

Title V, Social Security Act:

Honoring Our Past, Celebrating Our Future

October 20, 2010, Washington Hilton Hotel, Washington, D.C.

Investing in People: The Evolution, Contributions and Promise of Maternal and Child Health Training

LAURA KAVANAGH: Good afternoon, I'm Laura Kavanagh the director of the Division of Research, Training and Education at the Maternal and Child Health Bureau, welcome back. I'm going to start this session on investing in people, the evolution, contribution and promise of MCH Training with a post from a current trainee who is a nutrition trainee and this is the post from our blog. The fact that nearly half of the public health nutrition workforce plans to retire in the next ten years would be daunting without the mentorship I've received in the nutrition training program. Instead, however, I'm excited and prepared to step into a leadership position. The confidence to step forward did not come from the classroom or practice, but from the mentorship I received at the nutrition training. As I continue to practice and develop my knowledge and skills as a doctoral level trainee I want to mentor the next future leaders just as I have been mentored by those of today. I think that many of you can relate to this experience, having been mentored in the field of Maternal and Child Health by people who cared about your development and cared about the development of our field. For those of you still coming into the room let me introduce myself again I'm Laura Kavanagh and I'm the director of the Division of Research, Training and Education at the Maternal and Child Health Bureau. I'll have a brief overview of some history of the training program and I'll turn it over to much more fun. One elegant aspect of the Title V legislation is its capacity to build and strengthen systems and services in states and communities through research, demonstration and training. Since its inception in 1935, Title V staff at the state and national levels understood the importance of education in meeting its mission. Each of these sweeping systems change efforts initiated by the MCH community, local state and Federal has required educational efforts to prepare the workforce so they have the tools and the knowledge to affect systems change. Many of the early efforts focused on quality improvements and clinical services such as better preparing midwives or

preparing clinicians to implement scientific advances such as the doctor mentioned this morning in new fields such as pediatric cardiology for orthopedic services were then called themselves for crippled children. From the beginning, this was a shared Federal/state partnership and responsibility. Early investments were in public health nursing education and developing MCH capacity within states and within Schools of Public Health. In addition, the capacity of Title V to affect system changes requires the training of a new generation of MCH scholars and teachers ever evolving and translating the science and supporting professionals in the practice of Maternal and Child Health. Currently the MCH Training Program supports graduate education for MCH professionals in a variety of disciplines including public health, adolescent health, neurodevelopment disabilities, developmental behavioral pediatrics, social work, nursing and many others. The training program also sponsors ongoing learning and skills building opportunities for MCH practitioners through a certificate program, training and distance courses. Recent training programs included leadership development, data skills and systems of care for children with autism. The reach of the training programs is far and wide. MCH has met changing needs over time from the clinical innovations to institutional investments for those with developmental disabilities or to more recent investments in interdisciplinary practice in leadership and public health. Concurrent with this evolution in graduate and post graduate training in public health and medical subspecialties in pediatrics and maternity care were resources to enhance the knowledge base and skills of Title V public health in the field. Title V training programs seek to address the learning needs of those leading the programs in states and community levels as well as those providing Title V supported hands-on care to individual women and children nationwide. Current continuing education investments include knowledge of practice grants, distance learning, certificate programs and Maternal and Child Health. We have an MCH pipeline program that's encouraging both high school and undergraduate students to enter Maternal and Child Health as a profession and introduce them to public health. Collaborative office rounds and an MCH Institute. Emerging issues include -- are many. The continued challenge is to meet the needs of the current workforce and to anticipate what the future needs where we can prepare a workforce with critical thinking skills, cultural competence, interdisciplinary problem solving and other skills to help them manage and lead change in areas that we can't even imagine yet. Access to high quality medical care will not on its own solve the public health challenges we face now and in the future as you've heard throughout today. Insuring health and well-being throughout the life span from one generation to the next and across communities and population groups will require attention to a much broader context from the environment to economic and social factors. The Life Course perspective will require a whole new frame of reference for us and new educational opportunities as well. We also continue to struggle with diversity. Our goal is to have MCH students and MCH practitioners reflect the diversity of the nation. We aren't there yet but making moves in the right direction. Changes in demographics demand we make

