



**PUBLIC HEALTH TRAINING
CENTER NETWORK**

Student Stipends as a Tool for Increasing Diversity in Public Health Workforce: Strategies from the Public Health Training Center Network

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Learning Objectives

- Describe PHTCs' approaches to increasing diversity of the public health workforce through student placements by focusing on different diversity characteristics based on community needs
- Explain how student field placements increase the confidence of public health students to effectively work in underserved communities

Regional Public Health Training Centers

6 SOUTH CENTRAL PHTC Tulane University

Arkansas, Louisiana, New Mexico, Oklahoma, Texas

7 MIDWESTERN PHTC University of Iowa

Iowa, Kansas, Missouri, Nebraska

8 ROCKY MOUNTAIN PHTC University of Colorado

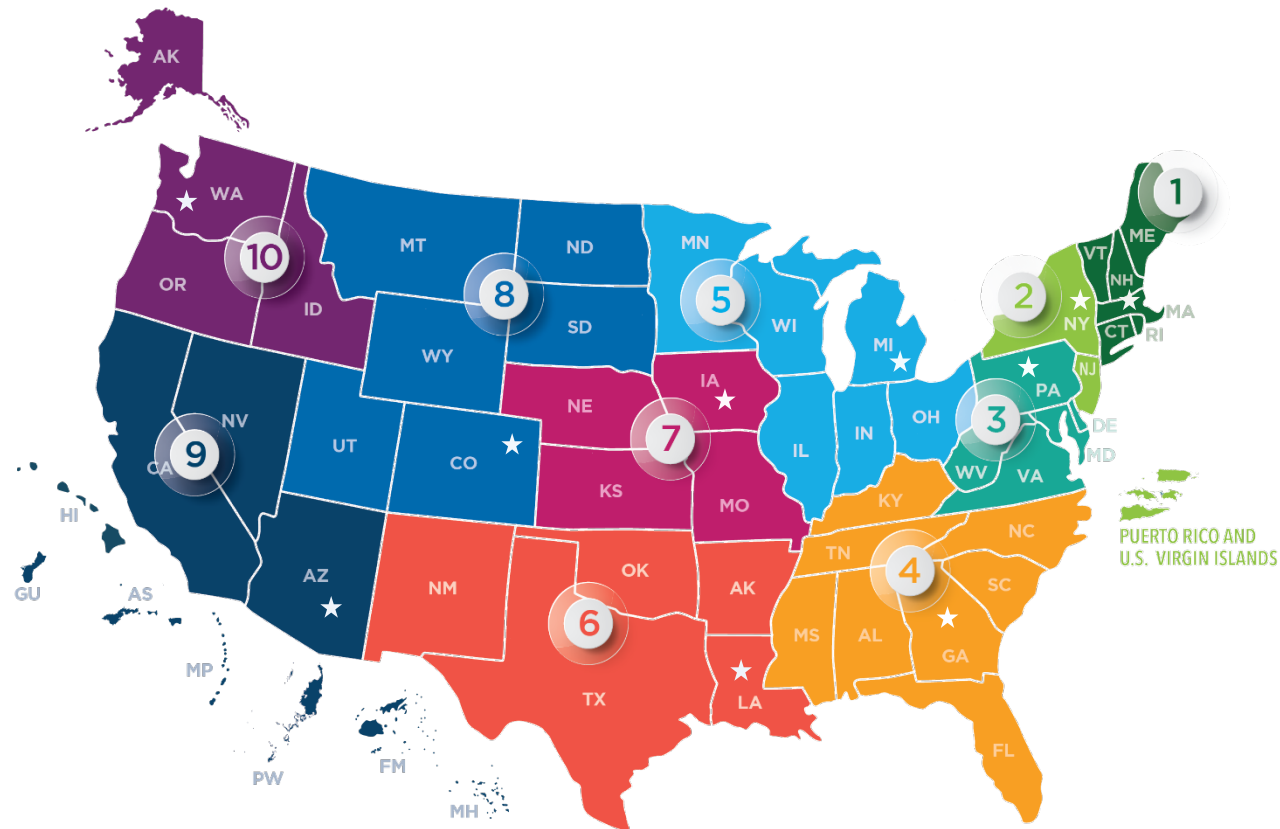
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

9 WESTERN REGION PHTC University of Arizona

Arizona, California, Hawaii, Nevada, U.S. Affiliated Pacific Islands

10 NORTHWEST PHTC University of Washington

Alaska, Idaho, Oregon, Washington



1 NEW ENGLAND PHTC Boston University

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

2 REGION 2 PHTC Columbia University

New Jersey, New York, Puerto Rico, U.S. Virgin Islands

3 MID-ATLANTIC REGIONAL PHTC University of Pittsburgh

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

4 REGION IV PHTC Emory University

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

5 REGION V PHTC University of Michigan

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

What do PHTCs do?

