

# **PH WINS 2021 Survey Instrument**

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#### **Survey Instrument**

#### **About the Survey**

You have been selected to participate in the Public Health Workforce Interests and Needs Survey (PH WINS). The purpose of this survey is to inform future public health workforce development initiatives. The survey is being conducted by the de Beaumont Foundation in partnership with the Association of State and Territorial Health Officials (ASTHO), and with support from the Big Cities Health Coalition (BCHC), National Association of City and County Health Officials (NACCHO), the Region V Public Health Training Center, and the Northwest Center for Public Health Practice. The survey should take approximately 20 minutes of your time. Your participation is voluntary and your responses will be confidential. We hope you will participate. Your feedback is important and will help determine opportunities for future workforce development efforts for the public health workforce in your organization and across the nation.

#### Instructions for Completing the Survey

The survey must be completed in one sitting. If you do need to close the survey and resume, please be aware that your progress will not be saved. The survey link is unique to you, please do not share it with others or delegate it. As a reminder, your responses are completely confidential. Clicking "continue" will be interpreted as your informed consent to participate and that you affirm that you are at least 18 years of age.

#### **Need Help?**

If you have questions about the survey, please email <a href="mailto:phwins@debeaumont.org">phwins@debeaumont.org</a>. You can also speak to a member of the PH WINS team directly by visiting the <a href="mailto:PH WINS Virtual Help Center">PH WINS Virtual Help Center</a> open Monday-Friday from 12:00pm-1:00pm EST, starting on Tuesday, September 14. For answers to frequently asked questions, please visit <a href="mailto:the PH WINS FAQs webpage">the PH WINS FAQs webpage</a>. If you have any questions about your rights as a participant, you may contact the NORC Institutional Review Board at (773) 256-6000.

#### **Defining Terms**

Throughout the survey, the terms agency, department, or organization are used interchangeably to refer to independent state or local public health agencies or a unit/division of public health within a larger agency, often referred to as an umbrella agency or super-agency.

In this survey, we will use several terms specific to public health practice. In several questions, we have provided definitions in hover over text. You will see these terms displayed in blue. If you hover your mouse over them, the definition of that term will appear (pictured below).



Section I: Workplace Engagement, Satisfaction, Well-being, and Intent to Leave

1. 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.					
The work I do is important.  Creativity and innovation are rewarded.					
Communication between senior leadership and employees is good in my organization.					
Supervisors work well with employees of different backgrounds.					
Supervisors in my work unit support employee development.					
My training needs are assessed.					
Employees have sufficient training to fully utilize technology needed for their work.					
Employees learn from one another as they do their work.					
My supervisor provides me with opportunities to demonstrate my leadership skills.					
I have had opportunities to learn and grow in my position over the past year.					
I feel completely involved in my work.  I am determined to give my best effort at work every day.					
I am satisfied that I have the opportunities to apply my talents and expertise.					
My supervisor and I have a good working relationship.					
My supervisor treats me with respect.  I recommend my organization as a good place to work.					
My organization prioritizes diversity, equity, and inclusion.					

## 2. Considering everything, how satisfied are you currently with:

	Very dissatisfied	Somewhat dissatisfied	Neither dissatisfied nor satisfied	Somewhat satisfied	Very satisfied
Your job?					
Your organization?					

Your pay?			
Your job security?			

- 3. If you wish, you may provide comments below about your workplace environment or level of job satisfaction.
- 4. Please rate your level of agreement with the following items:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have felt bullied, threatened, or harassed by individuals outside of the health department because of my role as a public health professional.					
I have felt my public health expertise was undermined or challenged by individuals outside of the health department.					

