# Attachment 2. Epidemic Intelligence Service (EIS) and Laboratory Leadership Service (LLS) Alumni Survey Screenshots

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## EIS Year 1 Alumni Survey

#### **EIS 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 Epidemic Intelligence Service Fellowship (EIS). The purpose of this survey is to learn about your career progression and how fellowship 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 EIS 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 25 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.

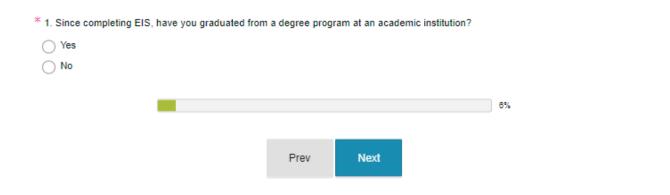
Please contact ELWBEval@cdc.gov if you have any questions regarding this survey.

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 25 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).

|      | 3% |
|------|----|
|      |    |
| Next |    |

#### DEGREE COMPLETION



#### DEGREES EARNED

| 2  | Checify degree(s) carned since completing EIC Celest all that apply     |    |
|----|---|----|
| 2. | . Specify degree(s) earned since completing EIS. Select all that apply. |    |
|    | Master of Arts (MA)   |    |
|    | Master of Business Administration (MBA)                                 |    |
| [  | 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)                                     |    |
| [  | Doctor of Nursing Practice (DNP)  |    |
| [  | Juris Doctor (JD)   |    |
| [  | Other (please specify):   |    |
|    |   |    |
|    |   |    |
|    |   | 8% |
|    |   |    |
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# RESIDENCY COMPLETION \* 3. Since completing EIS, have you completed a residency or clinical fellowship? O Yes O No Prev Next RESIDENCIES COMPLETED **BOARD CERTIFICATIONS DETAILS** 6. Please specify active board certifications: Prev Next **BOARD CERTIFICATIONS** \* 5. Do you currently have any active board certifications in the U.S.? O Yes O No Next Prev Next Prev

#### PROFESSIONAL STATUS

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

| * 8. Professional Status:  |
|--|
| I am employed. Please also select this response if you are extending your EIS fellowship or 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 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 EIS (e.g., FLIGHT)  |
| I am seeking employment.   |
| I am not currently employed and not seeking employment.  |
| Other (please specify):  |
|  |
|  |
| 25%  |
|  |
| Prev Next  |
| ADDITIONAL EDUCATION   |
|  |
| 9. Which of the following best describes the <b>primary</b> focus of your current education?   |
| 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):  |
|  |
|  |
|  |
| 28%  |
|  |

Prev

#### ADDITIONAL EDUCATION AND EMPLOYMENT

| 9. Which of the following best describes the <b>primary</b> focus of your current education?   |    |
|--|----|
| 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):  |    |
|  |    |
|  |    |
| 31%  |    |
|  |    |
|  |    |
| Prev Next  |    |
|  |    |
|  |    |
|  | _  |
| ADDITIONAL TRAINING OR SERVICE   |    |
|  |    |
| 9. Which of the following best describes the training or service program you are pursuing?   |    |
| CDC public health fellowship, educational, or training program (e.g., FLIGHT)  |    |
| Non-CDC fellowship or training program   |    |
| Service organization (e.g., Peace Corps; AmeriCorps)   |    |
|  |    |
| 10. Which of the following best describes the <b>primary</b> 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 population or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.  | ns |
| Health care - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.  |    |
| Other (please specify):  |    |
|  |    |
|  |    |
| 33%  |    |
| 3376   |    |
|  |    |
| Prev Next  |    |

#### **EMPLOYER DETAILS**

Note: If you have more than one job, please provide employment information for what you consider to be your primary job and employer.

6. Employer name:

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

\$\displays \text{Permittery (if in the U.S.) (if you work remotely, this might be different from where you are located):

\$\displays \text{10. 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):

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#### EMPLOYMENT TYPE

| * 14. Which of the following best describes your current type of employment?  Federal government employee (e.g., CDC, FDA) (NOTE: if you are part of the USPHS Commissioned Corps, select this option)  Non-federal government employee (domestic 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 fellow, Northrup Grumman)  Non-governmental, academic, clinical, community, or other organization employee                     |
|--|
|  |
| Prev Next  |
| FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY   |
| FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY   |
| <ul> <li>17. Is your current work setting in the same division, agency, or organization as your EIS site?</li> <li>Note: If your host site was not in a division but in a CIO OD, select yes if you are staying in the same CIO.</li> <li>Yes</li> <li>No</li> <li>18. Which of the following best describes the employment status for your position?</li> <li>USPHS Commissioned Corps</li> <li>Civil Service, Full Time Equivalent (FTE) (e.g., Title 5, 38)</li> <li>Temporary or term FTE (including Title 42 appointment or former fellowship extension)</li> </ul> |
| Other (please specify):  |
| 19. What is your current job series?   |
| FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - CDC   |
| 16. In which CIO are you located?  |

Prev

#### NON-FEDERAL, GOVERNMENT EMPLOYMENT

| 15. Which of the following best describes your current <b>employer</b> ?                                     |
|--|
| 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):  |
|  |
|  |
| GOVERNMENT CONTRACTOR EMPLOYMENT   |
|  |
| 5. Which of the following best describes the <u>primary focus or setting</u> 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) or other HHS agency (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):  |
|  |
|  |
| 16. Is your current work setting in the same CIO or division, agency, or organization as your EIS host site? |
| Yes  |
| ○ No   |
|  |
|  |

## NON-GOVERNMENT EMPLOYMENT

| * 15. Which of the following | best describes your cur     | rent <u>employer</u> ? | ?                      |                  |  |
|------------------------------|-----------------------------|------------------------|------------------------|------------------|--|
| College or university        |                             |                        |                        |                  |  |
| Industry (private, non-cl    | inical business)            |                        |                        |                  |  |
| Clinical (hospital or other  | er clinical care)           |                        |                        |                  |  |
| Non-governmental, com        | nmunity, or other organizat | tion                   |                        |                  |  |
| Tribal organization          |                             |                        |                        |                  |  |
| Other (please specify):      |                             |                        |                        |                  |  |
|                              |                             |                        |                        |                  |  |
|                              |                             |                        |                        |                  |  |
|                              |                             |                        |                        | 56%              |  |
|                              |                             |                        |                        |                  |  |
|                              |                             |                        |                        |                  |  |
|                              |                             | Prev                   | Next                   |                  |  |
|                              |                             |                        |                        |                  |  |
|                              |                             |                        |                        |                  |  |
| NON-GOVERNMENT               | EMPLOYMENT                  |                        |                        |                  |  |
|                              |                             |                        |                        |                  |  |
| 16. Is your current work set | ting in the same CIO or d   | livision, agency,      | or organization as you | r EIS host site? |  |
| ○ Yes                        |                             |                        |                        |                  |  |
| ○ No                         |                             |                        |                        |                  |  |
| Ŭ.                           |                             |                        |                        |                  |  |
|                              |                             |                        |                        | 58%              |  |
|                              |                             |                        |                        |                  |  |
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|                              |                             | TICV                   | NCAL                   |                  |  |
|                              |                             |                        |                        |                  |  |

## SUPPORT OF ESSENTIAL PUBLIC HEALTH SERVICES

| 17. Which of the following describe your work activiti  | ies in your current   | job? Select all   | that apply.          |                             |
|---|---|-------------------|----------------------|-----------------------------|
| Assess and monitor population health status,  | factors that influe   | ence health, and  | d community need     | s and assets.               |
| Investigate, diagnose, and address health prol<br>mitigating health threats through epidemiologic id-<br>testing, screening, etc.; responding to acute outbr<br>information on population health, outbreaks, etc.). | entification; using p<br>eaks, emergencies  | ublic health lab  | oratory capabilities | and modern technology for   |
| Communicate effectively to inform and educate   | te people about he  | ealth, factors th | at influence it, and | d how to improve it.        |
| Strengthen, support, and mobilize communities   | s and partnership   | s to improve h    | ealth.               |                             |
| Create, champion, and implement policies, pla   | ins, and laws that  | impact health.    |                      |                             |
| Utilize legal and regulatory actions designed to of healthcare services; reviewing new drug, biolog workforce; conducting enforcement activities).  |   |                   |                      |                             |
| addressing and removing barriers to care; ensuring  | 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 with academia and other professional training pro health curricula).   |   |                   |                      |                             |
| Improve and innovate public health functions  | through ongoing   | evaluation, res   | earch, and continu   | ious quality improvement.   |
| Build and maintain a strong organizational info<br>systems; managing financial and human resource   |   |                   | ., designing and ma  | intain information and data |
| N/A - I am not working in public health or healt  | th care.  |                   |                      |                             |
| Other (please specify):   |   |                   |                      |                             |
|   |   |                   |                      |                             |
|   |   |                   |                      |                             |
|   |   |                   |                      | 61%                         |
|   |   |                   |                      |                             |
|   | Prev  | Next              |                      |                             |
|   | 1101  | ITOAL             |                      |                             |

#### PROGRAM FOCUS AREAS

| 18. 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 H | ealth |
|--|-------|
| 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, child care facilities)                                      | and   |
| Environmental Health   |       |
| Epidemilogy 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):  |    |
|   |   |    |
| L |   |    |
|   | 6-  | 4% |
|   |   |    |
|   |   |    |
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|   |   |    |

