

**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.

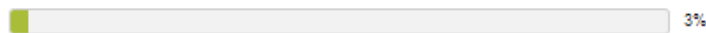
Your participation is completely voluntary. Your individual responses will be kept secure and not shared. Only CDC Epidemiology and Laboratory Workforce Branch (including EIS program staff) and CDC Division evaluation staff will have access to your responses. Results from the survey will be reported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



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## DEGREE COMPLETION

\* 1. Since completing EIS, have you graduated from a degree program at an academic institution?

- Yes  
 No



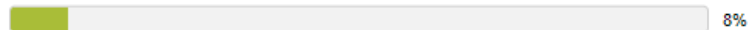
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## DEGREES EARNED

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):



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## RESIDENCY COMPLETION

\* 3. Since completing EIS, have you completed a residency or clinical fellowship?

Yes

No



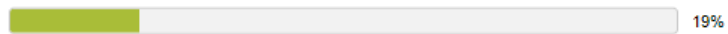
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## RESIDENCIES COMPLETED

### BOARD CERTIFICATIONS DETAILS

6. Please specify active board certifications:



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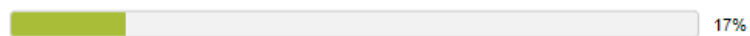
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## BOARD CERTIFICATIONS

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

Yes

No



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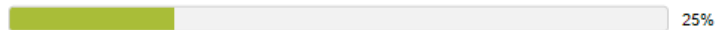
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## PROFESSIONAL STATUS

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

\* 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):



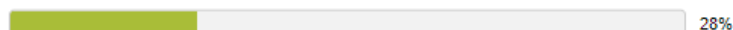
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## ADDITIONAL EDUCATION

9. Which of the following best describes the **primary** 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):



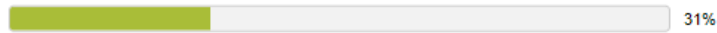
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## ADDITIONAL EDUCATION AND EMPLOYMENT

9. Which of the following best describes the **primary** 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):



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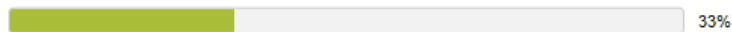
## ADDITIONAL TRAINING OR SERVICE

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 **primary** focus of your current training or service program?

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



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## 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:

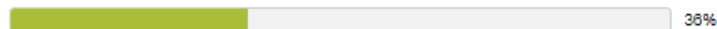
7. Job title:

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

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

\* 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):



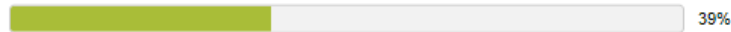
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## EMPLOYMENT TYPE

\* 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



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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY

## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY

17. Is your current work setting in the same division, agency, or organization as your EIS 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 CIO.*

- Yes
- No

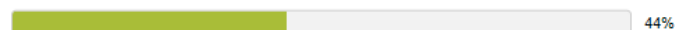
18. Which of the following best describes the employment status for your position?

- 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):

19. What is your current job series?

## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - CDC

16. In which CIO are you located?



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## NON-FEDERAL, GOVERNMENT EMPLOYMENT

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

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

## GOVERNMENT CONTRACTOR EMPLOYMENT

15. Which of the following best describes the **primary focus or setting** of your contract work?

- I support or work at the Centers for Disease Control and Prevention (CDC).
- I support or work at the Department of Health and Human Services (HHS) 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



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## NON-GOVERNMENT EMPLOYMENT

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

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



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## NON-GOVERNMENT EMPLOYMENT

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

- Yes
- No



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## SUPPORT OF ESSENTIAL PUBLIC HEALTH SERVICES

17. 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):**



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## 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 Health – WIC."*

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



- Immunizations - clinical services
- Immunizations - non-clinical
- Informatics
- Information Technology (IT) Services
- Injury/Violence Prevention
- Maternal and Child Health
- Maternal and Child Health - Family Planning
- Maternal and Child Health - WIC
- Medical Examiner
- Mental and Behavioral Health
- Minority Health/Health Disparities
- Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
- Oral Health/Clinical Dental Services
- Policy and Legislation
- Program Evaluation
- Public Health Genetics
- Public Health Laboratory
- School Health
- Substance Abuse, including tobacco control programs
- Training/Workforce Development
- Vital Records
- Other Program Area (please specify):



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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 position or grade level)?