- O Excellent
- O Very good
- O Good
- O Fair
- O Poor
- 5b. Has the **coronavirus or COVID-19 outbreak** been so frightening, horrible, or upsetting, (no forced response)

	Yes	No
that you had nightmares about it or thought about it when you did not want to?	1	2
that you tried hard not to think about it, or went out of your way to avoid situations that reminded you of it?	1	2
that you were constantly on guard, watchful, or easily startled?	1	2
that you felt numb or detached from others, activities, or your surroundings?	1	2

6.	Are you considering leaving your	organization within	the next year? If so	, what are you planning
	to do?			

- O No
- O Yes, to retire
- O Yes, to pursue further education
- Yes, to take another governmental job (in public health)
- Yes, to take another governmental job (not in public health)
- O Yes, to take a non-governmental job (in public health)
- Yes, to take a non-governmental job (not in public health)
- O Yes, leaving the workforce
- 7. Did the COVID-19 pandemic impact your decision to stay or leave your organization?
  - O I was thinking about staying, but COVID made me want to leave
  - O I was thinking about staying, and COVID made me want to stay more
  - O I was thinking about leaving, but COVID made me want to stay

	I was thinking about leaving, and COVID made me want to leave more COVID did not impact my decision to leave or stay
7b. For app	cted any "yes" in Q4] broximately how long have you been considering leaving your organization? Less than 3 months 3-6 months 6-18 months Prior to March 2020
7c. Have y intervie O	cited any yes for another job in Q4] ou recently taken any steps towards leaving your organization, such as applying or wing for a new position outside of your organization? Yes No
7d. Have y with HF O	cted any yes to retire in Q4] ou recently taken any steps towards retiring, such as meeting R or submitting relevant paperwork? Yes No
7e. Have y educati session	if selected yes for school in Q4] ou recently taken any steps towards pursuing further on, such as filling out applications or attending an information on? Yes No
	egree(s) are you planning to pursue? Associate's degree in nursing Other associate degree BS/BA BSN BSPH/BAPH Other baccalaureate degree MA/MS MBA MHSA MPA MPP 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 I will be a non-degree seeking student

7g. What are you planning to do after you finish your education?

O O	Return to my current organization Work in another governmental public health job Work in a non-governmental public health job I am not pursuing a career in public health I do not know
[Display for tho	se staying in Q6]
	select the most important reason(s) why you are staying at your organization.
	Acknowledgement/recognition for your work
	Job satisfaction
	Opportunities for advancement
	Training opportunities
	Satisfaction with your agency's leadership (e.g., Health Commissioner, Senior Deputy, etc.)
	Unsatisfactory opportunities outside of the agency
	Pay
	Satisfaction with your supervisor
	Lack of stress
	Flexibility (e.g., flex hours/telework)
	Benefits (e.g., retirement contributions/pensions, health insurance)
	Pride in the organization and its mission  Exciting and challenging work
	Organizational climate/culture
	Mentorship opportunities
	Support
	Job stability
	Other (please specify)
<b></b>	
	se leaving in Q6]
	select the most important reason(s) why you are considering leaving your organization.
	Lack of acknowledgement/recognition  Job satisfaction
	Lack of opportunities for advancement
	Lack of training
	Leadership changeover
	Better opportunities outside of the agency
	Pay
	Retirement
	Satisfaction with your supervisor
	Stress Lack of flexibility (flex hours/telework)
	Weakening of benefits (e.g., retirement contributions/pensions, health insurance)
_	Work overload / burnout
	Organizational climate/culture
	Lack of support
	Job instability (e.g., loss of funding, RIF, layoffs)
	Reasons unrelated to my job (e.g., family obligations, health reasons, lack of affordable
	child-care options, moving, etc.)
	Other (Please Specify)
	anning to retire in:
	2021
	2022
3	2023

<b>O</b>	2024 2025 2026
•	I am not planning to retire before 2027
Section Ib: CO	VID-19 Response
oandemic. The he workforce's	uestions aim to understand the movement and needs of staff during the COVID-19 se data will be used to understand the burden of COVID-19 response on the workforce and capacity needs. It will also be helpful in advocating for sustained funding for the use answer completely and as truthfully as possible. Your response is extremely valuable.
March	of the following best describes your employment status at your current organization prior to 2020?  Contractor providing third party 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 Federal employee detailed to the health department Not employed at the health department in any capacity
respons O	time from March 2020 to now, did you fully or partially serve in a COVID-19 se role? Yes No I was hired specifically to serve in a COVID-19 response role
responded "Not 11a. Ap O O O O	se who selected "I was hired specifically in a COVID-19 response role" or those who the employed at the health department in any capacity" in Q10] proximately, in which of the following quarters were you hired?  Q1 2020 (January – March)  Q2 2020 (April – June)  Q3 2020 (July – September)  Q4 2020 (October – December)  Q1 2021 (January – March)  Q2 2021 (April – June)  Q3 2021 (July – September)
11b. On activitie leave th part-tim	average, what percent of your time was devoted to COVID-19 response versus other es? If you were not working at the health department during a specific quarter, please ne slider at 0%. (This should be out of 100% regardless of whether you are a full-time or ne employee.)  Q1 2020 (January – March) Q2 2020 (April – June) Q3 2020 (July – September) Q4 2020 (October – December) Q1 2021 (January – March) Q2 2021 (April – June) Q3 2021 (July – September) Q4 2021 (October – Present)

