Prelude to Strategic Planning: A Conversation to Inform Direction

October 19, 2010 Meeting Summary Highlights

Setting the Stage: Context for Meeting and Strategic Planning

The Division of Research Training and Education (DRTE), Maternal and Child Health Bureau is updating its 2005-2010 strategic plan for MCH Training. As a prelude to the forthcoming comprehensive strategic planning process, the MCH Training Program convened a group of individuals representing each of the 16 categories of MCH Training Programs for an initial discussion regarding issues that will impact the nature and direction of the 2010-2015 strategic plan. A steering committee of grantees worked with DRTE staff and an external facilitator to develop the meeting objectives and agenda.

The meeting objectives were to:

- *Provide one (of several anticipated) forums for discussing the emerging 2010-15 National MCH Training Plan.*
- *Promote thinking of MCH Training as a collective endeavor among all grantees and external partners.*

On October 19, 2010, MCH training grantee and trainee representatives gathered in Washington, D.C. to begin a dialogue about critical areas for which national leadership is needed. Throughout the half-day meeting participants exchanged ideas and opinions as they addressed the following question: **"Considering the next five years, what are the five critical areas for which national leadership is needed in order to advance excellence in the education of MCH professionals?"** The input gathered through this meeting will be used as a starting point for a comprehensive effort to update the current MCH Training Strategic Plan, in which a wide array of MCH Training constituents and partners will be engaged.

Prior to the meeting, the trainee representatives gathered perspectives from current and former MCH trainee perspectives on the training program through webinars, email, and a blog. Nearly all program categories were represented by input from 54 individuals. A summary of the trainee perspectives was included in attendee folders and is included as Appendix A in this report. Throughout the meeting, trainee representatives referred to these data as well as their own experiences.

At the start of the meeting, Laura Kavanagh, Director of DRTE, set the stage by asking participants to think retrospectively about the strengths and weaknesses of the MCHB Training Program as well as to think prospectively about the assumptions and issues that may impact the program in the near and more distant future. Participants were encouraged to think beyond their individual programs and to appraise the collective national MCH training effort. Ms. Kavanagh also noted that while the new strategic plan will continue to reflect the Bureau's commitment to diversity, national leadership, and interdisciplinary collaboration to develop the current workforce and train future MCH leaders, the Bureau is eager to explore and incorporate new directions and innovative ideas.

THE MEETING AGENDA was organized around three discussion catalyst panels (listed below), followed by small group work to identify key areas for which national leadership is needed in order to advance excellence in the education of MCH professionals.[1] Dr. Ann-Michele Gundlach facilitated all meeting deliberations.

Discussion Catalyst Panels:

1. The MCH Training Retrospective—What have we learned over the past 5-10 years?
2. Current Context for MCH Training: Implications and Analysis
3. Synthesis and What's Next for MCH Training

MCH Training Retrospective: The Past 10 Years

Discussion catalysts and participants were asked to reflect on the past five to ten years and discuss what the MCH community has done well and areas for improvement.

Areas of Strength

First, MCH programs have prepared and supported a more *diverse trainee population*. Second, the MCH training program has continually evolved and been updated to focus on *interdisciplinary training* and *leadership development*. MCH trainees specifically mentioned their appreciation for this meta-level training, including the focus on *cultural competence* and *family-centered partnerships.* Third, as mentioned by several participants throughout the meeting, MCH training programs contain *strong core MCH content* and have increasingly emphasized and provided *opportunities for trainees* to participate in community-based programs. In addition, MCH training programs continue as leaders in the field of *children and youth with special health care needs*.

Areas of Improvement

Several areas for improvement were identified. Although trainee diversity is encouraging, there is a clear differential between trainee diversity and the diversity of MCH faculty. In fact, no training program *increased its faculty's racial and ethnic diversity* between 2005 and 2008. Moreover, while the racial and ethnic diversity of MCH trainees as a group matches that of the US population nationally, this degree of diversity is not observed within all categories of programs. The MCH training community must also do a better job of considering how to address "*missing populations*," including women and girls, men and fathers, and children in the period between infancy and adolescence in their academic programming. In addition to incorporating more training related to these populations, MCH training efforts must also develop curricula and teaching strategies to address changes in health care and service systems for individuals with special health care needs who need support and assistance in transitioning to adult health care and independence. Strengthening *trainee communication and collaboration across disciplines* was seen as crucial. *Visibility of MCH training programs* is limited within institutions as well as with potential employers. Trainees also highlighted their *desire for enhanced training in selected skill areas including policy and advocacy*, coalition building, education, law, health care reform, and reducing health disparities. Last, as we look to the future, MCH faculty must be equipped to more fully capitalize on the *use of technology* for training as well as for innovative public health programming.

