



**PH WINS Islands Pilot Instrument**  
**February 3<sup>rd</sup>, 2025**

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## **Public Health Workforce Interests and Needs Survey (PH WINS)**

### **About the Survey**

You are receiving this survey because your entire organization has chosen to participate in the Public Health Workforce Interests and Needs Survey (PH WINS) Islands Pilot Program. The information from this survey will be used to inform future public health workforce development initiatives that support recruitment and retention, training, and diversity of the public health workforce. The survey is being conducted by the de Beaumont Foundation in partnership with the Association of State and Territorial Health Officials (ASTHO), and the Pacific Island Health Officers Association (PIHOA). The survey should take approximately 30 minutes of your time. Your participation is voluntary, and your responses will be confidential. We hope you will participate. Your feedback and unique perspective is important to improve the public health worker experience in your organization and across the nation.

### **Instructions for Completing the Survey**

The survey can be completed in multiple sittings, though we do recommend you complete it in one sitting. If you do need to close the survey and resume, your progress will 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 [phwinsislands@debeaumont.org](mailto:phwinsislands@debeaumont.org). For answers to frequently asked questions, please visit [the PH WINS FAQs webpage](#). If you have any questions about your rights as a participant, you may contact the WCG Institutional Review Board at 855-818-2289 or [clientcare@wgcclinical.com](mailto:clientcare@wgcclinical.com).

### **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. Additionally, when referring to a supervisor, manager, or executive, please use the following definitions:

- Supervisor: responsible for employees' performance appraisals and approval of their leave, but do not supervise other supervisors
- Manager: work in a management position and supervise one or more supervisors
- Executive: member of Senior Executive Service or equivalent

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).

☐ Injury/Violence Prevention

☐ Non-Communicable Disease/Chronic Disease

Communicable/Infectious Disease

☐ HIV

Including cancer, diabetes, heart disease, obesity, etc.

**Thank you, we couldn't do this work without you!**

The questions on this page are designed to verify your employment at your agency. Your personal information will not be shared with your employer. All data will be reported in aggregate form, with no identifying details included. If you have any questions, please reach out to us at [phwinsislands@debeaumont.org](mailto:phwinsislands@debeaumont.org).

Please select your agency.

- ☐ American Samoa Department of Health
- ☐ Commonwealth Healthcare Corporation - CNMI
- ☐ Chuuk Department of Health Services
- ☐ Guam Department of Public Health & Social Services
- ☐ Palau Ministry of Health and Human Services
- ☐ Republic of the Marshall Islands Ministry of Health and Human Services
- ☐ Virgin Islands Department of Health
- ☐ Yap Department of Health Services

Please provide your information below.

First name:

Last name:

Email (if applicable):

## Section I: Workforce Characteristics

1. What is 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
  
2. Please identify the classification that best represents your current role in the organization. This question refers to the type of role you serve in. This is NOT the same as your union/civil service title. The classifications have been organized by category to make it easier to find your role. You will be asked about your program area in the next question. Some job classifications are listed differently than you'd expect. For example, Epidemiologist can be found the Data/Computer Sciences category.

### **Administrative**

- ☐ Attorney or Legal Counsel
- ☐ Business Support - Accountant/Fiscal
- ☐ Business Support Services – Administrator
- ☐ Clerical Personnel - Administrative Assistant
- ☐ Clerical Personnel – Secretary
- ☐ Custodian
- ☐ Customer Service/Support Professional
- ☐ Facilities or Operations Worker
- ☐ Grants or Contracts Specialist
- ☐ Human Resources Personnel
- ☐ Quality Improvement Worker
- ☐ Medical/Vital Records Staff
- ☐ Other Business Support Services

### **Clinical**

- ☐ Bio Medical Technician
- ☐ Emergency Medical Technician/Advanced Emergency Medical Technician/Paramedic
- ☐ Health Assistant
- ☐ Home Health Aide
- ☐ Licensed Practical or Vocational Nurse
- ☐ Medical Assistant
- ☐ Medical Examiner
- ☐ Mental Health or Substance Abuse Counselor
- ☐ Nurse Assistant/Medical Assistant
- ☐ Nurse Practitioner
- ☐ Nutritionist or Dietitian
- ☐ Pharmacist
- ☐ Physical/Occupational/Rehabilitation Therapist
- ☐ Physician Assistant
- ☐ Physician Generalist
- ☐ Physician Specialist
- ☐ Phycologist
- ☐ Public Health Dentist
- ☐ Public Health/Preventive Medicine Physician
- ☐ Public Health Veterinarian or Veterinarian Technician
- ☐ Registered Nurse - Public Health or Community Health Nurse