ring the time you served in a COVID-19 response role, on average, now many nal hours per week did you work beyond the number of hours you were hired for? (# of hours)
s funding, which of the following do you need to effectively respond to COVID-19 in risdiction? Select up to 3.  More support from agency leadership Non-monetary resources (i.e., know-how, equipment) Additional staff capacity (i.e., number of staff and/or ability of staff) Training More community support More support from elected leaders Better messaging alignment with other leaders in my jurisdiction Better alignment with other sectors, such as businesses and schools Other (please specify)

13. If you wish, please share your thoughts and experiences about serving in your health department during the COVID-19 pandemic.

## Section II. Training Needs Assessment

14.	) )	your supervisory status?  Non-supervisor: you do not supervise other employees  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  Executive: member of Senior Executive Service or equivalent
15.	serve ir classific Special O O O O O O O O O O O O O O O O O O O	identify the classification that best represents your <u>current role</u> in the organization. This question refers to the type of role you in. This is NOT the same as your union/civil service title. You will be asked about your program area in the next question. Some job cations are listed differently than you'd expect. For example, contact tracer can be found under "Disease Intervention ist/Contact Tracer."  Animal Control Worker  Attorney or Legal Counsel  Behavioral Health Professional  Business Support - Accountant/Fiscal  Business Support services - Administrator  Business Support services - Coordinator  Clerical Personnel - Administrative Assistant  Clerical Personnel - Secretary  Community Health Worker
		Custodian
		Customer Service/Support Professional
		Data or Research Analyst
		Disability claims/benefits examiner or adjudicator Disease Intervention Specialist/Contact Tracer
		Department/Bureau Director
		Deputy Director
		Economist
		Emergency Medical Services Worker
		Emergency Medical Technician/Advanced Emergency Medical Technician/Paramedic
	O	Emergency Preparedness/Management Worker
	O	Engineer
	O	Environmental Health Worker
	O	Epidemiologist
	$\mathbf{O}$	Grants or Contracts Specialist

0	Health Educator
O	Health Navigator
O	Health Officer
0	Human Resources Personnel
0	Implementation Specialist
0	Information Systems Manager/Information Technology Specialis
O	Laboratory Aide or Assistant
0	Laboratory Technician
O	Laboratory Quality Control Worker
O	Laboratory Scientist/Medical Technologist
$\mathbf{C}$	Licensed practical or vocational nurse
O	Licensure/Regulation/Enforcement Worker
O	Medical Examiner
O	Medical/Vital Records Staff
O	Nurse Practitioner
O	Nursing and Home Health Aide
O	Nutritionist or Dietitian
O	Other Business Support Services
O	Other Facilities or Operations Worker
O	Other Health Professional/Clinical Support Staff
O	Other Oral Health Professional
O	Other Nurse - Clinical Services
0	Other Program Staff
0	Peer Counselor
O	Pharmacist
O	Physician Assistant
O	Physical/Occupational/Rehabilitation Therapist
<b>O</b>	Policy Analyst
<b>O</b>	Population Health Specialist
<b>O</b>	Program Director
<b>O</b>	Program Evaluator
0	Public Health Agency Director
0	Public Health Dentist
<b>O</b>	Public Health Manager or Program Manager
	Public Health/Preventive Medicine Physician Public Health Veterinarian
0	
$\mathbf{\mathcal{I}}$	Public Health Informatics Specialist

