

# HEALTH MATTERS ASSESSMENTS



## EVALUATION PACKET

### Sustaining Your Health Promotion Program in Community

Version 1.0

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## Introduction

The Health Matters Assessments (HMA) can be completed by employees of community-based day and residential organizations providing services for people with intellectual and developmental disabilities (I/DD). The HMA packet will help you evaluate organizational **needs** and **capacity** for developing a health promotion plan including programs, services, environmental support, resources, culture, and employee knowledge and skills to do health promoting activities.

### How will HMA Help You?

Evaluating your health promotion program can be beneficial in many ways:

1. Understand, verify, or increase the impact of services and programs for people with I/DD and staff. These “outcome” evaluations are increasingly required by nonprofit funders to verify that their monies are helping their constituents. Service providers can understand what their clients and employees need, evaluate their organizational capacity, and generate reports on how the new services could be delivered.
2. Benchmark your organization’s capacity to promote health among your clients and employees. This will allow you to develop targeted strategic action plans for health promotion programming.
3. Improve delivery mechanisms to be more efficient and less costly. Without program evaluation, service delivery may end up being ineffective collection of activities that are less efficient and more costly than needed. Evaluations can identify program strengths and weaknesses to improve the program and adapt and adjust it to meet the needs of people with I/DD and your organization.
4. Verify that you're doing what you think you're doing. Typically plans about how to deliver programs and services, end up changing substantially as those plans are put into place. Evaluations can verify if the program is really running as originally planned.
5. Facilitate what management's really thinking about what their program is all about, including its goals, how it meets it goals and how it will know if it has met its goals or not.
6. Produce data or verify results that can be used to understand how your program helps participants, give feedback to participants and staff in the program, improve public relations, and promote your services in the community.
7. Generate valid comparisons between programs to decide which should be retained, e.g., in the face of pending budget cuts.
8. Fully examine and describe effective programs for replication elsewhere.

## Health Matters Assessment of Needs (HMAN)

### Health Promotion Programs and Services

#### Available Programs and Services for Clients and Employees

1. Does your organization offer employees any health promotion programs or services?
  - a. Yes
  - b. No
  
2. Indicate if the following health promotion programs or services are offered at your organization for staff and/or clients with intellectual and developmental disabilities (I/DD)?

		If services are available, are they offered to:	
		Clients with I/DD	Staff
a) Healthy eating/nutrition classes	Yes	Yes	Yes
	No	No	No
b) Individual nutrition or diet management counseling	Yes	Yes	Yes
	No	No	No
c) Fitness assessments	Yes	Yes	Yes
	No	No	No
d) Group exercise classes	Yes	Yes	Yes
	No	No	No
e) Health risk screening (e.g., cholesterol, blood pressure, blood sugar, bone density)	Yes	Yes	Yes
	No	No	No
f) Tobacco cessation classes	Yes	Yes	Yes
	No	No	No
g) Team-building classes	Yes	Yes	Yes
	No	No	No
h) Peer mentoring classes	Yes	Yes	Yes
	No	No	No
i) Leadership skills classes	Yes	Yes	Yes
	No	No	No

#### Promotional Messages

Please answer **YES** or **NO** to the following questions about promotional messages for healthy behaviors or health promotion programs. Does your organization...(circle yes or no)

a) provide <u>healthy eating</u> specific messages to staff or clients, such as posters, or brochures?	Yes	No
b) provide <u>physical activity or exercise messages</u> to staff or clients, such as posters, or brochures?	Yes	No
c) promote the availability of onsite health promotion programs through at least two modes of communication? (e.g., newsletters, bulletin boards)?	Yes	No

**Wellness Committee**

3. Does your organization have a wellness committee?  
 a. Yes  
 b. No

**Environmental Support for Health Promotion**

**Physical Environment for Physical Activity**

1. Does your organization assist with accessing facilities that enable staff and clients/residents to be physically active? Yes No

