
Promoting Diversity in Health Management: The University of Michigan Experience

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ABSTRACT

There has been a resurgence in the call for greater racial and ethnic diversity in the health workforce. Researchers in health services have made the “business case” for diverse leadership of healthcare organizations, arguing that this will make these organizations more effective in serving diverse populations. Greater diversity in health management training programs will also have positive effects on their students. This article has three purposes: to discuss the importance of diversity in health management training programs; to describe the University of Michigan’s Summer Enrichment Program (SEP), a program to increase the number of students of color who receive graduate training in health management; and to report the results of a survey of SEP alumni, conducted after the program’s 15th year, which describe the graduate school and career experiences of 167 SEP alumni. Based upon the survey results, the SEP appears to have been very successful in enlarging the pool of students of color who attend graduate programs in health management and who embark on careers in the field. It has also had a very positive effect on

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diversity within the University of Michigan program. The implications of the Michigan experience and recent Supreme Court decisions for other graduate programs are discussed.

INTRODUCTION

In recent years, there has been a resurgence in the call for greater racial and ethnic diversity in the health workforce. The Institute of Medicine (IOM) has produced several prominent reports on the need for diversity in the health professions, and the president of the Association of American Medical Colleges has written an important article on the issue as well (Smedley, Butler and Bristow 2004; Cohen, et al. 2002; Smedley, et al. 2001).

This interest in broadening the composition of the health professions to include more people of color is reminiscent of the 1960s, when the Civil Rights Movement and the War on Poverty led to concerted efforts by the federal government to increase "minority" representation in the health field (Hanft 1984). However, in the present situation, the rationale for increasing the percentage of people of color comprising the health workforce is not based primarily upon social justice, civil rights, or fairness, but rather, upon the assertion that a diverse health workforce is likely to enhance the effectiveness of the health professions and of the organizations that provide health services. (Smedley, Butler and Bristow 2004; Smedley, et al. 2001; Tedesco, 2001)

This renewed call for diversity in the health workforce is, no doubt, related to greater awareness of the large and widening disparities in health status that exist between people of color and whites in the US (Healthy People 2010), as well as to the egregious inequalities in healthcare received by people in these two groups, as documented in the IOM's disquieting and compelling report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* (Smedley, Stith and Nelson 2003). Given the seeming inability of the health system to address the needs of people of color and the large projected increases in the percentage of African-Americans and Latinos who will comprise the US population, increasing the diversity of the health workforce, and thus its multicultural sensitivity and cultural competency, is seen as essential to effective health system functioning. (Smedley, Butler and Bristow 2004; Cohen, et al. 2003; Smedley, et al. 2001). Cohen, and colleagues (2003) have argued that without expanded ethnic and racial diversity in the healthcare workforce, the health system might "be unable to fulfill fundamental obligations to the public: protecting, restoring, and improving the health of Americans" (91).

Cogent arguments for increasing the diversity of the leadership ranks of health services managers and policymakers have been made by leaders in that

field as well. For example, Gail Warden, President and CEO Emeritus of the Henry Ford Health System in Detroit, stated the case for valuing diversity in health services leadership by invoking both issues of fairness and organizational effectiveness: "(1) it is the right thing to do; (2) it is a fact of life; and, 3) it is good business" (Warden 1999, pg. 421). Researchers in the health services field have focused primarily on the "business case" for diverse leadership of healthcare organizations, arguing that such leadership will enable these organizations to respond more effectively to both the more diverse patient populations they will serve and the increasingly diverse staffs they will employ in the 21st Century (Weech-Muldonado, Dreachslin, et al. 2002). Cohen and colleagues (2003) have argued:

"... it seems self-evident that having a comparably diverse management team.... to make crucial strategic and tactical decisions would be, at minimum, advantageous and in many cases, decisive for success..." (95)

Unfortunately, an extensive literature review identified no empirical research that has examined the relationship between the diversity of a health organization's management team and positive patient outcomes, such as improved clinical outcomes, increased equity in the allocation of healthcare resources across racial and ethnic groups, greater patient compliance with clinical regimens, or patient satisfaction. A recent paper underscored the paucity of research on this relationship and proposed a research agenda that included the investigation of this area (Dreachslin, Weech-Maldonado, and Dansky 2004). Thus, at this time, the putative benefits of increasing the diversity of the health management workforce have not been subjected to rigorous scientific scrutiny.

In contrast, there is a growing volume of research suggesting that greater diversity in health management training programs is likely to have salutary effects on the entire range of students who attend these programs, not just on students of color. This research has shown that the presence of students of color, and their varied world views, in classrooms, study groups, and campus life, in general, provides a more inclusive and enriched educational experience for everyone (Gurin et al, 2002 Chang 1999; Hurtado 2001; Maruyama 2000).

Bowen and Bok (1998) and Gurin and colleagues (2002) found that students educated in diverse institutions demonstrate a higher level of community and civic engagement after graduation and are more likely to develop the skills necessary to participate in an increasingly heterogeneous and complex society than students educated in less diverse institutions. Similar arguments formed the core of the University of Michigan Law School's

position in the recent Supreme Court Case, *Grutter v. Bollinger* (Supreme Court of the United States 2003a), in which the University successfully argued that its Affirmative Action program directed at promoting diversity in law school admissions served a "compelling governmental interest." The Court held that the preponderance of the evidence shows that the quality of the educational experience received by students trained in universities that have achieved a critical mass of diversity is significantly greater than the education received by students in universities that are not as diverse (Supreme Court of the United States 2003a).

Likewise, arguments supporting diversity as an essential ingredient in the successful training of future business and military leaders were also made in Amicus briefs filed with the Supreme Court in support of the University of Michigan case by a group of former high-ranking officers and civilian leaders of the Armed Forces (Supreme Court of the United States 2003b), and over 80 organizations and private corporations. In its brief supporting the need for diversity in professional schools, General Motors Corporation (Supreme Court of the United States 2003c), argued:

"Diversity in academic institutions is essential to teaching students the human relations and analytic skills they need to succeed and lead in the work environments of the twenty-first century. These skills include the ability to work well with colleagues and subordinates from diverse backgrounds; to view issues from multiple perspectives; and to anticipate and to respond with sensitivity to the cultural differences of highly diverse customers, colleagues, employees, and global business partners." (pg. 2)

Hence, increasing diversity in graduate programs of health management and policy may not only contribute to the effectiveness of the health system through the direct contributions of people of color, but will yield benefits through the work of the entire cohort of better trained, more culturally competent, and more adaptable health management professionals.

