

Appendix A- Southeast Public Health Leadership Institute Survey

Please take about 15 minutes to complete this confidential survey from the North Carolina Institute for Public Health. Data will be analyzed in aggregate and your name will not be used in connection with your responses without your written permission. If you have questions, please contact Karl Umble, PhD, MPH at: umble@email.unc.edu or via telephone at: (919)966.8214.

1. In what year did you graduate from SEPHLI?

- I did not graduate from SEPHLI. (Please email cakatz@email.unc.edu to take your name out of our survey listserv; sorry and thanks very much!)
- 1998- Year 1
- 1999- Year 2
- 2000- Year 3
- 2001- Year 4
- 2002- Year 5
- 2003- Year 6
- 2004- Year 7
- 2005- Year 8
- 2006- Year 9
- 2007- Year 10
- Do not recall

2. Your State when you were in SEPHLI:

- AR
- NC
- SC
- TN
- VA
- WV

3. Looking back, rate the extent to which SEPHLI strengthened these areas for you personally.

*To what extent did SEPHLI *strengthen* your:*

	Not at all		Somewhat		To a great extent
a. Interest in deepening your involvement with <u>state-wide</u> public health initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Interest in deepening your involvement with <u>local</u> public health initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sense of belonging to a network of leaders in public health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Self-awareness as a leader: your strengths, liabilities, and how others view and receive your leadership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Commitment to staying in public health in your work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confidence to take on public health leadership responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Professional network of people you can contact for ideas about how to handle your leadership situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When you enrolled in SEPHLI, what type of organization did you work for? (Check one that best applies)

- Governmental public health – local
- Governmental public health – state
- Governmental public health – federal
- Hospital or health system
- College or university
- Non-profit or community-based public health organization
- Other (please specify)

5. What was your position title (job title) when you enrolled in SEPHLI? (e.g. Health Educator)

6. What type of organization do you currently work for? (Check one that best applies)

- Governmental public health – local
- Governmental public health – state
- Governmental public health – federal
- Hospital or health system
- College or university
- Non-profit or community-based public health organization
- Retired
- Other (please specify)

7. What is your current position title?

8. Did participating in SEPHLI have any influence on changes in the jobs you have taken since graduating from SEPHLI?

- No. I have been in the same position and/or organization since graduating from SEPHLI.
(Skip to Question 10)
- No. I am in a new position and/or organization, but SEPHLI did not influence that change.
(Skip to Question 10)
- Not sure (Skip to Question 10)
- Yes (Go to Question 9)

9. How did SEPHLI influence your taking this position(s)? (Check all that apply)

- Increased skills that I needed for the job
- Increased my confidence that I could do that work
- Increased my interest in taking on the position
- Through networks I developed through SEPHLI
- Impressed the employer that I was a SEPHLI graduate
- Other (please specify)

10. Overall, how much long-term influence did SEPHLI have on your leadership? (Pick one). If you are a recent graduate, answer for the period since you graduated.

- No influence (Go to [Question 11](#))
- SEPHLI has had a small long-term influence on my leadership. (Go to [Question 11](#))
- SEPHLI has had a moderate long-term influence on my leadership. (Skip to [Question 12](#))
- SEPHLI has had a large long-term influence on my leadership. (Skip to [Question 12](#))

11. If you responded that SEPHLI had “no” or a “small” influence on your leadership, explain some of the factors that limited the influence of SEPHLI. These factors could relate to the program itself or other reasons.

12. If you responded that SEPHLI had “moderate” or a “large” influence on your leadership, explain **in some detail** one of the most important influences that SEPHLI has had on your leadership **or** cite an example of how you used what you learned in SEPHLI in your public health practice.

13. SEPHLI taught several specific skills. When you go about your public health practice, how often do you use these skills and understanding that you gained from SEPHLI? (Check N/A if you don't recall the item being part of SEPHLI in your year.)

	N/A	Never	Rarely	Sometimes	Frequently
a. Leading Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Creating a personal mission statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Self-understanding gained from personal feedback and assessment (e.g. 360 and Myers-Briggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Working with the media/ Risk communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Collaboration and Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Crisis Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Systems Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Supervisory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask you to think about any public health-related changes that you directly or indirectly influenced, or are currently influencing, and that SEPHLI has contributed to in some way. (These could be related to your SEPHLI project or something else longer-term. We want you to report changes that SEPHLI helped to bring about, even if SEPHLI was not solely responsible for the change.)

14. Can you think of an **organizational change** that you directly or indirectly influenced, or are currently influencing, and that SEPHLI contributed to in some way? (e.g. revised mission, process, positions, expansion, reorganization, funding, or other)

- No
- Not sure
- Yes

15. Can you think of a **program** change that you directly or indirectly influenced, or are currently influencing, and that SEPHLI contributed to in some way? (e.g. new, expanded, improved, better funded program)

- No
- Not sure
- Yes

16. Can you think of a **systems** change that you directly or indirectly influenced, or are currently influencing, and that SEPHLI contributed to in some way? (e.g. a partnership, collaboration, coalition, or a new cross-organizational system for improving practice)

- No
- Not sure
- Yes

17. Can you think of a **policy** (law) change that you directly or indirectly influenced/ are currently influencing, and that SEPHLI contributed to in some way?

- No
- Not sure
- Yes

18. If Yes to any of the previous four questions (14-17), please pick ONE change and
(a) Describe **in some detail** the change that was made/is being made
(b) Explain how **SEPHLI** contributed to it and

(c) Tell us why you view the change as important

19. *If applicable*, tell us about (and if possible estimate the amount of) any financial benefits that the change that you described above brought to public health (e.g. new grants, reduced costs). As with all of this data, your name won't be attached to this information without your written permission. (E.g. We received a grant of \$X from The Williams Foundation to develop the diabetes control program.)

20. Was the change you discussed in Question 17 directly related to your original project that you did during the SEPHLI?

- No
- Yes

21. In the past 24 months, how often have you asked for or given another SEPHLI graduate some "wise counsel" on how best to proceed in a leadership situation? (e.g. by phone, email, in person)

- Never
- Rarely
- Sometimes
- Frequently

22. Now we'd like to ask you about your SEPHLI project. Did you continue to work on your SEPHLI project after graduating from the program?

- No
- Not sure or don't remember
- Yes

Optional: If "Yes" and you have not already told us about it, please **briefly** explain what you did, the project's impact and how what you learned in SEPHLI contributed (if at all).

23. Have you recommended SEPHLI to other public health professionals?

- No
- Not sure
- Yes

Optional

24. Is there anything else that you would like to tell us about SEPHLI or its benefits to public health (e.g. leadership development, program, organizational, financial, or any other)?

25. Optional

Your Name:

(If you give your name, we will be able to remove your name from the email list for this survey. Also, we could contact you in case we want to hear more about something you have told us in this survey).

End of survey. Thank you.