

**The Maine Bureau of Health
Physical Activity and Nutrition (PAN) Program:
An Evaluation of the Community Assessment Survey**

May, 2005

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OVERVIEW

The Maine Bureau of Health's Physical Activity and Nutrition (PAN) Program awarded ten grants to local Healthy Maine Partnerships (HMPs) to complete a Community Assessment Survey for the geographic area for which they are responsible. The goal of the project is to support HMP communities in their efforts to identify community capacity and/or readiness for obesity prevention initiatives that focus on policy and environmental changes for physical activity, nutrition, breastfeeding and TV viewing.

PURPOSE

The purpose of this evaluation is to identify areas of strength and gaps regarding obesity prevention efforts for the towns located within each participating HMP community's service/geographic area, referred to throughout this document as the "Community." This information will help inform the PAN Program and the participating HMP coalitions about each Community's level of readiness to implement new initiatives and programs at the local level. The instrument used in this evaluation is the *Community Assessment Survey*, developed for this study by the Muskie School of Public Service. The analysis is based solely on the survey findings and as such is a reflection of the sites surveyed and not necessarily of the Community as a whole. These findings will assist the state in identifying geographic areas around the state that have the capacity to implement strategies from the strategic Maine PAN Plan in the upcoming years. Additionally, it will inform the PAN Program on ways to tailor interventions to better meet the needs of HMP coalitions. Lastly, it will provide participating HMPs with an overview of their current community readiness and act as a guide for future planning.

METHODS

In April, 2004 all 31 HMPs in the state of Maine were invited to apply for funding (\$4,600) to be used to complete the *Community Assessment Survey* in their Community. The *Community Assessment Survey* was provided by the Maine Physical Activity and Nutrition (PAN) Program, housed at the Edmund S. Muskie School of Public Service. The funding period was from June 1 through September 9, 2004 during which time the surveys were conducted. Nine local HMPs from geographically dispersed areas of the state were selected and awarded funding to participate in the survey.¹ The *Community Assessment Survey* is designed to identify community capacity for obesity prevention efforts that focus on policy and environmental changes in 4 different settings: school, community, healthcare and workplace. Due to the limitations of the survey, this evaluation does not include methodologies use to identify the settings in each community. Questions in each setting addressed four different content areas: physical activity, nutrition, breastfeeding and television viewing.² HMPs were responsible for submitting a final completed survey that included data from each town in the Community.

ANALYSIS

In order for survey responses to be compared across Communities, analysis of the responses had to consider that service areas are of differing sizes and populations. The way questions were asked, and subsequently analyzed, differed in 3 ways:

1. In instances where the total number of institutions (i.e. schools, work places, childcare centers) where a service could be provided was reported, the percentage of institutions that provided the service was calculated for each community service area.³

¹ Two of the selected HMPs received combined funding because they decided to complete the survey together for both service areas, therefore results are reported for a total of 9 HMPs.

² See Appendix for a list of questions by setting and content area.

³ This analysis was used for school, work place, childcare center, and retail food setting questions.

2. For questions about the number of services provided in a setting that could not be broken down by institutions (e.g. the number of social support initiatives in a town), the number of services were averaged across the number of towns included in that Community.⁴
3. Questions that required a yes or no (yes =1, no=0) response from each town in the Community were analyzed by adding up the number of yes responses and dividing the resulting sum by the number of towns in that Community. The quotient was converted into the percentage of towns that provide that particular service in each Community.

When possible, responses to questions assessing the same content area in the same setting (i.e. physical activity in schools, nutrition resources provided in healthcare settings, etc.) were combined, resulting in a performance measure for each Community by setting and content area. It was not possible to combine questions in the same setting analyzed with different methods (as described above) even if they were measuring the same content area. This was particularly relevant for questions asked in the community setting, because all three types of questions were asked.⁵ In these instances, separate measures were reported and compared across Communities.

INTERPRETATION OF RESULTS

Results are reported as percentages or scores. The results section also ranks Communities in order of their “performance” in a particular content area. Performance on outcome measures is intended to measure each Community’s capacity for obesity prevention. Although each Community is represented by using the HMP coalition name as an identifier, the Community’s performance is based solely on submitted surveys and is in no way intended to judge HMP coalition efforts or success.

The first part of the results section presents data for each setting and compares each Community’s performance in each content area. Where helpful, graphs are included to illustrate Communities’ performance in particular content areas and on particular questions. In instances where performance in a content area was low across all Communities, results are discussed as gaps in performance.

The second part of the results section describes each Community’s performance and lists strengths by setting and content area, gaps in performance by setting and content area, and weaknesses, where performance in a particular setting was low.

⁴ This analysis was used for most of the questions in the healthcare setting and for questions relating to physical activity in the community settings.

⁵ See *physical activity* and *walkability assessment* measures, and *nutrition* and *retail food* measures, for community setting (page 13 &14).

RESULTS

SCHOOL SETTING

Findings:

By far, the strongest performances were seen in the school setting. It was also the setting where results were easiest to calculate and compare across Communities. For questions in the school setting, the number of schools in each town needed to be provided. Subsequent questions asked how many schools provide a particular obesity prevention support strategy. This made it possible to calculate a percentage and compare performance across Communities. Percentages should be interpreted as the proportion of schools located in the Community that provide a particular obesity prevention support strategy.

Overall, Communities performed very well on questions evaluating physical activity and nutrition.⁶ Performance measures of television viewing were not quite as consistent or as strong (See Table 1), and performance on breastfeeding measures was very poor (See Table 2).

- Physical Activity: Range 27% - 92%
- Nutrition: Range 31% - 95%
- Television Viewing: Range 6% - 85%
- Breastfeeding: comments are on the following page

Table 1: School Rankings and Performance in Content Areas⁷

SCHOOL SETTING	PHYSICAL ACTIVITY		NUTRITION		TELEVISION VIEWING	
	RANK	%	RANK	%	RANK	%
<u>COMMUNITY NAME</u>						
Healthy Living	1	92%	1	95%	1	85%
HCC	2	85%	2	84%	7	46%
BodySmart	3	84%	3	81%	4	59%
Power of Prevention	4	83%	8	58%	5	57%
Hancock	5	76%	4	72%	6	54%
TLC/SPRINT	6	58%	5	66%	2	80%
Choose to be Healthy	7	53%	7	63%	3	63%
Katahdin Area	8	52%	6	66%	8	42%
Healthy Tomorrow	9	27%	9	31%	9	6%

⁶ See Table 1 for a comparison of Community performance by content areas.

⁷ See Charts 2-4 for a break down of physical activity, nutrition and TV viewing content area by question.

Gaps: Breastfeeding

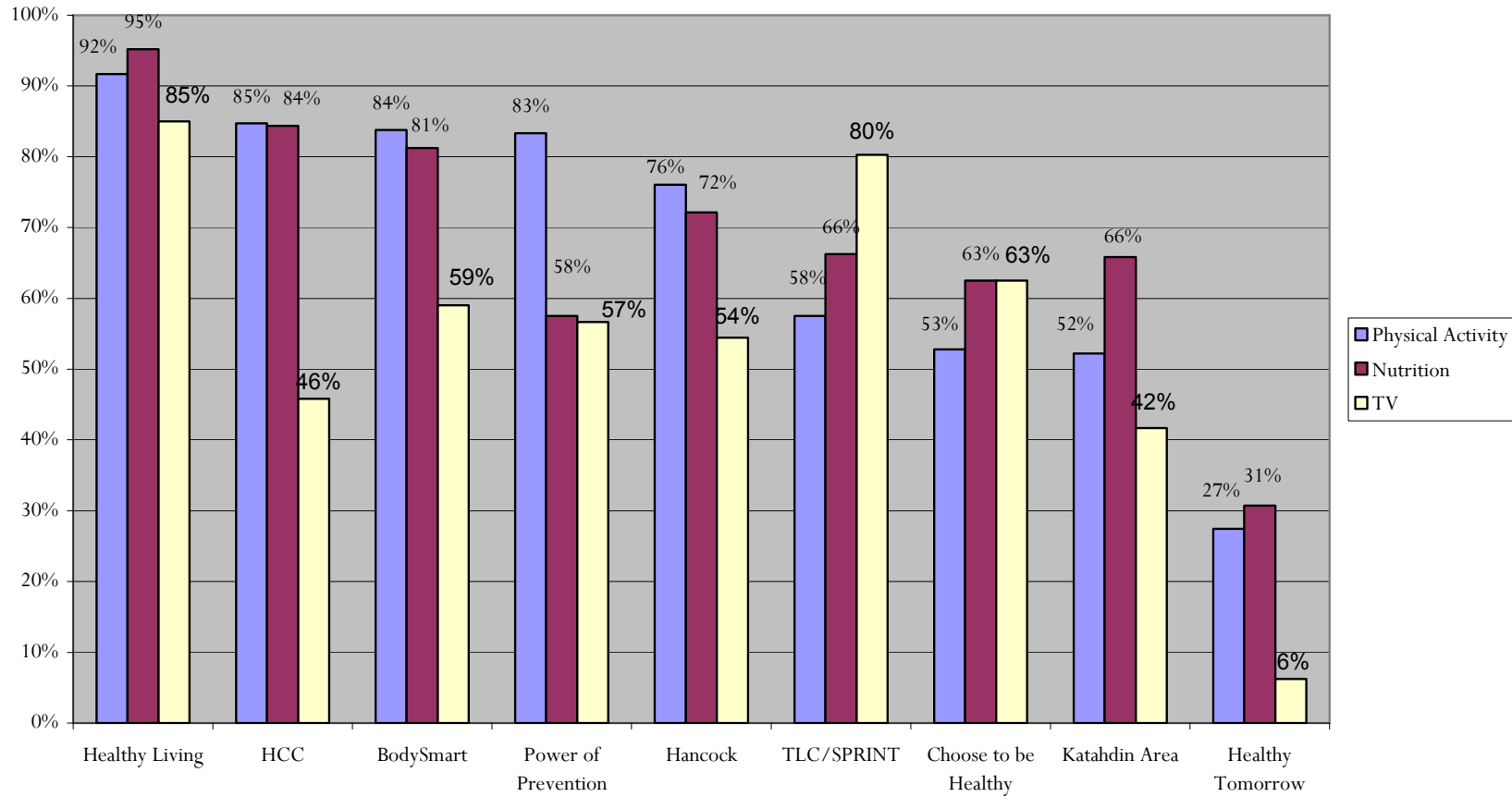
- Only half of the HMPs reported that the importance of breastfeeding was being addressed in health education curriculums in schools, and only 2 HMPs reported that it is addressed in 25% or more of the schools that it serves.
- A total of 3 public schools, served by Hancock and BodySmart, provide a setting that supports breastfeeding.

