

Food, Nutrition and Health Program of Work Report
From July 1, 2016 to June 30, 2017

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: (Club reports are due to the County Food, Nutrition and Health Chairman by July 1, 2017.)	
Club Name: _____	
For county reports: (County reports are due to the Area Food, Nutrition and Health Chairman by August 15, 2017.)	
County: _____	Number of Clubs reporting: _____
For area reports: (Area reports are due to the KEHA Food, Nutrition and Health Chairman by September 15, 2017.) Mail to Carolyn Horn, 259 Shady Lane, Crittenden, KY 41030.)	
Area: _____	Number of Counties reporting: _____

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.

