

# Nutrition & Physical Activity Profile Worksheets

In these worksheets you will consider nutrition-related and physical activity-related health indicators for your community. If you cannot find local-level data see the “No Data Tipsheet” in this chapter.

Included here are six sets of worksheets categorized by life stage.

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Remember to edit any of these pages to meet your needs.

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

Nutrition and physical activity indicators are listed in the table below. Blank rows are included for you to add other indicators that your community may be interested in tracking. You can easily add or delete rows to this table as needed. Possible sources for this data include: the local or state health department, other local partners, PRAMS, PNSS, BRFSS, or Data2010. (See the “Data Resources” handout for explanations of these datasets.) Also, state health agencies write reports on specific health topics which may include additional data so check with your state health agency for any reports related to this topic.

Verify that rates are age-adjusted. Indicate if rates are per 100,000, 10,000, or 1,000 population.

Source and Date of Data

Rates per \_\_\_\_\_ population

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Folic acid consumption by non-pregnant women							
Calcium intake							
Iron intake							
No leisure time physical activity							
Moderate physical activity							
Vigorous physical activity							
Drinking alcohol in the 3 months before pregnancy							
Smoking in the 3 months before pregnancy							
Pre-pregnancy BMI < 18.5							
Pre-pregnancy BMI > 29							

**Analysis of Data:** Nutritional status of a woman before conception is important to the health of the fetus, the mother throughout pregnancy, and the infant during the first year of life. Adequate food and nutrient intake, particularly folic acid, is essential to a healthy pregnancy. Body Mass Index (BMI) population data will be useful in determining if your community is at risk for

inadequate or excessive weight gain. Analyze your data here. Discuss your community data compared to the state data. If your community data are the same or better than the state data on a specific indicator, then consider whether that situation is acceptable. For example, you would want to consider whether it's acceptable if 40% of the women of child-bearing age in your community are not meeting the folic acid recommendations, even if it is better than the state value of 52%.

The "No Data Tipsheet" has suggestions if you do not have local-level data for your community.

Do not distribute

## Pregnant Women and Adolescents (13-45 years)

Nutrition and physical activity indicators related to pregnancy are listed in the table below. Blank rows are included for you to add other indicators that your community may be interested in tracking. You can easily add or delete rows to this table as needed. Possible sources for this data include: the local or state health department, other local partner agencies, PRAMS, PNSS, Data 2010, KIDS COUNT, or statehealthfacts.org. (See the “Data Resources” handout for explanations of these datasets.) Also, state health agencies write reports on specific health topics which may include additional data, so check with your state health agency for any reports related to pregnant women in your state.

Verify that rates are age-adjusted. Indicate if rates are per 100,000, 10,000, or 1,000 population.

Source and Date of Data

Rates per \_\_\_\_\_ population

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Pregnancies							
Live births							
Pregnancies (or live births), ages 10-14 years							
Pregnancies (or live births), ages 15-19 years							
Births to women over 40							
Birth spacing less than 18 months							
Births with gestational diabetes							
Low hemoglobin or hematocrit levels							
Prenatal care during 1 <sup>st</sup> trimester							
Late or no prenatal care							
Medicaid coverage for prenatal care (Medicaid births)							
WIC Participation during pregnancy							
Folic acid consumption during pregnancy							
Drinking alcohol during pregnancy							

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Smoking during pregnancy							
Inadequate weight gain							
Excessive weight gain							
No leisure time physical activity							
Moderate physical activity							
Vigorous physical activity							

**Analysis of Data:** A healthy diet and appropriate physical activity during pregnancy is essential to the health and survival of the infant, especially in the first year of life. Appropriate food intake and physical activity 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 18 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. Women with gestational diabetes are at increased risk of pregnancy complications, and the women are at increased risk of developing diabetes later in life. Iron deficiency anemia may be associated with an increased risk of premature birth, low birth weight, and perinatal mortality. Inadequate prenatal care (entering care after the first trimester) can increase the rate of low birth weight babies. Not getting recommended levels of folic acid can increase the risk of neural tube defects. Smoking, alcohol consumption and use of illicit drugs are associated with poor pregnancy outcomes and may intensify poor nutritional status. Adequate weight gain during pregnancy is important. Inadequate weight gain is a significant risk factor for giving birth to a growth-retarded infant which increases the risk of infant mortality. Excessive weight gain during pregnancy is associated with postpartum weight retention. And weight retention is of concern given the trend toward increasing obesity among women in the US population. Inadequate and excessive maternal weight gain during pregnancy is associated with childhood overweight and obesity. Analyze and describe the data for your community.

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

Nutrition and physical activity indicators are listed in the table below. Blank rows are included for you to add other indicators that your community may be interested in tracking. You can easily add or delete rows to this table as needed. Possible sources for this data include: the local or state health department, other local partner agencies, KIDS COUNT, PedNSS, or Data2010. (See the “Data Resources” handout for explanations of these datasets.) Also, state health agencies write reports on specific health topics which may include additional data, so check with your state health agency for any reports related to this topic.

