Test Bank[1] for *Community Nutrition in Action* 6e
Chapter 2 – Assessing Community Resources

Learning Objectives

2.1   Describe seven steps in conducting a community needs assessment.
2.2   Develop a statement that defines the nutritional problem within the community.
2.3   Discuss the contribution of the target population to community needs assessment planning and priority setting.
2.4   Describe three types of data about the community that can be collected, and indicate where these data can be found.

True/False[2]

1. Community needs assessment is the process of evaluating the health and nutritional status of the community, determining what the community's health and nutritional needs are, and identifying places where those needs are not being met.
    a. true
    b. false

    ANS: a   REF: 38   OBJ: 2.1

2. The overall purpose of community analysis and diagnosis is to get a better understanding of how the community functions and how it addresses the public health and nutritional needs of its citizens.
    a. true
    b. false

    ANS: a   REF: 39   OBJ: 2.1

3. The extent of the community assessment will vary depending on the scope of the assessment and its target audience.
    a. true
    b. false

    ANS: a   REF: 40   OBJ: 2.1

4. A statement of the nutritional problem indicates who is affected and how many people experience the problem.
    a. true
    b. false

    ANS: a   REF: 42   OBJ: 2.2

5. Once your "community" is defined, you will never need to re-define it for future needs assessments.
    a. true
    b. false

    ANS: b   REF: 42   OBJ: 2.1

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[2] ANS = correct answer; REF = page reference; OBJ = learning objective

6. The target population of a needs assessment always remains constant over the course of the assessment.
    a. true
    b. false

    ANS: b   REF: 42|44   OBJ: 2.1

7. An objective should state a single purpose.
    a. true
    b. false

    ANS: a   REF: 44   OBJ: 2.1

8. Changes in the demographic profile of a community can serve as an early indicator of the potential gaps in services or undetected nutritional problems.
    a. true
    b. false

    ANS: a   REF: 45   OBJ: 2.4

9. The infant mortality rate for blacks is half of the U.S. national average.
    a. true
    b. false

    ANS: b   REF: 46   OBJ: 2.4

10. The infant mortality rate is an important measure of a nation's health, but is not used worldwide as an indicator of health status.
    a. true
    b. false

    ANS: b   REF: 45-46   OBJ: 2.4

11. The latest census data can provide a wealth of information regarding sociocultural and economic trends for your defined community.
    a. true
    b. false

    ANS: a   REF: 49|51   OBJ: 2.4

12. A visit to the local grocery store where the target population shops can help you to learn more about the population's food consumption and shopping practices.
    a. true
    b. false

    ANS: a   REF: 51-52   OBJ: 2.4

13. The community nutritionist who is active within the community will more easily identify the key informants within that community.
    a. true
    b. false

    ANS: a   REF: 45|51-52   OBJ: 2.4

14. There is no one right way to begin data collection for a needs assessment.
    a. true
    b. false

    ANS: a   REF: 52   OBJ: 2.1

15. An individual's culture influences his/her food intake and nutritional status.
    a. true
    b. false

    ANS: a   REF: 56   OBJ: 2.4

16. Existing data that pertains to the identified target population should not be considered as valid and usable data.
    a. true
    b. false

    ANS: b   REF: 56   OBJ: 2.4

17. Using data collected from large-scale population surveys, such as those conducted by the National Nutrition Monitoring and Related Research Program, should be considered when determining the nutritional status of your community.
    a. true
    b. false

    ANS: a   REF: 56   OBJ: 2.4

18. National survey data do not always reflect the nutritional status or food intake of the target population in a particular setting.
    a. true
    b. false

    ANS: a   REF: 57   OBJ: 2.4

19. The Community Nutrition Mapping Project is an application that combines and aggregates food and nutrition indicators at geographic levels.
    a. true
    b. false

    ANS: a   REF: 54   OBJ: 2.4

20. Sharing the findings of the community needs assessment with the local media is an example of advocacy.
    a. true
    b. false

    ANS: a   REF: 57-58|60   OBJ: 2.1

Multiple Choice

1. Major approaches to community nutritional needs assessment include:
    a. evaluating existing resources available.
    b. evaluating the nutritional status of the community.
    c. examining the needs of the community.
    d. all of the above

ANS: d   REF: 38   OBJ: 2.1

2. All of the following terms are used to describe community needs assessment **except**:
    a. health education planning.
    b. process planning.
    c. asset mapping.
    d. community analysis and diagnosis.