Table 2: Breastfeeding in School Setting⁸

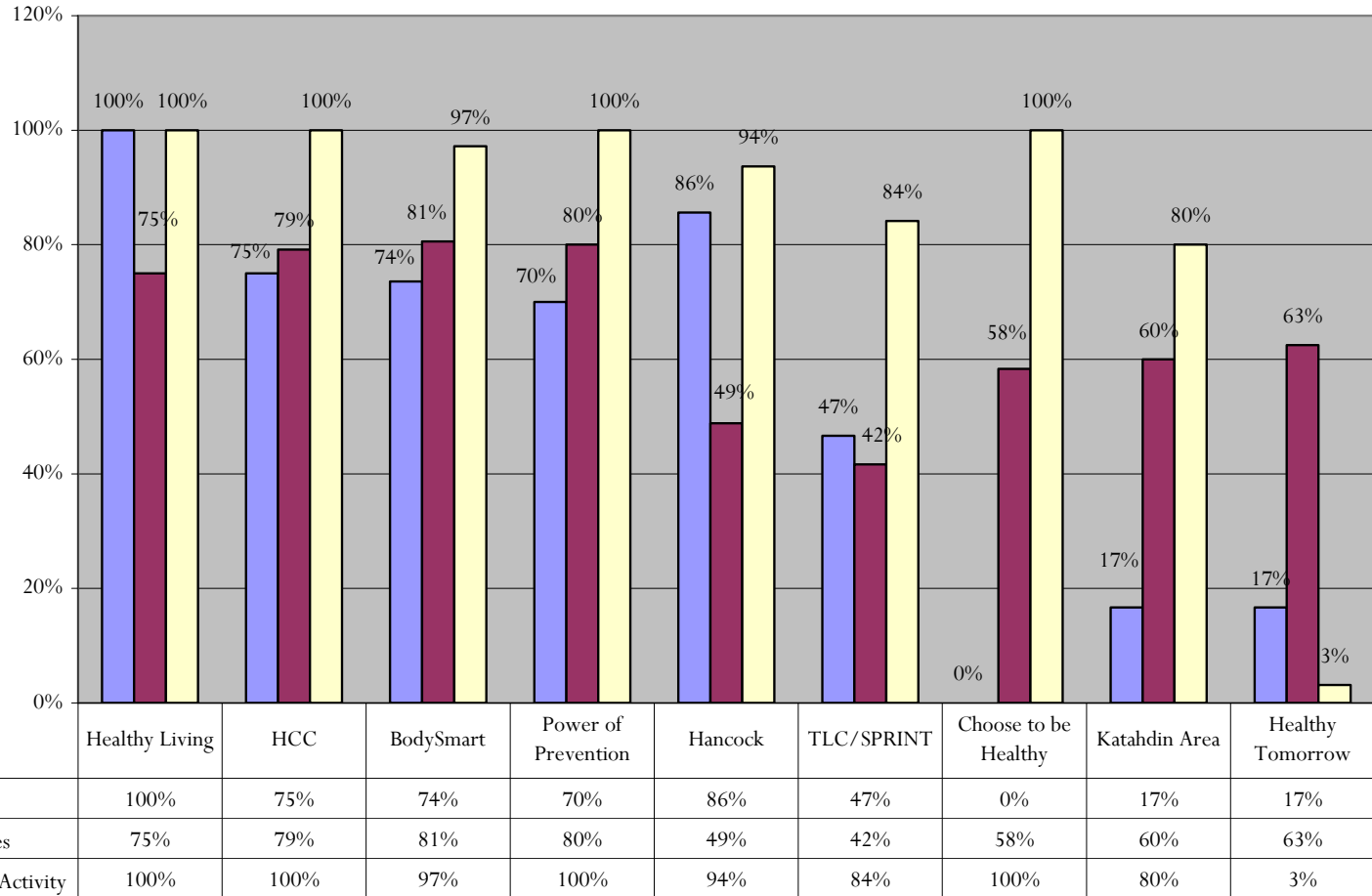
SCHOOLS	Breastfeeding included in health curriculum		Public Schools that support Breastfeeding
	RANK	%	
<u>COMMUNITY</u>			
Healthy Living	n/a	0	0
HCC	5	4%	0
BodySmart	n/a	0	1
Power of Prevention	4	7%	0
Hancock	2	30%	2
TLC	n/a	0	0
Choose to be Healthy	1	50%	0
Katahdin Area	3	23%	0
Healthy Tomorrow	n/a	0	0

⁸ See Table 2 for performance measures for breastfeeding

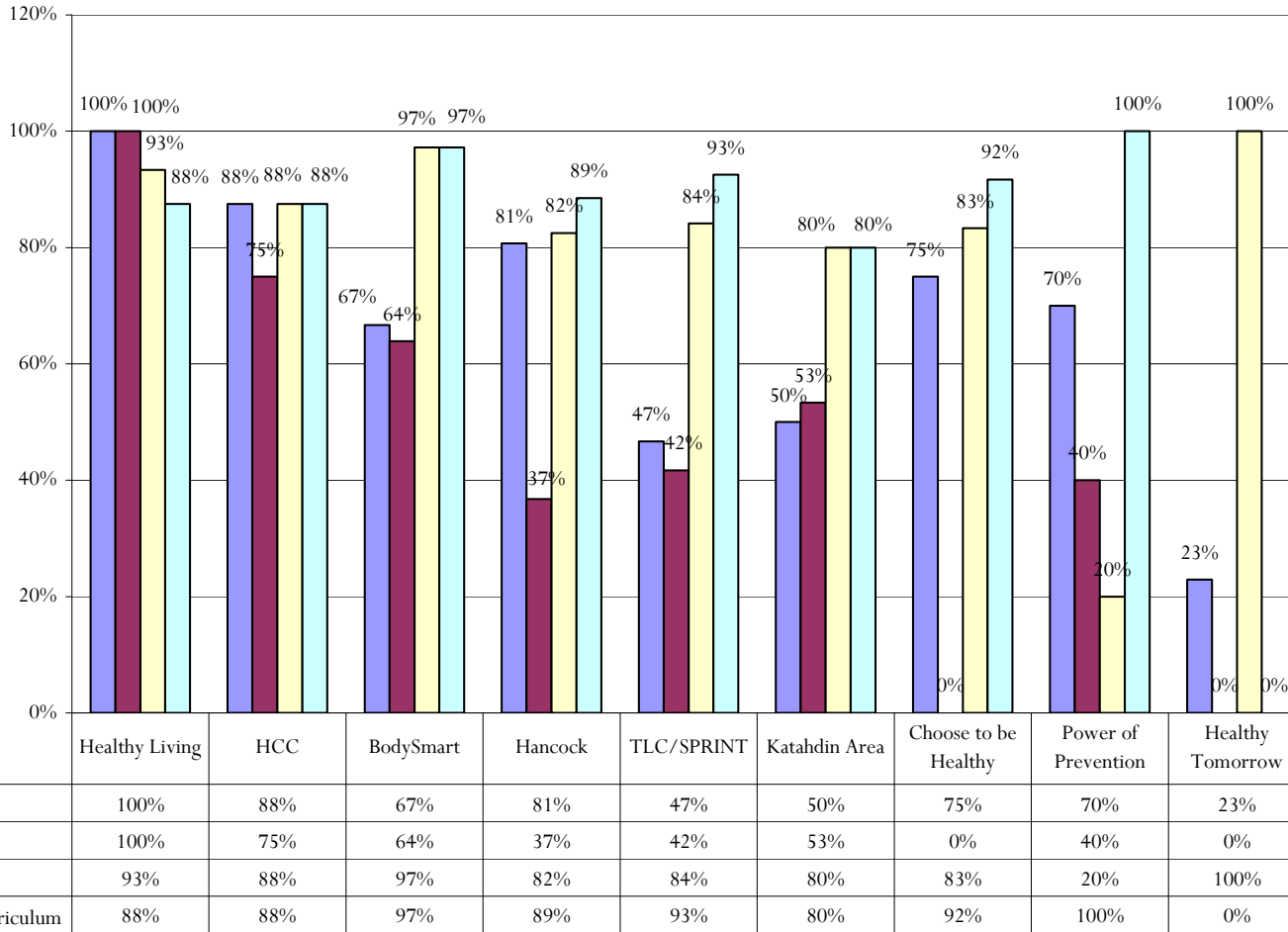
**Chart 1:
Comparison of Physical Activity and Nutrition Scores
in School Setting**



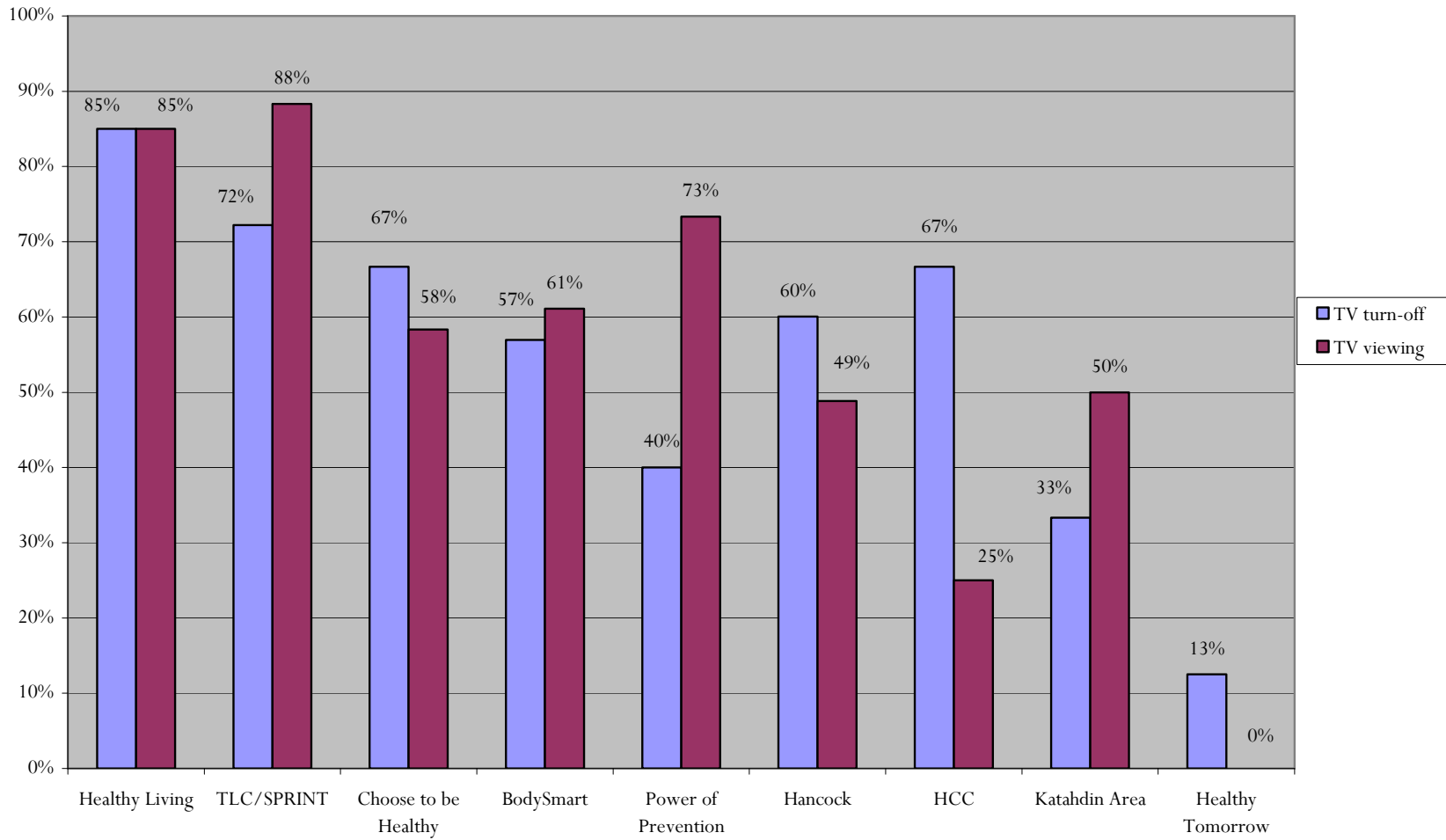
**Chart 2:
Physical Activity in Schools**



**Chart 3:
School Nutrition**



**Chart 4:
Addressing TV Habits in Schools**



WORKPLACE SETTING

Findings:

For questions in the workplace setting, Communities had to provide the number of workplaces employing 10 or more people in each town. Subsequent questions asked how many of those workplaces provide particular obesity prevention support strategies. Like the school setting, this made it possible to calculate a percentage and compare performance across Communities. Percentages should be interpreted as the proportion of workplaces in the Community that provide obesity prevention support strategies.

