

## ***Food, Nutrition and Health Program of Work Report***

**From July 1, 2019 to June 30, 2020**

<b>Name of person completing this form:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>For clubs reports:</b> (Club reports are due to the County Food, Nutrition and Health Chairman by <b>July 1, 2020.</b> ) <b>Club Name:</b> _____
<b>For county reports:</b> (County reports are due to the Area Food, Nutrition and Health Chairman by <b>August 15, 2020.</b> ) <b>County:</b> _____ <b>Number of Clubs reporting:</b> _____
<b>For area reports:</b> (Area reports are due to the KEHA Food, Nutrition and Health Chairman by <b>September 15, 2020.</b> ) Please mail to KEHA Food, Nutrition and Health Chairman. Check <a href="http://www.keha.org">www.keha.org</a> , board directory for the current information. <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____

***Food, Nutrition and Health (Area Chairs: Please list each county's number of participants.)***

1. Number of members who:
  - a. Had an annual physical / check-up \_\_\_\_\_
  - b. Had a Mammogram \_\_\_\_\_
  - c. Had an Ovarian Cancer Screening \_\_\_\_\_
  - d. Had a "first time Ovarian Cancer Screening" \_\_\_\_\_
  - e. Had a Diabetes Screening \_\_\_\_\_
  
2. Number of members who participated in:
  - a. One or more local blood drives \_\_\_\_\_
  - b. One or more local health fairs \_\_\_\_\_
  
3. Food security:
  - a. Number of members who donated to a local food bank or food pantry \_\_\_\_\_
  - b. Number of members who volunteered time at a local food bank or food pantry \_\_\_\_\_
  - c. Number of children served by a local "backpack for hunger" program \_\_\_\_\_
  
4. Did your club/county host an Ovarian Cancer Awareness Tea Party for ovarian cancer awareness and fundraising?  
If yes, how many attended: \_\_\_\_\_. How much money was raised? \_\_\_\_\_
  - a. Did you participate in other activities to raise awareness of ovarian cancer?
  
5. Physical Activity:
  - a. Number of members that exercised regularly (20-30 minutes at least 3 times weekly) \_\_\_\_\_
  - b. Number of members who have helped implement environmental changes to support physical activity (i.e. install a walking path, bike trail, etc.) \_\_\_\_\_
  - c. Number of members that reported an improvement in overall health due to increased activity \_\_\_\_\_
  
6. Nutrition:
  - a. Number of members who gained knowledge and made healthy food choices \_\_\_\_\_
  - b. Number of members who purchased fresh foods at a local farmers market \_\_\_\_\_
  - c. Number of members who supplemented their diets with healthy foods they produced/preserved \_\_\_\_\_
  
7. On the reverse, please list 1 or 2 exciting food, nutrition and health programs you would like to see implemented.  
Please also list up to 2 extra (not listed above) food, nutrition and health programs you are implementing now.