Are the following facilities (either at your organization or in the community) open to clients with I/DD and/or staff?		If these facilities are available, are they open to:	
		Clients with I/DD	Staff
1) locker room with showers	Yes No	Yes No	Yes No
2) indoor area set aside specifically for exercise and physical activity	Yes No	Yes No	Yes No
3) aerobic exercise equipment such as stationary cycles, or stairmasters	Yes No	Yes No	Yes No
4) strength training equipment	Yes No	Yes No	Yes No
5) outdoor facilities such as a jogging trail	Yes No	Yes No	Yes No

**Physical Environment for Healthy Food Choices**

2. Does your organization have a snack bar or food service for employees and/or clients/residents? Yes  
No

2a) If yes, does the snack bar or food service usually have (on a daily basis):

		If services available, are they offered to:	
		Clients with I/DD	Staff
1) "healthy" food alternatives?	Yes No	Yes No	Yes No
2) fresh fruits or vegetables?	Yes No	Yes No	Yes No
3) "healthy" beverage alternatives?	Yes No	Yes No	Yes No
4) labels (e.g., 'low-fat', 'light', 'heart healthy') to identify "healthy" food alternatives?	Yes No	Yes No	Yes No
5) label foods on the basis of nutritional value (e.g., calories, fat grams, percent of calories from fat)?	Yes No	Yes No	Yes No

3. Does your organization have vending machines for employees and/or clients/residents to access food or beverages

Yes  
No

3a) If yes, do the vending machines usually have:		If these items are in vending machines, are they available to:	
		Clients with I/DD	Staff
1) fruits (dried or fresh), low fat snacks, or other "healthy" food alternatives?	Yes No	Yes No	Yes No
2) "healthy" beverage alternatives?	Yes No	Yes No	Yes No
3) labels that identify "healthy" foods alternatives on or near the vending machines?	Yes No	Yes No	Yes No
4) labels that indicate nutritional value provided on or near the vending machines (e.g., fat grams, percent of calories from fat)?	Yes No	Yes No	Yes No

## Health Matters Assessment of Capacity (HMAC)

### Resources

#### Organizational Resources Supporting Health Promotion

1. Does your organization have resources to support your efforts in providing health promotion services (e.g., physical activity, eating more fruits and vegetables)?

Please circle how much you agree or disagree with the following statements...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1) I have enough cooking-related equipment to prepare healthy meals with clients .....	1	2	3	4	0
2) I have enough fitness-related supplies to do physical activities with clients.....	1	2	3	4	0
3) I have support from my manager to do health promotion activities .....	1	2	3	4	0
4) I have support from my coworkers to do health promotion activities .....	1	2	3	4	0
5) I have access to financial resources that support health promotion activities for clients (e.g., gym memberships, adequate money to buy healthy food) .....	1	2	3	4	0
6) I have access to community resources that support health promotion activities for clients (e.g., parks, gyms, and healthy food sources and stores).....	1	2	3	4	0
7) My workplace offers trainings on health promotion activities for people with I/DD .....	1	2	3	4	0
8) My workplace offers trainings on health promotion activities for staff.....	1	2	3	4	0

Please circle how much you agree or disagree with the following statements...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
9) My workplace offers health promotion activities that are available to people with I/DD .....	1	2	3	4	0
10) My workplace offers health promotion activities that are available to staff.....	1	2	3	4	0
11) My organization provides incentives for people with I/DD who participate in health promotion activities .....	1	2	3	4	0
12) My organization provides incentives for staff who participate in employee health promotion programs.....	1	2	3	4	0
13) My organization provides incentives for staff who support health promotion activities for people with I/DD .....	1	2	3	4	0
14) My organization has funding (monies) to do health promotion activities .....	1	2	3	4	0
15) My organization has adequate staffing to do health promotion activities .....	1	2	3	4	0

**Local Community Resources Supporting Health Promotion**

1. Does your organization have resources to support your efforts to provide health promotion services (e.g., physical activity, eating more fruits and vegetables)?

