

## INTRODUCTION

Form Approved OMB No. 0920-1078

Exp. 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.

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 (e.g., 75% of alumni are employed in public health). The survey should take you fewer than 10 minutes to complete.

If you have any questions or concerns, please contact Dr. Laura Colman at 404.498.1542 or PHAP\_evaluation@cdc.gov.

Form Approved OMB No. 0920-1078 Expiration Date XX.XX.XXXX. 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

| DISPOSITION                                                                                  |                                                               |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------|
|                                                                                              |                                                               |
| * 1. Select the best option:                                                                 |                                                               |
| I am employed.                                                                               |                                                               |
| I am furthering my education at an academic institution (                                    | e.g., graduate school).                                       |
| I am employed and am furthering my education at an aca                                       | demic institution at the same time.                           |
| I am participating in a training or service program such a Fellowship Program, Peace Corps). | s a fellowship or internship (e.g., Public Health Informatics |
| Other (please explain)                                                                       |                                                               |
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| EMPLOYMENT                                         |  |
|----------------------------------------------------|--|
|                                                    |  |
| * 2. Employer / Organization Name:                 |  |
| (e.g., Centers for Disease Control and Prevention) |  |
|                                                    |  |
| * 3. Location of Employment:                       |  |
| (e.g., Austin, TX)                                 |  |
|                                                    |  |
| 4. Salary Range (per year):                        |  |
| Less than \$30,000                                 |  |
| \$30,000 - \$49,999                                |  |
| \$50,000 - \$69,999                                |  |
| \$70,000 - \$89,999                                |  |
| \$90,000 or more                                   |  |
|                                                    |  |
|                                                    |  |



# CAREER ADVANCEMENT (EMPLOYED)

| We are interested in learning more about your career advancement over the past X years. Select the best option for the statements below. |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. Have you received an increase in salary in the X year(s)?                                                                             |  |
| ○ No                                                                                                                                     |  |
| Yes                                                                                                                                      |  |
|                                                                                                                                          |  |
| 6. Have you advanced in your career in the past X year(s)?                                                                               |  |
| ○ No                                                                                                                                     |  |
| Yes                                                                                                                                      |  |
|                                                                                                                                          |  |
| 7. Have you been given more responsibility in your job in the past X year(s)?                                                            |  |
| ○ No                                                                                                                                     |  |
| Yes                                                                                                                                      |  |



| PHAP Alumni Assessment                                                     |  |
|----------------------------------------------------------------------------|--|
| CAREER ADVANCEMENT (EMPLOYED-2)                                            |  |
| 8. If you have been given more responsibility in your job, please explain: |  |
|                                                                            |  |
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# PHAP Alumni Assessment JOB RESPONSIBILITIES AND FOCUS (EMPLOYED) We are interested in learning more about your current job. 9. Please select the best option for the statements below regarding your current job responsibilities. No Yes I lead one or more projects I lead a team, but do not hold an official supervisory position I hold a supervisory position \* 10. Which of the following best describes the primary focus of your current job? Public Health (including population health) Health care Other (please identify)



# TYPE OF EMPLOYMENT

| * 11. Which of the following best describes your <u>current</u> type of employment?                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| I am working as a <u>federal government</u> employee (e.g., CDC, FDA)                                                                   |
| I am working as a <u>non-federal government</u> 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 <u>not</u> working for the government in any capacity                                                                              |
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# JOB SERIES / GRADE LEVEL: FEDERAL GOVERNMENT

| 12. 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: FEDERAL GOVERNMENT

| WORK SETTING. FEDERAL GOVERNIMENT                                                 |
|-----------------------------------------------------------------------------------|
|                                                                                   |
| * 13. Which of the following best describes the setting in which you work?        |
| Centers for Disease Control and Prevention (CDC) stationed <u>at headquarters</u> |
| Centers for Disease Control and Prevention (CDC) stationed in the field           |
| Other (non-CDC) Department of Health and Human Services (HHS)                     |
| Other Federal government agency (e.g., State Department, USAID)                   |
| Other (please identify)                                                           |
|                                                                                   |
|                                                                                   |
|                                                                                   |



