

El Paso County Public Health is conducting a capacity assessment with Healthy Community Collaborative members to evaluate health promotion resources. The survey is divided into the same health topics for which we have been providing population data.

For each topic area, respond by noting which resources your organization would consider contributing towards our community effort as it relates to that health area. Please provide a response to each question, even if your organization is unable to support a given resource.

We prefer one response per organization. The survey should take about 20 minutes to complete. You will need to complete the survey in its entirety once you begin.

If you have questions about this survey, please contact [REDACTED]

Thank you for your valuable input and participating in our Healthy Community Collaborative!

1. Please complete the following:

First Name:

Last Name:

Title:

Organization:

Address:

Address 2:

City/Town:

ZIP:

Email Address:

Phone Number:

2. Will the information you provide represent your entire organization?

- Yes
- No

If not, list the division, program, sub-unit or organized group you are providing information for:

6. Capital/Financial Assets

	1 (No Effort)	2	3	4 (Moderate Effort)	5	6	7 (Tremendous Effort)	Not Applicable for my organization
Assign FTE to help with administrative needs	<input type="radio"/>							
Recruit volunteers	<input type="radio"/>							
Provide meeting/activity space	<input type="radio"/>							
Provide equipment/materials/supplies	<input type="radio"/>							
Share deidentified client demographic and/or health data	<input type="radio"/>							
Provide grants or other financial assistance to organizations	<input type="radio"/>							
Provide financial assistance to clients	<input type="radio"/>							

7. In what capacity could your organization offer these assets to a potential community-wide effort around diet, physical activity, and healthy weight?

	Through our current programs/services	Outside our normal scope of work	BOTH through current programs/services and outside normal scope of work	Not Applicable
Direct Patient Care Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Education Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy/Advocacy Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capital/Financial Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For routine services that your organization currently provides, describe the age group and socioeconomic populations you serve:

A response is required for each item.

39. Age

	Yes	No
Infants and children (less than 13 years)	<input type="radio"/>	<input type="radio"/>
Adolescents (13 to 17 years)	<input type="radio"/>	<input type="radio"/>
Adults (18 to 64 years)	<input type="radio"/>	<input type="radio"/>
Seniors (65 years and older)	<input type="radio"/>	<input type="radio"/>

40. Sex

	Yes	No
Male	<input type="radio"/>	<input type="radio"/>
Female	<input type="radio"/>	<input type="radio"/>

41. Race/Ethnicity

	Yes	No
White, non-Hispanic	<input type="radio"/>	<input type="radio"/>
Asian/Pacific Islander	<input type="radio"/>	<input type="radio"/>
Black	<input type="radio"/>	<input type="radio"/>
Hispanic/Latino	<input type="radio"/>	<input type="radio"/>
Other (please specify)		
<input type="text"/>		

42. Other

	Yes	No
Uninsured	<input type="radio"/>	<input type="radio"/>
Underinsured	<input type="radio"/>	<input type="radio"/>
Medicaid and/or CHP+	<input type="radio"/>	<input type="radio"/>
Other low SES (please specify)		
<input type="text"/>		