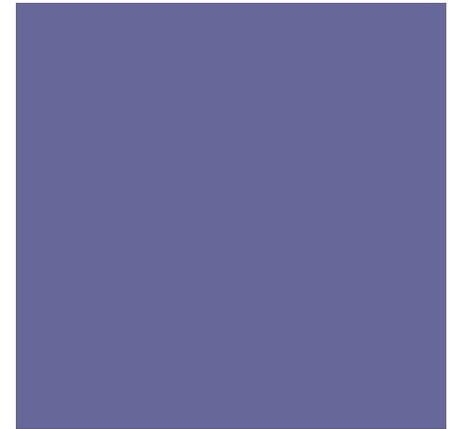




Step 2: Community Assessment



+ What is Community Assessment?

- Process of evaluating health status of the community, determining what the assets and gaps are, and identifying places where needs are not being met.
- Involves systematic organization, collection and analysis of data to provide information:
 - Social, political, economic, environmental and personal factors that influence problems and risk populations.



+ Why Conduct a Community Assessment?

- To gain a better understanding of how the community functions and how it addresses public health needs of citizens.
- To understand the environment in which you will be working.
- Learn how the community feels about an issue and what members think needs to be done about it.
- Get the opinions of community members, while at the same time mapping the resources and limitations of the area, to get a holistic view of the issues.
- To be able to make decisions about priorities for program or system improvement.

+ Community Assessment Requirements in Grant

- Must complete
 - Healthy Communities Checklist
 - Promoting Active Communities
 - Nutrition Environment Assessment Tool
 - Smoke-Free Communities Assessment Tool
- Optional
 - Formative research with target populations



+ Community Assessment Steps

- I. Define the problem
- II. Collect data
- III. Organize data and analyze for gaps and assets
- IV. Determine need for additional formative research
- V. Plan and conduct formative research
- VI. Set priorities
- VII. Develop an Action Plan



+ I. Define the Problem

- Describe the “community”
- Describe target problem or health issue
- Describe populations affected
- Describe contributing behaviors
- Outline strategies for change

+ Why Define the Problem?

- To identify the knowledge and information you already have about a problem.
- To be able to organize this information into useful categories.
- To identify information gaps which will be used to set priorities for formative research.
- To save time by establishing a framework to document and support decisions.
- To save resources by gathering and analyzing existing data before additional costly data collection.
- To foster communication with stakeholders and create opportunities to encourage support, articulate goals, and manage expectations for the action planning process.
- To get everyone on the same page!

+ Define “Community”

- Geographic boundaries of the community.
- Key people and leaders in the community.
- Demographics: racial/ethnic makeup, male/female ratio, age, economic standing, education levels.
- Expenses, income, and in-kind support for the community's activities.
- Issues of most concern to the community.
- Morale and involvement levels.
- Key allies and rivals.



Have

How broadly or narrowly you define the “community” will have implications throughout the assessment and action planning phases.

+ Define Target Health Issues

- Start by developing a broad statement or statements that indicate the impact of the problem on general health.

- Example:

“Obesity rates in the state of Heartland are higher than national averages and are increasing year after year. The Heartland State Health Department is committed to lowering these rates. The program planned here will begin as a pilot project in the Wellington community and will be expanded statewide if successful. “

CDC Social Marketing Nutrition and Physical Activity Web Course

- Health problems can be defined a variety of ways
 - Outcome e.g. CVD
 - Behavior e.g. physical inactivity
- What evidence demonstrates there is a health problem?
- Do you have evidence to show the burden of the health problem in your community?

+ II. Collect Data

- Community characteristics
 - Organizational power and structure
 - Political operations-how policy is developed
 - Demographic data and trends
 - Community health
 - Prevalence of chronic disease and risk factors
- Existing community services and resources
 - Key agencies
 - Programs
 - Policies
 - Resources-monetary, staffing, guides, reports, etc



+ II. Collect Data

- Socioeconomic characteristics
 - Labor force characteristics
 - Language spoken at home
 - Literacy
 - Education
 - Median incomes of families
 - Numbers of families participating in food assistance programs
 - Unemployment statistics

- Data Sources:
 - FedStats-
<http://www.fedstats.gov/>
 - Census Bureau-
<http://www.census.gov/>

U.S. Census Bureau
American FactFinder

Main Search Feedback FAQs Glossary Site Map Help

POPULATION FINDER
FACT SHEET
PEOPLE
HOUSING
BUSINESS AND GOVERNMENT
ABOUT THE DATA
DATA SETS
MAPS AND GEOGRAPHY
REFERENCE SHELF
TOOLS

United States | Virginia | Arlington County | Arlington
CDE | 22209 | Census Tract 1017

Census Tract 1017, Arlington County, Virginia

street address [search tips](#)
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Arlington Virginia

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2000 2003 data [not available](#) for this geography

Census 2000 Demographic Profile Highlights: [Reference Map](#)

General Characteristics - show more >>	Number	Percent	U.S.	
Total population	9,853	100.0	100%	brief
Male	5,497	55.8	49.1%	brief
Female	4,356	44.2	50.9%	brief
Median age (years)	30.7	00	35.3	brief
Under 5 years	334	3.4	6.8%	
18 years and over	8,965	91.0	74.3%	
65 years and over	414	4.2	12.4%	brief
One race	9,211	93.5	97.8%	
White	6,091	61.8	75.1%	brief
Black or African American	820	8.3	12.3%	brief
American Indian and Alaska Native	20	0.2	0.9%	brief
Asian	1,375	14.0	3.8%	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	brief
Some other race	901	9.1	5.5%	
Two or more races	642	6.5	2.4%	brief
Hispanic or Latino (of any race)	2,229	22.6	12.5%	brief
Household population	9,324	94.6	97.2%	brief
Group quarters population	529	5.4	2.8%	



Guiding Questions for Collecting Data About Target Populations

- Who is affected by the health problem?
- Are some age/gender/racial/ethnic groups more affected than others?
- Who is most likely to change?
- Who is able to change?



Consider MDCH focus on disparities and low-income populations and MNN focus on Food Stamp-eligibles

+ Identify Contributing Factors

- What factors contribute to the problem?
- What causes or contributes to those factors?

 Don't focus only on individual behaviors, look at environmental influences also.



+ Identify Potential Strategies for Change

- What evidence is there to support certain types of interventions for reducing the problem?
- Do some interventions work better in some populations vs. others?
- Should the strategy be policy, environmental, education, or a combined approach?
- Resources:
 - The Community Guide-
www.thecommunityguide.org
 - ENACT-
<http://www.preventioninstitute.org/sa/enact.html>

CDC's 6 Target Areas for Obesity Prevention:

1. Increase physical activity.
2. Increase consumption of fruits and vegetables.
3. Decrease consumption of sugar sweetened beverages.
4. Increase breastfeeding initiation, duration and exclusivity.
5. Reduce consumption of high energy dense foods.
6. Decrease TV viewing.

