

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

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Collaborative Best Practice Models in MCH

Education and Service

KATHLEEN A. ROUNDS: Good morning. While I set up here, some of you may have picked up the PowerPoint handout on the way in, some of you may don't have it, so it's being passed out now. I'm Kathleen Rounds. And I'm at the University of North Carolina, fondly referred to as Carolina. And I'm going to talk about a very exciting model that we have at Carolina which brings together our training programs, Title V and Families for Leadership Development. What I'll be doing is I'll be giving you some background to--about how we formed our leadership consortium, and then talking about how we included and brought in Title V as well as families into the consortium.

In 2000, the Maternal and Child Health Bureau made a sight visit to University of North Carolina. At that time, we had five training programs, leadership training programs at Carolina. We now have only four. Pediatric Dentistry did not get funded for a five-year--their next five-year cycle. But one thing that they talked to us about and advised us about was that we should be working in a more collaborative, integrative fashion. This was something--even though we had individual relationships among the programs and did ad hoc work together, we

had no systematic way of working together. Just as in service systems, there are silos, in universities there are silos: big silos, tight silos, so really coming together and working together was something that we needed to spend some time working at. So in the beginning, we met a couple of times in that spring talking about how we might work together, talking about issues of trust and relationship. And then that next year, we spent a very concerted effort meeting and doing some planning about what was that we wanted to do as a consortium, what our mission was, what some of our goals and objectives were. So we came up with a list of--and these are some of the main consortium goals that we wanted to focus on. The primary one was really to develop and implement an interdisciplinary leadership training program for our trainees and for the faculty, and as part of this, to share faculty resources, program resources, expertise for training, research and community-based initiatives. One thing that was key here was this whole issue of funding. We all have different funding streams, so if we're going to do an interdisciplinary training program that were bringing people together, the programs together to do, we really had to talk about how are we going to share funding. Who's going to pay for what, including, if you do an all-day training, who pays for the food? I mean, it comes down to some very specifics but very important issues, as well as who is going to be the organizer or the person taking the lead on an individual training? Who was going to run the meetings that we were doing? So we had to really work on that.

The other thing was that we wanted to serve as a catalyst and coordinating body

for increasing family participation in cultural competence within our own training programs and within our training model. One thing that a number of the training programs felt that they were not doing as well as they wanted to on was the issue of family participation. The LEND program, that was not an issue, but some of the other programs, that was an issue. How do we bring in families more into our program and into our training? And the other issue that we all, I think, felt very strongly about was the issue of cultural competence for our training programs as well as for training--the training that we were going to offer to the trainees.

The other issue for us was that some of our programs are more clinical. The LEND program is a more clinical program. The Pediatric Dentistry was more clinical. Nutrition, even though it was in the school public health, it was kind of both. Interestingly, the program I run, the Social Work Program, is a public health social work program, so it's not focused on clinical training but on public health training. So we wanted to also make sure that all of us, our trainees knew what a public health model was and to have some training and focus on that.

And finally, we're very interested in evaluating our training, our interdisciplinary training. So we did--from the very beginning, we've done evaluations post training every time we offer a training to get feedback from the trainees, but we wanted something more comprehensive. Does this make any difference long term? What happens when people graduate and go out into the field? Are they practicing in different ways? So that was one of our other goals.

Here's a list of some of the activities that we engaged in. I'm highlighting some of these in the subsequent years. First of all was this long-term or year-long intensive interdisciplinary training that we developed for our fellows and our faculty. And I'll go into the actual trainings that we've been doing. We have a list-- a calendar on the back of that handout also to show you kind of how we go through the year, but I'll touch on that in another slide. The other was to really focus on developing a cultural competence training to review the trainings out there, what can we use, what's not helpful, and to actually develop something that's unique for our training programs, and the development of a training and collaboration with North Carolina Title V program and family-centered practices. We started off with monthly meetings--oh, first we start off with quarterly meetings. We've moved to monthly meetings. We sometimes even have twice-a-month meetings to discuss some of the leadership development and issues and training issues as well as research issues of mutual interest. And that's been really helpful to all our programs to be able to share information. And we also have been, I think, very successful at developing opportunities for ongoing trainee-faculty staff Title V interaction and joint initiatives. For example, we've-- someone who might be a pediatric--this happened last year, I think. Pediatric Dentistry trainee who was also interested in nutrition and some Title V issues, we were able to find some projects for that person. One of my trainees who's a Social Work trainee, we were able to get involved in the LEND program as well as in working with the North Carolina Family Council, so all these kinds of shared

ideas and opportunities for students.

