Appendix 1. AIM-Local Health National Survey

*All sections containing items relevant to this manuscript are included. Any text in italics is descriptive text for this appendix and not original text in the survey.*

INTERVENTIONS TO ADDRESS CHRONIC DISEASES

*For each item, participants were asked to answer two questions:*

*Has your agency directly delivered/provided? Response options: Yes, No, Unsure*

*Has your agency collaborated with organization(s) to support delivery? Response options: Yes, No, Unsure*

1. In the past year, has your agency directly delivered, and has your agency collaborated with organizations to support delivery of the following ***obesity*** interventions?
2. Worksite programs, policies or environmental changes to support nutrition/healthy food and physical activity.
3. Behavioral interventions to reduce screen time among children OR reduce screen time plus increase physical activity/healthy eating.
4. Multicomponent interventions with coaching that uses technology to communicate with individuals or groups to help them lose or maintain weight (e.g., pedometers with computer interaction, social media).
5. Obesity screening and management: screening adults and referring patients with a body mass index (BMI) of 30 kg/m2 or higher to behavioral interventions.
6. In the past year, has your agency directly delivered, and has your agency collaborated with organizations to support delivery of the following ***physical activity*** interventions?
7. Programs that set up social support for physical activity (e.g., walking groups, buddy/accountability systems).
8. Programs, policies, or environmental changes that make streets safer for pedestrians and cyclists (e.g., street lighting, crosswalks, bike lanes, Complete Streets, Safe routes to Schools).
9. Programs or policies that create or improve access to places for physical activity (e.g., walking trails, making exercise facilities more accessible, joint use agreements between schools and communities).
10. Programs or policies that increase physical activity in schools (e.g., time in school PE classes, training for PE teachers, equipment/materials, physical activity breaks).
11. In the past year, has your agency directly delivered, and has your agency collaborated with organizations to support delivery of the following ***nutrition*** interventions?
12. Policies or environmental changes to improve access to healthy foods in worksites, schools, or other local facilities (e.g., changing cafeteria options, vending machine content, healthy meeting meals).
13. Policies or changes that improve healthier food choices through nutrition assistance programs (e.g., WIC, SNAP, Senior Nutrition Programs).
14. School gardens that allow students to garden during school or non-school hours with school staff guidance.
15. Policies, environmental changes or programs promoting breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.
16. In the past year, has your agency directly delivered, and has your agency collaborated with organizations to support delivery of the following ***tobacco control*** interventions?
17. Reminders for clinic healthcare providers to discuss tobacco/nicotine cessation with clients (e.g., chart stickers, medical record check lists).
18. Mass health communication with cessation messages AND quitline number.
19. Public education about clean indoor air policies or the expansion of these policies.
20. Public education about the effects of tobacco unit price on preventing and reducing tobacco consumption.
21. In the past year, has your agency directly delivered, and has your agency collaborated with organizations to support delivery of the following ***diabetes*** interventions?
22. Diabetes prevention program/DPP - diet and physical activity promotion programs with people at increased risk for type 2 diabetes.
23. Community health workers to deliver diet and physical activity promotion, and weight management to groups or individuals with increased risk for type 2 diabetes.
24. Diabetes self-management education with persons with diabetes delivered in community gathering places.
25. Diabetes management: identifying patients with diabetes and determining effective treatment.

SPREADING EVIDENCE-BASED DECISION MAKING

*All items answered on a 7-point likert type response: strongly disagree (1) to strongly agree (7)*

**Awareness of EBDM culture supportive of EBDM**

1. I am provided the time to identify evidence-based programs and practices.
2. My direct supervisor recognizes the value of management practices that facilitate evidence-based decision-making.
3. My work group/division offers employees opportunities to attend evidence-based decision-making trainings.
4. Top leadership in my agency (e.g., director, assistant directors) recognizes the value of evidence-based decision-making.

**Capacity and expectations for EBDM**

1. I use evidence-based decision-making in my work.
2. My direct supervisor expects me to use evidence-based decision-making.
3. My performance is partially evaluated on how well I use evidence-based decision-making in my work.
4. My work group/division currently has the resources (e.g. staff, facilities, partners) to support application of evidence-based decision-making.
5. The staff in my work group/division has the necessary skills to carry out evidence-based decision-making.
6. The majority of my work group/division's external partners support use of evidence-based decision-making.
7. Top leadership in my agency encourages use of evidence-based decision-making.

**Resource availability**

1. Informational resources (e.g., academic journals, guidelines, and toolkits) are available to my work group/division to promote the use of evidence-based decision-making.
2. My work group/division engages a diverse external network of partners that share resources to facilitate evidence-based decision-making.
3. Stable funding is available for evidence-based decision-making.

**Evaluation capacity**

1. My work group/division supports community needs assessments to ensure that evidence-based decision-making approaches continue to meet community needs.
2. My work group/division plans for evaluation of interventions prior to implementation.
3. My work group/division uses evaluation data to monitor and improve interventions.
4. My work group/division distributes intervention evaluation findings to other organizations that can use our findings.

**EBDM climate cultivation**

1. My work group/division has access to evidence-based decision-making information that is relevant to community needs.
2. When decisions are made within my work group/division, program staff members are asked for input.
3. Information is widely shared in my work group/division so that everyone who makes decisions has access to all available knowledge.
4. My agency is committed to hiring people with relevant training or experience in public health core disciplines (e.g., epidemiology, health education, environmental health).
5. My agency has a culture that supports the processes necessary for evidence-based decision-making.

**Partnerships to support EBDM**

1. Our collaborative partnerships have missions that align with my agency.
2. It is important to my agency to have partners who share resources (money, staff time, space, materials).
3. It is important to my agency to have partners in healthcare to address population health issues.
4. It is important to my agency to have partners in other sectors (outside of health) to address population health issues.

ACADEMIC PARTNERSHIPS

1. Does your agency currently participate in any academic partnerships?

* Yes
* No
* Unsure

1. Why does your agency not participate in an academic partnership?

* I am not familiar or never heard of such a partnership
* Time constraints
* Resource constraints
* Difficulty establishing a connection with an academic department/school
* Location/distance of university from our agency
* Difficulty obtaining approval from agency leadership
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following characteristics describe your agency's relationship with academic institutions (check all that apply)?

* Formal written partnership agreement(s)
* Shared staff
* Shared financial resources
* Compensation for services provided
* Public health training and educational opportunities
* Hosting student interns
* Joint research projects
* Shared provision of public health services
* Shared facilities
* University library access for health department staff
* Unsure
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_