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Promoting Maternal and Child Health Through Intra- and Inter-State Partnerships

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Abstract

Partnerships provide a variety of expertise, perspectives, and resources to tackle complex public health problems. This article shares evaluation results from a program to build capacity among three participating states to achieve their Maternal and Child Health goals through partnership development with other state agencies and external organizations. Data were collected quarterly from each participating state agency using a standardized form. The study used a mixed-methods design. This article covers the project period September 1, 2020, through May 31, 2025. Himmelman's levels of collaboration (networking, coordination, cooperation, collaboration) were used as the analytic framework. Initially state teams reported they had existing relationships with 23 non-state and 12 state organizations and new relationships with 51 non-state and 14 state organizations, or a total of 65 new relationships. By the end of Year 5, the three state teams reported engaging with 74 non-state and 26 state organizations, for a total of 100. Of the 100 organizations, by Year 5, 32 never went beyond networking; 15 reached the coordination level; 24 were engaged in cooperative engagements and 29 were engaged in full collaboration where there were shared resources and ongoing projects and work. The partnerships demonstrated advantages and led to collaborative projects and product development. They increased collaboration among state agencies and led to two-way partnerships with community-based and other organizations. Partnership development required dedicated staff who could allocate the time and effort needed for successful and productive engagement.

Introduction

In 2020, the Health Services and Resources Administration (HRSA) Maternal and Child Health Bureau (MCHB) awarded the Association for State Public Health Nutritionists (ASPHN) funding to establish and support the Children's Healthy Weight State Capacity Building Program (CHWCBP). The purpose of the CHWCBP was to build state capacity around Maternal and Child Health (MCH) nutrition by increasing the MCH nutrition competency of the state Title V workforce and optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance. Title V of the Social Security Act (SSA; P.L. 74-121, as amended; 42 U.S.C. §§701-709) permanently authorizes the Maternal and Child Health (MCH) Services Block Grant, which aims to improve the health of pregnant women, mothers, and children, particularly those with low-income or limited access to health services. The goal was to build the capacity of state Title V programs to integrate nutrition. ASPHN selected three states to work with for this project: North Dakota, Oregon, and Wisconsin.

ASPHN provided states with funding to develop their state models, engage in planning with key stakeholders, set priorities, share resources, and implement innovative activities. ASPHN also met with state teams monthly, providing training and technical assistance to support implementation. ASPHN and each of the three participating states developed five-year and annual work plans with goals for workforce development strategies that included developing and maintaining partnerships. The objective was for states to develop a network of relationships at the state level, with local

agencies, and with Tribal communities, for the purpose of sharing MCH nutrition-related resources and successes and collaborating on childhood obesity prevention interventions for MCH populations.

The evaluation of the CHWCBP, conducted by a contracted external evaluation firm, focused on the effectiveness of state initiatives to build state capacity around MCH nutrition by increasing the MCH nutrition competency of the state Title V workforce and optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance. Pivotal to this state work was the development and strengthening of key partnerships within state agencies working in Title V, nutrition, and in community-level organizations.

This article highlights results from the evaluation of the CHWCBP partnership development, strengthening, and maintenance, and the results of partnership activities. Specifically, this evaluation assessed the number of collaborators, the level of collaboration, and the outcomes for the three states that participated in this CHWCBP.

Framework

The analysis of the level of collaboration uses Himmelman's (2002) continuum of collaboration as a framework to assess the level of collaboration. Himmelman's levels of collaboration are: (1) Networking (exchanging information for mutual benefit); (2) Coordinating (exchanging information and altering activities for mutual benefit and to achieve a common purpose); (3) Cooperating (exchanging information, altering activities, and sharing resources for mutual benefit to achieve a common purpose); and (4) Collaborating (exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose).

