITY

11. Working with Communities and Systems
12. Policy

MCH Leadership Competencies Timeline

As indicated, the MCH Leadership Competencies were first released in 2007. Since that time, they have been refined and modified to reflect changes in the field.

2007 The MCH Leadership Competencies were developed based on the leadership literature and an iterative (three-year) collaborative process involving input from MCHB grantees, representatives of the Association of Maternal and Child Health Programs (AMCHP), and CityMatCH.

2009 An updated version of the Competencies was released following a rigorous 2-phase Delphi validation process, wherein the initial Competencies were refined to remove redundancies and distill the list based on consensus.

2018 The MCH Leadership Competencies were revised based on feedback from stakeholders in the field, a literature review, and input from a workgroup consisting of: MCHB grantees, representatives of AMCHP, the Association of University Centers on Disability, the Association of Teachers of Maternal and Child Health, and CityMatCH, to reflect changes in the field as well as evolving challenges and priorities.

Tools for Implementation

The MCH Leadership Competencies Web site, mchb.hrsa.gov/training, is continually updated to provide information about the Competencies, offering:

- Links to the 12 Competencies organized into the 3 spheres of influence: self, others, and wider community.
- Resources and assessment tools for each competency.
- Examples of how diverse entities are using the MCH Leadership Competencies.

MCHB seeks to further support implementation of the Competencies by various audiences in diverse settings by providing tools for MCH professionals, students, and others working to improve the health and well-being of women, children, and families.

One such tool is the HRSA-funded MCH Navigator managed by the National Center for Education in Maternal and Child Health at Georgetown University. The MCH Navigator includes a self-assessment tool that provides an opportunity to identify learning needs within the MCH Leadership Competencies and to match those needs with appropriate trainings. The MCH Navigator provides additional resources for students and practicing professionals learning individually or in groups.

Changes Reflected in the 2018 Update

Major recommendations addressed in the revised Competencies, by sphere of influence, are:

SELF

- Highlight the importance of assembling and promoting a cohesive, well-functioning team with diverse and complementary styles.
- Elevate cultural competence as an MCH leadership ethic.

OTHERS

- Address the ways culture, power, and inequities shape conflict and the ability to come to resolution.
- Recognize and address cultural differences from a broad range of experiences and perspectives.

WIDER COMMUNITY

- Include coaching as an important skill for leaders. Coaching is distinct from mentoring and teaching.
- Add the term "interprofessional" to all mentions of "interdisciplinary" indicating a broader understanding of the variety of professionals, MCH populations, family and self-advocate leaders, and community partners included in such teams.
- Focus on the importance of systems thinking and implementation science to address complex issues affecting MCH populations.

Finally, this document represents the continuation of a dialogue regarding MCH leadership and the MCH Leadership Competencies. We welcome and look forward to your ongoing involvement examining and defining the knowledge areas and skills that are essential to effective MCH leadership.

MCH Leadership Competencies

1: MCH Knowledge Base/Context

DEFINITION

Maternal and child health (MCH) is a specialty area within the larger field of public health, distinguished by:

- Promotion of the health and well-being of all women, children, adolescents/young adults, and families, especially in geographically isolated and economically or medically vulnerable populations. Particular attention is directed to the MCH population domains: maternal/women's health, adolescent/young adult health, perinatal/infant health, children with special health care needs, child health, and cross-cutting/life course.
- A focus on individuals as well as the families, communities, populations, and systems of care in communities that support 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.
- The core values and strategic objectives with a special focus on:
  - Prevention
  - Individuals and populations
  - Life course, including key transitions and intergenerational influences on health
  - Cultural competence
  - Family-professional partnerships
  - Organizational/interagency partnerships
  - Community-based systems of services
  - Health equity and elimination of health disparities
  - Evidence-based practice
- The services available through major MCH programs and their limitations and gaps.
- Key policies that affect MCH populations.
- The underlying principles of public health, population data collection, and analysis as well as the strengths, limitations, and utility of such data.
- The role of federal, state, and local government in ensuring equitable healthcare for women, children, youth, families, and children and youth with special health care needs (CYSHCN).
- The synergistic relationship between programs focusing on particular populations or communities and those focusing on individual health service delivery.