- Registered Nurse – Unspecified
- Other Health Professional/Clinical Support Staff

#### **Communications**

- Health Communications Specialist
- Public Information Specialist
- Public Information Officer
- Other Health Communications Professional

#### **Community Health**

- Community Health Worker
- Health Educator
- Health Navigator
- Other Community Health Professional

#### **Data/Computer Sciences**

- Application/Software Developer
- Database Manager/Data Storage Architect
- Data or Research Analyst
- Data Scientist
- Economist
- Epidemiologist
- Information Systems Manager/Information Technology Specialist
- Public Health Informatics Specialist
- Statistician
- Other Data/Computer Scientist

#### **Laboratory**

- Laboratory Aide or Assistant
- Laboratory Technician
- Laboratory Quality Control Worker
- Laboratory Scientist/Medical Technologist
- Other Laboratory Professional

#### **Leadership**

- Health Officer
- Public Health Agency Director
- Department/Bureau Director
- Deputy Director
- Other Executive Leadership

#### **Program (General)**

- Program Coordinator
- Program Director
- Program Evaluator
- Public Health Manager or Program Manager
- Other Program Staff

#### **Public Health Sciences**

- Animal Control Worker
- Disease Intervention Specialist/Contact Tracer
- Emergency Preparedness/Management Worker
- Engineer
- Environmental Science and Protection Specialist
- Environmental Science and Protection Technician
- Licensure/Regulation/Enforcement Worker
- Peer Counselor
- Policy Analyst
- Population Health Specialist
- Sanitarian or Inspector
- Student, Professional or Scientific
- Other Public Health Science Professional
- Worker Safety

**Social Services**

- ☐ Disability Claims/Benefits Examiner or Adjudicator
- ☐ Social Worker/Social Services Professional

**Other**

- ☐ Other (please specify) \_\_\_\_\_

[Show if ANY other]

2a. Please specify \_\_\_\_\_

3. Please specify your **current program area(s)**. Select all that apply. The program areas have been organized by category to make it easier to find your program (s).

**All Hazards**

- ☐ Emergency Preparedness, Planning, and Response

**Assessment**

- ☐ Community Health Assessment/Planning
- ☐ Disability services, including disability determinations
- ☐ Enforcement/Inspection/Licensing/Certification of Facilities (includes health care facilities, long-term care facilities, nursing homes, and child care facilities)
- ☐ Epidemiology Surveillance
- ☐ Informatics
- ☐ Medical Examiner
- ☐ Public Health Genetics
- ☐ Public Health Laboratory
- ☐ Vital Records

**Chronic Disease & Injury**

- ☐ Health Promotion/Wellness
- ☐ Injury/Violence Prevention
- ☐ Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)

**Communicable/Infectious Disease**

- ☐ COVID-19 Recovery
- ☐ HIV
- ☐ Influenza
- ☐ STI
- ☐ Tuberculosis
- ☐ Viral Hepatitis
- ☐ Other Communicable/Infectious Disease

**Communications**

- ☐ Health Education
- ☐ Communications/Public Information

**Environmental Health**

- ☐ Animal Control
- ☐ Environmental Health

**Maternal, Child, and Adolescent Health**

- ☐ Children and Youth with Special Health Care Needs
- ☐ Family Planning
- ☐ Maternal, Child, and Adolescent Health
- ☐ WIC

**Organizational Infrastructure**

- ☐ Administration/Administrative Support
- ☐ Equity/Health Equity
- ☐ Financial Management, Contract, and Procurement
- ☐ Information Technology (IT) Services

- ☐ Policy, Legislation, and Government Affairs
- ☐ Program Evaluation
- ☐ Training/Workforce Development

**Health Care**

- ☐ Clinical Services (excluding TB, STI, family planning)
- ☐ Emergency Medical Services
- ☐ Immunizations - clinical services
- ☐ Immunizations - non-clinical
- ☐ Mental and Behavioral Health
- ☐ Oral Health/Clinical Dental Services
- ☐ School Health
- ☐ Substance Abuse, including tobacco control programs

**Other**

- ☐ Global Health
- ☐ Other Program Area (specify)

*[Carryforward program area responses from the previous question]*

3a. Items shown are those you selected in the previous question. Please estimate the % time you currently serve in each of those program 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 \_\_\_\_\_%
- ☐ Program Area 3 \_\_\_\_\_%
- ☐ ....

