DWD Standard Alumni Survey Questions

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.

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1: Post-Fellowship Activity

1.1. Employment Status

1. What is your employment status?

    a. I am employed (part-time or full-time) [skip to Q2]
    b. I am not employed [skip to Section 2, Education]

2. Are you employed in a training or fellowship program?

    a) Yes, I am extending my current [FELLOWSHIP NAME] fellowship
    b) Yes, I am participating in a training or service program (e.g., Internship, ORISE) or a different public health fellowship program OTHER than [FELLOWHIP NAME] (e.g., EIS, Public Health Informatics Fellowship Program)
    c) No

1.2. Additional Training or Service (optional)

3. 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, ORISE, etc.)
    b. Non-CDC fellowship or training program
    c. Service organization (e.g., Peace Corps)

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.*

4. Employer name:

5. Job title:

6. Is your current work setting in the same CIO or division, agency, or organization as your [FELLOWSHIP] host site?
    a. Yes
    b. No

7. Which of the following best describes the **primary** focus of your current position?
    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

8. Which of the following best describes your current **type of employment**?

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    a. <u>**U.S. federal government**</u> (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>**U.S. State, Tribal, Local, or Territorial (STLT) government**</u> <u>(e.g., Georgia Department of Public Health)</u> (skip to 1.5. Non-federal, government employment)

    c. <u>**Non-U.S. government or intergovernmental agency**</u> (e.g., French national public health agency, European Centre for Disease Prevention and Control (Skip to 1.8a Support of Essential Public Health Services)

    d. <u>**Contractor**</u> in support of a government (U.S. or non-U.S.) or intergovernmental agency (e.g., Northrup Grumman) (skip to 1.6. Government contractor employment)

    e. <u>**Non-governmental**</u> (U.S. or non-U.S.) organization (skip to 1.7. Non-government employment)

1.4. U.S. Federal government employer

9. Which of the following best describes your current <u>**federal employer**</u>? *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 <u>**stationed or work primarily at CDC headquarters or other CDC domestic office**</u>.

    b. Centers for Disease Control and Prevention (CDC). I am <u>**stationed domestically**</u> in the field (e.g., state, local, or tribal health department).

    c. Centers for Disease Control and Prevention (CDC). I am **stationed** <u>**internationally**</u> in the field (including CDC country offices).

    d. Other (non-CDC) Department of Health and Human Services (HHS) agency (skip to Q12, employment status)

    e. Other federal government agency (e.g., State Department) (skip to Q12, employment status)

    f. Other (please specify) (skip to Q12, employment status)

1.4a. U.S. Federal government employment activity

10. 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 (NCSTLTPHIW)

    m. National Center on Birth Defects and Developmental Disabilities (NCBDDD)

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      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 (OCOO)
      z.   Other (please specify) _____

11. 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)

12. 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

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    x.   Other (please specify):

13. 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
    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

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

14. Which of the following best describes your current **<u>employer</u>**?
    a. City or county government agency or laboratory
    b. State government agency or laboratory
    c. U.S. territorial or freely associated state government agency or laboratory
    d. Tribal government equivalent organization/coalition agency or laboratory
    e. College or university
    f. Other (please specify)

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

1.6. Government contractor employment

15. Which of the following best describes the **<u>setting</u>** in which you work?
    a. Centers for Disease Control and Prevention (CDC)
    b. Department of Health and Human Services (HHS) or other HHS agency (not CDC)
    c. Other U.S. federal government agency (e.g., State Department)
    d. U.S. city or county government agency
    e. U.S. state government agency
    f. U.S. territorial or freely associated state agency

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      g.   Tribal governmental equivalent organization/coalition within the U.S.
      h.   Non-U.S. government or intergovernmental agency
      i.   Other (please specify):

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

1.7. Non-government employment

16. Which of the following best describes your current **employer**?
    a. College or university
    b. For-profit, Industry (e.g., pharmaceutical company, non-clinical business)
    c. Clinical (hospital or other clinical care)
    d. Non-profit, U.S. focused
    e. Non-profit, non-U.S. focused
    f. Other (please specify):

