**A. COMMUNITY OVERVIEW 🞎 Before:** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **🞎 After:** Date

This assessment will help you identify and plan improvements in your community’s overall food environment. You will be assessing the following categories for your organization:

1. Strategic Planning
2. Supportive Environments
3. Communication and Education

This assessment may be completed by just one person or by a group (such as a committee that has been formed to support healthy eating in the community). To begin, please fill out the following information:

|  |  |
| --- | --- |
| **Community:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This Assessment was completed by: 🞎 **Project coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 **Consultant**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 **Committee/Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contributing members:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What type of food services are provided in your community?  |
| **Food Service** | **Briefly Describe** |
| 🞎 Catering for Group Events |  |
| 🞎 Snack Bar/Concession |  |
| 🞎 Snack Vending Machines |  |
| 🞎 Beverage Vending Machines |  |
| 🞎 Fundraising Food Tables |  |
| 🞎 Restaurants |  |
| 🞎 Grocery Store |  |
| 🞎 General Store that sells food |  |

|  |
| --- |
| **STRATEGIC PLANNING** |
|  | **Fully in Place** | **Partially in Place/ Could be Improved** | **Under Development** | **Not in Place** |
| 1. *A Healthy Choices Committee has been formed.*
 | **3** | **2** | **1** | **0** |
| 1. *A Healthy Choices Plan has been written and approved by decision makers.*
 | **3** | **2** | **1** | **0** |
| 1. *A Healthy Choices Policy has been written and approved by decision makers.*
 | **3** | **2** | **1** | **0** |
| 1. *The community has dedicated resources and/or assigned responsibility for the plan and/or policy.*
 | **3** | **2** | **1** | **0** |
| 1. *The community’s healthy choices goals are monitored and evaluated.*
 | **3** | **2** | **1** | **0** |
| **Column Totals 🡪** |  |  |  |  |
|  Add the total points from the column totals**= Category Total** 🡪 |  |
|  (Category Total ÷ 15 x 100)= **Category Score** 🡪This represents how close your community comes to ideal in the strategic planning category.  | % |

|  |
| --- |
| Please list or explain any other work that your facility is doing in terms of strategic planning for healthy choices (e.g. setting goals, etc.). |

|  |
| --- |
| **SUPPORTIVE ENVIRONMENTS**  |
|  | **Fully in Place** | **Partially in Place/ Could be Improved** | **Under Development** | **Not in Place** |
| 1. *The following serve healthy choices in accordance with any Provincial or Territorial Nutrition Guidelines. The BC healthy choices are based on Nutrient Criteria for 50% Sell Most, 50% Sell Sometimes\*:*
	1. *Vending machines*
 | **3** | **2** | **1** | **0** |
| * 1. *Concession/Snack Bar*
 | **3** | **2** | **1** | **0** |
| * 1. *Events*
 | **3** | **2** | **1** | **0** |
| * 1. *Fundraising*
 | **3** | **2** | **1** | **0** |
| 1. *At formal meetings in our community (e.g. Council Meetings, Band Meetings, etc.) healthy foods are served.*
 | **3** | **2** | **1** | **0** |
| 1. *Our community members support making healthy changes to the community.*
 | **3** | **2** | **1** | **0** |
| **Column Totals 🡪** |  |  |  |  |
|  Add the total points from the column totals**= Category Total** 🡪 |  |
|  (Category Total ÷ 18 x 100)= **Category Score** 🡪This represents how close your community comes to ideal in the supportive environments category.  | % |

*\*Refer to Appendix 3 in the Healthier Choices in Vending Machines in BC Public Buildings Policy* [*http://www.health.gov.bc.ca/healthyeating/pdf/vending-policy-2014.pdf*](http://www.health.gov.bc.ca/healthyeating/pdf/vending-policy-2014.pdf)

|  |
| --- |
| Please list or explain any other work that your facility is doing to promote support environments for healthy choices. |

|  |
| --- |
| **COMMUNICATION & EDUCATION** |
|  | **Fully in Place** | **Partially in Place/ Could be Improved** | **Under Development** | **Not in Place** |
| 1. *Community members are made aware of this healthy food and beverage initiative. (e.g. newsletter, website, posters)*
 | **3** | **2** | **1** | **0** |
| 1. *Community members are made aware of healthy living and healthy eating choices (e.g. newsletter, website, posters).*
 | **3** | **2** | **1** | **0** |
| 1. *Food Safe training is available for community leaders and volunteers.*
 | **3** | **2** | **1** | **0** |
| 1. *Workshops, classes or other training opportunities in relation to healthy eating are offered regularly.*
 | **3** | **2** | **1** | **0** |
| **Column Totals 🡪** |  |  |  |  |
|  Add the total points from the column totals**= Category Total** 🡪 |  |
|  (Category Total ÷ 12 x 100)= **Category Score** 🡪This represents how close your community comes to ideal in the communication and education strategy.  | % |

|  |
| --- |
| Please list or explain any other work that your facility is doing to increase communication and/or education for healthy choices. |

**COMMUNITY OVERVIEW FINAL SCORE**

**Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Transfer the category scores from the bolded boxes for each of the three assessment areas into the tally box below.
* Compare with future, annual re-assessments to track your progress.
* Be sure to save this record of your community’s status.

**Example: (6/12 = 50%)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **Category Total** | **Out of** | **Category Score (%)** |
| **Strategic Planning** |  | **15** |  |
| **Supportive Environments** |  | **18** |  |
| **Communication & Education** |  | **12** |  |
| Add top 3 scores for the **TOTAL 🡪** |  | **45** |  |

*This score represents how close your healthy choice community comes to ideal. Use this percentage to assess your progress from year to year.*

Pleased return completed forms to your Provincial or Territorial Coordinator (if applicable). Thanks!