+ Data Collection Resources

- Always look for existing data before collecting new data to save time and resources.

- Variety of sources:
 - Epidemiological data
 - Peer-reviewed literature
 - Reports from partners such as health care organizations, universities and foundations
 - Subject matter experts
 - Previously conducted community assessments or assets maps
 - Parks and Rec maps
 - GIS resources/food maps
 - Policy and legislative databases



+ Epidemiological Databases

- Behavior Risk Factor Surveillance System (BRFSS)
 - [Http://www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)

- Youth Risk Behavior Surveillance System (YRBSS)
 - <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

- Pediatric and Pregnancy Nutrition Surveillance System (PedNSS and PNSS)
 - <http://www.cdc.gov/pednss/>

- Pregnancy Risk Assessment Monitoring System (PRAMS)
 - <http://www.cdc.gov/prams/>

- National Health and Nutrition Examination Survey (NHANES)
 - <http://www.cdc.gov/nchs/nhanes.htm>

+ Other Resources

- Behavioral and theoretical literature
 - Pubmed
 - www.pubmed.gov
 - HealthCommKey
 - <http://cfusion.sph.emory.edu/PHCI/Users/LogIn.cfm>
- Formative research reports and other gray literature (from government agencies, non-profit organizations, universities).
 - Inventory of Qualitative Research
 - http://www.cdc.gov/nccdphp/dnpa/qualitative_research/index.htm

+ Data Collection: Community Environmental Characteristics

www.mihealthtools.org

Welcome to Michigan Health Tools
a gateway to better health for Michigan

Introducing a suite of websites aimed at promoting good health for all Michigan residents. Click on the buttons at left to visit the websites.

Healthy Community Checklist
Healthy Community Checklist: Discover the ways in which your community makes it easy for its residents to be healthy. The website features a 40-item quick assessment of a community's health environment related to promoting physical activity, healthy eating/healthy weight, and tobacco-free lifestyles.

Promoting Active Communities
Promoting Active Communities: Featuring an online self-assessment along with other resources, to support communities in identifying actions they can take to make it easier for people to be active – from zoning rules to worksite wellness to education offered by medical providers. Communities that successfully complete the assessment are eligible for the Governor's Council on Physical Fitness Active Community Award and associated recognition events.

Promoting Healthy Eating
Promoting Healthy Eating: Find out the ways in which your community supports healthy eating. This website is the home of the Nutrition Environment Assessment Tool (NEAT), an online assessment that can serve as the first step in improving your community's support of healthy eating. NEAT and the associated materials found on the website will also point to ways in which your community's environment can be improved to encourage healthier eating among its residents.

Creating Smoke-Free Communities
Creating Smoke-Free Communities: Use the Smoke-Free Community Assessment Tool (SFCAT) located on this website to find out what the smoke-free policy status is in your community - in different municipalities, worksites, restaurants, schools, and college campuses - and to explore services in your community to assist residents to quit smoking. The website also includes resources to help increase the number of smoke-free environments (thereby reducing and eliminating residents' exposure to secondhand smoke) and to help increase the availability of local services to help residents quit smoking and live tobacco free.

+ Tips for Conducting Environmental Assessments

- Work as a group with your coalition. Use tool completion as a way to engage new members into coalition.
- Preview assessments online before completing. Determine who needs to be in the room to help answer the questions.
- Review suggested resources provided throughout assessment, they may help you down the road.
- Pay special attention to what assessment tools are asking-questions can become the basis of projects later in the process.



+ Healthy Communities Checklist

- Complete this tool first.
- 40-item quick assessment for physical activity, nutrition, and tobacco.
- Designed to give a broad snapshot of community assets and barriers.

The screenshot shows the Michigan Healthy Community Checklist website. The browser window title is "Michigan Healthy Community Checklist - Microsoft Internet Explorer". The address bar shows "http://mihealthtools.org/checklist/". The website features a navigation menu with links: Home/Login, About the Checklist, Register, Preview the Checklist, Privacy, Frequently Asked Questions, Resource Guide, and Contact Us. The main content area is titled "Welcome to the Healthy Community Checklist" and contains the following information:

- What is the Healthy Community Checklist?**
The Healthy Community Checklist is a 40-item online quick assessment of a community's health environment related to promoting and supporting physical activity, healthy eating/healthy weight, and tobacco-free lifestyles.
- Who should complete the Checklist?**
Any Michigan community (city, village, township) that is interested creating a healthier community environment.
- Why the Checklist?**
A community that promotes good health is a great place to live. By completing the Checklist, communities receive feedback about the extent to which they make it easy for people to be active, eat healthfully and adopt tobacco-free lifestyles. Completing the Checklist offers ideas about changes communities can make to promote healthier living. For more on the benefits, visit the About the Checklist section.
- Where is the Checklist located?**
Right here on this website. Register to begin completing the Checklist for your community. You can also review a print copy of the Checklist by visiting the Preview the Checklist page.

There is also a "How do communities get started?" section partially visible. On the right side, there is a login form with fields for "Email Address:" and "Password:", a "Login" button, and a "Remember Me" checkbox. Below the login form are links for "Register here" and "Forgot your password?". A "Healthy Communities ToolKit" box provides guidelines and ideas for implementing changes for a healthier community, including physical, policy, and social changes.



Promoting Active Communities

- In-depth assessment of physical activity assets and barriers
- Communities can receive an award for completion



Complete this tool second to get an early success for your coalition. Write a press release about your award for local newspapers.

The screenshot shows the website for the Promoting Active Communities program. The browser window title is "Promoting Active Communities - Microsoft Internet Explorer". The address bar shows "http://mihealthtools.org/communities/". The page content includes a navigation menu with links like Home, About PAC, Getting Started, Register Your Community, and Review the Assessment. A central message reads: "Welcome to the Promoting Active Communities Program. Congratulations to the 2007 Promoting Active Communities Award Winners! The 2008 PAC assessment is now available. The deadline for award application submission is August 15, 2008." Below this, there are three bullet points:

