**UNC Gillings School of Global Public Health, Minority Health Project**

***Health Equity: Progress and Pitfalls***  
17th Annual Summer Public Health Research Institute and Videoconference on Minority Health

Participant Evaluation Form

**1**.  So that we can know who has responded and **enter you into the drawing for a $10 gift certificate** (or DVD), **please provide:**

|  |
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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Would you like to receive email announcements (up to 10/year)? \_\_\_\_\_ Yes \_\_\_\_\_ No |

2. Please tell us the City, State/Country and Zipcode where you viewed (or tried to view) the broadcast.

|  |
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| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code \_\_\_\_\_\_\_\_ |

3.  How did you learn about the Videoconference? (please check all that apply)

* Minority Health Project web site (www.minority.unc.edu)
* Other web site, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email from the Minority Health Project (mphannounce)
* Email from another organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Friend, colleague, coworker, or associate
* Posted notice of poster
* Professional organization's newsletter/ journal
* Flyer handed out
* Other, please specify

 Please tell us about your Videoconference experience.  (If you were unable to view the Videoconference, please skip to item 8 and tell us whether the reason was due to scheduling or technical problems.)

|  |  |  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4. The Videoconference increased my understanding of this subject and its relation to public health. |  |  |  |  |  |  |  |
| 5. The topics covered today were important and relevant to the issue of health disparities. |  |  |  |  |  |  |  |
| 6. Overall, the Videoconference was very valuable for me. |  |  |  |  |  |  |  |
| 7. I will highly recommend the Videoconference. |  |  |  |  |  |  |  |

8.  Any comments about the speakers, topic, web site, or anything else, including suggestions for future years?  Has the experience had an impact on you that you would like to share?  Would you like to give a testimonial we can use in publicity and funding requests? (If so, please identify your comment with any of your, position, affiliation, city/state, etc.])

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9.  If applicable, may we quote your comments publicly (e.g., on our website)?

* Yes, by name (please "sign" your comment with what you would like us to use)
* Yes, by location
* No

10.  Where did you participate in the Videoconference?

* Studio audience (at the Tate-Turner-Kuralt auditorium at the University of North Carolina School of Social Work)
* Via webcast on a computer monitor (by myself or with one or two other people)
* Via webcast on a computer projector display (or with 3 or more others)

11. Did you participate as part of a program?

* Yes, please specify (NC-HCAP, UNC SPHF, BSURE, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

12.  Tell us about yourself. Please check all that apply.

* Public health professional (health educator, public health nurse, health administrator,.etc)
* Clinician (i.e. MD, nurse, physician's assistant, social worker, etc.)
* Community Member
* Faculty, teacher, or researcher
* Student (undergraduate, graduate, doctoral)
* Other ( Please specify)