

2016 UCEDD TA Institute Enriching Cultural Efforts: What's in Your Toolbox? March 3 - 4, 2016

Session Notes

Theme: Personnel & Trainees

Objective: Recruit and retain a diverse trainee pool.

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Introduction

Georgia: LEND is the easiest cohort for me to think about because they come in for a specific period of time; we've been around 35% from underserved backgrounds (ethnic and linguistic groups, disability status) which is representative of the state; it helps to live in a diverse city, be at a minority-serving institution and have the medical partner be an HBCU; we specifically recruit faculty from diverse backgrounds because it makes our institution a more attractive place; we also do two waves of recruitment (among graduate students from February through May) and community trainees (family members, people with disabilities, community and CDC professionals) – we do outreach to parent and partner organizations to make sure we are bringing in a variety of folks

South Dakota: We usually have a very small number of underrepresented minority students, and it's challenging to recruit people in general to come to the state; LEND is working with faculty to encourage individuals to participate, but using it as a tool for recruiting students into their programs; have a RISE UP program (approximately 10 undergraduate juniors come for eight weeks in the summer and learn about careers in the health sciences) that's funded through CDC / Kennedy Krieger; face to face contact is important, including going to events where students might congregate and connecting with tribal elders; people in our communities listen to the tribal radio stations, so we've been disseminating information that way and following up with an in-person presence

Challenges and Responses

Diversity at the university is declining.

- It's a problem for a medical institution. That's a level of education away from high school.

- Hard to be selective about LEND trainees because we're getting smaller and smaller degrees of access
- Compete with state's HBCU
- Don't have enough money to hire (even part-time) former trainees because the UCEDD can't afford their salaries, which the departments are better able to; even if we pay people for pilot projects, they're not well integrated into the center and we can't get enough of their attention
- Some interns come in with "pathetic" salaries, and Center has trouble moving them up once they've completed their education
- It's very difficult when there's a medical center separate from the larger university; buy-out is variable depending on the discipline structure

Issue is trying to increase the audience for people who want to do this program. We are connected to HBCU which is three hours away and have done lectures in their undergraduate classes – planted the seeds but don't know what outcomes they're going to see

Marketing interdisciplinary training without a LEND program is really hard – we're at the mercy of the graduate programs and their enrollment; we do get some trainees from a postsecondary

State is 98% white, though there is a reservation close to us. Native American studies is moving onto our floor so plan on reaching out once that happens. It's also been challenging to connect with the resettled Somali population; we need recruitment strategies

- Group members provided contact information for Amy Hewitt (Minnesota LEND) and Mary Alice Favro (Vermont LEND), both who are actively engaging Somali communities in their work

We're restricted by the pool of students within our participating universities and institutions; sometimes we have say with interviews, and other times we get what we get; branding is also really challenging, especially since a lot of students are looking for clinical training

- South Dakota: We're trying to work with faculty to use LEND as a recruitment strategies for their departments

Thinking about the high school pipeline. Some only get interested in disability in medical school so not sure where the entry point truly is.

Thinking a lot about the many vacancies for DBP fellowships. There's not a great return on investment compared to other specializations; the same is happening for neurodevelopmental pediatrics

Have a UCEDD, LEND, and IDDRRC and have been fairly successful in recruiting diverse LEND trainees, but it's different for postdoctoral research trainees.

New Ideas

Florida (Tampa): Former trainees help with marketing. CAC members talk about advocacy and self-determination so they're visible and it tends to be the lectures that are reviewed most highly

Northern Marianas: College is interested in partnering with other universities; Have an NIH grant with Portland State University where their students start with them but finish the program with Portland

Many direct support professionals are from diverse and economically disadvantaged backgrounds, and our centers might be able to help create some mobility for people; there isn't a funding base for UCEDD trainees like there is for LEND and most of us cobble it together; if we ever move to reauthorization and having a larger core that was aimed at diversity, we could use this to support trainee stipends

See the "Welcome Back Initiative," which is based out of San Francisco (with satellites in a number of places across the country). Their mission is to "build a bridge between the pool of internationally trained health workers living in the United States and the need for linguistically and culturally competent health services in underserved communities"

- <http://www.welcomebackinitiative.org/wb/index.html>

North Carolina: Postdocs gave day-long seminars to area HBCUs about research on NDD, and they were very well received.

South Dakota: About to add first self-advocate LEND trainee from a postsecondary education program, plus a parent trainee; that is going to add richness and some level of diversity to the program

See new resource developed by the LEND workgroup that's promoting the support and inclusion of people with disabilities as trainees

- https://www.aucd.org/template/news.cfm?news_id=11722&parent=295&parent_title=AUCD%20Publications&url=/template/page.cfm?id%3D295

We are likely going to have a critical mass of programs that are trying to include people with disabilities as long-term trainees; it would be great to do some webinars or other technical assistance activities around this topic that can reach everyone

Georgia: We're really careful to intentionally bring in policy, science, and family folks who come in. Guest lectures are broadly representative.

Bronx (NY): Has a program through their medical center for underrepresented minority students to get summer research experiences – it's for high school and undergraduate students; some do research and everyone attends didactics

Georgia: University students who are at least 10 hour per week GRA get full tuition remission; that's a great recruitment tool but it still depends on who is accepted to programs; all community trainees get master's or doctoral level stipend depending on their level of experience

Bronx (NY): Have contracts with other local colleges and universities; there are some that tend to attract more underrepresented minority groups. Good relationship.

See Vanderbilt (TN) LEND's efforts to improve trainee diversity by addressing multiple entry points

- To see all of their objectives, strategies, and related products: http://www.aucd.org/template/news.cfm?news_id=11649&id=17

Memphis (TN): Medical college admission test now has a social science section; medical schools are trying to get folks from disadvantaged populations into medical school; UT has an intensive summer program for two weeks with 12-15 students. Instructing the social science portion of that program provides an opportunity to build a personal relationship with them and bring awareness/interest in the center.

Bronx (NY): Using their clinical expertise to help college and graduate students who are struggling; many come from underrepresented backgrounds and it may be a non-traditional way to build relationships with people who may become interested in this field