### 1.1 Community Assessment

## INSTRUCTIONS FOR THE COMMUNITY ASSESSMENT WORKSHEET

The Community Assessment Worksheet suggests key food security related indicators to assess your community. The tool is a framework that can be easily customized, adding or deleting indicators depending on the community's focus and available information. Ideally, use data that is recent and accurately represents your community. However, do not let data issues deter progress. Do the best you can with the information you have and move on. Later, you can consider if improved assessment or surveillance data would be an important place to invest resources for your community.

## Explanation of each Row and Column

Column A Indicators (Suggested Reference Data) - This column lists food security related indicators (e.g., percent of food insecure households below poverty, adult diabetes prevalence, prevalence of iron deficiency in children, etc.). The indicators are grouped by category (e.g., socioeconomic status, food security and access, undernutrition, etc.). After each indicator, there is a number in parentheses referencing a suggested source of data, which can be found under "suggested sources of data."

The order of the list is not important. Not all indicators may be relevant for your community. For those that aren't relevant or for which there is no data, leave the cells blank. You also may add rows with indicators that are locally relevant. The referenced data list is just a suggested starting place; other sources may be used as well.

Column B Data - Enter in the numerical data value for the indicator. If there is no data available, leave the cell blank.

Column C Ranking (if available) - This information would generally be found in the same source as the data, and might look something like "21st highest out of 51 states."

Column D Trends (if available) - This information can help describe how an indicator tracks over time (e.g., whether a problem is stable, increasing or decreasing in the community).

Column E Date of Data - Document the date/ year for reported data. See the notes concerning older data under "other things to consider."

Column F Geographic Level of Data - Document the geographic level for which data are reported (e.g., county, state, region or country).

Column G Data Source - Document the data source.
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Further Details

It is not uncommon to have outdated statistics, data that are not specific to the local area (e.g., there is state or district data but not specific city or neighborhood data) or data that are missing for a particular population you'd like to know more about (e.g., children, the elderly or the underserved). In these cases, you can:

- Use the collective knowledge of the advisory panel to describe the local situation for that indicator or subgroup.
-Consult your health department or other organizations that handle data to see if more local or recent information is available.
- Reach out to your local tax-exempt hospitals - the Patient Protection and Affordable Care Act requires them to complete a Community Health Needs Assessment every three years.
-Work with local partners, such as a health department or college or university, to collect new data, if the advisory panel feels that it is essential to have that information before moving forward.

The most recent and locally-representative data should be prioritized. If necessary, the advisory panel may use data that are representative of a higher geographic level (e.g., county, state, region or country) or data collected more than five years ago. Data for a large geographic area and collected more than five years ago should be interpreted cautiously, because food and nutrition security can vary widely at a local level and may change quickly in cases of economic shifts, policy changes and natural or man-made disasters. If significant gaps in locally-available data are identified, consider collaborating with local or state public health departments or universities to establish a nutrition assessment surveillance system as an important potential initiative for the area.

Most of the publicly-available data sources suggested in this guide do not provide locally-representative data. As a result, it may be useful to consult with local and regional public health departments, clinics, hospitals, and school districts and offices of education to determine if additional local-level data may be available. Consider examining data for subpopulations of interest to identify disparities and gaps in food security and health outcomes, if representative data are available.

Consideration of disparities may help identify additional appropriate programs for the community. Subpopulations to consider include:
-Age and gender groups at particular nutritional risk (e.g., pregnant and breastfeeding women, infants and young children, adolescents and the elderly);
-Subpopulations that are socioeconomically disadvantaged or historically marginalized;

- Indigenous groups; and
-Groups with specific medical and developmental conditions.

Observing changes and trends in the data over time can help advisory panel members understand whether a problem is stable, increasing or decreasing in the community. This helps the advisory panel decide if a problem is already adequately addressed or if it is increasingly unchecked.

Additional resources can be found at www.eatrightFoundation.org/FSSToolkit.
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| INDICATORS <br> (Suggested data source referenced below) | RATA <br> (Value) | RANKING <br> (If available) | TRENDS <br> (If available) | DATE OF <br> DATA | GEOGRAPHIC LEVEL <br> OF DATA |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Socioeconomic status | DATA SOURCE |  |  |  |  |

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| INDICATORS <br> (Suggested data source referenced below) | DATA <br> (Value) | RANKING <br> (If available) | TRENDS (If available) | DATE OF DATA | GEOGRAPHIC LEVEL OF DATA | DATA SOURCE |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Obesity |  |  |  |  |  |  |
| Adult obesity prevalence (6) |  |  |  |  |  |  |
| Adult diabetes prevalence (6) |  |  |  |  |  |  |
| Childhood obesity prevalence (preschoolers) (6) |  |  |  |  |  |  |
| Childhood obesity prevalence (adolescents) (6) |  |  |  |  |  |  |
| Undernutrition |  |  |  |  |  |  |
| Prevalence of low birthweight (7) |  |  |  |  |  |  |
| Diet quality and micronutrient deficiency |  |  |  |  |  |  |
| \% of adults consuming fruit less than one time per day (8) |  |  |  |  |  |  |
| \% of adults consuming vegetables less than one time per day (8) |  |  |  |  |  |  |
| \% of high schoolers consuming five servings of fruits and vegetables per day (9) |  |  |  |  |  |  |
| \% of high schoolers eating breakfast daily (9) |  |  |  |  |  |  |
| \% of middle schoolers eating breakfast daily (9) |  |  |  |  |  |  |
| \% of infants who are exclusively breastfed in the first 6 months (10) |  |  |  |  |  |  |
| Prevalence of iron deficiency in women of reproductive age, 1249 years (11) |  |  |  |  |  |  |
| Prevalence of iron deficiency in children 1-5 years (11) |  |  |  |  |  |  |
| Prevalence of vitamin D deficiency in individuals >= 1 year (11) |  |  |  |  |  |  |

