THE MCH TRAINING PROGRAM: AN EVALUATION

Executive Summary

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The mission of the National Center for Education in Maternal and Child Health is to provide national leadership to the maternal and child health community in three key areas—program development, policy analysis and education, and state-of-the-art knowledge—to improve the health and well-being of the nation's children and families. The Center's multidisciplinary staff work with a broad range of public and private agencies and organizations to develop and improve programs in response to current needs in maternal and child health, address critical and emergent public policy issues in maternal and child health, and produce and provide access to a rich variety of policy and programmatic information. Established in 1982 at Georgetown University, NCEMCH is part of the Georgetown Public Policy Institute. NCEMCH is funded primarily by the U.S. Department of Health and Human Services through the Health Resources and Services Administration's Maternal and Child Health Bureau.

This executive summary and the full report, *The MCH Training Program: An Evaluation,* are available in PDF format on the NCEMCH Web site at http://www.ncemch.org/spr/default.html#mchbtraining.

EXECUTIVE SUMMARY

*T*he Maternal and Child Health Bureau (MCHB) has initiated a series of measures designed to increase accountability and improve decision-making. The evaluation of the Maternal and Child Health (MCH) Training Program, conducted in two phases, is part of this effort. Important outcomes of phase I of the evaluation were greater clarity about the overall goals of the Training Program and identification of programmatic themes. Phase II, the results of which are summarized here, was designed to broadly assess the program's accomplishments, identify problems, and provide recommendations focused on program operations and management.

The MCH Training Program is a key resource for MCHB as it strives to address the goals articulated in its strategic plan. For example, the Training Program both directly and indirectly supports the MCH Block Grant program. Direct support includes technical assistance and continuing education provided by Training Program faculty for state

Title V programs; indirect support includes activities such as education of a new generation of leaders, standards development, policy work, information dissemination, and applied research. In addition, MCHB often develops special initiatives, and the alliances MCHB has established with universities and professional associations through the Training Program are critical to the success of such initiatives. In short, the Training Program was designed to enhance MCHB's ability to serve as a catalyst for change and to strengthen the context for the delivery of MCH services; it forms the foundation of the MCH pyramid, without which other MCH functions would be severely compromised (Figure 1).

The goals of the MCH Training Program are to:
- Train leaders.
- Address the special health and social needs of women, infants, children, and adolescents.
- Foster interdisciplinary care.
- Change attitudes and practice (e.g., toward family-centered and culturally competent care).
- Emphasize the public health approach.

The MCH Training Program is both large and complex. To focus the evaluation and ensure that the most important questions were asked, a Training Program logic model was developed in collaboration with a project advisory board. A logic model helps clarify the theory of any program and elucidates presumed relationships among different levels of action. As shown in Figure 2, the outputs of the Training Program include technical assistance, consultation, and continuing education; faculty development; curriculum development and changes; increased numbers of students receiving MCH training; and research. These outputs lead to a set of intermediate outcomes that include increased knowledge, dissemination of knowledge to the field, and training of MCH leaders, all of

which generate better quality care, more integrated systems, and more informed policy decisions, with the ultimate outcome of improved health for women and children.

Using the logic model as a guide, a set of evaluation questions was developed and a methodology appropriate for each question was identified. Issues selected for analysis included:

- The ways in which resources are utilized by training projects.
- The types of activities supported by the Training Program.
- The experiences of beneficiaries of the Training Program.

- The perceived impact of training projects on trainees.
- The ways in which projects are integrated into universities.
- Policy and administrative concerns of potential interest to MCHB.

Findings presented here are integrated within the programmatic themes of training for leadership, supporting faculty in leadership roles, contributing to advances in the field, and promoting collaboration. Economic issues related to MCH training are also discussed.

Several qualitative methods were used to analyze this large, complex, and multifaceted program.

Figure 1: MCH Pyramid

DIRECT HEALTH CARE SERVICES
Examples:
Basic Health Services,
Services for Children with Special
Health Care Needs

ENABLING SERVICES
Examples:
Transportation, Translation, Outreach, Respite Care,
Health Education, Family Support Services, Purchase
of Health Insurance, Case Management,
Coordination with Medicaid,
Special Supplemental Nutrition Program for Women,
Infants and Children (WIC), and Education

POPULATION-BASED SERVICES
Examples:
Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome
Counseling, Oral Health, Injury Prevention, Nutrition, Outreach/Public Education

INFRASTRUCTURE-BUILDING SERVICES
Examples:
Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards
Development, Monitoring, Training, Applied Research, Systems of Care, Information Systems

Figure 2: MCH Training Program Logic Model

INPUTS   **OUTPUTS**   **INTERMEDIATE OUTCOMES**   **HEALTH OUTCOMES**

- Advisory committee
- $$
- University
- Student stipends: Select students study MCH
- Faculty and adjunct support and administrative support
- Teaching
- Technical assistance, consultation, and continuing education
- Research
- Clinical service innovations
- Faculty development
- Curriculum development and changes
- Enhanced department
- Field practicum Specialized content Research
- Dissemination of knowledge to field
- Increased knowledge
- Improved delivery of clinical care
- Nonfunded students trained in MCH
- Leaders trained in MCH
- Informed policy Integrated systems Quality care
- Improved health for families
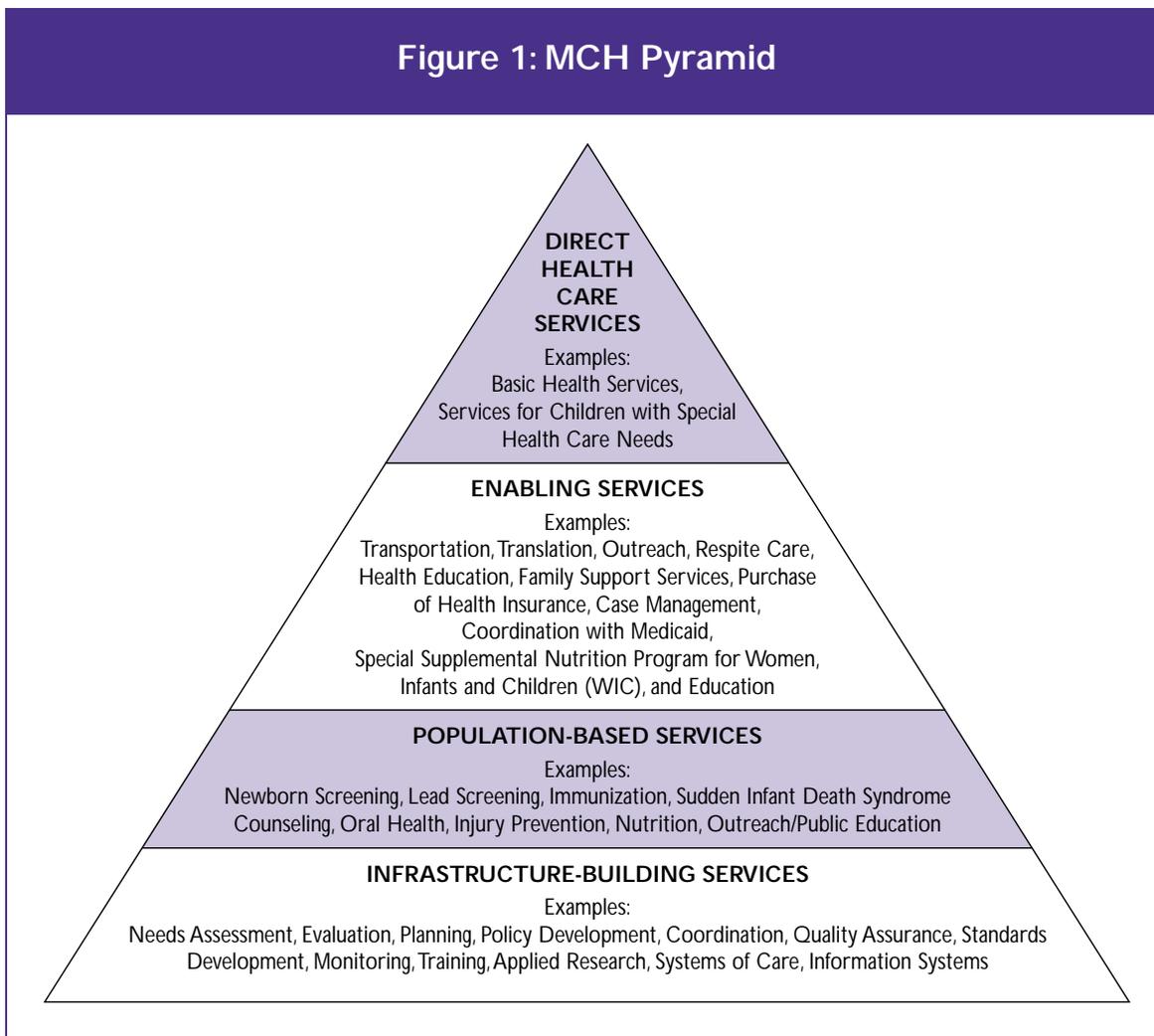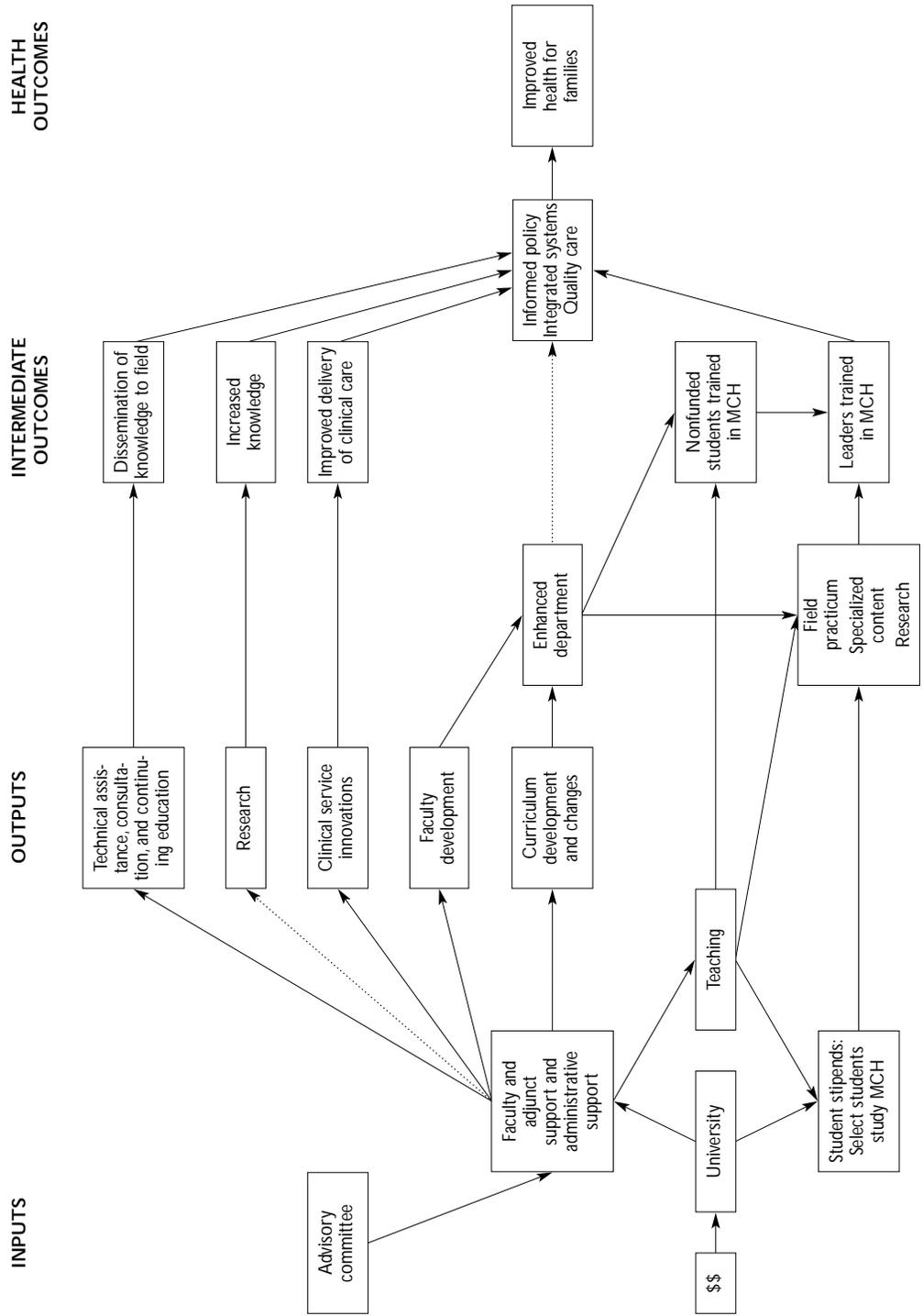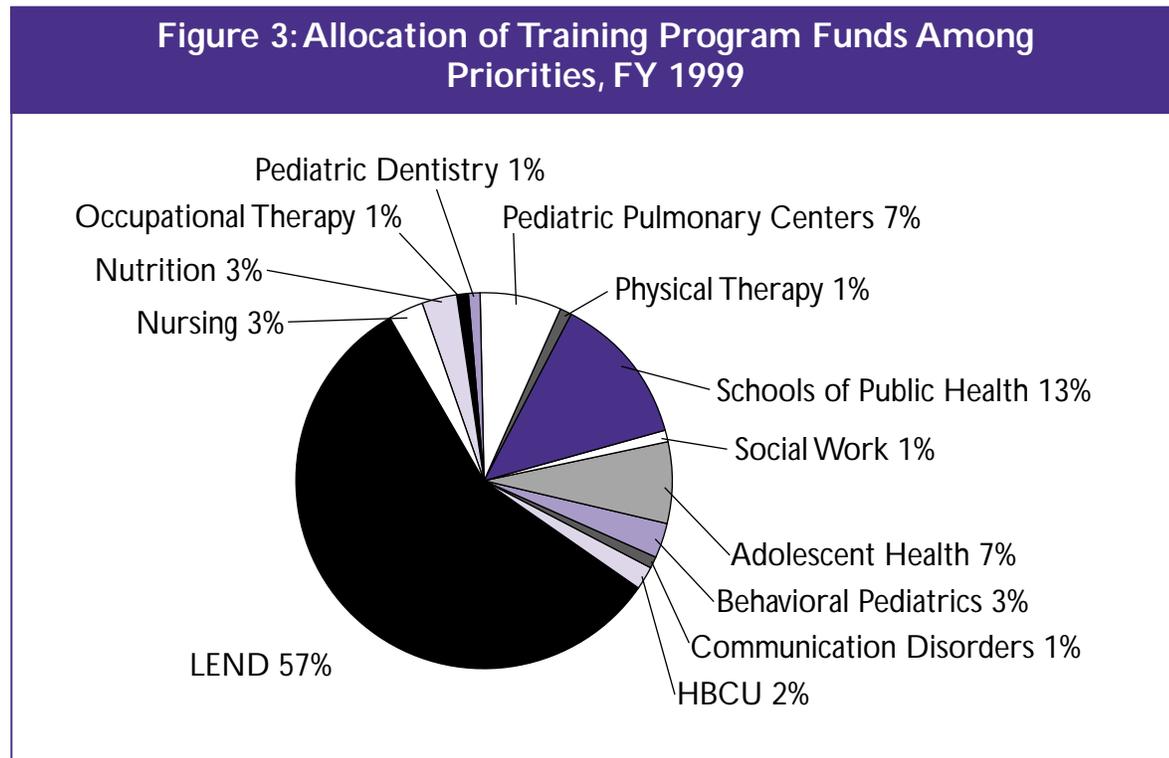
They included a review of fiscal year (FY) 1999 continuation applications for all 101 long-term projects; site visits to 31 training projects, including interviews with multiple individuals at each site; focus groups with state Title V program staff and federal regional MCH consultants; and interviews with 110 trainees who graduated from the projects in 1990 or 1995.

A STATISTICAL SNAPSHOT OF THE MCH TRAINING PROGRAM

The MCH Training Program is the largest component of MCHB's discretionary grants under Title V, Special Projects of Regional and National Significance (SPRANS). In FY 1999, the Training Program represented 31 percent of SPRANS outlays, of which $32,759,789 was spent on grants to 101 long-term training projects. Figure 3 shows the distribution of these funds among the 13 priority areas of the Training Program.

The MCH Training Program is a leadership training program, and MCHB views the mandate of training for leadership to include empowering faculty to function as leaders. Thus, projects may use grant funds to support both trainees and faculty. Projects vary tremendously in the extent to

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

Pediatric Dentistry 1%
Occupational Therapy 1%
Nutrition 3%
Nursing 3%
Pediatric Pulmonary Centers 7%
Physical Therapy 1%
Schools of Public Health 13%
Social Work 1%
Adolescent Health 7%
Behavioral Pediatrics 3%
Communication Disorders 1%
HBCU 2%
LEND 57%

which they provide support to trainees and faculty and in how they support faculty; some provide only travel funds for faculty to attend professional meetings, with the rest of the funds allocated for student support. Others budget all funds for faculty, providing none for students. More commonly, there is a division of funds, with a portion going to both faculty and trainees.

The amount of direct financial support to faculty and the manner in which such support is apportioned is a local decision, one that is largely influenced by the particular economic issues faced by individual grantees. However, interdisciplinary projects tend to devote a much higher proportion of grant funds to faculty support than do unidisciplinary projects, largely as a result of the number of disciplines required for these projects; departments must integrate and often hire faculty from disciplines that are not traditionally included in the department. MCHB has encouraged grantees to support faculty in order to ensure comprehensive training programs.

Figure 4 shows the ways in which Training Program funds were budgeted by grantees in FY

1999. Faculty received just over half the funds, trainees received about one-fifth, and the rest was used for a variety of other expenses (e.g., equipment, printing, distance education, contractual services such as evaluation, conference costs, and indirect costs).

In FY 1999, 851 faculty members received at least some support through the MCH Training Program. Projects reported that their universities provided significant in-kind faculty contributions to the training projects, effectively increasing the faculty available to the Training Program by more than 50 percent. That same year, 690 trainees were directly supported by MCH Training Program funds, through stipends and/or tuition assistance. However, many additional students were trained through and influenced by Training Program projects. Some of these students received support from other funding sources, while others were self-supporting.

