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Connecticut Public Health Association Mentors on Request: A Qualitative Study to Guide Future Planning

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for Mentors on Request of the Connecticut Public Health Association.

Executive Summary:

Connecticut Public Health Association (CPHA) leaders have been acutely aware of the growing public health worker shortage both nationally and in the state for over a decade. CPHA, Connecticut's largest public health organization with over 350 members, began to address the shortage in 2007 by establishing a Mentoring Committee, now called *Mentors on Request* (MOR). The primary goal of the MOR since its inception has been to seed the state's pipeline of public health workers with a culturally diverse and academically prepared workforce. The MOR has prioritized introducing public health to high school and community college students through career mentoring activities in order to put public health on the radar screen of students before they select their college major. Secondarily, this early introduction to public health may engage youth as future advocates and knowledgeable citizens even if they do not pursue a career in the field.

Over the past 10 years, more than 12,000 students have participated in MOR activities from the classroom setting to the community. Student interest in public health has grown in Connecticut, with Public Health 101 classes being taught in four high schools since 2012, and a wave of new undergraduate public health programs in Connecticut being established, expanding from Southern Connecticut State University and Yale 10 years ago to include the University of Connecticut, Goodwin College, University of St. Joseph, Western Connecticut State University and Eastern Connecticut State University.

Nationwide, there has been a rapid expansion of public health undergraduate programs and the major has become one of the fastest growing in the country with a six fold increase in public health undergraduate conferrals between 2004 and 2014 (from 1,469 to 9,661) (Association of Schools and Programs of Public Health, 2017; Leider, et al., 2015). However, the shortage still looms: a 2015 report by the Association of Schools and Programs of Public Health (ASPPH) and the de Beaumont Foundation noted that only 10% of graduates of public health programs went on to pursue an MPH or MD degree (Leider, et al., 2015). It suggested that "individuals with undergraduate training in public health are an important potential source of workers for governmental public health, but few opportunities exist to introduce these graduates to this career opportunity."

MOR leaders and Advisory Board members, aware of the growing population of undergraduates, and the need to prepare students with competencies to meet new public health challenges, sought to conduct qualitative interviews with several MOR members. With the information, the CPHA MOR could determine how to best meet the needs of its member organizations and the people served. Additionally, the information would be used to design a quantitative survey of its broader membership to confirm these findings and design and prioritize future planning.

Interviews of CPHA MOR members were conducted from July 10 to August 3, 2017. Overall, 12 (25.5%) of MOR contacts made an interview appointment, and 11 (91.7%) interviews were completed. Participants were asked a series of questions:

- To gauge level of involvement and satisfaction with past MOR activities.

- To gather suggestions for future directions based on member needs.
- To assess feasibility for developing financial support for this arm of CPHA, and
- To understand how CPHA could better meet MOR members' professional needs and goals.

Overall, CPHA MOR interviewees were enthusiastic about their wide-ranging mentorship experiences for students, including classroom presentations, internships, summer projects and capstones, and they looked forward to continuing this work. They looked to the MOR for training, providing free resources on the web, and developing a system where employers and students could post and find experiential learning opportunities. The two areas where survey participants did not find common ground were on how to finance the services and the focus student population (high school, vs. undergraduate vs. graduate). Highlights of the participants' comments included:

- Participation in mentorship activities helped MOR members achieve organizational goals.
- Interviewees reported satisfaction through mentorship: They reported that their mentorship experiences were meaningful for students and helped build the future workforce.
- Interviewees encouraged more frequent updates of existing training materials and developing new ones based on the MOR members' and public health educators' input.
- Training for mentors was needed to familiarize them with teaching and mentoring students of different ages.
- There was strong support for developing an online site to connect students to a variety of mentored work experiences, from job shadowing to group projects to capstones and internships.
- Interviewees were eager for more services, but were unsure whether MOR members would pay a membership fee to support these services.

This study indicated the need for further input from a broader sample of MOR members and CPHA leaders to determine the feasibility of supporting a robust system that supports and connects MOR mentors to future public health workers.