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 in understanding the interaction of individuals, groups, organizations, and communities in health outcomes.
3. Use data to identify issues related to the health status of a particular MCH population group and use these to develop or evaluate policy.
4. Describe health disparities within MCH populations and offer strategies to address them.
5. Evaluate critically evidence-based programs and policies for translation of research to practice.

6. Understand the value of partnering with family- and community-led organizations to identify ways to engage families and community members in efforts to improve programs, policies, and practices.

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

7. Demonstrate the use of a systems approach to examine the interactions among individuals, groups, organizations, and communities.
8. Assess the effectiveness of an existing program for specific MCH population groups.

2: Self-Reflection

DEFINITION

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

- Develop a deeper understanding of their personal and cultural biases, 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 in relation to the settings in which they work.
- Strive for balance between private and professional lives to optimize well-being.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The impact of self-assessment and self-reflection on leadership style and interpersonal interactions.
- Characteristics and utility of different leadership styles.
- Sources of personal reward, resilience, and rejuvenation, as well as signs of stress and fatigue.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Recognize the way one's personal attitudes, beliefs, and experiences influence leadership style.

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

2. Use self-reflection techniques to enhance program development, service delivery, patient care, community collaboration, teaching and research, scholarship, and interpersonal communication.
3. Identify a framework to obtain productive feedback from peers and mentors.
4. Apply understanding of one's own leadership style to assemble and promote cohesive, well-functioning teams with diverse and complementary styles.

3: Ethics

DEFINITION

Ethical behavior in professional roles includes conduct congruent with generally accepted principles and values. This definition includes general leadership ethics, such as honesty, responsibility, and cultural competency, 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 beneficence, non-maleficence, truthfulness, justice, and respect for autonomy) that underlie professional conduct within community, health care, and public health settings.
- Their professional association's code of ethics.
- Institutional review board processes and criteria for ensuring ethical study design and informed consent as they relate to human subjects research and translation of research to practice.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Identify and address ethical issues in patient care, community-based settings, human subjects research, and public health theory and practice.
2. Describe the ethical implications of health disparities within MCH populations.
3. Interact with others to solve problems in an ethical manner.

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

4. Act as catalysts for discussion of ethical dilemmas and issues that affect MCH population groups.
5. Seek to understand the community's cultural values in order to ensure the delivery of culturally competent and ethical policies, programs, and practices.

4: Critical Thinking

DEFINITION

Complex challenges faced by MCH populations and the systems that serve them necessitate 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 reasoned resolution.

Evidence-based 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 also a vital component of critical thinking in order to promote the adoption and integration of evidence-based practices, interventions, and policies.[1]

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The cognitive hierarchy of critical thinking: knowledge, comprehension, application, analysis, synthesis, and evaluation.
- Basic statistics, epidemiology, qualitative and quantitative research, systematic review, and meta-analyses.
- The levels of evidence used in guidelines and recommendations of their professional organizations.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Evaluate various perspectives, sources of information, merits of various approaches, and possible unintended consequences in addressing a clinical, organizational, community-based, or research challenge.
2. Use population data to assist in determining the needs of a population for the purposes of designing programs, formulating policy, and conducting research or training.
3. Formulate a focused and important practice, research, or policy question.
4. Demonstrate the ability to critically analyze research.