    ANS: b   REF: 39   OBJ: 2.1

3. The condition of a population's or individual's health as influenced by the intake and utilization of nutrients and nonnutrients is called
    a. health status.
    b. community needs assessment.
    c. nutritional status.
    d. nutritional needs assessment.

    ANS: c   REF: 38-39   OBJ: 2.1|2.4

4. The first step in conducting a community needs assessment is to:
    a. set the parameters of the assessment.
    b. collect data.
    c. define the nutritional problem.
    d. analyze and interpret the data.

    ANS: c   REF: 40-41   OBJ: 2.1

5. Which of the following would **not** be an appropriate purpose for a community needs assessment?
    a. Determine whether existing resources and programs meet the community's nutritional needs.
    b. Identify groups within the community who are at risk nutritionally.
    c. Tailor a program to a specific population.
    d. Evaluate the level of power held by the community government officials.

    ANS: d   REF: 42   OBJ: 2.1

6. Specific goals of a community nutritional needs assessment might include:
    a. identification of existing available nutrition services.
    b. identification of target groups at risk.
    c. planning appropriate action for improving nutrition status.
    d. all of the above

    ANS: d   REF: 43-44   OBJ: 2.1

7. Characteristics of objectives include all of the following **except**:
    a. they are statements of outcomes and activities.
    b. they use a strong verb, such as "increase" or "reduce."
    c. they are broad statements of what the activity is expected to accomplish.
    d. they determine the type of data collected.

    ANS: c   REF: 44   OBJ: 2.1

8. The types of data required in a needs assessment depend on all of the following **except** its:
    a. purpose.
    b. goals.
    c. source of funding.
    d. objectives.

    ANS: c   REF: 44   OBJ: 2.2

9. A(n) ____ is a broad statement that indicates what the assessment is expected to accomplish, whereas a(n) ____ is a statement of outcomes and activities needed to fulfill the purpose of the assessment.
    a. assessment, goal
    b. goal, objective
    c. outcome, objective
    d. need, goal

    ANS: b   REF: 44   OBJ: 2.2

10. People who have a vested interest in identifying and addressing the nutritional problems in a community are called the:
    a. target group.
    b. key informants.
    c. opinion leaders.
    d. stakeholders.

    ANS: d   REF: 44-45   OBJ: 2.2

11. Which of the following would probably **not** be a key informant?
    a. The mayor
    b. Administration of the local senior center
    c. Priest at the Catholic church
    d. A newly hired CEO of a local manufacturing company

    ANS: d   REF: 45   OBJ: 2.2

12. The effect of an intervention on the health and well-being of an individual or population is referred to as a
    a. diagnosis.
    b. health outcome.
    c. nutritional intervention.
    d. none of these

    ANS: b   REF: 58   OBJ: 2.3

13. Which of the following would be considered a relatively low priority when ranking problems or needs identified through a community assessment?
    a. Rare problems
    b. Serious problems
    c. Problems affecting mothers and children that can easily be prevented
    d. Problems whose frequencies are increasing

    ANS: a   REF: 58-59   OBJ: 2.3

14. Which of the following results from a community needs assessment should be given highest priority for intervention?
    a. Fetal alcohol syndrome prevention, which is promoted well by the local YMCA.
    b. Iron-deficiency anemia, which is on the decline in your target population.
    c. Obesity, which affects 80% of your target population.
    d. All of these should be a number 1 priority.

    ANS: c   REF: 58-59   OBJ: 2.3

15. Which of the following would be the best way to increase awareness of a nutrition problem that exists in a community and build support for policy changes?
    a. Organize a conference to obtain additional information on the problem
    b. Release the community assessment's findings to the media
    c. Enlarge the marketing campaign
    d. Share results with physicians, nurses, and other health care providers

    ANS: b   REF: 59-60   OBJ: 2.3

16. Which of the following is **not** a source of qualitative data about a community?
    a. Interviews with key informants
    b. Vital statistics
    c. Interviews with stakeholders
    d. Observation

    ANS: b   REF: 44-45   OBJ: 2.4

17. Which type of data is provided by census reports?
    a. Quantitative
    b. Subjective
    c. Qualitative
    d. a and b
    e. b and c

    ANS: a   REF: 45|51   OBJ: 2.4

18. Which of the following is **not** an example of a vital statistic?
    a. Alcohol consumption rate among Native Americans
    b. Birth rate among pregnant Latina adolescents
    c. Death rate among immigrants
    d. Interracial marriages within the United States

    ANS: a   REF: 45   OBJ: 2.4

19. Which of the following are **not** demographic type data?
    a. Age, gender
    b. Age, socioeconomic status
    c. Marital status, living arrangements
    d. All of these are demographic data.

