

Attachment 2. Epidemiology Elective Program (EEP) Alumni Survey Screenshots

Contents

EEP Year 1 Alumni Survey.....	2
EEP Year 3/5 Alumni Survey.....	25

EEP Year 1 Alumni Survey

EEP Year 1 Alumni Survey

Introduction

Form Approved
OMB No. 0920-1163
Expiration Date: 02/28/2026

You are being asked to complete this survey because of your previous participation in the Epidemiology Elective Program (EEP). The purpose of this survey is to learn about your career progression and how alumni contribute to the public health workforce.

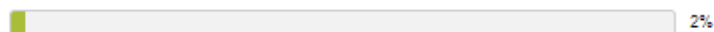
Your participation is completely voluntary. Your individual responses will be kept secure and not shared. Only CDC Epidemiology and Laboratory Workforce Branch (including EEP program staff) and CDC Division evaluation staff will have access to your responses. Results from the survey will be reported in aggregate (e.g., 75% of alumni are employed in public health).

We estimate that it will take approximately **20 minutes** to complete this survey. This survey link is unique to you, so please don't forward it to others. You will be able to return to the survey to edit or update your responses at any time prior to the survey closing date on **DATE**.

Please contact ELWBEval@cdc.gov if you have any questions regarding this survey.

Notice: By continuing to the next screen, you consent to complete this survey.

The public reporting burden of this collection of information is estimated to average 20 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 30329 ATT: PRA (0920-1163).

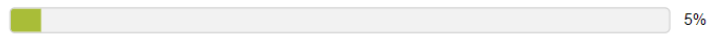


Next

Additional public health training

* 1. Have you completed any additional formal public health training since EEP (e.g., graduate degree program in public health, public health certificate program, preventative medicine residency, public health training sessions or courses, etc.)?

- Yes
- No

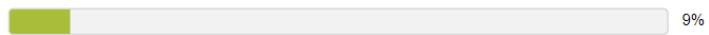


Prev Next

Residency completion

* 2. Since completing EEP, have you completed a residency or clinical fellowship?

- Yes
- No

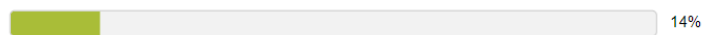


Prev Next

Board certifications

* 3. Do you currently have any active board certifications in the U.S.?

- Yes
- No

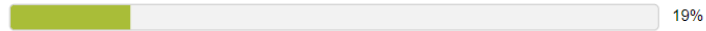


Prev Next

U.S. clinician

4. Are you a clinician (e.g., MD, DVM) currently eligible to practice within the U.S.?

- Yes, medical doctor (e.g., MD, DO)
- Yes, veterinary doctor (e.g., DVM, VMD)
- Yes, other clinical degree (e.g., DNP, PharmD)
- No



Prev

Next

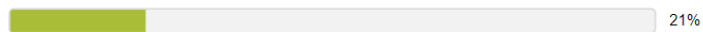
Education Status

5. Which medical or veterinary degree program were you pursuing during EEP?

- MD
- DO
- VMD
- DVM

* 6. Have you graduated from the medical or veterinary degree program you were pursuing during EEP?

- Yes
- No, I am still pursuing the medical or veterinary degree program I was pursuing during EEP
- No, I am no longer pursuing the medical or veterinary degree program I was pursuing during EEP



Prev

Next

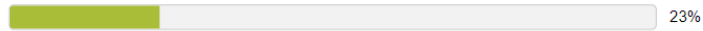
Education Status - Graduated

7. What year did you graduate from medical or veterinary school?

* 8. Did you graduate from medical or veterinary school with a dual degree in another program?

Yes

No



Prev

Next

Dual Degree – Graduated

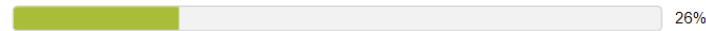
9. Specify the degree(s) you completed with your medical or veterinary training. Select all that apply.

Master's level degree program in public health

Doctoral level degree program in public health

Public health certificate program

Other (please specify)



Prev

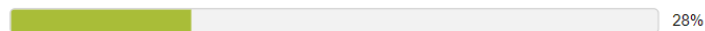
Next

Professional Status

Please select the response option that best describes your current professional status. Please read all response options before selecting your response.