Training grants are not equally distributed geographically. A high proportion of the long-term training grants are clustered in the northeastern and mid-Atlantic states, whereas a relatively small proportion (34 percent) are located in states west of the Mississippi River, as shown in Figure 5. The absence of necessary university infrastructure in some states to successfully compete for training grants is one reason for this distribution. Moreover, the small population of some states argues against strict geographic equity in distribution of grants. However, some areas may lack access to benefits available through the Training Program.

TRAINING FOR LEADERSHIP

The MCH Training Program aims to train leaders, a goal consistent with recommendations of the influential 1988 Institute of Medicine

Figure 4: Training Program Grantee Budgets, FY 1999
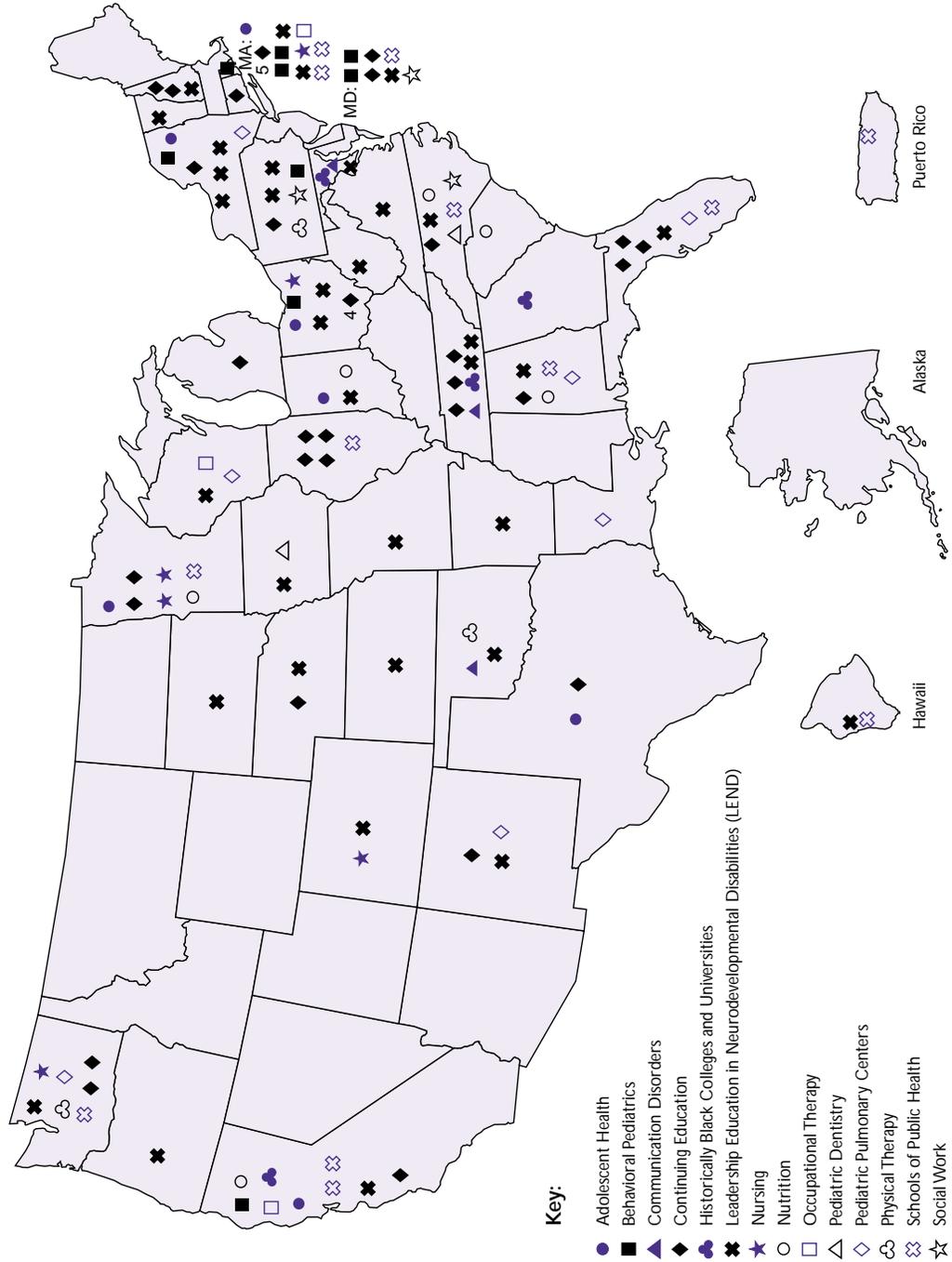
27%

21%

52%

- Other Expenses
- Faculty
- Trainees
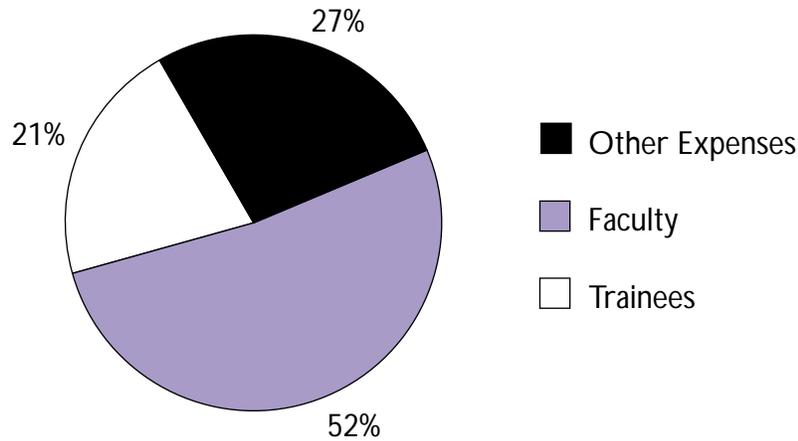
report *The Future of Public Health.* This evaluation did not attempt to assess whether particular projects were successful in creating leaders; rather it examined the ways in which the concept of training for leadership was operationalized by grantees. In particular, it explored how projects define leadership, how they train for it, and how they evaluate their success.