# 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:

15. 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

16. 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

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

Yes

No

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#### CAREER PROGRESSION

| We are interested in learning about your career advancement over the past year. Select the best option for the statements below.   |  |  |  |  |
|--|--|--|--|--|
| 18. Over the past year, have you received a higher level of responsibility in your job?  Yes  No   |  |  |  |  |
| 19. Over the past year, have you received a promotion (e.g., higher p Yes No   | ossition or grade level)?  69%  Next   |  |  |  |
| SUPERVISION AND LEADERSHIP   |  |  |  |  |
| 24. Which of the following <b>best describes</b> the supervisory status of your like the your like the supervisory status of your like the your li | atements?  |  |  |  |
| 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 research project(s) (e.g., principal investigator for 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 officially recognized leadership role (e.g., executive board) in a professional organization |  |  |  |

#### PREPAREDNESS FOR POST-FELLOWSHIP POSITION

| Overall, to what extent did your fellowship experience.      Not at all; my fellowship did not prepare me.      A little; my fellowship had a small role in preparition.      Somewhat; my fellowship had a moderate role in Very much; my fellowship had a large role in presented. | ng me.<br>n preparing me.                             | you to perform in                                 | n your current p                    | osition?   |                                    |
|--|---|---|-------------------------------------|--|------------------------------------|
|  | Prev  | Next  |                                     |  |                                    |
|  |   |   |                                     |  |                                    |
| PREPAREDNESS FOR POST-FELLOWSHI<br>TRAINING)   | P POSITION (  | (EMPLOYED/  | PURSUING E                          | EDUCATION (  | DR                                 |
| 8. To what extent did each of the following parts of y   | our EIS ovnorion                                      | co proparo vou fr                                 | or your current r                   | ocition?   |                                    |
| o. To what extent did each of the following parts of yo  | our Lis experient                                     | ce prepare you it                                 | n your current p                    | OSITIOT!   |                                    |
|  | Not at all -  | Δ little -  | Somewhat -                          | Very much -  |                                    |
|  | Not at all -<br>Not relevant or did<br>not prepare me | A little -<br>Had a small role in<br>preparing me | Had a moderate                      | Very much -<br>Had a large role in<br>preparing me | This was not part of my fellowship |
| Required learning activities (e.g., Core Activities of Learning, Performance requirements)   | Not relevant or did                                   | Had a small role in                               | Had a moderate<br>role in preparing | Had a large role in                                |                                    |
|  | Not relevant or did                                   | Had a small role in                               | Had a moderate<br>role in preparing | Had a large role in                                |                                    |
| Learning, Performance requirements)  | Not relevant or did                                   | Had a small role in                               | Had a moderate<br>role in preparing | Had a large role in                                |                                    |
| Learning, Performance requirements) Peer-to-peer learning  | Not relevant or did                                   | Had a small role in                               | Had a moderate<br>role in preparing | Had a large role in                                |                                    |
| Learning, Performance requirements)  Peer-to-peer learning  Learning from mentors/supervisors  | Not relevant or did                                   | Had a small role in                               | Had a moderate<br>role in preparing | Had a large role in                                |                                    |
| Learning, Performance requirements)  Peer-to-peer learning  Learning from mentors/supervisors  Developing a professional network   | Not relevant or did not prepare me                    | Had a small role in preparing me                  | Had a moderate role in preparing me | Had a large role in preparing me                   | of my fellowship                   |
| Learning, Performance requirements)  Peer-to-peer learning  Learning from mentors/supervisors  Developing a professional network  Didactic or classroom-based training   | Not relevant or did not prepare me                    | Had a small role in preparing me                  | Had a moderate role in preparing me | Had a large role in preparing me                   | of my fellowship                   |

#### USE OF COMPETENCIES/SKILLS

30. How relevant are the following skillsets to your current position?

|   | Not at all | A little   | Somewhat   | Very much  |
|---|------------|------------|------------|------------|
| Assessment and analysis (e.g., surveillance activities, public health and epidemiologic investigations, data analysis and synthesis)                              | $\circ$    | $\circ$    | $\circ$    | $\circ$    |
| Basic public health sciences (e.g., using knowledge of disease cause, laboratory resources, and informatics principles to support epidemiologic practice)         | $\bigcirc$ | $\circ$    | $\bigcirc$ | $\bigcirc$ |
| Communication (e.g., development of written and oral reports, application of risk communication principles, usage of effective communication technologies)        | $\circ$    | $\circ$    | $\circ$    | $\circ$    |
| Community dimensions of practice (e.g., development of community partnerships, support community public health planning)  | $\circ$    | $\circ$    | $\circ$    | $\circ$    |
| Cultural competency (e.g., considering specific socio-cultural factors and groups subject to health disparities in investigations, analysis, and recommendations) | $\circ$    | $\circ$    | $\circ$    | 0          |
| Operational planning and management (e.g., accomplishing program objectives through collaborative relationships and team building)                                | $\bigcirc$ | $\bigcirc$ | $\circ$    | $\circ$    |
| <b>Leadership and systems thinking</b> (e.g., ethical conduct in epidemiologic practice, preparing for emergency response)  | $\circ$    | $\circ$    | $\circ$    | $\circ$    |
| <b>Policy development</b> (e.g., incorporating epidemiologic perspective in policy development and analysis)  | $\bigcirc$ | $\circ$    | $\circ$    | $\bigcirc$ |

31. Please indicate the extent to which the following fellowship activities prepared you to perform your job duties in your current position.

INFLUENCE ON CAREER PATH

32. How influential has EIS been to your career path?

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

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#### ALUMNI ENGAGEMENT

| 33. How frequently do you interact with                        | the following grou  | ps on work  | related topic                           | s?                                      |                                       |                                       |  |
|--|---|-------------|---|---|---------------------------------------|---------------------------------------|--|
|  | Never -<br>We do not interact over only interact<br>outside of work | Ra          | nrely -<br>year or less A               | Sometimes -<br>bout once a quarter      | Ofter<br>About once                   |                                       | Frequently -<br>Every week or every<br>day |
| Other EIS alumni   | $\circ$   | (           | $\circ$                                 | $\circ$                                 |                                       | )                                     | $\circ$                                    |
| Current EIS officers   | $\circ$   | (           | 0                                       | $\bigcirc$                              |                                       | )                                     | $\bigcirc$                                 |
| Former host site supervisors and colleagues                    | $\circ$   | (           | $\circ$                                 | $\circ$                                 |                                       | )                                     | $\circ$                                    |
| Current or former EIS program staff                            | $\bigcirc$  | (           | 0                                       | $\bigcirc$                              |                                       | )                                     | $\bigcirc$                                 |
| Public health laboratory professionals (including LLS fellows) | 0   | (           | 0                                       | 0                                       | 0                                     | )                                     | 0  |
| 34. What kinds of activities does your c                       | urrent relationship   | with the fo | llowing group                           | s entail? Select                        | all that app                          | ıly.                                  |  |
|  | Not applicable -<br>I don't interact<br>with this group N           | letworking  | Sharing<br>resources and<br>information | Professional<br>working<br>relationship | Supervise or<br>mentor<br>individuals | EIS applic<br>recruitme<br>activities | nt   |
| Other EIS alumni   |   |             |   |   |                                       |                                       |  |
| Current EIS officers   |   |             |   |   |                                       |                                       |  |
| Former host site supervisors and colleagues                    |   |             |   |   |                                       |                                       |  |
| Current or former EIS program staff                            |   |             |   |   |                                       |                                       |  |
| Public health laboratory professionals (including LLS fellows) |   |             |   |   |                                       |                                       |  |
| 35. If you selected "other" to the question                    |   |             | , ,                                     |   | 86%                                   |                                       |  |
|  | _   | Prev        | Next                                    |   |                                       |                                       |  |
| EIS SUPPORT  |   |             |   |   |                                       |                                       |  |
| 36. What kind of support would be he inclusion.                | elpful to you post-fe   | ellowship?  | Please consi                            | der career prog                         |                                       | tworking, l                           | pelonging, and                             |
|  |   |             |   |   |                                       |                                       |  |
|  |   | Prev        | Next                                    |   |                                       |                                       |  |

| 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 | y)?  |      |     | 38. |
| Female  |      |      |     |     |
| Male  |      |      |     |     |
| Transgender, non-binary, or other gender                        |      |      |     |     |
| Prefer not to answer/decline                                    |      |      |     |     |
| 18. How old are you?  |      |      |     | 39. |
|   |      |      | 92% | 40. |
|   |      |      |     |     |
|   | Prev | Next |     |     |

#### GENERAL INFORMATION

| The following questions on this page are optional.   |
|--|
| 37. 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 Male  |
| Transgender, non-binary, or other gender   |
| Prefer not to answer/decline   |
| 10. How old are you?   |
| 18. How old are you?   |
|  |
|  |
| 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.  |
| 42. City:  |
| CONCLUSION   |
| CONCLUSION   |
| Thank you for taking the time to complete this survey. Please contact <a href="mailto:ELWBeval@cdc.gov">ELWBeval@cdc.gov</a> with any questions. |

## EIS Year 3/5 Alumni Survey

#### EIS 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 Epidemic Intelligence Service Fellowship (EIS). The purpose of this survey is to learn about your career progression and how fellowship alumni contribute to the public health workforce.

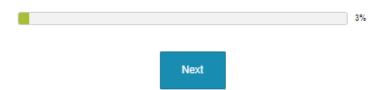
Your participation is completely voluntary. Your individual responses will be kept secure and not shared. Only CDC Epidemiology and Laboratory Workforce Branch (including EIS program staff) and CDC Division evaluation staff will have access to your responses. Results from the survey will be reported 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).



