

I. Conduct a Community Assessment

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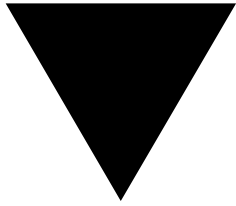
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Defining
Community



Your community and your target group are different. The target audience includes only the recipients of an intervention; the community is broader and includes the target audience and others who influence and interact with it.

Introduction to “Community”

The term “community-based” is often used as a modifier for a range of different kinds of services and organizations. For the purposes of *Moving to the Future: Developing Community-Based Nutrition Services* and this companion book, “community-based” is used to describe programs or services that are developed through a five-step process that includes: conducting a community assessment; determining priorities, goals, and objectives; developing a plan; implementing the intervention; and monitoring and evaluating the intervention.

It is important to note that “community-based” does not necessarily refer to initiatives that occur “at the local level” or “where people live.” Therefore, the development of a community-based service can happen in any organization or at any level of government, though each may define “community” differently. For example, using our definition, even the federal government develops community-based nutrition services. Its community is the nation. Using surveys, federal agencies collect data on the health and nutrition status of Americans. They also collect data on perceived needs and determine what programs are offered by other federal and state agencies and national organizations. *Healthy People 2000 and 2010*, are the health goals and objectives outlined by the federal government based on its community assessment. The federal government’s intervention is to provide funds and technical assistance to national, state, and local organizations to help them achieve the goals and objectives it has outlined. Finally, the federal government has many monitoring and evaluation systems in place and is constantly collecting data to measure progress and provide baseline data for setting new goals and objectives in the future.

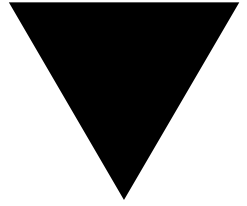
As noted on page 11 of *Moving to the Future*, many characteristics help define “community,” including the nature of the organization developing the intervention. The following two tools are designed to help you work through the crucial process of defining the community. The first, “Community Definition Chart,” is an exercise to help broaden the definition of community. The second, “Community Definition,” is a worksheet that helps you define the community with which you will be working. These activities are very short and are an excellent way to begin the process of developing a community-based nutrition service.

Community Definition Chart

This worksheet is intended to help you think about the difference between a target audience and a community and to broaden your view of community. As mentioned earlier, the target audience includes only those who receive the nutrition service; the community includes the target audience as well as those who influence or interact with it. Five types of nutrition professionals are listed in the row across the top of the chart. In the column down the left side, 31 groups of people who could be included in the nutritionists' community are listed (the list does not include every potential member of a community).

In each blank box, place a ✓ if you agree that the group is served by the nutritionist. If you are defining community broadly, you will end up with multiple checks in the rows and columns.

Defining the Community



This exercise is intended to stimulate your thinking. It does not list all possible community groups.

GROUPS	Type of Nutrition Professional				
	Community Nutritionist	Hospital Dietitian	MCH Nutritionist	WIC Nutritionist	Private Consultant Dietitian
adolescents					
EFNEP/food stamp clients					
population from surrounding towns that uses hospital's resources					
grocery store owners					
nursing homes					
all local health and human service agencies					
pregnant women					
church groups					
employees of the local health agency or community health center					
anemic children under 5 years of age who are ≤ 185 % of poverty					
schools					

Defining the Community	Community Definition Chart (cont'd)				
GROUPS	Type of Nutrition Professional				
	Community Nutritionist	Hospital Dietitian	MCH Nutritionist	WIC Nutritionist	Private Consultant Dietitian
pharmaceutical and formula companies					
local food banks					
obese adults					
HMO members					
individuals with cardiovascular disease					
all ADA members in the state					
Boys and Girls Clubs					
La Leche League					
4-H clubs in area					
the elderly					
children with special health needs					
members of private voluntary associations (Am. Heart Assoc., Am. Cancer Soc., etc.)					
extension agents					
day care centers					
Medicaid agency and recipients					
local university					
restaurants					
local radio stations					
department stores					
insurance companies					
homeless shelters					
farmer's markets					

Community Definition

Reflecting on the previous exercise, "Community Definition Chart," answer the following questions. Remember, defining your community is an ongoing process. As you gain experience working with your community, revisit these questions periodically and update your responses.

- a) Who is your target audience/population? (This may be dictated by a funding source or organizational policy, or it may be determined after the assessment.)

- b) In what geographic area is your target audience contained? (A state, county, city, or neighborhood?)

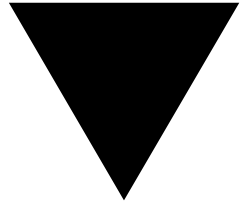
- c) What major social institutions exist in this area? (Education, health, recreation, business, religious, media, civic organizations, government, etc.)

- d) What are the patterns of social interaction in this area? (Clubs, networks, etc.)

- e) Who are the opinion leaders in this area? (Individuals, organizations, community groups, key decision-makers, power structures.)

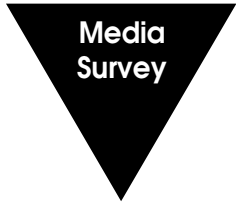
Summarize the responses to the questions above into 1-2 sentences that define your community. Remember, your community includes the target audience and those who influence and interact with it. This information will be included in the "community definition" portion of the section entitled "The Nutrition Plan."

Defining
the Community



Adapted, in part,
from the *Minnesota
Community Health
Promotion Kit*, 1991.

**Identifying
Perceived Needs**



Note: The size and scope of a media survey may vary according to available resources.

Conduct a Media Survey

One method of gathering information on perceived needs is to study mass media coverage of food and nutrition issues over a selected period of time. Information about media coverage of food and nutrition issues can be obtained by:

- reviewing periodicals at your local library;
- contacting librarians at local newspapers, radio stations, and television stations;
- contacting librarians at national newspapers, radio stations, television networks, and magazines or visiting their web sites;
- reviewing publications produced by non-profit advocacy organizations; and
- contacting or surveying local and national organizations that may track media coverage of these issues.