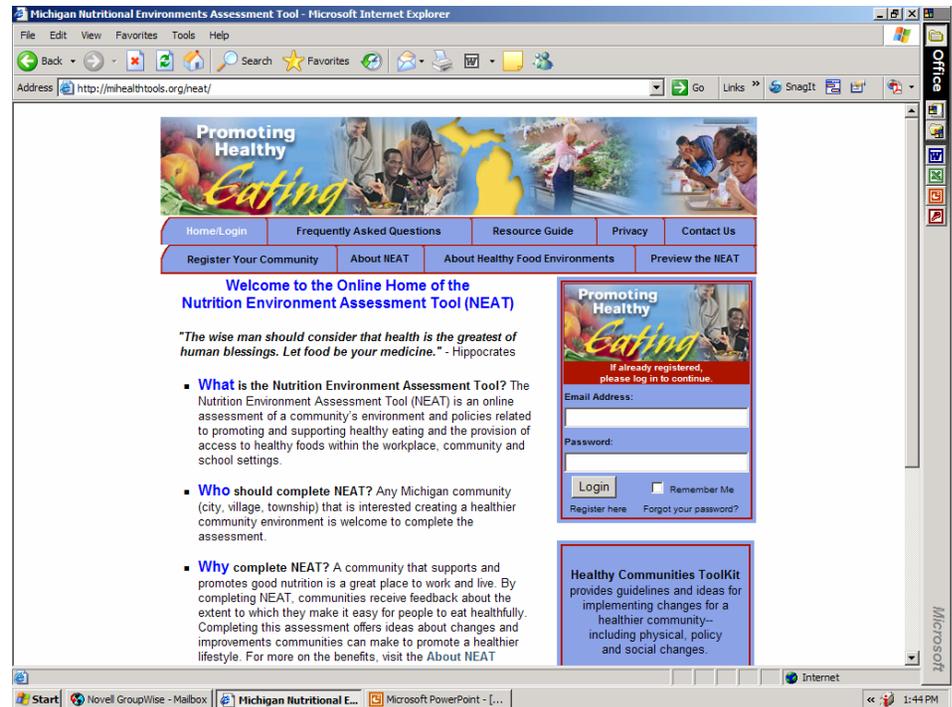
- What is the Promoting Active Communities Program?** The Promoting Active Communities (PAC) program is an online assessment and award system. Communities can use the online self-assessment to evaluate their built environments, policies, and programs related to promoting and supporting physical activity. Michigan communities that complete the assessment are eligible for an award that recognizes them as an innovative Michigan community that is making it easier for their citizens to lead an active lifestyle.
- Who should complete the PAC assessment?** Every Michigan city, township, charter township, or village interested in creating a healthier community environment is encouraged to complete a Promoting Active Communities assessment.
- Why complete the PAC assessment?** Active living communities are places where it is easy to integrate physical activity into daily routines. A community that supports and promotes active living is a great place to work, live, and play. [Click here to learn more about Active Living Principles.](#) The PAC assessment allows communities to evaluate themselves on how well they facilitate and encourage residents to be physically active. To learn more about the benefits of the PAC program, visit the [About PAC](#) section of this website.

 On the right side of the page, there is a login/register form with fields for "Email Address:" and "Password:", a "Login" button, and a "Remember Me" checkbox. Below the form, there are links for "Register here" and "Forgot your password?". At the bottom of the page, there is a section titled "TELL US YOUR STORY! Has your community embraced active living? Click here to share your successes." followed by a link to "Design Guidelines for Active Michigan Communities". The browser's taskbar at the bottom shows several open applications: Start, Novell GroupWise - Mailbox, Promoting Active Co..., Microsoft PowerPoint - [...], and Internet. The system clock shows 1:40 PM.



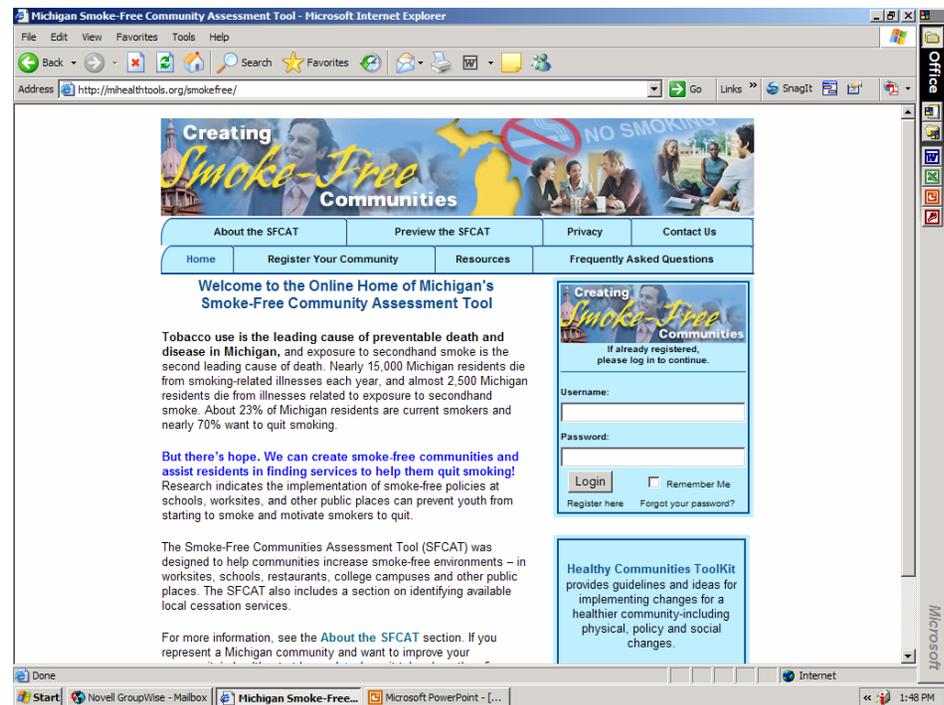
Nutrition Environment Assessment Tool

- In-depth assessment of healthy eating supports.
- Designed to increase awareness of types of actions you can take to promote healthy eating and good nutrition among community residents.
- Will assist in identifying and further defining actions they can take that will make a difference.



+ Smoke-Free Communities Assessment Tool (SFCAT)

- In-depth assessment of tobacco environment within the community designed to help you:
 - Determine smoke-free status of community.
 - Determine the support for smoke-free environments by local public officials.
 - Identify the resources available locally for residents who want to quit smoking.
 - Identify the types of steps your coalition can take to promote smoke-free environments.





III. Organize Data and Analyze for Gaps and Assets

- Summarize the information you have so far describing:
 - Severity, extent and frequency of the health problem.
 - Distribution of the health problem across urban, rural or regional settings and across age groups.
 - Causes.
 - Mortality and morbidity associated with it.
 - Strengths of existing community resources.
 - Relationship of community resources to target population.
 - Gaps in resources that could be improved.



