



An Evaluation of the
Diversity in MCH Training:
Peer Learning Collaborative

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A. Executive Summary

In June 2012, the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) engaged HRSA's Office of Research and Evaluation (ORE) to evaluate the *Diversity in MCH Training: Peer Learning Collaborative*. The purpose of the Collaborative was to support existing MCH Training Program grantees in their efforts to increase racial and ethnic diversity of trainees and faculty through technical assistance, peer mentoring, and collaboration.¹ Eleven (11) selected Teams, consisting of MCH Training Program grantees and institutional or community-based partners, received technical assistance to address diversity challenges in their MCH Training Programs.

MCHB's four main goals for the Collaborative were to:

- 1) *Cultivate further success in site-specific efforts to increase racial and ethnic diversity within the MCH Training Program;*
- 2) *Document promising strategies for increasing racial and ethnic diversity in MCH Training Programs;*
- 3) *Identify support needed for grantees to successfully implement promising strategies; and*
- 4) *Develop diversity peer mentors among MCH Training Program grantees.*²

The evaluation sought to answer the following questions identified jointly by MCHB and ORE: 1) Overall, how did the Collaborative affect MCH training diversity efforts? 2) What practice changes were initiated by the Teams as a result of their participation in the Collaborative? 3) What policy changes were proposed or adopted by the Teams as a result of their participation in the Collaborative? 4) What products were developed by the Teams to support efforts to increase racial and ethnic diversity among faculty or trainees? 5) What challenges did Teams experience in implementing the Collaborative? 6) What aspects of the technical assistance facilitated the Teams' implementation of policies, practices, and other changes; what additional support was needed? and 7) Have the policies, practices, and other changes been sustained by the Teams since the end of the Collaborative? To answer the evaluation questions, ORE analyzed Teams' final presentations and conducted interviews with members of 9 of the 11 Teams.

Findings

- The Collaborative affected MCH training diversity efforts in multiple ways:
 - Overall, Teams reported substantive benefits, including enhanced leadership in diversity, commitment to the goal of diversity, and an expanded knowledge and awareness about the subject of diversity.
 - All 11 Teams developed practices to enhance racial and ethnic diversity within their MCH training programs. One of the most common practices was building relationships, which helped them break down silos, identify and share resources, and help diverse students find appropriate resources. A great deal of effort also went into activities to engage and recruit a diverse student body. The practice of mentoring of other Teams, a stated goal of the Collaborative, was limited.
 - Some Teams enacted policy changes, such as developing diversity plans or changing admissions policies, but policy changes occurred less frequently than practice changes.
 - All of the Teams developed or adopted products, including presentations, grant applications, surveys and/or resource inventories to support efforts to increase racial and ethnic diversity among faculty or trainees.
- Teams encountered challenges while implementing changes, such as a lack of institutional commitment, difficulties recruiting diverse faculty, and denial by the institution that a lack of diversity was an issue.

¹Maternal and Child Health Bureau (2011). Diversity in MCH Training: A Peer Learning Collaborative—An Overview. Retrieved December 2, 2012 from: http://mchb.hrsa.gov/training/grantee_resources_dtpc.asp

²Ibid.

- Certain aspects of the technical assistance, such as the direct facilitation, were helpful to Teams, especially for planning and resource sharing. Teams indicated, however, that they could have used additional guidance from the facilitators in developing their action plans and policy changes, and better facilitation of mentoring between Teams.
- All interviewed Teams reported that they sustained their diversity efforts in some capacity after the Collaborative ended. Many Teams have continued to sustain the relationships they built through the Collaborative and have integrated the products that they developed and/or adopted into their operations. Overall, the majority of Teams reported that the Collaborative created a solid foundation for Teams to expand their diversity efforts in the future, which was an important purpose/goal of the MCH Peer Learning Collaborative.

Conclusion

MCH training program grantees benefited from the Collaborative in both broad and specific ways. Overall, the Collaborative enhanced leadership on diversity issues, deepened commitments to addressing the issue of diversity, and gave visibility to and raised awareness about the issue of diversity. Teams also successfully generated practices, policies, and products. ORE found that the Collaborative was less successful in fostering peer mentorship between Teams. Teams expressed an interest in being matched with other Teams that had similar challenges and were at a similar level of competence and experience with diversity. They also wanted more meaningful interaction with each other during the Collaborative.

MCH training grantees referred to their participation as a “watershed experience” and “one of the most rewarding things I’ve ever done,” demonstrating the overall success of the Collaborative. With a very modest investment (limited to the provision of technical assistance and support), MCHB was able to achieve meaningful change in the Teams’ efforts to increase diversity in the MCH training program.

Recommendations

Based on the findings from this evaluation, ORE recommends that MCHB consider the following actions for future MCH training diversity plans, activities, and collaborative initiatives:

1. Integrate lessons learned from the Collaborative about the value of relationship-building and other successful practices into the planning of relevant MCHB training programs and program guidance.
2. Clarify and refine the stated goals of the *Diversity in MCH Training Peer Learning Collaborative* so that Teams can better align their goals and efforts with the overall goals of the Collaborative.
 - Make practices, policies, and products explicit objectives for the Collaborative in the future.
 - Add specific language to the goals of the Collaborative about increasing the cultural and linguistic competence of MCH training grantees.
3. Strengthen the structure, functioning, and implementation of the Collaborative model by doing the following:
 - Institute and conduct an assessment of potential Teams to assess their readiness for participation in the Collaborative prior to selection.
 - Match Teams (based on goals/plans or experience) so that peer-to-peer mentoring is more feasible and consider either revising the selection criteria for Teams or increasing the number of Teams in a cohort to allow for matching.
 - Provide more opportunities for peer interactions, face-to-face time, and sharing/mentoring so that Teams can learn from each other.
4. Strengthen the technological support used for the Collaborative, in order to facilitate greater communication and resource sharing amongst Teams.
 - Evaluate and determine ways to improve the usability of the Collaborative website.
 - Explore using technologies that could enable greater collaboration among Teams.

B. Introduction and Overview of the Evaluation

From 2009 to 2011, the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) Division of Maternal and Child Health Workforce Development sought to address challenges to increasing racial and ethnic diversity within their various training programs through the *Diversity in MCH Training: Peer Learning Collaborative* (referred to hereafter as the Collaborative). The Collaborative was a MCHB initiative in which 11 Teams, selected by an expert panel, received technical assistance (TA) over the course of a 9 to 12 month period to address diversity challenges in their MCH training programs. Each Team included MCH Training Program grantees, as well as other institutional and community-based partners.

Six months after the Collaborative formally ended, MCHB engaged HRSA's Office of Research and Evaluation (ORE) within the Office of Planning, Analysis, and Evaluation to evaluate the outcomes of the Teams and the overall results of the Collaborative. This evaluation was conducted from August 2012 to May 2013.

This report presents the findings, conclusions, and recommendations resulting from this evaluation. The goal of this evaluation was to inform and enhance MCHB's decision making around future MCH training diversity plans and activities.

C. Background of the Collaborative

History of MCH Training Diversity Efforts

Recognizing the need for well-trained and culturally diverse MCH professionals that reflect the racial and ethnic make-up of the U.S. population, MCHB has had a longstanding history of efforts to prepare, recruit, and retain racially and ethnically diverse MCH trainees³ and faculty.^{4,5} Accordingly, MCHB has invested financial resources and technical assistance in various student/trainee enrichment programs, MCH networks,⁶ and strategy development workgroups.⁷ Despite this investment, however, MCHB has not seen significant improvement in its diversity performance measure.⁸

³Trainees are students who are chosen to participate in grantee training programs.

⁴van Dyck, PC (2003). A history of child health equity legislation in the United States, *Pediatrics*, 112(3):727-730. Mitchell, SA, Lassiter SL (2006). Addressing health care disparities and increasing workforce diversity: The next step for addressing the dental, medical, and public health professions. *American Journal of Public Health*, 96(12):2093-2097.

⁵Maternal and Child Health Bureau. (2004). National Plan for MCH Training: 2005-2010-Goals, Objectives and MCHB Activities. Retrieved December 2, 2012 from: http://mchb.hrsa.gov/training/documents/pdf_library/MCH_Training_Strategic_Plan_9_15_04.pdf.

⁶For example, the MCH Training Grantee Network provides support and services to grantees of the HRSA/MCHB Training Program to foster collaboration among grantees and to assist in the sharing of resources, information, and utilization of distance learning technologies.

⁷Mathis, Sheryl and Aisha Moore. (2009). MCH Training Diversity Initiative: Online and Onsite Feedback Summary. Altarum Institute.

