

# The UNC-CH MCH Leadership Training Consortium: Building the Capacity to Develop Interdisciplinary MCH Leaders

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**Abstract** This article describes the UNC-CH MCH Leadership Consortium, a collaboration among five MCHB-funded training programs, and delineates the evolution of the leadership curriculum developed by the Consortium to cultivate interdisciplinary MCH leaders. In response to a suggestion by the MCHB, five MCHB-funded training programs—nutrition, pediatric dentistry, social work, LEND, and public health—created a consortium with four goals shared by these diverse MCH disciplines: (1) train MCH professionals for field leadership; (2) address the special health and social needs of women, infants, children and adolescents, with emphasis on a public health population-based approach; (3) foster interdisciplinary practice; and (4) assure competencies, such as family-centered and culturally competent practice, needed

to serve effectively the MCH population. The consortium meets monthly. Its primary task to date has been to create a leadership curriculum for 20–30 master’s, doctoral, and post-doctoral trainees to understand how to leverage personal leadership styles to make groups more effective, develop conflict/facilitation skills, and identify and enhance family-centered and culturally competent organizations. What began as an effort merely to understand shared interests around leadership development has evolved into an elaborate curriculum to address many MCH leadership competencies. The collaboration has also stimulated creative interdisciplinary research and practice opportunities for MCH trainees and faculty. MCHB-funded training programs should make a commitment to collaborate around developing leadership competencies that are shared across disciplines in order to enhance interdisciplinary leadership.

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The 2003–2007 Strategic Plan of the Maternal and Child Health Bureau (MCHB) identifies training and preparation for “National Leadership for Maternal and Child Health” as a key strategy to achieve the Bureau’s goal of improving the physical and mental health, safety and well-being of the maternal and child health population. To achieve this goal the Bureau aims to strengthen the MCH knowledge base, support scholarship within the MCH community and provide graduate education to assure interdisciplinary MCH public health leadership nationwide [1]. The MCHB invests in innovative training and education programs in order to increase the numbers of highly qualified MCH leaders and assure the health of infants, children,

adolescents and their families [2]. The MCHB Training Program includes improving practice through *interdisciplinary training* in MCH and *developing MCH leaders* as goals of the national Training Program [3]. Considering the mandate for developing effective MCH leaders, it is important to disseminate the evolution of methods of successful training programs, in particular to key stakeholders within government, academia, the practice community and among policymakers. The purpose of this article is to describe the MCH Leadership Training Consortium at the University of North Carolina at Chapel Hill (UNC-CH). Specifically, we describe the collaboration among the five MCHB-funded training programs that began in 2000, and delineate the evolution of the leadership curriculum that we have developed, to cultivate interdisciplinary MCH leaders.

### Maternal and Child Health Training Programs at UNC-Chapel Hill

UNC-CH has been the academic home to graduate MCH training programs for more than 50 years. As a result of consistent institutional support, the number of MCHB-supported MCH training programs had grown to five in 1992—public health, Leadership Education in Neurodevelopmental and Related Disabilities (LEND), nutrition, social work and pediatric dentistry.<sup>1</sup> The longest-standing MCH training program is the MCH Leadership Training Program in Public Health, housed in the Department of Maternal and Child Health of the UNC School of Public Health. This interdisciplinary department engages in teaching, research and service, providing training to cohorts of 30–38 master's and doctoral students annually. The Department has provided training support to 7–8 graduate students each year and sponsored 3–5 students to participate in the Consortium's leadership curriculum.

Selected by the MCHB in the early 1960's as one of the sites for an interdisciplinary training program in a University Affiliated Facility (now a University Center for Excellence in Developmental Disabilities), the Center for Development and Learning (CDL) in the UNC-CH School of Medicine hosts the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program. As a tertiary referral center, the LEND program serves as a source of continuing education and technical assistance for clinical and policy professionals within North Carolina's health care system.