Please circle how much you agree or disagree with the following statements...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a) We actively use community resources (e.g., recreation centers, universities, churches) to support our health promotion programs.....	1	2	3	4	0
b) Community members (e.g., students, health professionals) volunteer at all levels of our organization to work in health promotion programs (e.g., run classes, board members) .....	1	2	3	4	0
c) We actively work with park districts and fitness centers in our community .....	1	2	3	4	0

2. Does your organization provide a list of nearby restaurants with healthy food choices in their menus? Yes  
No

3. Does your organization provide a list of community-based activities and their associated fees? Yes  
No

**Organizational Culture**

Does your organization support your efforts to provide health promotion services (e.g., physical activity, eating more fruits and vegetables) through its commitment, policies and structures?

**Organizational Commitment**

Please circle how much you agree or disagree with the following statements...	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
1) Health promotion is valued by everyone in our organization	1	2	3	4	0
2) Our policies and programs support health promotion	1	2	3	4	0
3) We have strategic priorities related to health promotion	1	2	3	4	0
4) We have partnerships with diverse organizations and communities supporting our health promotion programs (e.g., recreation centers, hospitals, universities)	1	2	3	4	0
5) Our leaders and managers support health promotion program	1	2	3	4	0
6) Our staff support health promotion program	1	2	3	4	0
7) Innovation and education in health promotion is strongly encouraged in our organization	1	2	3	4	0
8) Employees collaborate to achieve health promotion goals	1	2	3	4	0

**Policies and Incentives**

Please circle how much you agree or disagree with the following statements...	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
1. Our policies and programs support health promotion for people with I/DD.....	1	2	3	4	0
2. Our policies and programs support health promotion for staff.....	1	2	3	4	0
3. Our leaders and managers are supportive in providing health promotion to people with I/DD...	1	2	3	4	0
4. We have clear communication about health promotion activities throughout organization .....	1	2	3	4	0
5. Health promotion responsibilities are clearly stated in job descriptions .....	1	2	3	4	0
6. Health promotion responsibilities are addressed in job performance reviews.....	1	2	3	4	0
7. Health promotion activities are part of staff performance objectives.....	1	2	3	4	0



Please answer the following questions about policies at your organization. Does your organization have policies that...	None	Informal	Written/ Formal	Don't Know	Not Applicable
1) require healthy food preparation practices (steaming, low fat/salt substitutes, limited frying) in the homes of people with I/DD					
2) require healthy food options at worksite (snack bar, food service)					
3) healthy food options in the <u>vending machines</u> ?					
4) require healthy food options at <u>meetings and events</u> ?					
5) support staff physical activity (policies that allow workers additional time off from lunch to exercise, walk breaks)?					
6) provide health promotion programs during work time?					
7) provide discount memberships to off-site recreation or fitness facilities <u>for staff</u> ?					
8) reduce health insurance fees for staff who participate in healthy lifestyle activities?					
9) include health promotion in your organization's vision and mission statement?					

**Structures**

Please circle how much you agree or disagree with the following statements...	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
1. Health promotion is a shared responsibility in the agency	1	2	3	4	0
2. Designated person/department evaluates health promotion activities for <u>people with I/DD</u>	1	2	3	4	0
3. Designated person/department evaluates health promotion activities <u>for staff</u>	1	2	3	4	0
4. A handbook describing health promotion activities is available for people with I/DD	1	2	3	4	0
5. A handbook describing health promotion activities is available for staff	1	2	3	4	0

**Perceived Workload**

Please circle how much you agree with the following statements...	Not at All	Just a Little	Moderate Amount	Quite a Lot	A Great Deal
1. I do not have enough time to carry out my work	1	2	3	4	5
2. I cannot meet all the conflicting demands made on my time at work	1	2	3	4	5

Please circle how much you agree with the following statements...

