Planning for the next generation of public health advocates: evaluation of an online advocacy mentoring program

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Abstract

Issue addressed: Despite being viewed as a core competency for public health professionals, public health advocacy lacks a prominent place in the public health literature and receives minimal coverage in university curricula. The Public Health Advocacy Institute of Western Australia (PHAIWA) sought to fill this gap by establishing an online e-mentoring program for public health professionals to gain knowledge through skill-based activities and engaging in a mentoring relationship with an experienced public health advocate. This study is a qualitative evaluation of the online e-mentoring program.

Methods: Semi-structured interviews were conducted with program participants at the conclusion of the 12-month program to examine program benefits and determine the perceived contribution of individual program components to overall advocacy outcomes.

Results: Increased mentee knowledge, skills, level of confidence and experience, and expanded public health networks were reported. Outcomes were dependent on participants' level of commitment, time and location barriers, mentoring relationship quality, adaptability to the online format and the relevance of activities for application to participants' workplace context. Program facilitators had an important role through the provision of timely feedback and maintaining contact with participants.

Conclusion: An online program that combines public health advocacy content via skill-based activities with mentoring from an experienced public health advocate is a potential strategy to build advocacy capacity in the public health workforce.

So what? Integrating advocacy as a core component of professional development programs will help counteract current issues surrounding hesitancy by public health professionals to proactively engage in advocacy, and ensure that high quality, innovative and effective advocacy leadership continues in the Australian public health workforce.

Introduction

Public health advocacy involves actions to influence political, economic, psychosocial and physical environments.[1] These actions may function to ensure that policy and resource allocation decisions by government and private institutions maximise the public's health and well being, however it may also focus on institutional policies, community issues, and local neighbourhood projects[2,3] Public health advocacy employs a comprehensive set of strategies, including: translation of research into policy; community engagement to develop supportive public opinion; developing partnerships and coalitions within and across levels of government and non-government organisations; and engaging with the media and political decision makers.[4–7] The importance of advocacy has been demonstrated through public health successes, including: smoke-free legislation and plain packaging of cigarettes; mandatory folate fortification of commercial bread products; expansion of the

National Bowel Cancer Screening Program; and the outright ban of commercial tanning beds.[7–10]

Despite widespread recognition of the critical role of advocacy, it exists as a 'neophyte' in public health, lacking a prominent place in the public health literature and allocated minimal coverage by universities.[8,11–13] Competencies related to public health advocacy are expected for all health promotion and public health graduates; however, the absence of a comprehensive curriculum means there is a lack of knowledge and experience to effectively teach advocacy.[11,14–16] Once graduates enter the workforce there are limited professional development opportunities, and a limited number of advocacy organisations exist to provide expert guidance.[4]

The Public Health Advocacy Institute of Western Australia (PHAIWA) was established in 2008 through a grant from Healthway, with support from leading non-government organisations such as the

Heart Foundation and the Cancer Council WA, to improve the knowledge and influence of public health advocacy amongst both the public and health and allied sectors.[17] Aligning with their aim to ensure that high-quality, innovative and effective advocacy leadership continues in Western Australia, a pilot e-mentoring program was conducted in 2011–2012 and continued in 2013–2014. This 12-month program was open to anyone working in a role related to health and well being. The program consisted of two distinct components: knowledge and skill development through program activities and mentoring from an experienced public health advocate. Participants received a monthly advocacy-related activity via email and were required to post their response on a blog website, with feedback provided by PHAIWA staff. These skill-based activities required mentees to draft advocacy documents commonly used as part of advocacy campaigns; e.g. media release, letter to the editor etc. Mentees also maintained contact with an experienced public health mentor to discuss the activities and general matters related to advocacy. Participants were invited to attend PHAIWA advocacy skills–based workshops and a mentoring networking event; however, geographic location was not a barrier to participation as the majority of communication and support was provided online or via telephone.

The program was evaluated in 2014 to investigate: changes in mentee's advocacy knowledge, skills, confidence and experience; the strength of relationships and networks built between mentees and mentors; program benefits for mentors; and the contribution of each program component to the overall program outcome. This paper summarises the evaluation results which demonstrate that an online program combining public health advocacy content via practical activities with mentoring by an experienced public health advocate is a potential strategy to upskill the public health workforce and reduce the hesitancy of public health professionals to proactively engage in advocacy activities.