By completing a summary and analysis now, you will be in great shape for competitive reapplication to become an implementation grantee

+ Information Summary

- Severity, extent and frequency of the health problem
- Example

Heartland's BRFSS data indicates that many adults are overweight and obese when compared to national averages. Main findings from the latest survey: •

- Approximately 38% of adults are overweight, and 28% are obese
- 24.1% consume 5 or more fruits and vegetables per day
- 76% participated in some physical activity over the past month, but only 43.6% had at least 30+ minutes of moderate physical activity five or more days per week OR 20+ minutes of vigorous physical activity for three or more days per week

+ Information Summary

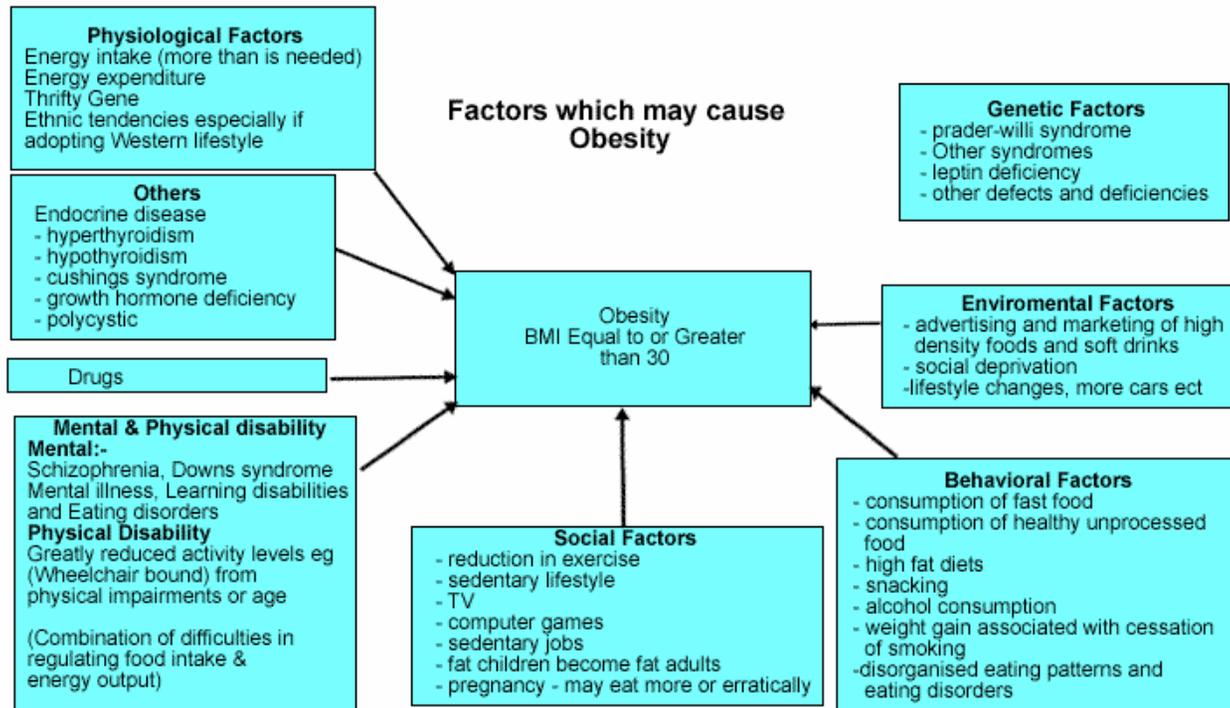
- Distribution of the health problem across urban, rural or regional settings and across age groups
- Example:

- Georgia is divided into urban, suburban, rural growth, and rural decline. The highest prevalence of overweight and at risk for overweight occurs in areas of rural decline (65.7%). Rural growth areas have a prevalence of overweight/at risk for overweight of 51.4%. Urban and Suburban areas have the lowest rates of overweight/at risk for overweight (suburban 54.9%, urban 49.8%.)

+ Information Summary

■ Causes

■ Visual Example:



+ Analyze Gaps

- What does the summary tell you?
- What are you still missing?
- Complete an analysis of gaps.
 - See Community Tool Box Gap Assessment



+ IV. Determine Need for Additional Formative Research

- What is formative research?
 - Formative research looks at the community in which an agency is situated, and helps agencies understand the interests, attributes and needs of different populations and persons in their community.
 - Formative research is research that occurs before a program is designed and implemented, or while a program is being conducted.

+ IV. Determine Need for Additional Formative Research

- When to conduct
 - Data from a specific population/neighborhood is not readily available.
 - You want to gather data specifically from the target population.
- Gap analysis:
 - Will knowing this information help make a decision for the program
 - Do we have the means to fill the gap?
 - Can the answer be found in existing literature
 - Can we reach individuals who are able to fill the gap?

+ Benefits of Conducting Formative Research

- Defining and understanding populations at greatest risk.
- Creating action plans and programs that are specific to the needs of those population.
- Ensuring plans and programs are acceptable and feasible to clients before launching.
- Improving the relationship between residents and the coalition.

+ V. Plan and Conduct Formative Research

- Step 1: Analyze Information Gaps ✓
- Step 2: Write Research Questions
- Step 3: Choose Data Collection Method
- Step 4: Develop Instrument(s)
- Step 5: Recruit Participants
- Step 6: Collect Data
- Step 7: Analyze and Report Findings



+ Formative Research Step 2: Write Research Questions

- Refer back to gaps in information to determine what else is needed.
- Questions often center around:
 - Whom to reach.
 - What behavior to recommend.
 - What benefits to emphasize.
 - What barriers to lower.
 - Other factors you must address.
 - Places to promote the behavior.
 - Spokespeople to use.
 - Other aspects of the promotional strategy.



Formative Research Step 3: Choose Data Collection Methods

- Determine the amount of time and resources you have to collect additional data from your agency and partner agencies.
- Think about who is the most appropriate population to answer your questions.
- Determine whether to use qualitative or quantitative

Quantitative	Qualitative
Numbers, frequencies, percentages, rates	Descriptive information into insights and choices
Objective	Subjective
Studies actions	Studies motivations
Measures how many and how much	Asks “why?”
Definitive	Exploratory

+ Types of Formative Research Methods

- Focus groups
- In-depth interviews/intercept interviews
- Observations/environmental scans
- Surveys



+ Formative Research Step 4: Develop Instrument (s)

- Look for existing tools and validated questions first.
- Resources:
 - Handbook for Excellence in Focus Group Research-
<http://www.globalhealthcommunication.org/tools/60>
 - CDC Social Marketing training provides a list of texts
- MDCH staff will assist you in designing questions and tools.

+ VI. Set Priorities

- Based on data collection and formative research, set priorities.
- Considerations
 - Need to address 3 target areas required by the grant.
 - Community priorities, preferences, and concerns.
 - Relative difficulty of interventions.
- Develop a criteria for prioritizing actions.



+ Example Criteria for Selecting Priority Issues

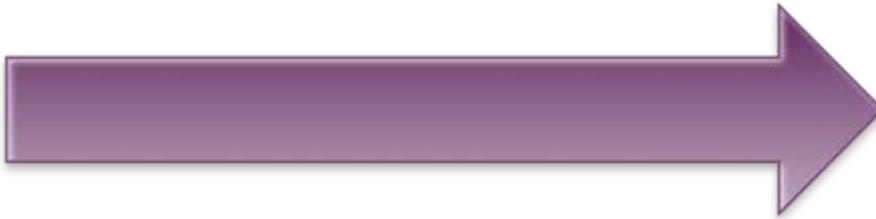
- Is the issue winnable?
- Is it urgent or immediate?
- Is it of long-range significance?
- Does it have broad appeal?
- Is it important?
- Is its impact city or county-wide?
- Is it non-divisive within community?
- Is it specific?
- Can it be used to develop leadership?
- Can it be used to develop capacity in the community to do other prevention work?

