



Mentee Pre-Mentorship Program Assessment

This survey is designed to determine the level of competence in key dimensions of public health leadership practices among mentees enrolled in the Montana Lead Local Public Health Official Mentorship Program. In addition, it may provide information for future training for public health leaders.

The assessment uses nationally recognized core competencies for senior management/executive level personnel developed by the Council on Linkages Between Academia and Public Health Practice. Your responses will be kept confidential and will be de-identified, analyzed and presented only in the aggregate.

After an initial set of demographic questions, the assessment will ask you to rate your level of proficiency in select competencies that are within the following key dimensions of public health practice:

- Policy Development/Program Planning Skills
- Leadership and Systems Thinking
- Financial Planning and Management

Finally, on the last page, we would appreciate you providing us with some input regarding how you would like to benefit from the program and how your mentor can best support you.

Thank you for helping us evaluate this program!

Jane Smilie

Jane Smilie
AMPHO Mentorship Program Facilitator

1. What is your gender?

- Male
- Female

2. What is your age?

- 20-29
- 30-39
- 40-49
- 50-59
- 60+

3. What is your race?

- American Indian/Alaska Native
- Asian
- African American
- Hawaiian
- Caucasian
- More than one race
- Other

4. What is your ethnicity?

- Hispanic
- Non-Hispanic

5. What is your highest level of education?

- High School
- Associate's Degree
- Vocational Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree

6. For your highest level of education, what was your field of study?

- Public Health/Community Health/Health Promotion
- Public Health/Epidemiology
- Nursing
- Business or Business Administration
- Science (biology, chemistry etc.)
- Social Work
- Nutrition
- Mathematics or Statistics
- Other (please specify)

7. For how long have you worked in the field of public health? Enter the number of years here _____

Select Public Health Leadership Competencies

For each competency statement listed below, think about the level at which you are currently able to perform the skill.

Then rate your level of proficiency on each competency statement by selecting the number on the continuum from “None” (1) to “Proficient” (4) that best describes your self-reported level of expertise for that statement.

1 = None **I am unaware or have very little knowledge of the skill**

2 = Aware **I have heard of, but have limited knowledge or ability to apply the skill**

3 = Knowledgeable **I am comfortable with my knowledge or ability to apply the skill**

4 = Proficient **I am very comfortable, am an expert, or could teach this skill to others**

In the example below, you would select number “4” for “Proficient” if you think you are excelling at this competency or select “1” for “None” if you feel you need a great deal of improvement.

Example: To what degree are you able to effectively...describe factors affecting the health of a community (e.g., equity, income, education, environment)?

To what degree are you able to effectively...		
		Rating
1	Develop organizational goals and objectives	
2	Ensure implementation of policies, programs and services is consistent with laws and regulations	
3	Assess the structures, functions and authorizations of governmental public health programs and organizations	
4	Determine priorities for organizational budgets	
5	Develop organizational budgets	
6	Defend organizational budgets	
7	Create opportunities for organizations to work together or individually to improve the health of a community	
8	Develop strategies for continuous quality improvement	
9	Ensure the management of organizational change (e.g., refocusing a program or entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)	
10	Ensure the continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	

**Please describe your expectations for this program. How would you like to benefit by participating?
How might your mentor benefit by participating?**

Please describe how your mentor can best support you?

THANK YOU FOR HELPING US TO EVALUATE AND SHAPE THIS PROGRAM!