

## **MCHB/DRTE Webcast**

### **Introduction to the MCH Pipeline Training Program**

April 9, 2008

MADHAVI REDDY: Hi, this is Madhavi Reddy. I would like to welcome to audience to our webcast. We'll be introducing the MCH Pipeline program. I'm joined by Laura Kavanaugh, the branch chief for the MCH Training Program and I'm also joined by Diana Roe and by our presenters from Howard University, University of Wisconsin at Milwaukee, Alabama state university and UCLA and our presenters from Howard will be Ms. Deneen Long. Our presenter from the University of Wisconsin at Milwaukee will be Dr. Kris Pizur Barnekow and then Denise chapman within and Catrina waters. Also Victor Perez will be here. I will ask Laura after I finish my presentation or my brief introduction to welcome to audience to our webcast. Just a reminder to the audience if you haven't downloaded slides for this presentation you can find the slides at <http://mchcom.com>, the website for the mchcom.com webcast. You can find the introduction. If you need to print out the slides or at a later date, please feel free to do so. Also there will be an archive of this webcast available in a few days. We'll send out a message to the audience letting you know that the webcast is available, an archived version of the webcast is available at [mchcom.com](http://mchcom.com) and you can go to that website and view the archive webcast when it becomes available. Also after this webcast there will be an opportunity for you to evaluate the webcast so please stay on for a few minutes after the webcast to fill out an evaluation form to let us know what you think about the webcast. And if you have any technical questions while you're on the webcast, please feel free to send a message via your web interface to the folks at CADE so they can assist you if you're having any problems during the webcast. They are there to help you. So now I will turn the webcast over briefly to Laura

Kavanaugh, the branch chief for the MCH Training Program and she'll say a few words about the Pipeline program.

LAURA KAVANAUGH: Good afternoon and good morning to you further west. I'm pleased to be with you today to talk about the MCH Pipeline training program. This was a program that existed in a different interest ration many years ago and several years ago when it was up for competition training program staff came around together and said how can we really change the focus of this program to make it better linked to our existing long term training efforts and focus on minority serving institutions and we re-examined the guidance and under the able leadership of Diana rules, the project officer of the MCH Pipeline program we fitted the program a bit and I'm very excited. We have had one grantee meeting with the Pipeline grantees several months ago and the energy and enthusiasm in the world was palpable. We came back very excited about this investment and wanted to share this excitement that we felt that day with you. So today the representatives from all four of the MCH Pipeline programs we currently fund are going to be presenting. Just a reminder to you the purpose of the Pipeline training program is to promote the development of a culturally diverse and representative healthcare workforce by recruiting students from under represented minorities into the profession. Each of these four grantees also has to demonstrate that they have an existing relationship with the long term training program, at least one, to show this is really a pipeline into our other long term training investments. Let me introduce Deneen Long from Howard University here in Washington, D.C. I'll turn it over to you, Deneen.

DENEEN LONG: We can't hear you, are you off mute? Well, we had everybody on audio just a few moments ago so let's give it a moment to make sure the audio portion of this is live. Double-check that your phone is off of mute.

>> Hello.

DENEEN LONG: Is this Deneen?

>> Hello?

>> Deneen, are you able to hear me?

>> Hello.

>> Hi, it's Victor.

DENEEN LONG: This is Deneen, am I on now?

>> You can start your presentation, welcome.

>> I heard someone but I can't hear anyone now.

>> Victor, could you let Deneen know that she can start the presentation?

>> I'm going to move forward. I'm Deneen Long with the Howard university pathways program and there are two other important individuals associated with the program. Dr. Denyce Calloway and Dr. Roberta Hollander. Good afternoon, I'm Deneen Long and with the Howard university pathways to Maternal and Child Health Program. My other -- my other two partners are Denyce Calloway and Roberta Hollander.

Next slide, please. The goals of Howard University program are to promote and develop as Laura has already said a culturally diverse workforce by recruiting and training and retraining students -- retaining students from under represented minority populations. We also seek to develop institutionized broad based support within the Howard university community for Maternal and Child Health. It's to develop and integrate an MCH focus -- the department which I am involved with. To increase interest in Maternal and Child Health pub health professions. Our focus is to make more students aware of all of the health professions that are available in the Maternal and Child Health field. Our other objectives include developing and implementing an undergraduate spring course and implementing a summer course to focus on Maternal and Child Health, our summer course actually focuses on one specific topic which is infant mortality. And our goal is also to recruit and retain 15 undergraduate students for the summer course.

Next slide, please. Additional objectives for the program include incorporating spring courses as required for the health education majors and incorporate a spring course as a preferred major elective course for sociology and other majors. We would really like to see this move forward as a concentration for our matches of public health program as well as a Ph.D. level health education concentration. The Howard university pathways program has several components. One is the spring course. The second is the summer institute which occurs during the first summer session of our summer school program.

Recruitment, evaluation, sustainability and advisory board to help us through this. The spring course is called the healthy women, children and families. Didactic and interactive lectures. A 30 hour practicum as well as a student participation in shaping the course. And we have a number of guest lecturers and I'll talk about how our advisory board works with us as guest lecturers.

Next slide, please. The next few slides are actually some stats from our first year which we completed last June of the enrollment for our spring course. The first slide you're looking at deals with the percent of student enrollment in the spring course by undergraduate major. We have quite a few number of students who are from the natural sciences such as biology. We had a few from physical therapy, physician assistants, sports medicine, health. They're both located within this department health and human performance and leisure studies. For our spring enrollment we had 35 undergraduate students. We also ran a graduate section in addition to this where we had five graduate students, most of them at the Ph.D. level. The slide that you're currently looking at looks at the percent of student enrollment in the spring course by gender. Once again, overwhelmingly there are quite a few females enrolled in our course and trying to work on strategies to increase the number of males.

Next slide, please. This last slide that you're looking at for the statistics for the spring course last year shows enrollment by course -- by classification of the student. Quite a few of our students were seniors. They expressed their disappointment in that we did not have this class when they were underclassmen and so we've been trying very hard to recruit from our freshmen and move forward. As you can see 24% of the students who were enrolled in the spring course last year were actually freshmen and so we're able to follow them every year and actually see if our efforts are panning out to include or increase the percent of undergraduate students going into the Maternal and Child Health professions.

Next slide, please. The summer institute once again is a didactic of an interactive lecture series where each week we expose them to what we call mini graduate school. The first week we discuss data, how to look at data, how to analyze data, how to present data. And then they come back as a group and actually present on infant mortality which happens to

be the topic that we covered last year as well as because it was so popular, we're doing it again this year. They present to a fictitious director of the Department of Health of the infant mortality problem in their city and the next week we talk about how to plan programs. The following week they actually present a program that will address infant mortality. And when we're talking about programs, we stress the importance of having a group of professionals working on addressing the issue so it is not just the health professionals. We need to bring in the social side as well, the political side, etc., to get them to start thinking in the framework of no one entity can actually address one issue. Our program also includes field trips and site visits. We have our students participate in the shaping throughout the course both the summer and spring course where they have a small three panel student advisory group. They're responsible for talking with their colleagues, finding out how the class is going. Getting some feedback there and they meet with me on a weekly basis to let me know how it's going and what their colleagues and they themselves feel we can do to make the class more interesting and appropriate for them. Our guest lecturers come not only from our advisory board but from other individuals in the district of Columbia and outside of the district who known in their field around that particular area. We do have tuition and stipends for 17 students. You'll notice I said 15 in the few slides ago but we were able to work it out to cover 17 students last summer. This year we'll be able to cover 17 as well. Although tuition is going up after this year so we may have to cut it back a bit.