- Yes  
 No



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## SUPERVISION AND LEADERSHIP

24. Which of the following **best describes** 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/managers.

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

**In my current position, I I have/I participate in...**

26. Since completing EIS, which of the following activities have you conducted (in your current work or elsewhere)? Select all that apply.

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



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## PREPAREDNESS FOR POST-FELLOWSHIP POSITION

27. Overall, to what extent did your fellowship experience prepare you to perform in your current position?

- Not at all; my fellowship did not prepare me.
- A little; my fellowship had a small role in preparing me.
- Somewhat; my fellowship had a moderate role in preparing me.
- Very much; my fellowship had a large role in preparing me.



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## PREPAREDNESS FOR POST-FELLOWSHIP POSITION (EMPLOYED/PURSUIING EDUCATION OR TRAINING)

28. To what extent did each of the following parts of your EIS experience prepare you for your current position?

	Not at all - Not relevant or did not prepare me	A little - Had a small role in preparing me	Somewhat - Had a moderate role in preparing me	Very much - Had a large role in preparing me	This was not part of my fellowship
Required learning activities (e.g., Core Activities of Learning, Performance requirements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer-to-peer learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning from mentors/supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a professional network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didactic or classroom-based training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Which skills or topic areas not addressed during your EIS fellowship would have been helpful to carry out your current work duties?



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## USE OF COMPETENCIES/SKILLS

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

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

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

Did not complete

## 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 groups on work-related topics?

	Never - We do not interact or we only interact outside of work	Rarely - Once a year or less	Sometimes - About once a quarter	Often - About once a month	Frequently - Every week or every day
Other EIS alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EIS officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Former host site supervisors and colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former EIS program staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health laboratory professionals (including LLS fellows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not applicable - I don't interact with this group	Networking	Sharing resources and information	Professional working relationship	Supervise or mentor individuals	EIS applicant recruitment activities	Other
Other EIS alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current EIS officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former host site supervisors and colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current or former EIS program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health laboratory professionals (including LLS fellows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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## EIS SUPPORT

36. What kind of support would be helpful to you post-fellowship? Please consider career progression, networking, belonging, and inclusion.



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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)?

38.

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

18. How old are you?

39.

40.



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## 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)

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

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

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

18. How old are you?

## 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

Thank you for taking the time to complete this survey. Please contact [ELWBeval@cdc.gov](mailto:ELWBeval@cdc.gov) with any questions.

100%

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Done

# EIS Year 3/5 Alumni Survey

## EIS Year 3/5 Alumni Survey

### INTRODUCTION

Form Approved

OMB No. 0920-1163

Expiration Date: 02/28/2026

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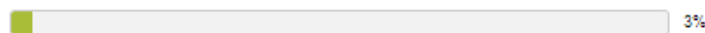
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We estimate that it will take **approximately 20 minutes to complete** this survey. This survey link is unique to you, so please don't forward it to others. You will be able to return to the survey to edit or update your responses at any time prior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

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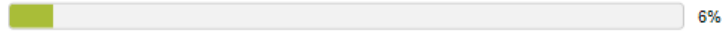


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## DEGREE COMPLETION

\* 1. In the last two years, have you graduated from a degree program at an academic institution?

- Yes  
 No



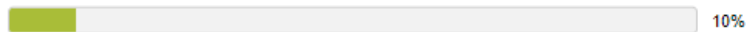
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## DEGREES EARNED

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):



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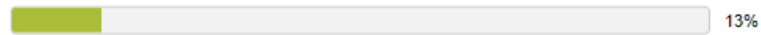


## RESIDENCY COMPLETION

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

Yes

No

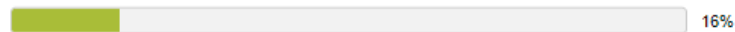


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## RESIDENCIES COMPLETED

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



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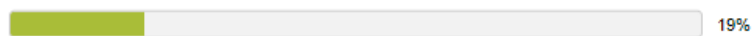
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## BOARD CERTIFICATIONS

