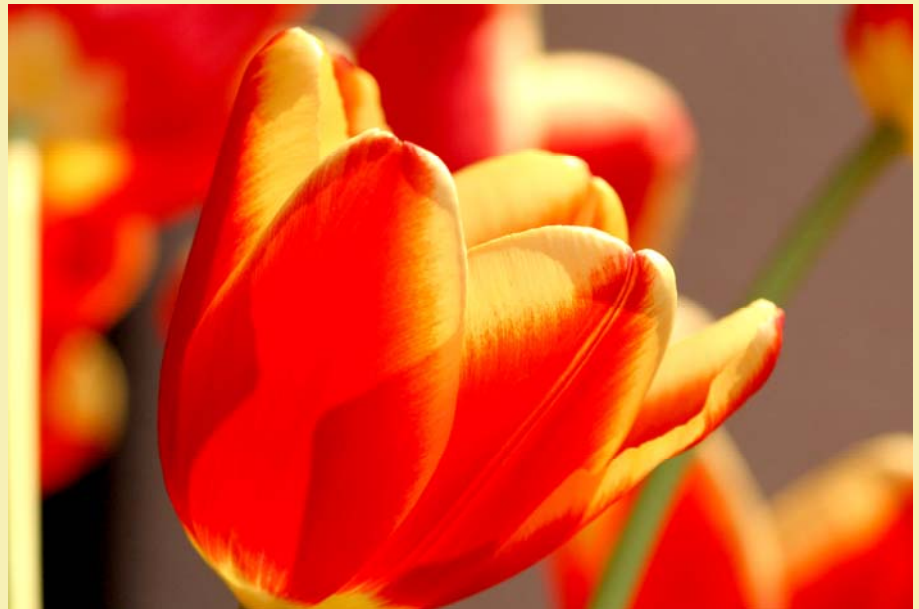


# **Heart-Healthy & Stroke-Free**

## **A Social Environment Handbook**



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CENTERS FOR DISEASE CONTROL AND PREVENTION**



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# Introduction



This handbook is a tool for everyone working to create heart-healthy and stroke-free communities across America. Health advocates are recognizing that creating and sustaining healthy communities requires fundamental social change that goes far beyond the individual patient education approach of many traditional public health programs. However, changing the social environment has proved even more challenging than trying to modify individual lifestyle choices. The first step to improving the social environment is to accurately identify its health-promoting and health-damaging characteristics.

In this handbook, public health professionals, advocacy groups, and concerned community and state leaders will find specific ideas and strategies for identifying barriers and promoters for heart-healthy and stroke-free living in local environments. Although many public health tools are available for “community diagnosis,” this handbook is unique because of its particular focus on prevention and treatment of heart disease and stroke. All of the specific examples, tables, and worksheets relate directly to heart disease and stroke risk factors, prevention challenges, and treatment issues. We have attempted to present the information and ideas in the handbook in an accessible, straightforward fashion so that a wide range of users—from motivated school, church, and community leaders to highly trained local public health professionals—will find something useful in these pages.

*Social Environment*  
*the arts*  
*beliefs about community*  
*built infrastructure*  
*cultural practices*  
*government*  
*human services*  
*industrial structure*  
*labor markets*  
*medical care*  
*power relations*  
*race relations*  
*religious institutions*  
*social inequality*  
*social processes*  
*wealth*

### **A Paradigm Shift**

Health promotion efforts for heart disease and stroke have traditionally employed a health education approach focused on the major biomedical and behavioral risk factors. These risk factors include hypertension, elevated blood cholesterol, obesity, diabetes, poor diet, physical inactivity, and cigarette smoking. Programs and interventions for these risk factors have been designed and implemented based on a health education paradigm.

This model assumes that providing education and behavior change tools to individuals to help them achieve lifestyle improvements can lower the prevalence of adverse risk conditions at the population level. In other words, the cumulative effect of educating many individuals will result in changes in population patterns of risk factors, and subsequently, declines in heart disease and stroke incidence, prevalence, and deaths. In contrast, the social environment paradigm of health promotion holds that programs and interventions should focus “upstream,” and attempt to directly modify social environmental conditions in

order to positively influence human behaviors, and consequently, disability and disease. Increasing excise taxes on cigarettes and enacting local ordinances limiting smoking in restaurants are two examples of health promotion activities that fall under the social environment paradigm.

### **Importance of the Social Environment**

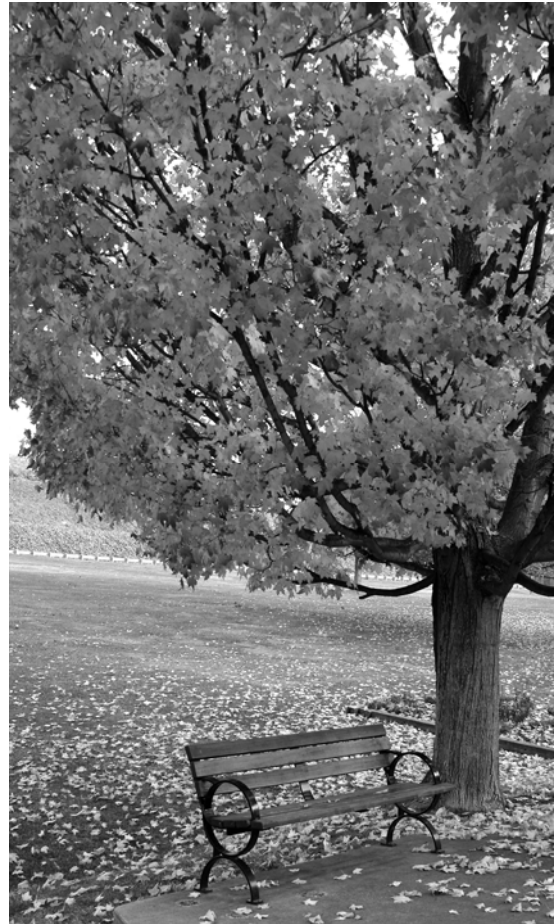
In recent years, growing awareness of the importance of social environmental and policy changes in promoting heart-healthy and stroke-free communities has resulted in activities and interventions focused on community-level change at the Centers for Disease Control and Prevention (CDC) and the American Heart Association (AHA). These new activities require a conceptual model that links individual risk factors and behaviors for heart disease and stroke with their corresponding promoters and barriers in the social environment.

We have outlined a conceptual model that connects individual goals for heart and stroke health promotion with population goals and have identified both barriers and promoters for each goal (see the tables on pages 7–9). We have highlighted “the big five” heart disease and stroke risk factors: hypertension, dyslipidemia, tobacco use, poor nutrition, and physical inactivity. However, a number of other well-known risk factors certainly could be added to this conceptual model, including diabetes, depression, and stress.

### **Individual Versus Population Goals**

The distinction between individual and population goals is not always recognized; however, it is a critical distinction, because barriers and promoters of individual goals are often different than those for population goals and require different types of health promotion activities.

For example, the first individual goal listed in the Nutrition Goals table on page 7 is “consume a heart-healthy diet.” The corresponding population goal is “increase the percentage of people who consume a heart-healthy diet.” For an individual, an important barrier might be lack of money to purchase fresh fruits and vegetables. For a population, a barrier might be low average family incomes, resulting in large numbers of people who lack money to purchase fresh fruits and vegetables.



A health promotion activity focused on the individual might be provision of vouchers or food stamps. In contrast, a health promotion activity focused on the social environment might concentrate on improving family incomes through economic development, job creation, and support of labor union efforts to increase wages. For example, in the North Karelia Project in Finland, the economic concerns of dairy farmers had to be addressed before population-wide declines in consumption of high-fat dairy products could be achieved.

### **Low-Risk Versus High-Risk Populations**

We also make an important distinction between low-risk and high-risk populations in terms of specific risk factors and their related individual and population goals. Using the example of blood cholesterol in the table on page 7, the low-risk population would consist of everyone whose blood cholesterol level falls within the normal range. The high-risk population would consist of everyone whose blood cholesterol is above the normal range.

For the low-risk population, the individual goal is to maintain normal blood cholesterol levels throughout the life span, while the population goal is to reduce or eliminate new cases of elevated blood cholesterol. For the high-risk population, the individual goal is to lower blood cholesterol through behavior modification and medical treatment. The high-risk population goal is to increase the percentage of people whose blood cholesterol levels are reduced to normal levels. For each of these four target goals related to blood cholesterol, the potential barriers and promoters are different.

We often think of high-risk populations only in terms of medical treatment and intervention for people who are already sick, but these populations can also benefit from prevention of related factors that may worsen the principal risk factor—in this example, primary prevention of diabetes, obesity, poor diet, and physical inactivity will help mitigate the impact of high blood cholesterol on risk for heart disease and stroke.

### **Promoters Versus Barriers to Change**

Designing, planning, and implementing social environmental interventions to improve heart health requires attention to both promoters of, and barriers to, change. For example, worksite wellness programs focused on reducing high blood pressure or maintaining normal blood pressure need to take into account local economic conditions that may result in employment instability and high job turnover. These negative life events can create psychosocial stress, which in turn can exacerbate high blood pressure.

## How to Find Current Risk Factor Information and Guidelines

Source	Description and Web Address
<b>Centers for Disease Control and Prevention</b>	<p>The <i>Heart Disease Prevention: What You Can Do</i> Web page provides fact sheets on many risk factors. Links to official guidelines and reports for blood pressure, cholesterol, obesity, physical activity, tobacco use, and diet.</p> <p><a href="http://www.cdc.gov/HeartDisease/prevention.htm">http://www.cdc.gov/HeartDisease/prevention.htm</a></p>
<b>American Heart Association</b>	<p>The <i>Health Tools</i> Web page provides links to information sheets on heart disease and stroke risk factors, treatments and tests, and disease conditions. There are several interactive features, including a risk assessment tool, family tree, cholesterol and blood pressure tracker, and an exercise diary.</p> <p><a href="http://www.americanheart.org/presenter.jhtml?identifier=3006028">http://www.americanheart.org/presenter.jhtml?identifier=3006028</a></p>
<b>American Stroke Association</b>	<p>The <i>How Cardiovascular and Stroke Risks Relate: Converging Risk Factors</i> Web page provides an overview of many risk factors that are common to both stroke and heart disease, such as blood pressure, cholesterol, and physical activity. Links to additional detailed information are provided.</p> <p><a href="http://www.strokeassociation.org/presenter.jhtml?identifier=3027394">http://www.strokeassociation.org/presenter.jhtml?identifier=3027394</a></p>

Furthermore, efforts to create and strengthen social environmental promoters of normal blood pressure through healthy food and recreational environments will be more successful when coupled with efforts to reduce barriers such as lack of access to medical care or medications, lack of time for healthy food preparation, and inadequate family incomes.

Health professionals must recognize that some of the most serious social environmental barriers to good health—such as racism, poor economic conditions, and advertising of harmful products—arise from social conflicts among different interest groups in society. These barriers must be tackled; they are not insurmountable. However, successful approaches will require reaching out beyond the health promotion community to form broad coalitions of public agencies, nonprofit groups, concerned citizens, and policy makers.

### Conclusion

The pathways by which social environmental change can affect individuals, their behaviors, and their biology are not obvious to everyone. Advocates for cardiovascular health promotion are often required to explain and justify proposed public policies, environmental changes, regulations, and community-level interventions to organizational leaders in the public and private sectors. The conceptual model presented here should be a useful tool in explaining and



justifying the ways in which social environmental change can improve risk factor distributions for entire populations, and subsequently reduce disability and death from heart disease and stroke.

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<b>Blood Cholesterol Goals</b>		
	<b>Individual</b>	<b>Population and Social Environment</b>
<b>Goals</b>	<p><b>High-risk individuals</b> Lower blood cholesterol.</p> <p><b>Low-risk individuals</b> Preserve normal blood cholesterol.</p>	<p><b>High-risk population</b> Increase % of people whose blood cholesterol is normalized.</p> <p><b>Low-risk population</b> Decrease % of people who develop high blood cholesterol.</p>
<b>Promoters</b>	<p>Physical activity Healthy diet Good medical care Medication Adequate health insurance</p>	<p>Healthy food environments Healthy recreational environments Good family incomes Good working conditions Health promotion and education Healthy cultural food practices Wellness programs at work and school</p>
<b>Barriers</b>	<p>Lack of medical care Cost of medication Lack of social support Cost of healthy foods Food preferences Obesity Genetics</p>	<p>Lack of access to medical care Lack of access to medications Lack of grocery stores Grocery stores with limited selections Large number of fast food restaurants Poor economic conditions Time pressure</p>
<b>Nutrition Goals</b>		
	<b>Individual</b>	<b>Population and Social Environment</b>
<b>Goals</b>	<p>Consume a heart-healthy diet.</p>	<p>Increase % of population that consumes a heart-healthy diet.</p>
<b>Promoters</b>	<p>Adequate income Healthy food availability Time for meal preparation Knowledge Preferences for healthy food</p>	<p>Healthy food environments Good family incomes Good working conditions Nutrition and diet education Healthy cultural food practices Wellness programs at work and school</p>
<b>Barriers</b>	<p>Lack of social support Cost of healthy foods Restaurant portion sizes Preferences for unhealthy food</p>	<p>Lack of grocery stores Grocery stores with limited selection Large number of fast food restaurants Poor economic conditions Time pressure</p>

<b>Tobacco Goals</b>		
	<b>Individual</b>	<b>Population and Social Environment</b>
<b>Goals</b>	<p><b>High-risk individuals</b> Stop using tobacco.</p> <p><b>Low-risk individuals</b> Don't start using tobacco.</p>	<p><b>High-risk populations</b> Increase % of tobacco users who quit.</p> <p><b>Low-risk populations</b> Decrease % of people who start using tobacco.</p>
<b>Promoters</b>	<p>Social support Desire to quit Negative health effects Physical activity Aversion to tobacco</p>	<p>No-smoking policies High tobacco cost and taxes Higher insurance costs for smokers Cessation classes/programs No tobacco sales to minors Wellness programs at work and school</p>
<b>Barriers</b>	<p>Lack of social support Lack of desire to quit Lack of knowledge of cessation strategies Depression Family tobacco use Psychosocial stress Peer pressure</p>	<p>Location of tobacco vendors Lack of public policy Economic dependence on tobacco Advertising/marketing High smoking rates Tobacco vending machines Tobacco use in public places</p>
<b>Physical Activity Goals</b>		
	<b>Individual</b>	<b>Population and Social Environment</b>
<b>Goals</b>	Participate in regular physical activity.	Increase % of people who participate in regular physical activity.
<b>Promoters</b>	<p>Good overall health Time for physical activity Knowledge Enjoyment of physical activity</p>	<p>Good family incomes Good working conditions Healthy recreational environment Organized activities Recreational programs Pedestrian-friendly development</p>
<b>Barriers</b>	<p>Lack of facilities Cost of clothes and equipment Cost of facilities Lack of social support Aversion to physical activity Depression</p>	<p>Climate Lack of safety/hazards Social conflict Time for physical activity Economic constraints Family constraints</p>

<b>Blood Pressure Goals</b>		
	<b>Individual</b>	<b>Population and Social Environment</b>
<b>Goals</b>	<p><b>High-risk individuals (including those with borderline high blood pressure)</b> Reduce blood pressure.</p> <p><b>Low-risk individuals</b> Preserve normal blood pressure.</p>	<p><b>High-risk population (including those with borderline high blood pressure)</b> Increase % of population whose blood pressure is normalized.</p> <p><b>Low-risk population</b> Decrease % of population that develops high blood pressure.</p>
<b>Promoters</b>	<ul style="list-style-type: none"> <li>Physical activity</li> <li>Healthy diet</li> <li>Good medical care</li> <li>Medication</li> <li>Adequate health insurance</li> <li>Control of diabetes</li> <li>Weight loss</li> </ul>	<ul style="list-style-type: none"> <li>Good family incomes</li> <li>Good working conditions</li> <li>Stable employment</li> <li>Healthy food environments</li> <li>Healthy recreational environments</li> <li>Health promotion and education</li> <li>Wellness programs at work and school</li> </ul>
<b>Barriers</b>	<ul style="list-style-type: none"> <li>Physical inactivity</li> <li>High-salt, high-fat diet</li> <li>Diabetes</li> <li>Obesity</li> <li>Psychosocial stress</li> <li>Lack of medical care</li> <li>Cost of medication</li> <li>Lack of social support</li> <li>Tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>Lack of access to medical care</li> <li>Lack of access to medications</li> <li>Lack of access to recreational facilities</li> <li>Unstable local economy</li> <li>High rate of unemployment</li> <li>Social stressors (e.g., racial discrimination)</li> <li>Social conflict leading to stress</li> </ul>

1

# Getting Started



Social environments are critically important for sustaining heart-healthy and stroke-free communities. In this chapter, we discuss how to get started planning and implementing a social environment assessment for your own community. At specific points, we will refer you to the chapters on **Social Environment** (Preventive and Medical Services, Heart-Healthy Living, and Quality of Life) and to the chapters on **Practical Methods** (Direct Observations and Windshield Surveys, Photography and Videography, Key Informant Interviews, Library Resources and Newspapers, and Searching the Internet). We encourage you to refer to these sections of the handbook for more specific ideas, concepts, and methods to apply to your own project.

