

Recruiting community college students into health professions programs

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Abstract

BACKGROUND: The social mission of health professional schools is to train a diverse group of providers to care for all populations. Community college students encounter more challenges than traditional students in accessing the resources and support, including mentorship, needed to prepare for graduate health professions programs. This project aimed to identify community college students' challenges. **METHODS:** We expanded an existing mentorship program, initially designed for medical and community college students, to include other specialties such as nursing, occupational therapy, physical therapy, and physician assistant programs. **RESULTS:** Mentees indicated that

barriers to participating in extracurricular activities included work, opportunities for shadowing a healthcare provider, lack of time, financial barriers, and living far away from volunteer opportunities. **CONCLUSION:** By addressing resource challenges and establishing intentional pathways for community college students through effective mentorship, we may enhance diversity in healthcare and alleviate the shortage of primary care providers.

Keywords:

Medical students, Community Colleges, Mentorship

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BACKGROUND

Training a well-suited health workforce is essential for improving healthcare access.¹ This is the driving principle behind a social accountability (SA) mandate that seeks to transform health professional education to produce a workforce meeting population and health system needs.² The World Health Organization (WHO) defines SA as “the obligation to orient education, research, and service activities towards priority health concerns of the local community, the region and/or nation (schools) one has a mandate to serve. These priorities are jointly defined by government, health service organizations, and the public.”³ The social mission of a school drives social accountability activities. The social mission is generally to ensure a diverse cadre of providers trained to care for populations, with particular attention paid to the delivery of primary care in underserved areas.⁴

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The University of New Mexico Health Sciences Center (UNM HSC) expresses its social mission through its curriculum. From selecting students from diverse backgrounds to emphasizing population health and primary care throughout training, the UNM HSC prepares a workforce to meet the needs of the communities served. Health inequities can result from a mismatch between education strategies, health systems, and population needs. Health inequities extend to people's ability to access timely, cost-effective, and quality healthcare services delivered by skilled practitioners.⁵ This is compounded by difficulties recruiting health workers to rural, remote, and underserved areas. Most efforts to address health workforce shortages focus on producing more health workers and providing incentives towards recruitment and retention in underserved areas, with little or no attention paid to the effects of the institutional context and students' educational experiences.¹

Like other states, New Mexico has a shortage of physicians and healthcare providers.⁶ The educational experience of students includes where they study. In the United States, a community college is considered a place of higher education. Still, the highest degree one can earn is a two-year associate degree rather than a Bachelor's, Master's, or Doctorate degree.⁷ Community college students typically represent their communities regarding age, socioeconomic background, and other demographics.⁸ Attending a community college may be a disadvantage for medical students due to less competitive applications, which arise from limited mentorship, research opportunities, and potential biases of admissions committee members who may believe a community college is "lesser than" a four-year institution.⁹ In 2019, Our medical students partnered with a local community college, Central New Mexico (CNM), to strengthen the mentorship aspect and formalized a peer mentorship program.¹⁰ Program details have been published previously.¹⁰ The program's success led us to extend the mentorship program in 2021 to other specialties, including nursing, physical therapy, physician assistant, and occupational therapy. The objectives of the mentorship program are to pair current health professional students with community college students to assist them in preparing competitive applications and gaining the experiences needed to be competitive applicants. We hypothesized that fear of negative associations, resource challenges, and the positive effects of mentorship would be consistent for CC students pursuing any health professional career.

METHODS

We recruited UNM HSC health professional students via email. Interested students subsequently attended an informational meeting led by the program lead (PL) and confirmed their participation. Recruitment for CC students was more extensive. The PL spoke at various CNM science, technology, engineering, and math (STEM) classes, placed flyers in the tutoring center, and asked CNM professors to send program information by email. A Zoom meeting was held to explain the mentorship opportunity and confirm participation. Prospective mentees provided their names, email addresses, and fields of interest within healthcare. We then randomized mentor-mentee matches within their areas of interest/study.

