**Laboratory Leadership Service Alumni Survey**

## [Page 1] INTRODUCTION

Form Approved

OMB No. 0920-1078

Expiration Date: 03/31/2027

You are being asked to complete this survey because of your previous participation in the Laboratory Leadership Service (LLS)] 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 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 [Year 1: 25, Year 3/5: 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 August 23, 2024.

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 [Y1: 25/Y3/5: 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)**

## Post-Fellowship Education, Board Certifications, and Licenses

### [Page 2] Degree completion

1. [**Year 1:** Since completing LLS, **Year 3/5:** In the last two years] have you graduated from a degree program at an academic institution?
   1. Yes
   2. No (skip to Residency completion)

### [Page 3] Degrees earned

1. Specify degree(s) earned since [**Year 1:** since completing LLS, **Year 3/5:** in the last two years]. Select all that apply.
   1. Master of Arts (MA)
   2. Master of Business Administration (MBA)
   3. Master of Public Health (MPH)
   4. Master of Science (MS)
   5. Master of Social Work (MSW)
   6. Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)
   7. Doctor of Philosophy (PhD)
   8. Doctor of Public Health (DrPH)
   9. Doctor of Veterinary Medicine (DVM)
   10. Doctor of Nursing Practice (DNP)
   11. Juris Doctor (JD)
   12. Other (please specify)

### [Page 4] Residency completion

1. [**Year 1:** Since completing LLS, **Year 3/5:** In the last two years], have you completed a residency or clinical fellowship?
   1. Yes
   2. No (skip to Board certifications)

### [Page 5] Residencies completed

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

### [Page 6] Board certifications

1. Do you currently have any active board certifications in the U.S.?
   1. Yes
   2. No (skip to U.S. clinicians)

### [Page 7] Board certifications details

1. Please specify active board certifications:

### [Page 8] U.S. clinicians

1. Are you currently a clinician (e.g., MD, DVM, nurse, PA) licensed to practice within the U.S.?
   1. Yes
   2. No

## Post-Fellowship Activity

### [Page 9] Employment Status:

1. What is your employment status?
   1. I am employed (part-time or full-time)
   2. I am not employed [skip to Education]

### [Page 10] Training or Fellowship Program Status

1. Are you employed in a training or fellowship program?
   1. Yes, I am extending my current LLS fellowship
   2. Yes, I am participating in a training or service program (e.g., Internship, ORISE) or a different public health fellowship program OTHER than LLS (e.g., Public Health Informatics Fellowship Program)
   3. No

### [Page 11] 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.*

1. Employer name:
2. Job title:
3. Employer Country (i.e., the country where your employer is based, not the country where you primarily work from if working remotely): [drop-down list]
4. Employer State/Territory (if in the U.S.) (i.e., the state/territory where your employer is based, not the state/territory where you primary work from if working remotely): [drop-down list]
5. Is your current work setting in the same CIO or division, agency, or organization as your LLS host site?
   1. Yes
   2. No
6. Which of the following best describes the **primary** focus of your current position?
7. **Public health (including population health and One 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.*
8. **Health care** *- Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.*
9. **Other** (please specify):

### [Page 12] Employment Type

1. Which of the following best describes your current **type of employment**?
2. **U.S. federal government** (e.g., CDC, FDA) (NOTE: if you are part of the USPHS Commissioned Corps, select this option) (Skip to Federal government employment activity)
3. **U.S. State, Tribal, Local, or Territorial (STLT) government** (e.g., Georgia Department of Public Health) (Continue to Non-federal, government employment)
4. **Non-U.S. government or intergovernmental agency** (e.g., French national public health agency, European Centre for Disease Prevention and Control) (Skip to Support of Essential Public Health Services)
5. **Contractor** in support of a government (U.S. or non-U.S.) or intergovernmental agency (e.g., Northrup Grumman) (Continue to Government contractor employment)
6. **Non-governmental** (U.S. or non-U.S.) (Continue to Non-governmental employment)