* 10. Professional Status:

- I am employed (please also select this if you are an ORISE fellow)
- I am furthering my education at an academic institution (e.g., masters or doctoral or through a clinical training program or medical residency).
- 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 (e.g., internship, AmeriCorps, Peace Corps) or a different public health fellowship program than EEP (e.g., EIS, Public Health Informatics Fellowship Program)
- I am seeking employment
- I am not currently employed (and not seeking employment)
- Other (please specify)



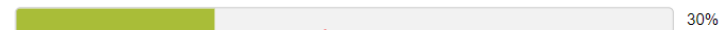
Prev

Next

Additional Education

11. Which of the following best describes the primary focus of your current education program?

- Public health (including population health) - Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.
- Health care - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.
- Other (please specify)



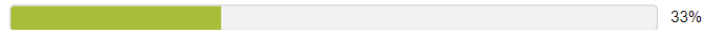
Prev

Next

Additional Education and Employed

11. Which of the following best describes the primary focus of your current education program?

- Public health (including population health)** - Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.
- Health care** - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.
- Other** (please specify)



Prev

Next

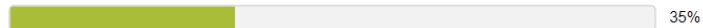
Additional Training or Service

11. Which of the following best describes the training, residency, or service program you are pursuing?

- CDC fellowship, educational, or training program (e.g., EIS)
- Non-CDC fellowship or training program
- Service organization (e.g., Peace Corps; AmeriCorps)

12. Which of the following best describes the primary focus of your current training or service program?

- Public health (including population health)** - Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.
- Health care** - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.
- Other** (please specify)



Prev

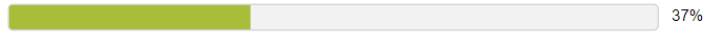
Next

Current Clinical Practice

* 11. Do you currently practice human or veterinary medicine?

Yes

No



Prev

Next

Current Practice Details

12. What is your specialty?



Prev

Next

Employer details

13. Employer Name

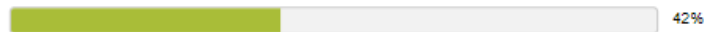
14. Employer Country (i.e., the country where your employer is based, not the country where you primarily work from if working remotely):

15. Employer State/Territory (if in the U.S.) (i.e., the state/territory where your employer is based, not the state/territory where you primarily work from if working remotely)

16. Job Title:

* 17. Which of the following best describes the primary focus of your current job?

- Public health (including population health)** - Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.
- Health care** - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.
- Other** (please specify)



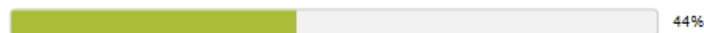
Prev

Next

Employment Type

* 18. Which of the following best describes your current employment type?

- Federal Government** (e.g., CDC, FDA, NOTE: if you are part of the USPHS Commissioned Corps, select this option.)
- Non-Federal, Government** (state, tribal, local, or territorial agency, e.g., Georgia Department of Public Health)
- Contractor** in support of federal, state, tribal, territorial, or local government (e.g., ORISE, Northrup Grumman)
- Non-governmental**, academic, clinical, community, or other organization or business



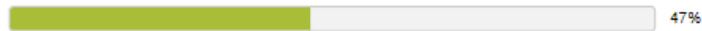
Prev

Next

Federal government employment activity

* 19. Which of the following best describes your current federal employer? *Note: If you are a PHS Officer, select the agency to which you are assigned.*

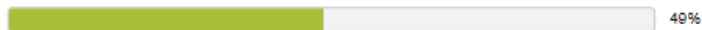
- Centers for Disease Control and Prevention (CDC). I am stationed or work primarily at CDC headquarters or other CDC domestic office.
- Centers for Disease Control and Prevention (CDC). I am stationed domestically in the field (e.g., state, local, or tribal health department).
- Centers for Disease Control and Prevention (CDC). I am stationed internationally in the field.
- Other (non-CDC) Department of Health and Human Services (HHS) agency
- Other Federal government agency (e.g., State Department, USAID)
- Other (please specify)



Prev Next

Federal government employment activity - CDC

20. In which CIO are you located?



Prev Next

Federal government employment activity - All

21. Is your current work setting in the same division, agency, or organization as your EEP site? (Note: If your host site was not in a division but in a CIO OD, select 'yes' if you are in the same CIO).

- Yes
 No

22. Which of the following best describes the employment status for your position?

- USPHS Commissioned Corps
 Civil Service, Full Time Equivalent (FTE) (e.g., Title 5, 38)
 Temporary or term FTE (including Title 42 appointment or fellowship extension)
 Other (please specify)

23. What is your current job series?

Other (please specify)

24. What is your current pay grade?

Other (please specify)



[Prev](#) [Next](#)

Non-government employment

19. Which of the following best describes your current employer?

- City or county government agency
- State government agency or public health laboratory
- U.S. territorial and freely associated state government agency
- Tribal government equivalent organization/coalition
- Other (please specify)

