Programs, Services, Policies and Environment Survey

By conducting this survey you will learn about the nutrition and physical activity services available to your community. This survey includes questions about traditional nutrition and physical activity programs, and it asks questions about the built environment and organizational policies that affect healthy eating and physical activity. With these worksheets you can identify other organizations that are delivering nutrition and physical activity services, characterize the quality of other services, and identify human, financial, and logistical resources and community strengths.

How to conduct a Programs, Services, Policies, and Environment Survey

1. Decide who will be involved in administering the programs, services, policies and environment survey including the lead contact for this work.

2. Develop a survey. See the “Programs, Services, Policies, and Environment Sample Survey” on page 2 for guidance. The questions are not numbered on the sample survey, but you would want to number the questions.

3. Decide on a distribution plan that includes what agencies will be surveyed and how you will administer the survey. See the Potential Community Agencies column in the “Community Resources and Environment Log” tool to help generate the list of agencies to survey. To administer the survey you could mail the survey to agency contacts or conduct face-to-face interviews or phone interviews to obtain the information you need.

4. If mailing the survey, prepare a cover letter to accompany the survey. Explain:
   - why the survey is being conducted (to identify the resources available to the community, the gaps in services, and to reduce duplication of services);
   - who will see the individual survey results; and
   - how results will be prepared and distributed.

5. Record relevant findings in the “Community Resources and Environment Log” tool.

6. Prepare a summary and distribute to those who responded to the survey. You may want to create a file (MSWord or Excel) where you record the responses to this survey.

Tip

- Start small. Build a database with this information over time. Your goal could be to survey all local agencies over the course of five years.
The coalition is conducting a comprehensive community assessment focused on nutrition and physical activity. We have already collected community health data and community opinion information. In this phase of the assessment we are collecting information about food, nutrition, and/or physical activity programs available to people in the community. We will compile all the agencies’ information and determine where the service gaps and duplication of services occur in our community. We will send anyone who completes this survey a summary of the results. Thank you in advance for your participation.

This survey should take about _______ minutes to complete.

Program/Organization: _______________________________________________

Name and title of contact person: ______________________________________

Address:______________________________

Phone:___________________ Fax:___________________

E-mail address: _________________________ Web site:___________________

Would you be interested in learning more about this comprehensive community assessment?

☐ Yes   ☐ No   ☐ Not sure

**Programs and Services Your Agency Offers to the Community**

Place a check in the far right column if your organization provides the service listed in the left column.

<table>
<thead>
<tr>
<th>Programs and Services</th>
<th>Check if your agency provides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition assessment and screening</td>
<td></td>
</tr>
<tr>
<td>Fitness assessment and screening</td>
<td></td>
</tr>
<tr>
<td>Nutrition counseling/medical nutrition therapy</td>
<td></td>
</tr>
<tr>
<td>Personal fitness coaching or training</td>
<td></td>
</tr>
<tr>
<td>Nutrition education (individual and group classes)</td>
<td></td>
</tr>
<tr>
<td>Fitness classes (aerobics, yoga, strength training, etc.)</td>
<td></td>
</tr>
<tr>
<td>Sports lessons (tennis, golf, swimming, tae kwon do, etc.)</td>
<td></td>
</tr>
</tbody>
</table>
### Programs and Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Check if your agency provides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports for students (after-school, intramural, league, etc.)</td>
<td></td>
</tr>
<tr>
<td>Sports for adults (intramural, league, etc.)</td>
<td></td>
</tr>
<tr>
<td>Camps (nutrition, sports, etc.)</td>
<td></td>
</tr>
<tr>
<td>Clubs (walking, running, biking, healthy eating, etc.)</td>
<td></td>
</tr>
<tr>
<td>Food assistance (meals, food, funding)</td>
<td></td>
</tr>
<tr>
<td>Marketing and promotion of locally-grown foods (Farmer’s markets, farm-to-school programs, farm-to-hospital programs)</td>
<td></td>
</tr>
<tr>
<td>Healthy Foods (snack foods, pre-packaged meals, beverages, etc.)</td>
<td></td>
</tr>
<tr>
<td>Nutrition resources (research briefs, teaching aids, how-to guides, program materials, etc.)</td>
<td></td>
</tr>
<tr>
<td>Physical activity resources (equipment, program materials, research briefs, etc.)</td>
<td></td>
</tr>
<tr>
<td>Nutrition communication campaign (messages about 5ADay, breastfeeding, portion size, etc.)</td>
<td></td>
</tr>
<tr>
<td>Physical activity communication campaign (point-of-decision prompts, 10,000 steps a day, 30-minutes a day, etc.)</td>
<td></td>
</tr>
<tr>
<td>Comprehensive nutrition and physical activity community wide campaign (includes media, support groups, counseling, risk factor screening and education, and policy change)</td>
<td></td>
</tr>
<tr>
<td>Training and technical assistance (train-the-trainer workshops, community-based program design assistance)</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

