

Attachment 6. 2024 EIS Supervisor Exit Survey Screenshots



2024 EIS Supervisor Exit Survey

Introduction

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

You are being asked to complete this survey because of your role as a primary supervisor for an Epidemic Intelligence Service (EIS) officer. We appreciate your dedication to training and mentoring your EIS officer. The purpose of this survey is to identify ways to improve the supervisor and host site experience and to assess to what extent your EIS officer has contributed to your host site and public health in general.

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. We ask that this survey be completed by the supervisor who is most familiar with the EIS officer's work and interactions within the host site. Please email ELWBEval@cdc.gov if you would like to request a different individual complete the survey for the officer.

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

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

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

The public reporting burden of this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333 ATT: PRA (0920-1163)



2024 EIS Supervisor Exit Survey

Basic Information

* 1. Including this EIS officer, how many EIS officers have you supervised as a primary or secondary supervisor?

For the following questions, please consider your experience over the past year.

* 2. **How frequently did you** _____

	Nearly every day (4-5 days a week)	Two or three days a week	Once a week	Once every two weeks	Once a month	<1 day a month
...work in the office?	☐	☐	☐	☐	☐	☐
... and your EIS officer come into the office at the same time?	☐	☐	☐	☐	☐	☐

The following questions are optional. Responses will only be presented in aggregate, and no identifying information will be linked to individual responses. These data will be used to better understand the diversity of our host site supervisors.

3. What is your race and/or ethnicity? Select all that apply.

☐

American Indian or Alaska Native

For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

☐

Asian

For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

☐

Black or African American

For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

☐

Hispanic or Latino

For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

☐

Middle Eastern or North African

For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

☐

Native Hawaiian

For example

☐

White

For example



4. Are you: Mark

☐

Female

☐

Male

☐

Transgender

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Feedback on EIS program experience

* 5. Thinking about your experience hosting and supervising an EIS officer, please indicate your level of agreement with each statement.



When I had a question or issue to discuss with the EIS program, the question or issue was resolved.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Not applicable

☐☐☐☐☐☐☐☐☐☐

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Officer Training

8. In what topic(s) or skill(s) did your EIS officer need additional training or support (e.g., statistical analysis, leadership development)? (Please list)

program during the



2024 EIS Supervisor Exit Survey

Experiences working with your officer

* 9. Thinking about your experience supervising your EIS officer, please indicate your level of agreement with each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My team/work unit has gained knowledge or skills as a result of hosting the EIS officer.	☐	☐	☐	☐	☐
The EIS officer did work that we would not have been able to do otherwise.	☐	☐	☐	☐	☐
The EIS officer improved our team's/work unit's overall capacity in applied epidemiology.	☐	☐	☐	☐	☐

10. If you selected "strongly disagree" or "disagree," please explain in the space provided below.

* 11. Reflecting on your experience supervising the officer, to what extent do you agree or disagree with the following statement: The EIS officer has been able to **contribute to the team/work unit** at my host site.

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



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Experiences



* 12. For the previous question, you selected {{ Q11 }}

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Experiences working with your officer, continued



* 13. For the previous question, you selected {{ Q11 }}. We are interested in learning more about how the EIS officer has contributed to your host site during the fellowship. Describe the EIS officer's most meaningful contribution to your host site.

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Experiences working with your officer, continued

* 14. Which of the following resulted from the officer's activities during the fellowship? Select all that apply.

Include results where the EIS officer made a meaningful contribution. Include direct (e.g., officer ***drafted*** formal guidance) and indirect (e.g., officer's work ***informed*** formal guidance) results from officer's activities.

- ☐ Findings, recommendations, tools, or resources shared with others
- ☐ Peer-reviewed manuscript(s), including MMWRs
- ☐ Non-peer-reviewed report(s)
- ☐ Presentation(s) at conference(s)
- ☐ Presentation(s) to partners
- ☐ New or revised tool(s)/method(s)/technology developed (e.g., R script, algorithm, dashboard)
- ☐ New or revised resource(s) developed (e.g., training)
- ☐ New or improved partnership(s) or collaboration(s)
- ☐ Further studies or analyses are planned or underway (based on the officer's work)
- ☐ Surveillance system(s) improved
- ☐ New surveillance system(s) created
- ☐ Information system(s) improved
- ☐ New information system(s) created

- ☐ New or revised public health policies or procedures
- ☐ New or revised policies or procedures in the healthcare setting
- ☐ New or revised formal public health guidelines or recommendations (e.g., World Health Organization, Advisory Committee on Immunization Practices)
- ☐ New or revised public health regulations or laws
- ☐ New or increased funding
- ☐ New or revised programs or interventions developed
- ☐ Increased public health capacity
- ☐ Morbidity or mortality reduced or prevented
- ☐ Health inequities reduced
- ☐ New or revised programs or interventions (e.g., treatment, vaccine, infection control) implemented
- ☐ Economic benefits (e.g., hospitals saved money)
- ☐ None of the above
- ☐ Other (describe any other direct and indirect results from officer's activities):



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Experiences working with your officer, continued

* 15. In the previous question, you indicated that findings, recommendations, tools, or resources were shared with others. Which group(s) were the findings, recommendations, tools, or resources shared with? Select all that apply.

- ☐ Public (e.g., presentation to lay audience, public campaign, social media, web, news)
- ☐ Public health officials (e.g., presentation to STLT/federal health officials, Health Alert Network (HAN) alert)
- ☐ Healthcare providers
- ☐ Other partners (e.g., community-based organizations)
- ☐ Policymakers/decision-makers
- ☐ Congressional hearing materials
- ☐ Other (please specify):



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Experiences working with your officer, continued

Please elaborate on a up to 3 results that you selected in the previous questions.

Example 1

16. Which result does this example elaborate upon?

17. For this example, include the following information:

1. What activities and projects did the EIS officer lead or support that led to this result?
2. What areas of public health did the activities pertain to?
3. Who did these activities affect? Who did the result affect?

Example2

18. Which result does this example elaborate upon?

19. For this example, include the following information:

1. What activities and projects did the EIS officer lead or support that led to this result?
2. What areas of public health did the activities pertain to?
3. Who did these activities affect? Who did the result affect?

Example 3

20. Which result does this example elaborate upon?

21. For this example, include the following information:

1. What activities and projects did the EIS officer lead or support that led to this result?
2. What areas of public health did the activities pertain to?
3. Who did these activities affect? Who did the result affect?



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Overall Feedback

* 22. Do you plan to serve as a supervisor for another EIS officer in the future?

- ☐ Yes
- ☐ No
- ☐ Undecided

23. If you selected "No" or "Undecided," please explain:

* 24. Would you recommend participation as a host site for other CDC or field sites?

- ☐ Yes
- ☐ No
- ☐ Undecided

25. If you selected "No" or "Undecided," please explain:

26. Please comment on anything else you would like the EIS program to know about your experience supervising an EIS officer.



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Closing

Thank you for taking the time to complete the EIS Supervisor Exit Survey. Please click "Done" to submit your responses.

We value your feedback. If you have any questions about this survey, please email ELWBEval@cdc.gov.