Next slide, please. The next couple of slides that you'll see are pictures of our summer institute students. As I said, each week they learn something. We go from data to action, as someone in CityMatCH, a good friend of mine, I would say from CityMatCH would say about the data to action piece and we actually take them from looking at the data, planning programs, evaluating programs, looking at budgets and presenting this in a

series of exercises during the six-week session. Here they're actually presenting the data in the very first slides you're looking at.

Next slide, please. I also mentioned that during our summer institute they go on several site visits and are able to talk with health professionals such as Perinatologists, Nurse Midwives, Health Educators, Social Workers, etc., OT/PT professionals. These are a few slides of some of the site visits they went on in the summer. I should also note that as a part of the spring course that 30-hour practicum we actually link them with a health profession in the field they would like to go into once they graduate and so some of these students who don't get a chance to go to the perinatal center at Howard university, a high-risk clinic for women who are having difficulties with their pregnancies, at least they can go there during the site visit and experience a little bit of what their colleague may have experienced during the time of their 30-hour practicum. We have partnerships with a number of individuals and organizations, including Merry Center. A 330 clinic that provides services to pregnant women and infants that are immigrants and from other countries. We have agreements with Howard University hospital, with children's national medical center, just to name a few, as well as the Title V agency. We have strong linkages with the Title V agency.

The next couple of slides are stats on the percent of student enrollment by various factors for last summer. This first slide basically shows you once again why the undergraduate major, we have a lot of students of the 17, quite a few were biology majors and our health education piece. I think the health education piece reflects the fact that we've actually incorporated this as a required class for our health education majors. We have concentrations of health education here now in school health, community health and now Maternal and Child Health.

Next slide, please. This shows our enrollment in the summer course by gender once again, quite a few females but we did have a few males there.

Next slide, please. This last slide on our summer course deals with classification. A large number of the individuals who took the summer class last year were entering their senior year and we were able to work with them to actually encourage them even more to go into Maternal and Child Health programs. Of the 17 students who participate in the summer program last year 53% were seniors. They were entering their senior year. We're seeing almost the same thing for this year as well, although not as high. So that's pretty good for us as we see it.

Next slide, please. This slide basically shows some of our recruitment strategies, a copy of the flyer that we passed around on campus in our classrooms, in the dorms. We use the campus newspaper, the hilltop, to put out announcement about the meeting and actually the hilltop had a front page article. A number of our board members are located in other departments and we get the word out to them what we're doing and they've sent students up here for the spring and summer course as well as students to work with us to find out more about Maternal and Child Health which is nice. We mailed out to undergraduate majors were who undecided and we could entice them to think about this as a future career in Maternal and Child Health. This slide basically outlines our evaluation methods. We're looking at both process and outcomes. Process piece is a part of our total quality improvement management areas where we're always looking at how we can increase our enrollment, increase the entrance, get the word out. Are we actually following the plan. If we aren't, what are some of those things we had to deviate from so we can use it in the future for best practices. Outcomes, did we really make a difference? We do have the

students fill out information sheets the first day of class, as well as we do pre-post tests at the beginning and the end of the semester to see if they've learned anything new, as well as at the end of the semester they fill out another information sheet to see if this class really helped them or helped shape what they want to do in the future around Maternal and Child Health.

Next slide, please. Sustainability. We've undertaken many measures to try to sustain the program after the funding is gone. One as I mentioned earlier we've made the two courses a requirement for all health education majors and minors. We have made Maternal and Child Health a concentration in the undergraduate health education program. We're currently working with other disciplines on campus to have the courses be among their list of suggested -- strongly suggested undergraduate courses for their disciplines. We will be working with the masters program down the hill in the medical school to see about adding Maternal and Child Health as a concentration in the public health program. And we're also working here within the department to add Maternal and Child Health at both the masters and Ph.D. level in the health education track.

Next slide, please. This next slide basically goes over some of the board roles and responsibilities. When we originally wrote the grant we thought we would meet twice a year. Late in the summer and early winter. As we begin to work through the program we decided we could do a lot more using email. While we wanted to bring everyone together at least once a year we didn't think that twice a year was actually necessary. The main thing is to make sure we're letting our advisory board members know what is going on. Soliciting their assistance, which we actually have leaned on many of them to help us on the developing of our curricula as well as other ideas on how we can roll the program out. They are also responsible for serving as practicum sites and as guest lecturers. I would

say we've had a new addition to our advisory board. I'll talk about them a little bit later.

The children's national medical center LEND program. Prior to that and actually continuing on our advisory board is the University of Illinois at Chicago, the Maternal and Child Health program, Dr. Handler who have really been great folks with helping us with the development of our curriculum, serving as lecturers and giving us tips about what they as a graduate program would like to see in an undergraduate Maternal and Child Health Program.

Next slide, please. With that said I've kind of given you a little bit how we connect to our long term training programs or other long term training programs. There is a long term training program here at Howard University in the school of communication, Dr. Kay Payne. Her organization or her office is instrumental in sending individuals here to up to our class to serve on the panel that we have every spring of various professionals to inform the students about these alternative professions because so often when we talk about when individuals outside of this arena talk about Maternal and Child Health the first thing they think about are doctors and nurses. But we want to be able to expose our students to OT/PT, speech, audiology and so we have a very diverse panel come every spring to talk to our students about these other careers. Yes, we still include the pediatricians and the dentists but we also want to expose them to some other options as well. Another partnership that we have and I'm going to skip over the LEND program for a minute is the University of Illinois Chicago. I've already mentioned Dr. Handler and Chavez how great they've been with working with us and providing us with advice from a graduate Maternal and Child Health program, what they want to see, the undergraduates students find out at the undergraduate level before entering the program. Graduate programs we've incorporated many of those things into our curriculum. And then certainly last but not least a new partnership that we have with the Georgetown Children's Hospital

LEND program and we've worked quite a bit with them. Their LEND students come in actually in the fall and present lectures to our students in the other classes as well as during the spring course we spent three weeks on the subject of children with special healthcare needs. And Guy and Janet and Toby would actually invite us over to one of their programs that they had a couple of months ago where our students could select what time they were coming to the in-service that the other LEND students were attending so they could hear some of the various presentations the LEND students were having as well as get to chance to talk with the LEND students about children with special healthcare needs and the specific activities that they're doing in that area. Next slide, please.

This next slide is a picture of some of the activities that we've done in collaboration with the children's national medical center LEND program. The slide -- the picture in the upper right-hand corner is actually where we had the LEND trainees come and they did a case study presentation where they talked about how each of these professions would work together to resolve an issue that a child with a special healthcare need who was at Children's Hospital, how they would work with that child and their parent to resolve and make sure that they resolve any issues and make sure that they receive the services that they needed. Also, the bottom left-hand picture which we're really happy about, we see this as a part of sensitizing our students to issues, is we had a parent panel and the mother and father, different children talk about the issues that their students were -- their children were facing and how from a parents' perspective health professionals can work with parents to make sure that that child's care is coordinated, culturally competent, etc. It was our way of sensitizing our future professionals to the need of the parents now and hopefully they won't forget about it as they go into these professions.

Next slide, please. Our year one lessons learned. We knew we had to expand the spring course from one day a week to two days a week. Last spring it was one day a week. We had to do quite a bit. The day was very long. It started at 4:00 and didn't end until 6:30 once a week. We decided we would do two days a week and actually our class now is held Monday's and Wednesday's from 4:10 to 5:30 and the students seem to be more attentive. Originally we required a 40 hour practicum field training but switched it to 30 hours because students, their time is very limited and very demanding. The whole purpose of this practicum was to wet their whistle to the possibilities of working in the Maternal and Child Health field. We realize there is a great interest in Maternal and Child Health throughout the campus. More than we thought we would run into. Every year we during registration time the class closes in a couple of days and we're constantly being asked to provide overrides. We had to refine some of our recruitment strategies because we needed to include dorm presentations. We thought that for those students who didn't want to come out to meet us on our -- we have an open house every October after dinner, 6:30, we needed to go to their house. So we have started doing presentations in the dorms about Maternal and Child Health and Maternal and Child Health careers. And we actually expanded our placement sites. As I said we've included the LEND collaboration with children's national medical center and we also this year, I'm very happy for Dr. Kari Louis. He's a renowned physician in the district who runs Howard University's Perinatal Center. He agreed to take on one of our students and allow that student to shadow him in the mornings when he's at the center. We thank him for that and we look forward to continuing that collaboration with him.

