

LEND Directors Meeting 11-07-2004  
Minutes - DRAFT

- MCHB (Laura Kavanagh)
  - All Grantees Meeting
    - MCH Competencies
    - Lead competencies
    - Cultural Competency
    - Fac Trainee diversity
    - FC Care
    - Strategic Plan FU
      - Assn Mat Child Health Providers
      - Consort of Af Am HC Programs
      - Commonwealth Fund – fac development program to general peds faculty
  - [www.mchb.hrsa.gov/training](http://www.mchb.hrsa.gov/training) - trainee website
  - Genetic Counseling grants
  - Progress Reports – ALL ELECTRONIC
    - Applications this year are electronic
    - LEND Performance Measures
    - NIRS direct import
    - MCHCOM.COM webcast on DGIS
    - HRSA Call Center
  - Recruiting Pub Health Analyst (Dr. Favors)
  - Grants
    - Collective Letter by LEND programs – CKC will take names to create a letter
      - Lateness of announcements
      - To Dr. Duke, cc head of grants mgt
      - Difficult because ... planning purposes... interested in partnering with DRTE to improve process in the future.
      - Explicit instructions :
        - Timeliness of responses Y/N funding
        - Continuity of specialist for this complicated ID training program
    - How grants employees are chosen – different people every year managing applications
- LEADERSHIP
  - Pillar of LEND establishing agents of change in MCH
  - Efforts:
    1. New Hampshire Core Survey/CEdO (Rae Sonnenmeier)
      - Guiding principles:
        - Effective evaluative feedback
        - Technology
        - Focus on the needs of learners

- This is a complex process
    - Core Survey of NH LEND trainees
      - Summary in packet is based on 8 trainees – hard to get statistical analysis
      - Program is able to look at changes over time in trainee cohorts – during training
      - Prelim benefits: If others use this tool, can compare programs effectiveness across the network
      - How useful to rest of the network? Invite others to use this tool (field test) to increase pool size – if the test works, maybe use across network. Data will be summarized and aggregated by CEEdO and given back.
        - Are we just comparing outcomes, or is there a baseline/benchmark? Is there a right answer? Imagining certain traits are seen in good leaders, but so far the tool has been used with the approach of simply informing practice, not trying to create a right answer.
      - Will use listserv to solicit test programs.
2. VT-IHLEP
- Trying to define leadership
  - PLAA Professional Leadership Abilities Assessment – combined with AM Gundlach’s tool – VT created VT tool
  - Basic, Intermediate and Advanced classifications. Trainees are assessed in December and again in May to track development.
  - PLAA is mapped out clearly in trainee binders from the start.
  - Please look at the PLAA and provide feedback to [vtihlep@uvm.edu](mailto:vtihlep@uvm.edu)
3. VT = behavioral assessments, NH = attitudes and beliefs assessment. Does anyone do the environmental assessment?
4. Leadership
- Why to pay attention to leadership? That’s what defines ID Training
  - Other areas of effort:
    - Seattle conference on Leadership – outcome: ID domains in which competencies might be ID’d that would lead to curricular content & experiences. ---  
-----AG meeting – workgroup looked at domains and competencies. Also – characteristics of leadership are descriptions, not a definition (from

an MCHB perspective). (Competencies group – MCH vs. LShip competencies.)

- AUCD with Ginny of CEEdO to evaluate leadership based on outcomes. Focus groups. Est categories to evaluate whether or not programs produce leaders
- GPRA outcome measures in academic, clinical, advocacy arenas. Scale to report effectiveness on leadership.
- Individual efforts that tease apart components of leadership are ok. This could take 10 years... AUCD intent – all different efforts are informed of other efforts, and try to use each other's work to take this to the next level.
- Structure:
  - Define leadership from MCH perspective
  - ID critical domains... group of core categories that might yield competencies and curriculum.
  - Evaluation – did we create an instrument that works
  - Look at trainees – recruitment and what kind of info will you use to adjust supports/experiences etc. during training.
- ??Small group meeting to keep the different efforts tracking together, informed and collaborative.
  - Contact Laura, cc CKC if interested.
- It's not tidy now -
  - Definitions
  - Making the process of leadership training more transparent – trainees KNOW they're being trained to be leaders.
  - Competencies
  - Measurement
  - Share best practices
- Leadership Brochure – tells trainees they're being trained to be a leader, who is in the network, how to engage... Tell CKC so this can be ready in January for trainees.
- Genetics Counseling
  
- Health Administration
  - Often seen as a weak discipline during MCHB site visits
  - MCHB supports the workgroup in creating competencies that LEND trainees should accomplish during their training.