this change and that we invest earlier in the pipeline to attract young people to MCH as a profession. We must also figure out ways how to build new models of education effectively using technology to exchange ideas on a regular basis and to participate in lifelong learning. But we also need to personalize technology so that we feel a connection to one another. Throughout the course of my career we came to meetings like this to make the connection. We don't always have the travel funds or the ability to make that connection. We'll have to be more creative about engaging with one another via distance sometimes. Many of the MCHB supported grantees are developing creative ways to accomplish this very issue using social media to engage with very diverse groups. In closing in this opening I want to share with you this idea of creating and sustaining an MCH community. One of the reasons we gather at occasions such as this 75th anniversary celebration is to take a moment to reflect on our can history as we move forward and vitally important that we acknowledge this is a very ambitious agenda we're about to undertake and requires all of us working together as a community as we always have if we're going to make a difference. Thank you very much for being part of this community. Now, on to the fun. It is my pleasure to introduce Donna Petersen and Kate Brandert this afternoon. Today they'll illustrate the myriad of ways that MCH Training intersects with practice, scholarship and evolving in the field. We want to present these concepts and their implementation through one story told by Dr. Petersen and then a game, an exercise led by Katie Brandert. This afternoon Dr. Petersen will share her story and I encourage each of you to reflect on your journey and take a moment to thank those who have been important to you along the way. Donna will tell her story so she asked me not to tell too much about her. She was trained in an MCH Training Program and now currently the dean of the School of Public Health at the University of South Florida. Please join me in welcoming Dr. Petersen. [Applause]

DONNA PETERSEN: Thanks, Laura. Good afternoon, everyone. It's great to see so many old friends and colleagues and folks that have shared this journey with me. As you just heard Title V, among its many achievements, has supported the preparation and continuing development of a diverse cadre of professionals trained to meet the unique and critical needs of the nation's mothers and children. A number of us here have been the recipients of those training funds and those training programs that are supported through the bureau. And I know that a number of us are intentional in our career choices. We determine that we wish to be in social work or pediatrics or nutrition and we find ourselves with the good fortune to land in a program supported by MCH Training funds and we learn all there is to learn about leadership and systems and history and how to be excellent practitioners within that field. For those of us in public health MCH that intentionality of career choice is not always so apparent. Public health finds you, it is said, you don't necessarily find it. In fact, the joke is that most of us trip over public health and a few of us fall hard. So armed with an undergraduate dmg behavioral science and a year of experience as

a fry cook and cocktail waitress I stumbled into a brand-new master of health science program in Maternal and Child Health at the Johns Hopkins school of hygiene and public health and to say I didn't know what I was getting into that's an -- the same time. There were two of us in a brand-new program and I was able to have dinner with her last night. These experiences formed lifetime bonds. We truly believe they were creating this program about a week ahead of us and she said last night I don't think a week ahead of us. I think it was a couple days ahead of us. The good was they had us do everything. That was okay because that let us meet darn near everybody affiliated with MCH in the D.C. metro area. Those people that we met were so passionate about their work, about the promise of public health interventions with pregnant women and children that we were smitten and decided to keep on with the program and met even more fabulous people. Not just in public health but at the Kennedy Krueger institute and the other health professionals and schools and universities in the area and in the field and we were infected with the idea of prevention and health promotion and policy level change to improve not only the health of families but society as a whole. As part of that masters program we did a six month internship and I landed at the Office of disease prevention and health promotion here in Washington. Among my many assignments I was sent to work with the national healthy mothers, healthy babies coalition because I was the only one in the office with any MCH knowledge and through healthy mothers, healthy babies I met the representatives of I don't even remember how many organizations. I think it was 85 private and public and parochial and all over the place all dedicated to optimal pregnancy outcomes and the healthy development of children. In one of my -- I don't know why I was in the Parklawn building but I was and I stumbled into Hutchins' office because I was looking for something and they didn't tell me he was there when I went in there. He was gracious and kind and loved having an opportunity to chat with a student and by then I was head over heels in love with MCH. When I graduated from program I was hired by the Maryland Department of hygiene that allowed me to work across the MCH programs and all the programs related to it. Substance abuse, mental health, the state hospitals and social services and even juvenile justice. And I got roped into leading the Maryland healthy mothers, healthy babies coalition given my vast experience at the national level and somehow I think it was because I offered to bake for the meetings I managed to get on the board of Maryland Perinatal association and the most surprising to me of all I landed a spot on the Maryland women's health coalition because I had been on capitol hill and wasn't afraid to testify which is a useful and apparently rare skill. [Laughter] So back at Hopkins Department of MCH working on my doctoral degree I worked all through that program on two MCHB funded grants in collaboration with the six MCH programs in the mid-Atlantic region. With the help of the regional office we worked on interagency programs with Bureau of primary care and housing and -- that's how old I am. You don't even know what those are, people out there. And through those efforts working across six states and always different interagency programs I