Next slide, please. Our future strategies include incorporating ideas from the Maternal and Child Health graduate program instructors which I talked about very briefly a few slides ago where Dr. Handler sent us back a list after acquiring some of her colleagues about

what they would like to see undergraduate students learn before entering a graduate Maternal and Child Health program. We've done that and continue to expand that and see how we can bring in other entities from around the city to help us with that. Also expanding the use of blackboard for distance learning courses. Dr. Handler is a lecturer for us for the spring course when we look at the impact of welfare reform on Maternal and Child Health services and we use blackboard for that course, that particular lecture and it has worked out very well for us and want to see how to expand that particularly as we look at other schools in the district and close to the district that may be interested in having this course on their schedule. We've gone to recruiting undecided majors sending out emails to undecided majors for recruitment and wanted to do more aggressive recruitment of the DC university students. We wanted to get it right first in-house before we extended it to the other consortium schools and that's something we'll be doing next spring is opening it up and really recruiting at the university of the district of Columbia as well as other consortium schools to get their students involved as well. We do have a workshop and panel that we put on. We actually did it last week that centered on Maternal and Child Health and recognition or celebration of national public health week which we know is this week but we had to do all of our activities last week. Last Wednesday we had a screening of out of control, which is a video on H.I.V. in the African-American community and it was a requirement of all of the students in the spring course to attend but we opened it up for the rest of the university as well. We not only wanted to get their feedback on what we could do to decrease the spread of H.I.V. in the African-American community, but also what we could do from a Maternal and Child Health perspective and so we thought that was very successful and we're looking to do this again next year and adding another topic of discussion.

Next slide, please. Our last slide is a picture of all the faculty. I'm the person to the far left, Dr. Core bet is next to me in the black, the chair of our department. Dr. Denyce Calloway is in the yellow and Dr. Roberta Hollander is in the white. Our contact information is there for those interested in following up with us and thank you very much.

>> Deneen, thank you so much, very for that presentation. If anyone has any questions for Deneen enter them into the mchcom.com site in front of you. We're going to go ahead and answer questions after all four presentations.

>> Taylor wanted me to remind everyone for all of us if you could submit your questions for the speaker using the messaging center and please select question for speaker so that we can clearly understand that you have questions for our speakers, like Laura mentioned we'll take the questions at the end of all four presentations in the last 15 to 20 minutes of the webcast.

KRIS PIZUR BARNEKOW: Thank you. Next up is the University of Wisconsin-Milwaukee, Dr. Kris Pizur Barnekow. Are we ready to go?

>> Yes, go right ahead.

>> Well, I'm happy to be presenting project MCH PASS, Preparing Academically Successful Students in Maternal and Child Health. I, along with co-directors Dr. Rhyner and Dr. Lund are really happy that we can have this opportunity to talk about our program.

Next slide, please. The University of Wisconsin-Milwaukee, or UWM is part of the UW system which consists of 13 degree granting institutions, 13, two-year centers and the UW

extension. UWM is one of the two doctoral degree granting institutions and has 47 masters and 19 doctoral programs. UW Milwaukee is the urban university in the UW system and UW Milwaukee continues to demonstrate significant commitment to recruiting and retaining minority or financially disadvantaged students through the support of various services.

Next slide, please. The college of health sciences at UW Milwaukee is widely known for teaching and creating student learning environments. We're also known for our innovative research programs, community engagement and service to the various healthcare professions. The college of health sciences has many cultural benefits of a large urban university and we contain the largest collection of health-related degree programs in the region.

Next slide, please. Project MCH PASS, the goals of this program were to design and develop an exemplary undergraduate training program to prepare future occupational therapy and speech language pathology professionals from underrepresented groups and we really focused on children with special healthcare needs and their families. And we'll talk a little bit more about some of the students' experiences in this area.

So our goal -- next slide, please. Our goals are to recruit and prepare eight undergraduate students, four from occupational therapy and four from speech/language pathology or communication sciences and disorders per each year of the project. We are educating the students in their undergraduate portion of their program in emerging public health issues that are related to Maternal and Child Health. Our students enroll in the Maternal and Child Health program in the summer of their senior year and they receive tuition remission for summer, fall and spring semester. The students also receive a stipend for -- to offset

living expenses and they receive a travel stipend as well. Students are to go into various meetings and then come back and report on how they use their travel money. Another goal that we have is to develop materials and curricula that will serve as resources for occupational therapy and speech language pathology programs nationally. We collaborate with the MCH LEND program at UW-Madison.

Next slide, please. Our student trainees, as I had mentioned, we have four occupational therapy students and four students from communication sciences and disorders and they enroll in the program during the final year of their undergraduate program. We emphasize diversity and we recruit to address the need for occupational therapy and speech language pathologists from underrepresented groups. And the students that are included include students from diverse racial and ethnic backgrounds, males, students with disabilities, students who have children with special healthcare needs and students with significant financial need.

Next slide, please. The training program consists of a summer session and that is an interdisciplinary course and a field work experience. The focus is on interdisciplinary teaming and we are fortunate to have students from the pre-physical therapy program join us and from exceptional education. We have students engaged in this course that are from OT, CSD, pre-PT and exceptional ed.

Next slide, please. In this course the students plan an interdisciplinary assessment and they also plan two treatment activities for a child with a special healthcare need. And the students are placed in school settings and also birth to three year early intervention programs. And some of their assignments include an assignment dealing with conflict resolution. We have them complete the conflict resolution assignment early in the

semester so that if anything arises as their team works together to evaluate and to plan an activity for the child they can work their conflicts out. Students also engage in an assessment and they also learn models of teaming and how to communicate. The objectives of the course are to really focus on developing the students' skills to work together as part of an interdisciplinary team.

Next slide, please. In the fall, the students engage in fall MCH seminars and this seminar involves a family mentoring experience. And the students are paired up with a family who has a child with a special healthcare need. They conduct three visits with the family in the community. They visit the family in their home setting and they also are encouraged to go with the family to a community setting. So some students end up going to the zoo's Halloween gathering that they have at the county zoo. Some students also may go to a restaurant and engage with the family and the child in a community setting. Trainees then write a reflection and they post their reflection online and then they are supposed to respond to three student reflections. In the fall MCH seminar the students also complete a leadership assessment and plan, and as part of their leadership training they facilitate a seminar discussion and they also complete readings. And the objectives of the fall MCH seminar are to increase the students' awareness of the family's perspective of having a child with special healthcare needs and also to develop the students' skills for leadership in education, research and service. One of the things that we focus on as far as the leadership in addition to the MCH leadership competencies, we also have the students really focus on relational leadership and working with families in that capacity.

Next slide, please. The final semester that the students engage in is the spring MCH seminar. We meet weekly. And the students learn about the core functions of public health. We have links with Title V agencies so we have guest speakers come in and talk

about the WIC program, students volunteer in the WIC program as volunteer readers and they learn about the importance and the significance of health literacy and early literacy as well. Our spring seminar focuses also on population-based research and here they continue to learn about health literacy. We also have guest speakers that come in and talk about a database system that is being developed in our birth to three agencies. We have presentations for the Center for Urban Population Health and the objective for the spring seminar are to increase the students' knowledge of public health and also increase the students' awareness of population health research. These two topics are a little different than what the students would receive in their general occupational therapy or speech language pathology curriculum so we're really trying to expand their knowledge in Maternal and Child Health.

