

## INTRODUCTION

Form Approved  
OMB Control No: XXXX-XXXX  
Expiration Date: XX/XX/XXXX

Thank you for taking the time to participate in the PHAP Alumni Assessment survey. The purpose of this survey is to learn about your career progression, accomplishments, and perceptions of PHAP's value.

The information you provide in this survey will be used for evaluation purposes only. Specifically, data will be used solely for the purpose of supporting PHAP evaluation efforts and will not be shared outside CDC other than in final report form. All information that you provide will be kept secure and not shared. This survey is voluntary and will have no negative effect on you if you decide not to participate. Results of this survey will only be reported in the aggregate. The survey should take you fewer than 10 minutes to complete.

If you have any questions or concerns, please contact Cori Wigington at 404.498.0223 or [cjwigington@cdc.gov](mailto:cjwigington@cdc.gov).

Form Approved OMB No. 0920-1078 Expiration Date 08.31.2018. Public reporting burden of this collection of information is estimated to average 8 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 Office of Management and Budget control number. Send comments regarding this burden estimate, or any other aspect of this information collection, including suggestions for reducing this burden to CDC/Agency for Toxic Substance and Disease Registry Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attention: PRA (0920-1078).

## DISPOSITION

**\* Select the best option:**

- I am employed.**
- I am furthering my education at an academic institution** (e.g., graduate school, certificate program).
- I am employed and am furthering my education at an academic institution at the same time.**
- I am participating in a training or service program such as a fellowship or internship** (e.g., Public Health Informatics Fellowship Program, Peace Corps).
- Other** (please explain)

## EMPLOYMENT

**\* Employer / Organization Name:**

(e.g., The New York City Department of Health and Mental Hygiene)

**\* Location of Employment:**

(e.g., New York, New York)

**Salary Range (per year):**

- Less than \$30,000
- \$30,000 - \$49,999
- \$50,000 - \$69,999
- \$70,000 - \$89,999
- \$90,000 or more

## Employment (2)

We are interested in learning more about your job responsibilities. Please select the best option for the statements below.

	No	Yes
I lead one or more projects	<input type="radio"/>	<input type="radio"/>
I lead a team, but do not hold an official supervisory position	<input type="radio"/>	<input type="radio"/>
I hold a supervisory position	<input type="radio"/>	<input type="radio"/>

\* Which of the following best describes the primary focus of your job?

- Public Health (including population health)
- Health / Healthcare
- Other (please identify)

## TYPE OF EMPLOYMENT

\* Which of the following best describes your type of employment?

- I am working as a federal government employee (e.g., CDC, FDA)
- I am working as a non-federal government employee (state, local, tribal, territorial; e.g., Georgia Department of Public Health)
- I am working as a contractor in support of federal, state, tribal, territorial, or local government (e.g., ORISE, Northrup Grumman)
- I am not working for the government in any capacity

**JOB SERIES / GRADE LEVEL: FEDERAL GOVERNMENT**

**What is your grade level / Commission Corps equivalent?**

- GS-7/O-2
- GS-8
- GS-9/O-3
- GS-10/O-3
- GS-11/O-3
- GS-12/O-3 or O-4
- GS-13/O-4 or O-5
- GS-14/O-6
- GS-15/O-6
- SES/O-7/8
- I don't know
- Other (please specify):

WORK SETTING: GOVERNMENT

\* Which of the following best describes the setting in which you work?

- Centers for Disease Control and Prevention (CDC) stationed at headquarters
- Centers for Disease Control and Prevention (CDC) stationed in the field
- Other (non-CDC) Department of Health and Human Services (DHHS) stationed at headquarters
- Other (non-CDC) Department of Health and Human Services(DHHS) stationed in the field
- Other Federal Government Agency stationed at headquarters (e.g., State Department, USAID)
- Other Federal Government Agency stationed in the field (e.g., State Department, USAID)
- State Government Agency
- City or County Government Agency
- Territorial Agency / Organization / Coalition
- Tribal Agency / Organization / Coalition
- Academic Institution or University
- Other (please identify)

## WORK SETTING FOR NON-GOVERNMENT

**\* Which of the following best describes the setting in which you work?**

- State or Local Non-Profit Organization
- National Non-Profit Organization
- For-Profit Organization / Company / Industry
- Territorial Agency / Organization / Coalition
- Tribal Agency / Organization / Coalition
- Academic Institution or University
- Other (please identify)



CDC CENTER, INSTITUTE OR OFFICE (IF GOVERNMENT OR CONTRACTOR WORKING FOR CDC)

\* What is your CDC Center, Institute, or Office (CIO)?