Verify that rates are age-adjusted. Indicate if rates are per 100,000, 10,000, or 1,000 population.

Source and Date of Data
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Rates per \_\_\_\_\_ population

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Low birth weight (LBW)							
Very low birth weight (VLBW)							
Premature birth							
Infant mortality							
Low weight-for-height							
Low height-for-age							
High weight-for-height							
Blood lead levels							
Low hemoglobin or hematocrit levels							
Ever breastfed (breastfeeding initiation)							
Breastfed until ___ months							
Dental caries							
Medicaid dental services rate							

The “No Data Tipsheet” has suggestions if you do not have local-level data for your community.

**Analysis of Data:** Eating and physical activity patterns established in infancy and childhood have an impact on health through adolescence and into 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. The infant mortality rate is a reflection of health and nutritional care. Abnormal growth and development of infants and children can indicate nutritional risk. Underweight infants and children may be at greater risk of infection. Short stature can be an indication of severe undernutrition. Overweight or being at risk for overweight at this age increases the risk of being overweight or obese as an adult. And, overweight increases the risk of developing chronic diseases as a child and 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. Breastfeeding is the optimal food for infants. It benefits the mother, is associated with reduced infant mortality and morbidity, and may reduce the risk of childhood overweight. Pay particular attention to the discrepancy of breastfeeding rates among racial and ethnicity groups and income levels. Poor oral health at this age can be an indication of baby-bottle tooth decay and/or poor eating habits. Analyze your data here.

Do not distribute

## School-Age Children (5-11 years)

Nutrition and physical activity indicators are listed in the table below. Most of the indicators are general, e.g. “Fat intake,” because the data collected varies among communities and across states. Blank rows are included for you to add other indicators that your community may be interested in tracking. You can easily add or delete rows to this table as needed. Possible sources for this data include: the local or state health department, other local partner agencies, NHIS, or Data2010. (See the “Data Resources” handout for explanations of these datasets.) State health agencies write reports on specific health topics which may include additional data, so check with your state health agency for any reports related to child health.

Despite the intense focus on healthy weight among school-aged children, there is little population-based, health-behavior and health-outcome data for this age group. And, collecting this information can be controversial. Do not be discouraged if these data are not available for your community. See the “No Data Tipsheet” for ideas on what to do if you do not have local-level data.

Verify that rates are age-adjusted. Indicate if rates are per 100,000, 10,000, or 1,000 population.

Source and Date of Data
-------------------------

Rates per \_\_\_\_\_ population

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Fruit and vegetable intake							
Fat intake							
Dietary fiber intake							
Dairy (calcium) intake							
Physical activity (minutes/day)							
TV viewing (hours/day)							
Anorexia nervosa and/or Bulimia (or anorectic or bulimic behaviors)							
Dental caries							
Dental Sealants							
Untreated Decay							
Low hemoglobin or hematocrit							

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
High blood cholesterol							
High blood pressure							
Type 2 diabetes							
Underweight: BMI <5 <sup>th</sup> percentile (GIRLS)							
At risk for overweight: BMI ≥85 <sup>th</sup> - <95 <sup>th</sup> percentile (GIRLS)							
Overweight: BMI ≥95 <sup>th</sup> percentile (GIRLS)							
Underweight: BMI <5 <sup>th</sup> percentile (BOYS)							
At risk for overweight: BMI ≥85 <sup>th</sup> - <95 <sup>th</sup> percentile (BOYS)							
Overweight: BMI ≥95 <sup>th</sup> percentile (BOYS)							

**Analysis of Data:** Many of the nutrition and physical activity behaviors developed during these years are carried into adulthood. And, pediatricians are seeing more children with chronic disease risk factors such as high blood pressure and Type 2 diabetes. Prevention programs and services for children need to be available along with treatment services. Analyze this data on children's health behaviors and child health outcomes for your community.

## Adolescents (12-19 years)

Nutrition and physical activity indicators are listed in the table below. Most of the indicators are general, e.g. “Fruit and vegetable intake” because the data collected varies among communities and across states. Blank rows are included for you to add other indicators that your community may be interested in tracking. You can easily add or delete rows to this table as needed. Possible sources for this data include: the local or state health department, YRBSS, or other local partner agencies. (See the “Data Resources” handout for explanations of the YRBSS dataset.) State health agencies write reports on specific health topics which may include additional data, so check with your state health agency for any reports related to adolescent health.

The American Dietetic Association produced a document entitled, “The PIPPAH Community Assessment Tools and Implementation Guide.” This resource helps health care professionals assess factors in the community that relate to healthy weight of adolescents. If your target population is adolescents you ought to review this document.

Verify that rates are age-adjusted. Indicate if rates are per 100,000, 10,000, or 1,000 population.