20. Is your current work setting in the same agency or organization as your EEP host site?

- Yes
- No



Prev Next

Government contractor employment

19. Which of the following best describes the primary focus or setting of your contract work

- I support or work at the Centers for Disease Control and Prevention (CDC).
- I support or work at the Department of Health and Human Services (HHS) (not CDC).
- I support or work at another Federal government agency (e.g., State Department, USAID).
- I support or work at a city or county government agency.
- I support or work at a state government agency or public health laboratory.
- I support or work at a US territorial or freely associated state agency.
- I support or work at a tribal governmental equivalent organization/coalition.
- Other (please specify)

20. Is your current work setting in the same CIO or division, agency, or organization as your EEP host site?

- Yes
- No



Prev Next

Non-government employment

19. Which of the following best describes your current employer?

- College or university
- Industry (private, non-clinical business)
- Clinical (hospital or other clinical care)
- Non-governmental, community, or other organization
- Tribal organization
- Other (please specify)



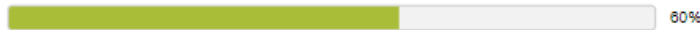
Prev

Next

Support of Essential Public Health Services

20. Which of the following describe your work activities in your current job? Select all that apply.

- Assess and monitor population health status, factors that influence health, and community needs and assets**
- Investigate, diagnose, and address health problems and hazards affecting the population** (e.g., anticipating, preventing, and mitigating health threats through epidemiologic identification; using public health laboratory capabilities and modern technology for testing, screening, etc.; responding to acute outbreaks, emergencies, and other health hazards; identifying, analyzing, and distributing information on population health, outbreaks, etc.)
- Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it**
- Strengthen, support, and mobilize communities and partnerships to improve health**
- Create, champion, and implement policies, plans, and laws that impact health**
- Utilize legal and regulatory actions designed to improve and protect the public's health** (e.g., licensing and monitoring the quality of healthcare services; reviewing new drug, biologic, and medical device applications; licensing and credentialing the healthcare workforce; conducting enforcement activities)
- Assure an effective system that enables equitable access to the individual services and care needed to be healthy** (e.g., addressing and removing barriers to care; ensuring access to high-quality and cost-effective healthcare and social services; building relationships with payers and healthcare providers)
- Build and support a diverse and skilled public health workforce** (e.g., providing education and training; building active partnerships with academia and other professional training programs; forecasting workforce needs; incorporating public health principles in non-public health curricula).
- Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement**
- Build and maintain a strong organizational infrastructure for public health** (e.g., designing and maintain information and data systems; managing financial and human resources; strategic planning)
- N/A - I am not working in public health or health care**
- Other** (please specify):



Prev Next

Program Focus Area(s)

21. Please specify your current program area(s). Select all that apply.

Note: Some programs are listed differently than you would expect. For example, WIC can be found under "Maternal and Child Health – WIC."

- Administration/Administrative Support
 - Animal Control
 - Children and Youth with Special Health Care Needs
 - Clinical Services (excluding TB, STD, family planning)
 - Communicable Disease - HIV
 - Communicable Disease - Influenza
 - Communicable Disease - STD
 - Communicable Disease - Tuberculosis
 - Communicable Disease - Viral Hepatitis
 - Other Communicable Disease
 - Community Health Assessment/Planning
 - COVID-19 Response
 - Disability services, including disability determinations
 - Emergency Medical Services
 - Emergency Preparedness
 - Enforcement/Inspection/Licensing/Certification of Facilities (includes health care facilities, long-term care facilities, nursing homes, and child care facilities)
 - Environmental Health
 - Epidemiology Surveillance
 - Global Health
 - Health Education
 - Health Promotion/Wellness
 - Immunizations - clinical services
 - Immunizations - non-clinical
 - Informatics
 - Information Technology (IT) Services
 - Injury/Violence Prevention
 - Maternal and Child Health
 - Maternal and Child Health - Family Planning
-

- Maternal and Child Health - WIC
- Medical Examiner
- Mental and Behavioral Health
- Minority Health/Health Disparities
- Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
- Oral Health/Clinical Dental Services
- Policy and Legislation
- Program Evaluation
- Public Health Genetics
- Public Health Laboratory
- School Health
- Substance Abuse, including tobacco control programs
- Training/Workforce Development
- Vital Records
- Other Program Area (please specify)



[Prev](#) [Next](#)

Involvement in programs/activities that address health disparities and social determinants of health

Select "Yes" or "No" for the following questions:

In your current role, do you work on project(s) or activities that:

22. **Measure health disparities** among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?
Definition: A **health disparity** is a plausibly avoidable, systematic health difference adversely affecting a socially, economically, geographically, or environmentally disadvantaged group.

- Yes
 No

23. **Investigate underlying contributors to health inequities** among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

Definition: A **health inequity** is a particular kind of health disparity that is reasonably believed to reflect injustice.