Literature Review

Partnerships between state and local entities have been shown to strengthen capacity for population-level interventions, support implementation of evidence-based practices, and increase local departments' engagement in prevention activities that advance community health (Roussos & Fawcett, 2000; Varda, Shoup, & Miller, 2012). State-level work has documented that broader, more heterogeneous cross-sector collaborations enable state health agencies to support local implementation of chronic-disease and school-nutrition initiatives (Pelletier, et al., 2016; Tsai et al., 2022). Taken together, systematic reviews and empirical studies suggest that well-structured intergovernmental partnerships are a promising strategy for enhancing community health by leveraging complementary capabilities, aligning policy and program activities, and increasing the delivery of population-level public health services (Roussos & Fawcett, 2000; Varda et al., 2012).

Literature on partnerships at the state level emphasizes the importance and utility of state agencies engaging in partnerships with entities that include academic, private, and local institutions. Research to date focuses on challenges, lessons learned and best practices. The authors found no specific literature directly related to Title V and nutrition initiatives. However, articles described state level partnerships working to improve health, reduce obesity, and address nutritional needs.

<u>The Importance and Utility of Partnerships</u>

One of the greatest benefits of partnerships to tackle complex public health problems is that they provide a greater number and variety of expertise, perspectives, and resources (Pray &

Pillsbury, 2012). Pray and Pillsbury (2012) found that different types of organizations benefit from partnerships in different ways. For example, where academic institutions aim to promote public health and nutrition and increase access to information, government entities seek to identify common goals and mutual benefits, leveraging the unique resources, expertise, and perspectives that various entities bring to the table. They also found that partnerships are not without risks, such as the potential for sharing information outside the partnership, ineffective partners, the likelihood that the partnership project is too focused and does not address all options for dealing with a problem, and the potential presence of partners with spurious motives.

Numbers and Types of Partnerships and Collaborations

The number of partnerships can vary across states, depending on the state's size, population, and the availability of organizations for partnerships. Pelletier and associates (2016) found that over a 12-year period, when state agency staff responsible for school nutrition and physical education engaged in partnerships, the number of partners increased over the first six years and then stabilized. The number of organization types working with staff on school nutrition activities ranged from four to 13, with a median of 10.

State offices dedicated to nutrition and chronic disease prevention were found to partner with a variety of types of organizations. The types included other state offices, businesses, academic institutions, state and Federal associations, local health departments, nonprofits, schools, cities and municipal agencies, and healthcare organizations (Pelletier et al., 2016; Tsai et al., 2022). Reasons for collaborations included systems change, supporting specific programs or initiatives, obesity prevention initiatives and projects, internships or service-learning placements, and policy change (Padgett, Bekemeier & Berkowitz, 2004; Dollahite, et al., 2023; Tsai, et al., 2022; Barroso, et al., 2019; Clayton, et al., 2015).

Challenges

Forming effective collaborations can include some challenges, such as the need to be attentive to partnerships and organizational alliances, and the coordination of institutional change. In addition, partnerships require a combination of interpersonal skills, material resources, and organizational savvy to manage complex planning and implementation (Padget, Bekemeier & Berkowitz, 2004). One challenge noted was that state goals did not always translate to action at the county level, as there were local limitations. Other challenges that influenced success included that people were not always interested in participating in collaborations, lack of committed leadership at the state and/or local level, and no funding to support work at the local level (Dollahite, et al, 2023).

Lessons Learned and Best Practices

Research on partnership and collaboration has yielded valuable lessons learned and identified best practices. A workshop held in 2011 by the Institute of Medicine convened representatives from government and other organizations for discussions (Pray & Pillsbury, 2012). One goal was to gain a deeper understanding of the processes and actions required to facilitate partnership development. Participants described several factors that contributed to successful partnerships. All parties need to reach a shared understanding of each other's paradigms and goals. It takes time to develop partnerships and potential conflicts of interest need to be managed. Features of successful partnerships included authentic trust, mutuality, feasibility and achievability, joint planning, risk mitigation measures, complementarity, and attention to the

mechanics of partnering. Other studies found that the availability of flexible funding is important to sustain activities (Akbarali, et al., 2023) and that having someone designated as a convener or coordinator of partnerships is important for formation and effectiveness (Pelletier, et al., 2016).