	Not at All	Just a Little	Moderate Amount	Quite a Lot	A Great Deal
3. I never finish work feeling I have completed everything I should	1	2	3	4	5
4. I am asked to do work without adequate resources to complete it	1	2	3	4	5
5. I cannot follow best practice in the time available	1	2	3	4	5
6. I am required to do basic tasks which prevent me from completing more important ones	1	2	3	4	5

Caplan, R. D. (1971). Organizational stress and individual strain: A social psychological study of risk factors in coronary heart disease among administrators, engineers, and scientists. University of Michigan, Ann Arbor, Michigan.

### Employee Knowledge Related to Health Promotion

What is your capacity to provide health promotion to adults with I/DD?

Please circle how much you agree or disagree with the following statements...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1) I understand health risk factors related to persons with I/DD.....	1	2	3	4	0
2) I think that health promotion is important for people with I/DD.....	1	2	3	4	0
3) I use a variety of strategies to increase physical activity and healthy food choices for clients.....	1	2	3	4	0
4) I may use different health promotion strategies depending on the needs of individual clients.....	1	2	3	4	0
5) I consider personal preferences in <b>physical activities</b> for people with I/DD.....	1	2	3	4	0
6) I consider personal preferences in <b>healthy food choices</b> for people with I/DD.....	1	2	3	4	0
7) I believe that clients should participate in developing their personal health promotion goals.....	1	2	3	4	0
8) I know <b>where to find</b> resources to learn more about physical activities.....	1	2	3	4	0
9) I know <b>where to find</b> resources about nutrition	1	2	3	4	0
10) I know <b>how to use</b> resources about physical activities	1	2	3	4	0
11) I know <b>how to use</b> resources about nutrition	1	2	3	4	0

**Employee Skills and Attitudes Related to Health Promotion Activities**

**Do You Think You Can Do Health Promotion Activities?**

We would like to know how confident you are that you can do the following items.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Not at all Confident</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Totally Confident</td> </tr> </table>					Not at all Confident				Totally Confident
Not at all Confident				Totally Confident						
1) I am confident that I can <b>plan</b> a health promotion program (e.g., health education classes, exercise classes) for people with I/DD .....	1	2	3	4	5					
2) I am confident that I can <b>run</b> a health promotion program for people with I/DD .....	1	2	3	4	5					
3) I am confident that I can <b>evaluate</b> (e.g. improvements in health functions, behavior) a health promotion program for people with I/DD .....	1	2	3	4	5					
4) I am confident that I can <b>teach</b> people with I/DD how to do exercises to <b>increase their flexibility</b> .....	1	2	3	4	5					
5) I am confident that I can teach people with I/DD how to do exercises to <b>increase their strength and endurance</b> such as weight machines, free weights.....	1	2	3	4	5					
6) I am confident that I can <b>teach</b> people with I/DD how to do exercises to <b>increase their aerobic endurance</b> such as walking, swimming, or bicycling .....	1	2	3	4	5					
7) I am confident that I can <b>teach</b> people with I/DD how to make <b>healthy food choices</b> .....	1	2	3	4	5					
8) I am confident that I can teach people with I/DD how to <b>eat more fruits and vegetables</b> .....	1	2	3	4	5					
9) I am confident that I can <b>teach</b> people with I/DD how to choose healthy portion sizes .....	1	2	3	4	5					
10) I am confident that I can <b>advocate</b> for health promotion.....	1	2	3	4	5					

**What is Good about Exercising for People with I/DD?**

Please circle how much you agree or disagree that regular exercise would help people with I/DD to...	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1) Lose or control their weight.....	1	2	3	4	5
2) Give them more energy .....	1	2	3	4	5
3) Make their body feel good physically .....	1	2	3	4	5
4) Make them feel good emotionally.....	1	2	3	4	5
5) Decrease their joint pain and stiffness .....	1	2	3	4	5
6) Meet new people.....	1	2	3	4	5

Please circle how much you agree or disagree that regular exercise would help people with I/DD to...		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
7)	Get in shape .....	1	2	3	4	5
8)	Look better.....	1	2	3	4	5
9)	Improve their overall health .....	1	2	3	4	5
10)	Reduce their cholesterol level .....	1	2	3	4	5
11)	Reduce their blood pressure.....	1	2	3	4	5
12)	Improve their endurance .....	1	2	3	4	5

Heller, T., Hsieh, K., & Rimmer, J. H. (2004). Attitudinal and psychological outcomes of a fitness and health education program on adults with Down syndrome. *American Journal on Mental Retardation, 109*(2), 175-185.