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

Yes

No

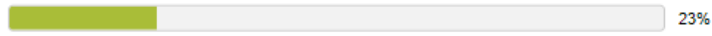


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## BOARD CERTIFICATIONS DETAILS

6. Please specify active board certifications:



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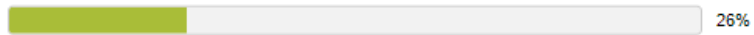
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## U.S. CLINICIANS

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

Yes

No



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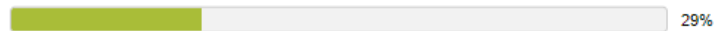
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## PROFESSIONAL STATUS

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

\* 8. 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):



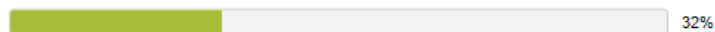
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## ADDITIONAL EDUCATION

9. Which of the following best describes the **primary** 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):



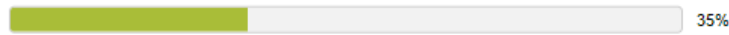
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## ADDITIONAL EDUCATION AND EMPLOYMENT

9. Which of the following best describes the **primary** 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):



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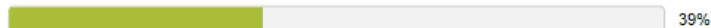
## ADDITIONAL TRAINING OR SERVICE

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)

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

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



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## 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:

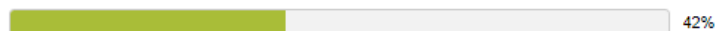
10. Job title:

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) 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 (state, local, tribal, territorial; 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



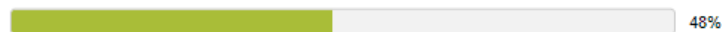
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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY

\* 15. Which of the following best describes your current **federal employer**? *Note: If you are a PHS Officer, select the agency to which you are assigned.*

- Centers for Disease Control and Prevention (CDC). I am **stationed or work primarily at CDC headquarters or other CDC domestic office**.
- Centers for Disease Control and Prevention (CDC). I am **stationed domestically** in the field (e.g., state, local, or tribal health department).
- Centers for Disease Control and Prevention (CDC). I am **stationed internationally** in the field (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):



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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - CDC

16. In which CIO are you located or primarily support?



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## 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?



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## 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 **primary focus or setting** of your contract work?

- I support or work at the Centers for Disease Control and Prevention (CDC).
- I support or work at the Department of Health and Human Services (HHS) 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):



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## 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):



## PROGRAM FOCUS AREAS

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

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

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

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



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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

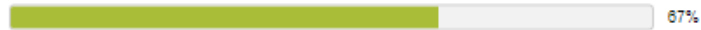
16. **Investigate underlying contributors to health inequities** among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

**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 two years. Select the best option for the statements below.

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

- Yes  
 No

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

- Yes  
 No



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## ALUMNI ENGAGEMENT

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

	Never - We do not interact or we only interact outside of work	Rarely - Once a year or less	Sometimes - About once a quarter	Often - About once a month	Frequently - Every week or every day
Other EIS alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EIS officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Former host site supervisors and colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former EIS program staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health laboratory professionals (including LLS fellows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. In the last two years, apply.

- Developed new or re-recommendations, c
- Developed new or re-recommendations, c
- Developed new or re-recommendations, c health or healthcare
- Led an emergency r in the field or through organization).
- Led a program or int usually ongoing effo improve social cond
- Led policy developm
- Led research projec
- Obtained new fundir grants, or other mec

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

	Not applicable - I don't interact with this group	Networking	Sharing resources and information	Professional working relationship	Supervise or mentor individuals	EIS applicant recruitment activities	Other
Other EIS alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current EIS officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former host site supervisors and colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## GENERAL INFORMATION

The following questions on this page are optional.

30. What is your ethnicity?

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

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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

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

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

32.

## INTEREST IN RECRUITMENT ACTIVITIES

\* 34. Alumni are a great way to get the word out about CDC's fellowship programs. **Are you interested in participating in any future efforts to recruit or promote your fellowship?**

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

- Yes
- No



## RESPONDENT LOCATION

If you are interested in participating in a recruitment event near you, please share you location information.