met more people passionate about Maternal and Child Health and did hard work to ensure the health of mothers, children and families. It didn't hurt I had the good sense to marry Greg Alexander and who insisted that I publish and keep publishing even though I swore I would never go back to academia, thank you. So with that portfolio, it was probably not all that surprising that at the age of 29 I was hired to direct the children with special health needs program at the Minnesota Department of Health and because of my upbringing in the MCH family it made sense to me to reach out to all those organizations I had gotten to know while I was a student and all the training programs I was familiar with at the university. Nursing, adolescent health and yes, public health MCH. With that kind of support from the community and from my colleagues it wasn't hard for the leadership of the Minnesota Department of Health to change the requirement in order to promote me as the first non-physician to service as the state Title V director. I was invited by Dick Nelson to be the region V rep and I found myself chair of the continuing education committee and during my chair -- tenure as chair of the continuing education committee we led what I believe is the first nationwide assessment of the training needs of state MCH and children with special health needs program and we advocated with the bureau to expand their continuing education and professional development programming specifically for the Title V personnel. And maybe as punishment, I'm not sure, I remember being given the distinct honor of being the representative, the representative of all 50 state Title V programs, 85% of the block at a meeting of representatives of all the MCH funded training programs. If I recall this correctly I by myself was supposed to convince all 60 of them it was their job to meet the training needs of the state programs first and their clinical colleagues next. To say this was not a happy meeting would be an understatement. It was really interesting looking over the history it was interesting to see the training programs really began in the state programs to identify the needs for trained personnel. If you were at that meeting, I was right. With over 89 in the new requirements for five year needs assessment came the need for focused training quick and I guess because Greg and I were the academic practice dynamic duo we were enlisted to develop a program that we delivered in states in three regions and some individual states. It was pretty crude at that time, though there are still elements of that program that I use today. It's been interesting those that remain involved in the training and we've evolved in our training as you have all evolve in your skill and ability to meet not only the letter of the law but the spirit of the law and your responsibility under it to provide true leadership for MCH in your states. I've had the pleasure of providing needs assessment training as part of an ever-changing team with state Title V professionals, bureau and other agency experts, leading from MCH funded training programs across the country. I joined the faculty of the skills training institute. I was elected to an officer position in the MCH section of APHA. An active member there and continue to provide training and through another MCH funded project I was able to provide technical assistance to specific states. Back home because of our great relationship with all the training MCH funded training

programs at the university I was able to keep teaching and mentoring students and at the health department I encouraged the placement of interns in all MCH programs and even created an opportunity for members of the faculty in MCH funded programs to spend time with us as scholars. Lorraine recruited Greg and I to UAB and with the great faculty already there we built a first rate MCH Training Program including an outstanding DRPH program a number of the graduates of that program are here today. At UAB we net worked with the other training programs in pediatric and neurodevelopment among others with our state and local colleagues engaging students across programs and connecting them with the I was able to continue providing training in needs assessment evaluation, systems design and leadership to every state multiple times. I apologize. Including the virgin islands, Hawaii and the Pacific territories and very fortunate to have been asked to provide specialized training and consultation to over half the states. The other half of you know who you are. You can call me later. When I was -- I was recruited by my MCH colleagues who I already knew were fantastic. When I went to Tampa and learned about the College of Public Health, this is a school that has a great -- place's great value on its role in the community and actively participates in community-based efforts to improve health. MCH is not a stepchild there, a vibrant, active part of the fabric of our school. In the six years I have been at the College of Public Health MCH has been consistently selected as one of our top three research priorities as a college. Of course, as fate would have it I learned we lost the MCH Training grant when I got. There I don't think it was my fault but rather than give up and move on in true MCH spirit the faculty associated with that program, the staff and students decided to roll up their sleeves and get back to work. They reshaped the program. Forged connections with colleagues in other departments and colleges on campus and built a research portfolio, improved the curriculum. Provided more professional development and they manage year after year to keep attracting outstanding students to an ever-stronger program and the result, just a few months ago, five years later we learned that we have our training grant back and I couldn't be prouder of our team. They're absolutely outstanding. And me? Well, that training grant support given to a very naive young woman back in 1982 is why I'm standing here today with the programs and people I love in the only field I've ever known, Maternal and Child Health and in the end as people today have said much better than I can, it's about a shared responsibility, it's about interconnectivity and we're all a family connected by our history, determination to make a difference, by the legacy of our ancestors and the promise of our future. The promise we make to our community and to each other and who could ask for more than that? Public health is a good thing to fall into. Thanks for being there to catch me and to keep me up and moving. Happy anniversary, Title V, god bless all of you. Thank you. [Applause]

LAURA KAVANAGH: Now we let the games begin. The idea of using a game to illustrate the concepts of Life Course perspective was first perceived in a class taught by Cherie, who is here at the University of California-Berkeley. In 2004, four students, Jennifer, Elaine, Cynthia and Monique renamed the game chutes and ladders to show how risk factors, which were with chutes, can send you down and protective factors, the ladders, can help you up. They used to gain the black and white photocopy of the game by students for several years as they trained their staff on the Life Course perspective. In the 2008 CityMatCH staff adapted the game to use at their annual conference which focused on Life Course. The game was so well received the CityMatCH began producing the game as a facilitator's kit in June of 2010. Over 100 kits have been sold in the last six months and we're helping to increase that purchase with our friends today. It's used with community groups, staff trainings, high school teacher retreats, religious organizations, teen leadership groups and more. This afternoon Katie Brandert from CityMatCH will lead us all in a game of Life Course. Katie. [Applause]