| WORK SETTING: NON-FEDERAL GOVERNMENT                                       |
|----------------------------------------------------------------------------|
|                                                                            |
| * 14. Which of the following best describes the setting in which you work? |
| City or county government agency                                           |
| State government agency                                                    |
| Territorial agency/organization/coalition                                  |
| Tribal government/organization/coalition                                   |
| Other (please identify)                                                    |
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# WORK SETTING: CONTRACTOR TO THE GOVERNMENT

| * 15.      | * 15. Which of the following best describes the setting in which you work?     |  |  |
|------------|--------------------------------------------------------------------------------|--|--|
|            | Centers for Disease Control and Prevention (CDC) stationed at headquarters     |  |  |
| $\bigcirc$ | Centers for Disease Control and Prevention (CDC) <u>stationed in the field</u> |  |  |
| $\bigcirc$ | Other (non-CDC) Department of Health and Human Services (HHS)                  |  |  |
| $\bigcirc$ | Other federal government agency (e.g., State Department, USAID)                |  |  |
| $\bigcirc$ | City or county government agency                                               |  |  |
|            | State government agency                                                        |  |  |
| $\bigcirc$ | Territorial agency/organization/coalition                                      |  |  |
| $\bigcirc$ | Tribal government/organization/coalition                                       |  |  |
| $\bigcirc$ | Other (please identify)                                                        |  |  |
|            |                                                                                |  |  |



# WORK SETTING FOR NON-GOVERNMENT

| * 16. Which of the following best describes the setting in which you work? |  |
|----------------------------------------------------------------------------|--|
| State or local nonprofit organization                                      |  |
| National nonprofit organization                                            |  |
| For-profit organization/company/industry                                   |  |
| Territorial agency/organization/coalition                                  |  |
| Tribal agency/organization/coalition                                       |  |
| Academic institution or university                                         |  |
| Other (please identify)                                                    |  |
|                                                                            |  |



PHAP Alumni Assessment

CDC CENTER, INSTITUTE OR OFFICE

| * 17.      | What is your CDC Center, Institute, or Office (CIO)?                                                                                                       |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | CDC Washington Office                                                                                                                                      |
| $\bigcirc$ | Center for Global Health (CGH)                                                                                                                             |
|            | National Institute for Occupational Safety and Health (NIOSH)                                                                                              |
|            | CDC Office of the Director (OD)                                                                                                                            |
|            | Center for State, Tribal, Local, and Territorial Support (CSTLTS)                                                                                          |
|            | Office of Infectious Disease/Office of the Director (OID/OD)                                                                                               |
|            | Office of Infectious Disease/ Influenza Coordination Unit (OID/ICU)                                                                                        |
|            | Office of Infectious Disease/ National Center for Immunization and Respiratory Diseases (OID/NCRID)                                                        |
|            | Office of Infectious Disease/National Center for Emerging and Zoonotic Infectious Disease (OID/NCEZID)                                                     |
|            | Office of Infectious Disease/ National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (OID/NCHHSTP)                                          |
|            | Office of Noncommunicable Disease, Injury, and Environmental Health/ Office of the Director (ONDIEH/OD)                                                    |
| $\bigcirc$ | Office of Noncommunicable Disease, Injury, and Environmental Health/ National Center on Birth Defects and Developmental Disabilities (ONDIEH/ NCBDDD)      |
| $\bigcirc$ | Office of Noncommunicable Disease, Injury, and Environmental Health/ National Center for Chronic Disease Prevention and Health Promotion (ONDIEH/ NCCDPHP) |
| $\bigcirc$ | Office of Noncommunicable Disease, Injury, and Environmental Health/ National Center for Environmental Health (ONDIEH/ NCEH) (14)                          |
| $\bigcirc$ | Office of Noncommunicable Disease, Injury, and Environmental Health/ Agency for Toxic Substances and Disease Registry (ONDIEH/ NCEH-ATSDR)                 |
| $\bigcirc$ | Office of Noncommunicable Disease, Injury, and Environmental Health/ National Center for Injury Prevention and Control (ONDIEH, NCIPC)                     |
|            | Office of Public Health Scientific Services office of the Director (OPHSS/OD)                                                                              |
|            | Office of Public Health Scientific Services/ Center for Surveillance, Epidemiology, and Laboratory Services (OPHSS/CSELS)                                  |
|            | Office of Public Health Scientific Services/ National Center for Health Statistics (OPHSS/NCHS)                                                            |
|            | Center for Preparedness and Response (CPR)                                                                                                                 |
|            | Other (please identify)                                                                                                                                    |
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# **EMPLOYMENT AREA OF FOCUS**