We asked mentees to complete a survey on their beliefs and experiences as CC students interested in

health professional careers. We asked mentors to complete a survey on their beliefs and experiences as prior CC students and compared them with mentors who were not CC students. (See Appendix 1 for mentor survey questions and Appendix 2 for mentor survey questions) Both surveys were summative evaluations. Where questions were similar to those on the survey, we presented combined results for comparison. Surveys were administered through Qualtrics, where data was stored, and initial data summaries were collected. For Likert Scale responses, the scale was: 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree. To assess statistical significance where appropriate, we used the Wilcoxon Rank Sum Test and a two-tailed Type I error of less than 5%.

Indicators:

Demographics: We collected the demographic characteristics of the mentees to assess potential social determinants of health risk. For education, we used the education level of CC parents as a proxy for socioeconomic status. If a student has two fathers or two mothers, we asked them to select the parent with the highest degree for their response. We defined first-generation students as those whose parents did not attend a 4-year degree-granting institution.

Perceptions: We asked mentors and mentees whether attending a community college was advantageous in pursuing a health career and if they were concerned about admissions committee perceptions.

Community College Experience: We asked mentees and mentors about their experiences in a community college setting, including their ability to participate in volunteer activities and their need to work while in school.

We asked mentors if they attended a community college, how many programs they applied to and interviewed with, and how many schools they were accepted to. We compared responses to mentors who did not attend a CC. The findings depended on each other: The number of programs interviewed depends on the number of programs applied to, and the number of programs accepted depends on the number of programs applied to.

Ethics: The University of New Mexico Human Research and Review Committee exempted this study (HRRC # 22-239).

Results:

We recruited 41 UNM HSC mentors and 36 CC mentees for the expanded program. Five mentees were paired with two mentors as they reported interest in two fields of study. We received responses from 29 (71%) mentors and eight mentee responses (22%).

The mentee demographic responses were consistent with New Mexico minority/majority demographics. More than half, 63% (5/8), were Latino, Spanish, or Hispanic. Social determinants of health demographics reflect the potential difficulty of CC students entering a university setting to pursue a career as a health professional. Seventy-five percent of the respondents (6/8) identified as female, and 75% (6/8) indicated they were first-generation college students. Sixty-three percent of respondents (5/8) indicated their mothers' highest level of education was predominantly high school, and 75% (6/8) indicated their fathers' highest level of education was high school.

The Mentee Experience

Barriers to mentees participating in extracurricular activities included work, opportunities for shadowing a healthcare provider, lack of time, financial barriers, and living far away from volunteer opportunities. Of those currently working, 25% (2/8) work more than 40 hours a week, and 50% (4/8) work less than 40 hours a week. There were two no-responses to the mentee experience questions.

The Mentor Experience

Barriers for mentors who attended a CC were having to work, opportunities for shadowing a healthcare provider, lack of time, financial barriers, and living far away from volunteer opportunities.

We asked mentors to rate their agreement with the following statement: *I think Admissions Committees for Health Professions have a negative perception of completing prerequisites at a community college.* We analyzed results for this question and the number of programs they applied to, interviewed with, and were accepted to based on whether they had attended a CC. See Table 1: Mentorship Program: Mentors who attended a Community College compared to mentors who did not participate in a Community College

The Mentee and Mentor Experience

We asked both mentors and mentees Why they chose to attend a CC. See Table 2: Mentorship Program: Mentee/Mentor Experience

While a majority of mentees in our program indicated neutrality in whether community college attendance provided an advantage in applying for graduate school (42.9%), a roughly equivalent percentage of students either agreed (14.3%) or strongly agreed (28.6%) with this statement. Additionally, most graduate-level mentors in our program agreed (60%) or strongly agreed (20%) that their CC educational background provided an advantage in pursuing a health career. Slightly less than one-third (28.6%) of mentees agreed that they had enough time to participate in extracurricular

Table 1: Mentorship Program: Mentors who attended a Community College compared to mentors who did not participate in a Community College