⁸MCHB's diversity performance measure is PM09, the percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups. MCHB has a related performance measure, PM10, which measures the degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

As part of a renewed effort to increase diversity in their programs, in 2006, MCHB engaged two external partners (referred to hereafter as the “Contractors”)⁹ in taking a number of actions. These actions included reviewing the diversity performance measures of MCH Training Program grantees, initiating a trainee and faculty diversity workgroup of grantees, and updating their literature review of diversity recruitment and retention strategies for trainees and faculty.¹⁰ The Contractors also invited input from faculty and trainees via an online feedback form and had informal on-site discussions with existing MCH Training Program grantees to collect information on practices they were implementing to address diversity at their institutions. Information gathered from these efforts resulted in the development and implementation of the *Diversity in MCH Training: Peer Learning Collaborative*.¹¹

Purpose of the Collaborative

The purpose of the *Diversity in MCH Training: Peer Learning Collaborative* was to support existing MCH Training Program grantees in their efforts to increase racial and ethnic diversity of trainees and faculty through technical assistance, peer mentoring, and collaboration.¹²

MCHB’s four main goals for the Collaborative were to:

- 1) *Cultivate further success in site-specific efforts to increase racial and ethnic diversity within the MCH Training Program;*
- 2) *Document promising strategies for increasing racial and ethnic diversity in MCH Training Programs;*
- 3) *Identify support needed for grantees to successfully implement promising strategies; and*
- 4) *Develop diversity peer mentors among MCH Training Program grantees.*¹³

MCHB reported that the above goals were broad and encompassed MCHB’s overarching objectives for the work leading up to and including the implementation of the Collaborative.

⁹MCHB had a contract with Altarum to operate an MCH Training Resource Center (TRC). Altarum worked on the Collaborative as part of this contract. In addition, MCHB had a cooperative agreement with the National Center for Cultural Competence (NCCC). Because of NCCC’s longstanding work on diversity and cultural competence, Altarum worked with NCCC on the Collaborative.

¹⁰Brown, A, Flattau J, Altarum Institute. (2009). Promising Practices for the Recruitment and Retention of Culturally Diverse Students and Faculty into Maternal and Child Health Training Programs: Updated Literature Review. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved November 23, 2012 from ftp://ftp.hrsa.gov/mchb/training/documents/grantee_resources/diversity_lit_rev_final_.pdf.

¹¹The term “collaborative” is typically used to describe similar organizations that join together to benefit more from their collective actions than they could as individual players. Consistent features include periodic convening of participants through meetings and calls as well as technical assistance from support organizations. The federal government and foundations have often used collaboratives (as well as coalitions and consortia) to address broad disease control, injury prevention, and quality improvement goals (e.g., HRSA’s Health Disparities Collaborative and the Robert Wood Johnson “Fighting Back Initiative”). See: MH Chin, (Aug. 2010) “Quality Improvement Implementation and Disparities: The Case of the Health Disparities Collaboratives.” *Medical Care* 48(8) and KE Sherwood (Spring 2005) “Evaluation of the Fighting Back Initiative,” *New Directions for Evaluation*, 105, pp.15-36.

¹²Maternal and Child Health Bureau (2011). Diversity in MCH Training: A Peer Learning Collaborative—An Overview. Retrieved December 2, 2012 from: http://mchb.hrsa.gov/training/grantee_resources_dtpc.asp

¹³Ibid.

Team Selection

To begin the process of Team selection, the Contractors issued a Request for Applications (RFA). The Teams were selected by a panel consisting of the Contractors and experts in MCH workforce diversity. Seventeen Teams applied, and 5 were selected to participate in the 2009-2010 cohort (referred to hereafter as Cohort I), and 9 Teams applied, and 6 were selected to participate in the 2010-2011 cohort (referred to hereafter as Cohort II)—demonstrating interest in this initiative, despite the fact that Teams

Table 1. Diversity in MCH Training Peer Learning Collaborative Teams	
Cohort I: October 2009-June 2010	Cohort II: November 2010-November 2011
<p><i>Alabama:</i> University of Alabama at Birmingham-Alabama State University MCH Training Consortium</p> <p>(MCH Grants: Pipeline, Nursing, Nutrition, PPC, SPH, LEND)</p> <p><i>California:</i> University of California, Los Angeles-University of Southern California/Children's Hospital Los Angeles</p> <p>(MCH Grants: LEND, Nutrition)</p> <p><i>Minnesota:</i> University of Minnesota Leadership Education in Adolescent Health Program</p> <p>(MCH Grant: LEAH)</p> <p><i>New York:</i> Westchester Institute for Human Development Leadership Education in Neurodevelopmental Abilities</p> <p>(MCH Grant: LEND)</p> <p><i>Utah:</i> Utah Regional LEND at Utah State University</p> <p>(MCH Grant: LEND)</p>	<p><i>Arizona:</i> University of Arizona MCH Program and Pediatric Pulmonary Center</p> <p>(MCH Grants: PPC, SPH)</p> <p><i>Arkansas:</i> University of Arkansas Distance Learning Program</p> <p>(MCH Grant: DL)</p> <p><i>California:</i> University of California, San Francisco, Nursing Leadership in Adolescent and Young Adult Health Program</p> <p>(MCH Grant: Nursing)</p> <p><i>Maryland:</i> Maryland MCH Training Programs (co-led by Kennedy Krieger Institute LEND Program and Morgan State University Public Health Program)</p> <p>(MCH Grant: LEND)</p> <p><i>South Dakota:</i> University of South Dakota LEND Program</p> <p>(MCH Grant: LEND)</p> <p><i>Wisconsin:</i> University of Wisconsin PPC and Wisconsin LEND Programs</p> <p>(MCH Grants: PPC, LEND)</p>
<p>MCH training program grantees included: 1) Distance Learning (DL), 2) Leadership Education in Adolescent Health (LEAH), 3) Leadership Education in Neuro-developmental Disabilities (LEND), 4) Pediatric Pulmonary Centers (PPC), 5) School of Public Health (SPH), 6) Nursing, and 7) Nutrition</p>	

did not receive direct funding for their efforts. Application criteria encouraged MCH grantees to form Teams with a local partner (institutional or community-based). Applications were reviewed based on applicants' responses,¹⁴ geographic location, MCH training category, and range of previous success/experience in addressing racial and ethnic diversity in their MCH training program. The review panel considered these factors in order to select diverse cohorts.

Technical Assistance

As part of the Collaborative, the Contractors provided targeted technical assistance. Several types of technical assistance were provided: 1) direct facilitation of Team activities (each Team was assigned a facilitator), 2) facilitation of opening and closing webinars and "Team Shares," 3) training (provision of technical experts), and 4) creation of a Team website for resource sharing.

Although each Team decided the specific ways that they would use their facilitator, the facilitators provided similar direct support, including: 1) helping Teams develop and refine action plans, generating ideas for actions, and working with Teams to determine what actions were realistic and sustainable; 2) helping Teams implement their action plans over the course of the Collaborative; 3) assisting Teams during their monthly meetings (via phone or virtually) and facilitating sensitive discussions around such topics as diversity and cultural competence; and 4) identifying and sharing resources and helping to connect Teams.

The facilitators also organized and conducted the opening and closing webinars and "Team Shares," which was an opportunity for Teams to share updates and best practices. During the implementation of the Collaborative, Teams met in-person and via teleconferences and webinars to share and receive feedback on their plans from their peers and the facilitators. The facilitators also connected Teams to technical experts on specific topics (See Appendix I for a list of webinars and trainings provided and technical experts engaged in the Collaborative). Finally, the facilitators established a web page, or "SharePoint site" for the Teams to share resources. Both the facilitators and the Teams could add resources to the site and exchange information.

D. Methodology

Evaluation Questions

For this evaluation, MCHB asked ORE to evaluate the outcomes of Collaborative Teams, focusing on Goals 1 and 4, i.e., the success of site-specific efforts to increase diversity, and the development of diversity peer mentors among MCH training program grantees. Accordingly, MCHB and ORE agreed that the evaluation would address the following seven questions:

- 1) **Overall**, how did the Collaborative affect MCH training diversity efforts?
- 2) What **practice changes** were initiated by the Teams as a result of their participation in the Collaborative?
- 3) What **policy changes** were proposed or adopted by the Teams as a result of their participation in the Collaborative?
- 4) What **products** were developed by the Teams to support efforts to increase racial and ethnic diversity among faculty or trainees?
- 5) What **challenges** did Teams experience in implementing the Collaborative?

¹⁴Participants were asked about their past experience in diversity efforts, factors (internal or external) impacting the program's efforts to implement and lead efforts to increase racial and ethnic diversity, how participation in the Collaborative would enhance their program's capacity to address racial and ethnic diversity, and the resources the Team brought to the Collaborative that could help support other Teams in the Collaborative. Reviewers also looked for the rationale of Team member selection, involvement of multiple MCH training programs, the inclusion of a trainee in the Team, and the inclusion of a non-MCH training program.

- 6) What aspects of the **technical assistance** facilitated the Teams' implementation of policies, practices, and other changes? What additional support did Teams request to implement and maintain these changes?
- 7) Which policies, practices, and other changes have been **sustained** by the Teams since the end of the Collaborative?

