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PROMOTING  
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## TECHNICAL ASSISTANCE, CONSULTATION, AND CONTINUING EDUCATION

Training grantees vary in their approaches to technical assistance, consultation, and continuing education; in the extent to which they devote time and other resources to these activities; and even in the ways that they define them. Many grantees make no clear distinction among these programmatic elements, and tend to lump them together. For this evaluation, continuing education was defined as a formal course or lecture for which continuing education units (CEUs) or other educational credits are available to participants, and technical assistance as the provision of technical advice covering a range of issues, including program development, clinical services, program evaluation, and policy and guidelines formulation. Consultation is a category of technical assistance, but connotes more of a collaborative relationship. Because technical assistance and continuing education are grant requirements, all grantees address them in some manner, and many have quite impressive accomplishments.

Continuing education ranges from the organization of major national and regional conferences for leaders in a profession to specialized courses on various topics for Title V staff. It may include community-based training or scientific presentations at professional meetings. Technical assistance embraces information dissemination to the lay public through radio programs and Web-based strategies, research updates for professionals through newsletters, distance learning, and formation and maintenance of listservs. Technical assistance also includes consultation and program development work with community service programs, schools, and parent organi-

**F**rom its earliest days in the Children's Bureau, the MCH Training Program has encouraged cross-fertilization among academia, field practitioners, and policymakers. The vision is of services and policymaking enhanced by research and reasoned analysis, and of research and teaching informed by an appreciation for the challenges of health care providers and the needs of the population being served. Thus, collaboration is a two-way street, benefiting both faculty and the community. Universities may also strengthen relationships with local communities and secure additional training experiences for students.

This evaluation examined the primary methods that grantees use to meet the requirement for collaboration, namely technical assistance, consultation, continuing education, and the formation of collaborative relationships with colleagues (in the grantees' own universities and in others) and with Title V agencies.

zations; service on local, state, or national committees and task forces; and collaboration with Title V programs on needs assessments and evaluations.

Individual grantees report providing technical assistance, consultation, and continuing education to persons numbering from the hundreds to the thousands each year. Because no common definition of technical assistance or continuing education has been provided to grantees, widely differing types of activities are included in the annual reports. Thus, the evaluation team has little confidence in the reliability of the numbers reported for technical assistance and continuing education. Nevertheless, a considerable amount of this work does occur, regardless of how it is defined. Some of the work is highly intensive, with recipients receiving technical assistance and/or continuing education over a period of weeks or months. Other types of technical assistance or continuing education are one-time activities. It appeared to the evaluation team that schools of public health tend to provide more technical assistance to Title V agencies than do other priorities, whereas the clinical programs tend to provide technical assistance and continuing education to practitioners locally and regionally.

The degree of effort devoted to technical assistance and continuing education also varies among grantees. In some cases, technical assistance and continuing education activities are central components of a project, with clear and impressive outcomes, whereas in other projects, these activities represent a minor aspect of the project. Figure 19 provides a few examples of the technical assistance and continuing education activities of grantees, showing their range and diversity.

One aspect of technical assistance and consultation mentioned by several grantees as quite

important is relationship-building. Grantees commented that technical assistance is most successful when trust has been established, and the long-term nature of many grants makes it possible for faculty to develop ongoing personal relationships that enhance the chances for effective collaboration.

Although grantees provide an impressive amount of technical assistance and continuing education, many find that competing priorities combined with the extensive time required for these activities either limit what they can do or lead to a sense of fragmentation and tension. Direct costs are an additional problem.

*Time Constraints.* If an MCH training project is successful in developing a reputation for expertise, and if faculty seek out opportunities to provide that expertise, the project can easily become deluged with requests for assistance. At that point, the project must establish some limits.

