



**ATMCH**

Association of Teachers of Maternal and Child Health

**ATMCH Mid-Year Meeting**  
**March 31, 2010**  
**2:00-3:30 p.m. (EDT)**

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# Agenda

- **Welcome/Introductions**
- **Doctoral Futures Survey Update (Anita)**
- **President's Report (Russ)**
- **Treasurer's Report (Kate, for Maja)**
- **Committee Reports**
  - Membership (Kate for Alice)
  - Update Committee Rosters (email interest to [khowe@asph.org](mailto:khowe@asph.org))
- **Findings from MCHB project on the effects of interdisciplinary training on MCH professionals (Lew)**
- **Other Business**
- **Adjourn**

# Doctoral Futures Survey

## Question 6: If you are currently employed, what type of agency are you working for?

Answer Options	U.S.	International	Response Count
Community-based organization	0	1	1
Public sector health agency	14	2	16
Title V/MCH division	4	1	5
Other public sector agency	2	0	2
Academic institution	46	3	49
Professional organization	4	2	6
Private/non-profit	11	5	16
Hospital/HMO/Clinic	3	1	4
Other			10

**Answered question: 83**  
**Skipped question: 16**  
**N=99**

## Question 8: If you are currently employed, please indicate your primary areas of responsibility at your agency. (Check all that apply.)

Answer Options	Response Percent	Response Count
Direct service (e.g. clinical, counseling)	8.2%	7
Education	28.2%	24
Administration/Program management	34.1%	29
Research	82.4%	70
Policy analysis and development	23.5%	20
Planning and/or evaluation	49.4%	42
Advocacy	11.8%	10
Other	10.6%	9

Answered question: 85  
 Skipped question: 14  
 N=99

## Question 9: Are you currently employed as a faculty member at an academic institution?

Answer Options	Response Percent	Response Count
Yes	39.5%	34
No	60.5%	52

Answered question: 83  
Skipped question: 16  
N=99

## Question 10: What factors led to your decision to work in academia?

Answer Options	Response Percent	Response count
Salary was sufficient	30.3%	10
Opportunity to teach	63.6%	21
Opportunity to do research	69.7%	23
Planned to be an academic when I sought the doctoral degree	24.2%	8
Family tradition/experience in academic	15.2%	5
Flexibility/lifestyle reasons	54.5%	18
Other	12.1%	4

Answered question: 33

Skipped question: 66

N=99

## Question 12: If you are currently employed as a faculty member, what type of appointment or relationship do you have at this academic institution?

Answer Options	Response Percent	Response Count
Tenure-track or tenure	42.4%	14
Visiting	0.0%	0
Adjunct	15.2%	5
Research faculty without tenure or tenure track	30.3%	10
Clinical appointment without tenure or tenure track	9.1%	3
Other	3.0%	1

Answered question: 33

Skipped question: 66

N=99



## Question 13: Are you currently serving as a faculty member in an MCH related program in an academic institution?

Answer Options	Response Percent	Response Count
Yes	51.5%	17
No	48.5%	16

Answered question: 33  
Skipped question: 66  
N=99

# President's Report

# Treasurer's Report

# ATMCH Treasurer Report of Accounts as of February 28, 2010

	Membership (2009-2010)	HRSA/UAB (June 2006-May 2010)	TOTAL FUNDS AVAILABLE
Beginning Balance	\$13,786.84	N/A	
Revenues	\$3,975	\$88,303	
Total Expenses	\$1,891	\$77,685.85	
Balance	\$15,871	\$10,617	<b>\$26,489</b>

# Committee Reports

- **ATMCH Student-led Initiative:**
  - **Mentoring Program**
  - **Email ideas/interest to:**  
**[arichman@email.unc.edu](mailto:arichman@email.unc.edu)**
- **Update committee rosters:**
  - **Membership**
  - **Education**
  - **Research**

# The Effects of Interdisciplinary Training on MCH Professionals, Organizations and Systems

University of North Carolina at Chapel Hill  
HRSA (MCHB) Grant No. R40MC08558

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# Our Interdisciplinary Research Team