Data Collection and Analysis

To understand the context for the Collaborative and obtain preliminary background information about the process and the outcomes of the Collaborative Teams, ORE conducted interviews with the Contractors (who were also Collaborative facilitators) and reviewed existing documentation from the Contractors, MCHB and the MCHB training website,¹⁵ and the Teams, including:¹⁶

- MCH Training Program grantee progress reports from HRSA's Electronic Handbook (EHB);
- Data on products from HRSA's Discretionary Grant Information System (DGIS);¹⁷
- Team action plans;
- Team products; and
- Team sustainability plans.

To answer the seven evaluation questions, ORE relied primarily on two data sources: Teams' final presentations and interviews with Team members. At the end of the Collaborative, Teams shared information about their accomplishments at an in-person meeting (Cohort I) or a webinar (Cohort II). ORE obtained verbatim transcripts of Teams' final presentations. Using NVivo 10,¹⁸ a software package that facilitates the analysis and organization of qualitative information and improves the reliability of coding, ORE coded and analyzed the transcripts of the Teams' final presentations using codes developed from the review of documents. The codes corresponded to the topics in the evaluation questions (e.g., overall benefits, practices, policies, products, TA, and sustainability) and consisted of a more detailed definition of each topic.

The analysis of Teams' final presentation transcripts contributed to the development of a structured interview guide (see Appendix II). The guide contained general questions about Teams' overall experience with the Collaborative and specific questions about practices, policies, products and other benefits of the Collaborative. ORE also asked about challenges the Teams faced, the usefulness of the technical assistance provided, and sustainability of the effort. Interviewing Teams provided more in-depth and focused information to answer the evaluation questions.

ORE selected 9 of the 11 Teams to interview for this evaluation (Alabama, Minnesota, New York, Utah, Arizona, Arkansas, California/San Francisco, Maryland, and South Dakota). The 9 Teams were selected based on the following factors: cohort, HRSA region, partnerships, and MCHB-funded MCH Training Program type. Given MCHB's need for timely information, the number of Teams interviewed was limited to 9.¹⁹ MCHB provided input on and approved the selection of Teams.

¹⁵Maternal and Child Health Bureau (2011). Diversity in MCH Training: A Peer Learning Collaborative—An Overview. Retrieved December 2, 2012 from: http://mchb.hrsa.gov/training/grantee_resources_dtpc.asp

¹⁶Note: ORE did not have access to the Teams' applications.

¹⁷Most MCHB grantees report annually on products and publications developed during the year.

¹⁸QSR International, 2012.

¹⁹Interviewing more than 9 Teams would have required clearance from the Office of Management and Budget (OMB), which can take up to 6 months or more to complete. Given MCHB's need for timely information, ORE decided to limit the interviews to 9.

ORE conducted 75-minute interviews with representatives from the 9 Teams in December 2012. All interviews were led by ORE staff, included a note-taker, and were audio-recorded and transcribed verbatim.

Using NVivo 10, ORE initially coded one of the transcripts using topical codes developed from the analysis of the Teams' final presentations. ORE derived additional codes based on a thorough review of the transcript data. To ensure inter-coder reliability, one transcript was coded independently by two ORE team members, and the Inter Coder Reliability (ICR) value was calculated using Cohen's Kappa coefficient. The purpose of the ICR analysis was to ensure inter-rater reliability by identifying areas of high and low agreement and refining code definitions. The two ORE team members merged the coding and discussed areas of agreement below Cohen's Kappa coefficient of .80 until coding consensus was reached. The remaining transcripts were then coded using the agreed upon coding schema.

Finally, employing content analysis techniques, ORE reviewed the findings from the analysis of the Teams' final presentation transcripts and the interview transcripts to discern recurring and dominant themes and to answer the evaluation questions.²⁰

Considerations and Limitations

Evaluating collaboratives in general, and this Collaborative in particular, provided a unique set of challenges. Since collaboratives involve multiple stakeholders, it can often be difficult to ascertain whether effects result from individual organizations versus the collective group. Additionally, the ultimate goal of this Collaborative was to increase racial and ethnic diversity; however, it can take years to detect changes in practice and policy in this area. This evaluation focused only on proximal or intermediate outcomes,²¹ and ORE did not ascertain specific changes in MCHB's training program diversity performance measure because the effects on performance measures may take years to realize.

Although there are limitations to the evaluation methodology, ORE took steps to minimize these to the extent possible. First, while 2 of the 11 Teams were not interviewed, this limitation was minimized by reviewing the progress reports, background materials, and final presentations for all 11 Teams. Recall bias among respondents and staff turnover were also potential limitations. Due to the extended length of time between the Collaborative (2009-2011) and the interviews for this evaluation (December 2012), impaired recall may have influenced Teams' responses to interview questions. In addition, some Team members left their institutions. ORE addressed these potential limitations by inviting more than 1 member of each Collaborative Team to participate in the interviews to fill in any gaps in recall. ORE also provided the structured interview guide questions to Teams at least one week prior to the interview date so that participating Team members would have ample time to prepare their responses. Finally, ORE also analyzed all 11 Teams' final presentations. Given that these presentations were conducted at the end of their Collaborative program year, there was less possibility of a recall bias. By cross referencing the Teams' final presentations and their interviews, ORE was able to fill in any gaps that may have been caused by recall bias or from Team members that left the institution after the final presentations.

²⁰Miles, MB and Huberman, AM (1994). An expanded sourcebook: Qualitative data analysis. Thousand Oaks, CA: Sage.

²¹Roussos, Stergios Tsai and Stephen B. Fawcett. (2000). A Review of Collaborative Partnerships as a Strategy for Improving Community Health. *Annual Review of Public Health*, 21. Retrieved from: <http://kuscholarworks.ku.edu/dspace/bitstream/1808/86/1/fac10cit8.pdf>.

E. Findings

Overall Benefits of the Collaborative

Teams received substantive benefits from participation in the Collaborative, including enhanced leadership, deeper or broader commitment, and new and expanded knowledge and awareness.

Teams described receiving substantive benefits from their participation in the Collaborative. These benefits were: 1) enhanced leadership around diversity; 2) a deeper or broader commitment to diversity; and 3) new and expanded knowledge and awareness about the subject of diversity. In addition, Teams indicated that that overall, their diversity efforts increased and that they would recommend participating in the Collaborative to their peers.

Enhanced Leadership in Diversity

Almost all of the Teams interviewed reported that their participation in the Collaborative enhanced their standing as leaders in diversity within their institution. Teams interpreted the federal investment in the Collaborative as indicating that “diversity is a priority” and they leveraged this federal leadership in engaging key stakeholders within their institutions. The facilitators provided an opportunity for planning and accountability, and this helped Teams remain focused, generate more visibility within their institutions, and bring more creativity to their local efforts. One Team described increased visibility as “*increased power.*” For example, Teams received more requests for presentations on diversity, diversity trainings, and guidance in diversity related decision-making. The Alabama Team’s work was nominated for its University Presidential award on diversity, and the Minnesota Team’s work spurred others in their university to tackle equity and diversity issues. The California (San Francisco) Team described how engaging with a senior university official gave their diversity efforts visibility.

Deeper or Broader Commitment to Diversity

Most Teams indicated that their participation in the Collaborative deepened or broadened their commitment to diversity within their programs. This shift was most directly expressed in new grant applications. Some of these grant applications were aimed primarily at diversity whereas other applications built a diversity element into already existing programs. For example, the South Dakota, Maryland and California (Los Angeles) Collaborative Teams connected during the initial Cohort II Collaborative meeting and decided to jointly apply for a Centers for Disease Control and Prevention (CDC) Research Initiatives for Student Enhancement (RISE-UP) grant,²² which they were awarded. The grant was to introduce up to 50 undergraduate students a year to a career in maternal and child health in addressing health disparities.

Because of the Collaborative, the Utah Team began adding a diversity component to their grant applications. The Team described their deeper commitment as follows:

“What we’ve started to do is very consciously and deliberately build in diversity to any of the projects that we’re working on...because of the Collaborative, we have more contacts, we can get more people engaged, we can really find out what’s needed versus what we think might be needed and that’s a whole different story.”

²²RISE-UP provides public health training opportunities for undergraduate students from underrepresented racial and ethnic groups, to encourage and support the pursuit of graduate degrees.

New and Expanded Knowledge and Awareness of Diversity

Teams also reported new and expanded knowledge and awareness. This took several different forms. Sometimes this new knowledge came from having more information about the diversity landscape—resources and activities—within their institutions. At other times it came from reflective activities in which Team members engaged. Teams began to have new conversations about the topic of diversity. The Minnesota Team, for example, went through a process of *“forming a community”* by sharing about their backgrounds and focusing on the diversity among Team members. This created openness around their work and generated the energy needed to sustain their efforts around diversity.

Another Team reported that the members themselves were changed in the process of engaging in the Collaborative and having new conversations about diversity. By having new conversations, members were able to learn from each other. They developed an expanded awareness of their own cultural beliefs and those of their colleagues.