#### DEGREE COMPLETION

| * 1. In the last two years, have you graduated from a degree program at an academic institution?  Yes  No  Prev  Next  |  |
|--|--|
| DEGREES EARNED   |  |
| 2. Specify degree(s) earned in the last two years. Select all that apply.  Master of Arts (MA)  Master of Business Administration (MBA)  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)  Doctor of Nursing Practice (DNP)  Juris Doctor (JD)  Other (please specify): |  |
| Prev Next  |  |

# RESIDENCY COMPLETION \* 3. In the last two years, have you completed a residency or clinical fellowship? O Yes O No Prev Next RESIDENCIES COMPLETED 4. What is the specialty of the residency or clinical fellowship you completed since EIS? Prev Next **BOARD CERTIFICATIONS** \* 5. Do you currently have any active board certifications in the U.S.? O Yes O No Prev Next

| BOARD CERTIFICATIONS DETAILS                        |                                      |     |
|---|--------------------------------------|-----|
| Please specify active board certifications:         |                                      |     |
|   |                                      | 23% |
|   | Prev Next                            |     |
| U.S. CLINICIANS                                     |                                      |     |
| 7. Are you currently a clinician (e.g., MD, DVM) li | icensed to practice within the U.S.? |     |
| ○ No  |                                      | 26% |
|   | Prev <b>Next</b>                     |     |

### PROFESSIONAL STATUS

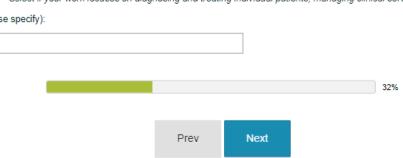
Please select the response option that best describes your current professional status. Please read all response options before selecting your response.

| . Professional Status:  |
|---|
| I am employed. Please also select this response 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 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 EIS (e.g., FLIGHT) |
| I am seeking employment.  |
| I am not currently employed and not seeking employment.   |
| Other (please specify):   |
|   |
|   |
| 29%   |
|   |
| Prev Next   |
|   |

#### ADDITIONAL EDUCATION

| 0       | 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. |
|---------|--|
| $\circ$ | Health care - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.)   |
|         | Other (please specify):  |

9. Which of the following best describes the **primary** focus of your current education?



#### ADDITIONAL EDUCATION AND EMPLOYMENT

| Which of the following best describes the <b>primary</b> focus of your current education?  |
|--|
| 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):  |
|  |
|  |
|  |
| 35%  |
|  |
| Prev Next  |
|  |
|  |
| ADDITIONAL TRAINING OR SERVICE   |
|  |
| 9. Which of the following best describes the training, service program, or fellowship you are pursuing?  |
| CDC public fellowship, educational, or training program (e.g., FLIGHT)   |
| Non-CDC fellowship or training program   |
| Service organization (e.g., Peace Corps; AmeriCorps)   |
| Connect organization (c.g., 1 state corps, 1 and 100 pc)   |
| 10. Which of the following best describes the <b>primary</b> 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):  |
|  |
|  |
| 39%  |
| 3370   |
|  |
| Prev Next  |

#### **EMPLOYER DETAILS**

Note: If you have more than one job, please provide employment information for what you consider to be your primary job and employer.

9. Employer name:

10. Job title:

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

12. Employer State/Territory (if in the U.S.) (if you work remotely, this might be different from where you are located):

13. 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) scentific, 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

#### EMPLOYMENT TYPE

| 14 | . Which of the following best describes your current type of employment?  |                            |
|----|---|----------------------------|
| 0  | Federal government employee (e.g., CDC, FDA) (NOTE: if you are part of the USPHS Commissioned                     | Corps, select this option) |
| 0  | <u>Non-federal, government</u> employee (state, local, tribal, territorial; e.g., Georgia Department of Public H  | ealth)                     |
| 0  | Contractor in support of federal, state, tribal, territorial, or local government (e.g., ORISE fellow, Northruse) | p Grumman)                 |
| 0  | Non-governmental, academic, clinical, community, or other organization employee                                   |                            |
|    |   |                            |
|    |   | 45%                        |
|    |   |                            |
|    | Prev Next   |                            |
|    | Piev  |                            |

#### FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY

| * 15. Which of the following best describes your current <u>federal employer</u> ? Note: If you are a PHS Officer, select the agency to which you are assigned. |
|---|
| Centers for Disease Control and Prevention (CDC). I am <u>stationed or work primarily at CDC headquarters or other CDC domestic office</u> .                    |
| Centers for Disease Control and Prevention (CDC). I am <u>stationed domestically</u> in the field (e.g., state, local, or tribal health department).            |
| Centers for Disease Control and Prevention (CDC). I am <u>stationed internationally</u> in the field (including CDC country offices).                           |
| Other (non-CDC) Department of Health and Human Services (HHS) agency  |
| Other Federal government agency (e.g., State Department, USAID)   |
| Other (please specify):   |
|   |
|   |
| 48%   |
|   |
|   |
| Prev Next   |

# FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - CDC 16. In which CIO are you located or primarily support? Prev Next FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY 17. 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 former fellowship extension) Other (please specify): 18. What is your current job series? 19. What is your current pay grade? Prev Next

#### NON-FEDERAL, GOVERNMENT EMPLOYMENT

15. Which of the following best describes your current **employer**?

City or county government agency

#### GOVERNMENT CONTRACTOR EMPLOYMENT

| 15. Which of the following best describes the <b>primary focus or setting</b> 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) or other HHS agency (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):   |
|   |
|   |
| 61%   |
|   |
|   |
| Prev Next   |

#### SUPPORT OF ESSENTIAL PUBLIC HEALTH SERVICES

| 16. 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):   |
|   |
|   |
| 6894  |

#### PROGRAM FOCUS AREAS

| 17. PI        | lease specify your current program area(s). Select all that apply.  |
|---------------|---|
| Note:<br>WIC. | Some programs are listed differently than you would expect. For example, WIC can be found under "Maternal and Child Health -  |
|               | 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  |
|               | Epidemilogy 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):  |
|   |
|   |
| 71%   |
|   |
| Decree Mark   |
| 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:

15. 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

16. 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

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

Yes

No

Prev

## CAREER PROGRESSION

| We are interested in learnifor the statements below.                | ing about your career advancen                                 | nent over the p  | past two y    | years. Sele                             | ct the best op                          | otion                                 |   |  |
|---|--|--|---------------|---|---|---------------------------------------|---|--|
| 21. Over the past two years, hav Yes No                             | e you received a higher level of respon                        | sibility in your job   | ?             |   |   |                                       |   |  |
| 22. Over the past two years, hav                                    | re you received a promotion (e.g., highe                       | er position or grad  | le level)?    |   |   |                                       |   |  |
| Yes No  |  |  |               |   |   |                                       |   |  |
|   |  |  |               | 77%                                     |   |                                       |   |  |
|   | Prev   | Next   |               |   |   |                                       |   |  |
|   | ALUMNI ENGAGEMENT  | IVCAL  |               |   |   |                                       |   |  |
|   | 26. How frequently do you interact with                        | h the following gro  | oups on wor   | k-related topic                         | cs?                                     |                                       |   |  |
|   |  | Never -<br>We do not interac<br>we only interac<br>outside of worl | ct R          | Rarely -<br>Iyear or less A             | Sometimes -<br>bout once a quarter      | Often<br>About once a                 |   | Frequently -<br>every week or every<br>day |
|   | Other EIS alumni   |  |               | $\bigcirc$                              | $\bigcirc$                              | $\circ$                               |   | $\circ$                                    |
|   | Current EIS officers   | $\bigcirc$   |               | $\bigcirc$                              | $\bigcirc$                              | $\circ$                               |   | $\bigcirc$                                 |
|   | Former host site supervisors and colleagues                    | $\circ$  |               | $\circ$                                 | 0                                       | 0                                     |   | 0  |
|   | Current or former EIS program staff                            | 0  |               | 0                                       | 0                                       | 0                                     |   | 0  |
| 25. In the last two years, apply.                                   | Public health laboratory professionals (including LLS fellows) | 0  |               | 0                                       | 0                                       | 0                                     |   | 0  |
| Developed new or re recommendations, c                              | 27. What kinds of activities does your                         | current relationsh   | ip with the f | ollowing group                          | os entail? Select                       | all that appl                         | у.                                      |  |
| Developed new or re recommendations, c                              |  | Not applicable -<br>I don't interact<br>with this group            | Networking    | Sharing<br>resources and<br>information | Professional<br>working<br>relationship | Supervise or<br>mentor<br>individuals | EIS applica<br>recruitmen<br>activities | nt   |
| Developed new or re recommendations, c                              | Other EIS alumni   |  |               |   |   |                                       |   |  |
| health or healthcare  | Current EIS officers   |  |               |   |   |                                       |   |  |
| Led an emergency r<br>in the field or throug<br>organization).      | Former host site supervisors and colleagues                    |  |               |   |   |                                       |   |  |
| Led a program or int<br>usually ongoing effo<br>improve social cond | GENERAL INFORMATION  |  |               |   |   |                                       |   |  |
| Led policy developm   | The following questions on this pa                             | age are ontional   |               |   |   |                                       |   |  |
| Led research projec   |  | go are optional.   |               |   |   |                                       |   |  |
| Obtained new fundir   | 30. What is your ethnicity?                                    |  |               |   |   |                                       |   |  |
| grants, or other mec  | Hispanic or Latino   |  |               |   |   |                                       |   |  |
|   | Not Hispanic or Latino  I prefer not to answer                 |  |               |   |   |                                       |   |  |
|   | I breier nor to answer   |  |               |   |   |                                       |   |  |