The Public Health Training Center Network (PHTCN) helps sustain a skilled public health workforce by providing access to world-class professional development, experiential learning, and consulting and technical assistance.

Professional Development



We offer a comprehensive set of resources to help public health professionals build core skills and strategic competencies required to address current and emerging public health challenges.

Experiential Learning



We help students gain valuable practical experience through funded field placements at agencies in underserved communities.

Consulting and Technical Assistance



We provide access to expertise and other resources that help our community partners understand and plan for local workforce development needs.



PHTC Program Goals

Changes in the NOFO for 2022-2026 grant cycle:

Program Goals

The goals of this program are to:

- 1) Increase the supply and diversity of public health professionals;
- 2) Enhance the quality of the public health workforce through student field placements, emphasizing placements with rural and/or medically underserved communities; and
- 3) Provide tailored quality training to address current and emerging public health needs.

In order to meet this requirement and increase our effectiveness at serving our communities, PHTCs worked on our respective processes for student recruitment.



Challenges



4 of 10 PHTCs selected “legal concerns” as a challenges



3 of 10 PHTCs selected “unclear definitions (meaning of diversity)” as a challenges

Challenges *and* Opportunities

- **Defining Diversity**

- PHTCs represent large regions with varying degrees of racial, economic, and other types of diversity
- Some types of diversity (representing each state in a region) may be at odds with other types (racial representation)
 - Working with local partners to define diversity locally (rurality, racial/ethnic, economic background)

- **Lack of Existing Models**

- Few validated measures for selecting for diversity

- **Legal/Ethical Concerns**

- Due to Affirmative Action laws in some states, application decisions cannot be based on demographics
- Current political/legal questions around diversity recruitment
 - Prioritizing populations served, rather than student demographics
 - Focusing on student aspects that aren't demographic (lived experience, open-ended questions)



How Can PHTCs Influence Diversity?

Marketing

- Who are we marketing to?
- What messaging do we use?

Application

- What questions are asked?
- How accessible is the application?
- Does application include language encouraging applicants from diverse backgrounds?

Selection

- How are application factors weighed?
- Who is on the committee making decisions?

