MCHB-FUNDED SCHOOLS OF PUBLIC HEALTH TRAINING PROGRAMS PROVIDE STATE & REGION-SPECIFIC TECHNICAL ASSISTANCE

Did you know that MCHB-funded MCH Training Programs in Schools of Public Health (SPH) provide technical assistance (TA) in every region of the nation? More than 600 TA activities were provided to state programs and multi-state and regional groups in 2012.

All of the MCHB-funded SPH Training Programs provide TA to their **State Title V (MCH) Programs** and a variety of state agencies and programs including the following: Department of Health • Medicaid • Department of Education • Health Insurance • Early Intervention • Social Service • Mental Health • Juvenile Justice • Adolescent Health • Developmental Disabilities

Technical Assistance (TA) refers to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, program evaluation, needs assessment, and policy & guidelines formulation, as well as site visitation and review/advisory functions. The TA effort may be a one-time encounter or on-going activity of brief or extended frequency depending on the needs of the state or organization.

TA activities are conducted with individual state agencies or community organizations as well as multi-state groups and regions. The following are examples of regional and multi-state TA projects:

**REGIONAL TA PROJECT.** An MCH Training Program School of Public Health student, alongside a faculty mentor, assisted the US EPA Region 10 in identifying locations of high lead exposure in children.

**MULTISTATE TA PROJECT.** Assistance was provided to a HRSA-funded Public Health Training Center to strengthen the technical, scientific, managerial, and leadership competence of the public health workforce for improved health outcomes, specifically those working in medically underserved areas across three states in US HHS regions 4 and 6.

State- and regional-level TA often focuses on **Data, Research, and Evaluation Methods**, including **Knowledge Translation** related to children with special health care needs (CSHCN), nutrition, racial and ethnic disparities, and women’s and children’s health (including reproductive and perinatal health). This can include support for needs assessments, program planning, and other data collection and analyses efforts. SPH Faculty also serve as members of advisory boards, committees and workgroups related to a range of issues, such as implementation of Life Course activities, family involvement and family-centered care, interagency collaboration and interdisciplinary connections.
## Example State-Specific TA Activities, 2012

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<th>Type of TA</th>
<th>Example Activities</th>
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| **Data, Research and Evaluation Methods** | • Administered focus groups and surveys with community based organizations and a county health department to identify needs and gaps in service related to implementation of the Affordable Care Act  
• Developed a Youth Advisory Board for an epidemiologic study on determinants of pubertal maturation in girls  
• Reviewed best practices for adolescent health resource centers  
• Developed standards for state programs to self-evaluate birth defects surveillance and prevention activities  
• Collaborated with a local medical center to conduct a county-specific study examining low birth weight outcomes |
| **Program Planning and Assessment**     | • TA to develop, implement, and evaluate obesity prevention interventions  
• Developed fetal/infant mortality review protocol related to vertical HIV transmission  
• Assessed stakeholder interest in potential for state-administered pre-conception education  
• Performance monitoring TA for an MCHB-funded State Integrated Systems Grant to improve access to medical homes and transition services for CSHCN |
| **Systems Development & Improvement**   | • Provided consultation to state breastfeeding coalitions and developed an Interstate Collaboration on Breastfeeding Support in Child Care  
• Explored new ways to support the Centering Model of Care  
• Collaborated on study on prevalence and racial-ethnic disparities for maternal comorbidities  
• Created a survey to identify interest among pediatric practices in developing a medical home accreditation process |
| **Healthcare Workforce Leadership Development** | • Developed and facilitated seminars and symposia on topics such as family-centered care, interdisciplinary practice, and cultural competency, preterm birth and birth defects, human trafficking, mother friendly care, and leadership development attended by Title V staff and community health professionals  
• Worked with the state Title V program Family Council to integrate parents of CSHCN as an additional “discipline” in the MCH interdisciplinary training program with participation in year-long training opportunities |
| **Clinical Care Improvement**           | • Developed web-based physician training on transition of care for CSHCN  
• Consulted on implementation of a state Emergency Department Screening, Brief Intervention and Referral to (substance abuse)Treatment program |
| **Policy Development**                  | • Provided expertise on women’s health, reproductive and perinatal health, health disparities to inform statewide policies on health insurance benefits  
• Developed recommendations on implementing life course approach for state MCH Program |

A companion document with additional and detailed examples of SPH MCH Training Program TA (including contact information) is available as a PDF document and is also available at the [MCHB MCH Training Program website](http://mchb.hrsa.gov/training).