| 16. What is your Race (select all that  |  |   |
|---|--|---|
| American Indian or Alaska Na  | tive   |   |
| Asian   |  |   |
| Black or African American   |  |   |
| Native Hawaiian or other Pac  | fic Islander   |   |
| White   |  |   |
| Prefer not to answer/decline  |  |   |
|   |  |   |
| 31. How do you currently describe y   | ourself (mark all that apply)?   |   |
| Female  |  |   |
| Male  |  |   |
| Transgender, non-binary, or o   | ther gender  |   |
| Prefer not to answer/decline  |  |   |
|   |  |   |
|   |  |   |
| 32.   |  |   |
| 32.   |  |   |
|   |  |   |
| INTEREST IN RECRUITMEN  | IT ACTIVITIES  |   |
|   |  |   |
| efforts to recruit or promote you   | t the word out about CDC's fellowship programs. Are you interested in participating in any future rellowship?  CDC Division of Workforce Development staff. Your contact information will not be shared with | e |
| efforts to recruit or promote you<br>If "Yes," you may be contacted by anyone outside of DWD.  Yes  | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | е |
| efforts to recruit or promote you If "Yes," you may be contacted by anyone outside of DWD.  Yes   | r fellowship?  | e |
| efforts to recruit or promote you  If "Yes," you may be contacted by anyone outside of DWD.  Yes  | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you If "Yes," you may be contacted by anyone outside of DWD.  Yes   | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you If "Yes," you may be contacted by anyone outside of DWD.  Yes  No   | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you If "Yes," you may be contacted by anyone outside of DWD.  Yes  No  RESPONDENT LOCATION  | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you If "Yes," you may be contacted by anyone outside of DWD.  Yes  No  RESPONDENT LOCATION  | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you  If "Yes," you may be contacted by a anyone outside of DWD.  Yes  No  RESPONDENT LOCATION  If you are interested in participal          | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you  If "Yes," you may be contacted by a anyone outside of DWD.  Yes  No  RESPONDENT LOCATION  If you are interested in participal          | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you  If "Yes," you may be contacted by a anyone outside of DWD.  Yes  No  RESPONDENT LOCATION  If you are interested in participal          | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you If "Yes," you may be contacted by a anyone outside of DWD.  Yes  No  RESPONDENT LOCATION  If you are interested in participal 35. City: | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you If "Yes," you may be contacted by a anyone outside of DWD.  Yes  No  RESPONDENT LOCATION  If you are interested in participal 35. City: | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |
| efforts to recruit or promote you If "Yes," you may be contacted by anyone outside of DWD.  Yes  No  RESPONDENT LOCATION  If you are interested in participal 35. City:   | r fellowship? CDC Division of Workforce Development staff. Your contact information will not be shared with  | e |

Prev

Next

## CONCLUSION

Thank you for taking the time to complete this survey. Please contact <a href="mailto:ELWBeval@cdc.gov">ELWBeval@cdc.gov</a> with any questions.



## LLS Year 1 Alumni Survey

#### LLS 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 Laboratory Leadership Service Fellowship (LLS). The purpose of this survey is to learn about your career progression and how fellowship 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 LLS 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 25 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 25 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).

|   |      |   | 39 |
|---|------|---|----|
| 1 |      | ı |    |
|   | Next |   |    |

#### DEGREE COMPLETION

| st 1. Since completing LLS, have you graduated from a de | gree program at an academic institution? | ?   |
|--|--|-----|
| Yes  |  |     |
| ○ No   |  |     |
|  |  |     |
|  |  | 696 |
|  |  |     |
|  | Prev Next                                |     |
|  | PIEV NEXT                                |     |
|  |  |     |
| DEGREES COMPLETED  |  |     |
|  |  |     |
| Specify degree(s) earned since completing LLS. Select    | all that apply.                          |     |
| Master of Arts (MA)                                      |  |     |
| Master of Business Administration (MBA)                  |  |     |
| Master of Public Health (MPH)                            |  |     |
| Master of Science (MS)                                   |  |     |
| Master of Social Work (MSW)                              |  |     |
| Doctor of Medicine (MD) or Doctor of Osteopathic N       | Medicine (DO)                            |     |
| Doctor of Philosophy (PhD)                               |  |     |
| Doctor of Public Health (DrPH)                           |  |     |
| Doctor of Veterinary Medicine (DVM)                      |  |     |
| Doctor of Nusring Practice (DNP)                         |  |     |
| Juris Doctor (JD)  |  |     |
| Other (please specify)                                   |  |     |
|  |  |     |
|  |  |     |
|  |  | 9%  |
|  |  |     |
|  |  |     |
|  | Prev Next                                |     |
|  |  |     |

# RESIDENCY COMPLETION \* 3. Since completing LLS, have you completed a residency or clinical fellowship? O Yes O No Prev Next RESIDENCIES COMPLETED 4. What is the specialty of the residency or clinical fellowship you completed since LLS? Prev Next **BOARD CERTIFICATIONS** \* 5. Do you currently have any active board certifications in the U.S.? O Yes O No Prev Next

| BOARD CERTIFICATIONS DETAILS   |                    |           |      |
|--|--------------------|-----------|------|
| Please specify active board certifications:                          |                    |           |      |
|  |                    |           | 2196 |
|  | Prev               | Next      |      |
| U.S. CLINICIANS  |                    |           |      |
| 5. Are you currently a clinician (e.g., MD, DVM) eligible t  Yes  No | to practice within | the U.S.? |      |
|  |                    |           | 27%  |
|  | 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.

| <sup>K</sup> 8. Professional Status:   |                           |                       |                   |                             |      |
|--|---------------------------|-----------------------|-------------------|-----------------------------|------|
| I am employed. Please also select this response it   | if you are extendi        | ng your LLS fellows   | hip or if you are | an ORISE fellow.            |      |
| I am furthering my education at an academic ins residency.   | titution (e.g., mas       | sters or doctoral) or | through a clinica | l training program or medic | al   |
| O I am employed <u>and</u> am furthering my education  | at the same time          | e.                    |                   |                             |      |
| I am participating in a training or service programeter fellowship program than LLS (e.g., Public Health |                           |                       | ace Corps) or a   | different public health     |      |
| I am seeking employment.   |                           |                       |                   |                             |      |
| O I am not currently employed (and not seeking en  | nployment).               |                       |                   |                             |      |
| Other (please specify):  |                           |                       |                   |                             |      |
|  |                           |                       |                   |                             |      |
|  |                           |                       |                   |                             |      |
|  |                           |                       |                   | 27%                         |      |
|  |                           |                       |                   |                             |      |
|  | Prev                      | Next                  |                   |                             |      |
|  |                           |                       |                   |                             |      |
| ADDITIONAL EDUCATION   |                           |                       |                   |                             |      |
|  |                           |                       |                   |                             |      |
| . Which of the following best describes the <u>primary</u> focu  | us of your <u>current</u> | t education?          |                   |                             |      |
| Public health (including population health) - Se or specific population groups; examples may include     | •                         |                       |                   |                             | ions |
| Health care - Select if your work focuses on diagn   | osing and treating        | a individual natients | managing clinic   | al services hospitals etc.) |      |

| Wh | ich of the following best describes the <u>primary</u> focus of your <u>current education</u> ?   |
|----|---|
| 0  | Public health (including population health) - Select if your work focuses on protecting and promoting the health of entire population or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work. |
| 0  | Health care - Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.)  |
| 0  | Other (please specify):   |
|    |   |
|    | 30%   |
|    |   |
|    | Prev Next   |

## ADDITIONAL EDUCATION and EMPLOYED

| 6. Which of the following best describes the primary foc  | us of your <u>curren</u> | t education?         |                        |                               |
|---|--------------------------|----------------------|------------------------|-------------------------------|
| Public health (including population health) - Se or specific population groups; examples may inclu    | •                        |                      |                        |                               |
| Health Care - Select if your work focuses on diag   | nosing and treatir       | ng individual pat    | tients; managing clini | cal services, hospitals, etc. |
| Other (please specify):   |                          |                      |                        |                               |
|   |                          |                      |                        |                               |
|   |                          |                      |                        |                               |
|   |                          |                      |                        | 33%                           |
|   |                          |                      |                        |                               |
|   | Prev                     | Next                 |                        |                               |
|   | riev                     | Next                 |                        |                               |
|   |                          |                      |                        |                               |
| ADDITIONAL TRAINING OR SERVICE  |                          |                      |                        |                               |
|   |                          |                      |                        |                               |
| Which of the following best describes the training, sen   | rica program, or f       | allowskip you a      | ro nurquing?           |                               |
| CDC fellowship, educational, or training program (  |                          |                      |                        |                               |
| Non-CDC fellowship or training program  | c.g., Public Ficult      | ii iiioiiiialics i ( | silowship Program/     |                               |
| Service organization (e.g., Peace Corps; AmeriCo  | rns)                     |                      |                        |                               |
| Service organization (e.g., reace corps, America  | 193)                     |                      |                        |                               |
| 10. Which of the following best describes the <u>primary</u> fo                                       | cus of your <u>curre</u> | nt training or s     | ervice program?        |                               |
| Public health (including population health) - Se<br>or specific population groups; examples may inclu |                          |                      |                        |                               |
| Health care - Select if your work focuses on diagr  | nosing and treatin       | g individual pati    | ients; managing clinic | cal services, hospitals, etc. |
| Other (please specify):   |                          |                      |                        |                               |
|   |                          |                      |                        |                               |
|   |                          |                      |                        |                               |
|   |                          |                      |                        | 36%                           |
|   |                          |                      |                        |                               |
|   |                          |                      |                        |                               |
|   | Prev                     | Next                 |                        |                               |

#### **EMPLOYER DETAILS**

| Note: If you have more than one job, please provide employment information for what you consider to be your <u>primary job and employer.</u>   |
|--|
| 9. Job title:  |
|  |
| 10. Employer name:   |
|  |
| 11. Employer Country (i.e., the country where your employer is based, not the country where you primarily work from if working remotely):  12. 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):   |
| * 13. Which of the following best describes the <u>primary</u> focus of your <u>current job</u> ?  |
| 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):  |
|  |
| 39%  |
| 56%  |
| Prev Next  |