Identify media to be studied

Television

- Public Service Announcements (PSAs)
- Paid Ads
- News Stories
- Public Affairs Programs
- Talk Shows
- News Magazine Programs
- Special Programs
- Community Calendars
- Community Opinion Programs
- Management Editorials

Radio

- PSAs
- Paid Ads
- News Stories
- Public Affairs Program
- Talk Shows
- Packaged Series
- Community Calendar
- Management Editorials

Newspaper

- Paid Ads
- News Stories
- Editorials
- Letters to the Editor
- Feature Columns

Newsletters

- Stories
- Paid Ads
- Columns

Print materials

- Books
- Fliers
- Posters
- Brochures/Booklets

Community Events

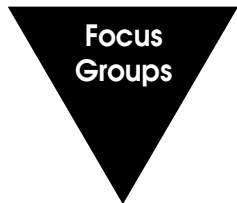
- Health Events
- Charitable/Fundraising Events
- Civic Events
- Community Organization Meetings
- School Events

Ads or Announcements posted in Public Places or on Public Services

- Public Transportation
- Billboards
- Park Benches
- Other _____
- _____
- _____
- _____

Use the media chart on the next page to track your findings.

**Identifying
Perceived Needs**



Focus Groups

Conducting focus group research in the community to obtain structured responses to questions about health and nutrition concerns and demands for nutrition services is another excellent way to gather information on perceived needs.

The following is a list of resources for conducting focus groups:

- 1) Community colleges, state colleges, and universities usually have resources on focus group and market research, and they have faculty with experience and expertise.
- 2) Public relations firms will also have resources and staff with expertise on focus group research.
- 3) Betts, N.M., Baranowski, T., and Hoerr, S.L. (1996). Recommendations for Planning and Reporting Focus Group Research. *Journal of Nutrition Education* 28: 279-281.
- 4) Krueger, R.A. (1994). *Focus Groups: A Practical Guide for Applied Research*. Thousand Oaks, CA: Sage Publications.
- 5) Morgan, D.L. (Ed.). (1993). *Successful Focus Groups*. Newbury Park, CA: Sage Publications.
- 6) National Cancer Institute. (1989). *Making Health Communications Programs Work, A Planners Guide*. NIH Publication No. 89-1493. Bethesda, MD: U.S. Department of Health and Human Services.

Community Opinion Survey Tips

The purpose of the community opinion survey is to find out what the community perceives to be its main health and nutrition problems and needs. The sample survey on the next two pages can help you gather information on nutrition-related and other health problems from the community's perspective. You may want to include additional questions, but only ask questions that will give you the information you need.

Who to survey

Include people who are listed in the categories on the bottom of page 12. Everyone in the community should fit into one of these categories.

How many to survey

Generally, it is not possible to survey everyone in your community. Instead, try to ensure that your survey sample is representative of the whole community.

Survey a representative sample of your community

Randomly select a specific number of people to survey from each category. For example, under the "Agencies" category you might list all the agencies in your community on slips of paper and put them into a hat. If your pre-determined number from each category is five, you would select five agencies from the hat and survey these agencies. Follow the same procedure for the remaining five categories.

Outline the strategy

Ideally, this survey is conducted person-to-person (i.e., over the phone or in person). If you mail the survey, you may have to adapt some of the questions in the sample survey. Determine how you will conduct this survey. Factors such as budget and time may affect this decision.

- By telephone
- By mail
- By visiting public places
- A combination of the above

Record information on respondents

Use page 12 to record a description of the respondent. If you need to analyze the data you gather based on each of the demographic factors listed, attach the "Description of the Respondent" form to each survey. Otherwise, keep respondent descriptions separate from the survey and gather the information only to ensure a representative sampling of your community.

Chart your results

Summarize and chart your results on the "Opinion Survey Results" (pages 13 and 14). If your survey generates very few responses that are related to nutrition, it is not necessary to complete the chart on page 14. However, this may indicate a lack of general awareness about nutrition-related disease in your community and you may want to consider launching an education campaign aimed at elevating such awareness.

Identifying
Perceived Needs

Opinion
Survey

Identifying
Perceived Needs



Community Opinion Survey

Respondent's Name _____ Phone No. _____

1) What do you think are the main health problems in our community?

2) Which one of these problems do you consider to be the most important one in our community?

3) In your opinion, what nutrition-related factors contribute to the high rate of _____ in our community?

(from question #2)

4) What do you think should be done to address this problem?

5) What barriers, if any, do you see to implementing a project to prevent this problem in our community? (If none, go to question #7)

6) How would you suggest overcoming these barriers?

Community Opinion Survey (cont'd)

7) What role could you play to help us implement this project in our community? (Do not read out the choices below. Use them as suggestions and as a guide for recording responses.)

- Serve on a coalition
- Serve on a task force or committee
- Public endorsement/testimonial
- Appoint a person to work on the project
- Donate resources (i.e., meeting space, advertising, personnel, funds, etc.)

8) Could you suggest other organizations/groups in our community that could be involved with this project?

9) Who in our community needs to be involved with this project to make it successful?

10) Are there any other suggestions or ideas that you can give me as we prepare to get this project started?

Thank you for your time and support. May I get in touch with you again to let you know how the project is progressing and to discuss how you can best help ensure it's success?

- Yes
- No

**Identifying
Perceived Needs**

**Opinion
Survey**

Adapted from the *Minnesota Community Health Promotion Kit, 1991*, and the Florence Heart to Heart Program, South Carolina Cardiovascular Disease Prevention Project.

**Identifying
Perceived Needs**



Community Opinion Survey (cont'd)

Description of the Respondent

Respondent's name: _____ Date: _____

Gather the following information on each respondent. This data can be used to ensure that you have surveyed a representative sample of your community. The data can also be used to analyze survey results, if necessary.