<sup>1</sup> The Pediatric Dentistry program was not renewed in 2006 and the Nutrition program was not renewed in 2008. Nevertheless, these two programs were key partners in the Consortium, so this article is presented from the perspective of all five programs.

The LEND program is able to provide the opportunity for 6–8 trainees to participate in the Consortium curriculum.

The MCH Nutrition Leadership Training Program received its first year of funding through the MCH Nutrition Training Grant in 1977. Of the department's 20 MPH graduates each year, 4–5 generally focus on maternal and child health and therefore are selected to participate in the Consortium Leadership curriculum. An unusual feature of the Nutrition program is its collaboration with the University of Tennessee at Knoxville, so each year one or two Tennessee students participate in some aspects of the Consortium training curriculum in Chapel Hill.

The MCH Public Health Social Work Leadership Training Program at the School of Social Work at UNC-CH began in 1997 and has graduated 56 trainees over the past decade. Beginning in the 2003–2004 academic year trainees have been required to enroll in the dual degree MSW/MSPH or MSW/MPH programs jointly administered with the UNC Department of Maternal and Child Health. Depending on cohort interest in the dual degree, 2–5 social work students engage in the Consortium curriculum each year.

The MCH Center for Leadership Education in Pediatric Dentistry began at the UNC School of Dentistry in 1992. The Center supports nine pediatric dental residents per year and encourages trainees to undertake pediatric health services research, program evaluation and outcome-related research endeavors in collaboration with the School of Public Health. The Center encourages trainees to seek alternative careers to traditional private practice and nearly one-third of trainees have chosen to pursue careers in academics, research and government health service. The three-first year residents participate in the Consortium curriculum annually.

### The UNC-CH MCH Leadership Training Consortium

In preparation of *The MCH Training Program: An Evaluation* [4], Athey, Kavanaugh, and Bagley conducted focus groups with grantees representing seven of the 13 training program priorities of the MCHB. As part of that study, representatives of the five training grants at the UNC-CH campus met with Laura Kavanaugh of the evaluation team. She encouraged the programs to take better advantage of the interdisciplinary opportunity at Carolina to bring together trainees to address leadership issues shared by all five programs. This recommendation was consistent with the academic culture at UNC-CH which explicitly supports interdisciplinary training and research. Consequently, in 2000, faculty and staff from the five MCHB-supported training programs on the Carolina campus came together to form the UNC-CH MCH Leadership Training Consortium. The Consortium was envisioned to serve as a platform for

shared resource development and collaborative engagement in interdisciplinary training for leadership in MCH [5]. The overarching goal of the Consortium continues to be to enhance the capacity of the five MCH Centers at the UNC-CH to:

- Train MCH professionals for field leadership
- Address the special health and social needs of women, infants, children and adolescents, with emphasis on a public health population-based approach
- Foster interdisciplinary practice
- Assure competencies needed to serve effectively the MCH population such as family-centered and culturally competent practice

Table 1 provides specific goals. Consortium participation ranged from seven to 12 members, including at least one representative from each training program (Principal Investigator or representative), as well as staff members or faculty with responsibilities relevant to or interests in Consortium activities. The group meets monthly for ongoing strategic planning, to develop activities to address shared goals, and for continuous program improvement. It is noteworthy that the faculty participants did not change

**Table 1** Consortium goals



from the beginning of the Consortium until the fall of 2006, a level of commitment and continuity that contributed greatly to the systematic approaches adopted by the Consortium such that over time, we functioned more as a community of practice [5].