Characteristic	Attended Community College ¹	Did Not Attend Community College ¹	p-value ²
Student perception of admissions committees	4.00 (3.25, 4.00)	3.00 (3.00, 3.00)	0.029
Number of programs applied	8.0 (3.3, 9.8)	1.5 (1.0, 3.3)	0.085
Number of programs interviewed	1.50 (1.00, 3.00)	1.00 (1.00, 3.00)	0.7
Number of programs accepted	1.50 (1.00, 2.75)	1.00 (1.00, 2.00)	0.6
Proportion of programs interviewed	0.46 (0.26, 0.59)	1.00 (0.63, 1.00)	0.026
Proportion of programs accepted	1.00 (0.85, 1.00)	1.00 (0.77, 1.00)	>0.9

¹ Median (IQR)

² Wilcoxon rank sum test

Table 2: Mentorship Program: Mentee/Mentor Experience

	Mentee N, 8	Mentor N, 25
	N (%)	N (%)
Q: Why did you choose to attend a community college?		
Financial Reasons	7 (87.5%)	6 (24%)
Closer to Home	0 (0%)	
Did not yet feel prepared to enter a 4-year university	0 (0%)	
Completing classes after obtaining a bachelor's degree	2 (25%)	3 (12%)
Completing classes while simultaneously completing a bachelor's degree	0 (0%)	7 (28%)
Other (took community college classes during high school and again after graduating from a 4-year University, required prerequisite classes were offered in the evenings, better class options and choices, completed a program only offered at a CC)	1 (12.5%)	4 (16%)

Abbreviations: CC, Community College

activities to enhance their pre-health applications, with 14.3% showing strong agreement with this statement. Other mentees indicated neutrality (28.6%) or disagreement (28.6%) with this statement. All of our participants agreed that our mentorship program was a success, with 100% of mentors who attended CC agreeing that a mentorship program would have benefitted them while attending CC.

Limitations: Limitations of this study include the low response rate from CC mentees.

DISCUSSION

Previous studies have shown that applicants who attend CC often lack the financial and social capital to matriculate into a 4-year university.¹¹ When graduate health students reflect on their application process, our results suggest that their CC educational background was viewed as a positive component of their application, contributing to matriculation. However, previous studies have shown a difference in matriculation rates between traditional students and those who attended CC, despite differences in GPA and MCAT scores, further demonstrating that applicants with a CC background were less likely to achieve acceptance into medical school. Our results suggest that this discrepancy may be perpetuated by macro-level systems and institutional practices that prevent CC students from achieving success in a university setting rather than CC students lacking confidence in themselves. Most medical schools in the United States explicitly report a dedication to increasing

diversity in their students. However, the continuous uncertainty or ambivalence of students with a CC background leaves a large pool of applicants suited to caring for diverse populations out of the healthcare workforce.

Mentees in our study reported a need to work a job for financial security (42.9%) while attending college, with 87% reporting their choice to attend CC was financially influenced. No mentee or mentor reported that they attended a CC because it was closer to home or because they did not feel ready to attend a 4-year university, even though these are often thought to be indications of CC attendance. The findings on extracurricular activities suggest that CC students face mixed time barriers in completing volunteer and shadowing activities. This is likely due to the need to balance school with work for financial security. Medical schools and other health profession programs are shifting to a holistic application process involving a balanced and individualized review of applicants' experiences, attributes, and metrics. Thus, an emphasis on extracurricular participation should be controlled for the financial obligations that CC students often face.¹²

Among the mentors in our program, we found a significant difference in perceptions of admissions committees, the number of programs applied to, and the proportion of programs interviewed when comparing graduate students who had previously attended a CC and those who had not. Students who

had attended CC were more concerned with admissions committees' perceptions compared to those who did not attend a CC. These results suggest that students who attend CC on the journey into a health professions program are more distressed with the perception of that education than students who have never attended a CC. As Talamantes' study indicated, there may be an external perception that CC students are not as academically prepared as those who only attended a 4-year university.¹³ Those who did not attend CC were interviewed at more programs than those who did attend CC, though there was no significant difference in the proportion of programs to which they were accepted. Because the surveyed mentors were all University of New Mexico students, this may represent a greater familiarity with local CCs and, thus, a better understanding of CC students' preparedness for graduate school.¹⁴