35. City:

36. State/Territory:



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## CONCLUSION

Thank you for taking the time to complete this survey. Please contact [ELWBeval@cdc.gov](mailto:ELWBeval@cdc.gov) with any questions.



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Done

# 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](mailto: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).



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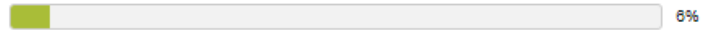


## DEGREE COMPLETION

\* 1. Since completing LLS, have you graduated from a degree program at an academic institution?

Yes

No



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## DEGREES COMPLETED

2. 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 Medicine (DO)

Doctor of Philosophy (PhD)

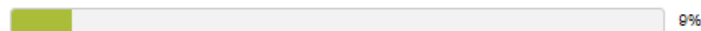
Doctor of Public Health (DrPH)

Doctor of Veterinary Medicine (DVM)

Doctor of Nursing Practice (DNP)

Juris Doctor (JD)

Other (please specify)



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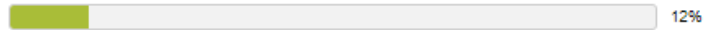
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## RESIDENCY COMPLETION

\* 3. Since completing LLS, have you completed a residency or clinical fellowship?

Yes

No



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## RESIDENCIES COMPLETED

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



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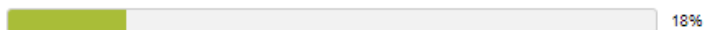
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## BOARD CERTIFICATIONS

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

Yes

No



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## BOARD CERTIFICATIONS DETAILS

6. Please specify active board certifications:



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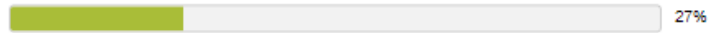
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## U.S. CLINICIANS

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

Yes

No



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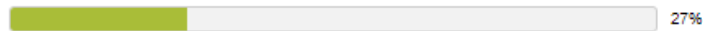
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## PROFESSIONAL STATUS

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

\* 8. Professional Status:

- I am employed. Please also select this response if you are extending your LLS 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 LLS (e.g., Public Health Informatics Fellowship Program)
- I am seeking employment.
- I am not currently employed (and not seeking employment).
- Other (please specify):



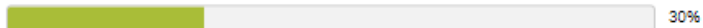
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## ADDITIONAL EDUCATION

6. Which of the following best describes the **primary** 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):



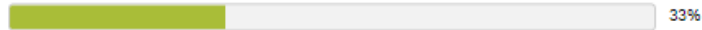
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## ADDITIONAL EDUCATION and EMPLOYED

6. Which of the following best describes the **primary** 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):**



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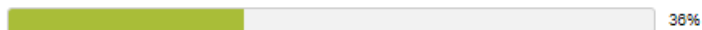
## ADDITIONAL TRAINING OR SERVICE

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

- CDC fellowship, educational, or training program (e.g., Public Health Informatics Fellowship Program)
- Non-CDC fellowship or training program
- Service organization (e.g., Peace Corps; AmeriCorps)

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

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



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## 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. Job title:

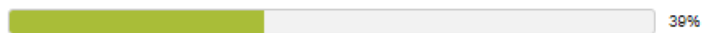
10. Employer name:

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 **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):



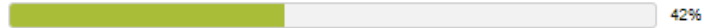
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## EMPLOYMENT TYPE

\* 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



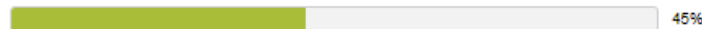
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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY

\* 12. Which of the following best describes your current **federal employer**? *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 **stationed or work primarily at CDC headquarters or other CDC domestic office**.
- Centers for Disease Control and Prevention (CDC). I am **stationed domestically** in the field (e.g., state, local, or tribal health department).
- Centers for Disease Control and Prevention (CDC). I am **stationed internationally** in the field (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):

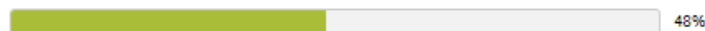


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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - CDC

13. In which CIO are you located or primarily support?



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## 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 CIO.)

- Yes  
 No

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?