Overall, only 2 Communities had better than average performance in the workplace setting.⁹ There was a wide variance in performance in the workplace setting, and scores were lower than for any other setting.¹⁰ Six questions on the *Community Assessment Survey* addressed obesity prevention support strategies in the workplace setting, the fewest number of questions asked in each setting. Performance was best in physical activity and nutritional content areas (See Table 3).

- Physical Activity: Range 5% - 79%
- Nutrition: Range 0 - 69%
- Breastfeeding: Range 0 - 55%

Table 3: Workplace Rankings and Performance in Content Areas

WORKPLACE SETTING	PHYSICAL ACIVITY		NUTRITION		BREAST FEEDING	
	RANK	%	RANK	%	RANK	%
<u>COMMUNITY NAME</u>						
HCC	1	79%	2	63%	1	55%
BodySmart	2	57%	1	69%	5	3%
Healthy Living	3	31%	3	31%	3	5%
Power of Prevention	4	28%	4	30%	7	1%
Katahdin Area	5	19%	5	19%	2	30%
Hancock	6	11%	6	9%	6	2%
TLC	7	10%	7	6%	4	4%
Healthy Tomorrow	8	4%	8	4%	n/a	0
Choose to be Healthy	9	5%	9	0	n/a	0

⁹ See Chart 5 for a comparison of Community performance by content areas.

¹⁰ See Charts 6 & 7, for breakdown of performance by question. A chart was not compiled for the breastfeeding questions.

Chart 5:
Comparison of Content Areas in Workplace Setting

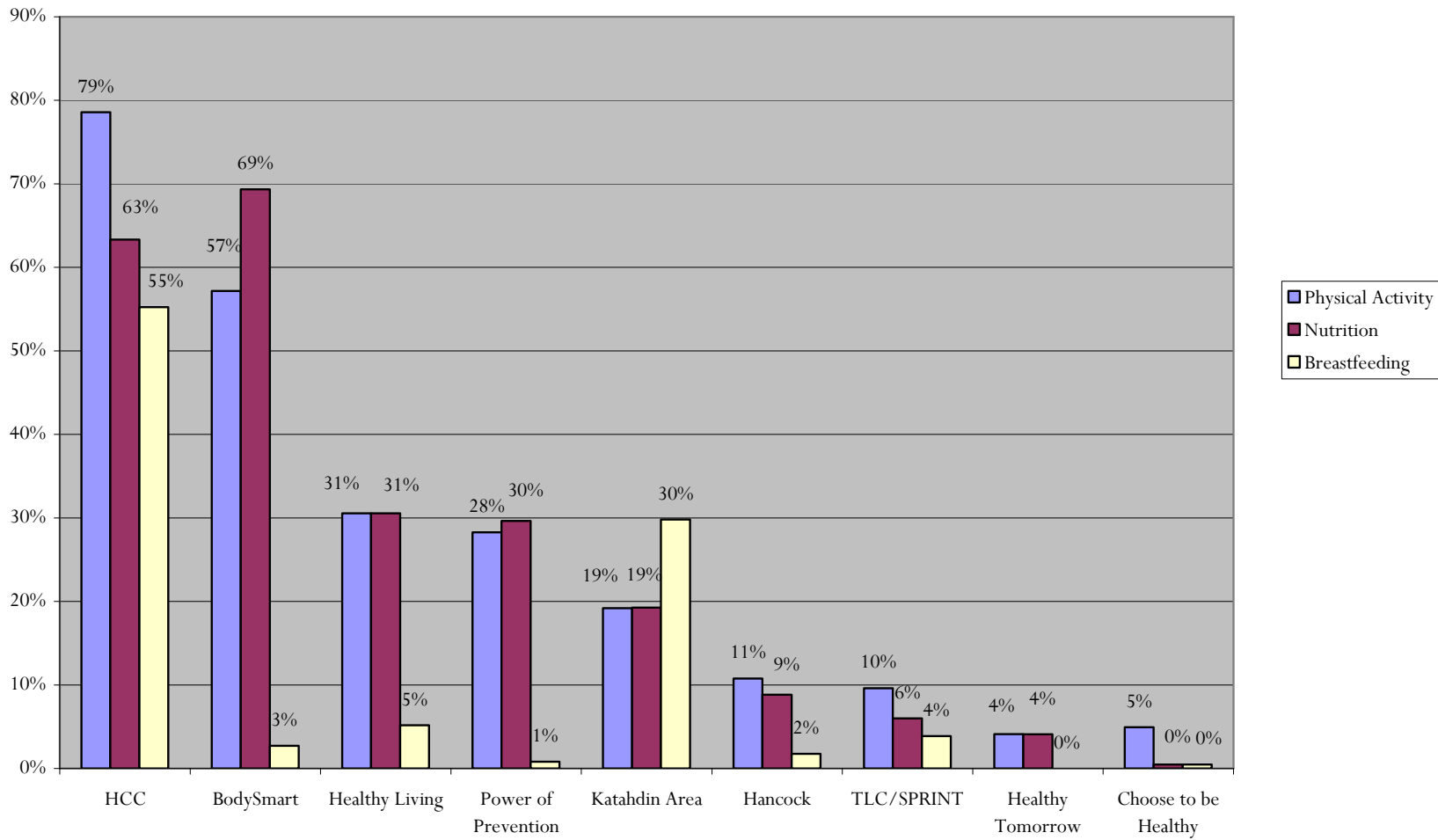
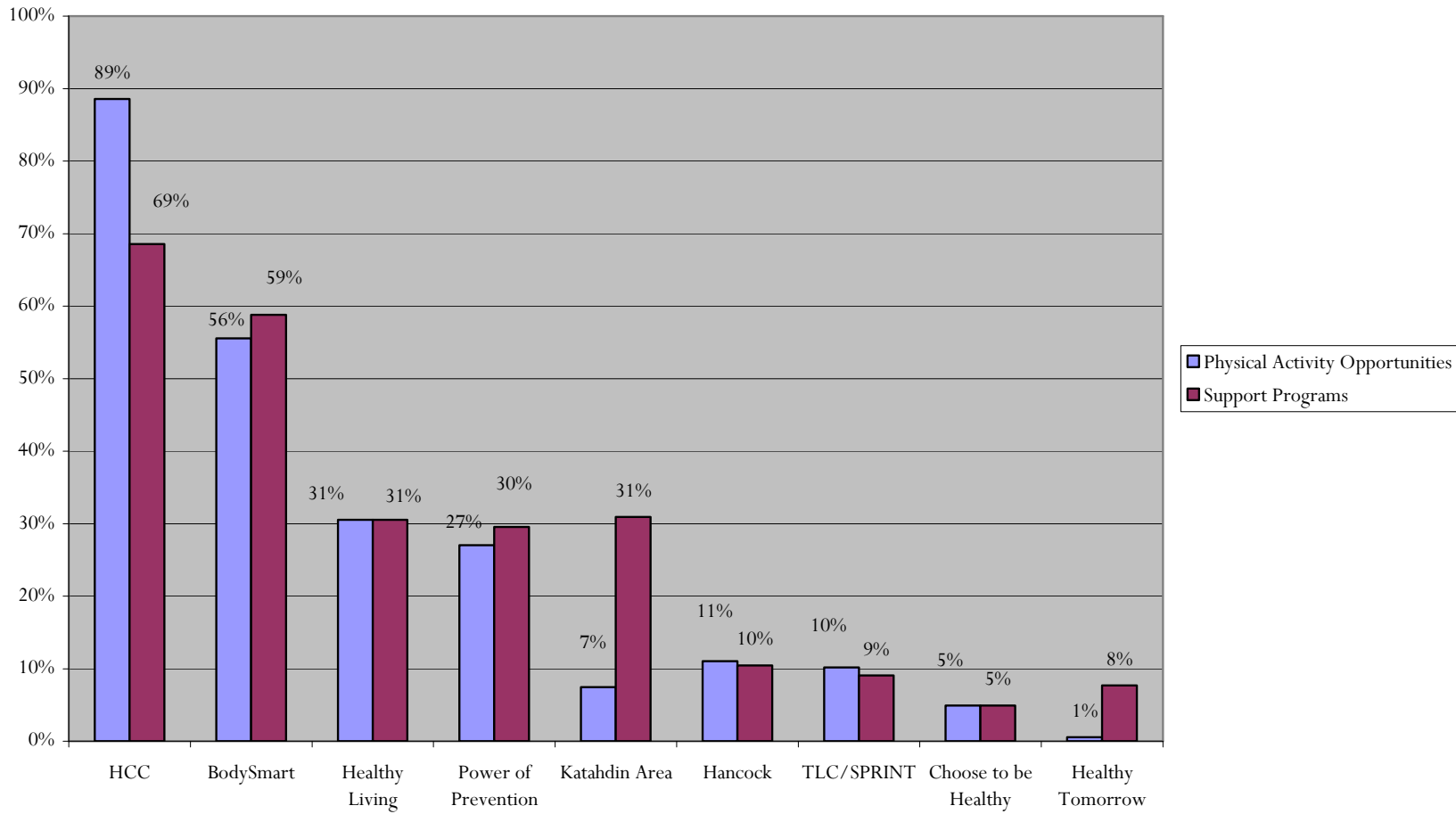
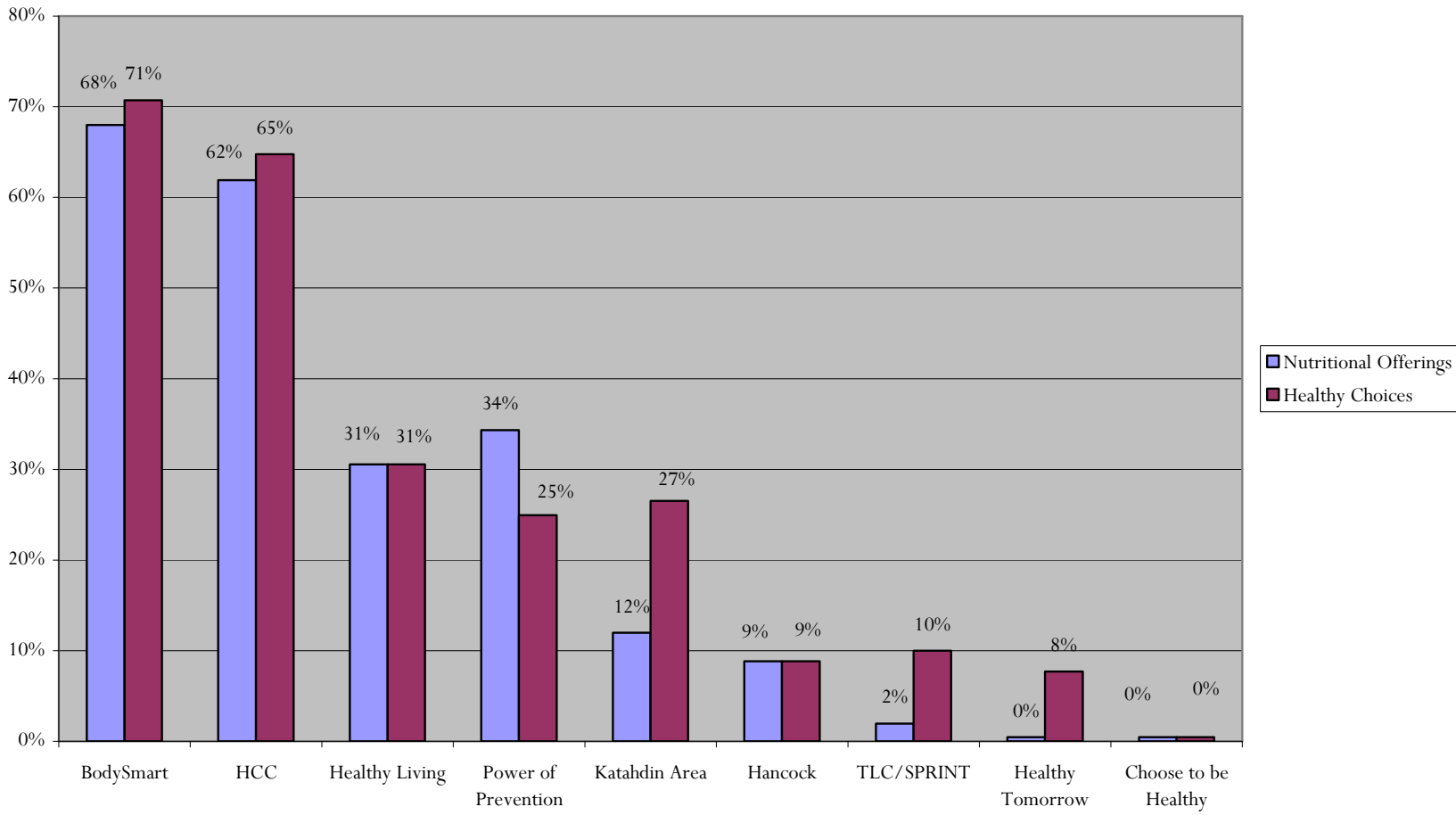