Methods

Respondents were purposively sampled from the 25 mentees and 25 mentors participating in the e-mentoring program delivered between September 2013 and September 2014. Due to a number of participants withdrawing, the 11 mentees and 11 mentors remaining at program conclusion were invited via email to participate in a semi-structured interview. The 14 withdrawn mentees and 14 mentors were also invited to participate to examine their program experience and reason for withdrawal. A total of 18 participants from a range of job roles, WA regions and interstate locations expressed an interest in participating. The sample comprised 4 mentors, 7 mentees, 3 withdrawn mentees and 4 mentors of withdrawn mentees. Participants unable to attend face-to-face were interviewed via telephone. The researchers used pre-prepared open-ended questions to guide interviews. All participants gave permission to have their interviews audio-recorded and transcribed verbatim.

Each transcript was analysed manually using a content analysis approach.[18] The researchers read interview transcripts to extract significant phrases, statements and keywords, organising these based on the research objectives. Quotes were then selected to represent the range of content discussed and formulate meaning under each objective. Ethical approval was obtained from the Human Research Ethics Committee at Curtin University. Cross-institutional ethics approval was received from the University of Western Australia.

Results

Impact on advocacy knowledge and skills

All mentees reported an increase in advocacy knowledge and skills. This was attributed to the broad scope of topics covered by activities and the requirement for mentees to practically apply advocacy strategies within tasks:

> I definitely feel like I've got a much better understanding of what advocacy actually is and what is encompassed by that. I think I was almost scared of the word because I didn't really know, even though I was doing it already, I feel like my understanding and idea of advocacy has really improved.

> Being in health promotion I had an idea of what I thought my skills were but being given the opportunity to apply them has really helped and enabled me to refine the skills and be able to do things I wouldn't have done otherwise.

A common theme was that gaining knowledge and skills depended on mentee commitment and program expectations. Mentors of withdrawn mentees questioned whether mentees had clear expectations about the program purpose:

> There was a slight hesitancy on her part around engagement which I picked up. I think it was about her commitment to the program and I don't think she knew what she was going to get out of it and whether it was the right thing for her at that time and that came through fairly early . . . I'm not sure she really got the value of the particular projects and the way PHAIWA had structured it.

Time restrictions due to personal, work or study commitments influenced program gains; with time barriers the most commonly cited reason for mentee and mentor withdrawal from the program:

> I found at times it was a little difficult. I was going through some personal things, and so putting in a couple of the exercises was really difficult . . .

Increased confidence and experience undertaking advocacy strategies

Program participation was associated with mentees reporting an increased level of confidence and experience. Mentee participants reported that the practical activities increased their confidence to employ advocacy strategies, with examples provided of experience gained as a result of program involvement:

It definitely increased my confidence. Things like writing the letter to the editor I wouldn't have done that before if I wasn't part of the program.

I was a lot more confident for writing articles for the newspaper and also we have a radio slot once a fortnight so I was much more confident in going to that and speaking to the public about health issues and knowing what would be of interest and how to best promote the activities that we offered.

While all mentees reported gains from practically applying advocacy strategies, a common suggestion was to provide a choice of activity topics:

... more of a tailored approach ... I jumped around from topic to topic over activities whereas if I [had] picked one thing and gone with that all the way through I think it would have made more sense and been more relevant. I think I would have learnt more.

Relationships and networks built between mentees and mentors

Mentees and mentors agreed on the potential benefits of mentoring; however, there were differences in the reported strength of each relationship and networks built. Mentees who reported regular engagement with their mentor described benefiting from this contact:

The biggest way I increased my knowledge was through that mentor/mentee relationship ... I think it's a good idea because it's a good chance for people to build relationships and often, especially when you're talking about very experienced mentors, they don't really have any other reason to make contact with that person ... my mentor was really good [at] looking out for opportunities for me to attend things and get in touch and say 'I've got this thing running do you want to come along?'; so he was proactive as well. I think that's why it worked so well. It strengthened my relationship with my mentor but then he invited me to things where I met other people from the department or politicians and things like that.'