**Do You Think that People with I/DD Can Exercise?**

We want to know how confident you are that people with I/DD can...	Not at all Confident					Totally Confident				
	1	2	3	4	5	1	2	3	4	5
1) Do exercises to increase their flexibility .....	1	2	3	4	5	1	2	3	4	5
2) Do exercises to increase their strength and endurance such as weight machines, free weights.....	1	2	3	4	5	1	2	3	4	5
3) Do exercises to increase their aerobic endurance such as walking, swimming, or bicycling .....	1	2	3	4	5	1	2	3	4	5

**What Barriers Keep Persons with I/DD from Exercising?**

We would like to know the barriers that keep people with I/DD from exercising. Please CIRCLE how much you agree or disagree that these barriers keep people with I/DD from exercising:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
	1) Costs too much money.....	1	2	3	4
2) Lack of transportation to an exercise program.....	1	2	3	4	5
3) He/she doesn't have enough time.....	1	2	3	4	5
4) Lack of interest.....	1	2	3	4	5
5) Lack of energy .....	1	2	3	4	5
6) Exercise is boring.....	1	2	3	4	5
7) Exercise will not improve their condition .....	1	2	3	4	5
8) Exercise will make their condition worse.....	1	2	3	4	5
9) Exercising is too difficult for them .....	1	2	3	4	5
10) They don't know <b>how</b> to exercise .....	1	2	3	4	5
11) They don't know <b>where</b> to exercise.....	1	2	3	4	5
12) Health concerns prevent them from exercising.....	1	2	3	4	5

We would like to know the barriers that keep people with I/DD from exercising. Please CIRCLE how much you agree or disagree that these barriers keep people with I/DD from exercising:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
13) They are too lazy to exercise.....	1	2	3	4	5
14) They don't have anyone to exercise with .....	1	2	3	4	5
15) The equipment is not made for someone with their disabilities .	1	2	3	4	5
16) They worry that people might make fun of them.....	1	2	3	4	5
17) No one shows them how to exercise .....	1	2	3	4	5
18) Fitness centers are not accessible (they can't get in and around the center).....	1	2	3	4	5

Heller, T., Hsieh, K., & Rimmer, J. H. (2004). Attitudinal and psychological outcomes of a fitness and health education program on adults with Down syndrome. *American Journal on Mental Retardation, 109*(2), 175-185.

**What's Good about Eating Fruits and Vegetables for People with I/DD?**

Please circle how much you agree or disagree that if people with I/DD eat fruits and vegetables every day it would...

	I Disagree Very Much	I Disagree a Little	I'm not Sure	I Agree a Little	I Agree Very Much
1) Help them lose or control weight .....	1	2	3	4	5
2) Give them more energy .....	1	2	3	4	5
3) Reduce constipation .....	1	2	3	4	5
4) Make them feel stronger .....	1	2	3	4	5
5) Improve their overall health .....	1	2	3	4	5
6) Improve their cholesterol level.....	1	2	3	4	5
7) Improve their blood pressure .....	1	2	3	4	5

**Do You Think that People with I/DD Can Make Healthy Food Choices?**

We would like to know how confident you are that people with I/DD can do the following every day...