O	Public Information Specialist
	Quality Improvement Worker
O	Registered Nurse - Public Health or Community Health Nurse
O	Registered Nurse - Unspecified
O	Sanitarian or Inspector
O	Social Worker/Social Services Professional
O	Statistician
O	Student, Professional or Scientific
•	Other (please specify)
16. Please	specify your <u>current program area(s)</u> . Select all that apply. Some programs are listed differently than you'd expect. For example,
WIC ca	nn be found under "Maternal and Child Health - WIC." If you are serving in a COVID response role, please select "COVID-19
	nse." If you only partially serving in that COVID response role, please select "COVID-19 Response" along with any other program
	at you are also <u>currently</u> serving in.
	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
<del>-</del>	Communicable Disease - STD
_	Communicable Disease - Tuberculosis
	Communicable Disease - Viral Hepatitis
	Other Communicable Disease
	Community Health Assessment/Planning
	COVID-19 Response
	Disability services, including disability determinations
	Emergency Medical Services
	Emergency Preparedness
	Enforcement/Inspection/Licensing/Certification of Facilities (includes health care facilities, long-term care facilities, nursing homes,
	and child care facilities)
	Environmental Health
	Epidemiology Surveillance
	Global Health
	Health Education
	Health Promotion/Wellness
	Immunizations - clinical services
	Immunizations - non-clinical

	1 Informatics
	Information Technology (IT) Services
	<del></del>
	Maternal and Child Health
	Maternal and Child Health - Family Planning
	Medical Examiner
	Mental and Behavioral Health
	Minority Health/Health Disparities
	Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
	Policy and Legislation
	Program Evaluation
	Public Health Genetics
	Public health laboratory
	School Health
	Substance Abuse, including tobacco control programs
	■ Training/Workforce Development
	Vital Records
C	Other Program Area (specify)
[Carryforward	f program area responses from the previous question]
	ems shown are those you selected in the previous question. Please estimate the % time you currently serve in each of those
progi	am areas. (Your total should add up to 100%, regardless of whether you are a full-time or part-time employee.)
	Program Area 1%
(	Program Area 2%
(	O Program Area 3%
(	<b>)</b>
	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 item?					
Not important	Somewhat unimportant	Somewhat important	Very important	Not applicable	Unable to perform	Beginner	Proficient	Expert

ITEMS					
TIER 1: NON-SUPERVISORS	TIER 2: SUPERVISORS AND MANAGERS	TIER 3: EXECUTIVES			
Effectively target communications to different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.)	Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand	Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand			
Communicate in a way that persuades others to act	Communicate in a way that persuades others to act	Communicate in a way that persuades others to act			
Identify appropriate sources of data and information to assess the health of a community	Identify appropriate sources of data and information to assess the health of a community	Ensure the use of appropriate sources of data and information to assess the health of a community			
Collect valid data for use in decision making Identify evidence-based approaches to address public health issues	Use valid data to drive decision making Apply evidence-based approaches to address public health issues	Use valid data to drive decision making Ensure the application of evidence-based approaches to address public health issues			
Describe the value of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	Support development of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	Develop a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)			
Support inclusion of health equity and social justice principles into planning for program and service delivery (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and underresourced communities in decision making)	Incorporate health equity and social justice principles into planning for programs and services (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making)	Incorporate health equity and social justice principles into planning across the agency (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making)			
Deliver socially, culturally, and linguistically appropriate programs and customer service	Implement socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community	Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community			
Describe financial analysis methods applicable to program and service delivery	Use financial analysis methods in managing programs and services	Use financial analysis methods in making decisions about programs and services across the agency			
Describe how public health funding mechanisms support agency programs and services (e.g., categorical grants, state	Identify funding mechanisms and procedures to develop sustainable funding models for programs and services (e.g., categorical	Leverage funding mechanisms and procedures to develop sustainable funding models for the agency (e.g., categorical			

