

## **Diversifying the Health Policy Workforce Workgroup: Mentoring**

### **Report of a July 24, 2009 Meeting**

**The Phoenix Park Hotel  
520 North Capitol Street, NW  
Washington, DC**

On July 24, 2009, the National Health Policy Forum convened the third meeting<sup>i</sup> of an informal workgroup interested in promoting better recruitment and retention of minorities in the health policy workforce. The primary focus of the meeting was to explore exemplary mentoring initiatives instituted at the executive branch level and how to apply lessons learned from these programs to support minority professionals on the Hill and in the executive branch. The meeting also considered next steps and the role that lead organizations could potentially play to advance the goal of creating a more diverse health policy workforce. Judith Miller Jones, Director of the National Health Policy Forum, moderated the meeting.

#### **EXECUTIVE BRANCH EXPERIENCE WITH MENTORING PROGRAMS**

**Karen E. Simpson, Human Resources Specialist, Center for Learning, Executive Resources & Policy Analysis (CLERPA), Office of Personnel Management**, gave an overview of an OPM report on mentoring best practices. The report addresses the value of mentoring, types of mentoring, characteristics of a good mentor, and considerations related to developing and implementing a formal mentoring program. The report's recommendations include developing instructional guides for supervisors and designing a program pilot. Ms. Simpson mentioned that OPM requires supervisors to take mentoring training. She also noted that OPM did not have evaluation data nor can it obtain information on the race/ethnicity of participants.

**Sue Porter Beffel, Program Coordinator of the Civil Service Mentoring Program, U.S. Department of State**, described how situational mentoring was added to the State Department's formal program. They utilize a vendor, Mentoring Connection, and mentors and mentees put bios online and choose preferences. They are then matched by computer and by hand. Situational mentoring is available to everyone, including interns. State also adopted the situational model for agents overseas, and they are considering implementing a group mentoring like that used by the CIA. Presidential Management Fellows (PMFs) have set up their own peer mentoring program, and the group Executive Women at State has created a group mentoring program for senior and mid-level employees. Overall, there are 200 pairs in the formal program, and although they do not plan on expanding they are encouraging the creation of smaller mentoring relationships. State promotes the program via e-mails, department notices, presentations, and creative efforts such as handing out seed packets labeled "Plant a seed, be a mentor." 10-15% of the population is being mentored, which they consider a good proportion of staff. Ms. Beffel noted that State had put together a list of activities mentors could do with their mentees. She also noted in response to a question that 50% of mentors and mentees accomplished a tangible result that they attributed to mentoring. She observed that the VA does a good job of linking mentoring with outcomes and advancement, but such performance links are not required at State. She also mentioned that govloop.com has a mentoring group available to anyone.

**Mark Goldman, Senior Human Resource Development Specialist, Office of Human Capital Management, Talent Cultivation Office, NASA,** discussed mentoring programs at the Goddard Space Center. He noted that mentoring is the most important aspect of professional development. The Goddard program began in 1997 as a one-year pilot whose goal was for every applicant to receive a mentor. People match based on age, sex, and location. They hope to create a mentoring culture which will eliminate the need for formal programs. Mr. Goldman suggests to mentors that they not try to “be all things to all people,” and noted the spread of the “mentwork,” a network of mentors, each of whom can meet a different need.

Meeting participants raised several issues during the presentations. Robert Valdez, PhD, Executive Director of the Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico, noted the need to distinguish between mentoring and career development and expressed concern that the OPM approach conflated the two. Lynn Jennings, formerly with the Council for Excellence in Government, asserted that leadership from top executives at HHS and in the various agencies is critical to ensure the success of mentoring programs. It was observed that while mentoring is required for SES candidates and PMFs, not much exists for the vast group in the middle.

Brian Smedley, PhD, Vice President and Director of the Health Policy Institute at the Joint Center for Political and Economic Studies, raised the issue of institutional barriers such as time and asked how to create institutional incentives for leadership. Bob Valdez noted the importance of framing and “creating time.” He mentioned ways in which non-work experiences could serve as mentoring, such as bringing someone along to a meeting, or participating in recreational activities together.