#### Producing MCH Leaders Through the Interdisciplinary Leadership Development Program

Reflecting the goals of the Consortium, the key activity is the design and implementation of a curriculum for leadership development—the Interdisciplinary Leadership Development Program (ILDP). The Consortium began the process of developing the ILDP during the 2000–01 academic year and the first cohort of trainees (referred to as leadership fellows) entered the program for the 2001–2002 academic year. Each of the UNC-CH MCHB-supported training programs selects participants to become ILDP fellows, for a total of approximately 25–30 each year. In the early years, the fellows met for only three workshops during the academic year, but over time the curriculum has evolved to include six workshops and participation in the annual UNC Minority Health Conference, as our training programs responded to the leadership competencies articulated for the field of MCH [6, 7]. By the conclusion of the 2007–2008 academic year, seven cohorts of trainees had completed the program. Tables 2 and 3 outline the evolution of the curriculum and the objectives of each session. Consortium faculty members provide the leadership for the *Orientation* and *Reflection* sessions. The faculties have worked with consultants and more recently graduates of the ILDP to design and offer the other workshops. *Orientation* brings all the participants together at the beginning of the academic year to introduce the fellows and faculty, highlighting the diverse disciplines represented in the program. Two additional purposes of the orientation are to outline the leadership development goals for the year and to provide background about the field of MCH and the Maternal and Child Health Bureau. The *Leadership Intensive* challenges

**Table 2** Change in program instructional elements over time

Curriculum contents	Academic year						
	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008
Orientation	X	X	X	X	X	X	X
Leadership Intensive Workshop	X	X	X	X	X	X	X
Conflict Resolution/Facilitation Workshop	–	–	X	X	X	X	X
Cultural Competence Workshop	–	–	–	–	X	X	X
Minority Health Conference	–	–	–	X	X	X	X
Family–Professional Collaboration Workshop	–	–	–	–	–	X	X
Leadership Reflection	X	X	X	X	X	X	X

X Content offered, – Content not offered

**Table 3** Instructional elements and objectives of the interdisciplinary leadership development program

Instructional element	Schedule	Objectives
Orientation	2 h (August)	<ul style="list-style-type: none"> <li>• Recognize the role of leadership development in the context of Title V</li> <li>• Introduce the concept of an interdisciplinary leadership cohort</li> </ul>
Leadership Intensive Workshop	22 h (over 3 days in September)	<ul style="list-style-type: none"> <li>• Understand personal leadership style</li> <li>• Recognize how different styles may influence team dynamics and organizational culture</li> <li>• Create individual leadership goals for the year</li> </ul>
Conflict Resolution/Facilitation Workshop	8 h (on 1-day or over 2 days in October)	<ul style="list-style-type: none"> <li>• Recognize styles of conflict resolution</li> <li>• Appreciate one's conflict resolution preferences</li> <li>• Define the stages of team formation</li> <li>• Analyze team processes and roles</li> </ul>
Cultural Competence Workshop	4 h (February)	<ul style="list-style-type: none"> <li>• Define cultural competence</li> <li>• Analyze personal and organizational barriers to enhancing the environment for diverse cultures</li> <li>• Discuss strategies to enhance the environment of organizations</li> </ul>
Minority Health Conference	8 h (February)	<ul style="list-style-type: none"> <li>• Recognize prominent research and practice issues in enhancing the health of minority populations</li> <li>• Articulate how one's personal leadership style(s) facilitate approaches to minority health issues and health disparities</li> </ul>
Family–Professional Collaboration Workshop	4 h (March)	<ul style="list-style-type: none"> <li>• Define family professional partnership</li> <li>• Examine strategies to incorporate partnership principles into clinical, organizational, research, and policy domains of MCH practice</li> </ul>
Leadership Reflection Workshop	2 h (April)	<ul style="list-style-type: none"> <li>• Assimilate lessons from workshops, home departments/programs, and personal experiences to define personal leadership goals further</li> <li>• Articulate strategies for ongoing leadership development</li> <li>• In leaving a legacy, prioritize recommendations for ongoing development of the Leadership Program</li> </ul>

participants to develop an awareness and understanding of their personal leadership styles and goals through a discussion of leadership models, an analysis of individual and group personality dynamics, and the writing of a leadership plan. Prior to the workshop participants complete three assessment tools—the Meyers-Briggs TI (<http://www.myersbriggs.org/>), Situational Leadership (<http://www.blanchardtraining.com>), and FIRO B (<http://www.cpp.com/products/firo-b/index.asp>)—after which facilitators help participants with interpretation and application of the findings and guide discussions about specific aspects of leadership. In 2003, the Consortium added a workshop on *Conflict Management and Group Facilitation* in recognition of the importance of these competencies and the limitations to addressing these in the context of the Leadership Intensive.

