

DWD Standard Alumni Survey Questions

Form Approved
OMB No. 0920-1078
Expiration Date: 03/31/2027

Alumni Survey

Introduction

You are being asked to complete this survey because of your previous participation in the FELLOWSHIP NAME. 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 FELLOWSHIP BRANCH (including FELLOWSHIP NAME 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 X 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 FELLOWSHIP NAME EMAIL if you have any questions regarding this survey.

The public reporting burden of this collection of information is estimated to average 8 minutes per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing 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 (0920-1078)**.

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NOTE: The standard items displayed below are not 100% identical to the ICR submission as they include minor updates to question and/or response wording based on 2024 implementation.

1: Post-Fellowship Activity

1.1 Professional Status:

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

1. Professional Status:
 - a. **I am employed.** Please also select this response if you are extending your FELLOWSHIP NAME fellowship or if you are an ORISE fellow. (skip to 1.3 Employer Details)
 - b. **I am furthering my education** at an academic institution (e.g., masters or doctoral) or through a clinical training program or medical residency. (skip to 1.2a Additional Education)
 - c. **I am employed and am furthering my education** at the same time. (continue to 1.2b. Additional Education and Employed)
 - d. **I am participating in a training or service program** (e.g., internship, AmeriCorps, Peace Corps) or a **different public health fellowship program** than FELLOWSHIP NAME (e.g., EIS, Public Health Informatics Fellowship Program, etc.) (continue to 1.2c. Additional Training)
 - e. **I am seeking employment.** (Year 1 only – skip to question #29. All other years skip to 3. General Information.)
 - f. **I am not currently employed** (and not seeking employment). (Year 1 only – skip to question #29. All other years skip to 3. General Information.)
 - g. **Other** (please specify): (Year 1 only – skip to question #29. All other years skip to 3. General Information.)

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1.2a. Additional Education

2. Which of the following best describes the **primary** focus of your current education?
 - a. Public health (including population health) - *Select if your education 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.*
 - b. Health care - *Select if your education focuses on diagnosing and treating individual patients; managing clinical services, hospitals; etc.*
 - c. Other (please specify):

All responses: Year 1 only – skip to question #29 for all responses. All other years - skip to 3. General Information.

1.2b. Additional Education and Employment

3. Which of the following best describes the **primary** focus of your current education?
 - a. Public health (including population health) - *Select if your education 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.*
 - b. Health care - *Select if your education focuses on diagnosing and treating individual patients; managing clinical services, hospitals; etc.*
 - c. Other (please specify):

All responses continue to 1.3. Employer Details.

1.2c. Additional Training or Service

4. Which of the following best describes the training, service program, or fellowship you are pursuing?
 - a. CDC public health fellowship, educational, or training program (including EIS, Public Health Informatics Fellowship Program, etc.)
 - b. Non-CDC fellowship or training program
 - c. Service organization (e.g., Peace Corps; AmeriCorps)
5. Which of the following best describes the **primary** focus of your current training or service program?
 - a. Public health (including population health) - *Select if your program 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.*
 - b. Health care - *Select if your program focuses on diagnosing and treating individual patients; managing clinical services, hospitals; etc.*
 - c. Other (please specify):

All responses: Year 1 only – skip to 2. Preparedness for Post-Fellowship Position for all responses. All other years - skip to 3. General Information.

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1.3a. 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. Which of the following best describes the **primary** focus of your current job?
 - a. 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.*
 - b. Health care - *Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals; etc.*
 - c. Other (please specify)