The Arizona Team recognized that diversity can be a *“heated topic”* and became mindful of how *“it addressed and presented it, so that most people could hear the conversation.”* They spent time thinking about what it means to be from a diverse background or how people interpret topics on diversity. These conversations around diversity became much more frequent for the Arizona Team than they were prior to the Collaborative.

Change Resulting from the Collaborative and Satisfaction of Teams

At the conclusion of the interviews, ORE asked participants to rate their efforts to increase diversity in their MCH training efforts, prior to the start of the Collaborative, and at the end of the Collaborative. This rating was on a scale between 1 and 5, with 1 being the lowest and 5 being the highest effort to increase diversity.²³ While a quantitative measure of such a qualitative subject area is difficult, Teams' responses provide another indicator of the success of the Collaborative. Prior to the Collaborative, the Teams' mean score was about 3 out of 5 (n=9), indicating Teams' considering diversity efforts to be about average. At the end of the Collaborative, the Teams' mean score was about 4 out of 5 (n=9), indicating that Teams' diversity efforts increased.

Recommending the Collaborative to others is an indication of Team satisfaction. Of the 9 Teams interviewed, all stated that they would recommend participating in the Collaborative to their peers. Several Teams reported that they would recommend the Collaborative because it provided them an opportunity to focus and move forward with specific strategies to increase diversity in their program. Two Teams cited their expanded network and pool of resources as reasons why they would recommend participating in the Collaborative. When asked if they would have been able to achieve the same outcomes if they had not had a Collaborative, a member of the Minnesota Team said, *“No, I would say that the Collaborative was a watershed experience for us and we would not have these outcomes without having participated.”* Finally, a representative from the Alabama Team said that she had been working in her field for 30 years, and this was *“one of the most rewarding things I've ever done.”*

Practices

All 11 Teams identified practices they developed, including conducting assessments of resources, needs, and gaps; building relationships; and engaging in recruitment activities; however, mentoring of other Teams was limited.

All 11 MCH Collaborative Teams identified practices they had developed to enhance racial and ethnic diversity within their MCH Training Programs. Most of the practices focused on: 1) identifying

²³Some Teams had more than one respondent answering these questions. Scores were averaged for those Teams with participants providing more than one rating.

existing diversity-oriented resources, as well as gaps and needs related to achieving their diversity goals within their institutions; 2) building relationships and engaging others, both internal and external to their Teams; and 3) engaging and recruiting a diverse MCH faculty and student body. Team interaction was limited to sharing resources or serving as a model, and there was little to no peer mentoring between Teams. The following describes the practices that resulted from Teams' participation in the MCH Collaborative Program.

Identifying Existing Diversity-Related Resources, Gaps, and Needs

Many Teams initiated their activities by conducting assessments to identify existing diversity-related resources at their institutions. They also identified gaps or needs toward achieving their diversity goals. These assessments took a variety of forms, from self-assessment workshops to inventories of resources. Identifying resources, gaps, and needs helped Collaborative Teams determine how they could build and expand their diversity efforts at their institutions.

The Minnesota Team, for example, convened a meeting to identify existing internal resources available within their MCH programs and discovered a variety of resources within their institution. These included educational programs and workshops, a diversity recruitment source database, and an intercultural development assessment tool. Once they identified these resources, they shared them with other MCH Training Programs at their institution.

Teams also administered surveys and interviewed staff and MCH trainees to assess their needs, recommendations, and cultural competency levels. Other assessments implemented by Teams focused on specific practices, such as increasing the diversity of admitted students and faculty hiring processes at their institution. In the process of conducting its assessment, the California (San Francisco) Team discovered that there was no systematic process for student acceptance and faculty hiring that addressed their institution's diversity needs. During the interview, one Team Member described how they have changed these processes. They looked at applicants' work experiences, educational background and success, and GRE scores. In addition, they assessed whether applicants experienced educational disadvantages in order to admit a more diverse applicant pool.

To gather additional information about diversity on their campus, the Arizona Team reported administering surveys to over 200 students and faculty to collect baseline diversity characteristics at their university (e.g., race, ethnicity, ability, military status, rural status, and tribal affiliation). Data from these surveys were used to assist the Arizona Team in planning future diversity efforts targeted toward their diverse student population.

Building Relationships to Advance Diversity Goals

Relationship building helped Teams expand and enhance their diversity efforts. Teams built relationships in a number of ways. Some Teams built relationships internally within their institutions, while others Teams built external relationships outside of their institutions, with Minority Serving Institutions (MSIs),²⁴ other Collaborative Teams, and community organizations. Working with various components within their institution, outside their institution, and in their community enabled Teams to break down silos, identify and share resources, attract diverse trainees, and help diverse students find appropriate resources.

Internal Relationships

Teams spent time building relationships within their institutions in a number of ways. For example, Teams reported reaching out to relevant offices and representatives within their institutions such as: the Office of Human Resources, Vice President of Student Services, Office of Admissions, Vice

²⁴Minority Serving Institution is a category of colleges and universities that includes those institutions that have a high percentage of minority students. It includes Historically Black Colleges and Universities (HBCUs) and Hispanic Serving Institutions (HSIs).

Chancellor of Diversity and Outreach, Vice Chair for Diversity Affairs, School of Nursing Recruitment and Retention Committee, and the Office of Equity and Diversity. Building these internal relationships helped Teams communicate their diversity-oriented goals and activities to others at their institutions and, in some cases, increase their Team's visibility.

External Relationships

Teams also built external relationships outside their institutions. Although Alabama State University (ASU), an MSI and MCH Training Pipeline Program, had been a longstanding partner with the University of Alabama (UAB), the universities worked separately on diversity issues. The Collaborative provided the two institutions an opportunity to formalize their relationship and work as a Team on diversity issues. Including ASU in the name of the network (UAB-ASU MCH Training Consortium) showed the solidarity and commitment of both institutions and their relationship. One Team member described this solidarity during the interview:

"It was really after that initial meeting when representatives from our network went to the initial meeting about the Diversity Collaborative, that we realized that we really needed to sit down at the table with ASU and really make that ASU program a full partner in our network. [Formalizing the UAB-ASU partnership] was a really big accomplishment."

Utah developed a relationship with Diné College, a tribal college serving the Navajo Nation in Tsaile, Arizona. New York had a fairly long term relationship with Mercy College, a Hispanic-Serving Institution (HSI). They worked closely with Mercy College to submit a Minority Partnership Grant. The Collaborative allowed them to hold more discussions on diversity and work together on creating and enhancing pipeline activities.

Morgan State University, a Historically Black College and University (HBCU) that was part of the Maryland Team, re-established and continued to build a relationship with the University of Tennessee at Knoxville (UT), a predominately white university, as a result of the Collaborative. Although not selected as a Collaborative Team, the UT was invited to participate at the Collaborative kickoff meeting that Morgan State attended. At the meeting, representatives of the two universities connected and decided to develop an exchange of students and faculty between their institutions, to make diversity a lived experience rather than a theoretical one. The partnership "*set the tone of the institutions' diversity conversation*" to focus on their reasons for diversity recruitment and how they could improve their institutions.

External relationship building also included Teams reaching out to other Teams to further their diversity efforts. As described previously, the South Dakota, Maryland, and California (Los Angeles) Collaborative Teams Collaborated on a CDC RISE-UP grant application. In the interviews, both the Maryland and South Dakota Teams reflected that the partnerships that developed through the Collaborative contributed to the success in obtaining this grant.

Finally, external relationships with community organizations were also strengthened as a result of the Collaborative. For example, the Utah Team expanded their work at the South Main Clinic, a community health center in Salt Lake City, serving a high proportion of Hispanics, where MCH trainees do clinical work and in-service education. They now require that all 30 trainees deliver a presentation to patients, using an interpreter.

Activities to Engage and Recruit a Diverse MCH Student Body and Faculty

Promoting engagement with racially and ethnically diverse students, and implementing activities to recruit minority faculty helped Teams create a community that reflected the diversity of the U.S. population. The Collaborative helped some of the Teams coordinate across disciplines in their efforts to reach their students and helped others successfully engage students in their diversity-related program development activities. The South Dakota and Alabama Teams reported that the Collaborative helped them overcome their siloed approach to student recruitment and engagement.

Recruitment activities focused on both undergraduate students and those considered in the “pipeline” (i.e., grades K-12). As part of their Collaborative efforts, the Utah Team visited various high schools in their area and presented on their MCH graduate programs and career opportunities available. Their goal was to expose minority students to the MCH career field and to establish a connection early on in their educational journey. The Wisconsin Team worked with the Precollege Enrichment Opportunity Program for Learning Excellence to create a mentorship program for 20 precollege students interested in MCH. The Arizona Team reported that the Collaborative helped members foster and establish relationships with high school students, by introducing them to MCH careers while they were in high school. As one Team member shared during the interview,

“We have a statewide meeting with a couple of thousand high school kids a year where we now go and recruit students to come into our program. I think that we might have done it [attended the statewide meeting] anyway, but definitely by having this [Collaborative] program as something that’s on my table, I made sure that we did this now.”