    ANS: d   REF: 45   OBJ: 2.4

20. Demographic data include all of the following **except**:
    a. age.
    b. gender.
    c. spending habits.
    d. marital status.

    ANS: c   REF: 45   OBJ: 2.4

21. Changes in the _____ of a community often serve as an early warning signal about potential gaps in services or undetected nutritional problems.
    a. demographic profile
    b. history
    c. leadership
    d. key informants

    ANS: a   REF: 45   OBJ: 2.4

22. Where can you find mortality statistics?
    a. State department of transportation
    b. State health departments
    c. U.S. Department of Agriculture
    d. Elderly Nutrition Program

    ANS: b   REF: 46   OBJ: 2.4

23. The infant mortality rate in the U.S. has _____ over the past decades.
    a. decreased steadily
    b. increased slightly
    c. remained unchanged

    ANS: a   REF: 46   OBJ: 2.4

24. Health care resources and the use of these resources are types of _____ data.
    a. demographic
    b. community health
    c. community organizational power and structure
    d. environmental

    ANS: b   REF: 45-47   OBJ: 2.4

25. Which of the following would provide quantitative information about the community?
    a. Observation of the target population in its community setting
    b. Talking with individuals within the community who know the target population well
    c. Data from CDC's *Morbidity and Mortality Weekly Report*
    d. Interviewing key informants

    ANS: c   REF: 45|47   OBJ: 2.4

26. The infant mortality rate
    a. is a measure of nutritional status only used in the United States.
    b. has increased slightly in the U.S. over the past few decades.
    c. is almost triple the national average for blacks.
    d. is used to describe the population's health and nutritional status.

    ANS: d   REF: 45-46   OBJ: 2.4

27. As a newcomer to town, where might you find information regarding existing community
   services and programs related to nutrition?
   a. Government agencies
   b. Local hospital or wellness clinic
   c. Yellow pages in the phonebook
   d. All of these

   ANS: d   REF: 46-48|50   OBJ: 2.4

28. Which of the following has educational materials, programs, and referral services available
   for community nutritionists?
   a. Academy of Nutrition and Dietetics
   b. United Way of America
   c. U.S. National Health Information Center
   d. a and b
   e. b and c

   ANS: c   REF: 47   OBJ: 2.4

29. The _____ is a network of volunteers and local charities that maintains directories of local
   community services and programs.
   a. American Red Cross
   b. Centers for Disease Control and Prevention
   c. Combined Health Information Database
   d. United Way of America

   ANS: d   REF: 47   OBJ: 2.4

30. Which of the following would be the best source of data on facilities, such as hospitals,
   located in a community?
   a. Yellow pages of phone book
   b. FedStats
   c. Key informants
   d. National Center for Health Statistics

   ANS: a   REF: 47   OBJ: 2.4

31. Background data on the local prevalence of billboards advertising alcoholic beverages
   would be most pertinent to a needs assessment undertaken to gather information about
   _____ factors influencing the nutritional status of the community.
   a. economic
   b. environmental
   c. personal
   d. political

   ANS: b   REF: 48   OBJ: 2.4

32. Which of the following does **not** affect food availability?
   a. The community's geography and climate
   b. Type of food storage systems available
   c. Transportation that is available
   d. Language spoken at home

   ANS: d   REF: 48   OBJ: 2.4

33. Census data typically describe all of the following characteristics of a community **except**:
    a. age distributions.
    b. sex distributions.
    c. labor force characteristics.
    d. number and location of grocery stores and supermarkets.

    ANS: d   REF: 51|52   OBJ: 2.4

34. Census data typically describe all of the following **except**
    a. births and deaths.
    b. frequency of re-locations to another community.
    c. housing characteristics (year built, number of rooms, etc.).
    d. labor force characteristics.

    ANS: b   REF: 52   OBJ: 2.4

35. Which of the following is an example of a secondary data source?
    a. Census data
    b. Data archives, such as the University of Michigan's Institute for Social Research
    c. Interviews with key informants
    d. All of these

    ANS: b   REF: 53   OBJ: 2.4

36. The interconnected web of human knowledge, beliefs, and behaviors that are learned and transmitted to succeeding generations is called:
    a. lifestyle.
    b. ethnicity.
    c. race.
    d. culture.

