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SUPPORTING FACULTY
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Unlike most federal training programs, the MCH Training Program allows projects to use grant funds to support faculty as well as trainees. In part, this is because the MCH Training Program views the mandate of training for leadership to include empowering faculty to function as leaders. It is unlikely that a project could teach its trainees to become leaders if the faculty were not themselves leaders in the field and able to model leadership. Moreover, by supporting key faculty in a field, MCHB is able to influence these persons and the departments and associations to which they belong. In addition, the program's emphasis on policy work and its public health orientation encourage and support faculty to advocate on behalf of children, something that academics do not routinely do.

The evaluation of the MCH Training Program examined differences in the extent to which projects foster faculty leadership, the styles of leadership the projects encourage, and the impact of faculty lead-

ership on the universities where the faculty are employed.

“There are things that I would never have stretched to do without this grant, such as serving as president of the Alabama Chapter of the National Association of Nurse Practitioners and serving in leadership positions in other national groups.”

—Faculty member, Pediatric Pulmonary Center

THE MCH TRAINING PROGRAM MODEL OF LEADERSHIP VERSUS THE UNIVERSITY MODEL OF SCHOLARSHIP

Many project directors and faculty report that the MCH Training Program model of leadership is at odds with their university's model. MCH training grants require faculty to provide consultation, technical assistance, and continuing education, and to develop relationships with public health agencies and policymakers; the grants also encourage applied research. Many universities encourage research, especially basic research, to the exclusion of other activities.²¹ Provision of consultation and technical assistance may be viewed as detracting from research and teaching, and is only tolerated at best. Faculty who are primarily or fully grant-supported must track their time and cannot engage in activities for which they are not funded (except on their own time, of course).

Faculty in many training projects describe feeling under considerable pressure, especially if they are employed by universities that require them to

generate their salaries through grants. Some faculty describe 60- to 70-hour work weeks as standard. If faculty devote a large percentage of time to seeking out grant opportunities and developing competitive applications, other activities such as working with students or local communities suffer. Faculty supported by an MCH Training Program grant, however, report spending more time with students and trainees, thereby providing trainees with a better quality of education; these faculty also use their expertise to improve services for women and children in their communities and, through their policy work, around the nation. Because of its outreach requirements and the funding available to faculty for activities that are not traditionally supported, MCH Training Program grants alter the pattern of activities of faculty in fairly fundamental ways.

“As a new faculty member, the grant supported me as I developed new courses. Grant support also affords us the time to provide intensive student support that we could not do if we were primarily supported by research funds.”

—Faculty member, School of Public Health

COLLABORATION AND THE INTERDISCIPLINARY APPROACH

The Carnegie Foundation report, *Scholarship Reconsidered*,²¹ emphasizes the important role of “the scholarship of integration.” Interdisciplinary work is defined in this important report as key to the integration of knowledge and to an understanding of the implications of research findings in real-world

settings. The MCH Training Program strongly encourages such interdisciplinary collaboration.

“The MCH department provides a safe harbor and promotes dialogue around issues that are not possible elsewhere. As a result, when faculty sit on university committees, they feel that they can firmly represent the MCH viewpoint.”

—Faculty member, School of Public Health

Faculty in MCH training projects state that they derive an important benefit from the program’s grants due to the collaboration the program fosters. The Training Program’s grants increase the number of faculty within a department who focus on MCH issues; that is, the grants help to nourish a critical mass of faculty interested in MCH. Faculty learn from and support one another and in this way are able to change their departments. Many grantees report that the MCH Training Program grant has led to greater attention to women and children throughout the department, not just in the classes specifically designated for learning about MCH.

“The nutrition, nursing, psychology, and social work faculty are new at [the university] because of the LEAH program. They have benefited by exposure to clinical populations, research resources, and medical expertise. They would not have had access to these had they not been part of the LEAH program. As a result of this exposure, they have become more competitive grant applicants, and better researchers, clinicians, and teachers.”

