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A STATISTICAL  
SNAPSHOT OF THE  
MCH TRAINING  
PROGRAM



**T**he MCH Training Program is the largest component of SPRANS; in FY 1999, it represented 31 percent of SPRANS outlays, totaling \$32,759,789. This chapter provides information showing the distribution of Training Program dollars in FY 1999.

## MCH TRAINING PROGRAM EXPENDITURES

In FY1999, MCHB supported 101 long-term training projects in 13 priority areas, as shown in Table 1. Each of the 13 priorities is briefly described on pages viii–x.

The largest category, accounting for 57 percent of total training dollars, is LEND. As shown in Figure 3, the next largest category is schools of public health, with 13 percent of all training dollars. The other categories range from 7 percent (adolescent health and PPCs) to 1 percent (occupational therapy, physical therapy, pediatric dentistry, and com-

munication disorders). The differences in funding levels among the priorities are related to several factors: (1) the number of faculty members required to be supported by the grant (interdisciplinary projects, for example, are required to support several disciplines); (2) the type of trainees that the grants support (postdoctoral fellows, for example, receive higher stipends than master's-level trainees); and (3) timing of initiation of a priority (priorities with the longest history of support also receive the largest amount of funding).

Table 2 shows the median awards by training priority area for FY 1999. This table documents the variation of funding within the different priorities. Of particular note are the LEND (ranging from \$300,000 to \$1,255,878), nursing (ranging from \$53,146 to \$199,380), and nutrition (ranging from \$99,140 to \$299,070) categories. Grantees within a given priority respond to the same guidance, but clearly the training projects they develop vary in scope.

## RESOURCES DEVOTED TO TRAINEES

As shown in Table 3, 690 trainees were supported by MCH Training Program funds in FY 1999. However, many more students are influenced by the Training Program than receive direct financial support from it. Two grants report no funded trainees in their budgets, allocating resources to faculty and administrative staff and supporting trainees through other means, such as endowments and other grants. For example, data from the American Association of University Affiliated Programs (AAUAP) indicate that over 698 long-term trainees were trained at LEND programs during FY 1999, whereas just 313 of these trainees received MCHB support.

**Table 1: Maternal and Child Health Bureau Long-Term Training Program Priorities, FY 1999**

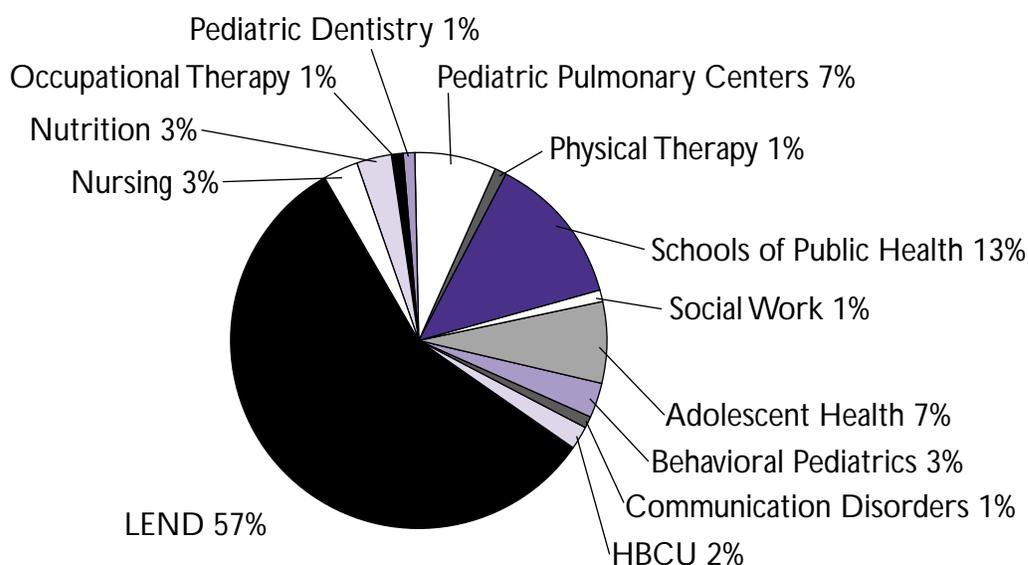
Priority	MCH Target Population(s) Children = ages 0 through 21	Disciplines Trained	No. of Projects	Priority Funding Total
<b>Interdisciplinary Program Priorities</b>				
LEAH	Adolescents	Physicians Nurses Social workers Nutritionists Psychologists	7	\$2,380,650
LEND	Children with special health care needs, in particular, neurodevelopmental disabilities such as autism, cerebral palsy, mental retardation	Physicians Nurses Social workers Nutritionists Speech-language pathologists Audiologists Pediatric dentists Psychologists Occupational therapists Physical therapists Health administrators Parents of children with neurodevelopmental disabilities	35	\$18,273,202
Pediatric Pulmonary Centers	Children with special health care needs, in particular with chronic respiratory diseases, including asthma	Physicians Nurses Nutritionists Pharmacists Respiratory care practitioners Social workers	7	\$2,151,182
Schools of Public Health	Children Children with special health care needs Women	MCH public health professionals	13	\$4,387,481
<b>Unidisciplinary Program Priorities</b>				
Behavioral Pediatrics	Children with special health care needs, in particular developmental and behavioral health issues	Pediatricians	9	\$1,004,347