### Built Environment

<table>
<thead>
<tr>
<th>Environment</th>
<th>Check if your agency provides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness facilities or recreation center</td>
<td></td>
</tr>
<tr>
<td>Outdoor park</td>
<td></td>
</tr>
<tr>
<td>Swimming pool – indoor</td>
<td></td>
</tr>
<tr>
<td>Swimming pool – outdoor</td>
<td></td>
</tr>
<tr>
<td>Water Park</td>
<td></td>
</tr>
<tr>
<td>Tennis Courts – Indoor</td>
<td></td>
</tr>
<tr>
<td>Tennis Courts – Outdoor</td>
<td></td>
</tr>
<tr>
<td>Golf Course</td>
<td></td>
</tr>
<tr>
<td>Skateboard Park</td>
<td></td>
</tr>
<tr>
<td>Outdoor walking and bicycling trail</td>
<td></td>
</tr>
</tbody>
</table>
Built Environment

<table>
<thead>
<tr>
<th>Built Environment</th>
<th>Check if your agency provides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor play equipment</td>
<td></td>
</tr>
<tr>
<td>School track, gym, and/or weight room that allows community access when not in use by students</td>
<td></td>
</tr>
<tr>
<td>Community design and planning</td>
<td></td>
</tr>
<tr>
<td>Transportation (public, roadways)</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

On page 5 we ask about the fees for your services.

Target Audience
Approximate number reached: ________/year, month, week, or day

Age:
- □ all ages  □ children  □ adolescents  □ adults  □ elderly

Gender:
- □ male  □ female

Disabilities:
Do your programs, services, or facilities target people with disabilities?
- □ Yes  □ No

Economic status:
- □ low  □ middle  □ high

Ethnicity:
- □ Hispanic or Latino  □ Not Hispanic or Latino

Race:
- □ White  □ Black or African American  □ American Indian & Alaska Native
- □ Asian  □ Native Hawaiian and Other Pacific Islander  □ Other

Geographic area:
- □ neighborhood, list:
- □ city, list:
- □ county, list:
- □ region, list:
☐ state, list:

Resources
Do you have materials (pamphlets, videos, newsletters, etc.) available for the public on nutrition and physical activity topics?
☐ Yes  ☐ No  ☐ Not sure
   If yes, are they available for other agencies to use and/or distribute?
☐ Yes  ☐ No

Do you have program materials that you would be willing to share with other professionals?
☐ Yes  ☐ No  ☐ Not sure
   If yes, please describe:

Community Linkages/Coordination
Do you work/partner with other organization(s) to provide your food, nutrition and/or physical activity services?
☐ Yes  ☐ No  ☐ Not sure
   If yes, please list the agencies you work with:

List the nutrition and physical activity coalitions that your agency is a part of:

Funding
Check the box next to the funding source(s) your organization/agency uses to cover costs for your nutrition and/or physical activity programs and services:
☐ federal government (grants or allocation)
☐ state government (grants or allocation)
☐ local government (grants or allocation)
☐ private/corporation
☐ health insurance
☐ foundation
☐ voluntary health organizations, e.g. American Heart Association, American Cancer Society, etc.
☐ charitable organizations or service clubs, e.g. Rotary, churches, United Way, Salvation Army, etc.
☐ other contributions and donations

