Sustaining Diversity and Health Equity Efforts in Maternal and Child Health Training Programs
Podcast Transcript

Recording date: April 19, 2018
Total time: 16:53

Moderator: Welcome to today’s podcast on Sustaining Diversity and Health Equity Efforts in Maternal and Child Health Training Programs. In 2017 the Division of Maternal Child Health Work Force Development sponsored a diversity and health equity learning collaborative. Eight teams were selected to participate in the collaborative. The division recently released an overview and case studies from the collaborative. These documents, which can be found on the division’s web site, provide a description of the projects goals and major activities of each team.

Today we’re excited to have leaders from two of the participating training programs join us to talk about their work from the collaborative. Diversity and health equity can be challenging. But it doesn’t have to be intimidating. Maternal Child Health training programs often express interest and challenges in two main areas. How to meaningfully engage trainees, and how to institutionalize and sustain their efforts. In this podcast we’re delighted to explore these topics with Shokufeh Ramirez who is the Assistant Director of the Center of Excellence and Maternal Child Health at Tulane University. And Ruby Nguyen who is an Associate Professor in the School of Public Health and Medical School Department of Obstetrics and Gynecology at the University of Minnesota. Welcome to you both.

S. Ramirez: Thank you.

01:15

Moderator: Let’s start with you, Shokufeh. One of the strengths of the learning collaborative team model is inclusion of trainees. Can you tell us about how your team engaged trainees as both a training experience and a sustainability strategy?

S. Ramirez: Sure. I think that our team did a good job of including our trainees in the process. And that was from the beginning. When I was putting together the application for the collaborative I reached out to a few of our MPH students who had been more visible around issues of health equity and asked if they wanted to be a part of our team. Thankfully they said yes. In my day to day work I’m very thankful for all that I learn from our trainees. And so they bring great energy and enthusiasm to the process, a lot of creativity. So we had trainees as part of our travel team. And they facilitated two of the three seminars we offered. I should say that our team also included of course staff, and faculty, and the administrator at our school.
R. Nguyen: I think Tulane has been a perfect example of incorporating their trainees. But I also remembered during our discussions during the collaborative was that there were several teams who highlighted the fact that trainees were the ones that were bringing some of these diversity issues and inclusion issues to the forefront for our training programs. So it was well accepted that many of our programs have trainees who would be enthusiastic about participating.

S. Ramirez: Definitely. I think for our trainees it was another opportunity to have their voice heard. And as part of an organized project that had a name behind it. And I think the other thing that was really helpful was that it was another space in which multiple perspectives were shared from a range of roles. So at each of our meetings we had trainees, and staff and faculty. For me, it is key is having an attitude of learning from everyone at the table, which sounds obvious, because it’s a learning collaborative. But I think sometimes we forget that when we go into something we don’t necessarily know what the end product is going to exactly look like. Or what exactly we’re going to learn from it. And so I think for all of us that was really helpful. To just say “hey were trying something new and we hope something really good comes out of it.”

Moderator: That makes a lot of sense. We know that engaging trainees isn’t always easy. What sort of challenges did you all face at Tulane in engaging your trainees?

S. Ramirez: In terms of engaging our trainees, I think that was pretty easy. We happened to have a group of students that wanted to be engaged, and were already engaged in the process and in some ways it was me trying to engage with them a little more. And so – but I do think that the challenge has been that our MPH program is only two-years long. And so, that particular group of students has moved on. They’re in the workforce, which is great. We can collaborate with them in that way, but our student body changes every year. And so it’s going to look a little different each year in terms of how trainees are engaged or in what way they’re engaged. So I think that piece around being flexible is important from year to year.

R. Nguyen: In Minnesota we had the additional challenge of how best to engaged different types of trainees as we’re a collaborative and we had, for example, MPH students similarly to what was described by Shokufeh. And we also had post professional students, for example, those who already have a MD degree working in pediatrics and those from different areas not traditionally public health. So one of our challenges was to best define a shared goal in order for these different types of trainees or even different types of faculty and other key personnel to be working together to achieve.

