

## **HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING**

### **Building Blocks for Promising Practice Models**

October 14 - 17, 2007

### **Collaborative Best Practice Models in MCH**

#### **Education and Service**

LAURA KAVANAGH: I'm Laura Kavanagh. I'm Chief of the Training Branch at the Maternal and Child Health Bureau, and it's such a delight to be with you here this morning. I was reflecting a little bit on what Dr. Donna Petersen said yesterday about the importance of a positive outlook, and I was thinking about the presentation today, and it's such a joy to be with folks that I work with who are so committed to Maternal and Child Health Training. And some of my favorite people in the whole world who run these training grants who are innovators and brilliant people who--it's a pleasure to work with on a day-to-day basis. So these are the things I'm thankful for.

Could folks who are from the Maternal and Child Health Bureau just stand so I can recognize you as well and talk about your connection to the training program? Dr. Ann Drum is the Head of the Division of Research Training and Education, and Research Program and Training, surprisingly are in her division. Chris DeGraw is the deputy for our division as well, also heads the Bright Futures Initiative you heard from him yesterday, and Healthy Tomorrows. Denise Sofka is a project officer within the Training Branch. Audrey Koertvelyessy, she is also a

project officer within the Training Branch. So it's a pleasure to have them here as well.

I'm going to introduce the speakers this morning, and then I'm going to provide a very brief overview of the training program to give you a context for where these programs fit within the Maternal and Child Health Bureau, and the historic connection that we have with Title V. It's a requirement that all of the training grants collaborate with Title V. Based on history and many, many site visits. I know that that's uneven across the country. And I'm anxious to have for us to leave plenty of time for a conversation and brainstorming about what your experiences have been in working with training programs and what we hope over time this can become, because I think there's a tremendous potential here.

I'm going to introduce the other speakers, and then I'm going to give the overview of the training program. Dr. Jeanette Magnus, could you just wave since you're not sitting at the--is from Tulane University. She has an M.D. and a Ph.D. She heads the--she's the Head of the Maternal and Child Health Section in the Department on Community Health Sciences at Tulane. She has both a clinical background and a public health background. She has made innovative connection within the state of Louisiana. I've gotten to know Jeanette very recently, but we've actually had the opportunity to do a site visit together so I got to know her a little bit--to know her outside of the program a little bit more informally, learned about her expertise in wine, in other areas. So--she's also has

NIH clinical research in women's health. She has a national center that is at Tulane. And she'll be talking a lot about the remarkable partnerships that existed prior to Katrina, but then also, I think some of the benefits of having that partnership opposed Katrina as well.

Kathleen Rounds is from the University of North Carolina at Chapel Hill. She's with the Social Work Department there. But she has joint appointments in--you have joint appointments in Social Work and Public Work?

KATHLEEN A. ROUNDS: I worked. I have a joint program.

LAURA KAVANAGH: You have a joint--so it's been both the School of Public Health and School of Social Work. She's also a director of the doctoral program at the School of Social Work. She's a graduate of the University of Washington School of Social Work, and University of Michigan School of Public Health.

Kathleen is part of the social work training programs that we fund. There's only three in the country. So when we get together from grantee meetings, it's a very intimate affair. So we get to know one another through that practice as well.

Lin Bearinger is with the University of Minnesota, and has affiliations with both the leadership program in nursing and the leadership program in adolescent health. She has connections there, and I'll talk about both of those programs as we do an overview of the training program. She's also done both research and

program development around American Indian children and adolescents as well. So that's something from her background.

Let me talk a little bit about the training program now. Context, we're within the Maternal and Child Health Bureau. The training program has been funded for quite sometime. Some of the programs have been funded since the 1940's, so there's been a long history of training programs and the Title V Block Grant. And the intention was very deliberate, to have both of these programs inform the other. We're within the division of research training and education, headed by Ann and Chris.

And at--this is the part of the Title V that I want to talk about. As a fed--and on a relatively new fed--I'm not going to be able to get away with that for much longer, because I'm now becoming an old timer since I've been there for seven years, I guess. It's unusual for a Federal government agency to have a block grant, to have demonstration grants, to have a research program and a training program all in the same agency. And it's terrific because you--it gives you a ready excuse to talk to other people about what's going on in the field, how come we translate that into what's going on in training and practice, what is--how is it research informing what we're doing in training and how it's research informing what we're going to be doing in terms of demonstration grants through the Title V Block Grant. The needs assessment data that you produce informs a lot of what we do as well, but I think this is a wonderful collaborative effort that's deliberate.

The MCH Training Program is focused on leadership development. It's focused on an interdisciplinary focus, and it's focused on, of course, on the MCH population. Our vision for the 21st century is that all children and families will live and thrive in healthy communities served by a quality workforce that assures their health and their well being. And in order to achieve this vision, we've developed the national training strategic plan. It has six goals. All of these are on our website. The--I'll talk about a couple of the areas that we've been focusing on in particular recently. Some of them culture competence and family's inner care. We've had a long standing commitment to leadership development. We've had a long standing commitment to--but we've done, I think, a better job of being more explicit about what do we mean about leadership development, what are those competencies. And I'll talk about that in a moment.

Our annual budget for a training program is actually pretty small compared to other federal training programs. It's \$37 million per year. We're happy for every penny, and one of my jobs is to help us to spend your taxpayer dollars wisely, and my taxpayer dollars wisely. We have 127 active projects at 77 universities. And actually I need to update the slide. It's one. It's the District of Columbia. We fund long-term training and we fund short-term training. The long-term training is generally the graduate level, so we're funding master's level students, doctoral students, post-doctoral students in all of these areas. Some of these programs have an interdisciplinary--explicitly an interdisciplinary component. Those are

adolescent health, leadership education or developmental disabilities, pediatric pulmonary centers, leadership education in adolescent health, and the schools of public health. All the other ones also work in an interdisciplinary fashion, but they don't all have interdisciplinary faculty and interdisciplinary students. And the interdisciplinary ones are required to have both of those.