general funds, fees, third-party reimbursement, tobacco taxes)	grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)	grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)
Describe the value of an agency business plan (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)	Implement a business plan for agency programs and services (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)	Design a business plan for the agency (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)
Describe the influence of internal changes (e.g., personnel changes, funding cuts, internal policies, etc.) on organizational practices	Modify programmatic practices in consideration of internal and external changes (e.g., social, political, economic, scientific)	Manage organizational change in response to evolving internal and external circumstances (e.g., social, political, economic, scientific)
Assess the external drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence your work	Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services	Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services across the agency
N/A	Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into strategic planning for programs and services	Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into organizational strategic planning
Describe how social determinants of health impact the health of individuals, families, and the overall community	Build cross-sector partnerships (e.g., agencies or organizations supporting transportation, housing, education, and law enforcement) to address social determinants of health	Influence policies external to the organization that address social determinants of health (e.g., zoning, transportation routes, etc.)
Participate in quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) for agency programs and services	Apply quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) to improve agency programs and services	Create a culture of quality improvement (e.g., an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization) at the agency or division level
Describe the value of community strategic planning that results in a community health assessment or community health improvement plan	Apply findings from a community health assessment or community health improvement plan to agency programs and services	Ensure health department representation in a collaborative process resulting in a community health assessment or community health improvement plan.
Describe your agency's strategic priorities, mission, and vision	Implement an organizational strategic plan	Ensure the successful implementation of an organizational strategic plan
Describe the importance of engaging community members in the design and implementation of programs to improve health in a community	Engage community members in the design and implementation of programs to improve health in a community	Ensure community member engagement in the design and implementation of programs to improve health in a community

Engage community assets and resources	Identify and engage assets and resources	Negotiate with multiple partners for the use of
(e.g., Boys & Girls Clubs, public libraries,	(e.g., Boys & Girls Clubs, public libraries,	assets and resources (e.g., Boys & Girls
hospitals, faith-based organizations,	hospitals, faith-based organizations,	Clubs, public libraries, hospitals, faith-based
academic institutions, federal grants,	academic institutions, federal grants,	organizations, academic institutions, federal
fellowship programs) to improve health in a	fellowship programs) that can be used to	grants, fellowship programs) to improve health
community	improve health in a community	in a community
Collaborate with public health personnel	Engage in collaborations within the public	Build collaborations within the public health
across the agency to improve the health of	health system, including traditional and non-	system among traditional and non-traditional
the community	traditional partners, to improve the health of a	partners to improve the health of a community
,	community.	
Describe your role in improving the health of	Assess how agency policies, programs, and	Advocate for needed population health
the community served by the agency	services advance population health	services and programs
Describe the relationship between a policy	Examine the feasibility (e.g., fiscal, social,	Determine the feasibility (e.g., fiscal, social,
and many types of public health problems.	political, legal, geographic) of a policy and its	political, legal, geographic) of a policy and its
	relationship to many types of public health	relationship to many types of public health
	problems.	problems.
Collect and summarize information to inform	Identify and assess options for policies	Prioritize and influence policies external to the
the development of policies external to the	external to the organization that affect the	organization that affect the health of the
organization that affect the health of the	health of the community (e.g., transportation	community (e.g., transportation routes,
community (e.g., transportation routes,	routes, earned sick leave, tobacco 21,	earned sick leave, tobacco 21, affordable
earned sick leave, tobacco 21, affordable	affordable housing/inclusionary zoning,	housing/inclusionary zoning, complete streets,
housing/inclusionary zoning, complete streets,	complete streets, healthy food procurement)	healthy food procurement)
healthy food procurement)	complete strotte, floating lood productiontly	ricality loca productionly
nearly result productionly		

17. For your programmatic area (e.g., Maternal Child Health, Environmental Health), please rate the following items in terms of importance to your current position and your current skill level.

ITEMS					
TIER 1: NON-SUPERVISORS	TIER 2: SUPERVISORS AND MANAGERS	TIER 3: EXECUTIVES			
Content knowledge specific to my	Content knowledge specific to my	Content knowledge specific to my			
programmatic area	programmatic area	programmatic area			
Technical skills specific to my programmatic	Technical skills specific to my programmatic	Technical skills specific to my programmatic			
area	area	area			

[Populated with items from training needs assessment deemed "Very Important" by the respondent]

18. Items shown are those you identified as "Very Important" to your current position from the last three pages. Select the most important item you would seek training on given your current responsibilities.