| 18. In which of the following topical areas are you working in your current job? Select all that apply.                |
|------------------------------------------------------------------------------------------------------------------------|
| Communicable Disease Control (e.g., HIV; STDs; Tuberculosis; Influenza; Health care-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                                                                                                           |
| Not applicable; I am not working in public health or health care                                                       |
| Other (please specify):                                                                                                |
|                                                                                                                        |



# EMPLOYMENT AREA OF FOCUS (2)

| 19. | Which of the following describe your <u>work activities</u> in your <u>current job</u> ? Select all that apply.                                                                                                                                                                                                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <b>Monitoring community health status</b> 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.                                                                                  |
|     | <b>Investigating community health problems and/or hazards</b> including disease screening, laboratory activities (e.g., testing), and epidemiologic investigations of disease outbreaks.                                                                                                                                                       |
|     | <b>Health promotion and health education</b> 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.                                            |
|     | <b>Mobilizing community partnerships</b> 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.                                                                                                                                                                                                                           |
|     | <b>Enforcing public health laws and/or regulations</b> including educating about, advocating for, and enforcing of public health laws and regulations (e.g., child seat belt laws, protection of drinking water).                                                                                                                              |
|     | <b>Linking people to health care services</b> including identifying populations that face barriers to accessing health services, linking these populations to health services, and developing and implementing interventions to address barriers.                                                                                              |
|     | <b>Public health workforce development</b> 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. |
|     | <b>Evaluating public health processes, programs and/or interventions</b> 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.                                                            |
|     | <b>Public health research</b> 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                                                                                                    |
|     | Not applicable; I am not working in public health or health care.                                                                                                                                                                                                                                                                              |
|     | Other (Identify):                                                                                                                                                                                                                                                                                                                              |
|     |                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                                                                                                                                                                                                                                |



| PHAP Alumni Assessment                                                           |
|----------------------------------------------------------------------------------|
| FURTHERING EDUCATION                                                             |
|                                                                                  |
| * 20. Which of the following best describes the primary focus of your education? |
| Public Health (including population health)  Health care                         |
| Other (please identify)                                                          |
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| FURTHERING EDUCATION (2)                                                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                   |  |
| * 21. Name of University:                                                                                                         |  |
| (e.g., Johns Hopkins University)                                                                                                  |  |
|                                                                                                                                   |  |
|                                                                                                                                   |  |
| <ul><li>22. Area(s) of Study:</li><li>(e.g., Epidemiology, Informatics, Medicine, Microbiology, Educational Psychology)</li></ul> |  |
| (e.g., Epiderniology, informatics, Medicine, Microbiology, Eddcational 1 Sychology)                                               |  |
|                                                                                                                                   |  |
| * 23. <b>Degree(s) Sought:</b> (select all that apply)                                                                            |  |
| Bachelor of Arts (BA)                                                                                                             |  |
|                                                                                                                                   |  |
| Bachelor of Science (BS)                                                                                                          |  |
| Bachelor of Science in Nursing (BSN)                                                                                              |  |
| Master of Arts (MA)                                                                                                               |  |
| Master of Business Administration (MBA)                                                                                           |  |
| Master of Public Administration (MPA)                                                                                             |  |
| Master of Public Health (MPH)                                                                                                     |  |
|                                                                                                                                   |  |
| Master of Science (MS)                                                                                                            |  |
| Master of Social Work (MSW)                                                                                                       |  |
| Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)                                                                    |  |
| Doctor of Philosophy (PhD)                                                                                                        |  |
| Doctor of Public Health (DrPH)                                                                                                    |  |
| Doctor of Veterinary Medicine (DVM)                                                                                               |  |
|                                                                                                                                   |  |
| Juris Doctor (JD)                                                                                                                 |  |

