

Faith Community Assessment

The Faithful Families **Thriving Communities** (Faithful Families, previously Faithful **Families Eating Smart** and Moving More) is a partnership between **North Carolina Cooperative Extension** and the North Carolina Division of Public Health. The program promotes healthy eating and physical activity in communities of faith.

What is the Faith Community Assessment?

The Faithful Families *Faith Community Assessment* can be used to measure changes in a faith community's healthy eating, physical activity, and chronic disease prevention policies, practices, and environments. It is designed to be used at the *beginning* and *end of a year* of working with a faith community. The comprehensive assessment provides Faithful Families facilitators, faith community leaders, and Faithful Families lay leaders information about the strengths, resources, assets, and needs of the faith communities that will participate in the program. It also provides information that will be used to evaluate and refine the Faithful Families program.

How can you use the assessment in your faith community?

The assessment provides a baseline score for your faith community as it relates to healthy eating and physical activity guidelines and chronic disease management supports. Answer the questions to the best of your ability with what you know about your faith community. At the end of the year, repeat this assessment to receive a new score and to see what changes have taken place.

At the end of this assessment, please make a copy of your faith community's responses. This will help you work with the faith community on policy, systems, and environmental changes to support healthy eating, physical activity, and chronic disease management. After taking the assessment, you will also be provided additional programs and tools to support this work.

Confidentiality

If you agree to participate, this assessment should take *about 30 minutes* to complete. The information you provide will be kept confidential. Your name will never be associated with any answer you provide.

If you have questions about this assessment, please email Annie Hardison-Moody at amhardis@ncsu.edu or call 919-515-8478.

If you have questions about your rights as a research participant or if you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus, 919-515-4514.



Faith Community Assessment

AT A GLANCE

From Pages 6 to 11, the *Faith Community Assessment* is divided into four categories: *Moving More, Eating Smart, Chronic Disease Management and Education*, and *Communication and Outreach*. Your Faith Community Assessment score will be based on your answers to questions from these categories. These questions work well together to help you identify strengths, resources, assets, and needs related to healthy eating, physical activity, and chronic disease management supports in your faith community.

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□ Independent □ Lutheran Church □ Evangelical □ Bible Church □ Other Lutheran □ Interdenominational in evangelical tradition □ Brethren □ Mennonite □ Interdenominational in evangelical tradition □ Catholic/Roman Catholic □ United □ Nondenominational fundamentalist □ Chinese Folk Religion □ African Methodist □ Interdenominational in mainline tradition □ Christian and Missionary Alliance □ Other Methodist □ Other nondenominational □ Christian □ Muslim □ No religion □ Christian Science □ Orthodox (Eastern, Russian, □ Other	CONTACT INFORMATIO	Date://	
City/Town:	Name of Faith Community:		
Phone number of Faith Community (ex. XXX-XXX): Cancer Community Communi	Street Address:		
Phone number of Faith Community (ex. XXX-XXXX): GENERAL INFORMATION 1. What is the faith tradition of the community represented in this assessment? Adventist Church of God Pentecostal African Methodist Church of the Nazarene Assemblies of God Church of God Church of God in Christ Church of God Church of America Church of Christ Charismatic C	City/Town:	County:	
GENERAL INFORMATION 1. What is the faith tradition of the community represented in this assessment? Adventist	State:	Zip Code:	
1. What is the faith tradition of the community represented in this assessment? Adventist Church of God Pentecostal African Methodist Church of the Nazarene Assemblies of God Anabaptist Congregational Church of God in Christ Assemblies of God Disciples of Christ Church of God in Christ Baha'1 Episcopal/Anglican Presbyterian Baptist Hindu Presbyterian Southern Holiness Quaker/Friends American Baptist Jewish Seventh-day Adventist Churches USA Latter-day Saints Unitarian Universalist Progressive Lutheran United Church of Christ Missionary Evangelical Lutheran United Church of Christian Brethren Mennonite Evangelical tradition Buddhist Methodist Methodist Interdenominational in evangelical tradition Christian and Missionary Alliance Other Methodist Interdenominational in mainline tradition Christian Muslim No religion Other Cortholoox (Eastern, Russian, Other	Phone number of Faith Community	(ex. XXX-XXX-XXXX):	
Adventist	GENERAL INFORMATIO	N	
African Methodist	1. What is the faith tradition of the c	community represented in this assessment?	
American Baptist Churches USA National	African Methodist Anabaptist Assemblies of God Baha'i Baptist Southern	Church of the Nazarene Congregational Disciples of Christ Episcopal/Anglican Hindu Holiness	Assemblies of God Church of God in Christ Church of God Other Pentecostal Presbyterian Quaker/Friends
Buddhist	American Baptist Churches USA National Progressive Missionary Independent Bible Church	Jewish Latter-day Saints Lutheran Evangelical Lutheran Church in America Lutheran Church Other Lutheran	Dutch Reformed Seventh-day Adventist Unitarian Universalist United Church of Christ Non-denominational Christian Evangelical Charismatic
☐ Church of Christ ☐ Don't Know	Catholic/Roman Catholic Chinese Folk Religion Christian and Missionary Alliance Christian Christian	Methodist United African Methodist Episcopal Other Methodist Muslim	Nondenominational fundamentalist Interdenominational in mainline tradition Other nondenominational No religion Other