Adapted from Washington State Department of Health "Healthy Communities Toolkit"

MDCH Building Healthy Communities 2008

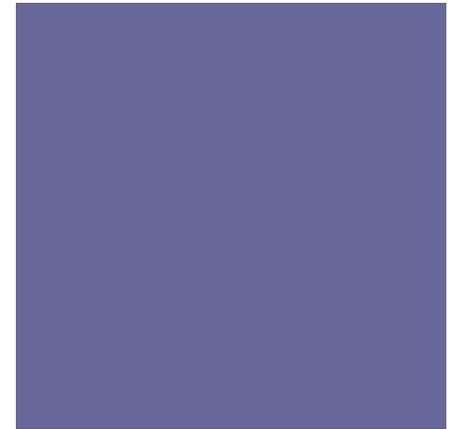
+ VII. Develop an Action

- Last step of assessment process and also the next step of Building Healthy Communities Planning Grant process.



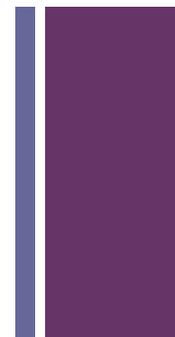


Step 2: Community Assessment – Local Experience





Active Living: Make Your Case!



BRFS: Stats Move A Lot

Assessment Tools: Can Lead To The Promise Land!

Program Evaluation: SOPARC-So What-So Good!



Michigan BRFs Data: The good and the Bad.

2002 - 2006 Michigan BRFs Regional & Local Health Department Estimates
November 19, 2007

Table 8 Cont'd							
Geographic Area	Sample Size	Obese ^a		Overweight ^b		Not Overweight or Obese ^c	
	n	%	95% Confidence Interval	%	95% Confidence Interval	%	95% Confidence Interval
Michigan Total	30,770	26.4	(25.8 – 27.0)	36.4	(35.7 – 37.0)	37.3	(36.6 – 37.9)
Region 12	1,294	26.8	(24.1 – 29.7)	37.2	(34.2 – 40.4)	36.0	(32.9 – 39.2)
Luce-Mackinac-Alger-Schoolcraft	169	33.5	(25.2 – 42.9)	33.1	(25.6 – 41.7)	33.4	(25.5 – 42.3)
Western Upper Peninsula	265	28.2	(22.5 – 34.7)	33.0	(26.9 – 39.8)	38.8	(31.8 – 46.2)
Delta-Menominee	289	26.9	(21.4 – 33.3)	38.8	(32.4 – 45.5)	34.3	(28.1 – 41.1)
Chippewa	135	28.0	(20.1 – 37.7)	37.3	(28.0 – 47.6)	34.7	(26.0 – 44.6)
Dickinson-Iron	190	23.4	(17.4 – 30.7)	39.9	(31.9 – 48.6)	36.7	(28.8 – 45.3)
Marquette	246	22.3	(17.2 – 28.5)	40.7	(33.9 – 47.9)	37.0	(29.9 – 44.6)



Table 3 Cont'd			
Geographic Area	Obese ^a	Overweight ^b	Not Overweight ^c
Michigan Total	23.9 ± 0.8	36.8 ± 0.9	39.3 ± 0.9
Region 12	24.1 ± 3.7	37.9 ± 4.3	38.0 ± 4.4
Luce-Mackinac-Alger-Schoolcraft	32.9 ± 10.9	31.4 ± 10.2	35.7 ± 11.3
Western Upper Peninsula	27.9 ± 8.3	38.8 ± 8.9	33.3 ± 8.4
Delta-Menominee	26.1 ± 8.3	38.0 ± 9.3	36.0 ± 9.2
Chippewa	22.3 ± 10.8	45.9 ± 13.3	31.7 ± 12.1
Dickinson-Iron	15.3 ± 7.8	43.6 ± 11.9	41.1 ± 11.7
Marquette	19.7 ± 8.3	32.3 ± 10.0	48.1 ± 11.1

Note: Body Mass Index (BMI) is defined as weight (in kilograms) divided by height (in meters) squared [weight in kg/(height in meters)²]. Weight and height are self-reported.

^a Obese was defined as the proportion of respondents whose BMI ≥ 30.0.

^b Overweight was defined as the proportion of respondents whose BMI ≥ 25.0 and < 30.0.

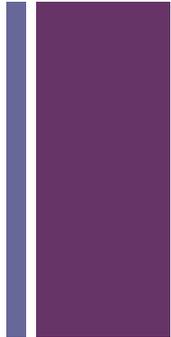
^c Not overweight was defined as the proportion of respondents whose BMI was < 25.0.

^d The Mid-Michigan District Health Department consists of Clinton, Gratiot, and Montcalm. Clinton and Gratiot are Region 4 counties, while Montcalm is a Region 7 county. All three counties were included in the Mid-Michigan estimate.



Most up –to-date: Be careful on how you interpret!

2005 - 2007 Michigan BRFSS Regional & Local Health Department Estimates
September 17, 2008



Geographic Area	Sample Size	Obese ^a		Overweight ^b		Not Overweight or Obese ^c	
		%	95% Confidence Interval	%	95% Confidence Interval	%	95% Confidence Interval
Michigan Total	24,109	27.6	(26.9-28.3)	36.3	(35.6-37.1)	36.1	(35.3-36.9)

Region 12	Sample Size	%	95% Confidence Interval	%	95% Confidence Interval	%	95% Confidence Interval
Region 12	1,036	30.4	(27.1-34.0)	37.3	(33.8-41.0)	32.3	(28.8-36.0)
Luce-Mackinac-Alger-Schoolcraft	141	28.0	(19.9-37.7)	35.5	(26.7-45.4)	36.5	(26.7-47.7)
Western Upper Peninsula	218	33.1	(26.2-40.8)	34.2	(27.1-42.1)	32.7	(25.4-40.9)
Delta-Menominee	229	26.1	(19.5-34.0)	38.6	(30.7-47.2)	35.3	(27.7-43.6)
Chippewa	104	36.1	(25.2-48.7)	25.5	(16.8-36.9)	38.3	(26.9-51.2)
Dickinson-Iron	154	33.7	(25.2-43.4)	36.7	(28.1-46.2)	29.6	(21.6-39.2)
Marquette	190	28.3	(21.4-36.4)	48.4	(40.2-56.7)	23.2	(17.4-30.3)

Note: BMI, body mass index, is defined as weight (in kilograms) divided by height (in meters) squared [weight in kg/(height in meters)²]. Weight and height were self-reported. Pregnant women were excluded.

^a The proportion of respondents whose BMI was greater than or equal to 30.0.

^b The proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0.