KATHLEEN BRANDERT: Thank you, Laura. What's a birthday party without games? I suggested pin the tail on HRSA MCHB staff. Peter said no. So instead we'll play the game in front of you. We have very limited time to play a game which, in reality, includes an introduction, a playing of it and a debriefing of it. We'll do all three of those things but really fast. So for just a minute I want to be chaotic and say if you're sitting at a table with fewer than five people, find yourself a new table. You need at least five people at your table. You have 30 seconds. If you're not sitting at a table, find one. At least five people at a table. I see you working on it. I'll keep going. So as I mentioned, as Laura mentioned, it's important to educate the MCH workforce on these concepts that we've been talking about today and that Milt so eloquently shared with us this morning around the Life Course theory and the Life Course perspective. Sometimes it takes a little bit of an intro. I feel that was given to me most of the day. So I want to turn now to the second part, which is to play the game. I'm going to get you started in a really quick fashion. I want you to choose a colored game piece. Go. Good job. There are five game pieces. If there are more than five people at a table, partner up. If you're using a carriage as a game piece, don't do that. Carriages are a little added bonus on your table. Game pieces are red, blue, purple, green and yellow, I believe. Okay, you have your game piece. Now I want you to see there are cards in the middle of your table that say game profile on them. I want you to pick the game profile that matches your colored game piece. Everybody stop and look this way for one second. Very good. All right, here is where you get to play and I get to stop talking. I want you to go around the table and read what is on your profile card to everyone else at your table and then whoever has a red profile card I want you to roll the dice and I want you to start playing. You have about 14 minutes to get as far in the game as you possibly can. If you land on a red space, I want you to get a red card and I want you to read the whole thing to the

people at your table and follow it. The same with the green card. CityMatCH staff raise your hand. Others who are helping, they'll be wandering around to help you. We'll see you back here in 14 minutes, enjoy. [participants playing a game]

KATHLEEN BRANDERT: I have to have you start wrapping up. Give everybody at the table one more turn.

KATHLEEN BRANDERT: In an ideal you had a little bit of chance to introduce why you are using a game to talk about the Life Course perspective. And then you've given folks 30 or 40 minutes to get through the entire game and then hopefully everybody has played enough that they can settle down and listen and help you debrief what the game means for them. We have to stop playing. I'm glad you're having a great time. You wouldn't believe the time the CityMatCH staff had working with Todd and Cherie to come up with what's on those cards. Who wants to take the game home? You have to stop playing and I'll tell you how you can. [Laughter] Laura tells me I have 30 seconds to wrap up this session. And as I do I want to make sure you walk away with two things. First, an announcement from our sponsors, the archives and slides will be able on mchcom.com following the meeting. Two things I want you to take away. Hopefully from the session you take away more than the fact that this game exists. Number one, I hope and I think we all realize, that theory by their very nature are complex. And listening to how a theory unfolds is often not enough. We need engaging tools that can help us to make theories tangible for the people who are being asked to put them into practice. So I challenge you as your first take home from this session to make sure you take the time to find and utilize good tools for helping to educate and train your staff and your stakeholders so everyone understands and believes in the power of translating this Life Course theory into practice. Second, and I think we could probably all agree on this, too. Understanding or having knowledge about how a theory works is not enough. It is only step one in the process. It's a really important step but it can't be the last thing that you do. This game and other tools like it are meant to be a starting point for discussion on how you as an individual, your organization, your community can take the Life Course theory and translate it into programs and policies that benefit the mothers and children and families and fathers in the places that you live. I'm glad you had fun playing. If you're interested in how you can get your hands on a copy of that game following this session and you don't win one, which I'll announce in a second, you can pick up order forms on the CityMatCH booth out in the lobby area. If you're at your table, figure out whose birthday is closest to today and you get to take home a copy of the Life Course game. So if your birthday is the closest to today, you get to take home that game on your table. All right, one more thing. About the game. It's actually sold as a kit of three games with a facilitator guide. Some tables have those facilitator guides. Then finally, I knew I should have saved that for the very last thing. Finally, Laura started by saying let

the games begin. I would like to end by saying the same. We've had 75 years of great learning and great innovative practice in the MCH field. I think it's time for the games and the learning and the innovation to continue at the Federal, state and local level for the next 75 years. Thank you to Laura Kavanagh for her leadership in the training branch. Can everyone help me join -- help me join thanking Laura for what she's able to do to help get us educated and trained and with that we'll go on to the next session.