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

1.8a: Support of Essential Public Health Services

17. Which of the following describe your work activities in your current job? Select all that apply.
    a) Assess and monitor population health
    b) Investigate, diagnose, address or treat health problems and hazards
    c) Communicate effectively to inform and educate
    d) Strengthen, support, and mobilize communities and partnerships
    e) Create, champion, and implement policies, plans, and laws
    f) Utilize legal and regulatory actions
    g) Enable access to services and care
    h) Build and support a skilled workforce
    i) Improve and innovate through evaluation, research, and continuous quality improvement
    j) Build and maintain a strong organizational infrastructure for public health
    k) Award or administer grants
    l) I don't work on public health topics
    m) Other (please specify):

1.8b: Program Focus Area(s)

18. Please specify your current program area(s). Select all that apply.
    a. Administration/Administrative Support and/or Management
    b. Biomedical Lab Sciences
    c. Children and Youth with Special Health Care Needs
    d. Clinical Services (excluding TB, STD, family planning)
    e. Communicable Disease (including, HIV, Influenza, STD, Tuberculosis, Viral Hepatitis)
    f. Community Health Assessment/Planning
    g. Emergency Preparedness

      h. Environmental Health
      i. Global Health
      j. Health Education/ Behavioral Science
      k. Health Promotion/Wellness
      l. Immunizations
      m. Informatics/ Information Technology Services/ Data Science
      n. Injury/Violence Prevention
      o. Maternal and Child Health/ WIC
      p. Mental and Behavioral Health
      q. Minority Health/Health Disparities
      r. Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
      s. Policy and Legislation
      t. Program Evaluation
      u. Public Health Genetics
      v. Public Health Laboratory
      w. Public Health Research (including disease-specific research, clinical trials, etc.)
      x. School Health
      y. Substance Abuse (including tobacco control programs)
      z. Surveillance Systems/ Epidemiology Surveillance
      aa. Training/Workforce Development
      bb. Vital Records
      cc. I don't work on public health topics
      dd. Other Program Area (specify)

1.9: Supervision and Leadership

19. Select the response that **best describes** the supervisory status of your position?
    a. Non-supervisor: I do not officially supervise/manage other employees.
    b. Supervisor: I am responsible for employee's performance appraisals and approval of their leave, but I do not supervise other supervisors.
    c. Manager: I supervise/manage one or more supervisors/managers.

20. In my current position, I have :

	Yes	No
Influence on the operations or administration of my work unit (e.g., program department or branch)		
Formal decision-making authority for my work unit		
Opportunities to represent my organization in external settings		
Opportunities to participate in cross-sector or interdisciplinary collaboration		
Technical responsibility (e.g., subject matter expertise)		
Fiscal responsibility (e.g., budget		

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management)		
Operational responsibility (e.g., general management of and/or operational oversight in your work unit or agency)		

2: Education

21. Are you currently in a degree program?
    a) Yes [skip to Question 23]
    b) No [skip to Section 3, Post-Fellowship-Position]

22. 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):

3: Post-Fellowship Position

23. Overall, to what extent did your [FELLOWSHIP NAME] experience prepare you for your current position/role?
    a. Not at all prepared
    b. Slightly prepared
    c. Somewhat prepared
    d. Very much prepared
    e. Extremely prepared

24. How influential has [FELLOWSHIP NAME] been to your career path?
    a. Not at all influential
    b. Slightly influential
    c. Somewhat influential
    d. Very influential
    e. Extremely influential

25. I consider myself to be a public health ambassador (i.e., a champion or promoter of public health).
    a) Strongly disagree
    b) Disagree
    c) Neither agree nor disagree
    d) Agree
    e) Strongly agree

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4: General Information

The following question on this page is optional.

26. 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.

27. Are you:
    - i. Male
    - ii. Female

5: Conclusion

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