- Yes
 No

24. **Plan, implement or evaluate programs or activities** that are intended to address health disparities and/or promote health equity?

- Yes
 No



Prev

Next

Career Progression

We are interested in learning about your career advancement since EEP. Select the best option for each statement below.

25. Since EEP, have you received a higher level of responsibility in your job?

- Yes
 No

26. Since EEP, have you received a promotion (e.g., higher position or grade level)?

- Yes
 No



Prev

Next

Leadership Roles

27. Which of the following **best describes** the supervisory status of your position?

- I do not supervise other employees.
- I supervise/manage one or more employees.
- I supervise/manage one or more supervisors/managers.

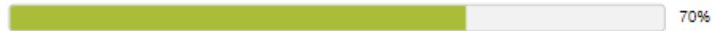
28. How much do you agree or disagree with each of the following statements?

In my current position, I have/I participate in

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Influence on the policy, operations, or administration of my work unit (e.g., program, department, or branch).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal decision-making authority for my work unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to represent my organization in external settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-sector or interdisciplinary collaboration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical responsibility (e.g., subject matter expertise).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiscal responsibility (e.g., budget management).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operational responsibility (e.g., general management of and/or operational oversight in your work unit or agency).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Which of the following activities have you conducted since completing EEP? Check all that apply.

- Developed new or revised public health policies, guidelines, recommendations, or standards
- Developed new or revised policies, guidelines, recommendations, or standards in healthcare settings
- Developed new or revised policies, guidelines, recommendations, or standards in workplaces (other than public health or healthcare settings)
- Led an emergency response or outbreak investigation (whether in the field or through a leadership coordination role within your organization).
- Led a program or intervention (i.e., an organized, planned, and usually ongoing effort designed to improve a social problem or improve social conditions)
- Led policy development initiative(s)
- Led a research project (e.g., principal investigator of a study)
- Obtained new funding for your organization (e.g., via contracts, grants, or other mechanisms)
- Conducted strategic planning for your organization
- Published peer-reviewed publication(s) as first-author
- Published peer-reviewed publication(s) as a co-author
- Published other first-authored publications (e.g., book chapter)
- Presented oral presentation(s) at conferences
- Presented poster(s) at conferences
- Served on an expert panel or advisory board
- Served in an official leadership role in a professional organization



Prev Next

Preparedness for Post-Program Position

30. Overall, to what extent did your fellowship experience prepare you for your current position?

- Not at all; my fellowship did not prepare me.
- A little; my fellowship had a small role in preparing me.
- Somewhat; my fellowship had a moderate role in preparing me.
- Neither agree nor disagree
- Very much; my fellowship had a large role in preparing me.

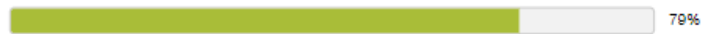


Prev Next

Influence on Career Path

31. How influential has EEP been to your career path?

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



Prev

Next

Interest in the EIS Program

* 32. Have you applied to the Epidemic Intelligence Service (EIS)?

- Yes, I applied to EIS and was accepted
- I applied and I plan to reapply in the future
- I applied and do not plan to reapply
- No, but I plan to apply
- No, I do not plan to apply to EIS



Prev

Next

Applied and accepted to EIS

33. What is your EIS class year?



Prev

Next

Applied and plan to reapply to EIS

33. In what year do you plan to reapply?

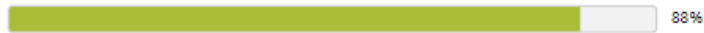


Prev

Next

Plan to apply to EIS

33. In what year do you plan to apply?



Prev

Next

Alumni Engagement

33. How frequently do you interact with the following groups on work-related topics?

	Never – We do not interact or we only interact outside of work.	Rarely – Once a year or less	Sometimes - About once a quarter	Often - About once a month	Frequently – Every week or every day
Other EEP alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EEP students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Former EEP supervisors/mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former EEP staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former EIS staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. What kind of activities does your current relationship with the following groups entail? Select all that apply.

	Not applicable	Networking	Sharing resources / information	Collaboration on a project	Professional working relationship	Other
Other EEP alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current EEP students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former EEP supervisors/mentors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current or former EEP staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current or former EIS officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. If you selected "other" to the previous question, please describe how you engage with those groups.



Prev [Next](#)

General Information

The following questions are optional.

36. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino
- I prefer not to answer

16. What is your Race (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer/decline

17. How do you currently describe yourself (mark all that apply)?

- Female
- Male
- Transgender, non-binary, or other gender
- Prefer not to answer/decline

18. How old are you?



Prev

Next

Interest in Recruitment Activities

* 40. Alumni are a great way to get the word out about CDC's fellowship programs. Are you interested in participating in any future efforts to recruit or promote your fellowship?