### [Page 13] U.S. Federal government employment activity

1. 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.*
2. Centers for Disease Control and Prevention (CDC). I am **stationed or work primarily at CDC headquarters or other CDC domestic office**.
3. Centers for Disease Control and Prevention (CDC). I am **stationed domestically** in the field (e.g., state, local, or tribal health department).
4. Centers for Disease Control and Prevention (CDC). I am **stationed internationally** in the field (including CDC country offices).
5. Other (non-CDC) Department of Health and Human Services (HHS) agency (skip to Federal Government Employment Activity - ALL)
6. Other Federal government agency (e.g., State Department) (skip to Federal Government Employment Activity - ALL)
7. Other (please specify): (skip to Federal Government Employment Activity - ALL)

### [Page 14] Federal Government Employment Activity - CDC

1. In which CIO are you located? [dropdown of CIO options]
2. CDC Washington Office (CDC/W)
3. Center for Forecasting and Outbreak Analytics (CFA)
4. Global Health Center (GHC)
5. Immediate Office of the Director
6. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
7. National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
8. National Center for Environmental Health (NCEH) / Agency for Toxic Substances and Disease Registry (ATSDR)
9. National Center for Health Statistics (NCHS)
10. National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
11. National Center for Immunization and Respiratory Diseases (NCIRD)
12. National Center for Injury Prevention and Control (NCIPC)
13. National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPHIW)
14. National Center on Birth Defects and Developmental Disabilities (NCBDDD)
15. National Institute for Occupational Safety and Health (NIOSH)
16. Office of Budget Policy and Appropriations (OBPA)
17. Office of Communications (OC)
18. Office of Equal Employment Opportunity and Workplace Equity (OEEWE)
19. Office of Health Equity (OHE)
20. Office of Laboratory Science and Safety (OLSS)
21. Office of Policy, Performance, and Evaluation (OPPE)
22. Office of Public Health Data, Surveillance, and Technology (OPHDST)
23. Office of Readiness and Response (ORR)
24. Office of Science (OS)
25. Office of the Chief of Staff (OCoS)
26. Office of the Chief Operating Officer (OCOO)
27. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### [Page 15] Federal Government Employment Activity - ALL

1. Which of the following best describes the employment statusfor your position?
2. USPHS Commissioned Corps
3. Civil Service, Full Time Equivalent (FTE) (e.g., Title 5, 38)
4. Temporary or term FTE (including Title 42 appointment or fellowship extension)
5. Other (please specify):
6. What is your current job series?
   1. 0101 – Social/Behavioral Scientist
   2. 0110 - Economist
   3. 0301 - Miscellaneous Administration and Program
   4. 0343 - Management and Program Analysis
   5. 0401 - Biologist
   6. 0403 – Microbiology
   7. 0560 – Budget Analysis
   8. 0601 - General Health Science
   9. 0602 - Medical Officer
   10. 0610 - Nurse
   11. 0660 - Pharmacist
   12. 0685 - Public Health Program Specialist
   13. 0701 - Veterinary Medical Science
   14. 0801 - General Engineering
   15. 1001 - Health Communications Specialist
   16. 1035 – Public Affairs
   17. 1083 – Technical Writing and Editing
   18. 1102 - Contract Specialist
   19. 1515 - Operations Research
   20. 1529 - Mathematical Statistics
   21. 1530 - Statistics
   22. 1150 - Computer Science
   23. 1560 - Data Science
   24. Other (please specify):
7. What is your current pay grade?
   1. GS-5 (or equivalent pay)
   2. GS-6 (or equivalent pay)
   3. GS-7 (or equivalent pay)
   4. GS-8 (or equivalent pay)
   5. GS-9 (or equivalent pay)
   6. GS-10 (or equivalent pay)
   7. GS-11 (or equivalent pay)
   8. GS-12 (or equivalent pay)
   9. GS-13 (or equivalent pay)
   10. GS-14 (or equivalent pay)
   11. GS-15 (or equivalent pay)
   12. Senior Executive Service (SES)
   13. USPHS Commissioned Corps O-3
   14. USPHS Commissioned Corps O-4
   15. USPHS Commissioned Corps O-5
   16. USPHS Commissioned Corps O-6
   17. USPHS Commissioned Corps O-7
   18. USPHS Commissioned Corps O-8
   19. USPHS Commissioned Corps O-9
   20. USPHS Commissioned Corps O-10
   21. Other (please specify):