| 24. Other type of degree (please identify): | _ |
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# EMPLOYMENT (FOR EMPLOYMENT & FURTHERING EDUCATION AT THE SAME TIME)

| 25. Employer / Organization Name:                  |  |
|----------------------------------------------------|--|
| (e.g., Centers for Disease Control and Prevention) |  |
|                                                    |  |
|                                                    |  |
| 26. Location of Employment:                        |  |
| (e.g., Austin, TX)                                 |  |
|                                                    |  |
|                                                    |  |
| 27. Salary Range:                                  |  |
| Less than \$30,000                                 |  |
| \$30,000 - \$49,999                                |  |
| \$50,000 - \$69,999                                |  |
| \$70,000 - \$89,999                                |  |
| \$90,000 or more                                   |  |
|                                                    |  |
|                                                    |  |



# CAREER ADVANCEMENT (FOR EMPLOYED & FURTHERING EDUCATION AT THE SAME TIME)

| We are interested in learning more about your career advancement over the past 3 years. Select the best option for the statements below. |
|------------------------------------------------------------------------------------------------------------------------------------------|
| 28. Have you received an increase in salary in the past X year(s)?                                                                       |
| ○ No                                                                                                                                     |
| Yes                                                                                                                                      |
|                                                                                                                                          |
| 29. Have you advanced in your career in the past X year(s)?                                                                              |
| ○ No                                                                                                                                     |
| Yes                                                                                                                                      |
|                                                                                                                                          |
| 30. Have you been given more responsibility in your job in the past X year(s)?                                                           |
| ○ No                                                                                                                                     |
| Yes                                                                                                                                      |
|                                                                                                                                          |



| CAREER ADVANCEMENT (FOR EMPLOYED AND FURTHERING EDUCATION AT THE SAME TIME-2) |
|-------------------------------------------------------------------------------|
| 31. If you have been given more responsibility in your job, please explain:   |



# JOB RESPONSIBILITIES AND FOCUS (FOR EMPLOYED & FURTHERING EDUCATION AT THE SAME TIME)

We are interested in learning more about your <u>current</u> job.

No

Yes

| I lead one or more projects                                                                                                                      |                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|
| I lead a team, but do not hold an official supervisory position                                                                                  | $\bigcirc$                    |  |
| I hold a supervisory position                                                                                                                    |                               |  |
| * 33. Which of the following best describes the primary focus  Public Health (including population health)  Health care  Other (please identify) | s of your <u>current</u> job? |  |



# TYPE OF EMPLOYMENT

| * 34. Which of the following best describes your type of employment?                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|
| I am working as a <u>federal government</u> 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 <u>not</u> working for the government in any capacity.                                                                          |
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# JOB SERIES / GRADE LEVEL: FEDERAL GOVERNMENT

| 35. 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: FEDERAL GOVERNMENT (EMPLOYMENT & EDUCATION AT SAME TIME)

| * 36. Which of the following best describes the setting in which you work?        |   |
|-----------------------------------------------------------------------------------|---|
| Centers for Disease Control and Prevention (CDC) stationed <u>at headquarters</u> |   |
| Centers for Disease Control and Prevention (CDC) stationed in the field           |   |
| Other (non-CDC) Department of Health and Human Services (HHS)                     |   |
| Other federal government agency (e.g., State Department, USAID)                   |   |
| Other (please identify)                                                           |   |
|                                                                                   | _ |