## *Principal Investigator*



Lewis Margolis, MD, MPH  
UNC Gillings School of Global Public Health,  
Department of Maternal and Child Health

## *Co-Investigators*



Angela Rosenberg, PT, DPH  
School of Medicine, Department of  
Allied Health Sciences;  
Center for Development and  
Learning (CDL)

# Our Interdisciplinary Research Team

## *Co-Investigators*



Kathleen Rounds, MSW, MPH, PhD  
School of Social Work



Jan Dodds, PhD  
UNC Gillings School of Global  
Public Health, Department of  
Nutrition



Michael Milano, DMD  
School of Dentistry

Special acknowledgement to William Vann, MS, PhD, DMD and Jessica Lee, PhD, DDS, MPH for their work with the ILDP in past years.



# Our Interdisciplinary Research Team

## *Director of Evaluation*



Karl Umble, PhD, MPH  
NC Institute for Public Health

## *Project Manager*



Linda Chewning, MS  
UNC Gillings School of Public Health,  
Department of Maternal and Child Health

# History of Interdisciplinary (ID) Training

- **1940s - Federal Government first funded Public Health interdisciplinary training programs**
- **1960s – LEND**
- **Late 1960s – LEAH**
- **Late 1960s - PPCs**

# History of Interdisciplinary (ID) Training

**Limited effort has been made:**

- **To define “interdisciplinary training/exposure”**
- **To assess effects of training experience on participants, the organizations within which they work or the MCH population.**

# The UNC Interdisciplinary Leadership Development Program (ILDLP)

- In 2000, faculty and staff from the five MCHB-funded training programs on campus (**LEND, Nutrition, Pediatric Dentistry, Public Health, Social Work**) organized the UNC-CH MCH Leadership Training Consortium to serve as a platform for shared resource development and collaborative engagement in interdisciplinary training for leadership in MCH.

# **The UNC Interdisciplinary Leadership Development Program (ILDLP)**

## **The Interdisciplinary Leadership Development curriculum consists of:**

- **Orientation**
- **3-day Leadership Intensive**
- **Conflict Management and Group Facilitation**
- **Cultural Competence Workshop**
- **Minority Health Conference**
- **Family Professional Partnership Workshop**
- **Reflection**

# Purpose of this Study

**The purpose of this project was to examine the effects of the UNC Interdisciplinary Leadership Development Program (ILDLP) on the interdisciplinary attitudes and practices of the participants and their impact on the organizations within which they work.**