4. 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/healthcare 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) \_\_\_\_\_

*[Show if with current agency is less than 1 year]*

5. How long did your hiring process (from submitting your application to receiving a job offer) take?

- ☐ 2 months or less
- ☐ 3 to 4 months
- ☐ 5 to 6 months
- ☐ 6+ months

6. Is your current position a bargaining unit (union) position?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

*[Display if no:]*

7b. Please indicate what percent time you are working for the public health department. (e.g., 50% for half-time [.5 FTE], 100% for full-time [1.0 FTE])

☐ \_\_\_\_\_ Part-time percentage

## Section II: Workplace Environment

8. The following items relate to how you perceive your work day-to-day. Please indicate how often, if at all, you have generally felt that way about your work over the last month.

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Almost Always</b>	<b>Always</b>
I love my job.						
I am treated fairly at work.						
I can achieve a healthy balance between my work and life outside of work.						
I am paid fairly for the job that I do.						
I am happy with how much input I have in decisions that affect my work.						
I can easily manage the demands of my job.						
I feel psychologically safe at work.						
I can voice concerns at work without getting into trouble.						

9. Please rate your level of agreement with the following items



	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I am satisfied with my job.				
I am satisfied with my organization.				
I am satisfied with my work unit.				
I am satisfied with my supervisor.				
I am satisfied with my pay.				
I am satisfied with my benefits.				

10. Please rate your level of agreement with the following items.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
People here are treated fairly regardless of their <b>age</b> .				
People here are treated fairly regardless of their <b>race</b> .				
People here are treated fairly regardless of their <b>gender</b> .				
People here are treated fairly regardless of their <b>sexual orientation</b> .				

11. Please rate your level of agreement with the following items.

	Strongly disagree	Disagree	Agree	Strongly agree
My supervisor is a skilled people manager.				
I feel a sense of belonging within my work unit.				
I feel a sense of belonging at my agency.				

12. If you wish, you may provide comments below about your workplace environment or level of job satisfaction.

13. In general, how would you rate your mental or emotional health? (No forced response)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

14. **Burnout** is a state of physical, mental, and emotional exhaustion caused by excessive stress, particularly in the workplace. It is characterized by a range of symptoms including:

- **Physical symptoms:** exhaustion, fatigue, or headaches
- **Mental symptoms:** depression, excessive worrying, or frustration
- **Behavioral symptoms:** short temper or quiet quitting

Based on the definition of burnout provided above, how would you describe your current level of burnout?

- ☐ I have no symptoms of burnout
- ☐ I have one or more symptoms of burnout that come and go away
- ☐ I have one or more symptoms of burnout that won't go away
- ☐ I am completely burnt out, my symptoms won't go away

15. Are you considering leaving your organization within the next year?

- ☐ Yes
- ☐ No

15b. If yes, what are you planning to do?

- ☐ Retire
- ☐ Pursue further education
- ☐ Take another governmental job in public health
- ☐ Take another governmental job NOT in public health
- ☐ Take a non-governmental job in public health
- ☐ Take a non-governmental job NOT in public health
- ☐ Leave the workforce

*[Display for those staying in Q6]*

16. Please select the most important reason(s) why you are staying at your organization. Select all that apply.

- ☐ Acknowledgement/recognition for your work
- ☐ Benefits (e.g., retirement contributions/pensions, health insurance)
- ☐ Exciting and challenging work
- ☐ Flexible work schedule (e.g., flex hours)
- ☐ Job satisfaction
- ☐ Job stability
- ☐ Lack of stress
- ☐ Mentorship opportunities
- ☐ Opportunities for advancement
- ☐ Organizational climate/culture
- ☐ Pay
- ☐ Pride in the organization and its mission
- ☐ Remote work policies
- ☐ Satisfaction with your agency's leadership (e.g., Health Commissioner, Senior Deputy, etc.)
- ☐ Satisfaction with your supervisor
- ☐ Support from coworkers
- ☐ Training opportunities
- ☐ Unsatisfactory opportunities outside of the agency
- ☐ Other (please specify)

*[Display for those leaving in Q6]*

16a. Please select the most important reason(s) why you are considering leaving your organization. Select all that apply.

- ☐ Better opportunities outside of the agency on-island
- ☐ Better opportunities outside of the agency off-island
- ☐ Job instability (e.g., loss of funding, reduction in force (RIF), layoffs)
- ☐ Job satisfaction
- ☐ Lack of acknowledgement/recognition
- ☐ Lack of flexible work schedule (e.g., flex hours)
- ☐ Lack of opportunities for advancement
- ☐ Lack of support from coworkers
- ☐ Lack of training
- ☐ Leadership changeover
- ☐ Organizational climate/culture
- ☐ Pay
- ☐ Reasons unrelated to my job (e.g., family obligations, health reasons, lack of affordable child-care options, moving, etc.)
- ☐ Remote work policies
- ☐ Retirement
- ☐ Satisfaction with your supervisor
- ☐ Stress
- ☐ Weakening of benefits (e.g., retirement contributions/pensions, health insurance)
- ☐ Work overload / burnout
- ☐ Other (Please Specify)

17. I am planning to retire in:

- ☐ 2025
- ☐ 2026

- ☐ 2027
- ☐ 2028
- ☐ 2029
- ☐ I am not planning to retire before 2030

### Section III. Training Needs Assessment

18.