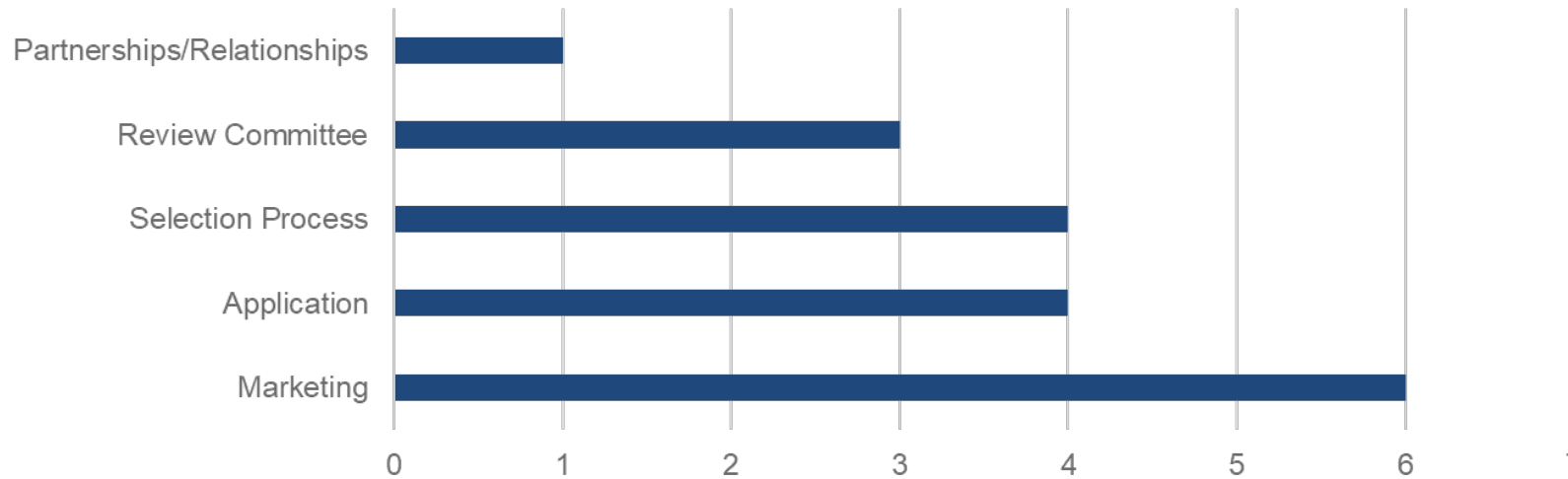
Support

- What forms of support are available throughout the process (application, selection, and completion of project)?



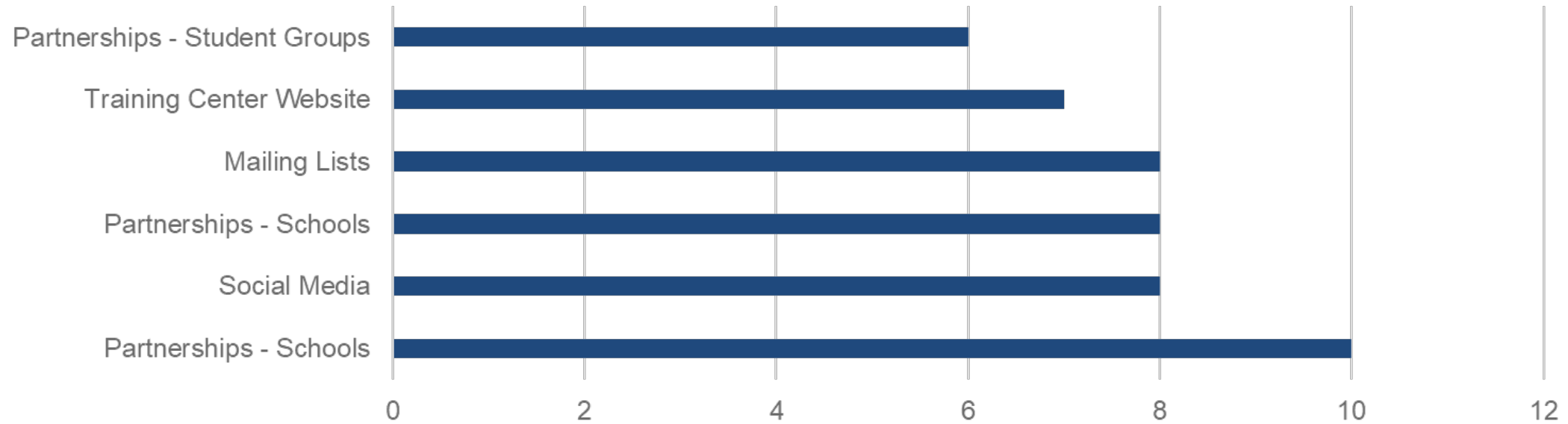
How did PHTCs Recruitment Processes Change?

9 out of 10 PHTCs changed at least part of their recruitment process for the 2022-2023 year.



- “We revised our Field Placement Guide to stress that Underrepresented Minorities and those from Disadvantaged backgrounds are encouraged to apply; we’ve increased partnerships with academic organizations, departments, and groups to reach more students; we’re actively pursuing relationships with TCUs and with local health departments in rural and medically underserved communities.”
- “We are working with our [Community Based Partners] to locate new field placement opportunities that serve diverse populations.”
- 3 out of 10 made changes exclusively to marketing

How did PHTCs Market for Diversity?