Remember to edit any of these pages to meet your needs.
Do you charge a fee for your service(s)?
☐ Yes  ☐ No  ☐ Not sure
If yes, do you think the fee prevents anyone from using your service/program?
☐ Yes: ☐ only a few  ☐ a lot
☐ No
☐ Not sure

Program Development
Who decides if and when to change the programs you offer and/or add new ones?
☐ Director
☐ Program director/manager
☐ Supervisor
☐ Staff
☐ In-house/internal committee
☐ Not sure
☐ Other, describe:

Who is involved in designing new programs and/or services?
☐ Members of target audience
☐ Program director/manager
☐ Supervisor
☐ In-house committee
☐ Multi-agency committee
☐ Not sure
☐ Other, describe:

Data Collection and Program Evaluation
Do you collect any data related to your service(s)?
☐ Yes  ☐ No  ☐ Not sure
If yes, what type of data do you collect on your program or service and/or your participants (e.g., improved health status, numbers served, pre-post tests, race and ethnicity, cost-effectiveness, socioeconomic status)?

Is this evaluation information available to other community programs or available to community residents?
Do you assess program effectiveness?
☐ Yes  ☐ No  ☐ Not sure
If yes, how?
☐ Pre- and post-test  ☐ Health behavior changes
☐ Observations  ☐ Health status changes
☐ Interviews
☐ Other, describe:

Based on information available to you, how effectively is your program or service meeting the needs and interests of your audience?
☐ Very well  why?
☐ Well  why?
☐ Okay  why?
☐ Poorly  why?
☐ Not sure

Built and Social Environment
The questions in this section have to do with your agency’s infrastructure, policy, standard practices and other environmental factors that affect healthy eating and physical activity. Some questions refer to what is available to people who use your service(s), and other questions refer to what your agency offers its employees.

Food Available at Your Worksite
Does your worksite have an on-site cafeteria?  ☐ Yes  ☐ No  ☐ Not sure
If yes, is it open to the public?  ☐ Yes  ☐ No
does it purchase locally-grown food?  ☐ Yes  ☐ No
are there healthy foods available?  ☐ Yes  ☐ No
Other comments:

See the “Healthy Food and Beverage Tip Sheet” for a definition

Does your worksite have on-site vending machines?  ☐ Yes  ☐ No  ☐ Not sure
If yes, are the machines available to the public?  ☐ Yes  ☐ No
are there healthy food and beverage choices?  ☐ Yes  ☐ No
Other comments:

Is your worksite close to a Farmer’s Market? □ Yes  □ No  □ Not sure

Describe the food available at employee meetings and/or available in the employee break room:
□ High-fat, high-calorie, low-nutrient foods, i.e. doughnuts
□ Empty-calorie drinks, i.e. sodas, fruit drinks (no juice)
□ Low-fat, nutrient-dense foods, i.e. low-fat yogurt, fruits and vegetables
□ Nutrient-dense drinks, i.e. milk, 100% juice
□ Not sure
□ Other, describe:

Does your worksite have a policy that encourages employees to eat healthy foods?
□ Yes  □ No  □ Not sure
If yes, please describe the policy:

Support for Physical Activity at Your Worksite
Is your worksite within safe and easy walking distance from:
Residential areas? □ Yes  □ No  □ Not sure
Retail outlets? □ Yes  □ No  □ Not sure
Schools? □ Yes  □ No  □ Not sure

Does your employer offer benefits that encourage employees to be physically active, such as:
Fitness breaks? □ Yes  □ No  □ Not sure
Fitness center memberships? □ Yes  □ No  □ Not sure
Bike racks? □ Yes  □ No  □ Not sure
Showers? □ Yes  □ No  □ Not sure
Employee bonuses tied to achieving wellness goals?
□ Yes  □ No  □ Not sure
Other:

Does your worksite have an employee wellness program?
□ Yes  □ No  □ Not sure
If yes, is the program available to all employees including part-time or temporary employees? □ Yes  □ No  □ Not sure
briefly describe the program:
Does your worksite have a policy that encourages employees to be physically active at work?

☐ Yes  ☐ No  ☐ Not sure

If yes, please describe the policy:

Additional comments about your agency’s programs, services, policies, or environment:

Thank you! This information is important to planning effective programs and services for our community.