Next slide, please. Our collaboration with the long-term training program, we collaborate with the MCH LEND program at UW-Madison. We meet two times per year with that program. In the fall we go to Madison, our trainees go to Madison and we learn more about Madison's program and we -- and the students actually engage and listen to a variety of research presentations. The trainees also participate in discussion before the meeting in the fall, an online discussion and we're working on building the links with a graduate mentor. Currently we have two trainees that have gone through our first year of the program that are interested in applying into the long term training program in Madison. We just recently had the Madison students come to Milwaukee, UW Milwaukee and hear the students listen to research presentations on maternal depression and its relationship to health literacy. Also mobility in children with spina bifida and care coordination with children with complex special healthcare needs.

Next slide, please. Our lessons learned. We learned over time that we need to include instructional objectives in our course syllabi to ensure that all the objectives are being met. We really needed to work hard to establish that link with the long-term training program and make sure that the students were communicating before we met. And so we've been able to meet with the long-term training program and the faculty in the MCH LEND program to talk about ways that we can get the students better connected. We also learned that we need to provide activities when hosting the long-term trainees to encourage the students to communicate. What we found is that when the students -- when we conducted these two visits either in the fall or the spring, that the students were staying more so with their own student group and not necessarily communicating. This year we did implement activities where the students were able to communicate with each other and establish more connections with the long-term trainees. We also needed to provide specific information about applying to the UW-Madison LEND program and now right when the students are accepted into the program, the MCH PASS program, they receive information on the MCH LEND program. We also know that we need to recruit students early and we need to market the students -- market the program, rather, to the students earlier so that we can target students in their freshman and sophomore year and develop enthusiasm and excitement for the Maternal and Child Health training program. And that was our last slide. So that's it for the MCH PASS program. Thank you for your attention.

>> Kris, thank you so much. We'll now turn to Alabama state university, Dr. Denise Chapman-Winn and Katrina Waters, Denise, it's all yours. Denise? Can you just double-check that your phone is unmuted?

>> Yes, the phone is unmuted.

>> We can hear you now, thank you. Go right ahead.

>> Okay. Thank you. Next slide, please. Alabama state university is located in Montgomery, Alabama, we were founded in 1867. The mission of the university as I said it's a regional comprehensive state supported university. We carry out our mission to serve the City of Montgomery, the state, the nation and the global community. It's major commitments are quality programs of undergraduate and graduate instruction. The university aims to develop and pursue these programs in a manner to make sure eligible students who desire to develop and expand their scholastic skills for personal, occupational or professional growth have the opportunity to do so regardless of socio-economic status.

Next slide, please. This just shows a picture of the college of health sciences where our Pipeline Project is. We feel the mission of the Pipeline Project as well as the mission of the university for the college of health sciences are very connected. The vision is to become a one-stop shop for culturally competent academic presentation, research and health disparities in the southern region.

Next slide, please. These are just our local Pipeline training program. Laura has already gone over the definition of Pipeline so we'll go to the next slide.

There are four curriculum themes that flow throughout our program. Academic skills acquisition. Leadership and cultural competency.

Next slide, please. Academic skills acquisition. There is something different with academic skills acquisition in each of the years we are working with the students. In the freshman

year with deal with university 101, the orientation and we just work on basic academic skills acquisition. In the sophomore year we move to work on strategies for critical thinking and problem solving. In the junior year we work on introduction to scientific investigation, research skills and professional presentations. And in the senior year introduction to the process of critical appraisal of scientific literature.

Next slide, please. Career development we go through something different for each of the four years also.

Next slide, please. The same for leadership. Next slide, please. And the same for cultural competency. The freshman year for cultural competency a student has to define themselves in regard to their culture, race and ethnicity.

>> The community, university and various professional environments. By the time we move to the junior year we move to the issue of cultural sensitivity. How is it demonstrated through leadership experiences and start the student in looking at their ability activities. By the senior year we're working on cultural competency as demonstrated in cultural experiences.

Next slide, please. The benefits of our Pipeline program. The benefits we feel are the seminar series we hold on Maternal and Child Health issues both in the fall and the spring semester. The University of Alabama public health course that we offer introductory to Maternal and Child Health and we'll talk a little bit about that in a little bit here. Five-week training program that occurs in the summer. Leadership institute and summit. Internship opportunities, potential scholarship opportunities. Academic support, tutoring, clinical

experience, MCH-related site visits and the ability to attend national professional meetings.

Next slide, please. This slide shows the list of the seminar activities that we had during our first year of 2006-2007. We always open with an orientation, careers in MCH. A united nations day. We discuss health disparities. The courses offered by the University of Alabama at Birmingham. History of MCH, MCH interactive activities. Nutrition, physical activities and you, violence and MCH.

Next slide, please. A community-wide health fair, career development assessment, all the way down to leadership 101. And probably one of the most exciting seminars that was offered for our students and the community was communicating with sign language which was offered by Mrs. Margie Lee, the first lady of the university.

Next slide, please. This just shows a picture of Pipeline participants and staff in the baby lab.

Next slide, please. With cohort 1 and 2 of the program we have 119 students enrolled in the Pipeline database. Students interested in public health, psychology, social work, fiscal therapy, occupational therapy and other health-related professions.

Next slide, please. A picture of our Pipeline students from the University of Alabama at Birmingham.

Next slide, please. Next slide, please. We have a five-week summer training program we call our summer academy. Next slide, please.

This is a picture of the 2007 summer academy participants.

Next slide, please. The summer curriculum for the summer academy consist of MCH topics. Two for scientific investigation, introduction to health disparities, professional socialization. A survey course for anatomy and physiology. Exploration of careers in MCH. Clinical observation and leadership opportunities.

Next slide, please. This is just a picture of the students who are participating in CPR training during the summer.

Next slide, please. This is a picture of our students participating with our health sciences library showing how to get on the Internet and access library resources.

Next slide, please. Service learning activities. Next slide please. This is a picture of the students who participated at the Father Walton Home, a home for children who have severe physical disabilities.

Next slide, please. Another picture from Father Walton Home.

Next slide, please. Last year we hosted our first annual healthy awareness health fair. We had over 2500 vendors who participated in demonstrate and provide screening for the community. This is a picture of the president of our university, Dr. Joe Lee who participated in the health fair.

Next slide, please. This is a picture of a Pipeline student who served as staff for the health fair and they were all in yellow T-shirts to let people know this they needed assistance they could go to these students for assistance. Some of the screening being done at the health fair, this is blood pressure screening.

Next slide, please. A picture of students from the University of Alabama's dental program came down to work with us. Next slide, please.

This is a picture of the Pipeline students at the National Society of Allied Health annual meeting.

Next slide, please. This is a picture of the same students in front of a poster presentation we did our first dissemination of information about the Pipeline Project at this conference.

Next slide, please. Next slide, please. We give the students one-on-one mentoring. We work with them to develop skills for their professional roles, professional socialization. We position and prepare students for the future. We advise students beyond their four-year degree expectations. We provide clinical exposure. We allow students to work with someone who looks like them and that's a very important concept because when you are looking at a profession, if you have an opportunity to work with someone who looks like you, it lets you know that you're able to be a part of that profession because somebody has gone before you who looks like you and has become part of that profession. So available resources is a part of the program. We provide tutoring opportunities for students. We provide great library of books for the students. We provide them with other resources that they would not otherwise have if they were not in the Pipeline program. Project challenges.