Mentees working in different fields of public health to their mentor reported that the lack of a shared topic of interest discouraged them from proactively engaging with their mentor:

... because my mentor wasn't in my field it meant that while I was doing my activities she wasn't the best person to call for certain things. Maybe that's a question to ask mentees – is there a [shared] topic of interest? Someone in your field you'd like to be your mentor? ... because they're in your field it extends your networks ...

A participant who had withdrawn from the program described their confusion about the difference between e-mentoring and traditional mentoring, and how this may have influenced the role:

The e-mentoring could work but it's almost like it's so new you default to traditional mentoring. All my experience is in traditional mentoring so it's like you think its traditional

mentoring plus a bit of online comment. So if you're going to do something different with e-mentoring you probably need to tell the mentors even more how that differs from traditional mentoring ...

The contribution of each program component

Participants reported that program activities and mentoring were complementary, if not essential, to gaining advocacy knowledge, skills, confidence and experience:

I really enjoyed that part of it being matched with a mentor as well as doing the activities because I've been in a mentoring program before where it's more informal, more self-directed by the two, and that's a bit harder especially with such a big skill like advocacy; so it was really good to be matched with the mentor, not only to discuss the activities, that was a central discussion point you could come to for building the relationship, but from that it expanded to discussing other ideas and other things we were both doing or interested in.

The online format was recognised as enhancing participation, especially for regional participants with limited access to professional development opportunities:

I think it's a good way to go; especially when you have people who are a bit more isolated, especially the regional people who feel as if they have no one to talk to outside their own organisation or even people in the metro area that feel like they can't talk about things that are happening outside their own organisation.

Participants reported that the online format enhanced program flexibility and allowed them to devote extra time to activities of interest:

Sometimes you get an activity with an issue that you're really wanting to submit to the paper or send it to a politician ... you might want to be a bit more meticulous because you're submitting it elsewhere so those tend to take a bit longer. The flexibility you provided was good for that.

Mentees discussed potential benefits gained from the addition of face-to-face interactions with their mentor:

It would have been nice to meet a mentor but that's obviously impossible because I live in a regional town of WA. I'm sure if I lived in Perth I might have been more committed to meeting up with my mentor ... face-to-face would have strengthened the relationship.

Opinions about the effectiveness of the mentee blog varied, with suggestions made to improve website functionality and usability:

I did like the blog site, being able to read other people's responses and having that available. It made it feel a bit more interactive, rather than just submitting your own things and not really seeing what other people were doing.

The blog and other mentees ... it might be more engaging and add benefit to meeting the other mentees ... Even if there was a weekly discussion topic facilitated on the board so people were responding to each other's ideas over a week.

Participants reflected on the role of PHAIWA as the program facilitator, recommending that this role should provide more support and guidance throughout the program:

> When tasks were marked, maybe an explanation of the comment so I knew what they meant . . . maybe a marking key with five consistent things like readability or 'this could be improved by . . .' or 'have you thought about . . .?'

> Whether there might be some things you might like to think about [as] a way of checking on people . . . to see how they're going and maybe talking through any activities they're having trouble with or getting behind on.

Participants' feedback indicated that they were satisfied with the program and now recognise the importance of advocacy skills for all public health professionals:

> The whole course overall I'm really glad I've done it and when you sent out the email I forwarded it to a few people and said they should do it next year. I really think that it is something that people in public health should do.

> With advocacy you're never trying to get everybody to be advocates, you're really trying to work with that minority that really will do something or have the ability to do something . . .

Discussion

The results from this evaluation highlighted the value of the e-mentoring program to increase public health advocacy knowledge, skills, confidence and experience, and build public health networks. Participants' feedback demonstrated an increased confidence to integrate public health advocacy into their work practice and an awareness of the role of advocacy in the achievement of public health objectives. With public health advocates calling for more professional development in public health advocacy, this program demonstrates how the delivery of public health advocacy coursework can be integrated with mentoring to build public health advocacy capacity.[8,11]

Findings relating to changes in mentees' knowledge and skills demonstrate that activities enhanced participants' understanding of advocacy and capacity to undertake advocacy strategies. Skill acquisition is enhanced by learning environments that provide the opportunity to apply content to a realistic practical situation.[19,20] This program applied this concept and aimed to increase access to public health advocacy, which is lacking in many university courses. Both mentees and mentors reported examples of practical application of advocacy; however, there is scope to improve the program to reflect participant interests, additional adult learning principles and more structured feedback and support.