- A) **Gender:** Female Male

- B) **Race:** White Black Hispanic
 American Indian or Alaska Native
 Asian or Pacific Islander Other

- C) **Age:** <18 18-24 25-44 45-64 65+

- D) **How long has respondent been a member of the community?**
 <3 years 3-9 years 10+ years

- E) **Geographical area:** urban rural suburban

Respondent's Neighborhood: _____

- F) **Affiliation that resulted in respondent being selected. Choose only one.**
 - At-Large Community Member**
(Men, Women, Elderly, Teens, Physically Impaired, etc.)
 - Community Leader**
(Aldermen, Clergy, Organization Leaders, Newspaper Editors, etc.)
 - Agencies**
(Extension, Aging, Food Stamps, Meals on Wheels, United Way, Red Cross, Food Pantries, etc.)
 - School**
(Teachers, Administrators, School Bd. Members, Food Svc. Personnel, etc.)
 - Health Professional**
(Dietitians, Nutritionists, Physicians, Dentists, Nurses, Psychologists, Social Workers, Health Educators, etc.)
 - Market**
(Supermarkets, Food Stores, Cafeterias, Restaurants, Street Vendors, Farmers' Markets, etc.)
 - Other**

Adapted, in part from the *Minnesota Community Health Promotion Kit*, 1991.

Opinion Survey Results

Identifying Perceived Needs



Total number of people interviewed: _____

Dates collected: _____

List the most important health problems identified in your survey (from question #2) and rank them in order of most frequent responses.

Most Important Health Problems	# of times Identified	Total # of Responses	Percentage	Rank
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

List the top five health problems identified above in the left column and the nutrition-related factors contributing to each problem in the right column (from question #3 in the survey).

Health Problem	Nutrition-Related Factors
1.	
2.	
3.	
4.	
5.	

**Identifying
Perceived Needs**

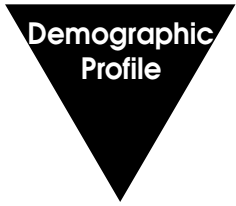


Opinion Survey Results (cont'd)

In the left column of this worksheet, list all of the health problems identified on the previous page. Then, complete this table using the data gathered from questions 4-10 of the "Community Opinion Survey." Abbreviate responses to just a few words.

Health Problems	Suggestions for addressing this problem	Potential barriers	Suggestions for overcoming barriers	Who should be involved?

Assessing Health & Nutrition Status



Gathering Data on the Community's Demographic Profile

The data we ask you to collect on the next few pages is a scaled-down listing of demographic data generally collected by health agencies. We strongly suggest that you spend most of your time looking for data that is already compiled and analyzed from a health perspective. If such data is not available to you, these worksheets should be helpful.

This table and the tables on pages 24 and 25 tell you where to find the data requested in the worksheets.

Type of data available	Category of data	Original source of data and where to find the data*
Economic Status	Unemployment rate	U.S. and special census data (your local library will have the "Current Population Reports" which are updates of the most recent census data) [Local contact: Chamber of Commerce; See endnote]
	Per capita income	U.S. and special census data [Local contact: See endnote]
	Median and mean income per household: this data is categorized in many ways including: —with no children under 18 years old —married couple —family householder —no husband present with children under 6 years old	U.S. and special census data [Local contact: See endnote]
Marital Status	Marital status	U.S. and special census data [Local contact: See endnote]
Education	Number of persons enrolled in schools	School district [Local contact: Chamber of Commerce; See endnote]
	Educational attainment (% of adults who completed): —elementary school —plus 3 years of high school —high school —technical school —college	U.S. and special census data and vital statistics [Local contact: See endnote]

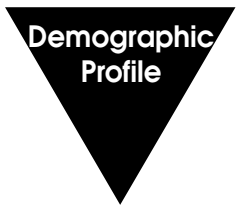
Gathering Data on the Community's Demographic Profile (cont'd)

Type of data available	Category of data	Original source of data and where to find the data*
Age and Gender	Age, sex, ethnicity, distribution of population	U.S. and special census data [Local contact: See endnote]
Race/Ethnic Distribution	Age, sex, ethnicity, distribution of population	U.S. and special census data [Local contact: See endnote]
Socioeconomic Factors	Percent of population at or below poverty level by type of household and 65 years or older	U.S. and special census data [Local contact: See endnote]
	Number of Food Stamp recipients	Department of social services [Local contact: local department of social/human services; See endnote]
	Number of persons in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program and percent of eligible served by WIC	WIC Program [Local contact: local WIC program; See endnote]
	Number of Medicaid recipients	Medicaid data [Local contact: local department of social/human services; See endnote]
	Estimated number of homeless persons	[Local contact: Home health agencies, local social/human services, United Way agencies, or other advocacy groups]
	Households on Temporary Assistance for Needy Families (TANF)	[Local contact: local department of social/human services; See endnote]
	Households on Supplemental Security Income (SSI) (elderly, blind, disabled)	[Local contact: local social security office; See endnote]
	Estimated number of Undocumented Immigrants and Immigrants admitted	U.S. and special census data [Local contact: endnote]

Endnote: Generally, this data has been collected and is available from a local health agency, a state health agency, or a local planning/development office.

U.S. Census data is also available through the U.S. Census Bureau's website: <http://www.census.gov>.

Assessing Health & Nutrition Status



Demographic profile data provides an important tool for interpreting and analyzing other health and nutrition data. This type of data can help identify populations that may be at risk for nutrition-related health problems.

Demographic Profile

Community Description

Source and Date of Data: _____

Community Name: _____

Community type: Urban Rural Suburban Other

Geographic size or description: _____

Total population: _____

Total number of households: _____ Average household size: _____

Economic Status

Source and Date of Data: _____

Unemployment Rate: Community _____ State _____

Per Capita Income: Community _____ State _____

Annual household income (Amount)	Community		State	
	No.	%	No.	%
<\$15,000:				
\$15,000-\$24,999:				
\$25,000-\$49,999:				
>\$50,000:				

Analysis of Data: Economic status, particularly low income or poverty, can indicate risk of poor nutritional status or hunger. Compare community economic data to state economic data to determine if your community is at greater risk of poor nutritional status than the state as a whole.

Adapted from
PATCH: Guide for
the Local Coordinator,
1993.