(skip to Support of Essential Public Health Services)

### [Page 16]STLT government employment

1. Which of the following best describes your current **employer**?
2. City or county government agency or laboratory
3. State government agency or laboratory
4. U.S. territorial and freely associated state government agency or laboratory
5. Tribal government equivalent organization/coalition or laboratory
6. Other (please specify):

### [Page 17] Government contractor employment

1. Which of the following best describes the settingin which you work?
2. Centers for Disease Control and Prevention (CDC).
3. Department of Health and Human Services (HHS) or other HHS agency (not CDC).
4. Other U.S. federal government agency (e.g., State Department).
5. U.S. city or county government agency.
6. U.S. state government agency or public health laboratory.
7. U.S. territorial or freely associated state agency.
8. Tribal governmental equivalent organization/coalition within the U.S.
9. Non-U.S. government or intergovernmental agency.
10. Other (please specify):

(skip to Support of Essential Public Health Services)

### [Page 18] Non-government employment

1. Which of the following best describes your current **employer**?
2. College or university
3. For-profit, Industry (e.g., pharmaceutical company, non-clinical business)
4. Clinical (hospital or other clinical care)
5. Non-profit, U.S. focused
6. Non-profit, non-U.S. focused
7. Other (please specify):

### [Page 19] Support of Essential Public Health Services

1. Which of the following describe your work activities in your current job? Select all that apply.
2. Assess and monitor population health status
3. Investigate, diagnose, address or treat health problems and hazards
4. Communicate effectively to inform and educate
5. Strengthen, support, and mobilize communities and partnerships
6. Create, champion, and implement policies, plans, and laws
7. Utilize legal and regulatory actions
8. Enable access to services and care
9. Build and support a skilled workforce
10. Improve and innovate through evaluation, research, and continuous quality improvement
11. Build and maintain a strong organizational infrastructure for public health
12. Award or administer grants
13. I don’t work on public health topics
14. Other (please specify):

### [Page 20] Program Focus Areas

1. 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.”*

1. Administration/Administrative Support and/or Management
2. Biomedical Lab Sciences
3. Children and Youth with Special Health Care Needs
4. Clinical Services (excluding TB, STD, family planning)
5. Communicable Disease (including HIV, Influenza, STD, Tuberculosis, Viral Hepatitis)
6. Community Health Assessment/Planning
7. Emergency Preparedness
8. Environmental Health
9. Global Health
10. Health Education/Behavioral Science
11. Health Promotion/Wellness
12. Immunizations
13. Informatics/Information Technology Services/Data ScienceInjury/Violence Prevention
14. Maternal and Child Health/WIC
16. Mental and Behavioral Health
17. Minority Health/Health Disparities
18. Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
19. Policy and Legislation
20. Program Evaluation
21. Public Health Genetics
22. Public Health Laboratory
23. Public Health Research (including disease-specific research, clinical trials, etc.)
24. School Health
25. Substance Abuse (including tobacco control programs)
26. Surveillance Systems/Epidemiology Surveillance
27. Training/Workforce Development
28. Vital Records
29. I don’t work on public health topics
30. Other Program Area (specify):

### [Page 21] Career Progression

**Year 1**: We are interested in learning about your career advancement over the past year. Select the best option for the statements below.

**Year 3/5:** We are interested in learning about your career advancement over the past two years. Select the best option for the statements below.

