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

JEANETTE MAGNUS: Thank you very much. First, I would like to say thank you to Laura and to Audrey for submitting this abstract. And then afterwards calling and say, “Oh, we got accepted.” And I said, “What happened?” And, “Oh, we got accepted.” And then they started telling us what it was about, so that was really, really interesting. So, thank you very much, both of you, for believing in us so much that you wanted to showcase us and that you gave us the opportunity to come here and talk a little about what we are doing.

I was recruited to Tulane in 1999, and one of the persons who interviewed me as a part of this recruitment was the Title V Director, Joan Wightkin. So, then when I--after a couple of months, I was left with three faculty retiring; one dying, and two leaving. It was like, Okay. What do you do if you have an education program that’s going to survive? And I was the only senior faculty. I had one junior faculty who had just started six months earlier. Then you go to the one who knows the most about MCH in the State of Louisiana, which was Joan Wightkin, who was an alum of our department for many years earlier and who had been running the MCH office for about 15 years at that time. So, we started talking about what kind

of a strategic plan do we develop for the School of Public Health MCH Program at Tulane in order to meet your needs? And, of course, my academic needs was another thing that I also had to do in order to meet the Dean's needs. But we had then the beginning of the reciprocal mentorship, because she was then in the doctoral program in MCH, and since everybody left, I ended up being her academic mentor for her dissertation, and she was my mentor on MCH, the practice side. So, I just want to say that what I'm going to tell you is equally as much Joan Wightkin's than it is mine. And also, that we finally then in 2005, was able to secure one of the 12 leadership training grounds for MCH programs in the Schools of Public Health is equally her work with us as it is mine. Just so that you know, so we have everything straight here.

So, over the years we have had a very strong collaboration with the Office of Public Health, and particularly with the Title V Program. And one of the first thing that happened was, as I described, the personal relationship. And I think a lot of things happened based on personal relationship, some things happens between organizations. And what happened between the two organizations was that already in 1993 there was a memorandum of understanding between the School of Public Health and the Office of Public Health that actually set the relationship there. It was established a practicum or a Capstone or whatever is called for students that need internships where actually the state and the school co-funds a position that works on placing these students, most of them also getting Federal work study dollars.

So, a lot of the logistics was already in place. When we then started working on the leadership training grant it was natural for us to work very closely with the Title V Director, Joan Wightkin, as we prepared the grant. And a lot is reflected in the grant that also comes from her and she was then--when we invited our community advisory board, she was a natural person to ask to be the chair of our community advisory board.

Pre-Katrina, we had a very close physical relationship. The Office of Public Health and the Title V Program actually had their office about five minutes walk from the School of Public Health. But they had five feet of water, we had five feet of water, you know, charity--we had four hospitals in that area before the storm. And now we have two, that's open. OPH is actually scattered throughout the Greater New Orleans and that is a major problem. So one of the last things I did at my office Monday morning, before yesterday morning, before I left was to resend a letter that actually please that the Title V Program gets an office downtown. Because the transportation is so bad, particularly students, they cannot travel to get to the sites. Before the storm, we had about 65 of our students working with the Office of Public Health. After the storm, we're down to about 25, and that's just because of the hassle of traveling.

So, another thing that I think is really important for an academic side to think about is that you want to make sure that your students get good jobs. Another

thing for Title V programs to think about is, “Okay. What kind of employees do you want? What kind of training do you want them to have had?” If you work close with institutions that do that training in your region, you have a say so there. Of course, it turned out that many of the alumnus who worked for the MCH program are actually, particularly in the Title V Program, are from our department. But they’re also from other departments in the school, from biostatistics or epidemiology, and so on. So I think for a Title V Program to actually really have a close connection to the training organization helps shape their training, too.

We have regular strategic discussion with the Title V director. Ever since I started in ’99, we’ve had about twice annually strategic discussions about opportunities for grant, opportunities for collaboration, issues related to teaching and so on. And that one of the things that we--after the storm decided and was very important to do something about was the whole issues related to the Fetal and Infant Mortality Review Board coordinators across the state. I’m sure you have all these things going on in your states, too. And what we then started doing was that we initiated regular meetings with the MCH FIMR coordinator for Louisiana and start talking about, “Okay. You have these nine coordinators and the nine regions of Louisiana, what kind of public health leadership focus would you like to enhance or install in these coordinators that actually have stepped up to take leadership, being to coordinators, what is it that you see that they are needing and what they need? Most of them are RN’s, as you know, so we did the training