Best practices may vary depending on the organization, community, or topic area with which the state partners. For example, an initiative to collaborate for evaluation with Tribal communities found that involvement of the community in the evaluation, cultural relevance that honors cultural ways and respects local values, roles for Tribal government and spiritual leaders, and transparency in the relationship were essential for the project's success (Ayoub, et al., 2018). For MCH collaborations specifically, developing the workforce and identifying and addressing barriers to MCH efforts across jurisdictions are also important (Akbarali et al., 2023).

Methods

This project used a mixed methods design that synthesized qualitative and quantitative data. This project was not submitted for Institutional Review Board/Human Rights approval as it was an evaluation, which would be deemed exempt. Data were collected as part of routine administrative operations and reporting, and no individual-level data were collected. The evaluation describes a systems-level change.

Data were collected from all three participating state agencies on a quarterly basis using a Google Survey form. The form asked questions designed by the evaluation team in collaboration with the project team to track participating states' progress toward meeting the project objectives and to gather information necessary for project management and reporting. The evaluator sent an email with the link to a customized Google form to each state on a quarterly basis. The form provided the dates of the reporting period. Each quarter the form was completed by the individual contact at the state who was appointed to oversee the grant project so each quarter there were three responses, one from each state. Each state submitted 17 quarterly reports that included information about state and non-state partnerships over the project period.

The purpose of the first two questions on the form was to determine which non-state organizations the state team had engaged in partnerships with during the prior quarter. Organizations that had been named by the state team on previous quarterly reports were all included on a list, and the respondent checked all organizations they had engaged with. An additional question asked them to list all new partnerships with non-state organizations that were developed, and to describe the partnership.

The next two questions asked respondents to check which state agencies they had engaged in a partnership with during the prior quarter from the list of previously named state agencies, and to list all state agencies they participated with for the first time and describe their engagement with them.

Additional questions on the Google Form gathered more details regarding what state teams had accomplished through the partnerships and collaborations. Respondents were asked to describe promising practices, major accomplishments, collaborative service, training or continuing education received and provided, technical assistance received and provided, products and tools developed, and research interactions during the specified time.

Data collection began in the third quarter of Year 1 of the CHWCBP and continued through Year 5. This paper covers the period from September 1, 2020, through May 31, 2025,

Years 1 through 5. During each year, the responses were summarized and reported on a quarterly basis. Reporting included a summary of new and strengthened partnerships with non-state organizations and state agencies, and sharing verbatim qualitative responses to the other questions.

Quantitative data were summarized using descriptive analyses. The evaluation team used thematic analysis to identify, analyze, and report patterns that emerged from the qualitative data. All non-state and state organizations that each state interacted with during the prior quarter that were on each report were listed in a spreadsheet. At the end of the project, notes about the interactions were obtained from all 17 reports from all three states from the major accomplishments, promising practices, collaborative service, training, technical assistance, product development, and research interactions sections of each state report and placed in a spreadsheet column. The senior evaluator read and re-read the responses and coded the level of collaboration for each organization using the categories defined by Himmelman (2002) as criteria (Table 1).

Table 1
Collaboration Criteria defined by Himmelman (2002)

Collaboration Stage	Description	Coding
Networking	Exchanging information for mutual benefit	Organizations that met with the state teams to discuss potential collaboration or learn about one another, and the interaction never proceeded to a further stage.
Coordinating	Exchanging information and altering activities for mutual benefit and to achieve a common purpose	Organizations that provided webinars or asked project staff to participate on committees or task forces.
Cooperating	Exchanging information, altering activities, and sharing resources for mutual benefit to achieve a common purpose	Organizations such as those that worked with state teams to produce a single program or conference.
Collaborating	Exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose	Organizations that were funded to provide a service or program; or those that collaborated with two states to provide training, coaching, and peer sessions for Local Public Health Units and Local Tribal Health Units to build their capacity to engage in systems level change

The evaluator also created brief summaries of the initiatives to present as examples. The evaluation lead reviewed all work and concurred with the findings, and no further discussions were deemed necessary.