One thing that we began to talk about then was, “So how do we interact with Title V better?” We all had ongoing relationships that were with parts of Title V, but how do we, as a consortium, interact as a body with Title V? One thing that we realized is that there’s a symmetry between our academic training programs and Title V. The vision and goals are the same, their shared vision and goals. And the other thing that we’re very aware of is that both the state Title V and the MCH training programs have national performance measures. Those, again, this--I used the word “catalyst” but those national performance measures, although the first time they came out, we kind of all grumbled and then filling out these things online. But at the same time, those have made a huge difference, I think, in our individual programs and on our consortium because we talked about, “So, how are you meeting this performance measure having to do with family participation? What’s your training program doing?” And more importantly, now we’re talking about, “So how can we as good consortium meet this performance measure?” And that means that we can leverage more resources, and just the combined thinking of this group really makes a huge difference. So the ones that we really focused on in our consortium: family participation, cultural competence and collaboration with Title V. I should’ve listed interdisciplinary training here because--but that’s kind of the heart of our consortium.

So collaboration with Title V, how do we go forward then? As I mentioned, we all

have these relationships with Title V, but something that we really decided to focus on that would bring us together was this cultural competence training. We wanted to develop a training for our consortium fellows, and we also knew that there were people at Title V that were working on this and interested in doing this too. So we contacted them, partnered with them, and then after we did a lot of review of different training programs, we decided to contact the National Center for Cultural Competence, had some ongoing conversations, and that proved to be very instrumental. We were able to bring them to North Carolina to do an all-day training for our faculty, our trainees and for Title V staff. And the reason that we could do that in many ways was because we partnered with Title V. As training programs, I don't think--they might have come, but we would have—the money would have come from our budgets as opposed to partnering with Title V where we had a different financial arrangement.

So the ongoing training or the ongoing collaboration has included in the 2006 Title V staff representative attended all our consortium meetings. And then in 2006-2007, we've had ongoing meetings with the Family Council, the North Carolina Family Council. So this is how we're bringing in family participation. And the Title V person is very connected with the Family Council. And so we've come together to really discuss this issue of how do we collaborate, how do we bring family members into our training and to--into the consortium as well as Title V representatives.

One thing that we did this year was we redesigned the cultural competence workshop so that we could bring in family members as a discipline, as part of this particular workshop. So they were part of that redesign. They were part of the conversation as well as Title V. And then, we worked with them very closely, and we had a--one of our trainees and faculty as well as the Title V person worked with the Family Council to really design a family-centered workshop. And this was an interesting process because at first, it was going to be the--have the trainees in the room and have the families come and do the show-and-tell of what it's like to interact with professionals. And really discussing this and talking about partnership, we all decided what we wanted was that everyone was a learner in the room, so that when we started mixing and working in small groups, that there would be a family member as representing families in each group as well as each of the disciplines so that people could learn more and focus not so much on clinical issues as more kinds of policy systems issues. And then--so we implemented that workshop last spring. And actually, it was very successful. Our students--our trainees have learned a lot from this, I think.

So here's where we are with our curriculum right now for our academic year-long training program. We're doing introductory session in the fall where we introduce the consortium, what they are as trainees, what does that mean to be a trainee--a leadership trainee. We cover the bureau, and we also covered Title V in that introduction. Next, we do a three-day in September, usually a three-day intensive leadership assessment workshop. And we have a consultant who comes in and

does that as well as one of our faculty. This is really for trainees to look at their leadership styles. They develop a leadership plan from this that they carry through the entire year. In November and--it's usually October, November, we do a conflict resolution workshop and a facilitation workshop. And in these workshops, what we're doing this year--and this is part of the feedback we keep incorporating--we're going to focus on issues of conflict in facilitation around family-centered care, so using case examples of that as well as around cultural competence so that we can keep some of these leadership themes going through. In February, we'll be doing a cultural competency workshop. And then, the students all attend the--the trainees all attend the UNC School of Public Health Minority Health Conference, which is an all-day conference designed by students, as well as it focuses more on the area of health disparities. And then, we have a family-centered workshop. And I have the two stars there. Those are the workshops that the families have been participating in. And finally, at the end, we have our reflections on leadership development session where last year, we looked at the MCH competencies, and had students really look at their leadership plan and see where they were as far as competencies.

In terms of going forward, what we would really like is this full participation of the Family Council representatives in the leadership training curriculum. And we thought we're going to do that this year. And then, there are some things going on at the state level that it can't happen this year, but it's something that we're really working towards. But we will continue to attend--the--our consortium faculty

and a trainee or two trainees, we will continue to attend the Family Council meetings so that we can hear from them about how they can inform our training. The others, there's continuous improvement of training curricula. And one thing that we're focusing on this year is some coaching and mentorship of our trainees long-term so that they can work on their leadership plan throughout the entire year.

And finally, the issue of evaluation. We received a grant this year from the Maternal and Child Health Bureau. Lou Margolis is the PI in this grant, and it's-- we're going to look at the effects of interdisciplinary training on MCH professionals, organizations and systems, so really evaluating that for its other consortium. That's it. Thank you.