Chart 6:
Physical Activity in the Workplace



**Chart 7:
Nutrition in the Workplace**



COMMUNITY SETTING

Findings:

Questions asked about the community setting were the most diverse, and required several types of analysis (see Table 4). Questions that assessed physical activity, nutrition and television viewing resources were reported as an average score, or the number of resources per town. Questions asking whether towns had conducted a walkability assessment, or if town government buildings had designated areas for breastfeeding, were calculated by dividing the sum of 'yes' responses by the number of towns in the Community and converting the resulting quotient into a percentage. Another separate reporting area was childcare centers and retail food outlets, including food chains and restaurants. Because respondents were asked to first report the total number of childcare centers, restaurants and food chains, the proportion of places that provide a particular obesity prevention support strategy could be calculated.

- Physical activity: Range 0.9 - 10.7
- Walkability assessment: Range 0 - 60%
- Childcare centers: Range 7% - 83%
- Retail food: Range 1% - 31%

Table 4: Community Rankings and Performance in Content Areas¹¹

COMMUNITY SETTING	PHYSICAL ACTIVITY		WALKABILITY		CHILDCARE CENTERS*		RETAIL FOOD	
	RANK	SCORE	RANK	%	RANK	%	RANK	%
Katahdin Area	1	10.7	3	33%	n/a	n/a	4	16%
Choose to be Healthy	2	9.3	9	0	8	7%	2	22%
Power of Prevention	3	8.6	1	60%	1	83%	1	31%
Hancock	4	7.1	6	10%	5	49%	6	6%
BodySmart	5	4.7	5	14%	4	61%	8	1%
HCC	6	4.0	7	6%	6	48%	5	8%
Healthy Living	7	3.0	2	55%	2	74%	3	19%
TLC	8	2.4	4	27%	7	33%	7	2%
Healthy Tomorrow	9	0.9	8	4%	3	67%	9	0

* Katahdin Area has no childcare centers and was not considered in the analysis.

¹¹ See Charts 8-11 for breakdown of performance by question. Charts were not compiled for the nutrition, breastfeeding, or television viewing questions.

Gaps:

- Nutrition: Questions regarding the number of organizations and policies that support healthy food options showed poor performance, with the one exception being Power of Prevention.
- Breastfeeding: There are only 2 town government buildings that have designated areas for breastfeeding.
- Television Viewing: Each HMP averaged less than one organization per town that participated in 'TV turn-off' week. The only exception was Power of Prevention with 1.4 community organizations.

**Chart 8:
Physical Activity in the Community**

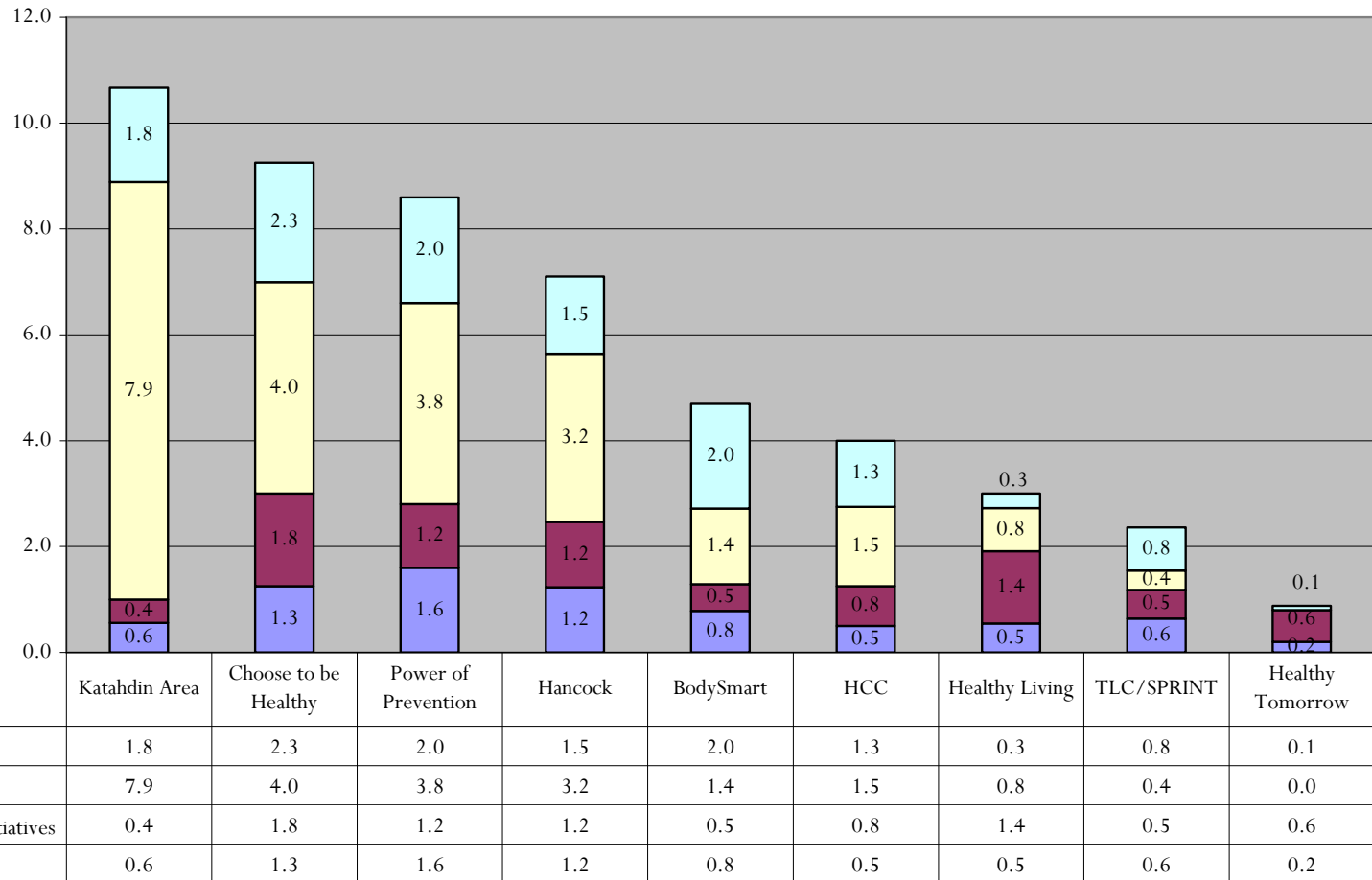
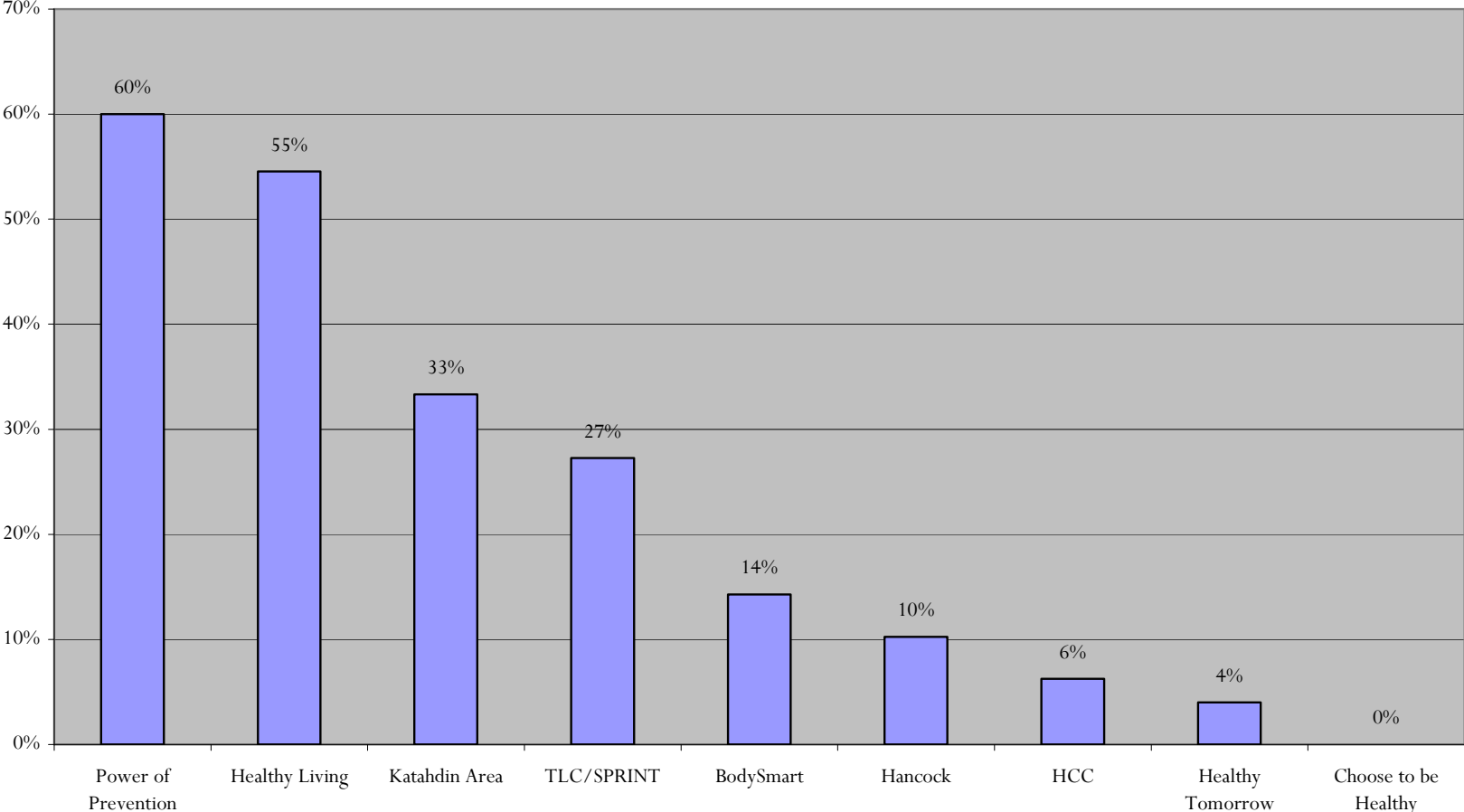
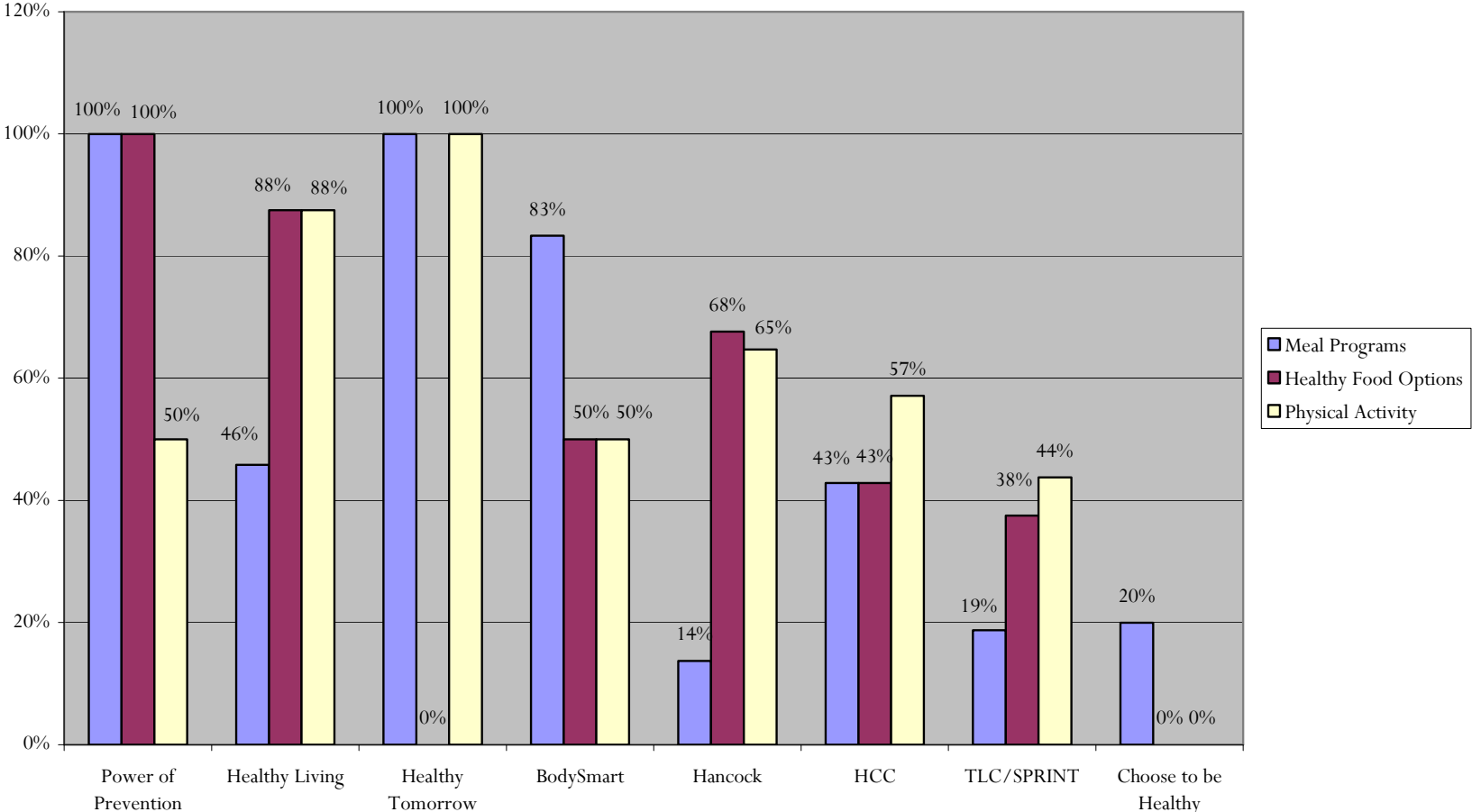