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

5. Identify promising and evidence-informed practices and policies that can be used in situations where action is needed, but no evidence base yet exists.
6. Present and discuss a rationale for policies and programs that is grounded in research and addresses the information needs of different audiences.
7. Use implementation science to analyze and translate research findings into policies and programs.
8. Develop and apply evidence-based 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 (what is being said) and the delivery method (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 or speaking for a variety of audiences. Other forms of communication, such as body language and tone, are equally important. An understanding of the impact of culture, language, 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 for all modalities, including verbal, written, and nonverbal, in various practice, policy, and research settings.
- Approaches to overcome communication challenges, such as literacy levels, disability, cultural meanings, language differences, professional terms, and acronyms.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Share thoughts, ideas, and feelings effectively and with cultural and linguistic proficiency in discussions, meetings, and presentations with individuals and diverse groups.
2. Write clearly, effectively, and with cultural and linguistic proficiency to express information about issues and services that affect MCH population groups.
3. Understand nonverbal communication cues in self and others.
4. Listen attentively and actively.
5. Tailor information for the intended audience(s), purpose, and context by using appropriate communication messaging. Audiences can include consumers, policymakers, clinicians, and the public.

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

6. Demonstrate the ability to communicate clearly through effective presentations and written scholarship about MCH populations, issues, and/or services.
7. Employ a repertoire of communication skills that includes disseminating information in a crisis, relaying difficult news, and explaining opportunities and risks for health promotion and disease prevention.
8. Summarize complex information appropriately for a variety of audiences and contexts

6: Negotiation and Conflict Resolution

DEFINITION

Negotiation is a cooperative process where participants try to find a solution that meets the legitimate interests of involved parties; it is a discussion intended to produce an agreement.

Conflict resolution is the process of resolving or managing a dispute by sharing each party's points of view and adequately addressing their interests so that they are satisfied with the outcome.

Leadership in a health environment requires knowledge and skills in negotiation and conflict resolution to address differences among: stakeholders over community health issues; health care providers about appropriateness and quality of care; managers in regard to financial and administrative issues; providers and families related to access and services; and larger systems over policy, funding, and quality of care.[2]

MCH professionals approach negotiations and conflict with objectivity and are open to new information but aware of long-term desired outcomes that include relationship-building and development of trust. 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 is manifested in organizational contexts.
- Sources of potential conflict in an interdisciplinary setting. These could include differences in terminology and norms among disciplines and the relationships between mentors and students.
- The theories pertaining to conflict management and negotiation among groups with differing interests.
- The strategies and techniques useful for successful negotiation with various groups.
- The potentially positive/catalyst role of conflict in the change process.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Understand their own points of view and negotiation/conflict-handling styles, 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 resolve differences.
3. Apply strategies and techniques of effective negotiation and evaluate the impact of personal communication and negotiation style 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 culture, power, socioeconomic status, and inequities shape conflict and the ability to come to resolution.
6. Use consensus building to achieve common understanding, goals, and activities to solve problems.

7: Cultural Competency

DEFINITION

Cultural competence is a developmental process that occurs along a continuum and evolves over an extended period. It broadly represents knowledge and skills necessary to communicate and interact effectively with people regardless of differences, helping to ensure that the needs of all people and communities are met in a respectful and responsive way in an effort to decrease health disparities and lead to health equity. Becoming culturally competent is an ongoing and fluid process.

Health equity exists when challenges and barriers have been removed for those groups who experience greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; sexual orientation or gender identity; age; mental health; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.

Cultural competence is "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations."[3]

- *Culture* refers to integrated patterns of human behavior that include the actions, beliefs, communication, customs, institutions, language and literacy (including health literacy and language proficiency), thoughts, and values held by groups while recognizing that individuals are often part of more than one cultural group.
- *Competence* requires having the capacity to function effectively and communicate clearly and in a linguistically appropriate manner as a professional and an organization within the context of the cultural beliefs, behaviors, and needs presented by individuals and communities.[4]

MCH professionals exhibit cultural (including linguistic) competence through interpersonal interactions and through the design of interventions, programs, and research studies that recognize, respect, and address differences. These differences can include experiences and perspectives related to abilities (physical and mental), age, culture, education, ethnicity, gender identity, geography, historical experiences, language and literacy, profession, race, religious affiliation, sexual orientation, socioeconomic status, and values.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The influence of conscious and unconscious (implicit) bias and assumptions on individuals and organizations.
- How linguistic competence requires organizational and provider capacity to respond effectively to the health literacy needs of populations served.
- How ability, age, class, race, sex, gender identity, and sexual orientation impact health.
- How multiple social and cultural disparities influence health and access to health care services.