^c The proportion of respondents whose BMI was less than 25.0.



Table 4 Cont'd	
Geographic Area	No Activity^a
Michigan Total	23.5 ± 0.7
Region 12	24.2 ± 3.6
Luce-Mackinac-Alger-Schoolcraft	27.4 ± 10.0
Western Upper Peninsula	22.1 ± 7.5
Delta-Menominee	28.3 ± 8.4
Chippewa	18.8 ± 9.3
Dickinson-Iron	26.2 ± 9.6
Marquette	21.2 ± 8.6

^a Proportion of respondents who reported that they did not participate in any physical activities, recreation, or exercises in their leisure time (such as running, golf, or walking for exercise) within the past month.

^b The Mid-Michigan District Health Department consists of Clinton, Gratiot, and Montcalm. Clinton and Gratiot are Region 4 counties, while Montcalm is a Region 7 county. All three counties were included in the Mid-Michigan estimate.

2005 BRFS

Region 12	527	20.5	(16.7 – 24.7)
Luce-Mackinac-Alger-Schoolcraft	66	15.2	(7.8 – 27.7)
Western Upper Peninsula	116	17.6	(11.6 – 25.6)
Delta-Menominee	116	21.0	(13.6 – 31.0)
Chippewa	51	17.9	(8.0 – 35.4)
Dickinson-Iron	78	33.4	(21.7 – 47.7)
Marquette	100	18.8	(12.1 – 28.0)

^a The proportion who reported not participating in any leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking during the past month.

2002-2006

Region 12	1,353	23.5	(21.0 – 26.2)
Luce-Mackinac-Alger-Schoolcraft	177	23.7	(17.3 – 31.5)
Western Upper Peninsula	281	23.2	(18.1 – 29.4)
Delta-Menominee	300	23.3	(18.2 – 29.3)
Chippewa	137	24.0	(16.8 – 33.1)
Dickinson-Iron	200	27.4	(20.7 – 35.3)
Marquette	258	20.5	(15.5 – 26.5)

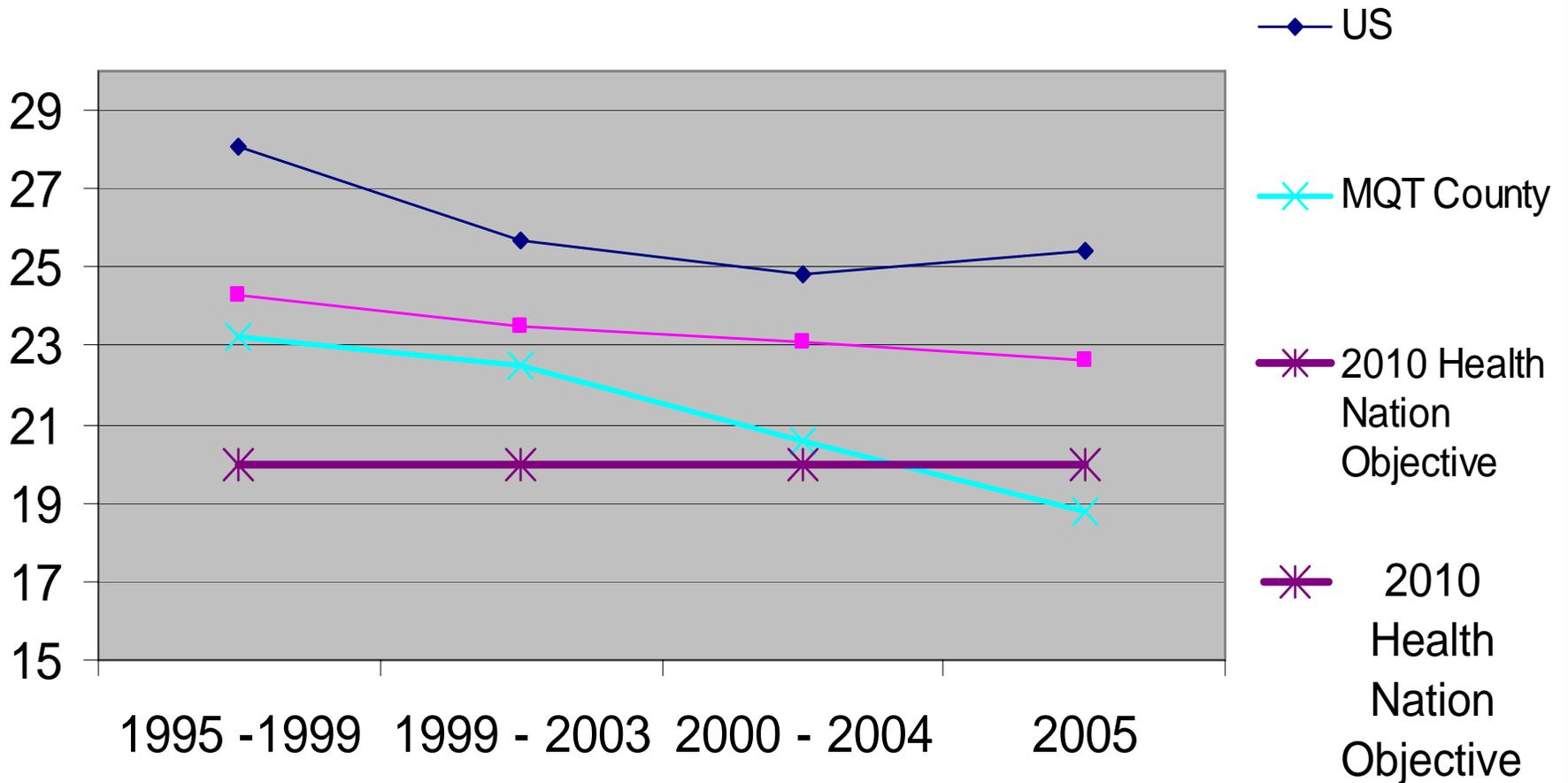
^a The proportion who reported not participating in any leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking during the past month.

2005-2007

Region 12	1,084	21.4	(18.6-24.5)
Luce-Mackinac-Alger-Schoolcraft	148	17.5	(11.8-25.2)
Western Upper Peninsula	229	19.1	(14.1-25.3)
Delta-Menominee	237	23.5	(17.5-30.7)
Chippewa	107	24.5	(14.5-38.3)
Dickinson-Iron	162	24.1	(17.0-32.9)
Marquette	201	20.7	(15.1-27.6)

+ Marquette County Trends: Depends... on how you look at it!

