

Public Health Workforce Interests and Needs Survey

Section I: Workplace Environment

Q1. Does your health department do any of the following? Check all that apply.

- ☐ Require continuing education
- ☐ Include education and training objectives in performance reviews
- ☐ Allow use of working hours to participate in training
- ☐ Pay travel/registration fees for trainings
- ☐ Provide on-site training
- ☐ Have staff position(s) responsible for internal training
- ☐ Provide recognition of achievement
- ☐ Other _____

Q2. Please rate your level of agreement with the following items:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I know how my work relates to the agency's goals and priorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The work I do is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity and innovation are rewarded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication between senior leadership and employees is good in my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisors/team leaders work well with employees of different backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisors/team leaders in my work unit support employee development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My training needs are assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees have sufficient training to fully utilize technology needed for their work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees learn from one another as they do their work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor supports my need to balance work and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

issues.					
My workload is reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor/team leader provides me with opportunities to demonstrate my leadership skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am inspired to meet my goals at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel completely involved in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am determined to give my best effort at work every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that I have the opportunities to apply my talents and expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor and I have a good working relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor/team leader treats me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My co-workers and I have a good working relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I recommend my organization as a good place to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3. If you wish, you may provide comments about your workplace environment below.

Q4. Considering everything, how satisfied are you with:

	Very dissatisfied	Somewhat dissatisfied	Neither dissatisfied nor satisfied	Somewhat satisfied	Very satisfied
Your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your job security?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5. If you wish, you may provide comments below about your level of job satisfaction.

Q6. Think of your job in general. All in all, what is it like most of the time? For each descriptor please indicate yes if it describes the job, no if it doesn't describe the job, or cannot decide.

	No	Yes	Cannot decide
Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undesirable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better than most	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagreeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes me content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoyable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7. Please indicate how important EACH of these factors was in making your ORIGINAL decision to work in public health

	Not at all important	Somewhat unimportant	Somewhat important	Very important
Desire to work in public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to make a difference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance of public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Status of public health practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning about public health in college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to use my skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beginning salary & benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advancement opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job security in public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extensive variety of job opportunities in public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of other career options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section II: Workforce Priorities

Q8. Please rate the following items in terms of importance to your current position and your current skill level. These items have been adapted from the Core Competencies for public health professionals. Please note, skill levels are defined as follows:

- Not applicable: current position does not require performing this item
- Unable to perform: lacking the necessary skills to perform
- Beginner: able to perform with assistance
- Proficient: able to perform independently
- Expert: able to assist or teach others

	How important is this item in your day-to-day work?				What is your current skill level for this			
	Not important	Somewhat unimportant	Somewhat important	Very important	Not applicable	Unable to perform	Beginner	Proficient
Communicating ideas and information in a way that different audiences can understand.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating in a way that persuades others to act.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating with diverse communities to identify and solve health problems.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressing the needs of diverse populations in a culturally sensitive way.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing the broad array of factors that influence specific public health problems.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

work.								
Applying evidence-based approaches to solve public health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applying quality improvement concepts in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influencing policy development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing a program budget with justification.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring that programs are managed within the current and forecasted budget constraints.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9. What (if any) additional skills would you like to gain or strengthen to achieve your career goals?

Section III: Trends

Q10. How much, if anything, have you heard about the following trends in public health?

	Nothing at all	Not much	A little	A lot
Cross-jurisdictional sharing of public health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fostering a culture of quality improvement (QI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leveraging electronic health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Systems and Services Research (PHSSR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health and primary care integration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence-Based Public Health Practice (EBPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health in All Policies (HiAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementation of the Affordable Care Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.1 Please rate the following trends in terms of importance, impact on your work, and perceived level of emphasis.

Q11. In the past year, have you personally served as a preceptor or host for a student completing a practicum. A practicum can be defined as a planned, supervised, and evaluated practice experience that is part of a professional public health degree program.

- ☐ Yes
- ☐ No

Q11.1 Considering the work involved in arranging the practicum and supervising the student, as well as the contributions the student made to the department, how would you rate the overall value of the practicum to the health department?

- ☐ The work required to host the practicum outweighed the benefit a lot.
- ☐ The work required to host the practicum outweighed the benefit a little.
- ☐ The work required to host the practicum was equal to the benefit.
- ☐ The benefit to the department outweighed the work required to host the practicum a little.
- ☐ The benefit to the department outweighed the work required to host the practicum a lot.

Q12. In the past year, have you worked with members of the academic community (faculty/staff/students) on public health practice issues?

- ☐ Yes
- ☐ No

Q12.1 To what extent was this collaboration helpful to you in your work?