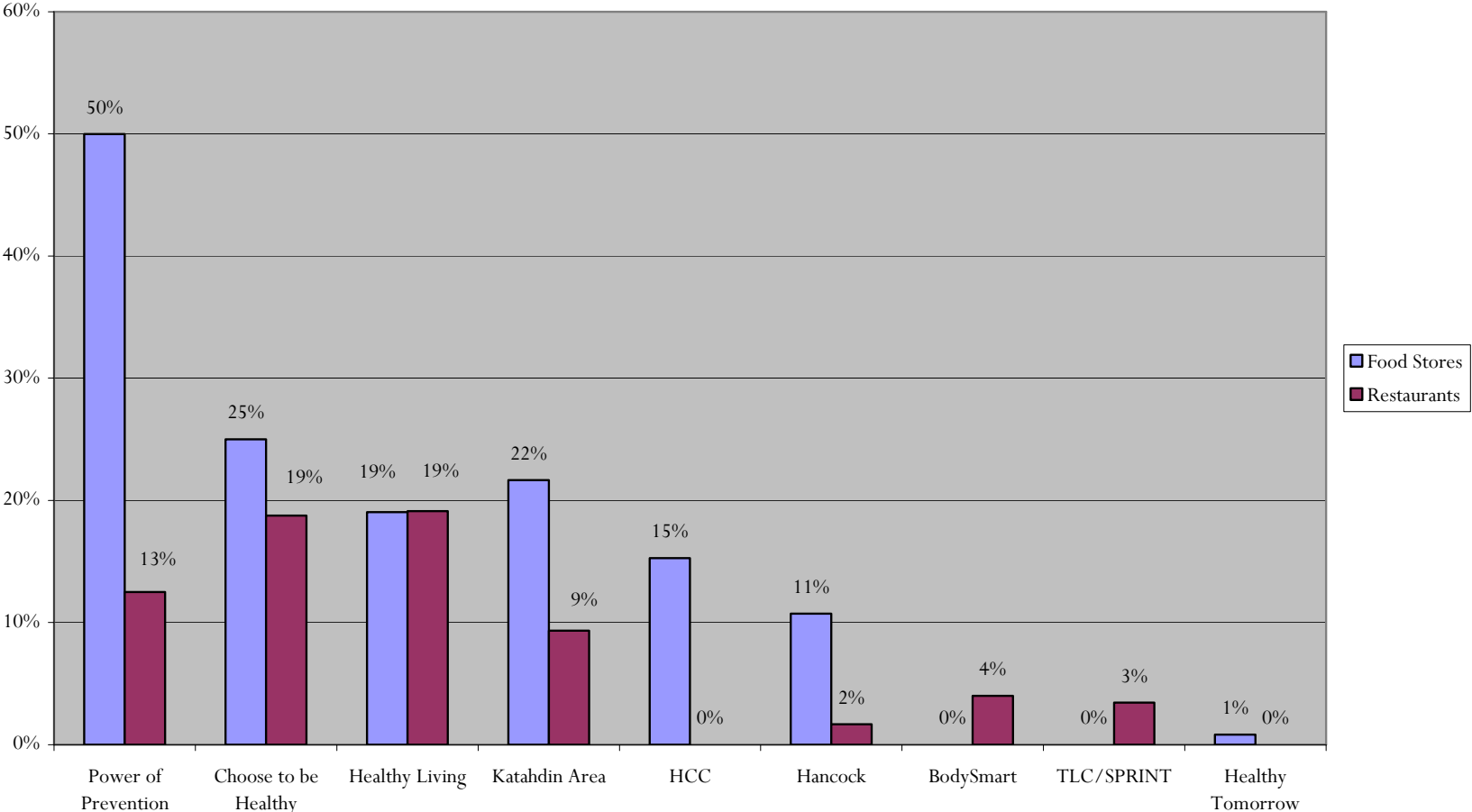
Chart 9:
Community Walkability Assessment



**Chart 10:
Community Child Care Centers**



**Chart 11:
Community Retail Food**



HEALTHCARE SETTING

Findings:

The majority of questions asked in the Healthcare setting looked at the number of physical activity and nutritional resources that were provided by clinicians to youth and adults.¹² Results are presented as the average number of resources provided per town for each Community. Two questions which asked about local breastfeeding coalitions and HMP representation on these coalitions were recorded as yes/no responses. These results are presented as the percentage of towns in the Community that support breastfeeding coalitions. One question asked for the number of clinicians that provide resources to youth on the impact of TV viewing. This question yielded negligible results.

There was a wide range in performance in the healthcare setting for the number of physical activity and nutritional resources provided by clinicians (see Table 5).¹³ While two Community performances were very high, six Community performances were within a narrow middle range (approximately 2.5-4.0), and one Community had a very low performance.

- Physical activity: Range 0.4 - 14.0
- Nutrition: Range 0.5 - 18.0
- Breastfeeding: Range 0 - 68%

Table 5: Healthcare Rankings and Performance in Content Areas¹⁴

HEALTHCARE SETTING	PHYSICAL ACTIVITY		NUTRITION		BREAST FEEDING	
	RANK	SCORE	RANK	SCORE	RANK	%
Power of Prevention	1	14.0	1	18.0	4	40%
HCC	2	8.1	2	8.1	7	13%
TLC	3	3.5	6	2.9	6	14%
Katahdin Area	4	3.4	8	2.4	9	0
Healthy Living	5	3.3	4	3.3	2	50%
Choose to be Healthy	6	3.0	3	4.0	7	13%
BodySmart	6	3.0	7	2.7	5	14%
Hancock	8	2.9	5	2.9	1	68%
Healthy Tomorrow	9	0.4	9	0.5	2	50%

Gaps:

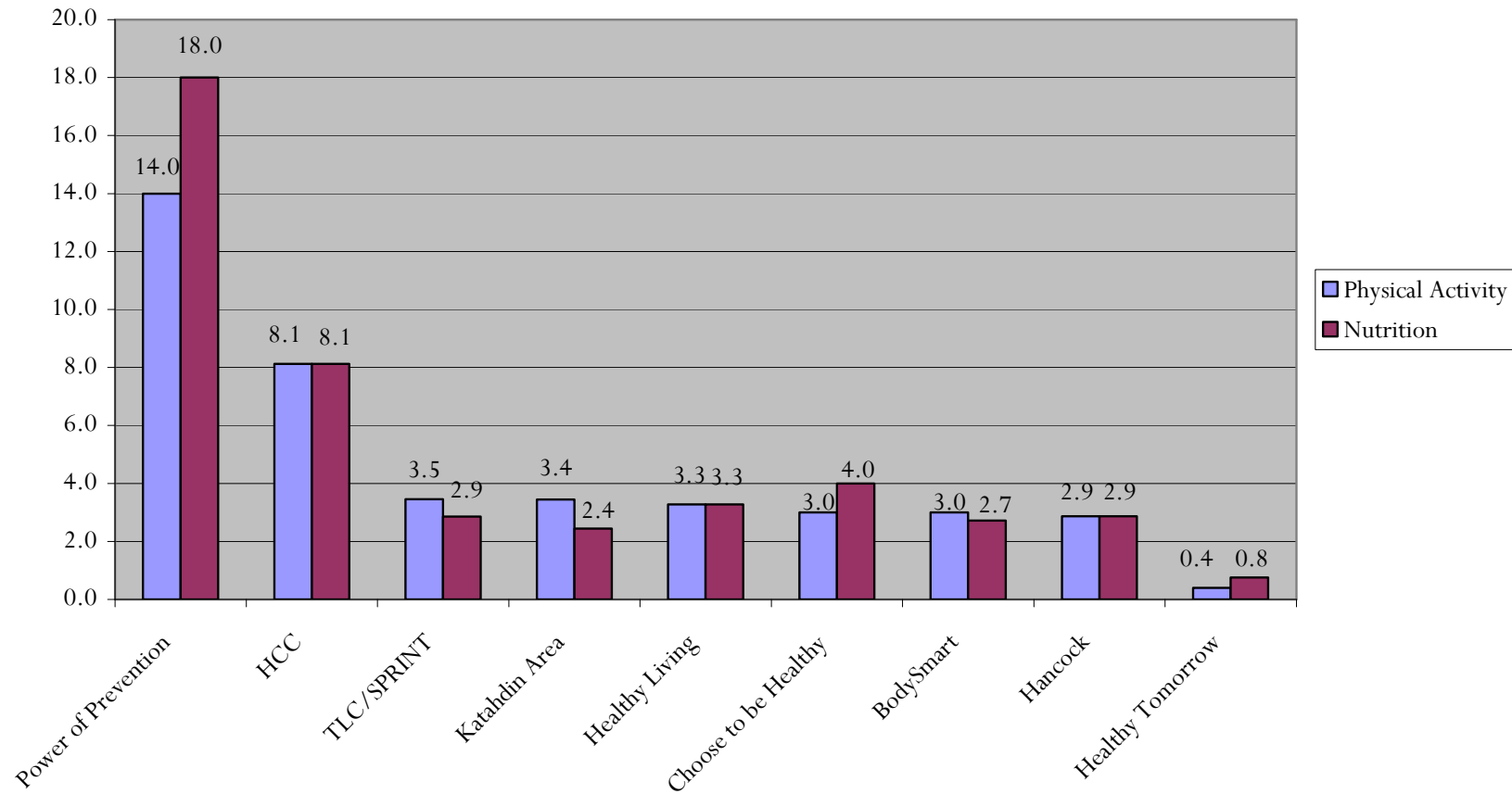
Television Viewing: Overall, few clinicians per town provided resources to youth on the impact of television viewing.

¹² See Charts 13 and 14 for a breakdown of services by youth and adults.

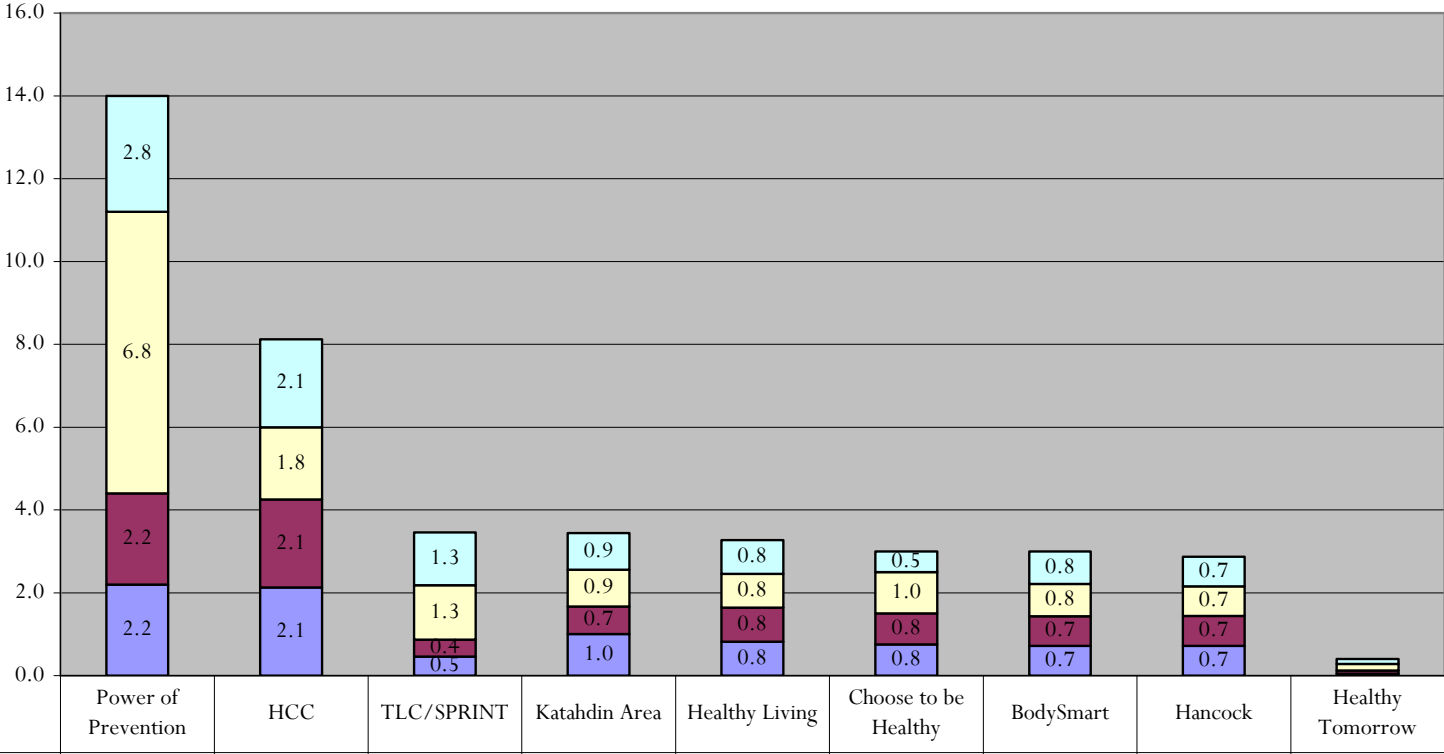
¹³ See Chart 12, "Comparison of Physical Activity and Nutritional Resources in Healthcare Setting".

¹⁴ See Charts 13-15 for a breakdown of performance by question.

Chart 12:
Comparison of Physical Activity and Nutrition Resources
in Health Care Settings