At the undergraduate level, the Wisconsin Team gave a presentation about the MCH field to a group of diverse incoming freshmen. They contacted and have stayed engaged with the undergraduate students who have indicated that they were interested in MCH or other health careers. The Alabama Team conducted presentations and lectures to undergraduates at their MCH pipeline program at ASU, and through their LEND program, exposed minority undergraduates to MCH during their Summer Enrichment Program. The Alabama Team also hosted a campus-wide networking reception for all the minority students who participate in a health-related Summer Enrichment Programs on UAB’s campus.

The South Dakota Team leveraged their CDC-funded RISE-UP grant to provide training opportunities for undergraduate students from underrepresented groups and support their pursuit of graduate degrees in MCH. In their ongoing partnership with Mercy College, the New York Team created a career explorations presentation where undergraduates from Mercy College could learn more about MCH careers, and thus increase the pipeline for minority students to enter health professions.

After assessing their admissions practices, the California (San Francisco) Team created recommendations for their trainee screening process in order to admit a more diverse nursing trainee class to their nursing programs. The Maryland Team engaged undergraduate and graduate students from three different local universities in a diversity oriented workshop entitled “Undoing Racism.” One of the Maryland Team members reflected on how the Collaborative facilitated this activity to engage students when she said during their final presentation:

“Our schools are relatively close together and our students never talk, so what this [workshop] provided us with was an opportunity to come together as students, as well as people who are already teaching...and these are three institutions that would have never gotten together otherwise beyond this [Collaborative program].”

Although Collaborative Teams did not implement faculty recruitment activities to the same extent as their student engagement and recruitment activities described above, a few Teams did report efforts toward recruiting diverse faculty. Both the Minnesota and Arizona Collaborative Teams described discussions within their departments to increase their faculty diversity. The Minnesota Team leveraged their relationship with their Office of Equity and Diversity to recruit minority faculty, which was something they had not done before. As a result of this relationship a minority faculty member was hired. The New York Team talked about how their LEND program has trained underrepresented minority trainees to become LEND faculty. This Team also supported a faculty member from Mercy College who introduced undergraduate students to graduate and post graduate-level research. The New York Team discussed how they plan to continue the program despite the departure of the Mercy College faculty member, by reinstating it with a new faculty member.

The California (Los Angeles) Team created guidelines for mentorship of minority faculty, and was piloting a mentor bank where minority faculty can be matched with junior faculty. The Wisconsin

Team spoke with their faculty recruitment office and identified local and national resources for recruiting diverse faculty. They also learned about specific materials available on their campus that they could use during professional recruitment processes. Since implementing these recruitment strategies, Wisconsin had recruited two diverse bilingual, bicultural faculty for an Autism Coordinator and a Social Work Training Coordinator and planned to fill two more open slots using the same strategy for occupational therapy and physical therapy.

Team Mentorship

There was limited to no peer mentoring between Teams and some Teams expressed an interest in receiving more input from other Teams. Team sharing consisted primarily of Teams sharing resources with each other or serving as models. For example, the Alabama Team benefited from a trainee needs survey used by the Minnesota Team. The Alabama Team was also contacted by the California (Los Angeles) and Minnesota Teams to learn about how they established their MCH network and what aspects of this process could be beneficial to the Minnesota and California (Los Angeles) Teams. Alabama and Minnesota also served as models of collaboration to other Teams and gave a presentation to Cohort II Teams about their experience in Cohort I and how they have continued their diversity efforts.

Beyond these few examples, Teams did not think there was enough sharing between Teams or said the sharing was not helpful. For example, one Team expressed disappointment that there was not enough cross dialogue between Teams. They suggested more opportunities for dialogue between Teams to share ideas and recommendations:

“There wasn’t a lot of ability to cross dialogue...to really get into deeper dialogues about ‘Well at my school we got this. What would you suggest?’ That kind of give and take... I think there may have been a couple Collaboratives that were able to do that. But for the most part it seems like the Collaborative was a catalyst for getting your own work done in your own organization.”

Another Team reported that they did not receive enough input from other Teams that had extensive experience increasing racial and ethnic diversity on campus. One Team member stated:

“It would have been nice to have somebody on that same level to kind of talk about different ideas of how to make things better in our Collaboratives, what kinds of improvements could we make, that kind of thing.”

Policies

Some Teams enacted policy changes in their institutions or departments, but policy change was less common than practice changes and there were challenges to policy change.

As a result of the Collaborative, three Teams moved toward enacting diversity-related policy change at their institutions, but this change was less frequent than practice changes. Policy changes included: 1) development and implementation of a Diversity Plan; 2) changes in the orientation and admissions processes; 3) a change in translation and interpretation policy; and 4) an MCH career internship requirement for undergraduate students. Teams also reported barriers they encountered while making steps toward diversity-related policy change, which are described later in the Challenges section.

The Minnesota Team developed a Diversity Plan that was a direct result of their participation in the Collaborative. The plan was an attempt to articulate the University of Minnesota MCH Training Program’s commitment to ensuring that their training environment, curriculum, and faculty/fellow/staff participants reflect and address the health care needs of diverse youth populations.²⁵ During the interview, a Team

²⁵The Plan built on the work of the University of Minnesota Office for Equity and Diversity and the principles articulated in its plan, *Reimagining Equity and Diversity: A Framework for Transforming the University of Minnesota*.

member said that the plan had been approved by the faculty and was going to be used as a guiding document going forward. She also said they were starting to implement specific aspects of the plan, beginning with curriculum, and were creating new ways to work with diverse community partners so that there is a bridge between the theoretical and the community application.

The *Diversity Perspective Framework* served as the California (San Francisco) Team's School of Nursing admissions screening tool, as described in the *Practices* section of this report. After they created this Framework, the California (San Francisco) Team submitted a letter to their institution's screening committee, providing six recommendations for improving the current admissions review process through diversity "best practices." The Vice Chancellor of Diversity and Outreach for the university, who was also a California (San Francisco) Team member, recommended that the *Diversity Perspective Framework* and admissions screening tool be institutionalized as "best practices" for other schools on the school's campus and was also working with one of the Collaborative facilitators to publish these "best practices" in a journal article. The Team also met with the School of Nursing Recruitment and Retention Committee to discuss formalizing the committee's orientation and admissions review process to include the *Diversity Perspective Framework*. During the interview, a California (San Francisco) Team member said they had been conducting screenings using their new admissions review process. They planned to conduct more in the same manner in the future.

The New York Team discussed a change in their interpretation services as a major policy change. One Team member described that the facilitation provided by the Collaborative helped them to revise their policy to comply with federal guidelines and they changed service companies to enhance "*translation and interpretation in both policy and practice*." Additionally, in their final presentation, the New York Team shared that they developed a 60-hour internship experience on MCH career exploration that was mandated for the Bachelor of Social Work students to earn their degree. Participation in the Collaborative led to further discussions about increasing the requirement from 20 to 60 hours to assist in sustaining the student commitment toward an MCH career focus.

Products

All of the Teams created or adopted products as a result of their participation in the Collaborative.

Teams most often reported conducting presentations around diversity, submitting diversity-related grants, and re-designing website content to attract more diverse students. The following section describes the types of products developed or adopted by Teams during the Collaborative program (see Table 2 for a complete list of the Teams that developed or adopted products).

Most Teams focused on creating products to communicate with those interested in, or already a part of, the MCH field. These products focused on diversity-oriented practices, policies and other efforts. While most Teams reported conducting oral and poster presentations at conferences, meetings, and student/trainee recruitment and orientations, some Teams also communicated about their diversity efforts via their website. For example, the Arkansas Team reported enhancing their distance learning capabilities to track the racial/ethnic demographics of their continuing education participants. They also hoped to assess specific trends, such as tracking the total number of attendees and the most attended courses by using a computer program that collects the data and generates reports. The data will be used to determine how to recruit healthcare providers in rural settings.

Additionally, the Alabama and Maryland Teams created web content and videos that reflect their diversity focus. Other communication methods included the Arkansas Team publishing an article about their Collaborative activities in their Office of Diversity Affairs' newsletter. The Alabama Team also developed a brochure, with the assistance of their Collaborative facilitator, promoting the missions of their six MCH Training Program grants.

Several Teams reported that they submitted diversity-related grant applications as a result of their participation in the Collaborative. For example, as described earlier, the Maryland, South Dakota and

California (Los Angeles) Teams jointly submitted and were awarded a CDC RISE-UP grant. The New York Team worked with Mercy College to submit a Minority Partnership Grant from the Administration on Developmental Disabilities. Although it was not funded, writing the grant allowed the New York Team the opportunity to identify diversity-related needs and existing resources among their partners and within their institution.