Moderator: Building on that Ruby, sustainability of program efforts is always a concern when offering a short-term initiative like a learning collaborative, but the Minnesota team was actually a collaborative of four training grants at your university and was able to make some headway in really institutionalizing
changes you initiated during the collaborative. Can you share how you were able to lay that foundation early on to make sure the work continued after collaborative?

**R. Nguyen:** So I hate to sound like broken record, but some of this was also initiated during the application phase. When we were gathering our team, we also sought the guidance of the academic departments in which the HRSA training grants reside. So for example, for us that would be the division of epidemiology and community health and the school of public health, as well as the division of pediatrics in the school’s medicine. We have an additional team in the school nursing and the college of education and human development here at the University of Minnesota. And when we did that, when we went to those department chairs, for example, we had very good conversations about how they were attempting to address similar issues, and at that time, we were able to build a basis for which not only this collaborative would grow, but how it would also address the other diversity and equity missions and goals the departments had. And from there, we were even able to expand our support more. For example, we have ongoing support from the school, the School of Public Health specifically, and we recently received some funds from the university as a whole in order to sustain and grow our collaborative.

**S. Ramirez:** So it sounds like you were deliberate in who you reached out to and built your partnerships with to gain that support. And I think in our situation at Tulane, it was only one grant rather than a collaborative of multiple grants like you had, but there was also that strategy of who can we reach out to, who can we partner with within the school to help move work forward and try to sustain the work afterwards.

07:20

**Moderator:** So Ruby, what would you say was your biggest lesson learned in term of ensuring the sustainability of a cross-program curricula?

**R. Nguyen:** That’s a very good question, and I think what’s come up naturally for sustainability is revisiting what our shared goals are. And on one hand not necessarily reinventing the wheel, but really working collaboratively. That clearly is one of the key terms of this podcast, but collaboratively not only between the HRSA training grants and across HRSA training grants, but within our local spaces as well. And that’s been very productive for us. Another big lesson learned is that everyone from different positions and different – who take up different spaces and participate in different things, they were all willing to participate in meeting this initiative. And whether that trainees or students who may not be on the training grants, key personnel who do fabulous work within our institution as well as outside of our institution, and faculty members. Once we came together in this space, there was an entirely different dynamic, I believe. An example is– in our last meeting of the collaborative, we had speakers come from the communities and they described their interactions working with three of our current trainees on the – on the MCH Nutrition and COE training grants, and they were presenting their perspective as individuals who work in a domestic violence shelter, and describing what worked for – for this field placement, and what didn’t work for this field placement, but in general, coming together, meeting one
of their big aims. And to them, their big aim, for example, is not necessarily about diversity and inclusion for this particular group of women who are facing violence. But coming together with diverse thoughts on how to address and eliminate violence against women and children, particularly in their communities of color.

09:30

**Moderator:** So did either of you, as you reached out to work with other groups or other departments, face – if not resistance, ambivalence? And – and did you have any lessons learned from reaching out to others to engage in this work?

**S. Ramirez:** I mean, I think when there was direct asks, the response was generally positive, but that didn’t mean that there was uptake from those where it was just sort of a general group ask. But I think that, throughout the process, what I took away was the importance of focusing on those people who do want to partner with you in this process. The work around diversity and health equity, it’s taken us a long time to get to where we are, and so, you know, it’s going to take us a long time and a lot of work to move into a better space. And so I think looking at the – at the long road and the small wins is important. To not get overwhelmed by it, but to celebrate the smaller wins. So, you know, each faculty member who says, "I want to better address this in my coursework," or each faculty member or staff member who says, you know, "I want to make sure that I’m being more inclusive in the work that I’m doing." I think it’s good to focus on that and to celebrate that and to see how to use that to better build upon to move forward.