If "Yes," you may be contacted by CDC Division of Workforce Development staff. Your contact information will not be shared with anyone outside of DWD.

- Yes
 No



Prev Next

Respondent Location

If you reside in the United States and are interested in participating in a recruitment event near you, please share your location information.

19. City

20. State/Territory:



Prev Next

Conclusion

Thank you for taking the time to complete this survey. Please contact ELWBeval@cdc.gov with any questions.



Prev

Done

EEP Year 3/5 Alumni Survey

EEP Year 3/5 Alumni Survey

Introduction

Form Approved
OMB No. 0920-1163
Expiration Date: 02/28/2026

You are being asked to complete this survey because of your previous participation in the Epidemiology Elective Program (EEP). The purpose of this survey is to learn about your career progression and how alumni contribute to the public health workforce.

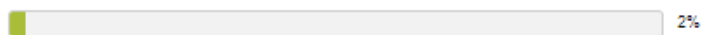
Your participation is completely voluntary. Your individual responses will be kept secure and not shared. Only CDC Epidemiology and Laboratory Workforce Branch (including EEP program staff) and CDC Division evaluation staff will have access to your responses. Results from the survey will be reported in aggregate (e.g., 75% of alumni are employed in public health).

We estimate that it will take approximately **17 minutes** to complete this survey. This survey link is unique to you, so please don't forward it to others. You will be able to return to the survey to edit or update your responses at any time prior to the **survey closing date on [DATE]**.

Please contact ELWBEval@cdc.gov if you have any questions regarding this survey.

Notice: By continuing to the next screen, you consent to complete this survey.

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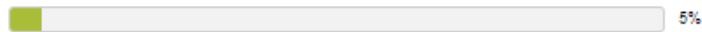


Next

Additional public health training

* 1. Have you completed any additional formal public health training in the last two years (e.g., graduate degree program in public health, public health certificate program, preventative medicine residency, public health training sessions or courses, etc.)?

- Yes
 No



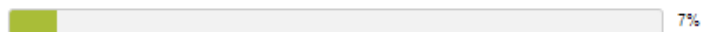
Prev

Next

Post-Program Public Health Training

2. Specify public health training completed in the last two years. Select all that apply.

- Bachelor's degree program in public health
 Master's level degree program in public health
 Doctoral level degree program in public health
 Public health certificate program
 Preventative medicine residency
 Other public health training (please specify)



Prev

Next

Residency completion

* 3. In the last two years, have you completed a residency or clinical fellowship?

- Yes
 No



Prev

Next

Residencies completed

4. What is the specialty of the residency or clinical fellowship you completed since EEP?



Prev

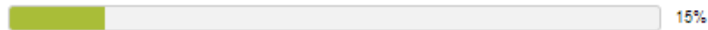
Next

Board certifications

* 5. Do you currently have any active board certifications in the U.S.?

Yes

No



Prev

Next

Board certifications details

6. Please specify active board certifications:



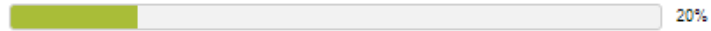
Prev

Next

U.S. clinician

7. Are you a clinician (e.g., MD, DVM) currently eligible to practice within the U.S.?

- Yes, medical doctor (e.g., MD, DO)
- Yes, veterinary doctor (e.g., DVM, VMD)
- Yes, other clinical degree (e.g., DNP, PharmD)
- No



Prev

Next

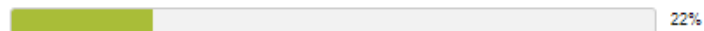
Education Status

8. Which medical or veterinary degree program were you pursuing during EEP?

- MD
- DO
- VMD
- DVM

* 9. Have you graduated from the medical or veterinary degree program you were pursuing during EEP?

- Yes
- No, I am still pursuing the medical or veterinary degree program I was pursuing during EEP
- No, I am no longer pursuing the medical or veterinary degree program I was pursuing during EEP



Prev

Next

Education Status - Graduated

10. What year did you graduate from medical or veterinary school?

* 11. Did you graduate from medical or veterinary school with a dual degree in another program?

- Yes
 No



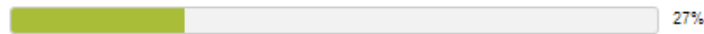
Prev

Next

Dual Degree – Graduated

12. Specify the degree(s) you completed with your medical or veterinary training. Select all that apply.

- Master's level degree program in public health
 Doctoral level degree program in public health
 Public health certificate program
 Other (please specify)



Prev

Next

Education Status - Not Graduated

10. What year do you expect to complete your program?

11. What is your specialty?

* 12. Are you pursuing a dual degree in another program?