[1] Themes from each of the small group discussions were converted to a single list of critical issues on which participants then voted to identify top areas of concern.

MCH Training Current Context: Implications and Analysis

MCH training is a lifelong process. Building skills such as developing networks and alliances, creating policy and/or community level change, and seeking new information and assessing it critically is crucial. Meta-skills—such as analytical and critical thinking --are necessary in a rapidly changing environment. We must develop leaders capable of anticipating and leading (i.e., not just adapting to) change in an environment where the science of health and health care is rapidly and continually evolving. Similar to state and local Title V programs, MCH training programs must address changes in the environmental context, such as implementation of health care reform or integrating medical breakthroughs that affect population health and the health care system. Helping our trainees to become innovators will likely require changing our traditional teaching paradigms; such changes will, in turn, necessitate faculty development with respect to both our curricula and pedagogic methods.
As we continue to integrate the life course model into MCH training, we will have to address not only who to train and at what level, but how to bridge clinical and public health training programs. This is particularly important because life course and social determinant theories emphasize creating health promoting environments and prevention. To date, some of our MCH training programs have incorporated these themes more than others. In addition, more thought likely needs to be given to the implications of life course and social determinants theory in relation to understanding and practice of interdisciplinary training; it may be valuable to explore whether additional professionals such as lawyers, developmental scientists, engineers, architects, environmental health scientists, (and/or others) should become part of the MCH training and practice community.

MCH training programs face a common set of challenges in several arenas, such as limited visibility within and external to their home academic institutions, marketing among potential employers of MCH training graduates, faculty development (the academic pipeline), and others. Relationships between and among MCH training programs and joint problem-solving have the potential to enrich our work individually and collectively, and should be explored.

A substantial infusion of vitality is provided to our programs individually, and nationally, when trainee voices are incorporated into our strategic and operational deliberations. Trainee involvement in program planning, implementation and evaluation also serves as a venue for leadership and professional development and reflects the aforementioned focus on preparing trainees to be innovators and anticipate/lead change by strengthening the partnership between faculty and learner. Moreover, continuing the MCHB's path of increasing engagement with trainees acknowledges students as stakeholders/partners in decision-making with unique perspectives and opinions about MCH training. As the MCH training community has embraced families and youth in policy development, program implementation and practice/teaching, so must we do with our own students. Finally, opportunity exists to further support MCH workforce development and succession planning by creating networking opportunities among current and future leaders, especially by making connections beyond individual training programs.

Small Group Discussion of Emerging Themes

Following the panel catalysts' remarks and subsequent discussion, participants broke into five (5) smaller groups to synthesize the major ideas or themes they heard throughout the day and to identify their top five priorities. The results of these small group work sessions follow.

Group 1

- Addressing missing populations of focus, women's health, school aged children, fathers
- Increasing trainee involvement and making sure training programs are providing trainees with life-long learning skills
- Purpose-driven boundary spanning such as connecting with other funding agencies or with our international colleagues
- Sustaining commitment to diversity, especially in bringing in a more diverse faculty
- Defining the MCH workforce – what is it? Where does Title V fit in? How do we expand workforce training and development?