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*“The volume of requests is 20-fold of what can be done, especially in evaluation. The problem is the depth of need in the community.”*

—Faculty member, LEAH

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Of particular concern to faculty are the opportunity costs of their time. Although essentially all faculty acknowledge the importance of technical assistance and continuing education, and a majority find such work intrinsically enjoyable and rewarding, faculty also state that these activities divert time from other work that is strongly encouraged or required by their universities, such as research or activities that may generate more income. Some faculty state that they feel overwhelmed with the expectations that are placed on

## Figure 19: Examples of Technical Assistance, Consultation, and Continuing Education

- Needs assessment for Title V Block Grant application (University of Alabama at Birmingham, School of Public Health)
- Provision of continuing education courses on evaluation and needs assessment to Title V staff (Boston University, School of Public Health)
- Publication of an electronic newsletter, distributed quarterly to MCH agencies, professionals, advocates, and legislators via a listserv and also available on the University of Minnesota School of Public Health's Web site (University of Minnesota, School of Public Health, Nutrition)
- Provision of annual region-based workshops on topics of special interest to local physical therapists, such as "Strategies for Early Intervention" (University of Washington, Physical Therapy)
- Provision of 2-day workshops for community pediatricians focused on family intervention as a way to enhance practice (University of California at San Francisco, Behavioral Pediatrics)
- Assistance in the promotion of Head Start in Massachusetts, including development of a new Early Head Start program for children ages 0 to 3 (Boston University, Behavioral Pediatrics)
- Assistance in the writing and research of a new teen health magazine, published by the Department of Health through the Title V program (Baylor College of Medicine, LEAH)
- Training for participants in the Baltimore City Infants and Toddlers Program on writing individual service plans that are family centered (Kennedy Krieger Institute/Johns Hopkins University, LEND)
- Development of a mentoring program for nursing teams in the area of maternity care at 12 fertility centers across the country (Boston University, Nursing)
- Consultation with two national committees regarding practice parameters for autism. As a result, a resource guide for all primary care providers in the county was produced, and intervention guidelines are in development. (University of North Carolina at Chapel Hill, LEND)

them—to provide quality teaching and student mentoring, work with the community and professional associations, conduct research, and provide clinical services, all while generating sufficient income to cover some or all of their salaries. Other faculty, however, emphasize that because the grant pays for faculty time, and because technical assistance and continuing education are required components of the grant, they enjoy some protected time that enables them to engage in technical assistance and continuing education that their departments or universities would otherwise discourage.

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*“Technical assistance comes at a cost. We’re committed to technical assistance and to teaching, so the cost is to research. Service is valued by the university, but not as much as research. Technical assistance does not generate the overhead that the university likes, such as from an NIH grant. As we strive to increase our research activities, less time will be available for technical assistance and perhaps for teaching.”*

—Faculty member, School of Public Health

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*Direct Costs.* The direct costs of providing technical assistance and continuing education can sometimes be considerable. These costs may include room rental charges, printing, and travel. The methods of covering direct costs vary greatly among grantees. In some cases, the grant covers all the costs of the activity—from faculty time to providing coffee breaks for workshop or conference participants. In other cases, the grant provides the motivation to seek out opportunities for technical assistance or continuing education, but the activities themselves are funded in other ways (e.g., through contracts or registration fees). Some grantees combine methods, using the grant for some of the costs but supplementing with other funding sources. A few grantees expressed concern related to a perceived directive from MCHB to engage in distance learning projects. They pointed out that certain distance learning methods, such as those requiring satellite uplink, are quite expensive and there are no easy ways to recoup such direct costs.

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*“Our grant does not directly support CE. However, I encourage faculty to seek funds from other sources in order to fulfill the CE requirements of the MCH training grant. Without the MCH grant, faculty would not pursue such funding.”*

—Project director, School of Public Health

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## COLLABORATION ACROSS PROJECTS AND WITH NONFUNDED UNIVERSITIES

MCHB supports annual meetings for some priority categories, providing grantees an opportunity to share strategies and learn from each other.

Typically, MCHB provides supplementary funding to one of the grantees to support the costs of the meeting, and the grantees work together to plan the program. Those groups that regularly meet together find the experience extremely valuable, although because the grants must be recompeted every 5 years, and because their colleagues are likely to be their toughest competitors, some project directors fear putting themselves at a disadvantage by sharing too much. Thus, the competitive grant cycle sometimes operates as a disincentive to collaboration.

The PPCs exemplify one of the most successful cross-project collaborations. The seven grantees worked as a group over 3 years to conduct an assessment of PPC graduates, resulting in a national report. They have shared their annual progress reports to ensure that each is fully informed about the others' activities in order to facilitate borrowing of good ideas, and they have engaged in joint continuing education projects and quality improvement activities. Four PPC projects worked together to develop clinical practice guidelines for pediatric tracheotomy, which were published by the American Thoracic Society; the projects are in the process of developing a plan to disseminate the guidelines.