    ANS: d   REF: 56   OBJ: 2.4

Matching

Match the type of data collected during a community nutritional needs assessment in the left column with the example of that type of data in the right column. The same letter may be used more than once.

1. Percentage of families living below the poverty line 2. Size and composition of households 3. Morbidity statistics 4. Reporters and the media 5. Soup kitchens 6. Education 7. Percentage of population that is Hispanic 8. Language spoken at home 9. Health care resources 10. Organization of government	a. community organizational power and structures b. economic data and trends c. demographic data and trends d. sociocultural data and trends e. existing community services and programs f. community health

Matching key:
1. ANS: b   REF: 51   OBJ: 2.4

2.	ANS: c	REF: 46	OBJ: 2.4
3.	ANS: f	REF: 46	OBJ: 2.4
4.	ANS: a	REF: 45	OBJ: 2.4
5.	ANS: e	REF: 47	OBJ: 2.4
6.	ANS: d	REF: 51	OBJ: 2.4
7.	ANS: c	REF: 46	OBJ: 2.4
8.	ANS: d	REF: 51	OBJ: 2.4
9.	ANS: f	REF: 46|47	OBJ: 2.4
10.	ANS: a	REF: 45	OBJ: 2.4

Essay Questions

1. What factors might trigger a community needs assessment? Discuss three.

   ANS:
   • Need for new data to replace outdated data
   • State or federal mandate
   • Research findings that stimulate further inquiry
   • Availability of funding
   REF: 39
   OBJ: 2.1

2. Name the sources of data in the community that you would utilize in a community nutritional needs assessment in order to be able to describe two of the following:
   a. a community's socioeconomic characteristics
   b. a community's health status
   c. existing community services and programs
   d. a community's environmental characteristics

   ANS:
   a. Census Bureau, Bureau of Labor Statistics, FedStats, Administration for Children and Families (DHHS), Supplemental Nutrition Assistance Program, and municipal, county, and state records
   b. Census Bureau, National Center for Health Statistics, FedStats, Public Health Service, National Institute for Occupational Safety and Health, Agriculture Research Service, Elderly Nutrition Program, Centers for Disease Control and Prevention, state and municipal health departments, published studies, and yellow pages of phone book
   c. Hospitals, clinics, sports/fitness centers, state dietetic association, yellow pages of phone book, key informants, municipal community services directory, and related government agency offices
   d. Census Bureau, FedStats, state departments of agriculture, annual reports of hospitals and clinics, municipal and state departments of transportation, municipal and state departments of water works and water quality, observation, yellow pages of phone book, and data archives
   REF: 45-52
   OBJ: 2.4

3. Describe the seven steps involved in conducting a community needs assessment.

   ANS: *Seven Steps*
   • Define the nutritional problem
   • Set the parameters of the assessment:
     • Define the community
     • Determine the purpose of the needs assessment
     • Define the target population

- • Set goals and objectives for the assessment
- • Specify the types of data needed
- Collect data about the community, including community, environmental, and socioeconomic characteristics; data sources; background conditions; and existing and new data on the target population
- Analyze and interpret the data
- Share the findings of the assessment
- Set priorities for determining which needs will be addressed first
- Choose a plan of action

REF: 41-60
OBJ: 2.1

4. Describe what should go into the executive summary of a community nutrition assessment.

ANS: The summary should describe the dimensions of the nutritional problem, including its severity, extent, and frequency; its distribution across the urban, rural, or regional setting and across age groups; its causes; and the mortality and morbidity associated with it. It should specify the major strengths of existing community resources and health care services as they relate and where health care delivery could be improved. The summary may also indicate how the cost of treating the nutritional problem compares with the cost of preventing it and provide information regarding the social consequences of not intervening.

This executive summary will highlight three to four key points that emerged from the assessment, and should be shared with the key stakeholders and other interested parties.
REF: 57
OBJ: 2.1

5. Differentiate between qualitative and quantitative data and list examples of each type of data.

ANS: Both qualitative and quantitative data help describe the community and its values, health problems, and needs. Qualitative data such as opinions and insights may be derived from interviews or focus groups with key informants, stakeholders, and members of the target population. Quantitative data may be derived from a variety of databases, including registries of vital statistics, published research studies, hospital records, and local health surveys.
REF: 45
OBJ: 2.4

6. Develop a statement that defines a nutritional problem within your community.

ANS: Answers will vary but should include the target population, how many people experience the nutritional problem, the impact on the community, and gaps in the community's knowledge of the nutritional problem.
REF: 41-42
OBJ: 2.2