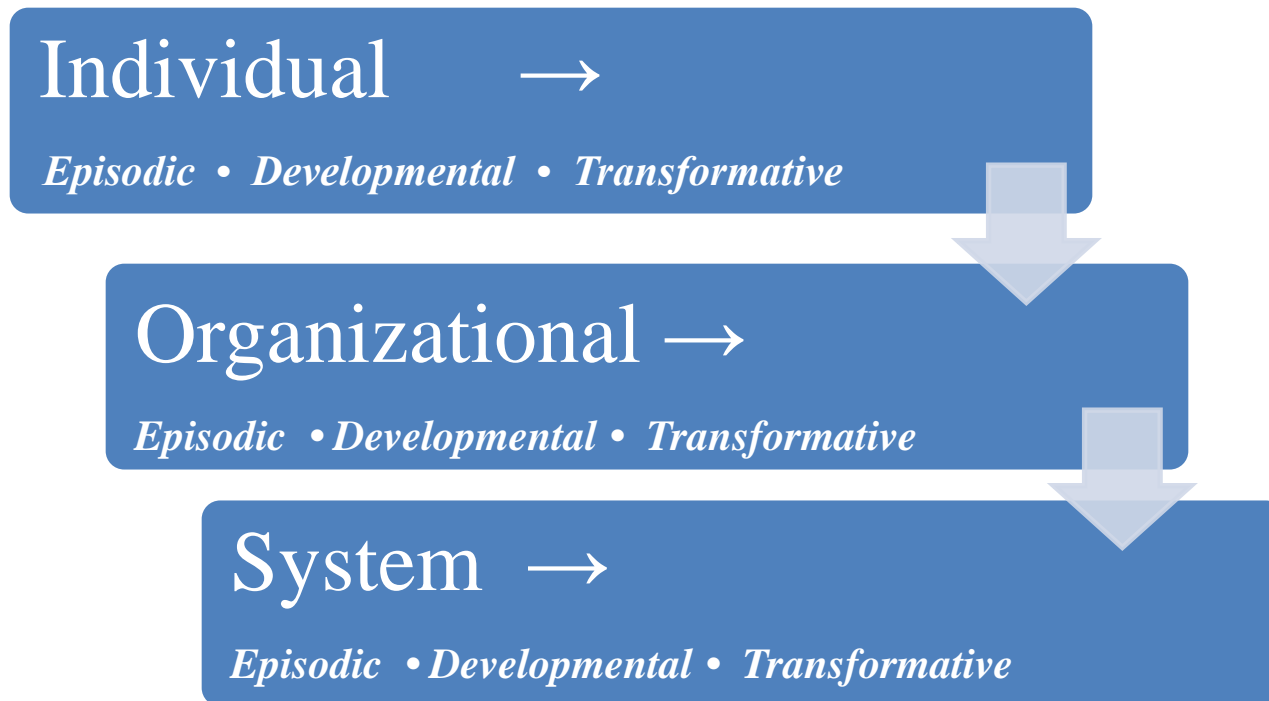
# Methodology

## *EvaluLEAD:*

- **Evaluation framework recently developed and published (Grove, Kibel, & Haas, 2007).**
- **Provides guidelines for programs to discover results over time within open systems.**
- **Suggests to researchers how to discover results over time within complex organizations and systems**

# Methodology

## *The EvaluLEAD Program Results Map*





# Description of our Sample

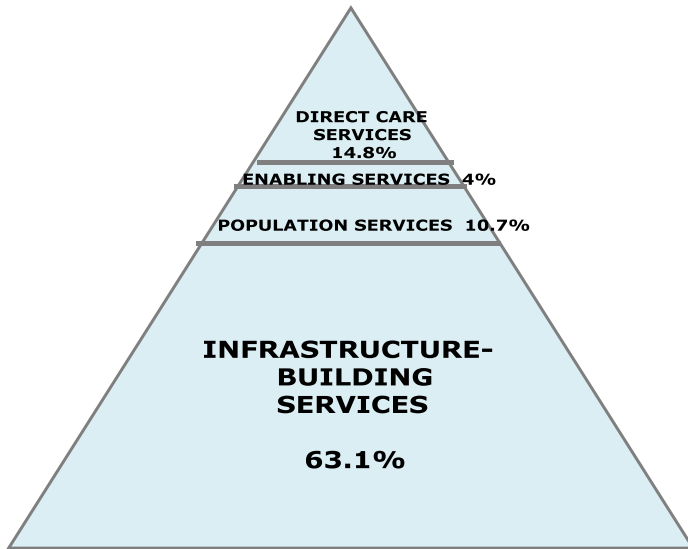
GROUPS	Sample (N)	Completion Rate (N)
<b>MPH</b>		
ILDP	23	65% (15)
Non-ILDP	155	57% (88)
<b>LEND</b>		
ILDP	35	80% (28)
Non-ILDP	52	40% (21)
<b>MSPH/MSW</b>		
ILDP	41	56% (23)
<b>Pediatric Dentistry</b>		
ILDP	23	83% (19)
<b>Nutrition</b>		
ILDP	20	70% (14)