#### **EMPLOYMENT TYPE**

| * 11. Which of the following best describes your current type of employment?  |
|---|
| Federal government employee (e.g., CDC, FDA) (NOTE: if you are part of the USPHS Commissioned Corps, select this option)  |
| Non-federal, government employee (state, local, tribal, territorial agency; e.g., Georgia Department of Public Health)  |
| Contractor in support of federal, state, tribal, territorial, or local government (e.g., ORISE fellow, Northrup Grumman)  |
| Non-governmental, academic, clinical, community, or other organization employee   |
|   |
| 42%   |
|   |
|   |
| Prev Next   |
|   |
| FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY  |
|   |
|   |
| * 12. Which of the following best describes your current <u>federal employer</u> ? Note: If you are a Public Health Service Officer, select the agency to which you are assigned. |
| Centers for Disease Control and Prevention (CDC). I am <u>stationed or work primarily at CDC headquarters or other CDC domestic office</u> .                                      |
| Centers for Disease Control and Prevention (CDC). I am <u>stationed domestically</u> in the field (e.g., state, local, or tribal health department).                              |
| Centers for Disease Control and Prevention (CDC). I am <u>stationed internationally</u> in the field (including CDC country offices).   |
| Other (non-CDC) Department of Health and Human Services (HHS) agency  |
| Other Federal government agency (e.g., State Department, USAID)   |
| Other (please specify):   |
|   |
|   |
| 45%   |
| 4070  |
|   |
| Prev Next   |
|   |
|   |
| FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - CDC  |
|   |
| 13. In which CIO are you located or primarily support?  |
| <b>\$</b>   |
|   |
| 48%   |
|   |
| Prev Next   |

## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - ALL

| 14. Is your current work setting in the same division, agency, or organization as your LLS site?  (Note: If your host site was not in a division but in a CIO OD, select "yes" if you are staying in the same O | CIO.) |
|---|-------|
| Yes   |       |
| ○ No  |       |
| 0   |       |
| 15. 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 former fellowship extension)   |       |
| Other (please specify):   |       |
|   |       |
|   |       |
| 16. What is your current job series?  |       |
| •   |       |
| •   |       |
| 17. What is your current pay grade?   |       |
| <b>\$</b>   |       |
|   |       |
|   | 52%   |
|   |       |
| Days At a   |       |
| Prev Next   |       |

#### NON-FEDERAL, GOVERNMENT EMPLOYMENT

| 12. Which of the following best describes your current <u>employer</u> ?                                     |
|--|
| 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):  |
|  |
|  |
| 13. Is your current work setting in the same agency or organization as your LLS host site?                   |
| Yes  |
| ○ No   |
|  |
| 55%  |
|  |
| Drov. Mart   |
| Prev Next  |
|  |
| GOVERNMENT CONTRACTOR EMPLOYMENT   |
|  |
| 12. Which of the following best describes the <u>primary focus or setting</u> 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) or other HHS agency (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):  |
|  |
|  |
| 13. Is your current work setting in the same CIO or division, agency, or organization as your LLS host site? |
| Yes  |
| ○ No   |
|  |
| 58%  |
|  |
| Prev Next  |
| 1 IEV NEXT   |

## NON-GOVERNMENT EMPLOYMENT

| 12. Which of the following best describes your current $\underline{e}$ | mployer? |      |     |
|--|----------|------|-----|
| College or university  |          |      |     |
| Industry (private, non-clinical business)                              |          |      |     |
| Clinical (hospital or other clinical care)                             |          |      |     |
| Non-governmental, community, or other organization                     | tion     |      |     |
| Tribal organization  |          |      |     |
| Other (please specify):  |          |      |     |
|  |          |      |     |
|  |          |      |     |
|  |          |      | 619 |
|  |          |      |     |
|  |          |      | l   |
|  | Prev     | Next |     |

## SUPPORT OF ESSENTIAL PUBLIC HEALTH SERVICES

| 13. W | hich 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):  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       | 64%  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       | Prev Next  |  |  |  |  |  |  |  |  |  |
|       | 1164 Next  |  |  |  |  |  |  |  |  |  |

## PROGRAM FOCUS AREA(S)

| ease specify your current program area(s). Select all that apply.  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  |
| Epidemilogy 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):  |     |
|   |   |     |
| L |   |     |
|   |   | 37% |
|   |   |     |
|   |   |     |
|   | Prev Next   |     |
|   |   |     |

## INVOLVEMENT IN PROGRAMS/ACTIVITIES THAT ADDRESS HEALTH DISPARITIES AND SOCIAL DETERMINANTS

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

| In your current role, do you work on project(s) or activities that:  |
|--|
| 15. <u>Measure health disparities</u> among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?  |
| <u>Definition:</u> A <u>health disparity</u> is a plausibly avoidable, systematic health difference adversely affecting a socially, economically, geographically or environmentally disadvantaged group. |
| Yes  |
| ○ No   |
| 16. <u>Investigate underlying contributors to health inequities</u> among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?                              |
| <u>Definition:</u> a <u>health inequity</u> is a particular kind of health disparity that is reasonably believed to reflect injustice.   |
| Yes  |
| ○ No   |
| 17. Plan, implement or evaluate programs or activities that are intended to address health disparities and/or promote health equity?   |
| Yes  |
| ○ No   |
|  |
| 70%  |
|  |
| Prev Next  |

## CAREER PROGRESSION

| We are interested in learning about your ca | eer advancement over the past year. Select the best option for each statement below. |
|---|--|
| 18. Over the past year, have you received a | higher level of responsibility in your job?  |
| Yes   |  |
| ○ No  |  |
|   |  |
| 19. Over the past year, have you received a | promotion (e.g., higher position or grade level)?                                    |
| Yes   |  |
| ○ No  |  |
|   |  |
|   | 73%  |
|   |  |
|   |  |
|   | Prev Next  |

#### SUPERVISION AND LEADERSHIP

| Select the response that best describes the supervisory statu     I do not supervise/manage other employees.     I supervise/manage one or more employees.     I supervise/manage one or more supervisors.   | s of your position?  |   |  |   |   |                   |
|--|--|---|--|---|---|-------------------|
| 21. How much do you agree or disagree with each of the following   | statements?  |   |  |   |   |                   |
| In my current position, I have/I participate in  |  |   |  |   |   |                   |
|  |  | Strongly<br>Disagree  | Somewhat<br>Disagree   | Neither<br>Agree nor<br>Disagree  | Somewhat<br>Agree   | Strongly<br>Agree |
| Influence on the policy, operations, or administration of my work department, or branch). $ \\$  | unit (e.g., program,   | $\circ$   | $\circ$  | $\circ$   | $\circ$   | 0                 |
| Formal decision-making authority for my work unit.   |  | $\bigcirc$  | $\bigcirc$   | $\bigcirc$  | $\bigcirc$  | $\bigcirc$        |
| Opportunities to represent my organization in external settings.   |  | $\circ$   | $\circ$  | $\circ$   | $\circ$   | $\circ$           |
| Cross-sector or interdisciplinary collaboration.   |  | $\circ$   | $\circ$  | $\circ$   | $\circ$   | $\circ$           |
| Technical responsibility (e.g., subject matter expertise).   |  | $\circ$   | $\circ$  | $\circ$   | 0   | 0                 |
| Fiscal responsibility (e.g., budget management).   |  | $\circ$   | $\circ$  | $\circ$   | $\circ$   | $\circ$           |
| Operational responsibility (e.g., general management of and/or or in your work unit or agency).  | perational oversight   | 0   | 0  | 0   | 0   | 0                 |
| Since completing LLS, which of the following activities have your previous 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 phealth or healthcare settings)  Led an emergency response or outbreak investigation (whe in the field or through a leadership coordination role within yorganization).  Led a program or intervention (i.e., an organized, planned, a usually ongoing effort designed to improve a social problem improve social conditions)  Led policy development initiative(s)  Led research project(s) (e.g., principal investigator for study Obtained new funding for your organization (e.g., via contra grants, or other mechanisms) | Conduct Publishe Publishe Publishe Presente Presente Served of board) in | ed strategi<br>ed peer-rev<br>ed peer-rev<br>ed other firs<br>ed an oral p<br>ed a poster<br>on an expe<br>n an officia | rk or elsewher c planning for iewed public iewed public it-authored procesentation( (s) at conferent panel or accept procesentation (ly recognize ional organize | ation(s) as<br>ation(s) as<br>ation(s) as<br>ublications<br>(s) at confer<br>ences<br>dvisory boa<br>d leadershi<br>ation | nization<br>first-author<br>a co-author<br>(e.g., book or<br>rences | hapter)           |
|  |  |   |  | 76%   |   |                   |
| Prev   | / Next   |   |  |   |   |                   |

#### PREPAREDNESS FOR POST-FELLOWSHIP POSITION

| 23. Overall, to what extent did your fellowship experience  | e prepare you to pe                                   | rform in your curre                               | ent position?   |  |                                    |  |  |  |
|---|---|---|---|--|------------------------------------|--|--|--|
| O Not at all – my fellowship did not prepare me   |   |   |   |  |                                    |  |  |  |
| A little – my fellowship had a small role in preparin   | g me  |   |   |  |                                    |  |  |  |
| Somewhat – my fellowship had a moderate role in   | preparing me  |   |   |  |                                    |  |  |  |
| Very much – my fellowship had a large role in prep  | paring me   |   |   |  |                                    |  |  |  |
|   |   |   |   |  |                                    |  |  |  |
| 24. To what extent did each of the following parts of your  | LLS experience pr                                     | epare you for you                                 | current position  | ?  |                                    |  |  |  |
|   | Not at all -<br>Not relevant or did<br>not prepare me | A little -<br>Had a small role in<br>preparing me | Somewhat -<br>Had a moderate<br>role in preparing<br>me | Very much -<br>Had a large role in<br>preparing me | This was not part of my fellowship |  |  |  |
| Required learning activities (e.g., Core Activities of Learning, Performance requirements)  | $\circ$   | $\circ$   | 0   | $\circ$  | $\circ$                            |  |  |  |
| Peer-to-peer learning among your LLS cohort   | $\circ$   | $\circ$   | $\circ$   | $\circ$  | $\circ$                            |  |  |  |
| Peer-to-peer learning among the greater LLS community   | $\circ$   | $\circ$   | 0   | $\circ$  | $\circ$                            |  |  |  |
| Learning from mentors/supervisors   | $\circ$   | $\circ$   | $\circ$   | $\circ$  | $\circ$                            |  |  |  |
| Developing a professional network   | 0   | 0   | 0   | 0  | 0                                  |  |  |  |
| Didactic or classroom-based training  | 0   | $\circ$   | $\circ$   | $\circ$  | $\circ$                            |  |  |  |
| 25. Which skills or topic areas not addressed during your LLS fellowship would have been helpful to carry out your current work duties? |   |   |   |  |                                    |  |  |  |
|   |   |   |   |  |                                    |  |  |  |
|   |   |   |   | 79%  |                                    |  |  |  |
|   |   |   |   |  |                                    |  |  |  |
|   | Prev  | Next  |   |  |                                    |  |  |  |