- ☐ Not at all helpful
- ☐ Not very helpful
- ☐ Somewhat helpful
- ☐ Very helpful

Q13. In your opinion, to what extent will the Affordable Care Act result in the following?

	Not at all	Not too much	A fair amount	A great deal
It will change the day-to-day operations of my health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It will change the skills I need to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health department focus more on clinical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health department focus more on population-oriented services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section IV: Demographics

Please remember that your responses will remain anonymous.

Q14. What is your supervisory status? Please note, supervisory levels are defined as follows:

- Non-supervisor: you do not supervise other employees;
- Team leader: you provide employees with day-to-day guidance in work projects, but do not have official supervisory responsibility or conduct performance appraisals;
- Supervisor: you are responsible for employees' performance appraisals and approval of their leave, but you do not supervise other supervisors;
- Manager: you are in a management position and supervise one or more supervisors; and
- Executive: member of Senior Executive Service or equivalent.

- ☐ Non-supervisor
- ☐ Team leader
- ☐ Supervisor
- ☐ Manager
- ☐ Executive

Q14.1 How many staff do you oversee as direct reports? (whole numbers only)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ Over 20

Q14.1a Please specify how many staff do you oversee as direct reports? (whole numbers only)

Q14.2 Please specify how many staff you oversee overall (whole numbers only), including direct reports, those who report to the direct reports, etc.

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
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- ☐ 96
- ☐ 97
- ☐ 98
- ☐ 99
- ☐ 100
- ☐ Over 100

Q14.2a Please specify how many staff you oversee overall (whole numbers only), including direct reports, those who report to direct reports, etc.

Q15. What is your gender?

- ☐ Male
- ☐ Female

Q16. Are you Hispanic or Latino?

- ☐ No
- ☐ Yes

Q17. Please select the racial category or categories with which you most identify.

- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Two or more races

Q18. What is your age in years? Please round to the nearest whole year.

☐ 18 or below

☐ 19

☐ 20

☐ 21

☐ 22

☐ 23

☐ 24

☐ 25

☐ 26

☐ 27

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- ☐ 74
- ☐ 75
- ☐ 76
- ☐ 77
- ☐ 78
- ☐ 79
- ☐ 80 or above

Q19. Please move the sliders to indicate how long you have been in each of the following (in years). Please round to the nearest year.

_____ In your current position

_____ With your current agency in total (in any position)

_____ In public health practice in total (in any agency, in any position)

Q20. In years, please indicate how long you have been in public health management in total (in any agency, in any public health Manager or Executive position). Please round to the nearest year.

_____ 1

Q21. I am planning to retire in:

- ☐ 2014
- ☐ 2015
- ☐ 2016
- ☐ 2017
- ☐ 2018
- ☐ 2019
- ☐ I am not planning to retire before 2020

Q22. Are you considering leaving your organization within the next year, and if so, why?

- ☐ No
- ☐ Yes, to retire
- ☐ Yes, to take another governmental job (in public health)
- ☐ Yes, to take another governmental job (not in public health)
- ☐ Yes, to take a non-governmental job (in public health)
- ☐ Yes, to take a non-governmental job (not in public health)
- ☐ Yes, other _____

Q23. Which of the following better describes your employment status?

- ☐ Contractor employed by third party rendering services to the health department
- ☐ Permanent staff employed directly by the health department
- ☐ Intern employed directly by the health department
- ☐ Temporary staff employed directly by the health department

Q24. Is your position a bargaining unit (union) position?

- ☐ Yes
- ☐ No

Q25. Are you currently employed full-time at the public health department?

- ☐ Yes
- ☐ No

Q25.1 Please indicate what percent time you are working at the public health department. (e.g., 50% for half-time [.5 FTE], 100% for full-time [1.0 FTE])

_____ Part-time percentage

Q26. Is your pay based on an annual salary or hourly wage?

- ☐ Annual salary
- ☐ Hourly wage

Q26.1 What is your current annual salary?

- ☐ Less than \$25,000
- ☐ \$25,000 - \$35,000
- ☐ \$35,000.01 - \$45,000
- ☐ \$45,000.01 - \$55,000
- ☐ \$55,000.01 - \$65,000
- ☐ \$65,000.01 - \$75,000
- ☐ \$75,000.01 - \$85,000
- ☐ \$85,000.01 - \$95,000
- ☐ \$95,000.01 - \$105,000
- ☐ \$105,000.01 - \$115,000
- ☐ \$115,000.01 - \$125,000
- ☐ \$125,000.01 - \$135,000
- ☐ \$135,000.01 - \$145,000
- ☐ More than \$145,000

Q26.1 What is your current hourly wage?

