

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

**From July 1, 2025, to June 30, 2026**

<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 Chairperson by <b>July 1, 2026</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2026</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2026. A copy of the submission should be mailed to the Area Food, Nutrition, and Health Chairperson by August 15, 2026.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

### ***Food, Nutrition and Health (Area Chairpeople: 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 \_\_\_\_\_
  - f. Participated in a local blood drive \_\_\_\_\_
  - g. Participated in a local health fair \_\_\_\_\_
2. Did your club/county host an Ovarian Cancer Awareness fundraiser? Yes \_\_\_\_ No \_\_\_\_  
If yes, how many attended? \_\_\_\_\_ How much money was raised? \_\_\_\_\_
  - a. Did you participate in other activities to raise awareness of ovarian cancer? \_\_\_\_\_
3. Program of Work Lessons – List number of members who:
  - a. Participated in a lesson on Let No Child or Senior Go Hungry? \_\_\_\_\_
  - b. Contributed something to a Blessing Box? \_\_\_\_\_
  - c. Participated in a lesson on Travel Kentucky from Your Kitchen? \_\_\_\_\_
  - d. Made a food from a different Kentucky region/area? \_\_\_\_\_
  - e. Participated in a lesson on Food Culture from Other Countries? \_\_\_\_\_
  - f. Cooked a food from another country? \_\_\_\_\_
  - g. Practiced a custom from another country? \_\_\_\_\_
4. Food security – Number of:
  - a. Members who donated to a local food bank or food pantry \_\_\_\_\_
  - b. Members who volunteered time at a local food bank or food pantry \_\_\_\_\_
  - c. Children served by a local “backpack for hunger” program \_\_\_\_\_
5. Physical Activity – List number of members who:
  - a. Exercised regularly (20-30 minutes at least 3 times weekly) \_\_\_\_\_
  - b. Helped implement environmental changes for physical activity (i.e. install a walking path, bike trail, etc.) \_\_\_\_\_
  - c. Reported an improvement in overall health due to increased activity \_\_\_\_\_
6. Nutrition – List number of members who:
  - a. Gained knowledge and made healthy food choices \_\_\_\_\_
  - b. Purchased fresh foods at a local farmers market \_\_\_\_\_
  - c. Supplemented their diets with healthy foods they produced/preserved \_\_\_\_\_
7. Please list 1 or 2 exciting Food, Nutrition, and Health programs you would like to see implemented.
8. If your club/county has conducted any Food, Nutrition, and Health programs NOT listed above, please share details.