- “One successful tool was collaborating with URM student groups – they posted the application and information on their social media accounts and shared with their listservs.”
- “We will be taking an increasingly intentional approach with our outreach about the stipend opportunity. For example, we are beginning efforts to build new relationships with HBCUs, TCUs, and other institutions or student groups serving URM students. We will also do some marketing of the stipend opportunity specifically to health departments in our region serving communities that are high need as identified by the Social Vulnerability Index.”



Regional Examples

Region 1: New England

STATES



CHARACTERISTICS

Less racial and ethnic diversity in Northern New England

Plenty of disparity and desire of student applicants to address community needs.

Health disparities are primarily notable across:

- Disability status
- Rurality
- Economic background

STILL HAVE WORK TO DO

Relationship building with Northern states' student groups

For SOGIM data:

- Get input from faculty *and* from community advisors
- Will be collecting in the required way AND in more sensitive ways

Region 2: New York, New Jersey, Puerto Rico, VI

STATES



CHARACTERISTICS

A lot of racial and ethnic diversity

What *project/organization characteristics* will most serve students experience and impact community needs?

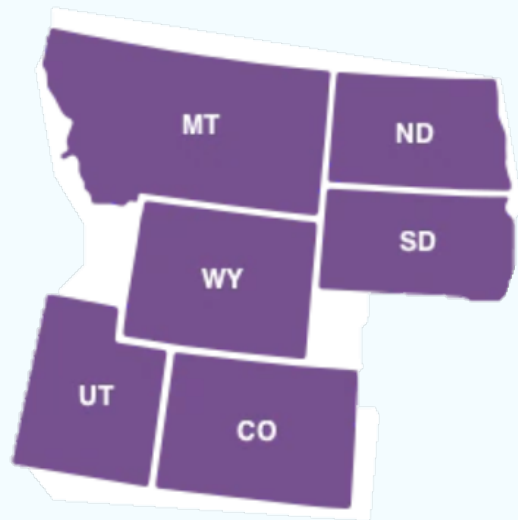
STILL HAVE WORK TO DO

Consider whether URM are representative of population in our region



Region 8: Rocky Mountain Public Health Training Center

STATES



CHARACTERISTICS

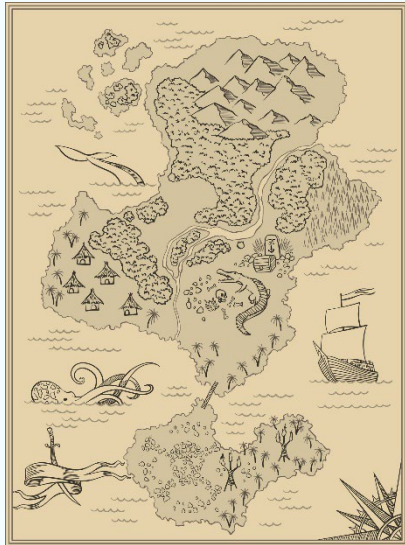
- Highest concentration of indigenous students

STILL HAVE WORK TO DO

- Make eligibility requirements clearer
- Expand on information session offerings

Unspecified Regions

STATES



CHARACTERISTICS

- > % Black/African American 6 - 38%
- > % Hispanic/Latino 4 – 30%
- > % Poverty 9 – 19 %
- > % Rural 9 – 51 %

LESSONS LEARNED

- > Work within the legal system and university system
- > Example 1:
 - Only use HRSA's eligibility criteria: degree program and citizenship/residency
 - Prioritize projects at health departments
 - All projects serve an underserved community
- > Example 2:
 - Focus on population served by the project
 - Build relationships with HCBU programs of PH

PHTCs changed their programs to increase diversity in ways that worked for their regions – reflecting their needs and populations.