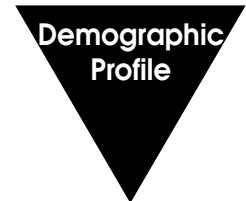
Marital Status

Source and Date of Data: _____

Marital Status	Community						State					
	Total		Female		Male		Total		Female		Male	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Single:												
Married:												
Separated:												
Widowed:												
Divorced:												

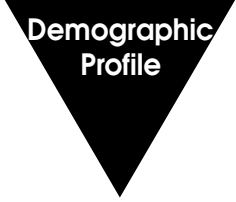
Analysis of Data: Marital status data can be used as an indicator of nutritional risk, especially when used with other data like age and education. For example, a high percentage of single, adolescent mothers with no high school diploma puts the mothers and infants at nutritional risk, due to their limited ability to obtain food. Marital status also affects utilization of health services, food purchasing practices, disease outcomes, etc.

Assessing Health & Nutrition Status



Adapted from
PATCH: Guide for the Local Coordinator,
1993.

Assessing Health & Nutrition Status



Education

Source and Date of Data: _____

Number of persons currently enrolled:

Elementary school _____

High school _____

Technical school _____

College _____

Educational achievement % of adults who completed:	Community		State	
	No.	%	No.	%
Elementary school				
Plus 3 years of high school				
High school				
Technical school				
College				
Some				
Bachelor's/Associate's Degree				
>5 years				

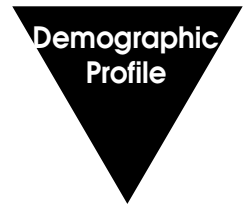
Analysis of Data: Educational attainment has been associated with rates and outcomes of some chronic diseases and utilization of health care services. Compare the distributions of education level in the community with the state distribution. Is the community at higher or lower risk of poor nutritional status due to low educational levels? This data is also helpful in determining reading and comprehension level of educational materials or community wide campaigns, etc.

Adapted from
*PATCH: Guide for
the Local Coordinator,*
1993.

Age and Gender

Source and Date of Data: _____

Assessing Health & Nutrition Status



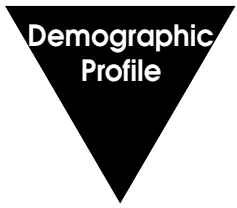
Age Group (in years)	Community					
	Total		Female		Male	
	No.	%	No.	%	No.	%
<5						
5-17						
18-24						
25-44						
45-64						
65-74						
75 & older						

Age Group (in years)	State					
	Total		Female		Male	
	No.	%	No.	%	No.	%
<5						
5-17						
18-24						
25-44						
45-64						
65-74						
75 & older						

Analysis of Data: Different age groups require different nutrition services. Compare the distributions of age and gender in the community with their different distributions in the state and describe below how the community population is different than that of the state.

Adapted from
APEXPH, 1991.

Assessing Health & Nutrition Status



Race/Ethnic Distribution

Source and Date of Data: _____

Population Subgroup	Community		State	
	No.	%	No.	%

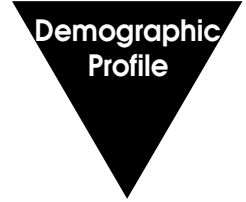
Analysis of Data: Some racial and ethnic groups have higher rates of certain diseases than other groups. For example, Native Americans are at increased risk of diabetes; hypertension appears to be more prevalent in black populations. Compare the distribution of your community population among the different racial and ethnic groups with how the state population is distributed. Does the community have an unusually large percentage of a particular racial or ethnic group that is at an increased risk for nutrition-related diseases? Describe below how the community distribution is different from that of the state.

Adapted from
APEXPH, 1991.

Socioeconomic Factors

Source and Date of Data: _____

Assessing Health & Nutrition Status



Socioeconomic Measure	Community		State	
	No.	%	No.	%
Population below poverty level				
Female-headed households living on incomes below the poverty level				
Elderly (over 65) living on incomes below the poverty level				
Food Stamp recipients				
WIC Program participants				
WIC Program participants as a percentage of all those who are eligible				
Medicaid recipients				
Homeless persons				
Temporary Assistance for Needy Families (TANF) participants				
Households on Supplemental Security Income (SSI) (elderly, blind, disabled)				
Legal immigrants				
Undocumented immigrants (estimate)				
Other				

Analysis of Data: The community's socioeconomic profile can indicate several special nutrition service needs. For example, an area with a high concentration of homeless persons indicates risk of malnutrition and poor access to food. Likewise, a community with a high percentage of elderly living in poverty may need more or better access to elderly nutrition programs. Compare the community and state for each of the socioeconomic measures above. Describe below how the community's profile differs from the state's, especially where the community data indicates a need to target nutrition services.

Adapted from
APEXPH, 1991.

Assessing Health
& Nutrition Status

 Health
Status

Gathering Data on the Community's Health Status

The following reflects the type of data most health agencies collect. Again, we strongly suggest that you spend most of your time looking for data that is already compiled and analyzed from a health perspective.

Category of data	Type of data available	Original source of data and where to find the data
Leading Causes of Mortality	Leading causes of death	Vital statistics reports: county death records [Local contact: See endnote]
Years of Potential Life Lost (YPLL)	Infant mortality	Vital statistics reports: county infant death records [Local contact: KIDS COUNT state office; See endnote]
	Death rate specific by age, disease, race, and sex	Vital statistics reports: county death records [YPLL = # of deaths x (65 - the average of the age group)] [Local contact: See endnote]
Most Prevalent Diseases	Prevalence by age, sex, and ethnic distribution of diseases such as heart disease, cancer, etc.	County health department record [Local contact: See endnote]
Leading Causes of Hospitalization	Rate of inpatients discharged from short-stay hospitals (diagnosis)	Hospital Admissions & Discharge Survey [Local contact: local hospitals, state public health agency, or Centers for Disease Control and Prevention, National Center for Health Statistics]

Endnote: This data is most likely available from a local health agency, state health agency, or state health statistics agency.

Health and nutrition data is also available through the following federal government web sites:

National Center for Health Statistics: <http://www.cdc.gov/nchswww/nchsome.htm>

National Cancer Institute: <http://www.wic.nci.nih.gov/>

Centers for Disease Control and Prevention: <http://www.cdc.gov/>

U.S. Department of Health and Human Services: <http://www.os.dhhs.gov/>

Maternal & Child Health Bureau: <http://www.os.dhhs.gov/hrsa/mchb/>

U.S. Department of Agriculture: <http://www.usda.gov>

Some state governments also have state-specific health data available on their web sites. Locate your state agency through the ASTHO website: <http://www.astho.org>.