- Begun as a discipline meeting during the spring 2003 LEND meeting – 40 attendees, including trainees
- Competencies (began as 30) for HA trainees to leave LEND with
  1. Strategic Planning
  2. Marketing
  3. Operations and Facilities Management
  4. Finance
  5. Business Planning
- Strategic planning competencies are outlined in the packet – others are under development and will be discussed more in-depth during the Spring LEND meeting.
- These are viewed as guidelines
- Feedback is requested –
  - Have we correctly described the requirements of HA trainees?
  - Do the programs feel they can implement these competencies?
  - Send feedback to CKC by December 20
- Next step: what do other discipline trainees need to know about HA when they graduate from LEND?
- SUGGESTION: include a statement that a project could/should involve state councils in the guidelines
- SUGGESTION: next step to publish a case study that MBA students can use to understand how Administration is different in a clinic setting than a straight business setting
- Association Updates
  - Communications Committee – Ann Cox
    - How the Association communicates – website, listserves, LEND Links, Digest, InBrief, Legis Info Center, Search Portal.
      - Digest – no major changes
      - Legis portal – not used widely, loved by those who do
      - In Brief – no major changes
      - Search Portal – needs complete overhaul
      - Links – good, send more widely
      - Listservs – so many of them... but don't stop
      - SUGGESTION: send this to trainees to get their thoughts – how do we expect them to gain advocacy skills if they don't read In Brief?
      - Usefulness measure – who do you send these things to? How widely do you distribute?
    - Thoughts – distribute Links more widely
    - Next stage – priority decisions about what to do to more effectively communicate within the network.
  - MCC Cultural Competency Survey

- Charged by board to generate strategic plan to increase linguistic and cult competency for the network
  - How are cultural competency issues addressed in your program?
  - Who are you partnering with to increase your cultural competence?
  - Accomplishments: what have you done in the past 5 years?
  - How might you use additional funding if it were made available?
  - How can Central Office help?
- CIS – a new and restructured council
  - 33 council members from both UCEDDs and LENDs
  - Others are welcome and invited – esp those LENDs that are not attached to a UCEDD
  
- TA Webinar event Dec 15 – registration is available soon. Steve Blumberg from CDC on SLAITS data
- Disability Policy Seminar – Feb 28-March 2, DC
- AFP Summit 2005 – 12 organizations gave up their Annual Meeting to participate. LEND/UCEDD/Council/Board meetings etc will happen then.
  
- AMCHP: Feb 19-23, 2005
  - LEND Meeting – Feb 19 (pm) -20
  - Discipline Meeting – Parent Faculty – Meeting Feb 19 (all day)
  - Email CKC with agenda items
- NIRS prelim report available
- Brochure Insert – to be used for Hill visits, data taken from NIRS
  
- MCHB – (Chris DeGraw)
  - SLAITS webinar: survey data is an MCHB initiative, not CDC
    - Natl survey of CSHCN chartbook out
    - Directors/programs are STRONGLY encouraged to listen to the webinar
  - Research on systems of care emphasis
  - Bright Futures Initiative
  
- Legislative Affairs
  - Prelim AUCD Report is available
  - Cornerstone Government Affairs
    - AMCHP, Schools of Public Health are also their clients

- Successes are hopefully coming for the FY04  
Approps bill for AUCD network members
- 2 year contract signed last year, 6,000/month year 1;  
10,000/month year 2
- We can continue at \$8,000/month for year 2
- Goals:
  - increase UCEDD funding to 500,000 each
  - LEND line item
  - Higher Education Act
  - CDC
- Board supports continuing at \$8,000/month
- If we move forward, what is our strategy to move  
forward? UCEDD – ID'd 5 politically appropriate  
states. Can LEND use the same general strategy: we  
need programs in X states, but we can't do that until  
we get 500,000 in every state...
- Go forward, LEND may be able to help