PHTCN Evaluation Data from 2018-2022

REGIONAL PUBLIC HEALTH TRAINING CENTERS

Field Placement Program

BY THE NUMBERS

July 2018 - July 2022

Building the Capacity of the Future Public Health Workforce

978 STUDENTS PLACED

703 (72%)
in **MEDICALLY UNDERSERVED AREAS**

255 (26%)
at **RURAL SITES**

226 (23%)
in **PRIMARY CARE SETTINGS**

CONTACT HOURS LOGGED

203,467

AT THE END OF THE FIELD PLACEMENT*

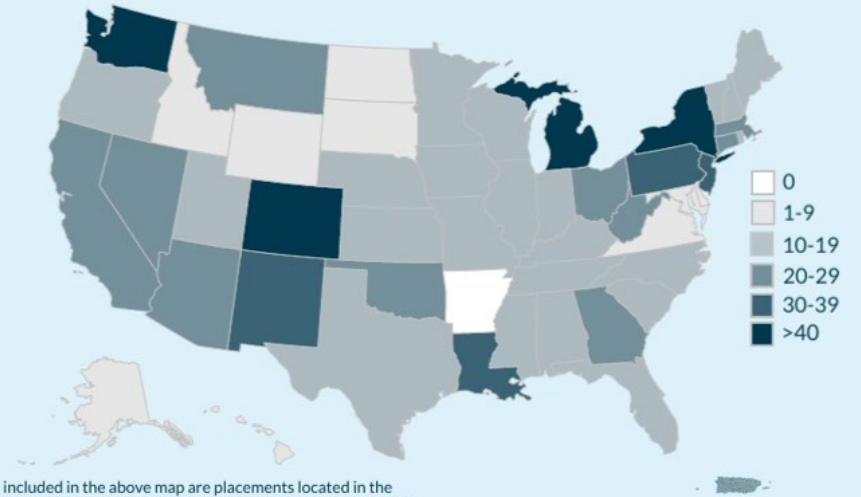
96% of students say the information they learned is **RELEVANT to their FUTURE CAREER**
n = 870

95% of students believed they met identified **LEARNING OBJECTIVES**
n = 865

94% of students report increased interest in working with **VULNERABLE POPULATIONS**
n = 856

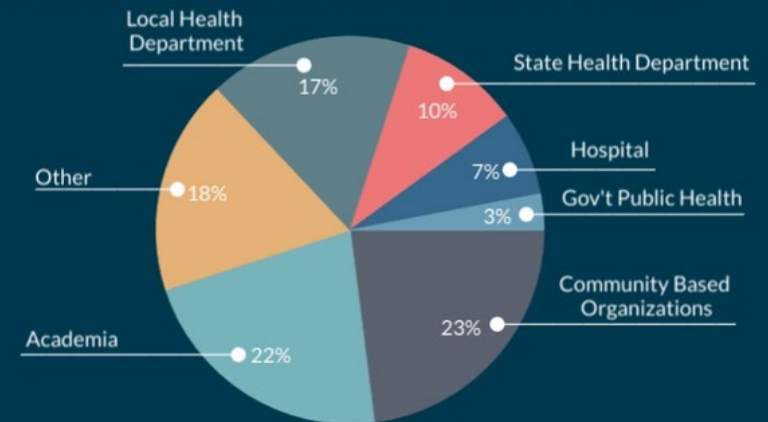
95% of preceptors agreed their student(s) met **LEARNING OBJECTIVES**
n = 466

NUMBER OF STUDENTS BY STATE



Not included in the above map are placements located in the Federated States of Micronesia (2) and the Republic of Palau (5).

FIELD PLACEMENT BY AGENCY TYPE



PUBLIC HEALTH TRAINING CENTER NETWORK

Early Outcomes – Region 1

Region 1 – 27 students	Count	Percent
Under-Represented Minorities	7	27%
Economically Disadvantaged	12	42%
URM and/or Disadvantage	13	48%

Students also shared forms of lived experience that included:

- Personal or familial experience with health outcome of interest
- Sexual or Gender Minority status
- Immigrant and/or refugee status
- Challenges with the medical/public health system

I feel a deep responsibility to use my access to uplift and serve the needs of my community.

...I took the role of health advocate for my parents during their medical appointments. This was my first exposure to the health field and the disparities that exist. My parents had language, financial and literacy barriers to health care and it was my responsibility to help them navigate this at a young age.