Yes

No



Prev

Next

Dual Degree – Not Graduated

13. Specify the degree(s) you are pursuing with your medical or veterinary training. Select all that apply.

Master's level degree program in public health

Doctoral level degree program in public health

Public health certificate program

Other (please specify)



Prev

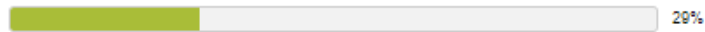
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Professional Status:

Please select the response option that best describes your current professional status. Please read all response options before selecting your response.

* 13. Professional Status:

- I am employed (please also select this if you are an ORISE fellow)
- I am furthering my education at an academic institution (e.g., masters or doctoral or through a clinical training program or medical residency).
- 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 (e.g., internship, AmeriCorps, Peace Corps) or a different public health fellowship program than EEP (e.g., EIS, Public Health Informatics Fellowship Program)
- I am seeking employment
- I am not currently employed (and not seeking employment)
- Other (please specify)



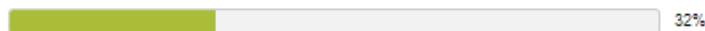
Prev

Next

Additional Education

14. Which of the following best describes the primary focus of your current education program?

- Public health (including population health)** - Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.
- Health care** - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.
- Other** (please specify)



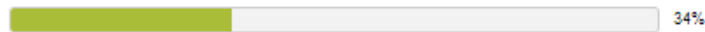
Prev

Next

Additional Education and Employed

14. Which of the following best describes the primary focus of your current education program?

- Public health (including population health)** - Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.
- Health care** - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.
- Other (please specify)**



Prev

Next

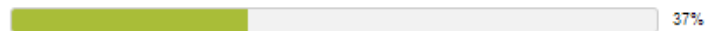
Additional Training or Service

14. Which of the following best describes the training, residency, or service program you are pursuing?

- CDC fellowship, educational, or training program (e.g., EIS)
- Non-CDC fellowship or training program
- Service organization (e.g., Peace Corps; AmeriCorps)

15. Which of the following best describes the primary focus of your current education program?

- Public health (including population health)** - Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.
- Health care** - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.
- Other (please specify)**



Prev

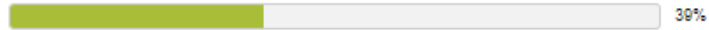
Next

Current Clinical Practice

* 14. Do you currently practice human or veterinary medicine?

Yes

No

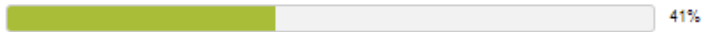


Prev

Next

Current Practice Details

15. What is your specialty?



Prev

Next

Employer details

16. Employer Name

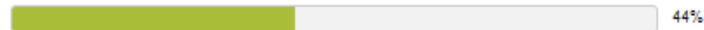
17. Employer Country (i.e., the country where your employer is based, not the country where you primarily work from if working remotely):

18. Employer State/Territory (if in the U.S.) (i.e., the state/territory where your employer is based, not the state/territory where you primarily work from if working remotely):

19. Job Title:

* 20. Which of the following best describes the primary focus of your current job?

- Public health (including population health)** - Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.
- Health care** - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.
- Other (please specify)**



Prev

Next

Employment Type

* 21. Which of the following best describes your current employment type?

- Federal Government** (e.g., CDC, FDA, NOTE: if you are part of the USPHS Commissioned Corps, select this option.)
- Non-Federal, Government** (state, tribal, local, or territorial agency, e.g., Georgia Department of Public Health)
- Contractor** in support of federal, state, tribal, territorial, or local government (e.g., ORISE, Northrup Grumman)
- Non-governmental, academic, clinical, community, or other organization or business**



Prev

Next

Federal government employment activity

* 22. Which of the following best describes your current federal employer? *Note: If you are a PHS Officer, select the agency to which you are assigned.*

- Centers for Disease Control and Prevention (CDC). I am stationed or work primarily at CDC headquarters or other CDC domestic office.
- Centers for Disease Control and Prevention (CDC). I am stationed domestically in the field (e.g., state, local, or tribal health department).
- Centers for Disease Control and Prevention (CDC). I am stationed internationally in the field.
- Other (non-CDC) Department of Health and Human Services (HHS) agency
- Other Federal government agency (e.g., State Department, USAID)
- Other (please specify)