- The impact of culturally competent health care practices on individuals' access to health services, participation in health promotion and prevention programs, adherence to treatment plans, and overall health outcomes.

SKILLS

Foundational. At a foundational level, MCH leaders will:

1. Conduct personal and/or organizational self-assessments regarding cultural competence.
2. Assess, without making assumptions, the strengths and needs of individuals and communities based on sensitivity to, and respect for, their diverse backgrounds, and respond appropriately.
3. Incorporate an understanding and appreciation of differences in experiences and perspectives into professional behaviors and attitudes while maintaining an awareness of the potential for implicit bias.

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

4. Modify systems to meet the specific needs of a group, family, community, or population.
5. Employ strategies to ensure culturally sensitive public health and health service delivery systems.
6. Integrate cultural competency into programs, research, scholarship, and policies.
7. Use data-driven tools to guide efforts toward health equity.

8: Family-Professional Partnerships

DEFINITION

Family-professional partnerships at all levels of the system of care ensure the health and well-being of children, including those with special health care needs, and their families through respectful family-professional collaboration and shared decision making. Partnerships with family-run organizations and with families and individuals from the target population honor the strengths, culture, traditions, and expertise that everyone brings to the relationship when engaged in program planning, program implementation, and policy activities in leadership roles in a developmentally respectful manner. Partnerships with these organizations can also help MCH leaders connect with families and youth from diverse backgrounds to ensure the perspectives of the communities who receive services are represented.

This is a partnership beyond providing care. Family and personal expertise is a body of knowledge that constitutes a discipline. Family and self-advocate faculty, staff, and consultants provide interdisciplinary teams with an invaluable perspective: that of the recipient of care and services. The family and self-advocate as leader and teacher is invaluable to training programs, hospitals, and other public health programs.

From a health and wellness perspective, the key to effective family-professional partnerships entails:

- Shared decision making, always involving individuals and the family in planning and implementing activities.
- Addressing family priorities.
- Connecting the family to needed services.
- Tailoring recommendations to social, educational, and cultural issues affecting the family.
- Recognizing the impact of a child with special health care needs on families at a systems level.
- Acknowledging the potential of the family as a source of strength and support in child, adolescent, youth, and young adult care.

Historically in the field of MCH, the concept of family-centered care was developed within the community of parents, advocates, and health professionals concerned for CYSHCN, with the goal that all care is received in family-centered, comprehensive, coordinated systems. Further, individuals who have personal experiences with the system of care, such as those with developmental and physical disabilities; behavioral and mental health issues; and/or chronic illness provide insight and a perspective critical to the successful development of effective policies and practices.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- The definition of family-professional partnerships and the origin of the family-centered care perspective at the individual, organizational, and systems level.

- The principles of family-centered care in MCH policies, programs, or clinical practice (e.g., a health home model of primary care).

SKILLS

Foundational. At the foundational level, MCH leaders will:

1. Solicit and implement family input in the design and delivery of clinical or public health services, program planning, materials development, program activities, and evaluation. Also, understand the importance of providing compensation as appropriate for such services (e.g., honoraria, paid staff, consultants).
2. Recognize the importance of providing training, mentoring, and opportunities to families, youth, and community members to lead advisory committees or task forces. Further, recognize the importance of seeking training and guidance from these groups.
3. Demonstrate family-centered philosophical constructs (e.g., families and professionals share decision making; professionals use a strengths-based approach when working with families) and use these constructs to critique and strengthen practices, programs, or policies that affect MCH population groups.
4. Assess and tailor recommendations to social, educational, and cultural issues affecting the family.
5. Celebrate individual/family diversity and provide an open and accepting environment.
6. Recognize that organizational and system-level policies and practices may impact CYSHCN and families.