1.3b. Employment Type

9. Which of the following best describes your current **type of employment**?
 - a. **U.S. federal government** (e.g., CDC, FDA) NOTE: if you are part of the USPHS Commissioned Corps, select this option. (continue to 1.4 Federal government employment activity)
 - b. **U.S. non-federal government** (state, local, tribal, territorial; e.g., Georgia Department of Public Health) (skip to 1.5. Non-federal, government employment)
 - c. **Non-U.S. government or intergovernmental agency** (e.g., French national public health agency, European Centre for Disease Prevention and Control, United Nations) (Skip to 1.8a Support of Essential Public Health Services)
 - d. **Contractor** in support of a government (U.S. or non-U.S.) or intergovernmental agency (e.g., ORISE fellow, Northrup Grumman) (skip to 1.6. Government contractor employment)
 - e. **Non-governmental** (U.S. or non-U.S.) organization (skip to 1.7. Non-government employment)

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1.4. U.S. Federal government employment activity

10. Which of the following best describes your current **federal employer**? *Note: If you are a USPHS Commissioned Corps Officer, select the agency to which you are assigned.*
- a. Centers for Disease Control and Prevention (CDC). I am **stationed or work primarily at CDC headquarters or other CDC domestic office.**
 - b. Centers for Disease Control and Prevention (CDC). I am **stationed domestically** in the field (e.g., state, local, or tribal health department).
 - c. Centers for Disease Control and Prevention (CDC). I am **stationed internationally** in the field (including CDC country offices).
 - d. Other (non-CDC) Department of Health and Human Services (HHS) agency (Year 1 survey- skip to Q12. All other years – skip to Q13).
 - e. Other federal government agency (e.g., State Department, USAID) (Year 1 survey- skip to Q12. All other years – skip to Q13)
 - f. Other (please specify) (Year 1 survey- skip to Q12. All other years – skip to Q13)

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1.4a. Federal government employment activity

11. In which CIO are you located or primarily support? [dropdown of CIO options]
- a. CDC Washington Office (CDC/W)
 - b. Center for Forecasting and Outbreak Analytics (CFA)
 - c. Global Health Center (GHC)
 - d. Immediate Office of the Director (IOD)
 - e. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
 - f. National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
 - g. National Center for Environmental Health (NCEH)/ Agency for Toxic Substances and Disease Registry (ATSDR)
 - h. National Center for Health Statistics (NCHS)
 - i. National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
 - j. National Center for Immunization and Respiratory Diseases (NCIRD)
 - k. National Center for Injury Prevention and Control (NCIPC)
 - l. National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPIHW)
 - m. National Center on Birth Defects and Developmental Disabilities (NCBDDD)
 - n. National Institute for Occupational Safety and Health (NIOSH)
 - o. Office of Budget Policy and Appropriations (OBPA)
 - p. Office of Communications (OC)
 - q. Office of Equal Employment Opportunity and Workplace Equity (OEEOWE)
 - r. Office of Health Equity (OHE)
 - s. Office of Laboratory Systems and Response (OLSR)
 - t. Office of Policy, Performance, and Evaluation (OPPE)
 - u. Office of Public Health Data, Surveillance, and Technology (OPHDST)
 - v. Office of Readiness and Response (ORR)
 - w. Office of Science (OS)
 - x. Office of the Chief of Staff (OCS)
 - y. Office of the Chief Operating Officer (OCCO)
 - z. Other (please specify) _____
12. **[Year 1 survey only]** Is your current work setting in the same division, agency, or organization as your FELLOWSHIP 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.*
- a. Yes
 - b. No
13. Which of the following best describes the employment status for your position?
- a. USPHS Commissioned Corps
 - b. Civil Service, Full Time Equivalent (FTE) (e.g., Title 5, 38)
 - c. Temporary or term FTE (including Title 42 appointment or former fellowship extension)
 - d. Other (please specify)

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14. What is your current job series?

