

# Results from Surveys of MCH Doctoral Graduates in Schools of Public Health (2009-2010)

## Executive Summary

In 2009 and 2010, the Association of Teachers of MCH (ATMCH) implemented two surveys of former doctoral trainees from MCH programs in Schools of Public Health to determine their post-graduation employment status, particularly whether they are serving in academic positions in maternal and child health (or, in public health, generally). The surveys were inspired by anecdotal reports from MCH faculty noting that doctoral graduates were entering high level practice jobs after graduation, with fewer pursuing positions in maternal and child health/public health academe. This issue was raised as one of concern in view of the graying of the current MCH faculty in Schools of Public Health. While recognizing the need for practitioners with doctoral level preparation in face of formidable and intransigent maternal and child health problems, the main focus of the surveys was to understand the pathway into MCH and public health academe. The following are the key findings of the surveys:

- Although more than half of respondents to the *first* survey were working in an academic institution, only about 40% were working as faculty members, (42% tenure track). In the *second* survey, 46% were working in academic institutions; however, only 10 (32%) of these individuals were on a tenure track. (Note: questions were asked slightly differently in the two surveys).
- Among *first* survey respondents about half of the faculty positions were in MCH-related programs, while in the *second* survey, which asked specifically about MCHB-funded training programs, only three were employed by an MCHB funded training program; all three were in a School of Public Health.

- Decisions to work in academe appear to have been based on the desire to conduct research and to teach while pursuing a flexible lifestyle, suggesting that academe provides an appealing lifestyle for many younger MCH professionals.
- While MCH doctoral programs appear to be effective in providing training in how to conduct research, it appears that these programs are not as effective at providing doctoral graduates with the skills needed to survive in an academic environment such as seeking external funding and training in “how to teach”.
- Importantly, respondents not in academic positions also appear to be actively involved in research and teaching. Those not working in academe identified a number of resources which would have supported their interests in pursuing a career in academe.

### Recommendations

While the doctoral trainees in the two ATMCH surveys were graduates of MCHB-affiliated training programs in Schools of Public Health, most were not recipients of MCHB training funds targeted for doctoral students except those receiving stipends through the HRSA/MCHB funded doctoral training program in MCHEPI. In order to stimulate a pipeline of doctoral students who can emerge as faculty in MCH training programs in Schools of Public Health, it is recommended that HRSA/MCHB:

**Provide funding to Schools of Public Health specifically to support doctoral students; this support should include training and socialization for students who are interested in entering academe as well as high-level public health prac-**

**tice. This training should include an emphasis on securing funding as an academic as well as skills in teaching others.** This support should be a supplement to current MCHB-funded training in Schools of Public Health.

### **Provide a pathway to academe in MCH Public Health through the enactment of a post-doctoral fellowship program.**

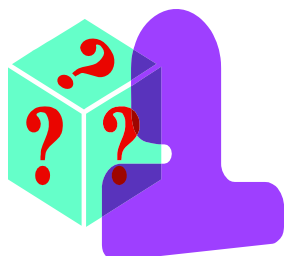
This effort could be a supplement to current MCHB funded training in Schools of Public Health or could be a separate initiative similar to the HRSA/MCHB funded doctoral training programs in MCHEPI.

### **Partner with ATMCH to develop a post graduation “future academics of MCH program”**

in which ATMCH might advertise specific job postings, establish an MCH faculty mentoring program for MCH professionals with doctoral degrees, provide workshops on the challenges and rewards of academe, and provide support for junior faculty and faculty seeking tenure.

**Support to the extent possible specifically designated MCH junior faculty positions in Schools of Public Health,** enabling for example, two schools per year to hire new MCH junior faculty.





## Background: Why a Survey of MCH SPH Doctoral Graduates?

In 2009 and 2010, the Association of Teachers of MCH (ATMCH) implemented two surveys of former doctoral trainees from MCH programs in Schools of Public Health to determine their post-graduation employment status, particularly whether they are serving in academic positions in maternal and child health (or, in public health, generally). The surveys were inspired by anecdotal reports from MCH faculty noting that doctoral graduates were entering high level practice jobs after graduation, with fewer pursuing positions in maternal and child health/public health academe. This issue was raised as one of concern in view of the graying of the current MCH faculty in Schools of Public Health. While recognizing the need for practitioners with doctoral level preparation in face of formidable and intransigent maternal and child health problems, the main focus of the surveys was to understand the pathway into MCH and public health academe.

