

BIOGRAPHICAL

Please answer the following questions about your background.

1. How do you best describe your agency/organization?
 - State Health Department
 - City or County Health Department
 - Coalition
 - Advocacy Group
 - University
 - Community-Based Organization
 - Voluntary Health Organization
 - Other (please specify)

2. Though you may work in several capacities, which do you consider your primary position? **(Required)**
 - Program Manager/Administrator/Coordinator
 - Health Educator
 - Epidemiologist
 - Statistician
 - Program Planner
 - Program Evaluator
 - Division or Bureau Head/Division Deputy Director
 - Department Head
 - Community Health Nurse, Social Worker, Dietitian, Nutritionist
 - Lay Health Worker
 - Other (please specify)

3. How long have you worked for this agency/organization?

___ Years
___ Months

4. How long have you been in your current position?

___ Years
___ Months

5. How long have you been involved in public health overall?

___ Years
___ Months

6. Do you specialize in a single program area or do you manage multiple areas? **(Required)**
- I specialize in a single program area
 - I manage multiple program areas
7. In what single program area do you specialize? **(Required)**
- Diabetes
 - Obesity
 - Physical Activity
 - Diet/Nutrition
 - Cancer Prevention and Control
 - Tobacco
 - Cardiovascular Health
 - Arthritis
 - Asthma
 - School Health
 - Women's Health, including Maternal and Child Health
 - Vision Preservation
 - Healthy Aging
 - Osteoporosis
 - Other (please specify)
8. In what other program areas do you specialize? (Check all that apply) **(Required)**
- Diabetes
 - Obesity
 - Physical Activity
 - Diet/Nutrition
 - Cancer Prevention and Control
 - Tobacco
 - Cardiovascular Health
 - Arthritis
 - Asthma
 - School Health
 - Women's Health, including Maternal and Child Health
 - Vision Preservation
 - Healthy Aging
 - Osteoporosis
 - Other (please specify)

9. Please indicate the size of the population your agency serves.
- 0 – 24,999
 - 25,000 – 49,999
 - 50,000 – 74,999
 - 75,000 – 99,999
 - 100,000 – 149,999
 - 150,000 – 199,999
 - 200,000 – 299,999
 - 300,000 – 399,999
 - 400,000+
10. Please indicate your gender.
- Male
 - Female
11. What is the most advanced degree you have completed?
- High school or GED equivalent
 - Some college
 - Bachelor's degree
 - BSN/RN/LPN
 - MPH or MSPH
 - MS, MA, or other masters degree
 - DrPH
 - PhD
 - MD
 - Other (please specify)

EVIDENCE-BASED DECISION MAKING

The next set of questions asks about evidence-based decision making. For the purposes of this survey, we think that evidence-based decision making involves the development, implementation, and evaluation of effective programs and policies in public health through:

- The systematic use of data and information systems
- The application of principles of scientific reasoning coupled with community engagement
- The appropriate use of behavioral science theory and program planning models

12. Based on your experience and best judgment, what percentage of programs in your agency is evidence-based?

31. Distance training opportunities via conference call or CD-ROM.

**Least likely
to use**

0 1 2 3 4 5 6 7 8 9 10

**Most likely
to use**

32. A peer-to-peer network where you could discuss issues and ideas with colleagues.

**Least likely
to use**

0 1 2 3 4 5 6 7 8 9 10

**Most likely
to use**

33. Are there other resources that you would find helpful in using evidence-based decision making? What are they?