We also support continuing education. This is--again, there are collaborative continuing education efforts that happen within each of the training programs that they're reaching out. But then we fund separate small continuing education grants. These are \$30,000 per year for up to three years, and distance learning grants which \$100,000 per year for up to three years, and to address your needs in particular with the MCH health professional--public health professionals.

We also have a certificate program in public health. There are two of these programs, one at the University of Arizona and one at the University of Hawaii. These are targeted to practicing MCH professionals to help them who--either they are not ready to go back for a graduate degree. They may not ever seek to go back for a graduate degree but want to get a little bit more training and experience and exposure to Maternal and Child Health in public health.

We have a very exciting new program called the MCH Pipeline Program. There are fact sheets on each of these programs if you're interested in an individual one as well on the table. The MCHP Pipeline Program is seeking to reach out to

high school and undergraduate students from minority serving institutions to encourage them to pursue Maternal and Child Health professional career, to open up their eyes to many other possibilities. Public health is a possible career, and wide variety by other disciplines. We're also very explicitly wanted to link them to the existing long-term training program. So, very selfishly, they make sure that our long-term training programs had a pipeline that was connected to them as well.

We also have collaborative office rounds, which are a joint venture between child psychiatry, developmental behavioral pediatricians, and residents in pediatric to expose them to mental health issues. Listening to this morning's presentation, I thought, "How can we better connect core to some of these other mental health efforts." And I hope that many of you are familiar with an MCH Institute. And I'm very pleased that the head of the MCH Leadership Institute, Dr. Donna Petersen, is here--would you stand and raise your hand--which is housed at University of South Florida, targeted, again, specifically to Title V, directors, staff, and others who you feel are important to have an MCH content exposure in your state. And these are--you decide. The Title V staff determines who comes each time. We can never accommodate everyone who applies. I'm watching and making sure that Donna's nodding, right? But we do our best, and then we do try to maintain from institute to institute. There's three institutes per year now, and we try to make sure that you can get in eventually. And it's a terrific, terrific institute.

Geographically, we're doing better than we did, but we're still not doing great. Most of them are still historically, sort of east of the Mississippi, the training programs that we support. Some of the interdisciplinary programs require that we have faculty from the school of medicine, for example. So some states that don't have a--can't apply, because they don't have, like Idaho, for some of the interdisciplinary program, but they could apply for other programs.

So what are the priorities of our stringed strategic plan? We've been working very closely and serving on the AMCHP workforce development committee to talk about improved data about the MCH workforce. Who you--who are you? What are your needs? Where do you see yourself going in five to ten years? How do you assess the competencies of your staff, both program managers and other leaders within the State Title V programs? We've been active in trying to develop tools for both university and practice. One of them is the development of the MCH leadership competencies. That's also on the table. I should have brought a copy to hold up, but I'll show you a photo. And then, an MCH timeline, which we presented at last year's partnership meeting. I hope it is familiar to you. It's a historical website about the development of MCH and public health in this country that I hope is a resource for you and your staff. We also--the research program focused--developed a new competition for an interdisciplinary study. We've been focused on interdisciplinary training for a long period of time, but we don't have good data to support why this focus, it's an expensive model. Some people call it the Cadillac model. I think that's probably dated. Cadillac is

probably not the standard of great cars anymore. I don't know. That may not be true. I should be careful what I say. Who's--who's from New Michigan? I've just done it. Sorry. But there, we're funding a new interdisciplinary study that will be coming out shortly. I'm very excited about examining what difference does it make to focus--to have a training program that focus--focuses in an interdisciplinary fashion.

So, what are the sort of connections that are already happening with Title V that we know about and how can we build on those? And this is where I'm hoping we can have the conversation after our three wonderful presenters. We do have this MCH Leadership Institute at the University of Florida that is a direct connection to Title V. We have continuing education grants that focus and can try to connect to Title V audiences, but other health professionals as well. We have distance learning grants that also, again, try to make this connection. But then, there are very many informal connections that we want to foster over time. How are you connecting at your state level when you conduct your needs assessment with the University in your state, with the other training programs in your state? And they might not be MCH-funded programs, although those, we have a little extra leverage to help make that connection--help--hopefully help make that connection with you. There are joints continuing education activities and leadership development, and both--all--Jeanette, Kathleen and Lynn will talk about some of those efforts that had been underway and been huge success stories.

I talked a little bit about an emphasis on defining MCH leadership. And Donna kindly referred to some of these in her presentation yesterday, so I'll skip through this a little bit, but one of the efforts is the development of these MCH leadership competencies. And we've started talking about spheres of influence and competencies you would have within yourself in interacting with others in a wider community. And we're presenting this model of leadership sort of development over the course of your career. I'll go through this very quickly, and you can read about the competencies later. This is the training website. It has our strategic plan. It has a map and abstracts, and contact information for every project and project director that we support. So when you click on a grant that you're interested in, either by a program or by region, you get Jeanette Magnus' name, her address, her e-mail and her phone number, as well as an abstract about the training program. And she's taking a deep breath now, because she didn't realize all that was on the website, same for Kathleen and for Lynn as well. But it also contains connections to other resources that I--that I hope would be helpful to you. And that's my contact information. That's the brief overview of the training program. Now, I'm going to turn it over to Jeanette first to talk about the connections between Tulane and Louisiana.