## Methods

In 2009, ATMCH conducted a survey of doctoral graduates (past 10 years) of MCHB funded training programs in Schools of Public Health to learn more about employment choices after graduation and to document the extent to which doctoral students are pursuing careers in academe. In 2010, ATMCH followed up with a *second* survey to collect more detailed information on the decision to enter or not enter academe (sent only to those who responded to the first survey). For the *first* survey, ATMCH asked faculty at schools with MCHB-funded training grants to send the survey to their doctoral graduates from the past ten years. Ninety-nine individuals representing 9 schools of public health completed the *first* survey which included 23 questions. In 2010, ATMCH asked the schools that distributed the *first* survey to send the *second* survey to the *first* survey respondents (names and e-mails were provided by ATMCH). Seventy-one students (9 schools of public health) all of whom had responded to the *first* survey completed the *second* survey. The *second* survey included 13 questions. Both surveys were implemented on-line using Survey Monkey.

## Results

### First Survey 2009

#### *Overview of Respondents*

The ninety-nine respondents to the first survey were overwhelmingly female (93%) with an average age of 39 years. Nineteen participants stated that they had completed or enrolled in another graduate or residency program after finishing their doctoral degree in public health, most of whom (18/19) had enrolled in a post-doctoral program. Nearly 97% (n=94) of the 97 respondents to this question were currently employed. Of the 83 respondents who were both currently employed and answered the question about their employment site, 55% (n=49)

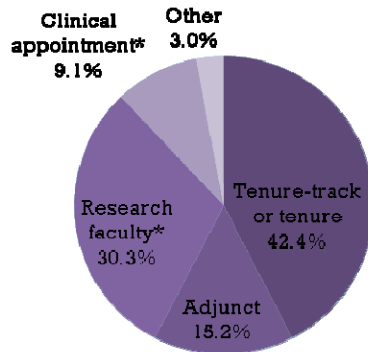
were working in an academic institution, although not necessarily as a faculty member. Forty percent (34 out of 86) were working as faculty members. Additionally, 16 respondents were working in a public sector health agency, 16 in a private/non-profit agency, 6 in a professional organization and 5 in a Title V/MCH division. Few chose the *Other* option. Primary areas of responsibility were most commonly research, planning and/or evaluation, and administration/ project management. Almost all (93%) worked full time.

#### *Respondents not in Faculty Positions*

Slightly more than 60 percent (52 of 86) respondents reported that they were not currently faculty members, though the majority of them (41 of 54) reported an interest in such a position. Approximately 75% (of 54 respondents) stated they would be interested in either a full-time or part-time faculty position in the future. Of the 52 individuals who were **not working** as a faculty member within academe, many cited a lack of teaching positions in their geographic area (n=15) or lack of interest in teaching (n=12). The greatest number of respondents chose the



**Figure 1. Among those Currently Employed as a Faculty Member (n=33), Type of Appointment or Relationship with Academic Institution (Survey 1)**



\*without tenure or tenure track

‘other’ category (n=29) to explain their reasons for not choosing a faculty position within academe. These individuals included those in academe but not choosing a faculty position or still in a post-doctoral fellowship position, those who wanted flexibility to balance work and family, those with adjunct positions or with occasional teaching responsibilities, as well as those who wanted to conduct applied research and did not want to worry about tenure or other pressures associated with academe.

*Respondents in Faculty Positions*

Fewer than half (34 out of 86 of the respondents) reported that they were currently working as a **faculty member** in academe. Of the respondents who were working as faculty members and who answered the question about full versus part-time status (n=33), 79% were working full-time. Out of the 33 who answered the question about tenure track status, 14 (42.4%) were on the tenure track or had tenure. Almost 40 percent were in fixed-term positions (research or clinical appointments). The different types of academic appointments are shown in Figure 1. Only 17 of 33 respondents’ academic positions were in MCH-related programs, defined broadly (e.g., Ob-GYN, child development, LEND).