### Project Questions and Goals

The kind of information you need, and its intended purpose, will drive your assessment plan. It is important to clearly define project questions in advance, keeping them focused and problem-oriented so the information gathered will be best suited for your overall goals. A carefully designed study will allow efforts to be well-focused and will result in more informative, useful results. The **Social Environment** chapters (Preventive and Medical Services, Heart-Healthy Living, and Quality of Life) will help you identify specific questions for each of these aspects of the social environment that contributes to heart-healthy and stroke-free communities.

Thoughtful consideration of focused, specific project questions is critical to the overall success of your assessment. Resource constraints may also influence your choice of questions and your overall goals.



Focused, problem-oriented questions lead to well-designed assessments that can be conducted with fewer resources. For example, an assessment that attempts to answer a broad question such as, “Why do two geographic areas differ in heart disease and stroke outcomes?” is likely to require significant resources, time, and effort. In contrast, questions such as, “What local policies are inhibiting or promoting disease prevention?” or “How can

prevention programs be tailored to specific populations in my area?” address specific topic areas that can be studied and analyzed with fewer resources and that potentially have more significance for the community.

### **Scope of Project and Resources**

The scope of your project will be determined by your resources (i.e., personnel, space, equipment, funding, and time) and your geographic target. The assessment will evaluate both needs and assets in your community to answer each question. For example, the assessment should examine whether preventive and medical services in the community are adequate (assets) or lacking (needs). Chapter 2 provides a detailed discussion of what such services entail and how to include them in your assessment.

Historical and contemporary processes influence the development of any social environment. These processes operate at a number of geographic scales, for example, city, county, and state levels. An in-depth discussion of geographic scales and their influence on a population’s overall health can be found on pages 30–33. Selecting an appropriate geographic scope of analysis will help to identify the processes that have been most influential in a particular area. In general, the larger the geographic scope of the study, the more resources, time, and effort will be necessary to examine the influence of the social environment on heart disease and stroke.

As you define the scope of your project, carefully consider the resources available to you, such as funding, staff, and time. Some resources are required regardless of funding levels (i.e., time, space, equipment, and personnel). It is important to examine these aspects of your project in conjunction with your assessment questions and goals, because all of these factors will guide the development of your assessment. The tables on pages 25–27 offer sample questions to stimulate thinking about possible activities to conduct, how to conduct them, and how to fund them.

As you develop your project plan and consider staffing priorities, you may want to collaborate with community members. Staff comprising community leaders, university students, and other local volunteers, can provide diverse perspectives as you assess the strengths and challenges of your community in terms of heart and stroke health. An assessment founded on multiple perspectives will be more accurate and better able to effect positive social change.

### *Remember*

*Focused, problem-oriented questions lead to well-designed assessment plans that can be conducted with fewer resources.*

### Assessment Methods

With your focused project questions and resource constraints in mind, you can now choose the methods that you will apply to your project. The focus of your questions will guide the methods that you choose. Every community faces challenges and has important strengths. Various approaches can be used to measure these aspects in the social environment. For example, traditional “needs assessments” tend to focus on a community’s deficiencies to identify areas where improvements are needed; they rarely take into account the resources, strengths, and assets that can be used to create and promote health in communities. Needs assessments generate a great deal of useful information, including analyses of community health priorities and problems. Ultimately, they lead to suggested interventions based on a specific community’s needs.

In contrast, “asset mapping” focuses on a community’s strengths in an effort to match these strengths to community-defined needs. This approach to assessing a social environment recognizes that a community may already have the capacity to address its own challenges. Both approaches potentially can offer valuable

information and perspectives that may be used in combination for your social environment assessment.



The Practical Methods chapters (5–9) outline specific methods that you can use for your assessment. Depending on the focus of your questions, some methods may be more useful to you than others. Chapters 5–7 describe various methods of data collection: direct observation, surveys, photography/videography, and interviews with people in the community. Each chapter provides a definition, description, examples of implementation, and important points to consider for each method. Chapters 8–9 address various forms of media that you can consult for your assessment: library resources, local newspapers, and the Internet. Chapter 11 provides further resources, including Web sites. These media resources can add to your assessment by giving you snapshots of current events important to the community.

Once you have completed your assessment and its analysis, consider how your findings might be useful for influencing public policy to best meet



the health needs of the community. Organizations such as the AHA, CDC, and National Institutes of Health recognize the importance of various public policies on heart disease and stroke risks for communities.

The findings from your social environment assessment can potentially effect positive social change in your community. The issues that you uncover and analyze may have important implications for policy. For example, your assessment may recommend that the community establish safe and clean venues for a recreational environment. Communicating these needs, as well-defined products of your social environment assessment, to city or civic boards can influence policy. Cultivating a relationship with local media outlets, such as newspaper and radio, is another way to publicize your findings and recommendations and to engage the community in a discussion on effective implementation.

## **Worksheets**

Throughout this handbook, we provide sample worksheets to help you plan, record, and summarize results, and transform your results into action to help improve your community. Blank copies of all of the worksheets are included in Chapter 10. These may be reproduced freely and distributed to your colleagues and community partners.

## **Further Reading**

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2

# **Social Environment**

## **Preventive and Medical Services**



Preventive and medical services contribute to heart-healthy and stroke-free communities in several important ways. One obvious contribution is by treating people with diagnosed heart disease or stroke. Health care services that are available, accessible, affordable, convenient, coordinated, and friendly will help ensure the best possible long-term prognosis for people who have heart disease or who already have survived a heart attack or stroke.

Health care services are also important for primary prevention of heart attacks and strokes, through the clinical management of important risk factors such as high blood pressure, high blood cholesterol, cigarette smoking, obesity, and diabetes.

In this section of the handbook, we first briefly review the contribution of several types of preventive and medical services to creating heart-healthy and stroke-free communities. Second, we list important questions about preventive and medical services for you to investigate in your community. These questions are organized into a table on page 24.

Next, we provide three worksheets to help you get started. The worksheets include recommendations about practical methods, space for you to record your findings, and a summary table with space for you to record the assets, strengths, needs, and challenges of your community. Blank worksheets that can be photocopied can be found in Chapter 10.

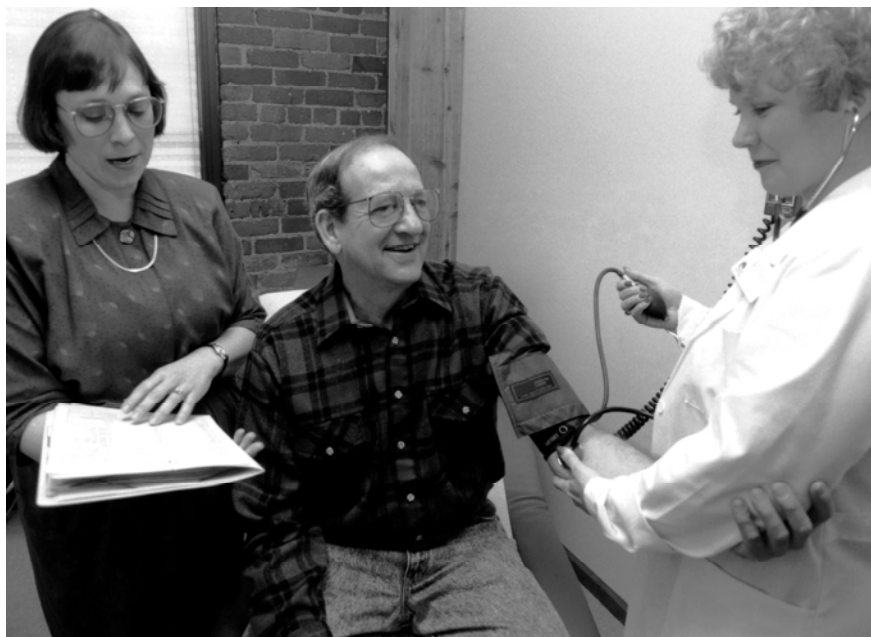
Finally, a sample community assessment of preventive and medical services is included here. You will be able to see how we applied various practical methods to gather useful community information, and how we recorded and summarized that information on the forms. Sample worksheets are on pages 25-27.

### **Preventive Programs and Services**

Preventive programs and services are important potential influences on heart disease and stroke at a broad community level. Preventive programs and services sometimes focus on a single risk factor for heart disease and stroke. Some examples include programs addressing smoking cessation, weight loss, physical activity, and stress management. Prevention programs related to nutrition and diet are discussed in the next section, Nutrition and Dietetics.

Screening programs for common biomedical risk factors, such as high blood pressure, diabetes, and high cholesterol, can also be considered preventive services, since these programs may identify treatment needs of people who would not otherwise have been diagnosed.

The preventive programs and services that are available in a community may vary widely in quality and efficacy. For example, in the area of smoking cessation, specific model programs have been shown to be effective through rigorous program evaluation. However, not all smoking cessation programs adhere to evidence-based protocols and guidelines.



Preventive programs and services may be offered in affiliation with several different institutions, including public health departments (both local and state), hospitals, worksites, schools, community centers, and senior centers. Important dimensions to explore for each program or service are the target population and the population served. For example, are smoking cessation services available and accessible to both women and men, of all ethnic backgrounds, income levels, and ages?

### **Nutrition and Dietetics**

Dietary patterns and nutritional status are both very important in the prevention and treatment of heart disease and stroke. Both macronutrients (e.g., total calories and fat consumption) and micronutrients (e.g., sodium, calcium, iron, and vitamins) have been linked to the development of high blood pressure, high cholesterol, diabetes, and obesity. Professional nutrition services are a vital link in community efforts to prevent heart disease and stroke risk factors, and to manage risk conditions after they develop.

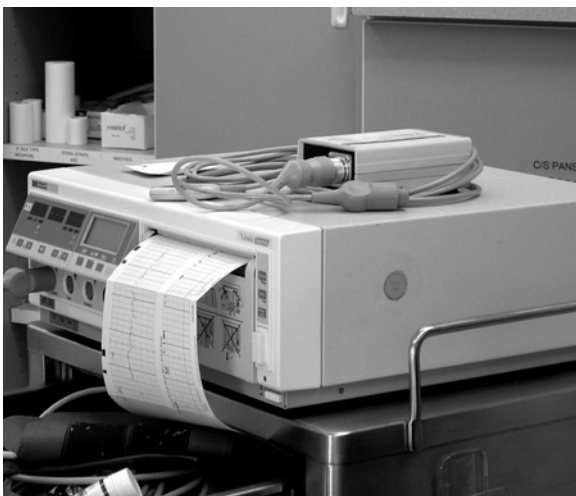
Nutrition and dietetic services related to primary prevention of heart disease and stroke may include 1) healthy meal planning for institutions such as schools, hospitals, nursing homes, and worksites; 2) nutrition education classes offered through public health departments, schools, hospitals, community centers, and senior centers; 3) professional nutrition counseling offered as an adjunct to primary medical care; and 4) diet planning offered through fitness and weight-loss centers.

For people who need to minimize the negative consequences of biomedical risk factors, professional nutrition services can be a critical resource. Nutritionists and registered dieticians can provide detailed nutritional assessments, weekly meal plans, and specific treatment recommendations for adults with high blood pressure, high blood cholesterol, diabetes, or obesity. These services may be offered through public health departments, primary care physician offices, specialist physician offices (such as cardiologists and endocrinologists), or more uncommonly, through private independent nutrition practices.

### **Primary Medical Care**

Primary care providers serve a critically important role in the prevention of heart disease and stroke, through the clinical management of risk factors, particularly high blood pressure, high blood cholesterol, and diabetes. They can also influence their patients with advice about smoking cessation, weight loss, diet, and exercise. In addition, primary care providers are often the first line of care for common mental disorders such as depression. Physicians who provide primary care may be trained in internal medicine, family medicine, or gynecology. Many women receive their only primary medical care from their gynecologist.

Community residents may receive primary care from physicians and nurse practitioners in family practice or internal medicine. Availability of primary care providers varies across communities based on socioeconomic resources, population density, and other factors. Accessibility of primary care providers to community residents often depends on adequacy of health insurance coverage—which in turn often depends on the benefits offered by local employers. These socioeconomic factors are discussed further in Chapter 4, Social Environment: Quality of Life.



### **Specialty Medical Care**

Cardiology, neurology, and endocrinology are the three medical specialties most important for heart-healthy and stroke-free communities. Physicians who are board-certified in these specialty areas are especially qualified to diagnose and treat the complicated medical conditions that often result from risk factors for heart disease and stroke. Unfortunately, not all communities have specialty medical care available. This is especially true in small towns and rural areas, where residents may have to travel many miles to a larger town or city to receive care from a specialist.

## Emergency Medical Services

Emergency medical services (EMS) are a critical link in what the American Heart Association has termed the “chain of survival.” Community residents who suffer a stroke or an acute cardiac event, such as a myocardial infarction, are much more likely to survive with good quality of life if they receive prompt emergency care and transport to a hospital. While 911 emergency number access is available in most parts of the country, the characteristics, quality, and coverage of EMS vary widely among communities.



EMS are typically funded and managed through local city and county governments, often through fire departments but sometimes as separate agencies. At the local level, EMS coverage can range from highly sophisticated paramedic-staffed ambulances and first-response vehicles equipped with 12-lead electrocardiograms in major metropolitan areas to all-volunteer fire departments in rural areas, with no staff trained beyond the level of cardiopulmonary resuscitation and basic life support. For EMS to provide effective treatment for heart disease and stroke, it is important that the following conditions be in place: public awareness of the signs and symptoms for heart attack and stroke, along with the need to call 9-1-1; availability of universal, enhanced 9-1-1 coverage; EMS protocols and training for treatment of heart attack and stroke victims; and priority dispatching to hospitals that can comply with stroke treatment guidelines.

## Hospitals

Inpatient care is necessary for community residents who suffer a major cardiac event or a stroke. For stroke patients, diagnostic equipment and laboratory tests are critically important to determine whether the stroke is hemorrhagic or ischemic. Stroke type must be correctly diagnosed before appropriate treatment can be provided. Patients suffering from coronary heart disease and congestive heart failure have a similar need for hospital-based diagnosis, testing, treatment, and round-the-clock monitoring of response to treatment.