Yet there is considerable evidence that people of color are under-represented in the ranks of top-echelon healthcare managers and policy makers. A 1998 study conducted by the American College of Healthcare Executives (ACHE) found that less than 2 percent of the top healthcare positions in the US are filled by persons of color (Evans 2001). Although the percentage of students of color (including Asian students) in accredited health management programs has increased appreciably in the last decade (AUPHA 2003), the need for increased diversity in these programs is still widely recognized (Warden 1999).

Purposeful efforts to promote diversity by recruiting talented students of color into the field of health management and policy are still needed if we are

to achieve the level of diversity in the health management and policy leadership ranks necessary to position the nation's healthcare organizations to operate successfully in the 21st Century. It is also important to evaluate the impact of programs designed to recruit students of color to the field so that successful programs can be replicated.

This article has 3 purposes: to discuss the importance of diversity in health management training programs; to describe the University of Michigan's Summer Enrichment Program (SEP) in Health Management and Policy, a program to increase the number of students of color who receive graduate training in health management and policy, which has operated continuously since 1986; and to report the results of a survey of SEP alumni, conducted after the program's 15th year, which describe the graduate school and career experiences of 167 SEP alumni. The implications of the Michigan experience for other graduate programs are also discussed.

The research questions this article seeks to answer are:

1. How successful was the Summer Enrichment Program in terms of its effects on students' attitudes towards a career in health management and policy and on the number of participants who ultimately attended graduate programs in health management and policy?
2. How successful was the Summer Enrichment Program, in terms of the number of participants who entered the field of health management and policy after completing their education?
3. Was participation in the Summer Enrichment Program significantly related to the educational and career choices made by program participants?

THE UNIVERSITY OF MICHIGAN SUMMER ENRICHMENT PROGRAM

The author began the University of Michigan's Summer Enrichment Program in Health Management and Policy in 1986, when he concluded that the small percentage of students of color in the University of Michigan's Master of Health Services Administration program was unacceptable. The goals of the program were: to introduce undergraduate students of color to the field of health management and policy; to encourage the students to consider this field as an exciting and personally gratifying career option; and to motivate the students to receive further training in a graduate program in health management and policy as the entry point into this career. The program was modeled, in part, after a summer internship program run on a national level by the Association of University Programs in Health Administration (AUPHA) and funded by the W.K. Kellogg Foundation in the late 1970s through the early 1980s. Several years after the AUPHA program ceased operation, the author developed the idea of a graduate program in health management initiating

a summer internship program for undergraduates as a means of recruiting students of color to that program. The program would differ from the AUPHA program in that it would be restricted to the local (Southeast Michigan) area and would be integrally related to the graduate training program at the University of Michigan School of Public Health.

Although the program was begun with limited funding (provided exclusively by internship sites and used entirely to pay student stipends), after three years the program received funding from the W.K. Kellogg Foundation and was able to establish the major program components largely as they are configured today. The 8-week program now contains the following components: a management or policy internship in a health organization in Southeast Michigan under the supervision of an executive in each organization; weekly field visits to a variety of health organizations in the community and meetings with program faculty; opportunities to meet and to discuss health careers with senior-level health executives from the area; a GRE Preparation Course conducted by Princeton Review Educational Centers; two-day orientation and wrap-up sessions; and advice about applying to graduate school. The program also provides a competitive, tax-free stipend to each student, as well as amenities such as lodging in university residence halls, a food allowance, air travel to and from Michigan, and vehicles for local commuting.

It should be noted that in 1994, the American Hospital Association and the American College of Healthcare Executives formed the Institute for Diversity in Health Management. The Executive Director of the Institute asked the Director of the University of Michigan program to serve as a consultant to that organization, which was also interested in beginning a summer internship program in health management. Based on the similarity of goals between the two programs, the interest of the two program directors in collaborating, rather than to competing with each other, and the very limited time available to launch the new program, the Institute's Summer Enrichment Program adopted the same name and operating model as the Michigan program.

The Institute's program has now attained a nationwide presence and has focused the efforts of its summer program on college seniors, college graduates and graduate students in Health Management programs. The University of Michigan program, by contrast, has remained committed to the Southeast Michigan and Flint communities, still restricts its slots to rising juniors and seniors in college and operates 8-week rather than 10-week internships. The University of Michigan program also differs from the Institute's program because it works with a single cohort of about 20 students — all located in one geographical area — while the Institute's program is spread across many geographic areas of the United States.

The issues of racial, ethnic, and socioeconomic health disparities permeate most aspects of the program. Prior to arriving in Ann Arbor, students are provided with a set of articles focusing on health disparities and on the underrepresentation of people of color in the health professions. The orientation session includes a two-hour lecture/discussion on the nature and magnitude of health disparities, and addresses both models of the social determinants of health and the evidence regarding the unequal treatment experienced by people of color and low-income populations who enter the healthcare system. Likewise, several of the field visits are to community health centers and other community-based organizations that either provide healthcare to the uninsured or work with low-income, non-white populations to address the conditions that are associated with poor health status. Finally, students discuss health disparities when they make their final presentations on their internships and projects at the end of the summer.

The program has had an average of 20 participants per year who are selected from a pool of approximately 180 applicants. The program recruits applicants from across the US by sending brochures, posters and application materials to the Career Planning and Placement offices and Offices of Minority Student Affairs at over 200 colleges and universities. In recent years, the majority of applicants have learned about the program through its Internet website, where application materials can be downloaded easily. In a typical year, about 5 of the 20 students would be undergraduates at the University of Michigan, 2 or 3 would be Michigan residents who attend schools out-of-state (and who live at home for the summer), and the rest would be out-of-state students who are housed in university residence halls. Additional information about the demographic and educational characteristics of the SEP students is provided in the Results section of this paper.

For their internships, the students' are placed in a variety of organizations, including hospitals and health systems, managed care organizations, long-term care organizations, community-based organizations, local health departments and the health benefits divisions of large corporations. While the more financially viable organizations are asked to pay the students' stipend plus the costs of other program services, students placed in organizations that serve the poor and cannot afford to pay the student are subsidized by funding received through other program support. In addition to funding received from the Kellogg Foundation, the program has also been supported by the Office of the Senior Vice-Provost for Academic Affairs of the University of Michigan, the Office of the Dean of the School of Public Health, the Blue Cross Blue Shield of Michigan Foundation, the Metro Health Foundation, the Ford Motor Company Fund and the United Auto Workers International Union.