Group 2

- Building a community of MCH trainees
- Policy and advocacy around life-course and social determinants of health with a focus on prevention and new alliances
- Faculty-to-faculty community building, incorporating technology in educational methods
- Title V workforce connections, public health and clinical connections, and connections to community
- Translating research and policies into practice and helping trainees anticipate those needs

Group 3

- Identification and fusion of skills knowledge and practice for impending changes
- Expanding the pipeline employing innovative recruitment retention techniques
- Creating new alliances between clinical and public health training programs
- Increase cross talk i.e. communication
- Build evidence base for MCH training and practice

Group 4

- Mechanisms to ensure that what we are training has relevance in terms of what trainees need to address today and what they will have to address tomorrow
- Encourage and reward innovation
- Encourage and nurture diversity among trainees, faculty and programs so that models push boundaries
- Work on marketing and branding the model training programs to increase our visibility and so that trainees can find employment
- Develop curriculum and training approaches that focus on thinking critically about collection and evaluation of data and how that relates to the MCH mission

Group 5

- Investment in preparing leaders to not only respond to change but to also be change agents
- Integrate life-course perspective in all training
- Integrate population and clinical perspective, increasing diversity of trainees, faculty
- Investment in succession planning for grant faculty and Title V directors
- Marketing, branding, advocacy and training programs for junior faculty
- Assurance of equity and opportunity for faculty

"Top 5" Themes Prioritized by Participant Voting

Themes from small group discussions were collapsed and combined to preset a condensed list of critical issues. Participants then voted to identify their top five areas for which national leadership is needed in order to advance excellence in the education of MCH professionals. (Note: 6 themes are listed because 3 and 4 were tied.)

1. Build the evidence base for MCH training
2. Enhance the Marketing/visibility of MCH training
3. Pursue "Purpose driven boundary spanning;" build alliances to enhance reach and appropriate and effective training in maternal and child health
4. Ensure a sustained commitment to diversity in faculty and trainees
5. Prepare trainees for leadership in an environment of rapid and continual change, and for leading change and innovation
6. Support development of a community of MCH trainees, and incorporation of trainee voices in the MCH Training Program

Next Steps

With its dissemination of this meeting summary to all MCH training programs, the Training Branch is inviting further discussion of key strategic issues among and with all PIs, faculty and trainees. A more expansive white paper based on meeting discussions is being prepared to complement this short summary of meeting highlights. Both documents, as well as feedback anticipated from review of this summary, will be used to guide additional data collection and deliberations by a strategic planning workgroup composed of members reflecting broad representation of MCH Training stakeholders. MCHB envisions convening this workgroup early in 2011 and launching a multi-month strategic planning effort that will solicit and address input from all its partners on an ongoing basis throughout the planning period.

Appendix A

Trainee Perspective on the MCH Training Program

This document provides a brief summary of the perspectives of 54 current and former Maternal and Child Health (MCH) Trainees. Information was collected from guided discussion and polls during two "Town Hall" webinars, e-mail comments, and blog posts. These conversations and communications revealed three themes:

- An appreciation of the focus on interdisciplinary collaboration, cultural competency, family-centered approaches, and leadership training.
- A desire for increased communication among MCH Trainees.
- A need for additional training on specific topics and current issues (e.g., advocacy, policy, law, coalition development, reducing health disparities, social media, health care reform, distance learning, impact of state budgets, provider shortages, emerging technology, and theoretical models).

Trainee Feedback on the Current Strategic Goals

1. **Ensure a workforce that possesses the knowledge, skills, and attitudes to meet unique MCH population needs.**
   - Seminar, coursework, clinical, and other training experiences reportedly helped trainees to learn, develop skills, apply their training, and feel prepared to enter their field.
   - Trainees felt they did not always have time to take advantage of the valuable clinical and community-based opportunities that were available to them.
2. **Prepare and support a diverse MCH workforce that is culturally competent and family centered.**
   - Cultural competency was consistently reported as a main component of training programs. Trainees reported that the family-centered approach allowed them to connect with, learn from, and gain a greater understanding of the families they serve.
   - Some trainees expressed a need for increased emphasis on cultural competency within their clinical experiences.
3. **Improve practice through interdisciplinary training in MCH.**
   - Interdisciplinary training, patient care, and clinical opportunities were considered by trainees to be beneficial and positive experiences. Trainees felt better equipped to enter the workforce and manage conflicts while working with diverse teams, gaining an increased understanding of the roles and functions of other disciplines.
4. **Develop effective MCH leaders.**
   - Trainees reported that their formal training experiences, as well as support and mentoring from faculty, helped them to develop and practice valuable leadership skills that improved their professional practice and marketability in the workforce.
   - Webinar participants identified mentoring (92%), attending conferences (64%), and participating in meetings (64%) as the most helpful forms of leadership training.
5. **Generate, translate, and integrate new knowledge to enhance MCH training, inform policy, and improve health outcomes.**
   - Trainees reported participating in clinical and academic research, developing practice and research skills, publishing papers in peer-reviewed journals, and presenting research findings at national conferences.
   - Some trainees noted a need for additional training on the implications of recent and future changes in policy and practice.