The two most common reasons for working in academia (among the 33 respondents to the question) were the opportunity to conduct research (69.7 percent) and to teach (63.6 percent). (Figure 2). In addition, more than half (54.5 percent) of these respondents

cited flexibility/lifestyle as a reason to work in academia. Respondents were able to check all that applied.

*Training for Academe among All Respondents*

All individuals were asked about the extent to which they were adequately trained in a variety of teaching and research related tasks (n=85), regardless of whether they had academic positions (Figure 3). One-third (32.9 percent) strongly agreed that they were adequately trained to teach in academic settings and about 35 percent strongly agreed they were adequately trained to seek outside support for research. On the other hand, sixty percent strongly agreed they were trained to be a researcher in an academic setting. Slightly more than 50 percent strongly agreed that they

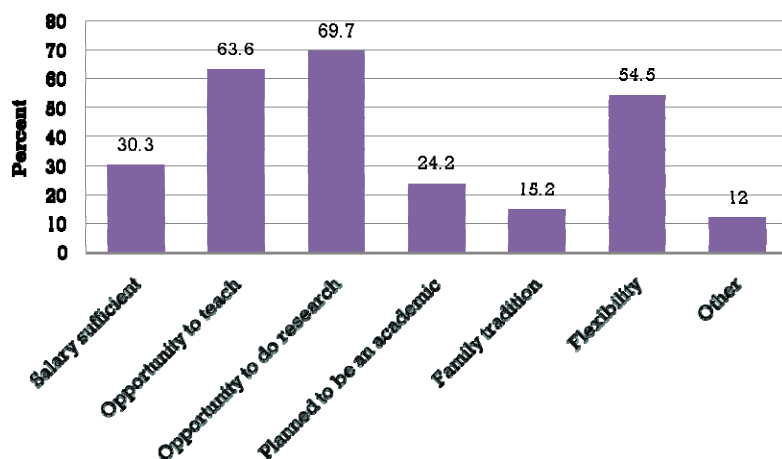
were adequately trained to develop peer reviewed publications.

**Second Survey 2010**

*Overview of Respondents*

The second survey, fielded in 2010, included 71 respondents. Of the respondents, 46% (32 of 70) were working in an academic institution. Similar to the first survey, the majority of positions were full time (87% out of 31 respondents) and 45% of these academic positions were in an MCH or related department (out of 31 responding). It is important to note that not all of the respondents to the two questions (above) were actually faculty members (due to problems with the question sequencing in the second survey); of the 30 or so respondents currently employed in an academic institution, only ten were Assistant Professors on the tenure track (32.3%), three were Assistant Professors not on a tenure track, one was an Associate Professor without tenure, and none were Associate Professor or Professor with tenure (there were also no Professors without tenure.) Four of the respondents were post-doctoral fellows, and five were Senior Research Specialists. While fourteen of 31 respondents were affiliated with an MCH program or associated department such as Community and Family Health, only three were employed by an MCHB funded training program in a School of Public Health. Of 38 respondents who were not working in an academic

**Figure 2. Respondents Reasons for Working in Academia (Survey 1)**



institution, 32% were involved in MCH related teaching, 68% were involved in MCH research, and 21% thought they were likely or very likely to seek a position in an academic institution in the future.

*Respondents not in Academic Institutions*

(Note: In the second survey, it is not possible to distinguish responses to questions about reasons for not pursuing faculty positions from reasons for not working in an academic institution per se).

In the second survey, thirty-eight respondents elaborated on the reasons why they chose not to work in an academic setting. Respondents described: preferring an applied research setting (n= 18), not wanting to continuously seek funding (n= 15), avoiding worry over tenure decisions (n=13), insufficient salary (n=9), and insufficient available positions in the desired geographic area (n=8). Respondents had a choice of other fixed responses as well, although many respondents (n=14) still chose 'other' suggesting that additional factors are at work.

Second survey participants not in academic institutions were asked which resources they would find helpful for pursuing a career in academics. Although only 21 survey respondents replied to this question, there seemed to be agreement about the types of resources that would be most helpful (Figure 4).