Projects differ in four key ways with respect to leadership training:

1. *The degree to which they explicitly emphasize training for leadership:* Some projects have little or no explicit emphasis on leadership training, while others provide supplemental courses on leadership skills. A few projects define leadership in ways that correspond to existing academic or clinical programs: A leader is someone who does excellent work.

2. *The extent to which they emphasize policy work and academic accomplishment as key to leadership versus more clinical forms of leadership:* Projects that emphasize high-quality clinical care as the

most important aspect of leadership may provide little or no content on policy. Other projects emphasize advocacy and policy work as key components of leadership, and this is reflected in their curricula.

3. *The methods they use in training for leadership:* Some projects provide a weekly or monthly leadership seminar that includes segments on such topics as grant writing, presentation skills, coalition building, and management. Others have no formal coursework, but they may attempt to integrate leadership concepts throughout the curriculum or may use practicum experiences to develop leadership skills in trainees.

4. *The groups selected to receive leadership training:* Recipients of training include high school students, master's degree students, doctoral candidates, residents and fellows in medicine, residents in pediatric dentistry, certificate students (which may include bachelor's or master's students currently working in the field), and "mini-fellows" (physicians receiving special training

Figure 5: MCHB Training Grant Sites, FY 1999

Key:

Adolescent Health	Behavioral Pediatrics	Communication Disorders	Continuing Education	Historically Black Colleges and Universities	Leadership Education in Neurodevelopmental Disabilities (LEND)	Nursing	Nutrition	Occupational Therapy	Pediatric Dentistry	Pediatric Pulmonary Centers	Physical Therapy	Schools of Public Health	Social Work

THE MCH TRAINING PROGRAM: AN EVALUATION

not as intensive or as lengthy as that found in traditional fellowships).

Leadership training begins with recruitment. Almost all grantees contend that recruitment captures young people who are bright and who have already demonstrated great potential, and ensures that their talents are used to benefit women and children. A few projects emphasize their ability to recruit a diverse group of trainees and thus to promote cultural and ethnic diversity in fields that lack these. Some projects also teach trainees a variety of skills, and some provide intensive mentoring. Many projects emphasize a dual mission: to teach skills and impart knowledge to young people while engaging them in activities that effect important system and/or policy changes to benefit women and children.

> *"Without the grant, fellows would not have the time to engage in community advocacy. All their time would have to be devoted to clinical work."*
> —Project director, Behavioral Pediatrics

An interesting finding is the impact of these projects on student self-efficacy. For some students, being selected to participate in a leadership training program in and of itself is enough to initiate changes in self-perception. The strong sense of self-efficacy that many trainees develop through these projects may well be one of the major factors that permit many program graduates, in fact, to become national leaders in their fields.

> *"The stipend provides external validation that you have the potential to be a leader."*
> —Current student, Social Work

The evaluation of the MCH Training Program

included an appraisal of former trainees' perceptions of the impact of the training program on their professional development. A total of 110 interviews were completed. The interviews provided the perceptions of the respondents regarding the extent to which they currently exercise leadership and their assessment of the impact of the Training Program on their careers.

Figure 6 shows that the majority of trainees remain in the MCH field for several years and continue to provide MCH services and administer programs that serve the maternal and child population. Figure 7 shows that many former trainees consider themselves leaders in their fields; those who have had more time in the field are more likely to consider themselves leaders. Figure 8 presents examples of leadership activities of former trainees.

The interviews with former trainees suggest that the training projects are quite successful in creating leaders (at least as defined by the former trainees themselves and exemplified in the activities they are pursuing) and that most trainees remain in the field.

Although leadership is defined in multiple ways by the projects, it is clear from the site visits that the goal of preparing long-term trainees for leadership is one that the majority of grantees take seriously. Most have developed a definition of leadership that is meaningful to them and that they have used to redefine their educational programs in innovative and highly creative ways that most trainees appear to value.

SUPPORTING FACULTY IN LEADERSHIP ROLES

The evaluation of the MCH Training Program examined differences in the extent to which projects

foster faculty leadership, the styles of leadership they encourage, and the impact of faculty leadership within universities.

Many project directors and faculty reported that the MCH model of leadership is at odds with that of their universities. MCH training grants require faculty to provide consultation, technical assistance, and continuing education and to develop relationships with public health agencies and policymakers; they also encourage applied research. Universities tend to encourage research, especially basic research, to the exclusion of other activities. Grant-supported faculty report spending extra time with trainees as a result of the grants, thereby providing trainees with a better quality of education. Faculty also use their expertise to improve services for women and children in their communities and, through their policy work, around the nation. Because of outreach requirements and the support available to faculty for activities that are not traditionally supported in academia, MCH grants alter the

pattern of activities of faculty in fundamental ways.

"Grant support affords us the time to provide intensive student support that we could not do if we were primarily supported by research funds."
—Faculty member, School of Public Health

Faculty in MCH projects state that they derive an important benefit from the training grants as a result of the collaboration the MCH Training Program fosters. The training grants increase the number of faculty within a department who focus on MCH issues, enabling faculty to learn from and support one another and to change their departments to ensure greater attention to women and children. Through university committee and governance work, some MCH faculty have successfully advocated for the inclusion of core MCH values (e.g., cultural competence, interdisciplinary train-