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## NON-FEDERAL, GOVERNMENT EMPLOYMENT

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

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

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

- Yes
- No



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## GOVERNMENT CONTRACTOR EMPLOYMENT

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

- I support or work at the Centers for Disease Control and Prevention (CDC).
- I support or work at the Department of Health and Human Services (HHS) 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



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## NON-GOVERNMENT EMPLOYMENT

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

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



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## SUPPORT OF ESSENTIAL PUBLIC HEALTH SERVICES

13. 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):



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## PROGRAM FOCUS AREA(S)

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

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

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

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



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## 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. 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 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



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## SUPERVISION AND LEADERSHIP

20. Select the response that best describes 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 statements?

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

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

22. Since completing LLS, which of the following activities have you conducted (in your current work or elsewhere)? Select all that apply.

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



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## PREPAREDNESS FOR POST-FELLOWSHIP POSITION

23. Overall, to what extent did your fellowship experience prepare you to perform in your current position?

- Not at all – my fellowship did not prepare me
- A little – my fellowship had a small role in preparing me
- Somewhat – my fellowship had a moderate role in preparing me
- Very much – my fellowship had a large role in preparing me

24. To what extent did each of the following parts of your LLS experience prepare you for your current position?

	Not at all - Not relevant or did not prepare me	A little - Had a small role in preparing me	Somewhat - Had a moderate role in preparing me	Very much - Had a large role in preparing me	This was not part of my fellowship
Required learning activities (e.g., Core Activities of Learning, Performance requirements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer-to-peer learning among your LLS cohort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer-to-peer learning among the greater LLS community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning from mentors/supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a professional network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didactic or classroom-based training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Which skills or topic areas not addressed during your LLS fellowship would have been helpful to carry out your current work duties?



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## USE OF COMPETENCIES/SKILLS

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

	Not at all	A little	Somewhat	Very much
<b>Quality Management Systems</b> (e.g., analyze how the laboratory's organizational structure ensures quality)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Laboratory Safety</b> (e.g., assess risks and hazards within a given laboratory setting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Applied Laboratory Research, Investigation, and Surveillance</b> (e.g., support the continuous, systematic collection, analysis, and interpretation of health-related data)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Informatics</b> (e.g., apply information science, computer science, and information technology to public health practice, research, and learning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Bioinformatics</b> (e.g., interpret biological data using computational techniques, algorithms, and bioinformatics principles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Communication (oral and written)</b> (e.g., develop clear and concise information about public health laboratories appropriate to the audience)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Leadership and Management</b> (e.g., apply leadership skills to promote the mission and vision of public health laboratories)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

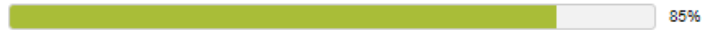
	Not at all	A little	Somewhat	Very much	Did not complete activity during my fellowship
Conduct applied laboratory research to address a public health or safety-related issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct a safety risk assessment to evaluate the probability and potential consequences of exposure to a given hazard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate a quality management system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporate bioinformatics principles into applied public health laboratory science.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give a 10–20 minute oral presentation to a scientific audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give an in-depth public health talk on your original LLS work or field of study.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write and submit, as first author, a scientific manuscript for a peer-reviewed journal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in laboratory operations management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate complex scientific concepts to an external lay audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide service to the agency (laboratory or CDC-wide).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## INFLUENCE ON CAREER PATH

28. How influential has LLS been to your career path?

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



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## ALUMNI ENGAGEMENT

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

	Never - We do not interact, or we only interact outside of work	Rarely - Once a year or less	Sometimes - About once a quarter	Often - About once a month	Frequently - Every week or every day
Other LLS alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current LLS fellows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiologists (including EIS colleagues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your former LLS supervisors/mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former LLS Program Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Networking	Sharing resources and information	Collaboration on a project	Professional working relationship	Supervise or mentor individuals	Not applicable - I don't interact with this group	Other
Other LLS alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current LLS fellows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologists (including EIS colleagues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your former LLS supervisors/mentors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current or former LLS Program Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you selected other to the question above, please describe how you engage with those groups.