Results

Number of partnerships and growth over time

Over the first three years of this initiative, the number of non-state and state organizations that the state teams reached out to and developed initial relationships with increased. By Year 4, outreach decreased as state teams identified actual opportunities to deepen partnerships. The general trend was for state teams to:

1. Identify and make connections with organizations or departments that were doing work relevant to MCHB nutrition, children's health and development, or maternal health more generally. (Networking)
2. If the organizations or departments were found to be doing related work, or to present partnership opportunities, deepen the relationship and explore possible collaborative projects. (Coordinating or Cooperating)
3. If collaborative projects were possible, continue the relationship and engage in collaboration. (Collaborating)

The state and non-state potential partners that state teams networked with over this 5-year period ranged from 15 to 51. Numbers of non-state and state partners with which the state teams engaged across the 17 quarters studied are presented below in Figure 1.

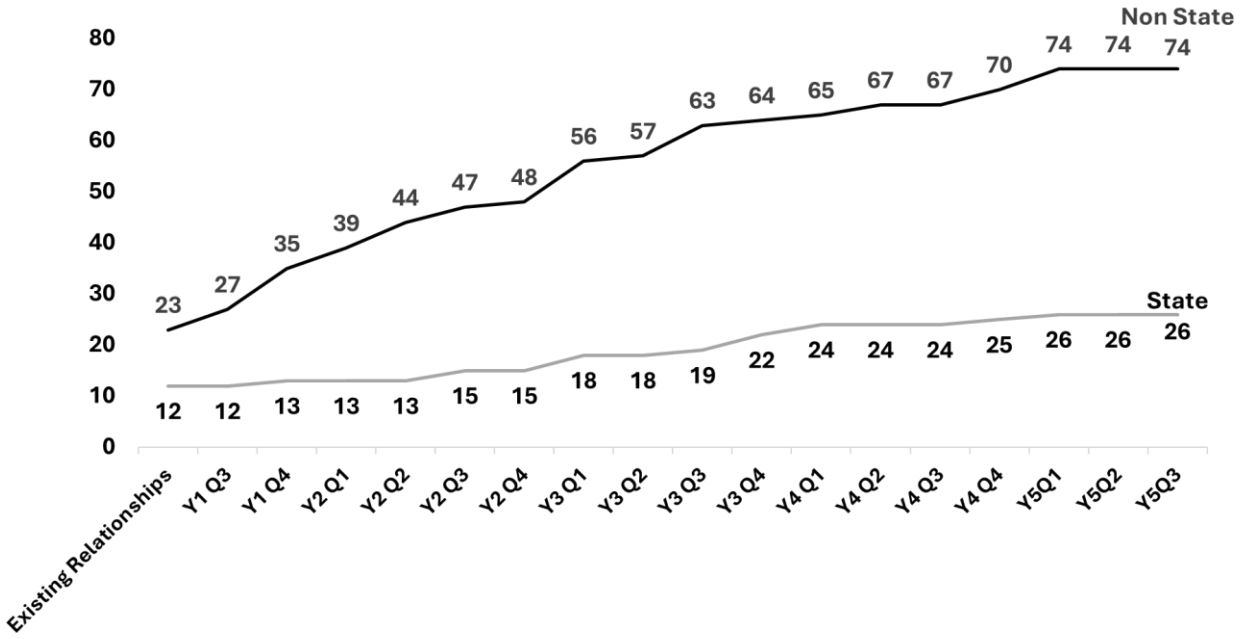


Figure 1
Number of Relationships State Teams Reported by Quarter Between Year 1 Quarter 3 and Year 5 Quarter 3.

Initially, state teams reported they had existing relationships with 23 non-state and 12 state organizations. By the end of Year 5, the three state teams reported engaging with 74 non-state and 26 state organizations, for a total of 100. Each of the state teams listed the Local and Tribal Health Units (LTHU) as if they were a single organization rather than the multitude they represented, and they did not specify the number (which varied across measurement intervals), so the actual number of individual organizations is higher.

The number of quarters that state teams reported having contact with the non-state and state organizations ranged from contact reported only during one quarter to contact during each of the 17 quarters.