Consequently, accessible hospital care is necessary for sustaining heart-healthy and stroke-free communities. Accessibility of hospital care needs to be ensured for everyone, including people with limited incomes, language or cultural barriers, or lack of personal transportation.

### **Coronary Care Units**

Hospital-based coronary care units (sometimes called cardiac intensive care units) provide advanced 24-hour intensive care for patients recovering from heart attacks, cardiac surgery, and invasive cardiac procedures such as angioplasty. Coronary care units are typically found in tertiary care hospitals located in metropolitan areas. Because coronary care units are staffed by highly trained and specialized nurses, and by medical residents and other physicians, the quality of patient care is typically higher than in a general-service community hospital. Furthermore, the larger patient caseload allows staff to gain more experience in managing in-hospital emergencies such as cardiac arrests.

For residents of smaller towns and rural areas, the nearest hospital is typically a community hospital that does not have a coronary care unit. In these areas, medical evacuation by ambulance or helicopter is required to access a hospital-based coronary care unit. For some remote and rural areas, the nearest coronary care unit may be more than 100 miles away. However, within larger cities, access issues may also be a problem for vulnerable populations, even if several coronary care units are available at nearby hospitals.

### **Mental Health Care**

Mental health is related to cardiovascular health in at least two ways. First, one of the most common mental disorders, depression, is a risk factor for both heart disease and stroke. Although depression is common, adults suffering from this disorder are often undiagnosed and untreated. Second, depression and other mental disorders can worsen the prognosis for adults already suffering from heart disease and stroke.

Mental health care may be available to community residents in a number of different settings. Adults can receive basic mental health screening through their family physicians or other source of primary care. In some cases, primary care physicians may prescribe antidepressant or other psychoactive drugs without further referral. Ideally, however, patients who are diagnosed with depression will be referred to a specialist for follow-up care—either a medical specialist (psychiatrist) or a psychological specialist (counselor, social worker, or psychologist).

Mental health care may also be available through public health departments, private clinics, stand-alone mental health centers, and private practices of specialists such as psychiatrists, psychologists, and social workers. Counseling services may be available through affiliated institutions such as schools, colleges, worksites, community centers, churches and synagogues, and senior centers.

## **Rehabilitation Services**

Long-term rehabilitation services are important in helping heart disease and stroke patients recover as fully as possible and return to a fulfilling quality of life. Stroke patients may need speech therapy, occupational therapy, and physical therapy to help restore cognitive and physical functioning. Heart disease patients may need cardiac rehabilitation services such as exercise and strength training, nutrition and weight loss counseling, and support for smoking cessation and other lifestyle changes that can improve quality of life and help prevent another acute cardiac event.

Rehabilitation services are often hospital-based but may also be offered through independent medical and rehabilitation clinics. As with many types of preventive and medical services, rehabilitation services tend to be more available and accessible in larger cities and metropolitan areas than in small towns and rural areas. Communities that lack these services locally may be able to improve access for local residents by arranging for visiting service providers to be available 1 day per week, or by coordinating transportation to rehabilitation providers in nearby cities or towns.

## **Nursing Homes**

The availability, affordability, and quality of nursing home care can have a substantial impact on health outcomes for elderly community residents. Most people in a community who are living with heart disease or who have survived a stroke are elderly. Nursing homes provide supervision and round-the-clock nursing care to elderly people who can no longer care for themselves at home. Nursing homes also provide care to people (of all ages) who are experiencing a long recuperation following major surgery or a major adverse health event such as a heart attack or stroke.

## **Further Reading**

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Pearson TA, Bazzarre TL, Daniels SR, Fair JM, Fortmann SP, Franklin BA. American Heart Association guide for improving cardiovascular health at the community level: a statement for public health practitioners, healthcare providers, and health policy makers from the AHA Expert Panel on Population and Prevention Science. *Circulation* 2003;107(4):645-651.



Type of Service	Preventive and Medical Services Questions
<b>Preventive Programs and Services</b>	Is this service available? Is this service or provider geographically accessible?
<b>Nutrition and Dietetic Services</b>	How far must community residents travel to access this service or provider?
<b>Mental Health Care</b>	Is transportation available for all community residents to access this service or provider?
<b>Primary Health Care</b>	Is this service or provider well-known in the community?
<b>Specialty Medical Care</b>	Is this service or provider trusted by community residents?
<b>Emergency Medical Services</b>	Does this service or provider have accessible days and hours of operations? Is this service or provider affordable for all community residents?
<b>Hospitals</b>	Do community residents of various cultural, ethnic, and socioeconomic backgrounds feel comfortable with this service or provider?
<b>Coronary Care Units</b>	Is this service or provider effective in helping to create a heart-healthy, stroke-free community?
<b>Nursing Homes</b>	Does this service or provider contribute to community cohesion and equality?
<b>Rehabilitation Services</b>	

## Planning Worksheet for Preventive and Medical Services Choose Your Questions and Practical Methods

Use this planning worksheet and the table on page 24 to help choose the most important questions for your community. Write each question in the left-hand column. Then, focus on one or more types of service. Next, choose one or more practical methods. You can photocopy the blank planning worksheet on page 80.

### S A M P L E

<b>Preventive and Medical Services Questions</b>	<b>Type of Service</b> (circle one or more that apply)	<b>Practical Methods</b> (circle all you plan to use)	<b>Notes</b>
<p><b>Question 1:</b> <i>Are blood cholesterol screenings and follow-up care available to all community residents?</i></p>	<p>Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services</p>	<p>Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews</p>	<p><i>Schedule interview with health fair coordinator at local managed care organization.</i></p>
<p><b>Question 2:</b> <i>Are stroke patients receiving appropriate post-stroke care after hospital discharge?</i></p>	<p>Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services</p>	<p>Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews</p>	<p><i>Visit local nursing homes and rehabilitation center.</i></p>
<p><b>Question 3:</b> <i>Are the new AHA guidelines for CPR being implemented in the community?</i></p>	<p>Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services</p>	<p>Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews</p>	<p><i>Talk with Red Cross and hospital CPR training coordinators.</i></p>

## Results Worksheet for Preventive and Medical Services Use During and After Your Fieldwork

Complete Results Worksheet(s) for each of your questions. Write the question at the top of the worksheet. Then, for each practical method, record your findings under “Assets and Strengths” and “Needs and Challenges.” You can photocopy the blank Results Worksheet on page 81.

### S A M P L E

<b>Question:</b> <i>Are the new AHA guidelines for CPR being implemented in the community?</i>			
<b>Practical Method</b> (circle one)	<b>Type of Service</b> (circle all that apply)	<b>Assets and Strengths</b>	<b>Needs and Challenges</b>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services	<p><i>Local paper reported on new CPR protocols.</i></p> <p><i>Fire/EMS is retraining first responders.</i></p>	<p><i>No CPR classes are offered in rural areas of the county.</i></p>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services	<p><i>New CPR protocols have been adopted and training program is under way.</i></p> <p><i>EMS will track changes in cardiac arrest survival rates after new protocol.</i></p>	<p><i>Retraining and certifying volunteer first responders in rural areas will take several months.</i></p> <p><i>Some EMTs/paramedics are skeptical about new protocols.</i></p>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services	<p><i>New CPR protocols have been officially adopted.</i></p> <p><i>Emergency dept. staff have been retrained.</i></p>	<p><i>Nursing staff will only be retrained on regular continuing education schedule.</i></p> <p><i>Hospital lacks budget for public education campaign for CPR.</i></p>

## Summary Worksheet for Preventive and Medical Services What Are Your Most Important Results?

Condense your findings recorded on each of your Results Worksheets to highlight the most important assets, strengths, needs, and challenges. You can photocopy the blank Summary Worksheet on page 82.

### S A M P L E

Preventive Services and Medical Care Questions	Most Important Assets/Strengths	Most Important Needs/Challenges
<p><i>Are blood cholesterol screenings and follow-up care offered to all community residents?</i></p>	<p><i>Health department and hospital offer quarterly health fairs with free cholesterol screening.</i></p> <p><i>Largest employer offers on-site screening at low cost for employees.</i></p>	<p><i>No free health fairs or screenings available for Spanish-speaking and Chinese-speaking immigrant communities.</i></p> <p><i>Residents with no health insurance are not filling lipid-lowering drug prescriptions because of high cost.</i></p>
<p><i>Are stroke patients receiving appropriate post-stroke care after hospital discharge?</i></p>	<p><i>Hospital stroke outreach nurse follows up with patients after discharge.</i></p> <p><i>Nursing home offers occupational therapy once a week.</i></p>	<p><i>Speech therapist resigned from rehab center and no qualified replacement has been hired.</i></p> <p><i>Rural stroke patients lack transportation to clinic.</i></p> <p><i>No provider offers home visits for post-stroke care.</i></p>
<p><i>Are the new AHA guidelines for CPR being implemented in the community?</i></p>	<p><i>New CPR protocols have been adopted by EMS and hospital.</i></p> <p><i>Red Cross is offering CPR classes to public.</i></p> <p><i>First responders are being retrained.</i></p>	<p><i>No CPR classes are offered in rural areas of the county.</i></p> <p><i>Some EMTs/paramedics are skeptical about new protocols.</i></p> <p><i>Hospital lacks budget for public education campaign for CPR.</i></p>

3

## Social Environment

### Heart-Healthy and Stroke-Free Living



In a broad sense, the phrase “heart-healthy and stroke-free living” includes the entire content of this handbook. Our focus in this chapter will be on environmental changes that can encourage better nutrition, more physical activity, and smoking cessation. Specifically, we will focus on 1) food environments, 2) recreational environments, and 3) smoke-free environments.

First, we briefly explain the importance of considering geographic scale while assessing heart-healthy and stroke-free living. We then briefly review the contribution of food environments, recreational environments, and smoke-free environments to creating heart-healthy and stroke-free communities. Second, we list important questions about heart-healthy and stroke-free living that you can investigate in your community. These questions are organized into three tables on pages 34–36.

Next, we offer three sample worksheets to help you get started. The worksheets provide recommendations about practical methods, space for you to record your findings, and a summary table with space for you to record the assets, strengths, needs, and challenges your community faces. Identical blank worksheets that can be photocopied are on pages 83–85.

Finally, a sample community assessment of heart-healthy stroke-free living environments is included here. You will be able to see how we applied various practical methods to gather useful community information, and how we recorded and summarized the information we learned on the forms. Sample worksheets are on pages 37–39.

### **Why Consider Geographic Scale?**

Geographic scale, in the context of health promotion, refers to the specific spaces in which human activities occur. Some common examples of scales include

*Remember*  
*Geographic scale refers to the specific spaces in which human activities occur. Some common examples of scales include household, neighborhood, city, county, state, and nation.*

*household, neighborhood, city, county, state, and nation.* Small-scale environments include the household, school, workplace, and neighborhood. Intermediate-scale environments include towns, cities, and counties. Large-scale social environments include states, regions, nations, and global regions. The social environment influences human health at multiple geographic scales at the same time. Moreover, these multiple influences may be mutually contradictory. Therefore, it is very important to evaluate the influence of the social environment at multiple scales before planning and implementing new programs and policies.

For example, a family may have created healthy food, recreation, and smoke-free environments at the level of their own household. Similar positive influences at the level of the neighborhood and city may also exist. But if, at the scale of the school or worksite, the social environmental influences on health are negative, the positive influences present at other scales will have reduced impact. Similarly, a regional or national marketing campaign to sell cigarettes or high-fat snack foods has the potential to diminish the positive influences of smaller-scale social environments.

### **Physical Activity and Recreational Environments**

Regular moderate to vigorous physical activity can help prevent heart disease and stroke in several ways. First, inadequate physical activity is an independent risk factor for development of heart disease and stroke. Second, regular physical activity, combined with a heart-healthy diet, is very important in preventing overweight, obesity, high blood pressure, and diabetes. Third, for people who already suffer from high blood pressure, obesity, or diabetes, regular physical activity appears to lessen the negative health consequences of these conditions. Especially in the case of diabetes, regular physical activity can improve regulation of blood sugar and insulin and lessen the likelihood of common complications.

Unfortunately, despite the overwhelming evidence of the health benefits of regular physical activity, the majority of adults in the United States do not get enough exercise. We use the term “recreational environments” to encompass a wide range of social environmental conditions that may create barriers or opportunities for physical activity in a particular community.

Moreover, recreational environments exist at several different geographic scales. It is important to recognize and consider how these scales interact, because environmental influences at one scale may conflict with those at another. Refer to the table on page 34 for a detailed list of questions that you may consider asking about recreational environments in your local area.

### **Smoke-Free Environments**

Cigarette smoking has been scientifically well-established as an important risk factor for heart disease and stroke for many years. Cigarette smoke reduces the oxygen-carrying capacity of red blood cells and introduces numerous toxins and particulates into the bloodstream, which subsequently contribute to the development of atherosclerosis.





In recent years, the public health community has achieved tremendous progress in reducing the prevalence of cigarette smoking in the United States. However, a large number of children and adolescents still begin smoking each year. Moreover, social class and ethnic disparities in cigarette use have become more pronounced. “Smoke-free environments” encompass a wide range of social environmental conditions that create opportunities for smoke-free living. These include cultural, familial, institutional, and commercial policies and practices related to cigarette production, acquisition, and consumption.

Smoke-free environments exist at several different geographic scales. It is important to recognize and consider the ways in which these scales interact, because environmental influences at one scale may conflict with those at another. Refer to the table on page 35 for a detailed list of questions that you may

consider asking about smoke-free environments in your local area.

## **Food Environments**

A large body of scientific evidence supports the statement that a diet low in fat and sodium; moderate in calories, protein, and alcohol; high in fruits and vegetables, fiber, potassium, antioxidants, and other vitamins and minerals will help to prevent atherosclerosis, high blood pressure, and the development of heart disease and stroke. Despite this evidence, the majority of adults in the United States do not consume a heart-healthy diet every day. Numerous health education campaigns have been targeted to the public, yet the prevalence of obesity has continued to rise, and high blood pressure and high blood cholesterol continue to be significant public health problems.

We use the term “food environments” to encompass a wide range of social environmental conditions that may create barriers or opportunities for healthy diets. Food environments include cultural, familial, institutional, and commercial policies and practices for food production, acquisition, preparation, and consumption. Moreover, food environments exist at several different geographic scales. It is important to recognize and consider the ways these multiple scales may interact, because environmental influences at one scale may conflict with those at another. Refer to the table on page 36 for a detailed list of questions that you may consider asking about food environments in your local area.



## How to Use the Worksheets

We have designed a series of three worksheets to help you investigate food environments, recreational environments, and smoke-free environments in your community. These worksheets will help you to prioritize healthy-living needs that are identified by community members. Sample worksheets with data for a hypothetical community are provided on pages 37–39. The blank worksheets on pages 83–85 may be freely photocopied and distributed.

The first worksheet (see example on page 37) is the Planning Worksheet. Use this planning worksheet and the tables on pages 34–36 to help choose the most important questions for your community. Write each question in the left-hand column. Then, focus on one or more geographic scales. Next, choose one or more practical methods.

The second worksheet (see example on page 38) is the Results Worksheet, which you can use during and after your field work. Complete one Results Worksheet for each of the questions you identified on your Planning Worksheet. Write the question at the top of the worksheet. Then, for each practical method, record your findings under “Assets and Strengths” and “Needs and Challenges.”