Trend in Leisure Time Physical Inactivity



+ Fitness Measure to Use

2002 - 2006 Michigan BRFSS Regional & Local Health Department Estimates
November 19, 2007

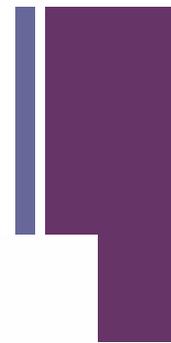


Table 12 Cont'd

Geographic Area	Inadequate Physical Activity ^a		
	n	%	95% Confidence Interval
Michigan Total	20,480	51.4	(50.6 – 52.3)
Region 12	837	48.1	(44.2 – 52.1)
Luce-Mackinac-Alger-Schoolcraft	102	42.0	(31.6 – 53.2)
Western Upper Peninsula	176	44.8	(36.6 – 53.3)
Delta-Menominee	184	55.1	(46.6 – 63.2)
Chippewa	90	44.2	(32.5 – 56.5)
Dickinson-Iron	126	56.0	(45.6 – 66.0)
Marquette	159	43.6	(34.9 – 52.7)

^a The proportion who reported that they do not usually do moderate physical activities for a total of at least 30 minutes on five or more days per week or vigorous physical activities for a total of at least 20 minutes on three or more days per week while not at work.



2002-2006

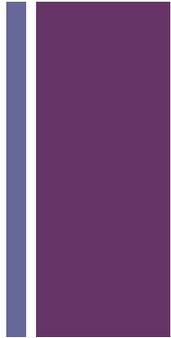


Table 13 Cont'd

Geographic Area	Inadequate Fruit and Vegetable Consumption ^a		
	n	%	95% Confidence Interval
Michigan Total	21,196	77.7	(77.0 – 78.3)
Region 12	863	74.5	(70.9 – 77.9)
Luce-Mackinac-Alger-Schoolcraft	106	78.9	(68.9 – 86.3)
Western Upper Peninsula	179	71.5	(62.8 – 78.8)
Delta-Menominee	188	77.5	(69.3 – 84.0)
Chippewa	89	83.9	(71.7 – 91.5)
Dickinson-Iron	133	68.2	(57.8 – 77.0)
Marquette	168	70.9	(62.4 – 78.2)

^a The proportion whose total reported consumption of fruits (including juice) and vegetables was less than five times per day.

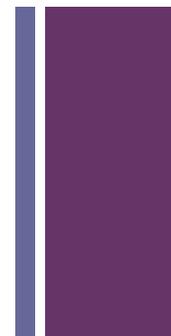


Table 5 Cont'd	
Geographic Area	<5 times/day^a
Michigan Total	76.4 ± 0.9
Region 12	70.8 ± 5.1
Luce-Mackinac-Alger-Schoolcraft ^c	—
Western Upper Peninsula	70.6 ± 10.4
Delta-Menominee	75.7 ± 10.4
Chippewa ^c	—
Dickinson-Iron	70.8 ± 13.3
Marquette	63.4 ± 13.2

^a Proportion of respondents whose total reported consumption of fruits (including juice) and vegetables was less than 5 times per day.

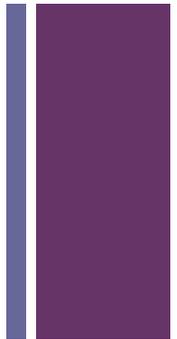


Current Cigarette Smoker By Community Health Assessment Region Michigan 1995-1999 Behavioral Risk Factor Survey

(in percentages with 95% confidence interval limits)

	Current Cigarette Smoker ¹	
	%	95% CI
Michigan	26.0	0.7
Region 1	26.6	1.1
Region 2	30.1	3.0
Region 3	22.2	4.0
Region 4	23.4	2.8
Region 5	24.3	2.9
Region 6	25.9	4.0
Region 7	24.6	2.2
Region 8	28.1	3.3
Region 9	23.4	3.4
Region 10	26.5	3.3
Region 11	23.7	4.0
Region 12	27.5	3.8

¹Proportion of respondents who reported that they had ever smoked at least 100 cigarettes in their life and that they smoke cigarettes now.



2002 - 2006 Michigan BRFSS Regional & Local Health Department Estimates
November 19, 2007

Table 14 Cont'd

Geographic Area	Sample Size	Current Smoking ^a		Former Smoking ^b		Never Smoked	
		n	%	95% Confidence Interval	%	95% Confidence Interval	%
Michigan Total	32,111	23.0	(22.4 – 23.6)	26.0	(25.5 – 26.6)	50.9	(50.3 – 51.6)
Region 12	1,350	22.8	(20.2 – 25.6)	32.1	(29.3 – 35.0)	45.1	(42.0 – 48.3)
Luce-Mackinac-Alger-Schoolcraft	177	30.1	(22.4 – 39.2)	33.2	(25.8 – 41.6)	36.6	(28.7 – 45.4)
Western Upper Peninsula	281	21.2	(16.1 – 27.5)	35.5	(29.3 – 42.2)	43.3	(36.4 – 50.4)
Delta-Menominee	300	20.4	(15.3 – 26.6)	31.0	(25.3 – 37.3)	48.6	(42.0 – 55.3)
Chippewa	136	30.4	(21.9 – 40.5)	29.9	(21.8 – 39.4)	39.7	(30.4 – 49.9)
Dickinson-Iron	199	20.9	(15.1 – 28.0)	32.9	(25.9 – 40.9)	46.2	(38.0 – 54.6)
Marquette	257	19.4	(14.3 – 25.7)	29.5	(23.8 – 36.0)	51.1	(44.0 – 58.2)

^a The proportion who reported that they had ever smoked at least 100 cigarettes (five packs) in their life and that they smoke cigarettes now, either every day or on some days.



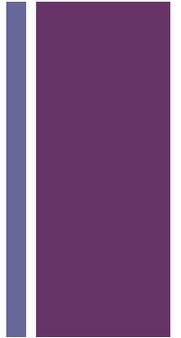
Mission Statement

The primary purpose of the MCALTF is to collaboratively work in the community to promote the maintenance and improvement of the health of Marquette County residents through environmental changes that support regular activity and good nutrition.

Vision Statement

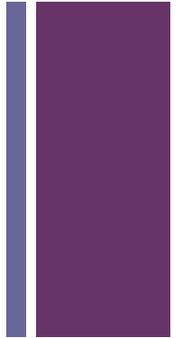
The MCALTF vision is to motivate individuals to achieve higher levels of good health and thereby decrease the demands on the health care system. It does this by:

- **To promote health and wellness activities within the Community.**
- **To provide opportunities that educates individuals about healthy lifestyles.**
- **To promote environmental changes within the Community that makes it easier to participate in fitness activities as well as practice good nutrition.**





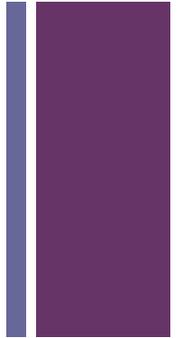
Community Health “Assessments”



- **Healthy Community Checklist (HCC):** Negaunee, Chocolay Township, Marquette Township, Ishpeming Township
- **Promoting Active Communities (PAC):** Marquette and Ishpeming
- **Nutrition Environment Assessment Tool (NEAT):** County-wide
- **Smoke-Free Community Assessment Tool (SFCAT):** County-wide
- **Recreation Surveys:** Marquette & Chocolay Township
- **SOPARC-Trail Usage Survey: IOHT**