WORK SETTING: NON-FEDERAL GOVERNMENT (EMPLOYMENT & EDUCATION AT SAME TIME)

| <sup>*</sup> 37. Which of the following best describes the setting in which you work? |  |
|---------------------------------------------------------------------------------------|--|
| City or county government agency                                                      |  |
| State government agency                                                               |  |
| Territorial agency/organization/coalition                                             |  |
| Tribal government/organization/coalition                                              |  |
| Other (please identify)                                                               |  |
|                                                                                       |  |



# WORK SETTING: CONTRACTOR TO THE GOVERNMENT (EMPLOYMENT & EDUCATION AT SAME TIME)

| * 38.      | Which of the following best describes the setting in which you work?              |
|------------|-----------------------------------------------------------------------------------|
|            | Centers for Disease Control and Prevention (CDC) stationed <u>at headquarters</u> |
|            | Centers for Disease Control and Prevention (CDC) stationed in the field           |
|            | Other (non-CDC) Department of Health and Human Services (HHS)                     |
|            | Other federal government agency (e.g., State Department, USAID)                   |
|            | City or county government agency                                                  |
|            | State government agency                                                           |
|            | Territorial agency/organization/coalition                                         |
|            | Tribal government/organization/coalition                                          |
| $\bigcirc$ | Other (please identify)                                                           |
|            |                                                                                   |



# WORK SETTING FOR NON-GOVERNMENT (EMPLOYED & EDUCATION AT SAME TIME)

| * 39. | Which of the following best describes the setting in which you work? |
|-------|----------------------------------------------------------------------|
|       | State or local nonprofit organization                                |
|       | National nonprofit organization                                      |
|       | For-profit organization/company/industry                             |
|       | Territorial agency/organization/coalition                            |
|       | Tribal agency/organization/coalition                                 |
|       | Academic institution or university                                   |
|       | Other (please identify)                                              |
|       |                                                                      |



FOR CDC)

| CDC CENTER, INSTITUTE, OR OFFICE ( | (IF GOVERNMENT OF | R CONTRACTOR WORKING |
|------------------------------------|-------------------|----------------------|

| * 40.      | What is your CDC Center, Institute, or Office (CIO)?                                                                                                       |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | CDC Washington Office                                                                                                                                      |
|            | Center for Global Health (CGH)                                                                                                                             |
|            | National Institute for Occupational Safety and Health (NIOSH)                                                                                              |
|            | CDC Office of the Director (OD)                                                                                                                            |
|            | Center for State, Tribal, Local, and Territorial Support (CSTLTS)                                                                                          |
|            | Office of Infectious Disease/Office of the Director (OID/OD)                                                                                               |
|            | Office of Infectious Disease/ Influenza Coordination Unit (OID/ICU)                                                                                        |
|            | Office of Infectious Disease/ National Center for Immunization and Respiratory Diseases (OID/NCRID)                                                        |
|            | Office of Infectious Disease/National Center for Emerging and Zoonotic Infectious Disease (OID/NCEZID)                                                     |
|            | Office of Infectious Disease/ National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (OID/NCHHSTP)                                          |
|            | Office of Noncommunicable Disease, Injury, and Environmental Health/ Office of the Director (ONDIEH/OD)                                                    |
| $\bigcirc$ | Office of Noncommunicable Disease, Injury, and Environmental Health/ National Center on Birth Defects and Developmental Disabilities (ONDIEH/ NCBDDD)      |
|            | Office of Noncommunicable Disease, Injury, and Environmental Health/ National Center for Chronic Disease Prevention and Health Promotion (ONDIEH/ NCCDPHP) |
|            | Office of Noncommunicable Disease, Injury, and Environmental Health/ National Center for Environmental Health (ONDIEH/ NCEH) (14)                          |
|            | Office of Noncommunicable Disease, Injury, and Environmental Health/ Agency for Toxic Substances and Disease Registry (ONDIEH/ NCEH-ATSDR)                 |
|            | Office of Noncommunicable Disease, Injury, and Environmental Health/ National Center for Injury Prevention and Control (ONDIEH, NCIPC)                     |
|            | Office of Public Health Scientific Services office of the Director (OPHSS/OD)                                                                              |
|            | Office of Public Health Scientific Services/ Center for Surveillance, Epidemiology, and Laboratory Services (OPHSS/CSELS)                                  |
|            | Office of Public Health Scientific Services/ National Center for Health Statistics (OPHSS/NCHS)                                                            |
|            | Center for Preparedness and Response (CPR)                                                                                                                 |
|            | Other (please identify)                                                                                                                                    |
|            |                                                                                                                                                            |
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# EMPLOYMENT AREA OF FOCUS (EMPLOYED & EDUCATION AT SAME TIME)

