Form Approved

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DEIA Mentorship Program Post Program

The NCIRD Diversity, Equity, Inclusion and Accessibility [DEIA] Recruitment and Retention team is interested in enhancing your time as a mentee/mentor with NCIRD/PHC/DCHHP. We would like to hear from you about your experiences and your preferences. Your responses will help shape future programming efforts. A brief summary of the survey findings will be shared with, the NCIRD DEIA Talent Acquisitions Team, and possibly the NCIRD DEAI Council, and the CDC’s Diversity and Inclusion Executive Steering Committee (DIESC).

\*Required

1. Please rank your **engagement/ communication** preferences \*

None of these

Formal Networking events

Organized Social Events (Iuncheons, field days, bowling, escape rooms, etc)

Standing update meetings with other mentees or other mentor program participants

TEAMs Channel/TEAMs Group

Group Memberships on virtual platform (ie., List Serv, FaceBook Groups, Linkedln, etc)

One-way communications (ie Newsletters, One-Pagers, email blasts, etc)

The public reporting burden of this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to **CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333 ATTN: PRA (0920-1050)**

1. As it pertains to a professional environment, how much do each of these **contribute** to your sense of inclusion and belonging?­­

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all** | **2** | **3** | **4** | **Totally** | **Don’t know****OR n/a** |
| Being invited to meetings |  |  |  |  |  |  |
| Feeling safe to speak up / contribute |  |  |  |  |  |  |
| Doing meaningful work |  |  |  |  |  |  |
| Trusting how decisions are made |  |  |  |  |  |  |
| Being asked how I am doing and if I need any help |  |  |  |  |  |  |
| Being asked about my career goals and offered suggestions to help me achieve them |  |  |  |  |  |  |
| Hearing about projects other teams are working on |  |  |  |  |  |  |
| Understanding how my work contributes to the big picture |  |  |  |  |  |  |
| Having acess to information/training/opportunities beyond those directly related to my project/my team |  |  |  |  |  |  |
| Interacting wit others (professionally or socially) |  |  |  |  |  |  |
| Having someone I can ask questions |  |  |  |  |  |  |

1. As it pertains to this mentoring program, how **important** were each of these to you?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all Important** | **2** | **3** | **4** | **Extremely Important** | **n/a** |
| Feeling safe to speak up / contribute |  |  |  |  |  |  |
| Doing meaningful work |  |  |  |  |  |  |
| Having meaningful activities |  |  |  |  |  |  |
| Being asked how I am doing and if I need any help |  |  |  |  |  |  |
| Being asked about my career goals and offered suggestions to help me achieve them |  |  |  |  |  |  |
| Hearing about the real-life experience of active professionals in my chosen field |  |  |  |  |  |  |
| Understanding how my area of interest contributes to the big picture of public health |  |  |  |  |  |  |
| Having access to information/training/opportunities  |  |  |  |  |  |  |
| Interacting with others mentees |  |  |  |  |  |  |

1. Currently, I **feel**  a sense of belonging and inclusion in the Public Health community.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **2** | **3** | **4** | **Strongly Agree** | **n/a Don’t know** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Now we would like to ask you about your professional pursuits….**

1. How would you rate this mentoring experience?

****

1. I feel this mentor program was well run

Strongly Disagree

2

3

4

Strongly Agree

1. How **actively** are each of the following nurturning your professional growth?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not Actively at All** | **2** | **3** | **4** | **Very Actively** | **n/a** |
| This mentorship program |  |  |  |  |  |  |
| Another Mentor (not affiliated with this program) |  |  |  |  |  |  |
| My institution’s guidance/career counseling |  |  |  |  |  |  |
| A social group (sorority/fraternity, Civic, etc) |  |  |  |  |  |  |
| A professional organization or student career organization |  |  |  |  |  |  |

**Now we would like to ask you about your professional pursuits….**

1. How well did your mentor’s field of practice **align** with your academic career goals or field of study? \*

Not at all aligned

2

3

4

Virtually identically aligned

1. How has participating in this mentoring program **influenced** your future career goals? \*

Definitely away from public health

Somewhat away from public health

Neither toward nor away

Somewhat toward public health

Definitely toward public health

1. Right now, how **interested** are you in pursuing a job at CDC after you complete your studies? \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all interested** | **2** | **3** | **4** | **Extremely Interested** |
| In public health but not necessarily at CDC |  |  |  |  |  |
| …at CDC in general |  |  |  |  |  |
| …..within NCIRD (Nat’l Ctr for Immunization and Respiratory Diseases) |  |  |  |  |  |
| ….within PHIC (Public Health Infrastructure Center) |  |  |  |  |  |
| ….within DHCCP (Div of High-Consequence Pathogens and Pathology) |  |  |  |  |  |

1. Name ONE thing CDC can do to increase its **value** to you as a potential career choice?

**Lastly, help us with our DEIA work by answering the following about yourself.**

1. Are you….\*

Freshman

Sophomore

Junior

Senior

Grad student

Intern

Fellow

Prefer not to answer

1. Have you ever had a mentor prior to this program? \*

No

Yes, officially

Yes, unofficially

Don’t know/prefer not to answer

1. What is the name of your academic institution or professional organization? \*
2. What is your primary field of study? (Pick ONE response that best first)

Biology/Biological Sciences

Chemistry

Math / Statistics

Public Health

Epidemiology

Pharmacy

Healthcare Administration

Public Administration/ Business Administration

Social Sciences/ Psychology

Communications/ Health Communications

Veterinary Sciences

Medicine / Dentistry

Information/ Data Science

Bioinformatics

Law

Nursing

Information System / Computer Science

Other

1. Are you….

(You may select multiple groups)\*

 American Indian or Alaskan Native

 Asian

 Black or African American

 Hispanic / Latino

 Middle Easter/North African

 Native Hawai’ian or Other Pacific Islander

 White/ Caucasian

 Prefer Not to Answer

 Other

1. Are you ……

Female

Male

Transgender, non-binary, or another gender

Prefer Not to Answer

1. Is there anything else you would like to share with us?