10. How valuable has collaboration post-LLS been with the following groups?

	Not at all valuable	A little valuable	Moderately valuable	Extremely valuable	Not applicable
Other LLS alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current LLS fellows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiologists (including EIS colleagues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your former LLS supervisors/mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current and former LLS Program Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## LLS SUPPORT

10. How can LLS better support you post-fellowship? Please consider career progression, networking, belonging, and inclusion.



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## 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 apply)?

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

15.

18. How old are you?



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## FELLOWSHIP RECRUITMENT AND PROMOTION

\* 16. Alumni are a great way to get the word out about CDC's fellowship programs. Are you interested in participating in any future efforts to recruit or promote your fellowship? If "Yes," you may be contacted by Division of Workforce Development staff. Your contact information will not be shared with anyone outside of DWD.

Yes

No



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## FELLOWSHIP RECRUITMENT AND PROMOTION

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

17. City:

18. State/Territory:



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## CONCLUSION

Thank you for taking the time to complete this survey. Please contact [ELWBeval@cdc.gov](mailto:ELWBeval@cdc.gov) with any questions.



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Done

## 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.

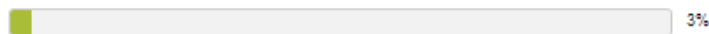
Your participation is completely voluntary. Your individual responses will be kept secure and not shared. Only CDC Epidemiology and Laboratory Workforce Branch (including LLS program staff) and CDC Division evaluation staff will have access to your responses. Results from the survey will be reported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



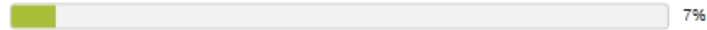
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## DEGREE COMPLETION

\* 1. In the last two years, have you graduated from a degree program at an academic institution?

Yes

No



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## DEGREES COMPLETED

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)

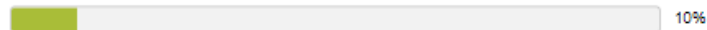
Doctor of Public Health (DrPH)

Doctor of Veterinary Medicine (DVM)

Doctor of Nursing Practice (DNP)

Juris Doctor (JD)

Other (please specify)



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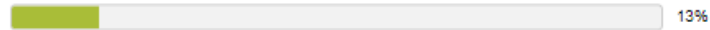
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## RESIDENCY COMPLETION

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

Yes

No

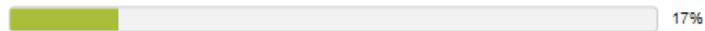


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## RESIDENCIES COMPLETED

4. What is the specialty of the residency or clinical fellowship you completed since LLS:



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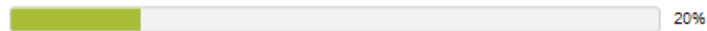
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## BOARD CERTIFICATIONS

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

Yes

No



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## BOARD CERTIFICATIONS DETAILS

6. Please specify active board certifications:



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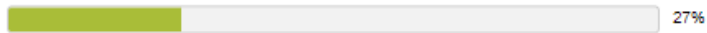
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## U.S. CLINICIANS

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

Yes

No



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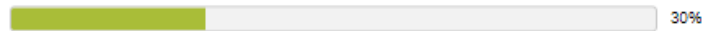
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## PROFESSIONAL STATUS

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

\* 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):



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## ADDITIONAL EDUCATION

6. Which of the following best describes the primary 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):



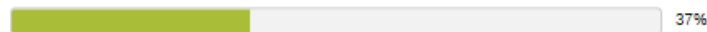
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## ADDITIONAL EDUCATION AND EMPLOYED

6. Which of the following best describes the primary 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):**



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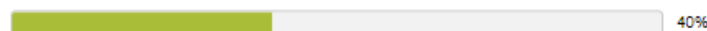
## TRAINING OR SERVICE

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

- CDC fellowship, educational, or training program (e.g., Public Health Informatics Fellowship Program)
- Non-CDC fellowship or training program
- Service organization (e.g., Peace Corps; AmeriCorps)

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

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



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## 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. Job Title:

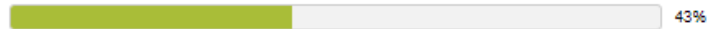
7. Employer Name:

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

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 **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):