Background

In 2007, the Connecticut Public Health Association (CPHA) formed a Mentoring Committee in response to the changing workforce needs described in the Institute of Medicine's Report *The Future of the Public's Health in the 21st Century* (Committee on Assuring the Health of the Public in the 21st Century, 2003). Within a year of the MOR's formation, the Association of Schools and Programs of Public Health (ASPPH), formerly ASPH, published *On Linkages: Confronting the Public Health Workforce Crisis: ASPH Statement on the Public Health Workforce* (Rosenstock, et al., 2008). A shortage of 250,000 public health workers by 2020 was predicted based on the decreasing proportion of public health workers to populations served, and the report noted that the shortage was complicated by continued population growth in relation to the numbers of public health higher education programs. MOR members informally discussed another reason for the shortage: A lack of courses or activities dubbed "public health" at the high school level.

The CPHA-Mentors on Request (MOR), formerly Mentoring Organization Registry, began with the notion that introducing students to the public health field before entering college could help solve the worker shortage and possibly create a healthier future generation. The MOR's seven original organizational members set a goal to develop youth and young adults into future public health leaders, workers, advocates and knowledgeable citizens. The goal was supported by a range of experiential learning offerings that each MOR member organization agreed to provide. Because each member organization had staff representing a range of public health disciplines, the MOR could offer a wide range of experiential learning opportunities to high school and community college level students and their teachers. To strengthen the quality of public health teaching and learning, training for mentors and high school teachers was provided, and screened resources and original lessons and activities were posted on the CPHA MOR page.

To date, through their network of mentors, the MOR has reached over 12,000 high school and community college students with public health presentations, and classroom and supervised worksite activities. In 2011, MOR leaders joined forces with Education Connection (now EdAdvance) to write a high school blended curriculum, *Public Health 101: From Disease Prevention to Disaster Preparedness*. Lessons and/or the full curriculum are currently being taught in New Haven, East Hartford, Manchester and Newtown and are posted on the CPHA web site.

The public health landscape in Connecticut has changed dramatically over the past 10 years, calling for a re-examination of the way the CPHA MOR helps to prepare the next generation of the public health workforce. Significant changes include:

- The significant expansion of undergraduate public health courses and programs now taught at the University of Connecticut, Southern Connecticut State University, the University of St. Joseph, Goodwin College, Eastern Connecticut State University, Western Connecticut State University, Post University, Quinnipiac University, Yale University, and multiple Connecticut community colleges and online courses;

- Increased national efforts to establish public health curricula in higher education by the Association of Schools and Programs of Public Health;
- An increase from seven to 41 MOR members over the past 10 years; and
- An increased awareness of public health career pathways in Connecticut boosted by public health issues being in the forefront, and multiple high schools including Public Health 101 lessons or onsite activities.

The result of these changes has made some MOR members at this time question how they can best provide experiential learning activities for Connecticut students.

Purpose

MOR leaders decided to survey MOR members to improve future planning to meet needs of the state's future public health workforce, MOR members and the public health learning community. The rationale for the survey has been supported by the de Beaumont research which noted that a lack of mentoring and field opportunities may be sustaining the public health worker shortage (Leider, et al., 2015). Also supporting the need for this survey were MOR members' reports regarding the need for experiential learning by Connecticut's undergraduate public health majors. Qualitative interviews were conducted to gauge past participant involvement, current satisfaction with MOR activities, future directions for the MOR to increase engagement with the students and members served, and develop financial support for this arm of CPHA.

Methods

Interviews of CPHA MOR members were conducted from July 10th to August 3rd 2017 by one of the authors (KR). A priority list of 15 MOR members representing different segments of public health was developed by the MOR co-chairs. An email describing the purpose of the qualitative survey was sent to an initial set of MOR members by a MOR co-chair. The email contained information to contact the interviewer, or the MOR co-chairs if preferred, and to make an appointment for a meeting. A personalized follow-up email was sent to this list of 15 members, and 7 phone interview appointments were confirmed. The following week, emails were sent to another 32 MOR contacts, of which five made appointments. Overall, 12 (25.5%) MOR contacts confirmed an interview appointment, and 11 (91.7%) interviews were completed. Ten out of 11 surveys were conducted via telephone, and one interview was conducted in person. Calls ranged from 18 to 50 minutes, dependent on the stream of the conversation.