CONCLUSION AND IMPLICATIONS FOR COMMUNITY COLLEGE PRACTICE

Our results support the hypothesis that CC students pursuing any health professional career consistently experience fear of negative associations, resource challenges, and the benefits of mentorship. The ongoing expansion of programs that support CC students pursuing health careers is likely to aid underrepresented minorities and help dismantle barriers to their entry into graduate health programs. Schools that establish intentional pathways for CC students may enhance the retention of health professionals who more accurately reflect the populations they serve.

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Appendix 1: Mentor Survey Questions

1. Do you feel like this program helped increase your confidence in approaching future mentorship opportunities?
 - a. Yes
 - b. No
 - c. Unsure-explain
2. What are the qualities that make a good mentor? (free text)
3. What are the qualities that make a good mentee? (free text)
4. Did you attend a community college prior to starting your current program (medical, PA, Pharmacy, PT, or OT school)?
 - a. Yes
 - b. No
5. If yes, when did you attend the community college?
 - a. before attending a 4-year university
 - b. while attending a 4-year university
 - c. following completion of a Bachelor's degree
6. If you answered yes to question #4, why did you choose to attend a community college? (choose all that apply)
 - a. financial reasons
 - b. closer to home
 - c. did not yet feel prepared to enter 4-year university
 - d. completing classes after obtaining a Bachelor's degree
 - e. completing classes while simultaneously completing a Bachelor's degree
 - f. other (free text)
7. (branching if they answered yes to question #4) Rate your agreement with the following statement: Attending a community college gave me an advantage in pursuing a health career.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree

8. (branching if they answered yes to question #4) Rate your agreement with the following statement: When applying to my Health Professions program, I was concerned about the health career Admissions Committees' perception of taking pre-requisites at a community college.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
9. Rate your agreement with the following statement: I think Admissions Committees for Health Professions have a negative perception of completing pre-requisites at a community college.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
10. (branching if they answered yes to question #4) How many medical/PA/Pharm/PT/OT schools did you apply to? (free text)
11. (branching if they answered yes to question #4) How many medical/PA/Pharm/PT/OT schools did you interview with? (free text)
12. (branching if they answered yes to question #4) How many medical/PA/Pharm/PT/OT schools were you accepted to? (free text)
13. (branching if they answered yes to question #4) Were mentorship opportunities available to you while you were enrolled in the community college?
 - a. Yes
 - b. No
14. (branching if they answered yes to questions #4 and #13) Do you think it would have been beneficial if programs like the CNM Mentorship Program were available to you while you attended the community college?
 - a. Yes
 - b. No – explain
 - c. unsure
15. (branching if they answered yes to question #4) How many pre-health pre-requisite courses did you complete at a community college?
 - a. less than 5
 - b. 5-10
 - c. More than 10
16. Rate your agreement with this statement: I would be interested in mentoring in the future.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
17. Rate your agreement with this statement: I found this program to be rewarding.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
18. What topics did you speak with your mentee about? (check all that apply)
 - a. Entrance exams
 - b. Prerequisite coursework
 - c. Extracurriculars (shadowing, volunteering, research, etc)
 - d. Applications
 - e. Life in a health professions program
 - f. Work/life balance
 - g. Managing finances
 - h. Other – please explain

Appendix 2: Mentee Survey Questions

Are you of Latino, Spanish, or Hispanic origin?