## USE OF COMPETENCIES/SKILLS

| 26. How relevant are the following skillsets to your current position?  |                |              |                 |                 |                                  |
|---|----------------|--------------|-----------------|-----------------|----------------------------------|
| 20. How relevant are the following skinsets to your current position:   |                | Not at all   | A little        | Somewhat        | Very much                        |
| Quality Management Systems (e.g., analyze how the laboratory's orga structure ensures quality)  | nizational     | 0            | 0               | 0               | 0                                |
| Laboratory Safety (e.g., assess risks and hazards within a given labora   | tory setting)  | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Applied Laboratory Research, Investigation, and Surveillance (e.g., continuous, systematic collection, analysis, and interpretation of health-research.   |                | $\circ$      | 0               | 0               | $\circ$                          |
| Informatics (e.g., apply information science, computer science, and info technology to public health practice, research, and learning)  | ormation       | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Bioinformatics (e.g., interpret biological data using computational technalgorithms, and bioinformatics principles)   | niques,        | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Communication (oral and written) (e.g., develop clear and concise info<br>about public health laboratories appropriate to the audience)   | ormation       | $\circ$      | $\circ$         | $\circ$         | $\bigcirc$                       |
| $\label{lem:leadership} \begin{tabular}{ll} \textbf{Leadership and Management} & (e.g., apply leadership skills to promote the state of public health laboratories) \end{tabular}$  | the mission    | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| 27. Please indicate the extent to which the following fellowship activities p   | renared you to | perform your | ioh duties in v | our current pos | sition                           |
| 2 successions and categories processing to the contract processing to th | iopaioa you io | portonn your | job danos iii j | our ourront po  | Did not complete                 |
|   | Not at all     | A little     | Somewhat        | Very much       | activity during<br>my fellowship |
| Conduct applied laboratory research to address a public health or safety-related issue.   | $\circ$        | $\circ$      | $\circ$         | 0               | $\circ$                          |
| Conduct a safety risk assessment to evaluate the probability and potential consequences of exposure to a given hazard.  | $\circ$        | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Evaluate a quality management system.   | $\circ$        | 0            | $\circ$         | 0               | 0                                |
| Incorporate bioinformatics principles into applied public health laboratory science.  | $\circ$        | $\circ$      | $\circ$         | $\circ$         | $\bigcirc$                       |
| Give a 10-20 minute oral presentation to a scientific audience.   | $\circ$        | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Give an in-depth public health talk on your original LLS work or field of study.  | $\circ$        | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Write and submit, as first author, a scientific manuscript for a peer-reviewed journal.   | $\circ$        | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Participate in laboratory operations management.  | $\bigcirc$     | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Communicate complex scientific concepts to an external lay audience.  | $\circ$        | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
| Provide service to the agency (laboratory or CDC-wide).   | $\circ$        | $\circ$      | $\circ$         | $\circ$         | $\circ$                          |
|   |                |              | 82%             |                 |                                  |
|   |                |              |                 |                 |                                  |
| Prev  | Next           |              |                 |                 |                                  |

## INFLUENCE ON CAREER PATH

| 28. How influential has LLS b | een to your career pa | ith? |      |     |
|-------------------------------|-----------------------|------|------|-----|
| Not at all influential        |                       |      |      |     |
| Slightly influential          |                       |      |      |     |
| Somewhat influential          |                       |      |      |     |
| Very influential              |                       |      |      |     |
| Extremely influential         |                       |      |      |     |
|                               |                       |      |      |     |
|                               |                       |      |      | 85% |
|                               |                       |      |      |     |
|                               |                       | Prev | Next |     |

## ALUMNI ENGAGEMENT

| 7. How frequently do you interact with the following groups on work-related topics? |  |   |                                     |                               |  |  |
|---|--|---|-------------------------------------|-------------------------------|--|--|
|   | Never -<br>We do not interact, or<br>we only interact<br>outside of work | Rarely -<br>Once a year or less                           | Sometimes -<br>About once a quarter | Often -<br>About once a month | Frequently -<br>Every week or every<br>day |  |
| Other LLS alumni  | $\circ$  | $\circ$   | $\circ$                             | $\circ$                       | $\circ$                                    |  |
| Current LLS fellows   | $\circ$  | $\bigcirc$  | $\circ$                             | $\bigcirc$                    | $\circ$                                    |  |
| Epidemiologists (including EIS colleagues)  | 0  | 0   | 0                                   | 0                             | 0  |  |
| Your former LLS supervisors/mentors   | $\circ$  | $\circ$   | $\circ$                             | $\circ$                       | $\circ$                                    |  |
| Current or former LLS Program Staff   | $\circ$  | $\circ$   | $\circ$                             | $\circ$                       | $\circ$                                    |  |
| What kinds of activities does your current  | it relationship with th  | e following groups en                                     | itail? Select all that a            | pply.                         |  |  |
|   | reso   | Sharing<br>uroes and Collaboratio<br>ormation on a projec | on working                          |                               | olicable -<br>interact<br>s group Other    |  |
| Other LLS alumni  |  |   |                                     |                               |  |  |
| Current LLS fellows   |  |   |                                     |                               |  |  |
| Epidemiologists (including EIS colleagues)  |  |   |                                     |                               |  |  |
| Your former LLS supervisors/mentors   |  |   |                                     |                               |  |  |
| Current or former LLS Program Staff   |  |   |                                     |                               |  |  |
| 9. If you selected other to the question abo  |  |   | those groups.                       |                               |  |  |
| <ol><li>How valuable has collaboration post-Ll</li></ol>                            | Not at all valuable  | A little valuable   | Moderately valuable                 | Extremely valuable            | Not applicable                             |  |
| Other LLS alumni  | 0  | 0   | 0                                   | 0                             | 0  |  |
| Current LLS fellows   | 0  | 0   | 0                                   | 0                             | 0  |  |
| Epidemiologists (including EIS colleagues)  | 0  | 0   | 0                                   | 0                             | 0  |  |
| Your former LLS supervisors/mentors   | $\circ$  | $\circ$   | $\circ$                             | $\bigcirc$                    | $\circ$                                    |  |
| Current and former LLS Program Staff  | $\circ$  | $\circ$   | $\circ$                             | $\circ$                       | 0  |  |
|   |  |   |                                     |                               |  |  |
|   |  | rev Next  |                                     | 84%                           |  |  |

## LLS SUPPORT

| 0. How can LLS better support | rt you post-fellowship? Pl | ease consider ca | reer progression | , networking, be | elonging, and inclusion. |
|-------------------------------|----------------------------|------------------|------------------|------------------|--------------------------|
|                               |                            |                  |                  |                  |                          |
|                               |                            |                  |                  |                  |                          |
|                               |                            | 11               |                  |                  |                          |
|                               |                            |                  |                  |                  |                          |
|                               |                            |                  |                  |                  | 87%                      |
|                               |                            |                  |                  |                  |                          |
|                               |                            |                  |                  |                  |                          |
|                               |                            | Prev             | Next             |                  |                          |

## GENERAL INFORMATION

| The following questions on this page are optional.        |           |      |     |
|---|-----------|------|-----|
| 12. What is your ethnicity?                               |           |      |     |
| Hispanic or Latino  |           |      |     |
| Not Hispanic or Latino                                    |           |      |     |
| I prefer not to answer                                    |           |      |     |
| 13.   |           |      |     |
| 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 14.                          |           |      |     |
| 17. How do you currently describe yourself (mark all that | t apply)? |      |     |
| Female  |           |      |     |
| Male  |           |      |     |
| Transgender, non-binary, or other gender                  |           |      |     |
| Prefer not to answer/decline                              |           |      |     |
| 18. How old are you?                                      |           |      |     |
|   |           |      |     |
|   |           |      |     |
|   |           |      |     |
|   |           |      | 91% |
|   |           |      |     |
|   | Prev      | Next |     |

## FELLOWSHIP RECRUITMENT AND PROMOTION

|                                   | to get the word out about CDC's fellowship programs. Are you interested in participating in any future efforts to wship? If "Yes," you may be contacted by Division of Workforce Development staff. Your contact information will side of DWD. |
|-----------------------------------|--|
| 1                                 | 94%  |
|                                   | Prev Next  |
| FELLOWSHIP RECRU                  | ITMENT AND PROMOTION   |
| If you reside in the United State | es and are interested in participating in a recruitment event near you, please share you location information.   |
| 17. City:                         |  |
|                                   |  |
| 18. State/Territory:              |  |
| ı                                 | 97%  |
|                                   | Prev Next  |

## CONCLUSION

Thank you for taking the time to complete this survey. Please contact <a href="mailto:ELWBeval@cdc.gov">ELWBeval@cdc.gov</a> with any questions.



