

## Sample Screen Shots: Epidemic Intelligence Service (EIS) and Laboratory Leadership Service (LLS) Alumni Survey Screenshots

### EIS Year 3 Alumni Survey

#### INTRODUCTION

Form Approved

OMB No. 0920-1078

Expiration Date: XX/XX/XXXX

You are being asked to complete this survey because of your previous participation in the Epidemic Intelligence Service (EIS) Fellowship. The purpose of this survey is to learn about your career progression and how fellowship alumni contribute to the public health workforce.

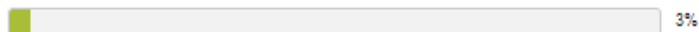
Your participation is completely voluntary. Your individual responses will be kept secure and not shared. Only CDC Epidemiology and Laboratory Workforce Branch (including EIS program staff) and CDC Division evaluation staff will have access to your responses. Results from the survey will be reported in aggregate (e.g., 75% of alumni are employed in public health).

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

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 (0920-1078).



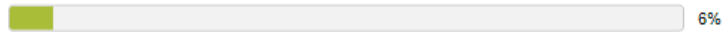
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## DEGREE COMPLETION

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

- ☐ Yes  
☐ No



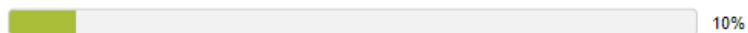
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## DEGREES EARNED

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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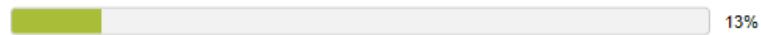
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## RESIDENCY COMPLETION

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

☐ Yes

☐ No

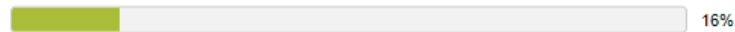


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## RESIDENCIES COMPLETED

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



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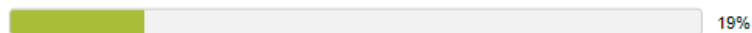
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## BOARD CERTIFICATIONS

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

☐ Yes

☐ No

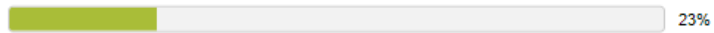


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## BOARD CERTIFICATIONS DETAILS

6. Please specify active board certifications:



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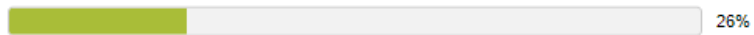
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## U.S. CLINICIANS

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

☐ Yes

☐ No



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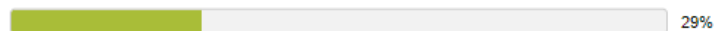
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## PROFESSIONAL STATUS

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):



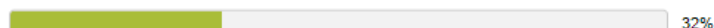
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## ADDITIONAL EDUCATION

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):



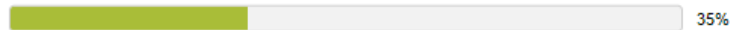
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## ADDITIONAL EDUCATION AND EMPLOYMENT

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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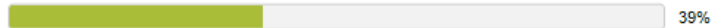
## ADDITIONAL TRAINING OR SERVICE

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:

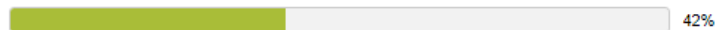
10. Job title:

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):



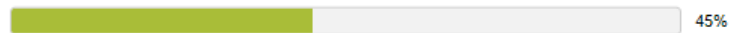
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## EMPLOYMENT TYPE

\* 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



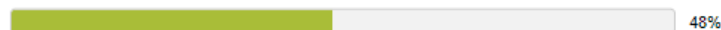
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## FEDERAL GOVERNMENT EMPLOYMENT ACTIVITY

\* 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):**



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## 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 - Immunizations - non-clinical
- ☐ Other Communicable Disease - Informatics
- ☐ Community Health - Information Technology (IT) Services
- ☐ COVID-19 Response - Injury/Violence Prevention
- ☐ Disability services - Maternal and Child Health
- ☐ Emergency Medical Services - Maternal and Child Health - Family Planning
- ☐ Emergency Preparedness - Maternal and Child Health - WIC
- ☐ Enforcement/Inspection of child care facilities - Medical Examiner
- ☐ Environmental Health - Mental and Behavioral Health
- ☐ Epidemiology Surveillance - Minority Health/Health Disparities
- ☐ Global Health - Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
- ☐ Health Education - Oral Health/Clinical Dental Services
- ☐ Health Promotion/Prevention - Policy and Legislation
- ☐ Immunizations - clinical - 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 effort improve social cond
- ☐ Led policy develop
- ☐ 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