Please note, skill levels are defined as follows:

- 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

Considering your role, how important is this item in your work?				What is your current skill level for this item?			
Not important	Somewhat important	Moderately important	Very important	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	Use valid data to drive decision making	Use valid data to drive decision making
Identify evidence-based approaches to address public health issues	Apply evidence-based approaches to address public health issues	Ensure the application of evidence-based approaches to address public health issues
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 grants management, programs, and services (e.g., categorical grants, state general funds,	Leverage funding mechanisms and procedures to develop sustainable funding models for the agency (e.g., categorical grants, state general funds, fees, third-party

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

19. 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 programmatic area	Content knowledge specific to my programmatic area	Content knowledge specific to my programmatic area
Technical skills specific to my programmatic area	Technical skills specific to my programmatic area	Technical skills specific to my programmatic area

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

20. 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.

21. Please rate your level of agreement with the following statements:

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
My agency provides me with time to address my training needs.				
My agency provides me with resources to address my training needs.				

#### Section IV: Workplace Infrastructure

22. Which of the following best describes your **current** work situation?

- ☐ Completely in-person
- ☐ Mostly in-person, with some remote work
- ☐ Mostly remote, with some in-person work
- ☐ Completely remote

23. Considering your role, which of the following best describes your **preferred** work situation?

- ☐ Completely in-person
- ☐ Mostly in-person, with some remote work
- ☐ Mostly remote, with some in-person work
- ☐ Completely remote

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

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>



I feel comfortable using my paid time off.				
I am able to complete my work within my normal working hours (e.g., 40 hours/week for full time employees).				
I have to take on responsibilities outside of my job description.				
My agency implements policies and practices that support my mental wellbeing.				

25. Below is a list of non-traditional employee benefits that **may or may not** be currently offered at your agency. Please rate how important you feel it is that your agency provides each benefit to employees.

	<b>Not important</b>	<b>Somewhat important</b>	<b>Moderately important</b>	<b>Very important</b>
Flextime (flexibility in arrival, departure, and/or lunch times)				
Ad-hoc remote work (a portion of work hours are completed offsite on an ad hoc basis e.g., ability to work from home when your child is sick or you have an appointment)				

Onsite childcare				
Back-up childcare options				
Childcare stipend				
Lactation facilities				
Professional development funds				
Student loan repayment/forgiveness				

26. Please rate your level of agreement with the following items.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
My agency allocates resources based on communities' needs and priorities.				
My agency ensures that I can prioritize under-resourced communities in my work.				
My agency actively collaborates with community-based organizations.				

My agency regularly involves community members affected by proposed programs or policies in decision making.				
My agency prioritizes community members' input when determining health department priorities.				

Section V: Demographics

27. What sex were you assigned at birth?

- ☐ Male
- ☐ Female

28. Please select the race/ethnic category or categories with which you most identify (select all that apply).

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Carolinian
- ☐ Chamorro or Chamoru
- ☐ Chinese
- ☐ Chuukese
- ☐ Fijian
- ☐ Filipino
- ☐ Hispanic or Latino
- ☐ Japanese
- ☐ Korean
- ☐ Kosraean
- ☐ Marshallese
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian
- ☐ Palauan
- ☐ Pohnpeian
- ☐ Samoan
- ☐ Vietnamese
- ☐ White
- ☐ Yapese
- ☐ Other Asian
- ☐ Other Pacific Islander

29. What is your age in years? Please round to the nearest whole year. [write in]

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

- ☐ Annual salary
- ☐ Hourly wage

*[Display if annual:]*

30b. What is your current annual salary?