The third worksheet (see example on page 39) is the Summary Worksheet, which you can use to summarize your findings for food environments, recreational environments, and smoke-free environments. Identify the most important strengths and challenges from your Results Worksheets and record them here.

## Further Reading

- Ambrose JA, Barua RS. The pathophysiology of cigarette smoking and cardiovascular disease: an update. *Journal of the American College of Cardiology* 2004;43:1731–1737.
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- Thompson PD, Buchner D, Piña IL, Balady GJ, Williams MA, Marcus BH, et al. Exercise and physical activity in the prevention and treatment of atherosclerotic cardiovascular disease. *Circulation* 2003;107:3109–3116.

<b>Geographic Scale</b>	<b>Recreational Environment Questions</b>
<b>Individual Memory</b>	What are remembered cultural and ethnic norms, values, and practices regarding physical activity and recreation? What are remembered childhood norms, values, and practices regarding physical activity and recreation?
<b>Households</b>	Is there space indoors for physical activity? Is there space outdoors for physical activity? Do household members support physical activity? Does the household budget support physical activity expenses (clothes, shoes, equipment, fees, transportation)? Does the family schedule permit time for regular physical activity and recreation?
<b>Schools</b>	Are exercise facilities available? Are exercise facilities affordable? Do class schedules allow for exercise and recreation? Are there locker room and shower facilities? Do students have a voice in available exercise resources? Do all students have the same choices? Is physical education a part of the curriculum?
<b>Worksites</b>	Are exercise facilities available? Are exercise facilities affordable? Do work schedules allow for exercise and recreation? Are there locker room and shower facilities? Do workers have a voice in available exercise resources? Do all workers have the same choices? Do working conditions produce fatigue, physical strain, or toxic exposures?
<b>Neighborhoods</b>	Are there community playgrounds? Are there outdoor recreational facilities (e.g., parks, basketball courts, tracks, pools)? Are there indoor facilities? Are facilities in good working order, well-lit, and safe? Are they public or private? Are there informal gathering places or hangouts? If so, what are they, and for whom?
<b>Towns and Cities</b>	Are urban planning and community development pedestrian-friendly? Are there special physical activity events (e.g., 5K races, awareness runs, or walks)? Are there safe, well-maintained, public spaces for recreation? What types of recreational resources are available to vulnerable populations, such as the elderly, the poor, and homeless people?
<b>Counties</b>	What are the characteristics of recreational environments in rural and remote areas of the county, outside of city limits? Are there parks in the county?
<b>States</b>	Does the state fund and support pedestrian-friendly transportation planning? Does the state fund special physical activity events (e.g., 5K races, awareness runs, or walks)?
<b>Regional Influences</b>	How do climate, location, tourism, industry, and transportation influence local recreational environments? How do pollution (air and water) and other environmental conditions influence local recreational environments?

<b>Geographic Scale</b>	<b>Smoke-Free Environment Questions</b>
<b>Individual Memory</b>	What are remembered cultural and ethnic norms, values, and practices regarding cigarette smoking and tobacco use? What are remembered childhood norms, values, and practices regarding cigarette smoking and tobacco use?
<b>Households</b>	Do household members smoke? Are children and teens discouraged from initiating tobacco use? Are household members exposed to cigarette advertising through magazines or direct mailings? Do household members support smoking cessation? Do the household budget and schedule support smoking cessation?
<b>Schools</b>	Are students permitted to smoke cigarettes either indoors or outdoors? Are schools located close to stores or vending machines where cigarettes are sold? Are students exposed to cigarette advertising through visible billboards, placards, or store signs? Are health education messages about nicotine addiction and cigarette smoking available to students of all ages? Are smoking cessation resources available to children and teens who already smoke?
<b>Worksites</b>	Are workers permitted to smoke cigarettes either indoors or outdoors? Are worksite anti-smoking policies strictly enforced? Are cigarettes sold in vending machines or stores at the worksite or in close proximity? Are workers exposed to cigarette advertising through visible billboards, placards, store signs, or magazines and other publications at the worksite? Are smoking cessation resources available?
<b>Neighborhoods</b>	Are community members exposed to cigarette advertising through billboards, placards, or store signs? Is smoking permitted indoors in businesses? Is smoking common in public areas such as parks and community centers?
<b>Towns and Cities</b>	Are there local or city taxes on cigarettes and other tobacco products? Do local or city ordinances regulate use of cigarettes and other tobacco products in public and commercial locations? Do local or city ordinances regulate advertising for cigarettes and other tobacco products? What types of smoking cessation resources are available to vulnerable populations, such as the elderly, the poor, and homeless people?
<b>Counties</b>	To what extent are smoke-free environments available in rural and remote areas of the county, outside of city limits?
<b>States</b>	What is the state tax on cigarettes and other tobacco products? What state laws and policies regulate tobacco advertising, sales, and use within the states? Does the state enforce no-sale-to-minor laws?
<b>Regional Influences</b>	How do tobacco agriculture and industry influence the availability of local smoke-free environments? How do national laws and policies influence local smoke-free environments?

<b>Geographic Scale</b>	<b>Food Environment Questions</b>
<b>Individual Memory</b>	What are remembered cultural and ethnic norms, values, and practices regarding food and eating? What are remembered childhood norms, values, and practices regarding food and eating?
<b>Households</b>	Are kitchen facilities and equipment adequate for preparation of heart-healthy meals? Do household members support heart-healthy diets? Do household budgets support the costs of a heart-healthy diet? Do family schedules permit time for regular healthy meal preparation?
<b>Schools</b>	Are heart-healthy foods available? Are healthy foods affordable? Do class schedules allow for meals? Do students have a voice in available food selections? Does the institution contract with a soft drink or fast food corporation?
<b>Worksites</b>	Are heart-healthy foods available? Are healthy foods affordable? Do work schedules allow for meals? Are there storage options for meals brought from home? Do workers have a voice in available food selections? Do all workers have the same choices? Does the institution contract with a soft drink or fast food corporation?
<b>Neighborhoods</b>	What types of restaurants are in the neighborhood and where are they located? Are there grocery stores? Where are grocery stores located? Is there a neighborhood garden? Are heart-healthy foods available in the neighborhood? Must people go outside their own neighborhoods to find heart-healthy foods? Are there ethnic food stores in the neighborhood that satisfy the local population?
<b>Towns and Cities</b>	Are grocery stores, speciality food stores, and restaurants adequate in number, quality, and availability of heart-healthy foods? What types of food and nutrition resources are available to vulnerable populations, such as the elderly, the poor, and homeless people? Are there community gardens or farmer's markets?
<b>Counties</b>	What are the characteristics of food environments in rural and remote areas of the county, outside of city limits?
<b>States</b>	Are food stamps, WIC, and other nutrition programs available and adequately funded?
<b>Regional Influences</b>	Do agricultural interests or specific food industries influence local food environments? Are food costs lower or higher than the national average? Are some types of heart-healthy food unavailable because of climate or location?

## Planning Worksheet for Heart-Healthy and Stroke-Free Living

### Choose Your Questions and Practical Methods

Use this planning worksheet and the tables on pages 34–36 to help choose the most important questions for your community. Write each question in the left-hand column. Then, focus on one or more geographic scales. Next, choose one or more practical methods. You can photocopy the blank planning worksheet on page 83.

### S A M P L E

<b>Heart-Healthy and Stroke-Free Living Questions</b>	<b>Geographic Scale</b> (circle all that apply)	<b>Practical Methods</b> (circle one or more you plan to use)	<b>Notes</b>
<p><b>Question 1:</b> <i>Are healthy foods available in schools?</i></p>	Individual memory <input checked="" type="checkbox"/> Household School Worksite Neighborhood Town or city Counties State Region	<input checked="" type="checkbox"/> Library research Internet search Newspapers <input checked="" type="checkbox"/> Direct observations Windshield surveys Photography Videography Key informant interviews	<i>Check online and in local newspapers for school menus.</i>
<p><b>Question 2:</b> <i>Are outdoor recreation facilities available?</i></p>	Individual memory Household School Worksite <input checked="" type="checkbox"/> Neighborhood <input checked="" type="checkbox"/> Town or city Counties State Region	<input checked="" type="checkbox"/> Library research <input checked="" type="checkbox"/> Internet search Newspapers Direct observations <input checked="" type="checkbox"/> Windshield surveys Photography Videography Key informant interviews	<i>Check to see where the recreational facilities are and try to determine how often they are actually used by the community.</i>
<p><b>Question 3:</b> <i>What state laws and policies regulate tobacco advertising, sales, and use within the state?</i></p>	Individual memory Household School Worksite Neighborhood Town or city Counties <input checked="" type="checkbox"/> State Region	<input checked="" type="checkbox"/> Library research <input checked="" type="checkbox"/> Internet search Newspapers Direct observations Windshield surveys Photography Videography <input checked="" type="checkbox"/> Key informant interviews	<i>Check on legislation passed at the state level.</i>

## Results Worksheet for Heart-Healthy and Stroke-Free Living Use During and After Your Fieldwork

Complete one Results Worksheet for each of your questions. Write the question at the top of the worksheet. Then, for each practical method, record your findings under “Assets and Strengths” and “Needs and Challenges.” You can photocopy the blank Results Worksheet on page 84.

### S A M P L E

<b>Question:</b> <i>What laws and policies regulate tobacco advertising, sales, and use?</i>			
<b>Practical Method</b> (circle one)	<b>Geographic Scale</b> (circle all that apply)	<b>Assets and Strengths</b>	<b>Needs and Challenges</b>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Individual memory Household School Worksite Neighborhood Town or city Counties State Region	<i>Local police departments update retailers regarding state controls on sale of tobacco.</i>  <i>City council seeks ban on smoking for public health reasons.</i>	<i>Certain establishments feel smoking ban is an infringement on rights.</i>  <i>Certain establishments are exempt from smoking ban.</i>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Individual memory Household School Worksite Neighborhood Town or city Counties State Region	<i>Laws to prohibit advertising on billboards and city buses.</i>  <i>Legislation to prevent access to tobacco by minors.</i>	<i>Courts striking down legislation to regulate tobacco as an addictive drug.</i>  <i>Minors' perception of tobacco use.</i>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Individual memory Household School Worksite Neighborhood Town or city Counties State Region	<i>No smoking signs on some buildings.</i>	<i>Easy access by minors to tobacco products via retail sales.</i>  <i>Tobacco retail shops located near daycare centers and schools.</i>

## Summary Worksheet for Heart-Healthy and Stroke-Free Living What Are Your Most Important Results?

Condense the findings recorded on your Results Worksheets to highlight the most important assets, strengths, needs, and challenges. Identify the most important geographic scales influencing heart-healthy living in your community. You can photocopy the blank Summary Worksheet on page 85.

### S A M P L E

Questions	Most Important Assets/Strengths	Most Important Needs/Challenges	Geographic Scales
<p><b>Food Environments</b></p> <p><i>Are heart-healthy foods available in schools?</i></p> <p><i>Do grocery stores, specialty food stores, and restaurants offer heart-healthy foods?</i></p>	<p><i>Free and reduced-cost lunches available at school.</i></p> <p><i>A variety of grocery stores in area.</i></p>	<p><i>Struggle with soft drink giant and distribution rights at schools.</i></p> <p><i>Lack of fresh produce at food stores.</i></p>	<p>Individual memory</p> <p>Household</p> <p>School</p> <p>Worksite</p> <p>Neighborhood</p> <p>Town or city</p> <p>Counties</p> <p>State</p> <p>Region</p>
<p><b>Recreational Environments</b></p> <p><i>Are there special physical activity events?</i></p> <p><i>Are exercise facilities available in schools and worksites?</i></p>	<p><i>Annual walk-a-thon activities.</i></p> <p><i>Health and fitness fairs to raise awareness.</i></p>	<p><i>School board plans to decrease PE programs within county.</i></p>	<p>Individual memory</p> <p>Household</p> <p>School</p> <p>Worksite</p> <p>Neighborhood</p> <p>Town or city</p> <p>Counties</p> <p>State</p> <p>Region</p>
<p><b>Smoke-Free Environments</b></p> <p><i>Do local or city ordinances regulate use of cigarettes and other tobacco products in public and commercial locations?</i></p>	<p><i>City council seeks ban on smoking in public places.</i></p>	<p><i>Some bars and restaurants are exempt from smoking ban.</i></p>	<p>Individual memory</p> <p>Household</p> <p>School</p> <p>Worksite</p> <p>Neighborhood</p> <p>Town or city</p> <p>Counties</p> <p>State</p> <p>Region</p>

4

# **Social Environment**

## **Quality of Life**





**Q**uality of life refers very broadly to the social, economic, and environmental dimensions of life that contribute to happiness and an overall sense of health and well-being. Quality of life for individuals is influenced by a wide range of socioeconomic and social environmental conditions. Adverse social and economic circumstances contribute to higher rates of heart disease and stroke for both individuals and communities. Creating and sustaining heart-healthy and stroke-free communities will need to occur in the context of creating opportunities for good quality of life for community residents.

### **Housing Quality**

Quality of housing can be considered and measured along a number of dimensions that focus on both the physical characteristics and condition of the building, and on the social dimensions of the household and living arrangements. Specific dimensions of housing quality can influence heart disease and stroke prevention as well as quality of life for heart attack and stroke survivors. These dimensions include: availability of kitchen and facilities, source of heating in winter (indoor air quality), availability of air conditioning in summer (potential for heat stress, especially for the elderly), geographic proximity to other housing units, number of rooms per person (crowding), and handicapped accessibility both inside and outside.

### **Employment and Income**

Families and individuals depend on stable employment and adequate incomes to maintain independent living and well-being. Self-sustaining households are the bedrock of any local community's economy. In areas where unemployment and underemployment (i.e., a preponderance of low-paying jobs with few benefits or opportunities for advancement) are high, the resulting economic instability creates negative ripples that affect every aspect of the social fabric and well-being of the community.

Health promotion and disease prevention are extremely difficult to achieve in conditions of economic deprivation and poverty, because struggling to satisfy the basic necessities of life overwhelms more positive pursuits. In contrast, in prosperous, economically stable or growing communities, individuals and families enjoy the peace of mind and positive orientation toward the future that can permit them to actively engage in healthy living and wellness.

### **Educational Opportunities**

Opportunities for education and intellectual growth at every life stage are critically important for the development and maintenance of heart-healthy and stroke-free communities. At a fundamental economic level, education provides training for employment and helps to create economic opportunities in a community. Educational institutions, from day care centers to universities and specialized

vocational training centers, are often major sources of employment and benefits, especially in smaller towns and rural areas. At the individual level, adult educational attainment strongly influences many risk factors for heart disease and stroke, with better educated people being less likely to smoke, be obese, be physically inactive, or have high blood pressure, high cholesterol, or diabetes.

### **Social Support and Social Cohesion**

Social support (at the individual and family levels) and social cohesion (at the neighborhood and community levels) are also important for the development of heart-healthy and stroke-free communities. Social support from family and friends helps to prevent depression, can help to improve blood pressure and lower blood cholesterol, and can improve success rates for people attempting to quit smoking cigarettes, start an exercise program, or lose weight.

For patients who are recovering from a heart attack or stroke, social support is vital in helping to improve long-term health outcomes. People who lack social support and become (or remain) socially isolated after a heart attack or stroke are more likely to suffer a second acute event. Furthermore, patients who are socially isolated may have much more difficulty with transportation and accessing medical care and needed medications, further worsening their conditions.