(continued on next page)

**Table 1: Maternal and Child Health Bureau Long-Term Training Program Priorities, FY 1999 (continued)**

Priority	MCH Target Population(s) Children = ages 0 through 21	Disciplines Trained	No. of Projects	Priority Funding Total
<b>Unidisciplinary Program Priorities (continued)</b>				
Communication Disorders	Children with special health care needs, in particular speech and language issues	Speech-language pathologists Audiologists	3	\$400,000
HBCU	Children Adolescents	Physicians Medical students College and high school students	4	\$660,955
Nursing	Women Children Children with special health care needs	Nurses	6	\$932,378
Nutrition	Children Children with special health care needs	Nutritionists Registered dietitians	6	\$1,015,460
Occupational Therapy	Children with special health care needs	Occupational therapists	3	\$398,227
Pediatric Dentistry	Children Children with special health care needs	Pediatric dentists	2	\$357,813
Physical Therapy	Children with special health care needs	Physical therapists	3	\$398,099
Social Work	Children with special health care needs	Social workers	3	\$399,995
<b>Grand Total</b>			<b>101</b>	<b>\$32,759,789</b>

**Figure 3: Allocation of Training Program Funds Among Priorities, FY 1999**



The funds apportioned to trainees vary dramatically, as shown in Table 3. For example, LEND grantees allocated 14 percent of the total budget to trainee support in FY 1999, while pediatric dentistry allocated 58 percent. Nevertheless, because of the size of the priority, nearly half of all directly supported MCH trainees were funded through LEND grants.

## RESOURCES UTILIZED FOR FACULTY LEADERSHIP

As shown in Figure 4, just over half of the training project budgets are for faculty, with trainees receiving 21 percent of funds, and other expenses (e.g., administrative support and indirect costs) accounting for the remainder.

With regard to faculty support, some projects provide only travel funds for faculty to attend professional meetings, with the rest of the grant money allocat-

ed for student support, whereas other projects budget all the funds for faculty, providing none for student support. More commonly, there is a division of funds, with a portion going to both faculty and trainees.

The amount of direct financial support for faculty and the manner in which such support is apportioned is a mostly local decision, one that is largely dependent on the particular economic issues faced by individual grantees. However, some projects, in particular certain interdisciplinary ones (LEND, LEAH, SPH, PPC), have made this decision based on past guidance from MCHB that strongly encouraged financial support of faculty.