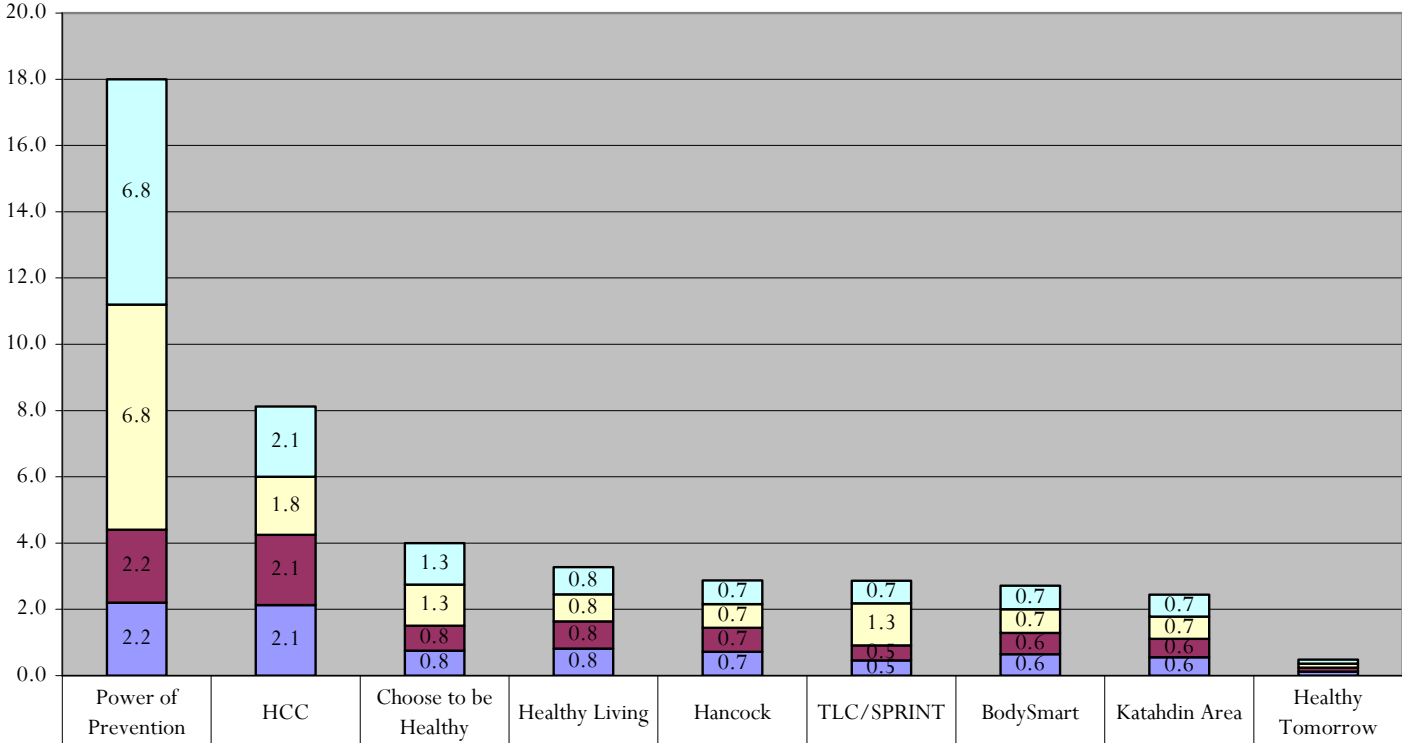


**Chart 13:
Health Care and Physical Activity**



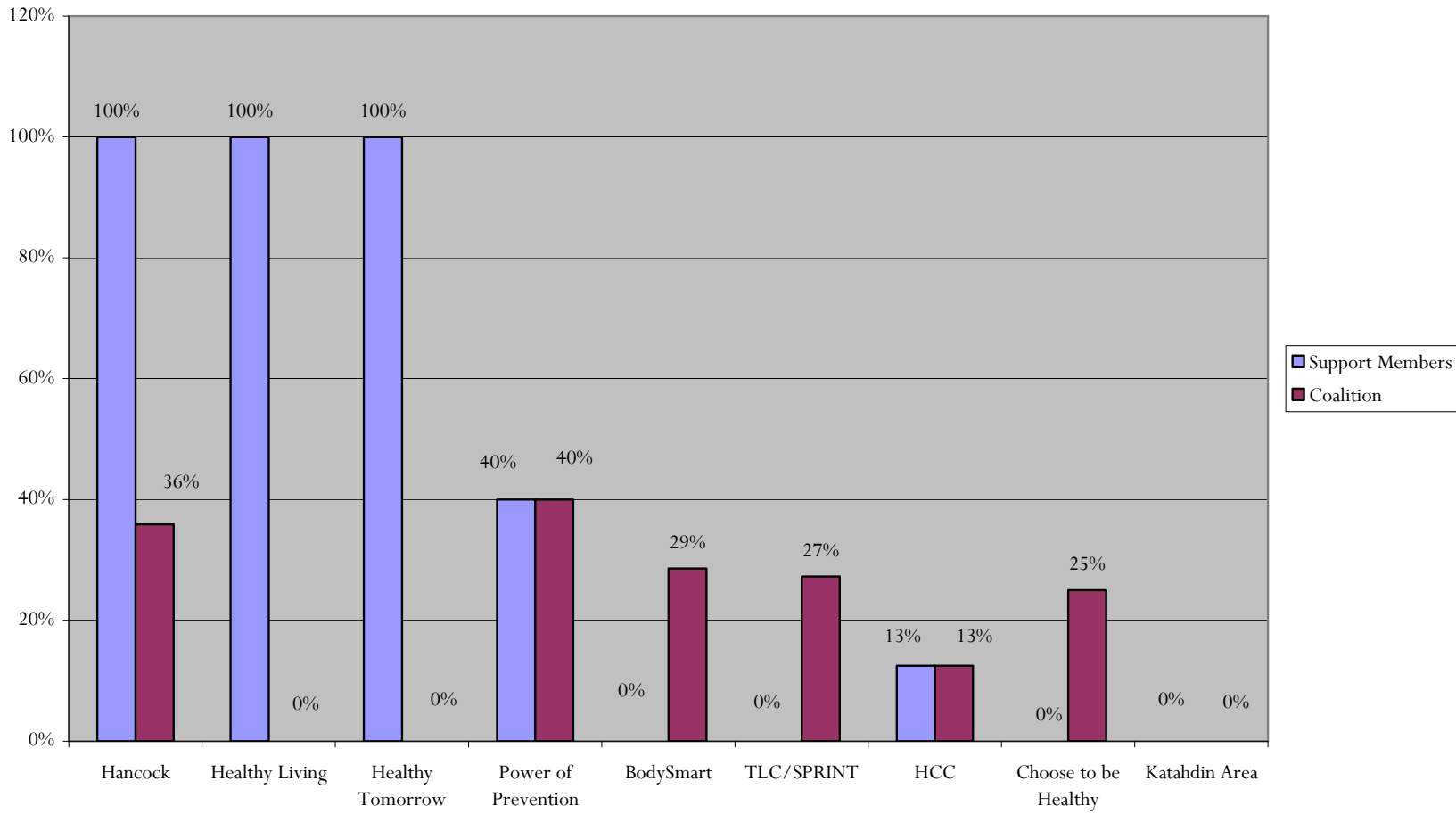
Local Resources Adult	2.8	2.1	1.3	0.9	0.8	0.5	0.8	0.7	0.1
Importance Adults	6.8	1.8	1.3	0.9	0.8	1.0	0.8	0.7	0.2
Local Resources Youth	2.2	2.1	0.4	0.7	0.8	0.8	0.7	0.7	0.1
Importance Youth	2.2	2.1	0.5	1.0	0.8	0.8	0.7	0.7	0.0

**Chart 14:
Health Care and Nutrition**



	Power of Prevention	HCC	Choose to be Healthy	Healthy Living	Hancock	TLC/SPRINT	BodySmart	Katahdin Area	Healthy Tomorrow
Nutrition Resources Adults	6.8	2.1	1.3	0.8	0.7	0.7	0.7	0.7	0.1
Healthy Options Adults	6.8	1.8	1.3	0.8	0.7	1.3	0.7	0.7	0.1
Nutrition Resources Youth	2.2	2.1	0.8	0.8	0.7	0.5	0.6	0.6	0.1
Healthy Options Youth	2.2	2.1	0.8	0.8	0.7	0.5	0.6	0.6	0.1

**Chart 15:
Health Care and Breastfeeding**



SUMMARY OF RESULTS BY Community

Table 5 summarizes each Communities performance by setting. Overall, Communities show obesity prevention capacity strongest in the school setting, followed by the community, healthcare and workplace settings. Please note that a Community demonstrating strength in a particular setting might still have gaps in content areas within that setting. Communities that were weak in a particular setting, might still demonstrate strength in a particular content area within that setting. Please see the summaries of each Community that follow Table 6 for a full review of strengths, gaps and weaknesses for each Community.¹⁵

Table 6: A comparison of strengths and weaknesses across Communities

COMMUNITY NAME	SCHOOL	WORKPLACE	COMMUNITY	HEALTHCARE
BodySmart	+	+	0	0
Choose to be Healthy	+	0	+	0
Hancock	+	0	+	0
HCC	+	+	0	+
Healthy Living	+	0	+	0
Healthy Tomorrow	0	0	0	0
Katahdin Area	+	0	+	0
Power of Prevention	+	0	+	+
TLC	+	0	0	0

Strength = + **Weakness** = 0

BODYSMART

Strengths:

1. Schools:

- *Physical activity:* Ranked 3rd with an average of 84% of schools providing physical activity obesity prevention support strategies.
- **Gaps:** Only 74% of schools have a School Health Coordinator (SHC) designated to improve physical activity policies and programs.
- *Nutrition:* Ranked 3rd in with an average of 81% of schools providing nutritional programs.
- **Gaps:** Only 67% of schools have a SHC designated to support healthy food choices and policies. Only 64% of schools have plans to certify food service personnel according to ASFSFA standards.
- *Television viewing:* Ranked 4th with 59% of schools educating students on television viewing habits.

¹⁵ Communities are listed alphabetically.

- **Gaps:** Only 57% of schools participate in ‘TV turn-off’ week’, and only 61% of schools address TV viewing in its school health curriculum.
- *Breastfeeding:* Bridgeton has one of only 3 public schools that provide services to students.
- **Gaps:** No schools address the importance of breastfeeding in its health education curriculum.

2. Workplace

- *Physical activity:* Ranked 2nd with 57% of 12 worksites providing some sort of physical activity support.
- *Nutrition:* Ranked 1st with 69% of workplaces supporting healthy food choices in some manner.
- **Gaps:**
 - *Breastfeeding:* Ranked 5th with 3% of workplaces having policies that support employee breastfeeding.

Weaknesses:

1. Community

- *Physical activity:* Ranked 5th with 4.7 physical activity resources per town. Averaged less than one advisory group or support initiative per town.
- *Walkability assessment:* Only 14% of towns have completed a walkability assessment.
- *Childcare centers:* Ranked 4th with 61%. Although 83% of childcare centers provide federally funded meal programs, only 50% have policies that support physical activity or health food choices.
- *Retail food:* Ranked 7th with 2% of retail food outlets providing nutritional information at point-of-service. Only 4% of restaurants, and no retail food stores, provide nutritional information.

2. Healthcare

- *Physical activity:* Ranked 6th with an average of 3 physical activity resources/references per town provided by clinicians. No difference was seen between youths and adults.
- *Nutrition:* Ranked 7th with an average of 2.7 nutritional resources/referrals per town provided by clinicians. Adults had slightly more resources than youth. Overall, no difference was seen in the number of resources/referrals provide to youth and adults.
- *Breastfeeding:* Ranked 5th with 29% of towns having a breastfeeding coalition, but with 0% of towns having representation of breastfeeding support members on the coalition.

CHOOSE TO BE HEALTHY

Strengths:

1. Schools

- *Breastfeeding:* Ranked 1st with 50% of schools addressing the importance of breastfeeding
- *Television viewing:* Ranked 3rd with 63% of schools addressing television viewing habits.

- **Gaps:**

Physical Activity: Ranked 7th because they have no SHC to support physical activity.

Nutrition: Ranked 7th because they do not have plans to certify food service personnel according to ASFSA standards.

2. Community

- *Physical Activity:* Ranked 2nd with an average of 9.3 resources per town. Particularly strong was the number of after school activities available to youth (4 per town) and low-cost facilities (2.3 per town).

- *Retail Food:* Ranked 2nd with 22% of all restaurants and retail food chains providing nutritional information to customers.

- **Gaps:**

Walkability assessment: None of the towns in the Community had completed a walkability assessment.

Childcare centers: Only 20% of childcare centers provided federally-funded meal programs. No childcare centers provided any policies that supported physical activity or healthy food options.

Weaknesses:

1. Workplace

- *Physical activity:* Only 5% of worksites support physical activity.
- *Nutrition:* None of the 4 worksites have developed any nutritional policies or programs.
- *Breastfeeding:* None of the 4 worksites have policies that support employee breastfeeding.

2. Healthcare¹⁶

- *Nutrition:* Ranked 3rd with an average of 3 nutritional resources/referrals per town provided by clinicians. Resources were provided more often to adults than to youth (2.5/1.5).
- *Physical Activity:* Ranked 6th with 3 physical activity resources/referrals per town provided by clinicians. Resources were evenly distributed across youth and adults.
- *Breastfeeding:* Ranked 7th with 25% of towns having a breastfeeding coalition, and 0% of towns having HMP breastfeeding support members on its community coalition.

HANCOCK

Strengths:

1. Schools

- *Breastfeeding:* Ranked 2nd with 30% of schools addressing breastfeeding in health education curriculum. Bar Harbor and Bucksport both have public schools that support breastfeeding.
- *Physical activity:* Ranked 5th with 76% of schools providing physical activity resources to students.
- **Gaps:** Only 49% of schools have after school activities.

¹⁶ Note that the range of scores for Communities ranked 3rd through 8th in nutrition and physical activity are very small.

- *Nutrition*: Ranked 4th with 72% of schools providing nutritional resources to students.
 - **Gaps**: Only 39% of schools had plans to certify food service personnel according to ASFSA standards.
2. Community
- *Physical activity*: Ranked 4th with an average of 7.1 physical activity resources per town.
 - **Gaps**:
 - Walkability*: Only 10% of towns had completed a walkability assessment.
 - Childcare centers*: Only 14% of centers participate in federally-funded meal programs.
 - Retail food*: Only 2% of restaurants and 11% of retail food stores provide nutritional information.

Weaknesses:

1. Workplace
- *Physical Activity*: Ranked 6th with only 11% of worksites support physical activity.
 - *Nutrition*: Ranked 6th with only 9% of worksites supporting healthy food options.
 - *Breastfeeding*: Ranked 5th with only 14% of worksites having developed policies that support employee breastfeeding.
2. Healthcare
- *Physical activity and Nutrition*: An average 2.9 physical activity and nutritional resources/referrals per town are provided by clinicians to youth and adults. Having 39 towns included in its analysis might have skewed Hancock's results.
 - **Note**: *Breastfeeding*: Ranked 1st with 100% of towns having a breastfeeding coalition, but with only 36% of towns having HMP representation on community coalitions.

HCC

Strengths:

1. Schools
- *Physical activity*: Ranked 2nd with 85% of schools providing physical activity resources to students. 100% of schools address the benefits of physical activity in the health education curriculum.
 - *Nutrition*: Ranked 2nd with 84% of schools providing nutritional resources to students.
 - **Gaps**:
 - Television viewing*: Ranked 7th with only 25% of schools addressing TV viewing in its health education curriculum.
 - Breastfeeding*: Only 4% of schools addressed the importance of breastfeeding in its health education curriculum.
2. Workplace
- *Physical activity*: Ranked 1st with 79% of worksites providing physical activity resources to employees.

- *Nutrition*: Ranked 2nd with 63% of worksites providing nutritional resources to employees.
 - *Breastfeeding*: Ranked 1st with 55% of worksites having policies that support employees' breastfeeding
3. Healthcare
- *Physical activity*: Ranked 2nd with 8.1 physical activity resources/references per town provided by clinicians. Results were similar for adults and youth.
 - *Nutrition*: Ranked 2nd with 8.1 nutritional resources/references per town provided by clinicians. Results were similar for adults and youth.
 - **Gaps:**
 - *Breastfeeding*: Only 13% of towns have a local breastfeeding coalition or HMP representation on the community breastfeeding coalition.

Weaknesses:

1. Community
- *Physical activity*: Ranked 6th with an average of 4 physical activity resources per town.
 - *Walkability*: Only 6% of towns had conducted a walkability assessment.
 - *Childcare centers*: Ranked 6th with only 43% of centers participating in federally-funded meal programs, and supporting healthy food choices.
 - *Retail food*: None of the retail food stores display nutritional information at point-of-decision making.