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*“It has been beneficial to collaborate with the other six PPCs. It has forced us to have a larger focus to our work and to deal more effectively with medically fragile children. We e-mail one another with questions and issues.”*

—Faculty member, Pediatric Pulmonary Center

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Behavioral pediatrics grantees also work collaboratively. For example, at the annual grantee meeting, fellows present research that is critiqued by fac-

ulty from across all projects. Mentoring relationships among fellows and faculty from other sites have emerged from these meetings. Over the past 2 years the LEND projects have developed a draft self-assessment instrument, which they will be able to use to reflect upon and enhance their programs. This tool has been pilot tested and will be made available in 2001.

A different form of collaboration sometimes occurs when there are multiple MCH training grants at one institution. For example, the University of Washington currently has five MCH training grants in different fields. The five grant projects have developed ways to support each other (e.g., through reciprocal clinical placements for trainees) and to collaborate on mutually beneficial activities (e.g., a common leadership training seminar, joint research, and joint regional technical assistance). When projects are able to establish collaborations of this type, there appears to be a value added to MCH: a greater university-wide impact, a faster dispersal of new ideas (e.g., on ways to recruit minority students), and the benefit of shared resources. Some universities with multiple grants that were visited through this evaluation were not as successful at bridging departmental and other barriers in order to collaborate.

A few projects expand their influence locally or regionally by establishing working relationships with other, nonfunded universities. For example, faculty sometimes hold joint appointments at the university that houses the MCH training grant and at a different university in the same city or region. Other projects develop joint degree programs, such as the clinically based programs that encourage (or in some cases, require) fellows to obtain an M.P.H. degree through a collaborative

arrangement with another university. Figure 20 provides four examples of collaborations developed by grantees.

A final form of collaboration is that of consultation provided to other, nonfunded universities. This occurs in a variety of ways; some of the consultation is relatively passive, such as sharing information on MCH innovations at meetings or on Web sites. Other times, it is intensive and one-on-one. Examples are provided in Figure 21.

## COLLABORATION WITH TITLE V PROGRAMS

One of the most uneven forms of collaboration among grantees is with state Title V programs. Some MCH training projects and Title V offices have established strong relationships, leading to a variety of collaborative activities, whereas others have not succeeded in establishing a relationship of any kind. Universities and Title V offices with strong collaborative relationships describe the relationships as mutually productive and valuable: The Title V offices receive state-of-the-art assistance while the MCH training projects have the opportunity to influence policy and also to develop a better understanding of the issues confronting practitioners. There are several reasons for the variance that exists:

- Both Title V programs and MCH training projects are frequently unaware of the possibilities for collaboration. Faculty in several training projects expressed a desire to forge relationships with the state, but seemed to have difficulty doing so. They believe that MCHB should encourage state programs to seek them out. At the same time, some Title V staff have stated that they find it difficult to learn about services that

## Figure 20: Examples of University-Based Collaborations

- The nutrition project at the University of Minnesota and the LEND project at the University of Iowa have established a formal collaborative relationship. The nutrition training project serves as the official academic unit sponsoring nutrition trainees for the LEND project, and University of Minnesota nutrition trainees may complete the 8-week LEND program to fulfill the block field experience requirement. There is also an exchange of faculty between the two universities.
- Because of the lack of medical schools in several northwestern states, the University of Washington serves as a regional training center. Medical students and residents train in their home states for the first 2 years, then complete their clinical training at the University of Washington. The PPC and LEND programs participate in a medical consultation service for physicians in the region and in a visiting professor program for the other states, providing continuing education, technical assistance, and consultation, and conducting research.
- Boston University's behavioral pediatrics training project and occupational therapy training project led the development of Boston's University Partnership Program, through which several universities in Boston collaboratively promote research and education on infant and toddler development. Courses provided through the partnership are open to students from all the participating universities.
- The Pediatric Conclave, developed by the Center for Leadership in Pediatric Physical Therapy Education at the University of Washington, brings pediatric physical therapy faculty from other universities in the northwest region and other MCH Training Program-funded physical therapy training programs together. The faculty meet annually to exchange ideas around pediatric and maternal and child health curricular issues and to develop strategies for improving the training of all physical therapists to meet the needs of the MCH population.

might be available from the MCH training projects. Staff in Title V programs may not even realize that projects in their state are funded by MCHB.

