Summary
Small Group Discussion
Reporting and Monitoring Workgroup
MCH Training Program
Joint Meeting
LEND, LEAH, PPC, SPH Grantees
March 4, 2007

Background

Workgroups were established by the MCH Training Program as a strategy to provide training program grantees and affiliated colleagues with an opportunity to:

- Directly impact policies and procedures that guide the MCH Training Program

- Enhance the achievement of the MCH Training Program Strategic goals and objectives

- Assist in the telling of the "MCH Story".

The purpose of the Reporting and Monitoring Workgroup[1] is to create strategies and measures to assess and monitor the progress of MCH Training Program grantees in achievement of overall training program goals and individual program objectives. To this end, the workgroup developed and pre-tested two data collection forms; one targeted to trainees to assess the diversity of the MCH trainee population; and the second, targeted to graduates of MCH Training Programs to assess their involvement with underserved population groups and/or communities, or on work on issues of particular importance to these groups and communities.

Following presentation of an overview of the workgroup process and activities, meeting attendees participated in small groups organized by workgroup and focused on specific questions. Those attending the Reporting and Monitoring Workgroup session were asked to review the forms and identify:

- Critical missing elements

- Strategies to administer the tools, collect, and report data.

Key Discussion Points

About 15 meeting participants attended the small group discussion focused on reporting and monitoring and included representatives from a range of MCH Training Program grantees some of whom were reviewing the forms for the first time. The Chief of the MCHB Training Branch, Laura Kavanagh also participated in part of the discussion. Most of the discussion focused on

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[1] Groups represented on the workgroup include MCHB, AUCD, MCH Training Program Resource Center, MCH Training Programs (LEND, Nursing, LEAH, School of Public Health, Pediatric Pulmonary Centers, Pediatric Dentistry).

discussing and suggesting edits for the forms leaving limited time for discussion of strategies to administer the surveys and collect and report data.

- **General Issues.** Initial concern was expressed about the administration of the forms as some participants were confused about the target audiences for each of the forms. After some discussion, participants:

    o Expressed strong support for limiting each form to one page as presented

    o Emphasized the need to present each form with adequate instruction regarding its intended audience and purpose.

- **Trainee Diversity Form.**

    o **Offending nature of the diversity form.** Some group members reported that participants in the larger meeting commented that their trainees would be offended by the form. Upon further discussion, it appeared that the question about citizenship may be responsible for this response. The group recommended eliminating this question from the form.

    o **Develop on-page instruction sheet.** This would permit the answering of questions about the form in a consistent manner. This might include definitions of response categories and responses to frequently asked questions.

    o **Name of MCH Training Program.** This question needs to be more specific using either multiple choices or the opportunity to include the location of the program. Without this change, it may not be able to positively identify the program.

    o **Race and Ethnicity Questions.** The Ethnicity question should come first as recommended by the Federal guidelines published by the Office of Management and Budget. There was some discussion of whether more detailed categories would be useful; however, most of the group accepted the idea that a limited number of categories makes the most sense and that the listed categories are acceptable.

    o **Emigration Question.** One person wanted to divide this into two questions; one for the respondent and one for their immediate family.

    o **Citizenship Question.** The group agreed that this question should be dropped. It is too sensitive and does not add enough to the previous question to justify its inclusion.

    o **Description of Area Where Respondent Grew Up.** The term metropolitan is too general and vague. A possible replacement would be two categories such as

Central City and Suburban. Definitions would be helpful, especially for the Frontier and Tribal response categories.

- o **Disability Question.** It was suggested dividing this into two questions—do you consider yourself to have a disability or special need, and, do you have an immediate family member with a disability or special need? At least one participant felt that there should be separate questions for disability or special need. Other participants thought it would be good if the question could be asked but were concerned that it would exceed the one page limit and everyone felt strongly that this limit should be maintained.

- o **Economic Disadvantage Question.** Most of the group thought the third example should be dropped. They did not think that being the first child to attend college meant that you grew up in an economically disadvantaged home. They particularly disliked including the phrase "professional school" which they thought could be interpreted to mean if you were the first person in your family to attend medical school that you should consider yourself as having grown up economically disadvantaged. A different example focusing on income or other program participation was preferred; perhaps asking if the trainee was the first person in their family to graduate from high school. There was some concern that the examples would be treated as exclusive criteria rather than as examples.

- **Survey of Program Graduates**

  - o **Name of MCH Training Program.** This question needs to be more specific using either multiple choices or the opportunity to include the location of the program. Without this change, it may not be able to positively identify the program.

  - o **Question 3 should be rephrased and reformatted**. The examples could be moved into the question itself. Suggest: "To what extent is your current work time, if any, focused in a federally designated underserved area? This includes time spent working in a Medically Underserved Area (MUA), a Health Professionals Shortage Area (HPSA) a Primary Care Shortage Area, or in a Disproportionate Share Hospital(s). (If unsure, please proceed to Section C).

  - o **Question 4 should have a yes/no format.** Laura Kavanagh speaking for MCHB, and the discussion group participants, agreed that it was not important to know how much time people spent on these topics only that they are working on them. Some people thought that that the other questions could also be asked using a yes/no format but there was no group consensus about this. A number of objections were raised to the issues listed under this question. For example, terms like "health services inequities" were perceived as unclear and it was suggested that they not be included along with "outcome disparities." The group recommendation that the workgroup review and revise this list.

There was a general discussion about the rationale for this question and Mary Ott (member of the workgroup) explained that it was developed because the workgroup wanted to make sure that people who were doing research and/or policy work would count their activities related to underserved communities. It was suggested that the questions explicitly state that the work includes research and policy. Someone suggested that the questionnaire begin by asking what type of work the respondent does. Another possible solution is for a general instruction at the top of the form that explains that the type of work covered by these questions includes work involving direct services, research, or policy development. The one possible exception is question 3. If it is agreed that the focus of that question is the provision of direct services then it might be helpful to pose that question first and then introduce the other questions by noting that the rest of the questions cover direct services, research, and policy.

- **Strategies for Administering the Tools**

It was generally agreed that the survey of graduates is going to have to be confined to long-term training programs. There was a general consensus that programs of shorter duration would have a great deal of difficulty tracking their graduates. Laura Kavanagh did note that MCHB needs to revisit how training programs are classified by duration and that might impact who gets the survey.

A few participants noted that it would be useful to administer the graduate survey via a web-based form because they thought that might improve response rates. Respondents could be sent a postcard or email with a link to the form.