Source and Date of Data
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Rates per \_\_\_\_\_ population

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Fruit and vegetable intake							
Fat intake							
Dietary fiber intake							
Dairy intake							
Poor dieting practices							
Anorexia nervosa and/or bulimia (or anorectic or bulimic behaviors)							
Vigorous physical activity							
Moderate physical activity							
TV viewing							
Dental caries							
Low hemoglobin							

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
High blood cholesterol							
High blood pressure							
Type 2 diabetes							
Underweight: BMI <5 <sup>th</sup> percentile (GIRLS)							
At risk for overweight: BMI ≥85 <sup>th</sup> - <95 <sup>th</sup> percentile (GIRLS)							
Overweight: BMI ≥95 <sup>th</sup> percentile (GIRLS)							
Underweight: BMI <5 <sup>th</sup> percentile (BOYS)							
At risk for overweight: BMI ≥85 <sup>th</sup> - <95 <sup>th</sup> percentile (BOYS)							
Overweight: BMI ≥95 <sup>th</sup> percentile (BOYS)							
Tobacco use							
Alcohol use							
Drug use							

**Analysis of Data:** Healthy eating habits and regular exercise helps ensure adolescents grow to their full potential. And healthy habits can prevent medical problems including becoming overweight, developing weak bones, and developing Type 2 diabetes. Many health behaviors developed during these years are carried into adulthood. Analyze this data on adolescents in your community. Discuss your community data compared to the state data and discuss the trends in your community's data.

Remember you can edit these pages to meet your needs.

**Adults** (define the age range \_\_\_\_\_)

Nutrition and physical activity indicators are listed in the table below. Blank rows are included for you to add other indicators that your community may be interested in tracking. You can easily add or delete rows to this table as needed. Possible sources for this data include: local or state health department, BRFSS, Data2010, and other partner agencies. (See the “Data Resources” handout for explanations of the BRFSS dataset.) State health agencies write reports on specific health topics which may include additional data, so check with your state health agency for any reports on adult health topics.

Verify that rates are age-adjusted. Indicate if rates are per 100,000, 10,000, or 1,000 population.

Source and Date of Data
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Rates per \_\_\_\_\_ population

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Fruit and vegetable intake							
Fat intake							
Whole grains intake							
Dairy intake							
Anorexia nervosa and/or bulimia (or anorectic or bulimic behaviors)							
No leisure time physical activity							
Moderate physical activity							
Vigorous physical activity							
Recommended levels of physical activity							
Health Status							
Obesity							
Cardiovascular Disease							
Hypertension							
Cancer							
Stroke							

You may have collected some of this information in the Health Status Profile.

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Diabetes							
Iron Deficiency Anemia							
AIDS							
Dental Health							
Tobacco use							
Alcohol use							
Drug use							

The "No Data Tipsheet" has suggestions if you do not have local-level data for your community.

**Analysis of Data:** The greatest amount of nutrition-related and physical activity-related disease is found among this age group. New findings on the health status, health behaviors, and disease risk factors are released almost daily. Analyze your data here. Discuss your community data compared to the state data. If your community data are the same or better than the state data on a specific indicator, then consider whether that situation is acceptable. For example, you would want to consider whether it's acceptable if 23% of the adult population in your community eat at least 5 fruits and vegetables a day, even if it is better than the state value of 18%.

Remember you can edit these pages to meet your needs.

**Older Adults** (define the age range \_\_\_\_\_)

Nutrition and physical activity indicators are listed in the table below. Blank rows are included for you to add other indicators that your community may be interested in tracking. You can easily add or delete rows to this table as needed. Possible sources for this data include: local or state health department, BRFSS, Data2010, and other partner agencies. (See the “Data Resources” handout for explanations of the BRFSS dataset.) State health agencies write reports on specific health topics which may include additional data, so check with your state health agency for any reports on older adult health topics.

Verify that rates are age-adjusted. Indicate if rates are per 100,000, 10,000, or 1,000 population.

Source and Date of Data

Rates per \_\_\_\_\_ population

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Fruit and vegetable intake							
Fat intake							
Whole grains intake							
Dairy intake							
Anorexia nervosa and/or bulimia (or anorectic or bulimic behaviors)							
No leisure time physical activity							
Moderate physical activity							
Vigorous physical activity							
Recommended levels of physical activity							
Health Status							
Obesity							
Cardiovascular Disease							
Hypertension							
Cancer							
Stroke							

You may have collected some of this information in the Health Status Profile.

Nutrition & Physical Activity Indicators	Community		Community		Community		State
	Year:		Year:		Year:		Yr:
	#	Rate or %	#	Rate or %	#	Rate or %	Rate
Diabetes							
Iron Deficiency Anemia							
AIDS							
Dental Health							
Tobacco use							
Alcohol use							
Drug use							

The "No Data Tipsheet" has suggestions if you do not have local-level data for your community.

**Analysis of Data:** You may be able to analyze your BRFSS data for this older adult population. Discuss your community data compared to the state data. If your community data are the same or better than the state data on a specific indicator, then consider whether that situation is acceptable. For

example, you would want to consider whether it's acceptable if 45% of the older adult (over 65 years) population in your community rate their health status as poor, even if it is better than the state value of 51%.