FAITH COMMUNITY ASSESSMENT

GENERAL INFORMATION, continued

2.	What is your role?		
	Pastor/Priest/Rabbi/Imam	Deacon	Member
	Faithful Families Lay Leader	Faithful Families Facilitator	
	Other, please specify here:		
_			
3.	Does the faith community have an ac	ctive health team, ministry, or committ	ee!
	Yes	☐ No	Not Sure
4.	Does the faith community have a per	rson appointed who is responsible for h	nealth-related activities?
	Yes	☐ No	☐ Not Sure
5.	committee (e.g., fitness/nutrition cou		•
	Yes. Specify:		
	☐ No	☐ Not Sure	
6.	Where does the faith community me	et for worship?	
	Traditional worship space (e.g., sa	anctuary, chapel, temple, mosque)	
	Non-Traditional worship space the or a school)	at is used primarily for worship (e.g., b	ouilding that once was an office, theatre,
		nat is used primarily for OTHER activitie ctivities) but hosts worship services as v	
	☐ In a private home (or on private p	property)	
	Other:		
7. '	What amount of control does your fait	h community have over your meeting	space?
	Complete control (e.g., we own	it)	
	Partial control (e.g., we share cor	ntrol and help make decisions)	
	☐ No control		

SCORING YOUR ASSESSMENT

In the following sections, you will be asked a set of questions for each of the following four categories:

- Moving More
- Eating Smart
- Chronic Disease Management and Education
- Communication and Outreach

The questions in these categories work well together to help you identify strengths, resources, assets, and needs related to healthy eating, physical activity, and chronic disease management supports in your faith community.

Each question will have the following scoring system:

	No (0 pts.)	Not yet, but interested in doing this (1 pt.)	Not yet, but working on it (2 pts.)	Yes (3 pts.)	Not sure (0 pts.)
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Steps to scoring your assessment:

- 1. Answer each question to the best of your ability based on what you know about your faith community. Using the scoring system, write down the score for each question based on your answer.
- 2. Add up the scores at the end of each category of questions.
- 3. At the end of the assessment, add up your scores from each category for an overall Faith Community Assessment score.

MOVING MORE	No (0 pts.)	Not yet, but interested in doing this (1 pt.)	Not yet, but working on it (2 pts.)	Yes (3 pts.)	Not sure (0 pts.)	SCORE
1. Does the faith community have a walking trail? (If no, go to question 4.)						
2. If yes, is the walking trail open to outside groups or individuals?						
3. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the walking trail?						
4. Does the faith community have any outdoor courts or ball fields? (If no, go to question 7.)						
5. If yes, are the outdoor courts or ball fields open to outside groups or individuals?						
6. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to any outdoor courts or ball fields?						
7. Does the faith community have a playground? (If no, go to question 10.)						
8. If yes, is the playground open to outside groups or individuals?						
9. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the playground?						
10. Does the faith community have an open field space? (If no, go to question 13.)						
11. If yes, is the open field space open to outside groups or individuals?						
12. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the open field space?						

FAITH COMMUNITY ASSESSMENT

MOVING MORE, continued	No (0 pts.)	Not yet, but interested in doing this (1 pt.)	but working	Yes (3 pts.)	Not sure (0 pts.)	SCORE
13. Does the faith community have a gym or exercise room? (If no, go to question 16.)						
14. If yes, is the gym or exercise room open to outside groups or individuals?						
15. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the gym or exercise room?						
16. In the past 12 months, has the faith community hosted or organized any event(s) in which physical activity was a key component? (e.g., hike, dance, softball tournament)						
17. In the past 12 months, has the faith community hosted or organized fitness classes? (e.g., aerobics, yoga, Zumba)						
18. In the past 12 months, has the faith community provided physical activity breaks at meetings? (e.g., walking breaks, stretch breaks)						
19. In the past 12 months, has the faith community hosted or organized any walking clubs?						
	Volu	Faith Com	munity's N	lovina M	loro Scoro	

EATING SMART	No (0 pts.)	Not yet, but interested I in doing this (1 pt.)	Not yet, out working on it (2 pts.)	Yes (3 pts.)	Not sure (0 pts.)	SCORE
20. Does the faith community have an on-site kitchen or cafeteria facility? (If no, go to question 23.)						
21. If yes, does the faith community allow outside groups or individuals to use the kitchen or cafeteria facility?						
22. If yes, are there written policies or guidelines that allow groups or individuals to use the kitchen or cafeteria facility?						
23. Does the faith community serve regular meals to faith community members? (If no, skip to question 25.)						
24. If yes, does the faith community have a written policy or guidelines related to serving healthy meals?						
25. When meals are served, does the faith community typically offer fruits and vegetables as an option? (If no, skip to question 27.)						
26. If yes, does the faith community have a written policy or guideline related to making fruits and vegetables available when meals are served?						
27. Does the faith community typically include water as an option when beverages are served? (If no, skip to question 29.)						
28. If yes, does the faith community have a written policy or guideline that water should be offered any time beverages are served?						
29. Does the faith community typically include healthy options when snacks are served? (e.g., fresh fruits, vegetables and dip, whole-grain crackers) (If no, skip to question 31.)						
30. If yes, does the faith community have a written policy or guideline related to including healthy options when snacks are served? (e.g., fresh fruits, vegetables and dip, whole-grain crackers)						