- ☐ Less than \$12.50
- ☐ \$12.51 - \$17.50
- ☐ \$17.51 - \$22.50
- ☐ \$22.51 - \$27.50
- ☐ \$27.51 - \$32.50
- ☐ \$32.51 - \$37.50
- ☐ \$37.51 - \$42.50
- ☐ \$42.51 - \$47.50
- ☐ \$47.51 - \$52.50
- ☐ \$52.51 - \$57.50
- ☐ \$57.51 - \$62.50
- ☐ \$62.51 - \$67.50
- ☐ \$67.51 - \$72.50
- ☐ More than \$72.50

Q27. Please identify the classification that best represents your role in the organization.

- ☐ Animal Control Worker
- ☐ Behavioral Health Professional
- ☐ Business Support - Accountant/Fiscal
- ☐ Clerical Personnel - Administrative Assistant
- ☐ Clerical Personnel - Secretary
- ☐ Community Health Worker
- ☐ Custodian
- ☐ Department/Bureau Director
- ☐ Deputy Director
- ☐ Engineer
- ☐ Environmentalist
- ☐ Epidemiologist
- ☐ Grant and Contracts Specialist
- ☐ Health Educator
- ☐ Home Health Worker
- ☐ Health Officer
- ☐ Human Resources Personnel
- ☐ Information Technology Specialist
- ☐ Laboratory Aide/Assistant
- ☐ Laboratory Developmental Scientist
- ☐ Laboratory Scientist - Manager
- ☐ Laboratory Scientist/Medical Technologist
- ☐ Laboratory Scientist - Supervisor
- ☐ Laboratory Technician
- ☐ Licensed Practical/Vocational Nurse
- ☐ Medical Examiner
- ☐ Nutritionist
- ☐ Other
- ☐ Other Business Support Services
- ☐ Other Facilities/Operations worker
- ☐ Other Management and Leadership
- ☐ Other Physician
- ☐ Other Professional and Scientific
- ☐ Other Oral Health Professional
- ☐ Other Registered Nurse- Clinical Services
- ☐ Other Veterinarian
- ☐ Physician Assistant
- ☐ Program Director
- ☐ Public Health Agency Director
- ☐ Public Health Dentist
- ☐ Public Health Informatics Specialist
- ☐ Public Health Manager/Program Manager
- ☐ Public Health/Preventative Medicine Physician

- ☐ Public Health Veterinarian
- ☐ Public Information Specialist
- ☐ Registered Nurse - Community Health Nurse
- ☐ Registered Nurse - Unspecified
- ☐ Sanitarian/Inspector
- ☐ Social Services Counselor
- ☐ Social Worker
- ☐ Statistician
- ☐ Student - Professional and Scientific
- ☐ Technician

Q27.1 Please specify the classification that best represents your role in the organization:

Q28. Please specify your setting.

- ☐ City/Town Health Agency
- ☐ County Health Agency
- ☐ Other Public Health Local Agency
- ☐ Multi-city Health Agency
- ☐ Multi-county Health Agency
- ☐ State Health Agency - Central Office
- ☐ State Health Agency - Local or Regional Office
- ☐ Other State Agency, not Health Agency
- ☐ Hospital or Primary Care Clinic
- ☐ Inpatient or Outpatient Clinical Setting
- ☐ Other

Q28.1 Please specify your setting:

Q29. Please specify your employer.

- ☐ Local government
- ☐ State government
- ☐ Federal government
- ☐ Non-governmental

Q30. Please indicate which degrees you have attained. Check all that apply.

- ☐ Associate's degree in nursing
- ☐ Other associate degree
- ☐ BS/BA
- ☐ BSN
- ☐ Other baccalaureate degree
- ☐ MA/MS
- ☐ MBA
- ☐ MHSA
- ☐ MPA
- ☐ MPH
- ☐ MSN
- ☐ MSW
- ☐ Other masters degree
- ☐ DDS/DMD
- ☐ DrPH/PhD/ScD/other public health doctorate
- ☐ DNP
- ☐ DVM/VMD
- ☐ JD
- ☐ MD/DO, or international equivalent
- ☐ PharmD
- ☐ PhD/ScD/other non-public health doctorate

Q30.1 Please indicate the primary major/concentration associated with your degrees, "eg BA Biology, MPH Health Policy, MD Internal Medicine". Write "N/A" if this is not applicable.

Q31. Please indicate which credentials you have attained. Check all that apply.