### ***Mentoring programs and diversity***

Marsha Lillie-Blanton, DrPH, Senior Advisor on Race, Ethnicity, and Health Care at the Kaiser Family Foundation, expressed concern that formal mentoring programs might not be effective in improving diversity in the workforce. She mentioned the obstacles to creating programs focused on people of color in the current political climate and urged formal programs to ensure that they include mentors that will appeal to people of color, individuals they can relate to. She asserted that informal mentoring can serve an important role. Lloyd Asato, Senior Policy Analyst at the Asian and Pacific Islander American Health Forum noted that seeking out a mentor is a foreign concept to many Asian Americans/Pacific Islanders. Ms. Beffel agreed that different groups have different expectations. The State Department uses affinity groups to ensure that outreach is culturally appropriate.

Kay Felix, MD, Senior Advisor for Minority Health at the Agency for Healthcare Research and Quality at HHS, emphasized the need to focus on the culture of the organization and the significance of having minorities in leadership roles (i.e., the new African American woman CEO of Xerox), as well as incentives and elements of performance. She added that chemistry between mentor and mentee is extremely important and can be “a real barrier” to an effective relationship. Jeanita Richardson, PhD, Associate Professor at the University of Virginia, observed that the group needed to discuss the role of cultural sensitivity in attracting and retaining mentors and mentees. She also noted that programs should not be seen by participants as another “level of evaluation.” Denise Davis, DrPH, a program officer with the Robert Wood Johnson Foundation, noted that RWJF is looking at cultural norms and has linked their

fellowship programs to other successful programs such as RWJF Clinical Scholars and the VA. They are looking at diversity broadly and trying to cull lessons from corporate, academic, and philanthropic entities.

## **APPLYING LESSIONS LEARNED**

**Natane Singleton, Consultant**, presented highlights from interviews she conducted with minority health policy professionals on the Hill and at the Department of Health and Human Services (HHS). She described the participants' experiences with mentoring and their views about its value. Most participants reported having an informal mentor (only three of twelve possessed formal mentors), and several described having assembled a "team of advisers" with various backgrounds, each of whom could offer a different type of guidance and expertise. Participants noted that mentors served a variety of other purposes, including exposing individuals to career options, assisting them in obtaining jobs and internships, and helping them promote themselves and advance in their career. Several interviewees mentioned the value of having mentors of color and lamented the dearth of "minority role models" on the Hill, at HHS, and in support agencies such as the Medicare Payment Advisory Commission, the Office of Management and Budget, and the Congressional Budget Office, who could serve as mentors.

**Aranthan "A.J" Jones, Principal, The Podesta Group; formerly Policy and Research Director, Office of the Majority Whip, U.S. House of Representatives**, offered his thoughts on mentoring and diversity in the health policy workforce. He described his experience being mentored by former Congressman Louis Stokes. He noted that having colleagues in the political world as mentors provided insight into "how the institution [the Hill] breathes." He emphasized the importance of knowing the "runners of the system" and identifying as mentors people with "institutional memory." He also described how certain mentors served a familial role.

As a mentor, Mr. Jones would decide what "slice" he could play for the mentee. He noted the importance of such "targeted mentoring" given that individuals have numerous mentoring needs and no one person can fulfill all of these roles. He chose to focus on helping mentees function in the policy world as minorities, describing his relationship with mentees as "transactional." Mr. Jones emphasized how he sought to break down the barriers of professional status—"elitist position"—by meeting with mentees in *their* offices, rather than the reverse.

Mr. Jones then spoke from the mentee perspective, noting the difficulty of finding balance on the Hill and how it leads some individuals to leave earlier than they should. He also noted that individuals need advisors on how to get things done, and a "life coach" on "how to maintain" and marry life choices with work choices.

He asserted that currently there is no incentive for individuals on the Hill to serve as mentors, and suggested that one way to build incentives would be to give Members' offices more operating funds if they create mentoring plans.

Mr. Jones also briefly described his current role at The Podesta Group, and noted that company clients were demanding diversity in the organizations they hire as consultants. He views his new role as an opportunity to be a transformational mentor—he can interact with Boards to get them

to support diversity initiatives to help build the pipeline. He is part of the fundraising culture, so he can use his position to make a statement to Members about the importance of diversity.

## **GROUP DISCUSSION AND NEXT STEPS**

While most of the discussion was focused on policymaking at the national level, Sandra Howard, Senior Policy Analyst, Office of Science and Data Policy in the office of the Assistant Secretary for Planning and Evaluation at HHS, noted that there are two types of policy—national health policy versus small scale management of institutions involved in policy. She emphasized the importance of paying attention to the institutional level since it can have an impact as well.