Prev Next

Federal government employment activity - CDC

23. In which CIO are you located?



Prev Next

Federal government employment activity - All

24. Which of the following best describes the employment status for your position?

- USPHS Commissioned Corps
- Civil Service, Full Time Equivalent (FTE) (e.g., Title 5, 38)
- Temporary or term FTE (including Title 42 appointment or fellowship extension)
- Other (please specify)

25. What is your current job series?

Other (please specify)

26. What is your current pay grade?

Other (please specify)



Prev

Next

Non-federal, government employment

22. Which of the following best describes your current employer?

- City or county government agency
- State government agency or public health laboratory
- U.S. territorial and freely associated state government agency
- Tribal government equivalent organization/coalition
- Other (please specify)



Prev

Next

Government contractor employment

22. Which of the following best describes the primary focus or setting of your contract work

- I support or work at the Centers for Disease Control and Prevention (CDC).
- I support or work at the Department of Health and Human Services (HHS) (not CDC).
- I support or work at another Federal government agency (e.g., State Department, USAID).
- I support or work at a city or county government agency.
- I support or work at a state government agency or public health laboratory.
- I support or work at a US territorial or freely associated state agency.
- I support or work at a tribal governmental equivalent organization/coalition.
- Other (please specify)



Prev Next

Non-government employment

22. Which of the following best describes your current employer?

- College or university
- Industry (private, non-clinical business)
- Clinical (hospital or other clinical care)
- Non-governmental, community, or other organization
- Tribal organization
- Other (please specify)



Prev Next

Support of Essential Public Health Services

23. Which of the following describe your work activities in your current job? Select all that apply.

- Assess and monitor population health status, factors that influence health, and community needs and assets
- Investigate, diagnose, and address health problems and hazards affecting the population (e.g., anticipating, preventing, and mitigating health threats through epidemiologic identification; using public health laboratory capabilities and modern technology for testing, screening, etc.; responding to acute outbreaks, emergencies, and other health hazards; identifying, analyzing, and distributing information on population health, outbreaks, etc.)
- Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- Strengthen, support, and mobilize communities and partnerships to improve health
- Create, champion, and implement policies, plans, and laws that impact health
- Utilize legal and regulatory actions designed to improve and protect the public's health (e.g., licensing and monitoring the quality of healthcare services; reviewing new drug, biologic, and medical device applications; licensing and credentialing the healthcare workforce; conducting enforcement activities)
- Assure an effective system that enables equitable access to the individual services and care needed to be healthy (e.g., addressing and removing barriers to care; ensuring access to high-quality and cost-effective healthcare and social services; building relationships with payers and healthcare providers)
- Build and support a diverse and skilled public health workforce (e.g., providing education and training; building active partnerships with academia and other professional training programs; forecasting workforce needs; incorporating public health principles in non-public health curricula).
- Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- Build and maintain a strong organizational infrastructure for public health (e.g., designing and maintain information and data systems; managing financial and human resources; strategic planning)
- N/A - I am not working in public health or health care
- Other (please specify)



Prev

Next

Program Focus Area(s)

24. Please specify your current program area(s). Select all that apply.

Note: Some programs are listed differently than you would expect. For example, WIC can be found under "Maternal and Child Health – WIC."

- Administration/Administrative Support
- Animal Control
- Children and Youth with Special Health Care Needs
- Clinical Services (excluding TB, STD, family planning)
- Communicable Disease - HIV
- Communicable Disease - Influenza
- Communicable Disease - STD
- Communicable Disease - Tuberculosis
- Communicable Disease - Viral Hepatitis
- Other Communicable Disease
- Community Health Assessment/Planning
- COVID-19 Response
- Disability services, including disability determinations
- Emergency Medical Services
- Emergency Preparedness
- Enforcement/Inspection/Licensing/Certification of Facilities (includes health care facilities, long-term care facilities, nursing homes, and child care facilities)
- Environmental Health
- Epidemiology Surveillance
- Global Health
- Health Education
- Health Promotion/Wellness
- Immunizations - clinical services
- Immunizations - non-clinical
- Informatics
- Information Technology (IT) Services
- Injury/Violence Prevention
- Maternal and Child Health
- Maternal and Child Health - Family Planning
- Maternal and Child Health - WIC
- Medical Examiner
- Mental and Behavioral Health
- Minority Health/Health Disparities

- Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
- Oral Health/Clinical Dental Services
- Policy and Legislation
- Program Evaluation
- Public Health Genetics
- Public Health Laboratory
- School Health
- Substance Abuse, including tobacco control programs
- Training/Workforce Development
- Vital Records
- Other Program Area (please specify)



[Prev](#) [Next](#)

Involvement in programs/activities that address health disparities and social determinants of health

Select "Yes" or "No" for the following questions:

In your current role, do you work on project(s) or activities that:

25. **Measure health disparities** among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?
Definition: A health disparity is a plausibly avoidable, systematic health difference adversely affecting a socially, economically, geographically, or environmentally disadvantaged group.