Some universities have sources of funds to support faculty and not trainees, whereas others may have funds for trainees but not for faculty. In some departments, faculty must be partially or largely self-supporting through grants; project directors in such settings recognize that junior faculty often require at least 2 or 3 years to achieve the ability to

**Table 2: Median Awards by Priority Area, FY 1999**

Priority Category	Median Grant Award	Lowest Grant Award	Highest Grant Award
<b>Interdisciplinary Program Priorities</b>			
LEAH	\$318,205	\$294,362	\$462,000
LEND	\$450,000	\$300,000	\$1,255,878
Pediatric Pulmonary Centers	\$303,790	\$281,955	\$346,353
Schools of Public Health	\$349,950	\$243,477	\$377,505
<b>Unidisciplinary Program Priorities</b>			
Behavioral Pediatrics	\$111,115	\$110,485	\$115,096
Communication Disorders	\$133,333	\$100,000	\$166,667
HBCU	\$166,076	\$162,727	\$166,076
Nursing	\$194,234	\$53,146	\$199,380
Nutrition	\$154,447	\$99,140	\$299,070
Occupational Therapy	\$131,794	\$126,027	\$140,406
Pediatric Dentistry	\$178,906	\$171,904	\$185,909
Physical Therapy	\$125,805	\$123,101	\$149,193
Social Work	\$123,000	\$117,131	\$159,864

secure funding, and they use the MCH funds to provide the time these young faculty members need. In other words, in some departments, the MCH funds are used to help both trainees and junior faculty become leaders.

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*“The grant provides the opportunity for junior faculty to become more effective and successful since it allows them to focus and not be pulled in so many directions.”*

—Project director, LEAH

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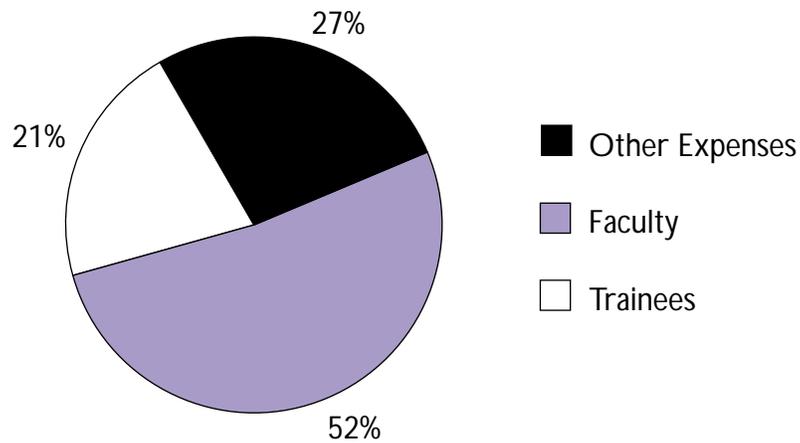
**Table 3: Trainees Supported by MCH Training Grants, FY 1999**

Priority Category	Percent Budget Devoted to Trainees	Total Number of Supported Trainees	Total Support for Trainees
LEAH	32%	49	\$762,278
LEND	14%	313	\$2,440,983
Pediatric Pulmonary Centers	15%	44	\$336,387
Schools of Public Health	27%	129	\$1,164,761
Behavioral Pediatrics	56%	21	\$558,963
Communication Disorders	51%	26	\$202,346
HBCU	21%	not reported	\$138,828
Nursing	28%	34	\$220,415
Nutrition	20%	30	\$260,271
Occupational Therapy	46%	11	\$179,738
Pediatric Dentistry	58%	10	\$206,342
Physical Therapy	42%	11	\$160,695
Social Work	26%	12	\$98,609
<b>Grand Total</b>		<b>690</b>	<b>\$6,730,616</b>

In many universities, faculty must justify time spent on activities such as technical assistance or policy work, and by budgeting faculty time in the grant, this type of work can be supported. Departments that are largely funded by clinical income may use MCH Training Program funds to support faculty from certain disciplines that receive little or no clinical reimbursement, thereby ensuring an interdisciplinary training environment.