—Dean, LEAH



Projects with an interdisciplinary faculty have additional opportunities for collaboration. The interdisciplinary projects report that, without the MCH Training Program grant, they would have far fewer disciplines involved in training; most report that they would probably revert to unidisciplinary training. Faculty in interdisciplinary programs believe that students receive a better, more complete education. Faculty, too, benefit from being a part of the interdisciplinary team, partly because of the learning that takes place among faculty members from various disciplines. Faculty also report that being a part of an interdisciplinary model assists them in obtaining grant funds from other sources, because funders like this model.

FOSTERING CHANGE WITHIN UNIVERSITIES

Many faculty supported by the MCH Training Program participate in university governance through committee work. Deans, in particular, cite the positive influence of MCH Training Program

faculty on their colleagues through university committee work. According to these respondents, MCH Training Program faculty are persistent in advocating for many of the core MCH values (e.g., cultural competency and interdisciplinary training) and in helping their colleagues remember the needs of women and children.

“In developing the strategic plan for the university, we tried to focus on breaking even financially, but the MCH faculty offered some proposals to help us remember why we’re here. They’re almost our conscience in ways that are important.”

—Provost, LEND

Sometimes such advocacy results in institution-wide changes; for example, at a few universities, courses developed as a result of an MCH training project have been made available to the entire student body. In other cases, the MCH project provides an avenue for dissemination of information and diffusion of innovations.

“Recently, the Occupational Therapy Department was instrumental in ensuring that MCH issues such as cultural competence, family-centered care, prevention and wellness, and a focus on children were addressed in the new undergraduate curriculum for the entire college.”

—Department chair, Occupational Therapy

“A number of projects have developed joint degree programs with other departments within their universities, and many cross-list their courses;

for example, at the University of Tennessee, the nutrition interdisciplinary seminar is cross-listed with courses in public health, nutrition, nursing, and social work. These cooperative ventures expand the number of students who have exposure to MCH content, and they also provide an avenue of influence to the collaborating departments. Guest lectures and grand rounds by MCH faculty are other examples cited frequently by grantees as ways that they expand the MCH influence.

The access to information and resources provided through the grant has led to a general diffusion of MCH information throughout the curriculum. For example, Bright Futures materials have recently been incorporated in the master's-level entry courses as part of a curriculum revision process, even though master's-level students are not supported by the grant. Prior to this revision, the curriculum had been primarily disability-focused.

—Department chair, Occupational Therapy

THE NEED FOR MCH FACULTY LEADERS

It's hard to get faculty. The preponderance of faculty here are between 56 and 65 years of age. We have a concern about upcoming retirements.

—Project director, Pediatric Dentistry

Some of the MCH training projects focus primarily on educating individuals to become faculty mem-

bers. Many project directors believe that doctoral-level training should be even more strongly emphasized in the MCH Training Program than it is now. In some fields, the professoriate is aging, and faculty are starting to retire with no one trained and available to take their places. Universities have already experienced difficulty filling certain types of positions with persons who are appropriately trained.

"Nationally, only about 20 U.S. citizens are trained through pediatric pulmonary fellowships each year, and that is not enough to keep up with retirements. There are not enough faculty to fill the available positions."

—Project director, Pediatric Pulmonary Center

A related issue is that some geographic regions have difficulty attracting top faculty from elsewhere. Professors must be trained locally, and doctoral programs are especially needed.

"We have a small faculty and it's exhausting. We have the potential for burnout. We're advertising now, but there are ten other similar positions being advertised around the country. There are not enough doctorally prepared faculty with the right collection of skills. Our salary is competitive nationally, but there are some people who don't want to come here. The lack of doctoral programs is a real problem."

—Project director, School of Public Health

SUMMARY

The support of faculty through MCH Training Program grants has far-reaching results. The grants enable faculty to undertake activities that can help them become strong leaders in their fields, both locally and nationally, and in their universities. As leaders, they are able to promote MCH values and foster service delivery changes that improve the health of women and children. These activities are often in conflict with their faculty roles within their universities, but most faculty have made efforts to overcome tensions and better serve the MCH field.