Next slide, please. Keeping students committed is one of our challenges. Students have a lot of things that they can participate in. Also academics is the most important part of why they're here at Alabama state university and sometimes the things they have to do on the academic side force them to consider not being committed to the program to step out of the program because of all the things they have to do academically. We often have conflicts with campus classes, activities and programs. At Alabama state university, between 11 to 1 on Tuesday and Thursday that is supposed to be a time where classes are not held. So when the university has convocations or have particular meetings that people need to go to there is not a conflict. Well, often faculty do not adhere to that rule and so they do have classes between 11 and 1:00 and that's the time we try to plan for our Pipeline activities. Sometimes the students can't stay for activities or come to activities because they have classes they have to go to. One of the other challenges is the matching students with MCH mentors in all professional areas. This is one of the areas we hope those of you listening will be able to help us with. If you are interested in a physical therapy, occupational therapy, health information management or rehab counseling it's easy to match you with a mentor because we have those programs on the university campus. If you're interested in dentistry it might be difficult for us to find a mentor for you. We hope after this session is over we'll be able to connect with you all and serve as one of the mentors for our students in those areas where we don't have mentors for them or difficult to find mentors for. Academic MCH programs, once the students have completed our summer program, the next summer they're free they're looking for summer programs to participate in. Although we partner with the University of Alabama at Birmingham they also have relationships with other programs that they open up to other summer students programs and so we need to kind of widen where we can go and find out about programs other places where our students might be able to qualify for even though our students are

in the Montgomery area, it does not mean for a summer session they would not be willing to go to another state. Another challenge that they're limited MCH facilities in Montgomery. It's considered a rural community. We have four hospitals here and we have other outpatient facilities but they are not necessarily the facilities that deal with the population that we're looking for. So we're limited in that sense.

Next slide, please. Relationships with our non-minority MCH Training programs.

Next slide, please. In this slide you see a picture of our UAB MCH network. The people who served as the faculty for our public health course that we taught. It was a very -- it's a very interesting relationship. We have both grown since the first year that we started the program. They have been very open to the evaluation and critique of the course they have offered for us. The first year that they offered the course we felt that they weren't utilizing cultural competency that they should have and we shared them with them. They would do Power Point presentations where they might have statistics that dealt with a certain problem in the African-American community, if you looked at the slide it might have been just pictures of all Caucasian people and the problem with that is if I see a slide of a Caucasian person and that's all I see, and even though you give me African-American data because that's our student base here at Alabama state I'm not listening to what you said. You're saying one thing and the picture shows something else so I can totally say it has nothing to do with me. You're talking about smoking and saying a high percentage of smoking in the African-American community, but the picture is not something I can relate to. I say to myself they're not talking about me.

Next slide, please. This is just a list of the topics that are covered in the public health course. Smoking, nutrition, physical activity. Reproductive health and sexual activity. Drug,

alcohol and substance abuse, health disparities, violence and MCH. Health careers in MCH.

Next slide, please. Lessons learned.

Next slide, please. We've learned that this is a competition. There are a lot of programs on campus trying to get students to participate in their program so it's a competition for us to get the students to be part of our Pipeline program.

Next slide, please. Because it's a competition, you've got to be different. You can't be the same as other programs because there are too many of those to choose from. There has to be something different about your program that is going to encourage students to participate.

Next slide, please. Students want you to make them feel special. It's the little things you do to the participants in your program that make the difference. It might be you acknowledge them by name as they walk around in your building or send them an email and tell them good luck on your next test. You just have to do something that makes them feel special.

Next slide, please. You have to be on my level. Students -- students have different expectations as did the baby boomers or generation X or Y had. In order to connect with the students, you have to be on their level.

Next slide, please. There have to be consequences. Students need to know there are consequences if they don't do what they're supposed to do. If they're supposed to come to

a certain percent of seminars, if they're supposed to do their readings prior to going to a seminar or course and they don't do it they need to understand there are consequences for not doing that.

Next slide, please. Bridging the generation gap. As I've said, these students are the millennial students. Most of the mentors or instructors are part of the baby boomers, generation X or generation Y. The millennial students learn differently and have different expectations. If we'll reduce the generation gap. They'll be the health professionals for the future we're going to have to relearn how to transmit information to them.

Next slide, please. Finally, effective communication is the key. If you can't communicate to the group, you won't meet your goals.

Next slide, please. Future steps.

Next slide, please. Modifying our summer academy. Our summer academy is currently five weeks and there are students who like to go to summer school who cannot participate in the summer academy. So we're looking at modifying the academy where it runs over an eight week period but only runs during the morning. Re-evaluate student participants. We're going through the process where we look at each student in our database to see if they are participating at the level they need to be participating at. If we're providing the resources for their needs and we'll have individual discussions on what each of these students so that we can reiterate what our expectations are as well as they can let us know what they need. Collaboration with other MCH projects. I mentioned this before and that we're looking at summer programs where our students can apply to that aren't in the Montgomery area and other mentors to connect our students with. Dissemination of

information which is ongoing, analyzing our evaluation data which is ongoing. Building a network of MCH agencies and clinics to provide an infrastructure. Identifying additional sources of funding for 2010 and beyond. We believe this is a program and we're committed to sustaining this program so we don't want to wait until the end of our period to look for funding. We're starting to look at that now.

Next slide, please. This is a picture of our website, has all of our information on it as well as when our seminars are. Our application for our summer program as well as we have a rotating MCH career of the month information on this so that students can go on there and find out information about the various MCH careers.

Next slide, please. We feel this is important.

Next slide, please. We are helping students realize their professional dreams one step at a time.

Next slide, please. This just gives information on Pipeline projects. I serve as the project director. Katrina Waters is our project coordinator. You have each of our email addresses listed on this slide.

Next slide. Even though we all participate and work very hard for the Pipeline Project, Miss Katrina waters is the glue to the project and the project coordinator and all her contact information as well as the website address for our MCH Pipeline web address.

Thank you very much.

>> Denise, thank you so much. I was struck when we had the grantee meeting for the MCH Pipeline program when she talks about creative use of resources as the dean she's done some very innovative things as part of this project. We're going to pause for a moment to encourage you again to submit any questions. We'll be taking them at the end. Enter them on the screen in front of you. Now I'm very happy to introduce from the University of California at Los Angeles, Dr. Victor Perez. Victor, go right ahead.

VICTOR PEREZ: Hi there, I'll presume from the picture on the website you're ready for me to start. I'll get started. I can't hear you but I think you're ready for me. I'm Victor Perez, a pediatrician at UCLA and work with one of our long term training programs in the School of Public Health.

Next slide, please. I'm going to do my presentation in a little bit of a different context. We're fortunate enough to have started our pipeline program actually out of a leadership training program here in the School of Public Health and we've had it for quite a while now. And so our experiences really reflected that of being a professional school with close ties both in the School of Public Health and the School of Medicine and extending our efforts out to the undergraduate community as part of our training mission. For that purpose I'm going to go through and my first couple bullets here in my overview you'll see that I'm going to touch base a little bit about our research center and what we're about and then talk a little bit about our MCH work development model at UCLA to give you background as a way to frame how we are leading the idea of working with undergraduates as part of our Pipeline program and at the end I'll emphasize the training program specifically and then how -- what we learned from that and what we think the opportunities are here.

Next slide, please. Our Pipeline program called the pathways for students in health profession, we call it the pathways program for short it is within the UCLA School of Public Health and specifically within the UCLA Center for child, community and families. Our center is a research and policy organization that has as part of its mission a training mission that's really tied into a sense of a need for real transformative change for health services for children and families in the United States. That's really a vision that addresses the fact that we've had a very pragmatic approach of increment list many in creating the system for children and families. It hasn't always been sufficient and we've ended up with a mish mash of uncoordinated programs and many people on this webcast are probably familiar with this. One of the pieces of moving towards more of a really transformed system would really require models of MCH workforce development. By transformative we really mean something that would really have to push the reset button and create things that aren't a stove pipe and really able to work across disciplines and really work with the whole family in mind.