#### Section III: Addressing Public Health Issues

[The following definitions are included as hover-over text in the questions and appear at the beginning of the section for a mobile user]

#### Health equity-

Health equity means all people, regardless of who they are, where they came from, how they identify, where they live, or the color of their skin, have a fair and just opportunity to live their healthiest possible lives - in body, mind, and community. Achieving health equity requires removing social, economic, contextual, and systemic barriers to health, and a continuous and explicit commitment to prioritize those affected by historical disadvantages. (CityHealth)

#### Racism as a Public Health Crisis-

States, cities, and counties have increasingly declared racism to be a public health crisis or emergency. These declarations are driven by a recognition that systemic, institutional, and other forms of racism drive disparities across employment, housing, education, the justice system, healthcare, and other determinants of health. The declarations also reflect a growing acknowledgment that state and local governments must anchor efforts to eradicate the impacts of racism in order to truly achieve the conditions that create optimal health for all. (Network for Public Health Law)

#### Social Determinants of Equity-

The social determinants of equity are systems of power like racism, sexism, heterosexism, ableism, and economic systems like capitalism. The social determinants of equity determine the range of contexts available and who is found in which context. They govern the distribution of resources and populations through decision-making structures, policies, practices, norms, and values, and too often operate as social determinants of in-equity by differentially distributing resources and populations (Jones, 2014)

#### **Social Determinants of Health**

The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Domains of the social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. (U.S. Department of Health and Human Services)

#### Structural Racism-

A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. (Aspen Institute)

#### **Environmental Justice-**

Environmental justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. (US EPA)

19. How much, if anything, have you heard of the following concepts in public health?

	Not at all	Not much	A little	A lot
Health Equity				
Social Determinants of Equity				
Social Determinants of Health				
Structural Racism				
Environmental Justice				

[carryforward concepts that people are at least aware of]
20b. How confident are you in addressing the following public health concepts in your work?

	Not at all	Not much	A little	A lot
Health Equity				
Social Determinants of Equity				
Social Determinants of Health				
Structural Racism				
Environmental Justice				

	Structural Rac					
	Environmenta	I Justice				
	health o	at extent have you been engaged in efforts department? A lot Some Very little Not at all	to address ra	cism as publi	c health cris	sis in your
	the hea	believe that addressing racism as a public lth department? Yes No	health crisis	should be a p	part of your	work at
[display next two questions if yes:]  22b. Do you feel that you have adequate funding to address racism as a public health crisis?  Agree  Somewhat agree  Somewhat disagree  Disagree						s?
	_ _ _ _	h of the following do you need to address r More support from agency leadership Non-monetary resources (i.e., know-how, Additional staff capacity (i.e., number of state) Training in these areas More community engagement Acknowledgement by those working within More support from elected leaders Other (please specify)	time, equipm taff and/or ab	ent)	isis? Select	t up to 3.
<u>;</u>	Section IV: Wo	rkforce Characteristics and Demographics				
	0	describe yourself as a man, a woman, or i Man Woman Some other way (if you wish, you may ela		way?		
	C	u Hispanic or Latino? No Yes				
	<u> </u>	select the racial category or categories wit American Indian or Alaska Native Asian Black or African American	h which you r	nost identify.		

		Native Hawaiian or other Pacific Islander
		White Two or more races
	_	TWO OF HIGHE PAGES
26.	What i	s your age in years? Please round to the nearest whole year. [dropdown list]
27.		e move the sliders to indicate how long you have been in each of the following (in . 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) [Display if supervisory status of manager or executive is selected] 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)
		· /
28.		of the following best describes your <u>current</u> employment status?
	0	Contractor providing third party services to the health department
		Permanent staff employed directly by the health department Intern employed directly by the health department
		Federal employee detailed to the health department
		Temporary staff employed directly by the health department
29.	•	current position a bargaining unit (union) position? Yes
	_	No
	•	
30.	Are yo	u currently employed full-time at the public health department?
	_	Yes
	0	No
[Display	/ if no:]	
30b	o. Ple	ease indicate what percent time you are working for the public health department.
	(e.g., 5	50% for half-time [.5 FTE], 100% for full-time [1.0 FTE])
		Part-time percentage
31.	ls vour	pay based on an annual salary or hourly wage?
	-	Annual salary
		Hourly wage
[Display	v if annı	ual:1
31b		hat is your current annual salary?
		Less than \$25,000
	0	\$25,000 - \$35,000
	0	\$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 \$05,000.01 - \$105,000
		\$95,000.01 - \$105,000 \$105,000.01 - \$115,000
		\$103,000.01 - \$113,000 \$115,000.01 - \$125,000
		\$125,000.01 - \$135,000