Participants were first asked the following questions:

- To verify that the contact information on file was accurate and preferred
- Their current title
- The goal of their organization

Responses to the last question varied in interpretation, between the overall goals of the organization, which was the general intention of the question, or the goals of the organization as they pertained to public health mentorship, which was also acceptable. Participants were asked the questions below and encouraged to answer with any information they were comfortable providing (Table 1). Questions were clarified as needed or reframed using the questions listed in parenthesis. Occasionally, between either Questions 2 and 3, or 3 and 4, participants were asked to clarify what they considered mentorship or viewed as mentorship, when the answer needed clarification as indicated by their response.

Table 1. MOR Interview Questions

Category	Question(s) Asked
MOR Membership	1) How long have you been a MOR member? Why did you join?
Participation	2) What activities have you participated in with the MOR and why (how do your organization and its employees benefit?)
Goals	3) How does mentoring help you reach your organizational goals (Leadership development, workforce development, recruiting future workers, gaining support from your community?)
Student Experiences	4) What types of experiences would you be able to offer? (job shadowing, internships, field work, etc.?)
Target Population	5) What population of student is your priority? (High School, Undergraduate, Graduate)
MOR Services	6) What services/materials can the MOR offer to help you meet your organization's needs?
CPHA Membership	7) Are you or your organization currently members of CPHA? -If so, why, what more can be done to retain your membership? -If not, why, what can we do to engage you?
CPHA Section	8) If you are/became a member, would you be interested in helping the MOR transform into a section of CPHA? A section provides greater opportunities to develop training, online material, and publicizing of mentored opportunities, but would require a membership fee in order to maintain it. What would be a reasonable fee?

Question 8 was supplemented as needed with this scripted description: "Similar to the national organization, special interest groups and committees within CPHA have the opportunity to transform into semi-autonomous sections within the CPHA structure. A CPHA section has greater independence than a

CPHA committee. Members of a CPHA section pay an additional fee to join a section in addition their CPHA membership; however, all revenue from this additional fee is controlled by the section."

Responses to the questions were transcribed by the interviewer. Streams of conversation were edited afterwards for clarification, grammar, and correction of typographical errors.

Results

Of the 11 participants interviewed, there were three local public health directors, one associate director, one assistant professor, one adjunct professor, one faculty advisor, one small business owner, one epidemiologist, one public health specialist, and one project consultant.

MOR Membership

Responses ranged from "not a [MOR] member" to "since it began." The average length of membership was 6 years. The two most common reasons for membership were that it was a natural transition from their work with CPHA and "on request from a MOR co-chair." Other answers referenced the "Introduction to the public health field" PowerPoint made by the MOR co-chairs, either having used it themselves or having seen it at other events. Participants also reasoned that they had an interest in exposing students to the field of public health, a general enjoyment of working with students, and an effort to attract future workers to the field.

Participation

Three of the 11 interviewees had participated in CPHA MOR National Public Health Week events, for which the interviewees were speakers or engaged in another capacity. Other answers included being a mentor whom the MOR could direct students to, being asked to be on the committee, and two participants used MOR as an AmeriCorps resource. Most participants noted the importance of connecting students to the public health worksite, being able to facilitate the connection between mentors and mentees, and seeing their involvement as an opportunity to engage students in public health. The most common mention was that of the Public Health Career PowerPoints created by a MOR co-chair. Four participants noted either using the original or creating their own version to present to the student bodies they worked with most.

Goals

Participant 1 believed that not only does mentoring help his organization reach its goals, but having young minds "…refreshes the workplace by bringing new perspectives and encouraging learning environments." Participant 2 shared a similar view, saying that "…[students] bring a level of freshness to the organization, millennials have a different way of thinking. Some of us have been in the field for a long time, and while tradition is good, that's not the way the world works today, you have to be open-minded. They bring in fresh ideas. We've learned a lot." Several other participants noted the many benefits of

having mentees in the workplace. Two other common benefits were "…having an extra pair of hands and keeping employees critically thinking about their position and how best to do to their job."