Figure 6. Former Trainees Still Practicing in MCH Field

"Are you currently providing services or administering a program that serves the MCH population?" (n=110)
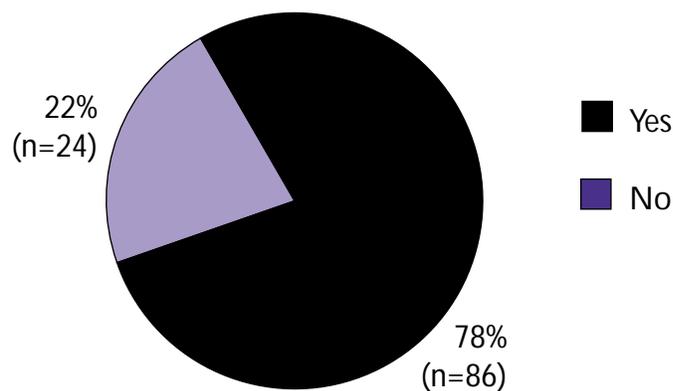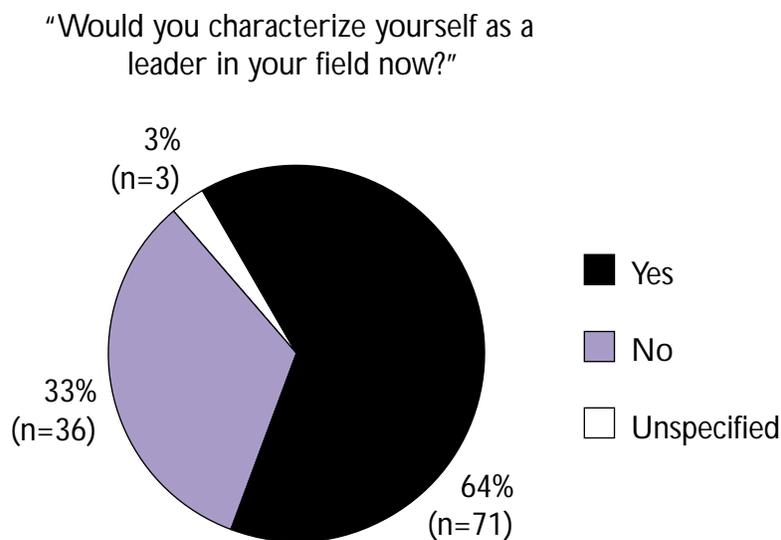

22%
(n=24)

78%
(n=86)

Yes

No

Figure 7: Former Trainees Who Consider Themselves Leaders in the Field

"Would you characterize yourself as a leader in your field now?"

3%
(n=3)

33%
(n=36)

64%
(n=71)

■ Yes

■ No

□ Unspecified

ing) in other schools and departments within the university.

> *"In developing the strategic plan for the university, we tried to focus on breaking even financially, but the MCH faculty offered some proposals to help us remember why we're here. They are almost our conscience in ways that are important."*
> —University provost

CONTRIBUTING TO ADVANCES IN THE FIELD

Although the primary mission of the MCH Training Program is to train a new generation of MCH leaders and clinicians, it also fosters improvements in the health of women, infants, children, and adolescents through other means. This evaluation examined the ways in which the MCH Training Program:

- Nurtures new professional subspecialties.
- Influences professional associations.
- Develops innovations in treatment and services.
- Serves as a voice for women and children within universities and with legislative bodies, other policymakers, and the public.
- Encourages research, especially applied research.

The increased attention to special issues and population groups that is generated through MCH grants has in some cases led to new subspecialties. Training projects produce trainees who form the key cadre of clinicians for such subspecialties, and training project directors typically lead the movement to establish a subspecialty and define its sphere. MCH training grants have also helped integrate MCH issues into existing professional training.

Figure 8: Examples of Leadership Activities of Former Trainees

Teaching/Curriculum Development

- Developing a training program for dietitians in MCH

- Teaching continuing education courses in neonatal resuscitation

- Designing and establishing a curriculum for pediatric residents

- Establishing a fellowship in developmental and behavioral pediatrics

Involvement with Professional Associations

- Participating on an American Physical Therapy Association task force

- Serving as a delegate to the Alabama Nurses Association

- Serving 8 years on the state perinatal board

- Holding a leadership position in the Massachusetts Nurses Association

- Developing the specialty board exam for the American Dietetic Association

Policy/Advocacy

- Serving on an advisory group to the state Medicaid program to initiate funding for augmentative/alternative communication devices

- Participating in a group reviewing proposed regulations on the Individuals with Disabilities Education Act

- Working as part of a state team to design and implement training for special education professionals

- Serving as chair of the Surgeon General's Conference on Children and Oral Health

- Developing a new program and related office in oral health at the University of Washington

All training grant recipients are encouraged to work within their respective professional associations on behalf of women and children. Such work leads association members to a greater appreciation of the needs of women and children and helps the associations address issues that need attention (e.g., family-centered care, children with special health care needs). In some associations, grantees constitute a cr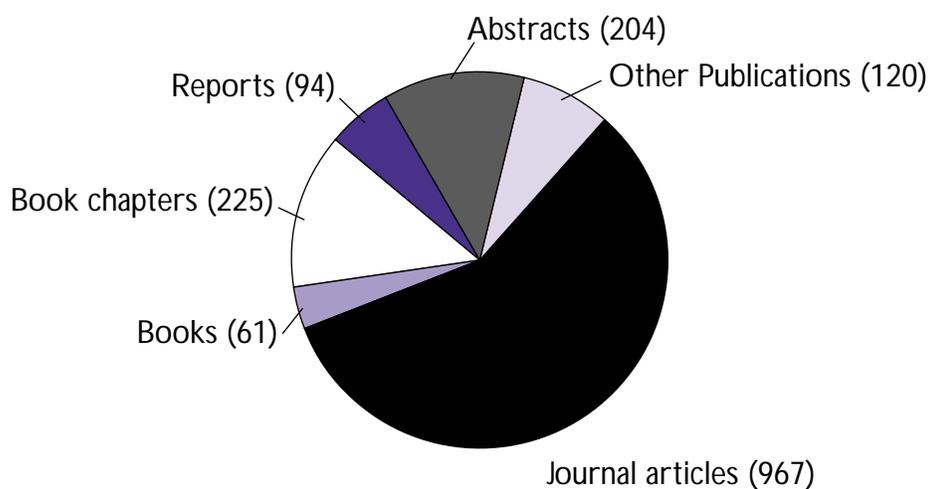itical mass of like-minded individuals who work together on policy and program issues to the benefit of women and children. Figure 9 provides examples of leadership activities of MCH training grant faculty within professional associations.

The MCH Training Program also fosters new service models, programs, and treatments and promotes quality improvements in health services. Grantees bring the latest research and knowledge into both local and national decision-making settings, and they serve as passionate child advocates.