Judy Miller Jones noted the importance of making policy positions more visible and increasing awareness of fellowships

Ansalan Stewart, Senior Policy Analyst at the Office of Science and Data Policy at ASPE noted that people need to understand the path to a health policy career, where they can end up, and what salaries they can earn.

Denise Davis mentioned that RWJF is expanding their SEP program for medical and dental students to include a health policy component, but they are not tracking outcomes. She noted that now is the opportunity to create a paradigm shift in the leadership culture in light of diversity in the highest levels of the new Administration. She also discussed the technological opportunities to change the dynamic and trajectory.

Phillip Bowman, PhD, Director/Professor at the University of Michigan's National Center for Institutional Diversity, described the challenge in university settings of exposing individuals to health policy in a systemic way. He mentioned the Health Careers Opportunity Program (HCOP) as a way for undergraduates to find out about careers in health policy. He also added that there are real opportunities embedded in partnerships and exchanges, and that foundations and partnerships with university and K-12 systems are critical.

The group identified three broad issues of concern: the pipeline (including training opportunities), hiring, and career development and mentoring. Individuals agreed that while they were not the right people at the table to address the pipeline issue, they could focus on the other two.

### ***Hiring and Supports***

The question of what incentives must be created to change the culture of hiring was raised by the group. Marsha Lillie-Blanton noted the challenge of getting non-black Members of Congress to accept Barbara Jordan Scholars. Others noted that getting in the door is not easy, even for those with skills and experience. Lynn Jennings commented that individuals need technical assistance on how to apply for federal jobs. Robin Carle, Executive Director at the Joint Center's Sullivan Alliance to Transform America's Health Professions, agreed that people don't know how to get into government jobs and asserted that entities need to be convinced of the cost-effectiveness of investing in human resources.

Brian Smedley mentioned the need for a mentoring institute that could provide training and support on work-life balance, being the only minority, etc. Groups could pay to attend the

training, and a commitment could be secured from the Hill leadership to attend one to two workshops. He emphasized the importance of instituting a process that could change incentives.

Lloyd Asato added that mentoring needs specific goals and program elements such as cultural competency.

Judy Miller Jones noted that Hill committees do not generally want to invest time to train and oversee fellows. She added that outside individuals (such as previous fellows) are needed to provide oversight and mentoring. She also mentioned the need for regional diversity and more representation by Native Americans.

Jeanita Richardson asserted that individuals would benefit from technical assistance around the federal government job application process. She noted that not knowing the certain code words often prevents candidates from advancing past the initial screening phase. She suggested developing a workshop that academic advisors could attend and then take information back to their institutions. Institutions with a vested interest in diversifying government could be targeted. Lynn Jennings mentioned using retired federal government employees as trainers.

Brian Smedley noted that the Joint Center's health professional pipeline can feed into a pipeline for health policy jobs, and that it can play an active role in the area of hiring and support. He emphasized the need to change institutional incentives on hiring and provide technical assistance in the form of mentoring and job application assistance. He also mentioned virtual mentoring and the importance of using free social networking tools, such as facebook and Skype.

Bob Valdez discussed the need to consider mentoring across the "career flow." He mentioned the roles of the media and industry in policymaking and urged the group to think broadly about health policy careers.

Robin Carle suggested that while the Joint Center might be best suited to take the lead on this effort, it would be important to have other organizations involved. She proposed a consortium of organizations. Phillip Bowman asserted that this initiative needs to have a home base and be connected to resources. Pebbles Fagan, PhD, Health Scientist at the National Cancer Institute Behavioral Research Program, stated that a strategic plan was needed to track and monitor progress. The group appeared to agree on two principles: the need for greater diversity in the health policy workforce and the importance of using technology in a "smart" way and as an organizing framework. Denise Davis proposed as action steps determining the make-up of a planning body and advisory group and exploring the concept of a mentoring institute, including sustainability, marketing, and access fees. She and Judy Miller Jones agreed to talk further about a framework, and Brian Smedley and Bob Valdez agreed to investigate creating a virtual entity. It was suggested that A.J. Jones could bring entities with resources to the table that could potentially provide incentives. Other strategic partners need to be identified and contacted.

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<sup>i</sup> The initial meeting of the workgroup took place October 31, 2007. The second meeting, which focused on increasing the diversity of the health policy workforce during a time of presidential transition, occurred on September 10, 2008.