Overall, participants were in unanimous agreement that mentoring allowed them to expose interested students to the public health field and its many facets, engaging them as a future workforce, and offering them hands on experience they do not get in the classroom. Several participants were unsure of how to answer the question at first, clarifying that mentorship for them was less about reaching the goals of the organization and more about the fulfillment of inspiring interest in the field, and being able to help coach and develop the future of public health.

Student experiences

Five participants were enthusiastic about being a resource for MOR in the way of making connections between MOR mentees and potential mentors, or between students and an appropriate public health sub-field to fit their interests. Three participants were available as mentors themselves; seven participants had established programs within their organization for shadows, mentees, volunteers, and interns. There was a reluctance to use the word "shadow" by two participants. They mentioned that they didn't offer shadowing per say because they felt it was the least useful mentorship service, being too hands off and not enough of an engaging learning opportunity, particularly in the field of public health. One participant noted their insistence on offering paid opportunities while another mentioned their desire to do so if they had sufficient funding. With regards to opportunities moving forward, all members agreed that they would like to continue offering the types of opportunities they had or were currently offering. Three participants who had previously been involved in presenting the MOR PowerPoint or a version of it mentioned that they would like to continue doing so if asked.

Expanding on the topic, some participants described their beliefs about student opportunities. Participant 1 noted,

> "We let them take ownership of what they do. So what happens, if you call, I'd interview them, to make sure they want to participate in the opportunity being offered. I run through 3-4 potential projects with each student, because it has to be a win-win. Students have to be interested in their projects and gain something from it, and we want enthusiastic volunteers. I need to understand what the course objectives are from the educational institution, and they need to like what they do. [A MOR co-chair] helped me understand the responsibilities of having minors in the office. It's all part of what we try to do to make the six (6) months a good experience."

This statement was followed by a story of a Walden University student who had been so involved in their project they had over 1,000 hours by the end of their time there. The student attended regular meetings and remained a steady part of the workplace throughout their experience.

Participant 4 supported this thinking, speaking of the practicum opportunities she organizes.

> *"I reach out to public health contacts, and ask them if they have challenges that an MPH trained student could help with. A defined project, not just showing up. Something both sides can benefit from, a real hands on learning opportunity."*

Participant 2 emphasized the importance of having the experiences be a sort of training for the future workforce.

> *"We set expectations for them, how they should dress, showing up on time, emailing, etc., that comes with the cost to be professional. These are things we want them to be learning and developing, we're training students for this, working in the field."*

Target Population

This answer varied depending on the interviewee and their work with the MOR. Their answers to other questions made clear what population they were currently or open to working with. The answers ranged from High School students, to Undergraduate and Graduate students (encompassing both PhD and MPH) interested in the field.

MOR Services

Interviewees requested professional training materials for students, to help them develop professionalism and communication skills. One participant suggested the MOR improve manuals for successful internships for the student and the worksite. Two others had the idea to have a training session on how to be an efficient preceptor, with training on how to educate at different levels of learning dependent on the types of students: high school through adult learners. Using or creating videos for mentor training was one way they felt the MOR could facilitate this. With the popularity of the PowerPoint presentations, it was asked that an updated version, or several versions, be made that can be customized and used to introduce students to different fields of public health. Again, adding videos was thought to be a more engaging approach and caters more to how students today learn. They should also update the information to include recent topics like Zika and Ebola.

The interviewer would sometimes suggest the idea of a list of people willing to take interns or preceptors being generated, and this idea was well received by four of the four interviewees. They felt that such a list should not only be created but that MOR should expand the list of available opportunities to include nonprofit sectors; examples given were March of Dimes, AHEC, and the YMCA. One interviewee known to work with high school students thought that more high school student involvement would be a good direction so that the MOR could start informing students of future careers and familiarize them with the field of public health. More opportunities for larger community engagement projects was also an idea suggested, similarly for letting the public know more about the field and the work being done.