FAITH COMMUNITY ASSESSMENT

EATING SMART, continued	No (0 pts.)	Not yet, but interested in doing this (1 pt.)	Not yet, but working on it (2 pts.)	Yes (3 pts.)	Not sure (0 pts.)	SCORE
31. Is the faith community located near a farmers' market or farm stand (within a one-mile radius of the faith community in urban areas and within a five-mile radius of the faith community in rural areas)? (If no, go to question 33.)						
32. If yes, does the faith community promote the usage of this farmers' market or farm stand among members?						
33. Does the faith community provide a private space (other than a restroom) that may be used to breastfeed or express breast milk?						
34. In the past 12 months, has the faith community had a fruit and/or vegetable garden maintained by faith community members?						
35. In the past 12 months, has the faith community served as a location where a farmer has sold local produce on a regular basis? (e.g., farmer set up a produce stand in faith community parking lot)						
36. In the past 12 months, has a group from the faith community visited or toured a farmers' market together?						
37. In the past 12 months, has the faith community hosted or organized any healthy cooking classes?						
38. In the past 12 months, has the faith community distributed any healthy recipes (including cookbooks) to faith community members?						
39. In the past 12 months, has the faith community hosted or organized any breastfeeding education classes or support groups?						
	Your	Faith Comr	nunity's E	ating Sm	art Score:	

CHRONIC DISEASE MANAGEMENT AND EDUCATION	No (0 pts.)	Not yet, but interested in doing this (1 pt.)	Not yet, but working on it (2 pts.)	Yes (3 pts.)	Not sure (0 pts.)	SCORE
40. Has the faith community participated in a faith community nursing program in the past 12 months? (Program in which faith community nurses serve as a health advisor, educator, and provider of health screenings)						
41. Has the faith community hosted, organized, or promoted any hypertension management classes or support groups in the past 12 months?						
42. Has the faith community offered any screenings or trainings for monitoring blood pressure in the past 12 months?						
43. Has the faith community hosted, organized, or promoted any diabetes prevention classes or support groups in the past 12 months?						
44. Has the faith community hosted, organized, promoted any diabetes management classes or support groups in the past 12 months?						
45. Has the faith community offered any screenings or trainings for monitoring blood sugar in the past 12 months?						
46. Has the faith community hosted, organized, or promoted any weight management classes or support groups in the past 12 months?						
Your Faith Community's Chro	onic Disc	ease Manag	ement an	d Educat	ion Score:	

COMMUNICATION AND OUTREACH	No (0 pts.)	Not yet, but interested to in doing this (1 pt.)	Not yet, out working on it (2 pts.)	Yes (3 pts.)	Not sure (0 pts.)	SCORE
47. In the past 12 months, has the faith community participated in a lay health advisor program? (Program in which community members receive specialized training that prepares them to promote wellness through outreach and education)						
48. In the past 12 months, have faith community leaders or members made announcements at meetings and services to promote physical activity, healthy eating, and chronic disease management resources and opportunities? (e.g., walking trails, cooking class, blood pressure screening)						
49. In the past 12 months, has the faith community used a bulletin, program, or newsletter to promote physical activity, healthy eating, and chronic disease management resources and opportunities? (e.g., walking trails, cooking class, blood pressure screening)						
50. In the past 12 months, has faith community leaders or members promoted physical activity, healthy eating, and chronic disease management resources and opportunities with other communities of faith? (e.g., walking trails, cooking class, blood pressure screening)						
Your Faith Con	nmunity	's Commun	ication ar	d Outre	ach Score:	
(Add up scores in the four cate	gories.) Yo	our Faith Co	mmunity	Assessm	ent Score:	

DEMOGRAPHICS

1.	I. How many people, counting both adults and children, would you say regularly participate in your faith community—whether or not they are officially members?							
2.	. Compared with two years ago, has the number of regularly participating adults increased, decreased, or remained about the same?							
	☐ Increased ☐ Decreased ☐ Remained about the same							
3.	3. We want to understand how practices may be similar or different across types of faith communities. Please help by telling us a little bit about the membership of your faith community. This information does not need to be exact, so please use your best estimates. About what percentage of the faith community is made up of (should total 100):							
	Hispanics							
	African Americans (Non-Hispanic)							
	Whites (Non-Hispanic)							
	American Indians							
	Asian Americans from South Asia (e.g., India, Pakistan)							
	Asian Americans from East Asia (e.g., Korea, China)							
	Other							
4.	About what percentage of the faith community are ages (should total 100):							
	0–5 years							
	6–18 years							
	19–64 years							
	65+							