	Not at all confident	1	2	3	4	Totally Confident
1) Eat more fruits and vegetables.....	1	2	3	4	5	
2) Eat at least 5-9 servings of fruits & vegetables each day .....	1	2	3	4	5	

	Not at all confident				Totally Confident
3) Make healthy food choices .....	1	2	3	4	5
4) Eat favorite fruit instead of usual dessert .....	1	2	3	4	5
5) Choose healthy portion sizes.....	1	2	3	4	5

**What Keeps People with I/DD from Eating Fruits and Vegetables?**

We would like to know what keeps people with I/DD from eating fruits and vegetables. Please CIRCLE how much you agree or disagree that the following barriers keep people with I/DD from eating fruits and vegetables:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1) Cost too much money.....	1	2	3	4	5
2) Take too much time to prepare .....	1	2	3	4	5
3) Will not improve their health.....	1	2	3	4	5
4) Will make their health worse.....	1	2	3	4	5
5) Are too difficult to chew and swallow .....	1	2	3	4	5
6) Are too hard to prepare .....	1	2	3	4	5
7) Are hard to buy because they don't know how	1	2	3	4	5
8) Are hard to prepare because they are too lazy.....	1	2	3	4	5
9) Are hard to prepare because there's no one to show them how to prepare them .....	1	2	3	4	5
10) Go bad too quickly .....	1	2	3	4	5
11) Are hard to buy because they don't know what is in season .....	1	2	3	4	5
12) Do not have as much nutritional value as canned fruit and vegetables .....	1	2	3	4	5
13) Do not taste as good as canned fruit and vegetables .....	1	2	3	4	5
14) Do not taste good to them.....	1	2	3	4	5
15) Will not be eaten by their family .....	1	2	3	4	5

## Demographics

**1. What is your current position?**

- c. Case Workers
- d. Dietary
- e. Direct Support Professional (DSP)
- f. Housekeeping
- g. Instructor
- h. Job Coach
- i. Management
- j. Nurse
- k. Office Support Staff
- l. QMRP
- m. Residential Teacher
- n. Security
- o. Social Workers
- p. Supervisor
- q. Therapist (OT, PT)
- r. Other \_\_\_\_\_

**2. Where do you work?**

- 1. Residential
- 2. Supported Living
- 3. Assisted Living
- 4. Day Activity
- 5. Supported Employment
- 6. Other \_\_\_\_\_

**3. How many clients does your organization serve annually?**

- a. Less than 100
- b. 100-500
- c. Greater than 500

**4. Does your agency provide residential services, day services, or both?**

- a) Residential services only
- b) Day services only
- c) Both residential services and day services

**5. What is your annual turnover rate?**

- a) < 25 %
- b) 25% – 50%
- c) 51% – 75%
- d) 75%
- e) Don't Know

**6. Your age: \_\_\_\_\_ years**

**7. What is your gender?**

- 1 Female
- 2 Male

**8. What is the highest grade of school that you completed?**

**(Please circle one response.)**

- 1 Less than 8<sup>th</sup> grade
- 2 8<sup>th</sup> grade graduate
- 3 Some high school (grades 9-12)
- 4 High school graduate
- 5 Some college
- 6 College graduate
- 7 Post-college or graduate school

**9. What race/ethnicity do you consider yourself? (Please circle only one response)**

- 1 American Indian or Alaskan Native
- 2 Asian or Pacific Islander
- 3 Black, not of Hispanic origin
- 4 Hispanic/Latino
- 5 White, not of Hispanic origin
- 6 Other (Please specify) \_\_\_\_\_

**10. Name of your organization?**

\_\_\_\_\_

**11. What state is your organization located? \_\_\_\_**

**12. How long have you worked in this organization?**

\_\_\_\_\_ Years \_\_\_\_\_ Months

**13. How long have you worked with people with I/DD?**

\_\_\_\_\_ Years \_\_\_\_\_ Month

Please refer to the following papers on psychometric testing of the measures from this packet unless noted otherwise.

Marks, B., Sisirak, J., Riley, B., & Donahue Chase, D. (October 27, 2008). Psychometric testing of health promotion capacity checklist for community-based organizations. American Public Health Association, 136th Annual Meeting & Exposition, San Diego, CA.

Marks, B., Sisirak, J., & Donahue Chase, D. (August 27, 2008). Pilot Testing of a Health Promotion Capacity Checklist for Community-Based Organizations. IASSID 13th World Congress, People with Intellectual Disabilities: Citizens of the World, Cape Town, South Africa.