The *Cultural Competence Workshop* is the product of a series of consultations with academic and community professionals about how to incorporate training on this leadership competency into the curriculum. These consultations were followed by an invited workshop conducted by the *National Center for Cultural Competence*. An important feature of this workshop was that the Consortium undertook the planning and implementation in collaboration with the

state Title V program of North Carolina, a relationship that is addressed further below. A former fellow worked with the Consortium to develop a set of online readings and discussions to address cultural competence which was piloted for one year. Building on these experiences, beginning in 2005–2006, this 4-h workshop has focused on cultural competence from the perspective of leaders in organizations, i.e., addressing the barriers to and facilitators of creating agencies and programs that value cultural diversity. Participants learn about organizational and personal cultural competence through discussion of personal and professional experiences and a group activity in which they develop a list of key action steps for leaders to promote organizational cultural competence. To enhance further participant attention to cultural competence, trainees are expected to attend the annual student-run *Carolina Minority Health Conference*, sponsored by the Minority Student Caucus at the UNC-CH School of Public Health. The goals of this activity are to introduce participants to current issues in minority health, especially related to health disparities, to expose students to new research in the field and to stimulate thinking about how issues of minority health and health disparities are consistent with the goals of the MCH Leadership curriculum and MCH competencies.

The development of the *Family Professional Partnership Workshop* occurred during the 2006–2007 academic year. The Family–Professional Partnership workshop was designed to introduce this topic to stimulate thinking about how such partnerships are relevant across areas of MCH practice. Using a problem-based learning format, participants use a series of case studies to explore real-world applications of professional partnerships in MCH direct practice, research, program planning, and policy/advocacy. Fellows are again joined by Consortium faculty and members of the NC Family Council (the Title V family advisory structure for the state) to share their insights and experiences. Specific learning objectives include: to define family professional partnership and to examine strategies to incorporate partnership principles and to collaboratively engage family members into clinical, organizational, research, and policy domains of MCH practice.

The *Reflection* session, held in the spring at the end of the ILDP, is intended to assist trainees and faculty with integration of leadership lessons and personal leadership goals as they take the next steps in their careers. Specific learning objectives include: to assimilate lessons from workshops, home department/programs, and personal experiences to further define individual leadership goals; to articulate strategies for further leadership development as a component of life-long learning; and to prioritize recommendations for ongoing development and quality improvement of the UNC-CH MCH Leadership Program.

#### Title V as a Collaborating Member of the Consortium

Two insights motivated a formal Consortium relationship with the North Carolina Title V program. First, according to the guidance for training programs, recipients of training grants are expected to organize an advisory committee. Invariably, the same programs and often the same individuals are contacted by each of the individual academic-based training programs (in our case there were five). Consortium members reasoned that instead of bringing Title V representatives to each training program, it would be more efficient to invite Title V participation as a Consortium member, effectively collaborating with all five programs simultaneously. Second, in beginning to develop a curricular component to address family–professional partnerships, the Consortium members realized that family participation in the Consortium was analogous to participation by any other of the five disciplines. Consultation with Title V suggested that the Consortium begin this collaboration by partnering with the Title V NC Family Council, a committee of parents of children with special health care needs and adult self-advocates. In 2006, the Title V staff person for the Family Council, and herself the parent of a child with special needs officially joined the Consortium as faculty, in essence

a sixth discipline. This member serves two roles, providing insight and expertise to the Consortium in addressing its goals and facilitating participation by members of the NC Family Council in the Leadership Curriculum. An additional dimension of this unique collaboration with Title V is that in each of the first 2 years, a LEND fellow in the Leadership Program served as a liaison between the Consortium and the NC Family Council to further explore the potential for cooperative learning and action.