## LLS Year 3/5 Alumni Survey

#### LLS 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 Laboratory Leadership Service Fellowship (LLS). The purpose of this survey is to learn about your career progression and how fellowship 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 LLS 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).

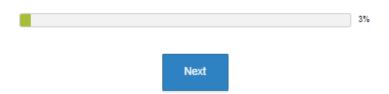
We estimate that it will take **approximately 20 minutes** to complete this survey. This survey link is unique to you, so please don't forward it to others. You will be able to return to the survey to edit or update your responses at any time prior to the **survey closing date on [DATE]**.

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).



#### DEGREE COMPLETION

| * 1. In the last two years, have you graduated from a degree program at an academic institution? |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Yes  |  |  |  |  |  |  |
| ○ No   |  |  |  |  |  |  |
| 7%   |  |  |  |  |  |  |
| Prev Next  |  |  |  |  |  |  |

#### **DEGREES COMPLETED**

| Specify degree(s) earned in the last two years. Select all that apply. |     |
|--|-----|
| Master of Arts (MA)  |     |
| Master of Business Administration (MBA)                                |     |
| 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)                                    |     |
| Doctor of Nursing Practice (DNP)                                       |     |
| Juris Doctor (JD)  |     |
| Other (please specify)   |     |
|  |     |
|  |     |
|  | 10% |
|  |     |
|  |     |
| Prev Next  |     |

| RESIDENCY COMPLE                        | TION  |     |
|---|---|-----|
| * 3. In the last two years, have Yes No | e you completed a residency or clinical fellowship?       | 13% |
|   | Prev <b>Next</b>  |     |
| RESIDENCIES COMP                        | LETED   |     |
| 4. What is the specialty of the         | residency or clinical fellowship you completed since LLS: | 17% |
| BOARD CERTIFICATI                       | ons   |     |
| * 5. Do you currently have ar  Yes  No  | ny active board certifications in the U.S.?  Prev Next    | 20% |

| BOARD CERTIFICATIONS DETAILS  |                        |       |   |     |
|---|------------------------|-------|---|-----|
| Please specify active board certifications:                           |                        |       |   |     |
|   |                        |       |   | 23% |
|   | Prev                   | Next  |   |     |
| U.S. CLINICIANS   | _                      |       | _ |     |
| U.S. CLINICIANS   |                        |       |   |     |
| Are you currently a clinician (e.g., MD, DVM) eligible     Yes     No | to practice within the | U.S.? |   |     |
|   |                        |       |   | 27% |
|   | Prev                   | Next  |   |     |

#### PROFESSIONAL STATUS

Other (please specify):

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

| olosting your response.  |
|--|
| 5. Professional Status:  |
| I am employed. Please also select this response 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 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 LLS (e.g., Public Health Informatics Fellowship Program)  |
| ☐ I am seeking employment.   |
| I am not currently employed (and not seeking employment).  |
| Other (please specify):  |
|  |
|  |
| 30%  |
|  |
| Prev Next  |
|  |
| ADDITIONAL EDUCATION   |
|  |
| Which of the following best describes the <u>primary</u> focus of your <u>current education</u> ?  |
| 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.)   |

#### ADDITIONAL EDUCATION AND EMPLOYED

| Which of the following best describes the <u>primary</u> focus     Public health (including population health) - Sele or specific population groups; examples may include     Health Care - Select if your work focuses on diagno.     Other (please specify): | ct if your work focuses on protecting and promoi<br>(but are not limited to) scientific, programmatic, | and administrative work. |
|--|--|--------------------------|
|  | Prev Next  |                          |
| TRAINING OR SERVICE  |  |                          |
| Which of the following best describes the training, service     CDC fellowship, educational, or training program     Non-CDC fellowship or training program     Service organization (e.g., Peace Corps; AmeriCorps  | g., Public Health Informatics Fellowship Progran   | 1)                       |
| 7. Which of the following best describes the <u>primary</u> focus  Public health (including population health) - Sele or specific population groups; examples may include  Health care - Select if your work focuses on diagnos                                | ct if your work focuses on protecting and promo<br>(but are not limited to) scientific, programmatic,  | and administrative work. |
|  | Prev <b>Next</b>   | 40%                      |

## **EMPLOYER DETAILS**

| Note: If you have more than one job, please provide employment information for what you consider to be your primary job and  |
|--|
| <u>employer.</u>   |
| 6. Job Title:  |
|  |
|  |
| 7. Employer Name:  |
|  |
|  |
| 8. Employer Country (i.e., the country where your employer is based, not the country where you primarily work from if working remotely):   |
| Employer Country (i.e., the country where you employer is based, not the country where you primarily work norm it working remotery).   |
| •  |
| 9. 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):   |
| •  |
| *  |
| * 10. Which of the following best describes the <u>primary</u> focus of your <u>current job</u> ?  |
| 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):  |
|  |
|  |
| 43%  |
|  |
|  |
| Prev Next  |

#### **EMPLOYMENT TYPE**

| <sup>*</sup> 11. \ | Which of the following best describes your current type of employment?   |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|
| 0                  | Federal government employee (e.g., CDC, FDA) (NOTE: if you are part of the USPHS Commissioned Corps, select this option) |  |  |  |  |  |  |  |
| 0                  | Non-federal, government employee (state, local, tribal, territorial agency; e.g., Georgia Department of Public Health)   |  |  |  |  |  |  |  |
| 0                  | Contractor in support of federal, state, tribal, territorial, or local government (e.g., ORISE fellow, Northrup Grumman) |  |  |  |  |  |  |  |
| 0                  | Non-governmental, academic, clinical, community, or other organization employee  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |
|                    | 47%  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |
|                    | Droy Mont  |  |  |  |  |  |  |  |
|                    | Prev Next  |  |  |  |  |  |  |  |

## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY

|         | Which of the following best describes your current <u>federal employer</u> ? Note: If you are a Public Health Service Officer, select the agency to you are assigned. |
|---------|---|
| 0       | Centers for Disease Control and Prevention (CDC). I am <u>stationed or work primarily at CDC headquarters or other CDC domestic office.</u>                           |
| $\circ$ | Centers for Disease Control and Prevention (CDC). I am $\underline{\text{stationed domestically}}$ in the field (e.g., state, local, or tribal health department).    |
| $\circ$ | Centers for Disease Control and Prevention (CDC). I am <u>stationed internationally</u> in the field (including CDC country offices).                                 |
| 0       | Other (non-CDC) Department of Health and Human Services (HHS) agency  |
| 0       | Other Federal government agency (e.g., State Department, USAID)   |
| 0       | Other (please specify):   |
|         |   |
|         |   |
|         | 50%   |
|         |   |
|         | Prev Next   |

# FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - CDC 13. In which CIO are you located or primarily support? \$ Prev Next FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - ALL 14. Which of the following best describes the employment status for your position? USPHS Commissioned Corps Oivil Service, Full Time Equivalent (FTE) (e.g., Title 5, 38) Temporary or term FTE (including Title 42 appointment or former fellowship extension) Other (please specify): 15. What is your current job series? \$ 16. What is your current pay grade?

Next

Prev

## NON-FEDERAL, GOVERNMENT EMPLOYMENT

| 12. Which of the following best describes your current en | mployer?    |      |     |  |
|---|-------------|------|-----|--|
| City or county government agency                          |             |      |     |  |
| State government agency or public health laborate         | ory         |      |     |  |
| U.S. territorial and freely associated state government   | ment agency |      |     |  |
| Tribal government equivalent organization/coalitio        | n           |      |     |  |
| Other (please specify):                                   |             |      |     |  |
|   |             |      |     |  |
|   |             |      |     |  |
|   |             |      | 60% |  |
|   |             |      |     |  |
|   | Prev        | Next |     |  |

#### GOVERNMENT CONTRACTOR EMPLOYMENT

| 2. Which of the following best describes the <u>primary focus or setting</u> 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) or other HHS agency (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):   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| 63  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Prev Next   |  |  |  |  |  |  |  |

## NON-GOVERNMENT EMPLOYMENT

| 12. Which of the following best describes your current $\underline{\mathbf{e}}$ | mployer? |      |     |
|---|----------|------|-----|
| College or university   |          |      |     |
| Industry (private, non-clinical business)                                       |          |      |     |
| Clinical (hospital or other clinical care)                                      |          |      |     |
| Non-governmental, community, or other organizat                                 | ion      |      |     |
| Tribal organization   |          |      |     |
| Other (please specify):   |          |      |     |
|   |          |      |     |
|   |          |      |     |
|   |          |      | 67% |
|   |          |      |     |
|   |          |      |     |
|   | Prev     | Next |     |

## SUPPORT OF ESSENTIAL PUBLIC HEALTH SERVICES

| 17. W | /hich 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):  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |
| L     |  |  |  |  |  |  |  |  |  |
|       | 70%  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |
|       | Prev Next  |  |  |  |  |  |  |  |  |

## PROGRAM FOCUS AREA(S)

| 18. 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  |  |
| Epidemilogy 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):  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| 73%   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Prev Next   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| CAREER PROGRESSION  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| We are interested in learning about your career advancement over the past two years. Select the best option for each statement below. |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| 18. Over the past two years, have you received a higher level of responsibility in your job?  |  |  |  |  |  |  |  |  |
| Yes   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Yes No  |  |  |  |  |  |  |  |  |
| Yes No  No  19. Over the past two years, have you received a promotion (e.g., higher position or grade level)?                        |  |  |  |  |  |  |  |  |
| Yes No  No  No  Yes  Yes  Yes   |  |  |  |  |  |  |  |  |
| Yes No  No  19. Over the past two years, have you received a promotion (e.g., higher position or grade level)?                        |  |  |  |  |  |  |  |  |
| Yes No  No  No  Yes  Yes  Yes   |  |  |  |  |  |  |  |  |
| Yes No  No  No  19. Over the past two years, have you received a promotion (e.g., higher position or grade level)?  Yes No            |  |  |  |  |  |  |  |  |
| Yes No  No  No  19. Over the past two years, have you received a promotion (e.g., higher position or grade level)?  Yes No            |  |  |  |  |  |  |  |  |
| Yes No  No  No  19. Over the past two years, have you received a promotion (e.g., higher position or grade level)?  Yes No            |  |  |  |  |  |  |  |  |

