Form Approved

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# Workforce Acceleration Initiative (WAI) Retention Survey

## **Introduction**

The WAI management team is seeking to understand PHA intentions for retaining WAI Placements beyond the funding period.

For PHAs desiring to retain Placements, the WAI team will offer to help with justifications for each role as a staff or contractor. For PHAs that do not wish to retain Placements, the WAI team will take actions that increase the likelihood of interested Placements finding other public health roles.

To facilitate this process, the following survey asks about your PHA’s intentions for retaining Placements beyond the funding period.

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**

Use **this link** to submit your responses. If you have any questions or accessibility issues, contact Pam at [proesch@cdcfoundation.org](mailto:proesch@cdcfoundation.org).

* The survey should take no more than **20 minutes to complete**.
* Please respond by **<<fill in date>>.**
* Please submit one survey per PHA.

## **Survey Questions**

1. **PHA Name**: <<Dropdown of all PHAs>>
2. **Project Manager**: <<Dropdown of all WAI PMs>>
3. **How many WAI Placements work at your PHA?** 1 / 2 / 3 / 4
4. **Is your agency planning to or interested in retaining your WAI Placement(s) if WAI ends on June 30, 2025?** Yes, we would like to retain all of our WAI Placement(s) / We would like to retain at least one but not all of our WAI Placement(s) / No, we would not like to retain our WAI Placement(s)

* <<If yes, go to question #5>>
* <<If partial:>> **How many WAI Placement(s) would you like to retain?** 1 / 2 / 3 / 4 <<Then, go to question #5>>
* <<If no:>>**Please describe why you are not interested in retaining your Placement(s)?** <<Text response>>
  + <<**End survey**>>

1. **Are you interested in receiving support from the WAI team and technical advisors in your efforts to retain WAI Placements?** Yes / Maybe / No
   1. <<If yes or maybe, go to question #6 and continue survey>>
   2. <<If no, **end survey**>>

To support your PHA in building a justification to retain your Placements, please answer the following questions.

1. **What retention barriers do you face in retaining Placements that apply to all the Placements?** Select all that apply.
   * No available funding or insufficient funding.
   * The salaries we offer are lower than usual for these positions.
   * Cannot currently add new positions at our PHA.
   * Hiring freeze at our PHA or agency.
   * Insufficient benefits packages that do not compete with those of other employers.
   * Requirements that employees must be residents of our jurisdiction.
   * Hybrid or in-office requirements that prohibit fully remote positions.
   * Lack of buy-in from decision makers needed to secure positions.
   * Other <<Please describe.>>

<<The following set of questions appear for every Placement based on question #3.>>

Please answer the following questions about each of your WAI Placement(s).

1. **WAI Placement <<1,2,3,4>> First and Last Name**: <<text entry>>
2. **Is your PHA planning to or interested in retaining this Placement if WAI ends on June 30, 2025?** Yes, we are interested in retaining this Placement / Maybe, we may be interested in retaining this Placement / No, we are not interested in retaining this Placement

* <<If yes or maybe, go to question #10>>
* <<If no>> **Please describe why you are not interested in retaining this Placement?** <<Text response>>
  + <<Skip remaining questions for this Placement and go to the next Placement (if applicable). If this is the last Placement, **end survey**>>

1. **How long does your PHA want to retain this Placement after WAI?** A couple of months / Up to a year / Longer than one year
2. **What is the likelihood that your PHA can make an offer to retain this Placement?** “An offer” can be for an employee position or as a contractor. Very low / Low / Medium / High / Very High / Unsure or to be determined
3. **What is the most likely option for retaining this Placement?** Hire as an employee / Contractor / Other <<Please describe.>>
4. **In addition to the barriers you already identified in question #7 above, are there other retention barriers that apply specifically to this Placement?** Select all that apply.
   1. No available funding or insufficient funding.
   2. PHA’s standard salaries do not match the Placement’s expected salary.
   3. No existing job description and/or classification to hire the same role at our PHA.
   4. Other <<Please describe.>>
5. <<If indicate that salary is a barrier (#b in question #12)>> **What is your estimate of the gap in annual salary between what your PHA offers for this position versus market salary?** <<text response>>
6. **Is this Placement interested in remaining at your PHA?** Yes / No / Maybe / I do not know

<<Once all Placement information is added, **end survey**>>

Thank you for submitting your responses! These will be shared with the WAI team and we will reach out to discuss next steps within the next <<2 weeks>>.

Public reporting burden of this collection of information is estimated to average 15 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