Health Status

Community: _____

Name: _____

Source and Date of Data: _____

In addition to identifying leading health status indicators in each category, also note the major disparities between a subpopulation (e.g. low-income families, ethnic groups, etc.) and the total.

Age	Identify the leading 5 causes of mortality		Collect/Calculate YPLL for each cause of mortality*		Identify the 5 most prevalent diseases		Identify the 5 leading causes of hospitalization	
	Community	State	Community	State	Community	State	Community	State
< 5 years	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.
5-17 years	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.
18-24 years	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.

Age	Identify the leading 5 causes of mortality		Collect/Calculate YPLL for each cause of mortality*		Identify the 5 most prevalent diseases		Identify the 5 leading causes of hospitalization	
	Community	State	Community	State	Community	State	Community	State
25-44 years	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.
45-64 years	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.
65 plus	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.

***See the health data table on page 24 to calculate YPLL.**

Adapted, in part, from APEXPH, 1991 and PATCH: *Guide for the Local Coordinator*, 1993.

Assessing Health
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Gathering Data on the Community's Nutritional Status

For additional information on the nutrition data sets available at the national level, see pages 122-125 of *Moving to the Future: Developing Community-Based Nutrition Services*.

By now, you may have determined what age group will be the focus of your nutrition intervention. You may, therefore, collect and assess only that nutrition status data.

Category of data	Type of data available	Original source of data and where to find the data*
Preconceptional Women and Preconceptional Adolescents	Pre-pregnancy BMI < 19.8 (at risk of inadequate weight gain)	National Health and Nutrition Examination Survey (NHANES), local data from health clinics [Local contact: local or state health agency]
	Pre-pregnancy BMI > 29 (at risk of excessive weight gain)	NHANES, local data from health clinics [Local contact: local or state health agency]
	Dietary adequacy: Ca intake	NHANES, local data from health clinics [Local contact: local or state health agency]
	Dietary adequacy: Fe intake	NHANES, local data from health clinics [Local contact: local or state health agency, local WIC program]
	Dietary adequacy: folate intake	NHANES, local data from health clinics [Local contact: local or state health agency, local WIC program]
	Substance abuse	[Local contact: local or state health agency, local WIC program]
Pregnant Women and Pregnant Adolescents	Pregnancies, live births, percentage of mothers under 19 years	County birth records, local women's health program, WIC: Pregnancy Nutrition Surveillance System (PNSS) [Local contact: local or state public health agency, local WIC program]
	Interconceptional period <16 months	Data from local health clinics [Local contact: local health clinics]

Category of data	Type of data available	Original source of data and where to find the data*
	Inadequate and excessive weight gain	WIC: PNSS [Local contact: local or state health agency, local WIC program]
	Low hemoglobin or hematocrit	WIC: PNSS [Local contact: local or state health agency, local WIC program]
	Low nutrient intake (Ca, Fe, folate, etc.)	NHANES, WIC program data, local survey [Local contact: local or state health agency, local WIC program]
	Births complicated by diabetes	Vital Statistics [Local contact: state public health agency]
	Using cigarettes, alcohol, and/or illicit drugs	WIC: PNSS [Local contact: local or state public health agency, local WIC program]
	Enter prenatal care after first trimester	Vital Statistics, WIC: PNSS [Local contact: local or state public health agency]
Infants (0-1 year) and Preschool Children (1-4 years)	Low birth weight (LBW)	County birth records [Local contact: local or state public health agency]
	Very low birth weight (VLBW)	County birth records [Local contact: local or state public health agency]
	Premature birth	County birth records [Local contact: local or state public health agency]
	Low weight-for-height	WIC and Pediatric Nutrition Surveillance System (PedNSS) data [Local contact: local or state health agency, local WIC program]
	Low height-for-age	WIC and PedNSS data [Local contact: local or state health agency, local WIC program]
	High weight-for-height (obesity)	WIC and PedNSS data [Local contact: local or state health agency, local WIC program]

Category of data	Type of data available	Original source of data and where to find the data*
	Low hemoglobin or hematocrit levels	WIC and PedNSS data [Local contact: local or state health agency, local WIC program]
	Low nutrient intake	WIC program data, data from local health clinics [Local contact: local or state health agency, local WIC program]
	Breastfeeding at hospital discharge	WIC and PedNSS data, National Survey of Family Growth [Local contact: local or state health agency, local WIC program]
	Breastfeeding at infant age 3 months	WIC and PedNSS data, National Survey of Family Growth [Local contact: local or state health agency, local WIC program]
	AIDS	AIDS Surveillance (if collected by state) [Local contact: local or state health agency]
	Infant Mortality Rate	County infant death records [Local contact: local public health agency]
	Dental Caries	Data from local dental offices and clinics [Local contact: local dental offices/clinics]
School-Age Children (5-11 years) and Adolescents (12-19 years)	High weight for height	NHANES, data from local health clinics [Local contact: local or state health agency]
	Low weight for height	NHANES, data from local health clinics [Local contact: local or state health agency]
	High blood cholesterol	Data from local health clinics [Local contact: local or state health agency]
	Low hemoglobin or hematocrit levels	NHANES, data from local health clinics [Local contact: local or state health agency]
	Fruit and vegetable daily intake	Continuing Survey of Food Intake by Individuals (CSFII) [Local contact: state health agency]
	High percentage of calories from fat	NHANES, CSFII [Local contact: state health agency]