Other products developed as a result of the Collaborative included: 1) diversity tools, 2) resource inventories and 3) surveys. The New York Team enhanced their self-learning modules on cultural competency for faculty using a Culture-Gram tool, and required that all faculty be trained using this tool.²⁶ The Minnesota Team developed a “Stages of Change Model” specific to their diversity efforts. The model was created with the intention of examining their own assumptions, beliefs, and behaviors that were inadvertently not creating an environment of inclusion. To assess existing resources at their institution and within their consortium, the Alabama Team created a Diversity Resource Inventory tool. During their interview, they mentioned that this tool allowed them to visually identify their gaps and reach out to other entities on campus, such as their Office of Equity and Diversity. Finally, as described previously, the Arizona Team used surveys to collect baseline information about diversity from students and faculty at their institution.

Challenges

All of the Teams reported facing some challenges in implementing the Collaborative, including lack of funding, inadequate participation of Team members, lack of institutional commitment, difficulty recruiting a diverse faculty, and denial that diversity was an issue.

An overall challenge that Teams reported was a lack of funding for the Collaborative. The facilitators noted that with limited resources, they were only able to provide minimal facilitation and “hands-on” TA and support. Cohort II was much more constrained in services provided compared to Cohort I. Unlike Cohort I, Cohort II was unable to have their final meeting in Washington, DC because of resource constraints, so they concluded the Collaborative with a webinar instead of a face-to-face meeting. A face-to-face meeting was something that Teams really desired at the conclusion of the Collaborative.

Many Teams reported challenges that were unique to their group, but there were a few recurring themes amongst the Teams that were interviewed. The challenges Teams’ experienced were participation of Team members, institutional commitment, difficulties recruiting a diverse faculty, and denial by the institution that diversity was an issue.

Participation of Team Members

Many Teams reported facing difficulties with maintaining engagement of Team members. A few Teams reported that they had difficulty finding the time to meet, since all involved were very busy or because they were located far apart in a rural location. The Arizona Team had difficulty finding staff to carry out a planned activity. They stated:

“We weren’t able to implement [the planned activity]. It’s hard to get interest and we needed to see more funds. But mostly it was people resources that was the hardest. So we have programming in place. It’s just a matter of implementing it.”

²⁶The Culture-Gram tool was developed by the New York City Administration for Children’s Services and was adapted for use by the New York Team’s faculty to assist them in being personally aware of cultural differences when they interact with families of different cultural backgrounds.

Institutional Commitment

Several other Teams cited a lack of commitment from their larger organization's leadership and key committees. Two Teams struggled with leadership changes in their organization during the Collaborative. They stated that this turnover in leadership led to diversity becoming a lower priority. Another Team wanted to meet with the President of their University, but was unable to do so. They found this frustrating, but they remained persistent and were eventually able to meet with the Vice President of their University instead.

The California (San Francisco) Team described a few major challenges when trying to make policy changes at their institution. Their primary challenge was that the recruitment and retention committee changed membership yearly. This made implementing new recruitment processes difficult because there was no consistent level of commitment to diversity amongst the committee from year to year. The Team also said that they are facing one of the worst budget crises they have ever seen in California. As it became increasingly difficult to fund activities, diversity became a lower priority:

“The larger level barrier and I think this is probably our biggest challenge, is we are a state institution and California has had one of the worst budget crises we’ve ever had. That has really affected our university and our schools. We’re just really cutting, cutting positions, programs...and it really affects the diversity of work of the school. ...we have so many competing priorities about trying to get financially stable, trying to develop income-generating programs...”

The South Dakota Team shared barriers they encountered in trying to change policy at an institutional level, specifically the lack of excitement and support from faculty for diversity issues. One Team member stated that diversity did not get the same attention as other issues.

Recruiting Faculty Members

Teams also raised challenges they faced in recruiting a diverse faculty at their institutions. The South Dakota Team shared during the interview that the structure of their LEND program, as well as the lack of diversity in their geographic area, limited their ability to directly influence the hiring of diverse faculty at their university, and thus within their LEND program. The Maryland Team members stated that it was a matter of awareness and priority-setting. As one member of the Team noted:

“[There are some MCH training areas] where the programs are very, very highly specialized. It takes a lot of years of training and support...and many times, in communities and in families of color, they’re [minority families and communities] like, ‘well, you have your BS degree; you’re finished. Now come back to the community and work.’ And there is not always that support and understanding of going on for your doctoral degree or going on for that post doc.”

Denial that Diversity is an Issue

Several Teams stated that the subject of diversity itself was a challenge for them. For some Teams, a challenge was their institution's denial that diversity was even an issue. One member of the Maryland Team (Morgan State) stated that because their institution was 98 percent black, some thought they were diverse, when in fact, they were not. In contrast, the Utah Team reported that because their population was so homogenous, with just a small percentage of Native Americans, some thought that diversity was not an issue worth discussing. Another Team found it challenging to openly discuss sensitive issues like diversity, although they stated that the Collaborative provided a space for these difficult conversations.

Role of Technical Assistance

Most Teams were satisfied with the TA provided, although some aspects of TA were more helpful than others.

Benefits of Facilitation

Overall, the Collaborative Teams interviewed reported a positive experience with the TA provided, although there was some variation in the extent to which Teams used the TA. Most Teams reported that they did not need any additional TA or that they received the TA that they needed. Some Teams collaborated more with their facilitators, while others reported a more limited use of TA. Teams found that their facilitators were very responsive and they helped hold the Teams “accountable” for their actions as diversity collaborative Teams. According to one Arizona Team member, the facilitators helped keep them on a timeline and made sure they met and got projects done.

The facilitation enabled some planning and resource sharing. Many of the Teams needed guidance on developing their action plans, which the facilitators provided. Technical experts were invited to the meetings to share their knowledge with the Teams. The technical experts came from universities, government, and non-profit organizations. Each meeting usually had a focus including topics such as action planning, community-building activities, mentoring models, faculty retention and support, evaluation, sustainability, higher education access disparities, and cultural and linguistic competence. (See Appendix I for more information).

The California (San Francisco) Team spoke of the facilitation as follows:

“Our facilitator was very instrumental in helping us move from the cloud down into reality and to get our ideas formulated in a way that they were very action-oriented and achievable.”

Facilitators also helped lead specific workshops on technical topics. For example, a facilitator and a technical expert helped lead a day long mini-conference in Baltimore, Maryland with the theme, “Room to Grow: Journey to Cultural Competence” in November 2011. A facilitator was the keynote speaker and the audience included trainees, students, and faculty. At least sixty students attended, and faculty from institutions that were not part of the collaborative Team attended the session as well. According to the Collaborative Team leads, the session helped decrease the isolation of students and helped to develop cultural linguistic competence and faculty mentorship with underrepresented populations in training groups and young faculty. The Maryland Team repeated this conference the next year.

The same facilitator conducted a workshop on “Undoing Racism” on behalf of the New York Team with the goal of increasing the cultural competence of professional staff in their institution. About 20 program directors and top administrators attended. As a result of the training, each program division, adult services, early childhood services and child welfare services wrote up their values, practices, behaviors and attitudes that they wanted to work on in the next five years to enhance cultural competency. According to one New York Team member, having a facilitator “set the stage for us to then have the broader conversations here.” Prior to having the facilitator, this Team found it difficult to engage the same group of directors and administrators who thought they had already taken sufficient cultural competency training.

Another facilitator for the Collaborative helped lead a MCH diversity workshop at the University of Minnesota. The Team thought it was a very successful workshop and credited the facilitator for help in making it a success.

In a few instances, the facilitators helped Teams with producing products. For example, the Alabama Team wanted to show a better picture of their broad MCH offerings and decided to draft a Diversity Resources Inventory. The facilitator provided language and formatting, and helped the Team produce a document that could be printed and posted on the web. According to one member of the Alabama Team:

“They were able to help us bring those products to fruition. And I feel like that they had people on their staff who were knowledgeable about how to do that.”

In California (San Francisco), the facilitator helped the Team write a manuscript on best practices and admission screening for enhancing diversity. The manuscript was a work in progress and was a reason why the relationship between the California (San Francisco) Team and its facilitator continued outside of the Collaborative.

Limitations of the Technical Assistance

One Team expressed some frustration with the facilitation, stating that it was confusing and did not help them determine how to prioritize their actions. The Team came to the opening Collaborative meeting with a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis completed, but they left the meeting confused about next steps. The Team would have liked more guidance during this phase of planning. Another Team reported that they wished they had received a little more guidance from the facilitators on developing policy changes. They wanted assistance on how to understand and identify outcomes and problems when implementing changes to policy.

Collaborative Website

The Collaborative website provided opportunities to communicate and share information, and while some Teams reported using materials from the website for their activities, most Teams and facilitators said they used email to communicate. One Team reported that the website was a very helpful resource, while another reported that they did not use the website at all.

Sustainability

All Teams reported that they sustained their efforts in some capacity.