MALTasks



Physical Activity

- Marquette Yellow Bike
- Marquette Blue Shoes
- Heritage Trail
- County Rec Authority

Nutrition

- Health On The Go
- Senior Project Fresh
- Healthy School Index

Marquette County



2003

Partnerships: Northern Options/MALTF



13 Bike Path Markers

Connects to NTN Non-Motorized Paths to North and Southwest

MDCH Building Health

+ Marquette Yellow Bike

Year One

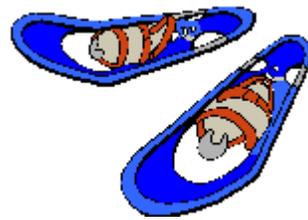
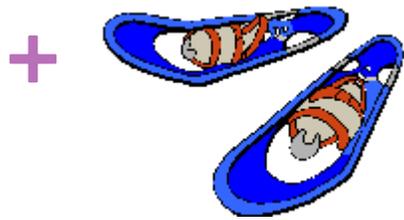
85 Bikes

12 Locations

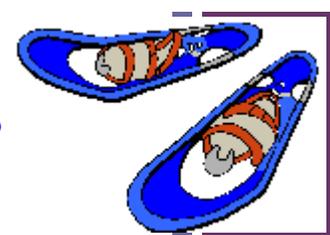
Estimated
4,000 trips

At the end of
the program
over 85 bikes
were “donated”
for others use





Marquette Blue Shoes



**BCBSM
Donation**

**65 Pair of Snow
Shoes with
poles**

**Over 850 users
in year one.**

**Youth groups
are best.**

**Regular Open
Hours: Intern
Student**

Free use of trail



Senior Project Fresh

+ Grant funds the Office of Services to the Aging were used to purchase 375 Project Fresh coupons, educational materials, and supplies to offer educational sessions encouraging increased consumption of fruits and vegetables. Sessions were held at four senior centers and fourteen other senior housing buildings and centers. Two hundred ninety seniors in the county participated in the coupon program, and seventy six of those came back later in the summer for a second coupon book.



+ Health On the Go

Recipe: Enlist a minimum of 3 convenience stores who participated in the NEAT assessment. Survey each participating store for healthy offerings; work with store owner/manager to offer healthier options. Develop marketing materials to highlight healthier food choices for consumers; work with staff to promote sale of healthier items. Develop a promotion campaign time period.



HEALTHY FOODS ON THE GO !

You asked for it and they provided it!



The Washington Street Citgo in Marquette now sells fresh fruit and starting Monday.....yogurt!



Holiday in Marquette, Harvey and Munising sells a sandwich wedge, fresh fruit and bottle of water for only \$2.99!



Funding for this ad was made possible through a grant from the Active Living Task Force of Marquette County, working towards a healthier community. For more information on healthy eating, contact the UP Diabetes Outreach Network at (800) 369-9522 or www.diabetesinmichigan.org.



+ Health on the Go: Point in Time Survey: Sept '06... 50 Surveys



ENJOY OUR SUMMER SANDWICH COMBO

Sandwich Wedge 

Piece of Fruit 

Water Bottle 

It's Quick....

It's Healthy...

and It's only... **\$2.99**



	TOTAL (Male and Female)		
	Know carries:	Ever bought	If no, would you buy in future
Milk – 2% or Whole	43/49 (88%)	24/40 (38%)	8/17 (47%)
Milk -Skim or 1%	41/49 (84%)	25/49 (24%)	9/20 (45%)
Yogurt	31/47 (66%)	9/35 (26%)	12/29 (41%)
Fruit	36/48 (75%)	27/39 (69%)	8/17 (47%)
Dried Fruit	23/49 (47%)	11/31 (35%)	7/26 (27%)
100% Fruit Juice	44/49 (90%)	36/45 (80%)	8/10 (80%)
Low fat snacks (pretzels, baked chips)	47/49 (96%)	37/46 (80%)	15/16 (94%)
Low fat sandwiches	29/47 (59%)	15/31(48%)	10/20 (50%)
Salads	20/47 (41%)	9/30 (30%)	10/27 (37%)

Healthy Foods On The Go!

At Citgo Quick Food Mart!

The Washington Street Citgo in Marquette is now selling fresh fruit!





✓ **Apples**

✓ **Oranges**

✓ **Bananas**

It's Quick...
It's Healthy...
It's Only...

75¢

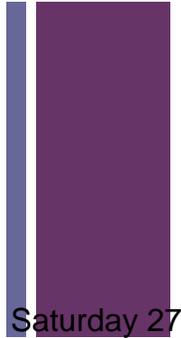


Stop by the Washington Street Citgo on **Monday, August 28** and get a **FREE** apple with any purchase, while supplies last.

Funding for this ad was made possible through a grant from the Active Living Task Force of Marquette County, working towards a healthier community. For more information on healthy eating, contact the UP Diabetes Outreach Network at (800) 369-9522 or www.diabetesinmichigan.org.

+SOPARC: More Than Just An Evaluation Tool!





NEGAUNEE IOHT (Begin at the yellow cross walk poles opposite Jackson Pit #1)

Sunday 21 Monday 22 Tuesday 23 Wednesday 24 Thursday 25 Friday 26

Saturday 27

7:30AM	George Sedlacek 362-7427	Geo	Geo	Geo	Geo	Geo	Geo
12:30PM	Geo	Dotty Lewis 315-2627	Dotty	Dotty	Dotty	Dotty	Sue Heliste
3:30PM	Mike Smock	Geo	Don Mourand	Lisa Peterson	Carol Fulsher	Kathy Peters	Kathy Peters
6:30PM	Becca Maino 360-0348	Lori Marta 475-5438	Lori Marta	Sue Heliste	Leigh Gervae	Jill Fries	David Spenker

ISHPEMING IOHT (Begin at the Brownstone Trailhead)

Sunday Monday 22 Tuesday 23 Wednesday 24 Thursday 25 Friday 26 Saturday 27

7:30AM	John Stone	John Stone	John Stone	John Stone	John Stone	John Stone	Angelo Bosio
12:30PM	Cindy Poupore	Jenifer Rajala	Jenifer Rajala	Jenifer Rajala	Jenifer Rajala	Jenifer Rajala	Pat Bureau
3:30PM	Barb Bakalarski	Barb Bakalarski	Barb Bakalarski	Barb Bakalarski	Barb Bakalarski	Jim Thomas	Carol Holmgren
6:30PM	Brenda Laurin/Connie Bertucci 236-2320	Larry Marta	Larry Marta	Becca Maino	Becca Maino	Jenifer Rajala	Marla Hill WHS



NO
MOTOR
VEHICLE