Category of data	Type of data available	Original source of data and where to find the data*
	Dietary fiber intake	NHANES, data from local health clinics [Local contact: state health agency]
	Calcium intake	CSFII, National Food Consumption Survey, data from local health clinics [Local contact: state health agency]
	Poor dieting practices (high school students who dieted, exercised, or dieted and exercised to lose weight or keep from gaining weight)	Youth Risk Behavior Survey (YRBS) [Local contact: local or state public health agency]
	Anorexia nervosa and/or bulimia	Data from local health clinics [Local contact: local health clinics]
	Physical activity levels	Behavior Risk Factor Surveillance System (BRFSS) [Local contact: state public health agency]
	Nutrition education	Data from local schools and Cooperative Extension; Nutrition, Education, and Training (NET) Program data [Local contact: schools, state education agency, state public health agency]
	Dental caries	Local dental offices and clinics [Local contact: local dental offices/clinics]
Adults and Older Adults	Obesity, Cardiovascular Disease, Hypertension, Cancer, Stroke, Diabetes, and Iron Deficiency Anemia	NHANES; American Heart Association (AHA); American Diabetes Association (ADA) [Local contact: state health agency, local affiliate of AHA or ADA]
	AIDS	AIDS Surveillance (if collected by state) [Local contact: local or state health agency]
	Low nutrient intake	Data from local health clinics [Local contact: local health clinics]
	High percentage of calories as fat	NHANES [Local contact: state health agency]

Category of data	Type of data available	Original source of data and where to find the data*
	Fruit and vegetable intake	CSFII, 5 A Day for Better Health Program, Behavior Risk Factor Surveillance System (BRFSS) [Local contact: state public health agency]
	Physical activity levels (physical activity among people 20 years of age and older)	BRFSS [Local contact: state public health agency]
	Nutrition knowledge	Health and Diet Survey [Local contact: state public health agency]
	Dental health	Local dental offices and clinics [Local contact: local dental offices/clinics]
Cost data	Estimated costs of disease and estimated cost savings with nutrition intervention	<u>Unrealized Prevention Opportunities: Reducing the Health and Economic Burden of Chronic Disease.</u> (1997). Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). Nutrition literature [Local contact: state dietetic association, CDC]

* Not all nutrition data is collected at the state or local level, some is available only at a national level. (Data from the Pregnancy Nutrition Surveillance System, Pediatric Nutrition Surveillance System, WIC program, Youth Risk Behavior Survey, and Behavioral Risk Factor Surveillance System are collected by many state health agencies. Contact the nutrition director in your state health agency for more information and assistance.) You can estimate local nutrition status data based on the tremendous amount of national data available. The publication, Third Report on Nutrition Monitoring in the United States is an excellent source for all national data. Federal government websites with nutrition data are listed on page 24.

Nutrition Status

Preconceptional Women and Preconceptional Adolescents (ages 13-45 years)

Date and Source of Data: _____

Data on many of the nutrition risk factors is broken down into smaller categories. For example pre-pregnancy BMI is broken down into age categories, by different income levels, by race/ethnicity, etc.

Nutrition-Related Health Concerns	Community		State	
	No.	%	No.	%
Pre-pregnancy BMI < 19.8 (at risk of inadequate weight gain)				
Pre-pregnancy BMI > 29 (at risk of excessive weight gain)				
Dietary adequacy: Ca intake				
Dietary adequacy: Fe intake				
Dietary adequacy: folate intake				
Substance abuse				

Analysis of Data: Nutritional status before conception is important to the health of the fetus, the mother throughout pregnancy, and the infant during the first year of life. Body Mass Index (BMI) data will be useful in determining if your community is at risk for inadequate or excessive weight gain. For example, if the percentage of women (13-45 years of age) with low BMI in your community is high, particularly compared to the rest of the state, appropriate weight gain during pregnancy will be an important message. Adequate food and nutrient intake, particularly folate, calcium, and iron, is essential to a healthy pregnancy. Substance abuse will increase the risk of poor pregnancy outcomes and may intensify poor nutritional status. Analyze your data below.

Assessing Health & Nutrition Status



If you have completed all the preceding steps, a focus for your intervention may already be forming. It is still important to collect nutrition data to assess this focus or emerging need.

Assessing Health & Nutrition Status



Pregnant Women and Pregnant Adolescents

Date and Source of Data: _____

Data on many of the nutrition risk factors is broken down into smaller categories. For example percent of pregnant women with low hemoglobin levels is available by income levels, by race/ethnicity, etc.

Nutrition-Related Health Concerns	Community		State	
	No.	%	No.	%
Pregnancies				
Live births				
Mothers under 19 years of age				
Interconceptional period < 16 months				
Inadequate weight gain				
Excessive weight gain				
Low hemoglobin or hematocrit levels				
Low nutrient intake				
Births complicated by diabetes				
Using cigarettes, alcohol, and/or illicit drugs				
Entering prenatal care after first trimester or not at all				

Analysis of Data: A healthy diet during pregnancy is essential to the health and survival of the infant, especially in the first year of life. Appropriate food intake is also important to the mother for her health during the pregnancy, during breastfeeding, and later in life. Pregnant adolescents are at nutritional risk because they have nutrient needs for their own growth in addition to the needs of the fetus. Women with less than 16 months between pregnancies are at nutritional risk as their nutrient stores have not been replenished since the previous pregnancy. This can put

them and the fetus at risk for nutrient inadequacies. Adequate weight gain during pregnancy is important. Inadequate weight gain is associated with giving birth to a growth-retarded infant which increases the risk of infant mortality. Excessive weight gain during pregnancy can increase the risk of a high birth weight infant which is associated with some obstetric complications. Iron deficiency anemia may be associated with an increased risk of premature birth, low birth weight, and perinatal mortality. Women with diabetes have increased pregnancy complications and their babies are more likely to be premature and to have congenital defects, excessively high birth weight and other health problems. Smoking, alcohol consumption and use of illicit drugs are associated with poor pregnancy outcomes and may intensify poor nutritional status. Inadequate prenatal care (entering care after the first trimester) can increase the rate of low birth weight babies. Analyze and describe the data for your community below.

Assessing Health & Nutrition Status



Assessing Health & Nutrition Status



Infants (0-1 year) and Preschool Children (1-4 years)

Date and Source of Data: _____

Data on many of the following nutrition risk factors is broken down into smaller categories. For example low birth weight is available by anemia status of mother, by different income levels, by use of cigarettes, etc.