- ☐ Less than \$15,000
- ☐ \$15,000.01 - \$25,000
- ☐ \$25,000.01 - \$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

*[Display if hourly:]*

30c. 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

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

- ☐ High school or equivalent
- ☐ 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
- ☐ DrPH
- ☐ PhD in Public Health
- ☐ ScD in Public Health
- ☐ Other public health doctorate
- ☐ DDS/DMD
- ☐ DNP
- ☐ DVM/VMD
- ☐ JD
- ☐ MD/DO, or international equivalent
- ☐ PharmD
- ☐ PhD/ScD/other non-public health doctorate
- ☐ I am currently pursuing a degree

31b. Please indicate the year you graduated for your degree(s). [Drop down for each degree]

*[Carry forward selections from question above]* \_\_\_\_\_

*[Display if "I am currently pursuing a degree" is selected]*

31c. Please indicate which degree(s) you are currently pursuing.

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

*[Show if Other associate, BS/BA, Other bachelor's degree, MA/MS, Other master's degree, PhD, or ScD]*

31d. Was the major or concentration for your \_\_\_\_\_ [pipe in each degree] public health?

- ☐ Yes
- ☐ No

*[Display if a degree in Public Health for obtained or pursuing]*

31e. Please select the primary concentration(s) associated with your degrees. If your concentration(s) is(are) not listed please select "None of the above."

- ☐ Aging
- ☐ Biostatistics
- ☐ Community/Population Health
- ☐ Emergency Preparedness/Disaster Response
- ☐ Environmental Health
- ☐ Epidemiology
- ☐ Food Systems/Nutrition
- ☐ Global/International Health
- ☐ Health Communication
- ☐ Health Education
- ☐ Health Equity/Social Justice/Humanitarian
- ☐ Health Leadership

- ☐ Health Policy
- ☐ Healthcare Management/Administration
- ☐ Infectious Disease
- ☐ Maternal, Child, and Adolescent Health
- ☐ Occupational Health
- ☐ Program Planning and Evaluation
- ☐ Social and Behavioral Science
- ☐ Women's and Reproductive Health
- ☐ None of the above

32. Please indicate which current credentials you have. Check all that apply.

- ☐ Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC)
- ☐ Certified Community Health Worker
- ☐ Certified Health Education Specialist (CHES or Master CHES)
- ☐ Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak Investigator
- ☐ Certified in Public Health (CPH)
- ☐ Dental Public Health - Board Certification (DPH)
- ☐ Diabetes Educator Certification (CDE)
- ☐ Infection Control Certification (CIC)
- ☐ Laboratory Certification
- ☐ Nurse Certification
- ☐ Physical Activity in Public Health Specialist (PAPHS)
- ☐ Physician Assistant - Certified (PA-C)
- ☐ Physician Board Certification
- ☐ Registered Dietitian (RD)
- ☐ Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)
- ☐ Post-Graduate Certificate in Field Epidemiology (PGCFE)
- ☐ Post-Graduate Diploma in Applied Epidemiology (PGDAE)
- ☐ Preventive Medicine Physician board certification
- ☐ Other Certification \_\_\_\_\_
- ☐ Not formally certified

33. Including loans for your own and others' education, about how much in student loans have you borrowed in total? This includes loans which no longer have a balance. (Dropdown)

- ☐ I did not take out any loans for my own or others' education.
- ☐ \$0.01 - \$10,000
- ☐ \$10,000.01 - \$20,000
- ☐ \$20,000.01 - \$30,000
- ☐ \$30,000.01 - \$40,000
- ☐ \$40,000.01 - \$50,000
- ☐ \$50,000.01 - \$60,000
- ☐ \$60,000.01 - \$70,000
- ☐ \$70,000.01 - \$80,000
- ☐ \$80,000.01 - \$90,000
- ☐ \$90,000.01 - \$100,000
- ☐ \$100,000.01 - \$110,000
- ☐ \$110,000.01 - \$120,000
- ☐ \$120,000.01 - \$130,000
- ☐ \$130,000.01 - \$140,000
- ☐ \$140,000.01 - \$150,000
- ☐ \$150,000.01 - \$160,000

- ☐ \$160,000.01 - \$170,000
- ☐ \$170,000.01 - \$180,000
- ☐ \$180,000.01 - \$190,000
- ☐ \$190,000.01 - \$200,000
- ☐ \$200,000.01 - \$210,000
- ☐ \$210,000.01 - \$220,000
- ☐ \$220,000.01 - \$230,000
- ☐ \$230,000.01 - \$240,000
- ☐ \$240,000.01 - \$250,000
- ☐ \$250,000.01 or more

*[Show if question above is not 0]*

33b. As of today, including loans for your own or others' education, about how much in student loans **remain**? (Dropdown)