- CDC Office of the Director / Office of the Associate Director for Communication (OADC)
- CDC Office of the Director / Office of the Associate Director for Policy (OADP)
- CDC Office of the Director / Office of the Associate Director for Science (OADS)
- CDC Office of the Director / Office of the Chief of Staff (OCS)
- CDC Office of the Director / Office of the Chief Operating Officer (OCOO)
- CDC Office of the Director / CDC Washington Office (CDC/W)
- CDC Office of the Director / Office of Diversity Management and Equal Employment Opportunity (ODMEEEO)
- CDC Office of the Director / Office of Minority Health and Health Equity (OMHHE)
- Center for Global Health (CGH)
- National Institute for Occupational Safety and Health (NIOSH)
- Office of Infectious Disease (OID) / Office of the Director (OD)
- OID / National Center for Immunization and Respiratory Diseases (NCIRD)
- OID / National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
- OID / National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
- Office of Noncommunicable Disease, Injury, and Environmental Health (ONDIEH) / Office of the Director (OD)
- ONDIEH / National Center on Birth Defects and Developmental Disabilities (NCBDDD)
- ONDIEH / National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
- ONDIEH / National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH / ATSDR)
- ONDIEH / National Center for Injury Prevention and Control (NCIPC)
- Office for State, Tribal, Local and Territorial Support (OSTLTS)
- Office of Public Health Preparedness and Response (OPHPR)
- Office of Public Health Scientific Services (OPHSS) / Office of the Director (OD)
- Office of Public Health Scientific Services (OPHSS) / Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)
- Office of Public Health Scientific Services (OPHSS) / National Center for Health Statistics (NCHS)
- Other (please identify)

## EMPLOYMENT AREA OF FOCUS

In which of the following topical areas have you been working for the past year? Select all that apply.

- Communicable Disease Control** (e.g., HIV; STDs; Tuberculosis; Influenza; Healthcare-Associated Infections)
- Chronic Disease** (e.g., Diabetes; Heart Disease and Stroke; Nutrition, Physical Activity, Obesity; Tobacco Use; Cancer)
- Injury Prevention** (e.g., Motor Vehicle Injuries; Violence Prevention; Prescription Drug Overdose)
- Environmental Public Health** (e.g., Air Pollution and Respiratory Health; Asthma)
- Maternal, Child, and Family Health** (e.g., Reproductive Health; Teen Pregnancy; Birth Defects)
- Access to and Linkage with Clinical Care**
- Public Health Preparedness and Response**
- Global Migration and Quarantine**
- Immunization**
- Other** (please specify):

## EMPLOYMENT AREA OF FOCUS (2)

Which of the following describe your work activities over the past year? Select all that apply.

- Monitoring community health status** including identifying health risks, conducting monitoring and surveillance activities, and using methods and technology (e.g., registries, graphic information systems) to collect, interpret and communicate data.
- Investigating community health problems and/or hazards** including disease screening, laboratory activities (e.g., testing), and epidemiologic investigations of disease outbreaks.
- Health promotion and health education** including designing and implementing programs that build knowledge, shape attitudes, and/or inform decision-making related to disease prevention (e.g., immunizations), healthy behaviors (e.g., nutrition, physical activity), and injury prevention.
- Mobilizing community partnerships** including building and maintaining formal and informal community partnerships (e.g., not-for-profit, private sector, and governmental partnerships), and building coalitions to tackle public health issues.
- Developing public health policies and plans** and aligning resources to assure successful policy and plan development.
- Enforcing public health laws and/or regulations** including educating about, advocating for, and enforcing of public health laws and regulations (e.g., child seat belt laws, protection of drinking water).
- Linking people to health care services** including identifying populations that face barriers to accessing health services, linking these populations to health services, and developing and implementing interventions to address barriers.
- Public health workforce development** including assessing whether the public health workforce meets the health needs of the population, maintaining public health workforce standards (e.g., licensing, credentialing, use of public health competencies), and ensuring long-term learning opportunities for the public health workforce.
- Evaluating public health processes, programs and/or interventions** including implementing performance management, quality improvement, and/or other evaluation activities to track the efficiency, effectiveness, quality of services, and impact and inform decision making.
- Public health research** including the identification of cutting-edge research, linking public health practice with academic research settings, and epidemiological studies, health policy analyses and public health systems research
- Other (Identify):**

Is there anything else you would like to share about your work, relating either to your activities or topical area(s) of focus?

