

WFD Supplemental Assessment Questions

Asked at the Beginning of Survey:

1. What is your public health agency name?

2. In which agency department or division do you work?

3. Please select your occupation:

- Administrative Support/Clerical Staff
- Administrator/Director/Manager
- Biostatistician/Epidemiologist/Statistician
- Breastfeeding Peer Counselor
- Community Service Worker
- Data Analyst
- Dietician
- Division Coordinator
- Emergency Preparedness Staff
- Environmental Health Specialist (Sanitarian)
- Health Educator
- Hearing/Vision Tech
- Information Technology
- Laboratory Professional
- Nurse
- Physician/Dentist
- Social worker
- Other (please specify)

4. How long have you worked at your public health agency?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- 26- 30 years
- More than 30 years

5. Please select your highest degree attained:

- High School Diploma
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Ph D./Medical Doctor/Law Degree
- Other (please specify)

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6. What was your field of study for your degree? (please specify)

7. Please select your age range:

- 18-24 years
- 25-44 years
- 45-64 years
- 65 or over

8. Please select your gender:

- Male
- Female

Asked at the End of Survey:

9. My level of proficiency is high enough that I could train other staff in the following selected competencies (select all that apply):

- Analytical Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills
- Other

10. Do you currently have plans to further your education?

- Yes, I am currently enrolled in college/earning a degree
- Yes, I anticipate enrolling in college/earning a degree in the next five years
- I have no current plans to enroll in college/earn a degree in the next five years
- I am unsure about my future education plans at this time
- Other, please specify

11. Are you planning on leaving the agency within the next five years?

- Yes-Retiring
- Yes-Moving to a different agency
- No
- I am unsure about my future plans at this time

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12. Please rate the degree to which you agree or disagree with the following statements on a scale from strongly disagree to strongly agree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
My organization provides an appropriate variety of training opportunities for employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training opportunities are structured to meet the needs of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I currently have the skills needed to effectively do my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to participate in available trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to participate in available training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am made aware of available training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor supports me participating in available training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What areas listed below would you like to see additional training opportunities offered? (Select your top five)

- Supervisory skills
- Recruitment and retention
- Compensation and benefits
- Cultural diversity
- Stress management
- Presentation skills
- Strategic planning
- Organizational skills
- Workplace ethics
- Customer service skills
- Data analysis
- Survey development
- Employee Evaluation
- Performance management
- Quality Improvement
- Leadership Skills
- Grant Writing
- Critical Thinking Skills
- Other (please specify)

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14. In which technology areas would you like additional training (Select your top three)
- Desktop publishing
 - Word processing
 - Databases
 - Spreadsheets
 - Email
 - Creating and publishing web documents
 - Programming online surveys
 - Other (please specify)
15. Which of the following are reasons that you participate in training opportunities? (select your top three)
- Increased competency
 - Personal satisfaction
 - Professional networking opportunity
 - Accomplishment of the agency mission
 - Personal career advancement
 - To maintain/meet certification or licensing requirements
 - My supervisor told me I had to attend training
 - Other (please specify)
16. Which of the following are barriers to you participating in training? (select your top three)
- Individual Cost
 - Time away from work
 - Family commitments
 - Travel
 - Agency budget restrictions
 - Desired topics not available
 - Nearing retirement
 - Lack of supervisor support
 - Lack of opportunity to apply what I have learned
 - Other (please specify)
17. Which of the following methods do you prefer for training delivery (Select all that apply)?
- Online – Self-Study
 - Face-to-Face
 - Webinar
 - Telephone Conferencing
 - Audio/Podcasts
 - Blended (Online and Face-to-Face)
18. Is there anything else you would like to tell us about training opportunities at your agency?