Table 4 shows the manner in which faculty funds were apportioned by each priority in FY 1999. The different priorities ranged from a low of 14 percent (pediatric dentistry) for faculty support to a high of 67 percent (PPCs). A total of 851 faculty members received at least some support through the MCH Training Program (210 full-time equivalents). In addition to supported faculty, projects reported that their universities provided significant in-kind fac-

Figure 4: Training Program Grantee Budgets, FY 1999



ulty contributions to the training projects, effectively increasing the faculty available to the Training Program by over 50 percent. (This may be an underreporting, as several directors of projects that were visited reported that they no longer report in-kind faculty because of onerous bureaucratic requirements within their universities.)



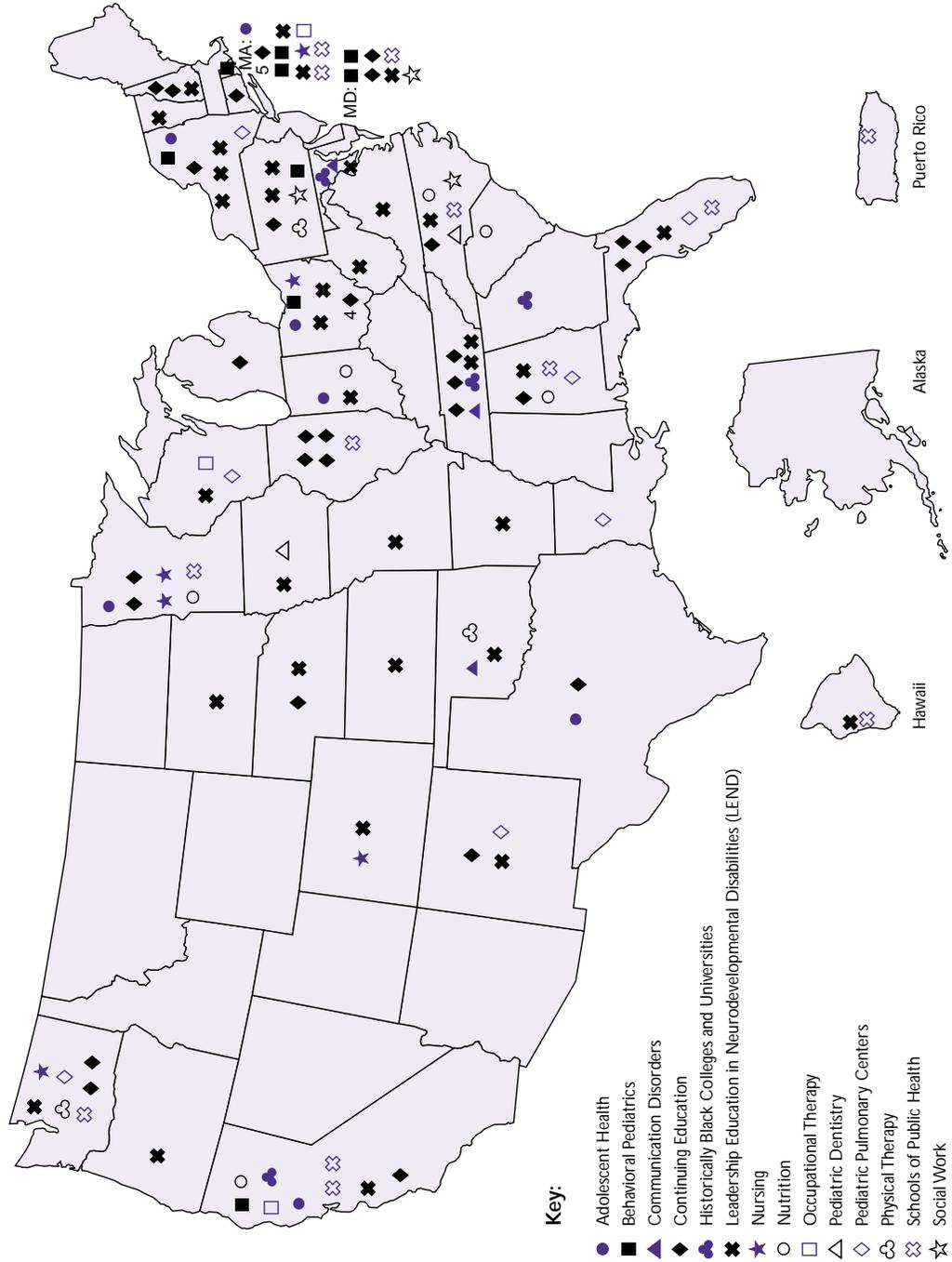
## DISTRIBUTION OF MCH TRAINING PROGRAM GRANTS