Nutrition-Related Health Concerns	Community		State	
	No.	%	No.	%
Low birth weight (LBW)				
Very low birth weight (VLBW)				
Premature birth				
Low weight-for-height				
Low height-for-age				
High weight-for-height (obesity)				
Low hemoglobin or hematocrit levels				
Low nutrient intake				
Breastfeeding at hospital discharge				
Breastfeeding at infant age 3 months				
Auto Immune Deficiency Syndrome (AIDS)				
Infant Mortality Rate				
Dental caries				

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Analysis of Data: The nutritional status of infants and children has an impact on their health through childhood, adolescence, and adulthood. LBW and preterm babies are at greater risk of infant death and/or may have developmental problems that may have specific nutrition concerns, and VLBW babies are at greatest risk of death and disability. Abnormal growth and development of infants and children can indicate nutritional risk. Underweight infants and children may be at greater risk of infection. Stunting can be an indication of severe undernutrition. The greatest concern of overweight or obesity is that it may persist into adulthood and increase the risk of chronic diseases as an adult. Chronic iron deficiency anemia during childhood may negatively affect growth and development, and during infancy, anemia places children at risk of long-lasting developmental disadvantage. Adequate food and nutrient intake are essential for optimal growth and development physically and mentally. Breastfeeding is the optimal food for infants. It benefits the mother, and is associated with reduced infant mortality and morbidity. Pay particular attention to the discrepancy of breastfeeding rates among race/ethnicity and income levels. HIV-infected infants and children with AIDS are at risk for severe malnutrition. The infant mortality rate is a reflection of health and nutritional care. Poor dental health at this age can be an indication of baby-bottle tooth decay.

Assessing Health & Nutrition Status



School-Age Children (5-11 years) and Adolescents (12-19 years)

Date and Source of Data: _____

Data on many of the nutrition risk factors is broken down into smaller categories. For example rates of obesity is broken down into age categories, by different income levels, by race/ethnicity, etc.

Nutrition-Related Health Concerns	Community		State	
	No.	%	No.	%
High weight for height/obesity				
Low weight for height				
High blood cholesterol				
Low hemoglobin or hematocrit levels				
Fruit and vegetable daily intake				
High percentage of calories from fat				
Dietary fiber intake				
Calcium intake				
Poor dieting practices				
Anorexia nervosa and/or bulimia				
Physical activity levels				
Lack of nutrition education				
Dental caries				

Assessing Health & Nutrition Status



Adults and Older Adults

Date and Source of Data: _____

Data on many of the nutrition risk factors is broken down into smaller categories. For example rates of hypertension is available by low, moderate, or high levels of physical activity, by age, etc.

Nutrition-Related Health Concerns	Community		State	
	No.	%	No.	%
Obesity				
Cardiovascular Disease				
Hypertension				
Cancer				
Stroke				
Diabetes				
Iron Deficiency Anemia				
AIDS				
Low nutrient intake				
High percentage of calories as fat				
Fruit and vegetable intake				
Physical activity levels				
Lack of nutrition knowledge				
Dental Health				

Analysis of Data: The greatest amount of nutrition-related disease is found among this age group. Many of the nutrition risk factors for adults are interrelated. For example, a diet low in fruits and vegetables increases the risk of developing certain cancers, and the presence of cancer and its treatment increases the risk of malnutrition with undernutrition. So, think carefully about your analysis of the data. Overweight and obesity increase the risk of chronic diseases (heart disease, hypertension, stroke, diabetes). Hypertension increases the risk of stroke. Hypercholesterolemia increases the risk of developing cardiovascular disease (heart disease and stroke). Diabetes is a risk factor for additional compromising disease states and it requires specific diet modifications. AIDS patients are at risk for severe malnutrition. Specific dietary concerns can increase or decrease nutritional risk and have been described under previous sections. And, poor nutrition knowledge and poor dental health can prevent consumption of a healthy diet.

Assessing Health & Nutrition Status



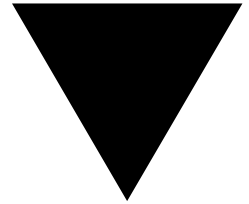
The preceding "Nutrition Status" worksheets were adapted, in part from *Monitoring the Nutrition of Your Community: A "How-To" Manual*, 1992.

Community Resources Survey Tips

The following tools can be used to conduct a community-wide survey to identify food and nutrition programs and services available to your community. This information will help you assess gaps in services and plan appropriate interventions. To conduct an assessment of available community food and nutrition resources follow these steps.

- ▶ Prepare a mailing list of local programs and agency contacts that you want to receive the survey. (Another option is to do face-to-face interviews or phone interviews to obtain the information you need.) See pages 44-46 for a sample list of potential contacts.
- ▶ Prepare a cover letter to accompany the survey. Ask people to complete the survey with as much information as they can, giving them the option of skipping a question. Include an explanation for why the survey is being conducted and how the information will be used. It is important that the information presented in the cover letter be non-threatening to other agencies/organizations (e.g. the data will only be used to identify gaps and prevent duplication of services, the data will not be used against anyone providing services).
- ▶ Record results of this survey on pages 51-53.
- ▶ Organize a meeting to share a summary of the results received from the community-wide survey. This may be a good time to begin forming a coalition to focus on nutrition concerns in your community.

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Checklist

Community Resources Checklist

Survey the available food and nutrition services in your community.

Program	Contact	Telephone number	Survey Sent	Survey Received
Food Services				
Child and Adult Care Food Programs (CACFP)				
Child Care Centers				
Commodities				
Congregate Meals				
Convenience Stores				
Farmer’s Markets				
Food Banks				
Food Stamps				
Home-Delivered Meals				
Homeless Shelters				
Neighborhood Food Stores				
Restaurants				
Child Nutrition Programs (School Breakfast & Lunch and Summer Feeding Program)				
Soup Kitchens				
Supermarkets (large or chain)				
Other				
Other				
Health Care				
Community Health Centers				

Program	Contact	Telephone number	Survey Sent	Survey Received
Health Planning Committee				
Hospices				
Hospitals				
Home Health Agencies				
Intermediate Care/ Rehabilitation Facilities				
Managed Care Organizations				
Medicare Program				
Nursing Homes				
Private Medical Clinics				
Public Health Department				
Weight Management Programs				
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)				
Other				
Other				
Educational Programs or Settings				
Athletic clubs: private, corporate, YWCA, YMCA, etc.				
Elementary schools				
Extension/EFNEP				
Head Start				
Middle and High schools				
Nutrition, Education, and Training Program (NET)				
Universities, community colleges				
Worksites				
Other				