# Our online survey had 3 major components:

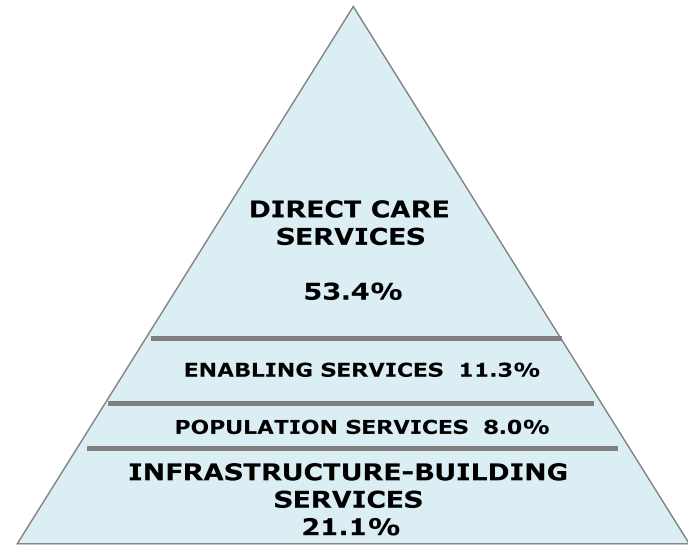
- Description of respondent *demographic information*.
- Measurement of respondent *attitudes* towards and current *practices* of interdisciplinary nature.
- Measurement of respondent *impact on programs and policies* and any barriers encountered.

# Demographic Information

## The Mean Percentage of Time Spent in MCH Pyramid Activities



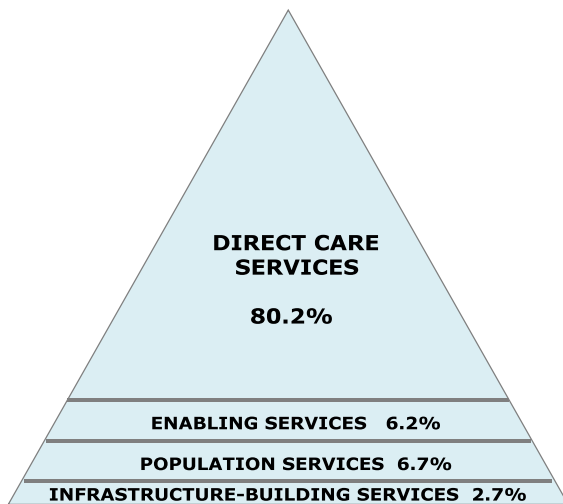
**MPH Graduates**



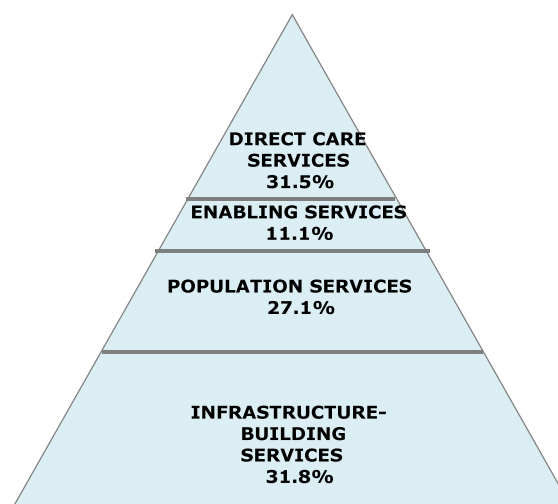
**LEND Graduates**

# Demographic Information

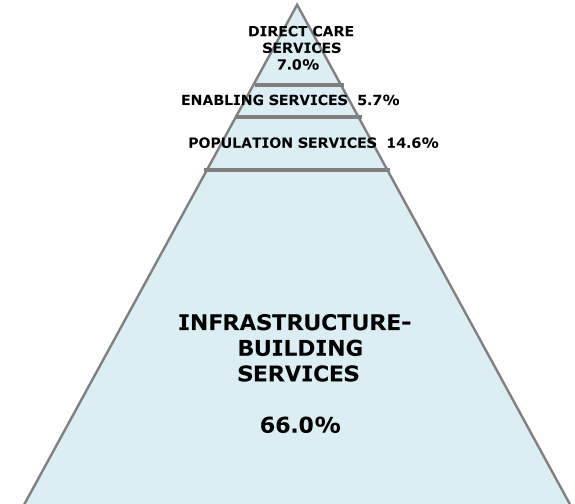
## The Mean Percentage of Time Spent in MCH Pyramid Activities