**R. Nguyen:** We faced a similar barrier. Let me briefly describe, if you don’t mind, the set up that we have for our ongoing collaborative. We meet as a group, once a month, for about an hour. We share lunch and we discuss the topic at hand. We have a small steering committee who has chosen a topic for that particular day. And so I totally agree, we have a shared barrier, that Tulane has faced as well, with regards to – we see the same folks at these meetings every month, right? People are either engaged or they’re not. And some of that, I do believe, is because in so many ways we’ve failed on this – on this effort before. Clearly no one wants to stop trying, but maybe people are hesitant with another monthly meeting, another lunch meeting, another way of talking about the same things we haven't conquered in the past. So I understand it to some degree. Another barrier that we face, even among the group that consistently comes, is finding something to talk about each month that is relevant to the overwhelming majority of us. So when we speak about curricular activities, sometimes that doesn't apply to people out in the field, when we speak about institutional issues, maybe that doesn't apply to someone who is ready to graduate and has different priorities. So I think another barrier is really finding an effective way to keep our group cohesive and interested in enough topics that they keep coming, quite literally, but then also they keep engaged in this potentially long road that we’re on in achieving our goals.

12:28

**Moderator:** Right. Well Ruby and Shokefheh, We're so glad that you found the collaborative to be a helpful experience for your program's diversity and health equity efforts. We know, of course, that many...
training programs are working on these issues without the benefit of the collaborative experience. So my last question is to both of you. Is there anything you'd recommend that other training programs consider to address diversity and health equity that may be feasible even if the program is not involved in a formal learning collaborative?

**S. Ramirez:** I want to say thank you, because I really appreciated having the support of being part of a formal learning collaborative. But I think that there are things we can do, even, you know, outside of that, and so that includes, you know, thinking about what are the kinds of learning opportunities that we're offering and to whom? You know, whether that is to our trainees and with our practice partners, that learning process can happen, and it can be in the format of a learning collaborative without it being a formal learning collaborative in the same way. So I think that that's – that's one thing that, you know, all of us can do is consider what sort of educational opportunities or training opportunities we're offering in this matter, and then what are the actions we can take so that it doesn't just stay theoretical, but then, like, what are the steps we can take to improve health outcomes for everyone?

**R. Nguyen:** I couldn't agree with Shokufeh anymore. I absolutely believe those are truly important things. I'd like to add one other, and that is the level of excitement about addressing these issues, and the passion. One of my favorite things when we met in person as a DHEC collaborative was that everyone who was there was passionate and energetic about addressing these issues for our own individual training grants but also, quite literally, improving the health of women, children, and families. That was very clear. And I think one way, if we didn't have the collaborative – and looking back, one way that we could recreate that type of motivation to get started is to find those types of people in our own areas, whether that be our own institution or people who we work with in the community. So for example, we sometimes go to the biggest organizations who employ our MPH graduates, and one thing that we'd been hearing from, for example, individuals at the state health department – the state health department here is our number one employer – was that they were really interested in helping us redesign our curriculum in order to address the challenges that they face with regards to equity, diversity, and cultural and linguistic appropriateness in their work.

We could do better, for example, in the curriculum, and they were telling us that we could better in the curriculum. So they absolutely, as an example, have a passion in being a part of this process. And so without this HRSA collaborative, I would probably go back exactly and find those types of people all around us and bring them together, because there's nothing like that level of enthusiasm to get things started and hopefully to keep things going for a long time.

**S. Ramirez:** Yes I think the – being able to talk to people and work with people around issues around diversity and health equity, like, help give me energy on a daily basis, because it's, like, a hard struggle, but it's a good struggle. One thing that I would say is that I think a lot of why we don't talk about and act around this work is that it's hard. And we're afraid of screwing up. And, usually, addressing diversity and health equity, it also requires us to address, sexism, ableism, other "isms." And so we're afraid to talk about it, because we're not sure we're going to do it right. And I think for me, the thing that I remember
or, you know, take away from this is that we likely are going to mess up along the way, but as long as we, like, keep trying and getting better at it, and ultimately making the impact that we're trying to make, we can't get better at it unless we try.

16:37

Moderator: And we're so glad you all do keep trying and we're starting to see that impact. Ruby and Shokufeh, we thank you so much for your time today. You and your teams have done some fantastic work in diversity and health equity. We wish you much luck and can't wait to see where you go from here.

S. Ramirez: Thank you.

R. Nguyen: Thank you so much.

* * *

For more information and access to the audio for this podcast, visit MCHB The Division of MCH Workforce Development: Webinars.