- a. Yes
- b. No
2. How would you describe your race?
 - a. American Indian/Alaska Native
 - b. Asian (*branching to Vietnamese- yes or no*)
 - c. Black or African American
 - d. Native Hawaiian or Pacific Islander
 - e. White
 - f. Other
3. I identify as...
 - a. Woman
 - b. Man
 - c. Transgender woman
 - d. Transgender man
 - e. Gender non-binary/Gender non-conforming/Genderqueer
 - f. Not listed above (specify)

- g. Prefer not to answer.
- 4. Are you a first generation college student? (meaning, your parents did not complete a 4-year college or university degree)?
 - a. yes
 - b. No
- 5. What is the highest level of education your mother has achieved? (if you have two mothers – select the one with the highest education)
 - a. Did not complete high school
 - b. High school diploma
 - c. Associate degree
 - d. Bachelor's degree
 - e. Master's degree
 - f. Doctorate degree
 - g. Unknown
- 6. What is the highest level of education your father has achieved? (if you have two fathers – select the one with the highest education)
 - a. Did not complete high school
 - b. High school diploma
 - c. Associate degree
 - d. Bachelor's degree
 - e. Master's degree
 - f. Doctorate degree
 - g. Unknown
- 7. Have you ever taken any courses at a 4-year university?
 - a. yes
 - b. No
- (branching- prior to CNM or concurrently while at CNM)
- 8. Are you planning on attending a 4-year university following CNM?
 - a. yes
 - b. No
- 9. Do you currently hold a Bachelor's Degree?
 - a. yes
 - b. No
- 10. How many pre-health pre-requisite courses have you completed at CNM?
 - a. less than 5
 - b. 5-10
 - c. More than 10
- 11. Why did you choose to attend a community college? (choose all that apply)
 - a. financial reasons
 - b. closer to home
 - c. did not yet feel prepared to enter 4-year university
 - d. completing classes after obtaining a Bachelor's degree
 - e. completing classes while simultaneously completing a Bachelor's degree
 - f. other (free text)
- 12. Rate your agreement with the following statement: I feel as though I have enough time to participate in extracurricular activities to enhance my pre-health application.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
- 13. What barriers prevent you from participating in extracurricular activities to enhance your pre-health application? (free text)
- 14. What extracurriculars have you participated in the past 4 years? (choose all that apply)
 - a. sports
 - b. academic clubs
 - c. volunteering
 - d. research
 - e. shadowing
 - f. other (please list)
- 15. Do you currently work?
 - a. Yes (if yes, drop down to 40 hours/ week or Less than 40 hours/ week)
 - b. No
- 16. Rate your level of agreement with the following statement: I feel as though I had to work a job while studying at CNM for financial security.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
- 17. Rate your agreement with the following statement: Attending a community college is giving me an advantage in pursuing a health career.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree

18. Rate your concern about health career admissions committees' perception of taking pre-requisites at a community college.
 - a. Not at all concerned
 - b. Slightly concerned
 - c. Somewhat concerned
 - d. Moderately concerned
 - e. Extremely concerned
19. Rank your level of interest in pursuing a health career **prior** to your mentorship experience?
 - a. 0-4 scale (0 is unsure, 1 is no interest and 4 is extremely interested)
20. Which health career are you interested in pursuing? (select all that apply)
 - a. Nursing (drop down: if they choose this add in RN, LPN, Nurse Practitioner, Nurse Midwife, Nurse Aide)
 - b. Medical doctorate (drop down: specialties)
 - c. Pharmacy
 - d. Public Health
 - e. Physician Assistant
 - f. Allied health (drop down: Physical Therapist, Occupational Therapist, dental hygiene, phlebotomy, Radiology Technician, Respiratory Therapist, Child Life Specialist, Home Health Aide, Sonographer, Dietetics/Nutritionist, EMT/Paramedic)
 - g. Other (please specify)
21. What are qualities that make a good mentor? (free text)
22. What are qualities that make a good mentee? (free text)
23. Would you encourage fellow classmates with an interest in healthcare to participate in this mentorship program?
 - a. Yes
 - b. No
24. Would you be willing to complete a survey one year from now?
 - a. yes
 - b. no
 - c. if yes, please provide a non-CNM email address here