### **Environmental Quality**

Environmental quality can influence heart disease and stroke prevention both directly and indirectly. Air pollution may be the most important direct environmental risk factor for heart disease and stroke. High levels of air pollution, particularly carbon monoxide and particulate matter, can exacerbate illness for people already suffering from heart disease, stroke, and chronic obstructive pulmonary disease, which can eventually lead to heart failure. At the community level, high levels of air pollution may be caused by motor vehicle exhaust, industrial smokestack outputs, or typically a combination of both sources. Natural sources of air pollution include dust from agricultural and deforested lands.

Indirect effects of environmental quality on prevention of heart disease and stroke can occur via recognized risk factors such as physical inactivity and poor diet. To the degree that high levels of pollution and low environmental quality inhibit community residents from engaging in healthy outdoor activities, risk for heart disease and stroke would be expected to increase.

### *Remember*

*Heart-healthy and stroke-free communities are most likely to develop in the context of opportunities for economic, social, and spiritual fulfillment for all residents.*

### **Personal and Public Safety**

In communities where residents do not feel safe from crime and other hazards, health promotion and community cohesion are negatively affected. In high-crime areas, residents may be much less likely to engage in healthy outdoor recreational activities, to participate in social and community events, and even to attend religious services and participate in civic groups. Lower social cohesion and higher levels of social isolation and depression may result. Elderly residents who live alone may be particularly vulnerable to these negative impacts of low public safety. Heart-healthy and stroke-free communities must be communities in which all residents feel safe to leave their homes and participate in social life.

<b>Quality-of-Life Dimensions</b>	<b>Quality-of-Life Questions</b>
<b>Housing quality</b>	Is housing quality adequate for all residents?  Do the elderly have adequate, safe, housing that allows for social interaction and easy access to transportation?
<b>Employment and income</b>	Do adults have opportunities for employment?  Do families earn adequate incomes to provide for heart-healthy living?
<b>Educational opportunities</b>	Do people of all racial/ethnic groups and income levels have adequate opportunities for both formal and vocational education?
<b>Social support and social cohesion</b>	Do residents of all ages and racial/ethnic groups have opportunities for participation in civic life through social and community events?  Are religious institutions an important part of community life? Do they foster social support and cohesion for community residents?
<b>Environmental quality</b>	Are air pollution, water pollution, or land-based pollution (e.g., landfills) a problem in the community?
<b>Personal and public safety</b>	Are neighborhoods and communities considered safe by residents?  Are public safety agencies (police, fire, EMS) adequately funded and responsive to resident needs?

## Planning Worksheet for Quality of Life

### Choose Your Questions and Practical Methods

Use this planning worksheet and the table on page 44 to help choose the most important questions for your community. Write each question in the left-hand column. Then, focus on one or more dimensions of quality of life. Next, choose one or more practical methods. You can photocopy the blank planning worksheet on page 86.

### S A M P L E

Quality-of-Life Questions	Quality-of-Life Dimension (circle one or more that apply)	Practical Methods (circle all you plan to use)	Notes
<p><b>Question 1:</b> <i>What social programs are available for elderly residents?</i></p>	<p>Housing quality</p> <p>Employment and income</p> <p>Educational opportunities</p> <p><u>Social support/social cohesion</u></p> <p>Environmental quality</p> <p>Personal and public safety</p>	<p>Library research</p> <p>Internet search</p> <p><u>Newspapers</u></p> <p>Direct observations</p> <p>Windshield surveys</p> <p>Photography</p> <p>Videography</p> <p><u>Key informant interviews</u></p>	<p><i>Schedule interview with senior center staff.</i></p>
<p><b>Question 2:</b> <i>Are low-income neighborhoods safe for outdoor recreational activities?</i></p>	<p><u>Housing quality</u></p> <p>Employment and income</p> <p>Educational opportunities</p> <p>Social support/social cohesion</p> <p>Environmental quality</p> <p>Personal and public safety</p>	<p>Library research</p> <p>Internet search</p> <p><u>Newspapers</u></p> <p>Direct observations</p> <p><u>Windshield surveys</u></p> <p>Photography</p> <p>Videography</p> <p><u>Key informant interviews</u></p>	<p><i>Check crime statistics in local newspaper.</i></p>
<p><b>Question 3:</b> <i>Is air pollution a problem in the community?</i></p>	<p>Housing quality</p> <p>Employment and income</p> <p>Educational opportunities</p> <p>Social support/social cohesion</p> <p><u>Environmental quality</u></p> <p>Personal and public safety</p>	<p><u>Library research</u></p> <p><u>Internet search</u></p> <p>Newspapers</p> <p>Direct observations</p> <p>Windshield surveys</p> <p>Photography</p> <p>Videography</p> <p>Key informant interviews</p>	<p><i>Research government air quality monitoring data.</i></p>

## Results Worksheet for Quality of Life Use During and After Your Fieldwork

Complete one Results Worksheet for each of your questions. Write the question at the top of the worksheet. Then, for each practical method, record your findings under “Assets and Strengths” and “Needs and Challenges.” You can photocopy the blank Results Worksheet on page 87.

### S A M P L E

<b>Question:</b> <i>Are low-income neighborhoods safe for outdoor recreational activities?</i>			
<b>Practical Method</b> (circle one)	<b>Quality-of-Life Dimension</b> (circle all that apply)	<b>Assets and Strengths</b>	<b>Needs and Challenges</b>
Library research Internet search <u>Newspapers</u> Direct observations Windshield surveys Photography Videography Key informant interviews	Housing quality Employment and income Educational opportunities Social support/social cohesion Environmental quality <u>Personal and public safety</u>	<i>Robberies and assaults have declined in past 3 years.</i>	<i>Crime rates are still higher in low-income neighborhoods than in wealthier suburbs.</i>
Library research Internet search Newspapers Direct observations <u>Windshield surveys</u> Photography Videography Key informant interviews	Housing quality Employment and income Educational opportunities Social support/social cohesion Environmental quality <u>Personal and public safety</u>	<i>Neighborhood Watch groups exist in more than half of low-income neighborhoods.</i>	<i>Some abandoned buildings are still present in low-income neighborhoods.</i>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography <u>Key informant interviews</u>	Housing Quality Employment and Income Educational Opportunities Social Support/Social Cohesion Environmental Quality <u>Personal and Public Safety</u>	<i>Community leaders report improvements in police response times to 911 calls.</i>	<i>Many residents are still reluctant to walk outside in the early morning or evening.</i>

## Summary Worksheet for Quality of Life What are Your Most Important Results?

Condense the findings recorded on each of your Results Worksheets to highlight the most important assets, strengths, needs, and challenges. You can photocopy the blank Summary Worksheet on page 88.

### S A M P L E

Quality-of-Life Questions	Most Important Assets/Strengths	Most Important Needs/Challenges
<p><i>What social programs are available for elderly residents?</i></p>	<p><i>Local health department conducts health fairs for older adults.</i></p> <p><i>Churches provide free social programs for their elderly members.</i></p>	<p><i>Many elderly live alone and are socially isolated; hard to reach for social programs.</i></p> <p><i>Lack of public transportation for older adults who no longer drive.</i></p>
<p><i>Are low-income neighborhoods safe for outdoor recreational activities?</i></p>	<p><i>Local community leaders report improvements in police response times to 911 calls.</i></p> <p><i>Neighborhood Watch groups exist in more than half of low-income neighborhoods.</i></p>	<p><i>Crime rates are still higher in low-income neighborhoods than in wealthier suburbs.</i></p> <p><i>Many residents are still reluctant to walk outside in the early morning or evening.</i></p>
<p><i>Is air pollution a problem in the community?</i></p>	<p><i>Local manufacturing plants have lowered their particulate emissions.</i></p> <p><i>State agencies have installed new air pollution monitors near roadways and industrial sites.</i></p>	<p><i>Several nursing homes are located near major roads with high levels of truck exhaust.</i></p> <p><i>Inadequate public transportation results in high road volume of cars and trucks.</i></p>

# 5

## Practical Methods

### Direct Observations and Windshield Surveys



Direct observations allow one to better understand the environment in which people interact and to see the things some residents may not be aware of, or to better understand a phenomenon. Direct observation may help distill useful information that may not be apparent from your other data collection methods. This type of data collection allows you, the observer, to choose a location, event, or phenomenon and then to directly observe human activities over a period of time.

### **Getting Started**

Begin by vividly describing the location you are observing. Include details, but try not to get bogged down with clutter. These details may seem superfluous at the time, but future analysis may prove otherwise. You should also describe the people you see and what they are doing.

### **Things to Consider**

Continually return to the main focus of the observation. Developing an observation form may help. A sample observation form can be found on pages 53–55. The form will help guide your observation and help you focus on specific items.

You will need to determine the most appropriate sites and gear the timing of your observation toward the phenomena in question. For example, if you observe a site too early in the morning, you may miss social interactions later in the evening that shed light on your community. You may want to observe different sites at various times to make the best overall direct observation.

Following your observation, try to document as much as you can immediately afterward, while the information is still fresh in your mind. The longer you wait to document these observations, the less vivid the experience will become for you, and you will forget details that may be important.

### **Things to Avoid**

As an observer, avoid preconceived ideas. Any such expectations can bias your observations. Here are several things you can do to reduce potential bias:

- ◆ Be aware of your own opinions and prejudices, and strive to remain objective in your observations of people, neighborhoods, and communities.
- ◆ Provide an opportunity for at least two observers to observe independently.
- ◆ Conduct an in-house training session to help produce more reliable results.



## Windshield Surveys

Windshield surveys are a form of direct observation that involve making visual observations of a neighborhood or community while driving—literally “looking through the windshield.” Windshield surveys are a relatively inexpensive, time-efficient method for assessing the social environment of a community. The purpose of the windshield survey is to gain a better understanding of the environment you are studying to provide insight to the resources available in a community. Specifically, windshield surveys allow for the observation of neighborhood boundaries, housing conditions, use of open spaces, shopping areas, schools, religious facilities, human services (such as hospitals and physician offices), modes of transportation, protective services (such as fire stations), and overall neighborhood life within the community. “Windshield” surveys can even be conducted on foot if a vehicle is not available.

*Remember  
Document the vivid  
details, but don't  
get bogged down.*

## Getting Started

If you are unfamiliar with the area you would like to observe, you can visit local realtors, who can provide useful information about the boundaries of local communities and neighborhoods. In addition, it is helpful to obtain a local map even if you are familiar with the neighborhood.

## Identify Your Resources

The next step in preparing for the windshield survey is to assess your resources and your purpose. This will guide the size of your team and your equipment needs. If you have two or three people to conduct the survey, divide tasks as follows: one person can drive and record the route taken as well as navigate the map. The second person can write and record observations along the route of the windshield survey. The third person can take still photographs or video of important features along the route taken (see Photography and Videography starting on page 58 for more information).

If four to six people are available, divide tasks as follows: one person can drive and record the route taken. The second person can navigate the map for the driver. The third person can write and record observations. The fourth person can photograph important features along the route taken. If a fifth person is available, he or she can film the route; however, the still photographs may suffice. If a sixth person is available, that person should also write and record observations along the route of the windshield survey.

If you do not have a large team or equipment, your team could potentially consist of a driver and an observer. Regardless of the size of your team, written observations should always be included, supplemented by audiotapes, photography, and videography when possible.

<b>Windshield Survey Required Supplies</b>	<b>Windshield Survey Optional Supplies</b>
<ul style="list-style-type: none"> <li>◆ Map of neighborhood being surveyed.</li> <li>◆ Windshield survey form (see pages 53–55).</li> <li>◆ Writing supplies.</li> <li>◆ Clipboard.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Audio recorders for each team member including audiotapes and batteries.</li> <li>◆ 35 mm camera including batteries and film or memory card.</li> <li>◆ Video recorder including batteries and memory card.</li> <li>◆ Backup batteries for all electronic equipment.</li> </ul>

It is not necessary to use a car to conduct a “windshield survey”! In the absence of the aforementioned resources, you could record observations while leisurely walking through a neighborhood. However, even when walking, it is useful to have more than one person conducting the windshield survey, because this provides more than one perspective on the community being observed.

### **Conducting the Windshield Survey**

Before starting the windshield survey, map out a flexible route that can accommodate potential problems such as the direction of streets (i.e., one-way streets that are not clearly labeled on the map) and unexpected construction. In addition, the area of the windshield survey should be large enough to obtain relevant information about the neighborhood, but small enough that the observation does not take more than 3 hours. You will need time immediately afterward to process and complete all of your notes.

Once the team is on the route, immediately begin making observations. See the Windshield Survey Form on pages 53–55 for potential items to observe. It will be helpful for all team members to have their supplies readily available as the windshield survey begins.

Once the team is finished following the route outlined, it should meet to document and discuss individual findings as well as any difficulties encountered during the observation. The longer this team meeting is delayed the less vivid will be members’ memories of what they actually observed.

If using audiotapes, it may also be useful to have the recordings transcribed. If resources allow, hiring a professional transcriptionist can shorten turnaround time of the written documentation and allow analysis to begin sooner; otherwise, the transcription may be completed “in house.” A written record of the observations can aid in the analysis of the survey observations.

#### **D. Shopping Areas**

What types of stores are in the area (shopping centers, neighborhoods stores, grocery stores, drug stores, laundries, etc.)?

How are these resources distributed in the area? Are they spread throughout?

Are there ethnic stores, ones that display other than English language?

Do signs advertise tobacco, alcohol?

#### **E. Schools**

Are there schools in the neighborhood? Are they public or private?

Are there play areas, sports fields connected to the schools?

Is graffiti evident in the schools?

Do the school grounds appear to be well-kept?

Are there school bus stops or crossing guards?

#### **F. Religion**

What churches do you see? Who uses the churches?

Do you see evidence of their use for other than purely religious purposes?

#### **G. Human Services**

Where are hospitals and health services located in relation to the neighborhood?

Are there physician offices, health clinics or centers, dentist offices?

Are there alternative medicine centers (acupuncture, massage, etc.)?

Are spiritualists advertised?

Are social agencies (welfare, WIC, social services) available?

Are there senior centers and child care facilities?

## Windshield Survey Form

Observers \_\_\_\_\_

Weather \_\_\_\_\_ Temperature \_\_\_\_\_

City \_\_\_\_\_ Neighborhood \_\_\_\_\_

Day/Date/Time \_\_\_\_\_

### A. Neighborhood Boundaries

What are the boundaries of the neighborhood?

Are there commercial streets or areas?

Does the neighborhood have an identity, a name visible?

### B. Housing

What is the age of the houses, type of architecture, construction material of houses? How many stories?

Are there single, multifamily dwellings, mobile homes?

Do houses have space/lawns around them? Are they well groomed?

What is the general condition of the houses? Are there signs of disrepair (broken doors, windows, railings)?

Are there cars in the driveway? Does it appear everyone is at work?

Are there vacant houses, boarded up or dilapidated buildings?

Are there many houses for sale?

Are there streetlights, sidewalks, curbs, gutters, open drainage ditches?

### C. Open Spaces

How much open space is there?

Are there parks and recreational areas in the neighborhood? Are they lighted?

Is the open space public or private? Who uses it?

Is there trash, rubble, or abandoned cars in the open spaces?

## **H. Transportation**

How do people get in and out of the neighborhood (car, bus, train, bike, walk)?

Are the streets and roads conducive to good transportation and to community life?

Are the streets in good condition? Are they paved? Gravel? Brick? Dirt?

Are formal bus stops or public transportation signs visible?

Is public transportation available? If so, how frequently?

Is this a high-traffic area? Are speed limit signs or speed zones posted?

Is there a major highway near the neighborhood? Whom does it serve?

## **I. Protective Services**

What evidence do you see of police, fire, and emergency services?

Are there fire station houses, fire hydrants?

Do houses have security systems?

Is there evidence of Neighborhood Watch programs?

Are there emergency shelters for neighborhood use (e.g., tornado shelters)?

