

Capacity Self-Assessment Tool

Your Community Health Center: _____

Date of Assessment: _____

PURPOSE: This tool is for you to gauge the status of your communications and advocacy activities to promote community health centers (CHCs) in your community.

PART 1: COMMUNICATIONS

1. We would like to know about your experience with the following communication tools/opportunities and whether you would like assistance to develop more expertise with them:

Communication Tool	In the past year, check if you've used this communications tool at least once to promote CHCs?	What is the level of expertise/ skill for using this tool? (check one)
Testimony at public meetings	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Provide information to the general and/or ethnic media (e.g., newspaper, television, radio)	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Press Releases and/or Letters to Editor	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
News conferences	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
PSA and/or paid media campaigns	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Appearance on radio	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Appearance on TV (local cable or commercial)	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Fax alerts, list serve(s), and/or direct mailing/ postcard campaign	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Issue-oriented fact sheets, flyers, posters, and/or clinic brochures	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Newsletters (electronic or print)	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Video tapes/DVDs	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Web site updates	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Clinic tours	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Speaking or presentation at group event	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Participating in coalition or community meetings and/or one-to-one networking meetings	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very
Photo exhibits or art contests	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very

Communication Tool	In the past year, check if you've used this communications tool at least once to promote CHCs?	What is the level of expertise/ skill for using this tool? (check one)
Other:	<input type="checkbox"/>	<input type="checkbox"/> none <input type="checkbox"/> limited <input type="checkbox"/> some <input type="checkbox"/> very

2. Does your CHC have a *specific* message about health centers or primary care that you incorporate into your communications?

- no specific message
- yes, a specific message that we have agreed upon.

If so, what?

3. Do you have people in the community who act as spokespersons to promote your health center?

- no, no one in particular
- yes, but not specifically trained "on message"
- yes, they have been trained to be "on message"

If so, who?

4. Does your CHC do any of the following to help you shape your message about health centers? (check all that apply)

- conduct surveys (students, parents, community members, etc.)
- review existing data or research
- discussions with community about concerns and priorities
- other mechanisms for input (please describe)

How capable is your CHC at... (check one)	Not at all capable	Just a little capable	Somewhat capable	Very capable
5. crafting messages on health centers or primary care for different audiences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. addressing opposition from different audiences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. using data or research to promote health centers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would you like any technical assistance or training from CHCANYS in improving your expertise with communication tools?

- Yes
- No
- Unsure

Comment:

