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# NOTES

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APPENDIX A:  
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MCH TRAINING  
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PROGRAM  
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EVALUATION PROJECT  
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ADVISORY COMMITTEE  
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MEMBERS  
.....

**Noma Anderson, Ph.D.**  
School of Communications  
Howard University  
Washington, DC

**Robert Blum, M.D., Ph.D.**  
Leadership Education in Adolescent Health  
University of Minnesota  
Minneapolis, MN

**Anita Farel, Dr.P.H.**  
Department of Maternal and Child Health  
University of North Carolina at Chapel Hill School  
of Public Health  
Chapel Hill, NC

**Millie Jones, M.P.H.**  
Bureau of Family and Community Health  
Wisconsin Department of Health  
Madison, WI

**Margaret Teng Lee, M.D.**  
Health Resources Branch  
HHS/HRSA, New York Office  
New York, NY

**Lisa Paine, C.N.M., Dr.P.H.**  
Department of Maternal and Child Health  
Boston University School of Public Health  
Boston, MA

**Deborah Perry, Ph.D.**  
Child Development Center  
Georgetown University Medical Center  
Washington, DC

**Gregory Redding, M.D.**  
Pediatric Pulmonary Division  
University of Washington School of Medicine  
Seattle, WA

**Herbert Zimiles, Ph.D.**  
Arizona State University  
Tempe, AZ



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APPENDIX B:

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SITE-VISITED

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PROJECTS AND

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PROJECT DIRECTORS

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**Greg Alexander, Sc.D.**  
University of Alabama at Birmingham, School of  
Public Health

**Judith Bernstein, R.N.C., M.S.N., Ph.D.**  
Boston University, Nursing

**Peter Blasco, M.D.**  
Oregon Health Sciences University, LEND

**Robert Blum, M.D., Ph.D.**  
University of Minnesota, LEAH

**Joann Bodurtha, M.D., M.P.H.**  
Virginia Commonwealth University, LEND

**Pierre Buekens, M.D., Ph.D.**  
University of North Carolina at Chapel Hill,  
School of Public Health

**Sharon Cermak, Ed.D., OTR/L**  
Boston University, Occupational Therapy

**Fred Connell, M.D., M.P.H.**  
University of Washington, School of Public Health

**Janice Dodds, Ed.D.**  
University of North Carolina at Chapel Hill,  
Nutrition

**Michelé Gaines, M.D.**  
Charles R. Drew University of Medicine and  
Science, HBCU

**Betsy Haughton, Ed.D.**  
University of Tennessee–Knoxville, Nutrition

**Wendy Hellerstedt, M.P.H., Ph.D.**  
University of Minnesota, School of Public Health

**Albert Hergenroeder, M.D.**  
Baylor College of Medicine, LEAH

**Charlie Irwin, M.D.**  
University of California at San Francisco, LEAH

**Murray Kappelman, M.D.**  
**Linda Grossman, M.D.**  
University of Maryland at Baltimore, Behavioral  
Pediatrics

**Deborah Kartin, Ph.D., P.T.**  
University of Washington, Physical Therapy

**Melvin Levine, M.D.**  
University of North Carolina at Chapel Hill, LEND

**Raymond Lyrene, M.D.**  
University of Alabama at Birmingham, Pediatric  
Pulmonary Center

**Diane Magyary, Ph.D., A.R.N.P.**  
University of Washington, Nursing

**John McLaughlin, M.D.**  
University of Washington, LEND

**Sheila Moseé, M.D.**  
Howard University, HBCU

**Lisa Paine, C.N.M., Dr.P.H.**  
Boston University, School of Public Health

**Diane Parham, Ph.D., OTR, FAOTA**  
University of Southern California, Occupational  
Therapy

**Stephen Parker, M.D.**  
Boston University, Behavioral Pediatrics

**Kay Payne, Ph.D.**  
Howard University, Communication Disorders

**Alan Percy, M.D.**  
University of Alabama at Birmingham, LEND

**Julia Rauch, Ph.D.**

**Ed Peccuconis, Ph.D.**

University of Maryland at Baltimore, Social Work

**Greg Redding, M.D.**

University of Washington, Pediatric Pulmonary  
Center

**Gary Goldstein, M.D.**

**Bruce Shapiro, M.D.**

Kennedy Krieger Institute/Johns Hopkins  
University, LEND

**Mary Story, Ph.D., R.D.**

University of Minnesota, Nutrition

**Lane Tanner, M.D.**

University of California at San Francisco,  
Behavioral Pediatrics

**William Vann, Jr., D.M.D., M.S., Ph.D.**

University of North Carolina at Chapel Hill,  
Pediatric Dentistry





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APPENDIX C:  
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ADDITIONAL  
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INFORMATION ON  
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INTERVIEWS WITH  
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FORMER TRAINEES  
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## PURPOSE AND OVERVIEW OF THE INTERVIEWS

Trainees who complete MCH programs represent a significant product of the MCH Training Program. Consequently, the evaluation included an appraisal of former trainees' perceptions of the impact of the Training Program on their professional development. This aspect of the evaluation addressed whether trainees who graduated from training programs in 1990 or 1995 have assumed leadership positions. Interviews were conducted to probe trainees' perceptions of the extent to which the MCH Training Program assisted them in assuming these leadership positions.

## SAMPLE SELECTION

Several factors were considered in determining the sampling methodology for the interviews, including the diversity of former trainees with respect to training priorities, year of graduation, and whether trainees received financial support from the Maternal and Child Health Bureau (MCHB).

Project directors from the 13 training priorities were asked to generate lists of all trainees who graduated from their programs in 1990 or 1995, including those who received financial support from MCHB and those who did not. A total of 763 trainee names were provided.

Budget and resource constraints allowed only a portion of the trainees to be interviewed. The number of MCHB-supported trainees on the list was small but they represent an important investment on the part of MCHB; therefore, a decision was made to attempt to contact all MCHB-supported trainees who graduated in 1990. Non-MCHB-sup-

ported trainees who graduated in 1990 were excluded from the sample primarily because of the difficulty in locating and contacting them, as well as the perceived difficulty in comparing findings between MCHB-supported and non-MCHB-supported trainees.

To determine whether there were differences in the experiences of MCHB-supported and non-MCHB-supported trainees, and because grantees generally had a greater degree of confidence in the accuracy of contact information for more recent graduates, efforts were made to contact both MCHB-supported and non-MCHB-supported 1995 graduates from all training priorities. The exceptions in this case were the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) and School of Public Health priorities. Because of the large number of trainees from these two priorities, a random sample of approximately one-third of these trainees was selected, including students who received stipends and those who did not. Former trainees from the Historically Black Colleges and Universities (HBCU) priority were excluded from the sample because this category of grants does not financially support long-term trainees.

A final sample of 423 former trainees across 12 training priorities was selected to either participate in a brief telephone interview or to provide written responses to a questionnaire, which was mailed to them.

## DEVELOPMENT OF INTERVIEW PROTOCOL

Several protocols served as models in the development of the questionnaire, including the University of Southern California University Affiliated Program

Trainee Follow-up Survey,<sup>1</sup> the Maternal and Child Health Bureau/Adolescent Health Training Programs Trainee Follow-up Survey,<sup>2</sup> and the Leadership Training Survey designed and conducted by the seven MCHB-funded Pediatric Pulmonary Leadership Training Centers.<sup>3</sup>

To facilitate data analysis, the questionnaire contained primarily closed-ended questions. These questions were grouped into the following areas:

1. Demographic information
2. Current employment
3. Knowledge, skills, and values gained from the MCH Training Program
4. Participation in leadership activities
5. Mentoring
6. Program strengths and weaknesses

The questionnaire also contained open-ended questions in which trainees were asked to discuss their greatest achievement attributable to their experience in the MCH Training Program, as well as why they would or would not consider themselves leaders in the field.

The MCHB Training Program Former Trainee Interview protocol is available at <http://www.ncemch.org/spr/default.html#mchbtraining>.

## CONTACT PROCEDURES

Former trainees were initially contacted by mail. Each trainee was sent an introductory packet containing (1) a cover letter briefly explaining the background and purpose of the study, (2) a copy of the Georgetown University Institutional Review Board consent form for the study, (3) a contact information form, and (4) the interview questions. Trainees were given the option of either setting up a time to participate in a brief telephone interview or return-

ing the questionnaire with their written responses. Once the contact information form was received, trainees who preferred to be interviewed by telephone were contacted to schedule the interview at a convenient time for them and then called at the appointed time to be interviewed. The telephone interviews lasted approximately 25 minutes.

Nonrespondents were first followed-up by mail with a reminder postcard and then by telephone. For trainees who provided an e-mail address, an electronic message was sent prior to the follow-up postcard. One attempt by mail and two attempts by telephone were made to reach nonrespondents before excluding them from the sample.

## ADDITIONAL FINDINGS

Key findings from the survey are presented in the body of this report. Additional findings are presented below.

### *Demographic Information*

As shown in Table 5, a total of 423 former trainees were sampled for participation in the interviews. The largest proportion (30 percent; n=129/423) of these trainees were from the LEND training priority, followed by the Schools of Public Health (23 percent; n=97/423), Pediatric Pulmonary Centers (PPC) (13 percent; n=54/423), and Nutrition (13 percent; 53/423) priorities. The highest response rate came from trainees in the Pediatric Dentistry priority (40 percent; n=2/5), followed by Nutrition (38 percent; n=20/53) and Schools of Public Health (34 percent; n=33/97).

Graduates from the 1995 cohort accounted for nearly two-thirds of the respondents (65 percent; n=72/110), in part because 1990 graduates were more difficult to contact.

**Table 5. Demographics of Former Trainee Sample and Respondents**

Training Priority	Total Number of Potential Respondents	Total Number of Respondents	Cohort	
			1990	1995
Behavioral Pediatrics	10	3	0	3
Communication Disorders	7	1	1	0
Leadership Education in Adolescent Health (LEAH)	20	3	1	2
Leadership Education in Neurodevelopmental and Related Disabilities (LEND)	129	27	12	15
Nursing	17	3	0	3
Nutrition	53	20	5	15
Occupational Therapy	12	3	0	3
Pediatric Dentistry	5	2	1	1
Pediatric Pulmonary Centers (PPC)	54	11	3	8
Physical Therapy	11	3	1	2
Schools of Public Health	97	33	13	20
Social Work	8	1	1	0
<b>Total</b>	<b>423</b>	<b>110</b>	<b>38</b>	<b>72</b>

Overwhelmingly, MCH trainees who responded to the survey were master’s degree candidates (76 percent; n=83/110); 17 percent (n=19/110) of trainees were engaged in post-doctoral or fellowship work, and 6 percent (n=7/110) were seeking doctoral degrees. One individual was a candidate for both a master’s and a doctorate.

### ***Current Employment***

Given the clinical nature of the majority of training priorities, it is not surprising that the majority of

the former trainees interviewed were currently employed providing clinical services (60 percent; n=65/110), as shown in Table 6. A considerable number of former trainees (31 percent; n=34/110) were employed in an academic setting and/or conducting research. Approximately 15 percent of former trainees were engaged in government service at the local, state, or federal levels.

### ***Participation in Leadership Activities***

Clearly, trainees benefited from the knowledge and skills gained through the MCH Training

**Table 6. Current Employment of Former Trainees**

Training Priority	Total Number of Respondents	"How would you classify your current job?" (n=110) <sup>a</sup>									
		Academic/ Research	Clinical Services	State Government	Local Government	Federal Government	Student	Voluntary/ Nonprofit	Private Sector	Other	
Behavioral Pediatrics	3	3	3	0	0	0	0	0	0	0	0
Communication Disorders	1	0	0	1	0	0	0	0	0	0	0
Leadership Education in Adolescent Health (LEAH)	3	3	0	0	0	0	0	0	0	0	0
LEND	27	7	20	0	2	2	0	3	2	2	2
Nursing	3	1	3	0	0	0	0	0	0	0	0
Nutrition	20	4	10	1	2	0	0	2	4	2	2
Occupational Therapy	3	2	0	0	0	0	0	0	0	1	1
Pediatric Dentistry	2	0	1	1	0	0	0	0	0	0	0
PPC	11	3	9	0	0	0	0	0	0	0	0
Physical Therapy	3	0	3	0	0	0	0	0	0	0	0
Schools of Public Health	33	12	14	4	3	0	1	0	6	2	2
Social Work	1	1	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>110</b>	<b>36</b>	<b>63</b>	<b>7</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>12</b>	<b>7</b>	<b>7</b>

<sup>a</sup>Former trainees provided multiple responses to this question.