## **J. Neighborhood Life**

Whom do you see on the streets (women, men, mothers with children, teenagers, elderly)?

What ethnic groups are part of the neighborhood? Bilingual signs?

Are there informal gathering places/hangouts? What are they? For whom (teens, men, etc.)?

Are there social clubs or cultural organizations?

Is there evidence of interaction among neighbors?

Is there evidence of homelessness?

What animals do you see (stray dogs, watch dogs)?

Are there parks or other recreational facilities in the neighborhood? Public or private?

6

# Practical Methods

## Photography and Videography



Photographs and videos can complement your project with useful visual information. Visual documentation can help illustrate changes in the community, from demographic shifts to economic and urban development, to environmental changes, and facilitate comparison of multiple neighborhoods or communities. Libraries are excellent sources for photography, videos, films, or slides of the local area (See Practical Methods: Library Resources and Newspapers, starting on page 68). However, you can create your own photographs or videos of the study community to suit your particular needs.

### Getting Started

The first step is procuring the necessary equipment. If no digital or 35 mm camera is available, single-use, disposable cameras may be an economical option. These cameras take pictures in quality comparable to most models of 35 mm cameras. A digital camera is particularly useful, because you can store photographs in the camera (potentially hundreds of them, depending on the amount of memory and resolution), view the photographs as you take them, and delete those you do not want. The quality of pictures a digital camera can take is measured by its resolution, or megapixels (millions of pixels). You can purchase additional or larger memory cards, which allow you to take more pictures. You might also check into renting a digital or film-loaded camera.

#### Web Sites Offering Tips on Photography

- ◆ [www.photographytips.com](http://www.photographytips.com)
- ◆ [www.nyip.com](http://www.nyip.com) (New York Institute of Photography)
- ◆ [www.kodak.com](http://www.kodak.com)

Digital cameras are equipped with software for your computer. Be sure to note the system requirements before you buy. Once on a computer, the photographs can be stored, copied onto a data CD, or printed.

Video recorders have the advantage of recording sound as well as images, but are typically more expensive than the other survey equipment. If your organization does not own a recorder, and none is available on loan from staff, you need to review both your data collection needs and financial resources to gauge whether you can justify the purchase of this or any of the other technologies. As with cameras, renting might be an option.

### Taking Pictures and Making Videos

As mentioned above, be conscientious while recording still or video images. You can learn more about the principles of good photography from a professional photographer, a manual, or the Internet.

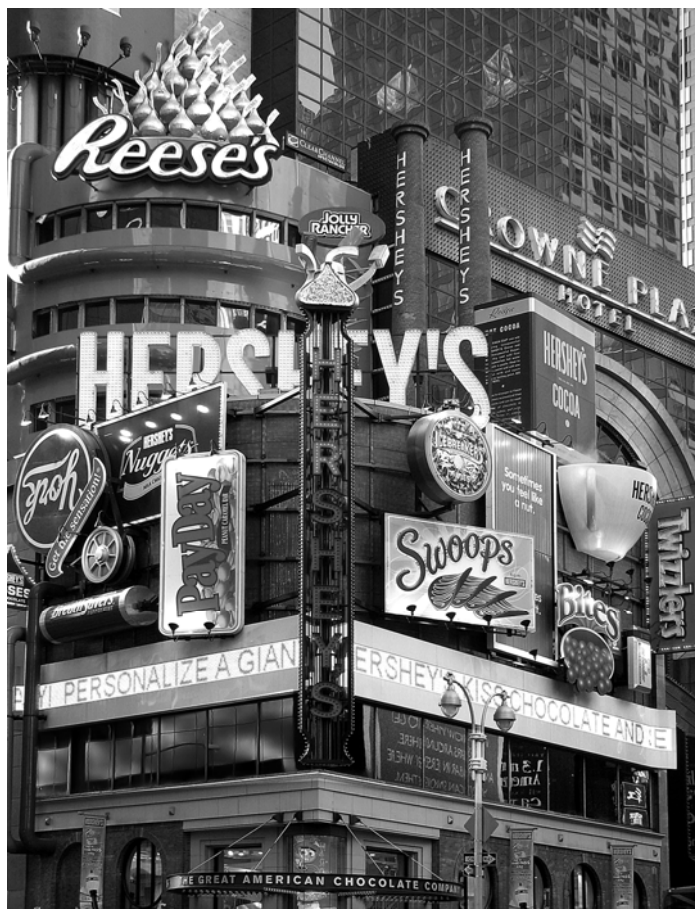
Depending on the questions your observations are meant to answer, you can make a visual record of many components of the social environment. Some examples are

- ◆ Locations of schools, hospitals, libraries, grocery stores, and restaurants.
- ◆ Types and locations of recreational facilities such as parks, walkways, hiking trails, or state parks.
- ◆ Sprawl, new roads, construction of new stores, or other signs of economic development.
- ◆ Dilapidated or closed stores or businesses.
- ◆ Locations and types of housing.
- ◆ Wilderness areas or wildlife refuges.
- ◆ Tourist attractions.
- ◆ New developments that may not be current on documentation, such as maps or tourism brochures.

### What About Including People?

Most of what you document will be places and buildings—a hospital, a library, or a park. You should try to avoid photographing or videotaping people's faces if they are recognizable, so you won't have to ask permission. One option is to take the photo from a distance. Another option is to use photo-editing software (with digital photos or 35 mm photos scanned into a computer) to blur or block out people's faces.

If you do want the people in a photographic or video image to be recognizable, you should use a standard photographic release form. A photographic release is a concisely written form that the photographed person signs, allowing the photographer to use the person's image and alerting the photographed person of his or her rights attached to or annexed with this allowance. Most universities and professional photographers have such release forms that you may be able to use to get ideas in generating your own.





7

# Practical Methods

## Key Informant Interviews



Key informant interviews are inexpensive ways to collect current, qualitative data from carefully selected members of the target community. This resource affords researchers, either outside or within the community, an opportunity to gain firsthand views—or a “pulse”—of the community from residents.

It is vital to note that, with some agencies or institutions, thorough prior review, approval, and permission are required, since human subjects are involved in this method. Find out what protocol your organization or its affiliates require.

### Getting Started

One of the first steps in conducting key informant interviews is to decide what issues, information, or opinions are relevant or necessary for your needs. Once the topics of inquiry are selected, questions can be composed. This is not an easy process. Considerable input and many drafts may be necessary to finalize questions.

*Remember*  
*It is a good idea to select people who are socially active in the community, such as council members, directors or leaders of organizations, or community activists.*

Usually, open-ended questions work well for interviewing, allowing the interviewer to probe for further information in a colloquial manner. For example:

- ◆ How would you define your community?
- ◆ What are some of the major health concerns of people in your community?
- ◆ Please tell me about some of the social services and health services or agencies available in your community.

After writing a questionnaire draft, design a contact record, which the interviewer will use to document the interaction (see the table on page 65). The contact record should include logistical information, such as interviewee name, times and dates of attempted contact, and results of the interaction.

Next, you should develop a small package of mailing materials to be sent to possible contacts—including a letter explaining how and why the person was selected to be interviewed. The information should also provide general details about the purpose, scope, and desired outcomes of your project, contact information if the person has questions about some of the package, and information about when and how you would like to conduct the interview.

After developing the questionnaire and other documents, you can concentrate on defining your sample population. When seeking opinions or information about the community, it is a good idea to select people who are socially active in the community, such as council members, directors of organizations, or community activists. Be sure your list includes more names than your desired number of completed interviews, to allow for lack of response.

### **Approval of Interview Material**

Depending on the size of your study, you may have to get institutional review board (IRB) approval. Larger studies usually require IRB approval for use of human subjects, especially if the information will be published in journals, used in conference presentations, or distributed to other public outlets. For a smaller study with results that will be kept “in house” (within the agency or department), IRB approval may not be required. Check with the director or supervisor to be certain.

### **The Interview Process**

Once all documents are ready, you can begin the interviews. Interviewers may want to keep in mind some key points:

- ◆ It is important to develop good rapport with your interviewees.
- ◆ Be clear, enunciate, and smile when speaking.
- ◆ Use appropriate vocabulary; be as unambiguous as possible.
- ◆ Be aware of background noise, which may be distracting or make an interviewee feel uneasy (e.g., a clicking keyboard).
- ◆ Try to record verbatim any comments that you think are particularly important or interesting, and note any further questions they generate.

After the interview, consider the following:

- ◆ Take time to make post-interview notes, recording observations such as whether the interviewee appeared to be truthful and her emotional state.
- ◆ Consult with other interviewers after doing two or three interviews to compare notes. Did the interviewees have difficulty with certain questions? (If so, agree on an explanatory statement to read with the question. Changing the question substantially will require resubmitting it to your IRB). What other issues have arisen that might not have been addressed during the design of the questionnaire? Do you need to incorporate new questions into the questionnaire? If so, begin looking into how you might amend your document and the potential impact of doing so.

## Probing Versus Prompting

The main difference between probing and prompting is that prompting injects the interviewer's bias, but probing elicits information in an ambiguous manner, thus decreasing bias and increasing the chance of receiving a genuinely conceived answer. Probing effectively can produce a wealth of information that could be easily missed.

### Example of Prompting:

Interviewer: Are exercise classes offered at your facility?  
 Respondent: Yes.  
 Interviewer: What kinds of classes?  
 Respondent: Oh, several different ones.  
 Interviewer: Like aerobics, yoga, or weight training?

### Example of Probing:

Interviewer: Are exercise classes offered at your facility?  
 Respondent: Yes.  
 Interviewer: What kinds of classes?  
 Respondent: Oh, several different ones.  
 Interviewer: OK, could you name some of the specific classes offered?

When probing, the interviewer uses nonsuggestive questions to avoid introducing bias. Conversely, when prompting, an interviewer automatically offers some examples, as in the sample dialogue above, in which the interviewer named specific types of exercise class. Such prompts can bias the respondent's answer, because the respondent may just default to the interviewer's examples.



There are many forms of probing during an interview:

**Echo Probe:** Repeating the last thing an informant has said and asking him or her to continue. Example: "I see, so you went to work in Mexico City. Where else did you go?"

**Uh-huh Probe:** Offer affirmative, yet neutral, utterances such as "right," "uh-huh," "I see," "yes." Example: "Right, and did you work anywhere else?"

**Long Question Probe:** Obtain more descriptive responses by making the question longer. Example: Instead of “How do you plant a garden?” you might ask, “What are all of the things you would need to start a garden?”

**Phased Assertion:** This is akin to “baiting,” where you reveal your knowledge about something to get the informant to comment. Example: “So I’ve learned that there is a new health clinic in Fort Dixon that provides care on Sundays ...”.

Probing methods should only be used as necessary, and with variation, because overuse can be irritating or appear condescending, thus jeopardizing rapport with the interviewee.

## **Contact Worksheet for Key Informant Interviews** **Use Before, During, and After Your Interviews**

Use this worksheet to keep track of contact information for the key informants you want to interview in your community. You can photocopy the blank Key Informant Interview Contact Worksheet on page 89.

<b>Key Informant Name and Title</b>	<b>Affiliation and Phone</b>	<b>Contact Attempts</b>	<b>Interview Complete Date</b>	<b>Notes</b>
<i>Jane Smith, RN, Stroke Outreach Coordinator</i>	<i>Memorial Hospital 555-1234</i>	<i>9/9 - left msg 9/11 - left msg</i>	<i>9/15 - met and talked for 30 minutes</i>	<i>Post-discharge stroke patient follow-up. Interview was recorded, and written notes are in project notebook. Ms. Smith suggested we interview Mary Jones at Hillside Nursing Home.</i>
<i>Joe Brown, City Council Member</i>	<i>City Office Building Main St 555-5678</i>	<i>9/20 - scheduled meeting</i>	<i>9/27 - met and talked for 45 minutes.</i>	<i>Public smoking ban initiative. Interview was recorded. Mr. Brown gave us copy of latest Chamber of Commerce impact study.</i>
<i>Dr. Raj Singh, Cardiologist</i>	<i>Medical Arts Building 555-9876</i>	<i>10/3 - spoke with secretary 10/6 - left msg</i>	<i>10/8 - phone interview for 15 minutes</i>	<i>Barriers to cardiac rehabilitation use for local Hispanic population. Schedule follow-up interview with Dr. Singh’s nurse, Ms. Maria Gomez.</i>

# 8

## Practical Methods

### Library Resources and Newspapers



Libraries offer a wealth of information about the social environment—from books and periodicals to videos, slides, and Internet access. Since libraries offer different types and scopes of information, you should check around your community for all libraries—county, university, institutional, or private. A comprehensive list of libraries can help you create a targeted plan of action. Typically, university and college libraries will offer more academic information, whereas public libraries will offer more information about the local area.

### Getting Started

Before making a trip to the library, create two lists:

- ◆ A list of supplies and resources to take to the library.
- ◆ A list of specific types of information you hope to gather there.

### Preparing for the Library

Phone the library or check online for information about its collections and lending policies. County and city libraries usually require residency and issue library cards. Some materials at public college or university libraries are available to the public, particularly public records and government documents, but cannot necessarily be removed from the library. Private colleges and other private libraries may under certain circumstances allow you to view and photocopy materials if you obtain formal permission first.



Bring writeable compact discs (CD-R or CD-RW) or a USB flash drive for downloading material you may find.

Plan to photocopy materials you may not be eligible to borrow, and budget accordingly. Bring cash, since some systems are coin-operated.

Devise a thorough, efficient way of citing sources, both for record keeping and bibliographic reasons. Even if it is just a few pages from a book or a couple of slides, keeping a checklist of details for each source—such as the card catalogue number, title of work, and author's name—will be useful if you need to consult a source later.

### Resources in the Library

The foremost resource in a library is the librarian. Don't hesitate to ask for help. Many libraries have computerized or Internet-based card catalog systems

that allow for fast, efficient, and comprehensive searches of resources. Some libraries, usually university libraries, offer access to “full-text databases,” collections of articles that you can download to your disk or print in their entirety.

Newspaper archives are also extremely helpful. Newspaper archives that can’t be found online can sometimes be found on microfiche in libraries. See page 70 for more information.

Most libraries are also part of an interlibrary loan program, which allows libraries to request materials from other libraries that participate in the program. If your local library does not have material you need, you can ask the librarian to help you obtain it through an interlibrary loan.

### **Potential Sources of Information**

Local libraries are usually the best sources for locally published information, such as small historical collections or newspaper archives. Large institutional libraries contain more formal information, such as local or state government texts, research studies and abstracts, and theses and dissertations. Other potential sources of information include census records, journal articles, maps, and microfiche. See the table below for some specific examples.

<b>Social Environment Information Sources at the Library</b>	
<b>Preventive and Medical Services</b>	<ul style="list-style-type: none"> <li>◆ Newspaper articles about health care, drug costs, and nursing homes.</li> <li>◆ Reports and statistics about health insurance.</li> <li>◆ Directories of local health care providers.</li> <li>◆ Maps of local hospitals and emergency services.</li> </ul>
<b>Heart-Healthy Living</b>	<ul style="list-style-type: none"> <li>◆ Newspaper articles about recreation, smoking ordinances, festivals, restaurants, and health education activities.</li> <li>◆ Reports and statistics about smoking, physical activity, and obesity.</li> <li>◆ Directories of local restaurants and grocery stores.</li> <li>◆ Maps of local parks and recreation areas.</li> </ul>
<b>Quality of Life</b>	<ul style="list-style-type: none"> <li>◆ Newspaper articles about business closings, cost of living, and other economy-related topics.</li> <li>◆ Reports and statistics about unemployment, income, and poverty</li> <li>◆ Directories of local employers and industries.</li> <li>◆ Directories of minority-owned businesses, and community, church, and political groups.</li> <li>◆ Maps of local industrial and residential areas.</li> </ul>



## Newspapers

Newspapers offer excellent insight and data about communities. Depending on how often the local newspapers are published, information can be gathered daily, weekly, biweekly, or monthly.

