

ORGANIZATIONAL PRE-ASSESSMENT



Let's Move! Are You Ready? A survey for community and faith organizations

Date:	
Agency/Organization:	
Interviewee:	
Contact Information:	

WINCART is actively working to increase physical activity among Pacific Islanders and Native Hawaiians in Southern California.

Part I: Agency Background

1. What services does your agency currently offer for healthy lifestyles? (Please check all that apply.)

Physical Activity Education	
Creating opportunities for group or one on one physical activity	
Healthy Eating Education	
Incorporating Health Eating Options	
Creating a policy to promote physical activity and healthy eating	
Putting up posters on physical activity and/or health eating	
Other (please specify)	

2. What population(s) or community(ies) does your agency serve?
3. What geographic area does your agency serve?
4. In what languages (other than English) does your agency provide services in?

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Part II: Agency Capacity

5. Does your agency currently use any evidence-based programs to address physical activity?

- Yes
 No

Please answer the following questions in the table about a physical activity program that you want to implement or about one that is already in place at your agency.

	How would you rate your organization's current level of preparation in each area?				
	No Plan				Well Prepared
Infrastructure Components					
7. Organizational Support (overall)	1	2	3	4	5
a. have an advocate/champion for the program at your site	1	2	3	4	5
b. have verbal support from your agency leaders	1	2	3	4	5
c. have adequate resources (volunteers, staff time, funding, supplies, etc.) committed for the program	1	2	3	4	5
d. have procedures or protocols in place to facilitate start continuation of the program	1	2	3	4	5
8. Staffing (overall)	1	2	3	4	5
a. identified particular staff/volunteers to work on program	1	2	3	4	5
b. staff have adequate time for program	1	2	3	4	5
c. trained staff to carry out follow-up/evaluation for program	1	2	3	4	5
9. Partnerships (overall)	1	2	3	4	5
a. formed a coalition, advisory committee, and/or partnership	1	2	3	4	5
e. held meetings or discussions	1	2	3	4	5
f. conducted community activities together	1	2	3	4	5
Program Components					
10. Community Needs Assessment (overall)	1	2	3	4	5
a. defined and identified a specific community	1	2	3	4	5
b. continually communicating with the community	1	2	3	4	5
g. shared needs assessment / research results with the community	1	2	3	4	5
11. Community Education (overall)	1	2	3	4	5
a. identified strategies/activities to reach the community	1	2	3	4	5
b. developed a plan of activities for reaching the community	1	2	3	4	5
c. established means of getting ongoing feedback on program	1	2	3	4	5
d. have mechanisms in place for sustaining the program	1	2	3	4	5
12. Community partnerships and Provider Networks	1	2	3	4	5
a. developed plan for educating community partners and providers on physical activity	1	2	3	4	5
b. have relevant support systems in place to facilitate physical	1	2	3	4	5

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activity recommendations(e.g., policies, posters, etc.)					
c. tracking the number of people participating in physical activity	1	2	3	4	5
d. tracking how many sustained physical activity levels once they started	1	2	3	4	5
e. ongoing communication between your agency and partners	1	2	3	4	5
13. Evaluation (overall)	1	2	3	4	5
a. identified specific questions you want your evaluation to answer	1	2	3	4	5
c. trained your staff to conduct the evaluation	1	2	3	4	5
f. shared evaluation findings with community	1	2	3	4	5
g. refined program based on evaluation	1	2	3	4	5

14. What do you see as the priority needs of your agency before adopting or improving an evidence-based program to address physical activity? (list the top 3)

15. What are the barriers that you believe your organization faces in meeting the physical activity needs of the community? (can be internal to your agency or external – in the community)

16. Other comments or areas you feel we should've addressed:

17. Are there any trainings you require to help your organization's current level of preparation? Please specify.

If you would prefer to mail or fax your completed Needs Assessment, please send to:
Zul Surani; WINCART CHE zsurani@usc.edu

ORGANIZATIONAL POST-ASSESSMENT



Let's Move! Organizational-Post Assessment **A survey for community and faith organizations**

Today's Date:	
Agency/Organization:	
Interviewee:	
Name and Contact Information for Agency Rep	
Name and Contact Information for Champion	
Name or role of person who completed this survey	

Thank you for implementing "Let's Move!" in your agency/organization to increase physical activity among Pacific Islanders and Native Hawaiians in Southern California.

Part 1: The Waves of Let's Move

1. Please check all that is now in place at your agency since you started the Let's Move campaign for healthy lifestyles? (Please check all that apply.)

Wave 1: Adopting an organizational policy that promotes physical activity via the Let's Move! program.		Comments:
Wave 2: Providing an environment that supports physical activity among members of your organization. This includes providing a space within the organization where members can meet regularly to do physical activity (WINCART Let's Move! DVD) and hanging posters that encourage members to be healthy and active in their daily lives.		
Wave 3: Implementing the physical activity intervention – the WINCART Let's Move! DVD (10 minutes) – on a regular basis.		Completed log of activities?
Wave 4: Have you identified Champion to lead and support regular physical activity in your organization?		
Other (please specify)		
Other (please specify)		
Other (please specify)		

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Part 2: RE-AIM

Question	Response	Comments
a) Reach		
How many Individuals participated regularly?		
Please define regular? (i.e. daily, weekly, monthly, etc)		
How many individuals in your organization would you like to see use Let's Move?		
Why do you think these individuals participated and others did not?		
How did you recruit people to participate?		
b) Effectiveness		
What % of participants filled out the survey that WINCART provided?		
c) Adoption		
Did you implement all 4 waves?		
If not, then why not?		
Did all staff promote? If not, why not?		
d) Implementation		
Did you implement Let's Move! regularly? If not, why not?		
Did you change the program in any way? Or even adapt it for your organization?		
Did it cost you anything to implement Lets Move?		
e) Maintenance		
Do you think your organization will continue offering Lets Move! for the next 3 months? 6 months? 12 months?	3 months: 6 months: 12 months:	
If not, why not?		
Will you continue any of the 4 waves? Why Or Why not?		
Do you think individuals in your organization will continue to use Lets Move! DVD? Why? Or Why not?		

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Do you think your organization will keep the posters up?		
Do you think your organization will continue to have a policy to support physical activity and implement Lets Move! regularly?		
Do you think your organization will continue to have a Champion for physical activity?		

Part 3: Capacity

- a. What do you see as priority needs of your agency after adopting the Let's Move program to address physical activity? (list the top 3)

- b. What are the barriers that you believe your organization faces in meeting the healthy lifestyles needs of your community? (can be internal to your agency or external – in the community)

- c. Are there any trainings you require to help your organization's current level of preparation? Please specify.

- e. Can we provide you with information, programs and opportunities for healthy lifestyles for your community?

- f. Other comments or areas you feel we should've addressed:

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