**Table 7. Former Trainees' Participation in Leadership Activities**

"Please specify whether you have participated in each of the following activities prior to training, since completing training, or both, and whether the MCH Training Program provided relevant knowledge or skills." (n=110)

<b>Activity</b>	<b>Before Training</b>	<b>Since Completing Training<sup>a</sup></b>	<b>Percent in Activity Participation<sup>b</sup></b>	<b>Training Provided Knowledge/ Skills<sup>c</sup></b>
Participating in strategic planning activities for organizations, agencies, programs, or departments	33	75	127	71
Developing guidelines, policies, or procedures	38	83	118	73
Conducting a program evaluation	21	61	190	60
Performing fiscal management for organizations, agencies, programs, or departments	19	47	147	40
Serving in a managerial or supervisory capacity	39	80	105	66
Presenting research results in a state, regional, or national meeting	29	53	83	56
Authoring a peer-reviewed, published article	22	45	105	46
Awarding a grant for a program, demonstration, or task	15	39	160	33
Receiving funding for research	10	32	220	27
Being elected to a leadership position in a professional society	14	38	171	23
Teaching academic courses	26	56	115	47
Participating in public speaking	63	88	40	24

*(continued on next page)*

**Table 7. Former Trainees' Participation in Leadership Activities**  
*continued*

"Please specify whether you have participated in each of the following activities prior to training, since completing training, or both, and whether the MCH Training Program provided relevant knowledge or skills." (n=110)

Activity	Before Training	Since Completing Training <sup>a</sup>	Percent in Activity Participation <sup>b</sup>	Training Provided Knowledge/Skills <sup>c</sup>
Organizing an interdisciplinary team	19	76	300	64
Representing organization at a local MCH meeting	3	38	1167	20
Serving on a grant review panel	5	22	340	20
Serving on a site-visit team	9	25	178	20

Note:

<sup>a</sup>Includes trainees who had prior experience with the activity and those who did not.

<sup>b</sup>Percent increase calculated as follows: [(no. participating in activity since completing training/no. participating in activity before training)/no. participating in activity before training] \* 100.

<sup>c</sup>Also includes those who did not participate in the activity either prior to or since completing training.

Program. Although many trainees had been involved in some of the specified leadership activities prior to their MCH Training Program experience, participation in each activity increased subsequent to training. By far, the activity for which there was the greatest increase in participation was that of trainees representing their organizations at MCH meetings; however, this activity was among those that trainees were least likely to attribute to their MCH Training Program experience. Similarly, participation on a grant review panel increased threefold among trainees after training, but trainees did not indicate that the MCH Training Program gave them knowledge or skills particularly relevant to this activity. Among the activities for which former trainees did

credit the Training Program were participating in strategic planning activities; developing guidelines, policies, or procedures; serving in a managerial or supervisory capacity; organizing an interdisciplinary team; and conducting a program evaluation. Table 7 provides more detailed information regarding former trainees' participation in leadership activities.

## NOTES

1. University of Southern California, Center for Child Development and Developmental Disorders University Affiliated Program. n.d. University of Southern California University Affiliated Program Trainee Follow-up Survey. Los Angeles, CA:

University of Southern California, Center for Child Development and Developmental Disorders University Affiliated Program.

2. U.S. Department of Health and Human Services, Maternal and Child Health Bureau. n.d. Maternal and Child Health Bureau/Adolescent Health Training Programs Trainee Follow-up Survey. Rockville, MD: U.S. Department of Health and Human Services, Maternal and Child Health Bureau.
3. Pediatric Pulmonary Centers. 1998. *Outcomes of Leadership Training Survey by the Pediatric Pulmonary Centers funded by the Maternal and Child Health Bureau, September 1998*. Fact sheet.

ISBN 1-57285-069-8