METHODOLOGY

SAMPLE

After the summer of 2000, the total number of students who had participated in the SEP was 303. The SEP Director and several alumni of the program decided to conduct a formal evaluation to assess the impact of the program on the graduate school and career paths taken by SEP alumni. The program had attempted to maintain an accurate list of (parents') home addresses for all alumni, but by 2000, contact had been lost with many of the earliest alumni. The quality of the list had been improved each year by sending Holiday Cards from the SEP Director to the last known address of alumni and deleting addresses when the cards came back undelivered. The list was also improved by asking SEP alumni to provide addresses for any of their classmates for whom the SEP had no known address. As a result, the program had an address for 234 alumni and no address for 69.

Beginning in December 2000, we mailed questionnaires to all 234 graduates for whom we had an address. In the ensuing months, we followed the guidelines for conducting mail surveys proposed by Dillman (1978). After sending a postcard and two follow up letters and questionnaires to non-respondents, 14 questionnaires were returned undelivered due to incorrect addresses, and a total of 167 completed questionnaires were returned by the winter of 2002. This represents an effective response rate to the survey of 76% (167/220), and, calculating the number of survey responses (167) over all SEP participants (303), an overall survey participation rate of 55%. The response rate varied by the year in which the students had participated in the SEP and was higher for the later years than for the earlier years. The response rates by cohort ranged from 21% in 1990 to 94% in 2000.

DATA COLLECTION

The questionnaire used to collect data for this study was designed by the SEP Director, a Health Services Researcher who had previously conducted numerous large surveys. The Director met with both recent and early SEP participants to identify questions of interest to the alumni. A questionnaire including the items of interest (see topics listed below) was developed and was pre-tested on SEP alumni currently attending the University of Michigan in a variety of disciplines. Unclear questions were identified and modified. The final version of the questionnaire (see Appendix A) and survey methods were approved by the University of Michigan's Institutional Review Board (IRB).

The topics addressed in the final questionnaire included the following:

Graduate School experience: Respondents who had graduated from college were asked a number of questions about experiences with graduate

schools in a number of disciplines (and dual degree programs). These included public health (in health services administration and other areas of concentration), business, medicine, law, public policy, social work, and other professional and academic programs. Separate items allowed us to collect information on applications made to these schools, as well as on admissions, matriculations, and graduations from each type of school. The response to the question about whether the respondent had ever enrolled in a graduate program in health services administration or policy was used to create a dichotomous (yes/no) variable, "ever enrolled in health management program."

Post-graduate experience: Respondents were asked whether they had ever held a full-time (non-internship) position in the health field, in either a management, policy, or clinical role. They were also asked to indicate the type of organization in which they had worked. Respondents were also asked to indicate whether they were currently working in the health field, and if so, to indicate the type of organization.

Impact of participation in SEP on subsequent careers: The impact that the SEP had on the respondents' careers was assessed both quantitatively and qualitatively. Two items in the questionnaire asked respondents to agree or disagree with the following statements: "Immediately prior to my participation in the SEP, I was quite certain that I would enter a career in health management and policy or another area of public health," and, "Immediately after my participation in the SEP, I was quite certain that I would enter a career in health management and policy or another area of public health." Both of these questions were answered on a seven-point scale in which 1 was labeled "strongly disagree" and 7 was labeled "strongly agree." The difference in scores reflected in these two responses (i.e. the "after" score minus the "prior" score) was used to create a three category variable called "change in attitude" (toward a health management and policy career). The three categories are: Better (where the change was positive), Neutral (where the change was zero) and Worse (where the change was negative).

Respondents were also asked to answer the following open-ended question: "Please describe briefly what impact, if any, participation in the SEP had on your career."

Demographic characteristics: Respondents were asked to indicate their age, sex, race/ethnicity, year in college at the time they participated in the SEP, and undergraduate school attended. Dichotomous variables were created based on responses to these items as follows: Sex (Male/Female); Race (Black/Other); Year in School (Senior/Other); and, Undergraduate School (Michigan/Other). A separate variable (When enrolled in SEP) was created that

corresponded to whether the student had enrolled in SEP during three 5-year periods: Period 1 (1986-1990); Period 2 (1991-1995); and Period 3 (1996-2000).

DATA ANALYSIS

A two-tailed Student's t-test, assuming equal variance in the two samples, was used to test the difference between the means of the responses to the two questions related to the respondents' perceptions of the impact that the SEP had on their careers.

The Chi-square test of proportions was employed to test whether the students' demographic characteristics singly, or in combination, were significantly related to either the students' change in attitude or whether the students ever enrolled in a health management program. These two variables served as the dependent variable in bi-variate and three variable analyses that were conducted using the demographic characteristics specified earlier, as predictor variables.

Qualitative methods were used to analyze the content of responses to the open-ended question about the impact that the SEP had on respondents' career plans. All comments were transcribed verbatim and then given to a trained research assistant for coding.

Analysis employed specific coding techniques of grounded theory as described by Strauss & Corbin (1998), and, in order to group comments by theme, the constant comparison method. Specifically, one member of the research team read through each open-ended questionnaire response several times and assigned descriptive, conceptual labels (incidents, events, actions, or interactions). The names given to these thematic categories were used to create a coding rubric consisting of twelve codes (e.g. "[SEP] helped [the student] prepare for graduate school" and "[SEP] helped [the student] go into a field other than public health").

To ensure its reliability, definition, and fit, a second research assistant independently used the initial coding rubric to recode the questionnaire responses. Coding was consistent in 126 out of 142 (88.7%) comments. Discrepancies were then addressed by the two coders. As a result, one additional category was added to the coding rubric and the remaining discrepancies were resolved through consensus and with input from the principal investigator.

RESULTS

As discussed previously, 167 completed responses to the survey were returned. This N is used when data on all respondents are discussed. However, since much of the questionnaire was devoted to post-graduate experience and

several respondents (N=20) had not yet graduated from their undergraduate school (since they had only recently completed the SEP), the N used for graduate school and job experience is 147.

DEMOGRAPHIC INFORMATION

As presented in Table 1, the majority of respondents are female and African-American. Most of the respondents participated in the SEP during the summer before their senior undergraduate year. Respondents had attended 45 different undergraduate institutions. These institutions represent all geographic regions of the country and include large state universities, small private schools, historically black colleges and universities, and some schools attended by large populations of Latinos or Native-Americans. Just over half of the students in the SEP over this 15-year period had attended the University of Michigan as undergraduates.