Levels and Types of Interaction

State teams interacted with various organizations at different levels, ranging from networking and single interactions to specific collaborative projects and the development of long-term collaborations that included shared resources or provided funding for an initiative or service. The level of engagement with the organizations is shown in Figure 2.

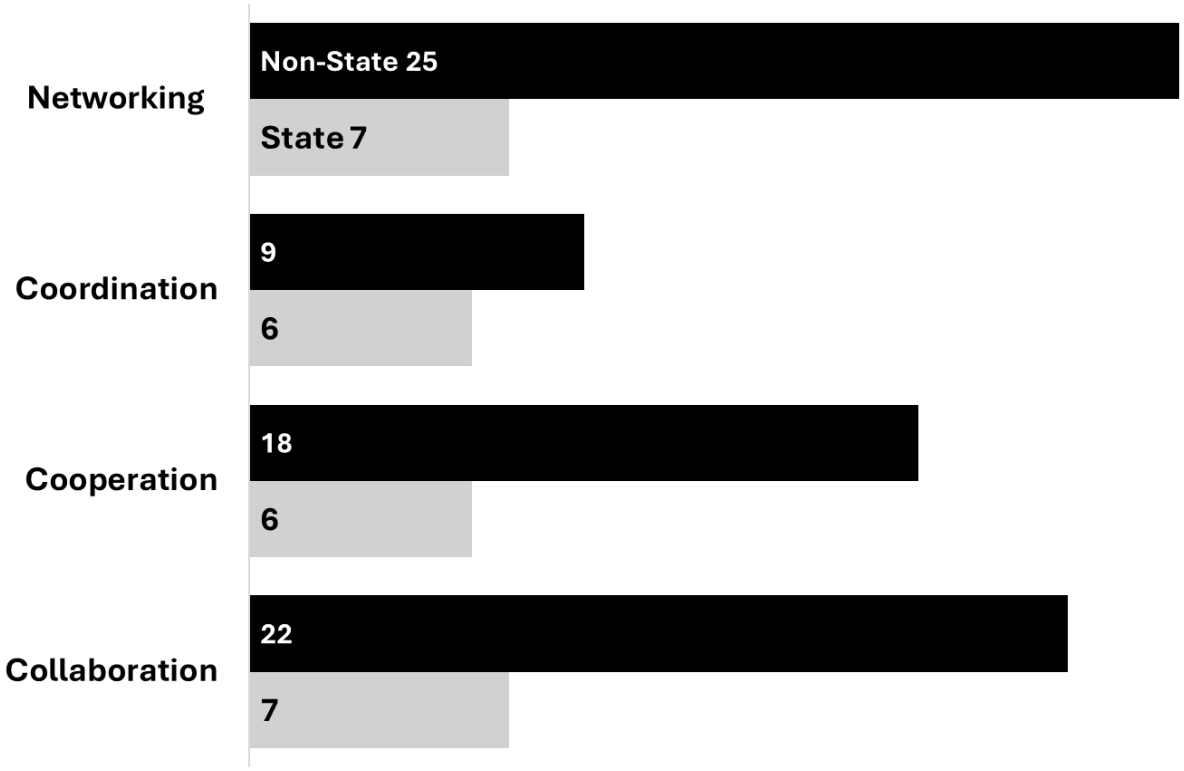


Figure 2
Highest Levels of Engagement State Teams Described.

Of the 100 organizations the states engaged with during this project, thirty-two of them (32%) never went beyond networking. Descriptions of networking activities indicated that state teams interacted with organizations that were engaged in related work; however, no feasible partnerships were developed during the period of this project. Fifteen (15%) organizations reached the coordination level. Examples of coordination include memberships on coalitions where state team members attend regular meetings and begin to develop plans together, and instances where an organization shared a training webinar with the state team. Twenty-four (24%) of the organizations were engaged in cooperative engagements, such as providing funding for projects (in which the state team was not involved), offering technical assistance, or collaborating with the organization for support on a single project. Twenty-nine (29%) of the engagements led to

full collaboration, characterized by shared resources and ongoing projects and work. Examples include providing funding and then collaborating to complete a project or develop a product, supporting ongoing internships, and sponsoring a community of ongoing learning.