Next slide, please. So with that in mind, this slide talks about a little of the background which I won't spend too much time here because I'm sure everybody is familiar with these ideas. Suffice is to say this is why it's really necessary. What I'm showing on the slide is the problem from the training perspective as we see it. And really with the folks especially on the idea that is in the second bullet here that training is often -- especially health professional training lack an opportunity to really participate often in their community as part of their training. This is especially true in the health professions but true on other levels as well. The students have the notion that folks who come in and really might have a dedication in their heart are supposed to put that dedication kind of to sleep while they get their higher education underway and hibernate and come back to it. Often that's not the case.

Next. And what we really have come to feel it's a training model that really is going to engage trainees to be future leaders and come back into Maternal and Child Health and join the community that we really need to do a few things. First of all, that we're going to have to understand the trainees really have to be exposed to satisfying and meaningful community experiences and that if they are they'll be much more likely to pursue this kind of work in communities around Maternal and Child Health issues into the future. The second one is that they really need to have positive role models. What that means is really faculty, people in the MCH profession practicing the same principles with collaboration throughout their educational process so they see it's a viable option and not just lip service. And of course an important strategy around this is an enhancement of applicant pools along MCH professionals. That being an essential strategy.

And so next slide, please. The hint that this new model for training and new rationale where in the previous model often what we've been doing we take promised individuals from under serviced communities and they transition out of those communities they grew up in and we're talking about underrepresented students in this case. Again, while that is especially true in the health professions I have seen it to be true in the undergraduate model as well. What we're shooting at is a new model where we can create positive community experiences, make those things inherent in training and as a result really increase that draw to return back to those communities and in this case return back to Maternal and Child Health serving professions after higher education. By higher education I mean at any level higher education that student might achieve. A few principles here that we really run by when we're looking at this various training programs we develop and I'll talk a little bit about the different ones that we have an involvement in just briefly at the end. But there are core principles here that guide our thinking with these. The ones here

being important once. Number two is one I would emphasize. All of our programs including our Pipeline program is aimed at trying to integrate the new developmental definition of child health that would put everything in the Institute of Medicine but puts the idea that children aren't just something that has to have an absence of disease but we want to potential -- make people as functional and as optimized as possible. With that in mind we examined what we were doing here at the professional school. What are the things that we're already doing with the capacity that we already have and from there build some strategies we know can leverage that capacity and build from there? This slide reflects those -- some of those concrete things that we wanted to target underrepresented students and support them as well and helping them have exposure to Maternal and Child Health and pursue the professions into the future. We knew there was a certain amount of direct mentorship we could do but through the capacity we have with our long term training program in the School of Public Health and our other programs that we could have a spillover effect with other students as well. Both underrepresented and the rest of the campus. And also of course that we want to develop other opportunities around MCH using those relationships with those training programs.

Next slide. This slide shows an overview of our pathways program. I'll touch a little bit on each one of these bullets here. I would just emphasize that really important part of our program is the second bullet here. Really putting an MCH service learning commitment into our program is one of our earlier slides that indicates the notion having positive community experiences is really key to influencing young people to make good leadership choices once they finish their higher education.

Next slide. So as I said, very central to our idea is this idea of having well supported experiences, faculty modeling and mentoring and leadership development. These

experiences we also feel need to be very real. They need to reflect a real need or in other words we want the students to feel like they're fulfilling a real and not imagined need in the community and that they have a chance to participate in a real way that feels concrete to them.

Next slide. There really are a variety of experiences and opportunities we offer our students. One of them is to serve as resource providers in clinic-based. But also tell you a little bit about our nutrition curriculum. A neat opportunity the students have had to teach in the school district and how we structure the experiences so they have a leadership development component within that.

Next slide. The clinically based research provider opportunity, this came out of our relationship with a community clinic, a family clinic. We have a close relationship with these folks. Several of our faculty are pediatricians who attended the clinic and we train our pediatric residents at this clinic. Through that relationship our physicians identified there was a need for more centralized resources for the patients coming to the clinic. The patients in this clinic are low income patients. The vast majority of patients are Latino. Many Spanish speaking only but there is a mix. The family clinic had challenges in terms of having staff who were really able to keep a centralized database of resources and to be able to contact and communicate with the patients in a way that would be useful for them. So we figured out that there was really a need here that the undergraduates could serve as a group of very well bodied and well abler citizens that they would have a lot of capacity to fill this need. This idea was established in our SCOPE program. And which gave us a certain amount of infrastructure with the undergraduates we knew we could leverage both to pull in an underserved student program as well as to get the faculty interested in participating.

Next slide. The students, what they do is they originally developed and now continue to update a catalog of local community resources. They stay on top of it which forces them to learn what the community resources are and understand what they're about and to understand which ones do well and which ones don't do so well with the family. In that sense we're getting a very real experiences what the services are available to families and also getting a feeling like they're doing something for these families. They identify the families in the waiting room, for example. Discuss the resource needs with them. Actually and more recently we have been able to juice up a bit having the physicians themselves use a referral form if they say this patient could really have somebody talk to them more about a certain need we'll send them over to SCOPE and they fill out a sheet and they make sure that the patient gets over to the pathways desk and the students can then talk to the families, educate them if that's what it takes and follow them up later. They'll wait a week or two weeks and call them and ask if they were able to make the contact they needed the make. If the referral produced anything and offer more help if that's necessary.

Next slide. This slide here is just a quick list of many of the top call areas that the students have exposure to so you see it's -- it runs the gambit from exercise programs, after school activities. Immigration and documented service, patient care. It runs the gambit of things they get exposed to.

Next slide. This is a photograph of one of our students at the desk at one of our clinics. The service is provided not in the family clinic but in pediatric clinics and they also have an opportunity to go to an adolescent clinic that is also run by the Venice family clinic.

Next slide. The experience that I spoke about in the Los Angeles unified school district is a curriculum on fitness and nutrition. It was a request made through the local Healthy Start for us to have our students, because they knew about them through the other program at the clinic, they asked if they could use some of our students to teach fifth graders about fitness and nutrition. This was a really great thing because it's often very difficult to get that kind of access when you want it to the students in the Los Angeles unified school district. Everybody is always asking and they're careful about security issues for lots of reasons. I don't want to oversimplify what is going on. They made this request and the faculty helped the students come up with a curriculum and mentored them through that. Went in and helped them teach classes and -- this has been ongoing and so successful they've asked the students to expand it to more classrooms in a second school. One of the really neat things that come out of this is the students get a lot of questions from the fifth graders not just about fitness and nutrition but they get questions about UCLA and going to college. That's really been a big plus and something that the undergraduates really love. So much so that this coming year they're integrating that as a specific topic that they'll talk to the students about. It is us trying to role model for the undergraduates now in turn role modeling for the elementary school.

Next slide. Our leadership component to these activities, we have this experience set up in a way so that the students can really take coordinator and leadership positions in organizing these activities. These experiences are not exclusive to the pipeline students since there wouldn't be enough to fill the different leadership positions but the rest of the program that I'm going to describe is exclusive to our pipeline students. So what it is, once they've been active in these experiences for a certain amount of time they can take on student coordinator positions where they're in charge of making sure that things are organized, schedules are made and resources are being followed up on and one person

who has been through the program in their senior year or ideally after they've graduated a position as the chief coordinator. And since we're still early in our Pipeline program nobody has moved up the ladder to that point just yet but we're hoping it will happen and I think it probably will.

And next slide. This is something that is part of that experience process that each student is required to do. Each of our pathways students will meet in what is called the bimonthly reflection sessions. This is a combination of reflection as well as learning. Didactic components to it and an opportunity for folks to process their experiences and to understand really what is happening out in the community. And we like this because it's very consistent with the leadership competencies that we're shooting at MCH in terms of self-reflection and understanding what your experiences mean.