#### Effects of the MCH Leadership Consortium

While we are currently engaged in a three-year project with the support of the MCHB to examine more specifically the effects of this interdisciplinary training on attitudes and practices [8], we can describe qualitative effects on students/trainees, faculty, individual training programs, and the Title V Program in North Carolina. The Consortium curriculum has created the opportunity for fellows to engage in an interdisciplinary cohort with a shared focus on leadership development. Trainees emerge with increased sensitivity to and understanding of how various disciplines approach MCH challenges, as well as enhanced leadership skills to negotiate among disciplines. In particular, the workshops have stimulated trainees to move from the relative “safety” of traditional uni-discipline fields to understand and analyze MCH pyramid dimensions—infrastructure, population-based, enabling—in addition to clinical health care services. This experience has been the catalyst for some fellows to re-consider their discipline interests and consequently alter their training and ultimate contributions to MCH. For example, some trainees have transferred from their original single discipline focus to MCH programs, such as public health, to enable them to address more effectively multiple dimensions of MCH issues. Other trainees have taken additional courses and even pursued master’s degrees or certificates in public health. The sharing of funding has enabled the Consortium to create unusual learning experiences for students. For example, the Consortium supported a dual degree public health/social work student with LEND funding to complete her clinical responsibilities by collaborating with the Title V Family Council.

The Consortium has had a number of direct and indirect effects on the faculty and staff participants. Consortium meetings have provided a forum to share vision and passion about MCH leadership and training, with two effects. First, we have been able to assess commonalities and differences critically. Second, these meetings have provided a platform for synthesizing and subsequently disseminating a shared vision among the departments and schools that house the Consortium members. For example, lessons learned from the workshops have been introduced for



students/trainees and faculty who are unable to participate in the curriculum because of limited resources. Second, participants have developed a commitment to shared leadership. The Consortium is both non-hierarchical and without categorical funding, so the members have become sensitive to the importance of taking responsibility for the organization of meetings, for curriculum design, for the financing and logistic planning and implementation of curriculum components and for program monitoring, evaluation and quality improvement. An example of the use of shared resources is in the support of a research assistant to serve as a common thread among the five programs. The Consortium recognized very early that it would be essential for an individual to play this coordinating role so at various points, the programs in LEND, public health and social work have provided support through service or merit awards. Paralleling the acceptance of responsibility is the willingness by members to hold each other accountable for specific tasks and the overall goals of the leadership program.

A third effect is the potential for sustainability because the structure transcends individual programs and directors. This sustainability has been tested with the loss of two participants (Pediatric Dentistry and Nutrition), but as mentioned above, the remaining Consortium members have embraced a new partner in the Communication Disorders training program, funded for the first time in Spring 2008. Finally, the Consortium has provided a platform for encouraging additional interdisciplinary partners. Recently we partnered in an unsuccessful effort to secure a Leadership in Adolescent Health (LEAH) training grant.

The partnership with Title V has enabled students/trainees to gain a fuller understanding of that fundamental MCH program, while at the same time providing a single portal for Title V to work with the academic-based training programs at UNC-CH. This portal has enhanced the understanding by Title V representatives of the resources and potential for collaboration with the individual training programs. The most important reflection of these outcomes is that a Title V representative has joined as an official member of the Consortium. As described above, this has established the principle of a Title V professional (who is also the parent of a child with special health care needs) as an additional “discipline” in the inter-disciplinary Consortium, providing legs to the concept of family–professional partnership.