- ☐ \$0
- ☐ \$0.01 - \$10,000
- ☐ \$10,000.01 - \$20,000
- ☐ \$20,000.01 - \$30,000
- ☐ \$30,000.01 - \$40,000
- ☐ \$40,000.01 - \$50,000
- ☐ \$50,000.01 - \$60,000
- ☐ \$60,000.01 - \$70,000
- ☐ \$70,000.01 - \$80,000
- ☐ \$80,000.01 - \$90,000
- ☐ \$90,000.01 - \$100,000
- ☐ \$100,000.01 - \$110,000
- ☐ \$110,000.01 - \$120,000
- ☐ \$120,000.01 - \$130,000
- ☐ \$130,000.01 - \$140,000
- ☐ \$140,000.01 - \$150,000
- ☐ \$150,000.01 - \$160,000
- ☐ \$160,000.01 - \$170,000
- ☐ \$170,000.01 - \$180,000
- ☐ \$180,000.01 - \$190,000
- ☐ \$190,000.01 - \$200,000
- ☐ \$200,000.01 - \$210,000
- ☐ \$210,000.01 - \$220,000
- ☐ \$220,000.01 - \$230,000
- ☐ \$230,000.01 - \$240,000
- ☐ \$240,000.01 - \$250,000
- ☐ \$250,000.01 or more

34. Of your current student loan balance, approximately what percentage is:

- a. From private loans (Loan from private bank, loan from school, loan from friend or family)
- b. From Federal direct loans (Stafford federal student loan (subsidized or unsubsidized)
- c. PLUS federal student loan for parents; Federal consolidation loan; PLUS federal student loan for graduate students)
- d. From other Federal sources loans (Perkins federal loan; Federal Family Education Loan;
- e. From other governmental (but non Federal) loans (e.g., State loan)
- f. From all other loans

35. Are you willing to be contacted about participating in follow-up research projects?



- ☐ Yes
- ☐ No

## Section VI: Modules

### Module I: Epidemiologists

You are receiving the following questions because you indicated that your job role is an Epidemiologist or one of your program areas is Epidemiology Surveillance.

1. Please select the epidemiology tier that best describes you.
  - ☐ **Foundational:** Those completing academic programs or are early in their public health career still gaining training or applied experience on the job. These individuals require supervision when performing most tasks.
  - ☐ **Intermediate:** Those who administer epidemiology programs and projects often independently. These individuals may require supervision while managing larger or more complex programs or projects and other tasks.
  - ☐ **Practiced:** Those with subject matter expertise or who manage epidemiology programs and resources which may include finances and personnel. These individuals perform their duties independently and may supervise others on a project basis or all the time.
  - ☐ **Advanced:** Those who typically hold senior positions within organizations, demonstrate leadership, and are visionaries. These individuals require no supervision for their job duties but may supervise and mentor others.
  - ☐ **Does not apply:** I work in administration and/or do not consider myself to practice epidemiology. *[If selected, skip to end of section]*
  
2. *[Show the corresponding skills based on response to question 1 (e.g., Foundational → Column 1)]*

What is your current skill level for this item?			
Unable to perform	Beginner	Proficient	Expert

T1: 1.5.3. Participates in epidemiologic investigation (e.g., identifies population of interest, identifies investigation timeframe, considers and accounts for sources of bias and confounders)	T2: 1.5.3. Conducts epidemiologic investigation (e.g., identifies population of interest, creates case definition, identifies investigation timeframe, considers and accounts for sources of bias and confounders)	T3: 1.5.3. Leads epidemiologic investigation (e.g., identifies population of interest, creates case definition, identifies investigation timeframe, considers and accounts for sources of bias and confounders)	T4: 1.5.3. Manages epidemiologic investigation (e.g., identifies population of interest, creates case definition, identifies investigation timeframe, considers and accounts for sources of bias and confounders)
T1: 1.6.2. Describes database design principles that allow for accurate and actionable data across diverse communities	T2: 1.6.2. Manages data and databases (e.g., including data transformation, creating datasets and variables, merging and splitting databases, formatting data, documenting data transformation)	T3: 1.6.2. Designs databases suitable for epidemiologic activities (e.g., including needed variables and data dictionary, ensuring compliance with national standards for coding and variables, supporting geographic analysis)	T4: 1.6.2. Evaluates data quality, accuracy, and reliability (e.g., designs and validates data entry techniques, cleans data, corrects errors)
T1: 1.7.1. Conducts descriptive data analysis to assess public health objectives	T2: 1.7.1. Conducts descriptive epidemiology data analysis to assess public health objectives	T3: 1.7.1. Conducts analysis of data using software for data analysis and management (e.g., frequencies and descriptive statistics, adjustments, epidemiologic measures, trend analysis, measures of association, confidence intervals, statistics, multivariate analyses, regression analyses, geospatial and other graphical representations, questionnaire results, interview responses, indexing, coding, labeling, triangulation, and member checking)	T4: 1.7.1. Conducts advanced data analytics methods (e.g., forecasting, mathematical modeling, Bayesian analysis, parsing qualitative data for natural language processing)
T1: 2.3.6. Assists in coordination with informaticians and information systems resources to use, develop, and support the acquisition, maintenance, use, and dissemination of epidemiologic data	T2: 2.3.6. Coordinates with informaticians and information systems resources to use, develop, and support the acquisition, maintenance, use, and dissemination of epidemiologic data	T3: 2.3.6. Assesses program needs with informaticians and information systems resources to use, develop, and support the acquisition, maintenance, use, and dissemination of epidemiologic data	T4: 2.3.6. Advocates for collaboration with informaticians and information systems resources to use, develop, and support the acquisition, maintenance, use, and dissemination of epidemiologic data