Results of the Partnerships

A variety of results from partnerships at the cooperation and collaboration level emerged. First, projects and initiatives were completed. For example, one state provided funding to LTHUs to develop and implement breastfeeding, nutrition, and physical activities strategies. Another collaborated with the state's home visiting programs to develop and implement a plan to improve lactation support in home visiting and through Medicaid.

Another result was products that resulted from either the partnerships on projects or through funding that was provided. Products developed by funded states with their partners included a Home Visiting Lactation Support Toolkit that included two training webinars; creation of an online version of Harvard's OSNAP Nutrition and Physical Activity Daily Self-Assessment Tool designed for assessing afterschool environments with accompanying training materials, and incorporating the tool with the state quality rating improvement systems for afterschool providers in partnership with technical consultants; and supporting two LTHUs to develop a Farm to Table toolkit and Farm To School videos.

As stated earlier, objectives for this project included building workforce capacity and increasing data use. The state teams increased their capacity to facilitate workforce development within their states and incorporate nutrition into their Title V work through the training and technical assistance they received from partners. Two states developed a partnership with the University of Minnesota to present their Systems Approaches for Healthy Communities course and develop peer learning groups for LTHUs and other organizations within their states. Perhaps most interesting was that the partnership was initiated by one state that purchased licenses for the course and then shared them with the second state, demonstrating not only within-state collaboration, but collaboration across states.

Perhaps the greatest benefit of the CHWCBP was that new and strengthened partnerships went beyond the obvious products and projects. First, the state teams networked and partnered with other agencies in their states to work collaboratively on projects. As an example, one state worked with its Health Promotion and Chronic Disease Prevention Program, WIC, and others to support and implement a CDC campaign to inform African American mothers/caregivers about healthy feeding choices for infants and children up to age three. Another collaborated across state departments to develop and submit funding proposals to the Centers for Disease Control and Prevention (CDC) and other federal agencies.

In addition, state agencies established closer working relationships with LTHUs across their states, providing them with opportunities to learn more about localized needs and better serve communities, while also providing funding to support nutrition-related projects. One state was able to develop trust with Tribal agencies to conduct community conversations fostering relationships between the Tribes in the state and other entities working on food security, food sovereignty, farm to school, and produce prescription plans. Another state was in negotiations with Tribal representatives to collaborate to work on food sovereignty.

Finally, state agencies were able to improve data collection and data availability related to nutrition and food accessibility. Some examples of state accomplishments included adding nutrition related questions to one state's version of the Pregnancy Risk Assessment Monitoring System (PRAMS) survey, completing an evaluation of one state's Title V Breastfeeding and Food Security programs, partnering to conduct community conversations in Black/African American, Latiné, and Tribal communities in one state, and partnering with a university to complete a statewide workforce assessment to determine the capacity of the public health workforce to integrate nutrition into the Title V Block Grant to increase the proportion of children at a healthy weight.

Discussion

Sustaining Partnerships Beyond the Project

At the end of the project, there were indications that the partnerships would be sustained and further strengthened. One state created a partner stakeholder map and tracking spreadsheet to document and track ongoing partner relationships and support continued partnership development to enable them to continue developing relationships beyond the project period. All three states strengthened their relationships with local and Tribal public health units. For example, they built trust by supporting initiatives that local partners identified as priorities based on their needs, rather than providing support for only pre-selected "evidence-based" programs. One state supported the development of toolkits by the local public health agencies to promote work on breastfeeding, nutrition, and children's physical activities across the state, then facilitated their dissemination to other local public health units and organizations.

While results were promising, the outcomes for this project were proximal to the state teams and their partners. The impact this project will ultimately have on maternal child health outcomes are distal and not within the project's timeline scope nor were they measured for this evaluation.

