

Executive Summary:¹

Fetal Alcohol Spectrum Disorders Regional Training Centers

External Peer Review

July 2013

Health care professionals play a crucial role in the prevention, identification, and management of fetal alcohol spectrum disorders (FASDs). To ensure their competence, the Centers for Disease Control and Prevention (CDC) began funding several FASD Regional Training Centers (RTCs) in 2002. These university-based centers deliver trainings to medical and allied health students in academic settings and through continuing education for practicing professionals. All trainings are designed around seven core competencies, developed collaboratively between the RTCs, CDC, and the National Organization on Fetal Alcohol Syndrome (NOFAS).

In July 2013, CDC convened an independent expert panel to assess the work of the RTCs; evaluate their relative contribution and continued need in advancing knowledge and practice on the prevention, diagnosis, and treatment of FASDs among targeted provider groups; and suggest other models or approaches that might be more effective. The panel focused on five centers funded through 2014², guided by background materials compiled by CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) and their own expertise.

The panel unanimously agreed that there is a continued need for FASD RTCs in educating health care professionals, translating knowledge into practice, assembling practitioners to share experiences and discuss what they have found to work, and supporting personal interaction and stronger networks. Panelists confirmed that the RTCs' mission is consistent with that of NCBDDD and supported continued funding of the RTCs — but not indefinitely and not without modifications. Major suggestions for the next funding cycle included:

- Reframing the geographic scope of the RTCs to encompass a **national approach and coverage**. While the regional model should be continued, the program should be viewed as national in scope, with all states and territories included.
- Strengthening **partnerships between RTCs and professional organizations** at national, regional, and local levels and involving those organizations more rigorously

¹ This executive summary was written by the peer review facilitator and approved by the peer review panel members.

² Arctic FASD RTC – University of Alaska Anchorage; Frontier FASD RTC – University of Nevada, Reno; Great Lakes FASD RTC – University of Wisconsin; Midwestern FASD RTC – University of Missouri; Southeastern FASD RTC – Meharry Medical College

- in training efforts (e.g., by serving as instructors, endorsing courses, providing continuing education credits, co-branding trainings).
- Creating a **consolidated common website** for FASD training, with portals for each RTC. This would reinforce the “national” scope of the program and facilitate sharing of material and experiences among centers.
 - Offering **standardized curricula** across regions by providing a common tool for web-based training on the fundamentals of FASD prevention, identification, and management. Both student and practitioner audiences would benefit from having ready access to the basic core information in an online form.
 - Supplementing standardized online curriculum with **tailored classroom training** designed to meet the practice needs of specific target audiences through role play, personal and peer support, and discussion of barriers and solutions to translating new knowledge into practice. Training workshops should be led by trained “champions” who can connect professionally with the audience.
 - Increasing the **focus on practitioners and behavior practice changes**. While RTCs should strive to have FASD training incorporated into academic institutions’ curricula, future efforts should be heavily weighted toward continuing education for residents and professionals already in the field.
 - **Renaming** the RTCs as Regional Practice Centers (RPCs) or Regional Training and Practice Centers (RTPCs) to reflect an increased emphasis on practice change.
 - Conducting **needs assessments** to get a better feel for ongoing training activities and potential partnerships at national, regional, and local levels, and using results to identify potential collaborations with relevant organizations.
 - Developing and implementing a meaningful evaluation strategy for RTCs to **measure practice change** as well as determine the success of partnership activities.
 - Implementing **marketing** strategies to promote the program through a variety of social media (e.g., Facebook, Twitter, Apps, messaging).
 - Creating a **1-year planning period** to transition from current to future focus. CDC and the RTCs should collaborate fully in this planning phase, with limited delivery of training during this timeframe to allow for a smooth and thoughtful transition.

Panel Review Participants

Members

Christina Chambers, PhD, MPH
Professor, Department of Pediatrics
Director of Clinical Research
Rady Children's Hospital
Associate Director, Clinical and
Translational Research Institute
University of California San Diego
La Jolla, CA

Karen Kuehn Howell, PhD
Assistant Professor
Emory University School of Medicine
Department of Psychiatry and Behavioral
Sciences
Maternal Substance Abuse and Child
Development Project and
Emory Neurodevelopmental Exposure Clinic
Atlanta, GA

James Tysinger, PhD
Distinguished Teaching Professor & Vice
Chair
for Professional Development
Department of Family & Community
Medicine
University of Texas Health Science Center
San Antonio, TX

Chair

Ellen Hutchins, ScD, MSW, MPH
Independent Consultant
Melrose, MA

Facilitator

Susan Baker, MPH
Public Health Consultant
Atlanta, GA