## Getting Started

A good place to start is by researching all of the newspapers published in the community, and then deciding which are necessary and relevant to your needs.

Aim for articles that are specific to the area you want to look at or tied directly to issues that affect the local social environment. Sorting out what information is worthwhile can be a daunting and sometimes confusing task. You should, however, keep several key things in mind while flagging articles (see table on page 71).

Although national news stories usually fall into the “what not to flag” category, an exception would be when a local story becomes national news, in which case articles from wire services such as Associated Press or Reuters may be relevant.

# Attorney: Scrap health plan law

By BILL HENDRICK  
bhendrick@ajc.com

An antitrust expert from the U.S. Justice Department told a group of legislators and lobbyists at a breakfast meeting Friday that Georgia's law regulating health care planning should not be changed but scrapped entirely because it restricts free trade and drives up prices.

Several bills are under consideration by the General Assembly that would tweak or make radical changes to the law, which requires health planning approval for any new construction or expansion of hospitals or medical facilities. Incredulous legislators listened to Justice Department attorney Mark J. Botti in what one described later as stunned disbelief.

Botti was invited to speak before a special meeting of the Joint Senate and House Health and Human Services Committees on Certificate of Need. Also invited was Dr. Ardis Hoven, a member of the board of directors of the American Medical Association, who said the laws are bad for competition.

Most lawmakers in the room, not to mention lobbyists, were in strong disagreement.

“I'm ready to see the CON law tweaked, because without question, it's an albatross, but it can't be done away with,” said Rep. Buddy Carter (R-Pooler). “I'm concerned about the rural hospitals. CON is really a discussion of the uninsured and the indigents, and that's what we have to focus on.”

The Georgia Legislature started developing complex CON rules in 1979, and regulations have proliferated ever since. Critics on both sides say some rules favor specific groups over others, such as physicians over hospitals, and vice versa. The only agreement on CON is that its rules are complex, and that its existence pays the bills of hundreds of lobbyists.

Botti, a chief litigator in the Justice Department's antitrust division, said certificate of need laws, which exist in many states, “pose a substantial threat to the proper performance of health care markets” and “by their very nature” create barriers to free markets and competitive prices.

“They undercut consumer choice, weaken markets' ability to contain health care costs and stifle innovation,” he said. “They do not provide an economic justification for depriving consumers of the benefits

of free markets.”

He urged the legislators to “carefully consider the substantial costs that CON laws impose on consumers” and said no CON law is good.

Only one of the proposals before the Legislature would abolish the state's CON law.

His comments came the morning after Gov. Sonny Perdue introduced a massive bill designed to streamline Georgia's CON rules and increase competition. But officials of various health care organizations strongly disagreed with Botti.

Earl Rogers, spokesman for the Georgia Hospital Association, said the state needs CON rules to make sure hospitals can continue to pick up tabs for indigent patients and accept people on Medicaid.

He said Perdue's legislation would allow “the proliferation of for-profit ambulatory surgery centers” and would hurt hospitals, which would be stuck with treating people who can't afford to pay their bills.

“Georgia has about 250 ambulatory surgery centers while we have approximately 170 hospitals in the state,” Rogers said.

“The ambulatory centers are for-profit, owned by corporations or groups of physicians. In my mind, they under-

cut hospitals.”

He also said he opposed a section of Perdue's bill that would allow specialty hospitals to set up shop in the state and “would only require them to treat 3 percent of indigent” patients. Hospitals, he said, must treat everyone.

James C. Lewis, a spokesman for Hometown Health, which represents 55 “hometown” hospitals, said Georgia's CON law needs to be tweaked, but definitely not repealed.

“It has not been tinkered with in 15 years,” Lewis said. “Our hospitals start off losing 14 cents on every dollar of Medicaid. Somebody has to offset that.”

One consequence of Georgia's CON law is that “employer premiums have soared so high” many companies can't afford to provide insurance.

Vince Falcione Jr., external relations manager for Procter & Gamble, which has a plant in Albany, said insurance for its employees there costs the company more than any of its other facilities in the country.

He implied that CON rules keep businesses out of Georgia and may be encouraging others to move out of the state.

“We believe CON needs to be changed here in Georgia,” he said.

After searching through each newspaper and flagging relevant articles, photocopy, print, or clip advertisements, pictures, and articles you want to save. Remember to save pictures and captions related to any articles of interest. Sometimes a picture doesn't have an article counterpart and vice versa. Be sure to keep thorough bibliographic information for each article, such as newspaper title, section, page number, date, author, and place of publication.

### **Series Articles and Related Topics**

Newspapers sometimes publish a series of articles about the same topic. These articles may be continuing coverage of an event, editorials expressing community members' opinion of an issue, or articles that reference a related or past article. If an article is suitable, save the related articles too. When organizing and citing, relate these articles with keywords or phrases. By ensuring that corresponding and related articles are saved and linked, you will have more complete data and you will reduce the chances of gaps in information about an event or topic.

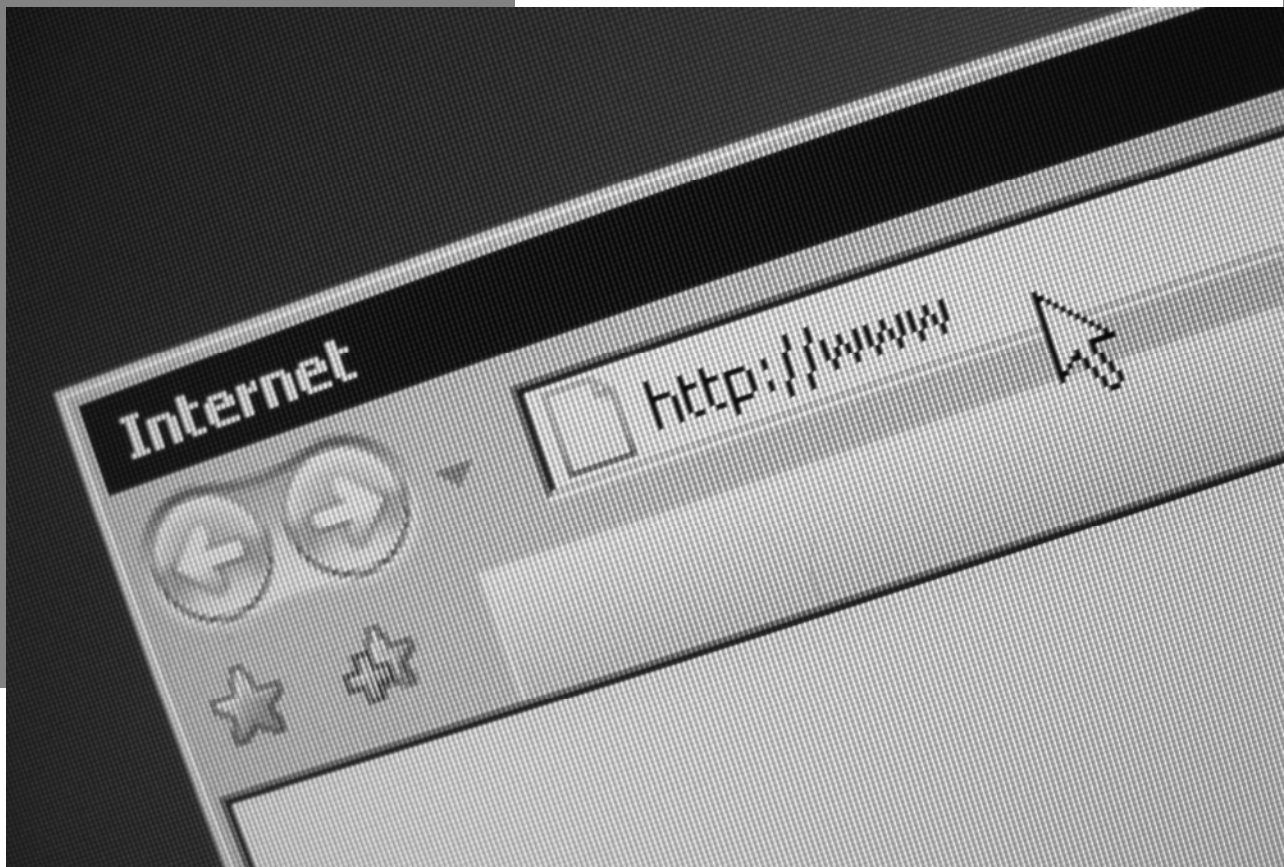
Sometimes a newspaper story may reference an article from an issue you do not have. In such instances, many newspapers offer online archives through the Internet. (See Searching the Internet, starting on page 74). If not, the local libraries' newspaper archives may have what you need (see Library Resources on page 69).

<b>What to Flag in the Newspaper</b>	<b>What <i>Not</i> to Flag in the Newspaper</b>
<p>Local articles related to economy, schools, housing, social and cultural events, and business openings/closings.</p> <p>State articles that pertain to issues affecting the community, e.g., state legislature increasing sales tax.</p> <p>Local advertisements that pertain to health or important local issues, e.g., political ads, grocery stores, cultural events.</p> <p>Letters to the editor, local editorials and columns.</p> <p>Sports articles that pertain to school issues, community health, and politics.</p> <p>Local calendars—events like charity dinners, walk-a-thons, and health fairs.</p>	<p>National or world news articles from wire services (e.g., the Associated Press or Reuters).</p> <p>State articles from other communities, e.g., a murder case in another county or region.</p> <p>Advertisements that do not bear greatly on local issues of social environment, such as for movie theaters or roofing companies.</p> <p>National or syndicated columns or editorials.</p> <p>Sports articles that report only game details, scores, or results.</p>

# 9

## **Practical Methods**

### **Searching the Internet**



Internet searches and downloads are inexpensive ways to collect qualitative and quantitative data from carefully selected sources. Most libraries can provide access to a computer, and librarians will be able to help you conduct searches and download information from the Internet. See Library Resources and Newspapers starting on page 68 for more information.

### **What You Need to Know About Internet Domains**

Every Web site on the Internet belongs to a specific “domain.” Internet domains were established to let users know what type of institution or organization is behind a Web site. The table (facing page) provides a brief list of the most popular current domain names and their extensions; however, remember that domain names and purposes may change. The first three domains listed are most typical sources of information and are accessible by anyone. The .gov domain is reserved specifically for government entities. Certain areas of Web sites on all domains may be restricted.

### **Getting Started on Your Search**

Once you select specific questions, you can choose a “search engine” to conduct the search.

Conducting an Internet search is not always easy and you may have to do many different kinds of searches. These searches may also need to be conducted in multiple search engines to obtain the information you are seeking. See the sample search information at the end of this chapter.

### **Selecting a Search Engine**

Several types of search engines are available (see box); each conducts its search differently. A search engine is a virtual database from which the information you are requesting is retrieved. Some search engines search multiple databases. We recommend that you determine how each search engine conducts a search for the requested information. This information is available for each search engine and is typically listed under the “about us” or “help” section of the search engine you are using.

<b>Internet Search Engines</b>	
Google.com	Excite.com
Altavista.com	Yahoo.com
Dogpile.com	Lycos.com

Once the search engine has finished the search, a list of hyperlinks will be displayed on the screen for the sites found. A hyperlink is the method by which the Internet connects you to the Web page you have found using the search engine.

<b>Internet Domain Names and Purposes</b>				
<b>Domain</b>	<b>Extension</b>	<b>Purpose</b>	<b>Example</b>	
commercial	.com	This unrestricted domain is widely used for business.	Community Link	www.communitylink.com
nonprofit	.org	This unrestricted domain is intended for non-profit organizations.	American Heart Association	www.americanheart.org
network	.net	This unrestricted domain is intended for network providers.	Centre for Health Evidence	www.cche.net
educational	.edu	This domain is for all U.S. educational institutions.	West Virginia University	www.wvu.edu
government	.gov	This domain is for all U.S. government offices and branches.	Centers for Disease Control and Prevention	www.cdc.gov

## **Search Techniques**

There is no one best way to begin or conduct an Internet search, so it is important to know specifically what you are looking for. Most search engines allow you to search by keyword or phrase, or conduct a Boolean search.

Searching by keyword is probably the most common. To search by a specific phrase, place the entire phrase in closed quotation marks. For example, if you would like to search for *community health program*, type in “community health program” in the search engine and press enter. The search engine will then narrow its search to that specific phrase, rather than all documents containing the words “community,” “health,” and “program.” Boolean searches allow you to use terms such as AND, OR, and NOT with your keywords to conduct more targeted searches.

See the table on page 76 for results obtained using these three methods in a search engine. The differences in results between search methods may be vast; however, it is important to remember that if you were to conduct the same search days, weeks, or months from an initial search, you would probably obtain very different results, regardless of which search engine you use. Therefore, even if one search engine does not find the information you were looking for, return to the search engine later because you may eventually find what you need.

### Sample Search

First, select a phrase such as *heart disease* and a search engine such as Google. Next, if the search results are too broad, you may need to adjust search criteria. For example, if you want information on heart disease, but want more specific information on women you may want to conduct a Boolean search by entering the words *women* and *heart disease*. This type of search will give you a whole new set of Web sites to examine. In addition, you may conduct an advanced search as shown in which you can use the drop-down menus to limit the search. For example, you can select only Web sites that have been updated within the last 3 months, or those that have the terms you are searching for anywhere on the page, or even in a specified file format. Using the advanced search can help narrow the results, but don't narrow your search so much that you potentially exclude useful information.

Search using	Search engine	Search by	Search results
Keyword	Google.com	<i>Community health program</i>	4,110,000
Phrase	Google.com	<i>"Community health program"</i>	5,990
Boolean	Google.com	<i>Community AND health NOT program</i>	3,530,000

### Web Site Evaluation

Document quality varies widely on the Internet. It is important to thoroughly evaluate the content as well as the source of information obtained from your searches. The table on the following page lists several valuable points to keep in mind when evaluating Web information. This list can help you determine if the information you have found is reliable.