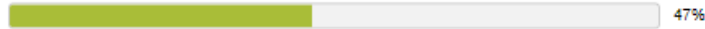
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## EMPLOYMENT TYPE

\* 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



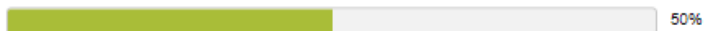
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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY

\* 12. Which of the following best describes your current federal employer? *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 stationed or work primarily at CDC headquarters or other CDC domestic office.
- Centers for Disease Control and Prevention (CDC). I am stationed domestically in the field (e.g., state, local, or tribal health department).
- Centers for Disease Control and Prevention (CDC). I am stationed internationally in the field (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):



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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - CDC

13. In which CIO are you located or primarily support?



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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY - ALL

14. 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):

15. What is your current job series?

16. What is your current pay grade?



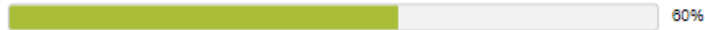
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## NON-FEDERAL, GOVERNMENT EMPLOYMENT

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

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



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## GOVERNMENT CONTRACTOR EMPLOYMENT

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

- I support or work at the Centers for Disease Control and Prevention (CDC).
- I support or work at the Department of Health and Human Services (HHS) 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):



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## NON-GOVERNMENT EMPLOYMENT

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

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



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## SUPPORT OF ESSENTIAL PUBLIC HEALTH SERVICES

17. 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):**



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## 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
- Epidemiology Surveillance
- Global Health
- Health Education
- Health Promotion/Wellness
- Immunizations - clinical services
- Immunizations - non-clinical
- Informatics
- Information Technology (IT) Services
- Injury/Violence Prevention
- Maternal and Child Health
- Maternal and Child Health - Family Planning
- Maternal and Child Health - WIC

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



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## 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
- No

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

- Yes
- No



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## 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:

\* 19. 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

\* 20. 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

\* 21. 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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## SUPERVISION AND LEADERSHIP

20. Select the response that **best describes** 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 statements?

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

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

22. In the last two years, which of the following activities have you conducted (in your current work or elsewhere)? Select all that apply.

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



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## ALUMNI ENGAGEMENT

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

	Never - We do not interact or only interact outside of work	Rarely - Once a year or less	Sometimes - About once a quarter	Often - About once a month	Frequently - Every week or every day
Other LLS alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current LLS officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiologists (including EIS colleagues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your former LLS supervisors or mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former LLS Program Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not applicable - I don't interact with this group	Networking	Sharing resources and information	Collaboration on a project	Professional working relationship	Supervise or mentor individuals	Other
Other LLS alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current LLS officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologists (including EIS colleagues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your former LLS supervisors or mentors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current or former LLS Program Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

26. How valuable has collaboration post-LLS been with the following groups?

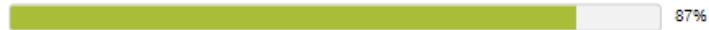
	Not at all valuable	A little valuable	Moderately valuable	Extremely valuable	Not applicable
Other LLS alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current LLS fellows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiologists (including EIS colleagues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your former LLS supervisors or mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or former LLS Program staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## LLS SUPPORT

10. How can LLS better support you post-fellowship? Please consider career progression, networking, belonging, and inclusion.



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## GENERAL INFORMATION

*The following questions on this page are optional.*

11. What is your ethnicity?

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

12. 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

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

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

14. How old are you?



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## FELLOWSHIP RECRUITMENT AND PROMOTION

\* 15. Alumni are a great way to get the word out about CDC's fellowship programs. Are you interested in participating in any future efforts to recruit or promote your fellowship? If "Yes," you may be contacted by CDC Division of Workforce Development staff. Your contact information will not be shared with anyone outside of DWD.

Yes

No



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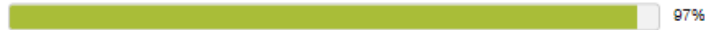
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## RESPONDENT LOCATION

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

16. City:

17. State/Territory:



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## CONCLUSION

Thank you for taking the time to complete this survey. Please contact [ELWBeval@cdc.gov](mailto:ELWBeval@cdc.gov) with any questions.



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Done