HEALTHY LIVING

Strengths:

1. Schools
- *Physical activity, Nutrition, Television viewing*: Ranked 1st in all content areas
 - **Gaps:**
 - *Physical activity*: Only 75% of schools have after school activities.
 - *Nutrition*: 88% of schools address healthy food options in its health education curriculum.
 - *Television Viewing*: 85% of schools participate in 'TV Turn-Off Week', and address television in its health education curriculum
 - *Breastfeeding*: No schools address breastfeeding in school health education curriculum, and no public schools support a breastfeeding setting.
2. Community
- *Childcare centers*: Ranked 2nd with 74% of childcare centers providing physical activity and nutrition support strategies.
 - **Gaps:** Only 46% of childcare centers participate in federally funded meal programs.
 - *Retail food*: Ranked 3rd with 19% of all restaurants and retail food stores providing nutritional information at point of service.

- *Walkability assessment*: Ranked 2nd with 55% of towns having conducted a walkability assessment.
- **Gaps:**
 - *Physical activity*: A lack of low cost facilities or advisory groups working to increase and improve opportunities for walking and biking. Each town averages less than 1 after school activity.

Weaknesses:

1. Workplace

- *Physical activity, Nutrition, Breastfeeding*: Although it ranked 3rd in all content areas, performance was low.
- **Gaps:**
 - *Physical activity*: Only 31% of worksites provide physical activity resources.
 - *Nutrition*: Only 31% of worksites provide nutritional resources
 - *Breastfeeding*: Only 5% of worksites have developed policies that support employee's breastfeeding.

2. Healthcare

- *Physical activity*: Ranked 5th with 3.3 clinicians per town providing physical activity resources to patients. The results were the same for both adults and youth.
- *Nutrition*: Ranked 4th, with 3.3 clinicians per town providing nutritional resources to patients. The results were the same for both adults and youth.
- *Breastfeeding*: Although 100% of towns have local breastfeeding coalitions, none had an HMP representation on the community coalition.

HEALTHY TOMORROW

Healthy Tomorrow performed poorly in each setting, however, there were some specific areas where they recorded good performances.

Strengths:

1. Schools

- *Nutrition*: The only Community where 100% of schools participate in federally funded meal programs.

2. Community

- *Childcare centers*: 100% of childcare centers have federally-funded meal programs and have policies that support increased opportunities for physical activity.

3. Healthcare

- *Breastfeeding*: 100% of towns have local breastfeeding coalitions.

KATAHDIN AREA

Strengths:

1. Schools

- *Breastfeeding*: Ranked 3rd with 23% of schools addressing the importance of breastfeeding in health education curriculum.

- **Gaps:**

Physical activity, Nutrition and Television viewing: Performance was not poor, but ranked in the lower half of Communities in these areas. Overall performance for Communities was high in the school setting.

2. Community

- *Physical activity*: Ranked 1st with 10.7 physical activity resources per town. Each town averaged 7.9 after school activities.
- **Gaps**: Katahdin Area averaged less than one advisory group and social support initiative per town.
- *Walkability assessment*: Ranked 3rd with only 33% of towns having conducted a walkability assessment.
- *Retail food*: Ranked 4th, with 16% of retail food outlets providing nutrition information at the point-of-decision-making.

Weaknesses:

1. Healthcare

- *Nutrition*: Ranked 8th with only 2.4 nutritional resources/references provided per town by clinicians.
- *Breastfeeding*: Ranked last with none of the towns in this Community having a breastfeeding coalition.

2. Workplace:

- *Physical Activity and Nutrition*: Only 19% of workplaces provide physical activity and nutritional support to employees.
- *Breastfeeding*: Ranked 2nd with 30% of worksites with policies that support employees' breastfeeding.

POWER OF PREVENTION

Strengths:

1. School

- *Physical Activity*: Ranked 4th at 83% (2nd and 3rd ranking were 85% and 84%, respectively). 100% of schools address the benefits of physical activity in its health education curriculum.
- *Nutrition*: Ranked 8th with 58% of schools providing nutritional resources to students, but 100% of schools addressed healthy food options in its health education curriculum and 70% of schools had a SHC person designated to support healthy food options and choices.

- **Gaps:** Only 20% of schools participate in federally funded meal programs, and only 40% of schools have plans to certify food service personnel according to ASFSA standards.
 - *Television viewing:* Ranked 5th with 57% of schools addressing television viewing habits.
 - **Gaps:** Only 40% of schools participate in “TV Turn-Off Week”.
2. Community
- *Physical activity:* Ranked 3rd with an average of 8.6 physical activity resources per town.
 - *Walkability:* Ranked 1st with 60% of towns having completed a walkability assessment.
 - *Nutrition:* Power of Prevention was the only Community to average more than one organization and policy supporting healthy food options in the community.
 - *Retail food:* Ranked 1st with 50% of food stores and 13% of restaurants providing nutritional information at point-of decision-making.
 - *Childcare centers:* Ranked 1st with 100% of childcare centers participating in federally funded meal programs. All childcare centers have policies to support healthy food choices.
 - **Gaps:** Only 50% of childcare centers have policies that support opportunities for physical activity.
3. Healthcare
- *Physical activity:* Ranked 1st with 14 physical activity resources provided per town by clinicians.
 - **Gaps:** Adults received twice as many resources as youth.
 - *Nutrition:* Ranked 1st with 18 nutritional resources provided per town by clinicians.
 - **Gaps:** Adults received twice as many resources as youth.

Weaknesses:

1. Workplace
- *Physical activity:* Only 28% of worksites provide physical activity resources to employees.
 - *Nutrition:* Only 30% of worksites provide nutritional resources to employees.
 - *Breastfeeding:* Only 1% of worksites have policies that support employees’ breastfeeding.

TLC/SPRINT

Overall, TLC’s performance in each setting was low, however, there were some specific questions where they recorded good performances.

1. Schools
- *Television viewing:* Ranked 2nd with 80% of schools addressing television viewing habits.
 - *Physical activity:* Ranked 6th with 58% of schools providing physical activity resources to its students, but 84% of schools address the benefits of physical activity in their health education curriculum.
 - **Gaps:** Only 47% of schools have a SHC dedicated to physical activity, and only 42% of schools have after school activities.

- *Nutrition*: Ranked 5th with 66% of schools providing nutritional resources to students. 93% of schools address healthy food options in health education curriculum, and 84% of schools participate in federally funded meal programs.
 - **Gaps**: Only 42% of schools have plans to certify food service personnel according to ASFSA standards, and only 47% of schools have a SHC dedicated to supporting healthy food options.
2. Community
 - *Walkability*: Ranked 4th with 27% of towns had completed a walkability assessment.
 3. Healthcare
 - *Physical activity*: Ranked 3rd with 3.5 physical activity resources per town by clinicians.
 - **Gaps**: Adults receive 3 times the physical activity resources/references that youth receive.

Appendix: Community Assessment Survey Questions by Setting and Content

SCHOOL

1. How many schools are there in your town?

Physical Activity

2. How many schools in your town have a School Health Coordinator (SHC) or other person designated to increase the number of environments and policies that support physical activity?

3. How many schools in your town have organized after-school activities for all youth?

4. How many schools in your town address the benefits of engaging in physical activity in its school health education curriculum?

Nutrition

5. How many schools in your town have a SHC or other person designated to increase the number of environment and policies that support healthy food options/choices?

6. How many schools in your town have a plan to certify food service personnel according to ASFSA standards?

7. How many schools in your town participate in federally-funded meal programs (lunch, breakfast, summer)? Please indicate which program in the comments

8. How many schools in your town address healthy food options/choices in its school health education curriculum?

Television Viewing

9. How many schools in your town participate in TV Turn-Off Week?

10. How many schools in your town address TV viewing in its school health education curriculum?

Breastfeeding

11. How many schools in your town address the importance of breastfeeding in its school health education curriculum?

12. How many public high schools in your town provide a daycare or other setting that support breastfeeding?

(Please indicate in the comments the number of public high schools in each town)

WORKSITE

1. How many worksites with 10 or more employees are there in your town?

Physical Activity

2. How many worksites in your town with 10 or more employees have policies that support opportunities for physical activity for their employees?

3. How many worksites in your town with 10 or more employees offer educational and support programs that encourage employees to be physically active?

Nutrition

4. How many worksites in your town with 10 or more employees have developed policies that encourage nutritional offerings for their employees?

5. How many worksites in your town with 10 or more employees offer educational and support programs that encourage employees to make healthy food choices?

Breastfeeding

6. How many worksites in your town with 10 or more employees have developed policies that support employees' breastfeeding?

COMMUNITY

Physical Activity

1. How many advisory groups (municipal or not) are working to increase and improve opportunities for both walking and biking?
2. How many physical activity social support initiatives exist in your town? (e.g. walking clubs, hiking clubs, biking clubs, etc.)
7. How many organized after-school recreational opportunities (outside of the school setting) exist for all school-age youth in your town?
8. How many facilities exist that are open to community members for physical activity at low or no cost?
11. Has a walkability assessment been done in this town? (Enter 1 = Yes, 0 = No)

Childcare Centers

3. How many center-based childcare* settings are there in your town?

*A center is a small business located in a place other than a home. It is generally larger than a home based program, caring for more children and employing staff.

4. How many center-based childcare settings in your town have policies that support increased opportunities for physical activity?
5. How many center-based childcare settings in your town participate in federally-funded meal programs including breakfast and summer programs?
6. How many center-based childcare settings in your town have a policy or plans for developing a policy that support healthy food options/choices?

Nutrition

9. How many community organizations that serve youth in your town have a policy or plans for developing a policy that support healthy food options/choices?
10. How many policy(s) does your town have that encourage healthy food options/choices at all community events and meetings in its municipal buildings?

Retail Food

12. How many restaurants are there in your town?
13. How many restaurants in your town display nutritional information at the point-of-decision-making? (e.g., calorie content)
14. How many retail food stores are there in your town?
15. How many retail food stores in your town display nutritional information at the point-of-decision-making? (e.g., 5 A Day Messages)

Television

16. How many community organizations serving youth in your town participate in TV Turn-Off Week?

Breastfeeding

17. Are there designated areas for breastfeeding in town government buildings? (Enter 1 = Yes, 0 = No)

HEALTHCARE

1. How many pediatric and family practices, serving children and adolescents, are there in your town?
2. How many family practices, serving adults, are there in your town?

Physical Activity

3. How many family practice and pediatric clinicians in your town provide resources to youth on the importance of physical activity?
4. How many family practice and pediatric clinicians in your town provide resources/referrals to youth with local physical activity resources?
5. How many clinicians in your town provide resources to their adult patients on the importance physical activity?
6. How many clinicians in your town provide resources/referrals to their adult patients with local resources for physical activity?

Nutrition

7. How many family practice or pediatric clinicians provide resources/referrals to youth on healthy food options/choices issues?
8. How many family practice and pediatric clinicians in your town provide local nutrition resources/referrals to youth?
9. How many clinicians in your town provide resources to their adult patients on healthy food options/choices?
10. How many clinicians in your town provide local nutrition resources/referrals to their adult patients?

Television

11. How many family practice & pediatric clinicians in your town provide resources to youth on the impact of TV viewing?

Breastfeeding

12. Does your town have a local breastfeeding coalition? (Enter 1 = Yes, 0 = No)
13. Does your HMP have representation of breastfeeding support members (LaLeche League, hospital lactation consultant, WIC breastfeeding coordinator or private practice International Board Certified Lactation Consultant) on your community coalition? (If yes, answer 1, if no, answer 0).