Table 1: Demographic Characteristics of Respondents

Characteristics	Number and Percent of Respondents	
Age:	26.6	
Sex:		
Female	122	(73%)
Male	43	(26%)
Unknown	2	(1%)
Year in School when participating in SEP:		
Senior	101	(60%)
Junior	60	(36%)
Other	6	(4%)
Race/Ethnicity		
African-American	123	(74%)
Latino	29	(17%)
Asian	4	(2%)
Native American	1	(1%)
Mixed Race/ Ethnicity	9	(5%)
N/A	1	(1%)
Number of Undergraduate Schools Represented	45	
N=147		

GRADUATE SCHOOL EXPERIENCE

Table II presents data on the graduate school experiences of the 147 respondents who had graduated from college before the survey was conducted. The table indicates the number of students who applied to various professional and graduate schools as well as the number who were admitted to and graduated from these schools. Besides indicating these data for schools of public health, in general, we have also presented data separately for programs in health management and policy.

Table 2: Graduate School Experience of SEP Participants--Number and Percent of those Who Completed Undergraduate Education* (N=147)

Type of School/ Program	Applied	Admitted	Graduated	Current Enrolled
Public Health (Total)	84 (57%)	79	58 (39%)	14 (14%)
HMP	61 (41%)	58	48 (33%)	9 (6%)
Other PH	23 (16%)	22	10 (7%)	5 (3%)
Business	18 (12%)	16	7 (5%)	4 (3%)
Law	14 (10%)	14	12 (8%)	1 (1%)
Medicine	20 (14%)	19	4 (3%)	14 (10%)
Other Grad Program	26 (18%)	23	11 (7%)	11 (7%)
Applied to at least one Graduate School/ Program(Unduplicated Count)	125 (85%)			

*NOTE:Some students applied to, or graduated from, more than one school and are, therefore, counted more than once

Applications. As indicated on the last line of Table II, 85% of respondents had applied to at least one graduate school or program. A majority of the students applied to schools of public health, with most of these applying to a graduate program in health management and policy. Table II also indicates the number and percentage of respondents who applied to a graduate

business school, law school, medical school, or another type of graduate school or program. Among these respondents, 32 (27%) students indicated that they had applied to a joint-degree program involving health management and policy or public health together with another professional school or program.

Among the 20 students who had not graduated from undergraduate programs at the time of the study, 100% indicated that they intended to apply to graduate school, and 68% of these planned to apply to a graduate program in health management and policy. Subsequent monitoring of the progress of SEP alumni after the survey was completed, enabled the compilation of data on new enrollments in health management and policy (HMP) programs in the academic years beginning in 2001, 2002, and 2003. A total of 22 additional SEP alumni enrolled in HMP programs during this period. Fourteen of these students enrolled in the HMP program at the University of Michigan and one student enrolled at each of the following schools: Columbia, Dartmouth, Emory, Georgetown, Ohio State, University of North Carolina, University of Puerto Rico and Yale. The total number of SEP alumni who enrolled in HMP programs through the fall of 2003 was, thus, 58 + 22 or 80 students. The total number who attended the University of Michigan HMP program was 46 + 14 or 60 students. Thus, 75% of all SEP alumni who attended graduate school in HMP attended the University of Michigan.

Receipt of graduate degrees. Among the 125 students who had applied to graduate school, 85 received at least one graduate degree (several respondents received more than one degree). Table II also portrays the number and percentage of students who had already graduated from each type of graduate program or who were currently enrolled in such programs at the time of the survey.

POST-GRADUATE WORK EXPERIENCE

Overall, 49% of all respondents had worked in a full-time (non-internship) position in the health field after completing the SEP and 46% had worked in a position in health management or policy. Table 3 presents data on respondents' work experience stratified by the period during which they were enrolled in the SEP. For the 24 respondents who had been in the SEP during the earliest period (1986-1990), and who, therefore, had the greatest opportunity to attain employment, nearly 63% had worked in a full-time position in the health field and 42% had worked in an HMP position. For those enrolled in SEP during the period 1991-1995 (N=55), 58% had worked in the health field and 55% had worked in an HMP position. For the 84 alumni enrolled during the most recent period, 1996-2000, 45% had worked in the health field

and 42% had worked in an HMP position. For those enrolled during each period, more respondents had worked in a position falling within the field of health management and policy than in a clinical position (some respondents worked in both types of jobs). For all alumni, the modal site of employment for health managers was a hospital or integrated system. Interestingly, for those enrolled during the period from 1991-1995, the same number of respondents worked in managed care as in a hospital or integrated system. Very few alumni from the other two periods had worked in managed care.

Table 3: Post-Graduate Work Experience in Health Field by SEP Students in the Program During Three Time Periods

1986-90	Number and Percent (%)
Ever work in a full-time job in Health field?	15 (62.5%)
Worked in HMP position	10 (42%)
Hospital/Integrated System	8 (33%)
Community Based Organization	2 (8%)
Managed Care	4 (17%)
Consulting	3 (12.5%)
Ever Worked in Clinical practice?	11 (46%)
N=24	
1991-95	Number and Percent (%)
Ever work in a full-time job in Health field?	32 (58%)
Worked in HMP position	30 (55%)
Hospital/Integrated System	21 (38%)
Community Based Organization	8 (15%)
Managed Care	21 (38%)
Consulting	10 (18%)
Ever Worked in Clinical practice?	21 (38%)
N=55	
1996-2000	Number and Percent (%)
Ever work in a full-time job in Health field?	38 (45%)
Worked in HMP position	35 (42%)
Hospital/Integrated System	20 (24%)
Community Based Organization	15 (18%)
Managed Care	4 (5%)
Consulting	7 (8%)
Ever Worked in Clinical practice?	21 (25%)
N=84	

IMPACT OF SEP ON RESPONDENTS' CAREER CHOICES

As described, respondents answered two questions related to their degree of certainty about entering the fields of health management and policy or public health, both prior to and immediately after their participation in the SEP. The mean response (on a 7-point scale) to the "prior to" question was 3.75 (SD=1.92) and the mean response to the "immediately after" question was 5.74 (SD=1.38). This difference is highly significant ($p < .001$) and indicates that respondents perceived a large change in career plans, in favor of health management or public health, after participation in the SEP.

The bi-variate analyses that tested for differences in students' changes in attitude toward a career in health management related to participation in the SEP revealed few significant differences between students with different demographic characteristics. No significant differences were detected using race/ethnicity, year in school, or undergraduate school attended as the predictor variable. A marginally significant difference ($p=.04$) was observed between males and females in the change in attitudes toward a career in health management (with females having more positive changes than males). Given the large number of comparisons that were tested, however, the reader should note that this result might simply have been the result of chance.