*Respondents in Academic Institutions*

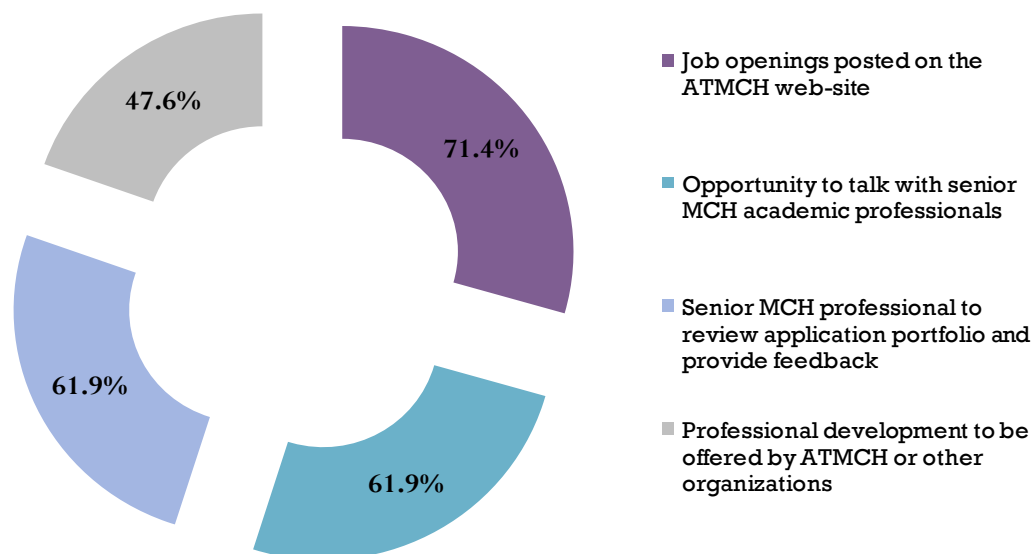
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The second survey asks respondents employed by academic institutions why they chose a career in academe, elaborating on a question from the first survey. Out of 31 respondents currently working in academe, 20 stated that "academia provides me with flexibility in my schedule"; 16 stated that "academia is the best place to do the kind of research I like to do"; 14 stated that "academia is the best place to combine research with teaching", and 13 stated that "academe is family friendly" (respondents could check multiple categories).

**Figure 3. Extent to Which Respondents Felt They were Adequately Trained in Skills Associated with Research and Teaching (n=85, Survey 1)**



**Figure 4. Resources or Supports that Would be Useful for Pursuing MCH Academic Positions among those not Currently Working in Academic Institutions (n=21, Survey 2)**



## Conclusions

- **Although more than half of respondents to the first survey were working in an academic institution, only about 40% were working as faculty members (42% tenure track). In the second survey, 46% were working in academic institutions; however, only 10 (32%) of these individuals were on the tenure track.** (Note: questions were asked slightly differently in the two surveys).
- **Among first survey respondents, about half of the faculty positions were in MCH-related programs, while in the second survey, which asked specifically about MCHB funded training programs, only three were employed by an MCHB funded training program; all three were in a School of Public Health.**
- Decisions to work in academia appear to be based on the **desire to conduct research and to teach while pursuing a flexible lifestyle**, suggesting that academe provides an appealing lifestyle for many younger MCH professionals.
- While MCH doctoral programs appear to be effective in providing training in how to conduct research, it appears that these programs are **not as effective at providing doctoral graduates with the skills needed to survive in an academic environment** such as seeking external funding and training in “how to teach”.
- **Although not in academic positions, many respondents appear to be actively involved in research and teaching.** Those not working in academe identified a number of resources which would support their efforts to pursue a career in academe.



## Recommendations

While the doctoral trainees in this set of ATMCH surveys were graduates of MCHB-affiliated training programs in Schools of Public Health, most were not recipients of MCHB training funds specifically targeted for doctoral students except those receiving stipends through the HRSA/MCHB funded doctoral training program in MCHEPI. In order to facilitate a pipeline of doctoral students who can emerge as faculty in MCH training programs in Schools of Public Health, it is recommended that HRSA/MCHB:

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