needs assessment. We did actually a survey where we asked all the FIMR coordinators, but we also asked other MCH coordinators across the state at one of their MCH meetings, to ask them, “Okay. What kind of leadership training do you want?” I know that a couple of years back that was also done, but it was much more from a technical point. Now, we took it down to individual and to regional needs. And we also started going through a pre-authorization and a planning, and based on that, we have been developing several workshops. We ask them, do you want us to come out so that we get you to meet at one local place? No, they didn’t want that. They actually felt that it was better for them to have much more frequent meetings, like a teleconference. In addition to the training they have that is FIMR program specific we have set up skill-based workshops. Cultural competence (inaudible) like pregnant and postpartum Hispanic women, we were, as you know, from the television flooded with Hispanic workers. And about six months later, their significant person came and they ended up being young pregnant women. So, suddenly Louisiana who has had a very confined, very small Hispanic speaking population, we had Hispanic speakers all over and particularly uninsured. So it ended being a huge problem for those dealing with pregnant women.

Another thing is postpartum mental health. Because of the whole issues after Katrina, we anticipated increased issues and problems particularly in the vulnerable population, which is then a pregnant women, so we had an expert to come and talk about that. Domestic violence has skyrocketed, and it’s not only

that, we can't get numbers. But what people say, and even the police say, that it is so much more brutal. It is so much more severe. So then, we are connected, the MCH section and we are connected with a wide group of domestic violence people, so we then brought our network into the FIMR network and talked about that. Another thing is the whole aspects of grief counseling for neonatal and perinatal loss, which was then much more straight into the FIMR program. And then, we had a huge one day workshop on breastfeeding that we had international speakers and we had FIMR coordinators from all over the country. We were able to provide small stipends. And another thing that they really wanted also was advocacy one-on-one, which we are then also running later this fall.

Another group that was identified from Title V that was something that we wanted a closer collaboration was the nurse-family partnership. This is then the nurse home visiting program that might--David Oats had over several parts of the country, we have pilot tested this in four regions. It was evaluated by an MCH faculty in my section. And the program director is then an adjunct faculty as well. So, we now have--they are planning to increase this to more regions than the current four, and what a nice way of using students than having a student class project actually be to develop an advocacy and sustainability plan for this expansion. So, the students have met with Joan Wightkin, they've met with Paula Zeanah, who is the program director. And they are now doing the legwork and the prep work, putting the data, writing the whitepapers and so on, developing a

strategic plan for how to do this in collaboration with them, and they are also handing it in as a class project. It's only a win-win situation.

Another thing is that, because of this close collaboration that we had with the Nurse-Family Partnership, we also managed to partner with them and with Joan Wightkin on a Johnson & Johnson grant on peer education, a model for community women on stress and coping that we're now rolling out in three parishes or counties that was devastated by Hurricane Katrina. We also worked very closely with the MCH EPI group. We have staff or alumna of our MCH EPI in masters as well as our MCH Epidemiology Doctoral Training Program, and they are adjuncts in our sessions. Also, the state MCH EPI program serves as a laboratory for us, a place where the students start working very early and where they actually work throughout their program. And the leadership training ground actually pays some of--a stipend for--to some of the students to work there. This provides hands-on skill building workshops and seminars that the staff at the MCH Program do. And it's, of course, also for the students who are really dedicated, it provided practicum projects. And several of the students have presented abstracts at the MCH, the Annual MCH Epidemiology Conference, and so on. So we think this is really high quality, some of them have gone on to be fellows. And I think this is a very nice win-win situation.

And this provides also--for the MCH EPI group that provides stable base of students that they can use for their ongoing work, particularly when they are in situation where they need more work. Yes. Thank you.

We have students who are working in internships and work study programs, like I mentioned, that's paid by a core faculty member. And we have developed a virtual tour. Some of the students before they could go down and they could meet and they can walk around the Title V programs--sorry. Where they are now nobody wants to go, because it's not quite pleasant, so we have instead developed our virtual tour and we're collaborating on the OPH orientation.

And we're also enhancing skill building with abstracts writing and poster. We have a website. And on this website, it is www.sph.tulane.edu/mch. We have leadership and talks, we have leadership taped, leadership seminars, we have leadership resources, we have a book reading list, we have developed different types of newsletters. The first two years, we called our newsletter, "Rebuilding and Reclaiming the Future." We have just turned, said that we are there, we are in our own future after the storm now, so now it's "Building and Reclaiming," because we—and claiming because we are actually gotten caught up.

So, all these things we then make available for OPH employees as well and for the alumnus. Any questions? We'll do that afterwards.