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

7. Establish effective relationships with family-led organizations to build and deepen family involvement across all MCH programs.
8. Use feedback from family, youth, and community-members obtained through focus groups, surveys, community advisory boards, and other mechanisms as part of the project's continuous quality improvement efforts and to monitor and assess the program overall for effectiveness of family-professional partnerships.
9. Ensure that family and community perspectives are included in MCH research, clinical practice, programs, and policy (e.g., in community needs assessments, processes to establish priorities for new initiatives or research agendas, or the development of clinical guidelines).
10. Assist health care professionals, organizations, and health plans to develop, implement, and evaluate models of family-professional partnerships.
11. Incorporate family-professional and health home models of care delivery into health professions and continuing education curricula, and assess the effect of this training on professional skills, programs, and policies.

9: Developing Others through Teaching, Coaching, and Mentoring

DEFINITION

Teaching, coaching, and mentoring are three primary strategies used to develop others.

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

Coaching provides the guidance and structure needed for people to capably examine their assumptions, set realistic goals, take appropriate actions, and reflect on their actions (and the resulting outcomes or implications).

Mentoring is influencing the career development and professional growth of another by acting as an advocate, teacher, guide, role model, benevolent authority, door opener, resource, cheerful critic, or career enthusiast.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- A variety of teaching strategies and tools appropriate to the goals, context, and needs of the learner.
- Coaching as a professional relationship that offers tools for dealing with and leading change, working with others, and managing conflict.
- Mentoring as a personal, career-facilitating relationship involving private and confidential interactions to promote the mentees' professional growth, enhance their skill sets, and increase their knowledge of relevant resources.

SKILLS

Foundational. At the foundational level, MCH leaders will:

1. Use instructional technology tools that facilitate broad participation.
2. Give and receive constructive feedback about behaviors and performance.
3. Cultivate active listening skills (e.g., attending, clarifying, and confirming).
4. Identify appropriate mentor-mentee relationships taking into consideration both individuals' backgrounds, disciplines and other relevant factors.
5. Clearly set boundaries and define expectations focused on specific tasks and projects in a mentoring or coaching relationship.
6. Develop a rapport so that the mentoring/coaching relationship facilitates the exploration of new and innovative ideas as well as an exchange of honest, constructive feedback and encouragement.

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

7. Incorporate evidence-based pedagogy (e.g., universal design learning).
8. Consistently draw learners into active learning roles.
9. Effectively facilitate learning in groups with individuals of varying baseline knowledge, skills, and experiences.

10. Expand beyond task- or project-focused coaching to career- and professional advancement-focused coaching and mentoring.
11. Facilitate opportunities for learners to serve as teachers, coaches, or mentors.

10: Interdisciplinary/Interprofessional Team Building

DEFINITION

MCH systems are interdisciplinary/interprofessional (ID/IP) in nature. *ID/IP* practice provides a supportive environment in which the skills and expertise of team members from different disciplines, including a variety of professionals, MCH populations, and community partners, 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.

Members of an ID/IP team may include a variety of professionals, MCH populations, family and self-advocate leaders, and community partners. The "team", which is the core of ID/IP practice, is characterized by mutual respect among stakeholders, shared leadership, equal or complementary investment in the process, and acceptance of responsibility for outcomes.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- MCH stakeholders, their roles, and how they can contribute to a successful team.
- 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 other professions, MCH members, and families.
2. Actively seek out and use input from people with diverse perspectives to make decisions.
3. Identify and assemble team members with knowledge and skills appropriate to 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. Model curiosity about differences and appreciation for individual contributions, as these are essential to effective ID/IP teams.
6. Identify and redirect forces that negatively influence team dynamics.
7. Use shared outcomes to promote team synergy.
8. Share leadership based on appropriate use of team member strengths in carrying out activities and managing challenges.
9. Adopt tools, techniques, and methods of a range of MCH disciplines representing diverse perspectives to address challenges and meet needs.
10. Use knowledge of competencies and roles for disciplines other than one's own to improve teaching, research, advocacy, and systems of care.