Implications for Practice

Partnering with LTHUs, universities, community-based organizations, national organizations, and state agencies both within and across states is beneficial, as it has the potential to broaden and deepen the type and amount of work that is done. Among funded states, the collaborations established or strengthened, training, technical assistance, and funding the state teams provided, strengthened LTHUs within their states. By supporting LTHUs, the state teams allowed each local organization to engage in a customized approach tailored to meet local needs.

The partnerships broke down silos, and the opportunities to address nutritional needs in their states encouraged state teams to work across state agencies for greater depth and breadth of service and efficiency. Each state agency was able to contribute its specific expertise and resources to engage in projects that were more holistic in nature while avoiding duplication of efforts. Unique partnerships were developed as the state teams identified and reached out to other agencies concerned with issues related to nutrition and childhood obesity such as education, transportation, and agriculture.

Partnerships between the state offices, LTHUs, and community-based organizations were two-way rather than one-way and top-down. One state office relied heavily on the support and guidance of Tribal and local community-based organizations to conduct community conversations. The states recognized the expertise of local community-based organizations to guide conversations and effectively reach the populations of

interest. State teams also recognized the need for Tribal entities to maintain control over data collected from their communities and not engage in extractive practices. States provided opportunities for workforce development while also receiving training and technical assistance from their partners as well.

The state Title V offices are uniquely positioned to strengthen maternal-child health through statewide and localized efforts. By working with other state agencies, LTHUs, and community-based organizations who provide direct healthcare or complementary services to women and children the state Title V office can serve as a catalyst, coordinator, or partner to ensure more coordination and less duplication of services.

Partnership development takes time and effort, and support for partnership development requires a five- to ten-year investment. Consistent with Pelletier and colleagues' (2016) findings that having a dedicated coordinator leads to more effective partnerships, funding needs to be provided to support time allocated for MCH staff to serve in this role, with the understanding that networking activities add value.

Implications for Community Psychology Practice

Community psychology practitioners are trained in multiple competencies that can support and facilitate the development of collaborative partnerships (Dalton & Wolfe, 2012). They include the ability to articulate and apply an ecological systems perspective to understand community organizational issues. This is helpful for deciding which partners should be included, and how each partner has the potential to impact the focal system. The community inclusion and partnership competency ensures genuine representation and respect for all community members, and the ability to legitimize divergent perspectives on community and social issues, ensuring the partnerships are inclusive of all who hold an interest in the focal issue. Competencies in community and organizational capacity-building foster the ability to move to the collaboration stage of the partnership as the community leadership and mentoring, small and large group process, resource development, and consultation and organizational development competencies are applied.

Community psychologists can apply the competencies and engage in the work through multiple avenues. They can work in settings such as government (Federal, State, and local), academic settings, and community-based settings and encourage approaches that promote true collaborative partnerships. In this example presented, the states collaborated with local government and tribal organizations, universities and community-based organizations to accomplish objectives. Each collaborating organization built their capacity and realized benefits for their organizations and communities as a result.

When community psychologists engage in collaborative partnerships, it requires the individuals from each collaborating entity to let go of their organizational and self-interests in service of the larger goal of the collaboration. Some examples include allowing other organizations to have a larger share of the financial pie, prioritizing unity in decision processes, and allowing the individuals and organizations most affected by the focal issues (and often holding the least power) to have final say over decisions. Finally, it is important to maintain humility and genuinely recognize all partners, especially those with lived experience, as "experts" and value their input accordingly.

Limitations

There were methodological limitations. First, the project was reliant upon data reported by each state team. Although a standardized form was used each quarter to gather the data, the evaluation team had no way to verify the information that was submitted. It is possible that some interactions with organizations were missed, or that the extent of collaboration was not fully shared in the reporting.

A second limitation was the coding of the collaboration level by a single team member with verification of the coding by the lead evaluator. Having both team members code and compare reliability would have strengthened the methodology. Partner organizations did not have an opportunity to validate the state teams' descriptions of collaboration levels or outcomes.

The evaluation involved three states and did not include a comparison group, which is typical of practice-based evaluation conducted outside academic research settings but limits the generalizability of these findings.

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