## POSITION ADVANCEMENT

**Have you advanced in your career within the past year?**

- No
- Yes

**Have you received an increase in salary in the past year?**

- No
- Yes

**Have you been given more responsibility in your job in the past year?**

- No
- Yes

Position Advancement (2)

If you have been given more responsibility in your job, please explain:

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## FURTHERING EDUCATION

**\* Which of the following best describes the primary focus of your education?**

- Public Health (including population health)
- Health / Healthcare
- Other (please identify)

## FURTHERING EDUCATION (2)

**\* Name of University:**

(e.g., Johns Hopkins University)

**Name of School:**

(e.g., Bloomberg School of Public Health)

**Area(s) of Study:**

(e.g., Epidemiology, Informatics, Medicine, Microbiology, Educational Psychology)

**\* Degree(s) Sought: (select all that apply)**

- Bachelor of Science in Nursing (BSN)
- Master of Arts (MA)
- Master of Public Administration (MPA)
- Master of Public Health (MPH)
- Master of Science (MS)
- Master of Social Work (MSW)
- Doctor of Medicine (MD)
- Doctor of Philosophy (PhD)
- Doctor of Public Health (DrPH)
- Doctor of Veterinary Medicine (DVM)
- Juris Doctor (JD)
- Certificate (please identify):

Other type of degree (please identify):

EMPLOYMENT (FOR EMPLOYMENT & FURTHERING EDUCATION AT THE SAME TIME)

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(e.g., The New York City Department of Health and Mental Hygiene)

**\* Location of Employment:**

(e.g., New York, New York)

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EMPLOYMENT 2 (FOR EMPLOYMENT & FURTHERING EDUCATION AT THE SAME TIME)

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- GS-13/O-4 or O-5
- GS-14/O-6
- GS-15/O-6
- SES/O-7/8
- I don't know
- Other, please specify:

WORK SETTING GOVERNMENT (EMPLOYMENT & EDUCATION AT SAME TIME)

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- Tribal government / organization / coalition
- Academic institution or university
- Other (please identify)

## WORK SETTING FOR NON-GOVERNMENT

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- National nonprofit organization
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EMPLOYMENT AREA OF FOCUS (EMPLOYED & EDUCATION AT SAME TIME)

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- Maternal, child, and family health** (e.g., reproductive health; teen pregnancy, birth defects)
- Access to and linkage with clinical care**
- Public health preparedness and response**
- Global migration & quarantine**
- Immunization**
- Other (please specify):**

EMPLOYMENT AREA OF FOCUS (2; EMPLOYED & EDUCATION AT SAME TIME)

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## POSITION ADVANCEMENT

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**POSITION ADVANCEMENT (2)**

**If you have been given more responsibility in your job, please explain:**

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EDUCATION (FOR EMPLOYMENT & FURTHERING EDUCATION AT SAME TIME)

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- Other (please identify)

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**Name of School:**

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**Area(s) of Study:**

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**\* Degree(s) Sought: (select all that apply)**

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Master of Arts (MA)

Master of Public Administration (MPA)

Master of Public Health (MPH)

Master of Science (MS)

Master of Social Work (MSW)

Doctor of Medicine (MD)

Doctor of Philosophy (PhD)

Doctor of Public Health (DrPH)

Doctor of Veterinary Medicine (DVM)

Juris Doctor (JD)

Certificate (please identify type of certificate)

Other type of degree (please identify):

**TRAINING OR SERVICE PROGRAM**

**Name of Training or Service Program:**

**Location of Training or Service Program:**

(e.g., Washington, DC)

## IMPACT OF PHAP

**I consider myself a public health ambassador.**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**I would recommend PHAP to others considering a career in public health.**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**Please explain your response:**

## IMPACT OF PHAP (2)

**How influential has PHAP been to your career path?**

- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential

**Please explain your response:**

**How frequently do you interact with individuals or groups from your PHAP network?** This could include (but is not limited to): CDC PHAP staff, PHAP alumni, former host site supervisors and/or colleagues.

- Never
- Rarely
- Sometimes
- Often
- Frequently

**We are interested in learning more about what your PHAP experience meant to you. Now that it has been 1 year since you left the PHAP program, please describe how PHAP has made an impact on you, if at all:**

Thank You

**Thank you for providing this information.**