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## **DEIA Mentorship Program Pre 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).

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1. Please rank your engagement/ communication preferences \*

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

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

TEAMs Channel/TEAMs Group

Standing update meetings with other mentees or other mentor program participants

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

Formal Networking events

None of these

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)

2. 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<br>OR n/a |
|---|------------|------------|---|------------|------------|----------------------|
| Being invited to meetings   |            | $\bigcirc$ |   | $\bigcirc$ | $\bigcirc$ |                      |
| Feeling safe to speak<br>up / contribute  |            |            |   |            |            |                      |
| Doing meaningful<br>work  |            | $\bigcirc$ |   |            |            |                      |
| Trusting how decisions are made   |            |            |   |            |            |                      |
| Being asked how I am<br>doing and if I need any<br>help   |            |            |   |            |            |                      |
| Being asked about my career goals and offered suggestions to help me achieve them                       |            |            |   |            |            |                      |
| Hearing about projects other teams are working on   |            |            |   |            |            | $\bigcirc$           |
| Understanding how my work contributes to the big picture  |            |            |   |            |            |                      |
| Having acess to information/training/o pportunities beyond those directly related to my project/my team |            |            |   |            |            |                      |
| Interacting wit others<br>(professionally or<br>socially)   | $\bigcirc$ |            |   |            |            |                      |
| Having someone I can ask questions  |            |            |   |            |            |                      |

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

|   | Strongly<br>Disagree   | 2                  | 3           | 4          | Strongly<br>Agree | n/a Don't<br>know |
|---|--|--------------------|-------------|------------|-------------------|-------------------|
|   |  |                    |             |            | $\bigcirc$        |                   |
| Now we would like to ask  | you about  | your p             | rofessior   | nal purs   | uits              |                   |
| 4. How <b>actively</b> are each of th   | e following nurt   | turing your        | professiona | al growth? |                   |                   |
|   | Not<br>Actively at<br>All  | 2                  | 3           | 4          | Very<br>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  |  |                    |             |            |                   |                   |
| 5. How well did your mentor's  Not at all aligned  2  3  4  Virtually identically  6. How has participating in thi  Definitely away fro  Somewhat away fro  Neither toward no  Somewhat toward  Definitely toward | y aligned<br>s mentoring pro<br>om public health<br>rom public healt<br>r away | ogram <b>influ</b> |             |            |                   | d of study? *     |

| n public health but not eccessarily at CDC at CDC in general within NCIRD (Nat'I tr for Immunization and espiratory Diseases) within PHIC (Public ealth Infrastructure enter) |
|---|
| within NCIRD (Nat'l   |
| espiratory Diseases)  .within PHIC (Public ealth Infrastructure enter)  |
| ealth Infrastructure enter)   |
|   |
| within DHCCP (Div of igh-Consequence athogens and athology)   |

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

| 9.  | . Are you*    |                      |  |  |  |  |
|---|---------------|----------------------|--|--|--|--|
| (   | $\overline{}$ | Freshman             |  |  |  |  |
| (   | $\bigcirc$    | Sophomore            |  |  |  |  |
| (   |               | Junior               |  |  |  |  |
| (   |               | Senior               |  |  |  |  |
| (   | $\bigcirc$    | Grad student         |  |  |  |  |
| (   | $\overline{}$ | Intern               |  |  |  |  |
| (   | $\bigcirc$    | Fellow               |  |  |  |  |
| (   | $\bigcirc$    | Prefer not to answer |  |  |  |  |
| 10. What is the name of your academic institution or professional organization? * |               |                      |  |  |  |  |
|   |               |                      |  |  |  |  |
|   |               |                      |  |  |  |  |

## 11. 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

| 12. | 12. Are you                       |  |  |  |  |  |
|-----|-----------------------------------|--|--|--|--|--|
|     | (You may select multiple groups)* |  |  |  |  |  |
|     | American Indian or Alaskan Native |  |  |  |  |  |
|     |                                   | Asian                                      |  |  |  |  |
|     |                                   | Black or African American                  |  |  |  |  |
|     | $\bigcirc$                        | Hispanic / Latino                          |  |  |  |  |
|     |                                   | Middle Easter/North African                |  |  |  |  |
|     | $\bigcirc$                        | Native Hawai'ian or Other Pacific Islander |  |  |  |  |
|     |                                   | White/ Caucasian                           |  |  |  |  |
|     | $\bigcirc$                        | Prefer Not to Answer                       |  |  |  |  |
|     |                                   | Other                                      |  |  |  |  |
|     |                                   |  |  |  |  |  |
|     | 13.                               | Are you                                    |  |  |  |  |
|     | $\bigcirc$                        | Female                                     |  |  |  |  |
|     |                                   | Male                                       |  |  |  |  |
|     | $\bigcirc$                        | Transgender, non-binary, or another gender |  |  |  |  |
|     |                                   | Prefer Not to Answer                       |  |  |  |  |