1. [**Year 1:** Over the past year**, Year 3/5:** Over the past two years] have you received a higher level of responsibility in your job?
   1. Yes
   2. No
2. [**Year 1:** Over the past year**, Year 3/5:** Over the past two years] have you received a promotion (e.g., higher position or grade level)?
   1. Yes
   2. No

### [Page 22] Supervision and Leadership

1. Select the response that **best describes** the supervisory status of your position.
2. **Non-supervisor:** I do not supervise/manage other employees.
3. **Supervisor:** I am responsible for employee’s performance appraisals and approval of their leave, but I do not supervise other supervisors.
4. **Manager:** I supervise/manage one or more supervisors/managers.

| **In my current position, I have/I participate in…** | **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 management). |  |  |
| Operational responsibility (e.g., general management of and/or operational oversight in your work unit or agency). |  |  |

1. [**Year 1:** Since completing LLS, **Years 3/5:** In the last two years], which of the following activities have you conducted (in your current position or elsewhere)?? Check all that apply.
   1. Contributed to the development of new or revised policies, guidelines, recommendations, or standards (includes public health, healthcare, and other work settings)
   2. Led or played a key role in an emergency response or outbreak investigation
   3. Developed, enhanced, or led public health programs or interventions
   4. Led research project(s) (e.g., principal investigator for study)
   5. Obtained new funding for your organization (e.g., via contracts, grants, or other mechanisms)
   6. Authored or co-authored scientific publications or reports (e.g., peer-reviewed, non-peer-reviewed)
   7. Presented at conferences (e.g., oral presentations, posters)
   8. Increased public awareness of public health problems either locally or nationally
   9. Developed training or technical assistance materials (e.g., curricula, job aids)
   10. Improved public health surveillance
   11. Developed or strengthened partnerships
   12. Served on an expert panel or advisory board
   13. Served in an officially recognized leadership role (e.g., executive board) in a professional organization
   14. Other (please specify)

## [Page 23] Education

1. Are you currently in a degree program?
   1. Yes [skip to Education Focus]
   2. No [skip to Preparedness for Post-Fellowship Position]

## [Page 24] Education Focus

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

## Preparedness for Post-Fellowship Position

### [Page 25] Preparedness for Post-Fellowship Position

1. Overall, to what extent did your fellowship experience prepare you for your current position?
   1. Not at all prepared.
   2. Slightly prepared
   3. Very much prepared
   4. Extremely prepared

1. **[Year 1 only]** Which skills or topic areas not addressed during your LLS fellowship would have been helpful to carry out your current work duties? [open-ended]

## [Page 26] Use of Competencies/Skills [Year 1 only]

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

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

1. **[Year 1 only]** 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. |  |  |  |  |  |
| Conduct a safety risk assessment to evaluate the probability and potential consequences of exposure to a given hazard. |  |  |  |  |  |
| Evaluate a quality management system. |  |  |  |  |  |
| Incorporate bioinformatics principles into applied public health laboratory science. |  |  |  |  |  |
| Give a 10–20 minute oral presentation to a scientific audience. |  |  |  |  |  |
| Give an in-depth public health talk on your original LLS work or field of study. |  |  |  |  |  |
| Write and submit, as first author, a scientific manuscript for a peer-reviewed journal. |  |  |  |  |  |
| Participate in laboratory operations management. |  |  |  |  |  |
| Communicate complex scientific concepts to an external lay audience. |  |  |  |  |  |
| Provide service to the agency (laboratory or CDC-wide). |  |  |  |  |  |

## [Page 27] Influence on Career Path

1. How influential has LLS been to your career path?
   1. Not at all influential
   2. Slightly influential
   3. Somewhat influential
   4. Very influential
   5. Extremely influential
2. I consider myself to be a public health ambassador (i.e., a champion or promoter of public health).
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree

## [Page 28] Alumni Engagement

1. 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 |  |  |  |  |  |
| Current LLS fellows |  |  |  |  |  |
| Epidemiologists (including EIS colleagues) |  |  |  |  |  |
| Your former LLS supervisors/mentors |  |  |  |  |  |
| Current or former LLS Program Staff |  |  |  |  |  |

1. How can LLS better support you post-fellowship?

## [Page 29] General Information

The following questions on this page are optional.

1. 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.*

1. Are you:
2. Female
3. Male
4. How old are you? [whole number]

## Fellowship Recruitment and Promotion

### [Page 30] Interest in Recruitment Activities

1. 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.*1
2. Yes
3. No

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## [Page 31] Conclusion

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