Training Program grants are not equally distributed geographically or by population density, as shown in Figure 5. In fact, 10 states account for 54 percent (n=60) of the long-term training grants, whereas 12 states have no grants. A high proportion of training grants are clustered in the northeast and mid-Atlantic states, whereas a relatively small proportion (34 percent) of grants are located in states west of the Mississippi River, and, of those, grants in California and Washington account for about a third (34 percent). This is due, in part, to the absence in some states of some of the necessary university infrastructure to apply for training grants; for example, there are no medical schools located in Wyoming, Idaho, or Montana. In order to address geographic disparity, some projects attempt to have a regional impact.

**Table 4: Faculty Supported by MCH Training Grants, FY 1999**

Priority	Percent of Budget Devoted to Faculty	Number of Faculty Supported (Partially or Fully)	Total Faculty Full-Time Equivalents Supported ( A )	Number of In-Kind Faculty	Total In-Kind Full-Time Equivalents Supported ( B )	Total Faculty Full-Time Equivalents ( A + B )
LEAH	48%	80	12.2	48	6.2	18.4
LEND	60%	481	132.9	287	49.2	182.1
Pediatric Pulmonary Centers	67%	55	18.2	68	4.4	22.6
Schools of Public Health	39%	84	22.1	83	24.2	46.3
Behavioral Pediatrics	33%	39	4.2	50	15.3	19.5
Communication Disorders	34%	11	2.1	3	0.3	2.4
HBCU	38%	15	2.5	1	0.2	2.7
Nursing	39%	27	4.4	10	0.6	5.0
Nutrition	42%	15	4.4	18	5.0	9.4
Occupational Therapy	38%	9	2.2	9	0.7	2.9
Pediatric Dentistry	14%	6	0.4	17	2.5	2.9
Physical Therapy	52%	15	2.7	11	3.8	6.5
Social Work	42%	14	1.9	9	0.4	2.3
<b>Grand Total</b>		<b>851</b>	<b>210</b>	<b>614</b>	<b>112.5</b>	<b>322.5</b>

Figure 5: MCHB Training Grant Sites, FY 1999



## SUMMARY

A statistical overview of the MCH Training Program shows that the LEND priority is the largest single category within the grant portfolio, both in terms of the number of grants and the median dollar amount of individual grants. The behavioral pediatrics category has the smallest median grant award. The LEND priority also supports the greatest number of faculty and produces the largest number of trainees. The range of funding varies widely both within specific priorities and across the training portfolio as a whole. Just over half of train-

ing project budgets are allocated to faculty support, whereas about 20 percent of grant funds support trainees. The interdisciplinary projects devote a much higher proportion of grant funds to faculty support than do the unidisciplinary projects, potentially owing to the larger number of disciplines that must be represented on the faculty. Training grants are not equally distributed geographically, with a large number of grants disproportionately located on the East Coast. Lack of university infrastructure may be a contributing factor. Some projects do try to reach beyond the borders of their state to have a regional impact.