Next slide. Mentoring of students, of course, is very important. While the faculty are very involved in the activities I've talking about the formal mentoring is a key component of the program and something the students that have latched onto especially the undergraduate students. And on a campus as large as UCLA, it's a large campus and getting one-on-one time is not always easy and forget it in the professional school is more difficult for an undergraduate. We meet with each student at the beginning of the program and help them come through the individual training planning process to help them understand and help us understand where they're at and to see how far down the road they've been thinking. And we also make sure that each student has a faculty assigned. I put that in quotes because it's a starting point. Obviously as we identify interest and there is other matches that are more logical that come back to switch around and we also encourage the students to feel free to contact other faculty who are involved in the program and if we don't have somebody that is really in line with their interest we can look for them around

campus and at different health professional schools around the other campuses. Our center has a multi-disciplinary faculty within the School of Public Health, the School of Medicine, the school of social welfare and a few other departments and schools and so we're able to really network out for them if that's necessary. It's an ongoing relationship. We encourage them to stay in touch with us even if they go outside of the -- once they finish their seven formal quarters of being in the program, if you start the program as a junior that's probably not going to happen so much because you'll graduate soon after but if you're a sophomore when you start our program then we certainly encourage you to stay in contact with us and not think that once the normal activities run out that you shouldn't be coming to us for mentoring anymore. Family perspective briefly. I found that's a very big plus that students sometimes can have a challenge finding faculty who understand that they have family issues especially from a cultural perspective that aren't so easy to relate sometimes on campus. And they've really appreciated that willingness to talk to families if it's necessary to help them understand what is going on with higher education. A lot of these kids are the first people to be graduating from college so it's not always self-explanatory to folks at home what is going on. We're on the public health minor slide. On this slide one of the requirements is that they mandatorily have to join the public health minor and finish it. The rationale for this is we feel this provides a very solid foundation for them. It gives us a way to make sure they get MCH exposure in a formal curriculum. One of their seven courses is an elective that has to be an MCH course. There is a GPA requirement to finish the minor to make sure they stay on track academically. And the social work 195 seminar we've been able to actually turn those activities specifically the fitness and nutrition curriculum into a formal course they get credit for.

Next slide. We have a set of program specific learning sessions. Some of the topics we cover. It's a great opportunity for small group interaction as well as an opportunity to get

faculty interested by letting them choose topics they find interesting and a chance to be creative.

Next slide. We have a summer session that they're required to do after their first year of being in the program. Originally partnered with a premedical/dental program. It wasn't just focused on the medical and dental school preparation but they had a didactic component that was about health disparities and other professional skills we thought were beneficial to the students and it was a real success. We felt we wanted to develop our own independent curriculum and we're instituting a six-week summer session that will add our own combination of similar didactic process.

Next slide. We do offer our students a stipend. They receive the amounts listed out here. We found that this is really key especially here in Los Angeles where things are very expensive. A lot of our students work and they have to work and we needed to find a way to help facilitate their ability to take the time away to do something that was really useful for their career and their own education instead of working at the local clothing store and we figured that worked out to ten hours a week for \$10 an hour job which is typical to what a lot of students end up having to take and allows to hold them accountable when they have to see us. We think the time commitment for what they're getting is extremely reasonable.

Next slide, please. Some linkages to our other programs to our leadership training programs at UCLA. As I started out at the beginning of the presentation, these child and family health program is our School of Public Health training program here based administratively out of the Center for healthier children, family and communities and the faculty are all directly related to the School of Public Health leadership training program

and it's given us a starting point for curriculum and content planning, advisory and planning boards serve a function for both programs. Which has been very helpful to help us really get momentum right at the beginning and this last bullet is about the fact that there is no undergraduate major in public health at UCLA at the moment. So having this program be part of the leadership training program in the School of Public Health has been an opportunity to help the program position itself and help the undergraduates make sure they have a good foothold in the School of Public Health which is very important. Undergraduates are welcome in the School of Public Health and always have been but it formalizes it a bit and see how we can move those things forward into the future. There is lots of synergy here and since our long term -- our School of Public Health leadership training program has had success representing trainees themselves we're able to tap folks there for role modeling there as well.

Next slide. These are some of the opportunities that we see by having a pipeline program for our leadership training program. Our training we have an opportunity to work with the undergraduates for their own mentoring and teaching opportunities like in our MCH sessions that we do. Which goes along with our own leadership competency opportunities they need to have. An opportunity to participate in our cultural competency curriculum with the undergraduates as well as giving us an opportunity to really create additional opportunities like the seminars we put on for the leadership training program at the graduate level. We pick out the things appropriate for undergraduates and encourage them to come along to that.

Next slide. Recently we were able to part of our new submissions we created a new member collaboration and this shows the leadership training programs through MCHB that have been part of that. The top is our School of Public Health program, a nutrition program

on campus, we have a dentistry program that's through the school of dentistry. We share a co-PI. We have lots of opportunities to try to cross training opportunities and have synergies with one another.

Next slide. One other program that I'll mention briefly just because it would be a miss not to bring it up is the CHAT program. Our community health and advocacy training program in pediatrics at UCLA. This is notable through its link through our clinical activities. A lot of our patients interact with the SCOPE students are from the CHAT program. Other faculty and myself for the pathways program are also faculty with the CHAT program. It's another program based out of the center here that is founded on the same principles as the Pipeline program.

Next slide. This is getting a little bit -- the ideas, this figure is meant to show a couple of things. One it's just the principles on the bottom of how we try to approach each of these programs that we're hoping will benefit and are benefiting the Pipeline program right now. And this is really a figure that you can flip and put any programs into the middle. That's the idea and hope. There is enough interaction so that you end up having a real synergy.

Next slide. What's key on this slide to gather this is it's a pathways idea this new model that you start with children and families at the top in these communities and from there we can bring students in maybe if they're involved with our youth project, something at the elementary level and really can move up our pathway which is a staircase in this case. They can go as far up as they need to either in our institution or our crossing into other institutions. We have programs in each of these levels or pop out at any one of those points and still go back and be part of an MCH workforce. They do end up back in the community and they have leadership potential opportunities anywhere along that path. But

that if there is an experience process that's happening that really encourages them to stick to MCH and feel confident in their abilities and feel successful in their experiences.

Next slide. Challenges and opportunities. One thing we've learned across all of our programs and Pipeline is teaching this allot. Community partnerships we maintain whether it's a family clinic or anywhere else they have to be bidirectional. Trainings come and go and there has to be something that the community feels like makes it worthwhile. A long term relationship with the faculty that can make it a bidirectional experience and they have a lot to give us. The second thing seems incredibly obvious but it is real that there is really an incredible need and we've had a great response to students. The students are excited about having this kind of connection with faculty again especially such a large university. Most of our students have been female actually at this point as well as many of the other programs we've mentioned. Lots of Latino females, actually. So we're looking for ways to expand that a bit but we've been able to get a full list of underrepresented students so we're really happy about that. Another thing that we've learned is there is a certain challenge, a certain undergraduates and some of the professionals schools, UCLA restarted its bachelors program in nursing. But folks in some of our programs from our undergraduate majors are so packed with curriculum that it is hard for them to make a little time to come join something else so we're trying to figure out ways to partner up so that those students aren't necessarily excluded from joining the pipeline program. It's challenge and we're working on that. The next one is interesting for me. We get a lot of folks pre-med or pre-dental students coming in wanting to join. That's a terrific opportunity if they're strong students and students with that potential and -- or we can help them straighten things out if they need to and really get that potential and go on and succeed in those goals. The challenge is that sometimes we have students who might be more challenged to go into something very competitive like medical school. The admissions

process. We don't want to discourage them in any way but the students who decide it's not for them that they don't then give up on health in general and that's the opportunity part of this is that a lot of those students will decide I'll go into engineering or something else. Not to knock engineering but we're able to steer them and say there are lots of ways to be involved in the health field. You can be a Maternal and Child Health professional in a lot of ways and a medical professionals in a lot of different ways. It's the challenge and opportunity of that experience. Finally, this is a bit of a different academic model in a professional school for faculty. We just would emphasize it is not necessary in order to start an undergraduate program. Really working with undergrads is an opportunity for long term training programs because a lot of the curriculum we do is available to undergraduates with the starting at the beginning resources that might be required.