T1: 2.4.3. Identifies needs for modernization of information systems and use of the most current technology	T2: 2.4.3. Explains needs for modernization of information systems and use of the most current technology	T3: 2.4.3. Assesses needs for modernization of information systems and use of the most current technology	T4: 2.4.3. Advocates for modernization of information systems and use of the most current technology
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3. Did you participate in any of the following programs as a fellow or trainee?

- ☐ Applied Epidemiology Fellowship (AEF)
- ☐ Applied Public Health Informatics Fellowship (APHIF)
- ☐ ASPPH Fellowship
- ☐ Data Science Team Training Program (DSTT)
- ☐ EIS
- ☐ Fellowship with an affiliate organization (e.g., APHL, CSTE, SOPHE)
- ☐ Informatics Training in Place Program (I-TIPP)
- ☐ Leading Epidemiologists, Advancing Data (LEAD)
- ☐ ORISE Fellowship
- ☐ Public Health Associate Program (PHAP)
- ☐ Public Health AmeriCorps
- ☐ State or local health department fellowship [Specify]
- ☐ Strengthening Health Interventions in the Pacific (SHIP)
- ☐ Other CDC Fellowship [Specify]
- ☐ Other [Specify]

4. Within the last year, have you served as a mentor and/or preceptor?

- ☐ Yes, as a preceptor
- ☐ Yes, as a mentor
- ☐ Yes, I serve as both
- ☐ No, I do not serve as either

5. What motivated you to take a position in epidemiology? Please select all that apply.

- ☐ Primary or secondary educational experience (K-12)
- ☐ Undergraduate educational coursework
- ☐ Graduate educational coursework
- ☐ Personal experience

- ☐ Professional experience
  - ☐ COVID-19
  - ☐ Mentor and/or personal connection
  - ☐ Other, please specify
6. When thinking about employees who are new to epidemiology, what skills do you think they are missing upon starting their role? Please select up to 3 responses.
- ☐ Software skills (Epi Info, SAS, SPSS, R, etc.)
  - ☐ Data analytics (translating data and applying public health data)
  - ☐ Persuasive communication (educating the public, communicating public health data)
  - ☐ Professionalism and ability to work independently
  - ☐ Critical and systems thinking
  - ☐ Informatics
  - ☐ Applying health equity principles to epidemiology activities
  - ☐ Other (please specify)

## Module 2: Supervisors

Because you indicated that you are in a supervisory role, we are going to ask you a series of questions related to your supervisory status. For this section, a supervisor includes anyone who is responsible for employees' performance appraisals and approval of their leave, supervises one or more supervisors, or is a member of Senior Executive Service or equivalent.

1. How many years of supervisory experience did you have before entering your current role?  
Please round to the nearest year.
2. Please rate your level of agreement with the following items:

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
When I began my current position as a supervisor, my agency provided leadership training (covering topics such as effective communication, conflict resolution, mentoring, etc.).				
When I began my current position as a supervisor, my agency provided training on organizational policies and practices (covering topics such as budgeting protocols, meeting norms, employee handbook, etc.).				
My agency provides ongoing leadership training opportunities for supervisors.				
My agency provides ongoing support for supervisors (e.g., Provides guidance when experiencing personnel challenges, hosts opportunities for peer managers to connect, etc.).				

3. Do you have the number of staff you need to perform the necessary functions of your work unit?  
☐ Yes  
☐ No
4. Do you have the funding you need to perform the necessary functions of your work unit?  
☐ Yes  
☐ No
5. Please rate your level of agreement with the following statements.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I share the desired results that I expect from those whom I supervise.				
I am responsible for the success of those whom I supervise.				
I am responsible for the overall success of the team/department/division that I supervise.				
I take time to connect with those whom I supervise beyond their work.				
I prioritize establishing trust with those whom I supervise.				
I look for ways to empower those whom I supervise.				
I am responsible for developing the next cadre of leaders.				
I give those whom I supervise assignments that stretch them beyond their current capacities.				