Figure 9. Examples of Recent Leadership Activities of MCH Training Program Grant Faculty

- Member, Ethics Board of American College of Obstetricians and Gynecologists

- President, Association of Teachers of Maternal and Child Health

- President, Graduate/Postgraduate Section, American Association of Dental Schools

- Board member, Academy of Eating Disorders

- Member of Executive Council, Society for Developmental and Behavioral Pediatrics

- Advisor, American Certified Nurse Midwives' MCH Provider Partnerships

- Consultant, North Carolina State Board General Anesthesia Panel for Pediatric Dentistry

- Chair, Subspecialty Board of Adolescent Medicine, American Board of Pediatrics (responsible for board-certification examination in adolescent medicine)

- Director, State-Wide School-Based Sealant Program

- Director, American Board of Psychiatry and Neurology

Figure 10: Publications Produced by Supported Faculty and Trainees, FY 1999

Abstracts (204)
Other Publications (120)
Reports (94)
Book chapters (225)
Books (61)
Journal articles (967)

The Program's emphasis on policy both enables and promotes such advocacy.

The MCH Training Program does not directly fund research, but it does encourage it in several ways. Projects that have a commitment to research are frequently the ones that also have the strongest technical assistance and continuing education components. Faculty who are strong researchers are generally at the forefront of their fields and can convey the latest information to community, state, and national audiences.

Publications are one reflection of research productivity. In FY 1999, the total number of publications of faculty and trainees directly supported by the Training Program was 1,671, of which 967 were journal articles, 61 were books, and 225 were book chapters, as shown in Figure 10.

Most projects address cultural competence in the educational curriculum. However, a majority of projects, like many other professional training programs, are not particularly successful in recruiting or retaining trainees or faculty from diverse racial and ethnic backgrounds. Many interviewees expressed the view that project administrators could work harder and more successfully at ensuring diversity among both faculty and trainees.

Projects that are successful in achieving diversity employ a variety of approaches, some of which are highly innovative. A key factor cited by several projects for achieving diversity is commitment on the part of the university as a whole. The importance of attitudes within a project was also cited as critical. Achieving diversity remains a challenge for a majority of projects.

PROMOTING COLLABORATION

The MCH Training Program encourages cross-fertilization among academia, field practitioners, and policymakers. This vision is of services and policymaking enhanced by research and analysis, and research and teaching influenced by an appreciation for the challenges of health care providers and the needs of the population being served. The primary methods grantees use to meet the requirement for collaboration are technical assistance, consultation relationships with university colleagues and Title V agencies, and continuing education.

The extent of effort devoted to technical assistance, consultation, and continuing education varies among grantees; in some cases, these activities are central components of the project, with clear and measurable outcomes, whereas in others, they represent a minor aspect of the project. Some grantees 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 frustration. Overall, however, the extent of technical assistance, consultation, and continuing education provided by grantees appears exceptional. Figure 11 provides examples of technical assistance, consultation, and continuing education activities in which training project faculty have been involved.

Grantees frequently collaborate with one another, particularly those funded for the same training priority. The annual meetings supported by MCHB for some priorities facilitate the sharing of information. A different form of collaboration sometimes occurs when there are multiple MCH grants at one university. Projects that are able to establish collaborations of this type generate added value to MCH: a greater universitywide impact, a faster dispersal of new ideas, and the benefit of shared resources. Not all universities with multiple grants, however, are equally successful at bridging departmental and other barriers. A few projects expand their influence locally or regionally by establishing working relationships with other, non-funded, universities.

One of the most uneven forms of collaboration among grantees is with state Title V programs. Some training projects and Title V offices have established strong relationships, leading to a variety of productive activities, whereas others have never succeeded in establishing relationships of any kind. Figure 12 presents examples of collaborations

Figure 11. Examples of Technical Assistance, Consultation, and Continuing Education

- Needs assessment for Title V Block Grant application

- Provision of annual region-based workshops on topics of special interest to local physical therapists, such as "Strategies for Early Intervention"

- Assistance in the promotion of Head Start in Massachusetts, including development of a new Early Head Start program for children ages 0 to 3

- Assistance in the writing and research of a new teen health magazine, published by the Department of Health through the Title V program

- Training for participants in the Baltimore City Infants and Toddlers Program on writing individual service plans that are family centered

- Development of a mentoring program for nursing teams in the area of maternity care at 12 fertility centers across the country

Figure 12. Examples of Collaborations Between Title V Offices and MCH Training Program Projects

- State staff co-teach MCH courses in exchange for free tuition for other staff in the Title V program

- Trainees complete field placements in Title V agencies

- State department of health co-funds two positions at the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) project

- Director of Division of Children with Special Health Care Needs of a state department of health serves on the advisory board to a Leadership Education in Adolescent Health (LEAH) project

- State Title V director and MCH Training Program epidemiologist serve as faculty and support student research

between Title V programs and MCH training projects.

THE ECONOMICS OF MCH TRAINING

The MCH Training Program aims to alter the content and types of academic courses and programs universities offer, the manner in which clinical training is provided, and the activities of faculty. Despite the fact that most of the grants are relatively small compared with total departmental budgets, many projects do, in fact, effect these changes. At the same time, projects seem to have difficulty in becoming institutionalized (i.e., in obtaining adequate financial support from their universities so that they could exist in the absence of MCH support). Essentially all

project administrators, including those in universities that have been supported for decades, state that because of the economics of higher education, these grant-funded projects would either cease to exist without MCH support or would be cut so dramatically that they would lose their essence.

> *"Without MCH funding, there would be few if any adolescent medicine fellowship programs in the country. The private academic institutions will not pay for it, and the public institutions are increasingly in difficulty."*
> —Faculty member, Leadership Education in Adolescent Health (LEAH)

For a variety of reasons, tuition payments have little bearing on university decision-making. Thus, student interest in MCH typically does not lead to courses or programs that address MCH concerns. Other revenue considerations are important, however. Research-funding organizations, for example, have great power to direct the interests of faculty and, through the types of grants they fund, the content of training.

Clinical training is funded largely through reimbursements for clinical care from insurance providers or government programs. Reimbursement has a tremendous effect on the type and quality of clinical training. There are three major reimbursement issues that affect Training Program grantees in clinical projects: (1) the need for faculty to generate income; (2) the expense of high-quality training, such as interdisciplinary training; and (3) the low remuneration rates for certain fields. MCH training grants are structured to

address all these issues in ways that promote quality of care and effective training; without the grants, the dictates of third-party payers would determine clinical training.

