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SUMMARY OF PROPOSAL BY REVIEW CRITERIA	
To assist in review of this proposal, the following summary is provided.	
<p>1. Need (10 points). The proposal identifies and responds to documented unmet needs and barriers as summarized by four needs assessments (Table 1, p. 7), including a lack of state capacity/funds to train its workforce; a downsized/aging workforce; insufficient agency support for training; barriers related to time away from work; travel restrictions and geographic access; and an expressed need for online, customized and personal, formal training. Data indicate that current MCH Navigator staff are effectively addressing these needs by applying a detailed methodology built on established protocols and innovative approaches (pp. 3, 8). The proposed plan leverages the considerable resources of the National Center for Education in Maternal and Child Health (NCEMCH) at Georgetown University (GU): 30 years developing the online <i>MCH Knowledge Base</i>; 2 MCHB-funded resource centers; and the experience of multiple distance learning grants that match online trainings and resources to the professionals who can incorporate the knowledge gained into practical application in the service of children and families (pp. 3, 8).</p>	
<p>2. Response (40 points). Goals/Objectives (5 points): The proposal addresses the need with 7 objectives and time-framed activities that are tied to evaluation strategies (pp. 38–39). The response uses the goals of the DMCHWD Strategic Plan as a matrix to plan project activities and gauge progress/impact (pp. 9–10). Program Design Elements (25 points): Directly addressing all program design criteria, the project:</p> <ul style="list-style-type: none"> • Presents a thoughtful, logical, innovative plan: A logic model shows causal linkages between inputs, activities, outputs, and outcomes (Attachment 4); innovations build on current activities (pp. 26–30). • Addresses workforce needs by engaging (through new interactive approaches; pp. 26–28), training (pp. 24–25), and supporting leaders (through group-based, transformative enhancements; pp. 28–30). • Is grounded in evidence-based approaches and adult learning principles: The <i>Integrated Model for Outcome-Based Workforce Development</i> (pp. 9-10) guides the project methodology. • Links to trainings covering essential skills/topics (pp. 24–25), based on an existing website (p. 22). • Monitors Title V workforce needs via participation in strategic workforce development groups, review of policy and practice literature, and analysis of TA requests from the states (pp.13–14). • Maintains a communications/outreach plan to raise awareness of and access to trainings through program announcements; the <i>MCH Alert</i>, <i>eUpdate</i>, and <i>5-Minute MCH</i> emails; exhibits and presentations; direct mailings to states; and 4 social media channels (pp. 16–21). • Uses a rigorous/systematic training evaluation system of 24 vetters from the target audience (one vetter from the field and one from academia for each of the 12 competencies; pp. 32–33) that includes 	

selection criteria to ensure high-quality content (pp. 15–16, 23–24).

- Maintains a plan for development (pp. 25–26) and dissemination (pp. 16–21) of new content: Where gaps are identified (p. 16), staff propose a 3-option plan for developing new material, such as developing: (1) topic portals; (2) content building activities/products; or (3) video podcasts/webinars.
- Posts and promotes existing content (pp. 24–25) through advanced web-based methods (pp. 26–30), mindful of copyright issues (p. 42).
- Presents a plan for regular analysis of quality and user data (pp. 31–32, 44–45, 46–47).
- Proposes a “mini-MPH” packet of trainings: The MCH/Public Health: FAST program (pp. 29–30) incorporates the *5-Minute MCH* (p. 19) and the *Public Health Pronto* programs (p. 29).
- Uses external advisory groups by tapping the outer ring (p. 32) of the MCH Navigator Advisory Group for strategic planning and the inner ring (p. 33) for training vetting and the NCEMCH Expert Panel and experts in the field (pp. 33–34) for advice from culturally diverse groups.
- Maintains staff capacity and IT capabilities (p. 26).

Collaboration with Title V and 508 Compliance (10 points): NCEMCH has active relationships with Title V/CYSHCN agencies (communication, pp. 19; vetting of materials, p. 24; ongoing technical assistance, resource development, and training requests from states, p. 34) and other groups, including MCHB-funded grantees and public health organizations (e.g., AMCHP, CityMatCH, NMCHWDC, ATMCH, Centers of Excellence in MCH, NCCPHT, PHF, pp. 13, 15, 21–22, 32–33, 35). Staff have a 3-pronged approach to exceed Section 508 requirements, including a translation toolkit (pp. 36–37).

3. Evaluative Measures (15 points). Evaluation strategies are matched to project activities (pp. 38–39) and delineated in a timeline (pp. 43–44); the evaluation draws from an evidence-based model and has been reviewed by an external expert (pp. 42–43). **Process/formative evaluation strategies** include (1) documenting implementation efforts/monitoring outputs (p. 44: reporting annual/final reports and performance measures; reviewing progress at staff meetings; and receiving feedback from the Advisory Group) and (2) assessing quality (pp. 44–45: training reviews; usability/accessibility testing; site feedback; material review; and input from vetters). **Outcome/impact evaluation strategies** include (1) measuring increased access (pp. 45–46: access statistics; dissemination counts; outreach activities; courses accessed; and partnership activities) and (2) tracking learners’ changes in knowledge, attitudes, and skills, *especially state Title V/CYSHCN professionals* (pp. 46–47: course responses; self-assessment/learning program data, follow-up questions). Continuous quality improvement is imbedded through the Plan-Do-Study-Act model (p. 48) to inform change based on evaluation findings.

4. Impact (15 points). Staff have a plan for sustainability of resources (inclusion in the *MCH Knowledge Base* and with other clearinghouses) and strategies to replicate project activities and products (p. 40). The project has a concrete plan to disseminate materials (p. 40 and Objective 2, pp. 16–22). A strategy for measuring impact of services at a national level is clear, time-phased, and reasonable (pp. 37, 46–47).

5. Resource/Capabilities (10 points). **Staff Expertise:** An experienced team has effectively worked on the project for the past 3 years and together on similar MCHB-funded projects for over 15 years (pp. 49–50); staff have expertise in MCH content and online educational instruction methodologies (pp. 52–54). **Organizational:** NCEMCH has unique resources for this project, including deployment of over 30 online curricula, the *MCH Knowledge Base* of over 25,000 monographs and trainings, educational resources provided by GU and co-located MCHB-funded projects, and an onsite advanced database and web-driven IT platform (pp. 50–52). Staff are integrated into strategic workforce development initiatives and with key MCH partners (pp. 13, 21–22, 32–34). A detailed progress report is presented as Attachment 5.

6. Support Requested (10%). The scope of work can be supported with resources requested because infrastructure and other costs can be shared with co-located MCHB-funded projects (p. 41). Project management, training, website, and databases are in place. A reasonable budget, based on the last 3 years of funding contains detailed justification. The budget includes national efforts by engaging NCCPHT and honoraria for 24 field and academic vetters. 1.35 FTE faculty/staff will devote time to the project.