**MEMO**

**Date:** June 12, 2018

**To:** Coalition of Local Health Officials

**From:** CLHO Staff

**Re:** CLHO 2018 Mentorship Program Evaluation

**Background**

In 2014 CLHO decided to allocate reserves to support a mentorship program for new local public health (LPH) directors. The mentorship program was designed to be a yearlong program and in the inaugural year had 20 LPH directors participate in the program. The program was originally designed to pair new LPH directors with veteran LPH directors to support the learning of Oregon’s new LPH directors.

At the time the program was created there was an influx of newer public health administrators and a need to have formal mentor-mentee relationships. In late 2017 the Program Manager struggled to find appropriate mentors for the newer administrators and received recommendations from the current participants in the mentorship program to:

* Discontinue with formal cohorts and formal relationship assignments.
* Continue to facilitate shared learning via every other month meetings with veteran administrators and newer administrators who opt-in to participate in the mentorship program.
* Continue to facilitate shared learning through scheduling every other month continuing education webinars focused on leadership development.
* Revise and update 2014 curriculum to include more recent developments and resources in public health.

These recommendations were shared with the CLHO Board in April 2018 and the Board requested an evaluation be done of the program with the current participants. The survey was sent to 15 people, 6 responded, and 5 were currently participating in the program. Below are the results of the evaluation.

**Evaluation Results**

* Everyone participating in the program agreed that participating in the CLHO Mentorship Program was helpful to their role, with two respondents saying they strongly agreed.
* For those participating in the program, three people responded that they either agreed or strongly agreed that being a mentor or mentee was beneficial to their daily work, one person responded that they neither agreed or disagreed, and one person did not respond to the question.
	+ The person who doesn’t currently participate responded neither agree or disagree.
* CLHO Mentorship Program Curriculum: One person frequently references the curriculum, four occasionally reference the curriculum, and one rarely references the curriculum.
* The aspects of the CLHO mentorship program participants found most useful were: shared learning, having a mentor in a neighboring county with a similar “style” public health department, relationship building with other administrators, and the relevant webinar topics.
* CLHO Mentorship Program recommendations for improvement included: homework and requiring mentees to do work outside of monthly calls; continue to allow mentors and mentees to determine their own meeting schedule; and consider rescheduling meeting time.
* Suggested webinar topics include: learning about how the state operates and changes with OHA and their priorities, legislative updates, CLHO overview, time management, policy work and navigating political landscapes (specifically around harm reduction, STI, and reproductive health programs), innovative public health efforts occurring across the state, CCO relationships, budgeting, and personnel and staffing.

**Continuing the Mentorship Program**

The CLHO budget that was approved in May 2018 included trainers/facilitators as well as meeting supplies. These line items can support the mentorship program by funding outside presenters and in-person meetings as needed. The CLHO Program Manager will continue to facilitate and organize shared learning via monthly calls and webinars as well as assist newer administrators with finding veteran administrators for formal mentorship when requested. The CLHO Program Manager will also update the mentorship manual and mentorship website page during summer of 2018.