6. **Develop broad-based support for MCH training.**
    - Trainees reported collaborating with community programs and staying connected with mentors and faculty members.
    - Collaboration with other MCH training programs, community agencies, government agencies, and networking between trainees nationwide were described as areas in need of improvement. Trainees reported that there was a lack of awareness of the MCH Training Program within the community, the existing workforce, and among some university settings.

Trainee Feedback for Future Goals and Objectives

Trainees reported that MCH programs could improve by:

- Improving awareness of the MCH Training Programs, especially among potential employers.
- Increasing recruitment and retention of trainees from underrepresented groups.
- Strengthening collaboration between MCH Training Programs and trainees, possibly through events at national meetings and conferences, social media (e.g., Facebook, Twitter), email lists, and/or webinars.
- Enhancing the curricular content of some programs (particularly on topics such as health care reform, education law, policy and advocacy issues, coalition building, engaging non-traditional stakeholders, and reducing health disparities).

Information assembled by Suzanne Engel, Jeannie Rodriguez, Chinwe Umez, and Alyssa Crawford
Questions? Feedback? Contact Alyssa Crawford by email (acrawford@hrsa.gov) or phone (301-443-9253).

Appendix B

Meeting Participants

**Denotes members of the Steering Committee*

Communication Disorders:	Anne Marie Tharpe, Vanderbilt University
Developmental-Behavioral Pediatrics:	Pamela High, Rhode Island Hospital Maris Rosenberg, Albert Einstein College of Medicine
Distance Learning:	Anita Farel, UNC Chapel Hill School of Public Health
Knowledge to Practice:	Jeanette Magnus, Tulane University
Leadership Education in Adolescent Health (LEAH):	Catherine Bradshaw, Johns Hopkins University Pamela Burke, Children's Hospital Boston Richard Kriepe, University of Rochester*
Leadership Education in Neurodevelopment Disabilities (LEND):	Dan Armstrong, University of Miami* Cindy Ellis, University of Nebraska David Helm, Children's Hospital Boston* George Jesien, Assoc. of University Centers on Disabilities Frederick Palmer, University of Tennessee Marion Taylor-Baer, University of Southern California
MCH Pipeline:	Alice Kuo, University of California, Los Angeles* Catrina Waters, Alabama State University
MCH Institute:	Claudia Fernandez, University of North Carolina Chapel Hill, SPH
MCH Public Health Certificate:	Margaret Caughy, University of Texas School of Public Health
Nursing:	Linda Bearinger, University of Minnesota*
Nutrition:	Bonnie Spear, University of Alabama, Birmingham
Pediatric Dentistry:	Penelope Leggott, University of Washington
Pediatric Pulmonary Centers (PPCs):	Greg Redding, University of Washington Mark Brown, University of Arizona
Schools of Public Health:	Sylvia Guendelman, University of California, Berkeley Arden Handler, University of Illinois, Chicago Donna Strobino, Johns Hopkins University Martha Wingate, University of Alabama, Birmingham*
Social Work:	Kathleen Rounds, University of North Carolina, Chapel Hill
Trainee Representatives:	Alyssa Crawford, Johns Hopkins University Suzanne Engel, University of Rochester Jeannie Rodriguez, University of Alabama, Birmingham Chinwe Umez, University of Minnesota

Meeting Facilitator:	Ann-Michele Gundlach, Johns Hopkins University*
MCHB Staff:	Laura Kavanagh Stella Yu Gwendolyn Adam Nanette Pepper Callahan Holly Grason Sue Lin Madhavi Reddy Diana Rule Robyn Schulhof Denise Sofka
Altarum Institute:	Sheryl Mathis* Jennifer Rogers