> *"Department chairs are held accountable for generating external sources of revenue to cover all activities within the department. Cost shifting between research, teaching, and clinical revenue streams has become increasingly difficult. Grant funds to support teaching are largely unavailable and state money to support teaching is quite limited. In this environment, MCH grant dollars play a pivotal role, enabling faculty to teach in a way that ensures adequate time for student learning."*
> —Project director, Pediatric Pulmonary Center

In a surprisingly large number of site-visited projects, respondents reported that the MCH grant provides the core of the academic program, even when the grants are relatively modest compared with the department's entire budget. Over and over, project administrators asserted that the MCH funding establishes the direction of a department and facilitates additional funding from other sources that require more targeted activities (e.g., focus on a particular disease). Once departments have the academic core in place, it is easier for them to secure other funds, including funds from research grants and community contracts. Because MCH is the centerpiece of the academic program, it defines the program's content and mission.

"While the grant represents only 17 percent of the division budget, it is nevertheless the core of the program, providing support for a number of faculty and thus the very possibility of interdisciplinary training, continuing education, and outreach."
—Project director, LEND

Without direct MCH funding, most universities have no particular incentive to support MCH training. Other, more lucrative sources of revenue, focused on other topics, would direct the educational programs. Moreover, universities tend neither to encourage nor support some of the activities that the MCH grants fund, such as technical assistance and continuing education. These activities, too, would largely end without MCH training grant support.

RECOMMENDATIONS

Information obtained from this evaluation led to a total of 18 recommendations. The recommendations fall into four categories: planning, assessment, and evaluation; portfolio policies; budget; and program stewardship.

The evaluation team and advisory committee concluded that certain recommendations ranked as high priorities (marked with an asterisk) and should be addressed first.

Planning, Assessment, and Evaluation

*Recommendation #1: Develop a national MCH strategic training plan in partnership with other public and private organizations.

Recommendation #2: Request legislation for an MCH Training Program advisory committee. In the meantime, organize and convene an
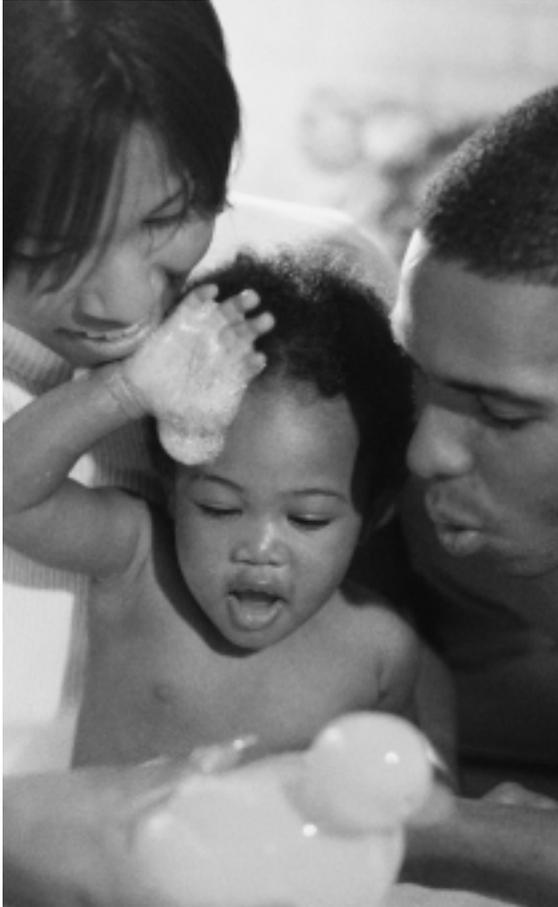
expert panel on an annual basis.

Recommendation #3: Organize a comprehensive training priority review every 5 years.

Recommendation #4: Utilize and support studies focused on workforce needs and research on emerging issues to help inform decisions related to the funding of different priorities.

*Recommendation #5: Develop a comprehensive and multidimensional evaluation plan that includes project-level studies, analyses across program priorities, and evaluations of the entire MCH Training Program portfolio.

Recommendation #6: Support cost-benefit analyses, cost-effectiveness evaluations, and other studies to assess the value of funding different lengths of training.

Portfolio Policies

Recommendation #7: Include geographic and population-based distribution as explicit funding criteria and develop a technical assistance capacity to assist potential applicants from states that are underrepresented in the MCH Training Program.

Recommendation #8: Implement incentives designed to foster a stronger commitment to cultural competence in curricula and racial and ethnic diversity among trainees and faculty.

Recommendation #9: Support a series of forums to obtain guidance on modifying existing requirements for the number of disciplines in interdisciplinary projects and appropriate ways of instituting centers of excellence within specific priorities.

Recommendation #10: Revise the Training Program grant guidances to require evidence of policy and public health foci at both the national and regional levels and to encourage research as one component of a comprehensive program.

Budget Policies and Guidelines

Recommendation #11: Strive to support at least six projects in every priority, unless there are clearly articulated policy reasons to fund fewer.

Recommendation #12: Consider increasing the maximum allowable amount of student stipends.

Recommendation 13: Review the different priorities with regard to sustainability expectations to determine if annual increases in grantee budgets should be allowed.

*Recommendation #14: Employ a variety of strategies to increase the total amount of money available for MCH training.

Program Stewardship

Recommendation #15: Develop and implement a communications plan for the Training Program designed to enhance its integration with state Title V agencies and the larger MCH community.

Recommendation #16: Implement a variety of activities designed to increase opportunities and incentives for collaboration among grantees, including support of grantee meetings and revision of grant evaluation criteria.

Recommendation #17: Institute procedures designed to improve program administration, including regular program and peer review site visits, enhanced communication with grantees, and simplification of reporting requirements. Ensure adequate staff to carry out these procedures.

Recommendation #18: Review each existing priority in terms of its special issues and modify the guidances as needed in order to improve the ability of grantees to meet MCHB goals.

Conclusion

The faculty and graduates of the MCH Training Program account for many of the important accomplishments in MCH over the last half-century, despite the fact that this is a modestly funded program. Some of these accomplishments—such as curriculum development, technical assistance, and policy work of a committed faculty—are directly and immediately attributable to the program. Others derive from the achievements of the program's graduates over a period of many years, or they represent an effect of leveraging. Overall, the cumulative impact of this program is impressive.