7. Discuss the contribution of the target population to community needs assessment planning and priority setting.

ANS: The target population forms the basis of the assessment. The choice of the target population is influenced by the initial perception about the nutritional problem, and may shift to be more inclusive during the data collection. Usually, though, the target population remains a constant over the course of the needs assessment. Interviews of members of the

target population identified as key informants or stakeholders and observation of the population can provide useful qualitative data.
REF: 42|44-45
OBJ: 2.3

8. Differentiate among the three types of data about the community that can be collected and where these data are found.

    ANS: The three types of data include community, environmental, and socioeconomic characteristics. Information regarding the characteristics of the community is needed to determine how the community operates, how its population is distributed, and how healthy it is. Community characteristics include information on the following: community organizational power and structures; demographic data and trends; community health statistics; and existing community services and programs. Environmental characteristics focus on how each target population lives and works within a particular physical environment. Access to medical clinics and ambulatory care services and food availability are two examples of environmental characteristics. Socioeconomic characteristics provide insight about the income of families and the number of families receiving public assistance.
    REF: 45-54
    OBJ: 2.4

9. Define *culture*. How does one's culture influence his/her food intake and nutritional status?

    ANS: Culture is defined as the integrated pattern of human knowledge, beliefs, and behaviors that are learned and transmitted to succeeding generations. Many of our food habits, attitudes, and practices arise from the traditions, customs, belief systems, technologies, values, and norms of the culture in which we live.
    REF: 56
    OBJ: 2.3

10. Differentiate between a goal and an objective, and explain why both are important.

    ANS: Goals are broad statements that indicate what the assessment is expected to accomplish, whereas objectives are statements of outcomes and activities needed to reach a goal. Both are important because they determine the types of data collected and how they will be used. Both provide a focus to the assessment.
    REF: 44
    OBJ: 2.1

Short Answer

1. How is a community needs assessment similar to a nutritional assessment of a patient in a hospital?

    ANS: In a community needs assessment, the "patient" is the community, and this "patient's" nutritional status is investigated using multiple types and sources of data.
    REF: 38-40
    OBJ: 2.1

2. How are key informants different from stakeholders? Could they be the same person within the community? Why or why not?

    ANS: A key informant is a person who is "in the know" about the community and whose opinions and insights can help direct the needs assessment. A stakeholder is a person who

has a vested interest in identifying and addressing the nutritional problem. In some cases, yes, a key informant may also be a stakeholder. For example, a community nutritionist can be a key informant within a needs assessment but also hold a vested interest in the results of the assessment.
REF: 45|52
OBJ: 2.3

3. Define *health outcome*. What might be some possible health outcomes noted in a needs assessment?

   ANS: A health outcome refers to the effect of an intervention on the health and well-being of an individual or population. Examples of possible health outcomes include weight loss, a drop in blood pressure, a decrease in blood cholesterol levels, an increase in physical activity, and a decrease in the number of smokers.
   REF: 58
   OBJ: 2.1

Use the following case scenario to answer short answer items 4-8.
Several health professionals in your city are interested in conducting a needs assessment to determine whether a substance abuse education program for older adults is necessary.

4. Draft a goal and objective for the needs assessment.

   ANS: Answers will vary. An example follows:

   Goal: To determine whether a substance abuse education program for older adults within the identified community is necessary.

   Objective: Draft a list of all existing services, complete with eligibility requirements and contact information for each service.
   REF: 44
   OBJ: 2.1

5. What community characteristics would be helpful to collect?

   ANS: Answers will vary; however, a few could include the number of older adults by age, frequency by gender, marital status, living arrangements, and overall health status, including prescription drug use.
   REF: 44-47
   OBJ: 2.4

6. What environmental characteristics would be helpful to collect?

   ANS: Answers will vary, but could include the following:

   Food systems; geography and climate; health systems; housing; recreation; and transportation systems.
   REF: 48-51
   OBJ: 2.4

7. What socioeconomic characteristics would be helpful to collect?

   ANS: Answers will vary, but could include the following:

   Income level; percentage receiving public assistance; education level; literacy rate; employment status.
   REF: 49-51

2-14

OBJ: 2.4

8. How would you collect these pieces of data?

ANS: Answers will vary, but could include the following:

Primary data sources: Interviews with key informants and older adults themselves, and networking with other health professionals.

Secondary data sources: Utilizing databases, such as census data and FedStats; reviewing journal articles on the prevalence of substance abuse in the older population; yellow pages of the phone book; and state and municipal records.
REF: 51-54
OBJ: 2.4

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