11: Working with Communities and Systems

DEFINITION

Improving the health and well-being of children, youth, families, and communities is a complex process because so many intersecting factors influence the MCH population. *Systems thinking* recognizes complexity and examines the linkages and interactions among components— norms, laws, resources, infrastructure, and individual behaviors—that influence outcomes. Systems thinking addresses how these components interact at multiple levels, including individual organizations; the collective stakeholders; and the communities where the children, youth, and families reside. The achievement of MCH goals requires leadership within the community and among organizations to advance the collective impact of stakeholders that constitute the larger system.

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- How organizations or practice settings function as systems, including business and administrative principles related to planning, funding, budgeting, staffing, and evaluating health care systems and organizations.
- How organizations or 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. Relate the mission, vision, and goals of an organization to the broader system in which it belongs to facilitate shared understanding, responsibility, and action.
2. Practice budgeting, effective resource use, control of standards, coordination of tasks, and problem solving.
3. Develop agendas and lead meetings/teams effectively.
4. Identify stakeholders and the extent of their engagement in the collaborative process.
5. Interpret situations systemically (i.e., identify both the whole system and the dynamic interplay among its parts).
6. Assess the environment to determine goals and objectives for a new or continuing program, list factors that facilitate or impede implementation of evidence-based/informed strategies, develop priorities, and establish a timeline for implementation.
7. Implement accommodations aimed at increasing inclusion and accessibility for all.

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

8. Manage a project effectively and efficiently, including planning, implementing, delegating, sharing responsibility, staffing, and evaluating.
9. Use implementation science to promote use of evidence-based/informed practices.

10. Develop proficiency in the business and administrative aspects of health care finance and policy.
11. Maintain a strong stakeholder group with broad-based involvement in an environment of openness, inclusion, and trust.
12. Build effective and sustainable coalitions to address specific outcomes.
13. Use community collaboration models (e.g., 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 and competitive economic and political environments. MCH leaders understand the resources necessary to improve health and well-being for children, youth, families, and communities, and the need to be able to articulate those needs in the context of policy development and implementation.

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

KNOWLEDGE AREAS

MCH leaders will demonstrate a working knowledge of:

- Public policy-making processes at local, state, 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 public communication on key MCH priorities.

SKILLS

Foundational. At the foundational level, MCH leaders will:

1. Frame problems based on key data that affect MCH populations, including epidemiological, economic, political, and social trends.
2. Use data and evaluative criteria in proposing policy change.
3. Distinguish the roles and relationships of groups involved in the public policy development and implementation process. Such groups include the executive, legislative, and judicial branches of government at all levels, as well as interest groups and coalitions.

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 diverse MCH population groups.
6. Formulate strategies to balance the interests of diverse stakeholders in ways that are consistent with MCH priorities.
7. Effectively present evidence and information to a legislative body, key decision makers, foundations, or the general public.
8. Craft a convincing MCH story designed to motivate constituents and policymakers to take action.

Endnotes

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

2 Adapted from Harvard's School of Public Health Program on Health Care Negotiation and Conflict Resolution. Available at www.hsph.harvard.edu/hcncr

3 Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards A Culturally Competent System of Care*, Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center. Available at files.eric.ed.gov/fulltext/ED330171.pdf

4 Adapted from National Center for Cultural Competence, Conceptual Frameworks. Available at nccc.georgetown.edu/foundations/framework.php

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