Early Outcomes – Region 1

	Proficiency Before	Proficiency After	Change
I'm able to recognize the cultural, racial, linguistic, and geographic diversity of populations and communities and their special health needs	2.3	3.0	0.7
I understand how to identify community resources for the disadvantaged population in my placement region	1.7	2.9	1.3
I understand local epidemiological factors affecting the population in my placement region	2.2	3.0	0.8
I understand how local and social community services work in my placement region	1.6	2.9	1.3
I'm able to listen to and communicate with patients/population who are from other cultures or speak other languages	2.1	2.4	0.3
I'm able to guide patients/populations to navigate the health/social services in my placement region	1.7	2.5	0.8

Averages based on student exit surveys from Region 1 FY23 “Not Proficient” = 1, “Somewhat Proficient” = 2, “Proficient” = 3



Early Outcomes – Region 1

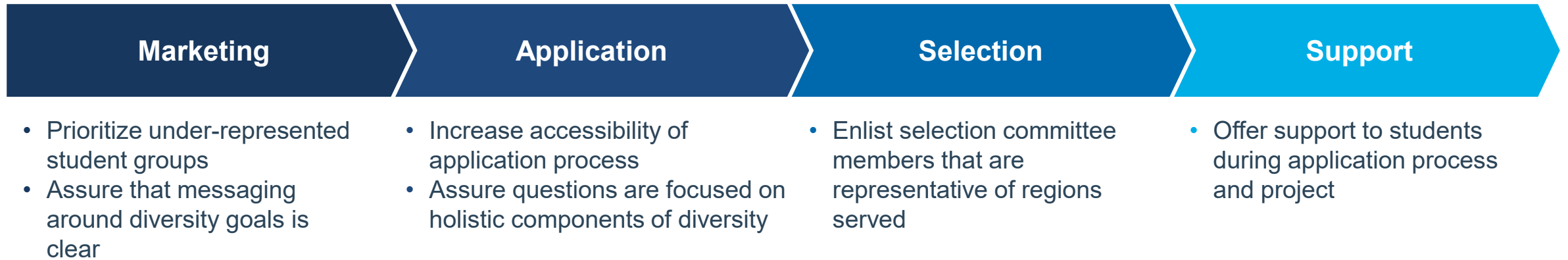
This project complemented and helped me develop the knowledge I acquired at [my school]. This undertaking highlighted the importance of health literacy and social determinants of health.

Coming into this project, I knew very little about [the service area]. Most of what I knew was based on what media news outlets would say and therefore my view was biased.

I have found the process of developing a community asset map to be beneficial in my future career as a physician. People in the healthcare field have a tendency to view communities in need as deficient in resources rather than rich in assets.



Lessons Learned



Thank you!

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Appendix



Regional Detail

Region 2 Public Health Training Center

- **Mission:** to assure a highly trained public health workforce with a focus on medically underserved areas (MUAs) in New York, New Jersey, Puerto Rico, and the US Virgin Islands.
- Located at Columbia University Mailman School of Public Health in New York City
- Community-Based Training (CBT) Partners and Technical Assistance (TA) Providers
 - New York State Association of County Health Officials (NYSACHO), Albany, NY
 - Rutgers School of Public Health, Piscataway, NJ
 - Impactivo, LLC in San Juan, Puerto Rico



region2
public health training center



MAILMAN SCHOOL
OF PUBLIC HEALTH



County Health Officials of New York
Leading the Way to Healthier Communities



Region 2 – Workforce Demographics

	NY	New York City*	NJ	PR	USVI
Population	20,201,249	8,804,190	9,288,994	3,285,874	106,631
Black/African American	17.6%	24.3%	15.1%	11.7%	79.9%
Asian	9.0%	14.1%	10%	0.2%	
Hispanic/Latino	19.3%	29.1%	20.9%	98.7%	16.0%
Non-Hispanic White	69.6%	42.7%	71.9%	1.0%	11.6%
American Indian/Alaskan Native	1.0%	0.4%	0.6%	0.2%	
Two or More Races	2.3%	3.6%	2.3%	5.3%	
Foreign Born	22.6%	52.3%	22.4%	2.7%	36.3%
Language other than English	30.5%	48.5%	31.3%	94.5%	
Spanish, Primary Language	14.29%	50.1%	15.46%	99%	14.8%
Median Household Income	\$68,486	\$63,998	\$82,545	\$20,539	\$37,254
Persons in Poverty	12.7%	17.9%	9.4%	43.5%	22%
Persons in Rural Area	18%	-	9%	6.4%	4.1%