One component of the Collaborative involved each Team thinking about long term strategies for increasing diversity and developing a plan for sustaining their diversity efforts. At each closing meeting of the Collaborative, all Teams shared their sustainability plans during their final presentations. When conducting interviews with Collaborative Team members 1-2 years after the end of the Collaborative, the ORE team specifically asked them whether the diversity efforts their Teams spoke of at the final presentation had been sustained. The majority of Teams indicated that they sustained their diversity efforts that were initiated during the Collaborative, and thought that the Collaborative created a solid foundation for Teams to expand on their diversity efforts in the future. One Team member from Utah shared the following statement regarding her views on the Collaborative:

“I can honestly say that this Collaborative has probably had the most long lasting sustaining benefit of anything I’ve been involved in in almost 40 years in the field.”

Many Teams have continued to meet on a regular basis after the conclusion of the Collaborative to discuss current and future diversity initiatives. Furthermore, a few Teams stated that they identified “diversity coordinators” to lead diversity efforts within their programs and/or institutions. A couple of Teams indicated, however, that their sustainability efforts were hindered by the loss of Team members over time.

All Teams interviewed sustained some of their diversity-related practices as a result of the Collaborative. Furthermore, many Teams seemed to have integrated the products that they developed into their operations. For example, the Utah Team continued to work with the Health Careers Opportunities Program (HCOP) on pipeline activities to expose diverse students to MCH careers. They also maintained and expanded their work at the South Main Clinic, described earlier. Another example came from the New York Team, who continued to hold the 60-hour internship program for psychology students that was established during the Collaborative. In addition, the practice of using the Culture-Gram, a tool developed by the Team to help staff address culturally sensitive issues with families, was integrated into the staff’s

work when providing services to families. Finally, the California (San Francisco) Team continued to maintain practices around diversity. They continued to work with the screening committee members to implement their new admissions screening tool.

The majority of Teams that were interviewed reported sustaining relationships with internal or external institutions they partnered with during the Collaborative. They also stated that they continued the dialogue around diversity among their own Teams or faculty and staff within their institutions. For example, the University of Alabama and Alabama State University continued their diversity efforts as formal partners. Since the end of the Collaborative, the Team has continued to meet on a quarterly basis and recently decided to hold their Collaborative as a standing committee. Another example was the South Dakota Team, who discussed their sustainability of funds for the RISE-UP Program and efforts to maintain relationships with their partners beyond the grant period itself. One Team member expressed,

“Certainly because of the CDC funding with the RISE-UP program that program is going to be ongoing for at least another four years here and maybe beyond that. I think we also just established a network with the Kennedy Krieger Institute, with the LEND program at Hopkins with the CDC, with the folks out at the University of Southern California and California State University. And those may be sustainable relationships even after the CDC grant is completed. I know we’re going to continue to have annual meetings of the different centers.”

One Minnesota Team member reported that diversity efforts were discussed both on a monthly basis and during annual retreats with faculty members. This member stated the following:

“In addition to these monthly updates, at our annual retreat, we will put aside time to reflect on it, evaluate what we’ve accomplished during the previous year and then to talk about where we need to focus next in our development. So that’s, I think, a very important part of our sustainability plan.”

The Team member also expressed that as a result of the Collaborative, faculty and fellows now have more open discussion about sensitive subjects (e.g., sexual orientation, sexual violence).

F. Conclusion

ORE’s evaluation found that the overall benefits of the Collaborative were that it enhanced the MCH training programs’ leadership on the issue of diversity, deepened commitments among the MCH training programs to addressing the issue, and gave visibility to and raised awareness about the issue of diversity within their institutions. Most importantly, MCH grantees used the federal government’s involvement as an impetus to engage with key institutional stakeholders to expand their diversity efforts.

In this evaluation, ORE also found that Teams successfully generated practices, policies, and products. Among the most significant practice changes resulting from the Collaborative were the relationships built and sustained within and outside Teams. A great deal of effort also went into activities to engage and recruit a diverse student body. Policy changes occurred to a lesser extent, with Teams noting that barriers to policy change were often difficult to overcome. Policy changes would require more time to take effect in tangible ways, and the Collaborative may not have been designed in a way to achieve policy changes. In general, ORE found that the stated goals of the Collaborative were very general and that there was no explicit expectation that Teams would produce practices, policies, and products.

ORE found that the Collaborative was less successful in fostering peer mentorship between Teams. Teams expressed that they did not get enough meaningful interaction with each other during the Collaborative. While the technical assistance provided to Teams was viewed as mostly positive, Teams expressed an interest in being matched with other Teams that had similar challenges and were at a similar level of competence and experience with diversity. They stated that learning from organizations that faced similar struggles to theirs would have educated them about how to overcome certain barriers.

While it is too soon to determine whether the Collaborative will increase the diversity of MCH faculty and trainees in the grantee programs, the intermediate outcomes assessed in this evaluation are a positive development. Given that MCHB's investment in the Collaborative was very modest (limited to the provision of technical assistance and support), these outcomes are encouraging.

G. Recommendations

The following recommendations are derived from the findings of this evaluation and are designed to inform future MCHB diversity training efforts. Based on this evaluation, ORE recommends that MCHB consider the following for future MCH training diversity plans, activities, and collaborative initiatives:

1. **Integrate lessons learned from the Collaborative about the value of relationship-building and other successful practices into the planning of MCHB training programs and relevant program guidance.** Building new relationships and enhancing existing ones were important outcomes for the Teams and much direct and peripheral learning flourished as a result of these relationships. Internally, building relationships with relevant stakeholders such as institutional diversity officials was important, while building external relationships with MSIs was also key to furthering diversity efforts. MCHB should consider integrating lessons learned about these relationship-building efforts into their training program guidance.
2. **Clarify and refine the stated goals of the *Diversity in MCH Training Peer Learning Collaborative* so that Teams can better align their goals and efforts with the overall goals of the Collaborative.**
 - **Make practices, policies, and products explicit objectives for the Collaborative in the future.** Although Teams generated many practices, instituted some policies, and developed a variety of products to promote diversity, these were not stated objectives for the Collaborative. Accordingly, MCHB should consider instituting these items as objectives, so that Teams can better align their own diversity goals and efforts with the goals of the larger Collaborative.
 - **Add specific language to the goals of the Collaborative about increasing cultural and linguistic competence.** Although increasing cultural and linguistic competence of MCH training programs, faculty, and trainees was an objective of many of the Teams, and one of MCHB's performance measures addresses cultural and linguistic competence of grantees, this concept was not explicitly stated in the goals of the Collaborative. Instead, the emphasis was on increasing racial and ethnic diversity of trainees and faculty. MCHB should consider including language about increasing cultural and linguistic competence into its stated objectives so that all Teams prioritize this area when developing practices, policies, and/or products.
3. **Strengthen the structure, functioning, and implementation of the Collaborative model.**
 - **Institute and conduct an assessment of potential Teams to assess their readiness for participation in the Collaborative.** Some Teams were more successful than others in enhancing their diversity efforts as a result of participation in the Collaborative. Some Teams had a clear vision of what the Collaborative goals were and what they wanted to achieve as a result of their participation. In contrast, other Teams that had struggled with their diversity efforts prior to the Collaborative needed more direction during the Collaborative and did not have as strong of a focus about their objectives and desired outcomes. Conducting an assessment for readiness before Teams are chosen to participate in the Collaborative will help focus technical assistance efforts accordingly and increase the likelihood that Teams are successful in enhancing their diversity efforts.

- **Match Teams (based on goals/plans or experience) so that peer-to-peer mentoring is more feasible and consider either revising the selection criteria for Teams or increasing the number of teams in a cohort to allow for matching.** There was limited peer mentoring between Teams and some Teams expressed an interest in receiving more input from other Teams that were facing similar diversity challenges and were at a similar level in their experience regarding enhancing diversity. Teams were selected to ensure a range of experience in achieving racial and ethnic diversity, but this resulted in a very heterogeneous group of Teams. In addition, since Cohorts I and II included only 5 and 6 Teams, respectively, this limited opportunities for similar Teams to participate in a given cohort. Revising the selection criteria and/or increasing the number of Collaborative Teams in future cohorts will allow Teams with similar diversity backgrounds and strategies to connect and form peer relationships.
 - **Provide more opportunities for peer interactions, face-to-face time, and sharing/mentoring so that Teams can learn from each other.** Teams stated that they would have liked more interaction with other Teams during their monthly meetings. MCHB should consider modifying the format of the monthly meetings to make more time for Team dialogue. MCHB should also encourage Teams to hold separate meetings amongst themselves to allow for more in-depth peer discussions, exchange of ideas, and sharing of resources.
4. **Strengthen the technological support used for the Collaborative, in order to facilitate greater communication and resource sharing amongst Teams.**
- **Evaluate and determine ways to improve the usefulness of the Collaborative website.** The website provided opportunities to communicate among Team members and facilitators, but most Teams and facilitators used email instead. MCHB should identify the more and less useful functions of the Collaborative website to determine how it can be strengthened and better suited to Teams' needs. A review of the Collaborative website should include examining functionality, ease of use and access to content, as well as content provided within the website.
 - **Explore using technologies that promote greater collaboration among Teams.** Some Teams indicated that they would have liked to have more opportunities for interacting with their peers during Collaborative sessions. Given fiscal constraints, MCHB should explore how technology can provide low cost opportunities for peer learning and interaction. These technologies can include video-based technologies that can offer opportunities for face-to-face interaction among remote Teams.