CPHA Membership

Ten out of 11 interviewees were current CPHA members. The one non-member explained that they have many other commitments taking up their time. Four of the 11 participants had no suggestions to encourage retention and/or were satisfied with their membership. The seven remaining participants had suggestions for improvement. One suggestion was to engage health teachers, as they felt they'd be relevant and valuable members of CPHA. Four participants suggested more networking opportunities as an incentive for continued engagement in the MOR and to be aware of other members in the association. They mentioned that the annual meeting and public health week were the only times in the year that they really heard from CPHA and were really encouraged to be involved. One participant mentioned the step counting challenge for which they had to make a team and be engaged. They enjoyed this type of activity, and wanted more opportunities but not obligations. Member engagement in a different form was also suggested, in which CPHA should work on engaging public health professionals. A participant also mentioned not knowing everyone who is involved, and believed CPHA lacks diversity of the professionals.

Participants suggested CPHA operate more like NACCHO, offering guidance for public health officials, opportunities for health administration, or offering different opportunities for different levels of public health professionals, such as social events for networking. One interviewee enjoyed the newsletters that had once been a part of CPHA and had wondered if this could be continued. Another interviewee requested that the MOR move where legislative meetings, breakfasts, and award ceremonies are held. As long as CPHA makes sure people are getting save the dates with the location, they believed these events should move around state to attract people. They mentioned that the last awards event was in Hartford but it was hard for people in Fairfield County to get to, and therefore people wouldn't go. Sometimes if your awardees are from a county, like when there were two awardees from New Haven, they believed the ceremony should have been held in the New Haven County area so people invited would see their friend get an award. They suggested that this would lead to networking and outreach. A final suggestion was that CPHA could benefit from strategic evaluation and planning in order to revitalize the association, the MOR included.

CPHA Section

This question had both positive and negative responses overall, with 2 responses remaining neutral. If converting the MOR into a CPHA would would help in growing, developing, and generally bettering the MOR as a mentorship resource for Connecticut, then it was an idea worth at least considering. Seven participants liked the idea of MOR becoming better defined, having more resources, and allowing for more networking and involvement, but also mentioned that these qualities were desirable, with or without MOR becoming a section. One participant had the idea that a MOR section could potentially offer a group rate in order to attract the investment of large groups.

There were several negative response to this idea however. Four participants were concerned about paying more dues, although one interviewee mentioned that they believed the CPHA general

membership fee was on the low side; acknowledging that this may be to cater to students. They suggested that having a fee for MOR would be a reasonable and justifiable expense for the opportunity to be involved. Ten participants had no suggestion for a fee, with one participant suggesting that a number between $50-$100 might be appropriate.

Three other participants expressed concerns with where the payment would come from, noting the long process of trying to convince the heads of their organizations to cover the fee for their employees, or the fear of having to pay out of pocket. An additional concern was that making this a paid membership section would deter participants. Three participants noted that exclusivity would not always make others want to be involved, that MOR might lose numbers and support, and that MOR should strengthen itself before becoming more independent. Three participants believed that the MOR had to be more robust, enticing, and more clearly defined before they could be convinced that it is a worthy investment. Two participants wanted a more organized plan presented to them before they could offer an opinion.

There were significant hesitations regarding the commitment required to successfully create a MOR section. Participations were unsure of their ability, or the ability of others, to take the time to commit to role in a MOR section and to commit to being a consistent presence were the MOR to become a section.

Additional Notes

When asked if there were any other comments or suggestions they wanted to add to their interview, 10 of 11 participants felt their interview was already complete. Participant 2 made a suggestion, "For people still trying to figure out their public health career pathway, CPHA could be a resource for making connections to learn about opportunities in the field."

Another suggestion was that

> "the MOR should consider making presentations to the different organizations that they work with to apprise younger people in the field of the broad range of options within public health. To present these options, the director of CT Public Health Association, the CT Environmental Health Association and leaders of other segments of the public health workforce, should participate in a roadshow for students, or spend time at each outreach meetings across the state."

