

Workforce Acceleration Initiative (WAI) Mentorship Survey for PHA Mentors

Introduction

The WAI Learning Community is designed to strengthen WAI Placements (“Placements”) and Public Health Agency (PHA) teams’ capacity to accomplish their systems improvement priorities and goals. A key component of the Learning Community is the WAI Mentorship Program for Placements.

This survey will ask questions about your experiences serving as a mentor as part of the Mentorship Program.

Responses to this survey will be reviewed by individuals on the CDC Foundation WAI team only. Your responses will be stored in secure locations where individuals outside the WAI CDC Foundation team are unable to access your responses. Your responses will not be shared directly outside of the CDC Foundation without your written permission.

Submission Instructions

Submit your responses in this survey form <<make “in this survey form” a hyperlink>>. If you have any questions, contact twomble@cdcfoundation.org.

- Time Period for Consideration: When responding, consider all WAI Learning Community activities since the activities started in October 2024. The survey will be open for two weeks.
- **Please respond by <<TBD date based on when survey is sent out>>**
- Anticipated survey length: 10 minutes

WAI Mentorship Program Survey for Mentors

1. What type of PHA do you work with?

- State PHA
- Large Local PHA (i.e., Maricopa, Harris, New York, Los Angeles, San Antonio)
- Medium Local PHA (i.e., Austin, Boston, Eau Claire, El Paso, Franklin, Louisville, Marion, Mecklenburg, Multnomah, Pima, Salt Lake, Santa Clara, Snohomish, Tacoma-Pierce)
- Small Local PHA (i.e., Cameron, Hamilton, Bear River, Marin, Cleveland)
- Tribe or Tribal-serving PHA
- Territorial PHA

Please answer the following questions based on your experience as a mentor in the WAI Learning Community’s Mentorship Program.

2. How many WAI Placements do you mentor? 1/2/3/4/5+

3. Was the WAI Mentorship Program your first time serving as mentor?

- Yes, it is my first time serving as a mentor.
- No, it is not my first serving as a mentor.

4. **Do you meet with your WAI mentees at least once every month?** Yes, I meet with all of my WAI mentee(s) at least once a month / Sometimes, I meet with at least one of my WAI mentee(s) at least once a month / No, I do not meet with any of my WAI mentee(s) at least once a month
5. **To what extent do you agree with the statement: The WAI Mentorship Program fostered meaningful interactions and connections with my mentees.** Strongly agree / Agree / Disagree / Strongly disagree
6. **To what extent do you agree with the statement: My WAI PHA mentee makes time for our regularly scheduled meetings and comes prepared.** Strongly agree/ Agree/ Disagree/ Strongly disagree
7. **What types of support have you offered one or more of your mentees through the WAI Mentorship Program?** (Select all that apply)
 - Helped them navigate differences between the culture, values and processes that inform the PHA versus those of their previous employer.
 - Supported their transition into the context of public health information systems and data infrastructure (e.g., offering resources, describing historical context of systems).
 - Fostered connections with PHA colleagues and/or the broader field of public health.
 - Strived to increase their interest in pursuing a longer-term career in public health.
 - Offered public health career development advice and recommendations.
 - Provided insights and advice to help my mentee(s) accomplish their WAI project goals.
 - Other (please specify)
8. **How confident are you in your capacity to continue to serve as a mentor for the WAI Mentorship Program?** Very Confident/ Confident/ Somewhat confident/ Not at all confident
9. **Please describe any challenges you have faced as a mentor for the WAI Mentorship Program.**
<<text response>>
10. **What value(s) have you gained from being a mentor in the WAI Mentorship Program?** (Select all that apply) Gained fresh perspectives and new ideas / Strengthened my professional network / Increased personal and professional fulfillment / Expanded my knowledge in public health / Improved my ability to provide guidance and feedback / Other (please specify)
11. <<Only show if the mentor is not responding to these questions as part of the broader Learning Community survey>> **If WAI were to be extended, what is your recommendation for the WAI Mentorship Program?** Keep as-is / Keep but minor adjustments needed / Keep but major adjustments needed / Remove entirely
12. <<Display if they indicate that adjustments are needed>> **What adjustments would you recommend for the WAI Mentorship Program?** <<text response>>
13. <<Display if they indicate that it should be removed entirely>> **Why should the Mentorship Program be removed from the programming?** <<text response>>
14. **Based on your experience as a mentor, what changes would make the WAI Mentorship Program more beneficial to you or your mentee?** <<text response>>
15. **Is there anything else you would like to share about the WAI Mentorship Program?** <<text response>>.

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the 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