*New York City is approximately 44% of NY State population

Region 2 PHTC – Field Placement Stipend Eligibility

- Student field placements/faculty student collaborative project must have one of the following:
 - Be physically located in a medically underserved area (MUA) OR
 - Scope of work demonstrates students working with populations in an MUA OR
 - Scope of work demonstrates students working with populations that are defined as medically underserved populations (MUP) OR
 - Scope of work demonstrates students working on behalf of an organization whose mission is to serve MUAs and/or MUPs
- Host organizations can include:
 - City, state, or local health departments
 - FQHCs
 - Non-profits
 - Hospitals
 - Community-based organizations
- Priority is given to graduate public health students (MPH, DrPH, or PhD)
- Must meet the students' school's degree requirements for a practicum (meaning ~150-240 hours completed)
- SOW are evaluated individually from student demographic information
- Selected by partners at Rutgers SPH, Impactivo, Mailman School of Public Health Office of Field Placement, and the New York City Department of Health and Mental Hygiene

Region 2: Current Year Stipend Projects

- In the previous funding cycle (July 2018-June 2022) the Region 2 PHTC supported student stipends for a total of 95 students
 - 61 from underrepresented minorities or disadvantaged backgrounds
- Current Year Stipend Recipients
 - 10 Students Identified/Started in their placements
 - > 3 in PR
 - > 6 in NJ
 - > 1 in NY
 - 6 identify as underrepresented minorities or disadvantaged backgrounds
- Host organizations:
 - Warren County Department of Health
 - Middlesex County Environmental Health Division
 - New Jersey Department of Health
 - > Office of Primary Care and Rural Health
 - > Office of Minority and Multicultural Health
 - Impactivo, LLC
- Project Titles:
 - Special Child Health Services
 - New Jersey Kids Study
 - Covid Community Outreach
 - Applied Practicum Experience with the Office of Primary Care and Rural Health
 - CCC Outreach Survey/Vaccine Hesitancy
 - Local Anti-Idling Initiative

Region 2: Example Project Descriptions

- “...it has become difficult to deliver quality services to these families in need, particularly **families of children in low socioeconomic status**...I will find gaps in services, provide recommendations on how Warren County can improve on a public policy level and or recommendation for improvement driven by data...There has been a significant **increase in Hispanic children diagnosed** with autism and it is increasingly challenging to obtain data...can help to allocate the appropriate resources to children like theirs in need.”
- “will **prioritize underserved & historically underrepresented communities** through research on the complex determinants of child health with a specific focus on the microbiome...will help to inform public health recommendations on primary prevention strategies for these conditions and to advocate for policy change to maximize child health...is **community-focused and community-engaged**, with an open exchange of ideas to improve the health of New Jersey children.”

ASPPH Abstract

- **Abstract:**
- A diverse workforce that reflects the community it serves is an important component of the public health infrastructure and fundamental to the provision of the essential public health services. In the current grant cycle (2022-2026), The Health Resources and Services Administration (HRSA) funded Regional Public Health Training Center Network (PHTCN) is committed, not only to strengthening the competence of the current and future public health workforce, but also to increasing the supply and diversity of professionals in that workforce. A key component of the HRSA-funded PHTC program is the provision of student field placement stipends, no less than 10% of each region's annual programmatic budget. Student Stipends ("The Field Placement Program") are an important tool for increasing diversity. The Field Placement Program reporting collects data on whether the students are Underrepresented Minorities or from Disadvantaged backgrounds. It encourages students to experience field placements with rural and/or medically underserved communities in hopes of achieving two goals: 1) to address health disparities and improve health equity through their projects, and 2) to increase student intentions to apply for full-time positions within health departments or other agencies that serve underserved populations upon graduation from their public health degree program. Aligned with the ten HHS regions, the ten Public Health Training Centers each revised their approach to diversity in the Field Placement program to reflect the needs of their region. In addition to increasing diversity in the workforce, Field Placements increase the confidence of public health students to effectively work with underserved and diverse communities. The PHTCs' approaches and initial lessons learned in marketing, data collection, and selection processes for improving diversity in Field Placements provides experience that can help health departments, schools of public health, and other organizations with their pathways strategies for diversity.



Who We Are

We are a consortium of regional Public Health Training Centers that collectively represent the nation's most comprehensive resource for public health workforce development.

We help sustain a skilled public health workforce by providing access to world-class professional development, experiential learning, and consulting and technical assistance.