Next slide. I would say this is sort of some thoughts for other training programs. For one thing undergraduates are great partners for training opportunities. I don't think that's often appreciated but there is great teaching opportunities there and mentoring opportunity for folks to achieve their leadership competencies with their own trainings. Also it's a great opportunity to partner with the undergraduates for developing these relationships with community partners. They can offer a lot. They can offer a lot of capacity to community partners that they often don't have within their own organizations and that's more successful if they have faculty watching over them and helping them out and as a final thing they really are a source of inspiration and for the right faculty interested in that level of education or have the potential to be interested in that level of education it is an inspiration to be involved with the undergraduates. I take so much inspiration from it and it moves me forward and reinvigorates me to be involved to interact with my fellow faculty physicians.

Next slide. This is my contact information. I also actually meant to add on here a P.I. I should have done that Dr. Alice KUO. Thank you.

>> Thank you so much. Actually the speakers I think are having difficulty hearing us so what we're going to do is turn over the -- I'm going to turn it over to Madhovi. The questions will be turned back to Chicago to ask the questions.

>> Yeah. There is a problem with the speakers. Normally I ask the speakers the questions so I'm going to turn the webcast over to Taylor. He's in Chicago and he is going to ask the questions to our speakers. Hopefully when you hear a question that sounds like you have the answer to, please chime in and answer the question. I think some of them may have a name or presenter associated with them and others do not. So just if you hear a question and you think you have an answer just chime in and answer it.

>> How are you trying to recruit more males into your program? This is for Nancy.  
Anybody can answer that.

>> For Howard University we've actually started announcing the course in th As well as the males as part of the program we're trying to ask them to get the word out to their friends.

>> We haven't tried to target males more. I think it will work itself out. I'm not too concerned about it as this point but I think it's the next step we'll think about. Howard in the fall. I found some interesting posters around with regard to other programs to give me some ideas. We aren't doing it actively just yet.

>> It seems like it takes some time for a person to see how public health fits into a students' interest area. It would make sense that upper classmen would select the course.

>> Well, I know from Howard's perspective we have a pretty good interest. In our interest meetings we do get a lot of underclassmen and I think once you actually talk to them even the students in the other courses that I teach which a general health class and a women's health class. When they take you aside and ask you about Maternal and Child Health, they want to know what kinds of careers they can actually go into if they focus on Maternal and Child Health and child health at the undergraduate level. Once you explain that to them they're very excited about it. They actually will say well, I wish I had known earlier for those that are juniors and seniors, I wish I had known earlier about Maternal and Child Health because that's what I wanted to go into but instead I opted for biology, chemistry, health management. So there is kind of a mix. But there is a lot of interest at the freshman sophomore level as well and I think the key thing is letting them know what kinds of careers they can go into outside of OB/GYN, pediatrics and dentistry and nursing.

>> Very good. Our next question from Rosemarie is for Deneen. Can you address the types of practicum placements for students that are offered and what types of experiences that are expected within the 30-hour practicum?

>> Some examples of the practicum sites are the Title V program. The state agency here, the Department of Health. I used to work there so I used to work in the Title V program. The students if they have an interest in doing state-level functions or working at an adolescent health clinic. The Title V agency has all of that and so they may work in the teen health clinic at Woodson High School helping with the nurse. They may help in the immunization clinic around scheduling and actually seeing what it means to do that core public health function. Also with the WIC program they work with them. We had a student

this year who was interested in pediatric dentistry and the Title V program has a dental program with the schools and she was able to work closely with the dentist in that program to see what it was all about. The screenings and she helped with scheduling and doing some of the activities that they do for selecting the data, the follow-up letters and whatnot. We also place students at the hospital with the pediatric unit. They have worked with developing breastfeeding information for the moms trying to make it culturally sensitive. And actually doing the educational piece around it. And assessing the information that is on the TV station that you usually get when you're in -- on the ward. I don't want to say recovery from pregnancy but after delivering and asking parents is this information good for you, what would you like to see? Also oh my, they've done many things as far as even running information sessions around adolescence and HIV/AIDS at the metro teen aids and Planned Parenthood. It's a variety of things. What happens before the students go in, I meet with each of the site coordinators and talk about what their needs are and what kind of student they're looking for. I share with them the types of students that I have and what their interest and we try to come up with a project that they can work on not necessarily that they might finish but something that is going to help enrich that program as well as the students so the student gets a really good idea of what it would be like to work in that kind of a setting with that population.

>> Thanks, Deneen. Our next question is for I believe Kris from Milwaukee, Wisconsin University there. The question is from Nancy. Is there a reason why the field practicum is first semester rather than later on?

>> Well, we looked at our availt of sites and when we could get sites that were available. Timing-wise. Because our students are out during the fall and the spring semester within our regular curriculum, we could access the summer sites a little bit easier.

>> Next question is for Denise and it is more of a request. If you could repeat your website address for the Alabama University.

>> The website for the Pipeline program is [www.acumch.org](http://www.acumch.org).

>> Thank you. Next question from Morgan. How do you recruit specifically for underrepresented students?

>> For us at UCLA what we've done I think probably the best way we've done it is by doing presentations. I'll actually go out myself and do a presentation or a student organization. There are several of them on campus that are interested in health as well as being ethnically based so they welcome it. From there word of mouth spreads around amongst their friends is our most successful way of doing it.

>> For us at UW Milwaukee we go to the various programs that interact with the students at the freshman level in regards to--

>> At the university we go through our campus directory and so forth for our various areas and talk to the students and you pretty much can identify those who are considered underrepresented because of the rural areas that many of our students come from that live especially in the black belt areas.

>> Thank you for that. Our next question from Nancy. When will the next round of competitive funding be for Pipeline?

>> That's going to be a general question for anybody who wants to answer.

>> 2011.

>> I wonder if they can hear. That would be for the MCHB folks, I suppose.

>> We're working with them right now to get them back on the call. Stand by one second.

>> Can you hear us, Taylor?

>> Can they hear us or should I relay to you what the answer is? The next competition is in fiscal year 2011. That means that in the summer/fall of 2010 the guidance would be available. And the new programs would start June 1 of 2011. -- 2011.

>> That's all the questions we have for now.

>> Thank you, everyone, for participating in today's webcast. On behalf of Laura Kavanaugh and Diana and Anne who joined us for this webcast I want to thank you for participating. Hope that you enjoyed the webcast and that you learned a great deal about the MCH Pipeline program from our presenters who joined us. Deneen Long from Howard University, Kris Pizur Barnekow from the University of Wisconsin at Milwaukee, Denise Chapman-Winn from Alabama State University and Victor Perez from UCLA. We can give them a round of applause. They did a great job of participating in this webcast and giving great presentations. Just want to let the audience know they can access the slides for this webcast if they go to the they'll be taken to a page to Klink on a link to download slides for

the webcast. Please if you haven't already downloaded the slides. Please click on that link and get your copy of the slides and if you have any questions that come up after this webcast for our presenters, please look through your slides and find the email addresses or phone numbers, contact information for our presenters and send them some questions. Thank you for participating in this webcast.