- a. 0101 - Social/Behavioral Scientist
- b. 0110 - Economist
- c. 0301 - Miscellaneous Administration and Program
- d. 0343 - Management and Program Analysis
- e. 0401 - Biologist
- f. 0403 - Microbiology
- g. 0560 - Budget Analysis
- h. 0601 - General Health Science
- i. 0602 - Medical Officer
- j. 0610 - Nurse
- k. 0660 - Pharmacist
- l. 0685 - Public Health Program Specialist
- m. 0701 - Veterinary Medical Science
- n. 0801 - General Engineering
- o. 1001 - Health Communications Specialist
- p. 1035 - Public Affairs
- q. 1083 - Technical Writing and Editing
- r. 1102 - Contract Specialist
- s. 1515 - Operations Research
- t. 1529 - Mathematical Statistics
- u. 1530 - Statistics
- v. 1550 - Computer Science
- w. 1560 - Data Science
- x. Other (please specify):

15. What is your current pay grade?

- a. GS-5 (or equivalent pay)
- b. GS-6 (or equivalent pay)
- c. GS-7 (or equivalent pay)
- d. GS-8 (or equivalent pay)
- e. GS-9 (or equivalent pay)
- f. GS-10 (or equivalent pay)
- g. GS-11 (or equivalent pay)
- h. GS-12 (or equivalent pay)
- i. GS-13 (or equivalent pay)
- j. GS-14 (or equivalent pay)
- k. GS-15 (or equivalent pay)
- l. Senior Executive Service (SES)
- m. USPHS Commissioned Corps O-3
- n. USPHS Commissioned Corps O-4
- o. USPHS Commissioned Corps O-5
- p. USPHS Commissioned Corps O-6
- q. USPHS Commissioned Corps O-7

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- r. USPHS Commissioned Corps O-8
- s. USPHS Commissioned Corps O-9
- t. USPHS Commissioned Corps O-10
- u. Other (please specify):

All responses skip to 1.8a Support of Essential Public Health Services

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1.5. U.S. Non-federal, government employment

16. Which of the following best describes your current **employer**?
- a. City or county government agency
 - b. State government agency or public health laboratory
 - c. U.S. territorial or freely associated state government agency
 - d. Tribal government equivalent organization/coalition
 - e. Other (please specify)
17. **[Year 1 survey only]** Is your current work setting in the same agency or organization as your FELLOWSHIP host site?
- a. Yes
 - b. No

All responses skip to 1.8a Support of Essential Public Health Services_

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1.6. Government contractor employment

18. Which of the following best describes the setting in which you work?
- a. I support or work at the Centers for Disease Control and Prevention (CDC).
 - b. I support or work at the Department of Health and Human Services (HHS) or other HHS agency (not CDC).
 - c. I support or work at another U.S. federal government agency (e.g., State Department, USAID).
 - d. I support or work at a U.S. city or county government agency.
 - e. I support or work at a U.S. state government agency or public health laboratory.
 - f. I support or work at a U.S. territorial or freely associated state agency.
 - g. I support or work at a tribal governmental equivalent organization/coalition within the U.S.
 - h. I support or work at a non-U.S. government or intergovernmental agency.
 - i. Other (please specify):
19. **[Year 1 survey only]** Is your current work setting in the same CIO or division, agency, or organization as your FELLOWSHIP host site?
- a. Yes
 - b. No

All responses skip to 1.8a Support of Essential Public Health Services_

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1.7. Non-government employment

20. Which of the following best describes your current **employer**?
- a. College or university
 - b. Industry (e.g., for-profit company, non-clinical business)
 - c. Clinical (hospital or other clinical care)
 - d. Local, state, or national non-profit (non-clinical)
 - e. Tribal or territorial non-governmental organization/agency/coalition within the U.S.
 - f. Non-U.S. non-governmental organization
 - g. Other non-governmental, community, or other organization (please specify):
21. **[Year 1 survey only]** Is your current work setting in the same CIO or division, agency, or organization as your FELLOWSHIP host site?
- c. Yes
 - d. No

All responses continue to 1.8a Support of Essential Public Health Services

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1.8a: Support of Essential Public Health Services