**Pediatric Dentistry**



**Nutrition**



**MSPH/MSW**

# Attitudes Questions

## *Attitude Factor: Team Value*

1	Providing services in interdisciplinary groups helps professionals become more sensitive to the diverse needs of consumers/patients than providing services as a single discipline.
2	The benefits of interdisciplinary patient care or program plans are worth the extra time it takes to communicate across disciplines.
3	The interdisciplinary approach reduces duplication and fragmentation in the delivery of care/services.
4	Providing services as an interdisciplinary group gets better results for consumers than working as single disciplines.

# Attitudes Questions

## *Attitude Factor: Value of Interdisciplinary Experience*

- |   |  |
|---|--|
| 5 | Interdisciplinary education should be a part of every health professional's pre-service training.  |
| 6 | Professional problem solving skills can best be learned with professionals from my own discipline rather than in interdisciplinary groups. |

# Attitudes Questions

## *Attitude Factor: Value of Collective Competence*

7	I value the contributions of other disciplines to my work.
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# Attitudes Questions

## *Attitude Factor: Interdisciplinary Approach to Practice*

- |   |   |
|---|---|
| 8 | When I look for my next position, I will purposefully look for an opportunity where collaboration across disciplines is the norm. |
|---|---|



# Attitudes Questions

## *Attitude Factor: Teamwork and Collaboration*

- |   |   |
|---|---|
| 9 | I welcome the opportunity to collaborate with members of other disciplines. |
|---|---|

# Practices Questions

## *Practice Factor: Communication/Facilitation of ID Processes (shared practice)*

- |   |   |
|---|---|
| 1 | Resolve conflicts in interdisciplinary groups.  |
| 2 | Facilitate family provider partnerships.  |
| 3 | Effectively work with <u>consumers</u> with cultural backgrounds different from my own.     |
| 4 | Effectively work with <u>professionals</u> with cultural backgrounds different from my own. |
| 5 | Share ideas from my discipline with members of other disciplines.                           |

Continued...

# Practices Questions

## *Practice Factor: Communication/Facilitation of ID Processes (shared practices)*

- |    |  |
|----|--|
| 6  | Ask for insight or help from members of other disciplines to address a problem.        |
| 7  | Establish decision-making procedures in an interdisciplinary group.                    |
| 8  | Develop a shared vision, roles and responsibilities within an interdisciplinary group. |
| 9  | Evaluate how well in interdisciplinary group is working together.                      |
| 10 | Intervene to improve interdisciplinary group function.                                 |

# Practices Questions

## *Practice Factor: Leadership*

- |    |  |
|----|--|
| 11 | Assemble interdisciplinary group members appropriate for a given task. |
| 12 | Coach co-workers in interdisciplinary practice.                        |

# Practices Questions

## *Practice Factor: Growth as ID Practitioner*

- |    |  |
|----|--|
| 13 | Use self-reflection to enhance my contributions to interdisciplinary work. |
| 14 | Critically evaluate information from other disciplines.                    |

# Attitudes – Findings – MPH & LEND

(Comparison of mean outcome scores by ILDP attendance, in MPH and LEND programs)

	Level of agreement with statements		P-value
	<i>Plus ILDP</i>	<i>w/out ILDP</i>	
<b>MPH</b>	4.60	4.54	0.480
<b>LEND</b>	4.59	4.39	0.046
<b>Combined</b>	4.59	4.50	0.108

## *Level of Agreement*

- 1 = Completely disagree**
- 2 = Disagree**
- 3 = Not sure**
- 4 = Agree**
- 5 = Completely agree**

# Practices – Findings – MPH & LEND

(Comparison of mean outcome scores by ILDP attendance, in MPH and LEND programs)

	How often have you used these skills?		P-value
	<i>Plus ILDP</i>	<i>w/out ILDP</i>	
<b>MPH</b>	3.27	3.06	0.127
<b>LEND</b>	3.41	2.87	0.026
<b>Combined</b>	3.34	3.02	0.006