Due to the stream of conversation, 2 participants made additional comments while answering question 8. Participant 1 posed the question,

> "How can we get members as they start their career?" They noted, "we have a large student population, but we don't retain them [as CPHA members] post-graduation; we get them back at mid-career. They think maybe then they have something to give at that point, but not when they've just finished school. If we can engage them earlier on, that would be good. It's still good to engage members at all levels. How could we help them turn that corner after just getting their degree?"

Discussion

Overall, CPHA MOR interview participants were enthusiastic about providing a wide range of internship experiences for students interested in public health and continuing to offer mentorship opportunities. While providing mentorship opportunities often helped MOR members achieve organizational goals, this was often secondary to providing a robust mentorship experience for the students. Interviewees indicated an increased willingness to serve as mentors even when such efforts were beyond their typical job duties. Interviewees indicated that greater involvement in MOR activities may be dependent on stronger engagement activities created by CPHA as a whole, and while there was some support for restructuring the MOR as a section within CPHA, some interviewees wanted to see the MOR strengthened before such a change is made.

Of the participants interviewed, opportunities available to students included a variety of mentorship programs, including internships, capstones, summer projects, job shadowing, presentations in the classroom and other forms of experiential learning for high school through graduate students. There was enthusiastic support for the MOR to organize these opportunities in a single online location accessible to potential mentees and mentor.

More immediate action items were also discussed. For example, several participants became interested in the MOR and/or participated in MOR activities by giving a PowerPoint presentation on public health created by MOR members. However, several participants also noted that these presentations require periodic updates. Additionally, participants wanted more training materials for mentors and mentees, including information on how to teach to different levels of learners, how to discuss professionalism, and related topics.

It was apparent that the strength of the MOR is dependent on the strength of CPHA as a whole, which, because MOR is a CPHA committee, is quite logical. To establish a fully functional Mentoring Committee will require strong commitments from the CPHA Board of Directors, section and committee chairs, MOR members and CPHA non-board members who desire to become more involved.

When asked about their thoughts on the MOR becoming their own section, positive responses included supporting the development and definition of the MOR, and being able to fund the creation of more resources and involvement opportunities. Concerns included paying for the membership and whether the MOR was ready to have increased financial independence. Participants were unsure of whether a fee for membership might deter new members, and if the MOR was well-defined enough in its purpose to stand alone and charge a fee.

Implications

These findings can be used in many ways. Using these responses, the MOR can compile a list of actionable goals for 2017-2018 based on the opinions of their members. Moreover, because a small proportion of all MOR members participated, the qualitative responses collected here can be used to

develop a quantitative survey that could be more easily completed by a majority of MOR members. In order to maintain interest and ensure effectiveness of mentoring, there are several short, medium, and long term actions that the MOR could take, including: updating existing training materials, creating new training materials based on the needs of MOR members, and developing a cataloging system of mentorship opportunities.

Limitations

In review of these findings, we must acknowledge the limitations of the study. While the MOR contact list contains about 60 contacts, 40 of whom are believed to be active, we obtained a sample of 11 participants, roughly 27% of active members. Additionally, participants were self-selecting, as all members were contacted with the opportunity, and those who responded voluntarily were chosen to participate. This may have limited the opinions acquired to those of participants who had strong feelings, or felt otherwise compelled to offer their time. The window for participation occurred during the summer, which may have coincided with vacation times and other time constraints, thereby limiting the number of MOR members willing or able to participate. Finally, questions were developed by the MOR co-chairs to be as clear as possible, but were still open to interpretation by the participant and influenced by the tone of the conversation during which they were asked. As with questions such as "How long have you been a MOR member (and why)?", participants were able to offer descriptions of their estimated time, instead of specific year amounts. Follow up questions, such as "What would be a reasonable fee?" were not strictly enforced and were left to the discretion of the interviewer. Participants were not shown the questions beforehand, and their answers were given immediately after being asked for the information for the first time, which may have also limited answer content.

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