| 41. In which of the following topical areas have you been working in your current job? Select all that                             |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|
| apply.                                                                                                                             |  |
| Communicable disease control (e.g., HIV, STDs, tuberculosis, influenza, health care-associated infections)                         |  |
| Chronic disease (e.g., diabetes, heart disease and stroke, nutrition, physical activity, obesity, smoking and 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 & quarantine                                                                                                      |  |
| Immunization                                                                                                                       |  |
| Not applicable; I am not working in public health or health care                                                                   |  |
| Other (please specify):                                                                                                            |  |
|                                                                                                                                    |  |
|                                                                                                                                    |  |



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

| _ | Which of the following describe your <u>work activities</u> in your <u>current job</u> ? Select all that apply.                                                                                                                                                                                                                                 |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | <b>Monitoring community health status,</b> including identifying health risks, monitoring and surveillance activities, and using methods and technology (e.g., registries, graphic information systems) to collect, interpret and communicate data.                                                                                             |
|   | <b>Investigating community health problems and/or hazards,</b> including disease screening, laboratory activities (e.g., testing), and epidemiologic investigations of disease outbreaks.                                                                                                                                                       |
|   | <b>Health promotion and health education,</b> 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.                                            |
|   | <b>Mobilizing community partnerships</b> 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 ensure successful policy and plan development.                                                                                                                                                                                                                            |
|   | <b>Enforcing public health laws and/or regulations</b> including educating about, advocacy for, and enforcing of public health laws and regulations (e.g., child seat belt laws, protection of drinking water).                                                                                                                                 |
|   | <b>Linking people to health care services</b> including identifying populations that face barriers to accessing health services, linking these populations to health services, and developing and implementing interventions to address barriers.                                                                                               |
|   | <b>Public health workforce development,</b> 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. |
|   | <b>Evaluating public health processes, programs and/or interventions,</b> including conducting performance management, quality improvement, and/or other evaluation activities to track efficiency, effectiveness, quality, and impact of services and inform decision making.                                                                  |
|   | <b>Public health research</b> including identifying cutting-edge research, linking public health practice with academic research settings, and epidemiological studies, health policy analyses and public health systems research.                                                                                                              |
| I | Not applicable; I am not working in public health or health care.                                                                                                                                                                                                                                                                               |
| Ī | Other (Identify):                                                                                                                                                                                                                                                                                                                               |



| EDUCATION (FOR EMPLOYMENT & FURTHERING EDUCATION AT SAME TIME)                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * 43. Which of the following best describes the primary focus of your education?  Public Health (including population health)  Health care  Other (please identify) |
|                                                                                                                                                                     |
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# EDUCATION (EMPLOYMENT & EDUCATION AT SAME TIME; 2)