The previous section focused on individual and internal agency factors related to being a supervisor. Now we are going to ask you about ways that you and those whom you supervise partner with other external organizations and sectors.

6. To what extent does your work unit collaborate with the following organizations/sectors?  
 Collaborations can include both formal partnerships requiring a memorandum of understanding (MOU) and informal partnerships like asking for feedback on a report.

	<b>Not at all</b>	<b>Very little</b>	<b>Some</b>	<b>A lot</b>
Advocacy organizations				
Businesses				
Community-based non-profit organizations				
Elected & appointed officials				
Faith-based organizations				
Healthcare systems				
Law enforcement & justice agencies				
Planning & zoning agencies				

Public housing agencies				
Transportation and public transit agencies				
Research institutions (e.g., colleges and universities, think tanks, etc.)				
Schools (i.e., Pre-K, K-12 schools)				
Social services agencies				

Module 3: Under 35

1. What were you doing 6 months before you worked for your current employer?
- ☐ Working a different job
  - ☐ Completing a fellowship, internship, volunteer program, or other time-limited service program
  - ☐ In school
  - ☐ Not in the workforce for an extended period of time
  - ☐ Other, please specify \_\_\_\_\_

[Show if “working a different job”]

2. Please select which best describes your previous job.
- ☐ Governmental job in public health
  - ☐ Governmental job not in public health
  - ☐ Non-governmental job in public health
  - ☐ Non-governmental job not in public health

3. Please select which reasons you left your previous job (check all that apply).
- ☐ 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/hybrid work schedule)
  - ☐ Weakening of benefits (e.g., retirement contributions/pensions, health insurance)
  - ☐ Work overload / burnout
  - ☐ Organizational climate/culture
  - ☐ Lack of support from coworkers
  - ☐ 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)

[Show if “completing a fellowship”]

4. Did you participate in any of the following fellowships?
- ☐ Fellowship with an affiliate organization (e.g., APHL, CSTE, SOPHE)
  - ☐ ASPPH Fellowship
  - ☐ EIS Fellowship
  - ☐ ORISE Fellowship
  - ☐ Public Health Associate Program (PHAP)
  - ☐ Other CDC Fellowship [Specify]
  - ☐ Public Health Americorps
  - ☐ State or local health department fellowship [Specify]
  - ☐ Other [Specify]



5. While receiving your education, did you participate in an internship at a governmental public health agency?
- ☐ Yes, at my current agency
  - ☐ Yes, at a different agency
  - ☐ No
6. Please select the factors that attracted you to a career in governmental public health. Select all that apply.
- ☐ Salary
  - ☐ Retirement benefits
  - ☐ Health insurance
  - ☐ Insurance benefits other than health (e.g., life insurance, dental, vision, disability).....
  - ☐ Non-traditional benefits (e.g., tuition assistance or student loan repayment, childcare assistance)
  - ☐ Job security
  - ☐ Personal satisfaction the job gives me
  - ☐ Vacation and sick leave
  - ☐ Paid family leave
  - ☐ Work/life balance
  - ☐ Potential for career advancement
  - ☐ Ability to serve my community/do meaningful work
  - ☐ Desire to serve my community as a result of the COVID-19 pandemic
  - ☐ The quality of my colleagues/coworkers
  - ☐ The quality of my boss/supervisor
  - ☐ Flexible scheduling
  - ☐ Remote work policies
  - ☐ Hiring bonus or other incentives
  - ☐ A family member worked/works in public sector
  - ☐ Workplace culture
  - ☐ Personal recommendation
  - ☐ A fellowship or internship with a governmental public health agency
  - ☐ Mentorship opportunities
7. In your current job, do you believe employees have a path to develop towards other roles and responsibilities if they want that?
- ☐ Yes
  - ☐ No
  - ☐ Not sure
8. How long do you intend to stay in governmental public health as a career?
- ☐ Until I retire
  - ☐ For a long period of time, but not all the way to retirement
  - ☐ For some amount of time, but not the long-term
  - ☐ Do not intend to stay long
  - ☐ Not sure at this point
9. Is there someone at work who encourages your development?
- ☐ Yes
  - ☐ No

*[Show if yes]*

10. Who at work encourages your development? Please select all that apply.

- ☐ A mentor at work
- ☐ A supervisor
- ☐ A colleague
- ☐ Someone outside of my agency
- ☐ Other, please describe \_\_\_\_\_