## Discussion

From the first meetings in 2000, the members of the UNC Interdisciplinary Leadership Consortium have moved from discussions of shared interests in developing leadership

competencies to the implementation of a yearlong curriculum that has been offered to over 150 students/trainees. Multiple factors have contributed to the success of the UNC-CH Interdisciplinary Leadership Development Program. First, strong institutional support from the five campus MCH training programs and constant MCHB funding for these programs supplied a foundation for the leadership program. Given shared goals, resources available from the training programs were able to support the “common ground” of the Consortium that any single program may not have had the resources to provide. Second, the ILDP has evolved in a University environment that has made interdisciplinary training and research a priority. In practical terms, this has facilitated sharing budgeted expenses and allowed faculty to be acknowledged for pursuing broader institutional goals. Third, attention to the changing needs of the MCH field, evidenced by the adaptations of the curriculum over the years since its initiation, has enabled it to remain relevant to the field. Related to this is the commitment of the participants to continuous quality improvement through yearly quantitative and qualitative process evaluations and the on-going evaluation project allows the Consortium to evaluate its success in training leaders and for charting its course into the future. Finally, and perhaps as a function of the other factors, participation in the Consortium was stable for 6 years, facilitating the building of trust that is a key dimension of interdisciplinary activities.

The Consortium has faced one major challenge. Regrettably, the Leadership Program in Pediatric Dentistry, a productive program in its own right and a unique interdisciplinary partner in the Consortium, went unfunded during the 2007 renewal cycle. Similarly, the Public Health Nutrition program did not retain its MCHB funding. While UNC-CH will continue to provide high quality training in pediatric dentistry, the loss of the training grant impedes the financial ability of that program to enable dental residents to devote time to the interdisciplinary Consortium training. Similar pressures limit access for nutrition students. Building on the experience we have gained in sharing resources, however, the Consortium has begun to explore opportunities for participation of these two disciplines through fellowships from the other training grants. For example, a dental resident could receive a public health training grant to earn an M.P.H. or serve for a year as a LEND fellow building upon the traditions and relationships established through the Consortium.

## Conclusion

Five MCHB-funded training programs have designed and implemented an interdisciplinary curriculum in leadership

development. While simultaneously developing their discipline-driven competencies, trainees have had the opportunity to enhance key MCH leadership competencies that are shared by MCH professionals of any disciplinary background. Through this opportunity, in collaboration with our state Title V partners, UNC-CH MCH fellows are able to emerge not only as competent practitioners, but also as the next generation of MCH leaders committed to interdisciplinary practice.

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## References

1. Maternal and Child Health Bureau. (2003). Maternal and Child Health Bureau strategic plan: FY 2003–2007. Cited 2008 April 1. Available from: <http://mchb.hrsa.gov/about/stratplan03-07.htm#3>
2. Maternal and Child Health Bureau Division of Research Training and Education. Maternal and Child Health Bureau Division of Research, Training and Education. Cited 2008 April 1; Available from: <http://mchb.hrsa.gov/about/drte.htm>
3. MCH Training Program. (2008). MCH Training Program: Strategic plan. Cited 2008 May 13; Available from: [http://mchb.hrsa.gov/training/strategic\\_plan.asp](http://mchb.hrsa.gov/training/strategic_plan.asp)
4. Athey, J., Kavanagh, L., & Bagley, K. (2001). *The MCH Training Program: An evaluation*. Arlington, VA: National Center for Education in Maternal and Child Health.
5. Wenger, E. *Communities of practice: A brief introduction*. Accessed on September 16, 2008. <http://www.ewenger.com/theory/>
6. MCH Leadership Competencies Workgroup. (2007). *MCH Leadership Competencies (version 2.0)*. Rockville, MD: Maternal and Child Health Bureau.
7. Mouradian, W., & Huebner, C. (2007). Further directions in leadership training of MCH professionals: Cross-cutting MCH leadership competencies. *Maternal Child Health Journal*, *11*, 211–218.
8. Margolis, L., Rosenberg, A., et al. (2007). UNC Maternal and Child Health Leadership Training Consortium: An examination of the effects of interdisciplinary training on MCH Professionals, Organizations, and Systems. Available at: [http://mchb.hrsa.gov/research/project\\_info.asp?ID=86](http://mchb.hrsa.gov/research/project_info.asp?ID=86)