I- Conduct a Community Assessment

Program	Contact	Telephone number	Survey Sent	Survey Received
Mass Media				
Newspaper(s)				
Radio station(s)				
Television station(s)				
Other				
Other				
Professional and Volunteer Non-Profit Organizations				
American Diabetes Association (local affiliate)				
American Dietetic Association (local affiliate)				
American Cancer Society (local affiliate)				
American Heart Association (local affiliate)				
American Medical Association (local affiliate)				
American Nursing Association (local affiliate)				
American Red Cross (local affiliate)				
March of Dimes (local affiliate)				
Local nutrition coalition				
Society of Nutrition Education (local affiliate)				
Society of Public Health Educators (local affiliate)				
United Way (local affiliate)				
Other				
Other				

Community Resources Survey

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Survey

Please spend 20 minutes completing this survey. We hope you can answer all the questions on this survey. Any information you can provide us about the food and/or nutrition service(s) you offer will help us to determine where the service gaps and duplication of services occur in our community. Thank you in advance for your participation.

Program/Organization: _____

Name of contact person: _____

Address: _____

Phone: _____ Fax: _____

E-mail address: _____

Populations served: _____

(general population, clinic patients, elderly, customers, pregnant women, underserved, etc.)

Services

Place a check in the appropriate column that describes the service(s) you provide to the population(s) listed in the left hand column. In the last column on the right, record the profession of the person responsible for the service(s), e.g. dietitian, nurse, health educator, etc.

Population	Nutrition counseling	Nutrition education	Food assistance	Nutrition promotion/awareness	Nutrition policy	Other	Profession of person(s) responsible
Whole population							
Women							
Men							
Pregnant women							
Adolescents							
Pregnant adolescents							
Breastfeeding Mothers							
Infants							
Preschool children							
School-age children							

Population	Nutrition counseling	Nutrition education	Food assistance	Nutrition promotion/ awareness	Nutrition policy	Other	Profession of person(s) responsible
Young adults							
Older adults							
Low income							
Minorities							
Populations with certain disease(s)							
Customers/ members/ clients							
Other							
Other							

Educational Materials

Do you have materials (pamphlets, videos, newsletters, etc.) available with your service(s)?

- Yes No

If yes, are they available to other community providers?

- Yes No

Funding

Check the box next to the funding source(s) your organization/agency uses to cover costs:

- federal government dollars
- state government dollars
- local government dollars
- private/corporation dollars
- health insurance dollars
- foundation dollars
- other

Do you charge a fee for your service(s)?

- Yes No

If yes, do you think the fee prevents anyone from using your service/program?

- Yes No

Community Linkages/Coordination

Do you work/partner with other organization(s) to provide your food and/or nutrition services?

- Yes No

If yes, please list:

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Do/did you recruit members from your target audience to participate in the design of your service(s)?

- Yes No

If yes, please describe what type of input and what manner it was received:

Data Collection/Program Evaluation

Do you collect any data related to your service or program?

- Yes No

If yes, what type of data do you collect on your program/service and/or your participants? (e.g. improved health status, numbers served, pre-post tests, cost-effectiveness, socioeconomic status, etc.)

Is this information available to other community programs or available to community residents?

- Yes No

Do you assess program effectiveness?

- Yes No

If yes, how?

Based on information available to you, how effectively is your program/service meeting community needs?

- very well Why?
- well Why?
- poorly Why?

What policies, standard practices, or other "environmental" factors reduce the positive nutrition and health effect of your services? (Here, environmental is used as an adjective describing the conditions and influences surrounding the population that negatively affect the outcome of the nutrition services you provide, or that contribute to mixed messages about nutrition and health.) Examples include:

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Survey

selling candy bars as a fund raising activity for the school band (this activity creates an environment that encourages high consumption of “once in a while foods”); inadequate funding for a program (this situation can reduce effectiveness because the whole population cannot be reached or appropriate materials are not available, etc.); lack of access to healthy food in the worksite cafeteria (again, this creates an environment that discourages healthy eating and an employee has to overcome many barriers to adopt healthy eating habits); and convenience and low cost of fast food (this reality in many of our environments is a tremendous barrier to encouraging moderation of the traditionally high-fat, low-nutrient meals offered at these establishments).

Do you plan to offer these services/programs next year?

- Yes No

Additional Comments:

Community Resources Results

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Results

Total number of organizations/agencies that responded: _____

Dates collected: _____

Complete this table tallying the responses to the questions from the "Community Resources Survey." Abbreviate where necessary.

Population	Nutrition counseling	Nutrition education	Food assistance	Nutrition promotion/ awareness	Nutrition policy	Other
Whole population						
Women						
Men						
Pregnant women						
Adolescents						
Pregnant adolescents						
Breastfeeding Mothers						
Infants						
Preschool children						
School-age children						
Young adults						
Older adults						
Low income						
Minorities						
Populations with certain disease(s)						
Customers/ members/ clients						
Other						
Other						

Questions	Number of "no"	Number of "yes"	Comments, observations, important notes
<p>Educational Materials</p> <p>Are there materials available with services?</p>			
<p>Are these materials available to others?</p>			
<p>Personnel and Funding</p> <p>Summarize the professions providing nutrition services:</p>			
<p>Summarize the major sources of funding for services:</p>			
<p>Do other programs charge a fee for service?</p>			
<p>Is the fee a barrier?</p>			
<p>Community Linkages/ Coordination</p> <p>Do they partner with other organizations?</p>			
<p>Summarize the typical partners:</p>			
<p>Do members of target audience participate in the design of services?</p>			
<p>Summarize the type of input these members provide:</p>			

Questions	Number of "no"	Number of "yes"	Comments, observations, important notes
Data Collection/Program Evaluation Do other community services collect data?			
Summarize the types collected:			
Do they make available their evaluation data?			
Do they assess program effectiveness?			
Summarize how program effectiveness is done by the other community services:			
Are the programs self-rated very well?			
Are the programs self-rated well?			
Are the programs self-rated poor?			
Are there environmental factors that reduce effectiveness of services?			
What are they?			
Do they plan to continue services next year?			
Summarize additional comments:			