- ☐ Certified Health Education Specialist
- ☐ Certified in Public Health
- ☐ Laboratory Certification - Infection Control Certification
- ☐ Laboratory Certification - National generalist certification
- ☐ Laboratory Certification - National specialist certification
- ☐ Laboratory Certification - State licensure to practice laboratory science
- ☐ Nurse Certification - Advanced Public Health Nurse- Board Certified
- ☐ Nurse Certification - Clinical Nurse Specialist
- ☐ Nurse Certification - Nurse Executive, Advanced (NEA-BC)
- ☐ Nurse Certification - Nurse Executive RN- BC
- ☐ Nurse Certification - Nurse Practitioner
- ☐ Nurse Certification - Public/Community Health Clinical Nurse Specialist- Board Certified
- ☐ Nurse Certification - Other
- ☐ Nurse Certification - Registered Nurse Anesthetist
- ☐ Master Certified Health Education Specialist
- ☐ Physician Assistant - Certified
- ☐ Physician Certification - Aerospace Medicine
- ☐ Physician Certification - Preventive Medicine Physician
- ☐ Physician Certification - Public Health and General Preventive Medicine
- ☐ Physician Certification - Other Board Certified Physician
- ☐ Physician Certification - Specialty: Occupational Medicine
- ☐ Registered Dietitian
- ☐ Not formally certified
- ☐ Other certification _____

Q32. Please specify your primary program area.

- ☐ Communicable Disease - HIV
- ☐ Communicable Disease - STD
- ☐ Communicable Disease - Tuberculosis
- ☐ Other Communicable Disease
- ☐ Non-Communicable Disease
- ☐ Injury
- ☐ Environmental Health
- ☐ Maternal and Child Health
- ☐ Maternal and Child Health - WIC
- ☐ Clinical Services (excluding TB, STD, family planning)
- ☐ Clinical Services - Immunizations
- ☐ Oral Health/Clinical Dental Services
- ☐ Administration/Administrative Support
- ☐ Mental Health
- ☐ Substance Abuse, including tobacco control programs
- ☐ Public Health Genetics
- ☐ Vital Records
- ☐ Medical Examiner
- ☐ Animal Control
- ☐ Emergency Preparedness
- ☐ Epidemiology Surveillance
- ☐ Program Evaluation
- ☐ Health Education
- ☐ Health Promotion/Wellness
- ☐ Community Health Assessment/Planning
- ☐ Training/Workforce Development
- ☐ Global Health
- ☐ Other Program Area (specify)
- ☐ I work equally in multiple programs

Q32.1 Please select your program areas.

- ☐ Administration/Administrative Support
- ☐ Animal Control
- ☐ Clinical Services (excluding TB, STD, family planning)
- ☐ Clinical Services - Immunizations
- ☐ Communicable Disease - HIV
- ☐ Communicable Disease - STD
- ☐ Communicable Disease - Tuberculosis
- ☐ Other Communicable Disease
- ☐ Community Health Assessment/Planning
- ☐ Emergency Preparedness
- ☐ Environmental Health
- ☐ Epidemiology Surveillance
- ☐ Global Health
- ☐ Health Education
- ☐ Health Promotion/Wellness
- ☐ Injury
- ☐ Maternal and Child Health
- ☐ Maternal and Child Health - WIC
- ☐ Medical Examiner
- ☐ Mental Health
- ☐ Non-Communicable Disease
- ☐ Oral Health/Clinical Dental Services
- ☐ Program Evaluation
- ☐ Public Health Genetics
- ☐ Substance Abuse, including tobacco control programs
- ☐ Training/Workforce Development
- ☐ Vital Records
- ☐ Other Program Area (specify) _____

Q32.2 Please indicate what percentage of your time you spend on each program area. For example, half time would be 50%, quarter-time would be 25%. The total must add to 100%

Q32.3 Please specify your primary program area

Q33. Please indicate your state.

- ☐ AL
- ☐ AK
- ☐ AZ
- ☐ AR
- ☐ CA
- ☐ CO
- ☐ CT
- ☐ DE
- ☐ FL
- ☐ GA
- ☐ HI
- ☐ ID
- ☐ IL
- ☐ IN
- ☐ IA
- ☐ KS
- ☐ KY
- ☐ LA
- ☐ ME
- ☐ MD
- ☐ MA
- ☐ MI
- ☐ MN
- ☐ MS
- ☐ MO
- ☐ MT
- ☐ NE
- ☐ NV
- ☐ NH
- ☐ NJ
- ☐ NM
- ☐ NY
- ☐ NC
- ☐ ND
- ☐ OH
- ☐ OK
- ☐ OR
- ☐ PA
- ☐ RI
- ☐ SC
- ☐ SD
- ☐ TN
- ☐ TX

- ☐ UT
- ☐ VT
- ☐ VA
- ☐ WA
- ☐ WV
- ☐ WI
- ☐ WY

Thank you for participating in the survey. If you would like to review any of your answers, please hit the "Back" button at the bottom of this page. Otherwise, hit submit.