Three-way analyses were also conducted using two demographic variables as predictors and the change in attitude variable as the dependent variable. Again, out of all the combinations of tests run (results available from the author), only one significant result was found. This again related to a difference between females and males (with females having a more positive change in attitude), and was found only for the students who were enrolled in the SEP during Period 3 (1996-2000) (Table 4). Given the marginal significance of the chi-square statistic ($p=.04$), and the large number of tests run, this result should also be viewed with caution.

The entire analysis just described was also run using "enrolled in a health management graduate program" (yes/no) as the dependent variable. In this case, no significant results were found either in the bi-variate analyses or the three-way analyses.

QUALITATIVE RESULTS

Based upon the content analysis of the verbatim comments included in 144 responses to the open-ended question related to the impact that the SEP had on respondents' choices of careers, five general themes emerged. These themes and the number of times they were mentioned in respondents' comments are as follows: 1) The SEP provided me with exposure to/experience in public health and health management and policy and directly influenced my

Table 4: Analysis of Change in Attitude Towards HMP by Sex, Controlling for Period in SEP

Period 1 (early)	Sex	Change in attitude towards HMP			
		Better	Neutral	Worse	Total
	Females	14	4	1	19
	Male	3	1	0	4
	Total	17	5	1	23
$X^2=.24$ (not significant)					
Period 2 (middle)	Sex	Change in attitude towards HMP			
		Better	Neutral	Worse	Total
	Females	36	4	1	41
	Male	9	3	1	13
	Total	45	7	2	54
$X^2=2.50$ (not significant)					
Period 3 (late)	Sex	Change in attitude towards HMP			
		Better	Neutral	Worse	Total
	Females	44	14	1	59
	Male	16	5	4	25
	Total	60	19	5	84
$X^2=6.42$ ($p=.04$)					

decision to go to graduate school in health management and policy or public health (mentioned 118 times); 2) The SEP provided me with access to mentors and peer networking resources related to health management and policy that have helped/will help me in my career (31 mentions); 3) The SEP was particularly important to me as a student of color. It made me aware of important issues related to the health and healthcare experiences of people of color and it gave me the opportunity to see successful people of color in key leadership positions in the health field (15 mentions); 4) Although I decided to go into a field other than public health, the SEP helped me make the right decision. I have incorporated/will incorporate public health into my chosen career, either through a joint graduate degree program with public health, or by using the knowledge and sensitivities I gained through the SEP in my professional work (36 mentions); and, 5) The SEP gave me greater confidence in my academic and professional abilities and helped me prepare for graduate school (17 mentions). Selected quotations that reflect these five themes are provided in Table 5.

Table V: Selected Respondent Comments on how Participation in the Summer Enrichment Program Impacted Their Career

"I chose a career in public health because of the Summer Enrichment Program. SEP introduced me to the field of public health. Prior to SEP, I had no understanding of the vast array of public health career opportunities that exist. SEP brought me into contact with public health professionals who became my mentors. These mentors provided me with the information, support and confidence to pursue a career in public health. These mentors, in turn, introduced me to other public health professionals with similar interests. SEP increased my awareness about the lack of ethnic diversity among public health professionals in management, administration, and policy roles. It also provided me with an understanding of the important role that people of color can play in those positions. SEP therefore helped influence my decision to pursue a career in administration. SEP increased my awareness of racial and ethnic health disparities. I have dedicated my career to decreasing these disparities."

– A 29 year old Hispanic female from SEP 1991

"The SEP program helped me gain interest in health management & policy and helped steer me into pursuing a career in this field. Before SEP I didn't know what I wanted to do after graduation. I didn't know a field like HMP existed. I was always interested in the societal aspect of health, especially during my undergraduate years. But I didn't know what I could do with that interest."

– A 24 year old Hispanic female from SEP 1997

"SEP exposed me to leaders in healthcare who looked like me. That was important. SEP exposed many options to serve people that were not clinical. I would not be in healthcare today, several years post-SEP, were it not for SEP!"

-A 33 year old African-American female from SEP 1998

"My participation in the SEP program solidified my decision to pursue a career in health management and policy. I learned the positive impact I could have on my community as an African-American leader in healthcare. I gained the confidence and motivation needed to pursue my Master's. Because my mentor/preceptor was an African-American female, I was able to learn and witness first-hand what it's like to be minority member and leader of a successful healthcare system. Without the SEP program, I don't believe I would have had access to these opportunities."

-A 26 year old African-American female from SEP 1996

"I greatly enjoyed participating in the SEP program. As a physician, it has given me great insight into the healthcare field, not just as a provider. I believe that it has made me a better physician and perhaps, one day, a well-qualified administrator."

– A 34 year old Asian-American female

DISCUSSION

The University of Michigan's Summer Enrichment Program in Health Management and Policy has been very successful in enlarging the pool of students of color who have attended graduate programs in health management and who have gone on to careers in health management and public health. The program has also had a very substantial, positive effect on the diversity of the master's program in health management and policy at the University of Michigan. Over 50% of the respondents to the survey indicated that they had graduated from, or were currently enrolled in a graduate program in public health, and over 40% of respondents attended a graduate program in HMP. Our analyses of the demographic and educational backgrounds of SEP participants revealed that program outcomes did not differ systematically by the age, race, undergraduate school, or year in college of the students. We did find, however, that for those enrolled in the SEP during the most recent five-year period, females had a marginally more favorable change in attitude towards a career in HMP after participating in the SEP than did males.

This high yield of SEP alumni who eventually attended graduate school in HMP is all the more convincing when one takes into account the survey results indicating that many of these students had not identified HMP or public health as a career interest prior to participating in the SEP.

The SEP has also achieved the goal of increasing the number of people of color who have achieved leadership positions in the health system. Looking only at the earliest SEP graduates, i.e. those who have had sufficient time to rise through the ranks of healthcare organizations, it is clear that many of these SEP graduates are at the top echelons of their organizations. Among these graduates are: the Chief Executive Officer of a hospital owned by a national hospital chain; the Chief Operating Officer of a large hospital in Southeast Michigan; the Vice President for Strategic Development and Marketing of another local hospital; the Executive Director of a Federally Qualified Community Health Center; and, the Managing Director of the health practice of a consulting firm. It should be noted that several of the organizations that now have SEP alumni as leaders have participated in the SEP as internship sites for many years. Hence, their investment in the process of promoting diversity has yielded substantial, direct benefits to these organizations. It is also notable that many of these early SEP alumni now serve as preceptors for the next generation of SEP students.