## INVOLVEMENT IN PROGRAMS/ACTIVITIES THAT ADDRESS HEALTH DISPARITIES AND SOCIAL DETERMINANTS

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

| ln | your | current | rol | e, d | lo you | work | con | pro | ject | (s | or ( | act | tivi | ties | th | ıat | Ì: |
|----|------|---------|-----|------|--------|------|-----|-----|------|----|------|-----|------|------|----|-----|----|
|----|------|---------|-----|------|--------|------|-----|-----|------|----|------|-----|------|------|----|-----|----|

| * 19. <u>Measure health disparities</u> among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?  |
|--|
| <u>Definition:</u> A health disparity is a plausibly avoidable, systematic health difference adversely affecting a socially, economically, geographically environmentally disadvantaged group. |
| Yes  |
| ○ No   |
| * 20. <u>Investigate underlying contributors to health inequities</u> among populations/groups experiencing social, economic, geographic, and environmental disadvantages?                     |
| <u>Definition:</u> a health inequity is a particular kind of health disparity that is reasonably believed to reflect injustice.  |
| Yes  |
| ○ No   |
| * 21. Plan, implement or evaluate programs or activities that are intended to address health disparities and/or promote health equity?   |
| Yes  |
| ○ No   |
|  |
| 77%  |
|  |
| Prev Next  |

#### SUPERVISION AND LEADERSHIP

| 20. Select the response that <u>best describes</u> the supervisory status of  | your position?                                       |   |   |  |  |                   |
|---|--|---|---|--|--|-------------------|
| I do not supervise/manage other employees.  |  |   |   |  |  |                   |
| I supervise/manage one or more employees.   |  |   |   |  |  |                   |
| I supervise/manage one or more supervisors.   |  |   |   |  |  |                   |
| 21. How much do you agree or disagree with each of the following sta  | temente?   |   |   |  |  |                   |
|   | tements:   |   |   |  |  |                   |
| In my current position, I have/I participate in   |  |   |   | Neither  |  |                   |
|   |  | Strongly<br>Disagree  | Somewhat<br>Disagree  | Agree nor<br>Disagree  | Somewhat<br>Agree  | Strongly<br>Agree |
| Influence on the policy, operations, or administration of my work unit department, or branch).  | (e.g., program,                                      | 0   | 0   | $\circ$  | $\circ$  | 0                 |
| Formal decision-making authority for my work unit.  |  | $\circ$   | $\bigcirc$  | $\bigcirc$   | $\bigcirc$   | $\circ$           |
| Opportunities to represent my organization in external settings.  |  | $\circ$   | $\circ$   | $\circ$  | $\circ$  | $\circ$           |
| Cross-sector or interdisciplinary collaboration.  |  | $\circ$   | $\circ$   | $\circ$  | $\circ$  | $\circ$           |
| Technical responsibility (e.g., subject matter expertise).  |  | $\circ$   | 0   | $\circ$  |  | 0                 |
| Fiscal responsibility (e.g., budget management).  |  | $\circ$   | $\circ$   | $\circ$  | $\circ$  | $\circ$           |
| Operational responsibility (e.g., general management of and/or oper in your work unit or agency).   | ational oversight                                    | 0   | 0   | 0  | 0  | 0                 |
| 22. In the last two years, which of the following activities have you con  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 research project(s) (e.g., principal investigator for study)  Obtained new funding for your organization (e.g., via contracts, grants, or other mechanisms) | Conduct Publishe Publishe Publishe Presente Served o | ed strategi<br>ed peer-rev<br>ed peer-rev<br>ed other firs<br>ed oral pres<br>ed poster(s<br>on an expe<br>n an officia | or elsewhen<br>c planning for<br>iewed public<br>iewed public<br>it-authored p<br>sentation(s);<br>) at conferent<br>panel or ac<br>illy recognize<br>ional organiz | ation(s) as<br>ation(s) as<br>ublications<br>at conferen-<br>ices<br>dvisory boa<br>d leadershi<br>ation | nization<br>first-author<br>a co-author<br>(e.g., book c | chapter)          |
|   |  |   |   | 83%  |  |                   |
|   |  | _   |   |  |  |                   |
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## ALUMNI ENGAGEMENT

| 6. How frequently do you interact with the following groups on work-related topics? |                  |  |                               |                                      |                               |                         |          |  |  |
|---|------------------|--|-------------------------------|--------------------------------------|-------------------------------|-------------------------|----------|--|--|
|   |                  | Never -<br>We do not interact or<br>only interact outside<br>of work | Rarely -<br>Once a year or le | Sometimess About once a              |                               |                         | or every |  |  |
| Other LLS alumni  |                  | $\circ$  | 0                             | 0                                    |                               | ) (                     | )        |  |  |
| Current LLS officers  |                  | $\circ$  | $\circ$                       | $\circ$                              |                               | ) C                     | )        |  |  |
| Epidemiologists (including EIS colleagues)  | \$               | $\circ$  | 0                             | 0                                    |                               | ) C                     | )        |  |  |
| Your former LLS supervisors of  | or mentors       | $\circ$  | $\circ$                       | 0                                    |                               | ) C                     | )        |  |  |
| Current or former LLS Program   | m Staff          | $\circ$  | 0                             | 0                                    |                               | ) C                     | )        |  |  |
| 7. What kinds of activities does  |                  | elationship with the   |                               | s entail? Select a                   | all that apply.  Professional | Supervise or            |          |  |  |
|   |                  | l don't interact<br>with this group Net                              |                               | es and Collabora<br>nation on a proj | _                             | mentor<br>individuals ( | Other    |  |  |
| Other LLS alumni  |                  |  |                               |                                      |                               |                         |          |  |  |
| Current LLS officers  |                  |  |                               |                                      |                               |                         |          |  |  |
| Epidemiologists (including EIS colleagues)  | 5                |  |                               |                                      |                               |                         |          |  |  |
| Your former LLS supervisors   | or mentors       |  |                               |                                      |                               |                         |          |  |  |
| Current or former LLS Program   | m Staff          |  |                               |                                      |                               |                         |          |  |  |
| If you selected "other" to the  26. How valuable has collaborate                    |                  |  | Z.                            | e with those grou                    | ps.                           |                         |          |  |  |
|   | Not at all valua | ble A little v   | valuable M                    | oderately valuable                   | Extremely valu                | able Not applic         | able     |  |  |
| Other LLS alumni  | 0                |  |                               | 0                                    | 0                             | 0                       |          |  |  |
| Current LLS fellows   | 0                |  |                               | 0                                    | 0                             | 0                       |          |  |  |
| Epidemiologists (including<br>EIS colleagues)                                       | 0                |  |                               | 0                                    | 0                             | 0                       |          |  |  |
| Your former LLS supervisors or mentors  | 0                |  |                               | 0                                    | 0                             | 0                       |          |  |  |
| Current or former LLS<br>Program staff  | 0                |  |                               | 0                                    | 0                             | 0                       |          |  |  |
|   |                  | Р  | rev                           | Next                                 | 8                             | 4%                      |          |  |  |

| LLS SUPPORT   |                           |                          |   |                          |
|---|---------------------------|--------------------------|---|--------------------------|
| 10. How can LLS better support you pos  | st-fellowship? Please con | sider career progression |   | g, and inclusion.<br>87% |
|   | Pre                       | ev Next                  |   |                          |
| GENERAL INFORMATION   |                           |                          |   |                          |
| The following questions on this page 11. What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino  I prefer not to answer  | ge are optional.          |                          |   |                          |
| What is your Race (select all that apply)     American Indian or Alaska Native     Asian     Black or African American     Native Hawaiian or other Pacific Island     White     Prefer not to answer/decline | ler                       |                          |   |                          |
| 13. How do you currently describe yourself (r Female Male Transgender, non-binary, or other gend Prefer not to answer/decline   |                           |                          |   |                          |
| 14. How old are you?  |                           |                          |   | 90%                      |
|   | Pre                       | ev Next                  | ı |                          |

#### FELLOWSHIP RECRUITMENT AND PROMOTION

|                                    | get the word out about CDC's fellowship ship? If "Yes," you may be contacted by utside of DWD. |                                    |                                 |
|------------------------------------|--|------------------------------------|---------------------------------|
|                                    |  |                                    | 93%                             |
|                                    | Prev   | Next                               |                                 |
|                                    |  |                                    |                                 |
| RESPONDENT LOCATIO                 | DN   |                                    |                                 |
| If you reside in the United States | and are interested in participating in a re  | ecruitment event near you, please  | share you location information. |
| 16. City:                          |  |                                    |                                 |
|                                    |  |                                    |                                 |
| 17. State/Territory:               |  |                                    |                                 |
|                                    |  |                                    | 97%                             |
|                                    | Prev   | Next                               |                                 |
|                                    |  |                                    |                                 |
| CONCLUSION                         |  |                                    |                                 |
| Thank you for taking the time      | e to complete this survey. Please co   | ontact <u>ELWBeval@cdc.gov</u> wit | h any questions.                |
|                                    |  |                                    |                                 |
|                                    |  |                                    | 100%                            |
|                                    |  |                                    |                                 |
|                                    | Prev   | Done                               |                                 |