<b>Five Criteria for Evaluating Web Pages</b>	
<b>Evaluation of Web Documents</b>	<b>How to Interpret the Basics</b>
<p style="text-align: center;"><b>(1) Accuracy of Web Documents</b></p> <ul style="list-style-type: none"> <li>◆ Who wrote the page and can you contact him or her?</li> <li>◆ What is the purpose of the document and why was it produced?</li> <li>◆ Is this person qualified to write this document?</li> </ul>	<p style="text-align: center;"><b>Accuracy</b></p> <ul style="list-style-type: none"> <li>◆ Make sure author provides e-mail or a contact address/ phone number.</li> <li>◆ Know the distinction between author and Webmaster.</li> </ul>
<p style="text-align: center;"><b>(2) Authority of Web Documents</b></p> <ul style="list-style-type: none"> <li>◆ Who published the document and is it separate from the "Webmaster"?</li> <li>◆ Check the domain of the document. What institution publishes this document?</li> <li>◆ Does the publisher list his or her qualifications?</li> </ul>	<p style="text-align: center;"><b>Authority</b></p> <ul style="list-style-type: none"> <li>◆ What credentials are listed for the author(s)?</li> <li>◆ Where is the document published? Check URL domain.</li> </ul>
<p style="text-align: center;"><b>(3) Objectivity of Web Documents</b></p> <ul style="list-style-type: none"> <li>◆ What goals/objectives does this page meet?</li> <li>◆ How detailed is the information?</li> <li>◆ What opinions (if any) are expressed by the author?</li> </ul>	<p style="text-align: center;"><b>Objectivity</b></p> <ul style="list-style-type: none"> <li>◆ Determine if page is a mask for advertising; if so, information might be biased.</li> <li>◆ View any Web page as you would an infomercial on television. Ask yourself why this was written and for whom.</li> </ul>
<p style="text-align: center;"><b>(4) Currency of Web Documents</b></p> <ul style="list-style-type: none"> <li>◆ When was it produced?</li> <li>◆ When was it updated?</li> <li>◆ How up-to-date are the links (if any)?</li> </ul>	<p style="text-align: center;"><b>Currency</b></p> <ul style="list-style-type: none"> <li>◆ How many dead links are on the page?</li> <li>◆ Are the links current or updated regularly?</li> <li>◆ Is the information on the page outdated?</li> </ul>
<p style="text-align: center;"><b>(5) Coverage of Web Documents</b></p> <ul style="list-style-type: none"> <li>◆ Are the links (if any) evaluated and do they complement the document theme?</li> <li>◆ Is it all images or a balance of text and images?</li> <li>◆ Is the information presented cited correctly?</li> </ul>	<p style="text-align: center;"><b>Coverage</b></p> <ul style="list-style-type: none"> <li>◆ If page requires special software to view the information, how much are you missing if you don't have the software?</li> <li>◆ Is it free, or is there a fee, to obtain the information?</li> <li>◆ Is there an option for text only, or frames, or a suggested browser for better viewing?</li> </ul>
<b>Putting It All Together</b>	
<ul style="list-style-type: none"> <li>◆ <b>Accuracy:</b> If the page lists the author and institution that published the page and provides a way of contacting him/her, and . . .</li> <li>◆ <b>Authority:</b> If the page lists the author credentials and its domain is preferred (.edu, .gov, .org, or .net), and . . .</li> <li>◆ <b>Objectivity:</b> If the page provides accurate information with limited advertising and it presents information objectively, and . . .</li> <li>◆ <b>Currency:</b> If the page is current and updated regularly (as stated on the page) and the links (if any) are also up-to-date, and . . .</li> <li>◆ <b>Coverage:</b> If information can be viewed properly—not limited by fees, browser technology, or software requirement, then . . .</li> <li>◆ <b>You may have a Web page that could be valuable to your research!</b></li> </ul>	
<small>Source: Kapoun J. Teaching undergrads WEB evaluation: a guide for library instruction. <i>College and Research Libraries News</i>. 1998; 522-523.</small>	

# 10

## Worksheets





## Planning Worksheet

### Preventive and Medical Services

#### Choose Your Questions and Practical Methods

Use this planning worksheet and the table on page 24 to help choose the most important questions for your community. Write each question in the left-hand column. Then, focus on one or more types of service. Next, choose one or more practical methods. You may freely reproduce this worksheet.

<b>Preventive and Medical Services Questions</b>	<b>Type of Service</b> <small>(circle one or more that apply)</small>	<b>Practical Methods</b> <small>(circle all you plan to use)</small>	<b>Notes</b>
<b>Question 1:</b>	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services	Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	
<b>Question 2:</b>	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services	Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	
<b>Question 3:</b>	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services	Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	

## Results Worksheet Preventive and Medical Services Use During and After Your Fieldwork

Complete one Results Worksheet for each of your questions. Write the question at the top of the worksheet. Then, for each practical method, record your findings under “Assets and Strengths” and “Needs and Challenges.” You may freely reproduce this worksheet.

<b>Question:</b>			
<b>Practical Method</b> (circle one)	<b>Type of Service</b> (circle all that apply)	<b>Assets and Strengths</b>	<b>Needs and Challenges</b>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services		
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services		
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Preventive programs/services Nutrition and dietetic services Mental health care Primary health care Specialty health care Emergency medical services Hospitals Coronary care units Nursing homes Rehabilitation services		

**Summary Worksheet**  
**Preventive and Medical Services**  
**What Are Your Most Important Results?**

Condense the findings recorded on each of your Results Worksheets to highlight the most important assets, strengths, needs, and challenges. You may freely reproduce this worksheet.

<b>Preventive Services and Medical Care Questions</b>	<b>Most Important Assets/Strengths</b>	<b>Most Important Needs/Challenges</b>

## Planning Worksheet

### Heart-Healthy and Stroke-Free Living

#### Choose Your Questions and Practical Methods

Use this planning worksheet and the tables on pages 34–36 to help choose the most important questions for your community. Write each question in the left-hand column. Then, focus on one or more geographic scales. Next, choose one or more practical methods. You may freely reproduce this worksheet.

<b>Heart-Healthy and Stroke-Free Living Questions</b>	<b>Geographic Scale</b> (circle all that apply)	<b>Practical Methods</b> (circle one or more you plan to use)	<b>Notes</b>
<b>Question 1:</b>	Individual memory Household School Worksite Neighborhood Town or city Counties State Region	Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	
<b>Question 2:</b>	Individual memory Household School Worksite Neighborhood Town or city Counties State Region	Library research Internet Search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	
<b>Question 3:</b>	Individual memory Household School Worksite Neighborhood Town or city Counties State Region	Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	

## Results Worksheet

### Heart-Healthy and Stroke-Free Living

### Use During and After Your Fieldwork

Complete one Results Worksheet for each of your questions. Write the question at the top of the worksheet. Then, for each practical method, record your findings under “Assets and Strengths” and “Needs and Challenges.” You may freely reproduce this worksheet.

<b>Question:</b>			
<b>Practical Method</b> <small>(circle one)</small>	<b>Geographic Scale</b> <small>(circle all that apply)</small>	<b>Assets and Strengths</b>	<b>Needs and Challenges</b>
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Individual memory Household School Worksite Neighborhood Town or city Counties State Region		
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Individual memory Household School Worksite Neighborhood Town or city Counties State Region		
Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	Individual memory Household School Worksite Neighborhood Town or city Counties State Region		

## Summary Worksheet

### Heart-Healthy and Stroke-Free Living

#### What Are Your Most Important Results?

Condense the findings recorded on your Results Worksheets to highlight the most important assets, strengths, needs, and challenges. Identify the most important geographic scales influencing heart-healthy living in your community. You may freely reproduce this worksheet.

<b>Questions</b>	<b>Most Important Assets/Strengths</b>	<b>Most Important Needs/Challenges</b>	<b>Geographic Scales</b>
<b>Food Environments</b>			Individual memory Household School Worksite Neighborhood Town or city Counties State Region
<b>Recreational Environments</b>			Individual memory Household School Worksite Neighborhood Town or city Counties State Region
<b>Smoke-Free Environments</b>			Individual memory Household School Worksite Neighborhood Town or city Counties State Region

## Planning Worksheet Quality of Life

### Choose Your Questions and Practical Methods

Use this planning worksheet and the table on page 44 to help choose the most important questions for your community. Write each question in the left-hand column. Then, focus on one or more dimensions of quality of life. Next, choose one or more practical methods. You may freely reproduce this worksheet.

<b>Quality of Life Questions</b>	<b>Quality-of-Life Dimension</b> (circle one or more that apply)	<b>Practical Methods</b> (circle all you plan to use)	<b>Notes</b>
<b>Question 1:</b>	Housing quality Employment and income Educational opportunities Social support/social cohesion Environmental quality Personal and public safety	Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	
<b>Question 2:</b>	Housing quality Employment and income Educational opportunities Social support/social cohesion Environmental quality Personal and public safety	Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	
<b>Question 3:</b>	Housing quality Employment and income Educational opportunities Social support/social cohesion Environmental quality Personal and public safety	Library research Internet search Newspapers Direct observations Windshield surveys Photography Videography Key informant interviews	

## Results Worksheet Quality of Life Use During and After Your Fieldwork

Complete one Results Worksheet for each of your questions. Write the question at the top of the worksheet. Then, for each practical method, record your findings under “Assets and Strengths” and “Needs and Challenges.” You may freely reproduce this worksheet.

<b>Question:</b>			
<b>Practical Method</b> (circle one)	<b>Quality of Life Dimension</b> (circle all that apply)	<b>Assets and Strengths</b>	<b>Needs and Challenges</b>
Library Research Internet Search Newspapers Direct Observations Windshield Surveys Photography Videography Key Informant Interviews	Housing quality Employment and income Educational opportunities Social support/social cohesion Environmental quality Personal and public safety		
Library Research Internet Search Newspapers Direct Observations Windshield Surveys Photography Videography Key Informant Interviews	Housing quality Employment and income Educational opportunities Social support/social cohesion Environmental quality Personal and public safety		
Library Research Internet Search Newspapers Direct Observations Windshield Surveys Photography Videography Key Informant Interviews	Housing quality Employment and income Educational opportunities Social support/social cohesion Environmental quality Personal and public safety		



**Summary Worksheet**  
**Quality of Life**  
**What Are Your Most Important Results?**

Condense the findings recorded on each of your Results Worksheets to highlight the most important assets, strengths, needs, and challenges. You may freely reproduce this worksheet.

<b>Quality-of-Life Questions</b>	<b>Most Important Assets/Strengths</b>	<b>Most Important Needs/Challenges</b>

## Key Informant Interview Contact Worksheet

### Use Before, During, and After Your Interviews

Use this worksheet to keep track of contact information for the key informants you want to interview in your community. You may freely reproduce this worksheet.

<b>Key Informant Name and Title</b>	<b>Affiliation and Phone</b>	<b>Contact Attempts</b>	<b>Interview Complete Date</b>	<b>Notes</b>

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**Heart Disease  
and Stroke  
Resources**



## **Public Health Action Plan to Prevent Heart Disease and Stroke**

The purpose of the *Action Plan* is “to chart a course for the Centers for Disease Control and Prevention (CDC) and collaborating public health agencies, with all interested partners and the public at large, to help in promoting achievement of national goals for preventing heart disease and stroke over the next two decades.” This document covers seven action areas:

1. Effective communication
2. Strategic leadership, partnership, and organization
3. Taking action
4. Strengthening capacity
5. Evaluating impact
6. Advancing knowledge through prevention research
7. Engaging in regional and global partnerships

### **A Public Health Action Plan to Prevent Heart Disease and Stroke**

132 pages

[http://www.cdc.gov/DHDSP/library/action\\_plan/pdfs/action\\_plan\\_full.pdf](http://www.cdc.gov/DHDSP/library/action_plan/pdfs/action_plan_full.pdf)

### **Translating the Plan into Action**

41 pages

[http://www.cdc.gov/DHDSP/library/action\\_plan/Update/pdfs/Action\\_Plan\\_Update.pdf](http://www.cdc.gov/DHDSP/library/action_plan/Update/pdfs/Action_Plan_Update.pdf)

## **Communication Guide**

### **Taking Action for Heart-Healthy and Stroke Free States: A Communication Guide for Policy and Environmental Change**

110 pages

[http://www.cdc.gov/DHDSP/library/heart\\_stroke\\_guide/pdfs/HeartGuide.pdf](http://www.cdc.gov/DHDSP/library/heart_stroke_guide/pdfs/HeartGuide.pdf)

### **Stroke Addendum to A Communication Guide**

57 pages

[http://www.cdc.gov/DHDSP/library/heart\\_stroke\\_guide/pdfs/stroke\\_addendum.pdf](http://www.cdc.gov/DHDSP/library/heart_stroke_guide/pdfs/stroke_addendum.pdf)

## **Business Strategies**

Learn about successful business strategies for preventing heart disease and stroke, including recognizing costs, discovering savings, working with the employee health plan, and learning from other employers.

### **Reducing Heart Disease and Stroke: A Six-Step Guide for Employers**

13 pages

[http://www.cdc.gov/DHDSP/library/toolkit/pdfs/six\\_step\\_guide.pdf](http://www.cdc.gov/DHDSP/library/toolkit/pdfs/six_step_guide.pdf)

### **Successful Business Strategies to Prevent Heart Disease and Stroke: Toolkit Guide**

40 pages

<http://www.cdc.gov/DHDSP/library/toolkit/pdfs/toolkit.pdf>

## **Moving into Action**

This series, published by CDC, can help policy makers, employers and health care leaders assess what actions are most appropriate for their communities and can lend support to the efforts of individuals to prevent, manage, and control their risks for heart disease and stroke.

You can order free copies of any of the publications listed below by e-mailing [ccdinfo@cdc.gov](mailto:ccdinfo@cdc.gov), or by completing a form at this Web site:

[http://www.cdc.gov/DHDSP/library/moving\\_into\\_action/order.htm](http://www.cdc.gov/DHDSP/library/moving_into_action/order.htm)

### **Moving into Action: Promoting Heart-Healthy and Stroke-Free Communities for Governors**

20 pages

[http://www.cdc.gov/DHDSP/library/moving\\_into\\_action/pdfs/Governors.pdf](http://www.cdc.gov/DHDSP/library/moving_into_action/pdfs/Governors.pdf)

### **Moving into Action: Promoting Heart-Healthy and Stroke-Free Communities for State Legislators**

20 pages

[http://www.cdc.gov/DHDSP/library/moving\\_into\\_action/pdfs/State\\_Legislators.pdf](http://www.cdc.gov/DHDSP/library/moving_into_action/pdfs/State_Legislators.pdf)

### **Moving into Action: Promoting Heart-Healthy and Stroke-Free Communities for Local Officials**

20 pages

[http://www.cdc.gov/DHDSP/library/moving\\_into\\_action/pdfs/Local\\_Officials.pdf](http://www.cdc.gov/DHDSP/library/moving_into_action/pdfs/Local_Officials.pdf)

### **Moving into Action: Promoting Heart-Healthy and Stroke-Free Communities for Employers**

20 pages

[http://www.cdc.gov/DHDSP/library/moving\\_into\\_action/pdfs/Employers.pdf](http://www.cdc.gov/DHDSP/library/moving_into_action/pdfs/Employers.pdf)

### **Moving into Action: Promoting Heart-Healthy and Stroke-Free Communities for Health Care Leaders**

20 pages

[http://www.cdc.gov/DHDSP/library/moving\\_into\\_action/pdfs/Health\\_Care\\_Leaders.pdf](http://www.cdc.gov/DHDSP/library/moving_into_action/pdfs/Health_Care_Leaders.pdf)

## **Social Determinants**

### **Dataset Directory of Social Determinants of Health at the Local Level**

73 pages

[http://www.cdc.gov/DHDSP/library/data\\_set\\_directory/pdfs/data\\_set\\_directory.pdf](http://www.cdc.gov/DHDSP/library/data_set_directory/pdfs/data_set_directory.pdf)

## **Prevention Works**

### **Prevention Works: CDC Strategies for a Heart-Healthy and Stroke-Free America**

16 pages

[http://www.cdc.gov/DHDSP/library/prevention\\_works/pdfs/Prevention\\_works.pdf](http://www.cdc.gov/DHDSP/library/prevention_works/pdfs/Prevention_works.pdf)

### **State Programs**

CDC's State Heart Disease and Stroke Prevention Program currently funds 32 states to conduct prevention activities at the state and local levels, with a special focus on education, policy, and environmental systems. At this Web site, there are links to each state program, including a detailed description of each state's activities.

[http://www.cdc.gov/DHDSP/state\\_program/index.htm#4](http://www.cdc.gov/DHDSP/state_program/index.htm#4)

### **State Legislative Database**

Search for state-level bills related to heart disease and stroke prevention topics and create maps of state variations in heart disease and stroke variations in heart disease and stroke legislation in this interactive database maintained by CDC.

<http://apps.nccd.cdc.gov/DHDSPLeg/>