The experience of the University of Michigan program and the program run by the Institute for Diversity in Health Care Management demonstrate clearly that there exists a large group of talented students of color who would make excellent health management or public health professionals, many of

whom do not know that these fields even exist. Based on experience in the SEP, many students of color had been pursuing pre-medical or other clinical careers as undergraduates because the clinical fields were the health professions they most readily identified as capable of providing a rewarding career. However, once they met and worked with bright, committed, highly skilled health managers, and got involved in the issues and challenges with which these professionals must deal, the students' affinity for the field of health management became apparent. The ability to "give back to the community" that is inherent in the health management profession plays an important role in the selection of this profession as a career choice by many students of color. Bowen and Bok (1998) have found a high degree of social commitment to be an important attribute of professionals of color. The combination of being able to use one's skills effectively in a well-paying career related to health and to give back to the community through that career makes health management a natural choice for these students. The challenge is to inform the students about the opportunities available in this field. Although there are numerous summer research programs for students interested in the biological sciences, the hands-on, real world aspects of an internship program attract students who want to leave the university setting and to work with "the people."

The experience of the University of Michigan SEP also demonstrates that once interested and qualified students are selected and are exposed to key program elements that the SEP provides, the field recruits for itself, and many participants in summer internship programs will become sold on the profession. Such elements include: increasing student awareness of issues related to ethnic and racial disparities in health and medical care; giving students the opportunity to work with and develop a mentoring relationship with a professional in the field; encouraging students to interact with leaders in the field who are people of color; and enabling students to use their knowledge, skills, and abilities on real health projects and, thereby, to increase their self-confidence. These elements, plus the stipends that students can use to help pay their college tuition, are all very attractive to students of color, and seem to be the factors that draw them to apply to graduate school in the field.

These results also demonstrate the very favorable impact that a diversity program run by a graduate program in health management and policy can have on that program's enrollment of students of color. Based on the results of the survey, the vast majority (79%) of SEP alumni who attended graduate school in health management and policy attended the University of Michigan program. In contrast, when SEP alumni attended graduate programs in other disciplines, a far lower percentage attended the University of Michigan (ranging from 13% of alumni who attended programs in other areas of public

health to 22% of alumni who attended medical school). Clearly, exposure through the Summer Enrichment Program to the University of Michigan's graduate program in HMP and its faculty enhanced the attractiveness of the graduate program to the students and gave the University of Michigan program the edge in recruiting those students to its program.

LIMITATIONS

This survey of SEP alumni has several limitations that should be noted. First, the list that served as the basis for the survey administration was not as complete for earlier graduates of the program as it was for later graduates. Tracking the program's alumni was not a high priority in its early years, and keeping in touch continuously with alumni was far more difficult for people who had graduated 15 years previously than it was for students who had graduated only four or five years earlier. Thus, the sample of respondents on whom we report is biased in favor of recent graduates. (It should be noted, however, that our two-way analysis of program outcomes by period in which the student was enrolled in the SEP showed no difference in outcomes over the three program periods.)

Second, it was more likely for students who entered the health professions and the health management field to stay in touch with the program director than it was for people who had not applied to graduate school or who had entered a profession outside the health field. For example, students in the former group often contacted the program director for letters of reference to graduate school, while those in the latter group were not as likely to do so. Thus, the survey results probably overstate the percentage of graduates who entered the health professions.

Third, it is far more likely that the program was able to track students who had attended the University of Michigan School of Public Health, or other University of Michigan graduate programs, than it was to track students who attended graduate programs in other universities. Thus, the results of this survey probably also overstate the percentage of SEP alumni who attended the University of Michigan.

Fourth, it is likely that those students who chose to respond to the survey were more favorably disposed to the SEP than those who didn't respond. That is, there may have been a positive selection bias to the survey and, thus, to the attitudinal questions that were contained in the survey. Fifth, it should be noted that because the University of Michigan SEP is organizationally located within a very selective graduate program, the SEP admissions criteria were set to ensure that those students who were chosen for the SEP would ultimately have a reasonably good chance of gaining admission to the graduate program. The minimum acceptable GPA is stated as a 2.8, but most admitted students

exceeded this minimum and students were also assessed in terms of previous work experience and demonstrated leadership ability. Thus, the students who participated in the SEP generally had exceptional credentials and were motivated to attend graduate school from the outset. This may help explain why such a high percentage of SEP alumni applied to graduate school and why so many were successful in gaining admission.

The net effect of these survey limitations probably results in an overstatement of the percentage yield of the Summer Enrichment Program in terms of alumni who attended any graduate school, graduate school in HMP or the University of Michigan program in HMP. The results probably also overstate the percentage of students who are working in an HMP position in the healthcare system. However, since it is likely that some of the non-respondents did apply to graduate school, and specifically to graduate schools in HMP, it is likely that the absolute number of University of Michigan SEP graduates who entered a graduate program in HMP, or who worked in an HMP job, is understated by these data.

Finally, since the students who enrolled in the SEP voluntarily chose to apply to and participate in that program, and since no control group was utilized in this evaluation of the SEP, the reader should be careful not to draw any causal relationship between participating in the SEP and ultimately entering the health management profession.

IMPLICATIONS FOR OTHER SCHOOLS/ PROGRAMS

Other programs in health management and policy, and in the other disciplines of public health, can increase the diversity of their educational programs and, ultimately, the field, by embarking on programs similar to the SEP. However, in order for a program such as the SEP, or any other program that recruits students of color to graduate school, to be effective, universities must design programs that incorporate the institutional strategies or "best practice" characteristics that have been recommended in the literature on recruiting and retaining minority students in graduate schools (Phillip 1993). Such strategies include: financial aid, preparation courses for graduate school and entrance exams, internships and fellowships, faculty sensitivity to minority needs, minority faculty as role models and mentors, support systems, firm administrative commitment, and recruiting students in groups rather than individually (Phillip 1993). If other academic programs in health management and policy and other areas of public health are interested in starting recruiting programs such as the SEP, they will need to make sure that many of these components of success are available or can be established at their university before they begin their recruitment efforts.

As described previously, the University of Michigan's SEP model includes many of these best practices and, in addition, adds the important component of making students aware of the important relationships between health and race/ethnicity. The SEP has also benefited immensely from the support and commitment of a wide variety of organizations and individuals throughout its history. Much of this support has been financial, since the program's current annual cost (assuming 22 students) is about \$190,000, with about \$90,000 of that being provided by internship sites. Thus, additional support must be provided annually by external funding agencies, as well as internal (university-related) sources.

