



Healthy Community Alliance Partner Survey

Section One - Partner Information

Thank you for joining the Healthy Community Alliance of Delaware and Blackford Counties. As a Partner organization you have the ability to influence employees, customers, students, constituents, parishioners and other audiences to make healthy lifestyle choices.

Please note- this is a long survey. We understand that your time is valuable, so we promise-this will be the only time we ever ask you to take such a lengthy and descriptive survey.

That said, **you do not have to take this survey all at one time** If you start the survey and wish to stop and come back later, make sure you click the 'next' button to save your work, then click the 'exit' button at the top right. Your current answers will be saved, and when you later click on the link to reopen the survey, it will take you to the page you exited from. If you had not totally completed the preceding page, simply click the 'previous' button and you'll go back to the page and be able to continue. (Note- for this function to work, you must be using the same computer and browser each time you open the survey.)

This survey is intended to help the Alliance learn what types of influences our Partners are already engaged in, the size and nature of the audiences within the reach of our Partners, and also generate a snapshot of Partner and community resources. The information collected from this survey will help Alliance Partners develop strategies and tactics as part of future Workgroup initiatives to improve the health of our community.

One last thing- you will be asked to provide information about customers, clients, and other audiences. Please use your best judgment when answering, and feel free to write a descriptor to explain further. For instance, when asked how many customers/clients/audience members are served each year, the answer for a hospital might be "19,000 inpatient visits annually". It could also be "7,600 unique patients served each year." Either answer is correct and helpful for the purpose of our survey.

OK, let's get started - please help us understand what your organization is all about!

1. Please enter your contact information.

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

2. Please describe your organization's primary purpose, mission and scope of operations.

3. How many persons does your organization employ, and where are the locations they primarily work?

4. Does your organization utilize volunteers, and if so approximately how many?

No, we do not utilize
volunteers

Yes, we utilize the
following number of
volunteers each year:

5. How many customers/clients/audience members do you serve annually?

6. How and where do your customers/clients/audiences primarily interact with your organization?

7. What is the approximate age range of your customers/clients/audiences? (An estimate is fine)

% Preschool ages 1-4

% Grades K-8

% Grades 9-12

% Ages 18-25

% Ages 26-55

% Ages 55 and up

Other description



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Section 2 - Spheres of influence

What is a Sphere of Influence? In our collective impact model, it's the ability of our partners to persuade others to make good decisions by about nutrition, physical activity and tobacco use. The questions in this section will help us understand in what ways you may already be influencing healthy behaviors among employees, customers, clients and other audiences.

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8. Do you offer workplace wellness initiatives for employees? (Initiatives like insurance discounts for non-smokers, health checkups, screenings, fitness gym, etc.)

Yes

No

9. If you answered Yes to question 8, please provide a brief list of wellness initiatives, approximate number of employees participating and a contact person who would be available for more detailed follow-up questions.

10. Does your organization encourage the use of stairs in your buildings as a means of increasing activity?

- Yes
- No
- Not applicable

11. Does your organization offer programs to employees, customers, clients or other audiences that engage them in regular physical activity? Examples could include sports leagues, walking/running groups, cycling groups, exercise groups, community challenges, gym memberships.

- Yes
- No

If Yes, please explain

12. Does your organization have areas mapped, indoors or outdoors, to encourage walking and physical activity?

- Yes
- No

13. If your organization provides food, snacks or beverages to employees or customers, do you have policies or procedures **related to the nutritional content** and **promotion of healthy food or beverage offerings?** (something as simple as a process where fresh fruit is located close to the cash register , or stating calorie content on food items would count as a procedure)

- Yes
- No
- If yes, please briefly describe

14. Does your organization offer programs to employees, customers, clients and other audiences that encourage consumption of healthy and affordable food?

- Yes
- No
- If Yes, please briefly explain

15. Does your organization have a tobacco use policy?

- Yes
- No

16. Does your organization offer tobacco cessation resources to employees, customers, or clients?

- Yes
- No



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Section 3 - Community and Partner Resources

What's already available in our community? Let's share what we have!

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17. Does your organization offer programs/activities to the **general public** that encompass one or more of the following: improved nutrition, increased physical activity or smoking cessation?

- Yes
- No
- If Yes, please briefly explain

18. What types of **resources, assets or expertise** does your organization have that would be of value to other Alliance partners wishing to develop programming for employees or customers around one of more of these areas: nutrition, physical activity and smoking cessation.

19. Does your organization have existing facilities that promote physical activity and are available to the public during certain times?

- Yes
- No
- If Yes, please briefly explain

20. Is there a path, park or trail near your organization that employees and other persons can utilize?

- Yes
- No

21. Are there specific **community** resources related to physical activity, nutrition or tobacco cessation that your organization's employees, customers, clients or other audiences are currently utilizing?

- Yes
- No
- Not sure
- If Yes, please briefly explain

22. What are some positive community resources you are aware of that already are in place that encourage healthy lifestyles?

23. Is your organization involved with, or are you aware of any plans to build, expand or enhance projects such as community gardens, farmers markets, safe walking paths, biking lanes, sidewalks, park spaces, bikeshare programs, etc. in our community?

Yes

No

If Yes, please explain



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Section 4 - Gaps and Wish List

Let's dream big! What are barriers, and what are possible solutions?

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24. What is keeping your organization from taking steps to encourage employees, customers, clients and other audiences to participate in programs and activities related to a healthy lifestyle? What gaps exist? What do you need to get started or expand what you are doing in this area?

25. What are some of the barriers that your employees and customers face when it comes to making healthy food and activity choices? If you could wish for something to eliminate those barriers, what would it be? Policies? Environmental changes? Programming?

26. If your organization has tried a health or wellness initiative, but it didn't work as expected, what was the reason? What would you do different the next time?

27. Other wish list comments:



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Section 5 - Community Importance

28. Please tell us why your organization is willing to participate in the Healthy Community Alliance:



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Thank you!

Thank you for taking to the time to complete this survey. Results will be shared at our first Healthy Community Alliance Partner Meeting later this fall, and used by our Workgroups to develop strategies and tactics to reduce the incidence of chronic disease in our communities.

PLEASE CLICK 'DONE' TO RECORD YOUR SURVEY ANSWERS. You will not be able to return to the survey once you click 'DONE.'