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*“People who work in state MCH offices frequently do not know about the training grants and do not know what types of assistance they could and should be asking for.”*

—Associate dean, School of Public Health

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- Some projects are focused in areas that are of minimal interest to state offices or otherwise

offer little that the states perceive to be directly relevant to them.

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*“Training projects should support the states, but not every training grantee is able to do so. The grantee may not have the skills or what the state needs. Some are researchers, not practically oriented. When I was [a state] MCH director, I found that many [Training Program] grantees did not even know what I was talking about with respect to MCH state needs.”*

—Associate dean, School of Public Health

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- Projects that are considered to be regional resources may have particular difficulty in establishing relationships with states other than the one in which they are located, due to logistics, travel constraints, or other factors.
- Many of the grants are quite modest, and it may be unrealistic to expect them to serve as resources for Title V programs in addition to the other requirements they must meet.

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*“We can’t always respond to a technical assistance request because our activities must be justified from a time-management perspective. We have to be able to link our consultative activities to training or research.”*

—Faculty member, School of Public Health

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In some cases, the expectations of a state Title V office and an MCH training project regarding reimbursement for technical assistance differ. Some training projects contend that they are unable to provide any services to states without reimbursement for costs, whereas Title V staff may believe that one of the functions of the MCH training projects is

to provide technical assistance to them free of charge. These differing views have occasionally created tension between state Title V offices and MCH training projects.

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*“We have attempted to obtain small grants for technical assistance and consultation from the Title V program, but have met with resistance. They believe that the money in the grant should cover these activities. Due to increasing revenue pressures, the LEND project is now forced to do things through contracts that we could formerly provide for free.”*

– Faculty member, LEND

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Figure 22 provides examples of collaboration between Title V programs and MCH Training Program projects.

## SUMMARY

The MCH Training Program projects generate an impressive amount of technical assistance and continuing education, often overcoming time and

### Figure 21: Examples of Consultation with Nonfunded Universities

- The occupational therapy project at Boston University formed the Pediatric Occupational Therapy Educators Network to disseminate MCH and pediatric-related information to non-MCH-affiliated occupational therapy programs around the nation.
- The communication disorders project at Howard University provides consultation with Purdue University, the University of Iowa, and the University of Vermont on how to conduct culturally appropriate research with diverse populations.
- LEAH faculty at the University of California at San Francisco teach core adolescent health courses to MCH students at the University of California, Berkeley, and faculty at Baylor College of Medicine teach an elective course to master’s students at the University of Houston-Texas School of Public Health.

## Figure 22: Examples of Collaborations Between Title V Offices and MCH Training Program Projects

- State Title V staff serve as adjunct faculty (University of North Carolina at Chapel Hill, School of Public Health and Virginia Commonwealth University, LEND)
- State staff co-teach in exchange for free tuition for other staff in the Title V program (Boston University, School of Public Health)
- Trainees complete field placements in Title V agencies (University of Minnesota, Nutrition)
- The Colorado Department of Health co-funds two positions at the LEND project (Colorado Health Sciences University, LEND)
- The director of the Texas Department of Health, Division of Children with Special Health Care Needs, serves on the Advisory Board to the LEAH project at Baylor College of Medicine (Baylor College of Medicine, LEAH)
- The state Title V director and MCH Training Program epidemiologist serve as faculty and support student research (University of Puerto Rico, School of Public Health)
- The directors of the New York and New Jersey Children with Special Health Care Needs programs serve on the PPC advisory committee (Mount Sinai/Albert Einstein University, PPC)

financial constraints and competing priorities with their universities. Even the most modest grants provide evidence of considerable work in these areas. Cross-project collaboration is also fairly strong, with some training priorities generating a national cadre of professionals who together have the strength to be effective in generating improvements

in health services for women and children. Some projects have strong relationships with their Title V programs, but many do not. Those projects that work collaboratively with a Title V program typically find the relationship to be rewarding in a variety of ways.