Key to the success of the SEP has also been the unwavering commitment of the leaders of several health organizations in Michigan who embraced the program's goals and have therefore, been willing to support the program financially and have allowed their organization to serve as internship sites for students since the program's beginning. Several health foundations and other local organizations have also been key to the program's financial success by contributing a consistent stream of financial resources to the program. University support, in the form of funding and encouragement for the program, has come both from the Office of the Dean of the School of Public Health and the Office of the Senior Vice-Provost for Academic Affairs at the University of Michigan. Without this institutional support, the SEP would have had no chance of surviving as long as it has.

Finally, the key ingredient in the success of the SEP and other similar programs is the presence of a program "champion", who is willing to devote the considerable time and energy needed to make this type of program thrive. The program champion needs to allocate his/her efforts between six essential tasks: recruiting, counseling, and supporting students; recruiting and cultivating effective relationships with paying and non-paying internship sites and individuals at those sites who can serve as preceptors; raising additional funding from public and private sources to cover total program costs; developing a sound instructional program that will inspire students and motivate them to devote themselves to a career in HMP; managing all aspects of the program, including, for example, selecting qualified students and placing them in the appropriate internship, and ensuring that all logistical aspects of the program (transportation, room and board, GRE preparation courses, etc.) are in place; and, finally, engaging in the "political" work on campus necessary to ensure that academic program, school/college and university decision-makers are fully supportive of the program and its goals.

The fact that the SEP program champion is also a full-time faculty member in the Department of Health Management and Policy at the University of

Michigan no doubt adds considerably to the program's credibility, prestige, and success. However, it is important for faculty members interested in establishing programs similar to the SEP to recognize that in many academic institutions, this type of work is not valued as highly as is research productivity and teaching performance in formal graduate courses. It is, therefore, essential for interested faculty members to fortify their academic success by cultivating those aspects of their faculty "portfolios" while simultaneously developing programs to enhance diversity.

CHANGE STILL NEEDED

Although increasing the percentage of top management and policy executives in health organizations who are people of color is a noble goal, it is not, by itself, the endpoint of the diversity struggle. Although, as discussed, several SEP graduates have assumed top management roles in a variety of organizations, this is not the norm for administrators of color. The aforementioned survey, conducted by the ACHE in 1998, and a previous wave conducted in 1993, (cited in Dreachslin, Jimpson and Sprainer 2001), both indicated that: 1) managers of color are paid less than their white counterparts, even when education and previous experience are taken into account; and 2) managers of color are less satisfied than their white counterparts with the quality of opportunity and interpersonal relationships in the workplace. The absence of equal promotional opportunities and congenial work environments for managers of color have been associated with institutional racism and the absence of organizational leadership knowledgeable of and competent in Diversity Leadership (Dreachslin, Sprainer and Jimpson 2002; Dreachslin, Jimpson and Sprainer 2001). Thus, programs in health administration must not only strengthen their efforts to increase the representation of students of color in their student bodies, but they must also take the next step to train all of their students to be capable of running organizations in which all staff are valued for the diversity that their individual backgrounds and world views can contribute to the elimination of health disparities in the US.

EPILOGUE

On June 23, 2003, in its decision on the University of Michigan Law School Case, *Grutter v. Bollinger et al.*, the Supreme Court of the United States upheld the right of universities to consider race in admissions procedures in order to achieve a diverse student body (Supreme Court of the United States 2003a). Although this decision was generally hailed as a major victory for those interested in achieving diversity in institutions of higher learning and in other organizations, what may have gone unnoticed was the potential effect that the

Supreme Court decision had on programs such as the SEP. Although the University of Michigan received support for the fundamental principle that race could be used as a factor in the admissions process, the details of the decision went beyond that. The victory in the law school case was based on the fact that race was not used by the Law School as an "automatic" factor. Rather, the law school admissions committee looked at every case individually and made decisions based on a number of criteria, only one of which was race. Thus, two principles were affirmed by the Supreme Court. The first was that diversity was a "compelling governmental interest." The second was the need for "narrow tailoring" of the decision process, which meant that race could only be used in a way that did not automatically include or exclude certain groups (Supreme Court of the United States 2003a).

As a result of this Supreme Court decision, the existence of a program designed specifically to recruit students of color, and which involves what some have called "race exclusivity" may no longer be constitutional. The University of Michigan, and several other universities (e.g. MIT and Princeton) have already received letters from outside organizations threatening to sue them for operating race exclusive summer programs (Cohen 2003).

In view of these events, and after consultation with various stakeholders of the SEP, we have decided to change the admissions criteria for the SEP. It is our aim that this change will enable us to continue admitting the types of students who have always been in the program while, at the same time, opening up the program to students who are committed to the goals of diversity and eliminating racial, ethnic, and socioeconomic disparities in health.

Besides the usual criteria of excellent academic performance and demonstration of leadership ability, successful applicants to the SEP will have to have one or more of the following characteristics:

1. Be a member of a population that is adversely affected by Racial, Ethnic or Socioeconomic Disparities in Health (health disparities). Such populations include, but are not limited to the following groups: African-Americans, Latinos, Native-Americans, certain Asian populations (e.g. Hmong), and any other population group characterized by low income and education.
2. Live in a community or area that is adversely affected by health disparities. Such communities would include both urban and rural areas whose residents have low health status or who are underserved by the healthcare system.
3. Have experience working in programs that address health disparities. Such programs include local health departments, community

health centers, inner city/ rural hospitals or organizations that conduct research on or develop policy related to health disparities.

4. Have done previous academic work (e.g. taken courses, written papers) related to health disparities.
5. Show other evidence of serious commitment to a public health career involving the reduction or elimination of health disparities.

The impact of these changes will be monitored carefully as we pursue our commitment to increasing the diversity and diversity leadership skills of the health management workforce.

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Appendix A: SEP Alumni Survey

1. In what year did you participate in the SEP? _____
2. In what organization were you placed for your internship? _____
3. In the Fall after you were in the SEP, what was your year in college? (Please place an x in the appropriate box)

<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Other: (Please explain)

4. Please indicate whether you agree or disagree with the following statements by circling the appropriate number:
 - 4A) Prior to my internship in the SEP, I was quite certain that I would enter a career in Health Management and Policy or in another area of Public Health.

1	2	3	4	5	6	7
Strongly disagree			Neutral			Strongly agree
 - 4B) Prior to my internship in the SEP, I was quite certain that I would apply to medical school.