- Yes
 No

26. **Investigate underlying contributors to health inequities** among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

Definition: A health inequity is a particular kind of health disparity that is reasonably believed to reflect injustice.

- Yes
 No

27. **Plan, implement or evaluate programs or activities** that are intended to address health disparities and/or promote health equity?

- Yes
 No



Prev

Next

Career Progression

We are interested in learning about your career advancement over the past two years. Select the best option for the statements below.

28. Over the past two years, have you received a higher level of responsibility in your job?

- Yes
 No

29. Over the past two years, have you received a promotion (e.g., higher position or grade level)?

- Yes
 No



[Prev](#) [Next](#)

Leadership Roles

30. Which of the following **best describes** the supervisory status of your position?

- I do not supervise other employees.
 I supervise/manage one or more employees.
 I supervise/manage one or more supervisors/managers.

31. How much do you agree or disagree with each of the following statements?

In my current position, I have/I participate in:

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Influence on the policy, operations, or administration of my work unit (e.g., program, department, or branch).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal decision-making authority for my work unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to represent my organization in external settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-sector or interdisciplinary collaboration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical responsibility (e.g., subject matter expertise).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiscal responsibility (e.g., budget management).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operational responsibility (e.g., general management of and/or operational oversight in your work unit or agency).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Which of the following activities have you conducted in the last two years? Check all that apply.

- Developed new or revised public health policies, guidelines, recommendations, or standards
- Developed new or revised policies, guidelines, recommendations, or standards in healthcare settings
- Developed new or revised policies, guidelines, recommendations, or standards in workplaces (other than public health or healthcare settings)
- Led an emergency response or outbreak investigation (whether in the field or through a leadership coordination role within your organization).
- Led a program or intervention (i.e., an organized, planned, and usually ongoing effort designed to improve a social problem or improve social conditions)
- Led policy development initiative(s)
- Led a research project (e.g., principal investigator of a study)
- Obtained new funding for your organization (e.g., via contracts, grants, or other mechanisms)
- Conducted strategic planning for your organization
- Published peer-reviewed publication(s) as first-author
- Published peer-reviewed publication(s) as a co-author
- Published other first-authored publications (e.g., book chapter)
- Presented oral presentation(s) at conferences
- Presented poster(s) at conferences
- Served on an expert panel or advisory board
- Served in an official leadership role in a professional organization



Prev Next

Interest in the EIS Program

* 33. Have you applied to the Epidemic Intelligence Service (EIS) program?

- Yes, I applied to EIS and was accepted
- I applied and I plan to reapply in the future
- I applied and do not plan to reapply
- No, but I plan to apply
- No, I do not plan to apply to EIS



Prev Next

Applied and accepted to EIS

34. What is your EIS class year?



Prev

Next

Applied and plan to reapply to EIS

34. In what year do you plan to reapply?



Prev

Next

Plan to apply to EIS

34. In what year do you plan to apply?



Prev

Next

Alumni Engagement

34. How frequently do you interact with the following groups on work-related topics?

	Never We do not interact or we only interact outside of work.	Rarely Once a year or less	Sometimes About once a quarter	Often About once a month	Frequently Every week or every day
Other EEP alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EEP students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Former EEP supervisors/mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former EEP staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former EIS staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. What kind of activities does your current relationship with the following groups entail? Select all that apply.

	Not applicable	Networking	Sharing resources / information	Collaboration on a project	Professional working relationship	Other
Other EEP alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current EEP students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former EEP supervisors/mentors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current or former EEP staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current or former EIS officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. If you selected "other" to the previous question, please describe how you engage with those groups.



Prev [Next](#)

General Information

The following questions are optional.

36. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino
- I prefer not to answer

16. What is your Race (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer/decline

17. How do you currently describe yourself (mark all that apply)?

- Female
- Male
- Transgender, non-binary, or other gender
- Prefer not to answer/decline

18. How old are you?



Prev

Next

5. Interest in Recruitment Activities

* 41. Alumni are a great way to get the word out about CDC's fellowship programs. Are you interested in participating in any future efforts to recruit or promote your fellowship? If "Yes," you may be contacted by CDC Division of Workforce Development staff. Your contact information will not be shared with anyone outside of DWD.

- Yes
 No



Prev

Next

Respondent Location

If you reside in the United States and are interested in participating in a recruitment event near you, please share your location information.

19. City

20. State/Territory:



Prev

Next

Conclusion

Thank you for taking the time to complete this survey. Please contact ELWBeval@cdc.gov with any questions.



Prev

Done