22. Which of the following describe your work activities in your current job? Select all that apply.
- a) Assess and monitor population health status, factors that influence health, and community needs and assets.
 - b) Investigate, diagnose, and address health problems and hazards affecting the population.
 - c) Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
 - d) Strengthen, support, and mobilize communities and partnerships to improve health.
 - e) Create, champion, and implement policies, plans, and laws that impact health.
 - f) Utilize legal and regulatory actions designed to improve and protect the public's health.
 - g) Assure an effective system that enables access to the individual services and care needed to be healthy.
 - h) Build and support a flexible and skilled public health workforce.
 - i) Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
 - j) Build and maintain a strong organizational infrastructure for public health.
 - k) Other (please specify):

1.8b: Program Focus Area(s)

23. 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."*
- a. Administration/Administrative Support
 - b. Animal Control
 - c. Children and Youth with Special Health Care Needs
 - d. Clinical Services (excluding TB, STD, family planning)
 - e. Communicable Disease - HIV
 - f. Communicable Disease - Influenza
 - g. Communicable Disease - STD
 - h. Communicable Disease - Tuberculosis
 - i. Communicable Disease - Viral Hepatitis
 - j. Other Communicable Disease
 - k. Community Health Assessment/Planning
 - l. Disability Services (including disability determinations)
 - m. Emergency Medical Services
 - n. Emergency Preparedness
 - o. Enforcement/Inspection/Licensing/Certification of Facilities (includes health care facilities, long-term care facilities, nursing homes, and child care facilities)
 - p. Environmental Health
 - q. Epidemiology Surveillance
 - r. Global Health
 - s. Health Education
 - t. Health Promotion/Wellness

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- u. Immunizations - Clinical Services
- v. Immunizations - Non-Clinical
- w. Informatics
- x. Information Technology (IT) Services
- y. Injury/Violence Prevention
- z. Maternal and Child Health
- aa. Maternal and Child Health - Family Planning
- bb. Maternal and Child Health - WIC
- cc. Medical Examiner
- dd. Mental and Behavioral Health
- ee. Minority Health/Health Disparities
- ff. Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
- gg. Oral Health/Clinical Dental Services
- hh. Policy and Legislation
- ii. Program Evaluation
- jj. Public Health Genetics
- kk. Public Health Laboratory
- ll. School Health
- mm. Substance Abuse (including tobacco control programs)
- nn. Training/Workforce Development
- oo. Vital Records
- pp. Other Program Area (specify)

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1.9: Supervision and Leadership

24. Select the response that **best describes** the supervisory status of your position?

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

Year 1 survey – continue to 2: Preparedness for Post-Fellowship Position. All other years – Skip to 3: General Information

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2: Preparedness for Post-Fellowship Position

25. **[Year 1 survey only]** Overall, to what extent did your fellowship experience prepare you for your current position?
- a. Not at all - my fellowship did not prepare me.
 - b. A little - my fellowship had a small role in preparing me.
 - c. Somewhat - my fellowship had a moderate role in preparing me.
 - d. Very much - my fellowship had a large role in preparing me.
26. **[Year 1 survey only]** How influential has [FELLOWSHIP] been to your career path?
- a. Not at all influential
 - b. Slightly influential
 - c. Somewhat influential
 - d. Very influential
 - e. Extremely influential
27. **[Year 1 survey only]** I consider myself to be a public health ambassador (i.e., a champion or promotor of public health).
- f. Strongly disagree
 - g. Disagree
 - h. Neither agree nor disagree
 - i. Agree
 - j. Strongly agree

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3: General Information

The following questions on this page are optional.

28. 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 or Other Pacific Islander
For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- ☐ White
For example, English, German, Irish, Italian, Polish, Scottish, etc.

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4: Fellowship Recruitment and Promotion

28. 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.*

- a. Yes **(continue to Q35)**
- b. No **(skip to 5: Conclusion)**

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

29. City:

30. State/Territory:

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5: Conclusion

Thank you for taking the time to complete this survey. Please contact FELLOWSHIP EMAIL with any questions.

Redirect close of survey to: <https://www.cdc.gov/fellowships>