| 44. Name of University: (e.g., Johns Hopkins University) |                                                                             |  |
|----------------------------------------------------------|-----------------------------------------------------------------------------|--|
| 45. <b>Area(s) of S</b> (e.g., Epidemiolo                | study:<br>ogy, Informatics, Medicine, Microbiology, Educational Psychology) |  |
| * 46. <b>Degree(s</b>                                    | s) Sought: (select all that apply)                                          |  |
| Bachelor of                                              | f Arts (BA)                                                                 |  |
| Bachelor of                                              | f Science (BS)                                                              |  |
| Bachelor of                                              | f Science in Nursing (BSN)                                                  |  |
| Master of A                                              | urts (MA)                                                                   |  |
| Master of B                                              | Business Administration (MBA)                                               |  |
| Master of P                                              | Public Administration (MPA)                                                 |  |
| Master of P                                              | Public Health (MPH)                                                         |  |
| Master of S                                              | Science (MS)                                                                |  |
| Master of S                                              | Social Work (MSW)                                                           |  |
| Doctor of M                                              | Medicine (MD) or Doctor of Osteopathic Medicine (DO)                        |  |
| Doctor of P                                              | Philosophy (PhD)                                                            |  |
| Doctor of P                                              | Public Health (DrPH)                                                        |  |
| Doctor of V                                              | eterinary Medicine (DVM)                                                    |  |
| Juris Docto                                              | ır (JD)                                                                     |  |

| 47. Other type of degree (please identify): |  |
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| TRAINING OR SERVICE PROGRAM                  |  |
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| 48. Name of Training or Service Program:     |  |
|                                              |  |
|                                              |  |
| 49. Location of Training or Service Program: |  |
| (e.g., Washington, DC)                       |  |
|                                              |  |
|                                              |  |



| EDUCATION COMPLETION                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                  |  |
| 50. Since completing PHAP, have you graduated from a degree program at an academic institution (e.g., Master of Public Health program)?  Yes  No |  |
|                                                                                                                                                  |  |
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# **EDUCATION COMPLETION (2)**

| * 51. | Specify degree(s) earned: (select all that apply)              |
|-------|----------------------------------------------------------------|
|       | Bachelor of Arts (BA)                                          |
|       | Bachelor of Science (BS)                                       |
|       | Bachelor of Science in Nursing (BSN)                           |
|       | Master of Arts (MA)                                            |
|       | Master of Business Administration (MBA)                        |
|       | Master of Public Administration (MPA)                          |
|       | Master of Public Health (MPH)                                  |
|       | Master of Science (MS)                                         |
|       | Master of Social Work (MSW)                                    |
|       | Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) |
|       | Doctor of Philosophy (PhD)                                     |
|       | Doctor of Public Health (DrPH)                                 |
|       | Doctor of Veterinary Medicine (DVM)                            |
|       | Juris Doctor (JD)                                              |
|       | Other (please specify)                                         |
|       |                                                                |
|       |                                                                |



# IMPACT OF PHAP

| 52. I consider myself a public health ambassador.                           |  |  |  |
|-----------------------------------------------------------------------------|--|--|--|
| Strongly disagree                                                           |  |  |  |
| Disagree                                                                    |  |  |  |
| Neither agree nor disagree                                                  |  |  |  |
| Agree                                                                       |  |  |  |
| Strongly agree                                                              |  |  |  |
|                                                                             |  |  |  |
| 53. I would recommend PHAP to others considering a career in public health. |  |  |  |
| Strongly disagree                                                           |  |  |  |
| Disagree                                                                    |  |  |  |
| Neither agree nor disagree                                                  |  |  |  |
| Agree                                                                       |  |  |  |
| Strongly agree                                                              |  |  |  |
|                                                                             |  |  |  |
| 54. Please explain your response:                                           |  |  |  |
|                                                                             |  |  |  |
|                                                                             |  |  |  |
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| IMPACT OF PHAP (2)                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                      |
| 55. How influential has PHAP been to your career path?                                                               |
| Not at all influential                                                                                               |
| Slightly influential                                                                                                 |
| Somewhat influential                                                                                                 |
| Very influential                                                                                                     |
| Extremely influential                                                                                                |
|                                                                                                                      |
| 57. 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                                                                                                           |



| ASSOCIATE PROGRAM                         |  |
|-------------------------------------------|--|
| PHAP Alumni Assessment                    |  |
| Thank You                                 |  |
| Thank you for providing this information. |  |
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