	\$135,000.01 - \$145,000
0	More than \$145,000
	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 \$57.51 - \$62.50 \$62.51 - \$67.50 \$67.51 - \$72.50
32. Please	Other associate degree BS/BA BSN BSPH/BAPH Other baccalaureate degree MA/MS MBA MHSA MPA MPP 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
	a currently pursuing a degree" is selected] case indicate which degree(s) you are currently pursuing. High school or equivalent Associate's degree in nursing

П	Other associate degree BS/BA
	BSN
	BSPH/BAPH
	Other baccalaureate degree
	MA/MS
	MBA
	MHSA
	MPA
	MPP
	MPH
	MSN
	MSW Other masters degree
	Other masters degree DDS/DMD
	DrPH
	PhD
	ScD
	other public health doctorate
	DNP
	DVM/VMD
	JD
	MD/DO, or international equivalent
	PharmD
ш	PhD/ScD/other non-public health doctorate
32c. Ple	ected above high school or equivalent] ease indicate the primary major/concentration associated with your degrees, "e.g., BA of MPH Health Policy, MD Internal Medicine". Write "N/A" if this is not applicable.
33. Please	
	indicate which credentials you have attained. Check all that apply.
	indicate which credentials you have attained. Check all that apply.  Physician board certification
	indicate which credentials you have attained. Check all that apply.  Physician board certification  Preventive Medicine Physician board certification
	Physician board certification
	Physician board certification Preventive Medicine Physician board certification
_ _ _	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health
_ _ _ _	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES)
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH)
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC)
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE)
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS)
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS) Infection Control Certification (CIC)
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS) Infection Control Certification (CIC) Registered Dietitian (RD)
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS) Infection Control Certification (CIC) Registered Dietitian (RD) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS) Infection Control Certification (CIC) Registered Dietitian (RD) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak Investigator
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS) Infection Control Certification (CIC) Registered Dietitian (RD) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak Investigator Certified Community Health Worker
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS) Infection Control Certification (CIC) Registered Dietitian (RD) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak Investigator Certified Community Health Worker Other Certification
	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS) Infection Control Certification (CIC) Registered Dietitian (RD) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak Investigator Certified Community Health Worker
34. Please	Physician board certification Preventive Medicine Physician board certification Nurse certification Physician Assistant - Certified (PA-C) Certified in Public Health Certified Health Education Specialist (CHES or Master CHES) Laboratory certification Dental Public Health - Board Certification (DPH) Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC) Diabetes Educator Certification (CDE) Physical Activity in Public Health Specialist (PAPHS) Infection Control Certification (CIC) Registered Dietitian (RD) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak Investigator Certified Community Health Worker Other Certification Not formally certified

- O Other Public Health Local Agency
- O Multi-city Health Agency
- O Multi-county Health Agency
- O State Health Agency Central Office
- O State Health Agency Local or Regional Office
- O Other State Agency, not Health Agency
- O Hospital or Primary Care Clinic
- O Inpatient or Outpatient Clinical Setting
- O Other [please specify]
- 35. Please specify your employer.
  - O Local government
  - O State government
  - O Federal government
  - O Non-governmental

#### [Display if "State Health Agency - Central Office" is NOT selected in Q32]

36. Please indicate where you work by answering the following questions. As a reminder, your responses are confidential and individual responses will never be shared with your agency. What state do you work in?

What agency do you work in?

#### [Display if "Other" is selected]

37. If you selected "Other" above, please specify. Otherwise, please leave this blank or write "N/A."