## SUGGESTED SOURCES OF DATA

(1) Feeding America, Map the Meal Gap at http://map.feedingamerica.org
(2) FRAC, State of the States at http://www.frac.org/research/resource-library/state-of-the-states
(3) USDA, Food Security Supplement to the Current Population Survey at https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/
(4) National Foundation to End Senior Hunger, State of Senior Hunger in America at http://nfesh.org/research/
(5) USDA, Food Environment Atlas at https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/
(6) RWJF, The State of Obesity at http://www.rwjf.org/en/library/research/2014/09/the-state-of-obesity.html
(7) CDC, FastStats at https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01_tables.pdf\#tab09
(8) CDC, BRFSS at https://www.cdc.gov/brfss/brfssprevalence/index.html
(9) CDC, YRBSS at https://nccd.cdc.gov/youthonline/App/Default.aspx
(10) CDC, Breastfeeding Report Card at https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf
(11) NHANES, Second National Report on Biochemical Indicators of Diet and Nutrition in the U.S. Population at https://www.cdc.gov/nutritionreport/pdf/nutrition_book_complete508_final.pdf
(12) AARP, Food Insecurity Among Older Adults at http://www.aarp.org/content/dam/aarp/aarp_foundation/2015-PDFs/AF-Food-Insecurity-2015Update-Final-Report.pdf

### 1.2 Program Inventory

## INSTRUCTIONS FOR THE PROGRAM INVENTORY WORKSHEET

Programs that are already in place to address food insecurity are vital community assets. The Program Inventory Worksheet documents what is known about each existing program's participation, accessibility and outcomes. It also organizes this information by category (e.g., congregate feeding programs, emergency food assistance programs, etc.). Keep in mind that, depending on the scope of the project, identifying current programs for every category may not be necessary. Modify this tool as needed.

## Explanation of each Row and Column

Column A Program Category - This column lists categories of food security programs (e.g., household supplemental food assistance, school policies, congregate meal programs, etc.). The purpose of the categories is to have comprehensive documentation of the programs that currently exist for addressing hunger in your community. Not all program categories may be relevant; for those that aren't relevant or for which there is no program, leave the cells blank. You may also add rows with program categories that are locally relevant or they can be added if there is more than one program to consider in a category.

Column B Currently Exists? - Answer yes or no to this question: Does this program already exist in some form in the community?

Column C Participation is Adequate? - Answer yes or no to this question: Is participation in the program adequate? Agree upon a broad definition of "adequate participation" before scoring any of the suggested solutions to minimize bias.

Column D Reach/Accessibility are Adequate? - Answer yes or no to this question: Is the reach and geographic accessibility of this program adequate? Agree upon a broad definition of "adequate reach/accessibility" before scoring any of the suggested solutions to minimize bias.

Column E Documented Outcomes? - Answer yes or no to this question: Does the program have documented outcomes of its success or effectiveness in your community?

Column F Sustained Existence? (\# of years) - Enter a number for how many years the program has been running in your community.

Column G This column is blank and merely serves to help with formatting.

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### 1.2 Program Inventory

Column H Locally Appropriate Program Options to Consider - If possible, if the program does not currently exist in the community, note a locally appropriate way to implement the program; if it does currently exist in the community, note strategies to modify or expand it. The notes do not need to be detailed at that this point; they merely serve as a reference for step 2 , suggesting food security solutions.

Column I Global, National and Local Organizations Working in this Area - Make note of any global, national or local organizations that are involved with the program. The notes do not need to be detailed at that this point; they merely serve as an important source of ideas for new programs or strategies to modify or expand existing interventions.

## Further Details

Once the Community Assessment Worksheet and Program Inventory Worksheet have been completed, pause to use the expertise of the advisory panel to review and provide feedback. Your panel should come to a consensus that the information gathered accurately reflects the current local food security situation.

If you need additional assistance completing a community assessment or identifying food and nutrition programs in your community, consider reaching out to a registered dietitian nutritionist (RDN) or public health nutritionist at local health departments, school districts or clinics/hospitals. Use the "Find an Expert" tool to locate an RDN: https://www.eatright.org/find-an-expert.

Additional resources can be found at www.eatrightFoundation.org/FSSToolkit.

### 1.2 Program Inventory



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1.3 Gap Analysis

## INSTRUCTIONS FOR THE GAP ANALYSIS WORKSHEET

A gap analysis highlights discrepancies between the current reality and the desired state. List the unmet needs, or gaps, in the Gap Analysis Worksheet. This can be done by comparing the areas of need and areas of strength identified in the Community Assessment with the programs catalogued in the Program Inventory Worksheet. This tool also can be modified as needed for the local situation.

## Explanation of each Row and Column

Column A Identified Gap (Current State vs. Desired State) - List an unmet need, or gap. One way to identify gaps is to compare the areas of need and areas of strength identified in the Community Assessment with the programs catalogued in the Program Inventory Worksheet.

Column B Brief Description - On what basis did the advisory panel identify this gap? Document, if possible, any source data, advisory panel discussion or logic for identifying this gap.

## Further Details

You may identify several unmet needs; do not attempt to address them all simultaneously. Hone in on the key areas (e.g., a particular part of town, age group or high-risk population). If the community has, or is developing, a strategic plan, focus areas may already be identified. When completing this step, remember to set clear goals and a firm timeline to keep from becoming overwhelmed.

Additional resources can be found at www.eatrightFoundation.org/FSSToolkit.

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### 1.3 Gap Analysis

IDENTIFIED GAP