There was consensus from both mentees and mentors that the mentoring component was a vital part of the program and influenced program outcomes. This supports the comments of Palermo *et al.*[20] (p. 1463) that 'mentoring combined with practical,

on-the-job experience facilitates reflective practice and thus has the potential to improve practice beyond what would be learnt independently'. Previous studies have cautioned against researchers overestimating the potential benefit of mentoring; so, conducting interviews with both mentees and mentors provided an insight into the characteristics needed to enhance mentoring relationships and networking opportunities.[21] All mentees appreciated the opportunity to be matched with an experienced public health professional but many found it difficult to develop a strong relationship due to working in different areas of public health. This challenge will always surround mentoring programs but it is important to remember that mentors were selected based on their advocacy expertise rather than their topic of interest. Being able to engage in discussions about the same topic area may assist the development and maintenance of the mentoring relationship but it is not the primary aim of this program.

As e-mentoring removes time and geographical barriers, the online format was expected to facilitate the development of mentoring relationships without direct physical contact.[22,23] The impact of the online format and subsequent lack of face-to-face contact had mixed responses from participants, which demonstrates the difficulty of designing online programs that suits all learning styles.[24] In a previous study of the importance of face-to-face contact for online mentoring programs, the evaluation of a rural public health workforce development program found having at least one face-to-face meeting with mentors was important before participating in online discussions.[20] The integration of face-to-face opportunities has now been included in the revised PHAIWA program. Despite expressing a desire for more face-to-face contact, interview responses confirmed that the flexibility of online formats allows participants to devote more time and attention to the program.[22] Impartiality granted by the online format enhanced openness and flexibility; however, as with many online courses, the PHAIWA mentoring program suffered from high rates of withdrawal due to the inability of participants to engage with others through body language and face-to-face non-verbal communication.[22,25] As e-mentoring is a relatively new concept, it is important to clarify for participants the difference between online and traditional mentoring modalities at the start of the program.[24] Examining the benefit of increased face-to-face contact, and the impact and practicality of individually tailoring online programs based on learning styles may overcome issues associated with program disengagement and withdrawal. These high rates of withdrawal, and the lack of detailed explanations from participants regarding this, are noted as a major limitation of the study.

Due to the withdrawal of numerous mentees and subsequent withdrawal of their mentors, interviews provided limited information about the program benefits for mentors. The success of mentoring programs relies on mentors volunteering their time so it is important that their experience is well understood. Mentors whose mentees withdrew explained that they were often not contacted by mentees

to advise of their withdrawal. This trend was reported in a previous public health nutrition mentoring program, where disengaged mentees ceased contact with mentors without notice, leaving mentors feeling frustrated at this miscommunication.[23] This impacts the future recruitment of mentors as it not only influences their view of the role of mentoring programs but they may also share their experience and discourage others to participate.

As part of assessing the contribution of each program component, it was useful to explore how PHAIWA, the program facilitator, may have provided additional assistance to participants and helped to shape the success of the program. Providing more direction about program expectations, timely feedback about activity responses and facilitating events to bring participants together are important roles for program facilitators. Engaging in the continual management of the mentoring program and maintaining contact with participants will enhance the commitment of participants and motivate them to stay engaged throughout the entire program.

Conclusion

An online program that combines public health advocacy content via skill-based activities with being mentored by an experienced public health advocate could potentially increase advocacy knowledge, skills, level of confidence and experience; expand networks in public health; and have positive benefits for both mentees and mentors. Developing the expertise of public health professionals may influence their participation in wider public health advocacy activities and lead them to encourage others in the field to engage in public health advocacy. This program provides a critical resource to counteract the public health community's hesitancy to proactively engage in advocacy activities, and serves as a model for integrating advocacy as a core component of professional development programs, ensuring that high quality, innovative and effective advocacy leadership continues in the Australian public health workforce.

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