*How often have you used these skills in your work?*

- 1 = Never**
- 2 = Rarely**
- 3 = Occasionally**
- 4 = Often**
- 5 = Very Often**

# Practices – Findings – All Groups

(Least Squares means for outcome variables from Analysis of Variance)

	In the past three months, how often have you used these skills in your work?		P-Value	
	Plus ILDP	w/out ILDP	ILDP Attendance	Academic Program
MPH Overall	3.27	3.06	0.008	0.048
LEND	3.41	2.87		
Nutrition	3.08	---		
Peds. Dentistry	2.79	---		
MPH/MSW	3.08	---		

*How often have you used these skills in your work?*

- 1 = Never
- 2 = Rarely
- 3 = Occasionally
- 4 = Often
- 5 = Very Often



# Challenges - Questions

*Have you been able to use your skills in interdisciplinary collaboration to help:*

- |   |   |
|---|---|
| 1 | Improve outcomes for a specific consumer or family?     |
| 2 | Develop or improve a specific program?                  |
| 3 | Improve the way an organization works or is structured? |
| 4 | Develop or improve a partnership?                       |
| 5 | Develop a policy?                                       |

# Challenges – Findings – All Groups

(T-Test Results Comparing Mean Beliefs or Practices Scores by whether “Yes” or “No” was answered to a Challenge Item)

Question (N)	YES/NO	Have you been able to use your skills in interdisciplinary collaboration to help...		
		%	Mean	P-Value
<b>1 – Improve outcomes for consumer or family</b> (N=179)	<b>YES</b>	<b>61%</b>	3.22	0.0082
	<b>NO</b>	39%	2.94	
<b>2 – Develop or improve program</b> (N=179)	<b>YES</b>	<b>75%</b>	3.24	<0.0001
	<b>NO</b>	25%	2.74	
<b>3 – Improve an organization</b> (N=179)	<b>YES</b>	<b>53%</b>	3.31	<0.0001
	<b>NO</b>	47%	2.88	
<b>4 – Develop/improve partnership</b> (N=177)	<b>YES</b>	<b>71%</b>	3.22	0.0003
	<b>NO</b>	29%	2.83	
<b>5 – Develop policy</b> (N=179)	<b>YES</b>	<b>39%</b>	3.32	0.0013
	<b>NO</b>	61%	2.98	



**“The interdisciplinary leadership program in which I participated was eye opening. Through different leadership exercises, we were exposed to the various ways in which students from different health disciplines are encouraged to think and work. It taught us not only the importance of having different view points, but also how to approach group work, problem solving, and conflict management with sensitivity and an open mind to different modes of thinking.”**

***-MPH ILDP graduate***

**“The biggest contributions (and they were really big!) that the consortium activities made was: 1) Helping me recognize how I approach problems and situations (and why!), and how that might be different from how another team member does. 2) How I can "reframe" someone else’s operating style more positively, as opposed to getting frustrated or see it as not having value. 3) How I see/seek opportunities for leadership My job has always necessitated consulting people from other disciplines. However, especially the MCH leadership training course gave me the chance to hear from people in other clinical disciplines in a setting that allowed more relaxed dialogue, which wasn't focused on a particular situation or particular patient. This has led me to value what people from other disciplines have to offer in a more general way.”**

***-MPH ILDP graduate***

# What have we learned from this study?

- **Intentional interdisciplinary encounters appear to have strengthened attitudes and practices.**
- **Training programs should “think outside the box.”**
- **Participants report effects on programs and policies over time.**

# What seems to be of value?

- **Programs should incorporate active learning experiences.**
- **Hold participants accountable.**
- **Faculty and fellows sharing experiences as colleagues.**

# Questions?

**For further information after our webinar,  
please contact Lew Margolis at  
[lmargoli@email.unc.edu](mailto:lmargoli@email.unc.edu).**

# Other Business?



# Thank you!

## Association of Teachers of Maternal and Child Health

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