Table 2: Teams that Developed or Adopted Products

COHORT	COLLABORATIVE TEAMS	PRODUCTS										
		Article	Brochure	Conference/ Workshop	Diversity Tools	Grant Submission	Marketing Activities/Plan	Presentation	Resource Inventory	Survey	Unpublished Manuscript	Website
1	University of Alabama at Birmingham-Alabama State University (ASU) MCH Training Consortium		X ₁				X	X	X	X ₂		X ₃
	University of California, Los Angeles (UCLA)-University of Southern California (USC)/Childrens Hospital LA					X ₄						
	University of Minnesota			X ₅	X ₆				X	X		
	Westchester Institute for Human Development (WIHD)/New York				X ₇	X		X _{8,9}				
	Utah Regional LEND at Utah State University (USU)							X		X		
2	University of Arizona MCH Program and Pediatric Pulmonary Center (PPC)						X	X		X ₁₀		
	University of Arkansas Distance Learning Program	X ₁₁					X ₁₂					X
	University of California, San Francisco, Nursing Leadership in Adolescent and Young Adult Health Program				X	X		X			X ₁₃	
	Maryland MCH Training Programs			X ₁₄		X ₁₅						X ₁₆
	University of South Dakota LEND Program					X ₁₇						
	University of Wisconsin PPC and Wisconsin LEND Program						X	X	X ₁₈			

Notes

- 1 University of Alabama received technical assistance from the Contractor
- 2 University of Alabama received their survey from the University of Minnesota
- 3 Website is maintained by the Institute of Child Health Policy (University of Florida)
- 4 South Dakota worked with Maryland and California (Los Angeles) on their RISE-UP CDC Grant
- 5 "Undoing Racism" workshop with NCCC
- 6 Stages of Change model for Minnesota was adopted from the University of Minnesota Office of Equity and Diversity
- 7 New York adapted a Culture-Gram, which was developed by the New York City Administration for Children's Services
- 8 New York had a facilitator from NCCC do a presentation for administrators
- 9 New York had continued presentations at Mercy College
- 10 Arizona had two surveys. One survey was created and conducted by the University's Office of the President on diversity and mentoring for junior faculty. The second survey focused on the diversity of the college campus.
- 11 Article about Collaborative activities in their Office of Diversity Affairs' newsletter
- 12 Arkansas' marketing activities/plan includes logos/icons, a marketing plan, posters, and a vendor booth.
- 13 California (San Francisco) is working with a facilitator to complete the manuscript
- 14 Maryland had a facilitator from NCCC as a speaker for its conference
- 15 Refer to Note 4
- 16 Kennedy Kreiger (part of the Maryland Team) redesigned their website to focus on diversity
- 17 Refer to Note 4
- 18 Wisconsin is still in the planning stages of its Resource Inventory

H. Appendices

Appendix I: Technical Experts and Cohort Meetings

Technical Experts

- Silke Bradford, Project Evaluation and Research Collaborative, California State University-Los Angeles
- Jennifer Engle, The Education Trust
- Katherine Flores, University of California San Francisco-Fresno Latino Center for Medical Education and Research
- Tawara Goode, National Cultural Competence Center
- George Jesien, Association of University Centers on Disabilities (AUCD)
- Rachel Pemble-Fahnert, National Institutes of Health-Health and Human Services (NIH-HHS) Mentoring Program
- Joane Reede, Diversity and Community Partnership, Harvard Medical School
- Joan Weiss, Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA)
- Violet Woo, BHPr, HRSA
- Other MCH grantees;:e.g., Cohort I teams for Cohort II teams; grantees without teams in Collaborative (e.g., Betsy Houghton, Department of Nutrition, University of Tennessee; Natalie Plasencia Calvo, Mailman Center for Child Development, University of Miami)

Cohort I Meetings

October 21-22, 2009

- Format: Kickoff (face-to-face)
- Focus: Introductions; Collaborative team action planning; Collaborative structure; community-building; expert presentations

November 13, 2009

- Format: Orientation (web)
- Focus: Collaborative intranet (SharePoint)

December 14, 2009

- Format: Team Share (web)
- Focus: Team updates since October 2009 Kickoff Meeting; future Collaborative activities

February 9, 2010

- Format: Technical Assistance (TA) Webinar (web)
- Focus: Mentoring models

March 11, 2010

- Format: Team Share (web)
- Focus: Faculty retention and support

April 14, 2010

- Format: TA Webinar (web)
- Focus: Evaluation

June 15, 2010

- Format: Team Share (web)
- Focus: Sustainability; team updates; plans for July 2010 Closing Meeting

July 28-29, 2010

- Format: Closing (face-to-face)
- Focus: Collaborative reflections; team presentations; sustainability; expert presentations

Cohort II Meetings

November 29, 2010

- Format: Orientation (web)
- Focus: Introductions; Collaborative structure; 2009-2010 cohort review

February 3, 2011

- Format: Kickoff (web)
- Focus: Kickoff Meeting planning; 2009-2010 cohort presentations

March 15-16, 2011

- Format: Continued Kickoff & Orientation (in-person)
- Focus: Team updates since November 2010 Orientation and February 2011 Kickoff Webinar; continued team action planning; expert presentations; community-building

June 27, 2011

- Format: Team Share (web)
- Focus: Team updates since March 2011 Kickoff Meeting; future Collaborative activities

August 4, 2011

- Format: TA Webinar (web)
- Focus: Higher education access disparities, including data and tools

September 19, 2011

- Format: Team Share (web)
- Focus: Sustainability; team updates; plans for Closing Webinar

October 6, 2011

- Format: TA Webinar (web)
- Focus: Cultural and linguistic competence, including resistance

December 7, 2011

- Format: Closing (web)
- Focus: Collaborative reflections; team presentations; sustainability; expert presentations

Appendix II: Structured Interview Guide

INTERVIEW QUESTIONS

Background/Overview:

1. What did you hope to gain by participating in this Collaborative?
2. Describe what changed in your organization(s) as a result of participating in the Collaborative.

Practices:

3. What types of partnerships or relationships did your team build as a result of participating in the Collaborative?
 - Within your institutions?
 - Outside of your institutions?
 - With other MCH Collaborative teams outside of your own team?
 - With students?
 - Other?
4. What changes, if any, did you make to your institution's pipeline activities as a result of participating in the Collaborative?
5. What recruitment strategies for faculty and/or students were developed as a result of the Collaborative?

Policies:

6. What policy changes were explored or proposed as a result of participating in the Collaborative?
7. What policy changes were adopted as a result of participating in the Collaborative?
 - What was the impact of these policy changes on your organization(s)?
8. What barriers did you encounter when thinking about or trying to make policy changes?

Products:

9. Thanks for providing us with a list of products that your team developed as a result of the Collaborative. What impact did these products have in increasing diversity among faculty and/or students?

Other Outcomes/Challenges:

10. How did participating in this Collaborative influence your organization's leadership around diversity?
11. Were you able to leverage your participation in this Collaborative to apply for or secure additional funding?

12. What other benefits resulted from participating in the Collaborative that you would like to share?
 - Were there unanticipated outcomes from participating in the Collaborative? Please describe briefly.
13. What challenges, if any, did you experience during your participation in the Collaborative?

Technical Assistance:

14. What TA (including training and technical assistance) did you *request* from Altarum and NCCC? (Types, quantity, frequency, quality, etc.)
 - What TA did you *receive*?
 - What additional support did you *need*?
 - What aspects of the provided TA were most useful or helpful and why?
15. Did you have the opportunity to serve as a mentor to other Collaborative teams or MCH grantees as a result of the Collaborative? If so, please describe that experience.

Sustainability:

16. How have you maintained your diversity efforts since the end of the Collaborative?
17. Which practices or policies developed during the Collaborative have been sustained since the end of the Collaborative?

Concluding Thoughts:

18. On a scale of 1-5 (1 being the lowest and 5 being the highest), how would you rate your MCH training efforts in terms of increasing diversity *prior to* the Collaborative?
19. On a scale of 1-5 (1 being the lowest and 5 being the highest), how would you rate your MCH training efforts in terms of increasing diversity *at the end of* the Collaborative?
20. Would you have been able to achieve the same results if you had not been a member of the Collaborative?
21. What recommendations or changes would you make to improve your team's experience in the Collaborative?
22. Would you recommend participating in the Collaborative to other institutions or grantees? Why or why not?
23. Is there anything else we haven't discussed in this interview that you would like to share about your experience with the Collaborative?