1	2	3	4	5	6	7
Strongly disagree			Neutral			Strongly agree
 - 4C) Immediately after my internship in the SEP, I was quite certain that I would enter a career in Health Management and Policy or in another area of Public Health.

1	2	3	4	5	6	7
Strongly disagree			Neutral			Strongly agree
 - 4D) Participating in the SEP definitely had an impact on my career plans.

1	2	3	4	5	6	7
Strongly disagree			Neutral			Strongly agree
5. How would you characterize your attitude toward the field of Health Management and Policy just after you completed your SEP internship? (Circle one number)

1	2	3	4	5	6	7
Very negative						Very positive
6. Have you graduated from college yet? (Please place an x in the appropriate box)

No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ If yes, go to question 7
-----------------------------	------------------------------	----------------------------
- 6A) When you graduate from college, what is the likelihood that you will apply to a graduate program in Health Management and Policy or another area of Public Health?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely Unlikely		Uncertain			Extremely likely
↓					
Please go to question 15, page 6					
7. After graduating from college, did you apply to any graduate schools?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ If yes, go to question 8
-----------------------------	------------------------------	----------------------------
- 7A) Do you plan to apply to any type of graduate schools in the future?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	→ If no, go to question 14, page 5
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7B) To which type of graduate school do you plan to apply?

(Check all that apply)

Graduate program in Health Management and Policy

Other public health program

Medical school

Other health professional school (Please specify) _____

Law school

Business school

Other graduate program (Please specify) _____

→After completing this question, please go to question 14, page 5

8. Did you apply to any graduate programs in Health Management and Policy?

Yes No → If no, go to question 9

8A) Were you admitted to a program in Health Management and Policy?

Yes No → If no, go to question 9

8B) Did you enroll in a program in Health Management and Policy?

Yes No → If no, go to question 9

8C) Did you graduate from the program ?

Yes Still enrolled No

8D) Which program and university did you attend?

9. Did you apply to any other types of public health programs besides Health Management and Policy?

Yes No → If no, go to question 10

9A) To what type of public health program did you apply? (Please describe)

9B) Were you admitted to one of these programs?

Yes No → If no go to question 10

9C) Did you enroll in a public health program?

Yes No → If no, go to question 10

9D) Did you graduate?

Yes still enrolled No

9E) Which university did you attend? _____

10. Did you apply to medical school?

Yes No → If no, go to question 11

10A) Were you admitted to a medical school?

Yes No → If no, go to question 11

10B) Did you enroll in medical school?

Yes No → If no, go to question 11

10C) Did you graduate?

Yes Still enrolled No

10D) Which medical school? _____

11. Did you apply to a business school?

Yes No → If no, go to question 12

11A) Were you admitted to a business school?

Yes No → If no, go to question 12

11B) Did you enroll in a business school?

Yes No → If no, go to question 12

11C) Did you graduate?

Yes Still enrolled No

11D) Which university? _____

12. Did you apply to law school?

Yes No → If no go to question 13

12A) Were you admitted to law school?

Yes No → If no go to question 13

12B) Did you enroll in a law school?

Yes No → If no go to question 13

12C) Did you graduate?

Yes Still enrolled No

12D) Which law school _____

13. Did you apply to any other type of graduate school?
 Yes No → If no, go to question 14

14
 ↓
 13A) What type of major or school, and what degree was offered?

14
 ↓
 13B) Were you admitted to one of these graduate programs?
 Yes No → If no, go to question 14

14
 ↓
 13C) Did you receive a degree?
 Yes Still enrolled No

14. As a summary of your education, please indicate all undergraduate and graduate degrees you currently hold:
 (Check each degree that applies)

_____ No degree
 _____ BS/BA
 _____ MA
 _____ MPH
 _____ MHSA
 _____ Ph.D.
 _____ MBA
 _____ JD
 _____ MD
 _____ Other (please specify)

15. Not including internships, have you **ever** held a full-time job in the health field, or in a related field (e.g., healthcare consulting or health law)?
 Yes No → If no, go to question 17

15A) Have you ever worked in any type of clinical practice?

Yes No

15B) Have you **ever** worked in a position that could be described as involving Healthcare Management and Policy, or any other aspect of public health?

Yes No → If no, go to question 17

15C) In what type(s) of health organization have you ever worked? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Hospital or integrated health system | <input type="checkbox"/> Long-term care |
| <input type="checkbox"/> Managed care organization | <input type="checkbox"/> Ambulatory care program |
| <input type="checkbox"/> Health benefits department of a corporation | <input type="checkbox"/> Healthcare consulting company |
| <input type="checkbox"/> Community- Based organization | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Insurance company | <input type="checkbox"/> Health professional school (e.g. public health) |
| <input type="checkbox"/> Other (Please describe) _____ | |

16. Are you **currently** working in a “permanent” administrative or policy position in the health field or in a health-related field (e.g. health law, health consulting)

Yes No → If no, go to question 17

- 16A) If yes, in what type of organization are you currently working?
(Check only one)

<input type="checkbox"/> Hospital or integrated health system	<input type="checkbox"/> Long-term care
<input type="checkbox"/> Managed care organization	<input type="checkbox"/> Ambulatory care program
<input type="checkbox"/> Health benefits department of a corporation	<input type="checkbox"/> Health consulting company
<input type="checkbox"/> Community- Based organization	<input type="checkbox"/> Public Health Department
<input type="checkbox"/> Insurance company	<input type="checkbox"/> Health professional school (e.g. public health)
<input type="checkbox"/> Other (Please describe) _____	

17. Please describe briefly what impact (if any) your participation in the SEP had (or will have) on your career:

18. What is your sex? Male Female

19. To which racial or ethnic group do you belong? (check all that apply)

<input type="checkbox"/> Asian	<input type="checkbox"/> Native -American
<input type="checkbox"/> Black /African-American	<input type="checkbox"/> Other (Please describe) _____
<input type="checkbox"/> Hispanic/ Latino	_____

20. What is your current age? _____

21. Other Comments:

22. What undergraduate institution were you attending when you were in the SEP?

23. What is your name? (Include the name you used when you were in the SEP if it has changed since then)

24. What is your current home address?

25. What is your work address?

26. What is your e-mail address?

27. What year were you in SEP? _____

Thank you very much for completing this survey.
Now please place it in the enclosed envelope and return it to us.
We will send you a copy of the article we plan to write based on the results.
Please continue to keep in touch with us!